Role of Homoeopathic Treatment in Hypothyroidism: An Evidence based Case Series

Dr. Shailendra R.Waghmare

Abstract:
Background: Thyroid gland disorders are the most common endocrine disorders worldwide, next only to Diabetes Mellitus. Hypothyroidism can be caused by permanent loss or atrophy of functional thyroid tissue (Primaryhypothyroidism) or insufficient stimulation of normal thyroid gland due to pituitary or hypothalamic disease(Secondary hypothyroidis -m) often accompanied by compensatory thyroid gland swelling. In this article, three cases discussed which were presented with symptoms of Hypothyroidism(Supported by Laboratory Investigations).
After obtaining repertorial totality and repertorisation,homoeopathic medicines were prescribed. Administration of individualized homoeo pathic medicines changed abnormal Thyroid stimulating hormone levels to normal value as well as improvement in symptoms.

Keywords:
Hypothyroidism,homoeopathy, individualized homoeopathic medicines, repertorial totality, thyroid stimulating hormone

Method: Three cases of hypothyroidism were treated with individualised homoeopathictreatment. Patients were not on any conventional system of medicine as they came directly to homoeopathy to avoid lifetime thyroxin supplementation.
Result: Outcome was very positive. Thyroid stimulating hormone in successive thyroid assays shown as normal. Long follow ups were conducted to see any relapse. But no relapse was seen. At the end of treatment, the patients remained euthyroid.
Interpretation: In the treatment of hormonal imbalances like hypothyroidism, homoeopathy proves to be beneficial. Unlike conventional treatment where lifelong treatment is required and still symptoms persist; the homoeopathic treatment can be stopped as patient becomes euthyroid.
Conclusion: Hypothyroidism can be treated by individualized homoeopathic medicines.Improvement was observed both clinically and biochemically. And even after stoppage of treatment there was no relapse, where conventional treatment has no significant result.

Introduction:

Hypothyroidism is the most common endocrine disorder caused due to insufficient thyroid hormone.These hormones, primarily thyroxine (T4) and triiodothyronine (T3) are essential for regulating metabolism, energy levels, and overall physiological function.It is divided in different types as: On the basis of time of onset; It is divided in Congenital and Acquired Hypothyroidism. On basis of endocrine dysfunction level; It is divided in Primary and Secondary Hypothyroidism. On basis of severity; It is divided in severe or clinical and mild or subclinical Hypothyroidism. [1] The common clinical features associated with hypothyroidism are 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 loss. [2] Research studies reveal that in endocrine disorders, homoeopathic remedies act to stimulate the glands in cases of deficient secretion and to quiet them 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 most cases, remedy selection depends on an individual's totality of symptoms. [3] There is definite evidence that suggests that homoeopathic medicines can effectively stimulate the thyroid gland to regulate and maintain normal hormone levels. [4]

Case Report: 1

Miss UT, a12 year girl presented with her mother for consultation on 22/04/2019. Although she has not yet started menstruating, she almost looked like an adult woman. Patient started with weight gain and noticed recurrent throat irritation in the last 2 years. She also observed burning of eyes since few months. During history taking I observed that mother seemed to be dominating towards her daughter.The girl's look was timid and she put her fingers in mouth while answering. She hesitated to answer. Due to poor confidence avoids going in public. Cries easily especially on admonition. Average in studies, difficulty for maths. Fear of examination. Memory weak for what has been read.

Past history: Not Specific

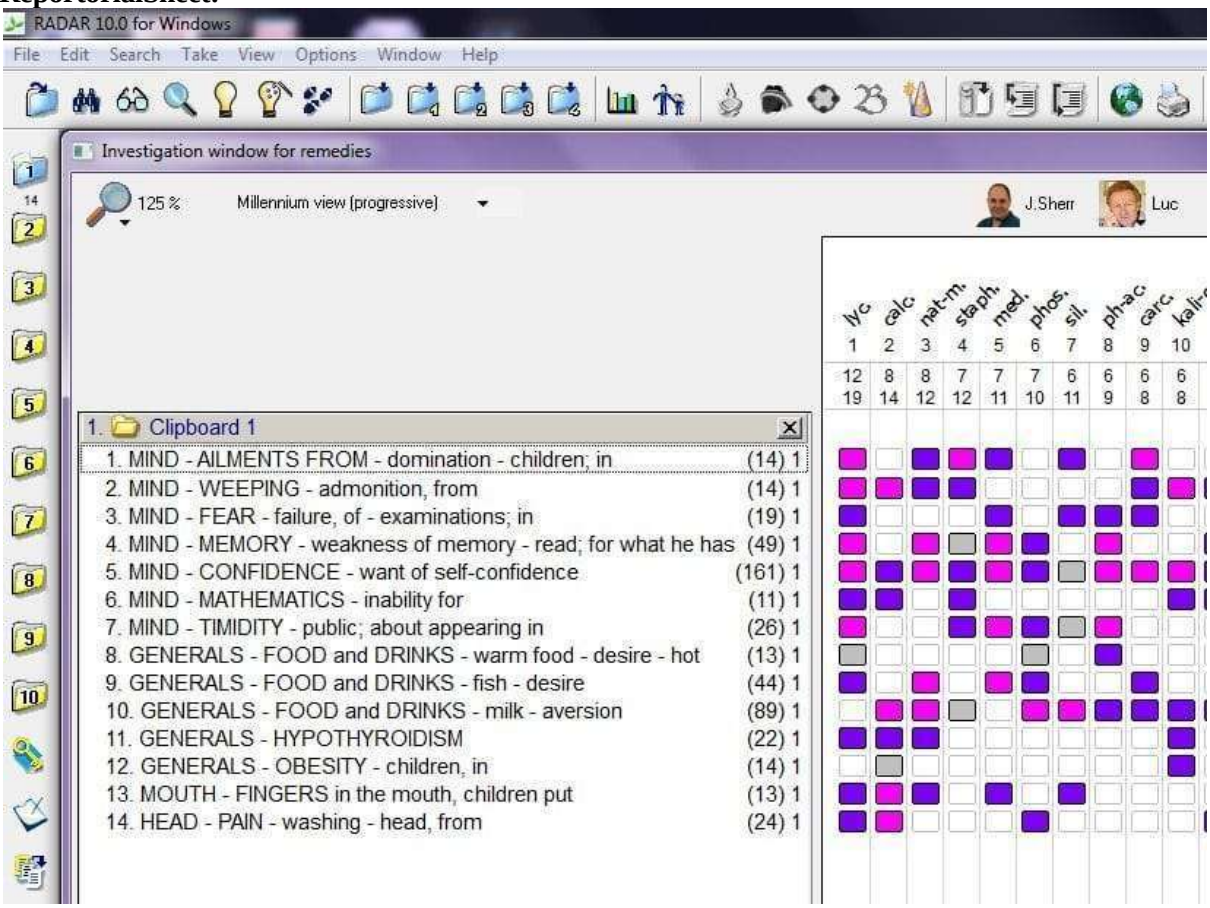
Family history: Father- Hypothyroidism, Mother- Vitiligo, Grandmother (Maternal)- Hypertension

Physical generals: She has craving for hot food and fish and has aversion to milk. Perspiration moderate on scalp and palms. Thermally chilly. Headache after head bath.

