Clinical Effectiveness of Individualised Homoeopathic Treatment in Primary Hypothyroidism: A Prospective, Interventional Clinical Study

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Abstract—**Background: Primary hypothyroidism is a common endocrine disorder, characterised by thyroid hormone deficiency and metabolic slowing. Conventional levothyroxine sodium supplementation is effective in stabilising serum thyroid-stimulating hormone (TSH) in 80–90% of patients. This clinical study evaluated the efficacy of individualised homoeopathic treatment in primary hypothyroidism.**

Objective: To evaluate the clinical and biochemical effectiveness of individualised homoeopathic medicines in primary hypothyroidism and to identify the most frequently indicated constitutional remedies, miasmatic representations, and potency patterns.

Methodology: A prospective, interventional, single-arm clinical trial of 30 consenting adults with primary hypothyroidism was conducted over a 9-month follow-up period. Complete case-taking and repertorisation (using Synergy Materia Medica Software) were performed to select a single constitutional remedy starting at 30C potency. Serum TSH, T3, and T4 levels were measured every 3 months. We graded tissue-level hypothyroid status using the Zulewski Clinical Score (seven symptoms, five signs) before and after treatment. A paired t-test was used for statistical analysis.

Results: Out of 30 patients, 22 (73.3%) showed marked clinical and biochemical improvement. Mean serum TSH levels decreased from 11.11 ± 6.02 mIU/L to 6.82 ± 5.93 mIU/L ($p < 0.0001$, highly significant). The mean Zulewski Clinical Score significantly decreased from 5.53 ± 1.17 to 2.27 ± 1.66 ($p < 0.0001$). Calcarea carbonica (13.33%), Bryonia, Ferrum Met, Natrum Mur, and Pulsatilla (10.0% each) were the most frequently indicated constitutional remedies. Chronic sycotic miasm (60%) predominated. Non-response was limited to four cases (13.3%), notably both cases of syphilis miasm.

Conclusion: Individualised homoeopathic treatment is highly effective in restoring biochemical thyroid balance, providing complete clinical relief, and improving general well-being. It represents a safe, holistic, and affordable alternative or adjunctive therapeutic approach to lifelong hormone replacement therapy.

Index Terms—**Primary Hypothyroidism, Individualised Homoeopathy, Constitutional Similimum, Zulewski Clinical Score, Thyroid-Stimulating Hormone (TSH), Miasms, Sycosis.**

I. INTRODUCTION

Thyroid disease is one of the most prevalent endocrine disorders globally, posing a major public health challenge (1). In India alone, the clinical burden is massive, with an estimated 42 million people suffering from thyroid-related disorders, of which primary hypothyroidism is the most frequent manifestation (2). The clinical presentation of primary hypothyroidism is characterised by a generalised slowing of metabolic and physiological processes due to deficient thyroid hormone production. The typical presentation includes chronic fatigue, somnolence, cold intolerance, dry, rough skin, hair loss, constipation, hoarseness of voice, memory impairment, periorbital puffiness, and unexplained weight gain (1, 2, 3). Conventional therapeutic management relies almost exclusively on lifelong hormone replacement using synthetic levothyroxine sodium. Although levothyroxine successfully normalises serum thyroid-stimulating hormone (TSH) levels in 80% to 90% of cases, a significant subset of 10% to 20% of patients report persistent cognitive, somatic, and emotional symptoms despite achieving biochemical euthyroidism (1, 3). Crucially, synthetic

levothyroxine replacement therapy carries an inherent risk of side effects and overtreatment, which is reported in 14% to 21% of patients. (1, 3). Consequently, patients often seek complementary and alternative medicine systems, including homoeopathy, to avoid lifelong drug dependency and manage persistent symptoms safely.

