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MANAGEMENT OF SUBCLINICAL HYPOTHYROIDISM WITH HOMOEOPATHIC MEDICINE CALCAREA IODATA: AN EVIDENCE BASED CASE REPORT

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ABSTRACT

Hypothyroidism results from inadequate thyroid hormone synthesis and release. It is the second most common endocrine disorder among women and a leading cause of menstrual abnormalities in all age groups. Subclinical hypothyroidism (SCH) is characterized by increased Thyroid stimulating hormone (TSH) levels but levels of free thyroxine (fT4) that fall within the normal range, which is typically thought to be an early symptom of thyroid dysfunction. It is a subtype of Primary Hypothyroidism. Moderate thyroid failure is defined as TSH levels that are slightly elevated but T3 and T4 levels are within the normal range. Management of thyroid disorders involves homoeopathic medicine in a vital manner. This is a case report of a 29-year-old hypothyroid female presented with irregular menses and complaints of leucorrhea. Based on the peculiar symptoms, Calcarea Iodata 200 was given. Complete recovery with restoration of TSH level to normal range, within 5 months. The homeopathic literature recommends Calcarea iodata as helpful in minimizing thyroid enlargement. Calcarea Iodata, commonly known as Iodide of Lime, Proved by W. Jas Blakely. Its two components i.e., Calcarea and Iodium which suggest that it is typically utilized for thyroid complaints.

Keywords: Hypothyroidism, Thyroid stimulating hormone, Calcarea Iodata

INTRODUCTION

The Greek words "hypo," which means "reduced," "thyreos," which means "shield," and "eidos," which means "form," are the origin of the word hypothyroidism[1]. Hypothyroidism is the most prevalent clinical form of thyroid deficiency, can have substantial negative health repercussions on a variety of organ systems. In Indian population prevalence is >2%[2]. Hypothyroidism occurs 8 to 9 times more frequently in women than in men, and its occurrence increases with age, with the peak incidence occurring between the ages of 30 and 50 years[3].

Iodine is introduced into the amino acid tyrosine on the surface of the thyroglobulin (Tg) by follicular epithelial cells to produce thyroid hormones, which is then expelled into the follicle's colloid. Iodide is a crucial building block for the production of thyroid hormones, and individuals need to consume more than 100 g of iodide daily to maintain healthy thyroid function[4]. The main hormone secreted by the thyroid is thyroxine(T4), while triiodothyronine(T3) is secreted in smaller amounts. Monodeiodinase enzymes convert about 85% of T4 into T3 in the blood. T4 has a longer half-life in the blood (5 to 7 days) and binds less effectively to thyroid hormone receptors than T3, making it act as a prohormone[4]. A deficiency in iodine causes the pituitary gland to produce more TSH and less thyroid gland hormones.

Hypothyroidism results from inadequate thyroid hormone synthesis and released[5]. It is classified as primary (due to lack of thyroid hormone), secondary (because of insufficient TSH), tertiary (due to insufficient thyrotropin-releasing hormone), and peripheral (extra-thyroidal)[6]. Subclinical hypothyroidism(SCH) is characterized by increased TSH levels but levels of free thyroxine (fT4) that fall within the normal range, which is typically thought to be an early symptom of thyroid dysfunction[2]. It is associated with numerous reproductive diseases, including irregular menstruation, infertility, and unusual sexual development[7]. This is typically explained by the impact of thyroid hormones on the metabolism of estrogen and androgen[8].

Many hypothyroid individuals who are taking sufficient amounts of thyroxin supplements yet report a variety of symptoms and dissatisfaction. Few research have been published on the use of homeopathy to treat hypothyroidism[9].

In this case report, a female of 29 years with hypothyroidism was treated with Calcarea Iodata 200, complete recovery with restoration of normal TSH within 5 months.

This evidence-based case report suggests the beneficial effect of homoeopathy in subclinical hypothyroidism.

CASE REPORT

A 29-year-old female came to the outpatient department on 12th December 2023 with complaint of irregular menses and weakness for 5 months. Her last menstrual period was on 21/10/2023 and before that it was on 8/7/2023.She also had itching of the genitalia with leucorrhea. The patient is Nulliparous and got married 9 years back. She is sad about not having a child and also anxious about her health. No relevant past history and family history. She was the middle child among the three. Her milestones were proper and not delayed.

