

MANAGEMENT OF PRIMARY HYPOTHYROIDISM THROUGH HOMOEOPATHY MEDICINE: A CASE REPORT

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ABSTRACT

Background: Hypothyroidism is a hypo metabolic state resulting from inadequate secretion of thyroid hormones characterized by a general reduction in metabolic function that manifest as slowing of physical and mental activity. The main line of conventional system of medicine is to provide thyroid hormone for the rest of life of the patient. Besides some adverse effects, the treatment cost of the therapy impels the patients to seek alternative therapy. **Case Summary:** Here, a case report which was treated with individualized homoeopathic medicine without any conventional supplement, over a period of nine months and after follow up of another three months, there were no recurrence of illness and patient is asymptomatic till date. The TFT (Thyroid profile test) reports and the Zulewski's Clinical Score confirmed the diagnosis of Primary Hypothyroidism. On the basis of the totality of

characteristic symptoms and analysis by repertorization, homoeopathic medicine *Ignatia amara* was prescribed and repetition was done according to the response of medicine and as per the condition of patient which follows the principles of Homoeopathy. When the improvement status of the patient come to standstill condition, then *Natrium muriaticum* was

Article Received on
25 March 2020,

Revised on 15 April 2020,
Accepted on 05 May 2020

DOI: 10.20959/wjpr20206-17556

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prescribed as a complementary medicine in subsequent potencies which completed the action of the first one. The patient showed stable improvement in the domain of signs and symptoms gradually when assessed post treatment with baseline score on the basis of Zulewski's Clinical Score. The Serial TFT reports during follow up visit and the Zulewski's Clinical Score improvement provided documentary evidence about the effectiveness of homoeopathic medicines to stimulate thyroid gland to produce normal production of hormone. So, this case study highlights the positive role of Homoeopathy which can serve as a possible treatment option for the Primary Hypothyroidism along with the importance of relationship of remedies to complete the cure.

KEYWORDS: Case report, Individualized Homoeopathy, Primary Hypothyroidism, Thyroid Profile Test, Zulewski's Clinical Score.

Abbreviations

T₃ - Triiodothyronine, T₄ - Thyroxine, TSH - Thyroid stimulating hormone, ICD-10 - International Classification of Diseases, G.C. – General condition, Wt- Weight, LMP- Last menstrual cycle, TRH- Thyrotrophic Releasing Hormone, T/t – Treatment, TFT – Thyroid Function Test, N/A – Not applicable.

INTRODUCTION

Endocrine disorders are common among Indian population out of which thyroid disorders represents an important subset of these endocrine disorders.^[1] Hypothyroidism is one of the most common endocrinopathy worldwide, and its incidence is increasing rapidly.^[2] Hypothyroidism is a condition in which the thyroid gland is unable to make adequate amounts of thyroid hormone to meet the requirements of peripheral tissues. Primary hypothyroidism is characterized by failure of the thyroid gland itself; a fall in serum concentration of thyroid hormones causes an increased secretion and elevation of TSH concentration.^[3] The prevalence of hypothyroidism in India is 11%, compared with only 2% in the UK and 4-6% in the USA.^[4] Among the adult population in India, the prevalence of hypothyroidism is 3.9%. In women; the prevalence is even higher, at 11.4%, when compared with men, in whom the prevalence is 6.2%.^[2] Prevalence of Hypothyroidism in the reproductive age group is 2-4%.^[5] Primary thyroid gland failure can occur as a result of chronic autoimmune thyroiditis, radioactive iodine treatment, or thyroidectomy. Other causes include drug adverse effects like amiodarone and lithium.^[6] The secretion of thyroid hormones are regulated by the hypothalamic pituitary thyroid axis. In primary

hypothyroidism, destruction of the thyroid gland leads to decreased secretion of thyroid hormones T₃ and T₄, in response, TSH secretion increases.^[7]

Hypothyroidism may result in a myriad of clinical signs and symptoms. Symptoms commonly associated with hypothyroidism are often nonspecific. These include weight gain, fatigue, poor concentration, depression, diffuse muscle pain, and menstrual irregularities. Symptoms with high specificity for hypothyroidism include constipation, cold intolerance, dry skin, proximal muscle weakness, and hair thinning or loss.^[8] Hypothyroidism can be easily detected by assessing TSH levels in the blood. A slight increase in TSH levels with normal T₃ and T₄ indicates subclinical hypothyroidism, whereas high TSH levels accompanied by low T₃ and T₄ levels indicate clinical hypothyroidism.^[5] Untreated hypothyroidism may lead to serious cardiovascular and neurological complications.^[9] It may also even leads to complications such as mental health problems, peripheral neuropathy, myxedema and infertility.^[3] The gold-standard treatment for primary hypothyroidism is thyroid hormone replacement therapy with Levothyroxine.^[10] The treatment dosage of thyroid hormone is gradually titrated upwards until an individual displays normal physiological concentrations of free-thyroxine (FT₄) and thyroid stimulating hormone (TSH) in the serum.^[11]

