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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF PRIMARY HYPOTHYROIDISM EVALUATED BY ZULEWSKI CLINICAL SCORE: A CASE REPORT

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ABSTRACT:

Hypothyroidism is a hypometabolic clinical state caused by either persistent insufficient thyroid hormone production or, less frequently, peripheral tissue resistance to thyroid hormone actions. Conventional management centers on lifelong hormone replacement with levothyroxine. Individualized homoeopathy offers a holistic constitutional approach aimed at stimulating physiological recovery.

A 44-year-old premenopausal female presented with excessive hair fall, postprandial abdominal heaviness aggravated by milk, heartburn, dry cracked lips, upward heat flushes, and unsatisfactory bowel evacuation. Clinical assessment revealed an initial Zulewski's Clinical Score of 4. Baseline serum investigations showed an elevated TSH (9.39 µIU/mL) and low free T4 (0.886 ng/dL), confirming primary hypothyroidism. Based on a detailed totality of symptoms—emphasizing mental hurry, intolerance of consolation, irritability from domestic disorder, and classic gastrointestinal features—*Kali carbonicum* 200C was prescribed in infrequent single doses as needed. Over a 6-month period, the patient demonstrated steady clinical improvement, with the Zulewski score decreasing from 4 to 1. By the 6th month, repeat biochemical testing confirmed normalization of thyroid function (TSH 4.81 µIU/mL, FT4 0.919 ng/dL, FT3 2.87 pg/mL). A long-term follow-up at 15 months revealed sustained biochemical euthyroidism (TSH 4.14 µIU/mL) without the need for levothyroxine substitution. Can conclude that Individualized constitutional homoeopathic intervention with *Kali carbonicum* successfully restored biochemical euthyroidism and produced lasting clinical remission in a premenopausal patient with primary hypothyroidism.

KEYWORDS: Primary Hypothyroidism, Zulewski's score, kali carb, Premenopausal female, Individualized, Homoeopathy, Case report.

INTRODUCTION

Definition

Hypothyroidism is a hypometabolic clinical state caused by either persistent insufficient thyroid hormone production or, less frequently, peripheral tissue resistance to thyroid hormone actions [1].

prevalence of hypothyroidism is higher at 11% [2] .

The most common cause of hypothyroidism in the world is iodine deficiency [3]. However, autoimmune conditions like Hashimoto's thyroiditis and iatrogenic effects from the treatment of hyperthyroidism are the most frequent causes of hypothyroidism in areas with adequate iodine levels [3].

Causes of Hypothyroidism

Primary autoimmune hypothyroidism: Atrophic thyroiditis, Hashimoto's thyroiditis [3].

Transient

postpartum thyroiditis , Silent thyroiditis [3].

Subacute thyroiditis [3].

Stopping supraphysiologic thyroxine therapy in those whose thyroids are intact [3].

Following a partial thyroidectomy or 131I therapy for Graves' disease [3].

Iatrogenic, drug, Congenital hypothyroidism, Iodine insufficiency [3].

Infiltrative disorders, Type 3 deiodinase overexpression in malignancies such as infantile hemangiomas.

Secondary

Hypopituitarism: tumors, Sheehan’s syndrome, trauma, genetic forms of combined pituitary hormone deficiencies, pituitary surgery or irradiation, infiltrative disorders [3].

Isolated TSH deficiency or inactivity [3].

Bexarotene treatment [3].

Hypothalamic disease: infiltrative disorders, tumors, trauma, idiopathic [3].

Diagnosis and Investigations

Lab investigations

- **Serum TSH (Third-Generation Ultra-sensitive):** The primary screening marker for pituitary response.
- **Free T4 and Free T3 (by Equilibrium Dialysis or Immunoassay):** To evaluate active, unbound circulating fractions rather than total levels, which are skewed by plasma protein variations.
- **Anti-TPO and Anti-Tg Antibodies:** Vital for establishing or ruling out Hashimoto's thyroiditis. The antibody titer serves as an indicator of autoimmune intensity and inflammatory activity within the gland.
- **Serum Reverse T3 (rT3):** Highly informative in patients with persistent clinical symptoms despite "normal" fT_4 and TSH, pointing toward peripheral deiodination blocks.
- **Lipid Profile (TC, LDL, HDL, Triglycerides):** Hypothyroidism downregulates LDL-receptor expression in the liver; tracking lipids provides an objective marker of systemic thyroid hormone action on hepatic metabolism.

