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MANAGEMENT OF OVERT HYPOTHYROIDISM WITH A SINGLE DOSE OF HOMOEOPATHIC MEDICINE PHOSPHORUS – AN EVIDENCE BASED CASE REPORT

[1]Dr. Sakshi Mehrotra, [2]Dr. Atul Kumar Singh, [3]Dr. Abdul Wahid, [4]Dr. Mukesh Senger, [5*]Chitra Ojha, [6]Bharat Sharma

[1,3,4]Department of Materia Medica
[2]Department of Organon of Medicine.
[5,6]BHMS Intern.

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***Corresponding Author**
Chitra Ojha
BHMS Intern.

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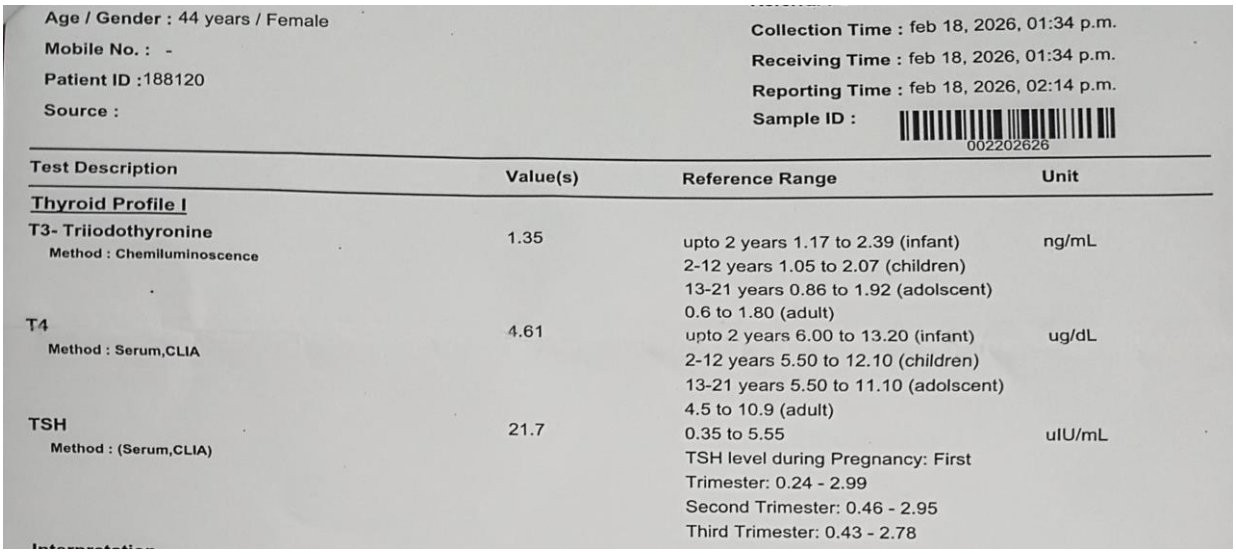
ABSTRACT

INTRODUCTION: Hypothyroidism is a hypo-metabolic state resulting from inadequate secretion of thyroid hormones. It is the second most common endocrine disorder among women and leading cause of menstrual abnormalities in all age group. Levothyroxine is the standard lifelong mode of treatment in conventional medicine. **CASE SUMMERY:** A 44-year-old hypothyroid female presented with menstrual problems with multiple systemic complaints, including dyspnea, vertigo, generalized edema, and weakness, investigations reveal hypothyroidism and anemia. Individualized homoeopathic medicine was selected for this patient, based on the peculiar symptoms and complete recovery of symptoms was seen with the restoration of thyroid- stimulating hormone (TSH) level within normal range within 3 month levels were investigated and recorded before and after treatment. Complete resolution in this case of hypothyroidism is yet another affirmation that homoeopathic intervention can be used in the treatment of endocrine disorders in which usually lifelong treatment is the only option.

INTRODUCTION

Hypothyroidism is a hypo- metabolic state resulting from inadequate secretion of thyroid hormones or rarely from the resistance of peripheral tissues of effects of thyroid hormones.

