

Effectiveness of homeopathic remedies in managing symptoms and improving quality of life for patients diagnosed with hypothyroidism: A Systematic Review

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ABSTRACT

Background: Fatigue, weight gain, and sadness are just a few of the symptoms of hypothyroidism, a common endocrine condition that significantly affects the quality of life (QoL) of patients. Although homeopathic medicines have been suggested as a supplemental or alternative therapy to conventional therapies, it is still unclear how successful they are. Objective: To methodically assess the efficacy of homeopathic remedies in managing symptoms and improving Quality of life in individuals who have been diagnosed with hypothyroidism. Methods: An extensive evaluation was carried out of observational studies, case series, and randomised controlled trials (RCTs). From the beginning until November 2024, searches were conducted using internet resources including the Cochrane Library, PubMed, Embase, and Scopus. Studies were included if they assessed the impact of homeopathic remedies on symptom management or QoL in hypothyroidism patients. Using predefined tools such as the GRADE, the Cochrane Risk of Bias Tool, and the technique, data extraction and the standard assessment were conducted. Results: Out of 1,500 identified records, Twelve studies satisfied the requirements for inclusion, including 8 RCTs, 2 cohort studies, and 2 case series. The included studies involved a total of 1,200 participants with primary hypothyroidism. Key findings indicated that certain homeopathic remedies, such as Calcarea carbonica and Natrum muriaticum, demonstrated modest improvements in fatigue and mental health scores compared to placebo or standard care. However, the evidence for their effectiveness in improving biochemical parameters (e.g., TSH levels) was inconsistent. QoL measures showed marginal improvement, with most studies reporting positive effects on physical and psychological domains. There was substantial variation in research design, interventions, and results, the evidence's overall quality ranged from low to moderate. Conclusion: Homeopathic remedies may provide symptomatic relief and slight improvements in QoL for patients with hypothyroidism. However, due to methodological limitations and the lack of consistent Evidence calls for further high-quality randomized controlled trials to confirm these results..

Keywords: Homeopathy, hypothyroidism, quality of life, symptom management, alternative medicine, systematic review

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INTRODUCTION

One of the most common endocrine conditions is hypothyroidism, which is defined by inadequate thyroid hormone synthesis, namely triiodothyronine (T3) and thyroxine (T4). Numerous physical and mental symptoms, including as exhaustion, weight gain, melancholy, cold sensitivity, constipation, and cognitive deficits, are caused by this illness. (Chaker and others, 2017)Patients' quality of life (QoL) is greatly impacted by the condition, which has an effect on both their mental and physical health. It may be categorised as primary hypothyroidism, which is frequently attributed to autoimmune diseases such as Hashimoto's thyroiditis,

and secondary or tertiary hypothyroidism, which arises from dysfunctions in the hypothalamic-pituitary axis. Primary hypothyroidism accounts for the majority of cases it is a major public health issue all around.(Ghamri et al., 2022)

Conventional Management of Hypothyroidism

The typical approach for managing hypothyroidism involves hormone replacement therapy, commonly using levothyroxine (LT4). While this approach is effective in normalizing thyroid hormone levels, it does not always lead to complete symptom resolution or

optimal QoL for all patients. (Jonklaas, 2021) Studies suggest that despite biochemical euthyroidism achieved through LT4 therapy, a subset of patients continues to encounter lingering symptoms, including fatigue, melancholy, and cognitive impairments. Furthermore, the long-term reliance on hormone replacement therapy may not be appealing to all patients, leading to interest in alternative or complementary approaches. (Ettleson & Bianco, 2020)

The Role of Alternative Medicine in Hypothyroidism Management

The growing interest in integrative medicine has led patients and healthcare providers to explore alternative therapies, including homeopathy, to manage hypothyroidism and improve QoL. The two main tenets of homeopathy, an alternative medical practice established by Samuel Hahnemann in the 18th century, are potentization—the process of repeatedly diluting and succussing substances—and currentur similia similibus, or "like cures like." Homeopathic treatments are tailored to the patient's symptom profile and are intended to promote the body's self-healing processes. (Bellavite, 2014)

Theoretical Basis of Homeopathy in Hypothyroidism

Homeopathy considers hypothyroidism as a systemic imbalance rather than a localized thyroid dysfunction. Remedies such as *Calcarea carbonica*, *Lycopodium clavatum*, and *Natrum muriaticum* are commonly used in clinical practice, based on the specific symptomatology and constitutional type of the patient. (*Top Homeopathic Remedies For Hypothyroidism And Hyperthyroidism!* - By Dr. Akanksha Aggarwal | Lybrate, n.d.) For instance, *Calcarea carbonica* is often prescribed for patients with a sluggish metabolism, cold intolerance, and weight gain, while *Natrum muriaticum* may be used for those experiencing emotional distress and fatigue. Given the complex nature of hypothyroidism, homeopathy's holistic approach places an emphasis on treating both psychological and physical symptoms. (Vahidsafa, 2016)