- **Serum Ferritin, Vitamin D3, and Vitamin B12:** Essential micronutrients required for thyroperoxidase activity and peripheral conversion. Correcting clinical deficiencies is a vital physiological prerequisite alongside our dynamised medicine.

Zulewski's Clinical Score

In light of contemporary laboratory testing, Zulewski et al. developed a clinical scoring system to reevaluate the traditional signs and symptoms of hypothyroidism [4]. Based on their evaluation of the 12 symptoms and signs that Billewicz et al had previously found, they made certain modifications[4]. In this 0-2 generally indicates euthyroidism, 3-4 mild and 5 or more hypothyroidism. This score can be used to asses patients with hypothyroidism besides the laboratory investigations. As it can be used to asses both subjective as well as objective findings.

Based on	New score	
Symptoms	Present	Absent
1. Diminished sweating	1	0
2. Hoarseness	1	0
3. Dry skin	1	0
4. Constipation	1	0
5. Weight increase	1	0
6. Paresthesia	1	0
7. Impairment of hearing	1	0
Physical signs		
1. Coarse skin	1	0
2. Cold skin	1	0
3. Periorbital puffiness	1	0
4. Slow movements	1	0
5. Delayed ankle reflex	1	0

1.1

CASE REPORT

Female of 44 yrs age , housewife, came with complain of hairfall excessive (since 4 months). heaviness in abdomen (since 3 months) <after eating, milk. Heartburn. cracking and dryness of lips (since 4 months). heat flushes (since 1 yr)- starts from legs and goes to upper body, stool-unsatisfactory and incomplete (since 4 months) < milk. Also had puffiness of eyelids.

Mentals

(Does everything hurriedly)- " I do everything fast one after another, cannot rest till things are done it keeps on going in my mind till everything is done in house"

(Consolation agg when sad)- " do not like if anyone consoles when I am sad, I feel more irritated."

(Irritable nature)- " I get irritated this days by little things like someone says something, if kids demand something, or some work is incomplete, or some things are not on proper place etc."

(Desires company)- "do not like to stay alone at home like if kids are home or when people are around. Likes to be in company with someone by not in crowds"

Past history

No any significant past history present

Family history

Mother and father both are prediabetic

Brother healthy

Physical generals

Thirst- 2 liters per day

Aversion- milk

Vegetarian diet followed

Desire- not specific

Stool- unsatisfactory, incomplete feeling

Urine- 5-6 times per day

Thermal – no complain on sun exposure, takes bath with hot or cold water as per season, takes covering as per season, no any complains aggravate or ameliorate in winter or summer, ambithermal

Menstrual history

Regular menses with 30 days cycle

Bleeding bright red blood for 3 days, 3rd day spotting only

Pain in back during menses

Totality of symptoms

Does things in hurry

Consolation aggravate when sad

Irritable nature

Desire company

Heat flushes goes from legs to upper body

Milk aggravate complains

Stool- unsatisfactory, incomplete

Hair fall

Lips cracked and dry

Heaviness in abdomen after eating

Heartburn

Repertorization sheet: (zomeo software)

Remedy	Sulph	Kali-c	Lyc	Sep	Nat-m
Totality	25	24	23	22	22
Symptoms Covered	9	11	10	9	8
Kingdom					
[Kent] [Mind]HURRY: (72)	3	2	1	1	3
[Kent] [Mind]IRRITABILITY (SEE ANGER): (245)	3	3	3	3	3
[Kent] [Head]HAIR :Falling: (94)	3	3	3	3	3
[Kent] [Face]CRACKED:Lips: (83)	3	1			3
[Kent] [Stomach]HEAVINESS,WEIGHT,OPPRESSION (SEE FULLNESS):Eating:After: (58)	3	2	3		
[Kent] [Stomach]HEARTBURN: (118)	2	2	3	2	2
[Kent] [Rectum]CONSTIPATION (SEE INACTIVITY):Insufficient,incomplete,unsatisfactory stools: (61)	3	3	2	2	3
[Kent] [Generalities]FOOD:Milk :Agg: (57)	3	2	2	3	2
[Kent] [Generalities]HEAT,FLUSHES OF:Upwards: (32)	2	2	2	3	
[Kent] [Mind]COMPANY:Desire for: (58)		3	3	2	
[Kent] [Mind]CONSOLATION :Agg: (23)		1	1	3	3

