

VADODARA SYMPOSIUM MARCH 2026

DR. KRUPALI/DR. AMI

OBJECTIVES:

1. **To Study** the Chronological Evolution of Autoimmune Pathology from Lymphatic involvement to Endocrine and Rheumatic manifestations - **AUTOIMMUNE CLUSTERING.**
2. **To Correlate** Clinical, Biochemical, Immunological, and Radiological findings to understand the endocrine-immune axis interaction and how autoimmune hypothyroidism can influence rheumatic pathology
3. **To Identify** the dominant Miasmatic Background with the application of above Objectives.
4. **To Analyze** the Psychosomatic impact of Suppressed Grief and Emotional Burden and its possible relationship with autoimmune expression.
5. **To Perform** systematic homoeopathic case analysis including Life Space Analysis, Totality Formation, Repertorization, and Remedy Differentiation.
6. **To Assess** Susceptibility and decide Potency & Repetition in a multi-system autoimmune disorder.
7. **To evaluate** Remedy Response Objectively using clinical improvement, laboratory trends and hormonal regulation.

DIRECTIVES:

EXHIBIT 1 = SCREENING BY DR. KRUPALI

1. Identify the most probable diagnosis and discuss the role of investigations in differentiating clinical conditions in this patient.
2. Extract the characteristic symptoms from the case and construct the totality of symptoms to arrive at most suitable remedy for the acute state after differentiating closely coming medicines.
3. Suggest appropriate potency and repetition.
4. What should be the next step in managing this case according to homoeopathic principles?

EXHIBIT 2 = HISTORY FORM WITH OLD AND NEW REPORTS

1. What is the clinical diagnosis and pathological understanding of this case based on history, examination, and investigations?
2. What does the patient's life situation reveal about her adaptive pattern and stress factors?
3. What is the level of susceptibility and dominant miasmatic background in this case?
4. Based on the totality, which remedies emerge for acute and constitutional management?

- After selecting the indicated remedy, how will you plan the homoeopathic management and follow-up of this case?

“To answer the above five questions, analyse the case using the framework of Problem Definition, Problem Resolution, and Interview Plan.”

EXHIBIT 3 = SCR + FOLLOW UPS

- Analyse the chronological evolution of the patient’s illness and correlate the clinical, biochemical, immunological, and radiological findings to understand autoimmune clustering and the endocrine–immune axis interaction.
- Prepare Life Space Table (LST) analysis to understand the patient as a person, including responsibilities, relationships, stressors, and adaptive patterns.
- Discuss the psychosomatic and psychodynamic aspects of the case and analyse how emotional, social, and environmental factors may have influenced the disease process.
- Construct the totality of symptoms and select the appropriate homoeopathic approach and identify the leading remedies.
- Differentiate the indicated remedies with the help of Homoeopathic Materia Medica and arrive at the final remedy with justification.
- Propose a treatment strategy and follow-up plan, including TPD–TPR, potency selection, repetition, and supportive management.
- Analyse the physician’s actions during follow-ups, interpret remedy responses, and discuss the progress of the case.

EXHIBIT: 1

Introduction:

The patient was referred by one of our old patients. Prior to the visit, telephonic communication was made regarding her chief complaint of **knee pain**, and an appointment for screening was scheduled on **23/07/2016 at 10:00 AM**.

She appeared well-dressed in a kurti and leggings; accompanied by her husband and the patient who had referred her. She was **limping** while walking.

Data of Screening:

Def. No.	DOS	Physician(s)	Name	Age/Sex	Marital Status
AM/43/2016	23/07/2016	Dr. Ami / Dr. Krupali	D.A.P.	31 / F	Married
Religion	Address	Education	Occupation	Diet	Children
Hindu	Dakor, Gujarat	B.Com	Housewife	Veg + Egg	No
Father (Age)	Mother	Brothers	Sisters		
53 yrs	Expired (17 yrs ago)	2	None		

Chief complaint:

A 31-year-old female presents with bilateral knee pain (L>R) since 1 year, aggravated over the last 2 months. Pain is dull, gradual, radiating to the foot, with occasional swelling and joint stiffness. Worse in early morning, on standing, movement, wet weather, and summer; better by rest and pressure. Sleep disturbed; appetite reduced; avoids work during pain.

Associated complaint:

Recent back pain since 2 days, worse in morning.

History of thyroid disorder × 2 years – detected after surgery of nodules on neck - with past irregular menses and weight gain (45 kg to 55 kg); cycles regular after treatment.

Chronic constipation × 1–2 years with hard stools and straining; worse after cereals, potatoes, and fasting.

Treatment History

- Continuing allopathic treatment under Endocrinologist.

Past History

- Appendicitis – operated during childhood.
- Recurrent malaria during childhood
- Two Nodules on Neck – operated before 2 years.

Family History - Not significant

Physical Examination -

Temperature - Normal	Conjunctiva - Pink	RS - Air entry bilaterally equal, clear
Pulse - 76/min	Nails - Pink	CVS - No abnormality detected
Blood Pressure - 110/70 mmHg	Tongue - Moist, Pink	P/A - Soft
Weight - 58.1 kg	Oedema - Absent	CNS - No abnormality detected
Skin – NAD	Mouth - NAD	
Neck – No Swelling even on deglutition; Scar +nt; Cervical Lymphnodes – not palpable;		

Musculoskeletal System (MSS)

Joint Involved - Both Knees (Right <	Swelling - ++	Deformity - Absent
Range of Motion - Reduced (+)	Warmth - +	Muscle Strength - Good
Crepitation - ++	Redness - Absent	Surrounding Tissues -

Previous Investigations

24/04/2014

- **Biopsy (Cervical Lymph Node):** Necrotizing lymphadenitis
 - Differentials suggested: Kikuchi's lymphadenitis / SLE
- **ANA (by Immunofluorescence):**
 - Titre: 1:100
 - Result: Detected (1+)
 - Pattern: Speckled, granulated

08/06/2014 = Urine Routine Examination: **Normal**

07/02/2015 - Complete Blood Count (CBC):

• Hb: 12.6 g/dL	• MCV: 85.6 fL	• RDW-SD: 39.9	• DLC: 60 / 34 / 4 / 1
• RBC: 4.44 mil/mm ³	• MCH: 28.4 pg	• CRP - 0.7	• Urine - N
• WBC: 6800 /mm ³	• MCHC: 33.2%	• ESR: 13 mm/hr	

ACTION A

પાથશ્રી માહિતી

1. પુસ્તક નામ :-

2. પ્રથમ તારીખ :- 11 - 12 - 1984.

3. ભાષા :- સ્વેદી

4. સ્વરૂપ :- પત્રિકા

5. ધર્મ :- હિન્દુ

6. શાકાહારી પણ ઇંડા લેવામાં બાધ નથી.

7. તમારું કુટુંબના અવધા ઇંડાના X

8. ચા (કોફી) :- દરરોજ સવારે 1 કપ ચા.
કોફી નથી.

9. શૈક્ષણિક કારકીર્તિ :- અભ્યાસ :- T. J. Bloom International

10. મેળવેલી સફળતાઓ :- અભ્યાસ પછી મેં 9 પૈકી
અમદાવાદ માં બુટી સેલિયમર તરીકે
Pitard's Company માં મેલ
કરી હતી. કમ્પ્યુટર કોનેલેજ છે.
અભ્યાસ પછી મેં જ ના 4
વર્ષ પછી મેં કમ્પ્યુટર આર્ટિસ્ટની
પોસ્ટ પર મેલ સેલેક્શન કરવા ડ
offer આપે છે. કંપની

11. परेला नी व्यावहारिकाः:- मारा धर मां पियर मां

पया, जेलाए, अनं कुं एगी मग्गी रूकरीडर मां रूकरीडर
थए गथा एता. ती मं परेले ची व धर नी
वधी व व्यावहारिका रूकरीडरनी एगी अनं
साथे व्यावहारिक, नीकरी पल कुंली एगी.
तेची कुं डुरीन लाईक मां जग्गी वडुं,
व रूकरी एगी. पीताना माए रूकरी
राधम नीकरी रूकरी एगी परंतु,
मन वीव कुंली परंतु एतुं. तेची तीमां
कुं मुका पल रूकरी एगी. साथे धरनु
काम पल वधु व कुंली एगी. पया
ही पियारा ना एता. तेची ती रूकरी
रूकरी एता. मन वियु रूकरी पल गमनु
एतुं. कार्ये रूकरी मन वीव पल
मजता एगी.

12. अन्यानी व्यावहारिकाः:- मारी रूकरीमां रूकरी, कसवा
कठ, कठाली, नारंग, लरीन, वधा व हे
धर नी व्यावहारिका हे. धर रूकरीनी.