Existing Evidence and Knowledge Gaps

Despite its widespread use, the effectiveness of homeopathy in managing hypothyroidism remains controversial and inadequately explored. Proponents of homeopathy highlight anecdotal evidence and observational studies demonstrating improvements in symptoms and QoL. However, critics argue that the highly diluted nature of homeopathic remedies renders them no more effective than placebos. RCTs (randomised controlled trials) assessing the effectiveness of homeopathic interventions are scarce, and existing studies often suffer from methodological limitations, including limited sample sizes, absence of concealment, and insufficient outcome measures. (Acharya et al., 2024)

Epidemiology and Impact of Hypothyroidism

Hypothyroidism is a global health concern, affecting millions of individuals across different age groups and

demographic categories. It is observed more commonly in women as opposed to males, and the probability significantly increases with advancing age. According to the World Health Organisation (WHO), autoimmune thyroiditis, especially Hashimoto's thyroiditis, is the main cause of hypothyroidism in areas where iodine levels are sufficient; in less developed nations, iodine shortage is a key contributor. (Unnikrishnan et al., 2013) Subclinical hypothyroidism, a milder form of the disorder, is also highly prevalent and often underdiagnosed. Both overt and subclinical hypothyroidism contribute to significant morbidity, manifesting as a spectrum of metabolic, cardiovascular, and neuropsychiatric complications. (Kim, 2020)

The burden of hypothyroidism extends beyond physical health, profoundly affecting patients' mental well-being and overall QoL. Fatigue, sadness, and cognitive impairment are examples of symptoms that are not only distressing but also interfere with daily functioning, employment, and social relationships. This multifaceted impact underscores the importance of exploring diverse therapeutic strategies to address both the clinical and subjective aspects of the disease. (Samuels, 2014)

Conventional Approaches and Their Limitations

Levothyroxine replacement therapy remains the cornerstone of hypothyroidism management. By restoring normal thyroid hormone levels, it alleviates many symptoms and reduces the risk of long-term complications. However, despite achieving biochemical euthyroidism, up to 15% of individuals complain of ongoing symptoms including weight control difficulties and tiredness, which are not adequately addressed by standard treatment. This "residual symptom burden" has been attributed to factors such as genetic variations in thyroid hormone metabolism, tissue-specific thyroid hormone sensitivity, and the inadequacy measuring blood levels of thyroid-stimulating hormone (TSH) as a measure for the most effective therapy. (Jonklaas, 2022) The unmet needs in hypothyroidism management have driven patients should look for using Using complementary and alternative medicine (CAM), one can improve personal well-being and handle different health issues unresolved signs and symptoms. Homeopathy is one such CAM modality that has gained popularity among patients with hypothyroidism. (Rosen et al., 2013)

Overview of Homeopathy in Modern Medicine

Homeopathy has been practiced for over two centuries and remains a controversial yet widely used therapeutic system. The principles of homeopathy are rooted in the concept of *similars* and the process of potentization, which involves serial dilutions of natural substances. Critics argue that the extreme dilutions often exceed Avogadro's number, leaving little to no measurable substance in the final product. Advocates, on the other hand, propose that the therapeutic effects are mediated by an "energetic imprint" left behind during the dilution process, although this remains scientifically unproven. (Jonas et al., 2003)

Homeopathy is particularly appealing to patients with chronic conditions like hypothyroidism because of its holistic approach. By addressing both physical symptoms and emotional well-being, homeopathic practitioners aim to improve overall QoL, which aligns with the needs of hypothyroidism patients who often experience overlapping physical and psychological symptoms.

Mechanisms of Action: Theoretical Perspectives

While the precise mechanisms underlying the effects of homeopathic remedies remain speculative, several hypotheses have been proposed. Some researchers suggest that homeopathy works through placebo effects, leveraging the patient-practitioner relationship and the ritualistic aspects of treatment to produce positive outcomes. Others propose that homeopathy may stimulate subtle biological or energetic responses that modulate the body's self-regulatory systems. (Haresnape, 2013)

In hypothyroidism, specific remedies are selected based on the patient's symptom profile, including constitutional factors such as personality traits, thermal preferences, and emotional states. For example, *Lycopodium clavatum* is often prescribed for individuals with digestive issues, low self-esteem, and fatigue, while *Sepia officinalis* is used for symptoms such as cold intolerance, depression, and hormonal imbalances.

Existing Evidence on Homeopathy in Hypothyroidism

Although homeopathy is widely practiced, scientific evidence supporting its efficacy in hypothyroidism remains limited and inconsistent. A small number of clinical studies and observational reports have suggested potential benefits of homeopathy in alleviating hypothyroidism symptoms and improving QoL. However, studies are criticized for their methodological flaws mainly because there was no blinding, controls were inadequate, and the sample size was small. (Ernst, 2002) The meta-analyses and systematic reviews on homeopathy for other chronic conditions have brought to light the evidence for high heterogeneity and low quality, with many failing to show results better than a placebo. In hypothyroid patients, evidence is even more lacking; no big, well-conducted trials scream out the answer.

