International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(2): 551-554
Received: 04-04-2024
Accepted: 03-05-2024

Reshma JR
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai, Kulasekharam, Kanyakumari, Tamil Nadu, India

Satish Kumar V
H.O.D & Professor, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai, Kulasekharam, Kanyakumari, Tamil Nadu, India

Saheena NS
Assistant Professor, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai, Kulasekharam, Kanyakumari, Tamil Nadu, India

Rukshana Begam L
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai, Kulasekharam, Kanyakumari, Tamil Nadu, India

Corresponding Author:
Reshma JR
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College, Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai, Kulasekharam, Kanyakumari, Tamil Nadu, India

A case of subclinical hypothyroidism managed effectively with homoeopathic remedy

Reshma JR, Satish Kumar V, Saheena NS and Rukshana Begam L

DOI: https://doi.org/10.33545/26164485.2024.v8.i2h.1183

Abstract
Thyroid dysfunction particularly, subclinical hypothyroidism (SCH) is quite a common clinical condition in the paediatric population of which only limited data is available regarding its prevalence in children and adolescents in our population. In new borns and children, thyroid hormones are essential for sustaining growth, metabolism, and mental development. This article reports a case of a 13-year-old male child, who presented with swelling in the neck for 5 years associated with weight gain, weakness in studies, and slowness in activity treated effectively with homoeopathic medicines without any conventional treatment. The TSH report confirmed the diagnosis of subclinical hypothyroidism. After detailed case-taking, *Calcarea carbonicum* 200 °C was prescribed based on the totality of symptoms. TSH reports during the follow-up visit showed marked regression and symptomatic improvement. This case report provides documentary evidence about homoeopathic medicines' efficacy in stimulating normalized thyroid gland hormonal production.

Keywords: Adolescents, *Calcarea carbonicum*, complete repertory, constitutional remedy, lifelong therapy, subclinical hypothyroidism

Introduction
Hypothyroidism is a common endocrine disorder resulting from a deficiency of thyroid hormones, which is readily diagnosed and managed but potentially fatal in severe cases if untreated [1]. Thyroid disorders are still prevalent in many parts of India despite the successful implementation of the National Iodine Deficiency Diseases Control Program (NIDDCP) [2] with a prevalence rate of 10% in iodine-sufficient areas. For an individual with "overt" hypothyroidism, levothyroxine therapy is an uncontroversial therapeutic intervention that lasts for a lifetime [3].

SCH is characterized by elevated TSH levels generally above 4.5 mIU/L with normal free thyroxine concentrations. The prevalence of SCH is more likely to be 65 years and above [4]. Hashimoto's thyroiditis commonly causes SCH. SCH may affect health in various areas, such as cognitive impairment manifested as difficulties in memory, concentration, and mental clarity; nonspecific symptoms such as fatigue, weakness, and altered mood; emotional well-being, including feelings of anxiety or depression and social and functional aspects affecting social interactions, work performance, and overall functional capacity [5]. Comorbidities-influenced symptoms are tiredness, shortness of breath, and wheezing [6]. Risks associated with SCH include metabolic, reproductive, cardio-vascular, maternal-fetal, neuromuscular, and cognitive abnormalities [7]. Conventional treatment preferred for hypothyroidism is quoted to be levothyroxine or combined therapy with levothyroxine and liothyronine. Patients with subclinical hypothyroidism on levothyroxine are likely to be more prone to overtreatment and associated adverse effects than those with overt hypothyroidism [8, 9]. Homoeopathy, on the other hand, cuts down the lifetime use of levothyroxine and the need for surgical intervention.

In India, 11% of people have hypothyroidism, compared to 2% in the UK and 46% in the USA [10]. Inland cities such as Kolkata, Delhi, Ahmedabad, Bangalore, and Hyderabad have a greater prevalence (117% vs 95%) than coastal cities (such as Mumbai, Goa, and Chennai) [11]. A study conducted in the northern Andhra Pradesh population showed the prevalence of subclinical hypothyroidism as 6.2% in both children and adolescents. Early childhood correction of thyroid dysfunction, particularly SCH, is crucial to prevent impairment of psychomotor and cognitive development [12].

