

Thyroid cases and presentation: Dr Praful Barvalia

My encounter with thyroid disorder dates back to 1984:

1984, a female patient approached me with Hyperthyroidism. She wanted to avoid Neomercazole since she wanted to conceive. She was willing to give 6 months to Homoeopathy. Sword was hanging. I explored literature, documented cases were not available. I approached seniors. Clinical experiences/guidelines not available. Case was accepted with apprehension, little thrill too as it was first year of my practice. One case brought other cases. They posed various challenges, but what helped me was continuous review, documentation, analysis of your own actions by self as well as peers, bringing cases to ICR symposia, various academic forums, publications and finally research.

I am humbly presenting my concepts and experiences.

“If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease, if he clearly perceives what is curative in medicines, that is to say in each individual medicine...then he understands how to treat judiciously and rationally, and he is a true practitioner of healing art”.

–§3, Organon of Medicine.

The world around us has advanced since the time of Hahnemann. The great scientist always updated his ideas and so should do his ardent followers, keeping fundamentals intact. §3 emphasizes on the comprehension of nature of disease. Life is an evolutionary phenomenon and so is the man and his disease. Knowledge of Physiology, Psychology, Immunology, Pathology, etc. helps in getting a better insight about the nature of disease. It is imperative for a Homeopathic physician to integrate his knowledge, thereby improving the range and depth of perception. When this knowledge is correlated and interpreted from the stand point of theory of chronic miasms and susceptibility, the cases of serious chronic diseases are managed more effectively and efficiently.

Thyroid is a vital endocrinal gland which plays a pivotal role in the maintenance of the internal environment. Its dysfunction has a pervasive impact on the human economy leading to deeper disturbances at various levels and planes. The accentuated sensitivity of the mind and of the nerves as well as the modification of the thermal sensitivity is notable. The first vital impact is on milieu interior; a narrowly regulated mixture of substratum, co-factors, enzymes and conditions that provide an optimum environment for the biochemical machinery of the body. Hence over a period of time, these permeate to the deepest structural levels.

Management of such chronic, autoimmune, psychosomatic diseases demands comprehensive application of the concepts of miasms and susceptibility. That allows us to select the perfect potency, repetition and evaluation of the remedy response. It also helps in diagnosing the anti-miasmatic remedy and its timely introduction.

**NATIONAL ICR SYMPOSIUM ON HOMOEOPATHIC
APPROACH IN THYROID DISORDERS, FEBRUARY 2020**

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CASES NAME: PMB -1-2- 3

Hyperthyroidism is complex in nature and presents a spectrum of dysfunctions. Hahnemann has established causal relationships of miasms to the preceding venereal and non venereal illness. Herbert Robert (8) and J H Allen (9) gave us cluster of characteristics and patterns with miasmatic states.

We have attempted to give an integrated dynamic model to perceive the active miasmatic state which is responsible for the current presentation of the disease. The demand is to perceive the pattern.

Accurate perceiving of the disease process, its dynamics (which takes into account, the causes as well as presence of suppression if any) and precise patho-physiology correlated well with clinical and psychological aspects give us a good insight about the miasmatic nature. This needs to be further correlated well with the signs and symptoms with the pace i.e. speed and tempo with which disease process has evolved.

This method of case analysis provides us a comprehensive understanding of the miasmatic state. This has far reaching implications on our therapeutics and concepts.

