

Management of overt hypothyroidism with homeopathic medicine Iodium - An evidence-based case report

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Abstract

Introduction: Hypothyroidism is a hypo-metabolic state resulting from inadequate secretion of thyroid hormones. It is the second most common endocrine disorder among women and a leading cause of menstrual abnormalities in all age groups, thereby affecting reproductive functions in females. Levothyroxine is the standard lifelong mode of treatment in conventional medicine. **Case Summary:** A 35-year-old hypothyroid female presented with menstrual irregularities. However, the physical general symptoms in this patient were contrary to the expected clinical presentation of the disease. Individualised homeopathic medicine was selected for this patient, based on these peculiar symptoms and complete recovery was seen with the restoration of thyroid-stimulating hormone (TSH) levels within normal range within 7 months. TSH levels were investigated and recorded before and after treatment. The Modified Naranjo Criteria for Homoeopathy was used to assess the causal attribution of clinical outcome after the homeopathic intervention. The patient was observed for further 3 months and showed no recurrence of complaints. Complete resolution in this case of hypothyroidism is yet another affirmation that homeopathic intervention can be used in the treatment of endocrine disorders in which usually lifelong treatment is the only option.

Keywords: Endocrine disorder, Homoeopathy, Hypothyroidism, Iodium, Thyroid-stimulating hormone

INTRODUCTION

Hypothyroidism is a hypo-metabolic state resulting from inadequate secretion of thyroid hormones or rarely from the resistance of the peripheral tissues to the effects of thyroid hormones.^[1] It is a common but underdiagnosed disorder because of its non-specific clinical presentations.^[2] Clinical manifestations may range from an asymptomatic or subclinical condition with normal levels of thyroxine and triiodothyronine and mildly elevated levels of serum thyrotropin, to an overt state of myxoedema, end-organ effects and multisystem failure.^[3] Some common manifestations are weight gain, fatigue, muscular weakness, menstrual irregularities, delayed puberty, miscarriage/infertility, poor concentration and depression. A few features are more suggestive, such as dryness of skin, proximal myopathy, constipation, cold intolerance and dry brittle hair. Clinical symptoms also depend on factors such as age and sex.^[4]

Thyroid dysfunctions are usually related to menstrual irregularities in females of all age groups as thyroid hormones play a crucial role in the menstrual and reproductive functions

of women.^[5] This is usually attributed to the influence of thyroid hormones over oestrogen and androgen metabolism.^[1] Thyroid-stimulating hormone (TSH) is highly sensitive to thyroid dysfunction and is the standard investigation used to evaluate thyroid disorders. Thyroid complaints are commonly attributed to hereditary issues, genetic predisposition, low levels of nutritional iodine intake, gravidity, radiotherapy, viral toxicities, surgery, underlying diseases such as infiltrative disorders or even autoimmunity.^[5]

Thyroid ailments are the most common endocrine complaints worldwide. Hypothyroidism, precisely, is the most common type of thyroid disorder in India, affecting one in ten adults. In adults, it is 8–10 times more common in women than men and its incidence upsurges with age.^[5] The prevalence of hypothyroidism in developed countries is about 4–5%, whereas in India, it is reported to be around 10.95%.^[2]

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Monotherapy with levothyroxine is the standard for treating hypothyroidism in the conventional method. However, this treatment is usually lifelong and 30–50% of individuals on levothyroxine are either over-treated or under-treated, and others remain dissatisfied with treatment.^[4] A research study has proved the efficacy of homoeopathy in subclinical hypothyroidism.^[6,7]

In this case report, a female of 35 years with hypothyroidism was treated with individualised homoeopathic medicine, and complete recovery was seen with the restoration of TSH levels in the normal range within 7 months.

This case report suggests the beneficial effect of homoeopathy in overt hypothyroidism bringing about the cure in a time span of 7 months, ruling out any side effects and the need for lifelong treatment.