Clinical finding: No noticeable swelling of thyroid gland.

Evaluation of symptoms: Ailments from domination, weeping on admonition, fear of examination, weakness of memory for study, lack of self-confidence, inaptitude for maths, timidity, putting fingers in mouth, desire for hot food and fish and aversion to milk, hypothyroidism, obese built, headache after head bath

ReportorialSheet:



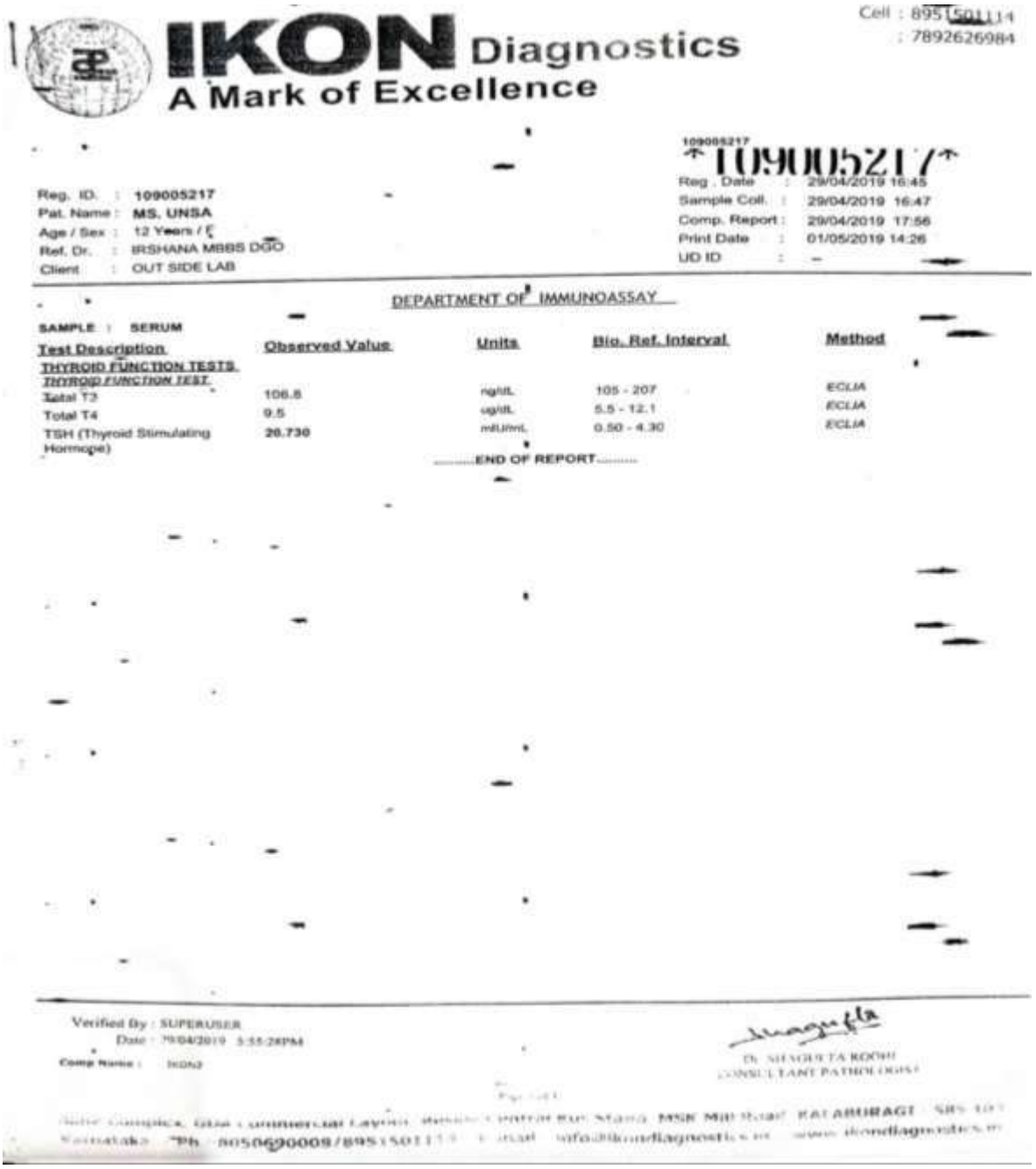
Thyroid Profile:

On 01-05-2019 (Before Treatment) • Serum **TSH: 20.730 mIU/L (Elevated)** • Serum T3: Normal • Serum T4: Normal

On 09-12-2019 (During Treatment) • Serum **TSH: 4.57 mIU/L (Normal)** • Serum T3: Normal • Serum T4: Normal

On 03-09-2020 (After Treatment) • Serum **TSH: 4.72 mIU/L (Normal)** • Serum T3: Normal • Serum T4: Normal

Reports:



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: 7892626984

109005217

Reg. ID. : 109005217
Pat. Name : MS. UNSA
Age / Sex : 12 Years / F
Ref. Dr. : IRSHANA MBBS DGO
Client : OUT SIDE LAB

Reg . Date : 29/04/2019 16:45
Sample Coll. : 29/04/2019 16:47
Comp. Report : 29/04/2019 17:56
Print Date : 01/05/2019 14:26
UD ID : –

DEPARTMENT OF IMMUNOASSAY

SAMPLE : SERUM

Test Description	Observed Value	Units	Bio. Ref. Interval	Method
THYROID FUNCTION TESTS				
THYROID FUNCTION TEST				
Total T3	106.8	ng/dL	105 - 207	ECLIA
Total T4	9.5	ug/dL	5.5 - 12.1	ECLIA
TSH (Thyroid Stimulating Hormone)	26.730	mIU/mL	0.50 - 4.30	ECLIA

