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Individualized Homoeopathic Management of Primary Hypothyroidism in a Young Female: A Case Report

Dr. Muruheshwari Durairaj
Chief Homeopathic Consultant | BHMS, PG Diploma in Psychological Counselling
Coimbatore Branch, Dr. Batra's Positive Health Clinic Pvt. Ltd.
Email: chc-coimbatore@drbatras.com | Mobile: 8220193221

ABSTRACT

Primary hypothyroidism is one of the most common endocrine disorders affecting young women and is characterized by deficient thyroid hormone production, resulting in multisystem manifestations including fatigue, weight changes, menstrual irregularities, cognitive impairment, emotional disturbances, and reduced quality of life. Although conventional hormone replacement therapy effectively normalizes thyroid hormone levels in many patients, persistent constitutional symptoms continue to affect a considerable proportion of individuals, highlighting the need for a holistic therapeutic approach.

This case report describes a 19-year-old female with a 5–6-year history of primary hypothyroidism who presented with persistent fatigue, sluggishness, disturbed sleep, throat discomfort, palpitations, dyspnoea on exertion, dysmenorrhoea, headache, emotional sensitivity, and anxiety despite previous Siddha treatment. Detailed constitutional case-taking revealed a reserved and introverted personality, suppressed emotions following prolonged bullying, fear of others' opinions, consolation aggravating emotional distress, people-pleasing tendency, and ailments from domination and disappointment. Repertorial analysis indicated Natrum muriaticum as the constitutional remedy.

The patient received individualized homoeopathic treatment over 23 months, accompanied by dietary and lifestyle counselling. Progressive improvement was observed in constitutional symptoms, emotional health, menstrual regularity, headache frequency, sleep quality, and overall functional capacity. Serum thyroid stimulating hormone (TSH) decreased from 6.81 µIU/mL to 3.10 µIU/mL, returning to the normal laboratory reference range. Improvement was sustained during one year of remission without recurrence of major hypothyroid symptoms. This case highlights the potential role of individualized homoeopathic treatment as an integrative therapeutic approach in the long-term management of primary hypothyroidism.

Keywords: Primary hypothyroidism, Individualized homoeopathy, Natrum muriaticum, Thyroid stimulating hormone, Constitutional prescribing, Case report.

1. Introduction

Primary hypothyroidism is a chronic endocrine disorder resulting from inadequate production of thyroid hormones by the thyroid gland. It is one of the most prevalent endocrine diseases worldwide, particularly affecting women of reproductive age. Thyroid hormones regulate metabolism, growth, thermogenesis, cardiovascular function, neurological development, and reproductive physiology. Deficiency of these hormones leads to a wide spectrum of clinical manifestations including fatigue, lethargy, cold intolerance, weight gain, constipation, menstrual disturbances, cognitive dysfunction, depression, dry skin, and impaired quality of life.

The diagnosis of hypothyroidism is established through clinical assessment and biochemical evaluation, primarily by elevated serum thyroid stimulating hormone (TSH) with low or normal free thyroxine (T4) levels depending on disease severity. Levothyroxine replacement remains the standard treatment and effectively restores biochemical euthyroidism in most patients. Nevertheless, several patients continue to report persistent fatigue, impaired emotional well-being, sleep disturbances, and reduced quality of life despite normalized laboratory parameters.

Homoeopathy adopts an individualized therapeutic approach in which treatment is based upon the patient's complete symptom totality, encompassing mental, emotional, constitutional, and physical characteristics rather than focusing solely on the disease diagnosis. Constitutional prescribing aims to stimulate the body's inherent healing response and improve both systemic health and overall well-being.

The present case illustrates the successful long-term management of a young female with primary hypothyroidism using individualized constitutional homoeopathic treatment, resulting in sustained clinical improvement together with normalization of thyroid function.

2. Case Presentation

A 19-year-old female undergraduate student presented to the outpatient department with complaints of generalized weakness, fatigue, sluggishness, disturbed sleep, and throat discomfort. She was a known case of primary hypothyroidism for the past 5–6 years and had previously undergone Siddha treatment, which she discontinued two months before presentation after temporary improvement.

