

Acute Thyrotoxicosis/Graves' Disease in a Type 1 Diabetic

A Homeopathic Medicine Case Report

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Abstract: Acute thyrotoxicosis is a systemic potentially life threatening condition that occurs as a result of excess production and release of the thyroid hormones triiodothyronine (T3) and thyroxine (T4). This results in a hypermetabolic state that is often characterized by marked weight loss, anxiety, restlessness, tremors, tachycardia, diarrhea, and heat intolerance. If left untreated, death can occur from acute heart failure and/or pulmonary edema. Homeopathic medicine can offer an extremely effective and safe treatment for acute thyrotoxicosis and/or Graves' disease without the side effects of pharmaceutical drugs. This case report documents the rapid resolution of the disease with a single dose of a homeopathic remedy in a young man with type 1 diabetes.

Keywords: thyrotoxicosis, Graves' disease, homeopathy, nanomedicine, *Iodum 200c*

The following case report is formatted according to CARE guidelines. (1)

Introduction

Acute thyrotoxicosis treatment involves the use of the thionamides such as methimazole (Tapazole) and propylthiouracil (PTU), which are actively transported into the thyroid gland where they inhibit the biosynthesis of the thyroid hormones thyroxine (T4) and triiodothyronine (T3). These drugs are usually given in preparation for thyroid ablation with radioactive iodine therapy or thyroidectomy (complete removal of the thyroid) because only 20 to 30 percent of patients will achieve permanent remission with pharmaceuticals alone.(2) In addition, these drugs take several weeks to work and the dose often needs to be carefully titrated over a period of months, with regular doctor visits and blood tests to monitor results. Side effects include skin eruptions (rash, itching, hives), arthralgia (joint pain and/or swelling), fever, changes in taste, nausea and vomiting. Major but rarer complications include agranulocytosis (severe decrease in the production of white blood cells), liver damage (more common and a serious concern with propylthiouracil), aplastic anemia (failure of bone marrow to produce blood cells) and vasculitis (inflammation of blood vessels).(3)

Patient Information

In November 2007, I received a distressed call from a physician who was concerned about his 25 year-old son, John. John was a type 1 (insulin dependent) diabetic whose blood sugars were under good control until approximately one month prior when he began experiencing higher blood sugars, rapid weight loss, fatigue, heat intolerance and muscle weakness. Diagnosed

Timeline of patient medical history, diagnoses and treatment received	
Dates	
1982	Born with mild right-sided hemiparesis, probable stroke; tests inconclusive
1983	Developed seizures, experienced one major seizure a year for the next 8 years; inconsistent medication use
1991	Developed aplastic anemia within two weeks of treatment with Tegretol; all medications discontinued, and father explored alternative treatments
1991	Patient began osteopathic/cranio-sacral treatments; seizures resolved completely and permanently
1995	At thirteen years old, patient diagnosed with type 1 diabetes; placed on insulin, experienced fairly good control until onset of Graves' disease twelve years later.
November 6, 2007	Patient diagnosed with Graves' disease/acute thyrotoxicosis, placed on propylthiouracil, dose titrated up to 200 mg tid
November 20, 2007	Patient came to see me, experiencing elevated blood sugars, tachycardia, severe weight loss, muscle weakness, polydipsia, polyuria. TSH undetectable, Free T3 markedly elevated. Rx: one dose homeopathic iodum 200c (Hahnemann pharmacy)
November 21, 2007	Patient slept well for the first time in weeks, only urinated once in the night
November 27, 2007	Blood sugars steadily decreasing, 145 mg/dL this morning, c/o less palpitations (pulse 108); muscle weakness, sleep and energy much improved in just one week
December 4, 2007	Pulse in 90's, blood sugars in low 100's, patient gained ten pounds in the last 2-3 weeks. TSH now detectable, Free T4, Free T3 values improving; on his own, patient decreased PTU to 200 mg once daily Rx: herbal formula with lemon balm and bugleweed
January 2, 2008	Patient feels great, has regained pounds lost and is back at the gym lifting weights, blood sugars under good control, thyroid panel and TSI normal. Rx: decrease herbs to once daily, PTU discontinued.

with an acute case of thyrotoxicosis, the young man was placed on propylthiouracil (PTU), but his symptoms continued unabated. Knowing that it could take several weeks for the drug to take effect and being wary of side effects from medications due to the patient’s history (see below), John’s father was desperately seeking alternative treatments for his son.