The main aim of this study is to cut down the lifetime usage of levothyroxine and reduce the need for surgical intervention, to prove the effectiveness of Homoeopathy in managing subclinical hypothyroidism.

Materials and Methodology

Case Summary: A 13-year-old female child presented with the complaint of swelling over the neck for 5 years, weight gain, weakness in studies, and slowness in activity. Under allopathic treatment for thyroid complaint for 2 years.

Generals: Her appetite was increased, she desired sweets and eggs. Other generals were normal. Thermal relation - chilly patient. Forgetful, slow in activities. Perception is weak. Weeps easily; interested in drawing. Grief from her mother's death.

Clinical findings: On examination, her neck circumference measured 30 cm.

Remedy	Calc	Puls	Sep	Sil	Sulph	Lyc	Thuj
Totality	30	29	25	24	24	24	24
Symptoms Covered	9	9	8	9	9	8	7
[Complete] [Mind]Laziness:Ailments from, agg.:	1	3	4	2	1	1	0
[Complete] [Mind]Weeping, tearful mood:Easily:	3	4	3	1	1	1	0
[Complete] [Mind]Forgetfulness:	4	4	4	4	4	4	4
[Complete] [Stomach]Appetite:Increased, hunger in general:	4	4	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Sweets:Desires:	3	3	3	1	4	4	3
[Complete] [Generalities]Food and drinks:Eggs:Desires:	4	3	0	3	1	0	2
[Complete] [Generalities]Food and drinks:Cold:Food:Desires:	3	4	1	3	3	3	3
[Complete] [Generalities]Obesity:	4	3	3	3	3	3	4
[Complete] [Neck]Swelling:Thyroid gland:	4	1	3	3	3	4	4

Fig 1: Repertorization chart

Selection of remedy and potency: The remedy selected was *Calcarea Carbonicum* with further reference to Materia Medica and the potency selected was 200 based upon the susceptibility of the patient.

Justification: *Calcarea carbonica's* chief action is centered in the vegetative sphere, impaired nutrition being its keynote action, the glands, skin, and bones, being instrumental in the changes wrought. Pituitary and thyroid dysfunction. Child craves eggs. Forgetful, confused, low-spirited. Averse to work or exertion. Goitre. Obesity [13].

Table 1: Follow-up chart

Date	Symptoms	Lab report	Medicine prescribed
17.08.2022	Weakness of memory. Anxiety persists. Hair fall persists. Dryness of lips present. Generals - Good Neck circumference - 31 cm	T_3 - 70.12 ng/Dl T_4 - 3.18 µg/Dl TSH - > 100.00 µIU/Ml	*Calcarea carbonicum* 200/2 Dose (Once in a week) B. Pills 3 * TDS
22.10.2022	Memory slightly improved. Anxiety persists occasionally. Dryness of lips slightly better. Hair fall and dandruff persists. Generals - Good	T_3 - 122.30 ng/Dl T_4 - 4.24 µg/Dl TSH - 35.570 µIU/Ml	*Calcarea carbonicum* 200/1 Dose (STAT) B. Pills 3 * TDS
31.01.2023	Memory improved. Dryness of lips relieved. Dandruff & hair fall better. Generals - good. Neck circumference - 29 cm	T_3 -161.10 ng/Dl T_4 - 8.52 µg/Dl TSH - 6.220 µIU/Ml	*Calcarea carbonicum* 200/2 Dose (Once in a week) B. Pills 3 * TDS
27.04.2023	All complaints are better. Generals - good. Neck circumference - 29 cm	T_3 - 70.83 ng/Dl T_4 - 6.38 µg/Dl TSH - 3.36 µIU/Ml	*Calcarea carbonicum* 200/2 Dose (Once in a week) B. Pills 3 * TDS

Detailed case-taking was done according to homoeopathic philosophy in a standardized case record format used in SKHMCH. After proper reportorial analysis of the case, *Calcarea carbonicum* 200 °C weekly dose was prescribed along with a placebo for 2 weeks. Follow up assessment was done once in two weeks. The analysis is done based on the laboratory evaluation of TSH, T_3 and T_4 levels & symptomatic relief of the patient.

