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Dr. Ruqsar Farheen J

MD Scholar, Department of
Case Taking & Repertory,
Government Homoeopathic
Medical College and Hospital,
Bengaluru, Karnataka, India

Dr. Anusuya M Akareddy

Associate Professor & Incharge
HOD, Department of Case
Taking & Repertory,
Government Homoeopathic
Medical College and Hospital,
Bengaluru, Karnataka, India

Corresponding Author:

Dr. Ruqsar Farheen J

MD Scholar, Department of
Case Taking & Repertory,
Government Homoeopathic
Medical College and Hospital,
Bengaluru, Karnataka, India

Subclinical hypothyroidism managed with homoeopathy: A case report

Dr. Ruqsar Farheen J and Dr. Anusuya M Akareddy

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Abstract

Subclinical Hypothyroidism (SCH) is a common endocrine disorder characterized by an underactive thyroid gland, resulting in various symptoms such as fatigue, weight gain, cold intolerance, and mood changes. It is a condition where serum TSH is raised, and serum T3, T4 concentrations are at lower or normal end of reference range. There is growing interest for SCH in alternative therapies, including Homoeopathy. Homoeopathic system of medicine through its individualised holistic approach improves the serum thyroid profile of Subclinical Hypothyroidism (SCH) with no side effects, in less time & also improving the Vitality/Immunity of the patients. This article deals with one such case of Subclinical Hypothyroidism, presented with the complaints of irregular menses and weight gain, which showed rewarding results following the administration of Homoeopathic medicines.

Keywords: Subclinical hypothyroidism, case report, homoeopathy, natrum muriaticum

Introduction

Normal thyroxine (T4) readings and high thyroid stimulating hormone (TSH) levels are typical presentations of subclinical hypothyroidism. Depending on the population under study, the incidence of subclinical hypothyroidism is estimated to be between 3% and 15%. Minor fluctuations in T4 levels result in considerably larger fluctuations in TSH levels. The overall prevalence is 4-10% in the general population and up to 20% in women, those with thyroid autoimmunity and older than 40 years. Subclinical hypothyroidism in India is 11% compared with only 2% in UK and 4- 6% in USA. The euthyroid state was defined as thyroid-stimulating hormone (TSH) 0.45 to 4.49 mIU/L, and subclinical hypothyroidism as TSH 4.5 to 19.9 mIU/L. According to age the upper limit of normal serum TSH is 3.5 mIU/L in individuals 20-29 years old, 4.5 mIU/L in those 50-59 years old, and 7.5 mIU/L in those older than 80 years ^[1]. Subclinical hypothyroidism and hypothyroidism share the same etiologies. Iodine shortage is the most frequent cause of hypothyroidism in the world. Nonetheless, the most typical cause of hypothyroidism in the US is autoimmune thyroiditis, sometimes known as Hashimoto thyroiditis. Additional causes of hypothyroidism include central hypothyroidism, hypothyroidism following surgery or ablation, and hypothyroidism brought on by medicine (such as lithium, amiodarone, checkpoint inhibitors, and tyrosine kinase inhibitors). ^[2] Subclinical hypothyroidism is asymptomatic most of the time. However, it can present with symptoms of hypothyroidism like dry skin, hair loss, constipation, dysphagia, loss of appetite, dyslipidemia, decreased attention span, muscular weakness, cramps, stiffness, and fatigue, irregular periods, menorrhagia, decreased libido, weight gain, cold intolerance, etc ^[3]. There is a 2% to 6% annual risk that subclinical hypothyroidism will proceed to overt hypothyroidism. TSH >10 mIU/L persons had a rate of 3% to 8%. While thyroid hormone replacement therapy is the standard treatment for subclinical hypothyroidism (SCH), recent studies by Brito *et al.* indicate that there are no clinically meaningful benefits of levothyroxine replacement for quality of life or thyroid-related symptoms in nonpregnant adults with SCH (thyrotropin level elevated but ≤ 10 mIU/L and normal free thyroxine [FT4] levels) ^[4]. Constitutional prescription is one of the most important aspects of the homoeopathic therapeutic process. It is a method to identify the constitution of an individual and treating the patient as a whole irrespective of names of the diseases and organs affected. The choice of remedy is entirely based on the individual's totality of all mental and physical reactions. It is based on the Principle of Homoeopathy "SIMILIA SIMILIBUS CURANTER". The following case report is an example how holistic approach can contribute to the prompt and complete improvement of the patient.

