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STUDYING THE UTILITY OF THYROIDINUM IN NEWLY DETECTED CASES OF HYPOTHYROIDISM IN FEMALES OF AGE GROUP-18 TO 40 YEARS

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ABSTRACT:

Hypothyroidism, also known as the underactive thyroid, when the thyroid gland does not make enough thyroid hormones to meet your body's needs. Thyroid is a small, butterfly -shaped gland in front of your neck. Thyroid hormones control your body how to use energy, so they affect almost every organ in your body, even the way you have heartbeat. Without adequate thyroid hormone, many functions of your body slow down.

INTRODUCTION:

Hypothyroidism (also called underactive thyroid, low thyroid or hypothyrosis) is a disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormones. This can cause many symptoms, such as poor capacity to bear cold, feeling of fatigue, constipation, slow heart rate, depression and weight gain. Sometimes untreated cases of hypothyroidism during pregnancy can cause inflammation of the front part of the neck, which can lead to development and intellectual development in the child or congenital iodine deficiency syndrome. Thyroid hormones are produced by the thyroid gland. This gland is located at the bottom of the neck, below the apple of adam. The gland wraps around the windpipe (trachea) and has a shape that is similar to a butterfly - formed by two wings (lobe) and attached by a middle part (Istamus). Thyroid gland uses iodine (mostly available in foods such as seafood, bread and salt), producing thyroid hormones. The two most important thyroid hormones are thyroxin (T4) and Tryodothyronine (T3), which are present in the blood for 99% and 1% thyroid hormones, respectively. However, the most biological activity hormone is T3. Once left from the thyroid gland into the blood, a large amount of T4 is converted into T3 - active hormones that affect the metabolism of cells.

Horsley reviewed the possible function of the thyroid gland: "By the year 1883, the work of the thyroid gland was unknown, and at least considered a minor importance for adult animals. The principles related to its function were: the principles related to its function:

,

(2) that it was a true gland, and secreted a mucous albuminoid in its essence cavities, the secretion was being reinvised by lymphatics.

(3) The thyroid gland is also compared as a hematopoietic organ.

He made an account of his experience of removing thyroid in animals. He had no doubt that when he stimulated the thyroid, Myxadema slowly developed. Horsley estimated that "practical surgical questions (hai) as whether there are subsequent symptoms of thyroidctomy.

(1) chronic asphixia, as is considered by Kochhar;

(2) Sympathy and other nerve tights injury

(3) The arrest of the work of the thyroid gland is fixed in favor of the third scene, and along with this there is also a deformity of the myxodema. "Horsley has described tetany in detail, but certainly there may be no idea of its cause.

Community:

A woman in thyroid disorders is an east, and its prevalence increases with age. Thyroid hormones have peliotropic effects on lipids and glucose metabolism, blood pressure and energy expenditure. Thyroid dysfunction is a risk factor of heart disease. At least, serum thyroid-stimulating hormone (TSH) is also found associated with adverse changes of lipid metabolism.

The prevalence of hypothyroidism is three times higher in women than men.

- risk:

Women, especially older women, are more likely to develop hypothyroidism than men. If you have a family close member with autoimmune disease, you have more likely to develop hypothyroidism. Other risk factors include:

- Race (being white or Asian)
- Age (getting old)
- Premature brown hair

There
• Dostal disorder
• Down syndrome
• Turner syndrome

Literature Review:

Hypothyroidism- Iodine deficiency is a common cause of hypothyroidism worldwide. In areas of iodine adequacy, autoimmune disease (thyroiditis of Hashimoto) and iatrogenic causes (treatment of hyperthyroidism) are the most common.
Causes of hypothyroidism:
Primary autoimmune hypothyroidism: Hashimoto's thyroiditis, atrophic thyroiditis iTrogenic: 131i treatment, sub -treatment or total thyroidctomy, outer radiation of neck for cancer or cancer
Drugs: Excess of iodine (including iodine-containing contrast media), amoderone, lithium, antigenoid drugs, p-aminocylchillic acid, interferon α and other cytocins, aminogluttimide, tyrosine kinage inhibitors (eg, sanitinibalizumabolia)
Congenital hypothyroidism: absent or ectopic thyroid gland, dashromonogenesis, TSH-R mutation iodine deficiency
Infiltration disorders: amyloidosis, sarcoidosis, hemocromatosis, scleroderma, cystinosis, ridel's thyroiditis overseas type 3 deodine in thyroiditis with thyroidies with thyroiditis after thyroiditis with thyroiditis in thyroiditis with thyroiditis with thyroiditis. With thyroiditis. Treatment for Graves Disease
Secondary Hypopytitarism: Tumor, pituitary surgery or radiation, infiltration disorder, sheahan syndrome, trauma, genetic forms of joint pituitary hormone deficiency is isolated TSH deficiency or inactivity bexarotine treatment Hypothymic disease: Tumor, trauma, malignant disorder, malignant disorder, malignant disorder.
Correspondence: TSH, thyroid-stimulating hormones; TSH-R, TSH receptor.
It is the most common cause of hypothyroidism. It is the disease of theshimoto - an autoimmune disorder that causes inflammation of the thyroid gland. With Hashimoto, your body produces antibodies that attack and destroy the thyroid gland.

Community:

Hypothyroidism is a general health concern in India, and its prevalence has been increasing continuously in recent years. Many factors contribute to this growth, including changes in diet, lifestyle and environmental effects.
General spread: Studies suggest that about 10–12% of the Indian population is affected by thyroid disorders, with hypothyroidism the most common. This means that 1 in 10 people may have some forms of thyroid dysfunction, although many of them remain unmarried.
Regional variations: The prevalence of hypothyroidism may vary depending on the regions and population. In urban areas, the circulation is more, partially better awareness, clinical facilities and access to healthcare. The low detection rate in rural areas may be lower, but the lack of screening may still cause high proliferation.
Gender inequality: Hypothyroidism is more common in women than men. It is estimated that women are 4-5 times more likely to develop thyroid disorders, especially after the age of 35 years.
Pregnancy, menopause and other hormonal factors contribute to this gender difference.

Clasification-

1) Primary hypothyroidism-
It is defined as low levels of blood thyroid hormones due to the destruction of the thyroid gland.
This destruction is usually caused by intervention such as auto immunity, or surgery, radio iodine or radiation.
This leads to a decrease in secretion of T3 and T4 and hyperception of pituitary TSH and a amplified increase in serum TSH levels as a result of low secretion of T4 and T3.Biochemically. It is a major laboratory that is particularly searching for thyroid failure.

Symptoms and symptoms of hypothyroidism

The onset is usually insidious, and the patient may only be aware of the symptoms when youths are restored. Instead of symptoms of hypothyroidism, patients with Hashimoto's thyroiditis may be present due to glue. The goiter may not be large, but it is usually irregular and firm in stability. Rarely, Hashimoto's thyroiditis is associated with pain. The subsequent stages of atrophic thyroiditis or thyroiditis of Hashimoto have symptoms and symptoms of hypothyroidism with patients. The skin is dry, and the sweat decreases, thinning the epidermis, and hyperkeratosis of the stratum corneum. The dermal glycosaminoglycan material was increased in the mesh, thicken the skin without beating (myxedema). Specific features include a puffy face with admatus eyelids and nonpiting pretibial edema. Palor occurs, often with a yellow tinge for the skin due to carotene accumulation. The growth of the nail is slow, and the hair is dried, brittle, difficult to manage, and fall easily. In addition to spreading alopecia, the outer third of the eyebrows is diluted, although it is not a specific sign of hypothyroidism. Other general characteristics include constipation and weight gain (despite poor appetite). Unlike the popular belief, weight gain is usually modest and is mainly caused by fluid retention in myxedematous tissues. The libido decreases in both sexes, and a long -standing disease may contain allgomanorrhea or amenorrhea, but may be in an early stage. Fertility decreases, and the occurrence of abortion increases. Prolactin levels often increase marginally and can contribute to changes in libido and fertility and can cause galactaria. Myocardial shrinkage and pulse rate decreases, causing a low stroke volume and bradycardia. Increased peripheral resistance can occur with high blood pressure, especially diastolic.

Blood flow is diverted from the skin, producing cool loops. Pericardial mannequin occurs in 30% of patients, but rarely a compromise with cardiac function. Although the change in myosin heavy chain isoform expression is documented, cardiomyopathy is rare. Fluid can accumulate in other serous cavities and also in the middle ear, which gives rise to conductive deafness; Censoring may also occur. The pulmonary function is generally normal, but dyspania may be caused by pleural drift, impaired respiratory muscle function, low ventilator drive, or sleep apnea. Carpal tunnel and other entry syndromes are common, as there is a loss of muscle function with hardness, cramps, and pain.