Homoeopathy is a holistic system of medicine based on the therapeutic law of similars, "like cures like", where rather than employing a "one-size-fits-all" hormone substitution model, homoeopathic therapeutics focuses on the dynamic plane, recognising disease as a dynamic derangement of the vital force (4, 5). Curative intervention is directed toward selecting a constitutional "similimum" - a single remedy chosen based on the patient's unique totality of symptoms, encompassing mental generals, physical characteristics, particular tissue-specific expressions, and the underlying miasmatic background. (4, 5). Recent clinical evidence (2016–2026) has demonstrated successful restoration of thyroid function, biochemical TSH reduction, and clinical symptom resolution under individualised homoeopathic treatment (6, 7, 8). In children with subclinical hypothyroidism, exploratory randomised controlled trials (RCTs) reported TSH normalisation in 85.94% of cases under homoeopathy, compared with 64.29% in the placebo group, demonstrating preventative action against disease progression (9). In adult cohorts, multi-arm comparative studies have shown that individualised homoeopathy alone or as an adjuvant to levothyroxine significantly reduces drug dependency, tapers thyroxine dosage, and achieves superior symptom relief (10, 11, 12).

Despite these positive findings, a significant research gap persists in terms of systematic prospective trials documenting the efficacy of constitutional homoeopathy alone in primary hypothyroidism. This study was designed to evaluate the clinical, biochemical, and miasmatic effectiveness of individualised homoeopathic medicines in primary hypothyroidism.

II. MATERIALS AND METHODS

2.1 Study Design & Setting

This prospective, interventional, single-arm clinical trial was conducted at the outpatient departments (OPDs), peripheral clinics, and organised camps of Shree B. G. Garaiya Homoeopathic Medical College and Hospital, Kalipat, Rajkot, Gujarat, India. The study enrolled 30 patients diagnosed with primary hypothyroidism based on clinical signs, symptoms, and baseline laboratory investigations. The active clinical study and individual patient follow-up spanned a rigorous 9-month period for each case.

2.2 Selection Criteria

Inclusion Criteria: Consenting adults of both sexes, aged between 15 and 40 years, presenting with primary hypothyroidism (biochemically confirmed by elevated serum TSH > 5.0 mIU/L, with or without low T3/T4) and presenting clinical features of tissue thyroid hypofunction.

Exclusion Criteria: Patients with secondary or tertiary (central) hypothyroidism, severe congenital thyroid anomalies, thyroid malignancies, pregnant or lactating females, or patients suffering from severe uncontrolled systemic complications such as cardiovascular failure, end-stage renal disease, or advanced psychiatric disease.

Withdrawal Criteria: Patients who experienced serious medical complications during the study requiring emergency conventional intervention, patients who expressed a desire to withdraw, or patients who demonstrated poor therapeutic compliance (defined as skipping more than two consecutive monthly follow-ups).

2.3 Outcome

To objectively screen and monitor the tissue-level clinical severity of hypothyroidism, the study utilised the Basel University Zulewski Clinical Score (15). It consists of 12 clinical components: 7 patient-reported symptoms and 5 physical signs assessed by the clinician, with each present feature scored as 1 point and absent as 0. The diagnostic severity was stratified as follows: ≤ 2 indicates a euthyroid state; 3 to 5 indicates intermediate hypothyroidism; and > 5 indicates overt hypothyroidism (15).

Table 1: Components of the Zulewski Clinical Score for Hypothyroidism

Category	Clinical Component Assessed	Clinical Criteria for Positive Score (1 Point)
Symptoms (7)	Diminished Sweating	Patient reports lack of sweat in a warm room or on a hot summer day.

