

Homoeopathic Treatment of Primary Hypothyroidism

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Abstract

is believed to be a common health issue in India, as it is worldwide. However there is a paucity of data on the prevalence of hypothyroidism in adult population of India.^[1] In India, too, a large population suffers from thyroid disorders. Previous studies reveal that almost 42 million Indians suffer from thyroid disorders. Unfortunately, awareness about the disease is extremely low. However a recent study across 8 cities of the country reveal the prevalence of around 11% in the urban population in India, with the women being 3 times more prone to the disease than men.^[2]

Women's are more likely to develop hypothyroidism than men. People over the age of 60 are more commonly affected. The only known treatment for the condition in conventional medicine is requires thyroxin therapy relieves symptoms and restores 'normal' thyroid function. The case reported here is that of a Primary Hypothyroidism in an 18 year old girl who was treated successfully with homoeopathic medicine. The patient has been observed for more than 2 years. In these 2 years her thyroid function was accessed by investigating with thyroid function test at regular interval which showed thyronormalcy in almost all subsequent reports, this suggest that a 'near permanent' cure is achievable through individualised Homoeopathic treatment.

Keywords: Hypothyroidism, Homoeopathy

Introduction

Hypothyroidism, also called thyroid or low thyroid, is a common disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone. Worldwide, too little iodine in the diet is the most common cause of hypothyroidism. In countries with enough iodine in the diet, the most common cause of hypothyroidism is the autoimmune condition Hashimoto's thyroiditis. Less common causes include: previous treatment with radioactive iodine, injury to the hypothalamus or the anterior pituitary gland, certain medications, a lack of a functioning thyroid at birth, or previous thyroid surgery. The diagnosis of hypothyroidism, when suspected, can be confirmed with blood tests measuring thyroid-stimulating hormone (TSH) and thyroxin levels.^[3]

Hypothyroidism is divided in primary, caused by failure of thyroid function and secondary (central) due to the failure of adequate thyroid- stimulating hormone (TSH) secretion from the pituitary gland or thyrotrophin releasing hormone (TRH) from the hypothalamus. Secondary hypothyroidism can be differentiated in pituitary and hypothalamic by the use of TRH test. In some cases, failure of hormone action in peripheral tissues can be recognised. Primary hypothyroidism may be clinical or subclinical where FT4 is normal and TSH is increased. In secondary hypothyroidism FT4 is decreased and TSH is normal or decreased. Primary hypothyroidism is most commonly caused by chronic autoimmune thyroiditis, less common causes being radioiodine treatment and thyroidectomy. Salt iodination, which is performed routinely in many countries, may increase the incidence of overt hypothyroidism. The

incidence of clinical hypothyroidism is 0.5-1.9% in women and <1% in men and of subclinical 3-13.6% in women and 0.7-5.7% in men. It is important to differentiate between; 1998. clinical and subclinical hypothyroidism as in clinical symptoms are serious, even coma may occur, while in subclinical symptoms are less and may even be absent. Subclinical hypothyroidism may be transformed to clinical and as recent research has shown it may have various consequences, such as hyperlipidemia and increased risk for the development of cardiovascular disease, even heart failure, somatic and neuromuscular symptoms, reproductive and other consequences. The administration of novel tyrosine kinase inhibitors for the treatment of neoplastic diseases may induce hypothyroidism. [4]

Clinical presentation

The early symptoms are tiredness, mental lethargy, cold intolerance, increase in weight, constipation, menstrual disturbance; significant physical signs are a slow pulse rate, dry skin and hair, cold extremities, periorbital puffiness, hoarse voice, slow movements. [5]

Investigation

Serum T4 is low and TSH raised. Antibodies against thyroid peroxidase may be detected. In symptomatic patients no further investigation is necessary. If the clinical features suggest a transient cause of hypothyroidism (such as non-thyroidal illness, neck pain suggesting subacute thyroiditis or recent pregnancy) repeat measurements after few weeks may be required before embarking on long term Thyroxine therapy. [6]

Case report

A female aged 18 years came on 06/10/2015 for the homoeopathic treatment of primary hypothyroidism with the following symptoms.

Presenting Complaints and History of Presenting Complaints

- 1) Irregular menses since one year. Either too early or too late, scanty menses. The shortest cycle lasting for 17 days while the longest cycle lasted for 42 days.
- 2) Headache which aggravated on stooping++, by noise++, ameliorated by sleep since from 7-8 months
- 3) Generalised weakness with aversion to do any mental or physical work since from 7-8 months
- 4) Hair fall since one year with dandruff

Generals:

Her appetite was good. She has desire for sour++, spicy food and thirst is of moderate amount, she has aversion for sweets. Bowel movements are normal. She has irregular menses either too early or too late discharges are scanty. Thermal reaction of patient is chilly. A general feeling of weakness with aversion to do any mental or physical work.

