

MIASMATIC STUDY OF HYPOTHYROIDISM AND ITS HOMOEOPATHIC
MANAGEMENT

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ABSTRACT

Background: Thyroid disorders are one of the most plentiful endocrine gland disorders in the world, second only after the diabetes mellitus. Manifestations of Thyroid disorders are vary considerably from area to area and are determined principally by the availability of iodine in the diet. Hypothyroidism is such one of the clinical state resulting from decreased secretion of thyroid hormone from thyroid gland due to functional or structural impairment of production of thyroid hormone and affects most the organ systems. Major clinical findings are weakness, fatigue, coarseness and dryness of the skin, intolerance to cold, poor concentration and memory, weight gain, constipation, paraesthesia, menorrhagia, disorders of hearing, bradycardia, delayed relaxation of tendon reflexes etc. According to Homoeopathy, it is the man who is sick and not his body or organ and as a matter of fact he needs to be treated. It is here the concept of individualization comes into practice, where the physical as well as the mental characteristics of the individual is taken. **Conclusion:** The results obtained from study shows the highest incidence of hypothyroidism was observed in 3rd & 4th decades of life and incidence was observed more in females than in males. Hypothyroidism is having basically psoric background but can be seen in all three miasm. Constitutional and antimiasmatic remedies found effective in the management of hypothyroidism. Anti-miasmatic remedies helpful in removing miasmatic block and recurrence in hypothyroidism. Proper Anti-miasmatic Homoeopathic remedies are effective in the treatment of hypothyroidism considering miasm.

KEYWORDS: Hypothyroidism; Homoeopathy; miasm, etc.

INTRODUCTION

Thyroid disorders are one of the most plentiful endocrine gland disorders in the world, second only after the diabetes mellitus. Manifestations of Thyroid disorders are vary considerably from area to area and are determined principally by the availability of iodine in the diet. Epidemiological studies of thyroid dysfunction have limitations, for example the definition of overt hypothyroidism and subclinical hypothyroidism, the selection criteria of the sample used, the influence of age, sex, genetic and environmental factors and the different techniques used for the measurement of thyroid hormones and the relative paucity of incidence data.

Almost one-third of the world's population lives in areas of iodine deficiency. In areas where the daily iodine

intake is below 50 µg, goitre is usually endemic, and when the daily intake falls below 25 µg, hypothyroidism is seen. The prevalence of goitre in areas of severe iodine deficiency can be as high as 80 %. Populations at particular risk tend to be remote and live in mountainous areas in South-East Asia, Latin America and Central Africa. Iodization programmes are of proven value in reducing goitre size and in preventing goitre development and cretinism in children. Goitrogens in the diet, such as thiocyanate in incompletely cooked Cassava or thioglucosides in Brassica vegetables, can explain some of the differences in prevalence of endemic goitre in areas with similar degrees of iodine deficiency.

Hypothyroidism is such one of the clinical state resulting from decreased secretion of thyroid hormone

from thyroid gland due to functional or structural impairment of production of thyroid hormone and affects most the organ systems.

Major clinical findings are weakness, fatigue, coarseness and dryness of the skin, intolerance to cold, poor concentration and memory, weight gain, constipation, paraesthesia, menorrhagia, disorders of hearing, bradycardia, delayed relaxation of tendon reflexes etc.

Decreased thyroid hormone synthesis and low levels of circulating thyroid hormones result in biochemical and/or clinical hypothyroidism. This condition occurs more frequently in women; the overall incidence is about 3% of the general population. The clinical presentation, particularly in elderly patients, may be subtle; therefore, routine screening of thyroid function tests is generally recommended for women more than 50 years of age. Hypothyroidism is classified as primary or secondary. Primary hypothyroidism results from 1) defective hormone biosynthesis resulting from Hashimoto's or autoimmune thyroiditis (most common), other forms of thyroiditis (acute thyroiditis, subacute thyroiditis), endemic iodine deficiency, or antithyroid drug therapy (goitrous hypothyroidism); and 2). Congenital defects or loss of functional thyroid tissue due to treatment for hyperthyroidism including radioactive iodine therapy or surgical resection of the thyroid gland.

