

**Individualized Homoeopathic Treatment of a Geriatric Case of Goitre- A Case-Report**Sourita Das,<sup>1\*</sup> Md Intekhab Alam,<sup>1</sup> Saurav Biswas<sup>2</sup>

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**ABSTRACT:**

Goiter is defined as an enlarged thyroid gland (>20-25g), that can be diffuse/simple or nodular. Thyroid nodules are common, perceived by palpation in at least 4 percent of the population in iodine-sufficient areas and more than half of patients by using ultrasonography, with the majority being asymptomatic. Nodular goitre is one of the most common endocrine problems in the world today, affecting up to 12% of the world's population and 170 million people in India. Females are more likely to suffer from goitre than males of the same age group with a sex ratio Female: Male = 24:1. Diagnosis of a case of goitre is confirmed by ultrasonography and/or thyroid scintigraphy. This case report summarizes the improvement seen in a 72-year-old lady diagnosed with cystic colloidal goitre with calcification and thickened isthmus (volume of the right lobe was 25cc with calcification of 0.7cm & 0.5 cm, volume of the left lobe was 1.8cc) with the help of *Causticum 200*, which was chosen guided by the principles of homoeopathy, and was prescribed only once during treatment. At the end of 9 months after the commencement of treatment, radiological reports showed the volume of the right lobe of the thyroid was 2.94cc, the volume of the left lobe was 1.32 cc, the isthmus was normal, both lobes showed evidence of calcification but exact measurement was not available. Clinically goitre was not visible to the naked eye. Thus, the effectiveness of the minimum dose of the correctly chosen *simillimum* is evident, as observed in this case.

**KEYWORDS:** *Causticum*, Geriatric population, Goitre, Individualised Homoeopathic Medicine, MONARCH.

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**INTRODUCTION:**

Goiter refers to a generalized enlargement of thyroid gland (>20-25g), that can be diffuse/simple or nodular.<sup>[1,2]</sup> People affected by goitre often present with a non-symmetrical enlargement of the thyroid gland with visible swelling in the anterior aspect of the neck. One or more nodules can be recognized.<sup>[2]</sup> Thyroid nodules are common, perceived by palpation in at least 4 percent of the population in iodine-sufficient areas and more than half of patients by using ultrasonography, with the majority being asymptomatic. They may be associated with local compressive symptoms, causing dysphagia and disordered thyroid hormone production as well as thyroid cancer (chances of which may vary from 3%-36%).<sup>[3]</sup>

Endemic growth in cases of goitre is a significant problem affecting up to 12% of the world population. Nodular goitre is one of the most common endocrine problems in the world today.<sup>[4]</sup> The magnitude of the thyroid goiter problem in India is far greater than what it was estimated earlier, affecting about 170 million people in the country.<sup>[4]</sup> Multi-nodular goitre is more common in females and a majority are in the age group of 31-39 years.<sup>[5]</sup> Females are more likely to suffer from goitre than males of the same age group with a sex ratio Female: Male = 24:1.<sup>[5]</sup> Worldwide, iodine deficiency is the most common cause of goitre.<sup>[6]</sup>

Simple/Diffuse goitre usually presents between the ages of 16 and 26 years.<sup>[6]</sup> The goitre is soft and symmetrical and is enlarged to two to three times the normal. It is generally painless with no lymphadenopathy or overlying bruit and occasionally there is a tight sensation in the neck, particularly when swallowing. T<sub>3</sub>, T<sub>4</sub>, and TSH are normal and no thyroid autoantibodies are detected in the serum. It generally regresses on its own. In

some cases, however, the unknown stimulus to thyroid enlargement persists and, as a result of recurrent episodes of hyperplasia and involution during the following 10-20 years, the gland becomes multinodular with areas of autonomous function. As these nodules grow at varying rates and secrete thyroid hormone 'autonomously', thereby suppressing TSH-dependent growth and function in the rest of the gland. Ultimately, complete suppression of TSH occurs in about 26% of cases, with T<sub>4</sub> and T<sub>3</sub> levels often within the reference range but sometimes elevated.<sup>[7]</sup> Multinodular goitre is usually diagnosed in patients presenting with a large goitre with or without tracheal compression, or sudden painful swelling caused by haemorrhage into a nodule or cyst. When the goitre is nodular or lobulated on palpation it may extend retrosternally. Very large goitres may cause mediastinal compression with stridor, dysphagia, and obstruction of the superior vena cava. Hoarseness due to recurrent laryngeal nerve palsy can occur (but it is far more suggestive of thyroid carcinoma).<sup>[6,7]</sup>

