

Congenital Hypothyroidism Treated with Homoeopathy-A Case Report

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Abstract:

Congenital Hypothyroidism is a leading preventable cause of both physical and mental retardation. Levothyroxine is the treatment of choice with regular follow-up until the growth of child is complete. A 41/2 months old baby was brought to the OPD with increased Thyroid Stimulating Hormone (TSH) level since birth. He also had recurrent respiratory tract infection. He was under thyronorm which was stopped before one week since there is no improvement. After case taking and repertorisation, Calcarea carbonicum was prescribed depending on the totality symptoms which showed reduction in TSH and improvement in symptomatology. This shows that individualised Homoeopathic medicine is useful in treatment of Congenital Hypothyroidism. This is a single case report and more systematic study should be carried out for the generalization of the result.

Key words: Congenital Hypothyroidism, Homoeopathy, Thyroid Stimulating Hormone.

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Introduction:

Congenital hypothyroidism is the deficiency of thyroid hormones at birth. It is mainly due to dysgenesis of thyroid gland or dyshormonogenesis which results in primary hypothyroidism. When there is deficiency of Thyroid Stimulating Hormone (TSH) during birth it is known as central or secondary hypothyroidism.^[1] The prevalence of Congenital Hypothyroidism is approximately 1 in 2000 to 1 in 4000 live births.^[1,2,3] A leading cause of preventable growth and mental retardation in underdeveloped and developing countries is Congenital Hypothyroidism. ^[3] A

study based on 6-year Congenital Hypothyroidism screening program revealed that neonatal TSH is influenced by neonatal factors such as sex, season of birth, prematurity and birth weight and maternal factors such as pre-gestational autoimmune thyroid disease.^[4]

In Conventional medicine, Levothyroxine is the treatment of choice for Congenital Hypothyroidism with regular follow-ups until the growth of child is complete. ^[5] This is a single case study intended to explore the scope of Homoeopathy in bringing the TSH level to normal in a case of Congenital

Hypothyroidism and it will be beneficial to conduct further research in this topic to show the effectiveness of Homoeopathy.

Case History:

A 4 ½ months old baby was brought to the OPD on March 2019 with increased TSH level since birth. He also had recurrent attack of respiratory tract infections with cough which is aggravated during evening hours. The complaint was first noticed when he was admitted in the hospital for about two weeks due to fever, cough and rattling of mucus in chest. During hospitalization, he was found to have increased TSH and started thyronorm at his 22 days of age. The mother also noticed palpitation of child during breast feeding. Now the parents stopped giving thyronorm since 1 week. There is no relevant family history.

From the parents generals of the child was elicited. The child doesn't like covering, He used to kick off the clothes when covered. His bowel is irregular and passes stool once in 2 days. His urine is yellow coloured and offensive. He had increased sweat on scalp. The child was born by Caesarean session as he is overweight. The mother had a history of fear during pregnancy. No other relevant history was elicited.

Presenting concerns:

The child was brought to the OPD on March 2019 with increased TSH level since birth which was diagnosed at his 22 days of age during hospitalization for fever, cough and rattling in chest. The laboratory investigations revealed that the child is suffering from Congenital Hypothyroidism.

The TSH level on 10/11/2018 was 12.4 micro IU/ml. So Thyronorm 50 mcg was started. Then it was reduced and on 10/12/2018 TSH

became 4.64 micro IU/ml, on 22/01/2019 it was increased to 8.39 micro IU/ml, on 11/2/2019 it was again reduced to 1.50 micro IU/ml. On 23/3/2019, it was again increased to 7.46 micro IU/ml. Then they stopped taking Thyronorm and consulted in our OPD after 1 week.

Clinical Findings:

On examination all the vitals were normal. The child is active and responding well. There is no swelling in anterior part of neck. The body weight was 9 kg. Hence on the basis of clinical findings and investigations the case was diagnosed as Congenital Hypothyroidism

Case Analysis:

Totality of the case was erected and repertorised [Figure 1]. The rubrics considered for repertorisation are:

- Head-perspiration of scalp
- Rectum-constipation, children in
- Generals-complaints, children in
- Glands-thyroid, gland, general-hypothyroid

After repertorisation, *Calcarea carbonica* 200C/4 dose, one dose per week was given for one month. The medicine was continued for next month followed by *Sacharum lactis* for one month when the child developed constipation for one week. In the next visit, he developed reddish eruptions with itching all over the body for which *Sulphur* 200C/ 2 dose was prescribed. After that there was increase in his Thyroid Stimulating Hormone level *Thyroidinum* 200C/ 2 dose was prescribed. Then *Calcarea carb* 200 C was given in subsequent visits and the lab reports remained normal thereafter. Acute prescriptions were given in between depending up on the acute symptoms [Table 1].

