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HOMOEOPATHIC APPROACH TO OBESITY IN HYPO-THYROIDISM

Dr. Jaya Laxman Kharat

M.D. (Homoeopathy)
Principal, Professor, HOD, Department of Pathology and Microbiology,
Anand College of Homeopathy & Hospital, Phulewadi Road, Vaijapur Dist. Chhatrapati Sambhajinagar - 423701 (M.S.) INDIA
E-mail: drjaya_meetme@rediffmail.com

ABSTRACT:

The thyroid gland is a sensitive endocrine gland. As easy to respond to stress and stimuli, the global occurrence of hypothyroidism grows every day. The prevalence of hypothyroidism increases with age. Also more women than men develop hypothyroidism, indicating a certain type of sex in this disorder.

Congenital hypothyroidism affects about one newborn at 3,500 to 4,000 births and is the most treatable cause of mental retardation. In later life, there is an inverse relationship between age in diagnosis and intelligent quotient (IQ).

Almost a third of the world's population live in areas of iodine deficiency. In areas where daily intake of iodine is below 50 µg, Goitre is usually endemic and when the daily intake drops below 25 µg, hypothyroidism is seen.

In persons living in iodine, the cause of obtained hypothyroidism is either chronic autoimmune disease [atrophic autoimmune thyroiditis or outraged autoimmune thyroiditis (Hashimoto's thyroiditis)]] or destructive treatment for thyrotoxicosis.

Hypothyroidism is characterized by a wide clinical spectrum from the apparent state of myxedema, the effects of the end organs and the failure of the multisystem to an asymptomatic or subclinical condition with normal levels of thyroxine and triodothyronine and slightly elevated levels of serum thyrotropin. The prevalence of hypothyroidism in the developed world is about 4-5%. The prevalence of subclinical hypothyroidism is about 4-15%

Severe untreated hypothyroidism can lead to heart failure, psychosis and coma.

Although these manifestations are neither specific nor sensitive, the diagnosis is confirmed by measuring serum thyrotropin and free thyroxine.

Hypothyroidism can be treated effectively and the disease can be kept under control.

Conventional drugs mean the use of hormone supplements, while homeopathy stimulates better thyroid function to form hormones separately.

As Hahnemann correctly stated that patients are patients in patients and not in the patient. Therefore, a holistic approach is needed to treat patients. During the case, a detailed case should be adjusted where the dog-somatic access is adjusted. This should include the exploration of emotional and psychological factors such as stress, suppressed emotions, mental shock, grief, anger, delusions and all other factors affecting the mind along with the past, family history and intellectual and physical aspects of the patient.

Hahnemann in aphorism 2. He said "the highest ideal of treatment is fast, gentle and permanent restoration of health or removal and destruction of the disease in the entire extent." Such a chosen medicine based on individualization work at deeper levels, especially on the axis of the hypothalamic-pophilsis and sets the basic imbalance of hormones in the body.

Homeopathy can delay the progression of thyroid disorders. Because the thyroid and its hormones affect every organ of the body, including mental and physical growth, early detection and treatment of homeopathy in children can lead to complications. Because homeopathic medicines are selected on the basis of a patient's constitution, it plays an important role in the immune modulation at the cellular level and therefore helps to destroy automatic substances.

KEYWORDS: Obesity, Hypothyroidism, Homoeopathic Treatment, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

The last part of the 19th century was a period of great success in medicine and endocrinology. The thyroid gland has evolved from considered to be the basic structure of the organ related to specific diseases. The unique importance of iodine is recognized. Graves' disease was described. Surgical treatment has developed at an extraordinary speed.

Over the past few years, an unprecedented increase in obesity, especially in industrial countries, has settled around the world. The reasons for this pandemic are still a question of the debate, but they are certainly related to deep changes associated with modern lifestyle that mean the deep transformation of the energy balance. The weight loss is a typical symptom of thyroid hyperfunction, while hypothyroidism is generally associated with excess weight. The relationship between weight and th was widespread by the media and not always with precise information. Therefore, doctors usually deal with overweight patients who believe that minor changes in the thyroid function have a significant impact on the composition of the body. This type of patient usually accuses his thyroid as the cause of obesity. And they can be right. If not fully correct, at least partially correct. In this scenario, it is likely that analogs TH can be used in the treatment of overweight and obese people in the future.