PATIENT INFORMATION

A 35-year-old female came to the outpatient department on 11th May 2014 with the complaint of delayed menses (55–60 days cycle) and weakness during menses for 6 months. Her past menstrual period was on 20th April 2014 and before that, it was on 10th February 2014. She also had complained of hair fall for the past 4–5 months. There were no other co-morbidities. Nothing significant was observed in family history or psychosocial history. The patient was nulliparous and got married only 1 year back.

On investigation, the TSH level was found to be raised (18 uIU/mL). She was diagnosed as a case of overt hypothyroidism by an endocrinologist, and it was suggested to start the treatment with Eltroxin (levothyroxine) 50 mg, once daily, and advice that the treatment may have to be continued for a prolonged time to avoid further clinical manifestations of the disease. However, the patient did not start the treatment as she did not want a prolonged treatment.

Clinical findings

General physical examination

On examination, the patient was of medium build, with 156 cm height and 53 kg weight. Body mass index (BMI) was 21.8. Her blood pressure was 110/60 mmHg, her pulse rate was 79/min and her respiratory rate was 16/min. There was no pallor, cyanosis or clubbing on examination.

Systemic examination

Thyroid gland

On palpation, the thyroid gland was mobile, firm and non-tender.

Mentals

The woman was very loquacious. She was observed to be quite anxious. She also had a constant fear that something bad would happen to her or others in the family.

Physical generals

She was dark complexioned; her thermal reaction was hot. Perspiration was profuse and all over the body. She always felt better in the open, cold air. Her appetite was increased in

the past 2–3 months. She did not have any significant desire or aversion. Urine and stool frequency were normal.

Diagnostic assessment

Thyroid profile investigation dated 11th May 2014 revealed TSH level to be 18 uIU/mL, with T3: 2.11 pg/mL and T4: 0.42 ng/dL.

Based on the detailed case taking, the totality of symptoms for the case was framed as below:

1. Fear of misfortune
2. Loquacity
3. Hair fall
4. Increased appetite
5. Hypothyroid
6. Irregular and delayed menses
7. Weakness during menses
8. Feels better in cold air
9. Hot thermal reaction
10. Profuse perspiration.

Repertorisation

After analysis and evaluation of the case, the following rubrics were taken for repertorisation [Figure 1].

1. Mind – FEAR – misfortune, of
2. Mind – LOQUACITY
3. Head – HAIR - falling
4. Stomach – APPETITE – increased
5. External Throat – THYROID GLAND; complaints of
6. Female Genitalia/Sex – MENSES – irregular
7. Generals – WEAKNESS – menses – during
8. Generals – COLD – air – amelioration
9. Generals – HEAT – sensation of
10. Perspiration – PROFUSE.

Therapeutic intervention

After repertorisation with RADAR software and in consultation with Materia Medica^[8-10] *Iodium* was selected. The patient was advised to take *Iodium* 30C twice a day, for 1 week followed by placebo twice a day for 3 weeks.

Follow-up and outcomes

The patient was followed up every month [Table 1].

DISCUSSION

In this case, the patient presented with complaints of menstrual irregularities and hair fall which are common symptoms of hypothyroidism.^[11] However, weakness during menses, fear of misfortune and loquacity were characteristic symptoms in this case. Furthermore, hypothyroidism usually presents with intolerance to cold, loss of appetite and weight gain; whereas in this case, there was amelioration from cold air, increased appetite and no weight gain (BMI: 21.8), which were peculiar. Medicine prescribed on the basis of peculiar and characteristic symptoms led to not only relief in signs and symptoms but also restoration of TSH levels in the normal range as well. This is in corroboration with the principles of homoeopathy which states that “the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of