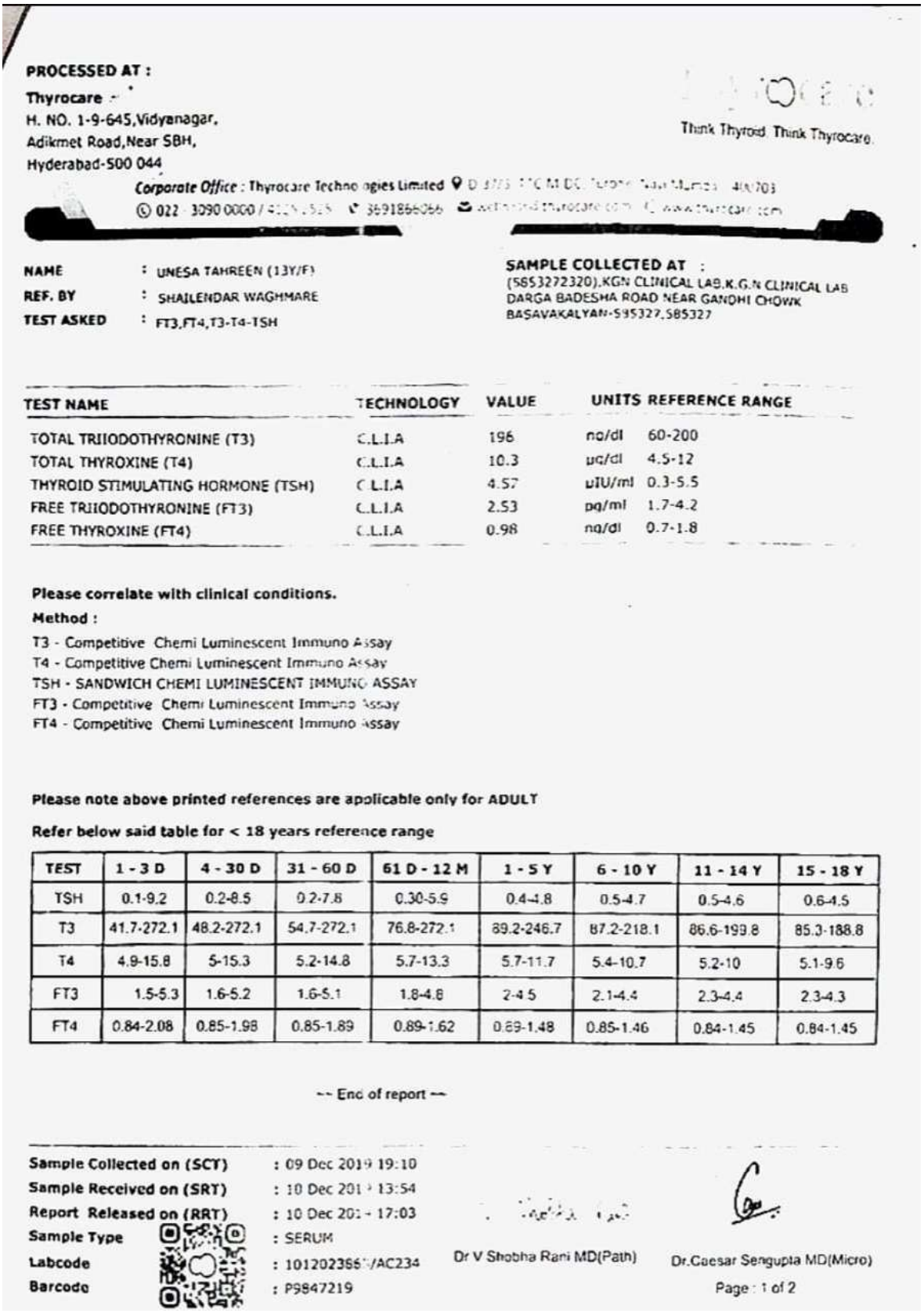
.....END OF REPORT.....

Verified By : SUPERUSER
Date : 29/04/2019 5:55:28PM
Comp Name : IKON

DR. SWAGUTA KONH
CONSULT ANT PATHOLOGIST

Ph: 8050690008/8951501114

Figure 01: Before



PROCESSED AT :
Thyrocare
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Think Thyroid. Think Thyrocare.

Corporate Office : Thyrocare Techno ogies Limited [redacted]
[redacted]

NAME : UNESA TAHREEN (13Y/F)
REF. BY : SHAILENDAR WAGHMARE
TEST ASKED : FT3,FT4,T3-T4-TSH

SAMPLE COLLECTED AT :
(5853272320),KGN CLINICAL LAB,K.G.N CLINICAL LAB
DARGA BADESHA ROAD NEAR GANDHI CHOWK
BASAVAKALYAN-585327,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	196	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.3	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.57	µIU/ml	0.3-5.5
FREE TRIIODOTHYRONINE (FT3)	C.L.I.A	2.53	pg/ml	1.7-4.2
FREE THYROXINE (FT4)	C.L.I.A	0.98	ng/dl	0.7-1.8

Please correlate with clinical conditions.

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY
FT3 - Competitive Chemi Luminescent Immuno Assay
FT4 - Competitive Chemi Luminescent Immuno Assay

Please note above printed references are applicable only for ADULT

Refer below said table for < 18 years reference range

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

-- End of report --

Sample Collected on (SCT) : 09 Dec 2019 19:10
Sample Received on (SRT) : 10 Dec 201[illegible] 13:54
Report Released on (RRT) : 10 Dec 201[illegible] 17:03
Sample Type : SERUM
Labcode : 101202366[illegible]/AC234
Barcode : P9847219

Dr V Shobha Rani MD(Path)

Dr.Caesar Sengupta MD(Micro)

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Figure 02: During

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REPORT

NAME : Vasa [redacted] (14Y/F)
REF. BY : DR VAISHALI PATIL
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(5853271740),BASAVAGANGA DIAGNOSTIC LABORATORY,BURLE CHILDREN HOSPITAL TIPRANT BASAVAKALYAN, DIST BIDAR,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	183	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.2	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.72	µIU/ml	0.3-5.5

Please correlate with clinical conditions.

Method :
T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Please note above printed references are applicable only for ADULT

Refer below said table for < 18 years reference range

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

-- End of report --

Sample Collected on (SCT) : 03 Sep 2020 00:05
Sample Received on (SRT) : 03 Sep 2020 12:43
Report Released on (RRT) : 03 Sep 2020 14:20
Sample Type : SERUM
Labcode : 0309021794/PUC82
Barcode : Q8028759

Dr Arjun CP MD(Path)

Dr.Caesar Sengupta MD(Micro)

Page : 1 of 2

Figure 03: After

Prescription: Lycopodium 200 3 doses, SL 4Wks

Follow Up:

Date	Changes	Treatment
30/05/2019	Better. Throat irritation, burning of eyes less	SL 4 Wks
17/06/2019	Recurrent throat irritation and burning of eyes less	1) Lycopodium 200 3 doses, 2) SL 4 Wks
14/08/2019	Better. No complaints. But no change in weight	1) Lycopodium 200 3 doses, 2) SL 8 Wks
09/10/2019	Better in all respects, but no reduction in weight	1) Lycopodium 200 3 doses, 2) Thyroidinum 30 tds 4 Wks, 3) SL 4 Wks
12/12/2019	Better. Weight became less, throat irritation occasionally. Started her 1st menses on01/12/2019; normal flow. **1st thyroid profile normal.**	1) Lycopodium 200 3doses, 2) Thyroidinum 30 tds 4 Wks, 3) SL 4 Wks
19/02/2020	Better in all respects, further reduction in weight, confidence improved.	1) SL 3 doses, 2) Thyroidinum 30 tds 4 Wks, 3) SL 4 Wks
21/04/2020	Better in all respects, menses regular, further reduction in weight	1) SL 3 doses, 2) Thyroidinum 30 tds 4 Wks, 3) SL 4 Wks
29/06/2020	Better. No complaints. Reduction in weight	1) SL 3 doses, 2) Thyroidinum 30 tds 4 Wks, 3) SL 4 Wks
05/09/2020	Better, menses regular. Significant weight loss. **2nd thyroid profile normal.**	1) SL 3 doses, 2) SL 8 Wks
19/11/2020	No complaints. Weight became normal for her age. Now looks like a child	**Treatment stopped**

Case Report: 2

Mrs. NBS, 32 years lactating mother of medium built consulted on 25/11/2019.

Patient was apparently in good health till 1st delivery 3 months back. Later on, she observed recurrent throat pain on swallowing, and mild swelling of external throat. Although a lactating mother, started mensurating 1 month back. Mild nature, irritability towards noise, towards children and during headache. Weeping on admonition. Responsible, fulfils all duties towards in laws and and takes care of her child. Fear of robbers. Tensed about her thyroid problem.

Past history: Has had anaemia throughout pregnancy which persisted even after taking regular haematinics supplements (Hb: 7.00 mg %). Hypertension at term hence delivery by C section.

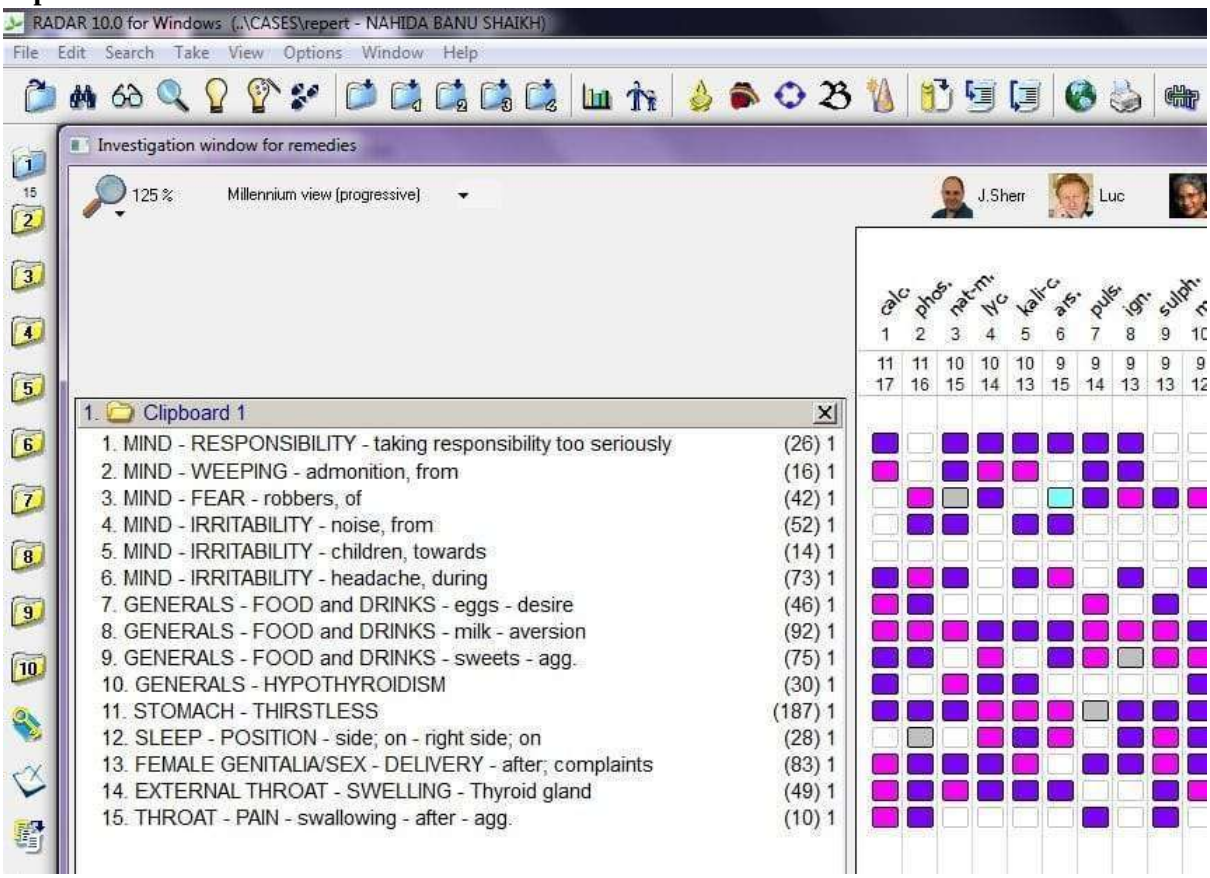
Family history: Not Specific

Physical generals: She has craving for eggs and an aversion to milk. Sweets produced headaches. Thirst less. Perspiration scanty. Thermally chilly. She sleeps on right side and gets sound sleep.

Clinical finding: Visible, small, soft swelling of thyroid gland

Evaluation of symptoms: Responsible, fear of robbers, weeping on admonition, irritability due to noise, towards children and during headache, craving for eggs, and aversion to milk, aggravated due to sweets, thirst less, sleeps on right side, complaints after delivery, hypothyroidism, swelling of thyroid gland, throat pain on swallowing**.**

Repertorial Sheet:



Prescription: Calcarea Carb 30 tds 2 Wks, SL 2Wks
Follow Up:

Date	Changes	Treatment
30/11/2019	Throat pain less. External throat swelling persists. Irritability persists.	1) Calcarea Carb 30 tds 2 Wks, 2) SL 2Wks
10/01/2020	Better in all respects. Thyroid swelling less	SL 1 month
17/02/2020	Throat pain, cold, cough, fever for 1 week< evening > warmth. Irritability, thirst less, thyroid swelling persists.	1) Silicea 30 tds 1 Wk 2) Calcarea Carb 30 tds 3 Wks,
28/03/2020	Felt better in acute complaints. Throat painless, thyroid swelling less. **1st thyroid profile normal**	1) Calcarea Carb 30 tds 2 Wks, 2) SL 2Wks
12/05/2020	Better. Thyroid swelling persists.	SL 4Wks
01/07/2020	Thyroid swelling persists. Headache due to sweets. Irritability increased	1) Calcarea Carb 200 3 doses, 2) SL 4 Wks
09/09/2020	Further reduction in thyroid swelling. Headache less	SL 4Wks
05/10/2020	Better. Thyroid swelling less. No headache episodes	SL 4Wks
17/11/2020	Better in all respects. No thyroid swelling. **2nd thyroid profile normal**	**Treatment stopped**

Thyroid Profile:
On 22-11-2019 (Before Treatment) • Serum **TSH: 71.61 mIU/L (Elevated)** • Serum T3: Normal • Serum T4: 2.84
On 14-03-2020 (During Treatment) • Serum **TSH: 1.95 IU/L (Normal)** • Serum T3: Normal • Serum T4: Normal
On 16-11-2020 (After Treatment) • Serum **TSH: 0.93 mIU/L (Normal)** • Serum T3: Normal • Serum T4: Normal
Reports:

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REPORT

NAME : NAHIDA (23Y/F)
REF. BY : DR ZAIN QURESHI,
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(585327263?),NEW HEALTH CARE LABORATORY,CHILLI GALLI CORNER, NEAR JAAME MASID, BASAVAKALYANA, BIDAR.,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	72	ng/dl	58 - 159
TOTAL THYROXINE (T4)	C.M.I.A	2.84	µg/dl	4.87 - 11.72
THYROID STIMULATING HORMONE (TSH)	C.M.I.A	71.61	µIU/ml	0.35 - 4.94

Please correlate with clinical conditions.
Method :
T3 - Fully Automated Chemi Luminescent Microparticle Immunoassay
T4 - Fully Automated Chemi Luminescent Microparticle Immunoassay
TSH - Fully Automated Chemi Luminescent Microparticle Immunoassay
Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

— End of report —

Sample Collected on (SCT) : 21 Nov 2019 18:50
Sample Received on (SRT) : 22 Nov 2019 14:42
Report Released on (RRT) : 22 Nov 2019 16:11
Sample Type : SERUM
Labcode : 2211023150/AC234
Barcode : P9847262

Dr V Shobha Rani MD(Path)
Dr.Caesar Sengupta MD(Micro)
Page : 1 of 2

Figure 01: Before

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REPORT

NAME : NAHIDA BANU SHAIK (23Y/F)
REF. BY : DR SHAILENDRA WAGMARE BHMS
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(109558),CITY DIAGNOSTIC LAB,OPP :DR DEEPAK DHARWAR HOSPITAL, BASAVAKALYAN,BIDAR, KARNATAKA,,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	107	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	5.9	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.95	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

--- End of report ---

Sample Collected on (SCT) : 14 Mar 2020 07:00
Sample Received on (SRT) : 14 Mar 2020 12:59
Report Released on (RRT) : 14 Mar 2020 15:00
Sample Type : SERUM
Labcode : 1403021319/KAR39
Barcode : J6428846

V. Shobha Rani.

Dr V Shobha Rani MD(Path)

Dr.Caesar Sengupta MD(Micro)

Page : 1 of 2

Figure 02: During

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REPORT

NAME : NAHIDA BANU SHAIKH (24Y/F)
REF. BY : DR SHAILENDRA WAGHMARE
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(109558),CITY DIAGNOSTIC LAB,OPP :DR DEEPAK DHARWAR HOSPITAL, BASAVAKALYAN,BIDAR, KARNATAKA.,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	125	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	5.6	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	0.93	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

--- End of report ---

Sample Collected on (SCT) : 14 Nov 2020 08:00
Sample Received on (SRT) : 16 Nov 2020 13:22
Report Released on (RRT) : 16 Nov 2020 15:01
Sample Type : SERUM
Labcode : 1611023756/KAR39
Barcode : Q8869011

V. Shobha Rani.
Dr V Shobha Rani MD(Path)

Dr.Caesar Sengupta MD(Micro

Page : 1 of 2

Figure 03: After

Case Report: 3

Miss. NC, a 17 year female of medium built consulted on 29/06/2020. Patient was apparently well 2 months back. Then she started with discomfort while swallowing especially liquids, and cold drinks. She also noticed weight gain, external throat swelling, dullness, weakness and hair fall. Patient has reserved nature, anxious about her disease yet optimistic about recovery. She had fear of dark and of insects.

Past history: Recurrent pubertal headaches; stopped after wearing spects.