Symptoms	Hoarseness of Voice	Noticeable change in speaking or singing voice
Symptoms	Paraesthesia	Subjective sensation of numbness or tingling
Symptoms	Dry Skin	Spontaneous skin dryness requiring topical moisturisers
Symptoms	Constipation	Infrequent bowel movements or chronic dependency on laxatives
Symptoms	Hearing Impairment	Progressive or subjective decrease in hearing acuity
Symptoms	Weight Increase	Recorded weight gain or noticeable tightness of clothes
Physical Signs (5)	Slow Movements	Slowness of gait, walking, or sitting observed in OPD
Physical Signs	Delayed Ankle Reflex	Delayed relaxation phase of the Achilles tendon reflex
Physical Signs	Coarse Skin	Thickened, rough, or scaly texture of forearms and elbows
Physical Signs	Periorbital Puffiness	Swelling around eyes obscuring the malar bone curve
Physical Signs	Cold Skin	Hands feel colder compared to the examiner's hand.
Summary	Total Score (0 - 12)	≤2: Euthyroid | 3-5: Intermediate | >5: Overt Hypothyroidism

2.4 Prescribing Protocol

Meticulous case-taking was performed for every patient following the classical clinical guidelines laid down by Hahnemann in Aphorisms 83 to 104 in the Organon of Medicine (4). Individualised constitutional remedies were selected based on the totality of symptoms, incorporating mental generals, physical characteristics, specific modalities, food cravings/aversions, and miasmatic evaluation. Repertorisation was conducted systematically using Synergy Materia Medica Software, and the shortlisted medicines were verified against classic homoeopathic Materia Medicas, including those by Boericke, Allen, and Phatak (19, 20). All remedies were administered orally. Prescribing commenced uniformly with the 30C potency, administered in b.i.d. (twice daily) doses for 15 days, followed by placebo. Repetition and dosage modification were strictly guided by the patient's individual susceptibility, symptom progress, and classical homoeopathic principles (4). Follow-up consultations occurred monthly, during which the patient's Zulewski score was updated. Quantitative biochemical monitoring (serum T3, T4, and TSH) was performed every 3 months.

2.5 Statistical Analysis

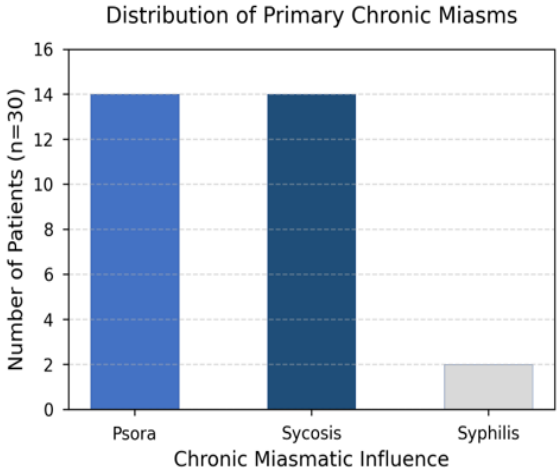
Quantitative variables are expressed as mean ± standard deviation (SD). The statistical significance of differences between pre-treatment and post-treatment means for serum TSH, total T3, total T4, and Zulewski Clinical Scores was evaluated using a paired t-test. Statistical significance was set at a p-value threshold of < 0.05. Analysis was performed using standard statistical functions in Python.

III. OBSERVATIONS AND RESULTS

3.1 Demographic Profile

Of the 30 randomly selected hypothyroid patients, the mean age of the cohort was 30.8 years, with a range of 19 to 40 years. The age distribution demonstrated a peak incidence of hypothyroidism in young and middle-aged adults. The gender distribution showed 16 males (53.33%) and 14 females (46.67%), reflecting a relatively balanced representation of sexes in this hospital-based sample.

