

VADODARA SYMPOSIUM 20-21-22 MARCH 2026

Autoimmune Inflammatory Rheumatic Disorders

A Homoeopathic perspective on Rheumatoid Arthritis and Spondyloarthritis

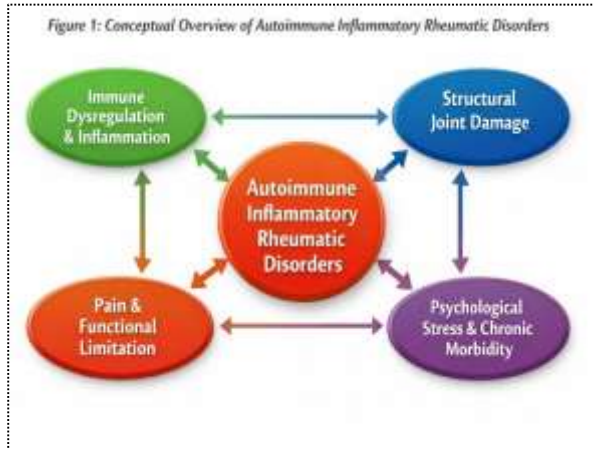
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Autoimmune Inflammatory Rheumatic Disorders

A Homoeopathic perspective on Rheumatoid Arthritis and Spondyloarthritis

Background and Rationale:

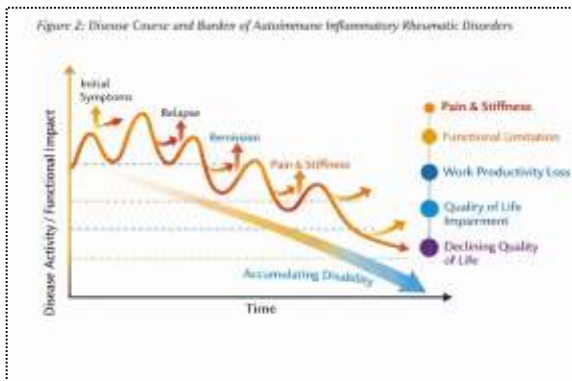


Autoimmune inflammatory rheumatic disorders, particularly Rheumatoid Arthritis (RA) and Spondyloarthritis (SPA), are chronic conditions associated with persistent inflammation, pain, functional limitation, psychological stress, and long-term morbidity. Together, they account for a



substantial proportion of chronic pain syndromes encountered in clinical practice. Yet, they differ fundamentally in their underlying pathophysiology—ranging from autoimmune-mediated inflammation and structural joint damage.

These disorders demonstrate variability in clinical presentation, disease progression, and response to treatment, often following a relapsing–remitting course. Chiefly affecting the musculoskeletal system, they are one of the leading categories of chronic diseases affecting working age persons (age group 18-65). They have a significant impact leading to disability of an individual, family and society with loss of productive man hours. With the increase in longevity, the burden will further increase.



long-term disease modification. Consequently, patients frequently seek homoeopathic care for chronic management and improvement in quality of life.

While advances in contemporary rheumatology have improved diagnostic precision and symptomatic control, challenges remain in achieving sustained remission and

From a homoeopathic standpoint, chronic autoimmune disorders require an understanding that extends beyond pathological diagnosis to include host susceptibility, constitutional tendencies, psychological influences, and remedy response over time. Standardised homoeopathy emphasises that long-standing diseases demand deeper insight into the individual constitution and reactivity of the patient, rather than an exclusive focus on local pathology. Roberts in his classic 'Rheumatic Remedies' has elucidated an astonishing range of materia medica which needs to be understood in the light of the modern developments.

There is a need to articulate a structured, academically sound, and clinically reproducible homoeopathic approach to the management of RA and SPA that integrates classical principles with contemporary clinical understanding. This symposium is proposed to address this need through systematic case-based analysis and guided academic discussion.

Objectives of the Symposium:

1. To underline the clinical approach by examining the clinical presentation, progression, and variability of RA and SPA relevant to homoeopathic practice.
2. To correlate clinical findings, laboratory parameters, and imaging features with homoeopathic concepts of disease to infer the state of morbid susceptibility-qualitative (miasmatic) and quantitative in RA and SPA
3. To develop a structured approach to case receiving, documentation, and follow-up in these autoimmune inflammatory disorders.
4. To assess the role of psychological factors, stressors, and coping patterns in disease expression, activity, and remedy response.
5. To apply principles of totality formation, integrating physical, psychological, and general characteristics appropriate to different stages of disease.
6. To explore the application of repertorial and non-repertorial approaches to the totality resolution
7. To evolve and conceptualise the criteria for the use of constitutional, acute, and intercurrent remedies based on disease activity, vitality, and remedy response.
8. To apply principles of posology, including potency selection, repetition and modification in long-term management.
9. To understand the contribution of ancillary measures (including diet and physiotherapy) in ensuring an optimal outcome.
10. To work towards the development of a clinically consistent, academically defensible, and reproducible homoeopathic framework for the holistic management of RA and SPA.

Methodology:

- The symposium will adopt a structured, case-based-problem solving, academic methodology, emphasising clinical reasoning, documentation, and reproducibility. Case material will be distributed in advance to enable detailed study.
- Well-documented OPD and IPD cases of RA and SPA with one year follow ups will be presented with clearly defined diagnostic criteria, disease staging, and follow-up data.
- Case analysis will emphasise accurate observation, careful evaluation, and rational synthesis, consistent with classical homoeopathic methodology that restoration of health depends upon precise understanding of the patient and disciplined application of therapeutic principles.
- Moderated group discussions will facilitate critical appraisal, comparison of approaches, and refinement of clinical judgment.
- Emphasis will be placed on systematic documentation, longitudinal follow-up, and outcome assessment, aligned with postgraduate academic standards.