The patient described a persistent sensation of phlegm or a lump in the throat, as though something was stuck and could neither be swallowed nor expectorated. She experienced recurrent palpitations, breathlessness on exertion, generalized tiredness despite adequate sleep, backache aggravated by lifting weights, and occasional pain radiating to the left upper limb.

Although appetite was increased, she developed early satiety after consuming only a few mouthfuls of food. She also reported an urgent desire to evacuate bowels immediately after meals. Menstrual history revealed painful menstruation since puberty, while headache had developed approximately one week before consultation. The headaches were predominantly occipital, hammering in nature, aggravated by travelling and sun exposure, and relieved by analgesics.

Laboratory investigations performed before consultation demonstrated elevated serum TSH, consistent with hypothyroidism, whereas ultrasonography of the thyroid revealed no structural abnormality.

2.1 History of Present Illness

The patient had been diagnosed with hypothyroidism approximately 5–6 years earlier. Over the years, she experienced persistent constitutional symptoms despite alternative treatment. Fatigue gradually

worsened, affecting her academic performance and daily activities. She frequently felt sleepy and lethargic and complained of poor concentration.

She also developed throat discomfort with persistent globus sensation, occasional palpitations, dyspnoea during exertion, and generalized muscular weakness. Early satiety, nausea aggravated by the smell of eggs, excessive perspiration over palms and soles, and recurrent headaches further affected her quality of life. The patient additionally reported dysmenorrhoea since menarche and considerable emotional distress related to long-standing psychological experiences during adolescence.

2.2 Past History

- Known case of primary hypothyroidism for 5–6 years
- Previous Siddha treatment
- History of pyrexia of unknown origin during childhood
- No history of thyroid surgery
- No major hospitalization
- No significant infectious illness

2.3 Family History

Mother diagnosed with hypothyroidism. Maternal aunt diagnosed with hypothyroidism. Father diagnosed with diabetes mellitus. Family history suggestive of hereditary predisposition to thyroid disorders.

2.4 Personal History

Appetite increased with early satiety. Cravings: coffee, curd, spicy food. Aversion to eggs; smell of eggs causes nausea. Thirst normal (4–5 glasses/day). Stool regular with postprandial urgency. Urine normal. Perspiration profuse over palms and soles. Hot patient; prefers cold water bathing. Sleep disturbed and unrefreshing (6–7 hours). Occupation: undergraduate student.

2.5 Mental Generals

The patient described herself as reserved, introverted, emotionally sensitive, shy, and people-pleasing. She preferred a small circle of close friends and feared criticism or negative opinions from others. She had experienced prolonged verbal bullying by classmates between the ages of 12 and 15 years, following which she developed suppressed emotions, sadness, anxiety regarding the future, and fear of rejection. She often remained silent when angry and preferred to cry alone rather than express her emotions openly. Consolation aggravated her emotional distress.

She was conscientious, fastidious, worried easily, desired company despite fear of being judged, and exhibited marked anxiety with fidgeting during stressful situations.

2.6 Clinical Examination

Age: 19 years. Blood pressure: 90/62 mmHg. Pallor present. Thyroid gland: no palpable enlargement. Cervical lymph nodes not palpable. Respiratory system: normal vesicular breath sounds. Cardiovascular examination: S1 and S2 normal; no added sounds. Abdomen: soft, non-tender. Neurological examination: no focal deficits.

2.7 Investigations

Investigation (Baseline)	Result
TSH (24/03/2025)	6.81 µIU/mL

Investigation (Baseline)	Result
Hemoglobin	12.5 g/dL
HbA1c	5.3%
Vitamin D	7.1 ng/mL
Vitamin B12	276 pg/mL
Thyroid Ultrasonography	Normal thyroid study
Investigation (Follow-up)	**Result**
TSH (15/06/2026)	3.10 µIU/mL
T3	1.32 ng/mL
T4	8.66 µg/dL

The progressive reduction of serum TSH into the normal laboratory reference range correlated with marked clinical improvement during follow-up.

2.8 Diagnosis

Primary Diagnosis: Primary Hypothyroidism.

2.9 Differential Diagnosis

- Nutritional deficiency-related fatigue
- Vitamin D deficiency
- Iron deficiency anemia
- Functional dyspepsia

3. Case Analysis

The patient presented with long-standing hypothyroidism accompanied by persistent constitutional complaints involving physical, emotional, and psychological domains. The characteristic mental picture included ailments from domination and disappointment, suppressed emotions following prolonged bullying, reserved disposition, fear of others' opinions, people-pleasing behaviour, anxiety regarding the future, weeping in solitude, and aggravation from consolation.