Differential diagnosis of Primary Hypothyroidism on the basis of clinical presentation due to the subtle signs and symptoms includes Euthyroid sick syndrome, Goiter, Myxedema coma, Anemia, Subacute thyroiditis, Iodine deficiency, Addison disease, Chronic fatigue syndrome, Depression, Erectile dysfunction, Infertility.^[12]

A study published in peer review journal - A prospective randomized clinical study was conducted as single group, experimental, pre and post study devoid of control. On the basis of detailed case history and repertorization, group of remedies were founded (Nat. mur, Calc. carb, Lycopodium, Ignatia amara). Cases were followed up to six months and assessment was done once in 3 months. In the above study, 20 cases were treated with Natrum Muriaticum 1M potency and the reduction of symptoms and also the TSH levels of the patient. Among 20 patients, 18 showed mild to marked improvement in TSH level. This study concludes that Natrum Muriaticum 1M was effective in the management of hypothyroidism.^[13] This study concludes that hypothyroidism is treatable illness by Homoeopathy.

This case report is taken in context of patient's knowledge and awareness about the disease and its treatment is very important for good, long-term outcome and compliance in any chronic disease; as with the increasing reliance on alternative treatment and also Homoeopathic Materia Medica offers a wide range of medicines for the indications of hypothyroidism. The general approach in Homoeopathy towards treatment is 'The real sick man is prior to the sick body.'^[14] Homoeopathy as a holistic approach in this case report suggests an effective treatment measure for Primary hypothyroidism.

CASE REPORT

A 16 year old unmarried Muslim female student presented at OPD of Dr. M.P.K. Homoeopathic Medical College, Hospital & Research Centre, Jaipur, Rajasthan on 10 February 2016 (O.P.D. NO. – 63972/2865) with the following complaints:

- Obesity, constantly putting on weight, gained 8kg wt. (Present wt. - 66kg) since 2 months.
- Irregular, suppressed menstrual cycle since 2 months.
- Pulsating pain in forehead since last 1 month.

History of Present Complaints

She was apparently well before 3 months but gradually she started gaining weight continuously. Her menses became irregular and did not appear, LMP was 10/12/2015, lasting of cycle was 3-4 days, scanty flow with previous history of severe pain in abdomen on first day of menstruation, ameliorating on rest and there were no associated symptoms. She also complaints of pulsating pain in forehead with frequency of regular, 10times/day > hard pressure. She came to O.P.D. for checkup on February 10, 2016 with above following complaints and then advised her for thyroid profile, then she came again on February 12, 2016 with her report and it was seen that her TSH level was raised. The patient did not investigate and received any Allopathic medicines including oral contraceptive pills or other alternative treatment for the above complaints prior to the visit.

Past History

- Jaundice 2 years back and was treated with Allopathic medications relieved completely.
- All milestones achieved on time and vaccinated with no adverse effects.

Family History

No family history of any major illness.

CLINICAL FINDINGS**General Examination**

Fair complexion

Obese (wt – 66kg)

Height – 157.7 cm

Blood Pressure maintained at 110/90 mmHg

Pulse Rate – 74/min

Respiratory Rate – 18/min

Local examination

Puffiness-present (Peri orbital)

Skin- Dry⁺⁺⁺, coarse

Tremors/ Fasciculations- absent

Sensory deficit in any limb- absent

Muscle bulk of the upper and lower limbs was normal.

Power in the proximal and distal muscle groups of upper and lower limbs was normal.

Deep tendon reflexes- normal

Other systemic examinations were normal.

HOMOEOPATHIC GENERALS**Mental generals**

Three months back, patient was apparently well but when she lost her father in accident, she got shocked as she was more attached to her father in comparison to other siblings and her father was only earning person in her family as she is living in joint family. The incidence affected the patient badly. Her mother reported that she was very mild, expressive in nature before that incidence took place but now she become quarrelsome in nature. The significance of this event as mentioned is that it has been taken as ailment from grief as all her complaints had started after that incident. Disposition to secrecy, as she never tells her mother that mentally, what problem she was facing after that incident.

