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A homoeopathic approach for hypothyroidism with homoeopathic medicine

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Abstract
One of the most prevalent disorders in the modern world is thyroid disease. It is a growing issue in India as well. A sedentary lifestyle and altered eating preferences are to blame for the rise in the graph. According to estimates, thyroid disorders affect 42 million people in India. Thyroid cancer, goiter, iodine deficiency illnesses, Hashimoto's thyroiditis, (a) hypothyroidism, (b) hyperthyroidism, (c) and thyroid cancer [1]. In this article we will talk about hypothyroidism which is growing in the population in this growing world.

Keywords: Hypothyroidism, TSH, T_3, T_4, Homoeopathy medicine for Hypothyroidism

Introduction

ICD-10 codes

These include the following

- The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code for “other hypothyroidism” is E03.
- The ICD-10-CM code for "hypothyroidism, unspecified," is E03.9 [2].

Hypothyroidism is a common endocrine disorder resulting from deficiency of thyroid hormone. It usually is a primary process in which the thyroid gland is unable to produce sufficient amounts of thyroid hormone.

Hypothyroidism can also be secondary-that is, the thyroid gland itself is normal, but it receives insufficient stimulation because of low secretion of thyrotropin (i.e., thyroid-stimulating hormone [TSH]) from the pituitary gland. This generally occurs in the presence of other pituitary hormone deficiencies. In tertiary hypothyroidism, inadequate secretion of thyrotropin-releasing hormone (TRH) from the hypothalamus leads to insufficient release of TSH, which in turn causes inadequate thyroid stimulation. However, this is rare.

Worldwide, iodine deficiency remains the foremost cause of hypothyroidism. In the United States and other areas of adequate iodine intake, autoimmune thyroid disease (Hashimoto disease) is the most common cause. Hypothyroidism may also be drug-induced or otherwise iatrogenic.

Epidermiology

Congenital hypothyroidism is perhaps the most serious type of hypothyroidism since it needs to be diagnosed very early and may often be treated with the right medication before brain damage develops. Congenital hypothyroidism affects 1 out of every 2640 new-borns in India, which is higher than the global average of 1 in 3800, according to studies from Mumbai. In this country, congenital hypothyroidism is frequently misdiagnosed. Lack of resources or a screening program in place to fully screen and test infants for this ailment, as well as a lack of understanding about the condition are both contributing factors to this delay. Hypothyroidism can also develop in children. In a Mumbai clinic-based study, 800 kids with thyroid illness had 79% hypothyroidism. Thyroid dysgenesis, dyshormonogenesis, and thyroiditis were common causes of hypothyroidism in these kids [1].

Recent research has looked at the prevalence of hypothyroidism among adults in India. 3.9% of the 971 adult participants in this population-based study in Cochin had hypothyroidism. This study found a significant prevalence of subclinical hypothyroidism, with a value of 9.4%.

Compared to men, where the frequency was 6.2%, women had a greater prevalence, at 11.4%. Subclinical hypothyroidism was more common as people aged. Anti-TPO antibodies were detected in almost 53% of those with subclinical hypothyroidism. This population-based study employed a cluster sampling technique. The median value of urinary iodine status in this study's 954 participants from the same population sampled was 211 g/l, suggesting that this population had adequate iodine levels [1].

Etiology

Hypothyroidism can be classified as

- Primary Hypothyroidism.
- Secondary Hypothyroidism.
- Tertiary Hypothyroidism.
- Peripheral Hypothyroidism.

Less than 1% of cases of hypothyroidism are either central (including secondary and tertiary hypothyroidism) or peripheral [4].

Primary Hypothyroidism-

Types of primary hypothyroidism include the following:

