

Clinical Evidence Of Thyroidinum In Hypothyroidism: A Case Based Approach

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ABSTRACT

Hypothyroidism is a common endocrine disorder characterized by inadequate production of thyroid hormones, leading to a spectrum of systemic manifestations such as fatigue, weight gain, cold intolerance, constipation, hair fall, and mood disturbances. Conventional treatment typically requires lifelong levothyroxine replacement therapy, which is associated with concerns of compliance, dependency, and side effects. Homoeopathy, with its holistic and individualized approach, offers an alternative therapeutic modality. This case study highlights the role of Thyroidinum, a well-recognized homoeopathic remedy derived from the dried thyroid gland of sheep, in the management of primary hypothyroidism. A 35-year-old female with classical symptoms of hypothyroidism was treated over 6 months, assessed using Zulewski's clinical score and laboratory parameters (TSH levels). Marked improvement was observed in both subjective symptoms and objective biochemical values, with enhanced quality of life and reduced reliance on allopathic medication

1. INTRODUCTION

Hypothyroidism affects approximately 5–10% of the adult population worldwide, with a higher prevalence among women. The condition is characterized by insufficient thyroid hormone production, resulting in a slowdown of metabolic processes. Symptoms often include persistent fatigue, weight gain, cold intolerance, constipation, hair fall, dry skin, mood changes, and menstrual irregularities. Although levothyroxine remains the standard of care, many patients experience incomplete symptom relief or develop dependency and compliance-related issues. This has led to increasing interest in complementary and alternative therapies.

Homoeopathy, based on the principle of similia similibus curentur, views disease as a disturbance of the vital force and prescribes remedies based on symptom similarity. Thyroidinum, prepared from the dried thyroid gland, has been historically used to manage conditions of metabolic sluggishness, obesity, hair fall, and skin disorders. This case study explores the therapeutic role of Thyroidinum in hypothyroidism using clinical scoring and laboratory follow-up.

2. CASE REPORT

Patient Information

- Age/Sex: 35-year-old female
- Presenting Complaints: Persistent fatigue for 8 months, intolerance to cold, hair fall, dry skin, constipation with unsatisfactory stool, swelling of face in the morning.

History of Presenting Complaints

- Gradual weight gain of 6 kg in the past year despite normal appetite.
- Supplements taken for weakness without relief.

Past History

- No history of diabetes, hypertension, tuberculosis, or major illness.
- No prior surgery.

Personal History

- Diet: Vegetarian, moderate appetite.
- Sleep: Unrefreshing, with daytime drowsiness.
- Addictions: None.
- Menstrual History: Regular but scanty flow.
- Family History
- Mother: Hypothyroidism (on levothyroxine).
- Father: Hypertension.

Physical Generals

- Thirst: Less.
- Desire: Sweets and fried food
- Aversion: Spicy food
- Thermals: Cannot tolerate Cold, prefers warmth
- Perspiration: Scanty
- Bowel: Constipation with hard stools.

Mind

- Anxious about health and future
- Tendency to weep easily
- Feels sluggish, indifferent to household work

Physical Examination

General Examination:

- Pulse: 62/min, regular
- Blood pressure: 118/74 mm Hg
- Weight: 72 kg.
- Pallor: Mild• Thyroid gland: Non enlarged
- Lab Report: TSH 9.8 μIU/ml (elevated); T3 & T4 borderline Low.

Clinical Examination

- CVS: Pulse 62/min, regular, heart sounds normal.
- RS: Breath sounds Vesicular, no added sounds.
- GIT: Abdomen soft, non-tender, bowel sounds present.
- CNS: Conscious, oriented.
- Locomotor: No deformity, mild muscular stiffness.

BASELINE ZULEWSKI'S SCORE

Symptom/Sign	Present/Absent	Score
Dry skin	Present	1
Puffy face	Present	1
Constipation	Present	1
Cold intolerance	Present	1

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Weight gain	Present	1
Hoarseness	Absent	0
Slow movements	Present	1
Slow reflex relaxation	Present	1
Coarse skin/hair	Present	1
Periorbital puffiness	Absent	0
Bradycardia	Absent	0
Delayed ankle reflex	Absent	0

Total Present: 8

Baseline Zulewski's score: 8/12, indicating significant hypothyroid symptoms.

PRESCRIPTION & DOSE

• Medicine: Thyroidinum 3X

• Dose: 2 tablets twice daily for 4 weeks

• Placebo: Sac lac. for continuity and observation in subsequent follow-ups.

ADVICE

- Regular exercise.
- Adequate hydration and high-fiber diet.
- Stress management through yoga and meditation.
- Periodic thyroid profile monitoring.

FOLLOW-UP SHEET

Follow-up	Symptoms	Zulewski's Score	Prescription
1st (4 wks)	Energy slightly better, constipation improving	6	Thyroidinum 3X continued
2nd (8 wks)	Hair fall reduced, skin less dry, mood improved	5	Thyroidinum 6X OD
3rd (12 wks)	Weight stable, bowel movements regular	4	Placebo
4th (16 wks)	Puffy face reduced, no new complaints	3	Placebo
5th (20 wks)	Increased stamina, TSH reduced to 6.1 μIU/ml	2	Thyroidinum 6X OD
6th (24 wks)	Asymptomatic, weight stable, TSH 4.8 μIU/ml	1	Placebo, Observation

3. RESULTS

Clinical Outcomes

- Zulewski's score reduced from 8 to 1 over 6 months.
- Subjective improvement noted in fatigue, skin, hair, bowel habits, and mood.
- Enhanced quality of life with reduced need for allopathic treatment.

Biochemical Outcomes (Thyroid Profile)

Baseline Thyroid Profile (Before Treatment, Day 0)

Test	Result	Reference Range	
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TSH	9.8 μIU/ml ↑	$0.4-5.0~\mu IU/ml$
Т3	78 ng/dl ↓	80 – 200 ng/dl
T4	4.6 μg/dl ↓	5.0 – 12.0 μg/dl

Interpretation: Hypothyroid state

Final Thyroid Profile (After 6 Months, 24 Weeks Follow-up)

Test	Result	Reference Range
TSH	4.8 μIU/ml	0.4 – 5.0 μIU/ml
T3	102 ng/dl	80 – 200 ng/dl
T4	8.1 μg/dl	5.0 – 12.0 μg/dl

Interpretation: Normalized thyroid function

4. DISCUSSION

This case demonstrates the potential role of Thyroidinum in the management of hypothyroidism. The patient presented with classical hypothyroid features and elevated TSH. Progressive reduction in Zulewski's score from 8 to 1 reflected marked clinical improvement.

While placebo effect and lifestyle modifications cannot be completely excluded, the timeline and specificity of symptom improvement suggest a significant role of Thyroidinum. The prescription was individualized, with potency adjustments made according to response. Both clinical (symptomatic relief) and biochemical (TSH reduction) improvements were observed, strengthening the evidence for its efficacy. These findings align with earlier reports on the use of Thyroidinum in metabolic disorders and highlight the scope of homoeopathy as a supportive therapy. Larger, controlled clinical trials are warranted to further validate its role and establish standardized treatment protocols.

5. CONCLUSION

This case underscores the efficacy of Thyroidinum in the individualized management of hypothyroidism. Improvements in both subjective symptoms and laboratory parameters reinforce the scope of homoeopathy as a supportive therapeutic modality. Future multi-centric trials with standardized protocols are recommended to substantiate these results for broader clinical application.

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