

An Overview of Hypothyroidism and Hyperthyroidism and its Homoeopathic Management

Dr. Qadeer Unnisa Begum¹, Dr. Firdous Jahan², Dr. Kota Jyothsna³, Dr. Miriyalkar Sahithi⁴
Dr. Agarapu Keerthi⁵

¹Assistant Professor Devs Homoeopathic Medical College and Hospital
^{2,3,4,5}Interns Devs Homoeopathic Medical College and Hospital

Abstract—Thyroid disorders, including hypothyroidism and hyperthyroidism, are prevalent endocrine conditions resulting from imbalances in thyroid hormone synthesis and regulation. This review consolidates current clinical evidence—including randomized trials, case reports, and case series—regarding the pathophysiology, diagnosis, and management of these disorders, with particular emphasis on the role of homeopathic interventions. Diagnostic evaluation typically involves serum TSH, free T3/T4, thyroid autoantibodies, imaging modalities, and clinical scoring systems such as Wayne’s Index and Zulewski’s score. Hyperthyroidism commonly results from Graves’ disease or toxic nodular disorders and presents with weight loss, heat intolerance, and cardiovascular abnormalities. Hypothyroidism frequently associated with autoimmune disease or iodine deficiency, manifests as fatigue, weight gain, and reduced metabolic function. Current evidence indicates that personalized homeopathic therapies may help reduce symptoms and support metabolic regulation, especially in individuals with hypothyroidism, although research on their effects in hyperthyroidism is still limited. Given limitations such as small sample sizes and non-blinded study designs, more rigorous randomized controlled trials are required to establish the efficacy and safety of homeopathic interventions in thyroid disorders.

Index Terms—Thyroid disorders, Hyperthyroidism, Hypothyroidism, Graves’ disease, autoimmune disease, Homeopathic interventions

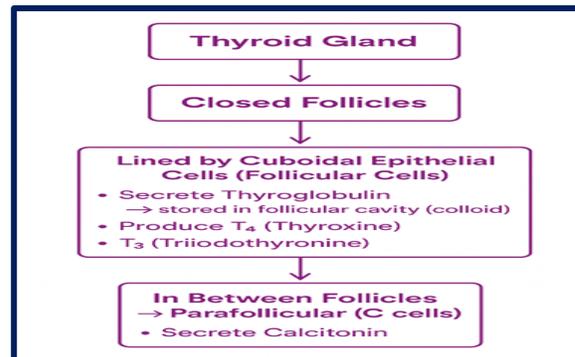
I. INTRODUCTION

Thyroid disorders represent a growing global health burden, impacting millions and contributing substantially to morbidity and mortality. In India, an estimated 42 million individuals were affected by thyroid-related conditions in 2011, emphasizing the

need to examine alternative therapeutic avenues such as homeopathy. ^[1] The thyroid gland is a bilobed structure situated in the front of the trachea, extending from the level of the cricoid cartilage down to the suprasternal notch. Its two lobes are joined by a central isthmus, and it is mainly supplied with blood by the superior thyroid artery, a branch of the external carotid artery, and the inferior thyroid artery, which arises from the thyrocervical trunk. ^[1] In adults it weighs between 20 to 40 g. Females have larger thyroids than Males. At different phases of the female sexual cycle, the thyroid gland’s function and form fluctuate. During pregnancy, nursing, and menopause, its function gradually increases and declines which leads to size variation in females. ^[2]

Functional Histology of Thyroid Gland

The thyroid gland is made up of many closed follicles. The follicular cells are cuboidal epithelial cells that line these follicles. The follicular cells secrete a colloidal material called thyroglobulin, which fills the follicular cavity. Triiodothyronine (T₃) and Tetraiodothyronine (T₄), also known as thyroxine, are secreted by follicular cells. Perifollicular cells are found between the follicles, it secretes calcitonin. ^[2]



Potency and Duration of Action ^[2]

The potency of T₃ is four times more than that of T₄. T₄ acts for longer period than T₃. This is because of the difference in the affinity of these hormones to plasma proteins.

Synthesis of Thyroid Hormones- Takes place in thyroglobulin, present in follicular cavity. Iodine and Tyrosine are essential for the formation of thyroid hormones. ^[2]

Metabolism of Thyroid Hormones- Degradation of thyroid hormones occurs in muscles, liver and Kidney. ^[2]

II. HYPERTHYROIDISM

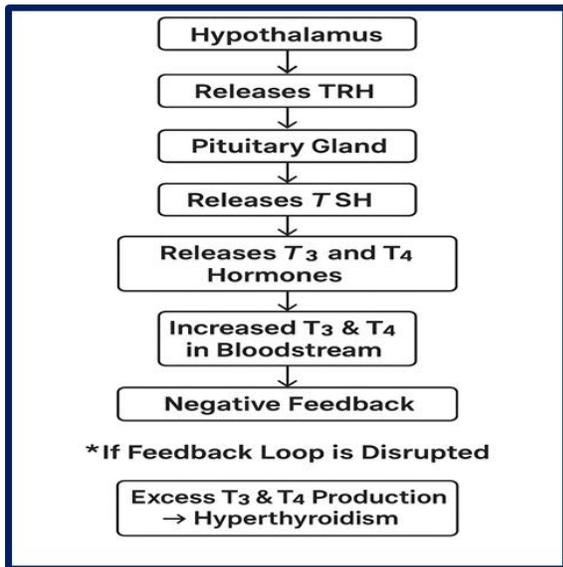
Increased secretion of thyroid hormones is called hyperthyroidism. ^[2]