Result and Observation

Vitals are all normal and a steady decrease in thyroid levels was observed, with the administration of *Calcarea carbonicum* 200 as a weekly dose. No complications or recurrence was seen during treatment.

Limitation of the study: Further large-scale studies with a control group are required to confirm the effectiveness of Homoeopathy in such cases.

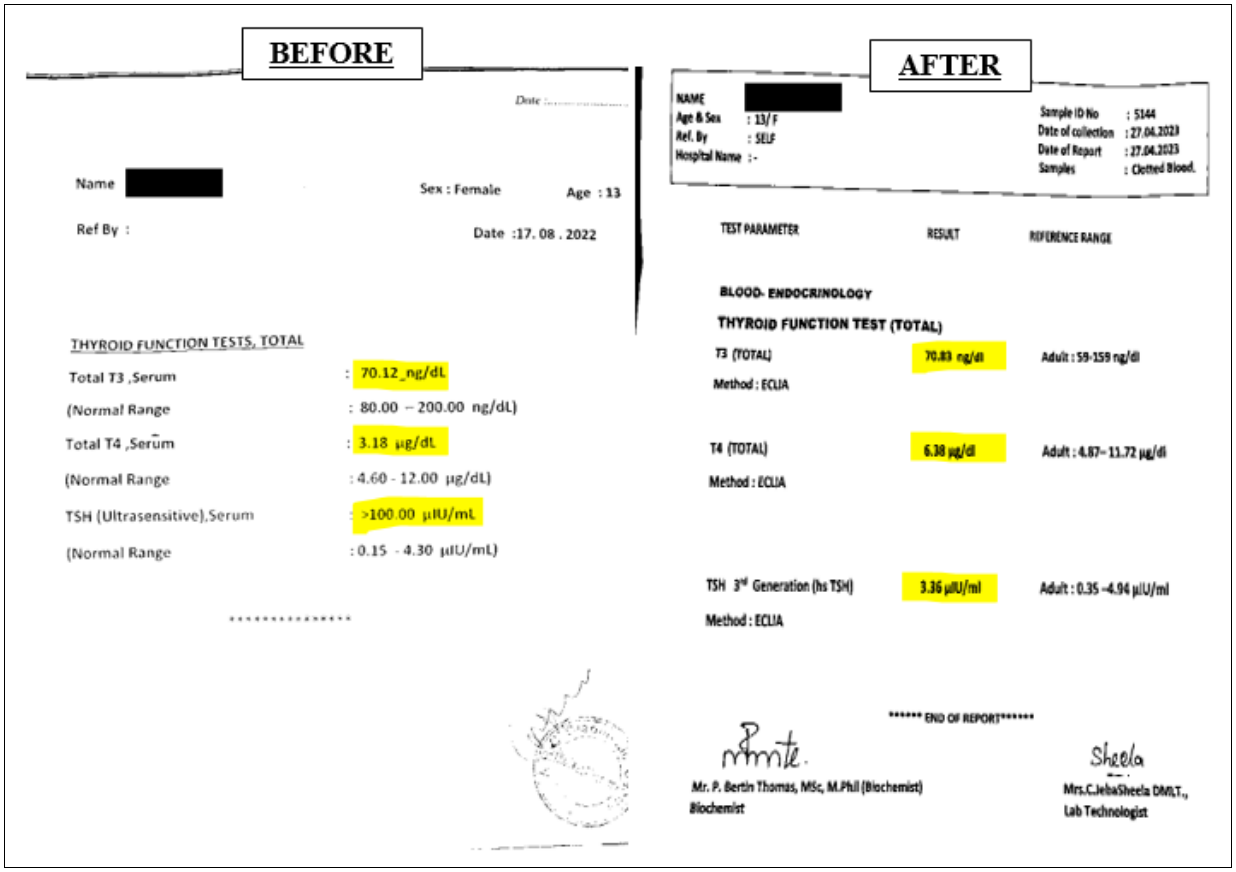

Fig 2: Laboratory reports - a) before treatment (left) and b) after treatment (right)