Expected Outcomes:

At the conclusion of the symposium, participants are expected to:

1. Demonstrate a systematic and reasoned clinical approach to the homoeopathic management of RA and SPA.
2. Integrate clinical, investigative, psychological, and constitutional data into coherent and meaningful totalities.
3. Realise the advantage of adhering to standards of case documentation and long-term follow-up in these conditions.
4. Be able to apply principles of susceptibility, miasmatic understanding, and disease phases in guiding remedy selection and treatment planning.
5. Make judicious decisions regarding remedy choice and posology, including potency selection and repetition.
6. Objectively evaluate remedy response and modify management strategies in accordance with disease activity and patient response.
7. Develop an approach to individualisation that recognises the interrelationship between physical pathology and psychological expression as emphasised in classical homoeopathic philosophy.
8. Contribute to the evolution of a standardised academic framework for teaching and clinical practice in homoeopathic rheumatology.

Who should attend?

All practitioners, postgraduates, teachers, research scholars who seek clarity in homoeopathic strategies in the management of RA and SPA through clinical insights, remedy differentiation, miasmatic interpretation, and evidence-based perspectives, thereby strengthening the role of homoeopathy in addressing these challenging chronic conditions with scientific responsibility and compassionate care.

DONATION:

| | Before 5th March, 2026 | After 5th March, 2026 |
|-------------------------------|------------------------|-----------------------|
| Teachers/Practitioners | 5000/- | 5500/- |
| Students/Interns | 4500/- | 4500/- |

Payment to –

A/c Name: Homoeopathic Education and Charitable Trust

A/c No.: 50100239753191

IFSC Code: HDFC0002256

Bank Name: HDFC Bank, Karjan Branch

VENUE DETAILS:

Venue: Grand Mercure Vadodara Surya Palace

Address:

Grand Mercure Vadodara Surya Palace,
Opp. Parsi Agiary, Sarod, Sayajiganj,
Vadodara,
Gujarat 390020

Accommodation (At the Venue Hotel)

Contact Person: Harish Chander, Associate Director – Guest Relations

Contact: +91 99740 85230 | Harish.CHANDER@accor.com

Special Room Rates (per night)

- Deluxe Room (Twin Sharing): ₹4,900
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| Dr. Manoj Patel | Dr. Mihir Parikh | Dr. Hema Parikh |

Hahnemann – Organon of Medicine

Aphorism 3 - “The physician’s high and only mission is to restore the sick to health... He must remove obstacles to cure.”

Aphorism 31 - “The susceptibility of the organism is the fundamental condition for disease.”

Aphorism 21 - “Mental and emotional diseases are to be cured in the same manner as all other diseases.”

Kent – Homoeopathic Philosophy / Materia Medica

“The mental state of the patient often governs the course of the disease.”

“The remedy must be deeper than the disease.”

H.A. Roberts

“Rheumatism is not a local joint disease; it is a constitutional state expressing itself in joints and fibrous tissues.”

— *Rheumatic Remedies*

“Disease depends not upon the cause alone, but upon the reaction of the patient.”

— *Principles and Art of Cure*

ICR SYMPOSIUM

VADODARA March 20 - 22 | 2026

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VADODARA SYMPOSIUM MARCH 2026

DR. HITESH PUROHIT

OBJECTIVES:

- 1. LEARNING TO UNDERSTAND HOW KNOWLEDGE OF THE DISEASE HELPS IN SIZING UP THE COMPLAINTS.**
- 2. TO UNDERSTAND THE EVOLUTION OF THE “CHILD” AND THE ROLE OF THE MOTHER/ENVIRONMENT BY ANALYZING THE INTERNAL AND EXTERNAL ENVIRONMENT IN THE GROWTH OF AN INDIVIDUAL.**
- 3. TO DEMONSTRATE THE IMPORTANCE OF WRITE-UP IN UNDERSTANDING BOTH THE DISEASE AND THE PATIENT.**
- 4. LEARNING TO MANAGE THE PATIENT FROM A DISTANCE.**
- 5. TO UNDERSTAND THE IMPORTANCE OF POSOLOGY IN HANDLING THE CASE.**

DIRECTIVES:

EXHIBIT -1: WRITE-UP:

- 1. Give your understanding of:**
 - Stage of the disease
 - Patient–Mother (Pt–Mo) Relationship
 - Remedy Diagnosis
- 2. As a physician, identify the areas you would like to explore and provide reasons for them.**

EXHIBIT – 2: SCR

- 3. Give your understanding of the clinical state with the help of S-F-F-T.**
- 4. Focus on the evolution of the patient by understanding the internal and external environment and the role of the family.**
- 5. Provide the Materia Medica images with appropriate reasons.**
- 6. Give your planning and programming.**

EXHIBIT – 3: FOLLOW-UPS

- 7. Review the follow-ups and take action with justification.**

WRITE UP

Full Name: K B T DOB: 08/08/1988; S E X - Male; Marital Status: Married; Caste : Hindu Lohana
Food: Pure Vegetarian; Alcohol: Tried 2-3 times beer, normally Non-alcoholic, yearly 2-3 time
Educational details: ME (CAD/CAM) 2015 from B, BE (Mechanical) 2010 from , VIDHYA
NAGAR, Gujarat, 12th science from B, 10th from B.