Thyroid disorders are among the most common endocrine dysfunction. The total prevalence of these disorders is estimated to be 200 million worldwide. Some scientists have said that 42 million Indians suffer from thyroid disorders.

A similarly high frequency of occurrence has also been reported in other countries.

The thyroid gland is the most important gland to control the body metabolism, growth, development and maintaining the internal environment. The ride operates under the control of the hormone stimulating thyroid gland (TSH) from the pituitary gland, which in turn is under the control of thyrotropin hormone (market) from the hypothalamus.

REVIEW OF LITERATURE:

Thyroid function and obesity

Long before the definition of metabolic syndrome, changes in the thyroid function were reported in obese patients. The composition of the body and thyroid hormones is closely related to it because it is known to be involved in the regulation of basal metabolism and thermogenesis and plays an important role in lipid and glucose metabolism, food intake and fat oxidation. In accordance with these knowledge, it is well known that hypothyroidism causes weight increases along with a decrease in basal metabolic speed and thermogenesis. In addition, there was also an inverse correlation between the free values of thyroxine (FT4) and the body weight index (BMI), although the FT4 values remain in the normal range. Recently it has also been proposed that thyroid abnormalities can be secondary to excess weight.

However, these changes would still be functional, as their normalization suggests after weight loss.

In various studies on adult obese individuals, the hormone concentrations of thyroid hormone (TSH) were marked as normal, increased or reduced thyroid hormone concentration (TSH) compared to the control group. In obese children, the most common abnormality is hyperthyrotropinemia, which shows TSH values in a group of children affected by simple obesity and in the control group.

The causes that are the basis of these changes are not known, although several theories have been designed. These include increased activity of deiodinase, as indicated by an increase in total triodothyronine (T3) and free T3 (FT3) in some subjects.

The reported high conversion rate of T4 to T3 in obese patients has also been interpreted as a defense mechanism that is able to counteract fat by increasing energy expenditure, basal metabolic speed and overall energy expenditures, in fact the levels of the total T3 and FT3. Leptin, the hormone produced by adipocytes, also changes the activity of deiodinese, thus promoting T4 transformation into T3.

DEFINITION:

Hypothyroidism is a clinical syndrome that results from decreased secretion of the thyroid hormone from the thyroid gland. Most often it reflects the disease of the gland itself- primary hypothyroidism.

If this is due to the pituitary - secondary hypothyroidism. Due to hypothalamic disease -Partier hypothyroidism. The term myxoedema is now usually reserved for apparent hypothyroidism that is serious or complicated or both. Cretinism concerns mental retardation syndrome, deafness, short figures and characteristic deformities of the face that occur with untreated congenital hypothyroidism.

Diagnosis of hypothyroidism:

Two phases can be distinguished in the diagnosis of hypothyroidism. First, it should be found whether there is a lack of thyroid hormone (syndromaldiagosis). Then it is necessary to look for the cause of the proven deficiency of thyroid hormones (nosological diagnosis). The diagnosis of hypothyroidism syndrome begins with history and physical examination and ends in the case of sufficient clinical suspected TSH and FT4 tests in serum.

PREVENTION:

Regular screening for people aged 60 and older; However, computer analysis suggests that a more cost -effective strategy would be screening with TSH all adults aged 35 and older, this intervention would be useful in identifying thyroid diseases in earlier stages.

For patients with autoimmune disorder such as L or collagen vascular disease such as rheumatoid arthritis.

It also reflects individuals who have a first -degree relative with thyroid disease, and those who have received a super voltage radiation on the neck for non -hyroid cancer.

Other individuals to be considered in screening include all patients with elevated levels of total cholesterol or elevated triglycerides, women with a history of hypothyroidism, or postpartum thyroiditis and patients with arrhythmia and congestive heart failure (CHF).

Screening of newborns due to the lack of T4 is highly recommended and is a legal requirement in many jurisdictions. Because screening prevents delays from the recognition and treatment of cretinism, government organs often mandate of newborns.

COMPLICATION:

The replacement of thyroid hormones can cause an adrenal crisis. Because the adrenal glands are unable to meet increased metabolic speed.

Because most brain growth occurs in the first 2 years of life, untreated hypothyroidism in infants can cause irreversible mental retardation. Older infants are saved by damage to the nervous system, but continued to slow down the physical and linear bone growth. They also have delayed teeth development and eruptions.

