

Postpartum Thyroiditis/Graves' Disease in a 36-Year-Old Female

A Homeopathic Medicine Case Report

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Abstract: Graves' disease occurs in 0.1-0.4% of postpartum women as a complication of postpartum thyroiditis. Because pharmaceutical drugs (thionamides such as methimazole and propylthiouracil) are only 20-30% effective in controlling the disease, thyroid ablation with radioactive iodine or thyroidectomy is often necessary resulting in lifelong thyroid hormone replacement requiring frequent doctors' visits and monitoring. This case documents the rapid and complete resolution of Graves' disease in a 36-year-old postpartum woman with a homeopathic remedy based on the law of similars.

Keywords: postpartum hyperthyroidism, anxiety, irritability, characteristic symptoms, homeopathy, *Sanguinaria canadensis*

Introduction

Postpartum thyroiditis is an inflammatory condition of the thyroid that usually lasts several weeks to several months and affects 4-10% of women within a year of giving birth. It involves a state of hyperthyroidism, hypothyroidism or both sequentially and is usually self-limiting; however, one in four women will develop permanent hypothyroidism and/or Hashimoto's thyroiditis requiring lifelong treatment.⁽²⁾ A smaller percentage will develop Graves' disease, an autoimmune hyperthyroid condition that may lead to permanent thyroid ablation with radioactive iodine or thyroidectomy. Homeopathic medicine can provide an extremely safe and effective treatment for Graves' disease without the harmful effects of pharmaceutical drugs, radiation or surgery.

Patient Information

A 36-year-old female, five months postpartum, presented with severe anxiety, restlessness, and hair loss for the past two months. Mary (not her real name) stated, "I feel irritable, out of control, on edge, panicky, my heart races, and I'm very impatient with my family. I never felt this way before and it scares me. My doctor says I have Graves' disease because my antibodies are still high and he wants to put me on medication, but I refuse to take anything because I am nursing my five month old."

Patient's medical history was significant for severe seasonal allergy symptoms in the spring "especially to flowers" that involved intense itching of the eyes, sneezing and postnasal drip. She was especially disturbed by severe chronic headaches of a few years duration that were exacerbated postpartum and began as an achy, dull-like pain around the right neck/shoulder area extending to just

above the right eye. Mary used ibuprofen often to control the discomfort.

Family History

Patient's mother took thyroid medication for hypothyroidism/Hashimoto's disease. Family history was also remarkable for depression and allergies.

Clinical Findings

Patient appeared anxious and restless in the office as she nursed her five month old. On physical exam her weight was 125 pounds, pulse 110 and blood pressure 120/85. There was no characteristic stare or widened palpebral fissure, no excessive perspiration or hand tremors noted. Thyroid was normal/firm on palpation without goiter present. The rest of her physical exam was unremarkable. Patient described more frequent bowel movements and feeling "warmer than my usually chilly nature." There was only a mild increase in her appetite and an increased craving for carbohydrates. Her hyperthyroid symptoms, especially her anxiety and palpitations were worse in the morning, when she felt like "jumping out of my skin." These symptoms improved towards the evening.

Diagnostic Assessment

Patient had symptoms and signs of classic postpartum hyperthyroidism. Lab results done recently by the endocrinologist showed a TSH of 0.02 (normal 0.5-3.5), total T3 of 461 (normal 230-420), TPO antibodies <10 (normal), thyroglobulin antibodies slightly elevated at 38 (normal <20 IU/ml), TSI (thyroid stimulating immunoglobulins) elevated >168% (normal <140% of

basal activity). Patient was refusing medications at this time.

Homeopathic Assessment

Homeopathic medicine is a phenomenological science, not a reductionistic one, as in conventional or pharmaceutical medicine. A person’s subjective and unique experience of his or her disease is what the homeopathic physician seeks to understand in the deepest, most compassionate, nonjudgmental and unbiased way possible. Every detail of a person’s mental, emotional, and physical symptoms are noted, not just the symptoms that are typical or pathognomonic for the disease. We especially look for those symptoms that are *characteristic* for a particular patient—either symptoms that are unique to that person or unique to the disease. These *idiosyncratic* symptoms are usually expressed *clearly, spontaneously, and intensely* by the patient.

