

Colloid nodular goitre treated with homoeopathic medicine *Natrum muriaticum* in LM potency: A case report

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Abstract

Introduction: Colloid goitre is a common, benign lesion in the thyroid gland, involving a diffuse or nodular pattern. It is a clinical entity characterised by subsequent growth, structural or functional transformation of one or more areas within the normal thyroid tissue. A thyroid nodule can grow to be visible, which becomes a cosmetic concern for the patient. **Case Summary:** A 32-year-old female presented with the complaint of swelling on the right side of her neck for the past 1½ years. The case was diagnosed by ultrasonography as a right-sided colloid nodular goitre with internal cystic degeneration. She was advised by a surgeon for a right hemithyroidectomy. To avoid the surgery, she sought homoeopathic treatment. Based on the characteristic totality and individualisation, homoeopathic medicine *Natrum muriaticum* was prescribed in LM potencies, after which the nodular goitre's size was significantly reduced as observed on examination. The causal attribution between the homoeopathic intervention and the outcome of treatment was assessed by the Modified Naranjo Criteria for Homeopathy score which suggested that the improvement in the patient can be attributed to the homoeopathic treatment provided. This clinical case report shows the positive effect of individualised homoeopathic treatment in colloid nodular goitre.

Keywords: Colloid goitre, Homoeopathy, Individualisation, LM potency, *Natrum muriaticum*

INTRODUCTION

Colloid goitre is defined as the enlargement of the thyroid gland caused by compensatory hyperplasia and hypertrophy of the follicular epithelium without accompanying disturbance in the thyroid function.^[1] It is a common pathology frequently found in clinical practice during a physical or ultrasound examination. Colloid goitre has been classified as a nontoxic goitre according to the updated International Classification of Diseases-11.^[2] The peak age for the onset of nodular goitre is 35–50 years, with the ratio of women to men affected being 3:1.^[3]

Many mechanisms cause colloid goitre, with some possible factors leading to its formation including food that blocks the hormonal synthesis, mutations in thyroid-stimulating hormone (TSH) receptors, globulin stimulation of thyroid development, growth hormone, Insulin-like growth factor-1 and genetic factors.^[4-7] Most patients with colloid goitre are asymptomatic.^[8] Some individuals may have compressive symptoms such as dysphagia, dyspnoea and hoarseness of voice due to mechanical compression of the oesophagus, airway, and laryngeal nerves by the nearby huge goitre.

In all patients, routine preliminary investigations of serum T3, T4 and TSH levels and fine-needle aspiration cytology (FNAC) should be done, if needed, to rule out malignancy.^[9] Ultrasound is another important tool for this and must be conducted to assess the nodule.^[10] The conventional therapies include thyroidectomy, radioiodine therapy and levothyroxine suppression therapy.^[11] Aspiration is the treatment of choice in thyroid cysts, but the recurrence rates are high (60–90% of patients), particularly with repeated aspirations and large-volume cysts. Percutaneous ethanol injection has been studied in several large randomised controlled studies, with reported success in 82–85% of the cases after an average of 2 sessions, with a volume reduction of more than 85% from baseline size.^[12] Complications, including hypoparathyroidism and recurrent laryngeal nerve injury, can occur during or after thyroidectomy. In addition,

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patients who undergo total thyroidectomy require life-long thyroid supplements.^[1]

Several published case reports showcase the beneficial effects of homoeopathic treatment in goitre.^[13-15] A case of solitary colloidal cystic swelling on the right lobe of the thyroid gland has been reported here as per the HOM-CASE CARE guidelines, to add to the evidence for homoeopathic treatment in cases of nodular goitre and improvement of the quality of life of the affected patients.^[16]

PATIENT INFORMATION

On 05 April 19, a 32-year-old female presented with the complaint of swelling of the right lobe of the thyroid gland for 1½ years at the Outpatient Department of Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata. She had mild difficulty during empty swallowing. She was a homemaker from Bihar, belonged to a lower socioeconomic group and was a mother of two children.