Personal History:

Patient by occupation is a student of science graduate, belonging to middle class socio economic family.

Past History

Nothing specific

Family History

Father: Diabetes mellitus

Mother: Hyperacidity with asthmatic complaints

Present Medication

Under allopathic treatment- Thyronorm 50 mcg OD since from 1 year.

On examination: NAD

Mentals

She was a well-mannered girl not much communicative in nature. She said her complaints started after death of her grandfather who died because of cancer. This incidence happened so suddenly that it created a great psychological turmoil in her life. She was very much attached to him. After his death she was very disturbed started staying alone. She always dwells on memories of her grandfather. She likes dancing a lot but her father never allows her for it.

Investigation: 06/10/2015

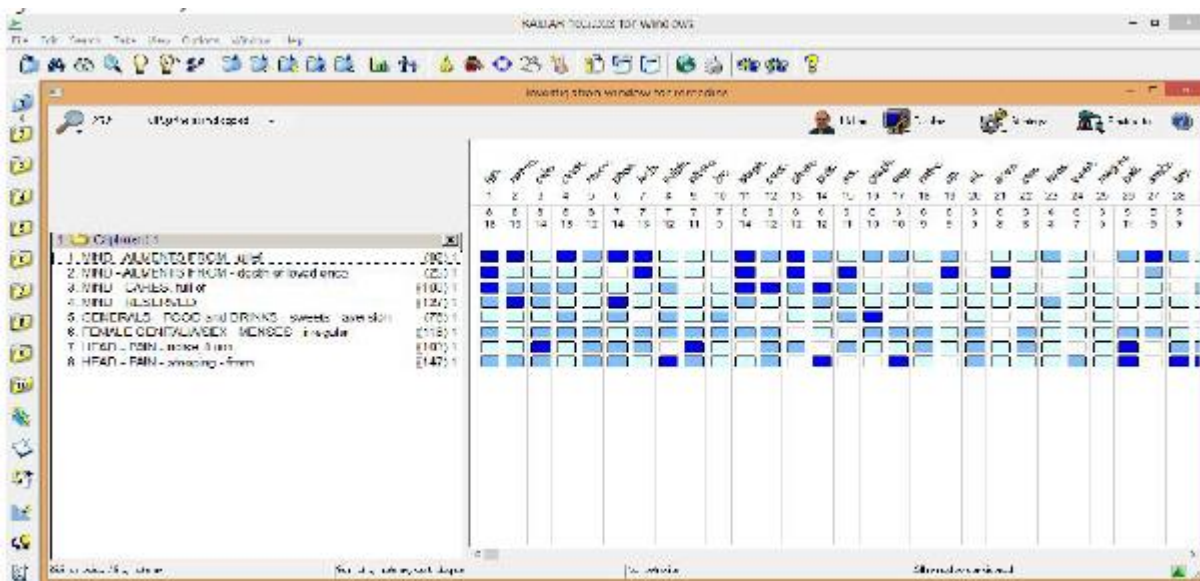
T3- 117 ng/dl Normal value 60-200ng/dl

T4- 7.6 µg/dl Normal value 4.5-12.0 µg/dl

TSH- 9.21µIU/ml Normal value 0.30-5.5 µIU/ml

Diagnosis: Primary Hypothyroidism

Case was repertorised on the following symptoms by using RADAR 10.5 (Schroyens f. synthesis 9.0) is shown in Table 1



A detailed account of the treatment is given below

First Prescription

Ignatia amara 30/ one dose

Phytum 30/ 6 pills TDS for 15 days

Basis of prescription

In repertorisation Ignatia (18/8), Natrum muriaticum (15/8), Calcarea carb (14/8) and Causticum (13/8) were coming in leading score. In this case, Ignatia was selected as it was most suitable to psychological trauma (death of grandfather) and grief which disturbed patient a lot and also the physical complaints of

the patient. Which remained unchanged in the subsequent follow-ups as the patient was responding well to the medicine. On the other hand though calc.carb and causticum were coming in repertorisation but they were not matching with the intensity of mental symptoms of patient. Her follow ups are mentioned in detail in table 2

Result

After giving Ignatia 30 she started feeling fresh, generalized sensation of weakness reduced. Complaints of headache reduced much in terms of intensity and frequency. Secondly interval between two periods shifted to normal and it is seen to appear monthly in subsequent follow ups. In due course of treatment all her physical complaints disappeared. First thyroid function test was done on date (06/10/2015) which showed thyronormalcy. At first patient is advised