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Homeopathic Management of Primary Hypothyroidism: A Case Report

Author Details:

Dr. ANAND DESAI (MD. Hom.)

Professor, Department of Organon of medicine & homeopathic philosophy

Smt A.J. Savla Homoeopathic Medical College & RI, Mehsana

Email: dranandjvb@gmail.com

Assist By:

Dr. Nehakumari Deshmukh

PG Scholar Part-1, Department of Organon of medicine & homeopathic philosophy

Smt A.J. Savla Homoeopathic Medical College & RI, Mehsana

Email: ndr9039@gmail.com

Abstract- Primary hypothyroidism is a long-standing endocrine disorder characterized by inadequate secretion of thyroid hormones, which are essential for maintaining normal metabolic and physiological activities of the body. The condition is commonly managed with hormone replacement therapy in conventional medicine. In homoeopathy, management is based on individualization and a holistic understanding of the patient, as described in Samuel Hahnemann's Organon of Medicine. This case report aims to discuss the homoeopathic approach in the management of a patient with primary hypothyroidism as an adjuvant to conventional care. Primary hypothyroidism is seen more frequently in women and is often associated with menstrual disturbances, thereby affecting reproductive health. The present article focuses on thyroid dysfunction, its clinical diagnosis, and the possible scope of homoeopathy in its supportive management.

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❖ **KEYWORD:** *Homeopathy, endocrine disorder, primary hypothyroidism, thyroid stimulating hormone, generalized weakness, individualization, calcarea carbonica*

❖ INTRODUCTION:

Primary hypothyroidism is one of the most commonly encountered endocrine disorders and results from insufficient production of thyroid hormones by the thyroid gland. Among its various causes, autoimmune thyroiditis, particularly Hashimoto's thyroiditis, is considered the most frequent. Patients commonly present with symptoms such as fatigue, weight gain, constipation, intolerance to cold, dryness of skin, hair fall, and disturbances in the menstrual cycle. Conventional treatment mainly consists of levothyroxine supplementation to restore hormonal balance. In homoeopathic practice, however, treatment is selected on the basis of the individual patient's symptom totality, constitutional makeup, and overall susceptibility. This case report presents the management of a patient with primary hypothyroidism using an individualized homoeopathic medicine as an adjuvant approach.

❖ PREDISPOSING FACTORS TO PRIMARY HYPOTHYROIDISM:

1. Genetic Factors: Family history of thyroid disorder

2. Autoimmune Factors: Hashimoto's thyroiditis is the most common cause

3. Iodine imbalance: Iodine deficiency or, in some settings, excess iodine exposure

4. Lifestyle-related associations: obesity, sedentary habits, and stress may worsen symptom burden, though they are not direct primary causes in all patients

❖ INVESTIGATIONS:

Thyroid function tests

Additional thyroid hormone assays (Free T3, Free T4, if available)

Complete blood count (CBC)

Autoimmune marker: Anti-TPO antibodies

❖ **TREATMENT:**

General Management:

Thyroid hormone replacement therapy

Adequate iodine intake

Avoid excessive consumption of goitrogenic foods (e.g., raw cabbage, soy, cauliflower in excess)

Maintenance of healthy body weight

Regular physical activity

CASE

➢ **PERSONAL DATA:**

Name: Mrs. X

Age: 26 year

Sex: Female

Occupation: office worker

Religion: Hindu

Marital status: Unmarried

➢ **CHIEF COMPLAINTS:** A 26 year old female presented with Generalized weakness since 1 year with Weight gain (≈10 kg in 1 year). Having constipation (stool hard, once in 2–3 days). Having Irregular menses since 8 months With Hair fall.

Aggravates by cold weather

Ameliorates by rest

- **H/O PRESENTING ILLNESS:** The patient was apparently well 1 year back. She gradually developed generalized weakness with weight gain. Having irregular menses since 8 months. Blood investigation revealed raised TSH → diagnosed as Primary hypothyroidism. Patient is on levothyroxine but reports incomplete relief.

- **PAST HISTORY:** Typhoid at age of 13years.

- **FAMILY HISTORY:** Father- DM

- **GENERALS:**

A. PHYSICAL GENERAL:

- Appetite: Good, 3 time meal /day.
- Thirst: Thirst decreased
- Desire: Sweets
- Stool: constipated, once in 2-3days
- Urine: 4-5 times/day
- Perspiration: moderate
- Sleep: Sound sleep
- Thermal Reaction: Chilly patient

B. Gynecological history:

- Menarche- at 13 year
- Cycle- irregular
- Quantity- profuse
- Color- bright red

C. MENTAL GENERAL:

- Irritable on slight contradiction

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- Anxiety about health
- Aversion to work, laziness

➢ **EXAMINATIONS:**

A. GENERAL PHYSICAL EXAM:

- Weight – 78 kg
- BP-110/70 mmHg
- Pulse- 64/min
- RR- 16/min

B. SYSTEMATIC EXAMINATION:

- Respiratory examination : bilateral air entry clear
- Cardiovascular examination: S^1S^2 heard, normal

C. **Laboratory results** - Thyroid-stimulating hormone (TSH): 7.2 mu/L

➢ **DIFFERENT DIAGNOSIS:**

- Anemia
- Primary hypothyroidism
- Chronic fatigue syndrome

➢ **PROVISIONAL DIAGNOSIS:** Primary hypothyroidism

➢ **ANALYSIS AND EVALUATION OF CASE:**

- Irritable on slight contradiction (uncommon mental)
- Anxiety about health (uncommon mental)
- Aversion to work, laziness (uncommon mental)