The physical generals were equally characteristic, including increased appetite with early satiety, craving for coffee and spicy food, aversion to eggs with nausea from their smell, disturbed unrefreshing sleep, hot thermal state, profuse perspiration of palms and soles, throat discomfort with globus sensation, and persistent fatigue.

These characteristic mental and physical generals, together with the clinical diagnosis of hypothyroidism, formed the basis for repertorial analysis. The totality showed the closest correspondence with Natrum muriaticum, which was selected as the constitutional remedy because it covered the patient's characteristic emotional state, constitutional features, and endocrine disorder.

3.1 Totality of Characteristic Symptoms

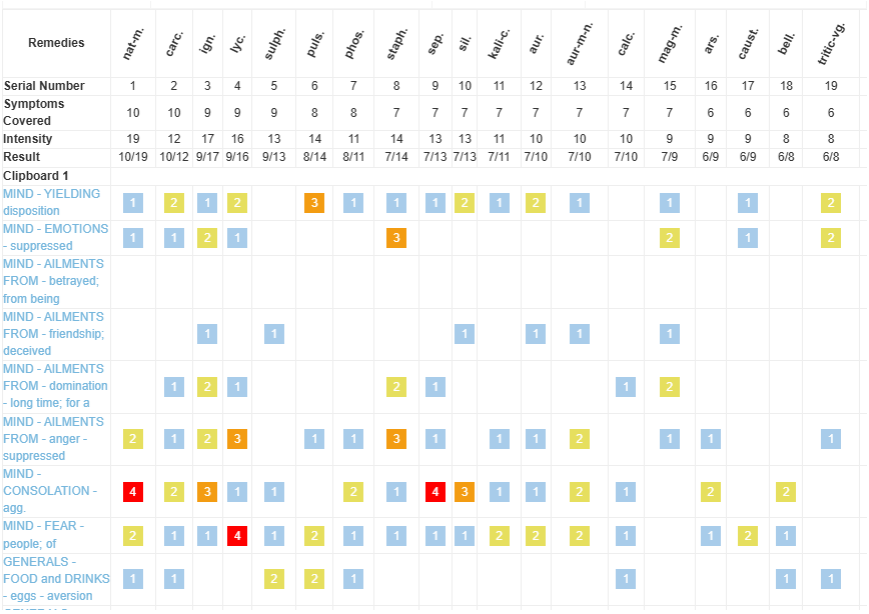
Mental Generals: Ailments from domination and prolonged emotional hurt; ailments from deception and disappointment in friendships; suppressed emotions with silent grief; reserved, introverted and shy disposition; fear of what others think about her; people-pleasing tendency; anxiety regarding the future with fidgeting; consolation aggravates emotional distress; weeps when alone; emotionally oversensitive; fastidious nature.

Physical Generals: Increased appetite with early satiety; desire for coffee, curd and spicy food; aversion to eggs; smell of eggs causes nausea; disturbed, unrefreshing sleep; profuse perspiration of palms and soles; hot thermal patient, prefers cold water bathing; general weakness and sluggishness; globus sensation in throat; palpitations with exertional dyspnoea; dysmenorrhoea; headache aggravated by sun exposure and travelling.

3.2 Repertorial Analysis

Repertorization was performed using Hompath Zomeo software after selecting the characteristic mental generals, physical generals and particular symptoms.

Important Rubrics: Mind—Ailments from domination · Mind—Ailments from deception · Mind—Ailments from suppressed emotions · Mind—Anger, suppressed · Mind—Consolation aggravates · Mind—Fear of people; fear of opinion of others · Generalities—Food and drinks—Eggs—Aversion · Sleep—Disturbed · Throat—Sensation of lump · Thyroid gland—Disorders.