This analysis contains 673 remedies and 10 intensities considered Sum of symptoms (sorted degrees)		iod.	sulph.	mag-m.	phos.	calc.	phos.	lyc.	bell.	caust.	am-c.	lach.	ser.	graph.	tab.	nu-v.	verat.	kal-s.	merc.	ars.	ferr.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
39	17	17	17	17	17	17	16	16	16	15	15	15	15	15	14	14	14	14	14	14	14
35	35	34	33	32	31	36	28	24	21	34	29	25	17	28	28	26	25	24	24		
1. Clipboard 1																					
1	MIND - FEAR - misfortune. of	(122)	1	2	1	2	2	1	1	2	1	1	1	2	1	3	1	2	1	1	1
2	MIND - LOQUACITY	(220)	2	2	1	1	1	2	1	2	1	1	1	1	1	1	2	1	1	1	1
3	HEAD - HAIR - falling	(187)	1	1	3	3	2	2	3	3	1	1	1	3	1	3	1	3	2	2	2
4	STOMACH - APPETITE - increased	(399)	2	3	3	3	3	3	3	2	2	3	2	1	3	1	3	2	2	3	2
5	EXTERNAL THROAT - THYROID GLAND. COM...	(62)	2	3	1	1	1	1	1	2	1	1									
6	FEMALE GENITALIA/SEX - MENSES - irregular	(120)	2	2	2	1	1	2	1	2	2	2	1	2	3	2	1	2	1	1	1
7	GENERALS - WEAKNESS - menses - during ...	(93)	1	2	2	1	1	2	1	2	2	2	2	2	2	2	2	2	2	2	1
8	GENERALS - COLD - air - amel.	(116)	1	3	2	2	3	1	1	3		2	2	1	2	1					2
9	GENERALS - HEAT - sensation of	(251)	3	3	3	3	3	2	2	3	1	1	1	2	3	1	1	2	2	3	2
10	PERSPIRATION - PROFUSE	(298)	2	1	2	3	2	3	3	2	1	2	2	1	1	2	3	1	3	3	3

Figure 1: Repertorisation chart

Table 1: Follow-up and outcomes

Date of follow-up	Symptoms and justification of prescription	Medicine with doses, repetition
11 May 2014	Baseline prescription TSH: 18 uIU/mL	<i>Iodium</i> 30C/BD/1 week followed by placebo for 3 weeks
10 June 2014	LMP: 4 June 2014 Hair fall was a little better. Slight relief in weakness during menses. Anxiety: Same	Placebo/1 month
12 July 2014	LMP: 6 July 2014, slight relief in weakness during menses, but TSH was 18.9 uIU/mL (slightly increased) Hair fall: Same; anxiety: Same Therefore, repetition was done.	<i>Iodium</i> 30C/TDS/1 day Placebo/1 month
14 August 2014	LMP: 9 August 2014 Menses became regular. GC: Better Weakness during menses was much better. Hair fall: Better Anxiety: Mild relief Therefore, placebo was prescribed	Placebo/1 month
16 September 2014	LMP: 10 September 2014 Menses were regular, weakness during menses decreased, hair fall and TSH also decreased. TSH (15 September 2014): 16.9 uIU/ml Hair fall: Better Anxiety: Mild relief All symptoms were better. Therefore, placebo was continued.	Placebo/1 month
20 October 2014	LMP: 10 September 2014 Menses did not appear, i.e., delayed again. Therefore, potency was raised further	<i>Iodium</i> 200C/TDS/1 day Placebo/1 month
16 November 2014	LMP: 1 November 2014, Anxiety: Much better Moreover, there was marked relief in other symptoms as well so only placebo was given further with advice to get TSH test done	Placebo/1 month
16 December 2014	LMP: 4 December 2014 There was significant relief in all the symptoms and TSH was also in the normal range. TSH (14 December 2014): 2.12 uIU/ml	Placebo/1 month
17 January 2015	LMP: 6 January 2015 The patient was much better. Menses regular.	Placebo/1 month
21 February 2015	LMP: 7 February 2015 The patient was much better. There was no relapse of symptoms.	Placebo/1 month
28 March 2015	LMP: 7 March 2015 The patient was much better. Hence, placebo was given and was advised to get her thyroid profile test done once more. However, she did not report back after 1 month as she went back to village	Placebo/1 month