When I saw John in my office the next day, his main complaint was muscle weakness, fatigue, and a 25 pound weight loss over the past three weeks. He was especially disturbed by the latter stating, “I worked so hard over the past few years to gain muscle at the gym and now I’ve lost it all!” His father noted that his son had increasingly elevated blood sugars (which had previously been under good control) which was causing excessive thirst and frequent urination. Patient stated that he was waking four to five times a night to urinate which was severely disrupting his sleep and affecting his focus at work.

Important Past Medical History

The patient was born with a mild right-sided hemiparesis of unknown causation (diagnostic tests were inconclusive) which resolved by one year of age. However, at age eighteen months he began experiencing seizures and was placed on various medications over the years until he developed aplastic anemia as a consequence of Tegretol (carbamazepine) at age nine. Fortunately this condition resolved when all drugs were withdrawn and his father took him to see an osteopathic physician who began cranial sacral therapy which resulted in complete and permanent resolution of the seizures. He remained well until age thirteen when he was diagnosed with type 1 diabetes. His blood sugars were under fairly good control with an insulin pump, ranging from 90 to 140 mg/dl until approximately four to six weeks ago when he began having trouble controlling his blood sugars and the above noted symptoms began. He stated that his blood sugars were now consistently over 200 mg/dL.

Clinical Findings

On exam the patient was found to have tachycardia with a pulse of 120, blood pressure was 110/80 and his weight was 150 pounds (normal weight 175 pounds, height 5’10”). He had a slight tremor in both hands and mild perspiration on his forehead.

Diagnostic assessment

Lab results one week prior showed a fasting blood glucose of 268 mg/dL, mildly elevated liver enzymes (ALT 98, AST 51 U/L), elevated total bilirubin (2.3 mg/dL, normal 0.1-1.2), highly elevated free triiodothyronine (T3) of 19.1 pg/mL (normal range 2.3-4.2), TSH was undetectable, elevated thyroid stimulating immunoglobulins (TSI) of 240 (negative <130), elevated thyroid peroxidase antibodies (TPO) 387 (negative <34).

At the time of his visit, the patient was taking 200 mg of propylthiouracil three times a day.

Homeopathic assessment

While conventional allopathic medicine focuses on those symptoms that are typical or pathognomonic for a disease ignoring anything extraneous or unusual that does not fit into clearly defined diagnostic criteria, homeopathy is especially concerned with those symptoms that are atypical or idiosyncratic for a particular patient for it is these very symptoms that define and describe the patient’s unique experience of his disease.(4) In fact, the mental and emotional states of the patient (his fears, worries, and anxieties) are just as important as the physical symptoms in the selection of the correct homeopathic remedy. It is these unique, individualizing symptoms that help differentiate him from the next patient with the exact same disease process. We then select the homeopathic remedy from our vast pharmacopeia that can produce the same or similar symptoms if given to healthy individuals in our clinical trials called “provings.”

The goal of every homeopathic physician is to find the “simillimum,” the remedy that produces the most similar symptom complex in our provers (healthy test subjects) that our patient is presently experiencing as part of his or her disease process. This remedy, if correct, is believed to act as a “catalyst” that stimulates the patient’s immune system, bringing it back into balance. (see Discussion below) In chronic cases, we often call this medicine the “constitutional” remedy. Often one or two doses is all that is needed for the body to begin the self-healing process.

