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CLINICAL

Homeopathic and integrative treatment for feline hyperthyroidism – four cases (2006–2010)

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Hyperthyroidism is a frequent veterinary problem, particularly in elderly cats. Homeopathic treatment and other integrative modalities were provided for four hyperthyroid cats whose owners did not want conventional treatment. Symptomatic homeopathic treatment with *Thyroidinum* was helpful in one cat. All cats were prescribed an appropriate individualized homeopathic remedy. All four cats showed resolution of clinical signs; three attained normal thyroid hormone levels. Three cats later received acupuncture and/or herbal medicines; two cats later received symptomatic homeopathic remedies. Two cats are thriving after over 3.5 and 4.25 years of treatment; two were euthanized for unrelated problems after 3 and 4 years of treatment. Homeopathic and complementary therapies avoid the potential side effects of methimazole and surgical thyroidectomy, they are less costly than radioactive iodine treatment, and they provide an option for clients who decline conventional therapies. *Homeopathy* (2011) **100,** 270–274.

Keywords: Hyperthyroidism; Feline; *Thyroidinum*; Constitutional; Individualized; Veterinary; Homeopathy

Introduction

Feline hyperthyroidism is a frequently encountered condition in veterinary practice. Hyperthyroid cats are treated conventionally with thyroidectomy, radioactive iodine treatment, and/or antithyroid medications (generally methimazole), administered either orally or transdermally. Some patients cannot tolerate methimazole, and for some clients, the risk of side effects associated with methimazole (severe in 2–5% of patients, mild in 10%) is unacceptable. Radioactive iodine (^{131}I) is considered the gold standard in the treatment of hyperthyroid cats, yet the cost is prohibitive to some clients; other clients are adverse to the required hospitalization, and some cats are too fractious to be hospitalized. Thyroidectomy has the same disadvantages of cost; in addition it is invasive and may result in a cat being permanently hypothyroid and/or losing parathyroid function. Additionally thyroidectomy and ^{131}I are contraindicated in underlying renal failure, as these treatments unmask underlying renal disease with complete resolution of the hyperthyroid state.[1] Overt renal failure, which typically remains mild and stable over time, occurs in 30% of cats receiving any conventional treatment for hyperthyroidism, within 1 month of beginning treatment.[2] The occurrence of renal failure in cats cannot be reliably predicted through routine pre-treatment clinical data.[3]

In uncomplicated cases where there was no pre-existing renal disease, a retrospective comparison at the University of Florida recorded median survival times for cats treated with the antithyroid drug methimazole alone of 2 years (interquartile range 1–3.9 years), cats treated with ^{131}I alone of 4 years (interquartile range 3–4.8 years), and cats treated with methimazole followed by ^{131}I of 5.3 years (interquartile range 2.2–6.5 years). However, 14% of study cats had pre-existing renal disease, and the median survival time for those cats was under 2 years.[4] Many elderly hyperthyroid cats seen in private practice already show signs of renal compromise, so methimazole may be used more commonly than either surgery or radioactive iodine for that reason, aside from the lower cost of methimazole treatment.

An ideal therapy would relieve the symptoms associated with the hyperthyroid state without the side effects of methimazole therapy, the expense and difficulty of access of surgery or ^{131}I treatment, or the overt onset of renal disease

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commonly seen following conventional therapies. A treatment, to be considered successful, should provide a good quality of life and a survival time comparable to that attained with methimazole treatment. A UK study of veterinary homeopathic prescribing for chronic conditions reported positive outcomes for eight of 21 cats treated homeopathically for hyperthyroidism.[5] This series of four cases illustrates the utility of homeopathy and later, in some cases, the use of other integrative therapies (acupuncture, herbal preparations) in the management of hyperthyroidism, and reports on the longevity and quality of life of the patients.

Materials and methods

Between October 2006 and October 2007 five cats with signs of hyperthyroidism presented to the practice. This is a first opinion integrative practice providing homeopathic and holistic care; these cases were current patients of the practice. All caretakers reviewed information about conventional therapies (methimazole, surgery, and radioactive iodine), homeopathic treatment and other integrative therapies. Symptomatic homeopathic prescribing with a sarcode organ remedy (*Thyroidinum*), individualized homeopathic prescribing (constitutional prescribing), Chinese herbal remedies and acupuncture were discussed. The caretakers of four patients chose homeopathic therapy. The caretaker of the fifth cat initially chose homeopathic therapy, but found that she was unable to determine when it was appropriate to repeat the remedy, so she elected conventional treatment.

