

Case Report

'Love me only, at all times' – The case of a young woman with hypothyroidism

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ABSTRACT

This case report describes a 23-year-old woman who developed hypothyroidism and sought homoeopathic treatment. In this case, we adopted Kent's approach as the patient displayed characteristic mental as well as physical general symptoms. Her primary mental characteristics were irritability and hatred toward those who offended her and a persistent feeling of being lonely. Her characteristic physical generals included desire for salt and aggravation by exposure to sunlight. Kent's approach enabled us to select Natrum mur as the remedy. Thorough analysis and evaluation enable physicians to select the most suitable approach for any given case. This case emphasised the importance of case analysis and evaluation as an integral step after case taking. It also highlights the role of homeopathy in cases of endocrinal disorders and its efficacy in reversing pathological processes.

Keywords: Homoeopathy, Hypothyroidism, Case taking, Kent's approach, Natrum muriaticum

INTRODUCTION

Homoeopathy is a system of medicine based on individualisation and symptom similarity between the patient and the medicine. A careful review of homoeopathic literature allows us to appreciate the rich clinical as well as therapeutic material with regard to treatment of thyroid disorders.^[1] A survey response of 1000 subjects with thyroid disorders, conducted in two cities of Kerala, revealed that 37.83% of the subjects used homoeopathic medicine for their thyroid complaints, 35.15% used modern medicine and 27.02% used Ayurvedic medicines.^[2] Studies reveal that in endocrine disorders, homoeopathic medicine acts to stimulate the gland, in cases of deficient secretion and to quiet it in cases of excess secretion. Endocrine disorders such as thyroid disorders are often hereditary or constitutional defects; homoeopathic medicines have a great role in such conditions. In a majority of cases, remedy selection depends on an individual's totality.^[3] There is definite evidence supporting the effectiveness of homoeopathic medicines in stimulating the thyroid gland to produce normal hormone levels.^[4]

CASE REPORT

Presenting complaints

Ms. SSP, a 23-year-old woman, had been experiencing exhaustion with weight gain, body ache, lack of interest in daily routine and disturbed sleep, all of which had progressed gradually over

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a period of 6 months. She also had irregular menses for 1 year; her menses were frequently delayed, often by 2–3 months. Her menstrual flow was moderate with brownish discharge. She also had hair fall with dandruff for 1 year. On examination, she was afebrile. Her pulse was 66/min, BP 120/70 mmHg and weight 60 kg.

Family history: Her mother had hypothyroidism.

Based on the chief complaint and examination results, the patient was diagnosed with hypothyroidism. To confirm the diagnosis, the patient was advised to get her T3, T4 and thyroid-stimulating hormone levels checked [Figure 1].^[5]

Physical generals: Desire-salt++, Aversion-Fish+, meat+

Sun: Aggravating headache+

Thermals: Hot.

Life situation

When the patient was 5 years old, her father separated from the family. As a child, she would feel sad on seeing her friends accompanied by both their parents. She missed her father's love and presence. As her mother was the sole breadwinner of the family, she could not give the patient the love and attention she demanded. This made her feel very unloved by her mother. The patient has been very irritable since childhood. She always felt that her mother

loves her sister more than her. If things do not go her way, she stops talking; if she is working in the kitchen, she reacts by throwing the utensils. She has very few friends and her relationship with them is not good. She has a habit of picking fights with her sister and friends on trivial matters. This attitude made her unpopular at school and college. She tends to argue with her friends, wants everything to go her own way, wants her friends to bend to her will and always say good things about her. She hates being disturbed by her friends when busy.

Selection of approach

The case contains characteristic, qualified mental symptoms and physical generals; hence, Kent's approach was selected for this case.^[6]

Repertorial totality

- A/f anger vexation suppressed from
- Anger irascibility tendency temper tantrums reprimands after
- Anger irascibility talk indisposed to
- Offended easily
- Craving salt++
- Aversion fish+++ meat++
- Headache < sun exposure+

TEST DONE ON FULLY AUTOMATED CHEMILUMINESCENCE IMMUNOASSAY SYSTEM		
<u>Thyroid Function Test</u>		
Sample - Serum		
Test	Values	Normal Range
T3	0.51	0.79 to 1.58 ng/ml
T4 -	3.861	4.9 to 11.0 µg/dl
Ultra sensitive TSH -	78.949	0.38 to 4.31 µIU/ml

Figure 1: Pre-treatment.

INVESTIGATION	FINDINGS	NORMAL RANGE-
TSH :	2.10 uIU/mL	[0.34 - 5.60 uIU/mL]
Done by : Chemiluminescence on Fully Automated ACCESS 2 by BECKMAN COULTER		

Figure 2: Post-treatment.