Conditions causing hyperthyroidism: ³

1. Grave's disease
2. Toxic multinodular goitre
3. Toxic adenoma
4. Iodide-induced hyperthyroidism (excess Iodine)
5. Trophoblastic tumour
6. Increased TSH secretion

Pathophysiology ^[4]

- TSH levels are controlled by Pituitary gland in Hyperthyroidism usually occurs with larger nodules (>3cm).
- Thyrotoxicosis occurs when the autonomous follicles generate more thyroid hormone than required.



Signs and Symptoms of Hyperthyroidism ^[2]

1. Intolerance to heat as the body produces lot of heat due to increased basal metabolic rate caused by excess of thyroxine.
2. Increased sweating due to vasodilatation of cutaneous blood vessels to dissipate heat.
3. Decreased body weight due to fat mobilization, enhances lipolysis (fat breakdown and increased protein catabolism).
4. Diarrhoea due to increased motility of GI tract.
5. Muscular weakness because of excess protein catabolism.
6. Nervousness, extreme fatigue, inability to sleep, mild tremor in the hands and psychoneurotic symptoms such as hyperexcitability, extreme anxiety or worry. All these symptoms are due to the excess stimulation of neurons in the central nervous

system. T₃ & T₄ increases sensitivity of neurons by upregulating β Androgenic receptors enhancing synaptic activity.

7. Toxic goiter
8. Oligomenorrhea or amenorrhea
9. Exophthalmos
10. Polycythaemia.
11. Tachycardia and atrial fibrillation due to excess T₃ / T₄ increases β₁ adrenergic sensitivity in the heart.
12. Systolic hypertension.
13. Cardiac failure.

Graves' Disease ^[2]

It is an autoimmune condition, Graves' disease. Typically, TSH triggers the production and release of thyroid hormones by binding to the surface receptors of thyroid cells. In Grave's disease, thyroid-stimulating autoantibodies (TSABs), which are autoimmune antibodies, are produced by the B lymphocytes (plasma cells). Similar to TSH, these antibodies work by attaching to TSH membrane receptors and triggering the thyroid follicular cells' cAMP pathway. This results in hypersecretion of thyroid hormones.

Thyroid Adenoma ^[2]

Thyroid tissue may occasionally develop a localised tumour. It is referred to as thyroid adenoma and secretes a lot of thyroid hormones. It has no connection to autoimmunity.

The remaining thyroid gland components are unable to release the hormone as long as this adenoma is

active. The reason for this is that the hormone released by adenoma suppresses TSH production.

Investigations [3, 5]

T₃ and T₄ are elevated in most patients, but T₄ is normal and T₃ raised (T₃ toxicosis) in 5%. In primary thyrotoxicosis, serum TSH is undetectable (<0.05 mU/L).

Initially Screening: ↓ TSH, ↑ Free T₄ and / or ↑ Free T₃

Further Evaluation:

- TSI (Thyroid Stimulating Immunoglobulin): Indicates Graves' disease.
- Anti-TPO & Anti-TG Antibodies: If autoimmune cause suspected.
- Thyroid Scan (Radioactive Iodine Uptake – RAIU): Differentiates cause:
 - Graves': Diffuse high uptake
 - Toxic nodules: Focal uptake
 - Thyroiditis: Low uptake
- Thyroid Ultrasound: To assess nodules, vascularity, or goiter
- ECG (Electrocardiogram): To detect arrhythmias, e.g., atrial fibrillation

Hyperthyroidism Scale [6]

Wayne's score/Index is used to diagnose hyperthyroidism clinically. Nine symptoms and 10 signs are listed, each with differential weightage in scoring.

The signs are scored both positively and negatively. In absence of some signs gives negative marking. Similarly, two symptoms like decreased appetite and preference for heat have negative scores.

The score ranges from + 45 to -25.

- Toxic hyperthyroidism - >19
- Euthyroidism-< 11
- Equivocal-11 -19

Wayne's Index has shown a diagnostic accuracy of 85%.

Wayne's Index was earlier used to help to diagnose hyperthyroidism and limit the number of investigations required.

At present, its value lies in its emphasis on clinical thyroid ology, and its utility in explaining the clinical features of Grave's disease to thyroid practitioner.

