

Role of Homoeopathic Medicines on Inhibition of Serum TSH in Cases of Subclinical Hypothyroidism

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Abstract

Subclinical hypothyroidism is a common problem with prevalence of 3% to 8% in population without known thyroid disease. Prevalence increases with age and is higher in women.

Subclinical hypothyroidism may progress to overt hypothyroidism.

Objective: To assess the usefulness of homoeopathic medicines on inhibition of serum TSH in patients of hypothyroidism, a clinical study was conducted at Gaurang Clinic and Centre for Homoeopathic Research, Lucknow, India.

Methods: A total of 347 patients have been screened with TSH above 6.0 mIU/L, out of which 202 were found fit for the study. The medicines have been selected on the basis of principles of homoeopathy. Serum TSH was assessed before and after treatment.

Results: After comparing pre and post treatment results, the difference in mean values of TSH were 31.91 ± 3.97 vs. 16.69 ± 2.48 , improvement = 15.23 ± 2.68 , $t=5.68$, $p<0.001$, which was found statistically significant. *Calcarea carb* (n=57) *Lycopodium* (n=43), *Pulsatilla* (n=43) and *Natrum mur* (n=39) were found to be most useful medicines.

Conclusion: Results obtained from the study are encouraging with findings that homoeopathic medicines were able to inhibit serum TSH level significantly in 176 (87.1%) patients.

However, randomized control trials are needed for further validation of role of homoeopathic medicines in cases of hypothyroidism.

Keywords: homeopathy; observational study; sub clinical hypothyroidism; TSH; *Calcarea carb*; *lycopodium*; *pulsatilla*

Introduction

Thyroxine (T4) and triiodothyronine (T3) are thyroid hormones which play an important role in basal metabolism and the functioning of almost all tissues and systems in the body (1). In addition to T4 and T3, thyroid stimulating hormone (TSH) secretion is typically maintained within relatively narrow limits via a sensitive negative feedback loop in which TSH stimulates the synthesis and release of thyroid hormones, that in turn negatively feed back to the hypothalamus and anterior pituitary to limit further TSH release. Reduced thyroid hormone levels existing together with elevated TSH are an indication that the response of the thyroid gland to TSH is impaired, i.e. primary hypothyroidism. Untreated hypothyroidism can lead to increased body weight, cognitive dysfunction, fatigue, abnormal serum lipids, coronary heart

disease and for women recurrent miscarriage, infertility, and possibly delayed cognitive development in their children.

Subclinical hypothyroidism is a condition where TSH level is found above the upper limit of normal level despite normal levels of thyroid hormones. A 2-fold change in free thyroxine will produce a 100-fold change in TSH.

The determination of TSH serves not only as a preliminary test in the differentiation of the thyreologic state of the cases but it also plays the role of a predictive factor of the occurrence of malignant changes within the thyroid nodules (2).

Thus serum TSH level is more important parameter for diagnosis of Sub clinical hypothyroidism. It is a common problem, with prevalence of 3% to 8% in population without known thyroid disease.(3,4) Prevalence increases with age and is higher in women.(3)

Subclinical hypothyroidism may progress to overt hypothyroidism(5-9). A TSH level more than 10mIU/L predicts high rate of progression while TSH level less than 6.0mIU/L is very less.

The treatment of patients with TSH level less than 10 mIU/L is controversial(10). Therapy of this sub group should be individualized by taking into account patient preference, presence of symptoms, age and associated medical conditions while treatment is strictly recommended in patients with a TSH greater than 10 mIU/L. Nowadays the main treatment approach for primary hypothyroidism is long-life replacement therapy with Thyroxine.

Homeopathy, is based on Natures law of Cure which implies “A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations.” It means that a similar remedy is able to cure the patient because in nature too it has been observed that a weaker disease is automatically removed if the same patient contracts a similar but stronger disease(11). Today Homoeopathy is 2nd most used health care system in the world (12).

A randomized control trial was performed by Chauhan, et al, (13) on Sub clinical hypothyroidism and had shown usefulness of homoeopathic intervention by statistically significant decline in serum TSH values and antiTPOab titers. Their result suggested not only the potential to treat Sub clinical hypothyroidism with or without antiTPOab but may also prevent progression to Overt Hypothyroidism.

Gupta, et al, published their clinical work on hypothyroidism and had shown the usefulness of homoeopathic medicines on 80 patients with raised serum TSH(14). It was however not subjected to statistical analysis.

To further assess the usefulness of homoeopathic medicines on inhibition of serum TSH with bigger sample size of hypothyroidism and thereby making an alternative of lifelong thyroxine therapy, a clinical study was conducted at Gaurang Clinic and Centre for Homoeopathic Research, Lucknow, India.