Case report

A 27-year-old female patient, Mrs R reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 14.07.2023 with the complaints of irregular menses since 1 year and absence of menses since 3 months.

History of chief complaint

Patient started with the c/o irregular menses since one year, her cycles became prolong like once in 2months or 3 months. LMP was 16/04/23. Flow lasted for 3-4days with minimal clots. She became very anxious about her complaints and started taking hormonal pills over the counter. She use to get menses only if she takes the hormonal pills otherwise, menses gets delayed. Her

complaints were associated with history of weight gain, lethargy, dryness of skin and bloating of abdomen, small quantity of food causes fullness, constipation. She has c/o absence of menses since 3 months.

Past history: Medical history: h/o jaundice at 8years of age; took allopathic treatment.

Treatment history: Took hormonal pills for her c/o irregular menses.

Surgical history: nothing significant.

Allergic history: Not allergic to drug, diet and dust.

Table 1: Family History

Father	Apparently healthy	Alive
Mother	Expired	Died in an accident
Younger Sister	Apparently Healthy	Alive
Husband	Apparently Healthy	Alive
One Son	Apparently Healthy	Alive

Menstrual history**Past menstrual history**

Age of Menarche - At 13 years of age.

Cycles - Regular.

Duration of menstrual period - 3 days.

Flow - Moderate (D1- 2 pads; D2- 2pads; D3- spotting).

Colour of the flow - Red.

Smell - Not present.

Clots - Present (minimal).

Associated complaints - Pain in lower abdomen on 1st or 2nd day of menses.

Leucorrhea 1 week before menses.

Present menstrual history: LMP - 16/04/2023.

Cycles - Irregular (absence of menses since 3 months).

Duration of menstrual period - 3 days.

Flow - Moderate (D1- 2 pads; D2- 2pads; D3- spotting).

Colour of the flow - Dark red.

Smell - Not present.

Clots - Present (minimal).

Associated complaints - lower abdominal pain on 1st & 2nd day of menses.

Leucorrhea 3 days before menses.

Obstetrical history: (Table 02)

Gravida: 1 Para:1 Livebirth:1 Abortion:0.

Table 2: Obstetrical history

No.	Any complaints during pregnancy	History of abortion/recurrence	Treatment taken	Type of Delivery	Child Alive/dead/ still birth/age	Birth weight
1.	Nothing specific	Nil	Nil	FTNHD	Alive /2years	2.8kg

Personal history

- Diet: Mixed.
- Hunger: Tolerable.
- Appetite: Reduced, easy satiety.
- Thirst: Normal, drinks 2-3 litres/day.
- Craving: Spicy foods.
- Aversion: Nothing specific
- Bowel habits: Irregular, once/ 2days, hard, unsatisfactory
- Bladder habits: 4-5 times per day; 1-2 time per night
- Sleep: Sound, refreshed
- Dreams: Not remembered
- Perspiration: Normal
- Thermal state: Hot patient
- Addiction: nothing specific

Life Space Investigation: Patient hails from middle socio economic family background. Her father is a businessman and mother was a housewife, she expired at the age of 35years in an accident. She was born and brought up in Ramanagara. She has one younger sister who is of 23years

of age.

Childhood: Her mother expired when patient was 8years of age in an accident. Patient did not had much realisation about the mother's loss as she was too young to realise it. Her father got married and she had to live with her father and step mother. She always felt that she was taken for granted and did not get the care and love from her family. At School she was good in studies. Since 10th standard she was very ambitious about pursuing MBBS.

Adulthood: She joined coaching classes for Medicine entrance preparation after her intermediate. There were times she studied for 18hours a day. But she failed to fetch the MBBS seat by losing few marks in exams. She regrets about it even today. Later she joined BPharm in which she was least interested. Few people(relatives, friends) taunted her for her results which made her very angry, that even after working so hard she is being taunted.

Marriage: Married at the age of 23years.She has good relationship with her husband.

Work: She started working in an Wholesale Pharmaceutical company few months after marriage. She had no issues at work place.

Child: She has one son who is healthy and 2years of age. She resigned her job after the delivery of her child, as she was unable to manage both child and job together.