According to Homoeopathy, it is the man who is sick and not his body or organ and as a matter of fact he needs to be treated. It is here the concept of individualization comes into practice, where the physical as well as the mental characteristics of the individual is taken.

AIMS AND OBJECTIVES

Aim: To Study Miasms in Hypothyroidism.

Objectives

1. To study the Miasmatic basis of Hypothyroidism.
2. To study the role of Homoeopathic remedies in the treatment of hypothyroidism.
3. To assess the role of Diet in cases of hypothyroidism.

MATERIAL AND METHODS

I) Study Design:- A Randomized Control Single Blind Clinical Trial.

II) Study Setting:- Study was conducted at SKH Medical College, Beed. The subjects for the study were selected from the college and peripheral OPD's, IPD department, and regular camp visits of college.

III) Duration of Study:- 18 months (2018-2019).

IV) Inclusive and Exclusive Criteria

a. Inclusion Criteria

- ❖ All cases of hypothyroidism at varying age groups.
- ❖ Both sexes were included.
- ❖ Many cases previously under different modes of treatment were also included into this study.

- ❖ Patients selected under placebo group were only given dietary advice. No medication whatsoever was allowed in this group of patients.
- ❖ All the cases were included after clinical examination, pathological investigations wherever necessary.

b. Exclusion Criteria

- ❖ Cases other fatal & systemic complications were excluded.
- ❖ Similarly, patients with known immuno-compromised disease were also excluded.

V) Method of Selection

Total 30 cases were selected by simple random sampling technique.

Selected 30 cases were divided in two groups i.e. Group A and Group B respectively. Both the groups comprise 15 cases each.

- ✚ Group A (i.e. Treatment Group) received Homoeopathic remedies.
- ✚ Group B (i.e. Control Group) proper diet was advised.

VI) Sample Size:- In this study, the sample size was 30 students.

VII) Sampling Technique:- The sample for the study was selected by simple random sampling technique.

VIII) Method for Data collection Relevant to Objectives

Approximately 30 cases were selected by simple random sampling technique. Selected 30 cases were divided in two groups' i.e. Group A and Group B respectively. The study was a randomized control study in which 30 patients were selected on the basis of simple random technique. After proper Case taking, examination and investigations, data was recorded in specially designed case sheets. During the course of study, the patients were regularly observed. The changes were noted in the specially prepared case sheet.

Selection and Administration of Medicine:-

Homoeopathic medicines were prescribed to the patient as indicated after repertorisation, as a single blind clinical trial control study along with dietary advice.

Selection of Potency:- Selection of the potency was done based entirely upon the nature, seat and phase of disease, nature of medicine and "susceptibility" of the patient.

Repetition Schedule:- The doses of the Medicine were repeated as per the need of Case.

Dietetic & Hygienic Measures:- Suitable dietetic and hygienic measures were taken before administration of medicines, which are used as specific stimuli to rouse the vital force to react against the morbid agent and overcome their noxious influences.

Follow-Up and Monitoring

All the patients were advised to report at regular intervals varied according to the severity of symptoms presented by the patient and the potency of medicine used. Each case was followed up to 6 months or up to recovery of the patient, whichever occurred earlier to be included in the study. However, the patients were also followed up after the stipulated time period, as they visited the college OPD for follow ups. On reporting, the cases were analyzed properly and results were assessed through the clinical assessment of improvement.