In John’s case, I could not find any uniquely individualizing symptoms after spending ninety minutes observing, listening and questioning him. I found him to be a very pleasant, emotionally balanced young man whose physical symptoms were all typical or pathognomonic for hyperthyroidism. I therefore used these symptoms to repertorize his case as shown below:(5)

	Iod.	Phos.	Tub.	Nat-m.	Ars.	Thyr.	Pib.	Calc.	Verat.	Bar-c.	Ferr.	Sec.	Petr.	Graph.	Chin.	Nux-v.	Sulph.	Caut.
Total Rubrics	19	18	15	17	16	13	14	16	14	13	13	13	14	13	15	15	15	14
RESTLESSNESS; nervousness (847)	4	4	4	4	4	1	4	4	4	4	4	4	4	4	4	4	4	4
EMACIATION; appetite; good, ...(57)	4	3	4	4	1	3	1	4		3	1	1	1	4	1	3	3	3
generalities; EMACIATION; rapid (26)	3	3	3	1	3	3	3		3	1	1	1		1				
WEAKNESS; muscles (231)	4	4	1	4	4	3	3	4	4	4	4	3	3	3	4	4	4	4
PULSE; rapid, tachycardia (571)	4	4	3	4	4	3	3	4	3	1	3	4	3	4	4	4	4	3

(From Complete Repertory 2012; MacRepertory®)

Therapeutic Intervention

The remedy that came up strongly was *Iodum*, which is, in fact, homeopathic iodine. Since excess doses of iodine can cause symptoms of hyperthyroidism in susceptible individuals, it follows that a homeopathic dose of iodine (manufactured in a very specific way according to the Homeopathic Pharmacopoeia of the United States

(HPUS)) will actually cure these very same symptoms in a hyperthyroid individual, but *only if the remedy is the simillimum for this particular individual*. It is important to understand here that not all cases of hyperthyroidism will respond to homeopathic *Iodum*. In fact, in my 24 years of practice I have treated many cases of Graves' disease and all of them required different remedies because each case was unique in his or her expression of the disease.

Because in my clinical experience, the correct constitutional remedy (often but not always a polychrest) is the one that acts most deeply and curatively, I considered the other remedies that came up strongly in the above repertorization such as *Phosphorus*, *Tuberculinum*, or *Natrum muriaticum*. However, not only did the patient lack keynotes or other symptoms indicative of these remedies but the "essence" of these remedies was not reflected in this patient. I therefore chose the remedy that most closely matched the symptoms he was experiencing.

The patient was given one dose of *Iodum* 200C (from Hahnemann pharmacy) and I asked him to call me in the next few days if there was even the slightest change in any of his symptoms.

Follow up

I received a call from John the very next day to say that for the first time in weeks, he was able to sleep better because he only had to get up once to urinate rather than four to five times. His fasting sugar that morning was still high (220) and otherwise he felt the same. I told him that I believed his body was already responding to the remedy and that we needed to wait. In my experience, when the simillimum is given, especially in cases where the symptoms are severe and intense, the body will respond quickly—usually within 24 hours. In fact, the clinical symptoms will often improve before there are any changes noted in blood tests and other lab results.

I spoke with John by phone exactly one week later. He stated that his blood sugars were dropping; the night before his bedtime sugar was 90 and his fasting sugar that morning was 145, a real improvement over previous readings which had all been over 200. He was only urinating one to two times at night, his energy was improving and he had gained 4 pounds! I asked him to come to my office soon so that I could examine him.

I saw John in my office one week later, now 2 weeks since the remedy, accompanied by his father. His resting pulse was 90 and he weighed 160 pounds. He actually gained 10 pounds in just two weeks! He said his energy had improved enough to go back to the gym and he was very happy to be lifting weights again. His father showed me his lab results from their recent visit to the endocrinologist. His fasting sugar was 114 mg/dL, total bilirubin had decreased to 1.7 (from 2.3 mg/dL), TSI now 183 from 240, AST now normal at 31IU/L, ALT decreased to 60 IU/L, Free T3 (triiodothyronine) decreased to 8.7 from 19.1, TSH now detectable but low at <0.004 IU/mL

(normal 0.350-3.50).