With family: She had to do all the household chores, she felt frustrated for being at home and not going for the job. She gets easily annoyed of any domestic issues with her in laws, husband and shouts at them in anger. She feels they take her for granted and make her work a lot. She is bored of her monotonous life and feels she is worthless. After this her menses became irregular and she started gaining weight.

As a person: She is bold, hard working. Anxious about her health since her complaints.

On observation: Want of appreciation, Sensitive.

General physical examination

Weight: 70 kg

Height: 160 cm BMI: 27.3 kg/m²

Moderately built and nourished

Pulse: 72 / min, regular rhythm, normal volume

Blood pressure: 110/70 mmHg;

Respiratory rate: 16 breaths/min;

Temperature: Afebrile at the time of examination

Neck: Acanthosis nigricans present

Skin & nails: dryness of skin

No signs of pallor, cyanosis, clubbing, icterus, lymphadenopathy, edema.

Local examination

Examination of thyroid gland

Inspection: Acanthosis nigricans present & no other skin changes

No scars

No mass/swelling seen

No movement of gland elicited-swallowing & on protrusion of tongue

Palpation: No tenderness

No mass felt palpation

Symmetrical thyroid lobes elevation on swallowing

No lymphadenopathy

No tracheal deviation

Percussion: No dullness elicited in retrosternal space

Auscultation: No bruits heard over both lobes

Systemic examination

Respiratory System: No abnormality detected

Cardio Vascular System: No abnormality detected

Gastrointestinal System: No abnormality detected

Nervous System Examination: No abnormality detected

Provisional Diagnosis: Hypothyroidism

Investigation Done: Date: 04.07.2023

Thyroid Profile (Figure 1):T3=1.03ng/ml;T4=9.87µg/dl;

TSH=5.3440µIU/mL

Urine Pregnancy Test - Negative

Healthians

Patient Name : [REDACTED] Barcode : H9078805
 Age/Gender : 27Y 0M 0D /Female Sample Collected On : 04/Jul/2023 07:53AM
 Order Id : 8413988969 Sample Received On : 04/Jul/2023 02:54PM
 Referred By : Self Report Generated On : 04/Jul/2023 05:11PM
 Customer Since : 04/Jul/2023 Sample Temperature : Maintained ✓
 Sample Type : Serum Report Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA	1.03	ng/ml	0.87 - 1.78
Thyroxine (T4, Total) Method: CLIA	9.87	µg/dl	5.48 - 14.28
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	5.3440	µIU/mL	0.38-5.33

Results rechecked : Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 30% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of $0.03\ \mu\text{IU/mL}$, must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results

Healthians recommends evaluation of unbound fractions, that is free T3 (FT3) and free T4 (FT4) for clinic-pathologic correlation, as these are the metabolically active forms.

Reference Range of TSH for pregnant females

Pregnancy Interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

SIN No: H078805
 The test was performed by Healthians Diagnostic Labs (A Unit of Expedient Healthcare Marketing Pvt. Ltd.) - 4BC-301, The Summit, 3rd A Main, 4th B Cross East of NGEF BDA Layout (Kasturi Nagar East), Ramamurthy Nagar Main Road, Bengaluru, Karnataka-560016, India signed by Lab Pathologist.

DR. KRISHNAVENI
 CONSULTANT BIOCHEMIST

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Fig 1: Final diagnosis: subclinical hypothyroidism

Case Analysis: (Table 03)

Table 3: Analysis of symptoms

Common symptoms	Uncommon symptoms
Irregular menses Weight gain Dryness of skin Lethargy Bloating of abdomen	Sadness from loss of ambition Feels she is taken for granted Feels frustrated and bored of life Feels she is worthless Easy satiety Craving for Spicy food Hard unsatisfactory stools Hot Patient

Evaluation of symptoms: (Table 04)