Job details: started in 2010 - December as Graduate engineer trainee in Electeotherm India Ltd, Village S and left in 2012 as have good opportunity with JINDAL saw limited with the designation Sr. Production Engineer. worked for 7 months, then joined HJD institute Kara Kutch, and worked as Assistant Professor for 5 years (completed ME parallel), in 2018 October joined again Electeotherm India limited and changed profile as learning and development professionals in HR.

General details: As I was belonging from middle class family, struggle for money was from beginning my father is youngest in family among 5 siblings, so due to force of his elder brother he preferred to start the business though other siblings got Gov. jobs at that time but as for my father his elder brother was like his father (As my grandfather expired early) he obey all instructions from his brother. It was a business but there was not any sharing percentages, he got monthly salary which was not enough for one family especially after his marriage at around in 1987. When my mother came, she noticed these things but initially she was unable to initiate anything. But especially after my birth, she started facing issues special financial issues. my grandmother was living with us and initially all 3 brothers (My father and his brothers) were living in joint family, but once they got government houses, they shifted with their family and we along with my grandmother were living in rented house. Once my mom realize that money which my father was earning was not enough, she thought to start the job despite of strong negative reaction of my grandmother. She started the job in around 1991, when I was only 3 years old and just started my preschool. We were struggling and hardly manages our expenses. my father was like simple and sober living person he could not put more efforts to resolve our issues. He was knowing everything but was not enough courage to talk enough against his big brother.

Gradually my mom started tuition classes also to manage our expenses. When was around 7, my grandmother expired. In 1999 we purchased our own house by savings. My mother usually talk about all these things as I was the only hope for our family (I was the only child in my family). At that time, I was not having that much maturity but all these things touched my mind deeply, I have seen my mother's struggles and listened her stories and somewhere in mind it was fixed that I need to do something for family and study is the only way which inspires as well as mentally pressurized me for doing better always. it always comes to my mind when I was in 8 or 9 standard that anyhow I need to do best with the studies and it is the only solution for my family as well as for my future.

In 2001 there was earthquake in BHUJ, luckily none of family faced any issue and all were safe. We lived around 2-3 months in joint family again and supported each other very well. In 10th board examination, I got 74 percentages, which was less compare to my expectations... Though I performed very well and knowing most of the things, due to writing or presentation may be score was less. All family members suggested my parents' commerce stream can be taken. Don't chose science, but I was pretty sure that only science could be good for me and I selected the same. I tried hard and put my best, in 12th I got 72 percentages and decided to be an Engineer. I got admission in VIDHYANAGAR and this is the first time when I was leaving my home. Initially, I faced many issues in hostel, food issue was missing home badly, but gradually all things got set. Outside people were very

new for me and it was feeling very insecure. Most of the time I was very much conscious. All things will go well or not. Things were settled slowly and that fear or pressure was always there that inner to perform and need to give efforts for good results. This is the only solution.

Main Disease and complain: In around 2008 the problem has started. Especially in both leg, hip joint, and lower back side. initially it was light pain but by the end of my 5th semester, it was extreme, I got the medicine from local orthopedic but no improvement, only some pain relief was there but pain was that much extreme in both hip joints, that cannot able to walk for toilet. Even if someone touch my feet while sleeping, I just scream. Local doctor suggested to consult spine specialist in Ahmedabad. We went Ahmedabad and got the appointment from Dr. B D (Famous spine specialist in Ahmedabad). Done MRI reports and other tests and he diagnosed bone TB. There was pus in both hip joints, he suggested 6 month treatment and prescribed AKT medicines, and 80 injections daily one. approx. 11 tabs per day. That was the toughest time in my life. Slowly I recovered. Luckily attended my exams because when this started my semester also started in same time. I passed the exams and started my normal routine. But due to this my hip joints were little damaged as diagnosed in reports, but in 2010, approx. in May - June the pain again started. I completed my studies and luckily got the job nearby to my hometown as GET, but could attend only one month and due to pain not able to rejoin then. We consulted Dr Deepak Dave (Famous orthopedic surgeon) in Ahmedabad, he diagnosed something is there like rheumatoid arthritis or spondylitis. We did many blood tests and found HLAB27 positive.

He told at that time when diagnosed bone TB all symptoms were like that, but actually it was ANKYLOSING SPONDILITIS. He told this cannot be cured in only can be controlled. He prescribed medicine for pain control and recommended exercises. Exercises are the only solution what he suggested to live pain free.

We consulted DR SAPAN PANDYA (RHUMETOLOGIST) from Ahmedabad. He told the same. This can be managed only not cured. He prescribed Nicosia 90 & Steroids and suggested exercises. Always he was measuring some length of spine, leg, waste etc. every 6 month I need to consult and there was pain but was not that much extreme. Once I take medicine it was manageable. Gradually started job in SUZLON, then upgraded in Electeotherm 2010 Dec. Meanwhile I was broken from mind that do I live with this lifetime. I started search multiple options to cure this. Found Ayurveda can cure this. Did all treatments of BABA RAMDEV and others, also Nicosia was there but was not taking regularly but twice a day depends on pain. At that time I lived in BHACHAU alone which was very small town. Many things managed alone, food was not that much good, industry was very much hazardous, high temperatures were there around 1400 °C. Especially during early morning was facing pain at lower back and when hectic day the same pain was there. After bath it was feeling somewhat good. With the day passing, it went good and especially in winter, heavy rain the pain increased. I noticed multiple time that cloud impacts it largely. When pain increased, there was cloudy atmosphere. Ayurveda couldn't help much, meanwhile in around 2018, one friend of my father who was homeopathy doctor DR.H. BHUJ, recommended me Dr Hitesh Purohit sir. I thought let's try homeopathy as in allopathic there was no cure for sure.

Personal information:

My height: 5 feet 6 inches weight: 65 kgs.

