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Comprehensive Advanced Specific Summarised Studies -For Homoeopathy Science (CASS Studies) An Official Publication of Bureau for Health & Education Status Upliftment (Constitutionally Entitled as Health-Education Bureau)

Retrospective Evaluation of The Impact of Individualized Homeopathic Treatment

on Thyroid-Stimulating Hormone (Tsh) Levels in Individuals with Down Syndrome

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ABSTRACT:

Background: Down syndrome is one of the common chromosomal disorder, characterized by a higher prevalence of subclinical hypothyroidism as a comorbidity. Subclinical hypothyroidism, marked by elevated thyroid-stimulating hormone (TSH) levels with normal free thyroxine levels, presents unique management challenges, especially in individuals with Down syndrome due to their distinct genetic and physiological predispositions. Although conventional treatment with levothyroxine is standard for overt hypothyroidism, therapeutic approaches for subclinical cases in individual with Downs Syndrome remain debatable. This study retrospectively evaluates the efficacy of individualized homeopathic treatment in normalizing TSH levels among individuals with Down syndrome, aiming to provide evidence for complementary strategies.

Methods: A retrospective observational study was conducted using medical records from a single homeopathic centre. The inclusion criteria was individuals diagnosed with Down syndrome with baseline TSH levels ≥ 5 mIU/L, under regular treatment exclusively with individualized homeopathic remedies for at least 12 months, and with three documented TSH measurements. Patients with overt hypothyroidism or concurrent alternative treatments were excluded. Statistical analyses were performed using paired t-tests to evaluate changes in TSH levels and chi-square tests to assess the association between gender and treatment responses.

Results: Paired t-test analysis revealed a statistically significant reduction in TSH levels post-treatment (p = 0.0054), indicating the potential efficacy of homeopathic interventions. Additionally, chi-square tests showed no significant correlation between gender and treatment outcomes (p = 0.519), suggesting that therapeutic efficacy was consistent across genders. Secondary outcomes included improvements in general health and well-being as reported by caregivers, further emphasizing the holistic benefits of individualized homeopathy. Conclusion: This study highlights the importance of exploring integrative approaches suitable to the unique physiological and genetic needs of individuals with Down syndrome. The significant normalization of TSH levels suggests that homeopathy could offer an alternative strategy, especially for cases where conventional treatment is not immediately indicated.

Future research, including larger, controlled studies, is necessary to validate these findings and explore the long-term benefits of homeopathic interventions.

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| Website: https://heb-nic.in/cass-hom/ | Quick Response Code: |
| Received on 18/01/2025 | 28,429 |
| Accepted on 22/01/2025 | |
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