Symptoms Of Recent Onset And/or Increased Severity	Score	Signs	Present	Absent
Dyspnoea on effort	+1	Palpable thyroid	+3	+3
Palpitations	+2	Bruit over thyroid	+2	-2
Tiredness	+2	Exophthalmoses	+2	-
Preference for heat	-5	Lid retraction	+2	-
Preference for cold	+5	Lid lag	+1	-
Excessive sweating	+3	Hyperkinesis	+4	-2
Nervousness	+2	Hands hot	+2	-2
Appetite: increased	+3	Hands moist	+1	-1
Appetite: decreased	-3	Casual pulse rate: >80/min	-	-3
Weight increased	-3	>90/min	+3	-
Weight decreased	+3	Atrial fibrillation	+4	-

III. HYPOTHYROIDISM

Hypothyroidism is a hypometabolic condition caused by insufficient production of thyroid hormones or, less commonly, by reduced peripheral tissue responsiveness to these hormones. It is a common yet frequently underdiagnosed disorder due to its non-specific clinical symptoms. [7]

It is of 2 types [3]

1. Primary hypothyroidism - here thyroid gland itself is the problem.
2. Secondary hypothyroidism - here pituitary/hypothalamus is the problem.

Pathophysiology [8]

1. TSH levels are controlled by pituitary gland in response to freeT₃, T₄ biosensors of thyroid. ¹⁰
2. TSH secretion is increased when thyroid hormone synthesis declines.

3. In primary hypothyroidism thyroid follicles are being destroyed which leads to low T₃, T₄.
4. Worldwide common cause of hypothyroidism being iodine deficiency.
5. In response to low T₃, T₄ pituitary will increase the production of TSH, So In primary hypothyroidism we can observe increased TSH and low T₃, T₄.
6. In secondary hypothyroidism, due to dysfunction or diseases of hypothalamus and pituitary leads to no TSH. in secondary hypothyroidism we can observe both TSH and T₃, T₄ are LOW.

Signs and Symptoms of Hypothyroidism ^[2]

1. Anaemia- low metabolic rate leads to reduced oxygen consumption in body tissues, which inhibit the production of erythropoietin.
2. Fatigue and Muscular sluggishness due to low metabolic rate
3. Extreme somnolence due to slowed metabolism.
4. Menorrhagia and Polymenorrhea due to increased levels of prolactin which alters estrogen and progesterone levels.
5. Decreased cardiovascular function such as reduction in rate and force of contraction of the heart due to altered tonicity of blood vessels.
6. Increase in body weight due to reduction in catabolism of fats and other substances.
7. Constipation due to reduced gut motility.
8. Mental sluggishness because of decreased neuron activity.
9. Suppressed hair growth due to disruption of hair growth cycle which leads follicles to enter resting phase prematurely that leads to hair thinning.
10. Dry skin due to decreased sweat and sebaceous gland function which impairs skin barrier function.
11. Frog like husky voice due to effects of thyroid hormones on the vocal cord.
12. Cold intolerance due to decreased heat production.
13. Puffiness of face due to fluid retention.
14. Bagging under eyes is also due to fluid retention.
15. Non pitting type of edema due to accumulation of glycosaminoglycans a type of mucoprotein in the interstitial space leading to fluid retention.
16. Atherosclerosis due to factors like dyslipidemia due to decreased LDL receptors which leads to LDL build up in the blood.

Investigations ^[3]

In primary hypothyroidism, T₄ is low and TSH elevated (>20 mU/L). T₃ is not a sensitive indicator of hypothyroidism and should not be measured. Secondary hypothyroidism is rare and is caused by failure of TSH secretion. ³ The values as follows

- (TSH) ≥10 mIU/L, or
- TSH between 4.5 and 10 mIU/L and T₄ <6 ug/dl.
- Subclinical hypothyroidism was identified if T₄ was normal, but TSH was between 4.5 and 10 mIU/L.

Further Evaluation:

1. Anti-TPO & Anti-TG Antibodies: Suggest Hashimoto’s thyroiditis (autoimmune cause)
2. Serum Lipid Profile: May show high cholesterol in hypothyroidism
3. CBC (Complete Blood Count) May reveal anaemia (normocytic or macrocytic)
4. Thyroid Ultrasound: If goiter or nodules present
5. Serum Sodium: May be low (hyponatremia) in severe hypothyroidism

Hypothyroidism Scale ^[9]

Billewicz score was used in the past to diagnose hypothyroidism clinically. Newer clinical scores and grades were developed with the development of diagnostic techniques; Zulewski’s score is one of them.

SL.NO	SIGN/SYMPTOM	SCORE
1.	Slowness of movements	1
2.	Ankle reflex	1
3.	Coarse skin	1
4.	Periorbital puffiness	1
5.	Cold skin	1
6.	Diminished sweating	1
7.	Hoarseness of voice	1
8.	Paresthesia	1
9.	Dry skin	1
10.	Constipation	1
11.	Hearing impairment	1
12.	Weight increase	1

Here the scoring is based on the presence of signs and symptoms (as mentioned above). Each sign and symptom is given one mark.

The patient was clinically considered Hypothyroid based on the scores as follows-

- Hypothyroid->5

- Euthyroid-<3
- Intermediate-3-5.

This score was then correlated with biochemical thyroid profile.