Generally, she has a decreased appetite with distension of abdomen and increased thirst for cold drinks. She is very sluggish in activities. Thermally she was more towards hot, because always want the windows and doors open. She has recurrent attack of infection in the ear. Hoarseness of voice while talking. Occasionally there is pain in both knee joints more at night after prolonged standing.

On investigation, the TSH level was found to be raised (8.05 u IU/ml) and T4 within normal level (7.74 ug/dL). She was diagnosed as a case of Subclinical Hypothyroidism.

Clinical Findings

General Physical Examination

On examination, the patient was of an obese type with a BMI-33.8 (Height-165cm, Weight-92kg). Blood Pressure: 116/60mm Hg. Pulse Rate: 78/minute. Respiratory rate: 20/minute.

Systemic Examination -Thyroid Gland

Inspection

Pizzillo Method- No visible swelling

Palpation

No tender Mass

Auscultation

No Bruit heard

Diagnostic Assessment

Thyroid profile investigated on 16/12/2023 revealed TSH level of 8.05 u IU/ml, with T4 7.74 ug/dL, T3 1.08 ngm/ml

Based on the case, the totality of symptoms described as:

1.Anxiety about health

2.Weakness

3.Wants the windows and doors open

4.Recurrent attack of infection in ear

5.Distention of abdomen when not eating

6. Pin in both knees more at night

7.Irregular menses

8.Leucorrhea with itching

9.Hoarseness of voice

This analysis contains 1244 remedies and 12 symptoms
Intensity is considered
Sum of symptoms (sorted degrees)

		calc.	nat-m.	calc-i.	sulph.	graph.	puls.	lyc.	phos.	sep.
		1	2	3	4	5	6	7	8	9
		12	12	12	11	11	11	11	11	10
		27	26	24	23	21	21	20	20	21
4. Clipboard 4										
1. MIND - ANXIETY - hypochondriacal	(107) 1	2	3	2	1	1	2	1	3	2
2. GENERALS - HYPOTHYROIDISM	(57) 1	1	2	1		1		1	1	1
3. GENERALS - WEAKNESS	(1085) 1	3	3	3	3	3	2	2	3	3
4. GENERALS - AIR; IN OPEN - desire for open air	(214) 1	1	2	3	3	2	3	3	1	1
5. EAR - SUPPURATION - Middle ear	(61) 1	2	1	2	1		2	1		
6. STOMACH - DISTENSION	(262) 1	3	2	2	3	2	2	3	2	1
7. EXTREMITIES - PAIN - Knees - night	(41) 1	2	2	2	2	3	1	2	1	
8. FEMALE GENITALIA/SEX - STERILITY	(147) 1	2	3	1	1	2	2		2	3
9. FEMALE GENITALIA/SEX - MENSES - irregular	(147) 1	2	1	1	2	2	1	2	1	2
10. FEMALE GENITALIA/SEX - LEUKORRHEA - milky	(62) 1	3	1	2	2	1	3	1	2	3
11. FEMALE GENITALIA/SEX - ITCHING	(275) 1	3	3	2	3	2	1	2	1	3
12. Speech/Voice - HOARSENESS, voice	(232) 1	3	3	3	2	2	2	2	3	2