13. मननार्थः



14. रेलिकोन नंकर

15. दानना औडंपिक जवननुं परमः:-

मननार्थः 60 वर्ष, कठ 33 वर्ष, कठाली 23 वर्ष
नारंग- 29 वर्ष, लरीन, रूकरी 5 वर्ष अनं रूकरी 3
वर्ष ना हे.

સામુ. જ્ઞાપી, નંબર, હાઉસ વાઈક છે.
 જે, સમસ્ત રસબંધ નિશ્ચી કરે છે.
 બધા ની સાથે સંબંધ સારા છે.
 તેમના બધા ના બપોર ના પુત્રા સારા છે.
 સામુ, અને નંબર બીજા વડે છે. તી
 તેમની જવાબદારી વધારે વડે છે.

16. દિન ચર્ચા :-

સવાર 7:30 વાગે ઉઠવું ફેરા થઈ પૂજા કરી ચા નાસ્તા કરી અને કમવાનું બનાવું છે. ઘર નું કામ કરું છે. 11 વાગ્યે ફી થઈ જવું છે. ન્યુક પંચર વાણુ છે. ટીવી જોઉં છે. દંભીલા સીંગલ બુક વાણું છે. 4 વાગ્યે ઘોડો નાસ્તા કરું છે. સાંજ ~~બપોર~~ ઘોડો વર બહાર બેસું છે સાત વાગ્યે પૂજા કરી કમવાનું બનાવું છે 8:30 કમી લઉં છે. સાંજ ટીવી જોઉં છે 10:30 થી 11:00 વાગ્યા સુધી 11:30 સુધી જોઉં છે. અને વિચારી પણ આવે છે.

બપોર વિષા :-

સવાર 8:30 થી નાસ્તા રહી નાસ્તા 1 પરોડી 12:30 કમવાનું સવળી સોરી-૨ 4 વાગ્યે થા. 8:30 વાગીનું કમવાનું 3 સોરી, સમળી, વાલમ. એક વીક માં 1 સીપી મારેના માં 1 વાર બહાર જવું છે.

17. સાધિક જવાબદારીઓ બોર્ડ :-

સમસ્ત ઘર માં સામુ ની તબીયત સારી રહેતી નું હોવાની તેમને વસંવારે એકમીર કરવા પડે છે. નાંબર ની તબીયત સારી

રહેલી ન ગોવાલી તેમની દવા ચાલે છે.
 કાંઈનાંસાની પ્રોબલમ પણ રહે છે.
 નાંગે પાન મેંજ કાચા ખર્ચ પણ
 વધુ થયા તે પછી પાન ની પાછો
 મારી જ ગોવાલી તેમના સામગ્રી માં
 પ્રોબલમ ગોવાલી આવી જ છે.
 તો મુકેલી આ છે. કોંડેબિક પરિસ્થિતિ
 ઠીક છે.
 સામાજિક રીતે વ્યવસ્થા પાન વટે છે. વધારે
 તો પ્રોબલમ પણ થાય છે.

*** મુખ્ય ક્રિયા**

18- સાંધી વધુ જે તુરુત્ક છે. તે.

મને
 બન્ને ડોચાગ માં હોત્યા 2 મહિનાની કુખાવા
 રહે છે. શરૂઆત ની ધીમી ધીમી કુખ છે.
 અગ્રુક અમલ થી આખા પગ કુખાવા કરે છે.
 મારા થી વધારે ઊભા બી વડી શકાતુ નથી
 બેસી રહી શકાતુ નથી વધારે યાથી શમડ
 પાન નથી. વધારે વલમથી વાળાવાગ,
 વાહના વામ ત્યારે વધારે કુખાવા રહે છે.
 શન પગ વધારે કુખાવા રહે છે.
 કુખાવા શરૂ ની ચાલુ જ રહે છે.
 કુ મહિના પહેલા. અમલવાદ, માં સ્ત્રી વચ્ચેપાસીર
 ની દવા ચાલતી હતી. પાન
 તેથી થોડો ફરક પડ્યા છે પણ તેનાથી
 માર્ડ હકકર થયા પેલ માં કમન થતી
 હતી. કંઈક અપારુ પણ ન હતું.
 કમવ) નુ જમુ તાં વધારે કુખડુ હતું.

એણા ૨ ધિસા યી કમર માં પણ કુલાવ
 રહે છે. રાગી કુખે છે. પછી સવાર ઉઠવા
 પછી પણ કુખે છે. એની મારે જ વંધ
 થાય છે. કાઈ વ્યા તઉ તા તેની
 સમર જાતી થતી નથી. જ્યાર
 મુદ જઉ રંગુ ત્યારે આરામ ભૂગ છે.
 કોચલાવાળા ભાગ માં કુખે છે તો એ આખા
 ભાગ માં પાછળ ના ભાગ માં પણ
 ના પંચ પણ કુખે છે. આ આય વાયુભે
 કુખી પાત પણ રહે છે. એ પેર વાર
 ન થાય તો માયુ કુલાવ ભાગ છે.

* પરીમાની અનુભવેલી બધી જ બીમારી
 જીવ ક્રિયાદ કે વ્યાધિઓ.

19

:- એપ અંત ક્રિયા પેરમાં પરીમાની બીમારી :-

કુ જ્યાર 13-14
 વર્ષની વાી ત્યારે મને પેર મા કુલાવે રાગે
 અપુએ ક્રિયા તુ આપેલાન કુલાવુ વધુ. તુ
 પછી ત્યાં કાઈ જ પ્રોબ્લમ નથુ થયાં.

:- મજા ગાળામાં દેહક્રિયાની ગાંઠ :-

ઉપર મુખ્ય ક્રિયાદમાં,
 જગાયા પુમાઈ ગાળામાં જમણી ભાગુ અ નાની
 ૩ ગાંઠ દાઈ હતી. ત્યાં દાર દાર કુલાવો
 ચાલુ થયાં. દીરે દીરે પુદારી ગયા પછી
 ત્યાં ફેલી ગાંઠુ વધુ. એજે સઠી ગયા વાી
 અમદાવાદ માં બાયોસ્કોપી કુલાવી પણ
 સમર ન થઈ આપેલાન યી બ નાની
 ગાંઠ કુલાવ્યામાં આવી. અકે ગાંઠ મેઈત નેસ
 પૂર લાવાથી તેને આગાળવાની વ્યા આપી
 તે વ્યા ઉર ૩ વર્ષ જેવી ચાલી. રાગે

:- માધ્યાની કૃષાવા:-

મુખ્ય ક્ષેત્રાદમાં જલગાવા
 પુમાં અને માધ્યાની કૃષાવા આગળ દીવત રાત વહેતી
 રતી. ગમે તેમની દવા લઈ પેદાશીતર લઈ
 તી બી મરતુ ન રહે. માંકુ કારી જતુ
 વેષ અપની વધી કૃષાવા વહેતી રતી.
 વડીદા ભાચિન ઉપાધ્યાય જીવે આજીવ
 પાસે દવા ચાલુ કરી રતી ત્યાં અકીમી
 બી કૃષાવા ત્યાં દવાની પર પછી અમર ન
 થઈ. ડી. કે. આર. વૂચ ની દવા રી
 અમર થઈ રતી. ભાચિન અને ની વધી રી
 માંકુ રકીર કમતુ જતુ રહે. જે તેથી
 અને અમર ની નતી થતી, તી કે. આર. વૂચ
 ની દવા રી માંકુ રાપું.

:- પગના અંગુળની કૃષાવા:-

મુખ્ય ક્ષેત્રાદમાં
 જલગાવા મુખ્ય છે.

(20)

આક્રિતગત માહિતી

1. તમાકુ શારીરિક વર્ગન.
 વર્ગ 2. 55. kg. છે.
 વર્ગ 2. 5A-3 છે.
 વર્ગ 2. શારીર છે.
2. વ્યાખ્યાય :- આગળ વ્યાખ્યાય, ગુસ્સો જલદી નથી આવા
3. બાહ્યીક અંકવામાં :- T. Y. Beam study, computer case
 complit સુ. Government exam
 clear કરી વડી છે.

4. અપેક્ષાઓ.

આમ જો Government માની ને એવન થઈએ.
સુખ શાંતિ થી વધી શકીએ.

5. નીચે દર્શાવેલ વિગતો વિષે તમારી આજ્ઞા જણાવો તથા પારિસ્થિતિના ભેગા પર ઘટી અમર વિષે વાર્ણ કરો.

(ક) ખાવા - પીવાની વસ્તુઓમાં.
શા - કોફી કે જૂસ વધુ પસંદ છે.

