

A Young Man Suffering from Grave's Disease

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Abstract: We present an ongoing case of a young man who had unresolved Graves disease for seven years prior to beginning treatment with a combination of conventional medications and homeopathy. His hypertension and tachycardia initially improved slightly with medication, which we prescribed to ensure his myocardial safety. We then took his homeopathic case and prescribed homeopathic *Natrum Muriaticum* 200C daily. The prescribing indications were: dwelling on past disagreeable disturbances, resentment, aggravation from consolation, laughing over serious matters, and craving salt. After beginning homeopathic treatment, his thyroid function and his general state overall improved. We then were able to successfully wean him from his pharmaceutical medications without a rise in his heart rate or blood pressure. This case illustrates that homeopathy can be an effective treatment for Graves hyperthyroidism and that by integrating the treatment with conventional medications it is possible to manage such patients effectively.

Keywords: hyperthyroidism, Graves Disease, *Natrum muriaticum*

Case History

This is the story of a 29-year-old male plumber who presented to us on March 12, 2009 for treatment of hyperthyroidism that had been diagnosed seven years previously. Interestingly, his first hyperthyroid symptoms began after a fight with his family when they did not approve of his girlfriend, for whom he cared deeply. Prior to seeing us, he had seen several endocrinologists as well as naturopathic physicians who had attempted various conventional and alternative therapies including Tapazole, beta-blockers, chelation therapy for heavy metal toxicity, low dose iodine therapy, herbal anti-thyroid treatments (*Lycopus/Melissa officinalis*), and various homeopathic prescriptions (*Lycopodium, Iodum, Sulphur, and Graphites* were attempted by other homeopaths). Over the course of the seven years he had gone on and off of Tapazole 10mg twice a day and Toprol XL 100mg daily with minor symptomatic relief.

When we first saw this patient in March, 2009, he was suffering from typical hyperthyroid symptoms of weight loss, perspiration, tremors, palpitations and tachycardia, hypertension, and nausea.

Medications: On initial history he was taking Tapazole 10mg twice a day (he had been on and off this medication for approximately six years).

Pertinent Past Medical History: Mitral valve prolapse diagnosed at age of 12, Thalassemia minor.

Pertinent Family History:

Father: Hypothyroidism
Mother: Two myocardial infarctions at an early age. The first MI occurred in her mid-40's
Maternal Grandmother: MI at 40 years old
Aunt: Hyperthyroidism with history of a thyroid storm

Pertinent Physical Exam (3/12/09):

Vitals: BP: 150/90. Pulse: 110. RR: 16. T: 98.1°F
Ht: 5'9". Wt: 190lbs. BMI: 28.1
DTR's +3 bilaterally in lower extremities
Thyroid palpable, slight diffuse enlargement

At the first visit in March, we chose to obtain labs for FT3, FT4, TSH, THY ABS (TPO-Ab, Thyroglobulin Ab, and TSH Receptor Antibodies). In his previous history, the patient could not recall ever having any antibody testing done relative to Graves disease. We were concerned that if homeopathic treatment was not immediately effective, he would be at risk. Because of his long-standing history of uncontrolled hypertension and uncontrolled hyperthyroidism we raised his dose of Tapazole to 10mg¹ three times a day and added Propranolol² 10mg twice a day for cardiovascular protection. That dosage of Tapazole is a moderate dosage, half the maximum daily dose. Our main concern at the onset of treatment was to protect him from the common cardiovascular sequelae of untreated hyperthyroidism;

Lab Summary Table (includes labs from past medical records prior to our care)

Date	TSH (0.45 – 4.5 mU/L)	Free T3 (2.0-4.8 pg/mL)	Free T4 (0.8-1.7 ng/dL)
4/27/09	<0.01L	5.4H	2.0H
*3/12/09: first visit with us	<0.01L	7.9 H	2.7H
11/8/06	<0.01L	8.1H	18.9H TT4 (4.5–12.5ug/dL)
6/7/06	0.03L	9.3H	18.4H TT4
11/2/05	0.01L	17.2H	5.0H

e.g., tachycardia, hypertension, arrhythmias, cardiac hypertrophy, and most importantly, long-term damage to the myocardial tissue that can lead to congestive heart failure.³

[See Lab Summary Table above.]