(1) Hypothyroidism is a common condition with various causes; women are affected approximately six time more frequently than men. Clinical manifestations may range from an asymptomatic or subclinical condition with normal levels of thyroxine and triiodothyronine and mildly elevated levels of serum thyrotropin, to an overt state of myxoedema, end-organ effects and multisystem failure.[3] Some common manifestations are weight gain, fatigue, muscular weakness, menstrual irregularities, delayed puberty, miscarriage/infertility, poor concentration and depression. A few features are more suggestive, such as dryness of skin, proximal myopathy, constipation, cold intolerance and dry brittle hair. Clinical symptoms also depend on factors such as age and sex.4 Thyroid dysfunctions are usually related to menstrual irregularities in females of all age groups as thyroid hormones play a crucial role in the menstrual and reproductive functions of women.[5] This is usually attributed to the influence of thyroid hormones over estrogen and androgen metabolism.[1] Thyroid-stimulating hormone (TSH) is highly sensitive to thyroid dysfunction and is the standard investigation used to evaluate thyroid disorders. Thyroid complaints are commonly attributed to hereditary issues, genetic predisposition, low levels of nutritional iodine intake, gravidity, radiotherapy, viral toxicities, surgery, underlying diseases such as infiltrative disorders or even autoimmunity.[5] Thyroid ailments are the most common endocrine complaints worldwide. Hypothyroidism, precisely, is the most common type of thyroid disorder in India, affecting one in ten adults. In adults, it is 8–10 times more common in women than men and its incidence upsurges with age.[5] The prevalence of hypothyroidism in developed countries is about 4–5%, whereas in India, it is reported to be around 10.95%.[2]



Age / Gender : 44 years / Female
Mobile No. : -
Patient ID :188120
Source :

Collection Time : feb 18, 2026, 01:34 p.m.
Receiving Time : feb 18, 2026, 01:34 p.m.
Reporting Time : feb 18, 2026, 02:14 p.m.
Sample ID : 002202626

Test Description	Value(s)	Reference Range	Unit
Thyroid Profile I			
T3- Triiodothyronine Method : Chemiluminoscence	1.35	upto 2 years 1.17 to 2.39 (infant) 2-12 years 1.05 to 2.07 (children) 13-21 years 0.86 to 1.92 (adolscent) 0.6 to 1.80 (adult)	ng/mL
T4 Method : Serum,CLIA	4.61	upto 2 years 6.00 to 13.20 (infant) 2-12 years 5.50 to 12.10 (children) 13-21 years 5.50 to 11.10 (adolscent) 4.5 to 10.9 (adult)	ug/dL
TSH Method : (Serum,CLIA)	21.7	0.35 to 5.55 TSH level during Pregnancy: First Trimester: 0.24 - 2.99 Second Trimester: 0.46 - 2.95 Third Trimester: 0.43 - 2.78	uIU/mL

Figure 1. 1.

In this case report Figure 1.1, a female 44 year with hypothyroidism range of T3 1.35ng/mL, T4

4.61ug/dL and TSH level was 21.7ulU/mL was treated with individualized homoeopathic medicine, and complete recovery was seen with restoration of TSH levels in Figure 1.2 T3 1.12ng/mL T4 6.57 ug/dL and TSH 6.860ulU/mL, the normal range within 3months.

Lab No. : BKB049696
Age/Gender : 0 Day / FEMALE
Ref. Doctor :
Date of Birth :
Passport No :
Case Number :
Client Name : Gangashar Chiranjivi Diagnostic Centre Bikaner

Collected On : 06-04-2026 03:59PM
Authorized On : 06-04-2026 04:54PM
Printed On : 06-04-2026 04:54PM
Barcode :
LIS Number : 1111049696

Page 1 of 1

Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
THYROID PROFILE			
Triiodothyronine (T3)	1.12	ng/mL	0.84 - 2.02
Thyroxine (T4)	6.57	ug/dL	5.13-14.06
TSH (Ultrasensitive)	6.860	µIU/mL	0.35 - 5.60