3.2 Clinical and demographic characteristics



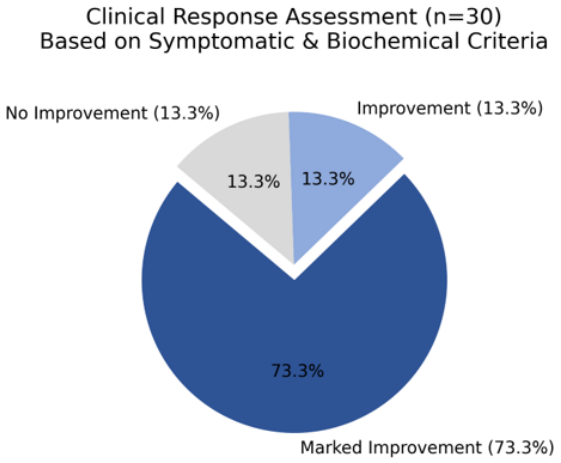


Figure 1: Distribution of chronic miasms (left) and clinical improvement outcomes (right) among study participants (n=30).

3.3 Biochemical and Clinical Response

Individualised homoeopathic treatment yielded highly statistically significant improvements in both serum biochemical markers and tissue-level hypothyroid scores. The mean serum TSH levels demonstrated a sharp and steady decline over the 9-month follow-up period, decreasing from 11.11 ± 6.02 mIU/L at baseline to 8.81 mIU/L at 3 months, 7.80 mIU/L at 6 months, and finally reaching 6.82 ± 5.93 mIU/L at 9 months. This downward trend represents a highly significant biochemical improvement ($p < 0.0001$).

The tissue-level clinical status of hypothyroidism, as measured by the Zulewski Clinical Score, improved dramatically, with the mean score decreasing from 5.53 ± 1.17 (overtly hypothyroid range) to 2.27 ± 1.66 (approaching the normal euthyroid range) ($P < 0.0001$).

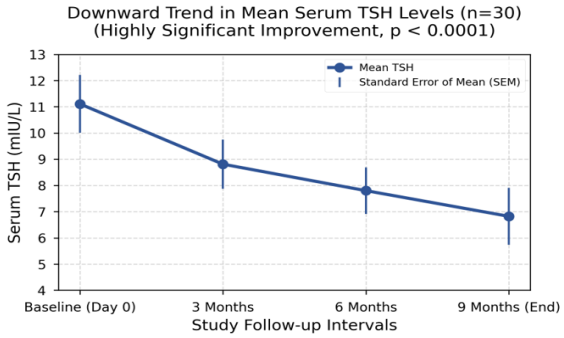


Figure 2: Time-course decline in mean serum TSH levels (mIU/L) over 9 months of individualised homoeopathic treatment

Furthermore, circulating thyroid hormone levels increased significantly: total serum T3 rose from a baseline mean of 1.10 ± 0.19 ng/mL to 1.29 ± 0.14 ng/mL ($p < 0.0001$), and total serum T4 rose from 4.92 ± 0.68 µg/dL to 6.34 ± 0.94 µg/dL ($p < 0.0001$).

Table 2: Statistical Summary of Clinical and Biochemical Treatment Outcomes (n=30)

Clinical Parameter	Pre-Treatment Mean ± SD	Post-Treatment Mean ± SD	p-value	Statistical Significance
Zulewski Clinical Score (0-12)	5.53 ± 1.17	2.27 ± 1.66	< 0.0001	Highly Significant
Serum TSH (mIU/L)	11.11 ± 6.02	6.82 ± 5.93	< 0.0001	Highly Significant
Serum Total T3 (ng/mL)	1.10 ± 0.19	1.29 ± 0.14	< 0.0001	Highly Significant
Serum Total T4 (µg/dL)	4.92 ± 0.68	6.34 ± 0.94	< 0.0001	Highly Significant

3.4 Homoeopathic Therapeutics and Remedy Distribution

A total of 16 different individualised constitutional remedies were prescribed. Calcarea carbonica was the most frequently indicated remedy, prescribed in 4 cases (13.33%). Bryonia Alba, Ferrum Metallicum, Natrum Muriaticum, and Pulsatilla were each prescribed in 3 cases (10.0%). Apis Mellifica, Arsenic Album, and Nux Vomica were each indicated in 2 cases (6.67%). Eight remedies Calcarea Phosphorica, China Officinalis, Hepar Sulphuris Calcareum, Kali Carbonicum, Mercurius Solubilis, Sulphur, Thuja Occidentalis, and Carbo Vegetabilis were each prescribed in 1 case (3.33%).