- **Chronic lymphocytic (autoimmune) thyroiditis:** The most common reason for acquired hypothyroidism is chronic lymphocytic (autoimmune) thyroiditis, often known as Hashimoto thyroiditis. Because the thyroid antigens are perceived as foreign by the body, a persistent immunological response develops, causing lymphocytic infiltration of the gland and progressive death of functional thyroid tissue.
- **Postpartum thyroiditis:** Within the first two to twelve months after giving birth, up to 10% of postpartum women may develop postpartum thyroiditis (lymphocytic thyroiditis). In women with type 1 diabetes mellitus, the prevalence could reach 25%. Patients with postpartum thyroiditis (anti-TPO-positive) are at increased risk for persistent hypothyroidism or recurrence of postpartum thyroiditis with subsequent pregnancies. Hypothyroidism resulting from postpartum thyroiditis can linger as long as a year before resolving on its own.
- **Subacute (granulomatous) Thyroiditis:** Thyroiditis is also referred to as de Quervain or painful thyroiditis. The majority of cases of subacute granulomatous thyroiditis (5:1) are in females, and it is uncommon in older patients. Low-grade fever, thyroid pain, dysphagia, and an elevated erythrocyte sedimentation rate (ESR) are among symptoms of the disease. Long-term thyroid dysfunction is not typically a side effect of the condition, which is typically self-limited. It's crucial to keep in mind that inflammatory diseases or viral syndromes may cause transitory hyperthyroidism followed by transient hypothyroidism.
- **Riedel Thyroiditis:** This disease, characterized by dense fibrosis of the thyroid gland, typically occurs between the ages of 30-60 years and is more prevalent in women (3-4:1). It presents with a rock hard, fixed, and painless goiter. Symptoms are typically related to compressive effects on surrounding structures or hypoparathyroidism due to extension of the fibrosis. The disease has been linked to immunoglobulin G4 (IgG4) and is associated with a systemic fibrotic process. Most patients initially present with euthyroidism but later develop hypothyroidism as normal thyroid tissue is replaced. ESR levels are often normal, but high concentrations of anti-TPO antibodies are frequently present.
- **Systemic Lupus Erythematosus:** Primary hypothyroidism is the most prevalent thyroid condition in people with systemic lupus erythematosus (SLE), occurring in 15% to 19% of patients.
- **Drug-induced Hypothyroidism:** The following medications reportedly have the potential to cause hypothyroidism:
- Iodinated contrast
- Amiodarone
- Interferon Alfa
- Thalidomide
- Lithium
- Stavudine
- Oral tyrosine kinase inhibitors-Sunitinib, imatinib
- Bexarotene
- Perchlorate
- Interleukin (IL)-2
- Ethionamide
- Rifampin
- Phenytoin
- Carbamazepine
- Phenobarbital
- Aminoglutethimide
- Sulfisoxazole
- *P*-Aminosalicylic acid
- Immune checkpoint inhibitors-ipilimumab, pembroli-zumab, nivolumab

Iatrogenic (postsurgical) hypothyroidism

Iodine deficiency or excess

The most frequent cause of hypothyroidism in the world is iodine deficiency. The Wolff-Chaikoff effect is a temporary inhibition of iodide organification and thyroid hormone synthesis caused by excess iodine, which is present in radiocontrast dyes, amiodarone, health tonics (herbal and nutritional supplements), and seaweed. The majority of healthy people experience a physiological escape from this impact after 10-14 days. When the sodium-iodide symporter closes in iodine-overloaded patients, intracellular iodine levels fall and hormone secretion resumes.

Due to the sodium-iodide symporter's capacity for quick downregulation, the Wolff-Chaikoff effect is transient. But in those with aberrant thyroid glands (such as those from autoimmune thyroiditis, partial thyroidectomy, or past radioiodine therapy), exposure to excessive iodine can result in more severe and long-lasting hypothyroidism.

Central hypothyroidism

Central hypothyroidism (secondary or tertiary) results when the hypothalamic-pituitary axis is damaged. The following potential causes should be considered

- Pituitary adenoma.
- Tumors impinging on the hypothalamus.
- Lymphocytic hypophysitis.
- Sheehan syndrome.
- History of brain or pituitary irradiation.
- Drugs (eg, dopamine, prednisone, or opioids).
- Congenital nongoitrous hypothyroidism type 4.
- TRH resistance.
- TRH deficiency [3].

Autoimmune hypothyroidism

Classification in the later stages of the disease, minimal remnant thyroid tissue (atrophic thyroiditis) or a goitre (Hashimoto's, or goitrous thyroiditis) may be seen in patients with autoimmune hypothyroidism. There is a phase of compensation where normal thyroid hormone levels are maintained by an increase in TSH since the autoimmune process gradually decreases thyroid function. Subclinical hypothyroidism is the term for this condition, despite the fact that some people may only have modest symptoms. Later, unbound T_4 levels decrease and TSH levels increase further; at this point, symptoms are more pronounced (typically, TSH is greater than 10 mIU/L), which is referred to as clinical hypothyroidism or overt hypothyroidism [3].

