



HOMOEOPATHY IN THE MANAGEMENT OF NODULAR GOITRE – A REVIEW

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Abstract: -

Background: Kerala has highest prevalence of thyroid disorders in India and each year the number of cases are increasing. The scope of homoeopathy in nodular goitre is studied for a safe and effective treatment option.

Objective: This review was done to explore the strengths of homoeopathy in the management of Nodular goitre through published articles and literature search.

Methods: A search was made for homoeopathic management of nodular goitre in PubMed, Central Council for Research in Homoeopathy e-library, Cochrane, and Google Scholar. The basic search terms included 'Homoeopathy' and 'MNG', 'Goitre', 'Multinodular goitre'. The searched results screened with inclusion and exclusion criteria. Further, literature review, through homoeopathic repertories, was also conducted for finding frequently used homoeopathic drugs used in the management of goitre.

Results: Through an online search, 5 case reports were found related to the subject. This shows the possibility of homoeopathic treatment in nodular goitre and there is literature evidence of medicines effective for thyroid disorders in homoeopathic repertories. This review can help the readers to narrow down the available studies and find scope for further studies.

Conclusion: At present, only case reports have been published for the last decade showing benefits of homoeopathy in nodular goitre. Further well-designed studies are warranted.

Keywords: Homoeopathy; Nodular goitre; Review.

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Introduction:

Multinodular goitre (MNG) stands as the most prevalent thyroid gland disorder.¹ In India, about 42 million people are affected by thyroid diseases and coastal states like Goa, Kerala, Gujarat and hilly areas like Himalayan regions are endemic for thyroid diseases.²

According to the National Family Health Survey (NFHS) IV conducted during 2015-2016, the self-reported incidence of goitre or thyroid disorders among individuals aged 15-49 years was approximately 2% for females and less than 1% for males. Additionally, the prevalence of these conditions increased with age among women, with rates of 0.7% in the 15-19 age group, 1.8% in the 20-34 age group, and 3.4% in the 35-49 age group. State-wise data from NFHS V indicated that Kerala had a high prevalence, with 8696 cases per 100,000 women, while Nagaland had a lower prevalence of 505 cases.³

Goitre, primarily caused by factors like iodine deficiency, autoimmunity (e.g., Graves' disease), Hashimoto's disease, and other conditions, often presents as a neck swelling. Colloid goitre and colloid goitre with cystic degeneration are common types,

mainly affecting females. Risk of malignancy is higher in isolated nodules compared to diffuse enlargement. Thyroid enlargement typically manifests as neck swelling, accompanied by various pressure symptoms like dyspnoea, hoarseness, cough, swallowing difficulties, fever (if infection is present), headache, fatigue, weight changes, depression, and more. It can affect multiple bodily functions, including metabolism, leading to a range of physical and emotional manifestations.⁴

Diagnosis relies on physical examination primarily. Thyroid function tests may show normal results or reveal subclinical or overt hyperthyroidism. Imaging techniques are valuable for identifying specific details like nodules size and estimating gland volume before and after treatment.¹

Conventional treatment for goitre depends on the cause and may involve observation, iodine supplementation, medication, radioactive iodine therapy, or surgery, determined by diagnostic evaluation and complications. Radioactive iodine (I-131) aids in treatment.⁵

Homeopathy is a popular system of medicine worldwide due to its safe and effective application for treating many disease conditions, restoring harmony in the body, and helping to avoid surgical

interventions. The most suitable medicine is chosen based on a thorough examination and analysis of individual symptoms of various diseases. This review aims to evaluate existing evidence, including articles and repertorial search, and to offer new insights for future studies on nodular goitre.

Methods:

Search strategy:

A comprehensive search was conducted on the role of homeopathic medicine(s) in managing nodular goitre across various online platforms, including the National Library of Medicine (PubMed), Cochrane database, CCRH e-Library, and Google Scholar. The search was limited to the past 10 years

Search terms:

The search terms used included 'multinodular goitre and Homoeopathy,' 'MNG and Homoeopathy,' and 'Goitre and Homoeopathy.' Results were also cross-checked using the spelling 'homeopathy'

Filtering and selection of studies:

The search terms were utilized across all specified online platforms and screened manually according to inclusion and exclusion criteria.

Inclusion criteria:

- Articles demonstrating the efficacy of homeopathic medicines in nodular goitre.
- Randomised control trials, observational studies, case series and case reports.
- Studies from the last 10 years (i.e., 2014-2024).
- Articles published in English.

Exclusion criteria:

- Articles containing only abstracts or citations.

- Articles focusing on the treatment of thyroid disorders other than goitre (e.g., hypothyroidism/hyperthyroidism).
- Review articles
- veterinary studies
- Articles discussing treatment options other than homoeopathy alongside.

All types of studies, including clinical trials, observational studies, case series, and case reports, were considered. Potential research articles were identified for retrieval, and data extraction followed a predefined format encompassing author, year, study type, prescribed medicine, results, duration of follow-up, and outcome parameters."

Results:

Google Scholar:

'Goitre and homoeopathy': 173 results.

'Multinodular goitre and homoeopathy': 84 results.

'MNG and homeopathy': 441 results.

PubMed:

'Goitre and homeopathy': 1 result.

'Multinodular goitre and homeopathy': 0 results.

'MNG and Homeopathy': 1666 results.

CCRH Library and Cochrane: No results found for all search terms.

All the results were analysed manually by the co-authors and the articles were selected based on inclusion and exclusion criteria. Final selection was done by the corresponding author. Five articles have been selected for the narrative review.

