Original Article

Retrospective Evaluation of the Thyroid Balance Scale in Patients Receiving Homeopathic Treatment for Thyroid Disorders: A Single-Centre Study

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ABSTRACT

Background: Thyroid disorders in women often involve multidimensional disturbances that extend beyond biochemical abnormalities. To meet the need for a structured assessment tool in the context of homeopathic thyroid management, Dr. Vaishampayan's Homeopathic Thyroid Balance Scale for Women (Dr. V's HTBS-W) was developed to examine hormonal, metabolic, emotional, and vitality-related indicators. The present study retrospectively analyzed the utility of HTBS-W regarding monitoring therapeutic progress in women undergoing individualized homeopathic treatment. **Methods:** A single-center retrospective observational study was carried out based on the medical records of 50 women suffering from hypothyroidism or hyperthyroidism, who completed three follow-up visits. Therapeutic progress was assessed with the use of a 10-item HTBS-W scale with scores categorized into five levels of thyroid balance. The changes across visits were analyzed using descriptive statistics, repeated measures ANOVA, and post-hoc pairwise comparisons. **Results:** A significant progressive improvement was observed across all three visits. Mean HTBS-W scores increased from 15.30 ± 4.19 at baseline to 25.78 ± 6.14 at Visit II and 32.60 ± 5.44 at Visit III ($F = 149.38$, $p < 0.0001$). Pairwise comparisons confirmed highly significant improvements between Visit I vs II, Visit I vs III, and Visit II vs III (all $p < 0.0001$). The proportion of patients in the "Severe imbalance" category declined from 88% at baseline to 0% by Visit III, with corresponding shifts toward moderate and mild improvement. **Conclusion:** Dr. V's HTBS-W proved effective in measuring the multidimensional therapeutic changes in thyroid health and offers a structured approach for monitoring progress in women receiving individualized homeopathic treatment. Larger prospective studies are warranted to confirm its wider clinical applicability.

Key words: Thyroid diseases, Hypothyroidism, Hyperthyroidism, Homeopathy.

Thyroid diseases are the most prevalent endocrine conditions globally and show a disproportionately higher burden amongst Indian women, often presenting with metabolic, menstrual, emotional, and constitutional disturbances that extend beyond biochemical abnormalities [1, 2]. Conventional management primarily focuses on hormone replacement, which effectively restores laboratory parameters but may not fully address the broader functional limitations experienced by the patients [3]. Many homeopathic studies have reported improvements in thyroid-related symptoms and biochemical markers, including reductions in Thyroid Stimulating Hormone (TSH) and anti–Thyroid Peroxidase (TPO) antibodies, suggesting potential therapeutic value when individualized remedies are used [4, 5].

Despite these observations, homeopathic practice lacks a standardized, validated tool to objectively assess multidimensional progress in thyroid disorders. To bridge this gap, Dr. Vaishampayan's Homeopathic Thyroid Balance Scale for Women (Dr. V's HTBS-W) was developed; a 10-item clinical assessment scale designed to evaluate hormonal dependency, menstrual regularity, metabolic function, skin and hair health, emotional adaptability, and overall vitality. The scale categorizes patients across five levels of thyroid balance, serving as a structured clinical guide for monitoring therapeutic response and supporting individualized treatment decisions [6, 7].

Given the limited availability of standardized outcome measures in complementary thyroid care, evaluating the clinical utility of such a tool is essential. Therefore, this study was done to assess the effectiveness of Dr. V's HTBS-W scale in tracking the therapeutic progress among women receiving individualized homeopathic treatment for thyroid dysfunction, thereby contributing to structured, evidence-informed assessment in homeopathic practice.

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MATERIALS AND METHODS

This study was a single-center, retrospective observational analysis at Dr. Vaishampayan Homoeopathic Clinic, Mumbai. Medical records of women with thyroid dysfunction who had received individualized homeopathic treatment were reviewed over two years.

A total of 50 female patients aged 18–60 years were included using purposive sampling. Eligible participants had a confirmed diagnosis of hypothyroidism or hyperthyroidism and documented records for at least three follow-up visits. Those with incomplete case records, the presence of major systemic illness, and long-term concurrent hormonal therapy beyond the baseline stabilization phase were excluded.

2.1 Assessment Tool: Dr. V's HTBS-W

Therapeutic progress was assessed using HTBS-W, a 10-item clinical instrument developed to evaluate multidimensional aspects of thyroid health in women [6,7]. Each item is rated on a 5-point scale (1 = Severe imbalance, to 5 = Fully balanced), with total scores ranging from 10 to 50. Patients were categorized into five levels of thyroid balance based on their total score. The structure and the score interpretation of Dr. V's HTBS-W are presented in Tables 1 and 2, respectively.

Table 1. Structure of Dr. V's HTBS-W

Domains Assessed	Description	Score Range (1–5)
Hormonal dependency	Level of reliance on conventional thyroid medication	1–5
Menstrual health	Regularity, flow, and associated symptoms	1–5
Weight and metabolism	Body weight trends, metabolic balance	1–5
Skin and hair health	Dryness, hair fall, texture	1–5
Mental health and adaptability	Mood stability, stress tolerance	1–5
General well-being	Sleep, energy, fatigue, and daily functioning	1–5
Nature of symptoms	Acute/chronic, intensity, recurrence	1–5
Miasmatic load	Presence of deep-rooted constitutional traits	1–5
Hormonal assessment	Clinical/biochemical indicators	1–5
Vitality & inner energy	Sense of strength, resilience	1–5

Table 2. Score interpretation:

Score ranges	Interpretation
10–20	Severe imbalance
21–30	Moderate improvement
31–40	Mild improvement
41–45	Almost resolved
46–50	Fully balanced

The scale was retrospectively applied to patient records at Visit I (baseline), Visit II, and Visit III.