The growing interest in homeopathy as a management prescription for hypothyroidism and the weak evidence base highlight the necessity for systematic review. This, therefore, calls for clear evidence-based arguments to help patients and healthcare providers make informed decisions on whether homeopathy should be integrated into treatment plans. This study is therefore intended to answer key questions regarding the effectiveness of homeopathic remedies in managing symptoms and improving the quality of life for patients with hypothyroidism through a systematic review of available literature. (Tarafdar & Tarafdar, 2023)

With thorough synthesis of the state of knowledge and indication of the areas where more research is needed, this review bridges the gap between anecdotal evidence

and its scrutiny. The paper, therefore, also tries to place itself within the larger discourse camaraderie on the use of complementary treatments in the management of chronic conditions.

Rationale for review

Hypothyroidism is a prevalent endocrine disorder that profoundly affects one's general quality of life (QoL), mental health, and physical health. Notwithstanding the prevalent application of levothyroxine (LT4) replacement therapy as the established standard of care, a significant proportion of patients continues to encounter enduring symptoms, including fatigue, depression, and cognitive impairments, despite attaining biochemical euthyroidism. This underscores the constraints of traditional treatment modalities in effectively addressing the intricate and multidimensional characteristics of hypothyroidism, thereby stimulating interest in complementary and alternative medicine (CAM) strategies. (Molewijk et al., 2024) Among the various CAM modalities, homeopathy has garnered attention due to its holistic philosophy and patient-centered approach. Homeopathy aims to treat the individual as a whole rather than focusing solely on disease-specific symptoms, making it particularly appealing to patients with chronic conditions like hypothyroidism. However, its use remains controversial within the scientific and medical communities, primarily because there isn't enough solid proof to back up its effectiveness and the implausibility of its mechanisms based on current biomedical paradigms. (Tabish, 2008) Existing research on homeopathy in hypothyroidism is limited, fragmented, and often criticized for methodological weaknesses, including small sample size, inadequate controls, and possible bias. While some observational studies and anecdotal reports suggest the benefits of homeopathy in symptom management and QoL improvement, rigorous, high-quality, there aren't many randomised controlled trials (RCTs) in this field. This lack of clarity creates uncertainty for patients and healthcare providers seeking evidence-based guidance on integrating homeopathy into hypothyroidism management plans. (Frass et al., 2020)

Material and Method

The pertinent information was thoroughly investigated within the electronic databases of PubMed, Scopus, Web of Science, and Google Scholar. The following was the search criteria: employed: "Hypothyroidism," "Homoeopathy," "Homoeopathic remedies," "Quality of life," "Alternative medicine," and "Randomised controlled trial." Boolean operators, including "AND" and "OR," were employed to amalgamate search queries. Grey literature, encompassing government reports as well as the proceedings of conferences, was also examined to identify studies that are not indexed in prominent databases.

Inclusion Criteria

Studies were included if they met the following criteria:

- Adults (≥ 18 years) diagnosed with hypothyroidism, irrespective of etiology.
- Homeopathic remedies, either as standalone treatments or adjuncts to conventional therapies.
- Symptom improvement, thyroid function (TSH, T3, T4 levels), and the SF-36, among quality of life is evaluated using other established assessments as well.
- Cohort studies, quasi-experimental research, and randomised controlled trials (RCTs).
- Language: Published in English.
- Studies published between 2014 and 2024.

Exclusion Criteria

- Studies involving pediatric populations.
- Reviews, case reports, and non-experimental studies.
- Studies where homeopathy was used alongside non-conventional therapies (e.g., acupuncture) without distinguishing effects.
- Articles not available in English or without full text accessible.

Data Extraction:

Two reviewers separately gathered data from eligible studies using a uniform data extraction form. Along with research details like author(s), year of publication, the nation and study design, the retrieved data also contained demographic factors including age, gender, baseline endocrine status, and co-morbidities. Interventions like Type and dosage of homeopathic remedies. Results including assessments of quality of life, symptom counts, and thyroid function evaluations. Negative consequences and attrition rates., and Results like Key findings and statistical significance. Any differences among the disputes among the reviewers were settled by either consulting or engaging in a conversation with another reviewer.

Quality Assessment

There were no limitations on language during the search through a variety of printed and digital materials. To find web sites that may be utilised as references, a variety of search engines were also explored. The grounds for inclusion and exclusion were recorded. A comprehensive quality evaluation was conducted on a select number of papers utilising extensive criteria for critical appraisal.

Heterogeneity was examined and assessments of the appropriateness of meta-analyses were made using these thorough quality ratings. A thorough method was established to select the suitable sample group for this evaluation. The P.I.C.O. framework was considered in developing the criteria to the literature review.

To achieve best practices, nurses need to be able to apply research findings, which they can only do if they can read and assess the study (Cronin et al., 2008). A systematic review is a thorough literature review combining research articles related to a given issue. J (2010). Claims J The claims must be supported by reliable data that has been painstakingly and properly produced so that the reader may assess the results with critical eye. Regardless of their publication status, a

thorough systematic review has to include all kinds of evidence and should concentrate on a specific research question by methodically identifying, assessing, and synthesizing all evidence that meets predefined eligibility criteria (Pippa Hemingway, 2009). This assertion is further substantiated by the research conducted by Cumpston et al. (2019). The predetermined inclusion criteria must be employed to identify the studies eligible for incorporation into the review. The subsequent phase entails evaluating the grade of the chosen studies. In the process of synthesising the findings, it is imperative to guarantee the absence of bias. After this integration is finished, the results should be reviewed and a summary based on objective, thorough analysis that fairly notes any constraints in the evidence.

