

A CASE REPORT OF HASHIMOTO THYROIDITIS WITH SIGNIFICANT CLINICAL IMPROVEMENT AFTER UNANI TREATMENT

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Abstract

A 42 year old woman, presented outpatient department with a complex medical history. Known case of childhood asthma. She had past medical history of hyperthyroidism 4 years back. Additionally, she had also recently past medical history of bloody hemorrhoids 1 month back. Presently, she came with the complaints of gradually bilateral swelling on legs, sudden muscular spasm, and burning sensation on both feet's with general weakness. She further complaints of acne on chest, back & thigh. There were also pimples on hips. She had developed gradually persistent acidity every time, associated symptoms with epigastric pain, decrease appetite, indigestion, bloating & flatulence, depression, anxiety, insomnia, obesity and shortness of breath. Medical reports showed an ESR 22 mm/1st hours elevated, upper abdomen ultrasound revealed gas accumulation. Other investigations were all normal. Hashimoto thyroiditis being a most suspected diagnosis. After that, it was diagnosed through Thyroid peroxidase Antibodies (TPOAb) & Thyroglobulin Antibodies (TgAb) were elevated. Elevated antibodies with normal serum TSH, serum T3 and T4 which means Hashimoto's disease had been diagnosed. Then prescribed the symptomatic medications along with anti-inflammatory & immune-suppressant unani treatment till 2 months. In addition, Mediterranean diet, topical therapies, and lifestyle modifications, including weight reduction were recommended, which collectively contributed to symptoms improvement. Now, there is no need to further prescribe the medicine because, symptoms have resolved and medical reports also have improved. Advised to continue monthly follow-up, adhere to the recommended diet plan for 6 months to 1 year, and work on weight reduction through regular exercise and walking.

Introduction

Hashimoto's thyroiditis (HT) is the most frequent autoimmune thyroid disorders (AITDs). ^[1]HT was first described in Japan in 1912 by Dr. Hakaru Hashimoto. ^[2]It causes a chronic inflammation of the thyroid tissue, with a condition of hypothyroidism in about 20-30% of patients. ^[1]The patient may have nonspecific, minor symptoms such as fatigue, weight gain, difficulty concentrating, and hair loss. These symptoms may go unnoticed by the patient for a long period. ^[4]HT is one of the most common autoimmune disorders. Epidemiological studies of HT have shown that 7.5 % of patients have HT, with an incidence

of 17.5 % in women and 6.0 % in men. ^[4]The pathophysiology of this disease involves the formation of anti-thyroid antibodies and T-cell activation that attack the thyroid tissue, causing progressive fibrosis. Together with Graves's disease, this condition comes in the category of autoimmune thyroid disorders. ^[5]The diagnosis of AIT depends on different characteristics: presence of circulating antibodies against the thyroid. ^[1]Biochemical markers of the disease are thyroid peroxidase and/or thyroglobulin autoantibodies in the serum which are present with a higher prevalence in females than in males and increase with age. ^[3]In the early stages of HT, the patient's thyroid function

remains normal. Thyroid-stimulating hormone (TSH) and thyroid hormone (TH) levels, including triiodothyronine (T3) and tetraiodothyronine (T4), are monitored, and no abnormalities are detected. ^[4]Thyroid peroxidase antibody: This is the most common antibody found in Hashimoto thyroiditis. These are found in over 90% of individuals with Hashimoto thyroiditis. ^[8, 9]Thyroglobulin antibody: This is present in 50% to 80% of the individuals with Hashimoto thyroiditis. ^[10]Many individuals with Hashimoto thyroiditis are euthyroid, but they are at a higher risk for developing overt hypothyroidism in the future. The risk of developing hypothyroidism increases by 5% every year. ^[6, 7]