IX) Outcome Assessment Criteria

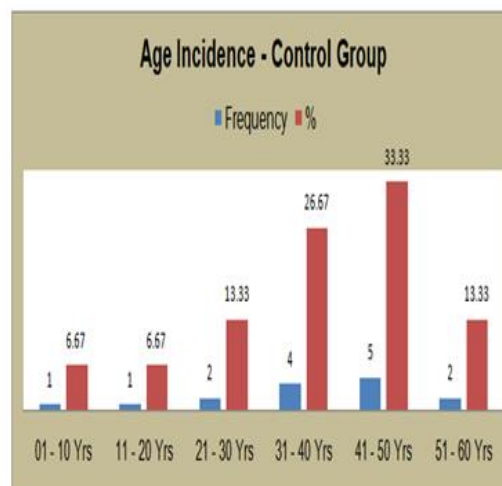
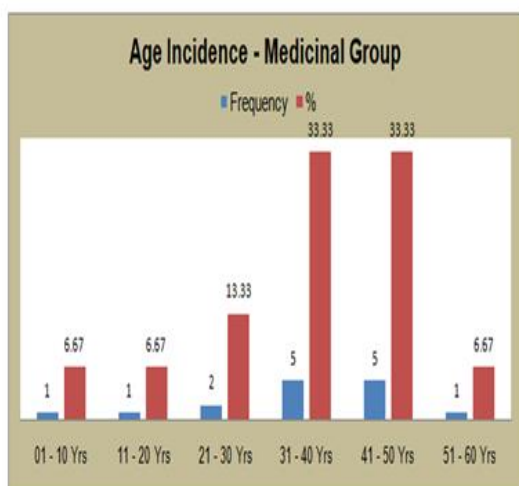
Assessment Criteria: Assessment was done according to subjective clinical improvement as well as on the basis of comparing the before and after investigations.

Evaluation Parameters

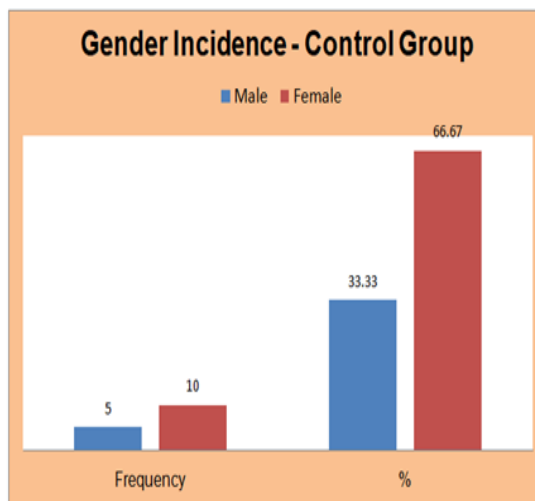
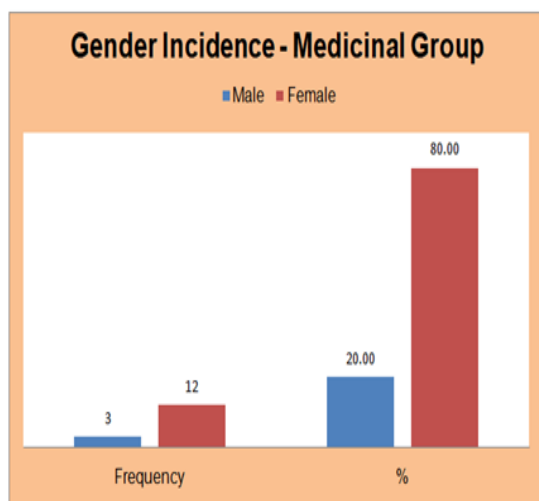
- ✚ **Markedly Improved-** All the subjective and objective complaints relieved with sense of well-being. Improvement more than 75%.
- ✚ **Improved-** Most of the subjective and objective symptoms subsided but still some complaint or symptoms remained. Improvement more than 50% but less than 75%.
- ✚ **Not Improved-** Minimum or no relief of symptoms & signs, even after sufficient period of time. Improvement less than 50%.