Nature: I am very emotional in nature also I am very introvert. Before saying something

many times I thought whether I speak this or not. I cannot say my feelings that much easily. I always lived in joint family so when my family siblings uncle etc. all around I feel very comfortable and easy going. When I faced unknown people tough for me. Also I loved my hometown. While during engineering I usually come to my hometown when got chanced. In schooling I was a centric person. I don't know but I like when people appraise me, I got inspired. I like to be the center of the story. In college it was opposite. I was close to my friends, but was very shy. Second I feel very concerned about my parents and family.

In 2013 I got engaged. It was arranged. I and my fiancé had an accident in November 2013. It was a bike accident. Don't know why but what my mother usually says to me for me it became first priority and continues to be in mind till I complete her instruction or feeling. Just like she is operating me. Though she never knows what she is doing but gradually it became like that.

During my teenage it was very difficult for me, as my thought process was changing and her thought process was different. Many times we fought and she hit me also, and I also could not control my anger and start hitting myself because I can't hit her obviously.

I am very happy living and a peaceful person. Generally avoid conflict but once it happens then can't control. And such incidents play a huge impact on mind like for days these would stay in my mind. Hardly can I forget after many other events happen in my life.

In 2014 I got married but the same time I started my ME as I had three years of industrial experience but I was in steel industry and in shift works. Shifts were very tough for me to manage my sleep cycle and food cycle. So I changed my profile as a professor in 2013 mid and started ME as for salary growth it was a must. In the same time due to marriage little fear was there for financial struggle but it was managed. Wife supported me and in 2015 it completed. Salary growth was there.

Spent 5 years in academics but was not that much salary growth

In 2018, I got an opportunity to work with Electeotherm in learning and development hr. this was a good opportunity as I can utilize my technical expertise and growth was good as it was corporate. Also no shift issue. As it was far from my hometown we shifted ADIPUR. Parents were in BHUJ.

Food style: I like Punjabi and Indian food.

Especially full thali style.

Weather: I like generally hot weather and rainy.

Dream: I have a fear from height. When I get a kind of accidental or horror dream, I can't sleep then. When my mother or wife or father any close one keeps hand on me while sleeping I feel calm and all goes well. Close ones touch make me comfortable and I can sleep deep.

Sexual information: I am straight. Liking my friends during college and school time. But not had any girlfriend during the journey. Was hoping about that but not happened. Ha-ha. My sexual life is very normal. We are happy loving each other my wife supported me in every phase of my life.

SCR RECORDING:

| | | | |
|--|-------------------------|---------------------|----------------|
| DOC - 02/07/2019 | MR. KT, 31 YRS | HINDU LOHANA | MARRIED |
| B.E(MECH)M.E(CAD) | VEGETARIAN | | |
| SPOUSE: MRS. KCS 29 YRS H/O MANAGER IN AN ACCOUNTING COMPANY. | | | |
| FA: 59 10TH | MO 54 - GRADUATE | CITY: B. | |

CHIEF COMPLAINTS:

| Location | Sensation | Modalities | Accompaniment |
|---|---|---|----------------------|
| MSS, Locomotors 2009, Rt Hip2/Lt Hip3 Both knee after 4 months >3 in 2010. | Sudden pulsating3 Weight decrease 20 kg Fever: low grade Moderate. Could not stand. walk because of Pain. | <3 Movement <2 lying on Left >warm & Cold appl. >3 - 6 months Rx Injections & AKT. | |
| 12/7/2010 Lt hip | Pulsating pain3 Limping++ | <3walk <Bending <3could not sit with sitting cross legged | |
| Rt Hip | Could not bend | | |
| Lower Back On & off | Pain ++ Stifness2 HLA 27: positive CRP High Rheumatologist Diagnosis Ankylospondylitis | <2 wakes up <2 damp wet <2 lying back >3 Nicosia daily + other tablets | |
| Lt Hip to Knee since 10 days Post lateral | Sudden Pulling Pulsating 3 See X-ray: Report (3/7/2019) | <2 beginning of walk <3 cross leg >gradual walk <2 cloudy/damp <2 evening <2 exertion >2 exercise | |

PHYSICAL CHARACTERISTIC:

- Lean
- Perspiration +, Face2, forehead2
- Craving - Pungent2, Sweet

- Sleep: Good
- Dreams: Falling from Height², Frightful²
- Fan slow, Cover: blanket, Woolen ++, Bath: Tepid to Hot. C3H².
- Fasting < 3 Trembling & Weakness²

O/E:

- WEIGHT: 66.4, BP 130/80
- LIMPING++
- CERVICAL SPINE: FLEXION & EXTENSION OK
- SI JOINT: PAIN POSTURE: LITTLE STOOP
- CHEST SHAPE: NORMAL
- HIP: ROM DIFFICULT ++ INTERNAL ROTATION, FLEXION & ABDUCTION – LIMITED
- PATRICK'S (FABER) TEST: POSITIVE (WRITTEN BY A RHEUMATOLOGIST)

LIFE SPACE:

Mr. K is the only child of his parents. His father is described as calm, simple, and non-assertive, often relying on his elder brother for major decisions. He managed a grocery store based on his elder brother's advice and rarely exercised independent authority within the family. His mother is described as hardworking and emotionally expressive. She is markedly irritable and becomes easily hurt when something goes wrong. She financially supported the family by conducting tuition classes, as she disagreed with her husband's career decisions. She remained occupied from early morning until late at night.