These studies are presented in Table 1

Table 1: selected studies for review

Author and year of publication	Type of study	Duration	Medicine	Basis of prescription	Result	Outcome parameters
Bindhu Sharma 2021. ⁶	Case report	24 months	Sulphur 30 followed by Lycopodium 30	Repertorisation and totality of symptoms Radar 7.1-synthesis	Complete disappearance of thyroid nodule	Ultrasonogram(USG) report
Dr. Vandana Shukla 2021. ⁷	Case report	6 months	Lycopodium 200	Repertorisation and totality of symptoms Synthesis repertory	steady improvement of patient	Photographic evidence. USG
Dr. Ranjan C Britto and Dr. Febin George 2022. ⁸	Case report	16 months	Phosphorus 200	Repertorisation and totality of symptoms Cross repertorisation of synthesis, complete,	patient has become free from her complains	USG report
Sourita Das, Md Intekhab Alam, Saurav Biswas 2023. ⁹	Case report	9 months	Causticum 200	Repertorisation and totality of symptoms Kent's Repertory using Zomeo 3.0	reduction in the size of the goitre	Photographic evidence, USG report, MONARCH criteria
Parveen S, Ahmed Z 2023. ¹⁰	Case report	14 month	Natrum muriaticum in LM 1 potency	Repertorisation and totality of symptoms Homopath Classic M.D software, version 10 using Kent's Repertory	significant reduction was seen in the size of the goitre	USG MONARCH criteria

Summary of studies:

The prevalence of thyroid disorders are increasing each year. There are a large number of medicines available in homoeopathic literatures for multinodular goitre. Even though after careful literature review we can see that a few number of studies have been published within last 10 years in homoeopathy showing effectiveness of these medicines.

In Dr. Bindu sharma's case report in 2021⁶, A colloid nodular goitre case, after 2 years of treatment with Homoeopathic medicines, there was significant improvement in patients condition and thyroid nodule disappeared in 2 years. The medicines used here were initially sulphur from 30c upto 1M, followed by Lycopodium 30c upto 1M which was selected based on totality of symptoms using synthesis repertory. The author also tried to evaluate the thyroid hormone levels which were normal in the patient. SNAC was also done for the diagnosis.

In the case report by Dr. Vandana Shukla⁷, 39 old female patient was treated with homoeopathic medicine Lycopodium 200 based on totality of symptoms and improvement was noted within a period of 6 months. There was visible improvement through the photographs however, USG report was not submitted as evidence and the impression only mentioned in the case report. The repertory used for selection of medicine was Synthesis repertory.

In the Britto et al.⁸ case report 39 year old female patient came with complaint of pain in right side of neck on swallowing, on USG neck Multinodular goitre was diagnosed and considering the totality of symptoms and reference to repertories like synthesis, complete and murphy the medicine selected was phosphorus 200 and after 16 months the USG conformed no nodules.

In the case report by Das et al.⁹ 72 year old geriatric case of cystic colloid goitre treated with Causticum 200 showed much improvement within 9 months. The swelling reduced visibly as shown by photograph and monarch criteria was used to find causal

attribution with homoeopathic prescription. USG report taken before and after treatment showed improvement.

Parveen and Ahmed's case report¹⁰ showed effectiveness of Natrum mur LM potency in a 32 year old patient with colloid nodular goitre within 14 months of treatment. The goitre size was reduced after treatment and usg measurements are given even though the detailed USG reports are not given in article. Here also the causal attribution with homoeopathic prescription was confirmed using MONARCH criteria.

Search of homoeopathic medicines through repertorial approach:

The chart view of different repertories was done using RadarOpus software and other individual repertories. The name of the repertory and the corresponding chapter with rubric and number of drugs mentioned are given in Table 2. The prominent first grade medicines mentioned from different repertories are: Natrum mur, Amyl nitrosum, Calcarea carb, Iodum, Lycopodium and Spongia.

The studies indicate the effectiveness of homoeopathic medicines in treating goitre when selected based on the totality of symptoms, with evidence supporting the use of centesimal and LM potencies.

The improvement is measured using USG report. MONARCH (The modified Naranjo Criteria for Homoeopathy causal distribution Inventory) is used to find causal relationship of improvement with prescription in 2 case reports. Photographic evidence was given in 2 case report.

However, over the past decade, only case reports have been published in peer-reviewed journals, highlighting a need for further observational studies and randomized controlled trials (RCTs) to determine the most effective potencies and medicines for goitre treatment.

Repertories like Synthesis, BBCR, BTPB, and KENT contain numerous medicines effective for Multinodular goitre, suggesting a potential benefit for patients with thyroid disorders.

Table 2: Number of medicines available in homoeopathic repertories.

Name of repertory	Chapter – rubric	Number of medicines listed
Synthesis repertory. ¹¹	External throat- Goitre	148
Kent repertory. ¹²	External throat- Goitre	49
Boericke repertory. ¹³	Nervous system- exophthalmic goitre	24
BTPB. ¹⁴	Parts of the body and organs-external troat-goitre	21
Boger Boenninghausen's characteristic repertory. ¹⁵	Neck and external throat-Thyroid-Goitre	36

Conclusion:

A comprehensive search demonstrates that the evidence on the benefit of homoeopathy in MNG is weak. Based on this review, it is not possible to draw firm conclusions, though positive leads favouring use of homoeopathy are available. Further well-designed studies are warranted.

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Conflicts of interest:

None declared.

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