Case study

A 42-year old woman, presented outpatient department on 26th of October, 2025 with a complex medical history. She had a past medical history of hyperthyroidism which diagnosed 4 years back on 13th of June, 2021 in which Serum T3 was 3.69nmol/L (elevated), Serum T4 was 14.80ug/dl (elevated) & Serum TSH was 0.013ulU/ml (low). She took Tablet Neomarcazole 3+3+3 (TDs/day) through a doctor advice from Atia General Hospital. Then repeated her Thyroid profile, after 1 month of 4th of July, 2021 in which Serum T3 was 3.27nmol/L (elevated), Serum T4 was 14.80ug/dl (elevated) & Serum TSH was less than 0.008ulU/ml (low). Then again repeated serum TSH after 1 month of 12th of August, 2021. Serum TSH was 0.013ulU/ml (low). After 6 months, she stopped the medicine herself because had side effects of severe tremors in hands and stiffness in neck. Then she repeated her Thyroid profile after 7 months, 15th of March, 2022 in which Serum T3 was in normal range at 1.87nmol/L, Serum T4 was in normal range at 8.60ug/dl & Serum TSH was also within the normal range at 1.98ulU/ml. Additionally, she had also recently past medical history 1 month back in September of 2025. Constipation, painful defecation, lumps around the anal and 2-3 episodes of hematochezia in last month (Sep, 2025). Unani treatment was ongoing 12th of Oct, 2025 till 25th of October, 2025 for bloody haemorrhoids in which Tab.Nemotab (1+0+1), Hab-e- Bawaseerkhooni (1+0+1),

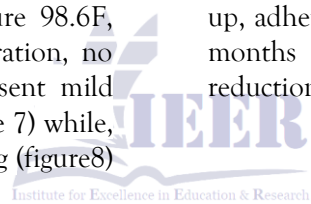
Sherbat Rahat-e-Shikam (0+10ml+10ml), Hab-e-Tinkar (0+0+1) & applied Nemoroid x TDs. Now, constipation & hematochezia complaints had resolved. Presently, she came with the complaints of gradually bilateral swelling from half shin bones to ankles, moderate swelling on right leg & mild swelling on left leg and associated symptoms with feelings of heaviness on the legs, especially in the evening after approximately nine hours of sitting at her office desk. The swelling was aggravating by prolonged sitting or standing and relieving by resting on bed. Pain on heels, character was prickling, pain aggravating and relieving factors were not certain, she further complaints of sudden muscular spasm on calf muscles mostly in early morning & burning sensation on both feet's. There had no pain and redness on calves and associated symptoms with general weakness since 7 years. She further complaints of acne on chest, back & thigh. There were also pimples on hips with pus discharge associated symptoms with pain & redness, which worsen during summer & itself improved in winter since 7 years. She had developed gradually persistent acidity every time, associated symptoms with epigastric pain, decrease appetite, indigestion, bloating and flatulence. She had further complaints of gradually developed over thinking and negative thoughts since 5 years, associated symptoms of hair falls. It was associated with upset of stomach. While, she denied any significant reason of stress, anxiety or depression. She had complaints of decrease sleep (5-6 hours) with disturbance due to restlessness on her legs during sleep. She had further complaints of shortness of breath after exertion, walking and stairs up & down. However there had not history of dyspnoea and also complaints of her weight gain from 65kg to above 80kg since 2 years. She said that about her known case of childhood asthma, which was well controlled with self-care. Aggravated factor by cold weather & flu and relieved by applying balm ointment. Whereas now, she no longer uses her inhaler (Sanitize) regularly, because she had not needed. It was used in last time 3 years ago. On examination, her height was 5.6ft, weight was 83kg, BMI was 29.5kg/cm², B.P 130/90mmhg, pulse 90b/m, respiratory rate 30b/m & temperature 98.6F, no anaemia, no jaundice,

no dehydration, no pallor or cyanosis, no clubbing, present moderate pitting edema on right leg (figure 1) from half shine bone to ankle and simultaneously mild pitting edema on left leg (figure 2) from half shine bone to ankle (R > L) and thyroid mild enlarge & mild tender but no bruits audible. Reports were available on 30th of July, 2025 in which Haemoglobin 12.7g/dl was within the normal range, White blood cells were $8.96 \times 10^9/L$ which was within the normal range, platelets were $402 \times 10^9/L$ which was within the normal range. Serum Creatinine which was within the normal range at 0.6mg/dl, PT 12 & INR 1 was in normal range, TSH 1.62uU/ml was within the normal range. In LFT was Bilirubin Total within the normal range 1.0mg/dl, Direct Bilirubin was within the normal range 0.2mg/dl, SGPT was within the normal range 18U/L, Alkaline Phosphatase was within the normal range 54U/L & Gamma GT was also within the normal range 19U/L. In Urine D/R, RBCs was nil, WBC was 2 & Squamous epithelial cells was occasional which were normal. However, ESR were mildly elevated at 22mm/1sthours & In Upper abdomen ultrasound was liver normal in size measuring 11.9cm with irregular surface and increase echogenicity and normal hepatic & portal veins. No free fluid around the liver. Well distended gall bladder with normal wall thickness. No stone seen. Distended stomach with retained food particles & fluid due to peptic disease. Pancreas normal in shape and size measuring 1.3cm. Spleen normal in shape and size measuring 9.3cm. No free fluid around the spleen. Right kidney was normal shape and size measuring 10.3cm x 3.0cm x 1.2cm, Left kidney was normal shape and size measuring 10.5cm x 4.9cm x 0.7cm (Non hydronephrotics, No cysts & No stones noted in both kidneys). Bowel loops were distended at the time of scan. Gases seen in intestines. Then made the differential diagnosis that was Hashimoto thyroiditis, Hashitoxicosis, Rheumatoid arthritis, Gastro oesophageal reflux, & Graves disease. Hashimoto thyroiditis was a most suspected diagnosis by the help of symptoms. Now, further labs advised to her for Hashimoto thyroiditis on 26th of October, 2025 in which Thyroid peroxidase Antibodies (TPOAb), Thyroglobulin Antibodies (TgAb),