OBJECTIVES: (FOR CASES 1-2-3)

1. Importance of knowledge of disease in clinical anamnesis and case anamnesis and its implications in Homoeopathic prescribing
2. Correlating march of events taking place within with march of events taking place outside and reflecting them in the totality.
3. Critically studying the dynamic interactions between individual and its psycho-bio-social environment and correlating with the evolutionary totality of the disease.
4. Understanding implications of 3 in perceiving Miasmatic state and susceptibility of the patient.
5. Understanding various contributory factors responsible for the maintenance and genesis of the Thyroid disorders from the study of the clinical materials and appreciating psychosomatic and psychodynamic factors in thyroid disorders.
6. Studying clinical materials from the stand point of Hensley's Concept of stress and exploring its implications in understanding the Homoeopathic management of the chronic diseases.
7. Importance of REVIEW in handling complex disorder through critical evaluation of Remedy responses and correct identification of the phases in the management of the Thyroid disorders.
8. Managing thyroid imbalance when pituitary adenoma is present.
9. Exploring world of differential material medica with the help of qualified mentals and Mind-Body correlations.
10. Demonstrating Thyroid disorder as multifactorial phenomenon.

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DIRECTIVES (FOR CASES 1-2-3):

1. Study presenting complaints and investigations. Correlate with march of events and give comprehensive understanding of the evolution of the thyroid disorder.
2. Critically study life space. Examine various stresses experienced by patients. Discuss what bearing it has with the complaints. Write down your understanding of mental state and disposition.
3. Discuss your understanding of the miasmatic states evolved in the patient.
4. Give your totality of the case.
5. Work out the case through the suitable approach and give your similimum with differentiation.
6. Give your appreciation of susceptibility from the stand point of reactivity, immunity, sensitivity and vitality.
7. Give your therapeutic problem definition and therapeutic problem resolution of the case.

CASE 1:

Consultation Date: 20/6/1998

Preliminaries:

Name: Mr. PRA, Age: 36 years, Married, Hindu, Kshatriya

This patient was brought for consultation by his physician friend who was treating him in the interior of Maharashtra. He accompanied him for the consultation and was to coordinate for the management.

CHIEF COMPLAINTS:

- Symptoms relating to thyroid: Hyperthyroidism
- Palpitation
- Weakness but with fair appetite
- Giddiness
- Poor sleep
- Trembling
- Frequent stools 5 to 6 times – Rectal pain
- Weight loss - 8 kg.

He came down with fever and chills, which was treated as malaria in October 1996. He recovered from fever but since then had the above-mentioned complaints.

Report dated: 17-12-1996:

Investigation	Patient's value	Normal range
T3	1492.27	79-200
T4	54.34	5.7-13
TSH	0.036	0.5-4.6
Anti TPO(Antibody)	18.35 IU/m	<2

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The patient was on Neomercazole qds (10 mg) from December 1996. Neomercazole was stepped up to 4 times a day without much relief.

From March 1997 to June 1998, the patient had been given multiple doses of Natrum Mur 200 and then 1M at his native place by a physician friend.

His Hyperthyroid state had worsened, and now he had Diabetes mellitus also. For diabetes, he was on a hypoglycemic agent.

Pulse fluctuated between 100 to 120 per min, BP was 130/70 and he weighed around 56 kg. FBS: 171.69mg/dl; PPBS-257.46 mg/dl

Uncontrolled Hyperthyroid is also known to increase Blood sugar level.

Report dated: 11-06-1997		
Investigation	Patient's value	Normal Range
T3	680	79-200
T4		5.7-13
TSH	< 0.1	0.5-4.6

II Symptoms relating to Throat since 11 years

Lips dry, Sticky/mucoid expectoration, Dryness in nose with stuffed up sensation, Palpitation; aggravation in winter

ASSOCIATED COMPLAINTS

Rectum: Sticky, blackish frequent stools. Stools not satisfactory.

Flatulence, heaviness³ and discomfort in abdomen.