Diagnosis of a case of goitre is confirmed by ultrasonography and/or thyroid scintigraphy. In case of contemplation of intervention, a CT scan or MRI of the thoracic inlet should be performed to quantify the degree of tracheal displacement or compression and the extent of retrosternal extension. Nodules should be evaluated (FNAC) for the possibility of thyroid malignancies. Hormonal assay should be done to exclude hypothyroidism or thyroid toxicity.<sup>[6,7]</sup>

The conventional approach to treat goitre is to wait and watch when it is asymptomatic along with an annual thyroid function test as the natural history is progression to a toxic multinodular goitre. surgical excision is indicated in case of compressive symptoms.

Hormonal therapy does not help in regression of goitre, even when it does, it is limited to 6-12 months.<sup>[6,8]</sup> Homeopathic treatment of goitre has shown some beneficial outcomes in the recent past, where patients have shown improvement without the need for surgical intervention.<sup>[9-12]</sup> Like all other aspects of homoeopathy here also the possible mechanism of action of the drugs is still not explored. We intend to report this case report as we want to emphasize the exploration of probable action of homoeopathic medicines in case of goitre. Not only that, proper scientific exploration of probable action will help us to understand the scope and limitations regarding the usefulness of these ultra-diluted medicinal preparations.

### **CASE REPORT:**

#### **Patient Information:**

An elderly lady visited OPD 2, of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, on 11 August, 2021. She complained of a swelling on the right side of the neck, visible for last 2 months along with pain and discomfort, that came along at a later period. Without further case-taking, she was advised for USG of neck and blood for T<sub>3</sub>, T<sub>4</sub>, and TSH.

She came with the reports on 18 August 2021. As the reports suggested idiopathic goitre, further case-taking was done. She had suffered from jaundice and malaria in the past, and currently, she takes medications for hypertension. She also has features of OA. Both her attendants and the patient cannot recall any swelling before 2 months. The onset was painless and the pain and discomfort began about 16 days before the first visit. No treatment has been adopted so

far. She could not recall much about her family history.

#### **General Symptoms (mental and physical)**

On query, her attendants remarked that she is angered easily, and recently she gets irritated quite easily. On that, she remarked that she has to protest against any wrongdoing if she sees it, be it towards her or others. She prefers cloudy weather but fears a thunderstorm.

Physical general symptoms were taken as follows-

- Appetite- good, can't tolerate hunger
- Desire- spicy, hot, sour, warm, rice
- Aversion- N/P
- Intolerance- coconut, and poppy seeds; cause dyspepsia
- Thirst- increased, takes large quantities at a time
- Tongue- dry, flabby with multiple transverse cracks
- Sleep- disturbed, wakes up with palpitation
- Sweat- scanty, mostly on the back, not offensive
- Stool- hard, constipated, irregular. Has to take purgatives
- Urine- clear, sometimes unable to hold it on coughing or sneezing
- Thermal reaction- chilly

On Examination, the swelling on the right side of the neck was hard, about 4 cm in diameter, and movable with no attachment to the overlying skin. There was no deviation of the trachea. Carotid pulsation was within normal limits (WNL). There was no venous engorgement in the neck. Neck glands were not palpable. Figure 1 On auscultation there was no overlying bruit present. Also, fine tremors of the hands were noted. As the patient was from the geriatric group, the tremor could be age-related. Also, as it was a

suspected case of goiter, we needed to rule out hyperthyroidism.

A provisional diagnosis of goitre was made and the patient was advised for USG of neck and blood for T<sub>3</sub>, T<sub>4</sub>, and TSH. USG of the neck suggested *cystic colloidal goiter of thyroid*. Blood biochemistry showed: T<sub>3</sub>-1.4ng/ml, T<sub>4</sub>- 9.6µg/dl, TSH- 1.37µIU/ml. [Figure 7] USG evidence supported the goitre to be a benign growth. Thus, the FNAC of the swelling was not performed to rule out malignancy, considering the age and financial background of the patient.