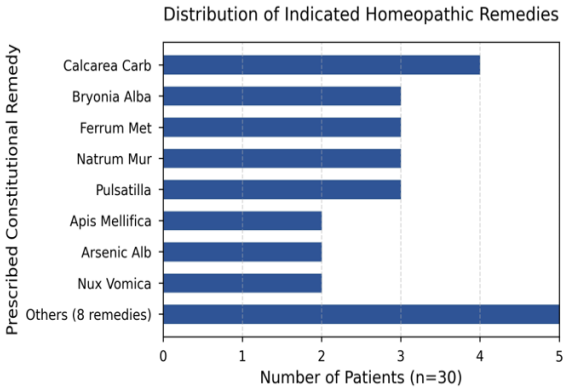


Figure 3: Frequency distribution of prescribed individualised homoeopathic constitutional medicines

3.5 Overall Clinical Assessment

Based on clinical and biochemical criteria (somatic symptom clearance and TSH normalisation), the outcomes were classified as follows:

1. Marked Improvement (73.3%, n=22): Complete physical and mental well-being, full resolution of presenting complaints, and a statistically significant reduction in serum TSH.
2. Improvement (13.3%, n=4): Substantial decline in intensity and frequency of presenting symptoms, improved tissue-level score, but no corresponding reduction in biochemical TSH levels.
3. No Improvement (13.3%, n=4): No significant clinical or biochemical change after 9 months of active therapy.

IV. DISCUSSION

The clinical and biochemical findings of this prospective 9-month interventional study demonstrate the therapeutic efficacy of individualised homoeopathic treatment in primary hypothyroidism, leading to highly significant improvements ($p < 0.0001$) across all primary clinical and laboratory markers.

4.1 Homoeopathic Philosophy and Chronic Miasms

In classical homoeopathic philosophy, thyroid disorders are not viewed as localised glandular diseases but rather as somatic manifestations of deep-seated dynamic disharmony of the vital force (4). Hahnemann stated in Aphorism 11 that acute and chronic diseases represent dynamic derangements of the vital principle (4). Individual susceptibility, determined by hereditary factors and environmental stressors, dictates the expression of symptoms across three integrated planes: the emotional, intellectual, and physical-somatic (4, 5). Therefore, the homoeopathic physician perceives the clinical presentation not as a collection of diagnostic labels, but as a rich tapestry of peculiar, singular, and striking symptoms (Aphorisms 6 and 153) (4, 5, 20). Furthermore, chronic diseases are fundamentally rooted in primary chronic miasms Psora, Sycosis, and Syphilis (4). Psora is the fundamental mother of all chronic diseases, presenting as functional hypersensitivity, physiological irritation, and nervous instability (4, 20). Sycosis is characterised by sluggishness, metabolic slowdown, tissue infiltration, fluid retention, periorbital and pretibial oedema, and excessive tissue accumulation (4). Syphilis is characterised by structural destruction, organic degeneration, necrosis, and autoimmune self-destruction (4, 20). Primary hypothyroidism presents with a predominant sycotic miasmatic expression, as evidenced by cellular inactivity, massive mucopolysaccharide infiltration (myxedema), clinical bradycardia, physical-mental sluggishness, dry thickened skin, and weight gain despite decreased appetite (4, 20). Successful treatment requires the prescription of an individualised constitutional medicine that matches the miasmatic and symptomatic totality, effectively acting on the HPT axis to restore homeostatic balance.