Table 4: Evaluation of symptoms

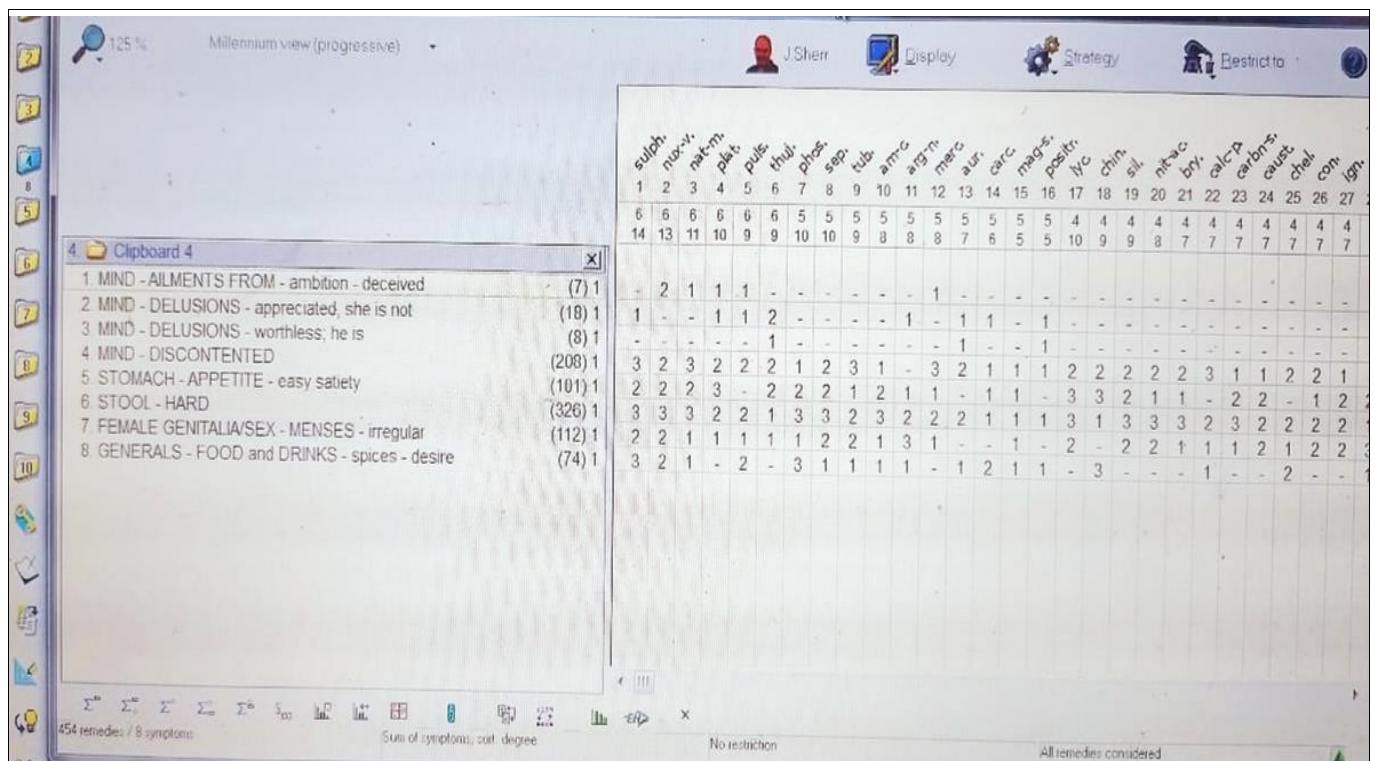
Mental general	Physical generals	Characteristic particulars
Sadness from loss of ambition++ Feels she is taken for granted+++ Feels frustrated and bored of life++ Feels she is worthless	Easy satiety Craving for Spicy food Hard unsatisfactory stools Hot Patient	Irregular menses++

Totality of symptom

Sadness from loss of ambition++
 Feels she is taken for granted+++
 Feels frustrated and bored of life++
 Feels she is worthless
 Easy satiety

Craving for Spicy food
 Hard unsatisfactory stools
 Irregular menses++

Selection of repertory: Radar Software
Repertorial totality and results: (Figure 02)




Prescription: Rx: Natrum Muriaticum 1M/OD-3Doses

Follow UP: (Table 05)

Table 5: Follow up

Date	Observation	Prescription	Doses
18/08/23	Patient got her menses on 25/07/23 Flow-moderate with minimal clots Weight - 69 kgs Appetite improved; Stools - hard Patient feels better	Rx: PL	BD for 1 month
16/09/23	Patient got her menses on 27/08/23 Flow-moderate with minimal clots Weight - 68 kgs Appetite improved; Stools are normal Patient feels better	Rx: PL	BD for 1 month
20/10/23	LMP- 27/08/23 Weight - 66 kgs All generals are good Patient feels better	Rx: Thyroidinum 1M PL	weekly once 1 dose for 2 weeks BD for 1 month
21/11/23	Patient got her menses on 25/10/23 Flow-moderate, with minimal clots Weight 64kgs All generals are good	Rx: PL	BD for 1 month
23/12/23	Patient got her menses on 25/11/23 Flow-moderate, with minimal clots Weight 64kgs All generals are good	Rx: PL	BD for 1 month ADVICE: Thyroid Profile