(ખ) સામાન્ય વાતાવરણ:-
આબોહવા, શિયાળા ની સીઝન વધુ પસંદ છે.
ઉષ્ણતામત વધુ ગરમી ના જુ પસંદ નથી
વેનાન. ગરમ, ડેકોળ પાણી પસંદ છે.
મનસંજન. મધુકીક સામગ્રી પસંદ છે. શ્રેણીજ્યુમસી
વ્યક્તિ કોઈ જ નથી

(ગ) મિત્રો અને વ્યવહાર
મિત્રો ના સારી જ આવે છે. પણ કોઈ ક્ષણ
વધુ લેય તો ઉઠી જાય છે. વ્યવહાર કોઈ
વસ્તુ ના વધુ વિચારી આવે તો વ્યવહાર આવે
છે. કોઈ ક્ષણ આવે તો ઉઠી જાય છે.

(દ) જાતીય જીવન વિષેની વ્યવસ્થા માટેની
મામિક. મને પહેલા તો માનું પ વિચાર
આવતું હતું કે તે પછી જ કોઈ
ક શરૂ કરી હતી. પણ છેલ્લા છે
મીના થી સંજ થયા છે.
પાછળ ઠેલાય કરી છે. વ્યવસ્થા
મામિક આવતું પણ નથી કુલ
2 વિચાર આવે. માન મા વિચાર
1 શીપ આવે. વ્યવ.

પ્રશ્નોત્તર :- થઈ જ સંવદિ કોઈ ક્ષણ
નથી કરાવી શકાઈ છે પણ
નથી વધે. વધી શકે

ENGLISH TRANSLATION OF HISTORY FORM

PAGE 1

PRIMARY INFORMATION:

1. Full Name: DAP
2. Date of Birth: 11 – 12 – 1984
3. Gender: Female
4. Status: Married
5. Religion: Hindu
6. Vegetarian, but no objection to taking eggs.
7. Tobacco / Smoking or Addiction: X (None)
8. Tea / Coffee: 1 cup of tea every morning. No coffee.
9. Educational Career: Study: T.Y. B.Com Graduation.
10. Achievements Gained: After studies, I worked as a beauty advisor at Pond's Company in Ahmedabad for 9 years. I have computer knowledge. Even after 4 years of marriage, I still get job offers for Makeup Artist post from company.

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11. Past Responsibilities: At my maternal home, there was my father, two brother, and me. My mother passed away in an accident. Therefore, I handled all household responsibilities from the beginning. And continued my studies and job alongside. Because of this, I remained very busy in my routine life; I could find very little time for myself. But, I used to love doing job. So I used to remain happy in that. Along with it I was doing entire household work. Father was free minded, so he could understand. I was enjoying to remain busy. I was also getting satisfaction from my work.
12. Current Responsibilities: In my in-laws' house, there are my mother-in-law, father-in-law, brother-in-law (Jeth), sister-in-law (Jethani), sister-in-law (Nanand), and nephew. Everyone is there. Responsibility of the house is there. To take care of home.
13. Address: - XYZ
14. Telephone Number: - XYZ
15. Description of Current Family Life: In the house, Mother-in-law (53 years), Father-in-law (60 years), Jeth (33 years), Jethani (23 years), Nanand (29 years), and two nephews (one 5 years old and one 3 years old).

PAGE 3

Mother-in-law, Jethani, and Nanand are housewives. Jeth, Father-in-law, and Husband are employed. Relationships with everyone are good. Their behaviour is also good. Mother-in-law and Nanand remain ill, so their responsibility is greater.

16. Daily Routine:

Wake up at 7:30 AM, get fresh, and perform Puja (prayer). Make tea/breakfast and cook food. I do the housework. I get free by 11:00 AM. I read the newspaper and watch TV. I read English reading books. At 4:00 PM, I have a little snack and tea. In the evening, I sit outside for a while. At 7:00 PM, I perform Puja and cook dinner. I eat dinner by 8:30 PM. At night, I watch TV. From 10:30 PM to 11:00 PM. I go to sleep by 11:30 PM. Thoughts also come to me.

Regarding Food: 8:30 AM: Tea and breakfast (Dry snacks, 1 Paratha).

12:30 PM: Lunch (Vegetable curry, 2 Rotis).

4:00 PM: Tea.

8:30 PM: Dinner (3 Rotis, Vegetable curry, Rice).

Once a week, I try new recipe. I go out to eat once a Month

17. Economic Responsibilities / Burden:

In our house, the mother-in-law's health is not good, so she has to be admitted frequently. The sister-in-law's (Nanand) health is also...

PAGE 4:

...not good, so her medication is ongoing.

There are also financial difficulties in the family. We spent a considerable amount of money on my sister-in-law's marriage; however, due to problems at her in-laws' home, she has returned and is now living with us. Because of this situation, the financial and household responsibilities have increased. Overall, the family situation is manageable, but social obligations and interactions sometimes create additional stress and difficulties.

❖ Main Complaint

18. The thing that troubles me the most is:

I have been having pain in both knees for the last 2 months. In the beginning, it was gradual. At certain times, the whole leg pains. I cannot stand for long, cannot sit for long, and cannot walk much. When the weather is rainy, the pain increases. It also increases at night. The pain remains constant. One months ago, I was undergoing Ayurveda treatment in Ahmedabad. But it was mild relief but it had side effects like abdominal burning, appetite reduced and pain increases after eating.

PAGE 5:

For the last 2 days, I also have pain in the lower back. Increases at night. Also hurts after waking up in the morning. It stops on its own. If I take any medicine, the effect is not quick. I feel relief when I go to sleep. The knee area hurts, and there is pain in the entire leg and the back of the leg. The

soles of the feet also painful. Along with this, there is also gas, constipation. If the stomach is not clear, the head starts to ache.

❖ Illnesses experienced in the past
Other Complaints or Illnesses

19. Appendix: illness of abdomen in past:

When I was 13-14 years old, I had pain in my stomach and had an appendix operation. After that, there were no further problems.

: Infection knots in the neck:

As mentioned in the main complaint, 3 small knots had formed on the right side of my neck. They started pain slowly. The pain increased gradually, and then the neck get enlarged. There was swelling. I had a biopsy in Ahmedabad, but it didn't help. Two small knots were removed via surgery. One knot was on a main nerve, so medicine was given to dissolve it. That medicine lasted for about 1.5 years.

PAGE 6:

: Headache:-

As mentioned in the main complaint, I used to have a constant headache day and night. Even after taking medicine, it wouldn't go away. The head felt like burst that much pain is there. I started treatment with Dr. B U in Vadodara. I was admitted there, but the medicine had no effect. I felt better with Dr. K.R. B medicine. My body used to swell due to Dr. B's medicine and it didn't suit me; I felt better with K.R. B's medicine.

: Pain in Knee Joints:

As mentioned in the main complaint.

20.) Personal Information:

1) Your Physical Description:

Weight: 58 kg.

Height: 5' 3".

Complexion: Fair.

2) Nature: Quiet nature, does not get angry easily.

3) Intellectual Achievements: T.Y. B.Com Study, Computer course completed. I am clearing Government exams.

PAGE 7:

4) Expectations.

My expectation is to get a government job and get selected. I want us to live with happiness and peace.

5) Details regarding the items mentioned below and the effect of circumstances on your body:

(A) In food and drink items:

I prefer tea more than coffee or juice.

(B) General Environment:

Season: I like the winter season the most.

Temperature: I do not like excessive heat.

Bath: I prefer bathing with lukewarm water.

Entertainment: I like listening to music and traveling.

Addictions: None at all.

(C) Sleep and Dreams:

Sleep: I generally get good sleep. However, if there is a lot of pain, I wake up. Dreams: If I think too much about any matter, I get dreams about it. If I have a dream, I wake up.

(D) Clear information regarding Physical Life:

Menstrual Cycle (Periods): Previously, it used to last for 4 days and the cycle was regular. But for the last 6 months, it changes. It gets delayed. Now it is not even proper; it lasts only for 2 days and on 7th day it is just drop.

Pregnancy: Not conceived yet, no medicine has been taken, having planning but not yet successful.

PAGE 8:

❖ Past Illnesses

I had infectious knots in my neck, which were operated on and I recovered. After that, headaches started. Medication continued for 1 year. Even now, it pains occasionally. If I stay hungry, I get a headache. This was not happening previously. Thereafter I got knee pain & it is continuing. Medicine is continuing. I consulted many M.D Orthopaedic doctors but there was no relief. Medication is going on. Headache has no connection with the current illness.

❖ Other Information

Mother: None.

Father: No illness at all.

