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HOMOEOPATHIC MANAGEMENT OF CASES OF HYPOTHYROIDISM

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ABSTRACT :

Homeopathy treats patients, not diseases. No two individuals are alike in health and also no two patients suffering from the same disease may require the same medicine. In homeopathy, the medicine is selected on the basis of individualization, it does not exist a specific drug for a specific disease. So the medicine can be from the plant group, the animal group group, or mineral kingdoms, sarcodes, as well as nosoda, or even unthinkable homeopathic materia medica.

General precautions should be followed when treating hypothyroidism. Properly nutritious diet, physical rest and mental peace, and excessive iodine intake should be recommended should be avoided. I also found in my study that these general measures along with the indicated drug has proven itself in the treatment of patients.

Worldwide, iodine deficiency is the most common cause of hypothyroidism. In areas where iodine intake is sufficient, the most common causes are chronic autoimmune thyroiditis, which occurs in both goiter and atrophic form and is induced by radiation hypothyroidism. This can be caused either by treatment with radioactive iodine or hyperthyroidism or external radiation therapy of the neck in patients with lymphoma or head and neck cancer.

The other rarest causes are excess iodine, drugs, food goiter, cytokines, and congenital causes. I found a goiter in my study hypothyroidism is common, i.e. 18 cases (60%) and without goiter only 12 cases (40%).

Keywords: Hypothyroidism, Homoeopathic Medicine, Homoeopathy.

INTRODUCTION:

The ultimate a part of the 19th century changed into a period of great achievements in medicinal drug and endocrinology. The thyroid gland developed from being considered a rudimentary shape to an organ associated with precise sicknesses. The singular importance of iodine became recounted. Graves-Basedow's disease turned into defined. Surgical treatment evolved with incredible pace.

Over the previous few years an extraordinary increase in obesity prevalence has settled global, specially in industrialized nations. The reasons for this pandemic are nevertheless a matter of dialogue, but they're in reality related to the profound changes associated with contemporary lifestyle that suggests a deep transformation in energy balance. Weight loss is a typical sign of thyroid hyperfunction, whereas hypothyroidism is typically associated with weight extra. The courting among weight and TH has been extensively spread through the media, and no longer always with precise facts. Therefore, practitioners generally address overweight sufferers who believe that small adjustments in thyroid function have tremendous effect on frame composition. This form of patient commonly blames his or her thyroid as the purpose of weight problems. And they might be right. If not absolutely right, at least partly right. In this state of affairs it's far achievable to invest that TH analogues can be used in the treatment of overweight and obese people in the destiny.

Thyroid issues are among the most commonplace endocrine dysfunctions. The overall prevalence of these disorders estimated to be 200 million worldwide.

Some researchers mentioned forty two million Indians to be affected by thyroid issues. Similarly excessive frequency of prevalence has been suggested in different countries as nicely. The thyroid gland is the maximum critical gland to control the body metabolism, growth, improvement and preservation of the internal surroundings. The gland works under the manipulate of thyroid stimulating hormone (TSH) from pituitary gland which in turn is beneath the manipulate of thyrotropin hormone (TRH) from hypothalamus.

Thyroid gland is the touchy endocrine gland. As it without difficulty responds to pressure and stimuli the worldwide incidence of hypothyroidism is growing daily. The occurrence of hypothyroidism will increase with age. Also, greater ladies than guys expand hypothyroidism, which suggests some kind of gender influence on this disorder.

Congenital hypothyroidism influences about one new child in 3,500 to four,000 births and is the maximum treatable purpose of mental retardation. There is an inverse relationship between age at analysis and intelligence quotient (IQ) in later life.

Almost one-1/3 of the world's population lives in areas of iodine deficiency. In regions wherein the daily iodine intake is beneath 50 µg, goitre is commonly endemic, and when the each day consumption falls underneath 25 µg, hypothyroidism is visible.