T3 & T4. Got the report on 31st of October, 2025 in which Serum T3 was within the normal range 1.39nmol/L, Serum T4 was also within the normal range 7.90ug/dl. However, Anti Thyroglobulin was elevated 71.10IU/ml & Anti thyroid per oxidase was also elevated 38.20IU/ml which means Hashimoto's disease had been diagnosed. Then prescribed the medicine for 15 days in which Qurs Zerd (1+0+1) & Sherbat Deenar (10ml+0+10ml), Berisal (0+10ml+10ml), Sherbat Rahat-e-shikam (0+10ml+10ml), Mufarah shahi (0+5gm+5gm), Qurs Bozideen (0+1+1), Qurs Sars (0+0+1), Safoof Qist-e-shiri (0+0+3gm), Aftemoni (0+0+10ml) & ointment Aujalin tube for gently massage on legs with Mediterranean diet recommended in which egg, fish, liver, mutton, olive oil, nuts, amla, banana, apple, peach, gooseberry, pomegranate, sweet potatoes, carrots, spinach, water gourd, ridge gourd, apple gourd, lentils, oaks, dates, almonds & sunflower seeds. Advise to avoid these items in which butter, cheese, cream, ice-cream, beef, junk foods, bakery items, white sugar, white rice. Advices to her for work out on her body weight through slowly walk for 15 minutes after lunch and dinner. Next follow-up on 16th of November, 2025 patient came after 15 days with 50% improvement in all symptoms except hyperacidity, additionally pain in abdomen. On examination, her weight was 82.5kg, BMI was 29.4kg/cm², B.P 130/90mmhg, pulse 80b/m, respiratory rate 20b/m & temperature 98.6F, no anaemia, no jaundice, no dehydration, no pallor or cyanosis, no clubbing, present mild pitting edema on right leg from half shine bone to ankle (figure 3) and absent pitting edema on left leg (figure 4) & thyroid mild enlarge & mild tender but no bruits audible. Then prescribed the medicine for 15 days in which Qurs Afsateen (1+0+1), Qurs Zerd (1+0+1), Arq Baranjaisif (125ml+0+125ml) with Sherbat Buzuri (10ml+0+10ml), Jawarish shahi (0+5gm+5gm), Endmali sachet (0+1+1), Sherbat Rahat-e-shikam (0+10ml+10ml), QPD (0+0+1), Aujae (0+0+1), Qurs Sars (0+0+1), Safoof Qist-e-shiri (0+0+3gm) & ointment Roghan Baboona for gently massage on legs with same above diet recommended. Same above advise for work out as well as. Next follow-up on 30th of November, 2025 patient came after 15 days

with 70% improvement in all symptoms except swelling and pain in legs. Her complaints of worsen swelling and pain on legs since 3 days due to workload in home. On examination, her weight was 81.5kg, BMI was 29kg/cm², B.P 120/80mmhg, pulse 79b/m, respiratory rate 19b/m & temperature 98.6F, no anaemia, no jaundice, no dehydration, no pallor or cyanosis, no clubbing, present sever pitting edema on right leg from below the knee joint to shine bone (figure 5) and moderate pitting edema on left leg from below the knee joint to shine bone (figure 6) (R > L) and thyroid was not enlarge or tender & no bruits audible. Then repeated the medicine with addition of Hab-e-Asghand (1+0+1) for 1 month with same above diet recommended and advise for rest. Last follow-up on 28^h of December, 2025 patient came after 28 days with 95% improvement in all symptoms except mild swelling on right leg. There was no further any complaints. On examination, her weight was 79kg, BMI was 28.1kg /cm², B.P 120/80mmhg, pulse 76b/m, respiratory rate 17b/m & temperature 98.6F, no anaemia, no jaundice, no dehydration, no pallor or cyanosis, no clubbing, present mild pitting edema only on right leg (figure 7) while, no pitting edema was noted on left leg (figure 8)