Sisters: None.

Husband: No illness at all.

Children: None.

Other Information

I want to know whether this treatment will not have any side effects. Secondly, weather I can continue pregnancy if I get pregnant during this medication. There won't be any problem in it. Inform me that.

INVESTIGATION:

DATE	28/10/15	05/01/16	25/5/16	25/6/16	28/07/16
HB			12.1		12.4
RBC			3.70		4.1
WBC			7100		8000
PLATLATES			2.46		2.52
N			58		58
L			40		42
E			1		1
M			1		1
ESR	15		42	34	38
URIC ACID	3.1		5.3	4.12	5.2
S. Cal	9.3			9.27	10.1
FBS	71				
RA Factor	5.9			31	36
CRP	04			14	16
Anti CCP					32 U/ml
FT3					83ng/dl
FT4					1.3ng/dl
TSH	55.18	34.6	89.7	-	11.7
ANA					1:80
Anti TPO					330 IU/ml
Anti Tg					9 U/ml
Vit D3					25 ng/ml
Vit B12					229 pg/ml
Eltroxine OD daily	50 mcg	50 mcg	100 mcg	100 mcg	

X – Ray BIL Knee	
19/11/2015	NAD
25/06/2016	Mild reduction in medial compartment of knee joint on both sides to suggest early arthritic changes

EXHIBIT: 1

Introduction:

The patient was referred by one of our old patients. Prior to the visit, telephonic communication was made regarding her chief complaint of **knee pain**, and an appointment for screening was scheduled on **23/07/2016 at 10:00 AM**.

She appeared well-dressed in a kurti and leggings; accompanied by her husband and the patient who had referred her. She was **limping** while walking.

Data of Screening:

Def. No.	DOS	Physician(s)	Name	Age/Sex	Marital Status
AM/43/2016	23/07/2016	Dr. Ami / Dr. Krupali	D.A.P.	31 / F	Married
Religion	Address	Education	Occupation	Diet	Children
Hindu	Dakor, Gujarat	B.Com	Housewife	Veg + Egg	No
Father (Age)	Mother	Brothers	Sisters		
53 yrs	Expired (17 yrs ago)	2	None		

Chief complaint:

A 31-year-old female presents with bilateral knee pain (L>R) since 1 year, aggravated over the last 2 months. Pain is dull, gradual, radiating to the foot, with occasional swelling and joint stiffness. Worse in early morning, on standing, movement, wet weather, and summer; better by rest and pressure. Sleep disturbed; appetite reduced; avoids work during pain.

Associated complaint:

Recent back pain since 2 days, worse in morning.

History of thyroid disorder × 2 years – detected after surgery of nodules on neck - with past irregular menses and weight gain (45 kg to 55 kg); cycles regular after treatment.

Chronic constipation × 1–2 years with hard stools and straining; worse after cereals, potatoes, and fasting.

Treatment History

- Continuing allopathic treatment under Endocrinologist.

Past History

- Appendicitis – operated during childhood.
- Recurrent malaria during childhood
- Two Nodules on Neck – operated before 2 years.

Family History - No significant history

Physical Examination -

Temperature - Normal	Conjunctiva - Pink	RS - Air entry bilaterally equal, clear
Pulse - 76/min	Nails - Pink	CVS - No abnormality detected
Blood Pressure - 110/70 mmHg	Tongue - Moist, Pink	P/A - Soft
Weight - 58.1 kg	Oedema - Absent	CNS - No abnormality detected
Skin - NAD	Mouth - NAD	
Neck - No Swelling even on deglutition; Scar +nt; Cervical Lymphnodes - not palpable;		

Musculoskeletal System (MSS)

Joint Involved - Both Knees (Right < Left)	Redness - Absent
Range of Motion - Reduced (+)	Deformity - Absent
Crepitation - ++	Muscle Strength - Good
Swelling - ++	Surrounding Tissues - NAD
Warmth - +	

Previous Investigations

24/04/2014

- **Biopsy (Cervical Lymph Node):** Necrotizing lymphadenitis
 - Differentials suggested: Kikuchi's lymphadenitis / SLE
- **ANA (by Immunofluorescence):**
 - Titre: 1:100
 - Result: Detected (1+)
 - Pattern: Speckled, granulated

08/06/2014

- **Urine Routine Examination:** Normal

07/02/2015

Complete Blood Count (CBC):	
<ul style="list-style-type: none">• Hemoglobin (Hb): 12.6 g/dL• RBC: 4.44 million/mm³• MCV: 85.6 fL• MCH: 28.4 pg• MCHC: 33.2%	<ul style="list-style-type: none">• RDW-SD: 39.9• WBC: 6800 /mm³• Differential Count (DLC): 60 / 34 / 4 / 1• ESR: 13 mm/hr
CRP: 0.7	Urine Routine: Normal

ACTION A

પાથશિક્ષક માહિતી

1. પુરૂ નામ :-

2. જન્મ તારીખ :- 11 - 12 - 1984

3. મતિ :- સ્ત્રી

4. વેરેન્સ :- પરીણીત

5. ધર્મ :- હિન્દુ

6. શિક્ષકી પગલું ઇન્ડા લેવામાં વ્યાધ નથી.

7. તમારું કુટુંબપાત અવવા ઇન્ડાના X

8. ચાક કોફી :- દરરોજ સવારે 1 કપ ચા કોફી નથી.

9. શૈક્ષણિક કારકીર્તિ :- અભ્યાસ :- T. J. Bloom ગુણવત્તો

10. મેળવેલી સફળતાઓ :- અભ્યાસ પછી મેં 9 પુસ્તક અમદાવાદ માં બુટી અડવેલાર તરીકે Pind's લોખણમાં મેળવેલી હતી. કમ્પ્યુટર કોનેલેજ છે. અભ્યાસ પછી મેરજ નાક ચાર વર્ષ પછી મેડ અપ આર્ટિસ્ટની પોસ્ટ પર મેળવેલી ક્વેડા ડ offer આપે છે. કંપની

11. परेला नी व्यावहारिकाः:- मारा धर मां पिथर मां

पया, जेलाध, अनं कुं टोी मग्गी र्मिकरीडर मां र्मिकरकायर
थध गया टा. ती मं परेले धी व धर नी
वधी व व्यावहारि र्मलाजीनी टाी अनं
साधे व्यावात, नीकरी पल कुंली टाी.
तेधी कुं डुरीन लाईक मां जग्गी वडुं,
व र्मेती टाी. पीताना माए र्मीछा
शधम नीकाली र्कडती टाी परंतु,
मन बीव कुंली परंइ वडुं. तेधी तीमां
कुं मुडा पल र्मेती टाी. साध धरनु
काम पल वधु व कुंली टाी. पया
ही पिथारा ना टाी. तेधी ल र्ममण
रुडता टाी. मन रुपय र्मेधुं पल गमनु
वडुं. कार्य र्मवाधी मन वेंतीप पल
मजता टाी.

12. अन्यानी व्यावहारिकाः:- मारी र्ममारीमां साभु, कामवा
कठ, केडाणी, नरांइ, लतीन, जधा व हे
धर नी व्यावहारिकां हे. धर र्मलाजीनी.

13. मरनार्मुः



14. रेलिकोन नंकर

15. टानना औडंपिक जवननुं परंमः:-

मरनार्मु; 60 वर्ष, कठ 33 वर्ष, केडाणी 23 वर्ष
नरांइ- 29 वर्ष, लतीन, र्मेक 5 वर्ष अनं र्मेक 3
वर्ष ना हे.

સામુ. જ્ઞાણી, નંબર, હાઉસ વાઈક છે.
 જે, સમસ્ત સમયે નિશ્ચી કરે છે.
 બધા ની સાથે સંબંધ સારા છે.
 તેમના બધા ના બપોર ના પુત્રો સારા છે.
 સામુ, અને નંબર બીજા વડે છે. તો
 તેમની જવાબદારી વધારે વડે છે.

16. દિન ચર્ચા :-

સવાર 7:30 વાગે ઉઠવું ફેરા ચર્ચ પૂજા કરી ચા નાસ્તા કરી અને કમવાનું બનાવું છે. ઘર નું કામ કરું છે. 11 વાગ્યે ફી ચર્ચ જવું છે. ન્યુક પંચ વાચું છે. ટીવી જોઉં છે. દંભીલા સીંગલ બુક વાચું છે. 4 વાગ્યે ઘોડે નાસ્તા કરું છે. સાંજ ~~બપોર~~ ઘોડે વાર બપોર બપોરે છે સાંજ વાગ્યે પૂજા કરી કમવાનું બનાવું છે 8:30 વગી જઉં છે. સાંજ ટીવી જોઉં છે 10:30 થી 11:00 વાગ્યા સુધી 11:30 સુધી જોઉં છે. અને વિચારી પણ આવે છે.