#### Analysis of the Case:

After analysing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and individualize the case. Taking the characteristic symptoms into account, repertorisation Figure 9 was done with Kent's Repertory<sup>[13,14]</sup> using Zomeo 3.0. *Lycopodium* was the repertorial choice with 15 points covering 5 rubrics,

followed by *Causticum* with 14 points covering all 7 rubrics, *Phosphorus*, *Silicea*, and *Sulphur*, each got 14 points covering 5 rubrics. The final selection of remedy was made by consulting the materia medica based on the symptoms collected during case-taking.<sup>[15]</sup>

#### THERAPEUTIC INTERVENTION:

Based on the totality of symptoms *Causticum* 200/2 doses were prescribed on 18<sup>th</sup> August 2021. The patient was called for follow-up after 1 month. She was advised to have regular follow-ups at an interval of 1 month. Gradual improvement in symptoms was seen and thus placebo was given at each follow-up. [Table 1]

The Modified Naranjo Criteria (MONARCH) was used to measure the improvement following the treatment with homeopathic medicine and the total score was 8.<sup>[16]</sup> [Table 2]

**Table 1: Follow-up:**

| Date of visit      | Symptoms   | Medicines Prescribed   |
|--------------------|--|--|
| 18 August, 2021    | Complaint of a swelling on the right side of the neck, visible since last 2 months along with pain and discomfort.   | <i>Causticum</i> 200/2D<br>OD X 2 days<br>followed by<br>PLACEBO for 1 month |
| 16 September, 2021 | Pain had reduced considerably. On examination the swelling n felt soft. Size seemed similar to the prior visit. She complained constipation and dyspepsia.   | PLACEBO  |
| 19 January, 2022   | The patient came after 3 months. There was no pain in the sw and it seemed reduced visually. She complained of pain & burn in the lower limbs < in the evening. She also complained of prostration and vertigo on rising from bed. She was advised to follow a regular diet and not to skip her meals. | PLACEBO  |

|                  |  |         |
|------------------|--|---------|
| 2 February, 2022 | The swelling was soft and the size seemed reduced visually. The pain in the limbs were reduced. Vertigo was not present.                     | PLACEBO |
| 30 March, 2022   | The swelling had reduced considerably. No pain present. There was no prostration. Stool is regular, 1-2 times daily. She sleeps soundly now. | PLACEBO |
| 2 May, 2022      | No swelling visible, no pain present. Patient has good appetite, regular bowel movements, and sleeps soundly now.                            | PLACEBO |

**Table 2: Modified Naranjo Criteria (MONARCH) Score:**

| Items  | Yes | No | Not Sure |
|--|-----|----|----------|
| 1. Was there an improvement in the main symptom or condition, for which the homeopathic medicine was prescribed?   | +2  |    |          |
| 2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?   | +1  |    |          |
| 3. Was there a homoeopathic aggravation of symptom? (Need to define in glossary)   |     | 0  |          |
| 4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed?   | +1  |    |          |
| 5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioral elements)   | +1  |    |          |
| 6: (a) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?   |     | 0  |          |
| (b) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:<br>• From organs of more importance to those of less importance?<br>• From deeper to more superficial aspects of the individual?<br>• From the top downward? |     | 0  |          |
| 7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?   |     | 0  |          |
| 8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)   |     | +1 |          |
| 9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)  | +2  |    |          |
| 10. Did repeat dosing, if conducted, create similar clinical improvement?  | 0   |    |          |
| Total score- 8   |     |    |          |