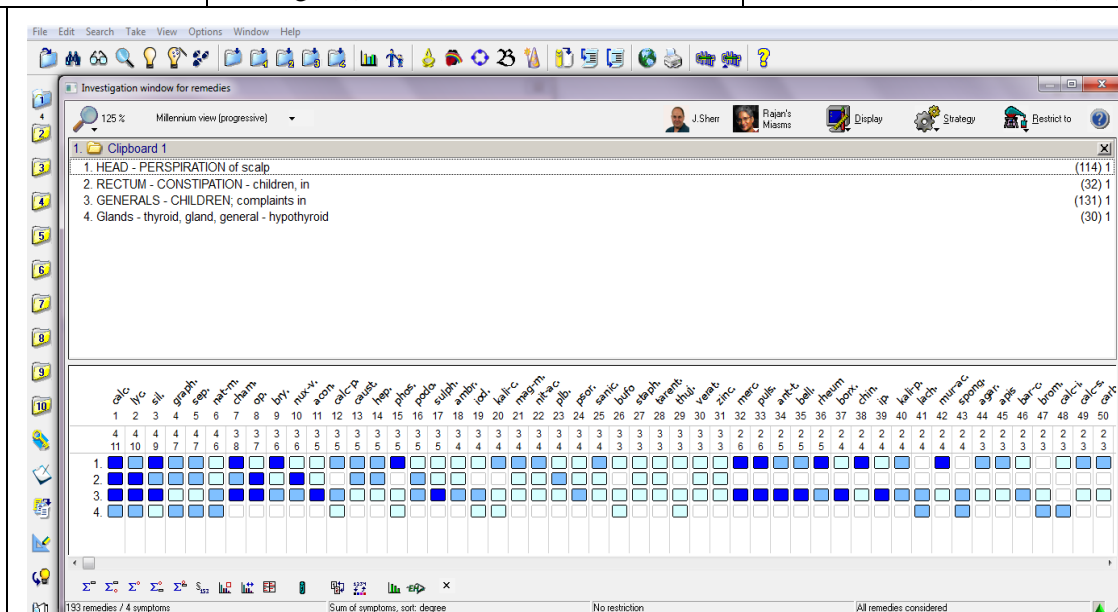
Table 1: Time line and follow up:

Date	Follow up	Medicine
28/03/2019	Recurrent respiratory tract infections. Stool passes once in 2 days. Increased sweat on head Hypothyroidism	Calcarea carbonicum 200C/4D (One dose a week)
25/4/2019	Generally feels better. No specific complaints	Calcarea carbonicum 200C/4D (One dose a week)
16/5/2019	Difficult to pass stool since 1 week, Hard stool Wt-9.4 kg	SL/4D
23/5/2019	Stool passed after 2 days Reddish eruptions all over the body with itching.	Sulphur 200 C/2 D in a week
27/6/2019	Stool-regular H/o vomiting after taking fruits. Vomited 6 times a day for which conventional treatment was given. Appetite and thirst reduced.	Thyroidinum 200C/2d one dose per week. Ipecac 200/5D (sos for vomiting)
11/7/2019	Generally feels better. Stool-Regular	Calcarea carbonicum 200C/2D (One dose a week)
25/7/2019	No specific complaints Generally feels better	Calcarea carbonicum 200C/2D (One dose once in 15 days)
29/8/2019	No specific complaints Generally feels better	Calcarea carbonicum 200C/2D (One dose once in 15 days)
31/9/2019	No specific complaints Generally feels better	Calcarea carbonicum 200C/2D (One dose once in 15 days)
31/10/2019	Occasionally rattling from throat Generals-Good	Calcarea carbonicum 200C/2D (One dose once in 15 days)
28/11/2019	Sensation of mucus in throat Coryza-watery	Calcarea carbonicum 200C/2D (One dose once in 15 days) Rhustox 200/5D (sos for coryza)
2/1/2020	Stool passes once in alternate days	Calcarea carbonicum 200C/2D (One dose once in 15 days)
30/1/2020	No specific complaints Generals-Good	Calcarea carbonicum 200C/2D (One dose once in 15 days)
5/3/2020	Stool-Regular, occasionally once in 2 days	Calcarea carbonicum 200C/2D (One dose once in 15 days)
2/4/2020	Stool-Regular No specific complaints	Calcarea carbonicum 200C/2D (One dose once in 15 days)
30/4/2020	No specific complaints	SL/4D (One dose once in 15 days)
9/5/2020	Fever since yesterday. Cough occ. Loose stool once. Weakness	Arsalb 30C/1D

