

A Case of Primary Hyperthyroidism Managed with Homoeopathy

Dr. Raxit R. Vishpara¹, Dr. Hitarth N. Mehta²

¹PG Scholar, Department of Practice of Medicine, Rajkot Homoeopathic Medical College, Parul University

²M.D.(Hom.) Principal & Professor, Department of Practice of Medicine, Rajkot Homoeopathic Medical College, Parul University

Abstract— This case report details the successful management of primary hyperthyroidism in a 56-year-old female patient using a classical homoeopathic approach. The patient presented with an 8-month history of palpitations, heat intolerance, and a 6-month history of increased appetite with significant weight loss. Physical examination revealed tachycardia, restlessness, and fine tremors. Investigations confirmed hyperthyroidism with suppressed TSH and elevated T3 and T4 levels. Based on the totality of symptoms, including mental hurry, anxiety, physical restlessness, and characteristic physical generals, the patient was prescribed Iodum 200. Over a four-month follow-up period, the patient showed significant clinical improvement in all parameters, including a gain in weight and normalization of thyroid function tests. This case highlights the potential of individualized homoeopathic treatment in managing hyperthyroid states.

Index Terms— Case Report, Homeopathy, Hyperthyroidism, Iodum.

I. INTRODUCTION

Hyperthyroidism, a common endocrine disorder, is characterized by excessive synthesis and secretion of thyroid hormones, leading to a hypermetabolic state [1]. Conventional management includes antithyroid drugs, radioactive iodine, or surgery. Homoeopathy offers a constitutional approach, aiming to correct the underlying imbalance by stimulating the body's self-regulatory mechanisms [2]. This case report presents the management of primary hyperthyroidism using the homoeopathic remedy Iodum, selected on the basis of individualised symptom similarity. The CARE guidelines were followed for the presentation of this case [3].

II. CASE REPORT

A. Patient Information

A 56-year-old married female, Mrs. J.R. (OPD Reg. No: 25007893), presented on 21-Jan-2025 with complaints of palpitations and heat intolerance for 8 months, and increased appetite with weight loss for 6 months. She had a history of simple goiter 15 years ago, which resolved without medication. Her family history was significant for a maternal thyroid disorder.

B. Clinical Findings

The patient appeared anxious, restless, and was constantly fanning herself. Physical examination revealed a thin-built woman with prominent clavicles (emaciation), warm moist skin, and fine tremors in her hands. Her vital signs included a pulse rate of 112 bpm (regular, bounding) and blood pressure of 140/90 mmHg. Thyroid palpation revealed a soft, non-tender, Grade Ia enlargement. The Burch-Wartofsky score for thyroid storm was 20, indicating a low probability of storm [4].

C. Timeline of Complaints

Symptom Group	Description	Duration
Presenting Complaints	Palpitations, heat intolerance	8 months
	Increased appetite, weight loss (6 kg), weakness, nervousness	6 months
Associated Complaints	Increased stool frequency (post-meal), tremors, scanty menses	4 cycles
Past History	Simple goiter	15 years ago (resolved)

D. Diagnostic Assessment

Pre-treatment Thyroid Function Tests (TFTs) confirmed primary hyperthyroidism:

- TSH: 0.07 µIU/mL (Low)
- T3: 202.9 ng/dL (High)
- T4: 16.2 µg/dL (High)

E. Therapeutic Intervention

The case was analyzed, and the following totality of symptoms was constructed:

1. Mind: Hurry in everything; anxiety and restlessness.
2. Physical Generals: Intolerance of heat; great appetite, yet emaciation; profuse sweating; thirst for large quantities of cold water.
3. Particulars: Palpitations from slightest exertion; tremors; scanty menses.

4. Modalities: Aggravation from warmth; amelioration in open air.

Repertorisation of the case (using Synthesis Repertory [5] strongly pointed to Iodum. The keynote symptoms of Iodum – a state of hurry and anxiety with marked emaciation despite a ravenous appetite, along with heat intolerance and palpitations – mirrored the patient's condition perfectly [6].

The prescription was:

- 21-Jan-2025: Iodum 200 / single dose at bedtime.
- Follow-up: Saccharum Lactis 30 / twice daily for 15 days.

Auxiliary measures included a high-calorie, high-protein diet and advice on stress management.