**Figure 1: Swelling on neck as seen on 18-08-2021**



**Figure 2: -Reduction in swelling clinically seen on 16-09-2021**



**Figure 3: -Reduction in swelling as seen on 19-01-2022**



**Figure 4: - Swelling of neck reduced to a great extent as seen on 02-02-2022**

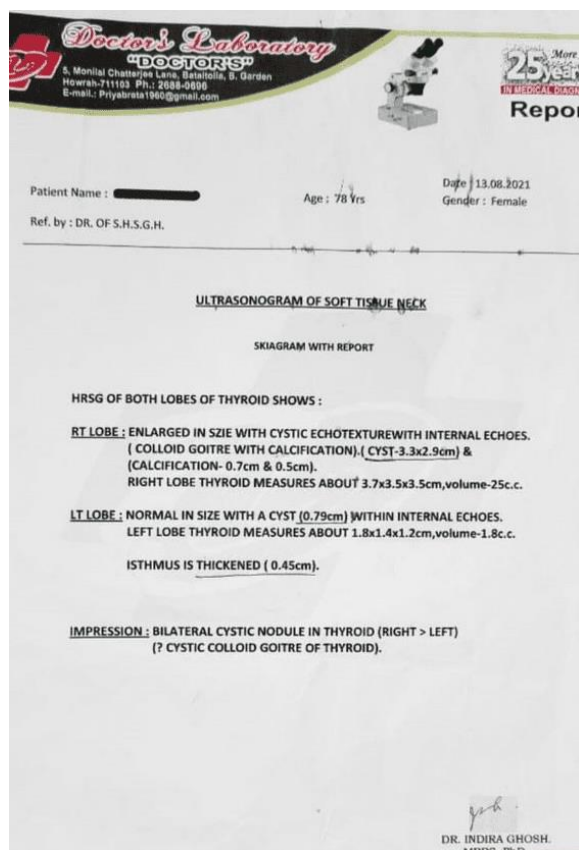
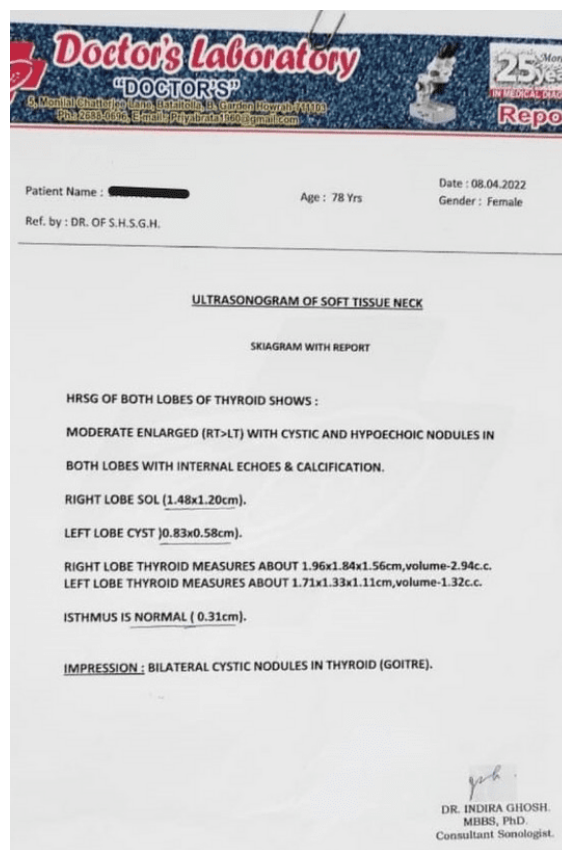


**Figure 5: -No swelling visible on the neck as on 30-03-2022**



**Figure 6: -No swelling over the neck 02-05-2022**



Figure 7: Day 1- 18<sup>TH</sup> August, 2021Figure 8: Final Visit- 2<sup>ND</sup> May, 2022

| Repertorisation  |                |                  |      |     |       |     |      |       |     |     |        |      |       |    |      |      |
|--|----------------|------------------|------|-----|-------|-----|------|-------|-----|-----|--------|------|-------|----|------|------|
| Type Keywords for Quick Repertorisation (Ctrl+F)                   |                |                  |      |     |       |     |      |       |     |     |        |      |       |    |      |      |
| Symptoms : 7   | Remedies : 326 | Filters : Normal |      |     |       |     |      |       |     |     |        |      |       |    |      |      |
| Remedy   | Lyc            | Caust            | Phos | Sil | Sulph | Bry | Chin | Nat-m | Sep | Ars | Carb-s | Lach | Nux-v | Op | Plat | Alum |
| Totality   | 15             | 14               | 14   | 14  | 14    | 13  | 13   | 13    | 13  | 12  | 12     | 12   | 12    | 12 | 11   | 11   |
| Symptoms Covered   | 5              | 7                | 5    | 5   | 5     | 5   | 5    | 5     | 5   | 5   | 5      | 5    | 5     | 5  | 5    | 5    |
| Kingdom  | 3              | 3                | 3    | 3   | 3     | 3   | 3    | 3     | 3   | 3   | 3      | 3    | 3     | 3  | 3    | 3    |
| [Kent] [Mind] IRRITABILITY (SEE ANGER): (245)                      | 3              | 3                | 3    | 3   | 3     | 3   | 2    | 3     | 3   | 2   | 3      | 2    | 3     | 2  | 3    | 1    |
| [Kent] [Mouth] DRYNESS: (198)                                      | 3              | 2                | 3    | 3   | 3     | 3   | 3    | 3     | 3   | 2   | 3      | 3    | 2     | 1  | 2    | 3    |
| [Kent] [Rectum] CONSTIPATION (SEE INACTIVITY): (213)               | 3              | 3                | 3    | 3   | 3     | 3   | 2    | 3     | 3   | 3   | 3      | 3    | 3     | 3  | 3    | 2    |
| [Kent] [Skin] DRY: (121)   | 3              | 1                | 3    | 3   | 3     | 3   | 3    | 2     | 2   | 3   | 2      | 2    | 1     | 3  | 2    | 3    |
| [Kent] [Stomach] APPETITE: Easy satiety: (67)                      | 3              | 2                | 2    | 2   | 2     | 1   | 3    | 2     | 2   | 1   | 2      | 2    | 2     | 3  | 1    | 2    |
| [Kent] [Ex-throat] PAIN: Throat pit: (4)                           | 2              |                  |      |     |       |     |      |       |     |     |        | 2    |       |    |      |      |
| [Kent] [Ex-throat] PAIN: Thyroid gland: Burning: sides: Right: (4) | 1              |                  |      |     |       |     |      |       |     |     |        |      |       |    | 1    |      |