Thyroidinum:

Thyroidine. Thyroid extracts. A sarcode. Trectation of the fresh thyroid gland of sheep or calf. Akaran of a liquid extract of the gland.
Clinical.Buscase. Acromegaly. Albuminuria; Of pregnancy. Embellopia. Amenoria. A enmias; Rapid nervousness. angina pectoris. backache. Chilblane. Constipation. Diarrhea. Diuresis. Dropy. Dysmenoria. Ear, middle, affection. Eczema. Fainting. Fibroma. Fracture, uncontrolled. Gootre; exophthalmic. Hair, new growth; falling off. Heart, failure; Valvular disease of. Hysteria. Hystero-EPILEPSY. Ichthyosis. Foolishness. Leprosy. Mania. Milk, lack of milk. Myxoedema. Neuroshania. obesity. Edima. Optic neuritis. Paralysis; Of hands and weapons. Paraplegia. Phthisis. Pitiasis Rubra. Psoriasis. puerperal fever. Rupiah. Scleroderma. Syphilis. Tetanus.
1. Mind. Sometimes with restless melancholia can not get to speak intensely intense stupas, but at other times it will lie on the floor with hard organs and cry themselves; Many times dangerous and homeicidal, put their arms in the round of the neck of other patients, almost tightly to strangle them; (In this case madness was primary and myxoedema secondary; both conditions were removed). Increased vibration by quarreling with another patient about the difference of opinion.
Depression.
Flaws and morality gave way to cheerfulness and animation.
"All the matters of progress reflect some mental aberrations of myxodema that leads to dementia, usually with confusion, takes the form of doubt and oppression. Sometimes -real madness is present in the form of frenzy and madness."
Publishes of harassment (three cases seen, the result of taking a deadly, thyer. In pills to reduce obesity).
The sudden acute frenzy in Myxoedema, completely mentally and physically restored under the thyre.
Mental dissection
Three years before the onset of Myxoedema, subject to the attacks of great violence, with gaps of dating, depression and insecurity.
Stupidity state; Fearless bad dreams.
The excited situation, until all the rest of the day, continued granting and laughing in a way that was strange for itself.
Very excited; Enough depression after the excited state.
For several hours which can only be called a hysterical position.
Became a grubber.
Was frightened. Filling and morality for cheering and animation. Publishes of harassment (on three cases, the result of taking thyroidinum in pills to reduce a deadly, obesity). The sudden acute frenzy in Myxedema was completely restored mentally and physically under thyroidinum. With gaps of depression and sexual intercourse, mentally dating mentally three years before the introduction of myxadema themes for the attacks of great violence.
2. Head.Rertigo
The feeling of lightness in the brain, hardly the amount of pit.
Very giddy and headache for twenty four hours.
With a sharp headache and acute pain in the back and limbs about 4 o'clock, which continued for three days and forced him to keep his bed.
Since the first thyroid was taken [five glands completely, at intervals] they had a strange heavy feeling in their heads, which had synergy over vertigo and stupping.
Headache (with symptoms of fever); Disappeared on suspended treatment, appearing again seven days after recommending.
About two hours after each tabloid, fronto-koronal headache.
Constant frontal headache after taking a tabloid for four consecutive days. (Constant headache, pain in OCCPUT and vertex.).
(Headache in case of acromegaly.).
Headache. Abdominal pain and abdominal pain.
Fresh hair growth (multiple cases).
Black hair grows between gray.
The hair fell permanently in a case of Scleroderma and in a case of myxoedema.
In a case of myxoedema, the patient lost all the hair of his head and face and increased thick on his arms and chest; Under the thair. The head and facial hair grew again and the arms and chest fell.
3. eyes. (Promotion of the eyeball.
Optic neuritis (in five individuals, four of them, under treatment for obesity; no other symptoms of thyroidism).
Asstative Asthenopia.
4. Ear.
Loss of hyperplasic median oatitis and dynamics of osical with sclerosis (rapid amlioration many cases).
6. face. Loss of consciousness, tonic muscle cramps; Immediately; With the rise of temperature, and all pain; Suddenly he became breathless and vivid.
8. Mouth. Tongu became roughly coated.
9. throat. (Full sensation.)
11. Stomach appetite. Hunger with better digestion in. Fainting and nausea (after some injections). Tired and sick. [37] [35].
12. Stomach increased, later in the case amalination. Hadche and abdominal pain.