G.C.: General condition; LMP: Last menstrual period

the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, to constitute it the most suitable for effecting the cure.”^[12]

Iodium is frequently used and considered a specific remedy for glands, especially the thyroid gland. In the homoeopathic literature, this specific action of Iodium has been mentioned quite frequently by the stalwarts:

Table 2: Modified Naranjo Criteria

S. No.	Domains	Yes	No	Not sure/NA
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 time frame relative to the medicine intake?	+1	-2	0
3.	Was there a homoeopathic 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 improved? (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?	+1	0	0
6(B)	Direction of Cure: Did at least one of the following aspects apply to the order of improvement in symptoms: • From organs of more importance to those of less importance? • From deeper to more superficial aspects of the individual? • From the top downward?	+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 cause of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations and clinical examinations)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Total Score: 9

*ORIDL scale was used to assess overall improvement as per domain 5 of Modified Naranjo Criteria. ORIDL score was +4 for the main complaint as well as overall well-being, The numbers in bold font represent the option selected

"Enlargement and induration of glands; Marked increase of thyroid: Acute pain in thyroid."^[8] "Hypertrophy runs through the remedy. There is an enlargement of all the glands except the mammary glands."^[9]

"Hypertrophy of all glands except mammary, which dwindle; while body withers glands enlarge. Hard goitre in dark-haired people."^[10]

Iodium, Sulphur, Natrum mur, Pulsatilla and *Calcarea carb* were the top 5 remedies upon repertorisation, out of which *Iodium* had the highest score. *Iodium* was thus prescribed on the basis of individualisation and totality of the symptoms and not just as a specific remedy. Apart from raised TSH values, other complaints such as hair fall, irregular menses, weakness during menses and anxiety also got cured, as medicine was given on constitutional basis.

The patient showed improvement in the beginning which confirmed the correct selection of medicine; however, an increase in potency was required for further progress of the case. The patient showed marked improvement in symptoms and restoration of normal levels of TSH when medicine was given in higher potency.

Possible causal attribution of the changes, in this case, was assessed using Modified Naranjo Criteria for Homoeopathy^[13] [Table 2]. The total score was 9 in this case which was suggestive of the attribution of clinical outcome to homoeopathic medicine and added evidence in bringing the causality between homoeopathic medicine and its effect. In this case, constitutional homoeopathic medication has resulted in complete recovery within 7 months. However, follow-up could be done only for 10 months as the patient went to the village after improvement which was the limitation in the case.

As we know from various studies, the homoeopathic mode of treatment is effective in cases of hypothyroidism,^[1,4,6] and this case report is also consistent with the earlier results.

Such case reports indicate that an individualised homoeopathic approach with proper selection of medicine, potency and repetition of dosage is more scientific with promising results in endocrine diseases as compared to conventional medicine in which treatment is usually lifelong. A normal range of TSH level in a time span of 7 months with non-recurrence of complaints is documentary evidence in favour of homoeopathy. No adverse events were reported during the course of treatment.

CONCLUSION

Thus, this case shows the scope of homoeopathy for managing such endocrine conditions. Well-designed randomised controlled trials can be taken up to further affirm the results in such cases.

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Declaration of patient consent

Informed written consent for publication of this report was taken from the patient.

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Nil.

Conflicts of interest

Nil.

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Prise en charge de l'hypothyroïdie manifeste par la médecine homéopathique Iodium - Rapport de cas fondé sur des données probantes

L'Introduction: L'hypothyroïdie est un état hypométabolique résultant d'une sécrétion insuffisante d'hormones thyroïdiennes. C'est le deuxième trouble endocrinien le plus fréquent chez les femmes et une des principales causes d'anomalies menstruelles dans tous les groupes d'âge, affectant ainsi les fonctions reproductrices chez les femmes. La lévothyroxine est le mode de traitement habituel à vie en médecine conventionnelle.