Joints: Pain-in left shoulder, wrist², Knees etc. since 10 years

PATIENT AS A PERSON

Weight: 55 kg (lost 8kg), Perspiration: half side of body³; Stains yellow³, Offensive²

Craving for sweets³

Thermal State: Sun aggravates², leads to redness of eyes, epistaxis and burning during urination. He wants fan usually. Bath with cold water. Covering- not in Summers, moderate in Winters. Overall, C2H3, i.e. Hot patient

LIFE SPACE:

The patient is a 36 years old male, dark-complexioned, medium height and built came from Kshatriya Hindu Family. His family owns big farms and also a cloth shop. His father is 65 years and looks after the shop along with the patient's brother, who is 42 years old. The patient is the youngest among the siblings and has 3 sisters and 1 brother all married. His mother is 62 years old housewife. He had been an outstanding student in school till 10th Std. His school was very strict, and students had to stay in the school even later in the night to complete the study. After schooling, he joined engineering college, where his life changed. He had obtained freedom, which he utilized thoroughly. His academic performance went down. He was known as "Dada" (Boss) among his peers. He used to be very much ahead in

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activities like ragging etc. As a result, he failed in his college exams. His family members felt that his behaviour is not proper and hence asked him to leave studies. He left the college, and this incident had affected him. He felt terrible about what he had done.

He became quite mature. As there was no one at home to look after the farms, he turned his attention towards it. He devoted himself to farming and also achieved many prizes for successful grapes farming.

His brother was indolent and quite irregular at work. The patient used to be extremely unhappy with his behaviour and often shouted at him without effect. His irresponsible behaviour would upset him, and this is the source of his present mental tension. His father does not pay attention to this and does not look into the farms at all. The entire responsibility of the family is on him. While he was trying to cope up with this, his sister's involvement in a relationship with an improper person and her matrimonial responsibility added further stress. He felt being elder; he had to tackle this. All these created many stresses in his life. I love my siblings, but I don't particularly appreciate how they are living. He came down with hyperthyroidism around this time.

He never liked it if there is any corruption in the farming deals or if there is an unnecessary delay for the work. He used to get irritated; at that time, his eyes would become red and felt trembling of the whole body when he would get angry. He can not stand arguments too.

Always helped needy people, financially too, but then he would feel awkward while demanding back that money, also tensed at the time, could not forget things easily. If a person whom he has helped in need does not help him when asked for, this upsets him a lot, but no bad feelings.

Now for 4-5 years, he has been following Ramakrishna Mission; has a 'Guru' (spiritual master). He reads books relating it and also visits Ashram daily. In his dreams, he sees Robbers², amorous dreams² and flying because of fears.

Family History-

Mother has Arthritis and Hypertension,

Father has Ischemic Heart Disease and Hypertension

Grand Father had IHD

Grand Mother had Cancer.

Report dated: 01-06-1998		
Investigation	Patient's value	Normal Range
T3	480	90-190
T4	23.31	4.5-12.5
TSH		0.5-4.6

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CASE 2

Written history submitted by patient in English, given as it is.

Name: P.R.N. Date of birth: 2nd Oct. 1968. Unmarried Male, Anavil. Brahmin, Vegetarian/Eggs very occ. Tea – ½ glass twice daily.

Edu: B.A.M.S. In private practice since 5.1/2 years previous to that resident medical officer at the reputed Hospital. Inability to get house-post previous to that caused lot of anxiety & uncertainty about future & lot of friction in the family about professional future. Disappointment caused by not getting the proper post in the institute/hospital, subsequent to my resident's post.

Family set up:

Father 71 (Retd. As Chief Chemist from well-known pharmaceutical company. Around 1979-80, M.Sc. PhD.) Mother. 63 house wife.

Brothers: 2 Elder:

1. 42 (Engineer. Presently arranging finance for Corporates & small Chemical Unit) S.I. L. 39 house wife.

2. 40 C.A. (Financial Advisor to one MNC) S.I.L. 34 house wife. 2 nephews, Elder 1. 15 (S.S.C.) 2. 9 (IVth STD)

Grandparents: PGF died in 80 of head injury, PGM died during my Father's young age.

Maternal G.Fa. died in 1977 of road accident. G. Mo. X in 1961 of burst of Peptic ulcer.

Relationship with all family members are strained creating distance between us & causing disillusionment. Effects of rapprochement on my part have been short lived. Frequent outbursts on both sides very common. I am very much attached to my mother & my elder nephew.