and thyroid gland did not enlarge or tender & no bruits audible. Then advised to her repeat thyroid profile including (TSH, T3, T4), Thyroid peroxidase Antibodies (TPOAb) & Thyroglobulin Antibodies (TgAb). Got the report on 5th of January, 2026 in which Serum TSH within normal range 1.82uIU/ml, Serum T3 within the normal range 1.40nmol/L, Serum T4 also within the normal range 8.10ug/dl. However, Anti Thyroglobulin remained elevated at 63.20 IU/ml & Anti thyroid peroxidase were also elevated at 35.91 IU/ml, which meant there did not need to further prescribe the medicine because, Thyroid profile are normal and all symptoms has resolved. Although antibody levels remained elevated because Thyroid antibodies, once positive, often stay positive for many years. Even than improvement in thyroid antibodies as compare to 2 months earlier. Therefore, it's correlate with symptoms and thyroid profile including serum TSH, T3 and T4. Hence, advised to continue monthly follow-up, adhere to the recommended diet plan for 6 months to 1 year, and work on weight reduction through regular exercise and walking.



Clinical Findings

Table 1. Anthropometric Measurements

Follow-ups	Height	Weight	BMI
Baseline 26/10/25	5.6 ft	83.0 kg	29.5 kg/cm ²
16/11/25	5.6 ft	82.5 kg	29.4 kg/cm ²
30/11/25	5.6 ft	81.5 kg	29 kg/cm ²
28/12/25	5.6 ft	79.0 kg	28.1 kg/cm ²

Table 2. Cardinal Signs

Follow-ups	B.P	H.R	R.R	Temp
Baseline 26/10/25	130/90 mmhg	90 b/m	30 b/m	98.6 F
16/11/25	130/90 mmhg	80 b/m	20 b/m	98.6 F
30/11/25	120/80 mmhg	79 b/m	19 b/m	98.6 F
28/12/25	120/80 mmhg	76 b/m	17 b/m	98.6 F

Table 3. Sub-vitals

Follow-ups	Anaemia	Jaundice	Clubbing	Dehy	Edema	Thyroid
Baseline 26/10/25	Negative	Negative	Negative	Negative	Present pitting edema on bilateral from shine bones to ankles.	Mild enlarge, mild tender & no bruit audible.
16/11/25	Negative	Negative	Negative	Negative	Present pitting edema only on right leg from shine bones to ankle.	Mild enlarge, mild tender & no bruit audible.
30/11/25	Negative	Negative	Negative	Negative	Present pitting edema on bilateral shine bones.	No enlarge or tender & no bruit audible.
28/12/25	Negative	Negative	Negative	Negative	Present pitting edema only on right leg.	No enlarge or tender & no bruit audible.

Systemic Examination

- Abdomen: Soft, non tender and non distended.
- Cardiovascular System: S1, S2 audible and no murmur sound.
- Central nervous system: Glass comma score E4V5M6 (Score: 15).
- Respiratory system: Air entry equally, normal breathing pattern.

Investigations (30th of July, 2025)

- CBC: Hb 12.7g/dl, Wbcs $8.96 \times 10^9/L$, plt $402 \times 10^9/L$
- ESR 22mm/1st hours
- Serum Creatinine 0.6mg/dl
- PT 12, INR 1
- Serum TSH 1.62uIU/ml

Urine Dr:

- RBCs: Nil
- WBCs: 2
- Squamous epithelial cells: Occasional

LFT:

- Bilirubin Total 1.0mg/dl
- Bilirubin Direct 0.2mg/dl
- SGPT 18U/L
- Alkaline Phosphatase 54U/L
- Gamma GT 19U/L.

Upper Abdominal ultrasound:

- Liver normal in size measuring 11.9cm with irregular surface and increase echogenicity and normal hepatic & portal veins. No free fluid around the liver.
- Well distended gall bladder with normal wall thickness. No stone seen.
- Distended stomach with retained food particles & fluid due to some acid peptic disease.
- Pancreas in normal shape and size measuring 1.3cm.
- Spleen in normal shape and size measuring 9.3cm. No free fluid around the spleen.

