

Hypothyroidism: A Few New Thoughts Of An Old Disease

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Abstract: Hypothyroidism is divided in primary and secondary. Secondary hypothyroidism can be differentiated in pituitary and hypothalamic by the use of TRH test. Primary hypothyroidism may be clinical, where free T4 (FT4) is decreased and TSH is increased or subclinical where FT4 is normal and TSH is increased. In secondary hypothyroidism FT4 is decreased and TSH is normal or decreased. Primary hypothyroidism is most commonly caused by chronic autoimmune thyroiditis. Salt iodination, which is performed routinely in many countries, may increase the incidence of overt hypothyroidism. The incidence of clinical hypothyroidism is 0.5-1.9% in women and <1% in men and of subclinical 3-13.6% in women and 0.7-5.7% in men. It is important to differentiate between clinical and subclinical hypothyroidism as in clinical symptoms are serious, even coma may occur, while in subclinical symptoms are less and may even be absent. Subclinical hypothyroidism may be transformed to clinical and as recent research has shown it may have various consequences, such as hyperlipidemia and increased risk for the development of cardiovascular disease, even heart failure, somatic and neuromuscular symptoms, reproductive and other consequences. Hypothyroidism is treated by the administration of thyroxine and the prognosis is excellent.

Key words: hypothyroidism, chronic autoimmune thyroiditis, postpartum thyroiditis, antithyroid antibodies, myxoedema coma, Homoeopathic Approach—Holistic approach.

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