બપોર વિષા :-

સવાર 8:30 થી નાસ્તા રહી નાસ્તા 1 પરોડી 12:30 કમવાનું સવળી સોરી-૨ 4 વાગ્યે થા. 8:30 વાગીનું કમવાનું 3 સોરી, સવળી, સવળી. એક વીક માં 1 સોરી માર્ગ માં 1 વાર બપોર જવું છે.

17. સાધિક જવાબદારીઓ બોર્ડ :-

સમસ્ત ઘર માં સામુ ની તબીયત સારી રહેતી નું હોવાની તેમને વસંવારે એકમીર કરવા પડે છે. નાંબર ની તબીયત સારી

રહેલી ન ગોવાલી તેમની દવા ચાલે છે.
 કાંઈનાંસાની પ્રોબલમ પણ રહે છે.
 નાંગે પાન મેંજ કાચા ખર્ચ પણ
 વધુ થયા તે પછી પાન ની પાછો
 મારી જ ગોવાલી તેમના સામગ્રી માં
 પ્રોબલમ ગોવાલી આવી જ છે.
 તો મુકેલી આ છે. કોંડેબિક પરિસ્થિતિ
 ઠીક છે.
 સામાજિક રીતે વ્યવસ્થા પાન વટે છે. વધાર
 તો પ્રોબલમ પણ થાય છે.

* મુખ્ય ક્રિયા

18 - સાંધા વધુ જે તુચ્છ છે. તે.

મને,
 બન્ને ડોચાગ માં હોત્યા 2 મહિનાની કુખાવા
 રહે છે. શરૂઆત ની ધીમી ધીમી કુખ છે.
 અગ્રુક અમલ થી આખા પગ કુખાવા કરે છે.
 મારા થી વધારે ઊભા બી વડી શકાતુ નથી
 બેસી રહી શકાતુ નથી વધારે યાથી શમડ
 પાન નથી. વધારે વલમથી વાળાવાગ,
 વાહના વામ ત્યારે વધારે કુખાવા રહે છે.
 શન પગ વધારે કુખાવા રહે છે.
 કુખાવા શરૂ ની ચાલુ જ રહે છે.
 3 મહિના પહેલા. અમલવાદ, માં સ્ત્રી વચ્ચેપાસીર
 ની દવા ચાલતી હતી. પાન
 તેથી થોડો ફરક પડ્યા છે પણ તેનાથી
 માર્ડ હકેર થયા પેલ માં કમન થતી
 હતી. કંઈક અપારતુ પણ ન હતું.
 કમવ) નુ જમું તાં વધારે કુખડુ હતું.

એલના 2 ધિસત યી કમર માં પણ કુલાવ
 રહે છે. રાગી કુખે છે. પછી સવાર ઉઠવા
 પછી પણ કુખે છે. એની મારે જ વંધ
 થાય છે. કાઈ વ્યા તકે તો તેની
 સમર જાતે થતી નથી. જ્યાર
 મુદ્દે જકે રહે ત્યારે આરામ ભૂગ છે.
 કોચલાવાળા ભાગ માં કુખે છે તો એ આખા
 ભાગ માં પાછળ ના ભાગ માં પણ
 ના પંચ પણ કુખે છે. આ આય વાયુકોષ
 કુખી પાત પણ રહે છે. એ પેર વાર
 ન થાય તો માયુ કુલાવ ભાગે છે.

* પરીમાની અનુભવેલી બધી જ બીમારી
 જીવ ક્રિયાદ કે વ્યાધિઓ.

19

:- એપ અંત ક્રિયા પેરમાં પરીમાની બીમારી :-

કુ જ્યાર 13-14
 વર્ષની વાી ત્યારે મને પેર મા કુલાવે રાગે
 અપુએન ક્રિયા તુ આપેલાન કુલાવુ વધુ. તુ
 પછી ત્યાં કાઈ જ પ્રોબ્લમ નથુ થયાં.

:- મજા ગાળામાં દેહક્રિયાની ગાંઠ :-

ઉપર મુખ્ય ક્રિયાદમાં,
 જગાયા પુમાઈ ગાળામાં જમણી બાજુ અ નાની
 3 ગાંઠ દાઈ હતી. ત્યાં દીર દીર કુલાવો
 ચાલુ થયાં. દીરે દીરે પુદાતી ગયા પછી
 ત્યાં ફરી ગાંઠ વધુ. એમને ચકી ગયા વાી
 અમદાવાદ માં બાયોસ્કોપી કુલાવી પણ
 સમર ન થઈ આપેલાન યી બ નાની
 ગાંઠ કુલાવ્યામાં આવી. અકે ગાંઠ મેઈત નેમ
 પૂર લાવાથી તેને આગાળવાની વ્યા આપી
 તે વ્યા ઉપર 2 વર્ષ જેવી ચાલી. રાગે

:- માયાની કૃપા:-

મુખ્ય પ્રિયાદમાં જગાવ્યા પુમાં અને માયાની કૃપામાં આગળ દીવલ રાત વહેતી હતી. ગમે તેમની દયા હતી પેદાશીમાં હતી તો બી મરણ ન હતું. માંડુ કારી જતુ વીચ સંપત્તિ વધી કૃપામાં વહેતી હતી. વડોદરા ભાવિન ઉપાધ્યાય જીવે આજીવ પાસે દયા માણુ કવી હતી ત્યાં સંક્રમીત બી કૃપા ત્યાં દયાની પર પળ સંસાર ન થઈ. ડી. કે. આર. વૂચ ની દયા થી સંસાર થઈ હતી. ભાવિન અને ની વ્યા થી માંડુ સ્ત્રીર કમળુ જતુ રહું. જે તેથી અને સંસાર ની નતી થાતી. તો કે. આર. વૂચ ની દયા થી માંડુ થયું.

:- પગના અંચળાની કૃપા:-

મુખ્ય પ્રિયાદમાં જગાવ્યા મુજબ છે.

(20)

આક્રિયાત માલિની

1. તમારું શારીરિક વર્ગન.
 વર્ષ 58. કુ. છે.
 વર્ષ 58-31 છે.
 રંગ શીરો છે.

2. વ્યાખ્યા: જ્ઞાન વ્યાખ્યા, ગુણો જાતલી નથી આપ્યા

3. બાહ્યીક સંકલનામાં:- T.Y. Beam study, computer case compit સુ. Government exam clear કરી વડી છે.

4. અપેક્ષાઓ.

અપેક્ષાઓ એવી છે કે સત્તાની જવાબદારી Government માની ને એવું થઈ શકે. સરકાર આવી શકે તેવી સહાયતા.

5. નીચે દર્શાવેલ વિગતો વિષે તમારી આજ્ઞા જણાવો તથા પારિશિષ્ટનો ભંગ પર ઘટી સ્પષ્ટ વિષે વાગળ કરો.

(ક) ખાવા - પીવાની વસ્તુઓમાં.
લા - કોફી & જ્યુસ વધુ પસંદ છે.

(ખ) સામાન્ય વાતાવરણ:-
આબોહવા, શિયાળા ની સીઝન વધુ પસંદ છે.
ઉષ્ણતામત વધુ ગરમી મા જલુ પસંદ નથી
વેનાન. ગરમ, ફેશન પાછી પસંદ છે.
મનસંજન. મધુરિક સામગ્રી પસંદ છે. શ્રેણી/જલુ પસંદ
વ્યક્તિ કોઈ જ નથી

(ગ) મિત્રો અને વ્યવહાર.
મિત્રો તો સત્તા જ આવે છે. પણ કોઈ ક્યારેય વધુ લેય તો ઉઠી જાય છે. વ્યવહાર કોઈ વસ્તુ ના વધુ વિચારી આવે તો વ્યવહાર આવે છે. કોઈ આવના આવે તો ઉઠી જાય છે.

(ઘ) ભારતીય જીવન વિષેની વ્યવસ્થા માહિતી.
મામિક. મને પહેલા તો માનું પ વિચાર આવતુ હતુ કે તે પછી જ ક્રિકેટ જ રહેતી હતી. પણ હોળા છે મીડિયા થી સંજ થયા છે. પાછળ હોળા કરી છે. વ્યવસ્થા મામિક આવતુ પણ નથી પૂકત 2 વિચાર આવે. માત્ર મા વિચાર 1 થાય આવે. વ્યવ.