Remedies	nat-m.	carc.	ign.	lyc.	sulph.	puls.	phos.	staph.	sep.	sil.	kali-c.	aur.	aur-m-n.	calc.	mag-m.	ars.	caust.	bell.	trikr-vg.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	10	10	9	9	9	8	8	7	7	7	7	7	7	7	7	6	6	6	6
Intensity	19	12	17	16	13	14	11	14	13	13	11	10	10	10	9	9	9	8	8
Result	10/19	10/12	9/17	9/16	9/13	8/14	8/11	7/14	7/13	7/13	7/11	7/10	7/10	7/10	7/9	6/9	6/9	6/8	6/8
Clipboard 1																			
MIND - YIELDING disposition	1	2	1	2		3	1	1	1	2	1	2	1		1		1		2
MIND - EMOTIONS - suppressed	1	1	2	1				3							2		1		2
MIND - AILMENTS FROM - betrayed; from being																			
MIND - AILMENTS FROM - friendship; deceived			1		1					1		1	1		1				
MIND - AILMENTS FROM - domination - long time; for a		1	2	1				2	1					1	2				
MIND - AILMENTS FROM - anger - suppressed	2	1	2	3		1	1	3	1		1	1	2		1	1			1
MIND - CONSOLATION - agg.	4	2	3	1	1		2	1	4	3	1	1	2	1		2		2	
MIND - FEAR - people; of	2	1	1	4	1	2	1	1	1	1	2	2	2	1		1	2	1	
GENERALS - FOOD and DRINKS - eggs - aversion	1	1			2	2	1							1				1	1

Figure 1. Repertorial analysis chart.

3.3 Repertorial Result

Remedy	Score
Natrum muriaticum	10/19
Calcarea carbonica	10/12
Ignatia	9/17
Lycopodium	9/16
Sulphur	9/13
Pulsatilla	8/14
Phosphorus	8/11

Considering the predominance of suppressed grief, ailments from emotional domination, consolation aggravation, reserved disposition, desire for spicy food, aversion to eggs, thyroid affection and characteristic constitutional features, Natrum muriaticum showed the closest correspondence with the patient's symptom totality and was selected as the constitutional remedy.

3.4 Remedy Differentiation

Natrum muriaticum: Covered the complete constitutional picture including ailments from domination and disappointment, suppressed emotions, consolation aggravation, introverted personality, fear of others' opinion, thyroid dysfunction, disturbed sleep, throat discomfort, desire for spicy food and aversion to eggs. It also corresponded well with the patient's emotional history of prolonged bullying and silent grief.

Thyroidinum: Considered because of hypothyroidism, fatigue, sluggishness and globus sensation. However, it lacked the characteristic mental picture and constitutional individuality of the patient and was therefore reserved as an acute or organ-supportive consideration rather than the constitutional prescription.

Pulsatilla: Considered due to hormonal complaints and menstrual disturbances. However, the patient's reserved nature, aggravation from consolation and suppressed grief were inconsistent with the Pulsatilla constitution.

Sulphur: Considered because of the hot thermal state and skin complaints but rejected due to the absence of the characteristic Sulphur personality and stronger correspondence of Natrum muriaticum to the emotional and constitutional totality.

3.5 Prescription

Initial Prescription: Natrum muriaticum 200C, single dose followed by placebo.

During Follow-up: Repetition of Natrum muriaticum 200C according to symptom response with placebo during periods of improvement.

Intercurrent Medicines: Saccharum lactis as placebo during observation periods.

Occasional Supportive Prescriptions: Magnesia phosphorica, Belladonna, Thuja and Pulsatilla according to acute symptom evolution when clinically indicated.

Along with individualized homoeopathic treatment, the patient received counselling regarding avoidance of excessive goitrogenic foods, timed meals, adequate hydration, pranayama and stress management, balanced nutrition, sleep hygiene, and regular thyroid function monitoring.

3.6 Miasmatic Analysis

The predominant miasm appeared Psoro-Sycotic.

Psoric manifestations: Functional endocrine disturbance; fatigue; anxiety; emotional hypersensitivity; dysmenorrhoea; headache.

Sycotic manifestations: Chronicity; family history of thyroid disease; persistent globus sensation; recurrent skin eruptions; hormonal imbalance.

4. Follow-up

Duration	Clinical Progress
1 month	Reduction in fatigue and improvement in sleep; headaches became less frequent.
3 months	Improvement in energy levels, emotional stability and menstrual symptoms; throat discomfort reduced.
6 months	Physical generals improved; dysmenorrhoea markedly reduced; emotionally more stable and socially interactive.
12 months	No significant fatigue; headaches occurred only occasionally; sleep became refreshing; thyroid symptoms remained controlled.

