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## HOMOEOPATHIC MANAGEMENT OF HYPOTHYROIDISM: A CASE REPORT

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### Abstract

Hypothyroidism is one of the most common endocrine disorders. It is a common condition of thyroid hormone deficiency, which is readily diagnosed and managed but potentially fatal in severe cases if untreated. Homoeopathy, however, provides a better response in such conditions; one such case report is presented below. Patient attended Out Patient Department (OPD) chiefly for complaints of frequent Swelling Of Extremities, Especially Of Both The Hands, Weight Gain, Tiredness, Drowsiness, Hairfall And Constipation. She was suffering from hypothyroidism for past 2 months. After detailed case taking and repertorization, Kali Brom 30 was given and gradually, the medicine was repeated as per the response of the medicine upon Patient. The patient gradually started improving during the course of treatment and continues to be free from his complains at the time of last follow up visit in OPD.

### Keywords

Hypothyroidism, Case Report, Homoeopathic Management, Kali Bromatum, Thyroid Profile

## **Introduction**

Hypothyroidism is a common endocrine disorder resulting from deficiency of thyroid hormone. In the United States and other areas of adequate iodine intake, autoimmune thyroid disease (Hashimoto disease) is the most common cause And Thyroid Failure Following <sup>131</sup>I Or Surgical Treatment of Thyrotoxicosis Account for Over 90% Of Cases, Except In Areas Where Iodine Deficiency Is Endemic. Women Are Affected Approximately Six Times More Frequently Than Men. In India, hypothyroidism is usually categorized under the cluster of iodine deficient disorders (IDDs), however other causes cannot be overlooked.<sup>(2,3)</sup>

Hypothyroidism Is A State Of Insufficient Circulating Thyroid Hormone. Deficient thyroid hormone secretion can be due to thyroid failure (primary hypothyroidism) or, less commonly, pituitary or hypothalamic disease (secondary hypothyroidism). Transient hypothyroidism may occur in silent or subacute thyroiditis. Subclinical (or mild) hypothyroidism is a state of normal free thyroid hormone levels and mild elevation of TSH; despite the name, some patients may have minor symptoms. The peak age of occurrence is around 60 years, and prevalence increases with age. Congenital hypothyroidism is present in 1 of 4000 newborns. Most Cases Of Congenital Hypothyroidism Are Caused By Abnormal Formation Of The Thyroid Gland (Thyroid Dysgenesis), And A Minority Are Due To Inborn Errors Of Thyroid Hormone Synthesis (Dyshormonogenesis).<sup>(1)</sup>

## **Clinical Presentation And Diagnosis**

Symptoms Of Hypothyroidism Include Lethargy, Dry Hair And Skin, Cold Intolerance, Hair Loss, Difficulty Concentrating, Poor Memory, Constipation, Mild Weight Gain With Poor Appetite, Dyspnea, Hoarse Voice, Muscle Cramping, And Menorrhagia. Cardinal Features On Examination Include Bradycardia, Mild Diastolic Hypertension, Prolongation Of Relaxation Phase Of Deep Tendon Reflexes, And Cool Peripheral Extremities. Goiter May Be Palpated, Or The Thyroid May Be Atrophic And Nonpalpable. Carpal Tunnel Syndrome May Be Present. Cardiomegaly May Be Present Due To Pericardial Effusion. The Most Extreme Presentation Is A Dull, Expressionless Face, Sparse Hair, Periorbital Puffiness, Large Tongue, And Pale, Doughy, Cool Skin. The Condition May Progress Into A Hypothermic, Stuporous State (Myxedema Coma) With Respiratory Depression. Factors That Predispose To Myxedema Coma Include Cold Exposure,