Figure 1: Repertorisation Chart

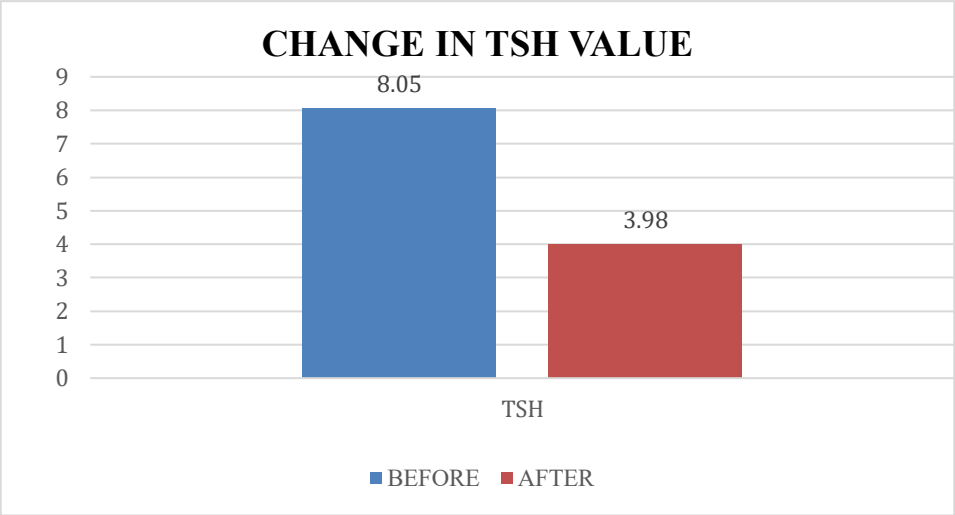

Figure 2: Change in TSH Value before and after treatment

BEFORE **AFTER**

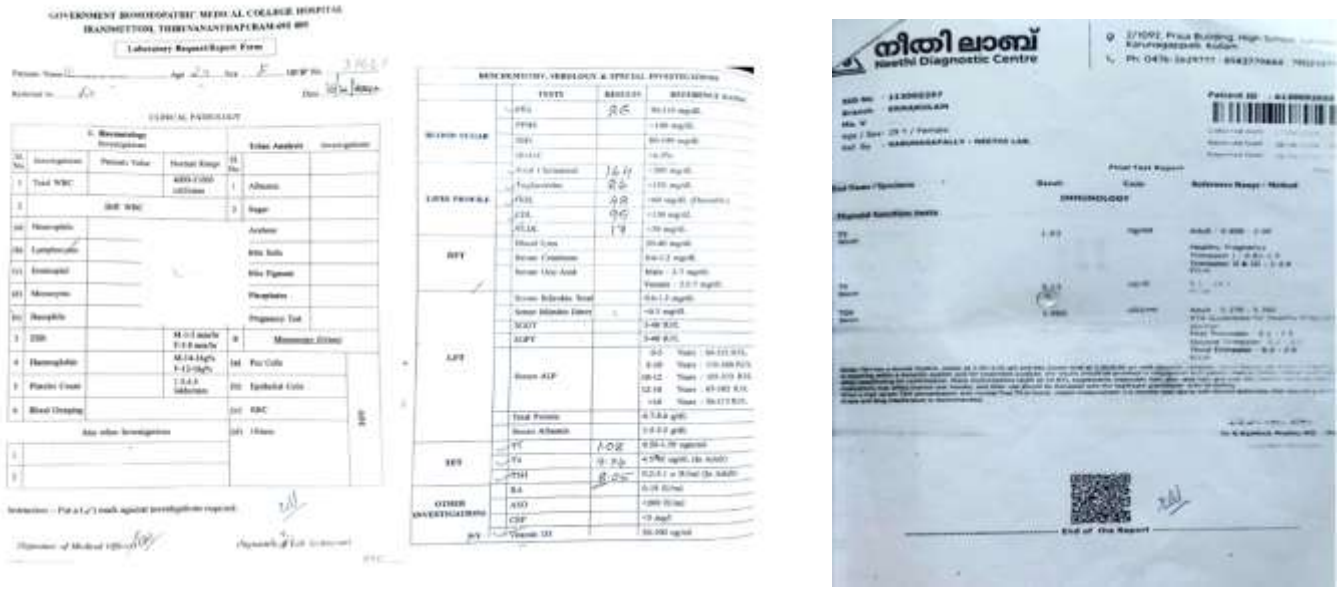

Figure 3: Thyroid Function Test :Report

THERAPEUTIC INTERVENTION

After repertorisation with RADAR software and in consultation with Materia Medica CALCAREA IODATA was selected. The patient was advised to take Calcarea Iodata 200 once in two weeks with placebo tablet one at morning.

FOLLOW UP

The patient was followed up in every 1month for a period of 5months.