Discussion

A single placebo-controlled study conducted in 2015, confirmed that screening and treatment by L-thyroxine improve the quality of life in only 1% of individuals. A marked increase is seen in the prescription of levothyroxine, especially for subclinical hypothyroidism. It yet produces no improvement in symptoms about vitality, weight, muscle strength, cognitive function, or quality of life. [7, 9] Adverse pregnancy outcomes are increased in SCH patients with lacking in evidence of beneficial treatment. [7] Adverse effects are found to be midway between euthyroidism and overt hypothyroidism. [3] Unlike the aforementioned studies, Homoeopathic intervention is known to improve the patients' quality of life, reduce weight, and improve cognitive and social functions. Levothyroxine is not advised in patients with TSH below 7 mIU/L and treatment plans should be based on age, co-morbidities and life expectancy. Treatment with levothyroxine in patients with cardiovascular risk factors is beneficial in younger individuals and needs caution in treating the elderly. [7] These studies depict the adverse effects of levothyroxine on hypothyroid patients and thereby stress the need for homoeopathic intervention in thyroid disorders especially subclinical hypothyroid. Higher levels of TSH are associated with cardiovascular disease and mortality [14] and lacks clear evidence of levothyroxine being beneficial in such cases. [15] Studies show an association of higher mental burdens like tiredness, mood liability and restlessness whereas shortness of breath was linked to increased Body mass index and smoking. Correlation between dyslipidemia, hypertension and migraine is also observed in patients with SCH. [16] This brings in the need for focusing on comorbidities instead of expecting symptomatic relief through levothyroxine substitution in SCH, which further stresses the consideration of overall health in hypothyroid patients. [6] The study from the Korea National Health and Nutrition Examination Surveys concluded the association of SCH with abdominal obesity and possibly elevated BP in adolescents. [17] A significant reduction in peripheral bone mass density has been found in children and adolescents receiving suppressive doses of L-T4 treatment for endemic goiter, Hashimoto's thyroiditis, or thyroid cancer. [18] Protective effects on elderly mortality with SCH are not benefited by Thyroid hormone therapy. [19] This case provides evidence for the prevention of mortality by improving the quality of life. The case report of managing SCH with Thyroidinum 200 stands in favour of Homoeopathic treatment with possibly no adverse events thereby highlighting the potential efficacy of the prescribed drug. [20] In accordance, this case report sets evidence for the efficacy of Homoeopathy in managing SCH. The patient had sought homoeopathic treatment to avoid the lifetime usage of allopathic medicine which is achieved by gradual tapering of the dosage. Her thyroid levels came to normal range within 8 months and improvement in other generals was observed during the treatment.

Conclusion

Thus, homoeopathic management with the constitutional remedy for subclinical hypothyroidism could effectively help in providing both symptomatic relief and normalizing thyroid levels thereby serving as documentary evidence for further studies.

Acknowledgment

I would like to express my sincere gratitude and

appreciation to the management of Sarada Krishna Homoeopathic Medical College and Hospital (www.skhmc.org) in Kulasekharam for their invaluable support throughout the entire study. Their unwavering commitment to promoting research and academic excellence has been instrumental in the successful completion of this manuscript. I would also like to extend my heartfelt thanks to the faculty members and staff of Sarada Krishna Homoeopathic Medical College for their guidance, expertise, and assistance throughout the study. Their valuable insights and contributions have greatly enriched the quality of our research. Lastly, I would like to express my deepest appreciation to all the individuals who were directly or indirectly involved in this project. Your dedication, support, and collaboration have been vital to the successful completion of this manuscript.