Her complaints started 1½ years back when she observed the gradually increasing size of the right side of her neck. The swelling was painful on pressure, and as the size increased, she started to have mild difficulty in deglutition (dysphagia) on empty swallowing, which was still persisting. She was also suffering from a cough with tickling in her throat and right-sided heel pain, but her main concern was the swelling of the thyroid gland. She had undergone ultrasonography (USG) of the neck and thyroid gland, which gave an impression of Colloidal Nodular Goitre. The patient took conventional treatment without much improvement and was advised for surgery.

She had suffered from an eruptive fever at 12 years and typhoid at 22 years of age and recovered from both with conventional treatment. There was no history of any regular drug intake.

Her father was hypertensive, and her grandmother suffered from joint pain.

Clinical findings

The patient was 5 feet 5 inches tall and weighed 43 kg. She had a thin build and a dark- complexion of skin. There was slight pallor on examination with no oedema, jaundice, cyanosis or abnormal pigmentation. A visible solitary firm swelling of approximately 3–4 cm in size was felt on the right lobe of the thyroid gland, movable on empty swallowing without bruit on auscultation.

The patient was very anxious about her disease condition, with irritability, alternating mood and anger, and disliked consolation from others. She had hot flushes with aggravation from sun heat. Her appetite was good, thirst profuse and a desire for meat and salty things. Her bowel movement was irregular, with hard stools. The patient also complained of disturbed sleep due to unknown reasons. Her menstrual cycle was regular (28–32 days), with moderate menstrual bleeding lasting for 4–5 days.

Investigations

In the ultrasound of the thyroid, dated 04 January 2019, it was found that the right lobe of the thyroid was enlarged. One cystic space occupying lesion (SOL) of 3.3 × 2.7 cm was noted at the right lobe of the thyroid with echogenic septa inside. The left lobe of the thyroid was normal in size with no focal SOL seen. Further, another report of ultrasound of the neck was done by the patient after consultation with a second allopathic doctor, dated 14 January 2019 showed that the right lobe of the thyroid was enlarged in size with a well-defined thick-walled cystic SOL with internal fine echoes and septae seen within the cystic SOL. The SOL measured (34 × 30 × 26) mm, probably a Colloid nodule with internal cystic degeneration (to be correlated clinically). Thyroid hormone levels as on 02 January 2019 were serum FT3: 0.98 ng/dL, Serum FT4: 1.69 ng/dL and serum TSH: 1.85 mg/mL.

Diagnostic assessment

The patient's neck swelling was diagnosed as a solitary colloidal nodular goitre of the right lobe of thyroid gland. The patient was advised to go for an ultrasound-guided FNAC, but she did not agree to undergo any invasive investigation.

Analysis of the case

Her complaints were recorded after thorough case taking as per the principles of Homoeopathy. After analysis and evaluation, the following characteristic symptoms were considered for repertorization ('+++ denoting marked intensity):

- Swelling of the right lobe of the thyroid gland, pain on pressure, mild difficulty on empty swallowing.
- Mentally anxious about her disease condition, irritable, alternating mood, anger and dislike for consolation from others.
- Thermal reaction: Hot patient, aggravation from sun heat
- Appetite: Good
- Thirst: Profuse
- Desire: Meat+++ , salty things+++
- Intolerance of rich food
- Stool: Irregular bowel habit, hard stool
- Sleep: Disturbed.

Repertorial analysis

The symptoms forming totality were converted into rubrics and the case was repertorised using Hompath Classic M.D software, version 10 using Kent's Repertory^[17,18] [Figure 1].

After repertorisation, *Natrum muriaticum* covered most of the general symptoms (both mental and physical), with a total score of 24 being the highest, followed by *Phosphorus*, *Sulphur* and *Sepia*, with a score of 21, 20 and 19, respectively.

Miasmatic analysis

After the miasmatic analysis, symptoms of both sycosis and psora were predominant in the patient. Sycotic symptoms were swelling of the thyroid gland, desire for salty things and anger. Psoric symptoms were anxiety, irritability, alternating mood, desire for meat and hard stool.^[19]