13. stool. With gastro-intestines disturbances. The range of constipation with more natural activities.
14. Organs of urine. Flow of urine. The cause of urine was further cured.
15. Female sexual organs. Sexual desire after sexual desire. After the commencement of treatment menstruation, which were absent more than a year, re -appeared and continued clearly (in many cases of myxodema with or without madness). Initial Amenoria. (Painful and irregular menstruation.). (Constant left ovarian pain, and great tenderness) When the deficiency is associated with the return of menstruation, it will press the latter.

CONCLUSION:

The study examines the role of thyroidinum in hypothyroidism cases with attention to homeopathic remedies. Here is the summary of major points:
Study Designs and Participants: Hypothyroidism was diagnosed for thirty patients who met the inclusion and exclusion criteria were chosen for this study. Most of these patients were in the age group of 21to 25 and 31 to 35 years.
Treatment: Homeopathic Medicine Thyroidinum 200 was determined because we had to know its efficacy and understand whether TSH levels showed any changes despite the symptoms.
Results: Of 30 patients, 24 showed marked improvement (80%), while 6 patients showed no improvement (20%). Statistical analysis supports the effectiveness of thyroidinum homeopathic therapy in managing new diagnosis cases of hypothyroidism.
Chief observation:
The power of 200 was found particularly effective in reducing TSH levels
In addition to homeopathic treatment, consultation and regular exercise contributed to the relief of symptoms.
6x and 3x did not help much.
while lifestyle modifications can support thyroid health and help manage symptoms, they are not an alternative to medical treatment.
Conclusions: Thyroidinum can play an important role in managing TSH levels of new cases of hypothyroidism and subclynical hypothyroidism, especially when combined with lifestyle modifications and proper consultation.

BIBLIOGRAPHY:

1. 1.https://www.niddk.nih.gov/health-information/endocrine-diseases/hypothyroidism#:~:text=Trials%20for%20Hypothyroidism-,What%20is%20hypothyroidism%3F,the%20front%20of%20your%20neck.
2. Allen E, Fingeret A. StatPearls [Internet]. StatPearls Publishing; Treasure Island (FL): Jul 24, 2023. Anatomy, Head and Neck, Thyroid. [PubMed] .
3. Nilsson M, Williams D. On the Origin of Cells and Derivation of Thyroid Cancer: C Cell Story Revisited. Eur Thyroid J. 2016 Jul;5(2):79-93. [PMC free article] [PubMed]
4. Chintamani "Friend or Foe" of a Thyroid Surgeon?-the Tubercle of Zuckerkandl. Indian J Surg. 2013 Oct;75(5):337-8. [PMC free article] [PubMed]
5. Geraci G, Pisello F, Li Volsi F, Modica G, Sciumè C. The importance of pyramidal lobe in thyroid surgery. G Chir. 2008 Nov-Dec;29(11-12):479-82. [PubMed]
6. Sinos G, Sakorafas GH. Pyramidal lobe of the thyroid: anatomical considerations of importance in thyroid cancer surgery. Oncol Res Treat. 2015;38(6):309-10. [PubMed]
7. Irkorucu O. Zuckerkandl tubercle in thyroid surgery: Is it a reality or a myth? Ann Med Surg (Lond). 2016 May;7:92-6. [PMC free article] [PubMed]
8. https://www.ncbi.nlm.nih.gov/books/NBK279388/
9. Boron WF, Boulpaep EL (2012). Medical Physiology (2nd ed.). Philadelphia: Saunders. p. 1052. ISBN 978-1-4377-1753-2. 9. .BrentGA:Themolecularbasisofthyroidhormoneaction. N EnglMed 331: 847, 1994
10. Williams GR, Brent GA: Thyroid hormone response elements. In Weintraub B (ed): Molecular Endocrinology: Basic Concepts and Clinical Correlations, p 217. New York, Raven Press, 1995
11. Yen PM, Chin WW: New advances in understanding the molecular mechanisms of thyroid hormone action. Trends Endocrinol Metab 5: 65, 1994