Method - Chemiluminescence with Serum

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Reference Range (T3): Premature Infants 26-30 Weeks ,3-4 days 0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days 0.89 - 4.05 ng/ml
1 Week 0.91 - 3.00 ng/ml
1- 11 Months 0.85 - 2.50 ng/ml
Prepubertal Children 1.19 - 2.18 ng/ml

Reference Ranges (T4): Premature Infants 26-30 weeks ,3-4 days 2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days 8.20 - 19.9 ug/dl
1 weeks 6.00 - 15.9 ug/dl
1-11 Months 6.10 - 14.9 ug/dl
Prepubertal children 12 months-2yrs 6.80 - 13.5 ug/dl
Prepubertal children 3 -9 yrs 5.50 - 12.8 ug/dl

Reference Ranges (TSH): Premature 28-36 Weeks: 0.7-27 µIU/mL
Children Birth 4 Days: 1.0-39 µIU/mL
2-20 weeks: 1.7-9.1 µIU/mL
21 weeks -20 years: 0.7-64 µIU/mL

Pregnancy	Reference Range for TSH
1 ST TRIMESTER	0.100 - 2.500
2 ST TRIMESTER	0.200 - 3.000
3 ST TRIMESTER	0.300 - 3.000

End of Report
Results relate only to the sample as received. Kindly correlate with clinical condition
Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.
Processing Center - Reliable Diagnostic Centre , Bikaner , Plot No - 7 Marwad Hospital Main Road , Sadul Colony , Bikaner - 334001

Figure 1. 2.

This case report suggests the beneficial effect of homoeopathy in overt hypothyroidism bringing about the cure in a time span of 3 months duration.

PATIENT INFORMATION

A 44-year-old female came to the OPD on 24th February 2026 with the complaints of scanty menses and leucorrhea but regular menstrual cycle. The patient TSH level was 21.43 in 24th February 2026; six months ago, it was 27, and Hb is 8.9gm\dl

She also had complaints of-Dyspnea

Vertigo

Generalized swelling of whole body Blurring of vision

Pain in right heel, worse on first motion

Throat pain with cough, aggravated by loud speaking Indigestion, aggravated after oily food

Numbness of head and various part of body (wandering) Physically very weak

Headache in summers.

Clinical finding?

- Physical examination –On examination the patient of medium build, with 62 kg weight. Blood pressure was 140/89mmHg, her pulse was 79/min, there was mild pallor, no cyanosis or clubbing, subcutaneous nodules present on back.
- Systemic examination- On examination, the thyroid gland was mobile, firm and non-tender.

Mental symptoms

Religious affection too occupied

Fear of being separated from close one with weeping Childish nature

People attract to her

Company aversion she thinking people are wasting my time so that Affectionate

Leadership quality Decision too fast, fearless Deep concentration Fastidious

General symptoms

physically very weak

Appetite – normal sometime increased Thirst – decreased

Stool – normal Urine- normal Perspiration- scanty

Thermal reaction – hot Desire – rice, curd

DIAGNOSTIC ASSESSMENT

Thyroid profile investigation dated 24/2/26 revealed TSH level to be 21.43U/ml and Hb is 8.9

Based on the detailed case taking, the totality of symptoms for the case was framed as below:

1. Religious affection, too much occupied
2. Fear of being separated from close one and then weeping
3. People are attached to her
4. affectionate nature
5. Scanty menses with leucorrhea
6. Dyspnea
7. vertigo
8. Throat pain with cough
9. Numbness of head and body
10. Generalized swelling of whole body

REPERTORISATION

After analysis and evaluation of the case, following rubrics were taken for repertorisation