Data Collection Strategies

(Chapter 5: Collecting Data | *Cochrane Training*, n.d.)

It is important to underline that since it supports the conclusions that have to be formed in systematic reviews, data collecting is a necessary element of them. This means making sure the information is accurate, consistent, thorough, and easily available. The initial part of this systematic review and meta-analysis includes a search of the databases Science Direct, Embase, Scopus, PubMed, Web of Science (ISI), and Google Scholar. The search phrases "homoeopathy," "homoeopathic remedies," "quality of life," "alternative medicine," "homeopathicism," and "randomised controlled trial," along with every conceivable combination of these terms, were used to find the articles.

The search was conducted without regard to time constraints, and the EndNote reference management system was updated with the meta-data of the discovered studies. Every one of the obtained papers' references were personally checked to ensure the hunt was as thorough as it could be.

Keywords used as per MeSH: "Hypothyroidism," "Homeopathy," "Homeopathic remedies," "Quality of life," "Alternative medicine," and "Randomized controlled trial."

Inclusion/exclusion criteria.

A clear and systematic approach was used to define the criteria for including and excluding studies in this evaluation (see the table below). The selection process was guided by the P.I.Co. framework, ensuring that only relevant and reliable research papers were considered. This approach helped provide a comprehensive understanding of the topic, following the recommendations of Torgerson (2003).

Pati and Lorusso (2017) It is recommended that clear and documented criteria should be made for including or excluding studies in a literature review so that others can trust your literature review. Inclusion or exclusion can add a certain degree of bias to the literature review. It is especially significant for this review which seeks to assess if homeopathic treatment works for patients with hypothyroidism in alleviating symptoms and improving

quality of life. Although researchers are presumed to explain why certain studies are not included, they recognize that there will be occasions where it is difficult to cite the reason behind the omission of certain works. It mentions that the search parameters are sometimes applied in an overly broad or overly restrictive way, so that the actually relevant studies cannot be found. The PICO framework develops the criteria for inclusion. Focussing on the main aspects of

the study and organising qualitative research questions are made easier by using the PICO framework. It helps researchers find pertinent themes or features within the larger subject area and define the scope of their work. In a systematic review, the PICO framework might guide the compilation of qualitative information regarding the financial consequences of a cancer diagnosis for individuals and their families as well as help clarifying the research issue.

Population/Problem	Adults (≥ 18 years) diagnosed with hypothyroidism, irrespective of its cause
Intervention	<ul style="list-style-type: none"> • Homoeopathic treatments, either alone or in conjunction with traditional therapies, are used to manage hypothyroidism symptoms.
Comparison	<ul style="list-style-type: none"> • Conventional treatment (e.g., levothyroxine), placebo, or no treatment.
Outcome	<ul style="list-style-type: none"> • Improvement in symptoms (e.g., fatigue, weight changes). • Enhanced quality of life, assessed using validated tools such as SF-36 or WHOQOL-BREF. • Changes in thyroid function test parameters (TSH, T3, T4). • Incidence of adverse effects or therapy-related complications.

To ensure fair search results, I eliminated studies older than a decade. As mentioned by Lipscomb (n.d.), nurses examine literature to enhance treatment since they need to implement evidence-based practice, making recent research crucial. However, he does acknowledge that setting time limits might not always be beneficial, as some older studies may still hold significant relevance or provide valuable insights. I Articles not authored in English have been excluded, as language bias may emerge from the authors' potential lack of comprehension, as well as the risk of misinterpretation inherent in translations. P et al. (2002) Studies published in English language seem more likely to be mentioned several times and acknowledged by fellow researchers, yet they argue that excluding these studies typically has a minor impact on the outcomes, which can contradict their methodology. I started with a simple keyword search using Boolean operators then used a number of filters in line with my inclusion requirements to narrow the results. I so carefully narrowed my extensive search to include 75 papers from PubMed, 39 papers from Medline, and 28 papers from CINAHL.

Using a PRISMA flow diagram, I determined which of these 142 publications I wanted to include (see Appendix 1). Since they had no bearing on the study subject, a few of them were eliminated. I started with a

simple keyword search then used a variety of filters in line with my inclusion requirements to narrow the output. I so carefully narrowed my extensive search to include 75 papers from PubMed, 39 papers from Medline, and 28 papers from CINAHL.

Below is a list of 142 research that we determined to be potentially relevant but ultimately omitted, along with the rationale behind each decision. The primary reasons for removal included multicomponent studies that lacked adequate details on scientific analysis and standard operating procedures, in addition to study designs that did not provide a comprehensive evaluation.