IV. THERAPEUTICS ^[10]

HYPERTHYROIDISM

Iodum: Rapid metabolism, weight loss despite good appetite, heat intolerance, restlessness, anxiety, and trembling.⁴

Lycopus Virginicus: Palpitations, anxiety, sleeplessness, and overactive thyroid with heart symptoms. Helpful when there is enlargement of the thyroid (goiter).

Spongia Tosta: Swollen thyroid, dry cough, and sensation of fullness in the throat. Useful in cases of goiter.

Natrum Muriaticum: Emotional sensitivity, weight loss, craving for salt, heat intolerance, and hair loss. Often used for women with thyroid imbalance.

Phosphorus: Anxiety, sensitivity to external impressions, weakness, and burning sensations. May have heart palpitations.

Calcarea carbonica: For people with both overactive and underactive symptoms. Useful when there are anxiety, sweating, and fatigue.

Belladonna: Sudden onset of symptoms like heat, redness, palpitations, and irritability. May help with acute flare-ups.

Sulphur: Purplish, dusky color is especially a Sulphur color. There is often burning in the throat, stitching, rawness, smarting, inflammation and difficult swallowing. Heat intolerance, excessive sweating, flushing & redness of the skin, anxiety and irritability, increased appetite & thirst

Conium maculatum: Menses delayed and scanty; parts sensitive. Breasts enlarge and become painful before and during menses. Heavy, weary, paralyzed; trembling; bands unsteady; fingers and toes numb. Muscular weakness, especially of lower extremities.

Lachesis mutus: General pulsation from head to foot. In all arteries and inflamed parts, there is pulsation. The inflamed ovary pulsates, and it feels at times as if a little hammer were hammering upon the inflamed part with every pulsation of the artery worsening of symptoms with heat and stress.

Pulsatilla: Digestion is slow, and the patient goes to the next meal hungry; eating does not satisfy; assimilation is bad. Digestive issues such as bloating & nausea. When puberty is unduly delayed, or menstrual function is defectively or irregularly performed; they are pale and languid, complain of headache, chilliness and lassitude."

Thyroidinum: Fatigue, anaemia, emaciation, muscular weakness, sweating, headache, nervous tremor of face and limbs, tingling sensations, paralysis. Heart rate increased exophthalmus and dilation of pupils. In myxedema and cretinism its effects are striking. Rheumatoid arthritis. Infantile wasting. Rickets. Delayed union of fractures. In half grain doses twice a day over a considerable period said to be effective in undescended testicle in boys. Thyroid exercises a general regulating influence over the mechanism of the organs of nutrition, growth and development.

Sepia Officinalis: Menses Too late and scanty, irregular; early and profuse; sharp clutching pains. Violent stitches upward in the vagina, from uterus to umbilicus. Prolapse of uterus and vagina. Cold intolerance & feeling chilly. Lower extremities lame & stiff, tension as if too short.

V. HYPOTHYROIDISM

Calcarea Carbonica: Weight gain, cold intolerance, fatigue, sweating, constipation, depression, craving for eggs. Often used for sluggish, shy, overweight types.

Sepia: Hair loss, hormonal imbalance, irritability, aversion to family, menstrual problems, and feeling of bearing down in the pelvis. Often for women with thyroid and hormonal issues.

Lycopodium: Bloating, flatulence, hair fall, low confidence, sluggish digestion, and fatigue especially in the evening. Often used in thyroid patients with liver or gastric issues.

Natrum Muriaticum: Dry skin, emotional suppression, silent grief, weight gain around abdomen, and craving for salt. Common for thyroid imbalance after emotional trauma.

Graphites: Extremely dry skin, cracked heels, constipation, obesity, fatigue, cold intolerance, and delayed menstruation.

Thyrodinum: Made from the thyroid gland itself, it's used to stimulate thyroid function. Often given in low potencies to support other remedies.

Ignatia: Emotional stress, mood swings, thyroid imbalance after grief or disappointment. Often used in sensitive, introverted individuals.

Nux Vomica: Beneficial for digestive disturbances, irritability, and sensitivity to cold. Suitable for individuals with obstinate constipation and a tendency to overindulge in stimulants.

Dulcamara: Worsening of symptoms in cold, damp weather. Joint pain or stiffness that improves with movement. Skin issues, such as rashes or eruptions. Digestive issues like diarrhoea or nausea

Rhus Toxicodendron: Joint pain or stiffness that improves with movement. Muscle aches or pains that worsen with rest. Swelling or inflammation in the joints or tissues. Symptoms that worsen in cold, damp weather.

Bromium: Goiter or thyroid enlargement. Difficulty swallowing. Constriction or tightness in the throat. Anxiety or nervousness.

Lapis Albus: Goiter or thyroid enlargement. Thyroid nodules or cysts, Swelling or inflammation in the thyroid gland. Persistent pain in mammary region, glandular hardening.

Coffea Cruda: Dry cough in measles, Anxiety, restlessness, or nervousness. insomnia or difficulty sleeping. Palpitations or rapid heartbeat. Increased mental activity or racing thoughts.