Mr. K's needs were limited and were adequately fulfilled by his parents and grandmother. He shared a close emotional bond with his mother. His upbringing was protective, with restrictions on playing late outside or staying away from home during vacations. He expressed a strong desire to "do something" for his mother once he becomes fully settled in life. As he grew older, minor rifts occasionally occurred between him and his mother over small matters. He mentioned that he sometimes received beatings from his mother; however, he jokingly said that his mother had the right to beat him. He described it as part of the mother-son relationship, saying, "*Ma no maar pan mitho lage*" (Even a mother's beating feels sweet).

Education:

Mr. K performed well academically, securing around 90% marks up to the 9th standard. However, his performance declined in higher secondary classes, scoring approximately 72% in the 10th standard and 74% in the 12th standard. This decline led to dissatisfaction from his mother.

He joined an engineering college near Anand. During this period, he experienced insecurity and anticipatory anxiety. He reported intense pre-examination anxiety accompanied by nausea and gastrointestinal disturbances. The more anxious he became, the more pronounced the nausea. As he progressed through his years in engineering, he constantly worried about his future and job prospects. He had difficulty staying alone in the hostel and missed his parents—particularly his mother. He cried almost daily for six to seven months. Even when he had only two to three days of leave, he frequently visited home.

In the third year of his studies, he developed a friendly relationship with a girl who was from the same town and caste. Both families were known to each other. They used to talk and spend time together. Eventually, he proposed to the girl, but she declined the proposal, stating that she had never thought about such a relationship with him.

They mutually agreed that no one else should come to know about the matter. However, the very next day, the incident became known among their peers. The patient felt intensely ashamed and anxious, particularly about the possibility that family members might come to know about it. The emotional impact lasted for about three to four weeks. Later, he realized that it had only been an attraction. His friends and cousins helped him understand the situation and supported him in coping with it.

Around 2008–2009, his complaints began and eventually required bed rest.

Despite these emotional difficulties, he maintained cordial relationships in the hostel and valued social connections.

Job: After completing his graduation in 2010, he joined a private company as a Junior Engineer located about 90 km from his hometown. He found it difficult to stay away from home and reported missing his family. He was dissatisfied with the work pressure and felt that the job lacked stability in relation to the salary. During this period, his complaints reportedly increased.

In 2012, he changed his job to work closer to home and decided to change his field. According to him, a college job is considered a white-collar job. From 2013 to 2018, he worked as an Assistant Professor in a private engineering college in his hometown. For career advancement, he completed his M.E. (CAD) in 2015. However, the decline in engineering admissions across Gujarat led to feelings of insecurity about his career.

He later joined a public limited company as an Assistant Manager, as it offered better financial prospects. His current workplace is located about 50 km from his hometown.

Marriage: Mr. K married in 2014. His wife lost her mother during early childhood. She is described as very mature and capable of making decisions, but emotionally sensitive and somewhat possessive.

The relationship between his wife and mother is generally cordial; however, conflicts arise regarding the time and attention he gives to both. Mr. K prefers visiting his parents every weekend, whereas his wife prefers that they spend that time together. These differences have led to frequent conflicts. At times, his wife throws tantrums, which causes irritation in Mr. K.

Mr. K is particularly sensitive to negative remarks about his parents, especially about his mother.

Currently, his wife is pregnant, and therefore his visits to his hometown have reduced.

Observation: The patient was limping due to pain. He shared his life situation spontaneously without much provocation. He became tearful while describing his illness and earnestly requested the physician to help him.

INVESTIGATIONS REPORT:

21/07/ 2009: MRI OF BOTH HIP AND SI JOINTS:

MR morphology of altered marrow signal intensity lesions involving left Acetabula roof, Right Ischium and Right SI joint. Moderate synovial effusion on left side. These findings are suggested of infective Etiology Most likely. Right hip and left SI joints are unremarkable.

21/07/ 2010:

- RA-C P TEST (ACCP): 2.3 U/ml
- ANTI NEUCLEAR ANTI BODY (A.N.A): 0.61
- A.N.A INDEX (AI): NEGATIVE
- HLA B 27: **POSITIVE**
- CBC: Hb: 13.80 gm %, RBC: 5.38 mill/ mm^3 , WBC: 10800 / mm^3 , Platelet count: 245000/ mm^3 , Polymorphs: 65%, Lymphocytes: 27%, Eosinophils: 03%

- ESR: 20 MM/HR
- S. Creatinine: 0.80 mg%
- S. Uric acid: 6.46 mg %
- Rheumatoid factor: 2.3 IU / ml

MRI OF BOTH HIP AND S.I. JOINTS:

F/U case of tuberculosis, Present scan shows altered marrow signal intensity lesions involving right Acetabula roof, head and neck of right femur, right ischium and left inferior S- I joint. Mild to moderate synovial effusion on right side. Early Degenerative changes involving hip joint

21/07/2010 TAB NICOXIA 90MG ONCE/DAY AFTER MEAL X 3 MONTHS

22/ 07/ 2010 X RAY LUMBOSACRAL SPINE (AP & LT):

BILATERAL SACROILIITIS IS SEEN? DUR TO ANKYLOSING SPONDYLITIS? KOCH?

X RAY PELVIS WITH BOTH HIP (AP):

Bilateral Sacroiliitis is seen? Due to Ankylosing Spondylitis? Koch? Decreased joint space of both hip joint is seen.

04/08/2013 X RAY DORSO LUMBAR SPINE (AP & LT):

Bilateral Sacroiliitis is seen.