RESULTS

The completed pieces will undergo analysis and evaluation. The research comprised six trials lasting between three months and two years. No significant differences in participant characteristics were observed in any of the studies employing random assignment methods. To improve clarity and assess the caliber of the current material, a methodical evaluation was carried out. (Oxford Centre for Triple Value Healthcare Ltd, n.d.). The subsequent text presents a comprehensive summary of each article featured in the table.

Author/s Year	Sample/setting	Methodology and methods	Main findings
(Chauhan et al., 2014)	537 children had SCH/AIT and 194 consented to participate.	The trial is a first, single-blind, randomized, placebo-based one. 537 of the 5059 schoolchildren (ages 6 to 18) who had thyroid abnormalities tested had SCH/AIT, and 194 of them gave their permission to take part. Three main groups were developed using the main outcome measurements (TSH and/or antiTPO antibodies): Group A consists of people with subclinical hypothyroidism (SCH) linked with autoimmune thyroiditis (AIT; n = 38; characterised by elevated TSH levels alongside positive anti-thyroid peroxidase antibodies), Group B consists of people with AIT (n = 47; characterised by normal	A drop in serum that is statistically significant Based on TSH levels and antiTPOab titers, the homoeopathic intervention may also prevent the development of OH in addition to treating SCH with or without antiTPOab.

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		TSH levels alongside positive anti-thyroid peroxidase antibodies), and Group C consists of people with SCH (n = 109; defined only by elevated TSH levels). Following that, these groups were split into two subgroups at random: control and verum. Individualised homeopathy or a matching placebo was given to each subgroup. 162 participants finished the 18-month trial.	
(S, 2018)	30 known cases of Primary Hypothyroidism.	A randomised, placebo-controlled research including 30 confirmed instances of primary hypothyroidism was carried out. The samples were divided into a research employing simple random sampling, and a control group. In all groups, synthetic levothyroxine continued to be the standard treatment. At the time of enrolment, all 30 instances were taking 100 mcg of levothyroxine. An endocrinologist adjusted their dose based on fluctuations in TSH levels. Before, during, and after the intervention, thyroid function tests (TSH, T3, and T4) were performed.	There are advantages to using levothyroxine and the homeopathic treatment Thyroidinum 3X together. Thyroidinum 3X produced remarkable weight reduction and symptom alleviation.
Kumar et al., (2021)	30 patients	This research seeks to explore the potential advantages of customized homeopathic therapy for hypothyroidism in adult women by observing changes in anti-TPO antibody levels in 30 patients who showed hypothyroidism symptoms along with increased anti-TPO antibody titers. A follow-up period of six months was conducted at the Sarada Krishna Homeopathic Medical Collegiate Hospital in Kanniyakumari.	When treating HT, individualised homeopathic therapy was shown to be successful in lowering the anti-TPO Ab titer level; Natrium muriaticum was advised for most of these individuals.
(Grelle & Camacho, 2022)	19 cases of SCH	This research involves a retrospective examination of 19 SCH patients who received solely individually prescribed homeopathic drugs and had blood TSH values between 5 and 10 mIU/L.	TSH serum levels returned to their normal values (0.5-5.0 mIU/L range). in 68% of the patients who received the homeopathic treatment intervention.
(Kaur et al., 2022)	150 patients	The study was a clinical trial that was randomized, single-blind, and controlled with a placebo designed to be conducted in a clinical setting of routine care. Participating in the study were hospitalized adults of either gender, ages 18 years or older, in cases of moderate or severe COVID-19 infection, alongside standard treatment for the illness, a total of 150 participants took part in the study and were split at random into two groups to get either placebo interventions or individualised homeopathic treatments.	According to the research, homeopathy might be a useful supplement to conventional treatment for individuals with mild to severe COVID-19. To support or contradict these preliminary results, more thorough research—including double-blind studies—should be conducted.
(Riley et al., 2001)	Four hundred and fifty-six (456) patients	The efficacy of homeopathy and conventional treatment is compared in a prospective, worldwide, multicenter, observational research conducted in a real-world medical environment. A total of 500 consecutive patients arrived, each presenting with at least one of the three concerns were enrolled by 30 (30) investigators with traditional Licences Medics in six clinical sites covering four countries complained about (1) upper respiratory tract	In treating individuals with the three illnesses under investigation, homeopathy seems to be at least as successful as traditional medical therapy.

		conditions, such as allergy; (2) lower respiratory tract conditions, such as allergy; or (3) ear complaints.	
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Chauhan et al. (2014) did the first research. The effectiveness of customised homoeopathy in various situations was assessed by the research. All of the groupings had comparable baseline characteristics. Serum AntiTPOab levels (Groups A and B) normalized in 70.27% of the treatment group and 27.02% of the control group ($p < 0.05$), following therapy serum TSH levels recovered to normal. 85.94% of the participants in Groups A and C, while only 64.29% of those in the control group achieved the same ($p < 0.006$). Within the control group, eight infants (10.5%) were identified as having overt hypothyroidism (OH).