2.2 Data Collection

Data extracted included demographics, clinical symptoms, laboratory thyroid profiles (TSH, T3, T4), and individualized homeopathic prescriptions. Dr. V's HTBS-W scores were calculated for each visit based on documented clinical information.

2.3 Statistical Analysis

Data were analyzed using SPSS version 25. Descriptive statistics (mean, standard deviation, frequency, percentage) were used to summarize Dr. V's HTBS-W scores across visits. Repeated measures ANOVA was performed to evaluate changes over time, with post-hoc pairwise comparisons for visit-wise significance. A p-value <0.05 was considered statistically significant.

RESULTS

A total of 50 female patients were evaluated across three follow-up visits using Dr. V's HTBS-W scale. At baseline (Visit I), most patients fell in the "Severe imbalance" category, whereas by Visit III, none remained in severe, and most shifted into moderate or mild improvement categories. This reflects a clear trend of progressive improvement in thyroid-related multidimensional health indicators over the treatment period.

Mean Dr. V's HTBS-W scores also showed consistent and significant improvement across visits. The average score increased from 15.30 ± 4.19 at baseline to 25.78 ± 6.14 at Visit II, and further to 32.60 ± 5.44 at Visit III. Repeated measures ANOVA confirmed a highly significant overall change over time ($F = 149.38$, $p < 0.0001$). Pairwise comparisons demonstrated that each transition, Visit I to II, I to III, and II to III, was statistically significant. These results indicate that homeopathic management, assessed through the structured HTBS-W tool, led to measurable and clinically meaningful improvement across multiple thyroid-related domains.

Table 3: Visit-wise distribution of Dr. V's HTBS-W categories

HTBS-W Category	Visit I n (%)	Visit II n (%)	Visit III n (%)
10–20 (Severe)	44 (88%)	11 (22%)	0
21–30 (Moderate)	6 (12%)	28 (56%)	24 (48%)
31–40 (Mild)	0	11 (22%)	24 (48%)
41–45 (Almost resolved)	0	0	2 (4%)
46–50 (Balanced)	0	0	0
Total	50 (100%)	50 (100%)	50 (100%)

Table 4: Comparison of Dr. V's HTBS-W score according to Visits in the study group

Visit	n	Mean ± SD	% Change from Previous Visit	F-value	p-value
Visit I	50	15.30 ± 4.19	–	F = 149.38	p < 0.0001
Visit II	50	25.78 ± 6.14	+65.8%		
Visit III	50	32.60 ± 5.44	+26.5%		

Table 5: Pairwise Comparisons

Comparison	p-value
Visit I vs Visit II	p < 0.0001
Visit I vs Visit III	p < 0.0001
Visit II vs Visit III	p < 0.0001

DISCUSSION

The present study evaluated the clinical utility of Dr. V's HTBS-W in monitoring therapeutic progress among women with thyroid dysfunction undergoing individualized homeopathic treatment. Through three follow-up visits, patients demonstrated a consistent and statistically significant improvement in multidimensional thyroid-related health indicators. The shift from predominantly "Severe imbalance" at baseline to "Moderate" and "Mild improvement" categories by Visit III, along with significant gains in mean Dr. V's HTBS-W scores, indicates measurable benefit under homeopathic management.

These findings align with earlier studies that have reported positive outcomes with individualized homeopathic interventions in thyroid disorders. Chauhan et al. observed significant reductions in TSH and anti-TPO antibody levels among children with subclinical hypothyroidism following homeopathic treatment [4]. Similarly, Schmidt and Ostermayr demonstrated that Thyroidinum 30cH influenced weight reduction in fasting patients, suggesting metabolic regulatory effects [5]. Gupta and Singh also reported favourable modulation of TSH levels in subclinical hypothyroidism cases managed with homeopathy [6]. Case series evaluating remedies such as *Fucus vesiculosus* and *Pulsatilla* have further supported the potential role of homeopathy in improving thyroid function and associated symptoms [7–9].

However, evidence remains limited by small sample sizes, variability in remedy selection, and heterogeneity in study designs. Some observational studies show partial or inconsistent biochemical improvement, highlighting the need for standardized outcome measures to assess treatment effect objectively. Additionally, there is a scarcity of controlled trials comparing homeopathic care with conventional therapy or placebo, making it difficult to draw definitive conclusions regarding comparative efficacy. These gaps emphasize the importance of structured tools, such as Dr. V's HTBS-W, to support systematic evaluation in clinical and research settings.

Within this context, the present findings suggest that Dr. V's HTBS-W serves as a practical framework for capturing holistic changes that may extend beyond laboratory parameters alone. By integrating symptomatic, emotional, metabolic, and vitality-related indicators, the scale enables clinicians to detect meaningful progress that may not be fully reflected in biochemical markers. The positive results observed in this study show the potential value of individualized homeopathic treatment for women with thyroid dysfunction and highlight the need for larger, prospective, multicentric studies to validate these preliminary findings and further refine the scale's clinical utility.

CONCLUSION

Dr. V's HTBS-W demonstrated consistent and statistically significant improvement in multidimensional thyroid-related health indicators among women receiving individualized homeopathic treatment. These findings support the scale as a practical tool for monitoring therapeutic progress, while underscoring the need for larger prospective studies to further validate its clinical utility.

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