Other pertinent Labs/Imaging:

4/22/09 - Normal Stress EKG

3/12/09 – positive TBII antibodies – 90% relationship with + Graves

6/7/06 – Alk Phos 184H

At the second visit on March 19, 2009, we took his homeopathic case history. On that day his blood pressure had come down modestly to 142/88 and his pulse was 92. On cardiovascular exam a 3/6 murmur was auscultated at the left sternal border, between the 3rd and 4th intercostal spaces. At this visit we increased the propranolol to 10mg three times a day because his hypertension was still not well controlled. We also referred him to a cardiologist for a work-up because we were concerned that his history of mitral valve prolapse, family history of cardiovascular disease, as well as his long-standing hyperthyroidism might be causing irreversible damage to his heart.

Homeopathic history: His symptoms began seven years prior after a fight with his parents because they did not accept his choice of girlfriend. While telling the

story he often chuckled, while attempting to hold back tears. He said he took the incident very personally and thought about it every time he talked to his parents on the phone. He resented them. When he began to cry, I offered him a tissue and said, “I’m so sorry,” at which point he laughed, lowered his eyes and looked away. He salted all of his food before tasting it. He would even put salt on bread or a piece of ham. He desired ice cold drinks. Figure 1 shows the repertorization of the case using the Quantum View (conservative) from the homeopathic software *Radar* 10.0 by Archibel.

We felt the case was best covered by *Natrum muriaticum* and prescribed 200C once a day on March 26, 2009. As an aside, our daily dose posology strategy was influenced by the footnote ‘a’ of the Sixth Edition of the *Organon*⁴, which was subsequently expanded upon by the late Fansisco Eizayaga, MD, of Buenos Aires, Argentina, in his *Treatise on Homeopathic Medicine*.⁵ On the day of the remedy prescription his blood pressure was 142/76 and his pulse was 92. Since increasing the dosages of Tapazole and propranolol, we had not yet seen significant subjective or objective improvements in his hyperthyroid symptoms. On the day of the remedy prescription the only new variable we added to his treatment regimen was the homeopathic remedy, his pharmaceutical medications being maintained at their previous dosages.

On April 23, 2009, the patient returned for his first

		nat-m. phos. sulph		
		1	2	3
		105(740 520)		
Clipboard 1				
1. MIND - DWELLS - past disagreeable occurrences, on	(54) 1	4	1	2
2. MIND - LAUGHING - serious matters, over	(18) 1	2	1	1
3. MIND - CONSOLATION - agg.	(46) 1	4	2	1
4. EXTERNAL THROAT - GOITRE - exophthalmic	(88) 1	3	3	1
5. GENERALS - FOOD and DRINKS - cold drink, cold water - desire - ice-cold water	(6) 1	1	1	-
6. GENERALS - FOOD and DRINKS - salt - desire	(69) 1	4	4	1

Figure One

follow-up since prescribing the *Natrum muriaticum*. After his last visit he had seen a cardiologist and had a workup that included a normal stress EKG. The cardiologist recommended increasing his dosage of the beta-blocker or switching to a long-acting beta-blocker, both of which the patient declined because he was symptomatically improving. At this visit he reported no more shaking, decreased sweating, trembling decreased by fifty percent, no weight loss since last visit, increased energy, decreased craving for salt, and improvement in his emotional feelings towards his parents. Overall the patient felt much better and reported that a month ago he felt 1/10 on a Likert scale for overall health, and now he felt an improvement to a 7/10. His blood pressure was 146/102 and his pulse was 100. His weight was 193.4 lbs (gain of 3lbs). At this point we thought that he reacted positively to the *Natrum muriaticum*; so we did not change anything.⁶ We repeated his thyroid labs which showed improvement since initiating therapy (see Lab Summary Table).

On May 21, 2009, the patient returned for his second follow-up. He had gained weight since his previous visit and was now 200 pounds. His excessive perspiration was gone, resentment towards his family was gone, and his desire for salt was less. His blood pressure was down to 130/76 and his pulse had dropped dramatically to 64 beats a minute. We concluded that he was continuing to react positively to the remedy; so we did not alter his treatment. However, since at this visit there was such a dramatic improvement in his blood pressure and pulse and because he was getting close to becoming bradycardic, we decided that, since he was doing well on the homeopathic remedy, we would decrease the propranolol dosage to 10mg twice a day. This tactic would hopefully also help to isolate the therapeutic variables in the case.