- Right kidney is normal shape and size measuring 10.3cm x 3.0cm x 1.2cm.
- Left kidney is normal shape and size measuring 10.5cm x 4.9cm x 0.7cm.
- (Non hydronephrotics, No cysts & No stones noted in both kidneys).
- Bowl loops are distended at the time of scan. Gases seen in intestines.

Table 4. Thyroid profile & Antibodies in Hashimoto Disease

Pre & Post Results	T3 nmol/L	T4ug/dl	TSH uIU/ml	Thyroid peroxidase Antibodies (TPOAb)	Thyroglobulin Antibodies (TgAb)
31/10/2025	1.39nmol/L	7.90ug/dl	-	38.20IU/ml	71.10IU/ml
5/1/2026	1.40nmol/L	8.10ug/dl	1.82uIU/ml	35.91IU/ml	63.20IU/ml

Discussions

An Adult women presented with the complaints of flatulence, bloating, indigestion, insomnia, depressed mood & pitting edema on legs and her medical reports showed an ESR 22mm/1st hours elevated, upper abdomen ultrasound revealed gas accumulation. Other investigations including CBC, LFT, Thyroid profile, Urine analysis were all normal. The elevated ESR suggested a possible autoimmune disease and the presence of pitting edema was an alarming sign. A differential diagnosis was considered, including Rheumatoid arthritis, Gastro oesophageal reflux, Hashimoto thyroiditis, Hashitoxicosis & Graves disease but, Hashimoto thyroiditis being a most suspected diagnosis because all symptoms were similar to hashimoto disease. After that it was diagnosed through Thyroid peroxidase Antibodies (TPOAb) & Thyroglobulin Antibodies (TgAb). Elevated antibodies with normal serum TSH, T3 and T4 means immune system is attacking on thyroid, because it's an autoimmune condition. Although thyroid gland is compensating. While, she initially had been diagnosed hyperthyroidism, hyperthyroid state was managing with anti-thyroid medication Tablet. Neomarcazole, which she discontinued itself due to adverse effects. As a result hyperthyroidism is converted to Hashimoto disease. Then prescribed the symptomatic medications along with anti-inflammatory and immune-suppressant Unani Treatment. First follow-up in which, Qurs Zerd (immune-suppressant, it was anti-inflammatory and calm the overactive immune response), Sherbat Deenar (diuretic, it was reducing pitting edema), Berisal (in which main

ingredient aloe-vera, it has immune-modulatory properties managing Hashimoto disease by reducing inflammation and thyroid antibodies), Sherbat Rahat-e-Shikam (relieved the symptoms of abdominal pain, flatulence, bloating, heaviness & indigestion), Mufarah shahi (Reducing hyperacidity and improved cardiac symptoms because she had complaints of shortness of breath, tachypnea and tachycardia), Qurs Bozideen (painkiller), Qurs Sars (anti-inflammatory for thyroid gland) Safoof Qist-e-shiri (anti-inflammatory), Afteemoni (anti-depression and reducing the symptoms of insomnia) and ointment Aujalin tube (it was anti-inflammatory and reducing pain). Second follow-up in which Qurs Afsateen (reducing fats of liver because ultrasound showed increased echogenicity and irregular margin of liver), Qurs Zerd (immune-suppressant & anti-inflammatory), Arq Baranjasif (anti-inflammatory for liver), with Sherbat Buzuri (diuretic for pitting edema), Jawarish Shahi (reducing hyperacidity), Endmali Sachet (for abdominal pain), Sherbat Rahat-e-shikam (improved digestive symptoms), QPD (pain killer), Aujae (pain killer), Qurs Sars (anti-inflammatory for thyroid gland), Safoof Qist-e-shiri (anti-inflammatory), & ointment Roghan baboon (anti-inflammatory and reducing pain). Third follow-up in which repeated the medicine with addition of Hab-e-Asghand (pain killer). Fourth follow-up in which no any prescribed the medicine because, 95% improvement in all symptoms. In addition, Mediterranean-style diet and lifestyle modifications, including weight reduction were recommended, which collectively contributed to symptoms improvement. Follow-up assessments

showed gradual resolution of edema and systemic complaints, with normalization of thyroid function tests, although antibody levels remained elevated because Thyroid antibodies, once positive, often stay positive for many years. Even than improvement in thyroid antibodies as compare to 2 months earlier. Therefore, it's correlate with symptoms and

thyroid profile including serum TSH, T3 and T4. But autoimmune condition are not easily curable. Hence advise to continue monthly follow-up, adhere to recommended diet plans and get the healthy life style modification to help regulate her thyroid function and ultimately can reduce thyroid antibodies overtime.