After repertorisation with the complete repertory, the top five remedies as per their numerical totality are as follows:^[7]

- Natrum mur: 7/13
- Pulsatilla: 5/11
- Calc carb: 5/9
- China: 5/9
- Sulphur: 5/8

The state of sensitivity, especially to reprimands and the individual's reaction of throwing temper tantrums and anger persisting for a long time, is the central themes of the case. On the basis of physical generals such as desire salt, aversion fish and meat and headache after exposure to sun, Natrum mur comes closer than other remedies. Therefore, the final remedy selected was Natrum mur.

Susceptibility, posology and repetition

At the predisposition level, the patient's mother has hypothyroidism. The disease manifestation in this case shows a gradual progress with no characteristic physical complaints. The patient shows marked sensitivity at the mental level with prominent dispositional and mental expressions, so the sensitivity is high. The pathology is structurally reversible and the miasm is sycosis. Hence, the susceptibility of the patient is moderate to high. Thus, 200 potency was selected and was repeated infrequently.

Prescription

The patient was prescribed Natrum mur 200, one dose. She was advised to get her thyroid profile evaluated [Figure 1] and follow-up after 15 days. Homoeopathic treatment was continued and patient did thyroid profile and followed up as advised. After 11 months of treatment, the thyroid levels became normal [Figure 2].

Follow-up criteria

The follow up criteria was defined [Table 1] and patient's progress was charted [Table 2] with reference to the follow up criteria [Table 1].

CONCLUSION

The case report demonstrates the importance of individualised constitutional homoeopathic medicine and its role in

Table 1: Follow-up criteria

Follow-up criteria	Abbreviation and its meaning
1) Weakness and dullness	< = aggravation
2) Irritability	> = amelioration
3) Irregular menses	+ = present
4) Sleep	0 = absent
5) Hair fall	S = same
6) Weight	↑ = increased
7) Investigation	↓ = decreased
	G = Good
	C = Changeable
	F = Fluctuating
	CL = Clear
	WNL = Within normal range

Table 2: Follow-up Summary

Date	1	2	3	4	5	6	7	Comments
10-10-18	>	>	S	G	>	↓-1 kg (59 kg)	T3: 0.51 ng/mL T4: 3.861 µg/dL TSH: 78.949 µIU/mL	Natrum mur 200, 1 dose weekly for 2 weeks. Advised to repeat TSH level after 15 days
16-11-18	>	>	> menses appeared-26-10-18	G	>	S	T3: 88.53 ng/mL T4: 4.65 µg/dL TSH: 25.05 µIU/mL	SL for 15 days
1-12-18	G	G	C	G	>	↓-1 kg (58 kg)		Natrum mur 200, 1 dose weekly for 2 weeks. Advised to repeat TSH level
21-12-18	G	G	S	G	0	S	TSH: 5.92 µIU/mL	Natrum mur 1 M single dose. Advised USG
28-1-19-	0	0	S	G	0	>	USG: WNL	Natrum mur 1 M, 1 dose weekly for 2 weeks
15-3-19	0	0	> menses appeared-11-2-19	G	0	>		SL for 15 days
1-4-19-	0	0	>	G	0	↓-1 kg (57 kg)		SL for 15 days
14-9-19	0	0	0	G	0	0	G. TSH: 2.10 µIU/mL	SL for 15 days

<: Aggravation, >: Amelioration, 0: Absent, S: Same, ↓: Decreased, G: Good, C: Changeable, WNL: Within normal range, TSH: Thyroid-stimulating hormone

reversing the functional disturbance of the thyroid gland. The case report also demonstrates the utility of minimum doses in treatment of hypothyroidism. However, as this is a single case report, further well-designed studies may be taken up to obtain further data that may prove helpful for clinical practice.

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Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Manchanda RK, Archana N, Saurav A, Latika N. Homoeopathic Perspective of Thyroid Disorders. New Delhi: Hpathy; 2010.
2. James R, Kumar V. Study on the prevalence of thyroid diseases in Ernakulam city and Cherthala town of Kerala state, India. Int J Sci Res Publ 2012;2:1-3.
3. Alam S. Endocrine disorder and their homoeopathic management. Int J Homoeopath Sci 2020;4:33-7.
4. Singh A, Ram H, Bagdi N, Choudhary P. Management of primary hypothyroidism through homoeopathy medicine: A case report. World J Pharm Res 2020;9:1559-74.
5. Kasper DL, Fauci AS, Longo DL, Hauser SL. Endocrinology and metabolism. In: Harrison's Principle and Practice of Internal Medicine. 20th ed., Ch. 376. New York: The McGraw Hill Publication; 2018.
6. Bidwell IG. How to Use the Repertory. Noida, Uttar Pradesh: B. Jain Publisher; 1981. p. 45-53.
7. Kasad KN. D2 Paper, Repertorial Concept and Technique, ICR Symposium Volume on Hahnemannian Totality. 3rd ed., Vol. 2. Mumbai: Dr. M. L. Dhawale Memorial Trust; 2003. p. D28-30.

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