4.2 Core Constitutional Remedies

The most frequently indicated constitutional medicines and their specific clinical cases deserve detailed therapeutic analysis:

1. Calcarea Carbonica: Indicated in chilly, flabby, overweight individuals with dry, cold skin, marked physical-mental sluggishness, profuse scalp perspiration, and deep anxiety regarding their future (6, 17, 19).
2. Bryonia Alba: Indicated in individuals presenting extreme dryness of mucous membranes and skin, intense thirst for large quantities of cold water, constipation with dry, hard stools, a marked aversion to being disturbed, and a constant, workaholic desire to speak of business matters (6, 19)
3. Ferrum Metallicum: Prescribed in robust, strong-willed, dictatorial women presenting with severe anaemia, weakness, heaviness, physical oedema, cold skin, and menstrual irregularities (19).
4. Natrum Muriaticum: Indicated in reserved, taciturn, emotionally sensitive individuals with a history of suppressed grief, salt cravings, waking headaches aggravated by the sun, dry skin, and brittle nails (16, 19).
5. Pulsatilla Pratensis: Indicated in gentle, mild, yielding females who are highly sensitive, seek consolation, have scanty, delayed, or irregular menses, are thirstless, and feel significantly better in the open air (6, 19).

4.3 Analysis of Prescribing Patterns and Potency

All patients commenced therapy with the 30C potency, which was highly suited to the chronic, slow-developing nature of hypothyroidism (6, 20). Of 30

patients, 22 (73.33%) responded successfully to the 30C potency without requiring any change in potency over the 9-month period. Only 8 patients (26.67%) required a change of potency (to 200C or higher) due to an initial plateau in symptom relief or stagnating laboratory parameters. After the potency adjustment, four of these patients responded positively and showed further clinical improvement, whereas four remained completely non-responsive (6).

4.4 Miasmatic Dynamics and Non-Responders

The homoeopathic interpretation of chronic endocrine diseases is intrinsically linked to the concept of miasms. In this study, the sycotic miasm predominated (60% of the cohort), characterised by metabolic inactivity, glandular sluggishness, tissue infiltration (puffiness, periorbital oedema), and weight gain (4, 20). Individualised homoeopathy, by acting on the dynamic plane, successfully neutralised this sycotic stagnation, restoring healthy glandular function and endocrine homeostasis (15, 20). Crucially, the four non-responders in this study provide valuable clinical insights. The chronic, destructive, and degenerative nature of the syphilitic miasm represents organic structural damage and cellular-glandular atrophy of the thyroid gland, which may limit the clinical scope of dynamic remedies alone and require prolonged intercurrent miasmatic therapy or baseline levothyroxine substitution.

4.5 Limitations and Future Directions

While the statistical significance of this prospective study is highly encouraging, certain clinical limitations must be acknowledged. The study was a single-arm interventional trial with a relatively small sample size (n=30) and lacked a concurrent control group or a double-blinded design (1, 6). Furthermore, the 9-month follow-up period, although sufficient to demonstrate clinical and biochemical trends, is relatively short for a lifelong chronic metabolic condition. Future studies should focus on large-scale, multi-center randomized controlled trials (RCTs) with long-term follow-up to evaluate the durability of homoeopathic treatment and its potential for complete, permanent biochemical cure of hypothyroidism.

V. CONCLUSION

This prospective interventional clinical study demonstrates that individualised homoeopathic treatment is highly effective in managing primary hypothyroidism, achieving both tissue-level somatic symptom clearance and statistically significant reductions in serum TSH ($p < 0.0001$). Under constitutional homoeopathic care, 73.3% of patients successfully returned to a euthyroid state, demonstrating that constitutional homoeopathy can serve as a viable, safe, and effective therapeutic alternative to lifelong synthetic hormone replacement therapy, particularly in cases with persistent symptoms or levothyroxine intolerance. This study highlights the necessity of thorough case-taking, precise repertorisation using the totality of symptoms, and deep miasmatic understanding to select the correct constitutional similimum. Continued scientific exploration and large-scale clinical trials are highly warranted to further integrate homoeopathy into the mainstream clinical management of chronic endocrine disorders.

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