X RAY PELVIS WITH BOTH HIP (AP):

Decreased joint space of both hip joint is seen

EXHIBIT – 3 FOLLOW UPS MR K

CRITERIA:

| | | | |
|----|--------------------------|----|-----------------------|
| 1. | Energy | 5. | Pulsating pain Hip |
| 2. | Anxiety/Stress | 6. | Limping |
| 3. | Sleep/Dreams | 7. | Back: Stiffness I/F/D |
| 4. | Hip – Pulling pain Rt/lt | 8. | Lower back Pain I/F/D |
| | | 9. | Knee I/F/D |

PT IS TAKING: NICOXIA DAILY OD + SOS ACCORDING TO PAIN

Treatment started: 2/7/2019 pt is going back to B (450 kms away)

ACTION – A

3/7/19: HB: 14.1, WBC; 9400, 62,32,02,04, ESR: 26, HLAB27: Positive ++. CRP: High -20 (up to 4); Interferon Gamma Release: 0.01 (negative)

X-RAY: PELVIS WITH BOTH HIP & LT. HIP LATERAL:

The head of the femur shows multiple cystic & sclerotic areas in the subchondral region, mild contour deformity, and marginal osteophyte lipping, and reduced space, suggestive of OA changes.

ALL THE FOLLOW UPS ON PHONE

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | ACTION | |
|--------------------------------|--|----|---|-------------|---|---|---|---|---|-------------------------------------|--|
| 17/07/19 | G | > | G | >20 TO 30 % | | | | | | | |
| 26/07/19 | G | >2 | G | 0 | 0 | + | > | 0 | | | |
| | Stiffness ++ , 2 hours in am , Mild pain persisted Necoxia once/2 days | | | | | | | | | ACTION B | |
| 21/08/19 | Rainy days Pain ++ Lt hip as Stop Nicoxia | | | | | | | | | | |
| 01/09/19 | Same required Nicoxia sos | | | | | | | | | ACTION C | |
| 03/10/19 | G | G | G | + | 0 | + | 0 | 0 | 0 | | |
| | WORK LOAD ++, Audit ++ No complaints, Playing T.T+ cloudy hence pain related to playing & weather. No difficulty in walking. Occ take Nicoxia. CRP 11. , ADV - HLAB27 | | | | | | | | | ACTION D 2 WEEKS | |
| 10/10/19 | NO pains , HLAB27 : NEGATIVE | | | | | | | | | ACTION E: 5WEEKS | |
| 07/12/19 | No complaints Occ. take Nicosia for pain | | | | | | | | | ACTION : F 4 WEEKS | |
| 19/02/20 | Was >3. Morning stiffness+ Because of winter. No medicines for 4 weeks Exertion ++, TT daily Occ. Nicosia CRP: 2. CBC : N | | | | | | | | | ACTION : G | |
| 17/04/2020 | Covid time. Doing up down work load ++, mild pain | | | | | | | | | ACTION H | |
| 22/05/2020 to 05/08/2020 | No major complaints. Irregular in report Take Nicosia in may once in 4 to 8 days. Later on no Nicosia no complaints | | | | | | | | | ACTION I 4 WEEKS (TWICE SENT) | |

| | | |
|----------------------------|---|-------------------------------------|
| 06/08/20 to 07/05/21 | Pt. was stabilized. Had covid. Settled with C R. Wife delivered baby girl. Stress ++ as mother == wife difference which increased pain. Medicines sent for 4 weeks usually phone comes after 6 to 7 weeks. | ACTION : J (4/9/2020) 4 WEEKS |
| 22/06/21 | Pain for 1 min specially while driving car & changing gear. Stresses ++ at home pt ==wife | ACTION :K COVID TIME |
| 10/11/21 | 3 times medicines sent At home front stress++ wife developed post-partum psychosis. Conflict ++ wife & mo. Wife could not go at parents' home because of step mo., expected mil will take care but difference in expectation of both. Pt complaints ++ | ACTION:L |
| 2021 -2024 | Overall pt stable. Irregular reports 2022: went to orthopedic. Metaliik implant in situ for left thr. | 4 WEEKS |
| 09/09/24 | Shifted to Baroda Met 1 st time after case definition joined pvt ltd as Manager, very good perks. Shifted from b because triple rise in salary & growth | |
| 2025-2026 | Pt is continue Wife & daughter case defined Wife diagnosed MDD initially took the help of psychologist, Rx, now gradually stabilized with homeopathic treatment. Stress ++ of wife = mother /pt. Pains Occ increased Regular reports done as executive check-up : normal | FROM 31/7/25 |

06/07/ 2019 Quantiferon TB Gold: Interferon gamma release assays: 0.01 (negative)

FOLLOW UPS INVESTIGATION REPORT

07 / 11/2019 XRAY PELVIS WITH BOTH HIP JOINTS (AP) & LEFT HIP LAT.

Head of left femur shows few lytic- cystic and sclerotic areas in subchondral regions with minimal altered contour of left femur head with Marginal Osteophyte with reduction in joint Space Suggestive Osteoarthritic changes.

12 / 11/ 2021 XRAY PELVIS WITH BOTH HIP JOINTS (AP) & LEFT HIP LAT.

Known case of Ankylosing Spondylitis. Subchondral sclerosis is left femoral head noted. Left hip joint space is significantly reduced. Femoral Osteophyte noted.

VADODARA ICR SYMPOSIUM MARCH 2026

DR. JAGRUTI DHABUWALA

OBJECTIVES:

1. *Learning*: Telemedicine Case Taking challenges in an elderly bedridden partially deaf lady in agony amidst the COVID Pandemic.
2. *Demonstration*: Sound application of Aphorism 3 in order to understand what is to be treated in the case & how to apply various knowledge by the physician.
3. *To understand*: Predisposition-Disposition-Deviation—Disease Expression while erecting the totality.
4. *To understand*: Miasmatic/Symptoms Movement in Evaluating Remedy Response.
5. *To understand*: the Concept of Mixed Miasms & Remedy Relationship to choose Right Action.
6. *To Learn Homoeopathic Prognosis*: in terms of
 - Future Course of Disease
 - Level & Extent of Possible Improvement
 - Expectations in Terms of How Long to continue treatment and stop medication (the end point of the treatment)

Case is given in the form of Exhibits. Under each Exhibit directives are given separately.