VI. RUBRICS OF REPERTORY

1. KENT REPERTORY [11]

HYPERTHYROIDISM RUBRICS

Mind- Restlessness: ACON, ANAC, ARG-N, ARS, ARS-I, BAPT, BELL, CALC, CALC-P, CAMPH, CARC, CIMIC, CIT-V, COLOC, CUPR, CUPR-AR, FERR, FERR-AR, HELL, HYOS, LYC, MED, MERC, PLB, PULS, PYROG, RHUS-T, SEC, SEP, SIL, STAPH, STRAM, SULPH, TARENT, ZINC

Mind- Irritability: ACON, ALUM, ANT-C, APIS, ARS, AUR, BELL, BOV, BRY, CALC, CALC-S, CARBN-S, CARB-V, CAUST, CHAM, CHOC, GRAPH, HEP, HYDROG, KALI-C, KALI-I, KALI-S, LIL-T, LYC, MAG-C, NAT-C, NAT-M, NIT-AC, NUX-V, PETR, PH-AC, PHOS, PLAT, PULS, RAN-B, RHUS-T, SEP, SIL, STAPH, STRY-P, SUL-AC, SULPH, THUJ, VERAT-V, ZINC,

Sleep- Sleeplessness: ARG-N, ARS, ARS-S-F, BELL, BRY, CACT, CALC, CHAM, CHIN, CIT-V, COFF, CYCL, CYPR, HEP, HYDROG, HYOS, KALI-AR, KALI-C, LACH, MERC, MERC-C, NUX-V, OP, PHOS, PLB, PULS, RHUS-T, SEP, SIL, STANN, STAPH, SULPH, THUJ

Stomach- Appetite-Increased: ABIES-C, AM-C, ARG-M, ARS, CALC, CANN-I, CHIN, CINA, CINNB, GRAPH, IOD, LYC, NAT-M, NUX-V, OLND, PETR, PHOS, PSOR, PULS, SABAD, SULPH, VERAT,

Rectum- Diarrhoea : AGAR, ALOE, ANT-C, ANT-T, APIS, ARG-N, ARS, BAPT, BAR-C, BRY, CALC, CANTH, CARB-V, CHAM, CHIN, CORN, CROTO-T, DULC, FERR, FERR-AR, FERR-I, FL-AC, GAMB, HELL, HEP, IOD, IP, IRIS, KALI-BI, LYC, MERC, MERC-C, NAT-M, NAT-S, NIT-AC, PH-AC, PHOS, PODO, RHEUM, SEC, SIL, SULPH, THUJ, VERAT,

Vision – Diplopia: AUR, GELS, HYOS, NAT-M, NIT-AC,

Vision –Dim: AGAR, AUR, BELL, CALC, CANN-S, CARBN-S, CAUST, CHIN, CON, CYCL, EUPH, GELS, HEP, LACH, LYC, MERC, NIT-AC, OP, PH-AC, PHOS, PULS, RUTA, SEP, SIL, SULPH,

Genitalia Female- Menses-Short Duration: AM-C, LACH, PULS, SULPH,

Generalities- Weakness (Enervation): AM-C, ANAC, ANT-T, APIS, ARG-M, ARN, ARS, ARS-I, BAPT, BAR-C, BROM, CALC, CARB-AC, CHEL, CHIN, CHIN-S, COCA, COLCH, CON, FERR, FERR-I, FERR-M, GELS, GRAPH, HEP, HYDROG, HYOS, IOD, KALI-AR, KALI-C, KALI-FER, KALI-P, KALM, LACH, LAUR, LEC, MED, MERC, MERC-C, MERC-CY, MUR-AC, NAT-H, NAT-M, NAT-P, NIT-AC, OLND, PH-AC, PHOS, PIC-AC, PLB, PSOR, RAN-B, RHUS-T, SEC, SEL, SEP, SIL, SQUIL, STAN, STAPH, SUL-AC, SULPH, TAB, TARENT, TER, TUB, VERAT,

HYPOTHYROIDISM RUBRICS

Mind - Dullness (Sluggishness, Difficulty Of Thinking): ARG-N, BAPT, BAR-C, BAR-M, BELL, BRY, CALC, CALC-P, CALC-S, CARB-V, GELS, GRAPH, GUAI, HELL, HYOS, KALI-BR, KALI-C, LACH, LAUR, LYC, NAT-AR, NAT-C, NAT-M, NUX-M, OP, PH-AC, PHOS, PIC-AC, PLB, PULS, SENEG, SEP, SIL, STAPH, SULPH, TER, TUB, ZINC, ZINC-P

Head- Hair –Falling: AUR, CARBN-S, CARB-V, FL-AC, GRAPH, KALI-C, KALI-S, LACH, LYC, NAT-M, NIT-AC, PHOS, SEP, SIL, SULPH, THUJ,

Genitalia Female- Menses- Protracted, Prolonged: CALC, CARB-AN, CARB-V, CUPR, FERR, KALI-C, LYC, MILL, NAT-M, NUX-V, PLAT, PULS, RAT, RHUS-T, SABIN, SEC, SENEC