F. Follow-up and Outcomes

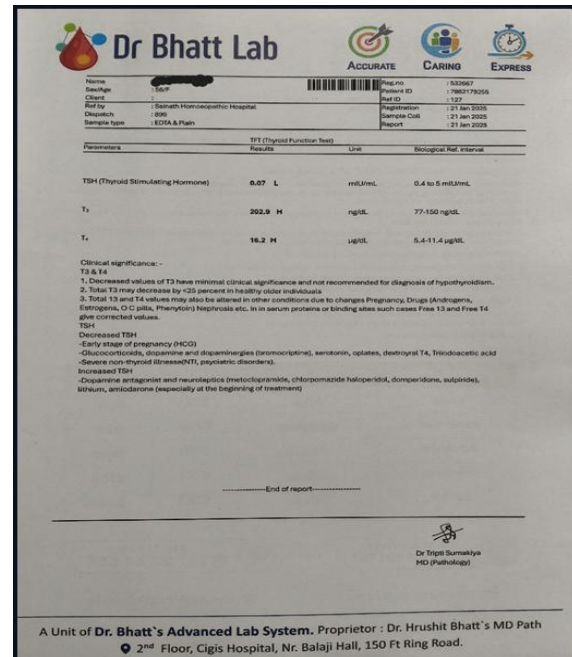
Date	Follow-up	Symptoms & Findings	Burch-Wartofsky Score	Prescription
06-Feb-2025	FU1	Sense of calm; palpitations & heat slightly reduced; appetite controlled. Pulse: 104 bpm	20	Placebo / BD for 30 days
07-Mar-2025	FU2	Significantly less hurry/anxiety; palpitations only on exertion; gained 1 kg; minimal tremors.	10	Placebo / BD for 30 days
08-Apr-2025	FU3	70% better; mentally calm; gained another 1.5 kg; menses flow slightly better.	10	Placebo / BD for 30 days
18-May-2025	FU4	Feels "like my old self". All symptoms minimal. TFTs normalized.	15	Iodum 200 / single dose; Placebo / BD for 4 weeks

Post-treatment TFTs (18-May-2025):

- TSH: 2.42 µIU/mL (Improved)
- T3: 172.1 ng/dL (Improved)
- T4: 11.1 µg/dL (Improved)

The Modified Naranjo Criteria for Homoeopathy [7] scored a +9, indicating a causal relationship between the homoeopathic intervention and the observed outcomes.

III. DISCUSSION



This case demonstrates a positive clinical response to a single dose of the homeopathic remedy Iodum 200 in a patient with primary hyperthyroidism. The selection of the remedy was based on the principle of individualisation, where the patient's unique mental and physical generals guided the prescription. The underlying miasm was identified as predominantly psoric, with the exciting cause being suppressed grief following her mother's death, which aligns with the homeopathic understanding of disease predisposition [8].

The patient's symptom profile is a classic illustration of the Iodum picture: the "hunger yet emaciation," the constant heat, the hurried feeling, and the anxiety are all well-documented in homeopathic materia medica [6]. The significant improvement across all systems—mental, physical general, and local—with a single dose of the remedy and subsequent placebo, followed by normalization of objective lab parameters, strongly supports the efficacy of the simillimum.

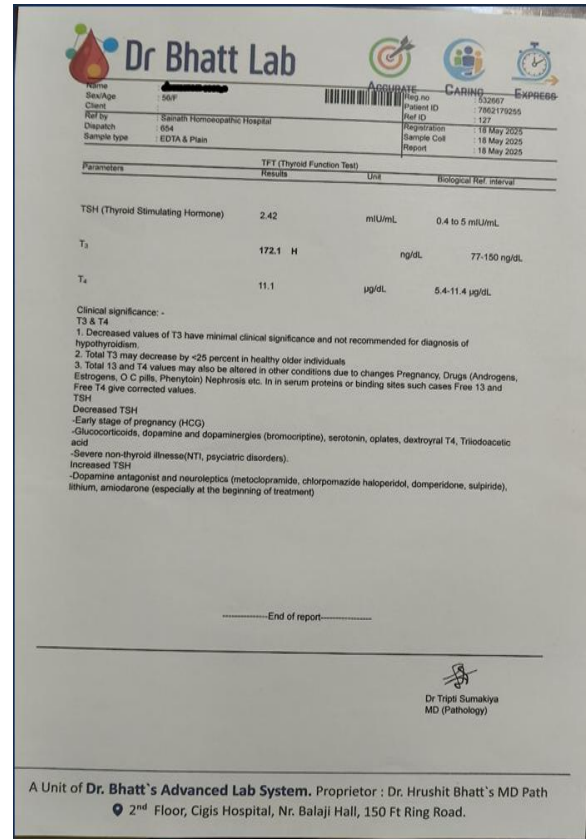
A limitation of this case report is its single-patient nature. Further research, including well-documented case series and controlled trials, is warranted to establish the role of homeopathy in managing thyroid disorders.