On June 19, 2009, the patient returned for his third follow-up on *Natrum muriaticum* 200C daily. He now reported having gained enough weight that he would like to intentionally lose a few pounds. Almost all of his symptoms remained absent with the exception of a recent return of his salt craving within the preceding week. His blood pressure was 130/85, pulse was 68, weight was 200.4 pounds, and his BMI was 29.6. We thought that the symptom of starting to salt his food was a very early indication that he was no longer reacting to the remedy. As a result, we made a clinical decision to increase the potency of *Natrum muriaticum* to 1M daily. The decision to go up in potency from 200C to 1M was based on Kent's method of posology.⁷ This was one of the few times in the case that we changed two variables at the same time. Since his blood pressure and pulse continued to remain down, we decreased his dosage of propranolol again from 10mg twice a day to 10mg daily. In other words, we increased the potency of the homeopathic remedy and

decreased the dosage of his prescription drug.

The patient returned for his next follow up on July 16, 2009. All of his symptoms had continued to improve. His blood pressure was 122/92 and his pulse was 80. At this visit the patient informed us that he would be moving to Pennsylvania shortly and would obtain a primary care physician in that state. We continued everything as before at this visit.

On December 4, 2009, we followed up with the patient by phone; he had continued the remedy. He continued to do well and his blood pressure and pulse have remained down. He reported a blood pressure of 118/80 and a pulse of 76. Additionally, since his last visit he completely weaned himself off of the last 10mg of Propranolol with no adverse effect on his blood pressure or heart rate. He had also weaned himself down to only 10mg daily of Tapazole with no negative effects. We encouraged him to have his primary care provider in Pennsylvania order a CBC, CMP, TSH, FT3, and FT4, seeking objective verification of his improvement. As of January 4, 2010, the patient indicated that it was cost prohibitive in Pennsylvania to obtain this lab work. He plans on moving back to Arizona, where the cost of testing is considerably less, at the end of January 2010, at which point he will resume ongoing care with us and obtain the follow-up lab work.

Discussion

We think this is a compelling case illustrating the effectiveness of homeopathy in the treatment of Graves Hyperthyroidism. Additionally, we think it illustrates how clinical decision making is often not black and white. We do not live in an "either or" world that can only use homeopathy or allopathy. Certain situations may necessitate conventional medications for safety or simply to maintain the comfort level of the patient and/or the physician. We think these types of decisions are often best made through shared physician-patient decision making.

In Aphorism 2 of the *Organon of Medicine*, Hahnemann stated, "The highest ideal of therapy is to restore health rapidly, gently, permanently; to remove and destroy the whole disease in the shortest, surest, least harmful way, according to clearly comprehensible principles."⁸ In this situation, we felt that the safest way to start the case was with allopathic medications to symptomatically attempt to protect this young man's heart from potential cardiac hypertrophy, arrhythmias, and congestive heart failure, given his history of long-term uncontrolled hyperthyroidism.

The patient's objective physical exam findings (blood pressure and heart rate) clearly decreased more dramatically once we initiated homeopathic therapy. With his improvement symptomatically, with confirmatory objective findings, and as a whole person⁹, we were able to wean him off his allopathic medica-

tions within a reasonable amount of time, and he continued to improve despite the reduction and eventual discontinuation of these drugs. A major fringe-benefit of integrative care with homeopathy, which enabled the discontinuation of Tapazole, was the consequent avoidance of any further risk of rare, yet serious drug side-effects; such as, agranulocytosis, aplastic anemia, and hepatic toxicity.^{10,11,12,13}

The strong point of this case is the outcome, the patient's improvement (Aphorism 2 of the *Organon*) and anticipated complete cure of his hyperthyroidism with continued homeopathic treatment. The weak point of the case is the simultaneous administration of allopathic medications, making it impossible to know fully whether or not homeopathic treatment was the actual cause of his improvement. Thioureylenes inhibit thyroid hormone synthesis and produce remission of Graves disease in up to 40% of cases¹⁴. Higher dose of Tapazole, even doses of 40mg of Tapazole per day for one year, have not been demonstrated to effect any higher rate of remission than patients treated with 10mg per day. (The reader will recall that originally we increased his dose of Tapazole from 20 mg a day to 30 mg before ultimately reducing the dose.) From the records we obtained from his endocrinologist, the patient had been off and on Tapazole for extended periods of time for up to four years prior to when we saw him. Despite this long-term administration of that drug, he had never experienced a remission of his hyperthyroidism prior to the addition of homeopathy to his treatment protocol. Additionally, prior to his homeopathic treatment he had never shown any overall psychological improvement, especially with regard to the emotional situation with his parents that, chronologically, appeared to contribute to the onset of his hyperthyroidism. His symptoms relative to this psychological conflict resolved completely after initiation of homeopathic treatment, a phenomenon that is commonly witnessed in homeopathy and is far less likely, in our opinion, to be attributable to his allopathic treatment.

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