RESULTS

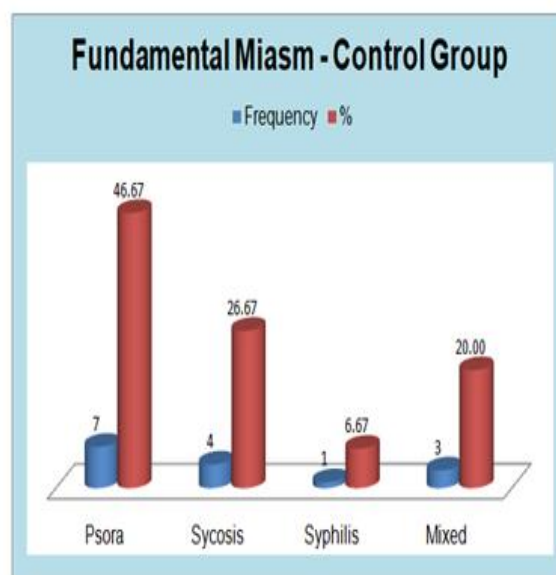
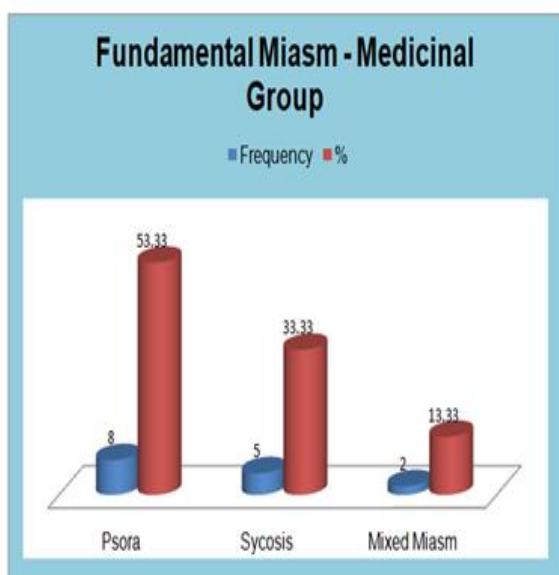
Sr. No.	Age Group	Treatment Group		Control Group	
		No. of Cases	%	No. of Cases	%
1	01 - 10 Yrs	1	6.67	1	6.67
2	11 - 20 Yrs	1	6.67	1	6.67
3	21 - 30 Yrs	2	13.33	2	13.33
4	31 - 40 Yrs	5	33.33	4	26.67
5	41 - 50 Yrs	5	33.33	5	33.33
6	51 - 60 Yrs	1	6.67	2	13.33
Total		15	100.00	15	100.00



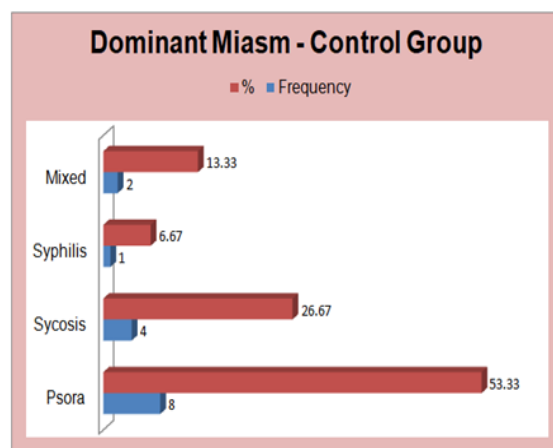
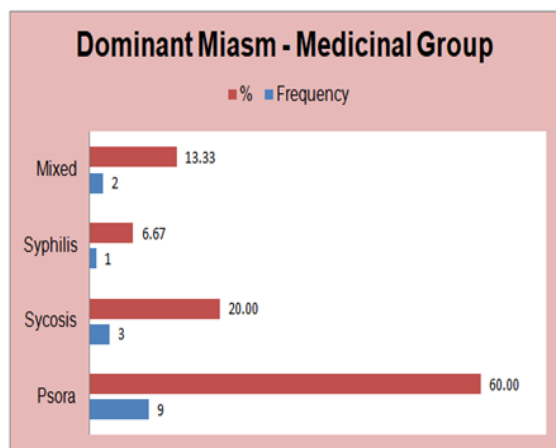
Sr. No.	Gender	Treatment Group		Control Group	
		No. of Cases	%	No. of Cases	%
1	Male	3	20.00	5	33.33
2	Female	12	80.00	10	66.67
Total		15	100.00	15	100.00