Repertorisation		Nat-m	Phos	Sulph	Sep	Calc	Lyc	Iod	Nit-ac	Puls	Calc-s	Graph	Ign	Sil	Kali-c	Arg-n
Totality		24	21	20	19	19	19	17	17	14	14	14	14	14	13	13
Symptoms Covered		11	10	9	10	9	8	8	7	8	7	7	7	7	8	7
[KT] [Mind]Anxiety.Health.about:			2	1	2	2			3	1	1		1	1	1	1
[KT] [Mind]Irritability.Consolation agg:		3			3	1	1		2				3	3	1	
[KT] [Mind]Anger.irascibility:		3	2	3	3	2	3	2	3	1	2	2	3	1	3	1
[KT] [Mind]Mood.Alternating:		1	1	2	1	1	3	3		2		2	3		2	
[KT] [Generalities]Heat.Sensation of:		3	2	3		2	3	3		3	3	1	1		1	2
[KT] [Stomach]Desires.Meat:		1		1				1				1				
[KT] [Stomach]Desires.Salt things:		3	3	1		2			2		1					3
[KT] [Stomach]Thirst.Extreme:		3	3	3	2	3	2	2	2	1	3	2	1	3	2	3
[KT] [Generalities]Food.Rich.Agg:		1	1		2				2	3						1
[KT] [Sleep]Disturbed:		1		3	1				1			3				
[KT] [Ex] [throat]Goitre:		2	2		1	3	2	3			2			2	1	
[KT] [Ex] [throat]Goitre.Right sided:			2		1		2	1						1		
[KT] [Ex] [throat]Goitre.Painful.On swallowing:																
[KT] [Ex] [throat]Pain.Thyroid gland:																
[KT] [Stool]Hard:		3	3	3	3	3	3	2	3	2	2	3	2	3	2	2
Symptoms 1 to 15		Total Symptoms : 15														
Remedies 1 to 15		Total Remedies : 282														

Figure 1: Repertorisation

Therapeutic intervention

After the repertorial analysis and consultation with *Materia Medica*, considering the physical make-up and individualising characteristics of the patient, homoeopathic medicine *Natrum muriaticum* was selected as the first prescription.^[20]

The homoeopathic medicine was procured from Hahnemann Publishing Company Pvt. Ltd. (Good Manufacturing Practice certified ISO 9001:2008 unit) and was dispensed from our institute’s dispensary.

Natrum muriaticum in LM 1 potency was prescribed. The medicine was prepared by diluting one globule of the desired potency in a vial containing 120 mL of distilled water, mixed with some amount of dispensing alcohol as a preservative. The patient was advised to give ten uniform downward strokes to the vial with the hand on a hard surface and to take one teaspoonful of this solution and mix it in eight teaspoonfuls (40 mL) of water in a clean glass. After stirring the solution in the glass, one teaspoonful (5 mL) was taken as one dose. In subsequent follow-ups, the medicine was prescribed in a higher potency as per the requirement of the case detailed in the follow-up, following the principles laid down in the 6th edition of *Organon of Medicine*.^[21]

Follow-up assessments

The follow-up of the patient was done at monthly or bi-monthly intervals or as per requirement. During the follow-up, changes in the clinical signs and symptoms were noted, and homoeopathic medicines were prescribed in increasing LM potencies. The case timeline, including the first visit and subsequent follow-ups with the prescription, is presented in Table 1.

Objective evidence

By USG of the thyroid gland, the objective evidence of the treatment outcome was documented twice during the course

of treatment. On both occasions, the size of the colloid nodular goitre of the right lobe of the thyroid was observed to be decreasing as compared to the start of the homoeopathic treatment. On USG dated 16 July 2019, a cystic lesion was seen at the right lobe of the thyroid measuring 1.5 × 1.1 cm. Internal echoes are seen within the lesion. The rest of the thyroid gland showed normal echotexture and on USG dated 15 September 2020: the size was further significantly reduced with the findings of one small hypoechoic SOL of 0.51 × 0.63 cm noted at the right lobe of the thyroid.

Intervention adherence and tolerability

On every follow-up visit, the patient was inquired about the timely consumption of medicine in the prescribed dose and compliance with other behavioural restrictions.

Adverse and unanticipated events

No adverse or unanticipated events were reported during the entire period of the homoeopathic treatment.