પ્રશ્ન :- થઈ જ શકે કોઈ સ્વાભાવી નથી કરાવી શકાતી છે પણ નથી રહેતું. વધુ સુધાર

PRIMARY INFORMATION:

1. Full Name: DAP
2. Date of Birth: 11 – 12 – 1984
3. Gender: Female
4. Status: Married
5. Religion: Hindu
6. Vegetarian, but no objection to taking eggs.
7. Tobacco / Smoking or Addiction: X (None)
8. Tea / Coffee: 1 cup of tea every morning. No coffee.
9. Educational Career: Study: T.Y. B.Com Graduation.
10. Achievements Gained: After studies, I worked as a beauty advisor at Pond's Company in Ahmedabad for 9 years. I have computer knowledge. Even after 4 years of marriage, I still get job offers for Makeup Artist post from company.

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11. Past Responsibilities: At my maternal home, there was my father, two brother, and me. My mother passed away in an accident. Therefore, I handled all household responsibilities from the beginning. And continued my studies and job alongside. Because of this, I remained very busy in my routine life; I could find very little time for myself. But, I used to love doing job. So I used to remain happy in that. Along with it I was doing entire household work. Father was free minded, so he could understand. I was enjoying to remain busy. I was also getting satisfaction from my work.
12. Current Responsibilities: In my in-laws' house, there are my mother-in-law, father-in-law, brother-in-law (Jeth), sister-in-law (Jethani), sister-in-law (Nanand), and nephew. Everyone is there. Responsibility of the house is there. To take care of home.
13. Address: - XYZ
14. Telephone Number: - XYZ
15. Description of Current Family Life: In the house, Mother-in-law (53 years), Father-in-law (60 years), Jeth (33 years), Jethani (23 years), Nanand (29 years), and two nephews (one 5 years old and one 3 years old).

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Mother-in-law, Jethani, and Nanand are housewives. Jeth, Father-in-law, and Husband are employed. Relationships with everyone are good. Their behaviour is also good. Mother-in-law and Nanand remain ill, so their responsibility is greater.

16. Daily Routine:

Wake up at 7:30 AM, get fresh, and perform Puja (prayer). Make tea/breakfast and cook food. I do the housework. I get free by 11:00 AM. I read the newspaper and watch TV. I read English reading books. At 4:00 PM, I have a little

snack and tea. In the evening, I sit outside for a while. At 7:00 PM, I perform Puja and cook dinner. I eat dinner by 8:30 PM. At night, I watch TV. From 10:30 PM to 11:00 PM. I go to sleep by 11:30 PM. Thoughts also come to me.

Regarding Food: 8:30 AM: Tea and breakfast (Dry snacks, 1 Paratha).

12:30 PM: Lunch (Vegetable curry, 2 Rotis).

4:00 PM: Tea.

8:30 PM: Dinner (3 Rotis, Vegetable curry, Rice).

Once a week, I try 1 new recipe. I go out to eat once a month.

17. Economic Responsibilities / Burden:

In our house, the mother-in-law's health is not good, so she has to be admitted frequently. The sister-in-law's (Nanand) health is also...

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...not good, so her medication is ongoing.

There are also financial difficulties in the family. We spent a considerable amount of money on my sister-in-law's marriage; however, due to problems at her in-laws' home, she has returned and is now living with us. Because of this situation, the financial and household responsibilities have increased. Overall, the family situation is manageable, but social obligations and interactions sometimes create additional stress and difficulties.

❖ Main Complaint

18. The thing that troubles me the most is:

I have been having pain in both knees for the last 2 months. In the beginning, it was gradual. At certain times, the whole leg pains. I cannot stand for long, cannot sit for long, and cannot walk much. When the weather is rainy, the pain increases. It also increases at night. The pain remains constant. One month ago, I was undergoing Ayurvedic treatment in Ahmedabad. But it was mild relief but it had side effects like abdominal burning, appetite reduced and pain increases after eating.

PAGE 5:

For the last 2 days, I also have pain in the lower back. Increases at night. Also hurts after waking up in the morning. It stops on its own. If I take any medicine, the effect is not quick. I feel relief when I go to sleep. The knee area hurts, and there is pain in the entire leg and the back of the leg. The soles of the feet also painful. Along with this, there is also gas, constipation. If the stomach is not clear, the head starts to ache.

❖ Illnesses experienced in the past

Other Complaints or Illnesses

19. Appendix: illness of abdomen in past:

When I was 13-14 years old, I had pain in my stomach and had an appendix operation. After that, there were no further problems.

: Infection knots in the neck:

As mentioned in the main complaint, 3 small knots had formed on the right side of my neck. They started pain slowly. The pain increased gradually, and then the neck get enlarged. There was swelling. I had a biopsy in Ahmedabad, but it didn't help. Two small knots were removed via surgery. One knot was on a main nerve, so medicine was given to dissolve it. That medicine lasted for about 1.5 years.

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: Headache:-

As mentioned in the main complaint, I used to have a constant headache day and night. Even after taking medicine, it wouldn't go away. The head felt like burst that much pain is there. I started treatment with Dr. B U in Vadodara. I was admitted there, but the medicine had no effect. I felt better with Dr. K.R. B medicine. My body used to swell due to Dr. B's medicine and it didn't suit me; I felt better with K.R. B's medicine.

: Pain in Knee Joints:

As mentioned in the main complaint.

20.)

Personal Information:

1) Your Physical Description:

Weight: 58 kg.

Height: 5' 3".

Complexion: Fair.

2) Nature: Quiet nature, does not get angry easily.

3) Intellectual Achievements: T.Y. B.Com Study, Computer course completed. I am clearing Government exams.

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4) Expectations.

My expectation is to get a government job and get selected. I want us to live with happiness and peace.

5) Details regarding the items mentioned below and the effect of circumstances on your body:

(A) In food and drink items:

I prefer tea more than coffee or juice.

(B) General Environment:

Season: I like the winter season the most.

Temperature: I do not like excessive heat.

Bath: I prefer bathing with lukewarm water.

Entertainment: I like listening to music and traveling.

Addictions: None at all.

(C) Sleep and Dreams:

Sleep: I generally get good sleep. However, if there is a lot of pain, I wake up. Dreams: If I think too much about any matter, I get dreams about it. If I have a dream, I wake up.

(D) Clear information regarding Physical Life:

Menstrual Cycle (Periods): Previously, it used to last for 4 days and the

cycle was regular. But for the last 6 months, it changes. It gets delayed. Now it is not even proper; it lasts only for 2 days and on 7th day it is just drop.

Pregnancy: Not conceived yet, no medicine has been taken, having planning but not yet successful.

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❖ Past Illnesses

I had infectious knots in my neck, which were operated on and I recovered. After that, headaches started. Medication continued for 1 year. Even now, it pains occasionally. If I stay hungry, I get a headache. This was not happening previously. Thereafter I got knee pain & it is continuing. Medicine is continuing. I consulted many M.D Orthopaedic doctors but there was no relief. Medication is going on. Headache has no connection with the current illness.

❖ Other Information

Mother: None.

Father: No illness at all.

Sisters: None.

Husband: No illness at all.

Children: None.

Other Information

I want to know whether this treatment will not have any side effects. Secondly, weather I can continue pregnancy if I get pregnant during this medication. There won't be any problem in it. Inform me that.

INVESTIGATION:

DATE	28/10/15	05/01/16	25/5/16	25/6/16	28/07/16
HB			12.1		12.4
RBC			3.70		4.1
WBC			7100		8000
PLATLATES			2.46		2.52
N			58		58
L			40		42
E			1		1
M			1		1
ESR	15		42	34	38
URIC ACID	3.1		5.3	4.12	5.2
S. Cal	9.3			9.27	10.1
FBS	71				
RA Factor	5.9			31	36
CRP	04			14	16
Anti CCP					32 U/ml
FT3					83ng/dl

FT4					1.3ng/dl
TSH	55.18	34.6	89.7	-	11.7
ANA					1:80
Anti TPO					330 IU/ml
Anti Tg					9 U/ml
Vit D3					25 ng/ml
Vit B12					229 pg/ml
Eltroxine OD daily	50 mcg	50 mcg	100 mcg	100 mcg	

X – Ray BIL Knee

19/11/2015	NAD
25/06/2016	Mild reduction in medial compartment of knee joint on both sides to suggest early arthritic changes

EXHIBIT: 3 SCR RECORD

Def. No.	DOD	Physician(s)	Name	Age/Sex	Marital Status
AM/43/2016	29/07/2016	Dr. Ami / Dr. Krupali	D.A.P.	31 / F	Married-4 yrs.
Religion	Address	Education	Occupation	Diet	Children
Hindu	Dakor, Gujarat	B.Com	Housewife	Veg + Egg	No
Father (Age)	Mother	Brothers	Sisters		
53 yrs	Expired (17 yrs ago)	2	None		