Pathophysiology

Even though hypothalamic or pituitary issues can also affect thyroid function, localized thyroid disease is the most common cause of hypothyroidism, which results in decreased thyroid hormone synthesis. Each day, the thyroid ordinarily secretes 100-125 nmol of T_4 and minute amounts of T_3. The ratio of T_4: T_3 synthesis varies between roughly 14:1 and 4:1 depending on the amount of iodine needed and the activity of TSH. T_3 only has a half-life of 24 hours, while T_4 has a half-life of around 7 to 10 days. T_4, a prohormone, is converted into T_3, the active form of thyroid hormone, by deiodinases.

In the early stages of the sickness phase, compensatory mechanisms maintain steady T_3 levels. T_4 synthesis decreases as more TSH is released by the pituitary gland. TSH encourages thyroid gland hyperplasia, development, and activity of the enzyme 5'-deiodinase, which boosts the production of T_3.

A lack of thyroid hormone can result in a number of issues. Systemic effects are brought on either directly by myxedematous infiltration (i.e., an accumulation of glycosaminoglycan's in the tissues) or indirectly by changes in metabolic processes.

Clinical features

Hypothyroid heart changes include reduced cardiac output, ventricular enlargement, pericardial effusion, and impaired contractility

GI symptoms of hypothyroidism can include achlorhydria and prolonged intestinal transit time with gastric stasis. Non-alcoholic fatty liver disease (NAFLD) and hypothyroidism may be significantly associated, according to a meta-analysis of 44,140 diagnosed hypothyroidism patients.

Infertility, irregular monthly cycles, ovulation, and postponed puberty are all very common. A routine TSH testing should always be part of inquiries into irregular menstruation or infertility.

Reduced thyroid hormone action may lead to higher levels of total cholesterol and low-density lipoprotein (LDL) cholesterol as well as a potential shift in high-density lipoprotein (HDL) cholesterol due to a change in metabolic clearance.

In addition, hypothyroidism may result in an increase in insulin resistance.

Table 1: Show Clinical features

Presentation	Signs and implications	
General metabolism	Weight gain, cold intolerance, fatigue	Increase in body-mass index, low metabolic rate, myxedema*, hypothermia*
Cardiovascular	Fatigue on exertion, shortness of breath	Dyslipidaemia, bradycardia, hypertension, endothelial dysfunction or increased intima-media thickness*, diastolic dysfunction*, pericardial effusion*, hyperhomocysteinemia*, electrocardiogram changes*
Neurosensory	Hoarseness of voice, decreased taste, vision, or hearing	Neuropathy, cochlear dysfunction, decreased olfactory and gustatory sensitivity
Neurological and psychiatric	Impaired memory, paresthesia, mood impairment	Impaired cognitive function, delayed relaxation of tendon reflexes, depression*, dementia*, ataxia*, Carpal tunnel syndrome and other nerve entrapment syndromes*, myxedema coma*
Gastrointestinal	Constipation	Reduced oesophageal motility, non-alcoholic fatty liver disease*, ascites (very rare)
Endocrinological	Infertility and subfertility, menstrual disturbance, galactorrhoea	Goiter, glucose metabolism dysregulation, infertility, sexual dysfunction, increased prolactin, pituitary hyperplasia*
Musculoskeletal	Muscle weakness, muscle cramps, arthralgia	Creatine phosphokinase elevation, Hoffman's syndrome*, osteoporotic fracture* (most probably caused by overtreatment)
Haemostasis and haematological	Bleeding, fatigue	Mild anaemia, acquired von Willebrand disease*, decreased protein C and S*, increased red cell distribution width*, increased mean platelet volume*
Skin and hair	Dry skin, hair loss	Coarse skin, loss of lateral eyebrows*, yellow palms of the hand*, alopecia areata*
Electrolytes and kidney function	Deterioration of kidney function	Decreased estimated glomerular filtration rate, hyponatraemia* [4]

Diagnosis

The two criteria for establishing primary hypothyroidism are free thyroxine concentrations below the reference range and TSH readings above the reference range (most frequently used 0-4-4-0 mIU/L), depending on the type of test used and the population being evaluated. The majority of commercially available immunoassays for measuring TSH and free thyroxine have reference ranges that, according to statistics, fall between the 2nd and 97th percentiles in a population that appears to be in good health [4].