Possible causal attribution of changes

Modified Naranjo Criteria for Homeopathy (MONARCH), a causal attribution inventory tool, was used to find out any causal relationship between the homoeopathic intervention and the outcome of treatment. The score obtained in each of the 10 domains of MONARCH is detailed in Table 2. The MONARCH score at the final visit was +8 on the ‘-6 to +13’ scale. This shows a positive causal attribution of the individualised homoeopathic treatment towards this case of colloid nodular goitre.^[22]

DISCUSSION

Colloid goitre is a common, benign thyroid lesion with a diffuse or nodular pattern. This must be differentiated from other causes of goitre, especially malignancy. Accurate diagnosis requires a patient’s history and physical examination,

Table 1: Treatment timeline including follow up of the case

Dates	Current Illness/symptoms	Intervention and justification
18 January 2019 Baseline	On the basis of baseline symptoms	<i>Natrum muriaticum</i> LM 1/16 doses Each dose to be taken once daily in early morning on an empty stomach.
15 February 2019 1 st follow-up	<ul style="list-style-type: none"> Swelling was the same as before Difficulty in deglutition slightly decreased than before but irritating cough is persisting Pain on pressure persisting Other symptoms as earlier 	<i>Natrum muriaticum</i> LM 2/16 doses, once daily, morning on an empty stomach. The patient's condition slightly improved.
06 March 2019 2 nd follow-up	<ul style="list-style-type: none"> Swelling slightly decreased than before. Difficulty in deglutition decreased and irritating cough reduced. Pain on pressure decreased Irritability and anger persisting, alternating mood better. 	<i>Natrum muriaticum</i> LM 3/16 doses, once alternate day (AD) in empty stomach. The patient's condition slightly improved.
05 April 2019 3 rd follow-up	<ul style="list-style-type: none"> Swelling decreased than before clinically No difficulty in deglutition and no cough. No pain on pressure Sleep-disturbed Anxiousness decreased and other mental symptoms are improving Stool-regular but hard in consistency 	<i>Natrum muriaticum</i> LM 4/16 doses in D/W once alternate day (AD) in empty stomach The patient's condition improving.
24 May 2019 4 th follow-up	<ul style="list-style-type: none"> Size of the swelling decreased than before (clinically) Sleep-better than before Anxiousness and other mental symptoms improved. Stool- regular but hard in consistency 	<i>Natrum muriaticum</i> LM 5/16 doses AD in empty stomach The size of the goiter reduced with the improvement of her condition. She was advised for USG of neck to be done.
17 July 2019 5 th follow-up	<ul style="list-style-type: none"> Size of the swelling decreased Stool- regular, occasionally hard Sleep- improved The improvement of mental symptoms maintained <p>USG neck: 16 July 2019: A cystic lesion seen in right lobe of thyroid measuring 1.5×1.1 cm-Cystic thyroid nodule in right lobe-? Colloid in nature (to be correlated clinically)</p>	<i>Natrum muriaticum</i> LM 6/16 doses AD in empty stomach The patient's condition was improving.
04 September 2019 6 th follow-up	Reduced size of nodule maintained and improvement of other symptoms is maintained.	<i>Natrum muriaticum</i> LM 7/16 doses AD The patient's condition was improving.
23 October 2019 7 th follow-up	<ul style="list-style-type: none"> Reduced size of the nodule and improvement of other symptoms is maintained. The patient's overall condition improving Mental symptoms also improved. 	<i>Natrum muriaticum</i> LM 8/16 doses AD The patient as a whole better.
18 December 2019 8 th follow-up	Reduced size of the nodule and improvement of other symptoms is maintained.	<i>Natrum muriaticum</i> LM 9/16 doses AD The patient as a whole better.
14 February 2020 9 th follow-up	<ul style="list-style-type: none"> The size of the nodule further decreased (clinically) Improvement of other symptoms maintained. 	<i>Natrum muriaticum</i> LM 10/16 doses AD The patient's condition improved.
13 March 2020 10 th follow-up	<ul style="list-style-type: none"> The improvement of the size of the nodule is maintained. Other symptoms are improved. 	<i>Natrum muriaticum</i> LM 11/16 doses AD
02 July 2020 11 th follow-up	<p>Due to Covid-19 pandemic, patient could not come for her follow-up, but telephonically, she informed that her husband will come to take her medicines.</p> <ul style="list-style-type: none"> Follow-up was done telephonically. Reduction was observed in the size of the nodule Other symptoms are improved She was advised to undergo USG of thyroid gland 	<i>Natrum muriaticum</i> LM 12/16 doses AD
16 September 2020 12 th follow-up	<p>Size of the nodule significantly reduced.</p> <p>USG thyroid: 15 September 2020: One small hypoechoic SOL of 0.51×0.63 cm noted at right lobe of thyroid</p>	<i>Natrum muriaticum</i> LM 13/16 doses AD
28 October 2020 13 th follow-up	The improvement of the size of the nodule is maintained Other symptoms are improved	<i>Natrum muriaticum</i> LM 14/16 doses AD

(Contd...)