In persons dwelling in iodine-replete regions, the purpose of obtained hypothyroidism is both continual autoimmune ailment [atrophic autoimmune thyroiditis or goitrous autoimmune thyroiditis (Hashimoto's thyroiditis)] or unfavourable treatment for thyrotoxicosis.

Hypothyroidism is characterised with the aid of a broad scientific spectrum ranging from an overt country of myxedema, cease organ outcomes and multisystem failure to an asymptomatic or subclinical circumstance with ordinary stages of thyroxin and triiodothyronine and mildly expanded degrees of serum thyrotropin. The incidence of hypothyroidism within the developed world is about four-five%. The occurrence of subclinical hypothyroidism is ready four-15%

Severe untreated hypothyroidism can result in heart failure, psychosis and coma. Although these manifestations are neither specific nor touchy, the analysis is showed by way of measurements of serum thyrotropin and free thyroxine.

Hypothyroidism is similarly grouped as number one, secondary and tertiary because of thyroid gland, pituitary gland and hypothalmic dysfunctions respectively.

Primary hypothyroidism or thyroid hormone deficiency due to abnormality within the thyroid gland is the maximum commonplace endocrine disease. The incidence of hypothyroidism within the popular populace tiers from 3.8%–four.6%.

Primary hypothyroidism is indicated when TSH degree is excessive >10mU/L with decreased T3 and T4 degrees, Secondary hypothyroidism is diagnose whilst TSH is low.

LITERATURE REVIEW:

The last a part of the 19th century became a period of exceptional achievements in medicinal drug and endocrinology. The thyroid gland advanced from being taken into consideration a rudimentary shape to an organ associated with unique illnesses. The singular importance of iodine have become stated. Graves-Basedow's disorder was described. Surgical remedy developed with remarkable speed. Theodor Kocher observed that the clinical photograph in sufferers after general thyroidectomy was similar to the one seen in cretinism. In 1850, the primary case of hypothyroidism or myxedema become described. Less than 50 years later, effective remedy was delivered. Another 50 years later, autoimmune thyroiditis changed into ascertained as the most common purpose of hypothyroidism (in regions with no iodine deficiency).

 During the 50 years preceding World War I, medicine noticed a wealth of new thoughts and novel procedures, now not in the least inside the field of endocrinology. Among important achievements of this era have been the recognition of the significance of the pituitary gland, first recommended via Oscar Minkowski (1858–1931) and introduction of pituitary surgical treatment now not handiest for pituitary tumors however additionally as treatment of acromegaly the delineation of hypopituitarism as a nosological entity the invention in 1877 (by way of a medical student) of the parathyroid glands and popularity of their important importance.

 Introduction of thyroid surgical procedure, pioneered by means of Rehn , Theodor Billroth and particularly Theodor Kocher (1841–1917) . Minkowski's demonstration that pancreatectomy unexpectedly leads to intense diabetes mellitus . Halban and Knauer finished essential experiments demonstrating that chemical substances controlling menstruations had been launched from the ovary. Similarly, Reinke and Bouin and Ancel proposed that testis became a gland with inner secretion research that were the forefront of an impressive wide variety of investigations on the connection between the pituitary and the gonads. The first hormone become synthesized (adrenaline or epinephrine) by means of Jokichi Takamine (1854–1922) in 1901. What turned into likely the supreme feat of the epoch took place on January 16, 1902 while William Bayliss (1860–1924) and Ernest Henry Starling (1866–1927) for the first time witnessed the effect of a substance later to be identified as a hormone (secretin). There was truely no endocrine organ that did no longer become object of extensive investigation. It have become clean that illnesses of the thyroid gland affect a large range of patients.

DEFINITION:

Hypothyroidism is the medical syndrome that results from reduced secretion of thyroid hormone from the thyroid gland. It most often displays a disease of the gland itself- Primary Hypothyroidism.

