

Homoeopathy in the Management of Suspected Case of Papillary Thyroid Carcinoma - A Case Report

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ABSTRACT:

Papillary thyroid carcinoma is an epithelial malignancy showing follicular cell differentiation and distinctive nuclear features. It is the predominant form of thyroid cancer, accounting for 80 to 85% of all thyroid cancer cases. The tumor appears as an irregular solid mass, about 10% as metastatic disease at initial presentation. A lobectomy is an option for unifocal tumors smaller than 4cm with no evidence of extrathyroidal extension. A 21-year-old female, consulted in Endocrinology OPD of NHRIMH, Kottayam on 4 February 2020 with weakness of body, hair fall, hypopigmented patches on skin, headache on forehead while travelling and eye straining, ameliorated by vomiting. She had Thyroiditis with a solitary hypoechoic nodule (10 × 6 × 10 mm) in left lobe of thyroid gland, TBSRTC Category V and Suspicious for Papillary carcinoma as per the investigation on 25 July 2019. Elevated Serum ATG (575 IU/ml), ATPO (44.5 IU/ml). After thorough case-taking, homoeopathic treatment with *Phosphorus* 30, *Calc Phos* 200, 1M and *Thyroidinum* 1M led to remarkable improvement assessed using Modified Naranjo Criteria. With 27 months of individualized Homoeopathic treatment, No definite focal lesions noted and both lobes showed only features of Thyroiditis as per the investigation on 22 May 2023.

KEYWORDS: Anti Thyroglobulin, Anti Thyroid peroxidase, Homoeopathy, Papillary carcinoma, Thyroid.

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INTRODUCTION:

Papillary thyroid carcinoma (PTC) is an epithelial malignancy showing evidence of follicular cell differentiation and a set of distinctive nuclear features.^[1] PTC is the

most common type, accounting for 80-85% of well-differentiated thyroid malignancies. Characteristic cytologic features of PTC help make the diagnosis by FNAC or after surgical resection.^[2] It occurs predominantly in

middle-aged adults with a 3 to 1 female-to-male ratio, and the median age at presentation is 50 years.^[5]

In a report based on the Surveillance, Epidemiology, and End Results (SEER) database from 1975 to 2012, the incidence of PTC increased from 4.8 to 14.9 per 100,000.^[6,7] A recent report of autopsy results showed no difference in the prevalence of subclinical thyroid cancer through lifespan and different age groups.^[8] Latest thoughts in the medical community is that there is an obvious over diagnosis of thyroid cancer in general that might even result in overtreatment without necessarily changing the ultimate prognosis and mortality from the disease.^[9]

Micrometastases, defined as <2mm of cancer in lymph node, do not affect prognosis. However, gross metastatic involvement of multiple 2- to 3-cm lymphnodes indicates a 25-30% chance of recurrence and may increase mortality in older patients. Most papillary cancers are identified in the early stages (>95% stages I or II) and have an excellent prognosis, with survival curves similar to expected survival.^[2] Encapsulated noninvasive follicular variants of papillary thyroid carcinoma have recently been reclassified as a benign entity and renamed as "noninvasive follicular thyroid neoplasms with papillary like nuclear features."^[3]

Thyroid lobectomy alone is sufficient treatment for small, unifocal, intrathyroidal carcinomas in the absence of prior head and neck radiation, familial thyroid carcinoma, or clinically detectable cervical nodal metastases.^[4] After thyroidectomy, patients require lifelong thyroid hormone therapy, usually as monotherapy with levothyroxine (LT4). Since TSH can promote the growth of remaining PTC cells, the dosage of LT4 should initially be high enough to achieve suppression of

thyrotropin. The thyroid function should be checked after 6 to 8 weeks. TSH suppressive therapy carries an increased risk of complications.^[4] Homoeopathic remedies regulate pathological pathways in patients with endocrine cancer.^[10]

CASE HISTORY:

A 21-year-old female, consulted in Endocrinology OPD of NHRIMH, Kottayam on 4 February 2020 with weakness of body, hair fall, hypopigmented patches on skin(thigh), headache on forehead while travelling and eye straining, ameliorated by vomiting.

Hypopigmented patches started at the age of 17years after surgery for Retinal detachment. Headache started at the age of 14years, as pain in forehead region, better by vomiting. She had Marfan's syndrome at the age of 20 years, took allopathic treatment. She was the younger child of the family of 2 daughters. Her father had cardiac complaints, Mother had Nodular Goitre, Paternal family had Marfan's syndrome. Her educational status is M.com.