Homeopathic Treatment

This is a clinical condition resulting from decreased circulating levels of T and, or T, When hypothyroidism is of a severe degree and of long standing. it is seen as myxoedema which is characterized by deposition of mucinous material causing swelling of the skin and of subcutaneous tissue. Many complaints related to alimentary, cardiovascular and generative organs, will be presented. Treatment will depend mostly on how the case is presented. Homoeopathic treatment is mostly based upon the

constitution and the totality of the case. The choice of remedies will fall with *Bromium, Calcarea iodata, Graphites, Kalium iodatum, Natrium muriaticum, Sepia officinalis, Spongia tosta* and *Thyreoidinum*.

Bromium is useful in scrofulous children with enlarged glands. It is mostly prescribed on the general expression-swollen and indurated glands, with much anxiety, fear of ghosts and visions in the dark. Hard goitre; swollen and indurated.

Graphites is useful in those who have a tendency to put on weight unhealthy fat. Defective animal heat from defective oxygenation, patient is always cold, whether indoors or outdoors. Nodulated goitre; choking while swallowing, worse on empty swallowing.

Kalium iodatum has glandular swellings with loss of weight. Thyroid enlarged and indurated. Thyroid is sensitive to any touch or contact.

Kalium iodatum has a strong action on the tumours of glands; tumour of the breast. Glands are enlarged and indurated; atrophied. *Kalium iodatu* craves open air and motion. Patient has a rheumatic, gouty diathesis. Pains are characteristic-crushing, stitching and sharp. Discharges a foul. There is loss of weight. Diffused sensitiveness over the affected p Goitre is sensitive to contact. are watery and parts

Baryta iodata has been used in an enlarged thyroid. It is especially indicated in glandular enlargment and new growths; tumours, especially after a blow or injury. Enlarged breasts with tumours after trauma.

Spongia tosta usually has tumours that develop after blows or injury Usually the lower potencies are useful. Use 30C. It has an action upon the lymphatic and glandular system. Testes and thyroid are indurated. The blood heart and veins are involved, with protruding eyes which presents a perfect picture of exophthamic goitre. Goitre-hyperthyroidism; sensation as if something alive and moving in the goitre. Thyroid swollen and indurated, causes difficulty in breathing. Tingling or shooting pain in the thyroid.

Thyreoidinum is an important sarcode of great use in cases of thyroid, both in its excessive or reduced state. Thyreoidinum is now better known as lodothyrine. It is prepared from the dried thyroid gland of a sheep. It is interesting that Thyreoidinum 3X, is often found useful in hypothyroidism and Thyreoidinum 6X is useful in hyperthyroidism. While using this sarcode. remember it will have all the signs and symptoms of the disease, one will only have to match the modalities for its proper use.

Metatolic disorders; myxoedema, with hair loss and cretinism; goitre, with a state of puffiness and obesity.

Iodium has enlargement of glands-testes, thyroid, breast, mesenteric, etc. they first swell, and become hard and heavy, then they begin to dwindle or atrophy. There is rapid metabolism, leading to emaciation, weight loss and debility despite eating well. Patient has a ravenous appetite. Perspiration on slightest exertion. Hot patient. Goitre-hard, hypertophied and has a sense of constriction, impeding deglutition. Hyperthyroidism. Grave's disease; exophthalmic goitre; cyst of thyroid gland [5].

Lycopodium Clavatum (Club Moss)-Thermal-Hot, An excellent remedy for thyroid disturbances with liver problems. Mild temperament of lymphatic constitution with catarrhal tendencies. Symptoms runs from right to left, acts especially on the right side of the body and are worse from about 4 to 8 p.m. Best adapted to intellectually keen people, but of weak muscular power. Melancholic, afraid to be alone. Hurried when eating. Craves everything warm. Cannot read, what he writes. Hair becomes prematurely grey [6].

Conclusions

Hypothyroidism, a common endocrine disorder, is primarily caused by a deficiency in thyroid hormone production. It can result from the thyroid gland's failure to produce adequate hormones (primary hypothyroidism) or from insufficient stimulation due to low thyrotropin (TSH) levels from the pituitary gland (secondary hypothyroidism). Rarely, it may also stem from insufficient thyrotropin-releasing hormone (TRH) from the hypothalamus (tertiary hypothyroidism). Iodine deficiency remains the leading cause worldwide, whereas autoimmune thyroid disease is most prevalent in iodine-sufficient regions. Understanding the diverse etiologies and manifestations of hypothyroidism is crucial for effective diagnosis and treatment.

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