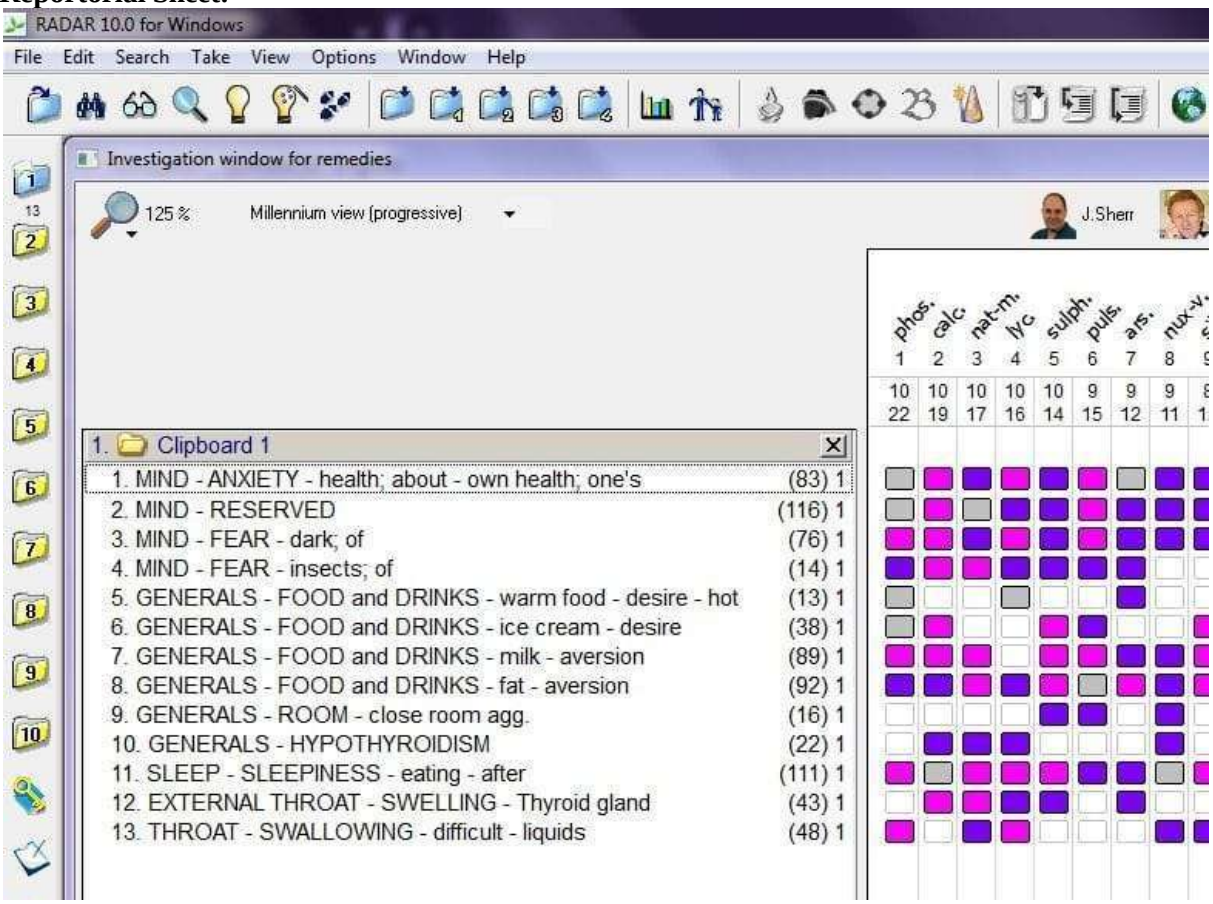
Family history: Not Specific

Physical generals: Her appetite was less. She has craving for hot food, ice cream and aversion to milk and fat. Also has 5-6 cups of tea intake per day. She has sensitivity to hot temperature and needs fanning. Closed room aggravates. Sleepiness after eating. Her menses were regular.

Clinical finding: Mild hypertrophy of both lobes of thyroid gland.

Evaluation of symptoms: Anxiety about health, reserved, fear of dark and of insects, heat and closed room aggravates, desire for hot food, ice cream and aversion to milk and fat, Sleepiness after eating, hypothyroidism, swelling of thyroid gland, difficulty in swallowing liquids and cold drinks.

Reportorial Sheet:



Prescription: Calcarea Iod 30 tds 2 Wks, SL tds 2 Wks

Follow Up:

Date	Changes	Treatment
26/07/2020	Feeling better, difficulty in swallowing less, external throat swelling less than before, weakness and dullness less, appetite improved, hair fall persists.	SL 4 Wks
17/08/2020	Better in all respects, no difficulty in swallowing. Thyroid swelling persist	1) Calcarea Iod 30 tds 2 Wks, 2) SL tds 2 Wks
13/09/2020	Better. Thyroid swelling less, menses regular but, hair fall persists. **1st thyroid profile normal**	1) Calcarea Iod 30 tds 2 Wks, 2) SL tds 2 Wks
18/10/2020	Better. No throat pain now. Thyroid swelling less	SL tds 4 Wks
12/11/2020	No further reduction in thyroid swelling, hair fall persists	1) Calcarea Iod 200 3 doses, 2) SL tds 4 Wks
14/12/2020	Reduction in thyroid swelling, hair fall less	1) Calcarea Iod 200 3 doses, 2) SL tds 4 Wks
20/01/2021	Better in all respects, hair fall less, thyroid swelling significantly reduced. **2nd thyroid profile normal**	SL tds 4 Wks
16/02/2021	Better in all respects, no complaints, no thyroid swelling	**Treatment stopped**

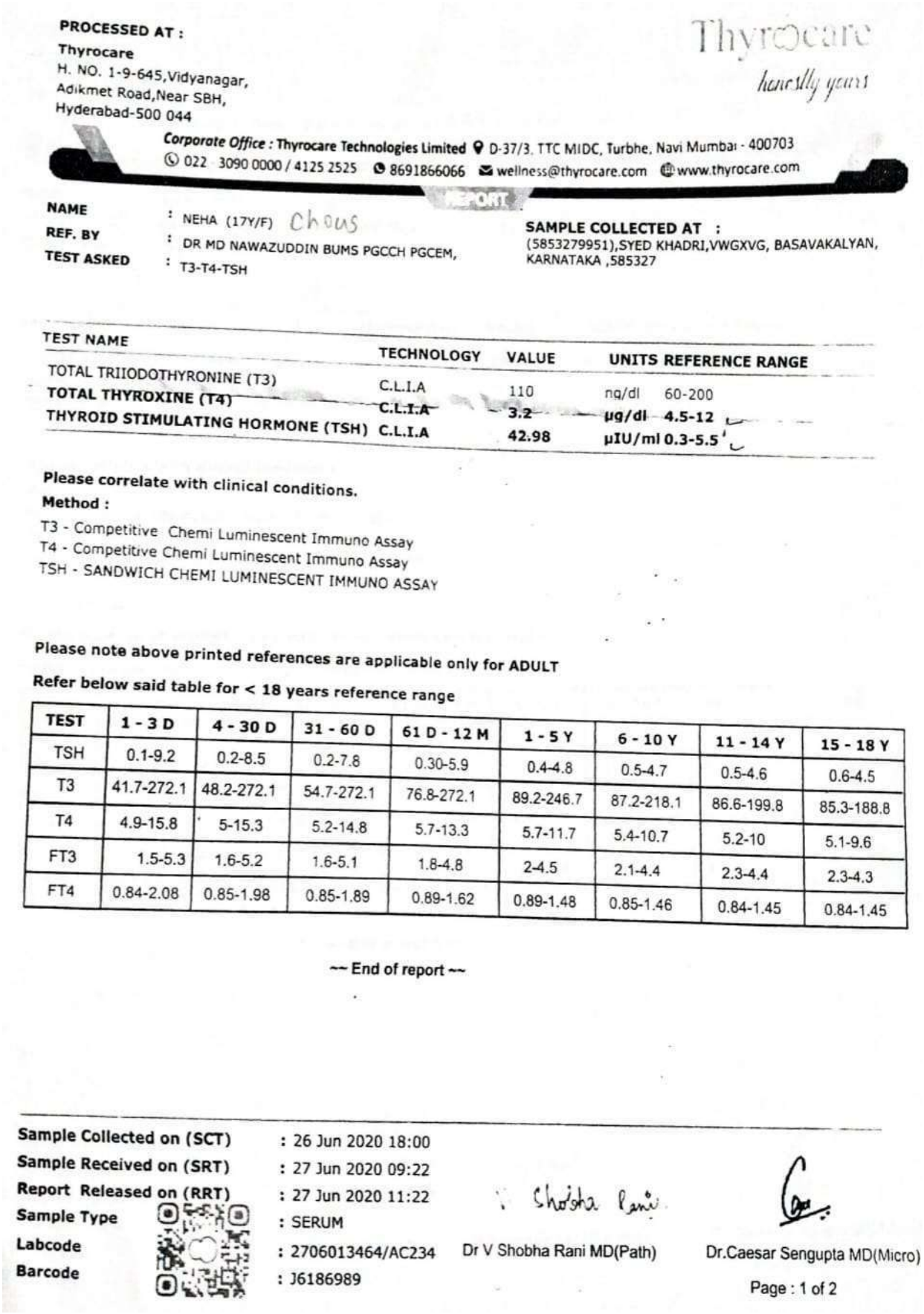
Thyroid profile:

On 27-06-2020 (Before Treatment) • Serum **TSH: 42.98 mIU/L (Elevated)** • Serum T3: Normal • Serum T4: 3.2

On 19-09-2020 (During Treatment) • Serum **TSH: 1.44 mIU/L (Normal)** • Serum T3: 304 ng/dl • Serum T4: Normal

On 13-01-2021 (After Treatment) • Serum **TSH: 1.17 mIU/L (Normal)** • Serum T3: Normal • Serum T4: Normal

Reports:



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NAME : NEHA (17Y/F) Chous
REF. BY : DR MD NAWAZUDDIN BUMS PGCCH PGCEM,
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(5853279951),SYED KHADRI,VWGXVG, BASAVAKALYAN, KARNATAKA ,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	110	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	3.2	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	42.98	µIU/ml	0.3-5.5

Please correlate with clinical conditions.
Method :
T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Please note above printed references are applicable only for ADULT
Refer below said table for < 18 years reference range

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

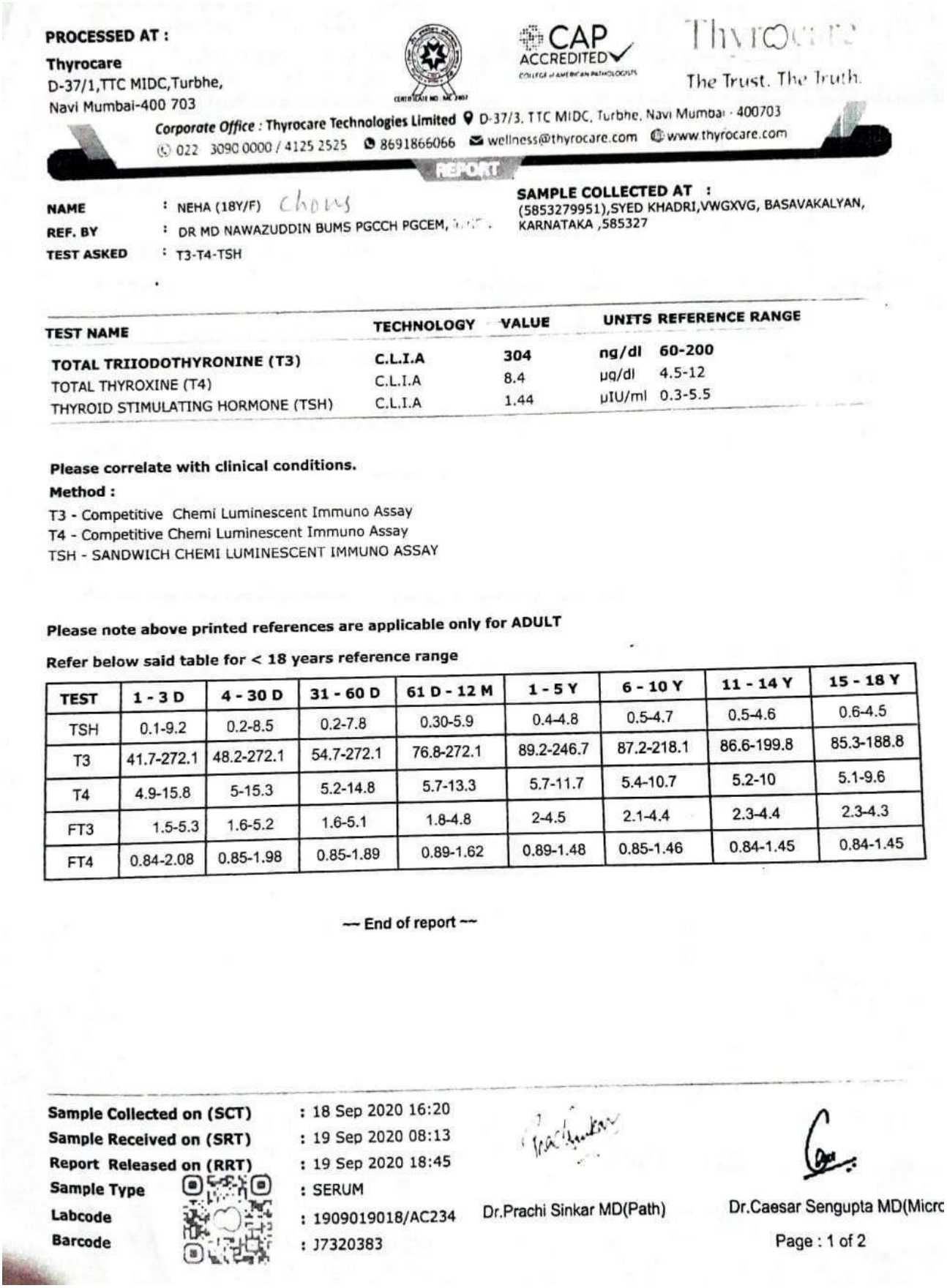
~~ End of report ~~

Sample Collected on (SCT) : 26 Jun 2020 18:00
Sample Received on (SRT) : 27 Jun 2020 09:22
Report Released on (RRT) : 27 Jun 2020 11:22
Sample Type : SERUM
Labcode : 2706013464/AC234
Barcode : J6186989

Dr V Shobha Rani MD(Path)
Dr.Caesar Sengupta MD(Micro)

Page : 1 of 2

Figure: 01 Before



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REPORT

NAME : NEHA (18Y/F) Chows
REF. BY : DR MD NAWAZUDDIN BUMS PGCCH PGCEM,
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(5853279951),SYED KHADRI,VWGXVG, BASAVAKALYAN, KARNATAKA ,585327

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	**C.L.I.A**	**304**	**ng/dl**	**60-200**
TOTAL THYROXINE (T4)	C.L.I.A	8.4	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.44	µIU/ml	0.3-5.5

Please correlate with clinical conditions.