She had desire for chicken and intolerance to beef, which causes urticaria. Other generals were good and her reaction towards thermal-amphithermal. She had hairfall with dandruff. Her tongue shows blackish discoloration.

She attained menarche at the age of 10years, her menses is regular with dysmenorrhoea, 6 days duration with clots, LMP: 10/1/20. She also had leucorrhoea with no other associated symptoms. She was mild in nature.

Clinical Findings

On examination all the vitals was normal. There was swelling in anterior part of neck. Hence on the basis of clinical findings and investigations the case was diagnosed as Thyroiditis with Papillary carcinoma.

Diagnostic Assessment

A solitary hypoechoic nodule (10 × 6 × 10 mm) in left lobe of thyroid gland, TBSRTC Category V and suspicious for Papillary carcinoma as per the ultrasonogram done on 25 July 2019 [Figure 1 and 2]. Her TSH (8.1 mIU/L), ATG (575 IU/L) and ATPO (44.5 IU/ml), S.T4 (8.4 ug/ml) and S.T3(126 ng/ml) [Table 2].

THERAPEUTIC INTERVENTION:

Totality of the case was erected and repertorised using Synthesis repertory in RADAR software [Figure 3]. The rubrics considered for repertorisation are:

- Mind- Mildness
- Head- Hair- falling
- Head- pain- vomiting- amel.
- Mouth- Discoloration- Tongue- black.
- Ext.Throat- Thyroid gland; complaint of

- Female genitalia- Menses- clotted
- Skin- eruptions- urticaria
- Generals- F&D- beef-agg.
- Generals- F&D- chicken-desire
- Generals- weakness.

After repertorisation, *Phosphorus* 30/ 4 Doses, twice weekly for 2 weeks was prescribed. In the next visit, there was no relief of symptoms. Considering the totality again, on the basis of previous illness of retinal detachment and marfan's syndrome, there was a developmental assimilation. So a more suitable remedy having action in glandular enlargement *Calcarea phosphorica* 200/4D, weekly once for 1 month was prescribed. Acute prescriptions were given in between depending up on the acute symptoms. Antimiasmatic and intercurrent remedies were prescribed in between depending up on the need of the case [Table 1].

Table 1: Follow-up and outcome:

Date	Main complaints & Investigation findings	Prescription
13/02/20	Weakness and sleepy always. Vertigo occasionally. Backache <after lifting weight.	Rx <i>CALCAREA PHOS</i> 200/ 4D(1-0-0)
27/02/20	Sensation of something in throat ameliorated. Weakness reduced.	Rx <i>CALCAREA PHOS</i> 200/ 8D (1-0-0) 2days in a week.
28/05/20	Complaints generally reduced. Weakness reduced. Pricking pain in sides of neck. Hairfall reduced. Generals- good.	Rx <i>CALCAREA PHOS</i> 200/8D (1-0-0) 2days in a week.
09/07/20	Weakness reduced. Pricking pain in sides of neck reduced. No sensation of obstruction in throat. Hairfall reduced. Generals- good.	Rx <i>CALCAREA PHOS</i> 200/8D (1-0-0) 2days in a week.