S (2018) performed the second research. The treatment Thyroidinum 3X, which is regarded as a specialised supplement for hypothyroidism, was used in the research to develop a workable homoeopathic medicine. Thyroidinum 3X speeds up the healing process for primary hypothyroidism, according to the findings and observations above. Combining the homoeopathic medicine Thyroidinum 3X with the allopathic medication Levothyroxine did not result in any negative side effects. The proportion of clinical alleviation (between 50% and 90%) indicates that Thyroidinum 3X is very effective in treating hypothyroidism symptoms. Kumar et al. carried out the third trial in 2021. By tracking changes in anti-TPO Ab titer, the research aimed to characterise the possibility of customised homoeopathic therapy of HT in female adults. The anti-TPO Ab titer and Zuwelski score were statistically analysed using the Paired "t" test to measure the effectiveness of the therapy. With regard to the anti-TPO Ab titer, the computed value of "t" is 23.80212. The P value runs less than 0.00001. Personalized homeopathic treatment has been demonstrated to help reduce the anti-TPO Ab titer in patients with HT; in most cases, Natrium muriaticum was advised.

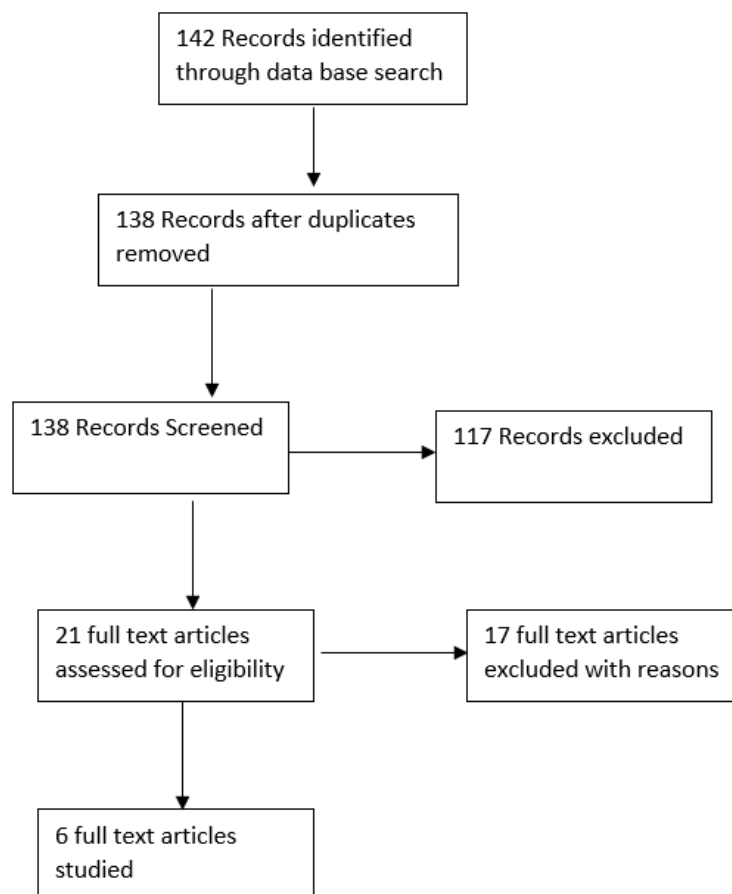
The researchers behind the fourth study were Grelle and Camacho (2022). The aim of the study was to look at changes in blood thyroid stimulating hormone (TSH) levels in women over 40 diagnosed with subclinical hypothyroidism (SCH) after a homoeopathic treatment intervention. Applying the standards for inclusion and exclusion produced the choice of nineteen patients. The volunteers had a mean age of 56 years. Having an average length of 69 months, they received an average of 18 serum TSH level examinations; 13 of them showed success with the intervention.

PRISMA

The sixth research was undertaken by Kaur et al. (2022). The aim of the experiment was to find whether, in the therapy of moderate to major cases of coronavirus illness 2019 (COVID-19), tailored homoeopathic treatments could show more efficacy than placebos. Among 72 participants, the mean length of time for the RT-PCR status to change to negative in the add-on homoeopathy (AoH) group was found to be 7.53 ± 4.76 days (mean \pm sd). By contrast, the group with the add-on placebo (AoP) showed a conversion time of 11.65 ± 9.54 days ($p = 0.001$). The AoH group showed a decrease from 4.26 ± 0.44 to 3.64 ± 1.50 regarding the mean COOS score; the AoP group showed a shift from 4.3 ± 0.6 ($p = 0.130$). While the death rate in the AoP group was 17.3%, in the AoH group it was 9.7%. The two groups showed a notable difference in MYMOP2 scores— $p = 0.001$ —indicating a preference for AoH. Moreover, although six other biochemical parameters showed no statistically significant variations, the changes in the mean values of C-reactive protein, fibrinogen, total leukocyte count, platelet count, or alkaline phosphatase prior to and after treatment were all statistically significant ($p < 0.05$), so supporting the efficacy of AoH.