Table 1: (Continued)

Dates	Current Illness/symptoms	Intervention and justification
11 December 2020	There was no swelling detected on local examination	<i>Natrum muriaticum</i> LM 15/16 doses
14 th follow-up	The patient was improved as a whole	AD
--	After 6 months, the patient was contacted telephonically on 18 June 2021 to know about her condition where she informed that there was no visible nodular swelling in her neck and she was feeling better	--

USG: Ultrasonography

Table 2: Assessment after treatment by MONARCH

Domains	MONARCH	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3.	Was there a homeopathic aggravation of symptoms?	+1	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0
5.	Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	0	0
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? (B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms:—From organs of more importance to those of less importance?—From deeper to more superficial aspects of the individual?—From the top downwards?	+1	0	0
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8.	Are there alternative causes (i.e. other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	+1	0	0
9.	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	-3	+1	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+2	0	0
	Total score= +8	+1	0	0

Note: Maximum score= +13, minimum score= -6

MONARCH: Modified Naranjo Criteria for Homeopathy

focusing on features suggestive of malignancy which are very important in the initial evaluation. Thyroid ultrasound and serum thyrotropin are the main methods for assessing colloid goitre and excluding other thyroid lesions. Surgical intervention, thyroidectomy is the most common conventional treatment but complications, including hypoparathyroidism and recurrent laryngeal nerve injury, can occur during or after thyroidectomy.^[23] In addition, patients who undergo total thyroidectomy require life-long thyroid supplements.

Homoeopathy can be used for certain chronic problems where surgery is the conventional treatment option. The homoeopathic treatment has shown positive results in surgical cases such as breast lesions and benign squamous laryngeal papillomatosis.^[24-26] In this case, the patient was treated with single homoeopathic medicine *Natrum muriaticum* (LM potency), which is mentioned as a second grade medicine under the rubric 'Goiter' in J. T. Kent's Repertory of the Homoeopathic Materia Medica^[17] and a first grade medicine in The Essential Synthesis Repertory by Schroyens.^[27]

In an exploration of different published literature, two case reports^[13,15] were found, where more than one medicine was prescribed in centesimal potencies, whereas in this case, single medicine, *Natrum muriaticum* was prescribed in LM potencies (LM 1–LM 15) throughout the treatment period.

A significant reduction was seen in the size of the goitre (from 3.3 × 2.7 cm to 0.51 × 0.63 cm), and an overall improvement was found over the period of 24 months of treatment with *Natrum muriaticum* in LM potency (LM 1–LM 15). In this case, the total outcome score as per Modified Naranjo Criteria was +8 [Table 2]. This explicitly shows the positive causal attribution of the individualized homoeopathic treatment in this case of colloid nodular goitre. However, photographic evidence of the reduction in the size of swelling on the neck could not be recorded.

Homoeopathy has been shown to be useful in the management of certain surgical conditions. In this era of advanced surgery, Dr. Hahnemann's vehement call that the patient should be treated holistically, instead of focusing on the pathological

end product of disease still holds. It is rightly justified to say that in several occasions, surgery may not be required as an intervention at all and homoeopathy can help in complete recovery.^[28] The outcome of such case reports can potentially encourage and improve the clinicians' knowledge, which will benefit patients suffering from nodular goitre and help in avoiding the complications due to the surgical intervention.

CONCLUSION

In this case, positive results were observed with the individualized homoeopathic medicine *Natrum muriaticum* in LM potency. The patient improved on all physical, mental and pathologic parameters. However, more such case studies and clinical trials, including randomised control trials, are required with larger sample sizes to validate the outcomes scientifically.

Declaration of patient consent

The authors obtained written, informed consent from the patient to publish her case records, without revealing her identity.