Daily routine: Wake up in morning. 1 glass of tea, 9 – 9.30 while leaving for clinic 1 glass of lime- juice (1/2 lime) with a banana & 2 bread slices.

Lunch: Dal, Sabji, roti & rice with salad around 1.30 p.m. Evening ½ glass tea around 4.30 – 5 p.m. with few biscuit or a slice of bread.

Dinner: Light 2-3 chapattis with Veg. & rice around 10p.m. go to bed around 12.30 a.m.

Responsibilities: My own about establishing my career in light of constant indirect taunting from family & criticism about my seriousness, about my work which are borne out of the situation created by my need to have a place for clinic, as a reaction. As mentioned earlier, early years were of struggle.

CHIEF COMPLAINT:

Hyperthyroid state came to know 3 days back (TSH – 0.19) about 6-7 kgs of weight loss more sine last 4-5 months. Lost 1 kg in last 10 days. Complete exhaustion, feels drained out after little physical exertion & in morning on waking up feels very weak. Profuse sweating all over body esp. scalp & back get wet on coming out from bathroom, frequency of start has increased to thrice daily. Physical exertion increases the problem. I get satisfied early with

my lunch but feel hungry more in evening compared to earlier. I am experiencing intermittent cramps in Rt. gluteal region after planning for a while & pain in forearms. I seem to forget things off late very easily.

OTHER COMPLAINTS:

1. Frontal/Ethmoidal/maxillary Sinusitis: Since 1990 started during internship period used to get bad turnouts with occ. Fever used to get irritation with occ. Pain in throat with greenish phlegm later on. It still comes on change of weather. Throat feels better on taking warm liquids or gargle with warm water & worse after cold water or drink. It started doing duty at Municipal Hospital.
2. Atopic dermatitis: On shin of tibia & folds knee & external aspect of both hands discovered years back. It used to cause severe itching & lichenification in folds of knee. It has caused hyperpigmentation. It — to increase after perspiration in that area & felt better by applying warm water.
3. Hyperuricemia: Increased last year maximum uric acid: 7.6mg.%. Largely asymptomatic except mild ache in Lt. great — now under control. Remaining around 5 – 5.6 mg% (4 levels). (All the problems relieved considerably with Homoeopathic medicine Silicea)
4. Flatulence: Coating of abdomen & passage of flatters & Occ. Eructation. It increases after heavy meals & Esp. oily food items. (couldn't tolerate least of oily stuff – distended stomach with waterbrash & nauseated on 2nd samosa in the past).
5. Recurrent tinea cruris:

PERSONAL DETAILS:

1. Lean, wheatish complexioned Wt. 54 kgs. Nor used to be around 61 kgs before.
2. Very sensitive nature especially to criticisms about my abilities, gets hurt easily but over comes the feelings, conscience: I take great care not to hurt others & create good impression was anxious esp. before a play-match or facing a crowd palm used to go cold & mind numb before exams. only during university & II days. Very 'Jiddi' I will do what I want to & will go out to prove my point which does come blocks in overall assessment of things.

All these emotions have been blunted with passage of time. I wanted to be an astronomer/journalist/architect in early years. Restless mind can't stick to my work & concentration for long which used to affect scholastically. Repenting neglect of academics very early which could have made future brighter.

Food: Usually like sweets & spicy/pungent things I dislike milk which also seems to block me up I don't like very fast fan & used to get up with heavy head next morning. I don't like extremes of summer or winter. I like to take bath with very warm water (Affinity for cold drinks)

Sleep: is good & dreams not really mentionable.

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Past illness: 1. Jaundice in IV std. 2. Pustular eruption during school days. 3. Severe constipation in childhood used to skip for 3-4 days. 4. Sub-acute epididymo orchitis in 1986
Fly: Fa: Diabetes Mellitus since last 10-12 years. Eldest brother: Diabetes Mellitus. Elder Bro: Hyperuricemia, Koch's spine.
Mo: Skin – amyloidosis with eczema had asymptomatic hyperuricemia.