Résumé de cas: Une femme de 35 ans hypothyroïdienne présentait des irrégularités menstruelles. Cependant, les symptômes généraux physiques chez ce patient étaient contraires à la présentation clinique attendue de la maladie. La médecine homéopathique individualisée a été choisie pour ce patient, en fonction de ces symptômes particuliers et la guérison complète a été observée avec le rétablissement des niveaux de TSH dans la plage normale dans les 7 mois. Les concentrations de TSH ont été étudiées et enregistrées avant et après le traitement. Des critères modifiés de Naranjo pour l'homéopathie ont été utilisés pour évaluer l'attribution causale du résultat clinique après l'intervention homéopathique. Le patient a été observé pendant 3 mois et n'a montré aucune récurrence de plaintes. La résolution complète dans ce cas d'hypothyroïdie est une autre affirmation que l'intervention homéopathique peut être utilisée dans le traitement des troubles endocriniens dans lequel le traitement habituellement à vie est la seule option.

Behandlung einer offenen Hypothyreose mit dem homöopathischen Arzneimittel Iodium - ein evidenzbasierter Fallbericht

Einleitung: Hypothyreose ist ein hypo-metabolischer Zustand, der durch eine unzureichende Sekretion von Schilddrüsenhormonen entsteht. Sie ist die zweithäufigste endokrine Störung bei Frauen und eine der Hauptursachen für Menstruationsstörungen in allen Altersgruppen, wodurch die Fortpflanzungsfunktionen bei Frauen beeinträchtigt werden. Levothyroxin ist in der Schulmedizin die Standardbehandlung für das ganze Leben.

Zusammenfassung des Falles: Eine 35-jährige Frau mit Schilddrüsenunterfunktion stellte sich mit Menstruationsunregelmäßigkeiten vor. Die körperlichen Allgemeinsymptome dieser Patientin standen jedoch im Widerspruch zum erwarteten klinischen Bild der Krankheit. Aufgrund dieser besonderen Symptome wurde für diese Patientin ein individuelles homöopathisches Arzneimittel ausgewählt, das innerhalb von 7 Monaten zu einer vollständigen Genesung führte, indem die TSH-Werte in den Normalbereich zurückkehrten. Die TSH-Werte wurden vor und nach der Behandlung untersucht und aufgezeichnet. Die modifizierten Naranjo-Kriterien für Homöopathie wurden verwendet, um die kausale Zuordnung des klinischen Ergebnisses nach der homöopathischen Intervention zu beurteilen. Der Patient wurde weitere 3 Monate lang beobachtet und zeigte kein Wiederauftreten der Beschwerden. Die vollständige Heilung der Schilddrüsenunterfunktion in diesem Fall ist eine weitere Bestätigung dafür, dass die Homöopathie bei der Behandlung von endokrinen Erkrankungen eingesetzt werden kann, bei denen normalerweise eine lebenslange Behandlung die einzige Option ist.

होम्योपैथिक दवा आयोडियम से ओवर्ट हाइपोथॉयराडिज्म का इलाज: एक साक्ष्य – आधारित केस रिपोर्ट

परिचय: हाइपोथॉयराडिज्म, थॉयराइड हार्मोन के अपर्याप्त उत्पादन के परिणामस्वरूप होने वाली हाइपो-मेटाबोलिक अवस्था है। यह महिलाओं में होने वाले सर्वाधिक सामान्य अंतःस्रावी विकारों में से एक है और सभी आयु वर्गों में मासिक धर्म संबंधी समस्याओं का प्रमुख कारण है, जिससे महिलाओं में प्रजनन की प्रक्रिया प्रभावित होती है। पारंपरिक चिकित्सा में लेवोथॉयरोक्सिन जीवन भर चलने वाला एक मानक उपचार है।