Duration	Clinical Progress
18 months	Sustained improvement in constitutional symptoms; skin complaints reduced; no recurrence of major hypothyroid symptoms.
23 months	TSH normalized; patient remained clinically stable with improved quality of life and independent functioning.

Figure 2. Clinical and laboratory outcome summary.

4.1 Clinical and Laboratory Outcomes

Outcome Parameter	Baseline	After 23 Months
TSH	6.81 µIU/mL	3.10 µIU/mL
Fatigue	Severe	Resolved
Sluggishness	Present	Absent
Sleep	Disturbed	Refreshing
Emotional stability	Poor	Stable
Dysmenorrhoea	Persistent	Markedly improved
Headache	Frequent	Occasional mild episodes only
Throat discomfort	Persistent	Nearly resolved
Daily functioning	Restricted	Independent
Overall Quality of Life	Poor	Markedly improved

5. Health-Related Quality of Life (HRQL)

Before treatment, persistent fatigue, emotional instability, dysmenorrhoea, disturbed sleep and hypothyroid symptoms significantly affected the patient's academic performance, social interactions and daily functioning. During individualized homoeopathic treatment, progressive improvement was observed in both physical and emotional health. Following normalization of thyroid function, she resumed her higher education away from home, independently managed hostel life, became emotionally confident and reported marked improvement in overall quality of life.

6. Patient Perspective

"Before treatment I constantly felt tired and sleepy despite adequate rest. I worried about my health and future, and my thyroid problem affected my confidence. Gradually I started feeling energetic, my headaches reduced, my menstrual cycle became regular and I felt emotionally stronger. After my thyroid reports became normal, I was able to move to another state for my studies and manage everything independently. I now feel healthier and much more confident."

7. Learning Points

- Individualized constitutional homoeopathic prescribing may contribute to improvement in both biochemical and clinical parameters in patients with primary hypothyroidism.
- Detailed exploration of mental and emotional characteristics remains essential for remedy selection.
- Long-term follow-up is important for assessing sustained clinical improvement in chronic endocrine disorders.
- Constitutional treatment combined with dietary advice, lifestyle modification and stress management may improve overall health-related quality of life.
- Objective laboratory monitoring, including serial TSH measurements, can complement clinical assessment during follow-up.

8. Discussion

Primary hypothyroidism is a chronic endocrine disorder with a substantial impact on physical, emotional and psychosocial well-being. Although thyroid hormone replacement effectively corrects biochemical abnormalities in most patients, persistent symptoms such as fatigue, mood disturbances and reduced quality of life are frequently reported. This highlights the importance of a patient-centred approach that addresses the individual's overall constitutional state.

In this case, remedy selection was guided not merely by the diagnosis of hypothyroidism but by the patient's characteristic mental and physical symptom totality. The emotional history of prolonged bullying, suppressed grief, aggravation from consolation, fear of others' opinions and reserved disposition strongly indicated Natrum muriaticum. Constitutional treatment was accompanied by lifestyle counselling, dietary modification and regular monitoring.

Over a 23-month follow-up, the patient demonstrated progressive improvement in constitutional symptoms, normalization of sleep, enhanced emotional stability, improved menstrual health and restoration of functional capacity. The reduction in serum TSH from 6.81 µIU/mL to 3.10 µIU/mL, together with sustained symptomatic remission and improved quality of life, provides objective and clinical evidence of favorable long-term outcomes in this case.

Although a single case cannot establish efficacy, it illustrates the potential role of individualized homoeopathic treatment as an integrative approach in the long-term management of primary hypothyroidism. Further well-designed prospective studies with standardized outcome measures are warranted to evaluate these observations.

9. Conclusion

This case demonstrates that individualized constitutional homoeopathic treatment with Natrum muriaticum, supported by lifestyle modification and regular follow-up, was associated with sustained clinical improvement in a young female with primary hypothyroidism. Significant reductions in fatigue, emotional distress, headache, dysmenorrhoea and throat discomfort were accompanied by

normalization of serum TSH and marked enhancement in quality of life. While larger controlled studies are needed to confirm these findings, this case highlights the value of individualized homoeopathic management in chronic endocrine disorders.

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