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A case report on hypothyroidism treated constitutionally with homoeopathic medicine causticum 1M

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Abstract---Hypothyroidism is a condition in which the thyroid gland is not able to produce enough thyroid hormone. Thyroid hormones can disrupt such things as heart rate, body temperature, and all aspects of metabolism¹. Hypothyroidism is most prevalent in older women. Major symptoms include fatigue, cold sensitivity, constipation, dry skin and unexplained weight gain. Homoeopathy has a major role in the treatment of hypothyroidism¹. According to Homoeopathy best medicine is the simillimum and it acts when the remedy covers the patient constitutionally i.e it is similar to the patient at mind level and physical level. Causticum was selected as the simillimum.

Keywords---Hypothyroidism, Homoeopathy, causticum.

Introduction

Up to 5% of people in the general population suffer from hypothyroidism, and an additional 5% are thought to go untreated. More than 99 percent of those impacted have primary hypothyroidism. The most prevalent cause of all thyroid conditions, including hypothyroidism, worldwide is environmental iodine shortage; nevertheless, in regions with adequate iodine, the most frequent cause of thyroid failure is Hashimoto's disease, often known as chronic autoimmune thyroiditis.

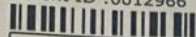
An endocrine system condition known as hypothyroidism occurs when the thyroid gland does not create enough thyroid hormone. Numerous symptoms, including a weakened resistance to cold, fatigue, constipation, sluggish heartbeat, melancholy, and weight gain, might be brought on by it. On rare occasions, goiter may cause swelling in the front portion of the neck. Untreated hypothyroidism during pregnancy may result in congenital iodine deficiency syndrome or impairments in the baby's growth and intellectual development.

The most frequent cause of hypothyroidism is dietary iodine. In nations with adequate dietary iodine, the most frequent cause of hypothyroidism is Hashimoto's thyroiditis. Less frequent causes include prior radioactive iodine treatment, hypothalamic or anterior pituitary gland damage, certain drugs, a thyroid that was not functional at birth, or prior thyroid surgery. Blood tests that measure the levels of thyroxine and thyroid-stimulating hormone (TSH) can confirm the diagnosis of hypothyroidism when it is suspected.

Case Study

A 26 year female was brought with the complaints of weight gain, hairfall, constipation since 2 years. She had taken allopathic medicine thyronorm 50 mg but she stopped consuming it as she started to get the complaints of bleeding and fissure per rectum. After the consultation I advised her to do blood investigation T3, T4, TSH.

Patient ID : 0012966



SID No. : U-537
Name : MISS. SOUNDARYA
Age / Sex : 23 Years / Female
Ref. By : DR. SIVAKANI SUBASH MBBS.,
Reg. Date : 21 Aug 21/14:09 **Report Date** : 23 Aug 21/12:24 **Page #** : 1/1

TEST REPORT

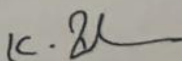
| Test Name | Result | Units | Reference Value / Method |
|--------------------------------------|---------|--------|---------------------------------|
| THYROID FUNCTION TEST (TFT) | | | |
| Free T3 Level | 2.68 | pg/ml | 1.40 - 4.80 (Method : ECLIA) |
| Free T4 Level | 0.803 | ng/dl | 0.80 - 1.90 (Method : ECLIA) |
| Serum TSH Level | ↑ 58.34 | μIU/ml | 0.20 - 4.50 (Method : ECLIA) |

Comments : i? Assay interference with endogenous IgG.
 Adv:Thyroid antibodies
 ii? Interference with macro TSH.
 iii? Another Possibility is Patients on Thyroxine replacement therapy may take their tablets intermittently remembering then particularly on the day or two before they attend for monitoring. Kindly Verify.

The Serological test results are not by themselves diagnostic and should be considered in association with other clinical data and signs and symptoms

- End Of Report -

Lab Tech / Bio Chemist


 Dr.K .INDHU. M.D., Biochem.,
 CONSULTANT BIOCHEMIST

TSH: 58.34. suggestive of hypothyroidism.