If it's far because of pituitary sickness - Secondary hypothyroidism. Because of hypothalamic disorder -Tertiary hypothyroidism. The time period myxoedema is now usually reserved for overt hypothyroidism which can be extreme or complex, or both. Cretinism refers back to the syndrome of intellectual retardation, deafness, brief stature, and function facial deformities taking place with untreated congenital hypothyroidism.

EMBRYOLOGY:

The thyroid originates embryologically from an evagination of the pharyngeal epithelium with a few contribution from the lateral pharyngeal pouches. Progressive descent of the midline thyroid anlage gives rise to the thyroglossal duct, which extends from the foramen cecum close to the bottom of the tongue to the isthmus of the thyroid. Remnants of tissue may also persist alongside the course of this tract as "lingual thyroid."

The fetal thyroid acquires the capacity to concentrate and organify iodine at approximately weeks of gestation. Both T4 and thyroid stimulating hormone (TSH, thyrotropin) are detectable inside the blood soon thereafter and boom in concentration at some point of the second one trimester.

This generally provides with a low serum TSH, raised T4 and normal or low T3, in a affected person with systemic infection who does no longer have medical evidence of thyroid disorder. These abnormalities are as a result of decreased peripheral conversion of T4 to T3, altered levels of binding proteins and their affinity for thyroid hormones, and often decreased secretion of TSH.

During convalescence, serum TSH concentrations can also growth to stages located in primary hypothyroidism.

GOITRE

The term goitre is derived from the French phrase 'goitre', that is in the beginning derived from the Latin word 'guttur' - method 'throat'. We use the term 'goitre' to denote growth of the thyroid gland regardless of its motive.

Goitre is classified as follows:
1. Simple goiter- (a) diffuse hyperplastic goitre; (b) nodular goitre; (c) colloid goitre.
2. Toxic goitre - (a) diffuse poisonous goitre (Graves' sickness); (b) toxic nodular goitre; (c) toxic nodule.
3. Neoplastic goitre - (a) benign tumours; (b) malignant tumours.
Four. Thyroiditis - (a) autoimmune thyroiditis; (b) subacute or granulomatous or de
Quervain's thyroiditis; (c) Riedel's thyroiditis.
5. Other rare situations.

SIMPLE GOITRE

Aetiology: This goitre is specially formed due to stimulation with extended TSH. TSH
secretion is elevated due to low level of circulating thyroid hormones. So any circumstance so one can result in lower in manufacturing of thyroid hormones can also cause formation of simple goitre.
The followings are the causes of formation of such goitre.

A. Familial goiter: This goitre can be seen in households. The inborn blunders in metabolism is normally inherited as an autosomal recessive gene. This might also impair iodine accumulation, oxidation or coupling of iodotyrosine. This ends in formation of decreased stage of thyroid hormones so that it will growth TSH secretion and a easy goitre is fashioned.
B. Epidemic goitre (Iodine deficiency): In positive places there may be very low iodide content material within the water and meals, so the population do now not get even minimal requirement of iodine. This leads to formation of reduced degrees of thyroid hormones and therefore the goitre. The each day requirement of iodine is set 0.1 - 0.15 mg.
C. Dyshormonogenesis or enzyme deficiency: In non-endemic regions many sporadic goitres are due to enzyme deficiency of varying severity which lead to low thyroxin discharge, so TSH level is going up, which leads to formation of the goitre. This deficiency is frequently due to a genetic illness.
D. Goitrogens: There are certain goitrogens which have low iodine content material and people who eat such foods may also produce this form of goitre. These are veggies of the brassica own family i.E. Cabbage, turnips, kale, brussel, cauliflower, sprout and many others. Certain pills including P.A.S., thyocyanate, antithyroid pills are also goitrogenic.
E. Physiological: In positive instances whilst there are high metabolic needs diffuse hyperplastic goitre may be seen. Such situations are puberty, pregnancy and many others. In these conditions there's more call for of thyroid hormones than regular and if the thyroid gland fails to upward thrust to the occasion, immoderate TSH secretion will result in this sort of goitre.
F. Sporadic goitre: This time period is implemented to an enlargement of the thyroid gland for which no exact cause can be installed. The diagnosis is in particular made through exclusion of different situations.
Pathology: The thyroid gland is diffusely enlarged and easy. It may be nodular. There are certain ranges via which this sort of goitre regularly passes thru. In the first level due to TSH stimulation the lobules are composed of energetic follicles. This is known as the level of diffuse hyperplasia. When TSH stimulation ceases by using ingestion of iodine the second one stage seems. This is the 'stage of involution' forming large follicles packed with colloid. If this situation maintains i.E. In the third stage the gland enlarges to a great volume that's known as colloid goitre. Sometimes due to fluctuating TSH ranges a blended pattern develops with regions of energetic lobules and areas of inactive lobules. Inactive lobules step by step coalesce to form multinodular structure.