03/08/20	Weakness reduced. Complaints feel better. Generals- good.	Rx <i>THUJA OCCIDENTALIS</i> 200/4D(1-0-0) once in a week.
17/09/20	Weakness better. Menses cycle regular. Dysmenorrhoea reduced. Generals- good.	Rx <i>CALCAREA PHOS</i> 200/16D (1-0-0) 2days in a week.
19/11/20	Complaints generally better. Menses- Regular. Generals- good.	Rx <i>CALCAREA PHOS</i> 200/16D (1-0-0) 2days in a week.
04/03/21	Complaints generally better. Generals- good.	Rx <i>CALCAREA PHOS</i> 200/4D + <i>SAC LAC</i> 4D (1-0-0) 2days in a week.
15/04/21	Weakness increased. LMP: 05/04/21, Menses lasted 7days.Profuse and Clotted, with dysmenorrhea. Generals- good.	Rx <i>CALCAREA PHOS</i> 1M/1D + <i>SAC LAC</i> 3D (1-0-0) 2days in a week.
16/05/21	USG: Thyroiditis; 16×12 mm solitary nodule in Thyroid(ACR-TIRADS III) T3- 1.17 ng/dl T4- 9.1 ug/ml TSH- 6.8 uIU/ml Generally feels better. Profuse menstruation than before.	Rx <i>THYROIDINUM</i> 1M/ 1D+ <i>SAC LAC</i> 3D (1-0-0) once a week.
17/06/21	T3- 137 ng/dl T4- 8.1 ug/ml TSH- 9.22 uIU/ml Weakness reduced. Generals- good.	Rx <i>CALCAREA PHOS</i> 1M/2D + <i>SAC LAC</i> 2D (1-0-0) in alternate weeks.
05/08/21	General relief. LMP: 28/07/21, Profuse flow, clotted. Weakness during menses. Generals- good.	Rx <i>CALCAREA PHOS</i> 1M/2D + <i>SAC LAC</i> 2D (1-0-0) in alternate weeks.
07/10/21	General relief to complaints.	Rx <i>CALCAREA PHOS</i> 1M/4D (0-0-1) once in 2 weeks.
27/01/22	General relief of complaints. Weakness on travelling. No new complaints. Generals- good.	Rx 1. <i>CALCAREA PHOS</i> 1M/4D + <i>SAC LAC</i> 4D (1-0-0) alternate weeks. 2. <i>BRYONIA ALBA</i> 200/6D (1-1-1)2days + 2D SOS.
05/05/22	Relief for complaints. Coryza and sneezing (since 2 months) <morning. Generals- good.	Rx 1. <i>CALCAREA PHOS</i> 1M/4D + <i>SAC LAC</i> 4D (1-0-0) alternate weeks. 2. <i>BRYONIA</i> 200/4D SOS for cough.

18/08/22	Weakness after fever, 1 month back. No new complaints.	Rx <i>CALCAREA PHOS</i> 1M/4D + <i>SAC LAC</i> 4D (1-0-0) alternate weeks.
01/12/22	Weakness reduced than before. No other complaints. Headache occasionally. Generals- good.	Rx <i>CALCAREA PHOS</i> 1M/4D + <i>SAC LAC</i> 4D (1-0-0) alternate weeks.
09/03/23	Complaints ameliorated. Weakness reduced. Headache only occasionally. Generals- good.	Rx <i>CALCAREA PHOS</i> 1M/4D + <i>SAC LAC</i> 4D (1-0-0) alternate weeks.
25/05/23	General relief of symptoms. Weakness improving. TSH (11/05/23)- 9.435 uIU/ml TSH (22/05/23)- 7.60 uIU/ml USG Thyroid- Both lobes and isthmus of Thyroid gland show diffuse altered echopattern.	Rx <i>CALCAREA PHOS</i> 1M/4D + <i>SAC LAC</i> 4D (1-0-0) alternate weeks.

Table 2: Investigations showing the value of Serum T3, T4, TSH, Anti TPO and Anti-TG:

Date	Serum T3	Serum T4	Serum TSH	Anti TPO	Anti Thyroglobulin
20/07/19	126 ng/ml	8.4 ug/ml	8.1 mIU/L	44.5 IU/ml	575 IU/ml
16/05/21	117 ng/ml	9.1 ug/ml	6.8uIU /ml		
17/06/21	137 ng/ml	8.1 ug/ml	9.22 uIU /ml		
25/05/23			7.60 uIU /ml		

Table 3: Assessment by Modified Naranjo Criteria score

Item	Yes	No	Not sure/N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible timeframe relative to drug intake?	+1		
Was there an initial aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms ultimately improved or changed)?	+1		
Did overall wellbeing improve?	+1		
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance	+1		

From deeper to more superficial aspects of the individual From the top downwards			
Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0

N/A: Not available

Table-4: Investigation Reports - USG Thyroid and FNAC.

Date	Investigation	Impression	Diagnosis
23/07/2019	USG Thyroid gland	Normal sized thyroid gland with heterogenous parenchyma and increased vascularity- Probably Thyroiditis. A solitary hypoechoic nodule (10 6 10 mm) in the midpole of the left lobe of thyroid gland.	
25/07/2019	FNAC Thyroid- Left lobe (USG Guided)	Moderately cellular smears show clusters and aggregates of thyroid follicular epithelial cells. Few papillaroid clusters with well defined anatomical borders seen. Follicular cells are slightly larger with round nuclei, fine glassy chromatin and moderate amount of cytoplasm. Few cells show intranuclear grooves and inclusions. Background shows scanty thin colloid admixed with blood.	Suspicious for Papillary Carcinoma (TBSRTC category 1)
22/05/2023	USG Thyroid gland	Both lobes and isthmus of thyroid gland show diffuse altered echopattern. No sonologically definite focal lesions noted in thyroid gland to extend visualized.	