Patient's Name: Mrs. I: 97yrs old /F/Divorcee/stays at A, Mumbai with D's family. (Close to PP's Residence)

CASE REGISTRATION ON 21/4 /21:

EXIHIBIT - I

On 21/4/21 12:00 noon received call from some unknown lady:

She introduced her as a friend of my neighbor (Parsee) who had given my contact no. It was regarding her friend's M (Parsee) having some illness & wanted to consult me for Homoeopathic treatment. So, the pt's relative might call up for the appointment. The pt is M of famous bakery A, near PP'S residence. After ½ hr I received call from grand D, saying that her Nani is 97yrs old, having non healing ulcer in left 4th toe, very painful, not better with no. of allopathic drugs. Can you help her? I told her to bring the Nani to the clinic as need to see her. She was reluctant to bring the pt to the clinic as did not want to take risk in pandemic & difficult to take her out as was on wheelchair following # Rt femur 2yrs ago. Grand D continued, "Her all toes are having deformities since a long time due to RA. Because of ulcer, Nani is not allowing me to separate toes. All this happened since Jan21. So we try to keep gauze piece in between toes." She kept on requesting to see Nani on video.

Directives:

1. **What do you want to do?**
2. **How would you like to proceed?**

EXHIBIT- II

Grand D was asked to send photos & then call up again.



Directives :

- 1. Do you want to accept the case? Give your grounds.**
- 2. What would you like to talk to grand D?**

EXHIBIT - III

Case Details were taken on Whats App audio at 1pm from grand D who looks after her primarily which were as follows:

PATIENT'S NAME: 97yrs old, Mrs. I /F/ Parsee/Divorcee/stays at A with D's family.

A tall thin fair Irani Parsee lady who is bed ridden since 2yrs following # Rt femur & moves in the house on wheelchair. She is deaf ++since many yrs. So, they cannot converse easily with her personally or on video. K/C/O Well established RA with deformities of toes since young age with severe OA both knee joint since many yrs.

She was active throughout her life & deformities of toes /OA knees not affected her routine life. 2yrs back, she had a fall & got # right femur. She was operated with plate & screw. Later, she was not rehabilitated well due to severe OA knees. Since then, is on wheelchair. Otherwise, she did not have any issue in past.

Since Jan/Feb21 ---Developed nonhealing ulcer on 4th left toe on lateral side, painful with swelling of 2nd, 3rd, 4th toes with bluish discoloration. Tried no. of allopathic drugs-inj. antibiotics, candid cream, tab Metronidazole etc. with no relief. They had visited a surgeon who also said that nothing could be done. Finally, some suggested to start with Homoeopathic treatment & came to me through my neighbor's friend's contact.

CHIEF COMPLAINTS:

| | | | |
|--|---|-------------------------|--|
| 1) Lt foot 2 nd -4 th toes sudden & paroxysmal Sudden on & off Since 3mths | Pain+ Feels cold draft on leg & covers/ Uncovers on & off | <touch+++ <evening++ | Agitated Abuses, curses Gives bad words to others with pain |
| ↓ Since 2mths | Redness + Swelling+ | | Doesn't allow anybody |
| 4th toe Since 3 mths | Ulcer-nonhealing Painful++intolerable Deep+ | ➤ elevation | to come close or touch |
| Since 1 mth | Ulcer - Size increased+ Discharge-serous No bleeding | | Keeps on rubbing on foot/calf |
| Since 2-3wks | Bluish blackness Swelling++ Pain++ | | Shouts & screams with pain Cries like a baby with pain Sleep disturbed |
| 2) Foot-Knees Since 1 ½ mths sometimes | Icy coldness | | |
| 3) Knees both Since many yrs | Pain++ cannot walk after # rt femur+ with OA Knees bilat. | >Keeps on rubbing | |

PATIENT AS A PERSON:

Appearance: Delicate, Bony Skeleton Body Tall, Thin Fair. Emaciated Since Last 20yrs

Appetite: Low -says, “Due to old age/not walking/you make me fat “

Craving: MOODY- ‘RISAI NE BESI JAY, PYARTHI SAMJAVU PADE’ & insists for feeding.

Teeth- Extracted all teeth since youth, 30yrs of age

Stool/Urine/Menstrual H/O: NAD

OH: 1D-with whom she is staying; 2 sons- 1passed away 15yrs ago; 1 son-abroad

Perspiration: scanty

Sleep: now disturbed due to pain/suddenly gets up from sleep, shouts/screams with pain

Dreams-?