Before treatment on 26th of October, 2025



Figure 1. Pitting edema on right leg



Figure 2. Pitting edema on left left



After 15 days of treatment on 16th of November, 2025



Figure 3. Pitting edema on right leg



Figure 4. Absent pitting edema on left leg

After 1 month of treatment on 30th of November, 2025



Figure 5. Pitting edema on right leg



Figure 6. Pitting edema on left leg

After 2 months of treatment on 28th of December, 2025



Figure 7. Pitting edema on right leg



Figure 8. Absent Pitting edema on left leg

Treatment Plans

Table 5. Treatment Plans according to follow-ups

Follow-ups	Presenting Complaints	Medicine Prescribed	Outcome
Baseline 26/10/25	<ul style="list-style-type: none"> • Acidity • Pain on calf muscles • Swelling & Pain in legs • Burning sensation on both feet's • Decrease sleep • General weakness 	Advice: Lab tests for confirmation of Hashimoto's disease. Until, there had not prescribed the medicine.	Got the positive reports of hashimoto thyroiditis on 31 st of October, 2025.
31/10/25	<ul style="list-style-type: none"> • Same as above complaints. 	QursZerd (1+0+1), SherbatDeenar (10ml+0+10ml), Berisal (0+10ml+10ml), Sherbat Rahat-e-Shikam (0+10ml+10ml), Mufarah Shahi (0+5gm+5gm), Qurs Bozideen (0+1+1), QursSars (0+0+1), Safoof Qist-e-shiri (0+0+3gm) & Afteemoni (0+0+10ml) & ointment Aujalin tube for legs.	There had not outcome on 31 st of October because, the medication had not been started earlier.
16/11/25	<ul style="list-style-type: none"> • Hyperacidity • Abdominal pain 	QursAfsateen (1+0+1), QursZerd (1+0+1), Arq baranjasif (125ml+0+125ml) with Sherbat Buzuri (10ml+0+10ml), Jawarish Shahi (0+5gm+5gm), Endmali Sachet (0+1+1), Sherbat Rahat-e-Shikam (0+10ml+10ml), QPD (0+0+1), Aujae (0+0+1), QursSars (0+0+1), Safoof Qist-e-shiri (0+0+3gm) & ointment Roghan baboon for legs.	<ul style="list-style-type: none"> • 50% improvement in all symptoms.
30/11/25	<ul style="list-style-type: none"> • Worsen swelling and pain on legs since 3 days. 	Repeated the medicine with addition of Hab-e-Asghand (1+0+1).	<ul style="list-style-type: none"> • 70% improvement in all symptoms.
28/12/25	<ul style="list-style-type: none"> • Mild swelling only on right leg. 	No any prescribed the medicine because, there had not needed.	<ul style="list-style-type: none"> • 95% improvement in all symptoms.

Table 6. Mediterranean diet recommendations

To diet	To avoid
<ul style="list-style-type: none"> • Egg • Fish • Mutton • Liver • Nuts • Fruits: Banana, apple, peach,gooseberry, Aamla, fig, pomegranate. • Vegetables: Sweet potatoes, carrots, spinach, water gourd,ridge gourd, apple gourd. • Lentils • Oaks • Dates • Sunflower seeds • Almonds • Olive oil 	<ul style="list-style-type: none"> • Butter • Cheese • Cream • Ice-cream • Ghee • Fast foods • Bakery items • White sugar • White rice • Beef

Advised to continue monthly follow-up, adhere to the recommended diet plan for 6 months to 1 year, and work on weight reduction through regular exercise and walking.

Conclusion

The patient was diagnosed with Hashimoto thyroiditis with normal thyroid function and elevated antibodies. Symptomatic treatment along with anti-inflammatory and immunosuppressant, lifestyle modifications, and a Mediterranean diet lead to resolution of symptoms and normalization of thyroid hormones. Long-term management includes monthly follow-up, continued diet adherence, and regular exercise to maintain thyroid health and overall well-being.

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