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The authors declare that they have not received any financial support or sponsorship for publishing the case report.

Conflicts of interest

None declared.

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Traitement du goitre nodulaire colloïde avec la médecine homéopathique Natrum muriaticum dans LM Potency: Un rapport de cas

L'Introduction: Le goitre colloïde est une lésion bénigne fréquente de la glande thyroïde qui présente un profil diffus ou nodulaire. Il s'agit d'une entité clinique caractérisée par une croissance subséquente, une transformation structurelle ou fonctionnelle d'une ou de plusieurs zones du tissu thyroïdien normal. Un nodule thyroïdien peut se développer pour devenir visible, ce qui devient une préoccupation esthétique pour le patient.

Résumé du cas: Une femme de 32 ans s'est plainte de gonflement du côté droit du cou au cours des 18 derniers mois. Le cas a été diagnostiqué par échographie comme goitre nodulaire colloïde du côté droit avec dégénérescence kystique interne. Elle a été conseillée par un chirurgien pour une hémicystectomie droite. Pour éviter l'opération, elle a demandé un traitement homéopathique. Sur la base de la totalité caractéristique et de l'individualisation, la médecine homéopathique Natrum muriaticum a été prescrite en LM, après quoi la taille du goitre nodulaire a été considérablement réduite comme observé à l'examen. L'attribution causale entre l'intervention homéopathique et le résultat du traitement a été évaluée à l'aide du Modified Naranjo Criteria for Homeopathy score qui suggère que l'amélioration chez le patient peut être attribuée au traitement homéopathique fourni. Ce rapport de cas clinique montre l'effet positif du traitement homéopathique individualisé dans le goitre nodulaire colloïde.

Behandlung einer kolloidalen Knotenstruma mit dem homöopathischen Arzneimittel Natrum muriaticum in LM-Potenz: Ein Fallbericht

Einleitung: Die kolloidale Struma ist eine häufige, gutartige Schilddrüsenläsion mit einem diffusen oder knotigen Muster. Es handelt sich um eine klinische Entität, die durch ein anschließendes Wachstum, eine strukturelle oder funktionelle Transformation eines oder mehrerer Bereiche innerhalb des normalen Schilddrüsengewebes gekennzeichnet ist. Ein Schilddrüsenknoten kann wachsen und sichtbar werden, was für den Patienten zu einem kosmetischen Problem wird. **Zusammenfassung des Falls:** Eine 32-jährige Frau stellte sich vor und klagte über eine Schwellung an der rechten Halsseite, die seit eineinhalb Jahren besteht. Mittels Ultraschall wurde eine rechtsseitige kolloidale Knotenstruma mit interner zystischer Degeneration diagnostiziert. Ein Chirurg riet ihr zu einer Hemithyreoidektomie rechts. Um die Operation zu vermeiden, suchte sie eine homöopathische Behandlung. Auf der Grundlage der charakteristischen Totalität und Individualisierung wurde das homöopathische Arzneimittel Natrum muriaticum in LM-Potenz verordnet, woraufhin sich die Größe der Knotenstruma bei der Untersuchung deutlich verringerte. Die kausale Zuordnung zwischen der homöopathischen Intervention und dem Behandlungsergebnis wurde anhand der modifizierten Naranjo-Kriterien für die Homöopathie bewertet, was darauf hindeutet, dass die Verbesserung bei der Patientin auf die homöopathische Behandlung zurückzuführen ist. Dieser klinische Fallbericht zeigt die positive Wirkung einer individualisierten homöopathischen Behandlung bei kolloidaler Knotenstruma.