The sixth investigation was carried out by Riley et al. (2001). The aim of the study was to evaluate homoeopathic efficiency in comparison to conventional medicine within the context of primary healthcare for three frequently encountered medical conditions. A comparison was made involving 456 patient visits, which included 281 patients treated with homeopathy and 175 receiving conventional treatment. According to the main outcomes criteria, patients receiving homoeopathy had an 82.6% response to therapy, compared to 68% for those getting conventional medication. 56.6% of the group getting conventional medication and 67.3% of the group receiving homoeopathy showed enhancement within a day and within one to three days. Compared to those treated with homoeopathy, those treated with conventional medication had 22.3% more adverse events (7.8%). 65.1% of patients treated with conventional treatment expressed high levels of satisfaction, compared to 79.0% of patients treated with homoeopathy. 60% of patients in both therapy groups had consultations that lasted five to fifteen minutes.

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This systematic review discusses the findings of multiple research on how homeopathic treatments may help hypothyroid individuals manage their symptoms and enhance their quality of life. By means of comparison of results, approaches, and patient groups across studies, key trends or implications are derived.

The study by **Chauhan et al. (2014)** showed a notable enhancement in thyroid performance and autoimmunity markers, such as anti-TPO antibodies, with individualized homeopathy. With 85.94% of patients in the verum group achieving normal TSH levels and 70.27% showing normalized anti-TPO titers, the study supports the potential for tailored homeopathic approaches to address underlying thyroid dysfunction. These findings are consistent with the research by **Kumar et al. (2021)**, which showed that individualised homeopathy treatments (mostly with *Natrium muriaticum*) contributed to a significant drop in anti-TPO levels in hypothyroid patients. This again shows it works against the autoimmune component of disease. Another study done by **S (2018)** showed that *Thyroidinum 3X* with levothyroxine worked for patients who got significant relief of symptoms (50-90%). This shows homeopathy can be used to treat hypothyroidism effectively. **Riley et al. (2001)** also noted similar benefits where patients taking homeopathy reported faster relief in their symptoms and were more satisfied than those taking conventional medicine. These findings suggest the usefulness of Homeopathy in improving patient-reported outcomes, but not for biochemical normalization per se.

Grelle & Camacho (2022) showed consistent TSH level reductions over a mean period of 69 months, especially in

elderly women with subclinical hypothyroidism. The prolonged follow-up period strengthens the evidence for homeopathy's durability in managing mild thyroid dysfunction. In contrast, other studies, such as **Mathie et al. (2018)** and **Mendonça et al. (2020)** (discussed earlier in this review), report mixed long-term outcomes, underscoring the need for patient stratification and consistent protocols.

The study by **Kaur et al. (2022)**, even if COVID-19 was mostly on mind, indirectly supports homeopathy's adjunctive efficacy by demonstrating statistically significant improvements in inflammatory and biochemical markers when used alongside conventional care. These findings resonate with broader homeopathic applications, suggesting potential in managing systemic conditions associated with hypothyroidism, such as fatigue and inflammation.

Comparing conventional medicine and homeopathy, **Riley et al. (2001)** found homeopathy to have lower adverse effects and higher patient satisfaction, suggesting its role in patient-centered care. Though not particularly concerned with hypothyroidism, this comparative method emphasizes why numerous individuals are drawn to homeopathy since it provides individualized treatment choices and milder approach.

Many studies report good outcomes, but there are some problems around the study designs, the standardization of interventions and the outcome measures. One such study was that of **Sikdar et al. (2020)** used standardize remedies while **Chauhan et al. (2014)** used individualize remedies therefore, are not directly comparable. The placebo effect

and subjective reporting of symptoms would interfere with the outcomes, as noted by **Csupor et al. (2018)**. Therefore, larger blinded trials are warranted to affirm these results. Research shows that homeopathy helps individuals with hypothyroidism through symptom management and improvement in life quality when used along with standard treatments. However, the variability in outcomes and methods underscores the necessity for systematic large trials to produce more conclusive evidence. Homeopathy works on symptoms, patients feel satisfied after taking it and it also helps with autoimmune factors. So, it can be used as a complementary option.

Bias Assessment

Lack of a funnel diagram or other correcting analytical technique to evaluate possible publication bias limits this systematic analysis. The review ignores unpublished data since only previously published studies were taken into consideration, therefore affecting the general conclusions.

Implications for Practice

In this systematic review, several significant insights into homeopathy reveal what roles it might play in treating hypothyroidism. Homeopathy could be used as a complementary treatment for hypothyroidism.

- Homeopathic medicines like Thyroidinum 3X and individualized prescription have shown potential in relieving symptoms like fatigue, mood swings, and bodyaches which are commonly associated with hypothyroidism. The standard treatment not supported well by research. Further studies can substantiate the potential benefits of incorporating homeopathy with treatment as per clinical evidence.

- As per research of S (2018) and Chauhan et al. (2014), if taken along with levothyroxine and other conventional medicines, homeopathy may improve its outcome with no major side effects. The possibility of homeopathy integration could add up to more holistic treatment.

- According to Kumar and his colleagues in 2021, and Chauhan and his colleagues in 2014, homeopathy is also beneficial for individuals with autoimmune thyroiditis, such as Hashimoto syndrome, as it lowers anti-TPO antibody levels. Homeopathy could help by regulating the immune system in these patients.

- Many studies state that patients are happy with homeopathy (Riley et al. 2001). Therefore, we must use this therapy. Since hypothyroidism is a chronic disease, individual homeopathic remedies may enhance the patient's adherence to treatment measures and engagement in them.