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Please note above printed references are applicable only for ADULT

Refer below said table for < 18 years reference range

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

--- End of report ---

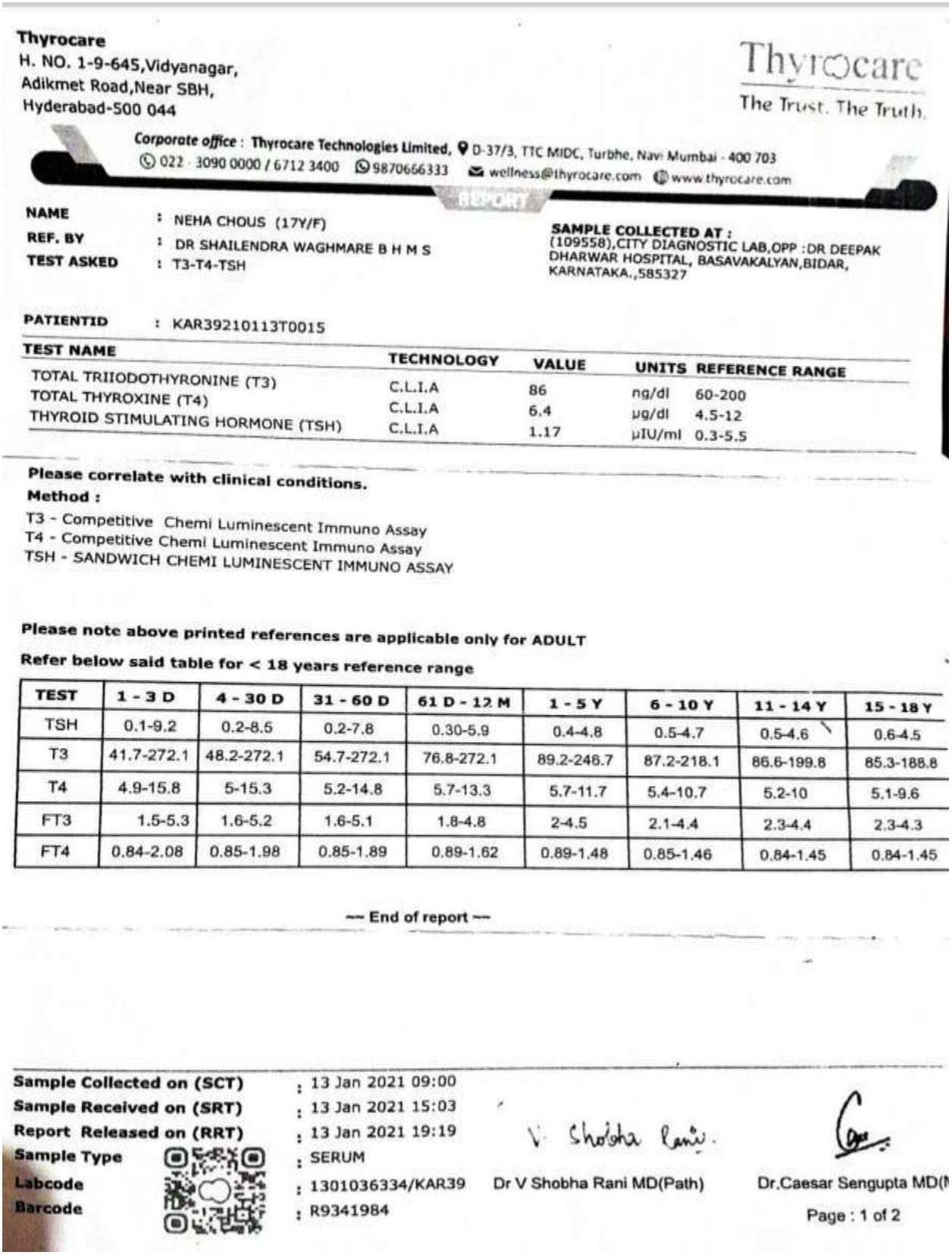
Sample Collected on (SCT) : 18 Sep 2020 16:20
Sample Received on (SRT) : 19 Sep 2020 08:13
Report Released on (RRT) : 19 Sep 2020 18:45
Sample Type : SERUM
Labcode : 1909019018/AC234
Barcode : J7320383

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro

Page : 1 of 2

Figure: 02 During



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REPORT

NAME : NEHA CHOUS (17Y/F)
REF. BY : DR SHAILENDRA WAGHMARE B H M S
TEST ASKED : T3-T4-TSH

SAMPLE COLLECTED AT :
(109558),CITY DIAGNOSTIC LAB,OPP :DR DEEPAK DHARWAR HOSPITAL, BASAVAKALYAN,BIDAR, KARNATAKA.,585327

PATIENTID : KAR39210113T0015

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	86	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	6.4	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.17	µIU/ml	0.3-5.5

Please correlate with clinical conditions.
Method :
T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Please note above printed references are applicable only for ADULT

Refer below said table for < 18 years reference range

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

--- End of report ---

Sample Collected on (SCT) : 13 Jan 2021 09:00
Sample Received on (SRT) : 13 Jan 2021 15:03
Report Released on (RRT) : 13 Jan 2021 19:19
Sample Type : SERUM
Labcode : 1301036334/KAR39
Barcode : R9341984

V. Shobha Rani.

Dr V Shobha Rani MD(Path)

Dr.Caesar Sengupta MD(

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Figure: 03 After

Discussion: Conventional therapy requires lifelong thyroxine supplementation but in homoeopathy, treatment is based on constitutional approach and individualisation which treats patient as a whole not just disease. This evidence-based case series highlights the effectiveness of individualized homoeopathic treatment in managing and ultimately curing hypothyroidism. The selected remedies addressed both the physical symptoms and helped in managing weight, leading to complete recovery without side effects. This is proved by laboratory Investigations which shows that homoeopathic treatment not only relieve the symptoms but also bring the weight under control and TSH value within normal range. The cases followed up for long duration which shows no any relapse. This positive outcome demonstrates that, when patients treated according to the principles of homoeopathy, not only thyroid function can be restored to normal in a short time but also patients quality of life improved.

Conclusion: From this evidence-based case series it is observed that individualized homoeopathic treatment was associated with significant clinical improvement in patients with hypothyroidism, as demonstrated by the reduction in symptoms, improvement in quality of life through weight management and and favourable changes in thyroid function test parameters during follow-up. The integration of standardized outcome assessment tools, longer follow-up periods and objective biochemical findings strengthens the clinical documentation of these cases. Although the observations are encouraging, the inherent limitations of a case series such as the absence of a control group, small sample size must be acknowledged. Well-designed randomized controlled trials with larger sample sizes and rigorous methodology are warranted to further evaluate the role of individualized homeopathic treatment as a complementary therapeutic approach in the management of hypothyroidism.

Conflict of Interest: Nil
Financial Support: Nil

References:

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