1. MIND – FEAR – separation; of
2. MIND - DELUSION
3. MIND – RELIGIOUS AFFECTIONS- want of religious feeling
4. MIND- AFFECTIONATE
5. MIND- OBSINATE
6. MIND- FASTIDIOUS
7. MIND- SENSITIVE
8. RESPIRATION- DIFFICULT
9. THROAT- PAIN- cough- during
10. EXTREMITIES- NUMBNESS
11. FEMALE GENITAL/SEX- MENSES- scanty
12. FEMALE GENITAL/SEX- LEUKORRHEA
13. GENERALS- SWELLING- general; in
14. HEAD- NUMBNESS; SENSATION OF

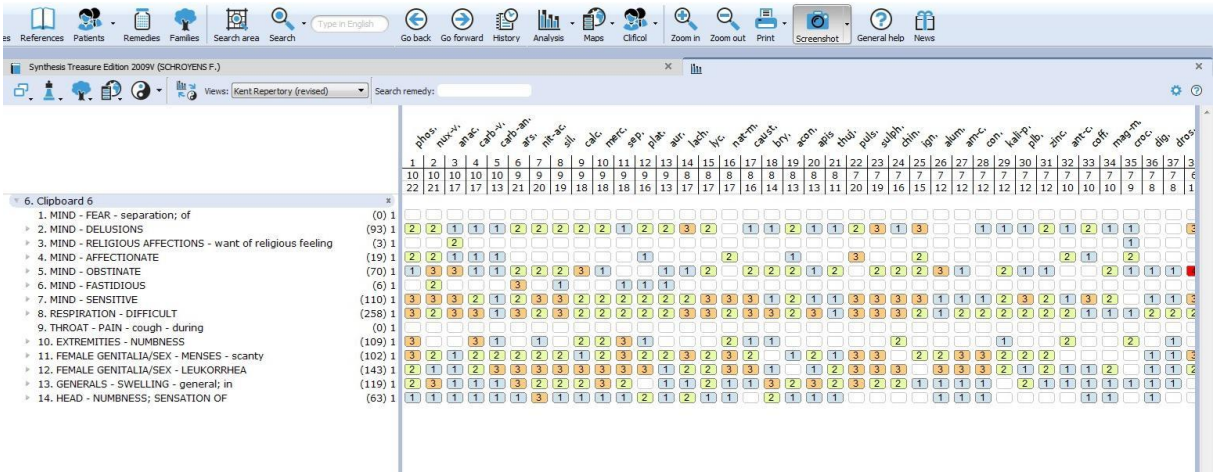


Figure 1. 3.

Therapeutic intervention

After repertorisation with RADAR software which mention in figure 1.3 and in consultation with Materia Medica *Phosphorous 10M* was selected. the patient was advice to take *Phosphorous 10M* single dose.

Follow up and outcome: The patient was a 44-year-old female diagnosed with

hypothyroidism, presenting with elevated TSH levels along with associated clinical symptoms. After detailed case taking, individualization, and repertorization, Phosphorus 10M was selected as the constitutional remedy and administered as a single dose. The patient was subsequently prescribed placebo for a period of three months, with regular follow-up assessments.

During the follow-up period, the patient reported gradual improvement in her general well-being and reduction in hypothyroid-related complaints. No new symptoms were observed, and the overall clinical condition remained stable.

After three months of treatment, repeat thyroid function tests were performed. Laboratory investigations revealed that the TSH level had returned to the normal reference range, and both T3 and T4 levels were within normal limits. The patient's subjective improvement was consistent with the objective laboratory findings.

The favorable clinical response and normalization of thyroid function parameters indicated a positive outcome following individualized homoeopathic treatment with Phosphorus 10M. The patient continues to be kept under periodic observation for long-term assessment and maintenance of health.

DISCUSSION

In this case, the patient presented with complaints of leukorrhea, dyspnea, vertigo, numbness and other complaints, associated with hypothyroidism, however weakness during leucorrhea, fear of separation with close one was characteristic symptoms in this case. Medicine prescribed on the basis of peculiar and characteristic symptoms but also restoration of TSH levels in the normal range as well. This is in corroboration with the principles of homoeopathy which states that "the more striking, singular, uncommon and peculiar characteristic signs and symptoms

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