Aggressive replacement of thyroid hormone may endanger heart function in patients with existing heart disease (eg angina, atriarhytmia, myocardial infarction, CHF, coronary arteries).

The vision may be temporarily worse when looking at hormonal therapy. Pseudotumour cerebri, mania in a patient with depression and psychosis can be impaired can be impaired by a serious psychological disease.

Remedial measures:

Muriaticum: thyroiditis, hyperthyroid, hypothyroide. Thyroid: Diffuse Goitre.

General: intolerance to heat or sun. Slow growth, walking and speech development in children. Local: Exophthalmus. Vrching the whole body, especially the head. Violent palpitations, worse exertion or lying on the left. Mental: exciting and nervous.

Thyroiditis after sorrow or disappointed love.

Alumina: hypothyroidism. Local: terrible constipation, even for soft stools. Leather thick, dry and itching, worse of heat. Mental: Slowly physically and mentally.

Argentum nitricum: hyperthyroidism, hypothyroidism. In general: hot, aversion to warm room better: cold or in the open air. Local: diarrhea and marked Flatus and Eruct.

The tremor was pronounced. Mental: constant, inexplicable fast feeling.

Calcarea Carb: Benign Goitre, Hypothyreoid, Thyroiditis, Hypertyroid. Thyroid: Hard thyroid, thyroid knots. Slow, constant growth of the thyroid general: boring and slow; Always tired. Cold, especially cold legs at night in bed slow growth of children.

Local: Exophthalmus. Excessive sweat, especially at night. Mental: symptoms after excessive exercise, severe duties and concern. Depression and constant anxiety Calcarea fluorica: thyroid nodes, hard nodes in the thyroid gland. Thyroid states associated with arthritis.

Conium Maculatum: Hypertyroid, thyroiditis, hypothyroidism, thyroid: enlargement of stone thyroid gland. General: cold -blooded, heat flush. Weakness and fatigue, worse from the effort Local: Exophthalm with strabism or "crossed" eyes. Weakness on thighs; It is difficult to lift from the mental mental: flatness and depression. Illness after the fight with injustice.

Fucus vesiculosus: remedy for obesity and non -toxic goitre; also exophthalmic.

The digestion is further and flatulence decreases. Stubborn constipation; The forehead feels as if it has been compressed by an iron ring. Thyroid enlargement in obese objects.

Gelsemium sempervirens: Hypothyroid, thyroiditis. In general: extreme weakness and drowsiness. Tremic of the local weakness: exophthalmus, diplopia from exophthalmos Eyelids Droopy; It is hard to keep open. Tongue fat and heavy.

SUMMARY AND CONCLUSION:

- According to Hahnemannian classification of obesity disease in hypothyroidism It is under dynamic chronic fully developed miasmatic or unilateral disease.
- In my study I found 23 cases as a dynamic chronic fully developed miasmatic disease and 7 cases as a one -sided disease. Regarding the miasmatic deficiency of the superiority
  The hormone is Psorika Miasm. Dr. Ghatak says, “The only means of knowing Miasm is symptoms and their character. Miasm always get to know each other the nature of their symptoms, “in my study I also found not only a symptom You can see psoric miasma, but also a symptom of sykotic and sykotic miasm.
- Homeopathy treats patients, not disease. No two individuals are in health and illness and also no two patients suffering from the same disease may not require the same medicine. In homeopathy, the drug is selected on the basis of individualization, There is no specific remedy for a particular disease. So the medicine can be from the plant Group, Group of Animals or Mineral Kingdom, Sarcody, as well as nose or even Unregistered of homeopathic material Medica.
- In the treatment of hypothyroidism, general measures should be taken. Correctly A nutritional diet, physical rest and mental peace and excessive should be recommended Yoda intake should be avoided. In my study I also found that these general measures
  Together with the drug, it turned out to be useful in patient recovery.
- The prognosis of primary hypothyroidism is in all cases favorable, except for those who are in which gland was destroyed by advanced pathological changes or surgery. IN
  My study also from 30 patients 17 patients (56.67%) was improved, 10 patients (33.33%) were partially improved and 3 patients (16.6%) did not improve, so even conclude that a study on a homeopathic approach to obesity in hypothyroidism with his Holistic and individualistic approach.

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