

**Objectives:**

1. Receiving the pathos of a sensitive young man and its impact on a sensitized Physician /Observer
1. Understanding the effects of grief from loss of loved one and its characteristics expressions on PNE axis in development of disease
2. To demonstrate the value of formulating clinical -psychological -miasmatic correlations to evaluate the qualitative and quantitative dimensions of susceptibility
3. Learning to apply (2/3) in comprehensive planning and programming of treatment
4. To understand importance of NON-REMEDIAL MEASURES in TPD TPR
5. To understand imp of RREF in management of chronic disease keeping in mind signs symptoms investigations and bring about healing

**Directives:**

1. Identify the loss in patients life and how he has responded to it?
2. Share your feeling state with respect to the event and effect on you and whether it influences perceiving the case?
3. Formulate the SSF t and state the comprehensive clinical diagnosis
4. Establish the Clinical psychological and miasmatic correlation and give your assessment of Qualitative Susceptibility
5. Process the Case in CI and suggest suitable approach with reasons.
6. Share totalities and remedial forces you would like to use
7. Formulate Planning and Programming
8. Present TPD TPR
9. Share your actions in the follow up and complete RREF
10. Share your SPHP

**Exhibit 1 –Screening 10<sup>th</sup> Feb, 2014**

Patient is very short stature, round face, smiling came with following points .He shared without much questions and was willing to write the form

1. He says since his father's death (2008) he has not been taking care of his diet not exercising and may be it must have taken a toll he has gained 5 kg -6kg up to now Currently 53 kg
2. Patient had swelling on face since 2010 .He also had increase in weight since 2008 hence was advised tests He was diagnosed in 2011 as primary hypothyroidism TSH was 12 antibody titer negative . He is on Tab. Eltroxin 50 mg since then, (it was stable around 5).  
Past six months TSH IS AROUND 7.5, he did not want to increase the allopathic dosage
3. He has been suffering from hypertension since September 2013 (he moved to Bangalore around 2012 – 2013), he had giddiness and went for checkup and BP showed

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150/100 started on Telma- H 50 mg and it steadied till date on medicine but last six months despite medicines is on 140-150 /100

4. In October 2013 he was asked to do routine checkup for lipid profile, his cholesterol was 244 and Triglycerides 177 despite taking Statin 10mg which caused tired feeling and heavy head, FEB 2014 it was Cholesterol was 200 , triglycerides 170 so he stopped STATIN as he felt he couldn't manage the side effects . He restarted on his own with tests since a week
5. Patient developed APD soon after father's death in 2008. It keeps surfacing once in few months, he gets frequently burps and flatus and bowels are thrice a day. Without medicines gets okay after few days
6. He was diagnosed after a toe swelling with high uric acid in October 2013 uric acid 9.5 it's not there now after he took medicine for a month

**Exhibit 2- History submitted on mail it was typed answering the questionnaire history form on mail ( 12 /2/2014)**

- Name: Mr. A. Address: Bangalore, Date of birth:14<sup>th</sup> Jan, 1978 Married, Diet: Veg
- EDUCATION: BE (Mechanical), MBA
- OCCUPATION:
  - NDPL, DELHI WORKING UNDER CEO FOR PERFORMANCE MANAGEMENT ANS STRATEGY- 2006 -2010
  - Tata power Mumbai – strategy function 2010 and 2011
  - 2012 -2014 Bangalore working in power infra

**FAMILY DATA:**

- FATHER – Passed away at 53 due to heart attack (2008)
- Mother - Alive with third brother helping his child in Singapore - 56 years, she is a housewife has HTN AND anxiety
- Elder brother 40 – working as a teacher in a school
- Younger brother – 34 works in a pvt. bank in Singapore
- Wife 34 years present at home expecting second child
- My SIL in Singapore also works in Singapore healthy, My other SIL house wife low blood pressure

**DAILY ROUTINE:**

I GO FOR BADMINTON EARLY MORNING AT 6, try to be regular. I take thyroid medicine morning. My kid leaves by 7.30, I have fruits before breakfast then for breakfast; have roti and vegetables. After HBP I have decreased salt intake. I take lunch at 1 roti and sabji, I eat around 8 pm dinner then feel very sleepy go to bed at 9. My wife does work from home and we are earning enough my brother has helped me purchase my home I did not take loans

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from outside once or twice I had to travel to Orissa for office work but it's much less now do my work on mobiles and computer. We go once a year to my in laws place in Nagpur. I have shared my CHIEF complaints with you.