Physical generals

The physical generalities were thirst for small quantities (takes half glass) in short interval, aversion to milk, desire salty things. Constipation with ineffectual urge to pass stool (Frequency: 6-7 times/day), hard stool, strain while passing stool. Scanty perspiration over

whole body, white staining on linen, non-offensive. Sleep refreshing, sound but she often takes yawning throughout whole day. Thermal reaction: chilly (prefers hot).

Analysis of a case

On detailed case taking, after analysis and evaluation, the characteristic symptoms were considered for framing the totality and were converted to relevant rubrics for repertorization. Ailments from grief, quarrelsome nature, disposition to secrecy were important mental symptoms in this case. Aversion to milk, Constipation with ineffectual urging and straining, perspiration scanty, yawning frequently were physical generals. Menses suppressed from grief, pulsating pain in forehead and dryness of skin, gaining weight continually.

Selection of remedy was based on repertorization of the case giving more importance on the mental as well as physical general symptoms than particular symptoms using Synthesis Repertory, version 9.0 of RADAR software.¹ The repertorization chart is shown in [Figure1].

Timeline including diagnostic assessment

Milestones related to the diagnosis of the case clinically has been depicted in [Figure – 2A, 2B, 2C] and then patient was also assessed on the basis of Zulewski's Clinical Score for hypothyroidism in terms of sign and symptoms depicted in [Figure3, 4] and weight of the patient was also assessed on time of visit depicted in [Table 1] and further evaluation was done during the follow-up period of above mentioned assessment tools.

INVESTIGATION

Thyroid Profile Test (TFT)

1. **At baseline (12.02.2016)** - FT₃-1.93 ng/ml, FT₄- 0.83ug/dl, TSH-11.80uIU/ml (Fig 2 A)
2. **During T/t (07.08.2016)** - FT₃-1.22 ng/ml, FT₄- 5.8ug/dl, TSH-8.50uIU/ml (Fig 2 B)
3. **After T/t (27.11.2016)** - FT₃-1.11 ng/ml, FT₄- 6.9ug/dl, TSH-3.57uIU/ml (Fig 2 C)

Diagnostic assessment

On Laboratory investigation, **Free Thyroid Profile** on February 12, 2016, (baseline) showed Thyroid stimulating hormone level significantly elevated to 11.80uIU/ml (Reference range 0.35- 4.94uIU/ml) [Figure- 2A]. In **Zulewski's Clinical Score** on February 12, 2016, (baseline) showed score 7 out of 12 score [Figure3].

Hence, Provisional diagnosis of Primary Hypothyroidism was made based on clinical signs and symptoms and altered TSH level, following the guidelines ICD-10, Code E03.9.^[16]

Treatment

Considering repertorial analysis with consultation of *Materia Medica*, *Ignatia amara* was selected as an individualized single constitutional remedy. In *Ignatia amara*, mentally, the emotional element is upper most and co-ordination of function is interfered with.^[17, 18] On first visit (February 10, 2016) after detailed case taking, she was prescribed Placebo 30/3 for two days, advised her for thyroid function test, then she came again on February 12, 2016 with her report and it was seen that her TSH level was raised. *Ignatia amara* was selected and 200C potency in single dose was prescribed followed by placebo for 14 days. All complaints started after death of her father as aliments raised after grief.

Auxiliary measures

The patient was advised to avoid junk/fast food and high-calorie diet and take plenty of water. Regular morning brisk walking along with yoga and meditation.

Follow-up and Outcome

The follow-up of the patient was assessed fortnightly, every month or as required. Improvement status of the patient was assessed in terms of clinical signs and symptoms on the basis of **Zulewski's Clinical Score** and on the basis of clinical investigation i.e., **Thyroid profile**. The evaluation on the basis of Laboratory investigation i.e. Thyroid profile (T₃, T₄, TSH) Pre, During and Post investigation report is also attached and was done at an interval of about 6 months and after three months, in which TSH-11.80uIU/ml before the commencement of treatment and after six months of regular follow-up showed progressive reduction in which TSH-8.50uIU/ml [Figure 2A, 2B]; and finally on November 27, 2016, TSH was 3.57uIU/ml reached within normal limits [Figure 2C]. **Zulewski's Clinical Score** of the patient at the baseline was 7 out of 12 score and it was reached to 0 out of 12 score after the continuous follow-up of patient for 9 months showed absence of clinical signs and symptoms [Figure 3, 4]. Weight changes assessment during follow-up, baseline (wt- 66kg) reduced 2kg (wt- 62kg) on September 8, 2016; and after treatment weight was reduced to 58kg on November 10, 2016 [Table 1].