1.2

Symptom / Clinical Theme	Kali Carbonicum (Best Fit)
Mind: Hurry & Task Completion	**Cannot rest until every chore is finished**; driven by rigid duty and routine; anxiety from unfinished tasks[5], anxious about his affairs[6]
Mind: Irritability Trigger	**Irritated by disorder, items out of place, incomplete work**, or children's demands. Very irritable[7], irritable, easily provoked[6]
Mind: Consolation Reaction	**Do not like consolation**
Mind: Company vs Solitude	**Craves company** in the house, but dislikes large crowds Never wants to be left alone[7]
Gastrointestinal: Milk & Food	**Immediate heaviness, distension, and gas after eating; milk aggravates**[6,8]
Stool Quality	**Sluggish, unsatisfactory, and incomplete evacuation** **Feels like inactivity of rectum**[8]
Climacteric / Hot Flushes	**Heat flushes**, from down to head(hering)
Physicals: Lips & Hair, eyes	**Dry, peeling, cracked lips**; metabolic/hormonal hair thinning, **puffiness on eyelids (hering)**

Prescription kali carb 200 1 dose

Followed by sl for 15 days

Advised for thyroid profile

Zulewski score was 4

1.3

Timepoint / Date	Clinical Findings & Symptom Changes	Zulewski Score	Laboratory Investigations	Prescription & Posology
Baseline *(12 Jun 2024)*	• Excessive hair fall (4 months) • Heaviness in abdomen after eating/milk, heartburn • Dry, cracked lips (4 months) • Upward hot flushes (1 year) • Unsatisfactory stool • Puffiness of eyelids	4	**Serum Free Thyroid Profile:** • TSH: **9.39** µIU/mL (High) • Free T4: **0.886** ng/dL (Low) • Free T3: **2.59** pg/mL (Normal)	• *Kali carbonicum* 200C (single dose) • *Sac. Lac.* for 15 days
Test Name: **Immunology (Thyroid profile (Free)), Serum** Report Date: 12 Jun 24 11:13 T3, Free: 2.59 pg/mL 2.04 - 4.40 ECLIA T4, Free: **0.886** ng/dL 0.93 - 1.70 ECLIA TSH: **9.39** µIU/mL 0.54 - 5.3 ECLIA				
Follow-up *(15 Days)*	• ~30% improvement in abdominal heaviness, heartburn, and constipation	—	None	• *Sac. Lac.* continued for 15 days
Follow-up *(1 Month)*	• Improvement plateaued; no further change noted	—	None	• *Kali carbonicum* 200C (single dose) • *Sac. lac.* for 30 days

Timepoint / Date	Clinical Findings & Symptom Changes	Zulewski Score	Laboratory Investigations	Prescription & Posology
Follow-up *(2 Months)*	• 50% improvement in abdominal heaviness, heartburn, and constipation • Eyelid puffiness resolved completely • 20% improvement in hair fall and lip cracks	3 (puffiness of eyelids no more)	None	• *Sac. lac.* for 15 days
Follow-up *(2.5 Months)*	• Symptoms stationary; no further improvement	—	None	• *Kali carbonicum* 200C (single dose) • *Sac. lac.* continued
Follow-up *(3 Months)*	• ~80% relief in overall presenting complaints • Mild occasional constipation and dry skin persisted	2 (as only slight complain of occasional constipation and dry skin remained)	**Serum TSH:** • TSH: **8.37** µIU/mL (Down-trending)	• *Sac. Lac.* continued

TSH	**8.37**	µIU/mL	0.54 - 5.3	ECLIA

Follow-up *(4 Months)*	• Symptom progression plateaued	—	None	• *Kali carbonicum* 200C (single dose) • *Sac. Lac.* continued
Follow-up *(6 Months)*	• All primary complaints resolved; only slight dry skin remained	1 (only Slight dryness of skin)	**Serum Free Thyroid Profile:** • TSH: **4.81** µIU/mL (Normalized) • Free T4: **0.919** ng/dL (Normalized) • Free T3: **2.87** pg/mL (Normal)	• *Sac. Lac.* continued