Figure 9: Repertorization:

## DISCUSSION:

The thyroid gland and its diseases have been known in clinical practice since the time of Hippocrates and are still an important subject of interest. Normal thyroid function is

necessary for the physiological activity of most organs. Management of thyroid problems poses a great challenge to the medical fraternity and needs to be studied vastly. Colloid goitres are a common variety

of benign thyroid lesions. Utmost care should be taken while differentiating them from other neoplastic growths including malignant varieties. The safest and surest way to investigate such cases is ultrasonography of the neck along with serum thyrotropin. The patient's history and proper physical examinations should be conducted during the initial evaluation and case-taking. The conventional approach in asymptomatic is to observe the patient with annual thyroid function tests, followed by surgery. Thyroidectomy brings on several complications for the patient includes hypoparathyroidism and recurrent laryngeal nerve injury.<sup>[17]</sup> Further complete thyroidectomy patients require life-long support of thyroid supplements.

Homoeopathy can be the answer to many chronic diseases where surgery is the conventional option. Patients of goitre have shown positive results after opting homoeopathic treatment.<sup>[9-12]</sup> In this case the patient was treated with *Causticum* 200/2D, followed by a placebo for 9 months. She started showing improvement from the second visit which encouraged us to observe the effects of *Causticum* and not repeat or change the medicine. *Causticum* was chosen based on the totality of the case. Thus, the effectiveness of the minimum dose of the correctly chosen *simillimum* is evident, as observed in this case.

At the end of 9 months, there was no visible swelling of the gland. Photographic evidence of the reduction in the size of swelling on the neck corroborates the findings. [Figures 1-6] The USG reports suggested a decrease in the size of the thyroid gland from 25cc on the right side to 2.94cc and 1.83cc on the left to 1.32cc. [Figures 7-8] USG evidence supported the goitre to be a benign growth. Thus, the FNAC of the swelling was not

performed to rule out malignancy, considering the age and financial background of the patient. During treatment, other physical symptoms as well as general symptoms of the patient had also shown marked improvement. The patient was irregular in her follow-ups; thus, a detailed case study was needed in each of the visits to track the improvement. The patient further discontinued the follow-ups after May, 2022. The USG in the final visit showed reduction in the size of the goiter, but it was not completely resolved. The calcified nodules persisted, though reduced in size. Remedies like *Silicea*, or *Calcarea* could have been used next in line based on the totality of the patient, to clear the case by dissolving the calcifications. As no more follow ups were available, the efficacy of such drugs could not be tested in this particular case.

In this case, the total outcome score as per Modified Naranjo Criteria was +8 Table 2. This explicitly shows the positive causal attribution of the individualized homeopathic treatment in this case of colloid nodular goiter.

In the era of most advanced medical services, Hahnemann's dictum of the holistic approach towards treatment rather than identifying diseases merely by their pathological features still holds.<sup>[18]</sup> It can thus be justified to say that in several cases surgery may not be required at all and homoeopathy can bring back the homeostasis required to maintain a healthy functioning of the organs.<sup>[19]</sup> Case reports like these encourage physicians of the homeopathic fraternity and contribute to the evidence that shows the positive results of individualized homoeopathic treatment.

## CONCLUSION:



This case report shows the improvement of an elderly patient of goitre with the help of *Causticum 200*, over 9 months. Evidence shows the reduction in the size of the goitre. During her treatment improvement in her general health was also noticed and recorded.

#### **Limitations of the study:**

USG evidence supported the goitre to be a benign growth. Thus, the FNAC of the swelling was not performed to rule out malignancy, considering the age and financial background of the patient.

#### **Declaration of patient consent:**

The patient's written consent has been taken for treatment and publication of data without disclosing the identity of the patient.

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