Table 1: Weight changes assessment at Baseline & during follow-up.

S.no	Weight assessment date	Current weight
1.	12.02.2016 (At Presentation)	66 Kg
2.	06.05.2016	64 Kg
3.	08.08.2016	62 Kg
4.	30.11.2016	58 Kg

Table 2: Timeline including follow-up of the case.

Date	Complaints	Prescription
11.03.2016	G.C. was same as previous Menses- suppressed Constipation with ineffectual urging, frequency (6-7times/day)- same Dryness of skin- Same Pulsating pain in forehead (Frequency- 10times/day)	<i>Placebo</i> 30/TDS/28 days
25.03.2016	Quarrelsome nature- Same as reported by mother Menses- suppressed, LMP- 10/12/2015, lasting of cycle was 3-4 days, scanty flow, Constipation with ineffectual urging, frequency (5 times/day) – slight better Dryness of skin- same Pulsating pain in forehead (Frequency- 10times/day)	<i>Ignatia amara</i> 1M/1 dose <i>Placebo</i> 30/TDS/28 days
22.04.2016	G.C. was better Quarrelsome nature- slight better as reported by mother Menstrual cycle- appeared, LMP- 26/3/2016, duration 3-4 days, but flow scanty, Constipation with ineffectual urging, frequency (4-5times/day), Dryness of skin & Pulsating pain in forehead - same	<i>Placebo</i> 30/TDS/14 days
06.05.2016	G.C. was better Menstrual cycle appeared, LMP- 26/4/2016 but flow scanty Constipation with ineffectual urging, frequency- 3-4 times/day	<i>Placebo</i> 30/TDS/30 days
6.06.2016	Patient presented with <i>Status quo</i> Quarrelsome nature - > as reported by mother Menstrual cycle doesn't appeared, LMP- 26/4/2016 but flow scanty	<i>Nat. mur</i> 30/OD/2 days <i>Placebo</i> 30/3/30 days
21.07.2016	G.C. was improving Menstrual cycle appeared, (LMP -15/6/2016, LMP- 15/7/2016) flow- better, Constipation with ineffectual urging – improved, Dryness of skin- slight better, Pulsating pain in forehead - improving (Frequency- 3-4times/day) Advised for Thyroid Function Test further.	<i>Placebo</i> 30/TDS/30 days
08.08.2016	G.C. was better as before, also compared THYROID REPORT dated 07.08.2016 (T ₃ -1.22 ng/ml, T ₄ - 5.8 ug/dl and TSH - 8.50 uIU/ml) with previous report showed Reducing pattern of TSH level.	<i>Placebo</i> 30/TDS/30 days
10.09.2016	Quarrelsome nature- better as reported by mother Menstrual cycle did not appeared, LMP -15/7/2016 Constipation with ineffectual urging and straining while passing stool- reappeared Yawning whole day - better, Dryness of skin- better Pulsating pain in forehead – reappeared	<i>Nat. mur</i> 200/1 dose <i>Placebo</i> 30/TDS/30 days
19.10.2016	No further improvement in all complaints. Still she was not feeling completely well and not improving further, the case has come to a standstill. Menstrual cycle irregular, (LMP-9/9/2016)	<i>Nat. mur</i> 1M/1 dose <i>Placebo</i> 30/TDS/30 days
12.11.2016	All complaints were improving and then Advised for Thyroid Function Test. Review after Test. Menstrual cycle regular, flow better (LMP-10/10/2016)	<i>Placebo</i> 30/TDS/20 days

30.11.2016	G.C. was better, also compared Thyroid report dated 27.11.2016 with previous report showed within normal limits. Menstrual cycle regular, LMP 13/11/2016, flow better Weight reduced (58 Kg)	<i>Placebo</i> 30/TDS/30 days
30.12.2016	G.C. was better, Menstrual cycle regular, LMP- 13/12/2016, No any complaints.	<i>Placebo</i> 30/TDS/30 days
30.1.2017	All complaints were better	<i>Placebo</i> 30/TDS/30 days
28.2.2017	All complaints were better	<i>Placebo</i> 30/TDS/30 days

Table 3: Assessment of Outcome by Modified Naranjo Criteria Score.^[23]

