IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Management Of Primary Hypothyroidism With Individualised Homoeopathic Medicine- A Case Report

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ABSTRACT:

Lifestyle diseases are a group of illnesses that mostly come from the things we do every day and how we interact with our surroundings. Primary hypothyroidism is one of the commonly seen lifestyle disease nowadays. The broad spectrum of the clinical presentation of the disease lead the patients towards conventional treatment with no good. Homoeopathy is a unique system of medicine based on the principle of– "Similia Similibus Curentur" which annihilate the disease in its whole extent. Here is a case of a female with primary hypothyroidism whom got improved with individualized homoeopathic medicine.

KEYWORDS:

Primary hypothyroidism, individualized homoeopathic medicine, miasm, lifestyle disease

INTRODUCTION:

Hypothyroidism:

Hypothyroidism is a clinical state resulting from underproduction of the thyroid hormones thyroxine (T4) and triiodothyronine (T3). The word hypothyroidism is from Greek hypo- 'reduced', **thyreos** 'shield', and **eidos** 'form'. [1] Hypothyroidism is listed in ICD-10 code **E03.9** under the range- Endocrine, nutritional and metabolic diseases. [2]

Types of Hypothyroidism:

- Primary hypothyroidism is defined as low levels of blood thyroid hormone due to destruction of the thyroid gland.
- Secondary hypothyroidism occurs when the hypothalamus produces insufficient thyrotropin-releasing hormone (TRH) or the pituitary produces insufficient TSH.
- Tertiary hypothyroidism occurs when deficient TSH secretion is due to deficient TRH secretion. [3]

Prevalance:

The prevalence in INDIA is 11%. Primary hypothyroidism is up to 8–9 times more common in women than in men, and the prevalence increases with age, with a peak incidence between the ages of 30 and 50 years. [4,5]

Causes:

The usual causes of primary hypothyroidism are autoimmunity, or an intervention such as surgery, radio-iodine, or radiation or thyroiditis. [6]

Clinical Presentation:

Clinical symptoms of primary hypothyroidism are very vivid. The diversity in symptoms consists of depression, dementia, weight gain, constipation, dry skin, hair loss, cold intolerance, hoarse voice, irregular menstruation, infertility, muscle stiffness and pain, bradycardia, hypercholesterolemia which reflects the multi organ effect of thyroid hormone. [7]

Diagnosis:

TSH assay is the first line test in the assessment of thyroid function. Measurement of free thyroid hormones are made in combination with TSH to establish diagnosis. [8,9]

CASE REPORT:

Name- XYZ	Age/Sex- 53/F
Marital Status- Married	Weight – 68kg
Occupation- Housewife	Date of Registration- 20/09/2022

Presenting complaint:

She came to the peripheral OPD of B.H.M.C, Greater Noida with the presenting complaints of tiredness, puffiness of face, weight gain (from 53kg-68kg) since 3 months. She complaint of tiredness in the evening with no desire to work and puffiness of face in the morning. She also complained of sharp, stitching pain in movement of left shoulder since 1.5 months which aggravates on touch and was better with hot fomentation.

History of Present Complaints:

- Patient was apparently well 3 months back when she gradually started feeling tiredness in the evening with no desire to work and puffiness of face in the morning.Then she noticed that she is gaining weight.
- All this started after a family dispute. The family decided for property cleavage in which the younger brothers raised voice against her husband. She said that she got very angry on the way the brother's spoke and wanted to react but couldn't as her in-laws were there and she have never spoken upfrontly in their presence. She said "*shabd gale tak aa kar reh gye juban par nhi la paye". S*he said how could someone talk to their elders like this. (Ailments from indignation)

Past history:

In the year 2022, she had Cholecystectomy done.

Family history:

Maternal History: Mother- deceased (CA-GB), aunt- deceased (DM2 & HTN)
Paternal side: Father- deceased
Siblings: brother has DM2 and sister have primary hypothyroidism

Physical generals:

- APPETITE – Normal, 3 meals per day, 1-2 chapattis per meal
- THIRST – 1-2 litres per day.
- DESIRE – Green chilies, Salt^{++}
- INTOLERANCE – Strong odors (cause headache)
- TONGUE- clean, moist
- SLEEP – 7 hours per day, refreshing.
- URINE – D4-5 N0, pale-yellow, non-offensive
- STOOL – D1 N0, satisfactory.
- PERSPIRATION – upper lips ++, on forehead
- MENSES- Menopause at the age of 45 years
- THERMAL REACTION – Hot

Mental generals:

- She is the eldest child in her family too so she has always made adjustments and compromises. She has tried to keep family as one. Whenever she felt bad about anything she used to cry alone but never used to share about it with her family. **Fear of thunderstorms**; closes her doors and windows. Likes clear weather.