Date of follow-up	Symptoms	Medicine
17 Dec 2023	Baseline prescription TSH: 8 uIU/mL	Calc Iod 200/2 D(once in 2 weeks) BT (1-0-0)
15 Jan 2024	LMP: 2-1-2024 Slight relief in weakness Leucorrhea Still persists Anxiety Same, so Repeated	Calc Iod 200/2 D(once in 2 weeks) BT (1-0-0)
20 Feb 2024	LMP: 6-2-2024 Menses become regular Leucorrhea Reduced Anxiety Reduced	Sac Lac /2 D(once in 2 weeks) BT (1-0-0)
16 Mar 2024	Menses not appeared Potency Raised	Calc Iod 1M/1 D(For 1 Month) BT (1-0-0)
28 Apr 2024	Generally she feels better TSH: 3.98 uIU/mL	Sac Lac /2D(once in 2 weeks)
21 May 2024	She is much better Menses Regular No relapse of symptoms	Sac Lac /2D(once in 2 weeks)

Table 1: Follow up and outcomes

DISCUSSION

In this case, the patient presented with complaints of menstrual irregularities, weight gain (BMI-33.8) and weakness which are common symptoms of hypothyroidism. However, Leucorrhea with itching, anxiety, recurrent attack of infection in ear were characteristic symptoms in this case. Furthermore, hypothyroidism usually presents with intolerance to cold whereas in this case, there was amelioration from cold air, which is 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 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."

Calcarea and Iodium is frequently used and considered as specific remedies for glands, especially the thyroid gland. In the homoeopathic literature, this specific action of both these medicines has been mentioned quite frequently by the stalwarts. But their combination is verified rarely.

Calcarea Carb, Natrum Mur, Calcarea Iodata, Sulphur and Graphites where the top 5 remedies came upon repertorisation. Out of which was Calcarea Iodata 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 irregular menses, weakness and anxiety also got cured.

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.

Sl. No	Domains	Yes	No	Not Sure NA
1	**Was there an improvement in the main symptom or condition which the homoeopathic medicine was prescribed?**	+2	-1	0
2	**Did the clinical improvement occur within a plausible time fra 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 condit (i.e., were other symptoms, not related to the main present complaint, improved or changed)?**	+1	0	0
5	**Did overall well-being improve? *(Suggested: use a validated scale mention changes in physical, emotional, and behavioral elements.)***	+1	0	0
6(A)	**Direction of Cure: Did some symptoms improve in the opposite or of the development of symptoms of the disease?**	+1	0	0

Sl. No	Domains	Yes	No	Not Sure NA
6(B)	**Direction of Cure: Did at least one of the following aspects apply the order of improvement in symptoms? • From organs of m importance to those of less importance? • From deeper to m superficial aspects of the individual? • From the top downward?**	+1	0	0
7	**Did "old symptoms" (defined as non-seasonal and non-cycli symptoms that were previously thought to have resolved) reapp 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 improveme** ***(Consider known causes of disease, other forms of treatment, o other clinically relevant interventions.)***	-2	+1	0
9	**Was the health improvement confirmed by any objective eviden** ***(e.g., investigations and clinical examinations)***	+2	0	0
10	**Did repeat dosing, if conducted, create similar clini improvement?**	+1	0	0

Total Score: 8

ORDIL (Outcome in Relation to Impact on Daily Living): ORDIL is a scale used to measure the overall health change and its impact on a patient's daily life after treatment. **Scale Details: +4:** Cured**, +3:** Major improvement**, +2:** Moderate improvement**, +1:** Slight improvement**0:** No change **-1nto -4:** Worsening. **Usage:** It is often used to assess clinical outcomes in chronic illness studies, including in homeopathic research[10].

Table 2: Modified Naranjo Criteria

Possible causal attribution of the changes, in this case, was assessed using Modified Naranjo Criteria [Table 2]. The total score was 8 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.

CONCLUSION:

This instance so illustrates the range of endocrine issues that homoeopathy can treat. Further research on Calcarea Iodata benefit many patients.

LIMITATION OF STUDY:

Acknowledgement: The cooperation of the patient is gratefully acknowledged who came for regular follow-ups during the treatment and expressed her willingness to share this case for academic purposes.

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

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Conflicts of interest: Nil.

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