**PERSONAL HISTORY:**

- Height 5 weight 53
- I like jack fruit , like sweets ice creams but stopped eating due to weight
- I like summer and don't use fan
- I am attached to my family after my father's death I don't want to lose anyone. I have become anxious for their future and my health. My father died twelve years back I still miss him. I feel his presence. I feel he is with me and talks to me.
- I don't share with my family so that they don't feel bad but it is a very big shock to me
- I am the one in my family whom everyone shares their problems decisions and I listen to them
- My younger brother supported me to buy my home I don't have loans my wife also earns working from home and we earn well
- I am happy at the job although last few years this place (Bangalore since 2012) is new to me am used to Bombay
- Family history – have shared with you

**Exhibit 3: SCR**

**Date of consultation: 24<sup>th</sup> Feb, 2014 (patient was travelling hence could not come earlier)**

**PRELIMINARY DATA**

- Mr. A. 36 years 4<sup>TH</sup> JAN 1978 /BE MECHANICAL MBA CORRESPONDENCE/ BUDDHIST
- FATHER DIED AT 53 YEARS 2008 MI DIABETES
- MOTHER - 56 YEARS HBP HOUSE WIFE ,stays most of the Singapore to help her working D.I.L
- ONE ELDER BROTHER - 40 years teacher; Younger brother – 34 years Singapore
- One son 5 years Bangalore
- Wife is a graduate and house wife

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**CHIEF COMPLAINTS:**

Location	Sensation & Pathology	Modalities	Accompaniments
Glands thyroid			
2008	Weight gain from 46 to 50	A/F Grief <sup>3+</sup>	
2010	Swelling on face		
2011	TSH 12 antibody titre: Negative Eltroxin 50 Weight 53		
October 2013	Swelling face same TSH was under 5 till a year back Now		
Since Feb 2014	7.5		

*Chief complaints continued:*

Location	Sensation & Pathology	Modalities	Accompaniments
CVS September 2013	Vertigo ONE EPISODE No fall BP checked 150/100 Started Telma H 10 BP stabilized 130/80 150/100 – No symptoms did not want to increase dose		
Feb 2014			
Sept 2013	Routine tests Lipid profile Chol244/triglycerides 177 ration 5.5 Advised statin one per day 40 mg Cholesterol 200, Triglycerides 170 Ratio 4.5 He stopped statin on his own		
Feb 2014			
	Tiredness muscle weak and pain (Said due to statin )	< T. statin	

**Associated complaints**

- Patient developed APD soon after father's death it keeps surfacing once in few months. He gets frequent burps heaviness in abdomen, and flatus and bowels thrice a day no medicines. He gets better after few days
- TOE swelling with high uric acid in October 2013 uric acid 9.5 > 3 with medication in a month. Presently no medicines, no relapse

**Personal history**

- Craves jack fruit<sup>2+</sup>, sweets<sup>2+</sup>, but has given up due to weight, avoids nonveg sometimes has fish once a month
- Height 5 feet weight 53 gained more since 2008 (from 47 -53)
- Does not like winter likes hot bath uses covering throughout year fan season
- Stool regular Urine -NAD
- Sleep disturbed since 2012. He has dreams of daily events since 2-3 years. He feels drowsy after dinner and sleeps early at 9 wakes up by 5. He feels its disturbed since 2012 (After moving to Bangalore)

**Life space:**

He was born and brought up in a middle class family set up in suburban Bombay. Father was working in a bank and mother a housewife. He recalls his father as being very kind and helpful to friends' relatives. He (father) was soft spoken and led a simple life. Patient felt he guided him at every stage in his life in a way he was like his father - helpful soft spoken, hard work. Patient described himself as very sensitive especially to criticism by his mother who was strict to ensure they study well and teachers patient would work hard so that they don't find faults with him. He also felt mother was concerned and wanted them to do well so he would work hard. He was good in academics and not an outdoor person. He likes reading books. His father had embraced Buddhism so did patient and his siblings. Patient likes reading books on Buddhism and mediating (taught by father). He felt he was a family persona and comfortable staying at home (physical and emotional presence). Anxious anticipatory (for exams) and fears (of dark alone more as a child). There were no major illness of any family while he grew up.

Patient joined engineering (mechanical) after his twelfth in Nagpur. He made this choice with help of father as he liked this branch. He got in merit, later he also completed MBA in finance from Bombay university. College he had friends and was comfortable. Worked hard to ensure he does well.

During his second year engineering his elder brother got involved with a DON's daughter. The don was an unreputed person and it hurt patient's father a lot. However he kept quiet and didn't say anything. However his mom went "head on" with the girl's family and ensured with great difficulty that they separate. Patient was away in Nagpur studying engineering he did not realize this would deeply impact his father as he passed soon in two years. Now he feels this event must have hurt his father. Elder Brother got married after father's death to another girl and is comfortable now. Patient did not feel as much as father about the girl, he felt if brother is happy it's okay. It was only after father passed away his mother and relatives said father was very hurt by this, more the reputation of family than girl. This is when he realized how it must have impacted his father.