IV. CONCLUSION

This case report illustrates the potential of a well-chosen homeopathic constitutional remedy, Iodum, to bring about a comprehensive and sustained improvement in a patient with primary hyperthyroidism. The treatment not only addressed the local symptoms of the thyroid gland but also improved the patient's overall mental and physical state, with objective verification through normalized thyroid function tests.

V. APPENDIX

Remedy	Calc	Sulph	Natrum	Phos	Asa	Iod	Merc	Chin	Psor	Lach	Nibac	Arsi	Publ	Urt
Totally	22	22	21	21	20	19	19	19	19	18	18	17	17	17
Symptoms Covered	8	8	8	8	8	8	8	7	7	8	7	8	8	7
Kingdom														
[Kent] [Mind]HURRY: (72)	1	3	3	1	2	2	3			2		2	2	1
[Kent] [Mind]ANXIETY: (202)	3	3	2	3	3	3	2	3	3	2	3	3	3	3
[Kent] [Stomach]APPETITEIncreased (hunger in gener...	3	3	3	3	3	3	2	3	3	2	2	2	3	3
[Kent] [Generalities]EMACIATION: (116)	3	3	3	3	3	3	2	3	2	2	3	3	2	3
[Kent] [Perspiration]PROFUSE: (133)	3	2	3	2	3	1	3	3	3	2	2	1	2	3
[Kent] [Chest]PALPITATIONHEART: Exertion: (57)	3	2	3	3	3	3	2	3	3	3	3	2	2	2
[Kent] [Extremities]TREMBLING: Hand: (131)	3	3	3	3	2	2	3	2	2	2	3	2	2	1
[Kent] [Generalities]HEAT, FLUSHES OF: (117)	3	3	1	3	1	2	2	2	3	3	3	2	1	3



VI. ACKNOWLEDGMENT

I would like to thank the patient for her consent to publish this case report.

REFERENCES

- [1] J. U. Duncombe, "Infrared navigation—Part I: An assessment of feasibility," IEEE Transactions on Electron Devices, vol. ED-11, pp. 34–39, Jan. 1959.
- [2] S. Hahnemann, Organon of Medicine, 6th ed. New Delhi, India: B. Jain Publishers, 2002, pp. 101–105.
- [3] J. J. Gagnier, G. Kienle, D. G. Altman, D. Moher, H. Sox, and D. Riley, "The CARE guidelines: Consensus-based clinical case reporting guideline development," Journal of Clinical Epidemiology, vol. 67, no. 1, pp. 46–51, Jan. 2014.
- [4] H. B. Burch and L. Wartofsky, "Life-threatening thyrotoxicosis: Thyroid storm," Endocrinology and Metabolism Clinics of

- North America, vol. 22, no. 2, pp. 263–277, Jun. 1993.
- [5] F. Schroyens, *Synthesis: Repertorium Homeopathical Syntheticum*, 9.1 ed. New Delhi, India: B. Jain Publishers, 2012.
- [6] W. Boericke, *Pocket Manual of Homoeopathic Materia Medica and Repertory*. New Delhi, India: B. Jain Publishers, 2002, pp. 360–362.
- [7] S. P. van Haselen, “The Homeopathic Causality Assessment Checklist (HCAC)—A new tool for evidence-based homeopathy,” *Homeopathy*, vol. 105, no. 1, pp. 6–10, Feb. 2016.
- [8] J. T. Kent, *Lectures on Homoeopathic Philosophy*. Berkeley, CA, USA: North Atlantic Books, 1979, pp. 150–155.