CHIEF COMPLAINT:

LOCATION	SENSATION	MODALITY	ACCOMPANIMENTS
MSS Knee – BIL LT > RT O - Since 1 year < since 2 months Radiating up to Foot D – 1 to 2 hrs P – Gradual and slow	Pain ³ – Dull Swelling ² Cracking sound while walking ² Reduced Mobility ²	< Early morning ³ < Standing ² < Movement ³ < Monsoon ³ < Wet weather ² < Summer < Cloudy weather ³ < Night ² > Rest ² > Day time ² > Pressure ² > Allo treatment+	Sleep disturb App- Reduced Aversion to working during pain.
Popliteal fossa On and Off	Pain+ ² Stiffness ² at alternate side Difficulty in standing, sitting and walking for more than 15 minutes ²	> Rest ² > Day time ² > Pressure ² > Allo treatment+	
Interphalangeal joints of toes (Both legs)	Stiffness ²	< Early morning ³ > Pressure ²	
Upper extremities /Shoulder joint	No stiffness or Pain		
General	Weakness+ ²		
Lower Back Since 2 days D – 2 hours No radiating pain	Dull Pain+ No stiffness No other complaint	< Night+ < Morning after waking+ < Physical Exertion+ > Rest+ > Warm Water Bath ²	

ASSOCIATE COMPLAINTS:

LOCATION	SENSATION	MODALITY	ACCOMPANIMENTS
Head Forehead to Occipital region O – 1.5 yrs Continuous Now – 3-4 times/week D – Till Rx	Pain ³ – Bursting No blurred vision No nausea No vomiting	< Night ² occ. < Downward motion ² < Sun Exposure ² < Hunger ³ < Noise ² >Combiflam ³ No<Reading No<menses >Rest+ >Pressure+	Sleep disturb +
Endocrine Thyroid gland O – Before 2 yrs H/O – Right side neck at base Post-surgical ----- FGUT Since 6 months Currently since 3-4 months (since 1 month)	Started with fever Pain ² Swelling ³ 3 Nodes gradually Increase in size 2 nodes operated 1 treated medically Weight Gain– 45 to 55 kg Diagnosed Hypothyroidism No symptoms except Fatigue & Headache Menstrual Irregularity Cycle – 36 - 40 days; Flow – 1day, 1 pads/ day Menstrual cycle Regular	< night after 2am On Tab. Thyronorm: Initially 50 mcg Tab.Thyronorm:100 mcg	
GIT Since 1-2 yrs F – 3-4/Week	Constipation Hard stool – strain + Non Offensive	<Cereals ² <Potato <Fasting	Headache+

PHYSICAL CHARACTERISTICS:

GENERAL APPEARANCE

Fair complexion Stocky build Medium height Wart on right cheek (slightly inferior)

Weight gain: 10–12 kg in last 1 year Limping gait General – Warmth

HAIR – NAD

SKIN – NAD

PERSPIRATION: General – Moderate. **Partial** – back+2, cheek², around neck; mild offensive, No stain

APPETITE: Reduced since C/O and Allo Rx – **Burning**-stomach since 1 mth. **THIRST: N**

FASTING: < Chest burning and headache

CRAVING: Sour 2, spicy 2, Juice and liquids 3 **AVERSION:** - Salty food+2, Sweet+3

AGGRAVATION: Milk causes Nausea 3

STOOL: Daily but consistency hard+; Unsatisfactory **URINE:** Normal

MENSTRUAL FUNCTION:

FMP – Age of 17 to 18 yrs LMP – 29/07/2016 MENARCHE – Late
H/O – Regular Menses since Menarche; Since 2 Yrs Delayed; Irregularity since Last 6 mths;
Now – Regular since 3-4 cycles Cycle – 32 Days Duration – 2 Days Flow – N.
Quantity – 4 Pad/Day Colour – Brown Clots – Occ. Consistency – Normal
Odour – Present Stain – Red – Indelible
Before Menses - Mild Abdominal Pain Leucorrhoea - Absent

SEXUAL HISTORY – 2-3 times/week since last 1 year No use of contraceptive. Before that once in 1-2 months due to husband's Job at Distance.

SLEEP: Occasionally disturbed due to thoughts & pain; startle due to Fearful dreams (occ)

POSITION: Right side **DURATION:** 8 hours

DREAMS – Daily routine, Parents specially mother

THERMAL – C3H2

DIET AND DAILY ROUTINE:

7:30 am	Wake up
8.00 – 11.00 am	Prayer, Breakfast (1 paratha) & house hold chore & TV watching
12 – 1.00 pm	Prepare lunch - 2 roti & sabji
1.00 - 4.00pm	Reading English books or news paper
4.00pm	Tea & snack
5.00pm - 7.00pm	Sitting outside doing nothing.
7.00pm	Prayer
7:30 – 8:30pm	Prepare dinner - 3 roti, sabji and some rice, 1/week – Special Recipe; 1/month – outside food
8:30 – 10:30pm	Watching TV
10:30pm - 7:30am	Sleep

LIFE SPACE:

A 31-year-old female presented to the OPD with a limping gait, though she appeared well dressed and well maintained. She came along with her husband and was referred by one of our old patients. Her chief complaint was pain in both knees for the past one year.

She was born and brought up in Ahmedabad in a family consisting of her parents and two elder brothers. She describes her father as a calm, cool, and free-minded person who worked in the private sector. Her mother was a homemaker and, according to the patient, was “mast,” joyful, loving, and socially active by nature. The family environment during childhood was harmonious, and she shared good interpersonal relationships with all family members.

A major turning point in her life occurred at the age of 15 when her mother died in a road accident due to a head injury. This incident deeply affected her. Until that time, she had never been involved in household responsibilities. After her mother's death, she suddenly took on the full responsibility of the home. She felt intense sadness and used to weep alone. She never cried in front of her father because she could not bear to see him cry. This emotional suppression affected her academic performance, and her results dropped to around 50%. However, she tried to overcome her grief by keeping herself constantly busy with studies, did tuition classes and household work. She believes that staying busy prevents her from overthinking and gives her satisfaction.

She completed her schooling and pursued B.Com. During her second year, she got married and discontinued her studies due to household responsibilities. Later, with encouragement from her husband, she resumed and completed her B.Com in 2015. As a student, she was average and had little interest in academics. She did not experience anticipatory anxiety before exams. She enjoyed extracurricular activities such as volleyball, folk dance, and drawing. She never ranked first but participated happily. She maintained a small circle of friends and had good relationships, although she is no longer in contact with them.

The patient started taking tuition classes for primary school students and continued this work for about 5–6 years to keep herself busy after death of mother. Later, she began working as a Beauty Advisor at POND'S and worked there for nine years. Patient has good IPR with all the colleagues & boss and had good communication in between. Her boss is always appreciates her work & her sincerity. She described the work environment as very positive and supportive. She stated that she liked her job and felt happy doing it, as it kept her occupied & another reason for working was to earn money and support her family.

Even today also, the company is willing to offer her a position as a makeup artist. When asked about her brothers, she mentioned that they had also started working at a mobile shop. She got married at the age of 26 and moved to Baroda. Her in-law's family includes her mother-in-law, sister-in-law, brother-in-law, sister-in-law's husband (Jeth), two nephews, and her husband. Her father-in-law had passed away before her marriage due to a respiratory illness. She reports good relationships with all family members and especially shares a very good bond with her husband, whom she describes as funny and cheerful by nature. He always supports to patient and motivate her for further education, he has positive attitude – he looks everything with positive angle. He works in a bank.

At times, her mother-in-law scolds her regarding household work, but she does not take it to heart but avoid to make that mistake again. Although she generally maintains harmony, occasional short-term conflicts arise with her sister-in-law and Jethani but it was for very short time, it never affects their relationship. When asked about effect of all this, she said, "Jatu j karvanu" (let it go). She dislikes quarrels and prefers to live peacefully. (While narrating all this pt doesn't look angry). She says she still enjoys playing with children and has a childlike nature, she likes to play with her 2 nephew.

Over the past few years, her mother-in-law has had repeated hospitalizations due to chronic renal disease requiring dialysis. The financial burden of treatment, along with the expenses of her sister-in-law’s marriage, fell on her husband. However, her sister-in-law could not adjust in her marital home and returned after divorce. (Expression of sadness) She also suffers from epilepsy. The patient felt hurt that so much money was spent, yet the situation did not improve. She observes that due to financial stress, her husband has become sad over the past two years. She feels helpless because her physical illness prevents her from supporting him adequately. She says she wants to cry but cannot express her emotions openly, stating, “I cannot lighten my heart.” Continuous thoughts about financial responsibilities disturb her sleep.