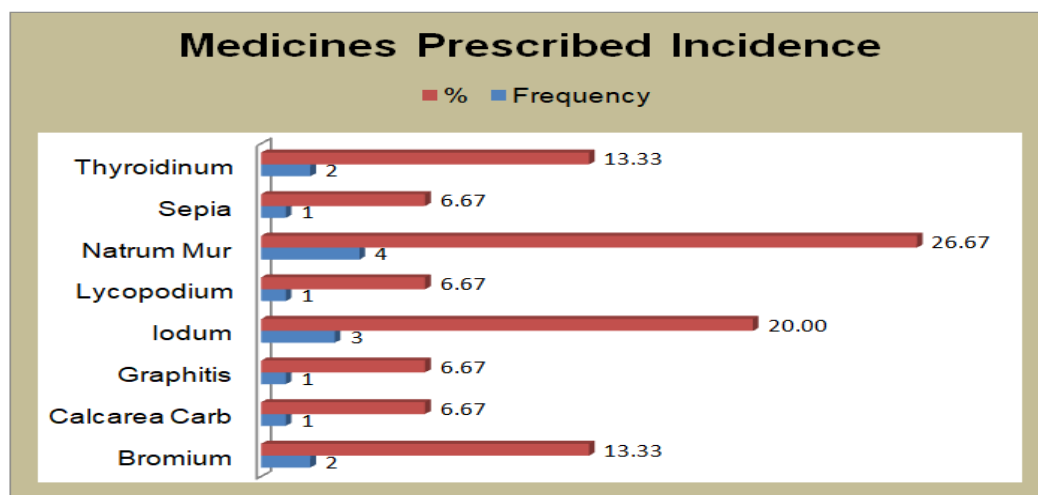
Sr. No.	Fundamental Miasm	Treatment Group		Control Group	
		No. of Cases	%	No. of Cases	%
1	Psora	8	53.33	7	46.67
2	Sycosis	5	33.33	4	26.67
3	Syphilis	0	0.00	1	6.67
4	Mixed	2	13.33	3	20.00
Total		15	100.00	15	100.00



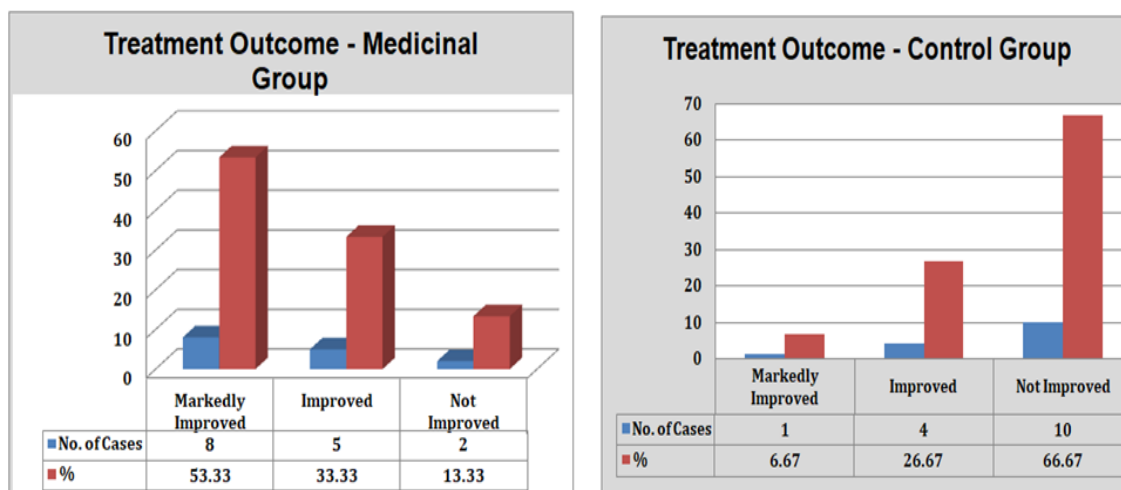
Sr. No.	Dominant Miasm	Treatment Group		Control Group	
		No. of Cases	%	No. of Cases	%
1	Psora	9	60.00	8	53.33
2	Sycosis	3	20.00	4	26.67
3	Syphilis	1	6.67	1	6.67
4	Mixed	2	13.33	2	13.33
Total		15	100.00	15	100.00