CLINICAL FEATURES

DIFFUSE HYPERPLASTIC GOITRE: Females are extra often affected within the ratio of approximately 9:1. The age incidence varies, but the situation normally starts within the teenagers, however sufferers may additionally come to the clinic with multinodular goitre, nodular goitre or colloid goitre in center age. A deaf and goitrous affected person on account that infancy is called Pendred's syndrome.
SYMPTOMS: Most sufferers with this form of goitre are asymptomatic. The maximum common symptom is the swelling of the neck. If the goitre is just too massive there can be strain effect at the trachea or at the oesophagus (dysphagia). There may be distension of jugular veins due to pressure impact. Involvement of the nerves inclusive of recurrent laryngeal nerve or Homer's syndrome could be very rare and this normally suggests a neoplastic lesion. On rare occasion there may be surprising pain with growth in length of the gland due to large haemorrhage within a cyst or a degenerative nodule.

SIGNS: On inspection there's diffuse swelling of the thyroid gland which movements on swallowing. A thyroid swelling always movements up on swallowing besides (a) there's intrathoracic extension, (b) thyroiditis, extending into adjoining systems, (c) carcinoma with invasion of surrounding tissues and so on. On palpation the thyroid is uniformly enlarged. Its consistency is softer.
NODULAR GOITRE: Patients are normally women and in their past due thirties or forties.
The symptoms were greater or less defined beneath diffuse hyperplastic goitre. On examination the nodules can be palpable that are typically a couple of. Occasionally a solitary nodule can be palpable but there are typically multiple small nodules which continue to be impalpable. The nodules are typically colloid, cystic, degenerative, haemorrhagic or might also shape calcification.

COLLOID GOITRE: The sufferers are generally above 25 years of age, however once in a while patients may be seen with colloid goitre of their past due teens. The signs and symptoms have been defined under diffuse hyperplastic goitre. On palpation there's diffuse swelling of the thyroid gland that's pretty tender.
Complications: This is specially involved in case of nodular goitre and colloid goitre. The standard headaches which may be visible in these sorts of goitre are: (
a) Secondary thyrotoxicosis; (b) Tracheal obstruction; (c) carcinoma.
Special Investigations:
1. Assessment of thyroid function is crucial to exclude moderate hyperthyroidism.
2. Straight X-ray of the neck and chest can also show tracheal deviation or compression or every so often calcification of the goitre.
3. Barium swallow X-ray is indicated simplest if the affected person complains of dysphagia.
4. Occasionally needle biopsy may be required to differentiate from diffuse thyroiditis.