PAST HISTORY: no major illness on the past

FAMILY HISTORY: Mother - Diabetic mellitus

Father - Hyperlipidemia

PERSONAL HISTORY

Appetite: Good (3 times/day),

Thirst: Adequate

Sleep: good

Desire : nothing specific

Aversion : fish avoids after complaint

Thermals: chilly

Menstrual history: regular menses

Life Space Investigation:

The patient hails from a well to do family. She is also a IT Professional. Patient says during her childhood her aim was to become an IAS Officer. Then she was not interested in IAS. She says that in her village she is the one who has studied well and is receiving a good salary. No one has thought regarding going to do a medical profession in her village. But patient always had in her mind to do something for the society. So that she has a social recognition.so that she also has safety.

During covid patient says that she was in her native. During that period some problems happened in their village. Ration shop in her place was doing black marketing.She went to police station and filed a complaint but no action was taken.Then some persons linker 60 cent of their land with theirs.For almost one year father was running behind that.Sometimes patient also used to go with her father thinking that she also would ask more about the problems.Patient used to think that people are same everywhere.She says that her village people are very bad.One of her villager came to her home and while speaking he was saying that whatever the ladies do they will at last end up in kitchen.I got angry when I heard that.

She says that her village is male dominant even if ladies and gents are from same house they will remain separately.even if any function also only boys of that family will attend.Patient is not able to tolerate all these .I want to achieve something more than this boys

In my village there are no good roads.No one has taken any steps for renovating them.There are many mistakes happening all around.sheget so angry when I think about these things..She says that she know that all this will happen in India.If she go to foreign then her father will remain alone at home.So she dropped her plan of going abroad.She says that when she finished her college she had financial problems.So she decided to go to IT job.Now she has cleared all the debts.Now she has deposited money as security for her parents in bank.Now she want to try for another job.Some people are saying her to try UPSC.She wants to do some government job.She has bought books also.She wants to do something challenging.

Totality Of Symptoms

1. Injustice cannot support
2. Freedom desires
3. Sympathetic
4. hairfall
5. Constipation
6. Fissure
7. Bleeding from anus.

| 7:04 VoLTE 5G LTE1 94% | | | |
|----------------------------------|--------------|--------------|--------------------------|
| 1 MIND - | | | <input type="checkbox"/> |
| INJUSTICE, cannot support | | | |
| 2 MIND - LIBERTINISM | | | <input type="checkbox"/> |
| 3 MIND - SYMPATHETIC | | | <input type="checkbox"/> |
| HEAD | | | |
| 4 HEAD - HAIR - falling | | | <input type="checkbox"/> |
| RECTUM | | | |
| 5 RECTUM - CONSTIPATION | | | <input type="checkbox"/> |
| 6 RECTUM - FISSURE | | | <input type="checkbox"/> |
| 7 RECTUM - | | | <input type="checkbox"/> |
| HEMORRHAGE from anus | | | |
| Remedies | Σ Sym | Σ Deg | Symptoms |
| phos. | 7 | 17 | 1, 2, 3, 4, 5, 6, 7 |
| nat-m. | 7 | 16 | 1, 2, 3, 4, 5, 6, 7 |
| caust. | 7 | 14 | 1, 2, 3, 4, 5, 6, 7 |
| sep. | 7 | 14 | 1, 2, 3, 4, 5, 6, 7 |
| sulph. | 7 | 14 | 1, 2, 3, 4, 5, |

REMEDY GIVEN

On 21/08/21

CAUSTICUM 1M/4D, 1D WEEKLY ONCE(HS) given for one month

Advised to do exercise and diet control

Followup (30/09/2021)

Sleep: good

Bleeding was better

Hair fall better than before

Constipation persisted

Weight gain also was controlled

CAUSTICUM 1M/ 4D,1D WEEKLY ONCE(HS) was given for 1 month

Advise continue to do exercise and diet was given

Follow up (28/10/2021)

Hairfall better

Constipation better

Bleeding stopped completely

Fissures better

Hairfall better

This time medicine was prescribed for 2 months.