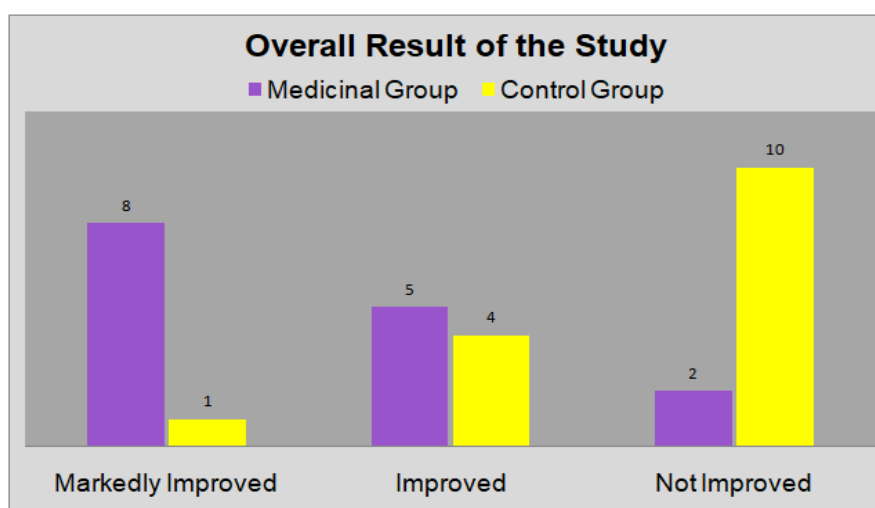
Sr. No.	Medicine Prescribed	No. of Cases	%
1	Bromium	2	13.33
2	Calcarea Carb	1	6.67
3	Graphitis	1	6.67
4	Iodum	3	20.00
5	Lycopodium	1	6.67
6	Natrum Mur	4	26.67
	Sepia	1	6.67
7	Thyroidinum	2	13.33
Total		15	100.00



Sr. No.	Result	Treatment Group		Control Group	
		No. of Cases	%	No. of Cases	%
1	Markedly Improved	8	53.33	1	6.67
2	Improved	5	33.33	4	26.67
3	Not Improved	2	13.33	10	66.67
Total		15	100.00	15	100.00



Overall Result	Medicinal Group	Control Group	Total
Markedly Improved	8	1	9
Improved	5	4	9
Not Improved	2	10	12
Total	15	15	30



SUMMARY

The present study consisted of 30 patients of Hypothyroidism selected from the College O.P.D. and IPD where I am pursuing my PG education. All the selected 30 cases were further allocated equally in to 2 groups randomly. 1 group (Medicinal group) which comprises 15 cases received appropriate homoeopathic medicine selected on the basis of totality of symptoms, while other group (Control group) comprising 15 cases received Placebo with proper Dietary advice. Out of 30 cases the higher prevalence rate was observed in the age group 41-50 years of age. Females were observed to be suffering more from Hypothyroidism. According to the distribution of miasm Psora was observed in maximum cases as both fundamental & Dominant miasm. Anti-miasmatic medicines as Natrum muriaticum, Iodum, Bromium and Thyroidinum are indicated in maximum cases.

CONCLUSION

The study involved 30 patients with hypothyroidism, randomly divided into two groups: a Medicinal group receiving homeopathic treatment and a Control group receiving a placebo and dietary advice. Key findings included.

- ❖ The most affected age group was 41-50 years (10 cases, 33.33%), followed by 31-40 years (9 cases, 30%).
- ❖ Hypothyroidism was more prevalent in females (22 cases, 73.33%) than males (8 cases, 26.67%).
- ❖ Psora was identified as the most common miasm among the cases.
- ❖ Natrum Mur was the most frequently prescribed remedy (4 cases, 26.67%), followed by Iodum (3 cases) and others.
- ❖ The majority of cases treated used a potency of 200 (9 out of 15 cases).

- ❖ The Medicinal group showed significant improvement, with 53.33% showing marked improvement, while the Control group had minimal results (only 6.67% showing marked improvement).
- ❖ Overall, 30% of all cases showed marked improvement, while 40% had no improvement.

The study suggests that homeopathic medicines can be effective in managing hypothyroidism, compared to the control group's results.

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