कोलाइड नोड्यूलर गोइटर का एलएम पोटेंसी में नैट्रम म्यूरिएटिकम होम्योपैथिक दवा द्वारा उपचार: एक केस रिपोर्ट

परिचय: कोलोइड गोइटर, थायरॉयड ग्रंथि का सामान्य बैनाइन ट्यूमर होता है, जिसमें डिफ्यूज या गांठदार पैटर्न होता है। यह एक चिकित्सकीय अवस्था है, इसमें सामान्य थायरॉइड ऊतक के एक या एक से अधिक क्षेत्रों में वृद्धि, संरचनात्मक या कार्यात्मक परिवर्तन हो जाते हैं। थायरॉइड नोड्यूल बढ़ कर दिखने लग जाता है, जिसके कारण रोगी चिंतित हो जाता है।

केस का सारांश: एक 32 वर्षीय महिला ने पिछले डेढ़ साल से गले की दाईं ओर हो रही सूजन की समस्या प्रस्तुत करी। केस का निदान अल्ट्रासोनोग्राफी द्वारा किया गया जिसमें दाईं तरफ आंतरिक पुटी अपहास वाले कोलाइड नोड्यूलर गोइटर का पता चला। उन्हें एक शल्यचिकित्सक ने दाईं ओर की हेमिथायरॉयडेक्टोमी करवाने की सलाह दी। शल्यचिकित्सक की आवश्यकता ना हो इसलिए उन्होंने होम्योपैथिक उपचार लिया। विशेष टोटैलिटी और व्यक्तिकरण के आधार पर एलएम पोटेंसी में होम्योपैथिक दवा नैट्रम म्यूरिएटिकम लेने की सलाह दी गई, जिसके बाद जांच में नोड्यूलर गोइटर का आकार काफी कम पाया गया। होम्योपैथिक हस्तक्षेप और उपचार के परिणाम के बीच कारणात्मक गुणारोपण का मूल्यांकन, होम्योपैथी स्कोर के लिए संशोधित नारन्जो मानदंड स्कोर से किया गया जिससे रोगी में आए सुधार का कारण होम्योपैथिक उपचार होने के संकेत मिले हैं। यह चिकित्सकीय केस रिपोर्ट कोलाइड नोड्यूलर गोइटर के उपचार में व्यक्तिगत होम्योपैथिक दवा का सकारात्मक प्रभाव दर्शाती है।

Tratamiento del bocio nodular coloide con medicina homeopática *Natrum muriaticum* en potencia LM: Un informe de caso

Introducción: El bocio coloide es una lesión común benigna de la glándula tiroides que presenta un patrón difuso o nodular. Es una entidad clínica caracterizada por el crecimiento posterior, la transformación estructural o funcional de una o más áreas dentro del tejido tiroideo normal. Un nódulo tiroideo puede crecer hasta hacerse visible, lo que se convierte en una preocupación cosmética para el paciente. **Resumen del caso:** Una mujer de 32 años presentó la queja de hinchazón en el lado derecho del cuello durante el último año y medio. El caso fue diagnosticado por ecografía como bocio nodular coloide del lado derecho con degeneración quística interna. Ella fue aconsejada por un cirujano para una hemitiroidectomía derecha. Para evitar la cirugía, buscó tratamiento homeopático. Sobre la base de la totalidad característica y la individualización, la medicina homeopática *Natrum muriaticum* se prescribió en potencias LM, después de lo cual el tamaño del bocio nodular se redujo significativamente como se observó en el examen. La atribución causal entre la intervención homeopática y el resultado del tratamiento fue evaluada por la puntuación de los Criterios Naranjo Modificados para la Homeopatía que sugirió que la mejora en el paciente puede atribuirse al tratamiento homeopático proporcionado. Este informe de caso clínico muestra el efecto positivo del tratamiento homeopático individualizado en el bocio nodular coloide.

势 法治 胶体 性甲状腺 : 一例报告

介: 胶体甲状腺 是一种常 的良性甲状腺病 , 表 弥漫性或 性。它是一种 床实体, 其特征是正常甲状腺 内一个或多个区域的随后生 、 构或功能 。甲状腺 可以生 到可 , 这成 患者的美容 。

病例摘要: 一位32 的女性在过去一年半的时 里出 了右 部 的症状。超声 断 右 胶体 性甲状腺 伴内囊性 性。一位外科医生建 她做右半甲状腺切除术。 了避免手术, 她 求 势 法治 。基于特征的整体性和个体化, 势 法 物 *Natrum muriaticum*被 具LM 效处方, 之后 性甲状腺 的大小在 查中 察到 著减小。 势 法干 与治 果之 的因果 系通过改良的Naranjo 势 法分 准行 估, 准表明患者的改善可归因于所提供的 势 法治 。本 床病例报告 示了胶体 性甲状腺 个体化 势 法的 极效果。