Presenting clinical signs of the four cats are summarized in Table 1. The signs are typical of those commonly seen in hyperthyroid cats: thyroid enlargement, vomiting, polyphagia, and weight and behavioural changes.[1] Complete blood count, serum chemistries and first morning urinalysis results were normal except for cat B, who had a slightly low urine specific gravity, and cat C who had a slightly elevated creatinine. Total T4 (TT4) and free T4 (fT4) levels are listed in Table 1. A TT4 greater than 51 nmol/L (4 μg/dL), or a TT4 greater than 32 nmol/L (2.5 μg/dL) and a fT4 level greater than 50 pmol/L, were considered supportive of the diagnosis of hyperthyroidism. These values are based upon the diagnostic laboratory's reference ranges, published guidelines[1] and the suggestions of Wakeling[6] to facilitate accurate diagnosis of hyperthyroidism in cats with mild chronic renal disease. Complete blood count, serum chemistries, and urinalysis were repeated every 6–12 months on all cats. Thyroid hormone levels were repeated monthly until they reached the normal range, after which they were repeated every 6–12 months.

The first complementary treatment used for cats A, B, and C was a symptomatic homeopathic treatment, *Thyroidinum* 6C, five granules once daily by mouth. Certain homeopathic remedies which are derived from an affected gland have been shown to support normal function of that gland. These may be referred to as organ remedies because of their action on an organ or gland; a potency less than 7C is generally believed to stimulate gland function while a potency greater than 7C should inhibit.[7] A 6C

Table 1 Signalment, clinical and individualizing signs and treatment for four hyperthyroid cats

Cat	*Date of diagnosis*	*Age (years)*	*TT4 nmol/L (μg/dL)/fT4 pmol/L*	*Signs of hyperthyroidism*	*Individualizing signs*	*Date, effective homeopathic remedy(ies)**	*Date, other complementary therapies*
A	5 October 2006	11.5	38.4 (3)/58	Diarrhea, restlessness, polyphagia	Confident, gregarious Rectal inflammation Desires fruit	October 2006, *Thyroidinum* November 2006, *Sulphur**	March '10, Rehmannia Eight
B	2 November 2006	13.5	81.1 (6.3)/–	Vomiting, anxiety, excess grooming, thyroid enlarged	Ailments from fright Sympathetic Noise sensitivity Muscle tension Sneezing paroxysms	December 2006, *Natrum muriaticum**	April 2008, Zhi Bai Di Huang Wan, milk thistle November 2008, February 2009, acupuncture
C	2 November 2006	14.5	42.5 (3.3)/72	Vomiting, dysuria, thyroid enlarged	Reserved, domineering Affectionate Drug sensitivity Vomit after eating	December 2006, *Nux vomica**	January 2010, Zhi Bai Di Huang Wan
D	7 June 07	9	38.4 (3)/59	Aggression, excess grooming, thyroid enlarged	Sympathetic, jealous Starting from noise Anxious trembling Itch of abdomen Gingivitis	Jun 2007, *Lachesis** Dec 2007, *Morgan–Gaertner*	–

* Individualized remedy.

potency was prescribed for the first case, Cat A, which improved, in spite of the potency choice, so the same potency was used for the next cases, Cats B and C, which did not respond. A higher *Thyroidinum* potency could be considered in future study.

The next treatment used in all four cats was an individualized, or constitutional, homeopathic remedy. The cats were evaluated during a detailed consultation for physical, behavioural and historical details which would facilitate the choice of the most appropriate homeopathic remedy for the totality of each cat's case. A computer repertory program, RADAR 9[00], was used to assist this process. The most significant individualizing details germane to remedy choice are listed in Table 1. The individualized remedies chosen are listed in Table 1 under 'Effective Homeopathic Remedies' with an asterisk following their name. These individualized remedies were administered as LM (50 millesimal) liquid potencies, with one drop given on a mucus membrane once daily.[8] After a patient responded to their individualized remedy, the dose frequency of the remedy was decreased to that necessary to maintain clinical improvement. This frequency varied from once a week to once every 6–8 weeks, depending upon the individual. Patients often required more frequent doses during periods of stress affecting either themselves or their caretaker.

Results

All four cats responded to the individualized remedy with gradual resolution of their clinical signs within 2–4 weeks.

