GRAVES DISEASE TREATED WITH CLASSICAL HOMEOPATHY

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ABSTRACT

This is a clincal report of Graves disease treatment. Case repertorization was according to classical homeopathic principles using mental, general and particular symptoms – including symptoms just prior to, during and after the onset of the illness. Some long term "constitutional" symptoms were also considered. Symptom onset occurred in relation to the loss of a relative. Natrum Muriaticum 200C provided immediate but short term symptomatic relief. Through the initial three months of treatment, appropriate potencies were empirically evaluated and thyroid function improved. Free T4 dropped from three times the upper limit of normal to the high normal range, and excess gland reduced. Over the course of a year MM potency was most frequently used. The patient is now using a novel, specially prepared potency. Remedy doses are lasting from two to three days rather than previous periods of 8 to 12 hours.

Keywords: Graves disease, homeopathy, thyroid disease, hyperthyroidism, Natrum Muriaticum

GRAVES DISEASE PRESENTATION

A 45 year old white female smoker with a clear diagnosis of Graves disease presents in thyroid storm with Free T4 three times upper limit of normal, and a TSH of 009. Thyroid US reveals diffuse heterogeneity and multiple nodules. I-123 scan is consistent with diffuse toxic goiter. The patient refused thyroid ablation with I-131, surgery and methimazole due to fear of side effects.

INITIAL SYMPTOMS AND SIGNS

The patient began having symptoms several months prior to presentation in the office with trembling of the limbs, heart palpitations, flushes of heat, insomnia, increased apatite, tinnitus, insomnia and anxiety. She lost fifteen pounds despite food intake. Her blood pressure, normally low, was 130/90 with a tachycardia of 120. The consulting endocrinologist felt she was in serious crises and recommended a starting dose of 60 mg of methimazole. The patient refused.

CASE REPETORIZATION

The case was repertorized according to classical homeopathic principles using mental, general and particular symptoms with attention to symptoms just prior to, during and after the onset of the illness. Some long term "constitutional" symptoms were also considered. Of characteristic interest was the fact that symptom onset occurred in relation to the loss of a relative.

COURSE OF TREATMENT

The patient had immediate yet short lived symptomatic relief with Natrum Muriaticum, 200C, repeated as needed. Subsequently, she used potencies of 1M, 10M, 50M, CM, MM, 9C, 12C and DM. If a potency aggravated symptoms, despite somewhat different instructions, the husband would dilute the remedy pellets in a triple shot glass of water [quadruple if he felt the aggravation was strong] and give a teaspoon of the remedy. Initially, regardless of potency choice, relief tended to be no greater than eight to 10 hours, even with an MM potency, except for one instance of a week of relief from a repeat CM dose.

RESULTS

Over a period of three months, Free T4 dropped to the high normal range. TSH rose to .02 to .06 consistently. The patient moved on to LM potencies to treat the condition. Tinnitus, hypertension and weight loss have resolved at this point and patient is back to her pre-treatment weight. Thyroid examination revealed a much shrunken gland compared to the intake visit. Most recent BP reading was 120/70 with a pulse of 90.

Over approximately the next year of treatment on the same remedy, the MM dose became the most frequently used. Her TSH was still low at .01 to .10, however, free T4 values moved into the normal range and free T3 values into the boarder-line, high normal range. The patient then began experiencing hives. These hives episodes occurred having taken any remedy potency. A novel remedy potency is now being prepared for her use. Interestingly, her BP is lower than it has been in a year [112 over 70 readings] she has gained 25 pounds, and remedy doses are lasting from two to three days rather than a matter of 8 to 12 hours.

CURRENT CONSIDERATIONS

Are the symptoms of hives [and recent anxiety] historical symptoms that [as in homeopathic theory] were suppressed, now requiring either a different potency of the same remedy or a remedy change? Are the current aggravations a final curative response? The patient is being monitored.

Conclusion

Given many cases in the literature of successful treatment for hyperthyroidism with classical homeopathy, Graves's disease might be adequately treated in this fashion.

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