Mary’s hyperthyroid symptoms (anxiety, restlessness, palpitations, heat intolerance, etc.) were common for the majority of hyperthyroid patients because of their increased metabolic state. From a homeopathic perspective, however, the pathognomonic symptoms alone are usually not sufficient to find the correct homeopathic medicine, unless these are the most *characteristic* symptoms in the case. (See *Acute Thyrotoxicosis/Graves’ disease in a Type I Diabetic*, March 2016 e- journal). What symptoms were unique to Mary’s case that would help distinguish her from another patient with the same hyperthyroid symptoms? Mary’s severe spring allergies and chronic headaches were especially troubling to her and she expressed them *clearly, spontaneously and intensely*. The quality of her headache, which began in the right shoulder/neck area and extended to the right eye, was a keynote of a homeopathic medicine called *Sanguinaria*. The following rubrics were used for Mary’s case:

Rubrics

- MIND: Anxiety; morning
- HEAD: Pain; Headaches; extending to; eyes, right
- BACK: Pain; cervical region; extending; eyes to, right

Total Rubrics	Lyc.	Sang.	Ozone	Psor.	Puls.	All-C.	Ars.	Asar.	Graph.	Lach.	Lyss.	Phos.	All.	Alum.	Ars-s-f.	Carb-v.	Carbn-s.	Caustr.	Chin.
nose; CORYZA; flowers (9)	3	3	1	1	4														
PAIN; cervical region; extending; ... (7)	1	1	1																
PAIN, headache; extending to; ... (15)	1	1	1	1															
mind; ANXIETY; morning (83)	3			1	1		4	4	4	4	4	4	4	3	3	3	3	3	3

NOSE: Coryza; flowers

Lycopodium and *Pulsatilla* were considered, but neither of these remedies was in *both* rubrics that described Mary’s allergies and particular headache symptoms. *Sanguinaria* was not in the first rubric (“Mind; anxiety; morning”),

but this symptom was common in hyperthyroidism. Other rubrics were considered such as “MIND; restlessness, nervousness” and “HEART AND CIRCULATION: pulse; rapid; tachycardia, morning,” but once again these symptoms were fairly common and pathognomonic for hyperthyroidism. Most importantly, *Sanguinaria* covered the main symptoms that were most unique to Mary—her peculiar headache and severe allergy to flowers.

Therapeutic Intervention

Rather than prescribe a 30c or 200c potency as a one-time dose, I decided to give Mary a lower potency to take daily because I have found this method helpful when the physical symptoms are especially strong and when I can sense that an anxious patient would benefit from a daily dose. **Plan:** *Sanguinaria* 12c, 1 pellet (dry dose) twice a day. Call in one week.

Follow-ups and Outcome

Mary called five days later to say that she was already feeling “calmer.” She felt less “jittery” in the morning, her palpitations were gone, and she said that her husband noticed an amelioration in her irritability and moodiness.

Plan: Continue *Sanguinaria* 12c, 1 pellet bid and return in two weeks.

Three weeks after starting the remedy, Mary returned looking remarkably better. She was smiling and stated, “My anxiety is so much better and I am not irritable at all; just ask my husband! What’s amazing to me is that my headaches completely went away for the first time in years, though they seem to be coming back in the last few days.”

Plan: *Sanguinaria* 30c, one dose. A higher dose was given because headaches were returning.

Mary missed her next follow-up but left a voicemail stating that she was feeling great and felt no need to come in. I called her back to remind her to follow up with me or the endocrinologist to have her blood work repeated so that we could check her thyroid numbers.

One year later, Mary returned complaining of a cold and a “nagging, choking” cough. She was coughing up yellowish mucus and she felt a “a little short of breath.” She also stated that her headaches had completely disappeared since the last remedy, but they had begun to bother her again in the past few weeks. Mary said that her anxiety was “cured” since the remedy a year ago, and she never had a return of her hyperthyroid symptoms. She was also surprised to find that her allergies this past spring were much improved over previous years. She said that her last visit to the endocrinologist showed a complete resolution of her thyroid antibodies and a normal thyroid panel. I asked Mary to send the results of that blood work for her file, but unfortunately I never received them.

On physical exam, Mary’s pulse was normal at 75

and her blood pressure was 110/70. Her chest was clear on auscultation and the rest of her physical exam was unremarkable. I prescribed a 200c potency of *Sanguinaria* as I was now convinced that this was her constitutional medicine because it had acted so deeply. Although I briefly repertorized her cough symptoms, I was not concerned that the medicine was not in the rubrics under “Cough; choking” or “Chest; Breathing; difficult, with” (although it was in plain type in the rubric, “Expectoration; yellow”) because these are common cough symptoms. Many patients will often need their constitutional remedy during acute illnesses *even if the remedy is not listed in all the acute rubrics.*

Mary called the very next day to say she could not believe how much better she felt. The correct homeopathic medicine will work quickly in acute illnesses, though it may take more time to act for chronic problems.