General Physical Examination:

Built - Endomorphic	**Temperature-** 98.1^{o} F
Cyanosis- absent	**B.M.I-** 28.4 kg/m^2
Cachexia- absent	**Respiratory rate-** 18/min
Pulse- 74beats per min	**BP** - 134/82mmHg
Height- 152cm	**Weight-** 68kg

Diagnosis: Primary Hypothyroidism

Analysis of Symptoms:

COMMON SYMPTOMS	UNCOMMON SYMPTOMS
Tiredness	Ailments from anger with indignation
Puffiness of face	Fear of thunderstorms
Weight gain	Intolerance to strong odors
	Desire for salt
	Perspiration on upper lips
	Stitching pain in movement of left shoulder- < touch

Evaluation of Symptoms

SYMPTOMS	INTENSITY	MIASM
Mentals Generals:		
• Ailments from anger with indignation	+3	Sycosis
• Fear of thunderstorms	+3	Sycosis

Physical Generals: • Intolerance to strong odors • Desire for salt • Perspiration on upper lips	 +2 +2 +3	 Sycosis Sycosis Syphillis
Particulars: Stitching pain in movement of left shoulder- < touch	 +2	 Sycosis

Repertorial Totality:

MIND- Ailments from- indignation

MIND- Fear- thunderstorms of

NOSE- Smell- acute

GENERALITIES- food & drinks- salt- desire

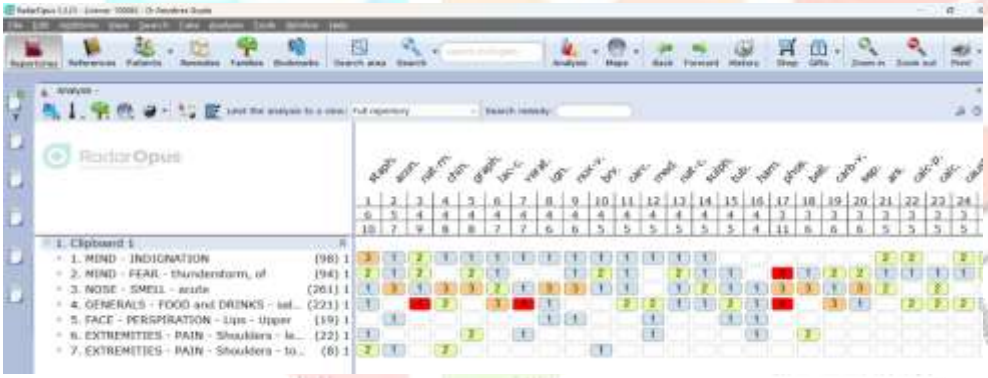
FACE- Perspiration- lips- upper

EXTREMITIES- Pain- shoulder-left-stitching pain

EXTREMITIES- Pain- shoulder -touch agg

Repertorial Chart:

Repertorisation was done with Synthesis Repertory using RADAR software



Therapeutic Intervention:

After analyzing the repertorial totality, it was observed that *Staphysagria* covered all the rubrics with the maximum score. On consulting the materia medica, *Staphysagria* seems to be the nearest minimum of the case. *Staphysagria* 200C was prescribed, one dose of four globules of size 30 to be taken stat followed with sac lac 30/TDS/30 days.

Follow-up of the case:

DATE	COMPLAINT	PRESCRIPTION	REMARKS
22/10/22	Complaints slight better	Sac lac 30 TDS/30 days	Don't disturb the action of medicine
20/11/22	No change	*Staphysagria* 200 1dose stat followed by sac lac 30 TDS/30 days	Repetition of the last used potency before changing to the next higher one.
24/12/22	Complaints not getting better	*Staphysagria* 1M 1dose stat followed by sac lac 30 TDS/30 days	Since there was no change so a higher potency of the same medicine was prescribed
27/01/23	Complaints got better Weight reduced to 63kg She even expressed her anger towards the younger brothers and told that she was feeling better after the expression.	Sac lac 30 TDS/30 days	Wait and watch
03/03/23	All complaints better	Sac lac 30 TDS/30 days	Condition improved.

LAB INVESTIGATION:

RESULT:

There is marked improvement in the patient's condition. Her TSH LEVELS reduced to normal **(from 7.0 to 3.01 IU/ml).** Her body weight reduced. All of her complaints improved on taking individualized homoeopathic medicine for 6 months.

DISCUSSION AND CONCLUSION:

Homoeopathy treats every sickness of a man as a whole and individualized entity. This case study is an example of the effectiveness of individualized homoeopathic medicines in primary hypothyroidism along with mental well-being. It further proves the effectiveness of *Staphysagria* in cases of primary hypothyroidism.

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