	Test Name	Unit	Reference Range	Low	Normal	High
	Thyroid Profile (Free)					
	Free T3 (Serum,Electrochemiluminescence)	pg/mL	2.04-4.40 1st Trimester: 2.46-3.49 2nd Trimester: 2.09-3.55 3rd Trimester: 2.01-3.27		2.87	
	Free T4 (Serum,Electrochemiluminescence)	ng/dL	0.82-1.77 1st Trimester: 0.94-1.52 2nd Trimester: 0.75-1.32 3rd Trimester: 0.65-1.21		0.919	
	Thyroid stimulating hormone [TSH] (Serum,ECLIA)	µIU/mL	0.54-5.3		4.81	

Long-term Follow-up *(19 Sep 2025)*	• Visited for an unrelated acute condition; remained asymptomatic for hypothyroid complaints	0–1	**Serum TSH:** • TSH: **4.14** µIU/mL (Sustained normal range)	

Timepoint / Date	Clinical Findings & Symptom Changes	Zulewski Score	Laboratory Investigations	Prescription & Posology

Test: Immunology (TSH.)
Exam Date: 19 Sep 2025 Repo Date: 19 Sep 25 10:51

Parameter	Result	Remark	Biological Reference Interval	Unit	Test Method
TSH	4.14		0.54 - 5.3	?IU/mL	ECLIA

DISCUSSION:

In the above case female of 44 years' age, housewife, came with complain of symptoms excessive hair falling (since 4 months), heaviness in abdomen (since 3 months) <after eating, milk. Heartburn. cracking and dryness of lips (since 4 months). heat flushes (since 1 year)- starts from legs and goes to upper body, stool-unsatisfactory and incomplete (since 4 months) < milk. Also had puffiness of eyelids. With mental symptoms like Does everything hurriedly, Consolation aggravate when sad, Irritable nature, Desires company. The baseline biochemical evaluation revealed an elevated TSH of 9.39 µIU/mL and a low Free T4 of 0.886 ng/dL, confirming primary hypothyroid dysfunction.

Utilizing Zulewski's Clinical Score, the baseline score of 4 correlated with mild clinical hypothyroidism, and its progressive reduction to 1 over six months paralleled the biochemical normalization of TSH and FT4.

kali carbonicum was selected according to totality of symptoms and repertorization after the differentiation with other medicines that were having higher grades in repertorization. Zulewski score was used along with laboratory reports as it helps in both subjective and objective assessment. Lifestyle advices were given to patient about physical exercise, avoiding goitrogenic food like cabbage, cauliflower etc., also to increase dietary fibre intake and maintain daily hydration, to apply natural barrier emollients (such as cold-pressed coconut oil, or pure ghee) to manage dry, cracked lips.

The steady decline of serum TSH from 9.39 µIU/mL to 8.37 µIU/mL, followed by full normalization to 4.81 µIU/mL at six months and sustained euthyroidism at 4.14 µIU/mL over fifteen months, clearly illustrates an enduring physiological response. The sustained biochemical and symptomatic improvement can be attributed to the constitutional action of *Kali carbonicum*.

Thyroid hormone function and release are coordinated by HPT axis it also has been established as an acutely stress-responsive neuroendocrine system.[9]

According to this mental conditions and states of patients can trigger hypothyroid. So in homoeopathic approach both patients mental as well as physical state is considered with equal importance.

Limitations of conventional management: Conventional management centres on lifelong hormone replacement with levothyroxine. While levothyroxine effectively restores serum hormone levels, it acts as a substitutive measure rather than a curative stimulation of endogenous thyroid activity.

CONCLUSION:

This case demonstrates the efficacy of constitutional, individualized homoeopathic treatment in reversing early primary hypothyroidism. Selection of *Kali carbonicum* based on characteristic mental attributes alongside physical keynotes addressed both the systemic pathology and neuroendocrine axis. The gradual normalization of serum TSH and free thyroid hormones, accompanied by reduction in Zulewski's score and sustained stability at long-term follow-up, underlines the therapeutic potential of classical homoeopathy as a standalone, non-substitutive treatment modality. Further documented

clinical studies and controlled trials are needed to corroborate homoeopathy's role in functional thyroid restoration.

Declaration of patient consent

consent was obtained from the patient for publication of this case report and accompanying clinical images.

Conflict of interest

No conflict of interest

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