Patient doesn't blame anyone but himself as he feels he could have done something for his father who had a massive silent attack at night in sleep. Patient feels he may have moved father to hospital and saved him. Patient got the news in the morning. Since then he feels he has not been able to get over the shock, deep grief. He thinks of his father, He feels he is coming back home with a suit case from work and talking to him and is sleeping in the next room. Patient had tears sharing on father. He took some time for him to settle and share further.

He does not share with anyone in the family about this grief or with friends, as he does not want to trouble them. He has become anxious for his family, does not want them to die or fall ill. Anxiety about health of family 3 especially after death of father. His sleep and thyroid problems has increased more after coming to Bangalore. He is worried<sup>3+</sup> about his health also.

Work wise he is happy with what he is doing, He changed job for better promotion and pay. He was used to being in Bombay. He got a very good offer from a Bangalore based company. He is in charge of providing security systems customized to customer and service provider. He has been made the Gen manager.

This place is new; his brother was near to his house. Mother would find it easy to come to Bombay and spend time with both the son's. The other brother calls him on and off from Singapore and is helping him with home financing that he has purchased in Bangalore. His mom travels to Singapore often to help that family .He misses his family and feels if he was in Bombay at least his Brother would be closer.

He had an arranged marriage. Wife is a graduate and consciously wanted to be with son, Patient said she is mild and caring and they share a good rapport. She is comfortable in Bangalore (her parents and sibling are in Bombay)

He has become tensed after he got diagnosed for thyroid/ HBP (ANXIOUS ABOUT HEALTH<sup>3</sup>)

**WIFE'S INTERVIEW:**

SOFTSPOKEN, DOES not get angry is patient understanding helpful and is close to family. He is not stressed at work is able to manage but misses Bombay and his people, neighbors brother He has become tensed about his health and family.

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**Exhibit 4 Follow ups:** Before starting treatment the following were the test results (Investigation) on 26<sup>th</sup> Feb, 2014.

Investigations:	Uric acid 9	Cholesterol 244, Triglyceride 220	TSH 7.5, Free T4 1.8	BP 150/90
Medicinal History		Statin 1 / Day	Thyronorm 50 mcg	Telma CT 40 mg

Date	Mental state Mood/Guilt Father Presence	Sleep	APD	Weight (Kgs)	Ix: TSH /Lipid profile /Uric acid	BP (mmHg)	Action
1 <sup>st</sup> March, 2014	>1	>	S	53		150/100	A
15 <sup>th</sup> March 2014	>1	>	S	53		140/90	B
2 <sup>nd</sup> April, 2014	>2; feels he is not thinking every day and trying to maintain his routine.	>but feels there are days its disturbed although frequency less 2/3 per week	>1	53		140/90	C
18 <sup>th</sup> April, 2014	>3 Fathers presence felt but not disturbing him	>3	>3	53	Cholesterol 182 Uric acid 5 TSH 3.5 Triglyceride 200 Ratio 3.5 freeT4 1.2		D
4 <sup>th</sup> May 2014	>3; Does not feel father presence	>3	>3	52		130/80	E
14 <sup>th</sup> May 2014	>3	>3	>3	52		130/80	F
12 <sup>th</sup> June 2014	>3	>3	0	52		130/80	G
26 <sup>th</sup> June 2014	>3	>3	0	51	TSH 3.6	130/80	H
4 <sup>th</sup> July 2014 - 30 <sup>th</sup> July 2014	Went to Bombay and came back	>3	0	51	-		I

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5 <sup>th</sup> August, 2014 - September, 2014	>3	>3	-	50	Cholesterol 184 Uric acid 5 TSH 3.5 Triglyceride 178	130/80	J
October 2014 - Dec. 2014	>3	0	0	50	Ratio 3.5 freeT4 -1.3 (2/8/14)	130/80	
20 <sup>th</sup> January, 2015 - April, 2015				48	Cholesterol 182 Uric acid 5 TSH 3.5 Triglyceride 178 Ratio 3.5 freeT4-1.2 (18 <sup>th</sup> Jan, 2015)	130/80	K
22 <sup>nd</sup> May 2015	Anxiety at work asking him to transfer to Delhi	0	0	0	-	130/80	L
June - Dec. 2015	-	-	-	-	-	125/80	M
Jan - April 2016	-	-	-	48	Cholesterol 180 TSH 3.2 Triglyceride 170 Ratio 3.5 freeT4-1.2 (20 <sup>th</sup> Jan, 2016)	125/80	N