Genitalia Female- Menses- Frequent: AMBR, ARS, BELL, BOV, BRY, CALC, CARB-AN, CARB-V, CHAM, COCC, CYCL, FERR, IP, KALI-AR, KALI-C, LAC-C, MAG-M, MANG, NAT-M, NUX-M, NUX-V, PHOS, PLAT, RAT, RHUS-T, SABIN

Rectum – Constipation: AESC, ALUM, ALUMN, APIS, ARS, BRY, CALC, CARBN-S, CAUST, CLEM, COCC, COFF, COL-A, CON, GRAPH, LAC-D, LACH, LYC, MAG-M, MEZ, NAT-M, NIT-AC, NUX-V, OENA, OP, PHOS, PLAT, PLB, RUTA, SANIC, SEP, SIL, STAPH, STRAM, STRY, SULPH, THUJ, VERAT, ZINC

Skin- Dry: ARS, BELL, BRY, CALC, CHAM, CHIN, COLCH, DULC, EUP-PER, KALI-AR, KALI-C, LED, LYC, NUX-M, OLND, OP, PETR, PHOS, PLB, SEC, SENEG, SIL, STRAM, SULPH, TEUCR, VERB,

Larynx And Trachea- Voice – Husky: DROS, PHOS, Acon, Am-m, Bar-c,

Generalities- Myxedema: Ars, Thy, cortico, dor, penic, sulfa

Generalities- Anemia, Faintness, Weakness: ARS, ARS-S-F, BOR, CALC, CALC-P, CHIN, FERR, FERR-AR, GRAPH, HELL, KALI-AR, KALI-C, KALI-P, MANG, MED, MERC, MOSCH, NAT-M, NIT-AC, PHOS, PLAT, PLB, PULS, SQUIL, STAPH, SUL-AC, SULPH,

Generalities- Obesity: CALC, CAPS, FERR, GRAPH, PHYT

Generalities- Cold- Agg.: ARS, BAR-C, CALC, CALC-AR, CALC-F, CALC-P, CALC-SIL, CAMPH, CAPS, CAUST, CHIN, DULC, GRAPH, HEP, HYPER, KALI-AR, KALI-C, KALI-P, LYC, MAG-P, MOSCH, NAT-AR, NIT-AC, NUX-V, PHOS, PSOR, PYROG, RAN-B, RHUS-T, RUMX-A, SABAD, SEP, SIL, SPIG, STRONT-C,

2. MURPHY REPERTORY [12]

HYPERTHYROIDISM RUBRICS

Glands-Thyroid, Glands Hyperthyroid

IOD, bell, cact, Calc, ferr-i, fl-ac, glon, kali-i, nat-m, phos, piloc, spongia, thy.

HYPOTHYROIDISM RUBRICS

Hypothyroidism

CALC, CALC-I, GRAPH, KALI-I, NAT, SEP, SPONG, THYR

Indurated, Region Of—Spongia

- Left Side - Lach, Sep
Myxedema - Ars Thy
Cretinism - Aeth, Anac, Bar-c, Bufo, Lap-a, Thy
Enlargement, Of Thyroid - Calc-i, Spong
SWELLING -SPONG

3. PHATAK REPERTORY [13]

HYPERTHYROIDISM RUBRICS

Restlessness Anxious ARS; Calc; Cimi; Iod; Kali-ar; Kali-c; Merc; Nat-c, Pho Tarn.

Anger, Vexation : Aco; Anac; Ant-c; Ant-t; Aru-t; Aur; Bry; Calc; CHAM; Cina; Cocl; Colo; Hep; Ign; Iod; Ip; Kali-c; Kali-io, Kali-m; Kre; LYC; Mag-c; Nat-c; Nat-m; Nit-ac; NUX-V; Op; Petr; Pho; Rut; Saba; Samb; Senec; Sep; Stap; Sul; Sul-ac; Syph; Tarn;

Sleeplessness (Insomnia): Aco; Anac; Arg-n; ARS; Bell; Bels; Bry; Cact; Calc; Cham; Chin; Cocl; COF; Hep; HYO; Kali-c; Lach; Merc; Merc-c; Mos; NUX-V; Op; Ox-ac; Pho; Plb; PUL; Rhus-t; Senec; Sep; Sil; Stan; Stap; SUL; Syph; Thu; Zin-val.

Appetite Increased, Hunger: Ab-c, Arg-m; Ars; Calc; Chin; CINA; Grap; Iod; Lyc, Nat-m; Nux-v; Old; Petr; Pho; Psor; Pul; Saba; Sep, Stan; Stap; Sul; Ver-a. 11 A.M.: Hyds; Pho; SUI, Zin.

Diarrhoea: Agar; Alo; Ant-c; Ant-t; Ars; Bap; Bar-c; Bry; Calc; Canth; Carb-v; Cham; Chin; Cina; Colo; Con; Crot-t; Dul; Fer; Gamb; Hell; Hep; Iod; Ip; Iris; Kali-bi; Lyc; Merc; Merc-c; Nat-m; Nat-s; Nit-ac; Pho; Pho-ac; POD; Psor; Pul; Rhe; Rhus-t; Sec; Sil; Sul; Thu; VER-A.