2/7/2020	Cough relieved Stool-Irregular with hard stool	Calcarea carbonicum 200C/2D (One dose once in 15 days)
30/7/2020	Stool-Regular, occasionally once in 2 days Generally feels better	Calcarea carbonicum 200C/2D (One dose once a month)
30/9/2020	Generally better Constipated occ.	Calcarea carbonicum 200C/1D (One dose once a month)
30/10/2020	Generally better Constipated occ.	Calcarea carbonicum 200C/2D (One dose once a month)
3/12/2020	Stool-Regular Generally better	Calcarea carbonicum 200C/1D (One dose once a month)

Table 2: Investigations showing value of Free T4 and TSH

Date	Free T4	TSH
23/3/2019	1.01 ng/dl (0.8-2.0)	7.46 microIU/ml (0.7-6.4)
24/4/2019	0.98 ng/dl (0.8-2.0)	6.28 microIU/ml (0.7-6.4)
26/6/2019	0.83 ng/dl (0.8-2.0)	12.32 microIU/ml (0.7-6.4)
24/7/2019	0.91 ng/dl (0.8-2.0)	3.39 microIU/ml (0.7-6.4)
28/8/2019	0.93 ng/dl (0.8-2.0)	4.66 microIU/ml (0.7-6.4)
30/10/2019	0.87 ng/dl (0.8-2.0)	3.70 microIU/ml (0.7-6.4)
1/1/2020	1.12 ng/dl (0.8-2.0)	4.48 microIU/ml (0.7-6.4)
28/4/2020	0.90 ng/dl (0.8-2.0)	2.25 microIU/ml (0.7-6.4)
28/7/2020	1.01 ng/dl (0.8-2.0)	4.18 microIU/ml (0.7-6.4)
27/10/2020	0.97 ng/dl (0.8-2.0)	3.12 microIU/ml (0.7-6.4)