CAUSTICUM1M/4D,1D WEEKLY ONCE(HS) was prescribed.

Follow up (02/03/2022) WITH REPORT

patient was better with symptom

Bowels were regular

Fissures healed

Hairfall better

Weight gain under control

REPORT ON 02/03/2022

Miss SOUNDARYA
UDUMALPET, COIMBATORE
Tel No : 9994640173
PIN No: 642126
PID NO: P2232100014096
Age: 23.0 Year(s) Sex: Female

Reference: Dr.SIVAKANI SUBASH
MBBS
Sample Collected At:
DR SIVAKANI HOSPITALP LTD
Dr.Sivakani Hospital Private Limited (CUS
10709) No.14,Nehru Street,udumalpet-
642126.
PROCESSING LOCATION:- Immuno
Metropolis Healthcare Ltd, RS
Puram,Coimbatore-641002

VID: 223212434000603
Registered On:
02/03/2022 04:11 PM
Collected On:
02/03/2022 4:11 PM
Reported On:
02/03/2022 08:13 PM

Medical Laboratory Report

Investigation
Thyroid panel - 2(FT3, FT4, TSH)
Serum, ECLIA)

| Observed Value | Unit | Biological Reference Interval |
|----------------|--------|--|
| 3.36 | pg/mL | 2.0-4.4 Pregnancy : First Trimester : 2.5 - 3.9 Second Trimester : 2.1 - 3.6 Third trimester : 2.0 - 3.3 |
| 1.28 | ng/dL | 1.0-1.6 First Trimester : 0.7-2.0 Second Trimester : 0.5-1.6 Third Trimester : 0.5-1.6 |
| 18.00 | µIU/mL | 0.54-5.3 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0 |

INTERPRETATION

| T3 / FT3 | T4 / FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|------------------------|------------------------|---|
| Decreased | Within Range | • Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Within Range | Within Range | •Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness* |
| Decreased | Decreased | •Chronic Autoimmune Thyroiditis •Post thyroidectomy, Post radiiodine •Hypothyroid phase of transient thyroiditis* |
| Raised | Raised or within Range | •Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics* |
| Raised or within Range | Raised or within Range | •Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion* |
| Decreased | Decreased | •Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)* |
| Raised | Raised | •Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum* |
| Raised | Within Range | •T3 toxicosis •Non-Thyroidal illness |

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

-- End of Report --

Dr. Senthil
MD Pathology

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CAUSTICUM1M/4D,1D WEEKLY ONCE (HS)

was repeated for 2 months

Follow up (01/06/2022) WITH REPORT

Patient was symptomatically better

Weight gain under control

Hairfall also better

CAUSTICUM1M/4D,1D WEEKLY ONCE (HS) was given

Medical Laboratory Report

Miss SOUNDIRYA
UDUMALPET, COIMBATORE
Tel No : 9994640173
PIN No : 642126
PID NO: P232200012111
Age: 23.0 Year(s) Sex: Female
9566301466

Reference: Dr. SIVAKANI Senthil MBBS
Sample Collected At: DR SIVAKANI HOSPITAL LTD
Dr. Sivakani Hospital Private Limited (CUS 10709) No. 14, Nehru Street, udumalpet-642126.
Processing Location:- Immuno Metropolis Healthcare-641002

Registered On: 01/06/2022 03:18 PM
Collected On: 01/06/2022 3:18PM
Reported On: 01/06/2022 07:59 PM

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|--------|--|
| Thyroid panel - 2 (FT3, FT4, TSH) (Serum, ECLIA) | | | |
| Free T3 | 2.85 | pg/mL | 2.0-4.4 Pregnancy : First Trimester : 2.5 - 3.9 Second Trimester : 2.1 - 3.6 Third trimester : 2.0 - 3.3 |
| Free T4 | 1.28 | ng/dL | 1.0-1.6 First Trimester : 0.7-2.0 Second Trimester : 0.9-1.6 Third Trimester : 0.5-1.6 |
| TSH(Ultrasonensitive) | 13.31 | µIU/mL | 0.54-5.3 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0 |