Normal thyroid hormone levels were attained and maintained in cats A, C, and D. In cats A and C, this was documented after 2 months of therapy. Cat D was not amenable to venipuncture without sedation, so confirmation of normal levels was delayed until his physical exam under sedation.

Cat B never attained normal TT4 levels. He was observed as asymptomatic from December 2006 through April 2008, and chest X-rays and blood pressure determinations remained normal throughout his treatment. The owner declined conventional treatment because of the cat's renal issues, as well as concerns over possible side effects of methimazole therapy and unwillingness to hospitalise the cat for radioactive iodine treatment, particularly as he was no longer symptomatic.

Cat A

Cat A responded to initial *Thyroidinum* treatment with normal behaviour and thyroid hormone levels. Her painless liquid diarrhea persisted, though she was no longer having accidents outside the box. *Thyroidinum* was discontinued, and treatment with *Sulphur* LM 1 resulted in production of soft formed stools. In January 2008 a return of restlessness and polyphagia resolved with a single dose of *Thyroidinum* 6C. In March 2010, this cat had a slight elevation of her Blood Urea Nitrogen (BUN), *Rehmannia Eight*[9] was prescribed to support renal function. Her potency of *Sulphur* has been increased over time to LM 5. She is 16 years old and currently receives one drop once every 1–6 weeks, over 4.5 years after diagnosis.

Cat B

Cat B never attained normal thyroid hormone levels under treatment. His likely underlying chronic renal issues, as evidenced by low first morning urine specific gravity and (later) elevated kidney waste products determined that he was not a good candidate for conventional treatment in any case. After 1 month of treatment with *Natrum muriaticum* LM 1 he was more sociable, less sensitive to noises and he stopped vomiting and having sneezing bouts. He was now able to be in the same room with rustling papers and the family dogs. Cat B needed periodic adjustments in the frequency of his dose of *Nat mur*; his level of sociability was used to titrate his dose. Acupuncture resolved a bout of anorexia in December 2007.

In April 2008, Cat B became polyphagic, hyperactive and resumed vomiting. This did not respond to increased frequency of his constitutional remedy, so modified *Wen Den Tang*, a Chinese herbal remedy for this stage of hyperthyroidism, was started twice daily. This was changed to *Zhi Bai Di Huang Wan* when follow up lab work indicated more kidney support was needed.[10] This resolved his signs, yet lab work showed elevated liver enzymes, so milk thistle was added to his treatment regimen.[11] Following this addition, Cat B's sociability improved further and lab values were stable through March 2009. He had three mild bouts of anorexia which improved after acupuncture treatments. *Nat mur* LM 1 was increased to every other day to maintain his normal attitude, and the herbal treatments were continued.

In July 2009 Cat B had his first severe bout of sinus congestion. This resulted in anorexia and dehydration, treated with sub-cutaneous fluids, and *Hydrastis/Echinacea* nasal drops. Antibiotic treatment was necessary to completely resolve the signs. In August, elevated BUN and creatinine levels indicated progression of renal disease, so a binder (powdered aluminum hydroxide gel) was added to his food.[12] The sinus congestion and anorexia recurred from September, and was managed with long term *Hydrastis/Echinacea* nose drops and antibiotic treatment until a severe bout in November 2009 which resulted in complete anorexia. At this point the caretaker elected to euthanize the cat at 17 years of age, after 3 years of treatment for concurrent hyperthyroidism and kidney and liver disease.

Cat C

Cat C had bouts of vomiting which had been successfully controlled with constitutional homeopathic prescribing in September 2004, 2 years prior to her presentation for hyperthyroidism. The vomiting responded quickly and completely with a few doses of *Nux vomica* LM 1. Repeated dosing resulted in the cat having urinary accidents outside the litter box, so the remedy was discontinued; the vomiting did not resume. Historically Cat C was extremely sensitive to dose frequency, so for hyperthyroidism the *Nux vom* LM 1 was resumed in December 2006 at a dose of one drop every 3–4 weeks. The vomiting resolved and thyroid levels

normalized. In August and September 2007 Cat C urinated frequently outside her litter box; changes in frequency of *Nux vom* and intercurrent *Sulphur* and *Morgan Pure* did not help the problem. In October 2007, a combination *chondroitin* and *glucosamine* product (Cosequin®) was added to the food, which helped the dysuria considerably after 3 weeks of treatment, though Cat C still urinated outside the box if emotionally upset. After June 2008, Cat C's thyroid hormone level began to rise slightly out of the normal range, other lab parameters were normal; her *Nux vom* dose was increased gradually to once every 1–2 weeks. In January 2010 Cat C showed slightly elevated BUN, creatinine, and T4. She was started on a binder in her food and *Zhi Bai Di Huang Wan*; her *Nux vom* was increased to once a week. In December 2010, at over 18.5 years of age, Cat C developed an aggressive oral tumour and was euthanized; she had been treated for hyperthyroidism for over 4 years.