Figure 1: Repertory Chart

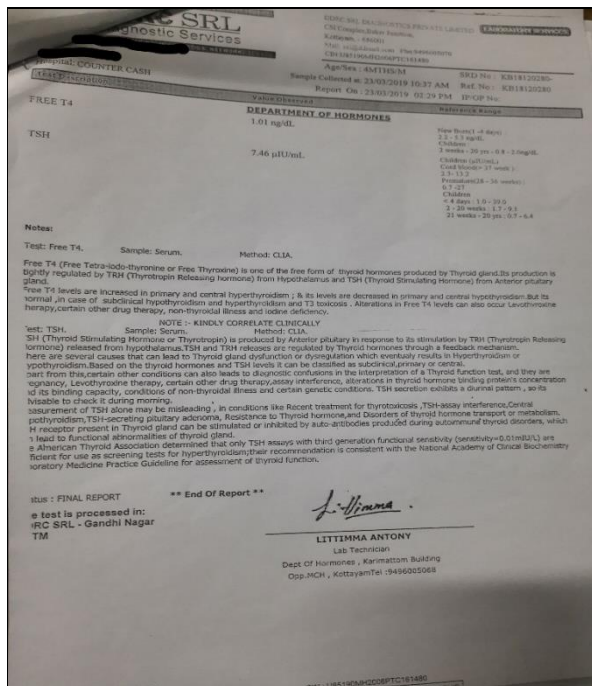


Figure 2: Investigation on 23/3/2019

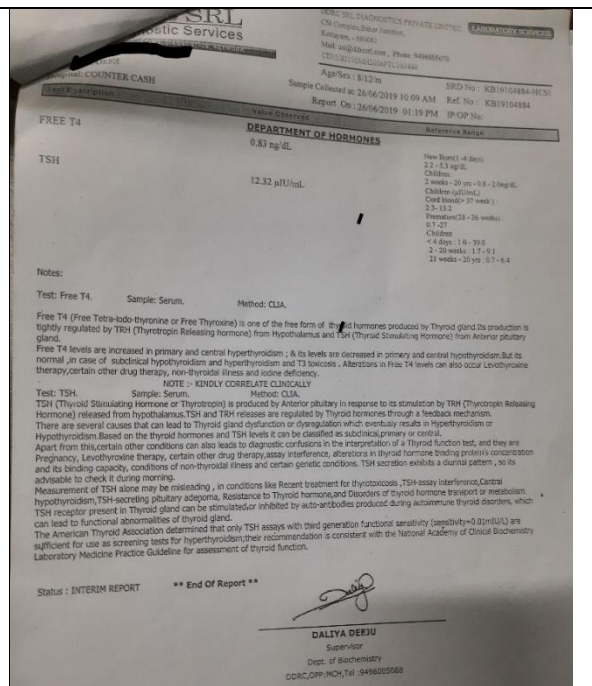


Figure 3: Investigation on 26/6/2019

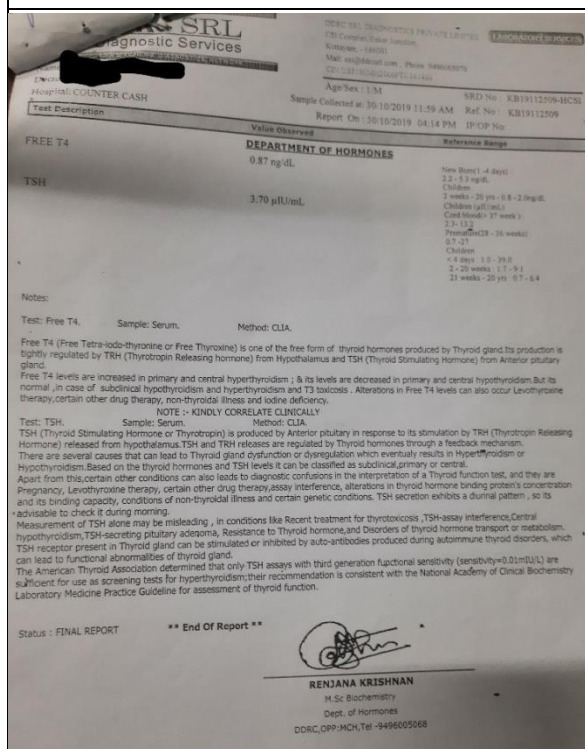


Figure 4: Investigation on 30/10/2019

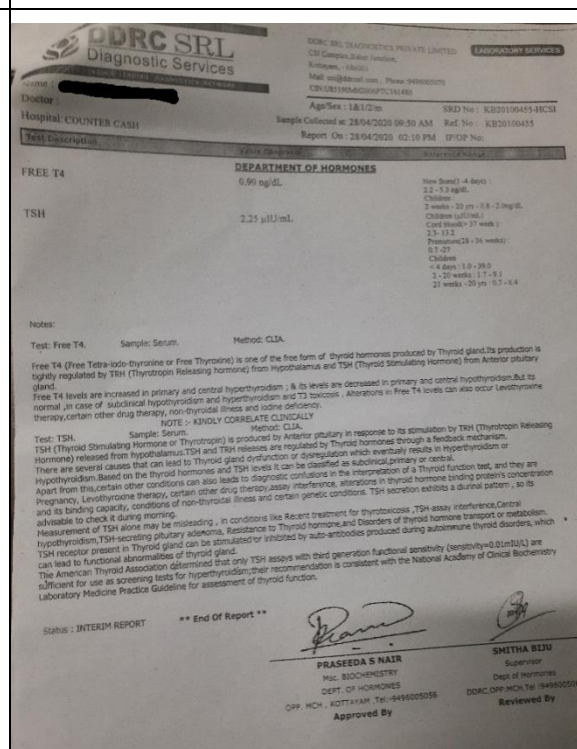
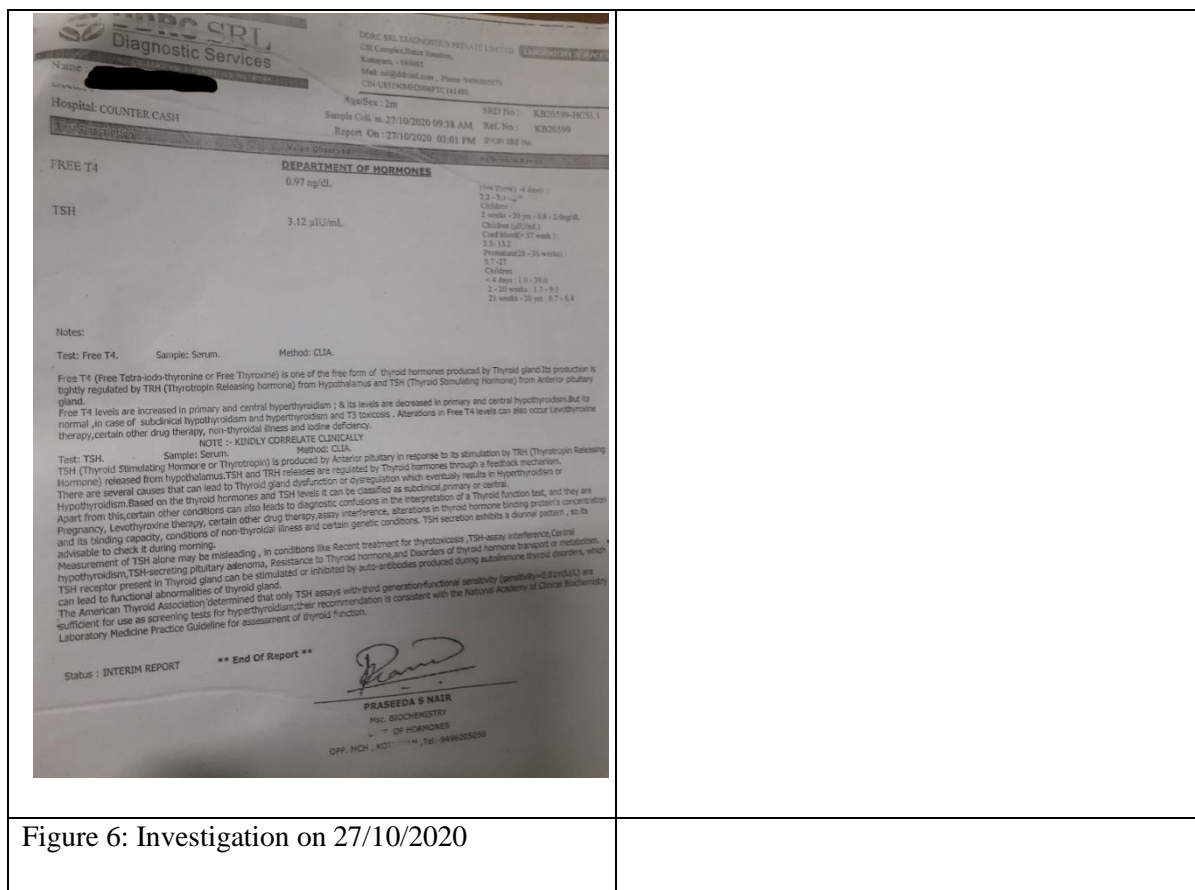


Figure 5: Investigation on 28/4/2020



Result and Discussion:

In the above case the child showed a marked reduction in his TSH levels which was brought back to normal along with reduction in symptomatology after administration of individualised Homoeopathic treatment.

Congenital Hypothyroidism is one of the leading cause of growth and mental retardation in newborn. As there is inverse relationship between age of diagnosis and Intelligent Quotient, the child should be made euthyroid as early as possible. In this case the child was found to have increased TSH at his 22 days of age. They opt for Hormonal replacement therapy which shows fluctuation in TSH levels. Since there is fluctuation in TSH levels, they stopped the conventional treatment and started with Homoeopathic treatment.

In the first visit after case taking and repertorisation, Calcarea Carbonicum 200 C/4 doses were prescribed for the patient. Calcarea Carbonicum has its action on glands and it is

also used for pituitary and thyroid dysfunction.^[6] In the second visit, child was prescribed with Saccharum lactissimae he developed constipation for one week considering that it may be the medicinal aggravation. The child developed reddish rashes all over the body with itching for which Sulphur 200C/1dose was given. As there is increase in TSH, he was prescribed with Thyroidinum 200C/2 doses as it has a striking effect on myxoedema and cretinism.^[6] Acute medicines were prescribed in between as sos when there is need. In the subsequent visits the child was followed with Calcarea Carbonicum which shows a marked reduction in TSH and remain normal in subsequent visits with improvement of the patient.

This case indicates that Homoeopathic medicines are useful in treatment of Congenital Hypothyroidism. This is a single case report and more detailed studies like case

series should be done for the generalization of results.

Conclusion:

This case shows a positive role of Homoeopathic treatment in the management of Congenital Hypothyroidism.

Limitation of study:

This is a single case report and more detailed studies like case series should be done for the generalization of results.

Consent of patient:

Written informed consent was obtained from the parent of the patient for publication of results of the treatment.

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