S.No.	Criteria	Yes	No	Not Sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	0	0
3.	Was there an initial aggravation of symptom?	0	0	0
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	0	0	0
5.	Did overall wellbeing improve?	+1	0	0
6.	Did the course of improvement follow Hering's Rule?	0	0	0
7.	Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8.	Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)?	0	+1	0
9.	Was the effect confirmed by objective evidence as measured by external observation(s)?	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
Total Score		09		

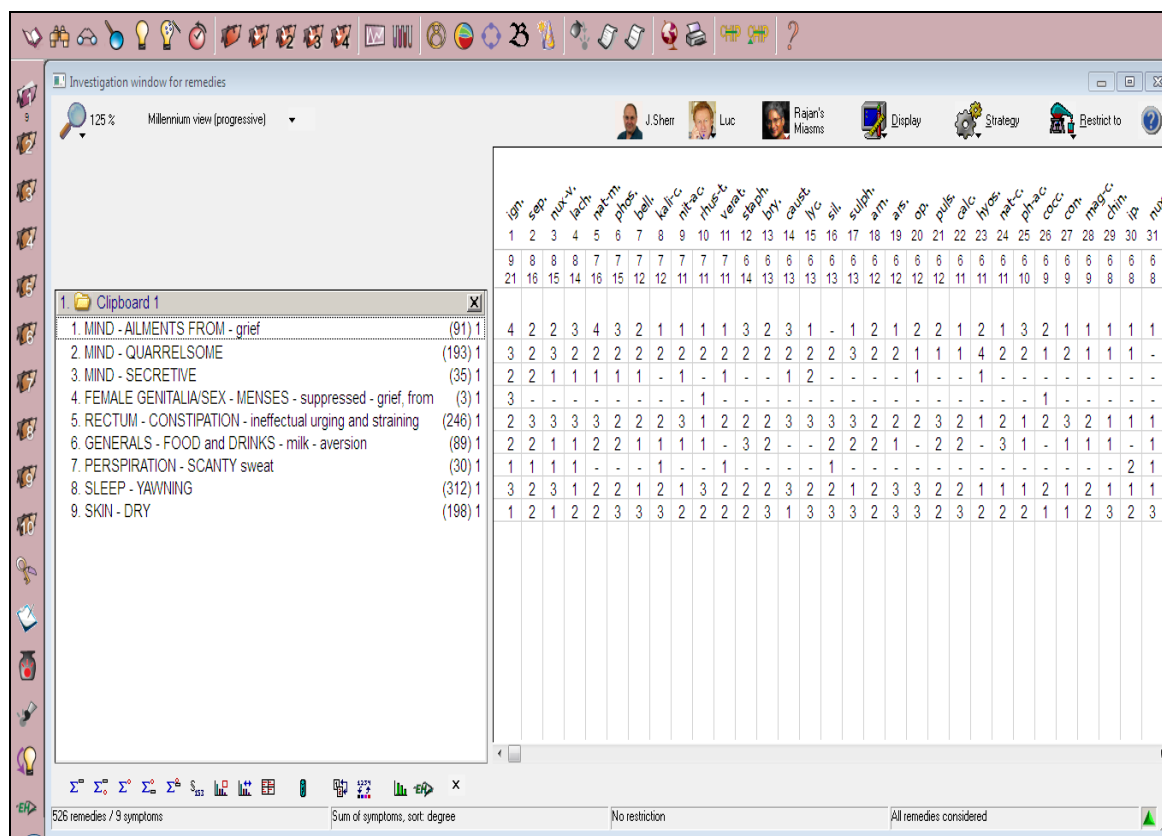
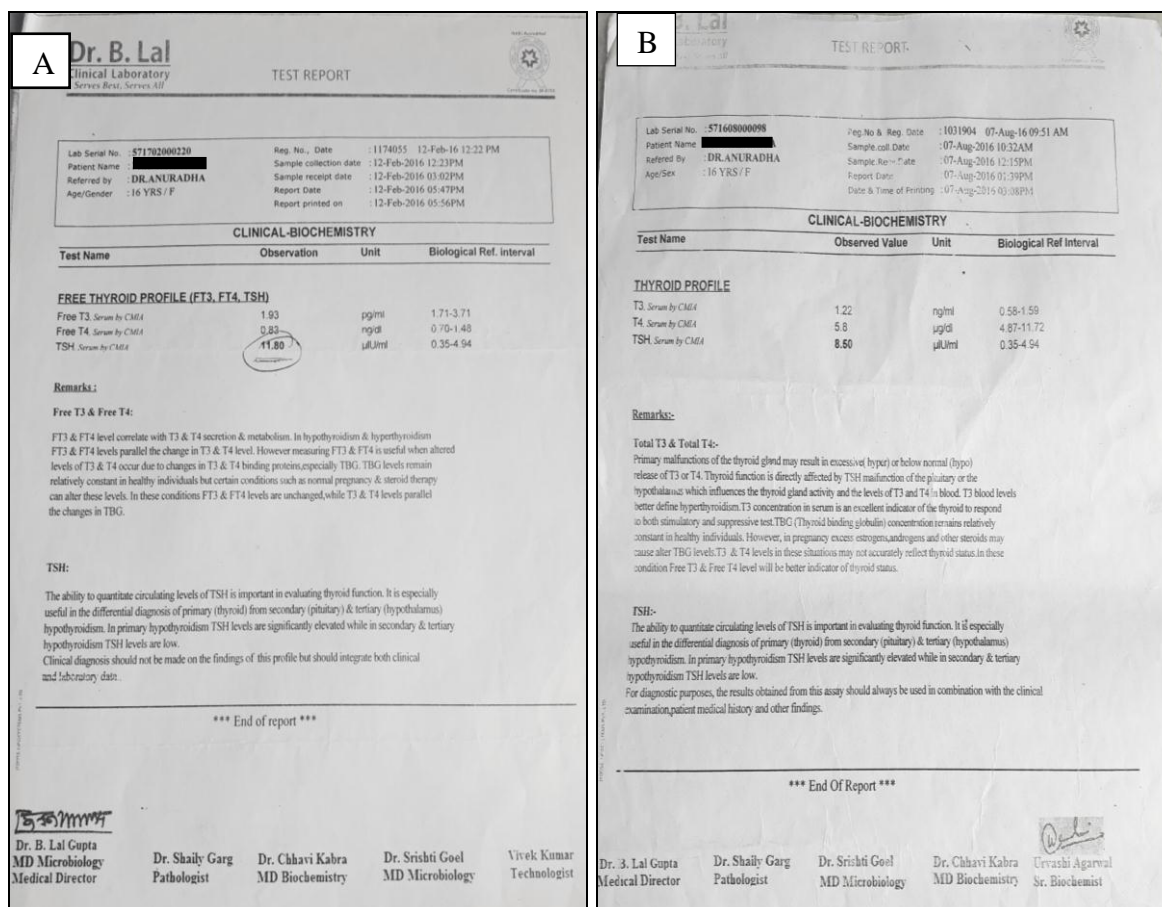