RETROSTERNAL GOITRE

Retrosternal goitres particularly derive from the decrease pole of the multinodular goitre. In guys whose necks are short and the pre tracheal muscle tissue are strong, the terrible intrathoracic strain tends to attract the goitre into the advanced mediastinum. Only from time to time some retrosternal goitres increase from ectopic thyroid tissue.
According to the degree of descent those goitres can be categorised into:
Substernal goitre - when the goitre is palpable from the neck with the aid of insinuating finger in the back of the sternum.
Plunging goitre - this goitre is usually not palpable from the neck however in case of accelerated intrathoracic stress which include all through coughing or sneezing the goitre is driven into the neck.
Intrathoracic goitre - while the goitre is absolutely in the thorax and is never palpable from the neck.
CLINICAL FEATURES: This goitre may additionally remain symptomless, but its primary symptom is obstructive. This kind of goitre may also turn poisonous or malignant.
SPECIAL INVESTIGATIONS:
1. X-ray of the chest can also display compression at the trachea or calcification of the goitre.
2. Barium swallow X-ray may be required in case of dysphagia to recognize the position and amount of compression on the oesophagus.
3. Thyroid experiment is required to distinguish a retrosternal goitre from a mediastinal tumour.

THYROTOXICOSIS

The time period Thyrotoxicosis denotes the clinical, physiologic, and biochemical findings that result when the tissues are exposed to, and reply to, extra thyroid hormone. Rather than being a selected ailment. The term hyperthyroidism is reserved for issues that end result from overproduction of hormone through the thyroid gland itself.
VARIETIES OF THYROTOXICOSIS:
Sustained Hormone Overproduction (Hyperthyroidism): Graves' ailment, Toxic multinodular goiter, Toxic adenoma, Iodine-prompted (Jod-Basedow), Trophoblastic tumor, Increased TSH secretion.
No Associated Hyperthyroidism: Subacute thyroiditis, Thyroiditis with transient thyrotoxicosis (painless thyroiditis, silent thyroiditis, postpartum thyroiditis)
Extrathyroid sourse of hormone (HTM): Thyrotoxicosis factitia, Hamburger toxicosis Ectopic thyroid tissue (struma ovarii, functioning metastatic thyroid cancer)

LABORATORY TESTS

The serum TSH level, when measured by means of a sensitive immunoassay, is nearly totally suppressed, and serum T4 and T3 ranges are extended. The unfastened T4 and loose T3 indices are elevated greater than are the T4 and T3 tiers. The serum T3 awareness is proportionally greater improved than the serum T4 stage.

TOXIC MULTINODULAR GOITER

A toxic multinodular goiter consists of more than one autonomously functioning thyroid nodules that collectively synthesize and secrete excessive quantities of thyroid
hormone. Toxic multinodular goiters are extra commonplace among older people.

PATHOGENESIS: The pathogenesis of poisonous multinodular goiter can't be taken into consideration apart from that of its invariable forerunner, secure multinodular goiter, from which it emerges slowly and surreptitiously.

PRESENTATION: The overproduction of thyroid hormone in toxic multinodular goiter is usually less than that during Graves' disease. First, the scientific manifestations of thyrotoxicosis are not often flagrant. Second, the serum T4 and T3 concentrations can be simplest marginally multiplied, and a suppressed serum TSH level may be the most effective abnormality.

Finally, the overall RAIU is handiest slightly accelerated or in the regular range. It typically takes place after the age of 50 years in sufferers who had dependable multinodular goiter for many years.
Sometimes hyperthyroidism develops abruptly, normally after exposure to elevated portions of iodine, which permits self sustaining foci to boom hormone secretion to
immoderate tiers and which may additionally definitely exacerbate already hooked up slight hyperthyroidism (iodine-triggered hyperthyroidism, von Basedow's sickness). In addition, Graves' sickness might also both present or expand in a multinodular gland.
Cardiovascular manifestations generally tend to predominate, probably due to the age of the sufferers, and encompass atrial traumatic inflammation or tachycardia, with or without heart failure.
The nervous manifestations are much less outstanding than in more youthful sufferers with thyrotoxicosis, however emotional lability may be reported.
On palpation, the characteristics of the goiter are the same as the ones of the more commonplace reliable multinodular goiter.