Cat D

Cat D was not given *Thyroidinum* because his fractious nature precluded frequent administration of solid medicines. This cat was not amenable to venepuncture without sedation, so his remedy dose was titrated by his behavioural response. After three daily doses of *Lachesis* LM 1 the client noted a marked decrease in his noise sensitivity (he was no longer running from the oven timer), so frequency was decreased to every other day. After 2 weeks, some adults outside the family were able to pet Cat D; his dose was decreased further to every 3 days. At this point, the client gave the remedy when she noted the cat was reactive or 'hissy' for no apparent reason; by December 2007 she was giving a drop of *Lachesis* every 2–3 weeks.

In December 2007, the excessive grooming resumed. Cat D was pulling out tufts of abdominal fur; this did not respond to increased frequency of dosing of *Lachesis* LM 1. The associated bowel nosode, *Morgan–Gaertner* 9C, was selected as an intercurrent remedy.[13] The client was advised not to give the *Morgan–Gaertner* more often than once a month, and not to give it on the same day as *Lachesis*. A few days after the *Morgan–Gaertner* dose, Cat D stopped pulling out his fur. When Cat D was sedated for his physical in August 2009, his thyroid hormone levels were normal; they have remained normal at subsequent annual evaluations. Cat D receives *Lachesis* LM 2 every 6–8 weeks and *Morgan–Gaertner* 9C every 1–3 months, based upon his clinical signs; he is 13 years old and has been treated for 4 years.

Discussion

Homeopathic treatment alone resulted in normalisation of clinical signs and thyroid hormone levels in three of these patients; one patient showed resolution of signs of hyperthyroidism despite persistent elevation of TT4. In all cases it was important to adjust remedy dose to the needs of the individual. In cases A, B, and C, later integrative treatments (four and a quarter, one and a quarter, and 3 years after diagnosis of hyperthyroidism) were helpful to assist in providing renal, hepatic and thyroid support to these elderly cats.

Homeopathic treatment may provide benefits to the cat and caretaker beyond those associated with normalisation of thyroid levels. In two cases, Cat B and Cat D, long standing behavioural issues (Cat B, anxiety and noise sensitivity, Cat D, aggression and noise sensitivity) were significantly improved along with resolution of the signs of hyperthyroidism.

Homeopathic treatment and other integrative therapies are priced within reach of clients, and are easy to administer at home (homeopathic remedies, herbal medicines), or can be performed during office visits (acupuncture). Homeopathic remedies are generally accepted readily by most fractious cats.

Homeopathic and integrative modalities in these four cases treated the hyperthyroid state, as well as the geriatric patients' renal and hepatic issues, with no negative effects. None of the cats had any adverse effects or sudden deterioration in their condition. Many elderly cats eventually develop renal failure, as did Cat A, yet it was not the abrupt onset renal failure seen in thirty percent of cats following conventional treatment for hyperthyroidism. Additionally, Cats B and C, who commenced homeopathic treatment with evidence of early renal disease, showed only slow progression of this chronic condition.

Homeopathic treatment followed by integrative supportive care resulted in a lifespan favourably comparable to that attained with conventional treatment. Two of these elderly cats (A and D) are alive and well after 4.5 and 4 years of therapy. Two cats (with pre-existing renal disease) were euthanized due to illnesses unrelated to hyperthyroidism after 3 and 4 years of therapy. In the 2006 retrospective study described previously, the median survival time for cats with renal disease was less than 2 years. The median survival time for cats without renal disease treated with methimazole was 2 years, and 4 years for those cats treated with ^{131}I.[4]

Conclusion

The use of homeopathic remedies, chosen based on the totality of signs in the case following the receipt of a full homeopathic case history, is a valuable tool in the treatment of feline hyperthyroidism. Other integrative therapies, such as organ remedies, bowel nosodes, acupuncture and herbal medicine may provide additional support for patients. Clients must be able to evaluate their cat's response to therapy, so homeopathic and complementary treatment may be inappropriate for cases where the patient–guardian interaction is restricted.

Conflict of interest statement

The author has no relationships which could bias this work.

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