Figure 1: Repertorisation from Synthesis repertory using RADAR software.^[15]




C

Dr. B. Lal
Clinical Laboratory
Serves Best, Serves All

TEST REPORT

Lab Serial No. : S7161100524	Reg. No & Reg. Date : 1126594 27-Nov-16 11:46 AM
Patient Name : [REDACTED]	Sample coll. Date : 27-Nov-2016 12:58PM
Referred By : DR. ANURADHA	Sample Recv. Date : 27-Nov-2016 02:56PM
Age/Sex : 16 YRS / F	Report Date : 27-Nov-2016 04:25PM
	Date & Time of Printing : 27-Nov-2016 05:15PM

CLINICAL-BIOCHEMISTRY


Test Name	Observed Value	Unit	Biological Ref Interval
THYROID PROFILE			
T3, Serum by CMA	1.11	ng/ml	0.56-1.59
T4, Serum by CMA	6.9	µg/dl	4.87-11.72
TSH, Serum by CMA	3.57	µU/ml	0.35-4.94


Remarks:


Total T3 & Total T4:-
Primary malfunctions of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. Thyroid function is directly affected by TSH malfunction of the pituitary or the hypothalamus which influences the thyroid gland activity and the levels of T3 and T4 in blood. T3 blood levels better define hyperthyroidism. T3 concentration in serum is an excellent indicator of the thyroid to respond to both stimulatory and suppressive test. TBG (Thyroid binding globulin) concentration remains relatively constant in healthy individuals. However, in pregnancy, excess estrogens, androgens and other steroids may cause alter TBG levels. T3 & T4 levels in these situations may not accurately reflect thyroid status. In these condition Free T3 & Free T4 level will be better indicator of thyroid status.