REMEDIES:

Natrium muriaticum: Thyroiditis, Hyperthyroid, Hypothyroid.
Thyroid: Diffuse goitre.
General: Intolerance to warmth or solar.
Slow increase, strolling and speech development in children.
Local: Exophthalmus.
Trembling of entire body, in particular the top.
Violent palpitations, worse exertion or mendacity on left aspect.
Thyroiditis after grief or upset love.
Mental: Excitable and fearful.

Alumina: Hypothyroidism.
Local: Horrible constipation, even for gentle stool.
Skin thick, dry and itching, worse from heat. Mental: Slow bodily and mentally.
Argentum nitricum: Hyperthyroidism, Hypothyroidism.
General: Hot, Averse to heat rooms
better: Cool or outdoors.
Local: Diarrhea and marked flatus and eructations.
Tremor stated. Mental: Constant, inexplicable hurried feeling.
Calcarea carb: Benign goitre, Hypothyroid, Thyroiditis, Hyperthyroid.
Thyroid: Hard thyroid, Thyroid nodules.
Slow, steady growth of thyroid gland General: Dull and
sluggish; continually worn-out. Chilly, Especially bloodless feet at night in mattress gradual boom of kids.
Local: Exophthalmus. Excessive head sweat, mainly at night. Mental: Symptoms after over-exertion, heavy duties and worry. Depression and regular anxiety

Calcarea Fluorica: Thyroid nodules, hard nodules in thyroid. Thyroid situations associated with arthritis.
Conium maculatum: Hyperthyroid, Thyroiditis, Hypothyroid, Thyroid: Stony difficult thyroid growth. General: Cold-blooded, Flushes of heat. Weakness and fatigue, worse from exertion
Local: Exophthalmus with strabismus or "crossed" eyes. Weakness in thighs; hard to upward push from a squat Mental: Flatness and melancholy. Illness after fighting an injustice.
Fucus vesiculosus:
A treatment for weight problems and non-toxic goitre; also exophthalmic.
Digestion is furthered and flatulence dwindled. Obstinate constipation; brow feels as if compressed with the aid of an iron ring. Thyroid growth in overweight subjects.
Gelsemium sempervirens: Hypothyroid, Thyroiditis.
General: Extreme weakness and sleepiness. Tremor from weak point
Local: Exophthalmus, Diplopia from exophthalmus
Eyelids droopy; can hardly ever maintain them open. Tongue thick and heavy
Graphites: Hypothyroid, Goitre, Hyperthyroid, Thyroid nodules

Thyroid: Markedly
enlarged goitre Multiple nodules all through the thyroid. General: Chilly, Intolerant of warmth Obesity, Fatigue and weak spot. Local: Pulsation throughout the entire body. Constipation with complete feeling in rectum.
Skin thick and difficult; cracked skin.
Hair coarse and tangles; thinning hair. Mental: Dullness and vacant sensation in head. Easy weeping and tension.

Kalium carbonicum: Hypothyroid.

Thyroid: Diffuse expansion.
General: Chilly and touchy to drafts. Local: Constipation with out urge. Mental: Worn-out from responsibilities.

Lycopodium clavatum: Thyroiditis, Hypothyroid, Hyperthyroid.

Thyroid: Right-sided
thyroid growth or nodule. General: Intolerant of fasting; can not pass a meal. Local: Hard knotty stool observed with the aid of liquid stool. Mental: Anxious, unable to face demanding situations.

Nux vomica: Hyperthyroidism, Hypothyroidism.
Thyroid: Slight expansion but marked symptomatology.
General: Chilly however without problems overheated from any exertion.
Cold
perspiration from moderate exertion. Local: Exophthalmus. Tension within the throat; intolerant of collars. Mental: Hurried, irritable, even violent. Industrious and bold in the intense.
Phosphorus: Thyroiditis, Hyperthyroid.