Four years later Mary returned feeling fatigued and “weepy” for the past few months. She gave birth nine months ago without experiencing any thyroid problems for which she was grateful. Her obstetrician was surprised because he knew that Mary’s chance of a recurrence of her hyperthyroid condition in subsequent pregnancies was high. It was explained to Mary that homeopathy sometimes permanently cures these conditions. She said, “I think I just need my remedy again because it’s been so long since my last dose.”

Plan: *Sanguinaria* 200c, one dose.

Five years later Mary brought her son in for treatment.

She was in excellent health since her last remedy five years prior. She asked for a dose of *Sanguinaria* to take home “just in case.”

Discussion

Postpartum thyroiditis (PPT) reportedly affects 4-10% of women. Graves disease accounts for a majority of hyperthyroid cases, whereas Hashimoto thyroiditis is the most common cause of hypothyroidism. Complications associated with postpartum thyroiditis (PPT) are many, but permanent hypothyroidism occurs in as many as 20-40% of women.(2) These patients are also at high risk for recurrent PPT with subsequent pregnancies.

Homeopathic medicine is an extremely effective and safe treatment for postpartum Graves’ disease/hyperthyroidism without the side effects of medications and/or thyroid ablation. Often, the correct homeopathy medicine, known as the “simillimum,” will permanently remove the underlying vulnerability to PPT; this is beautifully reflected in this case where the patient remained asymptomatic throughout her subsequent pregnancy. Through the years I have treated numerous cases of PPT as well as Graves’ disease and/or hyperthyroidism, and in every case the simillimum was unique to the individual and his or her expression of the disease. The key is finding the “more striking, singular, uncommon and peculiar or characteristic signs and symptoms” in each case, as brilliantly defined by Samuel Hahnemann in aphorisms 153 and 154 of *The Organon of Medicine.* (3,4)

Timeline of patient medical history, diagnoses and treatment received

Dates	
September 13, 2005	Patient presents with severe anxiety, irritability, restlessness, palpitations, hair loss, chronic right-sided headaches, seasonal allergies and a diagnosis of postpartum Graves’ disease. She was nursing her five month old and refused medications. Rx: <i>Sanguinaria</i> 12c bid.
September 18, 2005	Phone follow-up: pt. much improved, less anxiety and irritability, palpitations and headache resolved. Rx: Continue <i>Sanguinaria</i> 12c bid.
October 20, 2005	Pt. markedly improved, anxiety and restlessness resolved. Headaches returned in the last few days. Rx: <i>Sanguinaria</i> 30c, one dose.
October 26, 2006	Pt. returned with upper respiratory complaints. Hyperthyroid symptoms completely resolved since <i>Sanguinaria</i> 30c one year ago; lab tests (thyroid panel, thyroid antibodies) normal. Allergies also improved this past spring and headaches were gone until recently. Rx: <i>Sanguinaria</i> 200c, one dose.
October 27, 2006	Pt. called to say she felt remarkably better, slept well overnight, congestion and cough resolving.
December 21, 2010	Pt. gave birth nine months ago without experiencing thyroid problems. Complained of fatigue, problems sleeping and mild right-sided headaches. “I just need my remedy again,” she said. Rx: <i>Sanguinaria</i> 200c, one dose.
July 15, 2015	Pt. brought her son in for treatment. She has been well since her last remedy on 12/21/2010.

References

1. Gagnier JJ. et al., The CARE guidelines: consensus-based clinical case reporting guideline development, *BMJ Case reports* 2013; doi: 10.1136/bcr-2013-201554
2. <http://emedicine.medscape.com/article/261913-followup#6>
3. *Organon of Medicine*: §153 (6th edition, Kunzli, et al):

In this quest for a homoeopathic specific remedy, i.e., in comparing the totality of symptoms of the natural disease with the symptom lists of available medicines so as to find a disease agent similar to the trouble being treated, the more *striking, strange, unusual and peculiar* (characteristic) signs and symptoms in the case are especially, almost exclusively, the ones to which close attention should be given, because it is *these above all which must correspond to the very similar symptoms in the symptom list of the medicine being sought* if it is to be the one most suitable to cure. The more general and indefinite symptoms such as loss of appetite, headache, weakness, troubled sleep, discomfort, etc., deserve little attention, because one finds something general of the kind in

almost every disease and almost every medicine.

4. *Organon of Medicine*: §154 (6th edition, Kunzli, et al):

If the corresponding image found in the symptom list of the nearest medicine contains those peculiar, uncommon, singular and distinguishing (characteristic) symptoms to be covered in the disease being treated, then *this* medicine is the most suitable one, the specific homoeopathic remedy for *this* case, and one dose of it will remove and extinguish a fairly recent disease, with no significant ill effects.

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