INTERPRETATION

| TSH | T3 / FT3 | T4 / FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|---------------------------|------------------------|------------------------|---|
| Within Range | Decreased | Within Range | • Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Raised | Within Range | Within Range | • Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness* |
| Raised | Decreased | Decreased | • Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis* |
| Raised or within Range | Raised | Raised or within Range | • Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics* |
| Decreased | Raised or within Range | Raised or within Range | • Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion* |
| Decreased | Decreased | Decreased | • Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)* |
| Decreased | Raised | Raised | • Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum* |
| Decreased or within Range | Raised | Within Range | • T3 toxicosis • Non-Thyroidal illness |

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

Senthil
Dr. Senthil
MD Pathology

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IMMUNO

INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. *Test not under NABL Scope ** Referred Test

LISTER
METROPOLIS
The Pathology Specialist

Follow up (30/08/2022) WITH REPORT

Sleep occasionally disturbed
All complaints better

REPORT ON 30/08/2022



SID No : 89008219
Branch : UDUMALPET
Ms. SOUNDARYA
 Age / Sex : 24 Y / Female
 Ref. By : Self

Patient ID : 8900012956



Collected Date : 30/08/2022 / 10:51
 Received Date : 30/08/2022 / 14:55
 Reported Date : 30/08/2022 / 15:35

Final Test Report

Page 2 of 2

| Specimen | Test Name | Result | Units | Reference Range / Method |
|--|-----------|--------------|--------|---|
| IMMUNOLOGY | | | | |
| FREE TFT | | | | |
| Serum | FREE T3 | 3.95 | pg/ml | Adult : 2.0 - 4.40 Healthy Pregnancy: 2.0 - 3.8 (ECLIA) |
| Serum | FREE T4 | 2.23 | ng/dl | Adult : 0.93 - 1.70 Healthy Pregnancy Trimester I : 0.7 - 2.0 Trimester II & III : 0.5 - 1.6 (ECLIA) |
| Serum | TSH | 0.027 | uIU/ml | Adult : 0.270 - 5.350 ATA Guidelines for Healthy Pregnant Women First Trimester : 0.1 - 2.5 Second Trimester: 0.2 - 3.0 Third Trimester : 0.2 - 3.0 (ECLIA) |
| <p>Note: TSH has a diurnal rhythm, peaks at 2.00-4.00 am and has lowest level at 5.00-6.00 pm with ultradian variation. Hence thyroid test is only a snapshot of what is occurring within a dynamic system and for treatment purpose, the results should be accessed in conjunction with patient medical history, clinical examination & other tests/finding for confirmation. Many multivitamins (such as Vit B7), supplements (especially hair, skin, and nail) and over-the-counter and prescription medications may affect thyroid test results, and their use should be discussed with the healthcare practitioner prior to testing. When a high serum TSH concentration and normal free T4 is found, repeat measurement 3-6 months later along with thyroid antibodies after excluding nonthyroidal illness and drug interference is recommended.</p> | | | | |

Verified By
 Mr.Chinnaraj

J. Fathima Nasreen
 Dr.Fathima Nasreen MD.,
 Consultant Biochemist

----- End of the Report -----

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 Dr. N. Srinam Ph.D (Micro)
 Dr. R. Shannugam Ph.D (Micro)
 Dr. Anala Ph.D (Bio Science)
 Dr. V. Jayashree MD (Micro)

Then patient was prescribed SL for 2 months along with exercise and diet control

Result and Discussion

In the above study, after going through the case and on reference with materia medica CAUSTICUM 1M covers all the totality. And according to Homoeopathy the best medicine is the simillimum. And the patient was adminsitreted CAUSTICUM in 1M potency as the susceptibility was good. The patient was advised to continue with regular physical activities. SL was prescribed last

Conclusion

On the subsequent follow up there was improvement of the symptoms and the TSH level started to decrease by 4 month. And by the end of one year TSH levels

were almost normal. And in the study it is evident that CAUSTICUM 1M has a effective role in the hypothyroidism WHEN GIVEN CONSTITUTIONALLY.

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