TSH:-
The ability to accurately circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) & tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism TSH levels are significantly elevated while in secondary & tertiary hypothyroidism TSH levels are low.
For diagnostic purposes, the results obtained from this assay should always be used in combination with the clinical examination, patient medical history and other findings.

*** End Of Report ***


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 Dr. Shaily Garg
Pathologist


 Dr. Srishti Goel
MD Microbiology


 Dr. Chhavi Kabra
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

 Urvashi Agarwal
Sr. Biochemist

Figure 2: Thyroid Profile Test report at Baseline (A), during (B) & after treatment (C).

On The Basis of Symptoms		Present	Absent	Score
Diminished sweating	Sweating in the warm room or a hot summer day	1	0	1
Hoarseness	Speaking voice, singing voice	1	0	0
Paraesthesia	Subjective sensation	1	0	0
Dry skin	Dryness of skin, noticed spontaneously, requiring treatment	1	0	1
Constipation	Bowel habit, use of laxative	1	0	1
Impairment of hearing	Progressive impairment of hearing	1	0	0
Weight increase	Recorded weight increase, tightness of clothes	1	0	1
Physical Signs				
Slow movements	Observe patient removing his clothes	1	0	0
Delayed ankle reflex	Observe the relaxation of the reflex	1	0	0
Coarse Skin	Examine hands, forearms, elbow for roughness and thickening of skin	1	0	1
Periorbital puffiness	This should obscure the curve of the malar bone	1	0	1
Cold skin	Compare temperature of hands with examiner's	1	0	1
Sum of all Symptoms and Signs Present		12		7

Figure 3: Zulewski's Clinical Score at Baseline on 12.02.2016.

On The Basis of Symptoms		Present	Absent	Score
Diminished sweating	Sweating in the warm room or a hot summer day	1	0	0
Hoarseness	Speaking voice, singing voice	1	0	0
Paraesthesia	Subjective sensation	1	0	0
Dry skin	Dryness of skin, noticed spontaneously, requiring treatment	1	0	0
Constipation	Bowel habit, use of laxative	1	0	0
Impairment of hearing	Progressive impairment of hearing	1	0	0
Weight increase	Recorded weight increase, tightness of clothes	1	0	0
Physical Signs				
Slow movements	Observe patient removing his clothes	1	0	0
Delayed ankle reflex	Observe the relaxation of the reflex	1	0	0
Coarse Skin	Examine hands, forearms, elbow for roughness and thickening of skin	1	0	0
Periorbital puffiness	This should obscure the curve of the malar bone	1	0	0
Cold skin	Compare temperature of hands with examiner's	1	0	0
Sum of all Symptoms and Signs Present		12		0

Figure 4: Zulewski's Clinical Score after treatment on 27.11.2016.

DISCUSSION

Hypothyroidism can be accompanied by a range of clinical manifestations, negatively impacting health status. The mainstay of conventional system of medicine is based on lifelong treatment with thyroid hormones artificially on a daily basis which is not only costly but cumbersome too.^[19]

In this case report *Ignatia amara* was selected as a similimum on the totality of characteristics symptoms. *Ignatia amara* followed by *Placebo* 30/TDS was prescribed on February 12, 2016 from 200C/1dose to 1M/1dose according to the response of medicine and as per the condition of patient which follows the principles of Homoeopathy. During the follow-up period up to March 25, 2016; feeling slight better in constipation with ineffectual urging and straining while passing stool and even her menses (LMP- 10/12/2015) did not appeared for which she was presented at O.P.D. for checkup and improvement of other symptoms became standstill. In expectation of further improvement in symptomatology, the next higher potency of same medicine, *Ignatia amara* 1M/1dose, was prescribed on March 25, 2016, then, over next 2 months up to May 06, 2016, the case was followed up by *Placebo* 30/TDS. Then, improvement was found as her menses started (LMP- 26/4/2016) but flow was scanty, reduced 2kg body weight (present weight – 64kg) as well as improvement also seen in other symptoms such as in quarrelsome nature reduced as reported by her mother, dryness of skin, intensity and frequency (8-9times/day) of pulsating pain in forehead and