Vision, Dim, Blurred Agar; Aur; Bell; Con; Cyc; EUPHR; Gel; Calc; CANN; CAUS; Chin; Hep; Lach; Lyc; Merc; Nat-m; Nit-ac; Op; Pho;

Vision, Diplopia: AUR; Bell; Cic; Cyc; GEL; HYO; Med; Nat-m; Nit-ac; Pho; Pul; Stram; Sul; Ver-a; Ver-v.

Menses, Short: Am-c; Lach; PUL; Sul.

HYPOTHYROIDISM RUBRICS

Swollen, Turgid: Ail; Am-m; Ap; ARS; BELL; Bry; Cham; Kali-c; Lac-d; Lyc; Lycps; Manc; Merc; Nux-v; Oenan; Op; Pho; Rhus-t; Stram; Tarn; Ver-v-t-ac; Dark, and: Ail.H;

Morning Kali-chl.

One side: Arn; Bell; Bry, Cham; Merc; Merc-c; Sep; Spig.

Right: Arn; Merc-i-f; Polyg; Sang. Stiff: Rhus-t.

Myxoedema: Ars; Thyr.

Weak: ANAC; BELL; Chin; Con, Nat-m,Op; Pho; Rut, Seneg.

Menses Protracted, Too, long: Calc; Carb-an; Carb-v; Cup; Fer; Kali-c; Lyc; Mill; Nat-m; NUX-V; Pho; Plat; Psor; Pul; Radm; Rat; Rhus-t; Sabi; Sec; Senec; Sil; Vinc; Vip.

Obesity: Am-m; Ant-c; Bell; Buf; CALC; CAPS; Fer; Graph; Kali-bi; Lac-d; Lith; Phyt; Pul; Rum; Seneg; Sul; Thyr

Constipation (Remedies in General): ALU; Alum; Anac; BRY; Calc; Caus; Cocl; Coll; Con; GRAP; Hep; Hydr; Kali-c; Lac-d; Lach; Lyc; Mag-m; Nat-m; Nux-m; NUX-V; Op; Pho; Plat; Plb; Rut; Sanic; Sep; SIL; Stap; Sul; Thu; Ver-a; Zin.

Dull, Beclouded, Difficult Comprehension, Stupefied: Ail; Ant-t; Ap; Arg-n; Arn; Bap; Bar-c; BELL; BRY; CALC; Carb-v; Cocl; GEL; GLO; Hell; HYO; Kali-br; Kali-c; Lach; LAUR; LYC; NAT-C; Nux-m; NUX-V; Old; Op; Petr; Pho; PHO-AC; Psor; Pul; RHUS-T; SEP; SIL; STRAM; Sul; Tub; Ver-a; Zin.

Hair Falling: Alu; Ars; Ars-s-fl; Aur; Calc; Carb-v; Flu-ac; GRAP; Hell; Hep; Kali-c; Kali-s; Lach; Lyc; Nat-m; Nit-ac; PHO; Sep; Sil; Stap; SUL; Thal; Thu; Thyr; Ust. Beard, of: Grap; Kali-c; Plb; Sele.

Skin: Petr; Sep; Sul.

DRY (See Dryness): Ars; Cam; Diph; Flu-ac; GRAP; Iod; Kali-c; Lyc; Nat-c; Nat-m; Nit-ac; Plb; Rhus-t; Sang; Sec; Thyr; Tub; Vio-o.

Cracking, as if: Murx.

Voice - Husky: Droops; Grap; Merc; Pho.

Cold Agg (Easily Chilled, Lack Of Vital Heat): Agar; Am-c; Ant-t; Aran; ARS; Aur; Bar-c; CALC; Calc-f; Calc-p; Cam; Caps; CAUS; Chin; Cimi; Cist; Cocl; Colch; Dul; Eup-p; Fer; Grap; Hell; Hep; Hypr; Kali-bi; KALI-C; Lac-d; Lyc; Mag-c; Mag-p; Merc; Mez; MOS; Nit-ac; Nux-m; Nux-v; Pho; Pho-ac; Psor; Pyro; Ran-b; Rhod; RHUS-T; Rum; SABA; Sep; SIL; Spig; Stan; STRO; Sul; VER-A.

4. SYNTHESIS REPERTORY ^[14]

HYPERTHYROIDISM RUBRICS

Mind- Restlessness: ACON, ANAC, ARG-N, ARS, ARS-I, BAPT, BELL, CALC, CALC-P,

CAMPH,CIMIC, CIT-V, COLOC, CUPR, CUPR-AR, FERR, FERR-AR, HELL,HIST, HYOS, LYC, MERC, PLB, PULS, RHUS-T, SEC, SEP, SIL, STAPH, STRAM, SULPH, TARENT, ZINC.