Trauma, Infection, And Administration Of Narcotics. In Mild Hypothyroidism, The Classic Findings Of Overt Hypothyroidism May Not Be Present, And The Clinical Picture May Be Dominated By Fatigue And Ill-Defined Symptoms.<sup>(1)</sup> Most Cases Of Hypothyroidism Are Not Clinically Obvious, Diagnosis Should Not Be Overlooked In Individuals Complaining Of Non-Specific Symptoms Such As Tiredness, Weight Gain, Depression Or Carpal Tunnel Syndrome.<sup>(3)</sup> The investigation of endocrine and metabolic disorders usually involves: (a) the measurement of electrolytes, minerals, metabolites or hormones in plasma; and (b) isotopic, ultrasonographic, radiological or magnetic resonance (MR) imaging of specific endocrine glands.<sup>(4)</sup> In the vast majority of cases of primary hypothyroidism, serum T<sub>4</sub> is low and TSH is elevated, usually in excess of 20 mU/L. Measurements of serum T<sub>3</sub> are unhelpful since they do not discriminate reliably between euthyroidism and hypothyroidism. Secondary hypothyroidism is rare and is caused by failure of TSH secretion in an individual with hypothalamic or anterior pituitary disease.<sup>(3)</sup> Diagnosis Can Be Made By A Decreased Serum Free T<sub>4</sub> Which Is Common Finding For All Varieties Of Hypothyroidism. An Elevated Serum TSH Is A Sensitive Marker Of Primary Hypothyroidism But Is Not Found In Secondary Hypothyroidism. Thyroid Peroxidase (TPO) Antibodies Are Increased In > 90% Of Cases With Autoimmune-Mediated Hypothyroidism. Elevated Cholesterol, Increased Creatine Phosphokinase, And Anemia May Be Present; Bradycardia, Low-Amplitude QRS Complexes, And Flattened Or Inverted T Waves Are ECG Findings Of Patients With Hypothyroidism.<sup>(1)</sup>

## **CASE REPORT**

A 25 year old female came to the OPD on 14<sup>th</sup> May 2019 with the following complaints:

- Swelling Of Extremities, Especially Of Both the Hands, Since 2 Months.
- Weight Gain, Tiredness, Drowsiness, Hair fall and Constipation. She Stated That Her Weight Has Gradually Increased Over Last 5-6 Months, Inspire Of Decreased Appetite. She Also Said That, In The Last 1 Year, She Had Difficulty From Getting Up From Squatting Position
- Excessive Heaviness In The Abdomen Especially In Evening. Persistent Twitching In Her Fingers Of Both The Hands.

## **HISTORY OF PRESENT COMPLAINT**

Patient Came to the OPD On 14 May 2019 With Complaints Of Swelling Of Extremities, Especially Of Both The Hands, Excessive Weight Gain Inspite Of Decreased Appetite, Scanty Menses And Hairfall. She was advised to have her Thyroid Profile done but the patient kept delaying that and finally in October 2019 she got her thyroid profile done which showed an Increased Serum TSH Level Which Confirmed the Diagnosis as Hypothyroidism.

### **Thyroid Profile Findings**

Thyroid Stimulating Hormone (TSH) – 9.30  $\mu$ IU/ml (October 26,2019)

## **PAST HISTORY**

Patient had jaundice at the age of 16 years which was cured after taking allopathic and homoeopathic treatment.

## **FAMILY HISTORY**

Mother is having Diabetes mellitus and father is having hypertension.

## **PERSONAL HISTORY**

Patient by Profession Is Accountant And belongs To Middle Class Socio Economic Group

## **GENERALS**

### **Physical Generals**

Patient Has Desire For Sweets, Appetite Is Decreased, is Thirsty & Drinks Approx. 1 Litre Of Water At A Time And Then Again After An Hour, Stool Is Dry And Requires Straining, Thermal Reaction Of Patient Is She Is Sensitive To Both The Weathers (Winter And Summer) But Mostly Towards Hot .Menses Are Scanty Leucorrhoea is yellowish and sometimes white in colour < before menses. Patient Is Sleepy Most Of The Time & Suddenly Gets Frightened While Asleep And Wakes Up Immediately.

### **Mental Generals**

Patient Is Very Irritable And Gets Angry Easily On Slightest Matter, Has Mood Swings Especially Before And During Menses, Sad And Depressed And Always Anxious About Her Health.

## LOCAL AND SYSTEMIC EXAMINATION

Dryness of Skin, Brittle Nails and Thinning Of Her Scalp Hairs, Tongue was yellow coated and moist.

## ANALYSIS OF THE CASE

After Analyzing Symptoms Of The Case The Characteristic Mental And Physical Generals And Particular Symptoms Were Considered For Framing The Totality Of The Case. Anxiety About His Own Health, Changeable Mood < Before And During Menses, Startling During Sleep, Very Irritable And Gets Angry Easily On Slightest Matter, Desire For Sweets, Late And Scanty Menses Were The Important General Symptoms. Flatulence, Restlessness Of Fingers And Swelling Of Extremities Were The Particulars Included In Totality. Considering The Above symptomatology, Complete Repertory was preferred and using RADAR software, systemic repertorization was done and **Kali Brom 30/1 Dose/** was Prescribed On First Visit.