Conflict of Interest
Not available

Financial Support
Not available

Reference

1. Zúñiga D, Balasubramanian S, Mehmood KT, Al-Baldawi S, Zúñiga Salazar G. Hypothyroidism and cardiovascular disease: A review. Cureus. 2024 Jan 18;16(1).
2. Singh A, Purani C, Mandal A, Mehariya KM, Das RR. Prevalence of thyroid disorders in children at a tertiary care hospital in Western India. J Clin Diagn Res. 2016 Feb;10(2). EPUB 2016 Feb 1.
3. Urgatz B, Razvi S. Subclinical hypothyroidism, outcomes, and management guidelines: a narrative review and update of recent literature. Curr Med Res Opin. 2023;39(3):351-365.
4. Biondi B, Cappola AR. Subclinical hypothyroidism in older individuals. Lancet Diabetes Endocrinol. 2022 Feb;10(2):129-141. Epub 2021 Dec 22.
5. Danicic JM, Inder WJ, Kotowicz MA. Impact of subclinical hypothyroidism on health-related quality of life: A narrative review. Intern Med J. 2021 Sep;51(9):1380-1387.
6. Carlé A, Karmisholt J, Knudsen N, Perrild H, Thuesen BH, Ovesen L, Rasmussen LB, Pedersen IB. Does subclinical hypothyroidism add any symptoms? Evidence from a Danish population-based study. Am J Med. 2021 Sep;134(9):1115-1126.e1.
7. Simon C, Weidman-Evans E, Allen S. Subclinical hypothyroidism: to treat or not to treat? J Am Acad Physician Assist. 2020 May;33(5):21-26.
8. Yoo WS, Chung HK. Subclinical hypothyroidism: prevalence, health impact, and treatment landscape. Endocrinol Metab (Seoul). 2021 Jun;36(3):500-513. Epub 2021 Jun 18.
9. Calissendorff J, Falhammar H. To treat or not to treat subclinical hypothyroidism, what is the evidence? Medicina (Kaunas). 2020 Jan 19;56(1):40.
10. Unnikrishnan AG, Menon UV. Thyroid disorders in India: an epidemiological perspective. Indian J Endocrinol Metab. 2011 Jul;15(Suppl 2).
11. Unnikrishnan AG, Kalra S, Sahay RK, Bantwal G, John M, Tewari N. Prevalence of hypothyroidism in adults: an epidemiological study in eight cities of India. Indian J Endocrinol Metab. 2013 Jul;17(4):647-652.
12. TS PR, Subrahmanyam K, Prasad DK. Prevalence of subclinical hypothyroidism in children and adolescents of northern Andhra Pradesh population and its association with hyperlipidemia. Int J Res Med Sci. 2017 Dec;5(12):1.
13. Boericke W. Homoeopathic Materia Medica [Internet]. Homeoint.org. Available from: http://homeoint.org/books/boericmm/index.htm
14. Inoue K, Ritz B, Brent GA, Ebrahimi R, Rhee CM, Leung AM. Association of subclinical hypothyroidism and cardiovascular disease with mortality. JAMA Netw Open. 2020;3(2).
15. Sue LY, Leung AM. Levothyroxine for the treatment of subclinical hypothyroidism and cardiovascular disease. Front Endocrinol. 2020;11:591588.
16. Gawlik A, Such K, Dejner A, Zachurzok A, Antosz A, Tendera ME. Subclinical hypothyroidism in children and adolescents: is it clinically relevant? Int J Endocrinol. 2015;2015:1-12.
17. Oh K, Kim Y, Kweon S, Kim S, Yun S, Park S, Lee YK, Kim Y, Park O, Jeong EK. Korea National Health and Nutrition Examination Survey, 20th anniversary: accomplishments and future directions. Epidemiol Health. 2021;43.
18. Salerno M, Lettiero T, Puente EDA, Esposito V, Capalbo D, Carpinelli A, *et al*. Effect of long-term l-thyroxine treatment on bone mineral density in young adults with congenital hypothyroidism. Eur J Endocrinol. 2004 Dec 1;151(5):689-694.
19. Peng CC, Huang HK, Wu BC, Chang RH, Tu YK, Munir KM. Association of thyroid hormone therapy with mortality in subclinical hypothyroidism: a systematic review and meta-analysis. J Clin Endocrinol Metab. 2021 Jan;106(1):292-303.
20. Priyashree DR, Sisir DP, Simi S. Managing a case of subclinical hypothyroidism with *Thyroidinum* 200: A case report. Int J Homoeopathic Sci. 2023.

How to Cite This Article
Reshma JR, V SK, Saheena NS, Begam RL. A case of subclinical hypothyroidism managed effectively with homoeopathic remedy. International Journal of Homoeopathic Sciences. 2024;8(2):551-554.