Additions to written history by the PP:

Consultation date: 4.9.1999.

Dr. PRN Birth date: 2.10.1968 Age: 30, Male Education: Medical graduate– Now practitioner.
Father: 71 Retired, Mother: 63 year old.

CHIEF COMPLAINTS:

LOCATION	SENSATION	MODALITY	ACCOMPANIMENTS
THYROID Last 5 months	Thyrotoxicosis Exhaustion ³ Weakness, Palpitation Emaciation: Weight loss – 61 Kg to 53 Kg = 8 Kg Poor appetite, thirst increased ³ Marked weakness of memory ³ , gases ³ Desire for cold water	< Exertion – Mild < Lying down ²	
SKIN	Severe itching – lichenification		

Extremely averse to milk, not so comfortable too.

Thermal state: - Fan usually avoids³ Winter: Thick bedsheets.

Needs covering always Bath: Hot water. Overall – CHILLY.

LIFE SPACE:

Dr. P.R.N. comes from Gujarati Anavil Brahmin community with the complaint of Hyperthyroidism. Patient described his father as selfish, self-centered unpredictable & "VICHITRA SWABHAVA". He is the youngest of all 3 brothers. As a child patient was pampered and over protected by father. He said that though he showered more love on him compared to the elder two brothers, but he never knew in what standard he was studying. He said that he was not allowed to go out alone even across the street. Patient complained that he was not allowed to have eatables of his choice. He mentioned that in Std. XII they were to pay his fees for the classes he asked him to postpone it by few days but on the insistence of the patient, he finally agreed to pay but accused patient of burning the money. Mother is house wife. Patient says that she is repenting that now. Patient says she is quite caring & affectionate. She is quite anxious for patient. She nags him. Patient says she suffocates & annoys him with her pampering. He tries to understand her behaviour.

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Patient has 2 elder brothers who are married & settled. They stayed together in the same house until 1994 when the 2nd brother separated. There was no harmony in the house. 1994 was crucial period as brother wanted to separate and my father wanted me to start clinic. So both were looking for the place. "Every time I came up with a concrete proposal for the place my father would decline." Finally 2nd brother moved out. He was quite upset and frustrated as his clinic premise is not working out.

In 1997 patient started clinic by taking money from the 2nd brother, who took loan from his office. Patient says in spite of that, the torturing hasn't ceased. Comments from father as well as brothers.

He was not so happy in the RMO ship too. Lot of frustration, but would not express.

"I was the 4th child. When I was conceived, my Mo did not want pregnancy. Before my conception she made futile attempt to abort."

During 3rd month of gestation, Mother took tablets to terminate pregnancy which was unsuccessful. During entire term she remained tensed about the fetus whether the child will be healthy or not.

After birth the child was a sick child with lot of vomiting.

PHYSICAL EXAMINATION: PULSE = 108/MIN. WEIGHT = 53 KG.

Lichenified dark patches on shin of tibia, thighs, hands and other folds B.P. = 130/70

INVESTIGATIONS: DATE: **24.8.1999**: T3 = 190 ng/dl (N 86 - 187) T4 = 12.9 ng/dl (N 4.5 to 12.5) TSH = 0.19 UIU/ml (N 0.3 - 6.8)

THYROID SCAN: DATE: 13.8.1999 AT NANAVATI HOSPITAL N.M.M.: 99/thy/264-report-99 m tc. Pertechnetate thyroid scan

FINDINGS:

1. Both the lobes of the thyroid gland appear enlarged with uniform & avid function and no focal defects.
2. The salivary uptake appears reduced.

COMMENTS: The study suggests - Bilobe Thyromegaly with avid function consistent with Thyrotoxicosis.

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CASE No. 3

Patient's Name : Mrs. S.K. Reg. No.GH/324/97 Consultation date: 22.12.1997.

Age : 27 years F Married since 1995 January.

Father :57, Mother – 50. Brothers :35, 33, 4 sisters.