yawning slight better. Again when she was visited (June 06, 2016) her menses again became irregular, flow-scanty and however no improvement of other symptoms noticed. In Homoeopathy, one remedy is given at a time to the patient, and the rules also state that when a particular medicine stops acting (indicated by change of symptoms or worsening of the improved state through previous medication), it is time to reconsider and give the next indicated remedy. This shall complete the action that was initiated by the previous remedy.^[20] As per chapter Relationship of Remedies given by Dr. R. Gibson miller, Complementary of *Ignatia amara* is *Natrum muriaticum*^[18] and was covering maximum rubrics (19) and also scoring highest points (8) after *Ignatia amara* as per reportorial totality [Figure1]. On June 06, 2016; she was prescribed *Nat. mur* 30/OD for two days followed by *Placebo* 30/TDS for next 2months, her menses became regular (LMP-15/7/2016), flow-better, Peri-orbital puffiness was better, body weight same as before and improvement also seen in other symptoms such as in quarrelsome nature better as reported by her mother, dryness of skin, intensity and frequency (3-4times/day) of pulsating pain in forehead and yawning better, bowel habit regular, improved. At the interval of 6months, she was advised for thyroid function test on July 21,2016 and evaluated clinically there was marked improvement in TSH - 8.50 uIU/ml (August 07,2016), on August 08,2016 she was followed by *Placebo* 30/TDS for 1 month. She reported after about a month on September 10, 2016 her complaints reappeared again, menstrual cycle did not appeared (LMP 15/7/2016), Constipation with ineffectual urging and straining while passing stool aggravated, Weight of body - 62Kg, pulsating pain in forehead aggravated, then *Nat. mur* 200/1dose followed by *Placebo*30/TDS for one month was prescribed. Initial improvement on all symptoms were found with treatment by *Nat. mur* 200 and then improvement was stopped and the condition became standstill. The repetition and increasing the potencies were done according to the response following the homoeopathic philosophy. For the expectation of further improvement, the higher potency of same remedy *Nat. mur* 1M was prescribed on 19/10/16. She visited on November 12, 2016; Menstrual cycle appeared, LMP 10/10/2016, flow better, Constipation with ineffectual urging and straining while passing stool improved. Dryness of skin, Peri-orbital puffiness, pulsating pain in forehead and yawning frequency was better and started sharing her feelings with her mother, quarrelsome nature better as reported by mother. Advised for thyroid function test at the interval of 3 months, done on 27.11.2016 after treatment and evaluated clinically TSH was 3.57 uIU/ml and Zulewski's Clinical Score was 0 out of 12 showed absence of clinical signs and symptoms [Fig 2C, 4]. Weight changes assessment during follow-up, also attached in [Table 1].

Zulewski *et al.* out to reevaluate the classical signs and symptoms of hypothyroidism in the light of modern laboratory tests.^[21] It was designed based on signs and symptoms originally chosen by Billewicz and a scoring range was determined in patients with untreated overt hypothyroidism and compared to patients with normal thyroid function. Scores were based on the presence (1) or absence (0) of hypothyroid signs and symptoms. The diagnostic range for this clinical score was established as ≤ 2 = euthyroid; 3–5 = intermediate; >5 = overt hypothyroid.^[22] The modified Naranjo criteria score of the patient after treatment was 9, which indicates there is a definite association between the result observed and the prescribed medication (Table 2).^[23]

After follow-up of another three months, there were no recurrence of illness and patient is asymptomatic till date. The general approach in Homoeopathy towards treatment is ‘The real sick man is prior to the sick body.’^[15] The result of the case re-established the strength of homoeopathic principles and philosophy along the concept of individualization where all subjective symptoms including mental symptoms were improved after taking the medicine. The clinical investigations also confirmed a normal study as an attempt has been made to evaluate the problems of the patient in the context of the whole person-physically, mentally and emotionally, unlike the conventional system.

CONCLUSION

This case report provide rationale significance of individualization as well as importance of Relationship of Remedies in homoeopathy and conclusive fact which shown the potential role of homoeopathy in reversing the functional disturbance of thyroid gland where *Ignatia amara* was prescribed as an individualized medicine. Other major positive outcome of this case study is evident by Relationship of remedies, when it was seen that improved condition again became worse than complementary medicine of *Ignatia amara* is *Nat. mur* and was prescribed that shall completed the action that was initiated by the previous remedy. The outcome of this case report will improve the knowledge of the clinicians in suggesting proper patient management, which will benefit the patients suffering from Primary hypothyroidism. Although, as this is a single case study, further well-designed studies may be taken up for scientific validation. So, that it can provide advantage into clinical practice.

ACKNOWLEDGEMENTS

With a profound sense of gratitude, the author expresses their sincere respect to patient who actively participated in this case report & for keeping patience throughout the follow-ups.

Conflict of Interest of Each Author/Contributor

The authors declare that they have no competing interest.

Financial support and sponsorship: Nil.

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