230305503939709

SHANTHI NAGAR Bangalore South..
Tel No : 9606182466
PIN No: 560027
PID NO: P35323517675525
Age: 27 Year(s) Sex: Female

Reference: SELF

Sample Collected At:
Richmond Circle Walkin
Ground, 1st And 3rd Floor Shivshankar
Plaza, # 19, Richmond Circle Junction
Bengaluru
Processing Location:- Centralab
Healthcare Services Pvt Ltd(A Unit Of
Metropolis Healthcare Ltd.)Richmond
Circle, Bangalore-560027

Medical Laboratory Report


VID: 230305503939709

Registered On:
27/01/2024 11:31 AM
Collected On:
27/01/2024 11:28AM
Reported On:
27/01/2024 01:43 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid panel-1 (T3/T4/TSH) (Serum,ECLIA)			
T3 (Total)	1.38	ng/mL	0.84-2.01 First Trimester : 1.04-2.29 Second Trimester : 1.28-2.63 Third Trimester : 1.35-2.61
T4 (Total)	9.63	µg/dL	5.1-14.1 First Trimester 7.33-14.8 Second Trimester 7.93-16.1 Third Trimester 6.95-15.7
TSH(Ultrasonensitive)	3.55	µIU/mL	0.27-4.20 First Trimester : 0.33-4.59 Second Trimester : 0.35-4.10 Third Trimester : 0.21-3.15


INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH-especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics*
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion*
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness



Dr. Blessy Daniel
Consultant Pathologist
MD Pathology, KMC No: 87535

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INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting on website. **Refered Test

Discussion

In the above case, patient presented with the complaints of irregular menses associated with weight gain, lethargy, constipation and dryness of skin. Her thyroid profile showed normal T3, T4 levels with elevated TSH levels of 5.3440 μ IU/mL (Figure 01). Natrum Muriaticum 1M was prescribed after repertorising based on the totality of the patient considering her mind and physical generals, with the help of RADAR Software ^[5] (Figure 02). After first prescription patient got her menses. Totally five follow ups were done and the patient started improving since the first prescription. Thyroidinum 1M was prescribed as an intercurrent remedy in the third followup. Patient's menses became regular, weight was reduced, generals were

improved and overall patient felt better. The Thyroid profile was repeated on 27/01/24 which showed normal TSH levels of 3.55 μ IU/mL (Figure 03).

This shows how Homoeopathic remedies acts swiftly and are safer for cases of Subclinical Hypothyroidism with overall improvement of the patient, unlike the conventional mode of treatment with thyroid hormone replacement therapy that would have significant side effects.

Also, in the following case the changes in the casual attribution were assessed using Modified Naranjo Criteria ^[6] (Table 06). Total score as per the criteria in this case is (+9) which is relatively close to the total of +13 which signifies the positive casual attribution of individualized homoeopathic remedy to the clinical outcome.

Table 6: Assessment of Modified Naranjo Criteria Score

	Modified Naranjo Criteria	Yes	No	Not sure	Case
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3.	Was there an initial aggravation of symptoms?	+1	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms ultimately improved or changed)?	+1	0	0	+1
5.	Did overall well-being improve?	+1	0	0	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms —from organs of more importance to those of less importance —from deeper to more superficial aspects of the individual —from the top downward.	+1	0	0	+1
7.	Did old symptoms (defined as non seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0
8.	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
	Total score (Maximum score= +13; Minimum score = -6)				+9

Conclusion

This case is evidence for homoeopathy having prolific results in such cases of Subclinical Hypothyroidism with complete recovery of a person without thyroid replacement therapy, since the basis of prescription here has been upholding the importance of holistic and individualistic approach; further verification of the fact has been suggested to evaluate the effectiveness of homoeopathic treatment in Subclinical Hypothyroid.

Conflict of Interest

Not available

Financial Support

Not available

Declaration of patient consent: Patient consent was obtained in the appropriate written consent form. In the form the patient has given her consent for mentioning her clinical information to be reported in the journal. The patient understands that her name and initials will not be published.

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