Husband 30 years old Civil Engineer. She stays in UAE Since marriage.

CHIEF COMPLAINTS:

LOCATION	SENSATION	MODALITY	ACCOMPANIMENT
ENDOCRINE GLAND THYROID Since 1996	Hyperthyroidism Marked weakness Tremors++ Abdominal heaviness No Significant weight loss Marked irritability & aggression	Current Medications for Thyroid: Neomercazole 1-1-1 Ciplar ½ - ½ Becadoxamine 1 Has taken Thyroidinum 200. No relief.	
Scalp Since 4 years	Hair fall Hair texture bad		
Skin 3 to 4 years	Some what darkening of complexion poor texture		

OTHER COMPLAINTS:

6 years back Recurrent episodes of fevers Periodical, every 3 months – for 2-3 days
With body ache & bone pains, Lasted for 3 years.

PATIENT AS A PERSON:

Aversion: Vegetables 3 Cr: Sweets 3.

Menstrual function: Regular. Nothing significant.

Thermal State: Sun leads to skin getting tanned always needs full fan

A.C. – likes Covering: Thin shit. Takes blanket because of A.C.

Bath: Usually cold water. Over all Hot – Since beginning.

Dreams: Roads of Bombay & UAE., Something connecting ,Stool at wrong places – If I happen to see. Over last 2 to 3 years : “I always feel terribly scared.” “For no reason, I feel somebody might be at door. I am all alone at home –I can not close the door – I keep it open.”.

LIFE SPACE

Mrs. S.K. 27 years old from hindu family. She got married 3 years back, stayed at U.A.E. with Civil Engineer husband who is 30 years and has job there. Patient has done B.Sc.Home Science & Dipoma in Computers & is working as office executive.

In laws are staying in Madhyapradesh. Father-in-law is medical practitioner who referred her as she had not responded to allopathic treatment. Mother-in-law is house wife. Patient has elder Brother-in-law who is also doctor, they all are staying together.

Patient stayed for a short period of 1 month with in-laws & then left for UAE. Her relations with in-laws were good. She described husband very loving & caring, strong bond with him. She spent her Childhood in Mumbai suburb. As a child she was delicate and had poor appetite. Father had cloth business, now looked after by brothers. Communication with Father was less as he being busy in his work. Close to mother, now even more. Brothers are quite elder to her, whose children got married when patient was in school. All love her and she had her say.

She had always been quite sociable and friendly, enjoyed company of many friends and some close too.

In UAE, she was happy initially. She joined the job in a small firm. After joining this firm, all the problems started. She found senior colleague quite dominating and that will lead to lots of quarrels. She would prefer to do work, if given by boss. She found work given to her quite “unimportant, small, not significant” “Work given to me quite low, not as per my capacity.”

She complained to boss, but not much effect. Husband suggested to leave, but she is not prepared as she had spent so much time here. She felt terribly annoyed towards her senior. Quite grudgingly, she would execute her orders. When asked to give example of what kind of work, she evaded the question. Gradually she shared-“actually problem is she is hardly of the age but she has taken up good position and has built up good reputation. She got lots of attention from superiors and subordinates.” This irritated her a lot. When probed little deeper, she spontaneously said she always felt jealous of her.

Always stressed, apprehensive thoughts of future and the complaints started. Initially came down with acute spells of anxiety which will agitate her, make her restless. Later on palpitation and weight loss.

During interview patient was quite expressive, in fact verbose.

Observer physician had described her state in following paragraph: Dressing was very outstanding: black long skirt, red top with netted sleeves & red patches, big earrings, broad imitation metal bangle different in each wrist, necklace.

Husband advised to leave this job, which she refused, as she is not confident of other better job & she had already spent 1 year in this company. She felt caught up in this unpleasant environment – feeling of disgust.

Family History: PU and PA (F’S brother & sister)... HYPERTHYROIDISM.

Clinical Examination:

Pulse: 104, volume high, B.P.: 150/76

Tachycardia, Eyes: Dry