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Patient Name: [REDACTED] Age: 20 yrs / F Date of Scan: 23-Jul-19 V

ULTRASOUND SCAN OF THYROID
 (Done by 11 MHz linear probe)

Measurements of the lobes of thyroid gland are as follows:-
 Right lobe measures 12 x 10 x 39mm.
 Left lobe measures 12 x 11 x 39mm.
 Isthmus measures 3mm.

Thyroid gland appears normal in size and heterogeneous in echotexture with increased vascularity.

A relatively well defined hypoechoic nodule measuring **10 x 6 x 10mm** is noted in the mid pole of left lobe of thyroid gland. No areas of calcification / cystic components / internal vascularity noted.

No retrosternal extension of thyroid seen.
 Neck vessels are normal.
 No significant cervical lymphadenopathy.

IMPRESSION:

- Normal sized thyroid gland with heterogeneous parenchyma and increased vascularity - Probably Thyroiditis.
- A solitary hypoechoic nodule in the left lobe of thyroid gland.

Suggest FNAC correlation.

Kindly bring the old reports for next visit.

DR. PRAVEEN KUMAR R. MBBS, MD.
 (Radiologist)

Sonological evaluation has its limitations and the report should be correlated with clinical and other relevant patient data.

Figure 1: Ultrasonography of Thyroid gland on 23rd July 2019

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Name	[REDACTED]	Reg. No.	S190725556
Age & Sex	Female, 20 Years	Reg. Date	25-07-2019 9:47AM
Doctor		Report On	25-07-2019 6:03PM
Cytology No	2229/2019	Hospital No	
Hospital	TRAVANCORE PTA		

CYTOLOGY REPORT

Nature of specimen: FNAC from thyroid (Lt) lobe (USS Guided).

Macroscopy: 4 smears.

Microscopy:
 Satisfactory for evaluation.
 Moderately cellular smears show clusters and aggregates of thyroid follicular epithelial cells. Few papillaroid clusters with well defined anatomical borders are seen. Follicular cells are slightly larger with round nuclei, fine glassy chromatin and moderate amount of cytoplasm. Few cells show intranuclear grooves and inclusions. Background shows scanty thin colloid admixed with blood.

Diagnosis:
 Suspicious for Papillary Carcinoma.
 (TBSRTC category V)

Comment: Advise excision.

...end of the report...
 DR. VINUKUMAR V.
 MBBS, MD (Path), DBM, IFCAP
 Consultant Pathologist

Figure 2: Fine Needle Aspiration Cytology Report of Thyroid on 25th July 2019

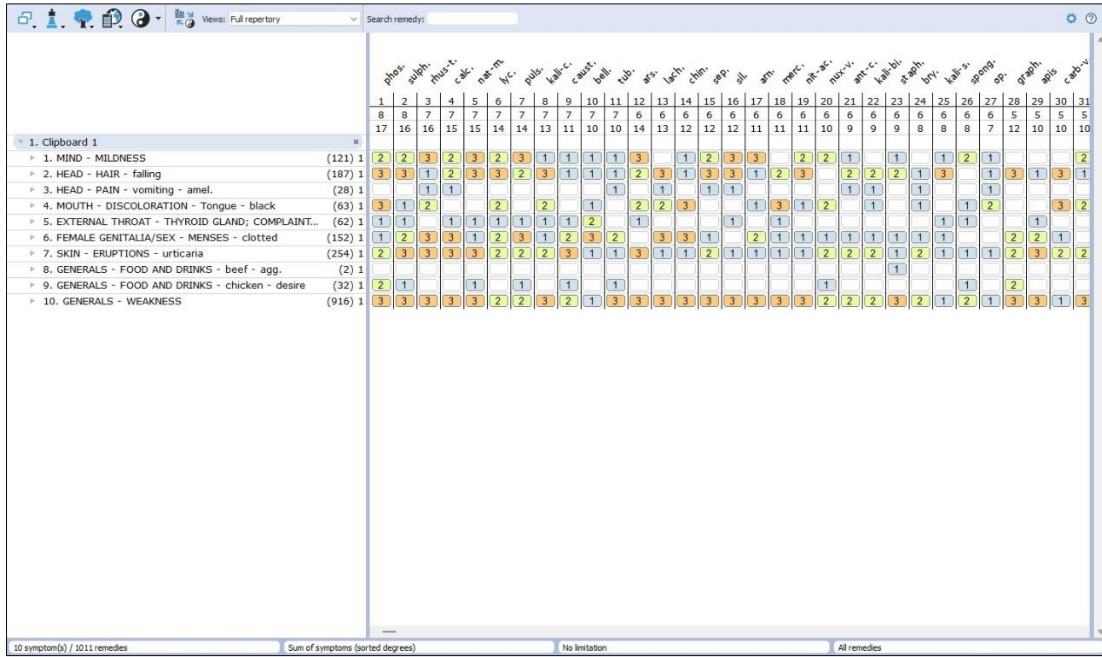



Figure 3: Repertorisation chart



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DEPARTMENT OF RADIO DIAGNOSIS