Thyroid: Goitre on the proper facet.
Local:
Exophthalmus. Palpitations, worse lying on left side, worse excitement. 24

Sepia officinalis: Hypothyroid.
Thyroid: Goitre, extra at the proper side.
General: Cold;
especially arms and feet bloodless. Worse: 4 to 6 PM or before supper. Before or at some stage in menses.
From nursing or blood loss. Constipation without urging. Mental: Dullness and melancholy.
Indifference. Weeping. Irritable and sluggish.

Thyreoidinum: Hyperthyroid, Hypothyroid
Thyroid: Goitre.
General: Faintness on
status, especially morning on waking.
Sleepiness all day lengthy. Worse: Before or at some stage in menses.
Better: After menses.
Obesity, Emaciation.
Local: Exophthalmus.
Falling of hair. Weak heart with numb arms. Palpitations, worse mendacity, worse mild exertion.
Mental: Depression on waking in the morning. Ill-tempered, quarrelsome, rages over trifles.
Dictatorial. Averse to contradiction.

CONCLUSION:

According to Hahnemann's disease classification in hypothyroidism falls under Dynamic chronic fully developed miasmatic or unilateral disease.

- In my study I found 23 cases as dynamic chronic fully developed miasmatic disease and 7 cases as unilateral disease. As for the lack of miasmatic superiority
  The hormone is a psoric miasma. Dr. Ghatak says, “The only way to know miasma is
  symptoms and their nature. Miasma always makes itself known the nature of their symptoms,” I also did not find only a symptom in my study A psoric miasma appears, but also a symptom of a syphilitic and sycotic miasm.
- Homeopathy treats patients, not diseases. No two individuals are alike in health and disease and also no two patients suffering from the same disease may require the same medicine. In homeopathy, the medicine is selected on the basis of individualization, there is no specific cure for a specific disease. So the drug can be from a plant group, group of animals or mineral kingdoms, sarcodes, as well as nosodes or even an incomprehensible from homeopathic materia medica.
- General precautions should be followed when treating hypothyroidism. Right nutritious diet, physical rest and mental peace should be recommended and excessive iodine intake should be avoided. In my study I also found that these general measures together with the indicated drug have proven themselves in the recovery of patients.
- The prognosis of primary hypothyroidism is favorable in all cases except those in by which the gland has been destroyed by advanced pathological changes or surgery. In my study also improved 17 patients (56.67%) out of 30 patients, 10 patients (33.33%) partially improved and 3 patients (16.6%) did not improve, so I concludes that a study on a homeopathic approach to obesity in hypothyroidism with his holistic and individualistic approach.

BIBLIOGRAPHY:

1. ALLEN. J. H - "The chronic miasms"- Reprinted edition-1998, B. Jain Publishers Pvt. Ltd, New Delhi-110055.
2. BLACKWOOD A. L. – "A Manual of Materia Medica Therapeutics and Pharmacology", 2002, B. Jain Publishers Pvt. Ltd, New Delhi.
3. BOERICKE. W – "Pocket Manual of Homeopathic Materia Medica & Repertory", Reprint edition 2008, B. Jain Publishers Pvt. Ltd, New Delhi.
4. CHAURASIA B. D – "Human anatomy, Regional and Applied", Vol-3, 3rd edition, 1995, C.B.S publishers and distributors, New Delhi.
5. CLOSE STUART – "The Genius of Homoeopathy", Reprint edition 2001, B. Jain Publishers Pvt. Ltd, New Delhi-110055.
6. DAVIDSON – "Principles and Practice of Medicine", 17th edition, edited by CRW Edwards IAD Buchier C. Hastelt and E.Chilvers.
7. DEGROOT. J. LESLIE, WILMAR M. WIERSINGA - "The text book of Endocrinology." 5TH edition, w. b. saunders, the Curtis center, Philadelphia.
8. DHAWALE. M. L - "Principles and practice of homoeopathy" part-1, published by Institute of clinical research, Bombay; 3rd edition-2000.
9. DUA SHIV - "know and solve thyroid problems" 1st edition- 2004, B. Jain publishers. New Delhi.
10. FARRINGTON. H – "Homoeopathy & Homoeopathic prescribing", Reprint edition 2006, B. Jain Publishers Pvt. Ltd, New Delhi.
11. GHATAK - "The chronic diseases and its cause and cure" Translated in English by P.N. Banerjee, B. Jain publisher's pvt. Ltd. New Delhi, Reprint edition- 1998.
12. GOLDMAN, AUSIELLO – "Cecil Medicine", Saunders, An imprint of Elsevier, 23rd edition, 2007.
13. GRAND GEORGE. D – "The spirit of homoeopathic medicines" north atlantic books, berkely, californiya, 1998.
14. GRAY.H – "Gray's anatomy of the human body", 20th edition 15. GURUMUKH S SAINANI – "A.P.I. Text book of medicine", 6th& 8th Edition Reprint 2001.
16. GUYTON C. ARTHUR – "Text book of Medical Physiology", 9th edition, Harcourt Asia pvt ltd.
17. KENT. J.T - "Lectures On Homoeopathic Philosophy", Indian Books and Periodicals Publishers, New Delhi, India, Reprint Edition, July 2008.
18. KANJILAL.J.N - "writings on homoeopathy", 2nd edition, Roy and co. publishers' Pvt. Ltd. Calcutta.
KASPER, BRAUNWALD, FAUCI, HAUSER, LONGO, JAMESON -"Harrison's Principles of internal Medicine", 16th edition, McGraw-Hill medical publishing division.
20. KUMAR PARVEEN, MICHAEL CLARK - "clinical medicine" 5th edition- 2002, w. b. saunders, Philadelphia.
21. LARSEN.P.REED, KRUKENBERG. M. HENRY, SHLOMOMELMED, POLONSKY. S. KENETH - "William's textbook of endocrinology" 1Oth edition-2003, w. b. saunders, the Curtis center, Philadelphia.
22. LESSER O – "Textbook of Homoeopathic Materia Medica" B. Jain Publishers Pvt. Ltd, New Delhi-110055.
23. MAHAJAN B K – "Methods in Biostatistics", Sixth Edition, 1997, Jaypee brothers, Medical Publishers, New Delhi.
24.MORRISON ROGER – "Desktop Companion to Physical Pathology", 828 senpablo avenue; Allany, California 94706; Hahnemann Clinic Publishing.
25. MURPHY R – "Homeopathic Remedy Guide", 1995, B. Jain Publishers Pvt Ltd, 10th street, Chunamandi, Paharganj, New Delhi-110055.
26. PROCESO SANCHEZ ORTEGA - "Notes on miasms", 1st edition-1980 English translation by Harish coulter; published by national Homoeopathic pharmacy, New Delhi.
27. RAMANLAL. P. PATEL - "Chronic Miasms in Homoeopathy and their cure with classification of their rubrical symptoms in Dr. Kent's repertory" (Repertory of Miasms), Published by Hahnemann Homoeo pharmacy, Kottayam-1996.
28. RICHARD HUGES – "The Principles & Practice Of Homoeopathy", 8th impression, 2011
29. ROBERTS. H. A – "The Principles and Art of Cure by Homoeopathy", Reprint edition 2001; B. Jain Publishers Pvt. Ltd, New Delhi-110055.
30. SAMUEL HAHNEMANN – "Organon of Medicine", Sixth edition, Reprint 2002, B. Jain Publishers Pvt Ltd, 10th street, Chunamandi, Paharganj, New Delhi- 110055.
31. SAMUEL HAHNEMANN - "The chronic diseases-their peculiar nature and their Homoeopathic cure", Translated from German edition by prof. Louis. H. Taffel, published by Ringer& Co, Calcutta.