- Desire sweet foods (uncommon physical general)
- Thirst decreased (uncommon physical general)
- T/R – chilly patient (uncommon physical general)
- Weight gain (common physical general)
- Generalized weakness (common physical general)
- Agg. Cold weather (characteristic physical general modality)
- Amel. Rest (characteristic physical general modality)
- Irregular menses (common physical particular)
- Hard stool, constipated (common physical particular)
- Hair fall (common physical particular)

➢ **TOTALITY OF SYMPTOMS:**

1. Irritable on slight contradiction
2. Anxiety about health
3. Aversion to work, laziness
4. Desire sweet foods
5. Thirst decreased
6. T/R – chilly patient
7. Weight gain
8. Generalized weakness
9. Agg. Cold weather
10. Amel. Rest
11. Hard stool, constipated
12. Irregular menses
13. Hair fall

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- **REPERTORIZATION SHEET/TOTALITY:**

MIND
1 MIND - ANXIETY - health; about
2 MIND - IRRITABILITY - contradiction; from - slightest; at
3 MIND - LAZINESS
HEAD
4 HEAD - HAIR - falling
STOMACH
5 STOMACH - THIRST - decreased
STOOL
6 STOOL - HARD
FEMALE GENITALIA/SEX
7 FEMALE GENITALIA/SEX - MENSES - irregular
GENERALS
8 GENERALS - COLD - air - agg.
9 GENERALS - FOOD and DRINKS - sweets - desire
10 GENERALS - OBESITY
11 GENERALS - REST - amel.
12 GENERALS - WEAKNESS

Remedies	∑Sym	∑Deg	Symptoms
ign.	11	18	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12
calc.	10	24	1, 3, 4, 6, 7, 8, 9, 10, 11, 12
lyc.	10	24	1, 3, 4, 6, 7, 8, 9, 10, 11, 12
phos.	10	23	1, 3, 4, 6, 7, 8, 9, 10, 11, 12
sulph.	10	23	1, 3, 4, 6, 7, 8, 9, 10, 11, 12
sep.	10	22	1, 3, 4, 6, 7, 8, 9, 10, 11, 12

- **REPERTORIAL ANALYSIS:**

1. Ign- 18/11
2. Calc -24/10
3. Lyc- 24/10
4. Phos- 23/10

- **SELECTION OF MEDICINE:** Calc carb
- **SELECTION OF DOSE AND POTENCY:** 200 C

- **PRESCRIPTION:**

Rx. Calc carb 200 C, BD x 2 days

SL BD x 15 days

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- **AUXILLARY MANAGEMENTS:**
  - follow a balanced diet
  - engage in regular physical activity
  - avoid unhealthy lifestyle habits.

- **PROGRESS AND FOLLOW UP:**

FOLLOW UP	CHANGES IN SYMPTOMATOLOGY	PRESCRIPTION
1ST follow up	Weakness persisted, cold aggravation, irregular menses	Rx. Calc Carb 200 BD x2days SL BD x15 days
2nd follow up	Weakness reduced, hair fall persisted	Rx. SL BD x 15days
3rd follow up	Weakness improved slightly, hair fall reduced, menses 2 days early	Rx. Calc Carb 200 BD 2 days SL BD x 15days
4th follow up	Energy improved, no weakness	Rx.SL BD 15days
5th follow up	Hair fall reduced, menses regular	Rx. Calc Carb 200 BD 15days SL BD 15days
6th follow up	Reduction in all the complaints. Patient feels better. TSH – 6 mlU/L	Rx. SL BD x1month

- **DISCUSSION:**

The present case involved a 26-year-old female with a 1-year history of primary hypothyroidism, presenting with generalized weakness, weight gain, constipation, irregular

menses, and hair fall. The symptoms were aggravated by cold weather and relieved by rest. The patient had been on continuous levothyroxine therapy but reported incomplete symptomatic relief. The case demonstrated characteristic mental generals such as irritability on slight contradiction, anxiety about health, and aversion to work. Important physical generals included desire for sweets, decreased thirst, constipation, and a chilly thermal reaction. These features played a significant role in the individualization of the case. Reportorial analysis brought out Ignatia, Calcarea carbonica, Lycopodium, and Phosphorus as leading remedies. Calcarea carbonica was selected on the basis of its close similarity to the patient's constitutional build, chilly nature, weight gain, weakness, constipation, menstrual irregularity, and mental state. During follow-up, the patient reported gradual improvement in generalized weakness, bowel habits, hair fall, and menstrual regularity. A mild reduction in TSH level was also observed during the follow-up period. Since the patient was already on levothyroxine therapy, the observed improvement should be interpreted as supportive symptomatic benefit in an adjuvant setting rather than as evidence of independent disease reversal. This case highlights the importance of individualized constitutional prescribing in homoeopathy and suggests its possible supportive role in improving symptom burden in patients with primary hypothyroidism.

➢ CONCLUSION:

This case report demonstrates the effective management of primary hypothyroidism through individualized homoeopathic treatment. The selection of Calc Carb based on comprehensive case analysis and reportorial evaluation resulted in significant clinical improvement and reduction in symptom severity. Homoeopathy offers a safe, holistic, and effective therapeutic approach for chronic endocrine diseases by addressing both physical and mental dimensions of illness. Further systematic clinical studies are recommended to substantiate the role of homoeopathy in the management of primary hypothyroidism.

➢ DECLARATION OF PATIENTS CONSENT:

Written informed consent for publication was obtained directly from the patient.

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