केस का सारांश: एक 35 वर्षीय हाइपोथॉयरोइड महिला मासिक धर्म की अनियमितता प्रस्तुत की। हालांकि, इस मरीज के फिजिकल जनरल, रोग के अपेक्षित नैदानिक विवरण से विपरीत थे। इन विशेष लक्षणों के आधार पर इस मरीज के लिए व्यक्तिगत होम्योपैथिक दवा का चयन किया गया और 7 महीने में पूर्ण सुधार हुआ और TSH का स्तर भी सामान्य रेंज में आ गया। उपचार से पहले और बाद के TSH स्तर जांच करके रिकॉर्ड किए गए थे। होम्योपैथिक उपचार के बाद चिकित्सकीय परिणाम के कारणात्मक गुणारोपण का मूल्यांकन करने के लिए होम्योपैथी संशोधित नारांजो मानदंड का उपयोग किया गया। अगले 3 महीनों में भी मरीज में फिर से कोई समस्या नहीं देखी गई। हाइपोथॉयराडिज्म के इस केस में संपूर्ण समाधान इस बात की एक अन्य पुष्टि है कि अंतःस्रावी विकारों के उपचार में होम्योपैथिक उपचार का उपयोग किया जा सकता है, जिसमें आमतौर पर जीवन भर चलने वाला उपचार ही एक मात्र विकल्प होता है।

Manejo del hipotiroidismo manifiesto con medicina homeopática Iodio - Un informe de caso basado en la evidencia

Introducción: El hipotiroidismo es un estado hipo-metabólico resultante de la secreción inadecuada de hormonas tiroideas. Es el segundo trastorno endocrino más común entre las mujeres y una de las principales causas de anomalías menstruales en todos los grupos de edad, lo que afecta las funciones reproductivas en las mujeres. La levotiroxina es el modo estándar de tratamiento de por vida en la medicina convencional.

Resumen del caso: Mujer hipotiroidea de 35 años que presentó irregularidades menstruales. Sin embargo, los síntomas físicos generales en este paciente fueron contrarios a la presentación clínica esperada de la enfermedad. Se seleccionó un medicamento

homeopático individualizado para este paciente, basado en estos síntomas peculiares y se observó una recuperación completa con la restauración de los niveles de TSH dentro del rango normal dentro de los 7 meses. Los niveles de TSH se investigaron y registraron antes y después del tratamiento. Se utilizó el Criterio Naranjo Modificado para la Homeopatía para evaluar la atribución causal del resultado clínico después de la intervención homeopática. El paciente fue observado durante otros 3 meses y no mostró recurrencia de quejas. La resolución completa en este caso de hipotiroidismo es otra afirmación de que la intervención homeopática se puede utilizar en el tratamiento de trastornos endocrinos en los que generalmente el tratamiento de por vida es la única opción.

势法物碘治性甲状腺功能减退症 - 循病例报告.

引言：甲状腺功能减退症是一种由于甲状腺激素分泌不足而引起的低代谢状态。它是女性中第二常见的内分泌紊乱，也是所有年 月 异常的主要原因，从而影响女性的生殖功能。左旋甲状腺素是 医学中 准的 身治 模式。

病例摘要：一名35 甲状腺功能减退的女性，表 月 不 。然而， 患者的身体一般症状与 期的疾病 床表 相反。根据这些特殊症状， 患者选 了个性化的 势法物，并在7个月内完全康复，TSH水平恢复在正常范 内。在治 前后对TSH水平 行 查和 录。改良的Naranjo 势法 准用于 估 势法干 后 床 果的因果归 因。 患者被 察了3个月，没有复 的抱怨。甲状腺功能减退症的完全解决是另一个肯定，即 势法干 可以用 于治 内分泌紊乱，而内分泌紊乱通常是 身治 的唯一选 。