Patient ID:		Patient Name:	[REDACTED]
Age:	24yr	Study Date:	22-May-2023
Sex:	F	Ref by:	DR KRISHNESWARI

ULTRASOUND THYROID GLAND

FINDINGS:

- Right lobe of thyroid - Normal in size (AP dimension ~12mm).
- Left lobe of thyroid - Normal in size (AP dimension ~13mm).
- Isthmus measures approximately ~3mm in thickness. Normal in size.
- **Both lobes and isthmus of thyroid gland show diffuse altered echopattern.**
- No sonologically definite focal lesions noted in thyroid gland to extend visualized.
- No diffuse increased vascularity of thyroid gland noted.
- Bilateral carotid and jugular vessels appear grossly normal to the extend visualised.
- No significant cervical lymphadenopathy seen.

**study limited due to patient/technical factors.*

IMPRESSION:

- **Both lobes and isthmus of thyroid gland show diffuse altered echopattern- suggested clinical/lab test correlation to rule out thyroiditis.**

**Suggested clinical correlation and further evaluation if indicated/follow up.*



 Dr. Dennis Titus, MBBS, MD
 Consultant Radiologist
 Reg No:50090

Figure 4: Ultrasonography of Thyroid gland on 22nd May 2023

RESULT AND DISCUSSION:

In the above case, the patient showed a marked improvement with reduction in symptomatology after administration of individualized Homoeopathic treatment.

In the first visit after thorough case-taking and repertorisation, *Phosphorus* 30 was prescribed for the patient. In the second visit, the patient had no improvement. So considering the totality *Calcarea phosphorica* 200, 1M was prescribed. *Calcarea phosphorica* indicated in glandular enlargement of anaemic children who are peevish, flabby, have cold extremities and feeble digestion.^[11] *Thuja occidentalis* 200 prescribed as an antisycotic remedy with glandular enlargement.^[11] *Thyroidinum* 1M as intercurrent for reducing TSH levels in hypothyroidism with swollen glands of stony hardness and sluggish cases.^[11] These remedies led to remarkable improvement assessed using Modified Naranjo Criteria, MONARCH Score=9 [Table 3]. Investigations done during the treatment course is given in Table 2 and 4.

With 27 months of individualized homoeopathic treatment, No definite focal lesions noted and both lobes showed only features of Thyroiditis on USG Thyroid (22 May 2023) [Figure 4].

A recent survey of clinical thyroid specialists indicated fair consensus as to the diagnostic evaluation of patients and need of subsequent thyroidectomy and radioiodine ablation.^[12] Underlying Hashimoto's disease appears to be a favorable prognostic factor for both reduced rates of recurrence and increased survival.^[13] In a recent double blind randomized placebo controlled study, additive homoeopathic treatment in patients with cancer significantly improved global health status, subjective well-being, and several functional and symptom scales,

according to European organization for Research and Treatment of Cancer (EORTC) and 36- Item Short Form Health Survey questionnaires.^[14] Deng et al. reported that physicians are often asked about complementary therapies by patients with cancer, and data show that the interest in and use of these therapies among the patients with cancer is common.^[15] Several complementary therapy modalities can be helpful in improving the overall care of patients with lung cancer: placebo effects seem to be of minor influence because homoeopathy also works in critically ill patients.^[16]

This case indicates that Homoeopathic medicines are useful in treatment of Papillary Carcinoma Thyroid. This is a single case report and more detailed studies like observational and randomized trials should be done for the generalization of results.

CONCLUSION:

This case has highlighted the importance of individualized homoeopathic treatment in the management of Papillary Thyroid carcinoma.

Limitation of the study:

This is a single case report and more studies like observational and Randomized control trials (RCT) are suggested to ascertain obtained in the present case report.

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Informed Consent:

Written informed consent has been obtained from the patient for publication of results of the treatment.

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

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