After four years of marriage, she has not conceived. She worries that her declining physical health may be a barrier to conception. Initially, due to her husband’s transfer job and living with in-laws, they were not serious about planning a child. Since 2014, she has been living with her husband, but by then her physical complaints had started. Now she strongly desires to conceive and wants relief from her physical suffering.

She describes her sister-in-law’s nature as quarrelsome but says she does not mind it, accepting that “this is her nature.” Recently, she has started preparing for government examinations with the aim of securing a stable job and achieving a more peaceful life. She had given one trial but couldn’t succeed so she will give another trial.

By nature, she is calm and not easily angered. She carries anxiety about her own health and her husband’s well-being. She repeatedly inquires about the side effects of homoeopathic medicines, as she wants to recover fully and conceive as soon as possible. Patient has fear of lizard – she screams by only watching it.

Past History – Appendicectomy - 13/14 yrs. of age; Recurrent Malaria in Childhood

Family History – Nothing Specific

Physical Examination – General & Systemic:

Temperature - Normal	Conjunctiva - Pink	RS - Air entry bilaterally equal, clear
Pulse - 76/min	Nails - Pink	CVS - No abnormality detected
Blood Pressure – 112/70 mmHg	Tongue - Moist, Pink	P/A - Soft
Weight – 58 kg	Oedema - Absent	CNS - No abnormality detected
Skin – NAD	Mouth - NAD	
Neck – No Swelling even on deglutition; Scar +nt; Cervical Lymphnodes – not palpable;		

Musculoskeletal System (MSS)

Joint Involved - Both Knees (Right < Left)	Redness - Absent
Range of Motion - Reduced (+) Lt.	Deformity - Absent
Crepitus - Lt. ++/Rt. +	Muscle Strength - Good
Swelling - Lt. ++/Rt. +	Surrounding Tissues - NAD
Warmth - + Lt. Tenderness - +	IPJ – No Tenderness
Lower Back – SLR - Negative	Gait (already limping)

Investigations:

Date	Hb	RBC	WBC	DLC (N/L/E/M)	ESR	CRP	ANA	RA Factor	TSH	Uric Acid	S. Ca	FBS	Biopsy	X-Ray Knee	Thyronorm
24/04/14	-	-	-	-	-	-	1:100 ↑ (Speckled)	-	-	-	-	-	Necrotizing lymphadenitis	-	-
08/06/14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
07/02/15	12.6	4.44	6800	60/34/4/1	13	0.7	-	-	-	-	-	-	-	-	-
28/10/15	-	-	-	-	15	04	-	5.9	55.18 ↑	3.1	9.3	71	-	-	50 mcg
19/11/15	-	-	-	-	-	-	-	-	-	-	-	-	-	NAD	50 mcg
05/01/16	-	-	-	-	-	-	-	-	34.6 ↑	-	-	-	-	-	50 mcg
25/05/16	12.1	3.70 ↓	7100	58/40/1/1	42 ↑	14 ↑	-	31 ↑	89.7 ↑	5.3	-	-	-	-	100 mcg
25/06/16	-	-	-	-	34 ↑	-	-	-	-	4.12	9.27	-	Mild medial compartment reduction	-	100 mcg
28.07.16	12.4	-	-	-	-	-	ANA – 1:80 RA – 36 ↑ Anti CCP – 32 U/mL ↑	-	FT3 – 83ng/dl FT4 – 1.3ng/dl TSH - 11.7↑ Anti TPO – 330 IU/ml ↑ Anti Tg – 9 U/ml	-	-	-	Vit D3-25 ng/ml Vit B12-229 pg/ml	-	100 mcg

EXHIBIT 4: FOLLOW UPS

CRITERIA: A				CRITERIA: B			
1	Aversion to work	7	Headache – (I/F/D)	1	BP/ Pulse	7	Gait Pattern
2	Sleep	8	Pain Knee – Right/Left (I/F/D)	2	Weight	8	T3, T4, TSH (3-6 mthly)
3	Appetite	9	Stiffness of knee – Right/Left	3	Neck circumference	9	Anti TPO
4	Stool – Consistency	10	Stiffness of IPJ of legs	4	ROM Difficulty	10	RA Factor
5	LMP	11	Dose of Thyronorm 100 mcg	5	Joint Crepitus	11	Anti CCP (6 mthly)
6	Menstrual flow	12	Need of combiflam	6	Joint Swelling/Tenderness	12	ESR/ CRP

Dates	1	2	3	4	5	6	7	8	9	10	11	12	PRESCRIPTION
29/07/16	Knee Pain > 30%; CD done						BRY 200 QDS x 1 Week						
06/08/16 A	>	>	SQ	SQ	29.07.16	G	4d/wk I = SQ	>70%	>	>	ctall	4d/wk	ACTION A 3 WEEKS
B	110/70 72	58 kg	28 cm	>	>	>/>	SQ	-	-	-	-	-	
22/08/16 A	>	>	>	>	-	-	2d/wk I =>	>	>	>	ctall	2d/wk	ACTION B 4 WEEKS
B	106/70 78	56.6	28 cm	>	>	>/>	>	-	-	-	-	-	
19/09/16 Tele Talk A	>2	G	G	G	-	-	2d/wk I =>	>	>	>	ctall	1d/wk	ACTION C 2 WEEKS
28/09/16 A	SQ	G	G	G	27.09.16	G	3d/wk I = ++	<	<	<	ctall	3d/wk	ACTION D 2 WEEKS
B	120/80 68	56.1	28 cm	Painful	+/+	+/+	SQ	-	-	-	-	-	
8/10/16 A	>3	G	G	G	-	-	1d/wk I =>	>2	>2	>2	75mcg/ 5d/wk 100mcg/ 2d/wk	1d/2wk	ACTION E 6 WEEKS
B	130/80 70	55.6	28 cm	>2	>2	>2	>	3.1	-	-	-	-	

Dates	1	2	3	4	5	6	7	8	9	10	11	12	PRESCRIPTION
19/11/16 Tele Talk A	>3	G	G	G	25.10.16	G	Ab	>3	>3	>3	ctall	Not needed	ACTION F 2 WEEKS
12/12/16 A	>3	G	G	G	22.11.16	G	Ab	>3	>3	>3	ctall	Not needed	ACTION G 4 WEEKS (Advised for Gynec Opinion)
B	122/80 74	55 kg	28 cm	>3	>3	>3	>2	-	-	-	-	-	
18/01/17 Tele Talk	>3	>2	---	---	24.12.16	G	Ab	+	+	>3	75mcg daily	Not needed	ACTION H 4 WEEKS
B								2.7	110	19	18	14/4	
<p>13/01/2017 - Abdominal USG 12x11 mm sized right anterolateral wall, intramural fibroid in body, endometrial thickness measurement 11.5 mm. Both ovaries are normal in size and shows PCO Pattern. Small intramural uterine fibroid; Arcuate Uterus; Polycystic ovaries. Semen Analysis – Within Normal Limits. FSH – 4.5 mlU/MI; LH – 6.2 mlU/MI; AMH – 4 mg/mL</p>													
15/02/17	122/80 74	55 kg	28 cm		LMP 21.01.17	G	No c/o Anxious for pregnancy +						ACTION I 3 WEEKS
06/03/17 Tele Talk	---	---	---	---	LMP 23.02.17	G	same	---	---	---	---	---	ACTION J 4 WEEKS
03/04/17 Tele Talk	---	---	---	---	LMP 22.03.17	G	same	2.1	---	---	50 mcg daily	---	ACTION K 8 WEEKS
05.06.17	122/80 74	55 kg	28 cm	---	LMP 19.04.17	Pregnancy Positive; No C/O					50 mcg daily	---	ACTION L 8 WEEKS
01/08/17	120/80	57 kg	28 cm	---	---	No C/O – Happy TSH – 3					50 mcg daily	---	ACTION M 8 WEEKS
<p>07.10.2017 = TSH = 0.2 = Thyronorm 25 mcg daily. 09.11.2017 = TSH = 4.1 = Thyronorm 25 mcg daily. 22.01.2018 = TSH = 3.8 = Thyronorm 25 mcg daily. Preop reports done = all are within normal limits. 24.01.2018 - She delivered baby boy – Elective LSCS She continued our treatment = ACTION N 23.04.2018 = TSH = 0.2 = Endocrinologist advised to withdraw Thyronorm = Homoeo Rx = ctall 12 weeks. 23.07.2018 = TSH = 2.4 = No C/O = She was advised to discontinue Homoeo Rx. And report SOS.</p>													