John's father was elated over his son's progress and asked if we could withdraw his medication (PTU) since he believed the homeopathy was the defining factor in his son's improvement. He was also extremely worried about possible side effects from continued use of the PTU. At that time I decided to give his son an herbal compound with bugleweed and lemon balm, two herbs that are known for their thyroid suppressive activity. Although I believed John probably didn't need them because his response to the remedy was so rapid, I will sometimes add herbs for immune support and to empower patients who are trying to wean off medications. I also asked the father to speak to the endocrinologist about lowering the PTU dose.

John continued to improve over the next few months and further follow-ups were done by phone because he was back to work full time and a very busy young man. His blood sugars were back to good control, he had gained back the 25 pounds he had lost, and his blood tests three months later showed that all his numbers had completely normalized, including his free T3 (normal at 3.2) and TSI (Graves' disease autoantibodies) were normal. This meant that the autoimmune process had resolved. He had discontinued the PTU and was still taking a low dose of the herbs which I had him discontinue.

Through the years I had contact with John's father on a number of occasions when he referred patients to me. In fact, I called him recently in preparation for this article to ask how his son was doing. Now, eight years later, John remains in good health, his diabetes is under good control and his thyroid remains normal.

Discussion

Graves' disease is the most common cause of hyperthyroidism in the U.S. though not all hyperthyroid states are a result of an autoimmune process. Surgery, infection, trauma, and pregnancy can also trigger acute hyperthyroid or thyrotoxicosis states.⁽⁶⁾ Conventional treatment involves pharmaceuticals which are ineffective at curing the disease in 70-80% of cases and come with a myriad of potential side effects. Often these patients end up with thyroid ablation via radioactive iodine treatment or thyroidectomy which results in their dependency on thyroid hormone and continued monitoring for the rest of their lives. Homeopathic medicine offers an extremely safe and effective treatment for Graves' disease and/or hyperthyroid conditions that often results in complete resolution of the disease or autoimmune process without the harmful effects of drugs, surgery or radiation.

Conventional medicine uses pharmaceuticals as bulk form material drugs that act in a linear manner to target specific biochemical pathways that result in suppression of disease symptoms. Specially prepared homeopathic medicines, however, contain nanoparticles from source material ⁽⁷⁾ that act in a non-linear dynamic fashion on the allostatic stress response network that involves the

nervous, endocrine, immune, and metabolic systems, as well as inflammatory and anti-inflammatory mediators such as cytokines, oxidative stress and heat shock proteins. (8,9) The nanoparticles contained in the simillimum medicine act as low level stressors that stimulate specific compensatory responses within the organism, reversing the direction of dysfunctional adaptations and bringing the organism back into balance. (10) This also results in greater systemic resilience to future stressors (11), a remarkable benefit that has been confirmed time and time again in clinical practice by thousands of homeopathic practitioners for over two hundred years.

The guiding principle of homeopathy is “like cures like” — the same substance that causes symptoms in a healthy individual can cure those same symptoms in a sick person by varying the dose of the substance. Homeopathy recognizes that every person is unique in the way they express illness (people have different adaptive responses to internal and external stressors). Therefore, two people with the same “disease” may need two completely different homeopathic remedies. In addition, someone’s mental and emotional characteristics are just as important as his or her physical symptoms in the selection of the correct homeopathic remedy.

Because homeopathy “treats people not just diseases,” every hyperthyroid patient may require a completely different remedy. In the above case, the patient was cured with a single dose of homeopathic iodine (*Iodum*), but most cases of hyperthyroidism will need other remedies. We will be publishing many cured cases of Graves’ disease in future Journal editions to exemplify this point.

Patient Perspective

“Before I saw Dr. Saltzman, I remember losing weight very quickly, like 15 pounds in a month and I couldn’t control my blood sugars. But after she placed these little pellets under my tongue, I started to feel better almost immediately. The pounds started to come back on and before I knew it, my weight was back to normal, my blood sugars were under control and I was back weight lifting at the gym. It was nothing short of amazing and I’ve been completely well since!”

Patient Consent

The patient gave verbal permission to publish this case

report.

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