The Repertorization chart is given in Table 1

me (201)										
SOS										
This analysis contains 701 remedies and 12 symptoms.										
Intensity is considered										
			kali-c.	calc.	kali-br.	lyc.	sep.	ars.	puls.	sulph.
			1	2	3	4	5	6	7	8
Sum of symptoms (sort:deg)			11	10	10	9	9	9	9	9
			33	27	25	32	30	29	29	29
01. MIND - ANGER, irascibility	1	349	4	3	1	4	4	4	1	4
02. MIND - ANXIETY - health, about - own, his	1	1	-	-	3	-	-	-	-	-
03. MIND - STARTING, startled - sleep - during	1	166	4	3	3	3	3	4	4	3
04. MIND - MOOD - changeable, variable	1	208	3	3	4	4	3	3	4	1
05. FEMALE - MENSES - scanty	1	231	4	1	3	4	4	3	4	4
06. ABDOMEN - FLATULENCE	1	388	3	4	1	4	4	4	4	4
07. EXTREMITIES - RESTLESSNESS - upper limbs - fingers	1	11	1	-	3	-	-	-	-	-
08. EXTREMITIES - SWELLING - general	1	389	1	1	1	1	1	1	1	1
09. GENERALITIES - FOOD and drinks - sweets - desires	1	143	4	3	-	4	3	4	3	4
10. CLINICAL - HYPOTHYROIDISM	1	11	1	1	-	-	-	-	-	-
11. GENERALITIES - MENSES - before	1	260	4	4	3	4	4	3	4	4
12. GENERALITIES - MENSES - during	1	364	4	4	3	4	4	3	4	4

## DISCUSSION AND CONCLUSION

In This Case, Important Mental, Physical Generals And Particulars, i.e., Anxiety About His Own Health, Changeable Mood < Before And During Menses, Startling During Sleep, Very Irritable And Gets Angry Easily On Slightest Matter, Desire For Sweets, Scanty Menses ,Flatulence, Restlessness Of Fingers And Swelling Of Extremities Were Included For Repertorization Purpose. After Repertorization, Many Medicines Were Competing With Each Other, Namely, Kali Carb, Calcarea Carb, Kali Brom, Lycopodium, Sepia Etc. After Consultation With Materia Medica, Kali Brom Was Prescribed Which Remained Unchanged In The Subsequent Follow-Ups As The Patient Was Responding Well To The Medicine.

Kali Brom was found to be most specific for this case as most peculiar symptom observed in the patient was great restlessness especially of fingers which is also one of the important symptom of Kali Brom as found in the Materia Medica. As homoeopathy is the science which gives importance to individualistic approach for the treatment of a particular case of disease, hence the most characteristic symptom was given importance and the prescription was based on the same.

## FOLLOW UP SHEET

DATE	COMPLAINTS	TREATMENT
26. 05.2019	Slight reduction in swelling of the extremities. Relief in Constipation and heaviness of the abdomen Tiredness feeling still present No relief in hair fall	Rx. Kali Brom 30/ 1 dose
15.06.2019	Relief in previous complaints	Placebo for 1 month
18.07.2019	Relief in previous complaints	Placebo for 1 month
20.08.2019	Relief in previous complaints	Placebo for 1 month
30.10.2019	Reduction in swelling of the extremities.	Rx. Kali Brom 30/ 1 dose

	Constipation and heaviness of the abdomen better than before. Slight tiredness, hair fall still present  TSH: 9.30 Weight : 74.6	
1.12.2019	Relief in previous complaints	Placebo for 15 days
18.01.2020	LMP : 27.12.2019 TSH:6.87 Weight : 72.9 Reduction in swelling of the extremities. Constipation and heaviness of the abdomen better than before. Tiredness, hair falls better than before.	Rx. Kali Brom 30/ 1 dose
19.02.2020	Hoarseness of voice present. She feels tired after doing slight work. Flatulence present. She is Irritable and anxious.	Rx. Kali Brom 30/ 1 dose
02.03.2020	Better than before	Placebo for 15 days
30.03.2020	Better than before	Placebo for 15 days
29.04.2020	Hoarseness of voice better. No flatulence present. Bowel movements are normal. No irritability present.	Rx. Kali Brom 30/ 1 dose
20.05.2020	Completely better than before	Placebo for 1month
26.06.2020	Thyroid profile TSH: 4.93 No specific complaints are present. Patient is doing well.	

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