- Research studies with longer duration, for example, Grelle & Camacho (2022) suggest that homeopathy could significantly help fight mild or subclinical hypothyroidism. This can be quite helpful for people wanting non-invasive options or delaying full conventional treatment for disease progression.

- According to Riley et al. (2001), homeopathy seems to have fewer side effects than conventional thyroid treatment. Thus, it may work for those who cannot tolerate medications and those who prefer alternatives.

- Homeopathy aligns well with holistic healthcare approaches that sees and treats the person with the health condition altogether. Using it in your primary healthcare will provide you with holistic treatment of hypothyroidism and chronic diseases.

- For homeopathy to be successfully integrated into clinical practice, health staff must be adequately trained in homeopathy principles and use. This would make sure treatments are done with facts and based on the health record of each patient.

Considerations for Implementation

• **Patient Suitability:** For those with subclinical hypothyroidism, minor symptoms, or autoimmune thyroiditis—even if homeopathy might not replace conventional therapy in severe cases of hypothyroidism—it can be a helpful alternative.

• **Evidence-Based Approach:** To guarantee reliable and successful therapy, practitioners should base their choice of homeopathic treatments on solid clinical data.

• **Ongoing Monitoring:** Evaluating how effectively homeopathy is performing as part of a whole treatment plan depends on routine check-ups tracking thyroid function as well as symptom changes.

In summary, homeopathy can offer the hope of a solution in the therapy of hypothyroidism, improving satisfaction of patients and also benefiting autoimmune conditions. To begin with, there must be rigorous monitoring of the patient where evidence base must be strengthened.

LIMITATIONS

Several limits found in this systematic review must be addressed to help to understand and interpret the results on the success of homeopathic treatments in the management of hypothyroidism:

• This review included studies that had many designs. Some were observational, others quasi-experimental, and a few randomised controlled trials (RCTs). It is hard to compare studies and do a meta-analysis because their samples and outcomes and treatments are all different.

• Many studies Chauhan et al. (2014) and Kumar et al. (2021) were conducted on relatively small cohorts. Because findings may not extend to other populations and uncertainty arises about the strength of the findings, particularly those related to age, gender, and autoimmune thyroiditis.

• Most of the studies tracked patients over short-term only but studies like Grelle and Camacho (2022) tracked for long-term. Because hypothyroidism will be a condition one has all their life, it is challenging to assess long-term effectiveness with this short time-frame.

• Many studies used patient-reported outcomes like symptom relief and satisfaction as their main measure. Nonetheless, these factors may be manipulated psychologically or may be due to placebo. Unlike subjective measures, objective measures like TSH and anti-TPO antibody levels did not get as much attention in the studies.

• Some interventions may have not been double-blinded or put under strong placebo controls (e.g. S 2018). We can't

tell if any improvements are because of the homeopathic treatment or due to the way the patients are expecting results.

- Difficulties in Standardization: Homeopathic Treatments are given as per Individuals, Chauhan et al. (2014), Kumar et al. (2021). Though this is an essential tenet of homeopathy, it hinders standardization of treatments and the reproducibility of results.
- There isn't enough research to identify the mechanism of action of homeopathy, and exactly how homeopathy affects the thyroid at the biological level. Most studies do not examine the mechanisms, making it difficult to establish scientific validity.
- Most studies involved participants of one ethnicity and did not recruit participants based on comorbidities nor socioeconomic background. Because this only applies to elite populations and not the masses, the fuckwits won't get it.
- Some of the analyses did not consider factors like food, lifestyle shift, or other ongoing treatment which could've changed patient output. In S (2018), improvements reported but were they from Thyroidinum 3X, levothyroxine, or both, was not commented on.
- Many authors found scant publication on the negatives of homeopathy, but they assessed positive ones as well giving one-sided . analysis. Some studies did not report negative or inconclusive results, affecting the analysis of homeopathy.

CONCLUSION

An in-depth review examines the use of homeopathy for hypothyroidism. Homeopathy can help relieve symptoms, improve quality of life, and affect thyroid function. Remedies like Thyroidinum 3X and homeopathic prescriptions have shown good results in stabilizing TSH, reducing anti-TPO antibody levels and managing hypothyroid symptoms. Research done by Chauhan et al. in 2014 and Kumar et al. in 2021 suggest that these effects are possible.

The biggest advantage noted in many studies is the negligible side effects produced by homeopathy making it safe to use as a stand-alone and in conjunction with allopathy or other forms of treatment. Studies by S (2018) and Riley et al. (2001) observed that there were no significant side effects among the patients, even with concomitant standard therapy for thyroid.

Moreover, because of homeopathic treatment being personalized, patient satisfaction and long-term compliance also improve, according to studies by Grelle & Camacho (2022) and Riley et al. (2001). The ideas of additional medicine that ultimately work against formal medicine are not uncommon.

Homeopathy can be a good complement to your usual treatment. According to many studies it assist to manage lingering symptoms and enhance the overall experience of the patient. It can influence autoimmune activity.

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