Mind- Irritability: ACON, ALUM, ANT-C, APIS, ARS, AUR, BELL, BOV, BRY, CALC, CALC-S, CARBN-S, CARB-V, CAUST, CHAM, CHOC,FOLL, GRAPH, HEP, HYDROG, KALI-C, KALI-I, KALI-S, LIL-T, LYC, MAG-C, NAT-C, NAT-M, NIT-AC, NUX-V, PETR, PH-AC, PHOS, PLAT, PULS, RAN-B, RHUS-T, SEP, SIL, STAPH, SUL-AC, SULPH, SYMPHY,THUJ, VERAT-V,

External Throat - Swelling--Thyroid Gland-right--bamb-a, merc

--at puberty--calc-i

--THYROID GLAND, complaints of-- Iod

Stomach- Appetite-Increased: ABIES-C, AM-C, ARG-M, ARS, CALC, CALC-S, CANN-I, CHIN, CINA, CINNB, GRAPH, IOD, LYC, NAT-M, NUX-V, OLND, PETR, PHOS, PSOR, PULS, SABAD, SULPH, VERAT,

Rectum- Diarrhoea: AGAR, ALOE, ANT-C, ANT-T, APIS, ARG-N, ARS, BAPT, BAR-C, BRY, CALC, CANTH, CARB-V, CHAM, CHIN, CORN, CROTO-T, DULC, FERR, FERR-AR, FERR-I, FL-AC, GAMB, HELL, HEP, IOD, IP, IRIS, KALI-BI, LYC, MERC, MERC-C, NAT-M, NAT-S, NIT-AC, PH-AC, PHOS, PODO, RHEUM, SEC, SIL, SULPH, THUJ, VERAT,

Genitalia Female- Menses-Short, Too AM-C, LACH, PULS, SULPH,

HYPOTHYROIDISM RUBRICS

Mind - Dullness (Sluggishness, Difficulty Of Thinking): ARG-N, BAPT, BAR-C, BAR-M, BELL, BRY, CALC, CALC-P, CALC-S, CARB-V, GELS, GRAPH, GUAI, HELL, HYOS, KALI-BR, KALI-C, LACH, LAUR, LYC, NAT-AR, NAT-C, NAT-M, NUX-M, OP, PH-AC, PHOS, PIC-AC, PLB, PULS, SENEG, SEP, SIL, STAPH, SULPH, TER, TUB, ZINC, ZINC-P

Head- Hair -Falling: AUR, CARBN-S, CARB-V, FL-AC, GRAPH, KALI-C, KALI-S, LACH, LYC, NAT-M, NIT-AC, PHOS, SEP, SIL, SULPH, THUJ, PLA.

Genitalia Female- Menses- Protracted, Prolonged: FERR, PULS,

Genitalia Female- Menses- Frequent: COCC, FERR, KALI-C, LAC-C, NAT-M.

Rectum – Constipation: AESC, ALUM, ALUMN, APIS, ARS, BRY, CALC, CARBN-S, CAUST, CLEM, COCC, COFF, COL-A, CON, GRAPH, LAC-D, LACH, LYC, MAG-M, MEZ, NAT-M, NIT-AC, NUX-V, OENA, OP, PHOS, PLAT, PLB, RUTA, SANIC, SEP, SIL, STAPH, STRAM, STRY, SULPH, THUJ, VERAT, ZINC,

Skin- Dry: ARS, BELL, BRY, CALC, CHAM, CHIN, COLCH, DULC, EUP-PER, KALI-AR, KALI-C, LED, LYC, NUX-M, OLND, OP, PETR, PHOS, PLB, SEC, SENEG, SIL, STRAM, SULPH, TEUCR, VERB

Larynx And Trachea- Voice – Husky: DROS, PHOS, Acon, Am-m, Bar-c, Verat.

Generalities- Myxedema - Ars, Thyr

Generalities- Anemia, Faintness, Weakness: MOSCH
Generalities- Cold- Agg: ARS, BAR-C, CALC, CALC-AR, CALC-F, CALC-P, CALC-SIL, CAMPH, CAPS, CAUST, CHIN, DULC, GRAPH, HEP, HYPER, KALI-AR, KALI-C, KALI-P, LYC, MAG-P, MOSCH, NAT-AR, NIT-AC, NUX-V, PHOS, PSOR, PYROG, RAN-B, RHUS-T, RUMX-A, SABAD, SEP, SIL, SPIG, STRONT-C,

Generalities- Obesity: CALC, CAPS, FERR, GRAPH, PHYT, ANAC

VII. CONCLUSION

Thyroid disorders present with a wide spectrum of clinical manifestations and require accurate biochemical and clinical assessment for proper diagnosis. While conventional therapies remain the cornerstone of management, this review indicates that individualized homeopathic interventions may offer supportive symptomatic relief, particularly in hypothyroidism. However, the current evidence is limited by small sample sizes and lack of rigorous study designs. Well-designed randomized controlled trials are essential to validate the effectiveness and safety of homeopathic treatments in thyroid dysfunction. Strengthening the evidence base will support more informed, integrative approaches to managing thyroid disorders.

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IX. CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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