Thermal: Fan <Cramps Legs in W+S-on 3 Since 2-3yrs; (H/O on 4-5 in past)

A/C + needs cool pleasant atmosphere

Covering: W+S-quilt up to hip/neck

Bath: warm always SUN: NO<

P/H: # Rt femur internal fixation with plate & screw; No H/O DM/HPT/other illness

F/H: B-died of blood cancer

LIFE SPACE DATA:

(D did not know much about her past. The pt has memory loss. So grand D gave data from her observations)

She was divorced at young age & her B helped her at that time. Also, she had her own saving. So, they did not face any financial diff after divorce. She is HW, hardworking, independent & helping by nature. She brought up almost 35 children which included her own children+ siblings/cousins. She is ‘sweet heart’ of the family. She takes care of others too. She is Sentimental, helps others, sensitive to pain of others & Godly person. She has seen death of sibling suffering from cancer. She is attached more to the D. She is FASTIDIOUS, maintains CLEANLINESS & is TIME PUNCTUAL. She is Health conscious+++ , likes to be a fit lady. So used to do regular cycling & swimming. She used to walk miles & miles & was a boxing trainer & used to do wt lifting/holding. She advises health-conscious tips/good talk to others. She is jovial & polite person. She is not fussy/non- demanding /not socializing by nature. She is Nature loving person. Loves gardening since youth. She keeps no. of pet animals-parrots, dogs, plays with them, takes their complete care & feeds them etc. She is Irritable by nature but does not express. She has a lot of emotional suppression in life. At time of hospitalization for #femur, she developed fear alone+3. She used to say, “Don’t leave me alone.” She had Impact++ due to surgery as felt they would leave her. She has a lot of pain tolerance., even with #. But since toe C/O, cannot tolerate pain. Her behavior has changed-screams, shouts, weeps, moans with pain.

Does not allow anybody to come close to her or to clean the ulcer. She keeps on rubbing It leg/calf/foot (not toes). Kicks if anyone tries to clean, shouts – “mane bachao, better to die than bear, hurts others & gives bad words, God will judge you.”

At the end, Grand D said, “We are not interested in giving any more allopathic medicines, hospitalization, or any active surgical intervention. They do not mind about any outcome. We cannot see her in pain. You do your best in giving her relief with Homoeopathic drugs. Thank you very much & God bless you.”

DIRECTIVES:

1. Analyze the document under:
2. Give your comprehensive understanding of clinical diagnosis with reasons.
3. Give your understanding of premorbid-deviation-morbid personality & miasmatic movement.
4. Choose an appropriate approach by locating individualizing symptoms
5. Erect the totality & come to the similimum.
6. Give your understanding of susceptibility & posology
7. How do you like to manage the case?
8. Give your follow up criteria. What do you expect to change in the follow up?

EXHIBIT—IV FOLLOW UP FROM 21/4/21---- 18/5/21 ON VIDEO

| Date | Pain/ Coldness | Swelling | Discharge | Discolouration | Mood Sleep | Action |
|----------|----------------------|----------|-----------|----------------|---------------|--------|
| 21/04/21 | | | | | | ?? |
| 23/04/21 | > | | | | >/> | ?? |
| 25/04/21 | SQ | | | | | ?? |
| 27/04/21 | >+ | | | | slept | ?? |
| 05/05/21 | >+ | | occ | | >/> | ?? |
| 11/05/21 | S | | Yellowish | Bone exposed | S | ?? |
| | (To See Photo Below) | | | | | |



11/5/21 BONE EXPOSED

18/5/21 ON VIDEO: SQ

Screams /weeps with pain, covers leg for some time & removes, rubs leg /foot, goes to sleep after sometime. Again, gets up with sudden pain with screams-mane Bachao--- ('Pag thando thai gayuo che, thando pawan lage che, mari jav to saru, dukho sahan thato nathi')

Sometimes > cold appl

Action: ??

EXHIBIT —V

25/5/21 D+Grand D came to the clinic for follow up: Both were interviewed together.

Data collected: (D was crying continuously with M's suffering, at times was sharing her family issues & at times of M. Also not able to say everything in detail as she also has weakness of memory.)

She has painful life, was divorced twice. D belongs to 2nd H. When D was 3-4yrs old, the pt was divorced. So, D does not have any details regarding divorce situation. At that time, she was staying in Hyderabad at ancestor bungalow. Later, she sent her children to the boarding school at Mumbai/Pune. So, D was away from her since young age. Once she came to stay at MA's place at Mumbai. Her B's son cheated her & sold the property without her knowledge. Since then, she stayed at MA's place at Mumbai. After MA passed away, she stayed alone there. It is close to D's place. She used to visit D's place to look after her children when D used to go to bakery shop which is next to her bldg. With the age she found it difficult to do up & down. Finally, D insisted her to stay with them as is staying nearby. Since a few yrs, she is with D's family. D is married to her S's son. D's family is consisted of her H, 1D (32yrs) & 1Son (35yrs). This Grand D is engaged but does not want to marry now as her fiancé has some financial issues. So. Both families have mutually decided to delay the marriage. Her son is married, but facing divorce issue with his wife currently. Initially the pt. used to feel awkward to stay at D's house but later accepted it. All look after her well. D's H is also very supportive. All are very close to her & not want her to undergo all pain of surgery/amputation & want her to die in peace— 'I can't see her in pain', D said.

The pt has some mental illness. Details not available.

'Once she took a knife, ran down to catch rickshaw, D tried to pull her out. At times she hallucinates- '2-3 man are looking at me.' 'Sees servants are robbing money. Somebody has taken away my slipper' since a long she likes 1 beautiful purse (gifted by B) in her hand & keeps inhaling /holding Vicks inhaler. Sometimes keeps on praying, kissing, giving blessings, singing—'Kaipan ganda ghelu karya kare mummy'. **When she is ok**, likes to watch cricket, active, time punctual, likes cleanliness & everything in order. There used to be disputes between she & her S (D's MIL), staying in the same bldg. S passed away in Dec20. At that time the pt fainted with some mental shock. After 4-5days of fainting episode, they noticed that the pt. started complaining of pain+ redness +swelling in toes.

During pain: irritated, abuses, curses- 'you will get such a problem.'

P/H: operated on right ear when was young & is deaf since then. Sleeps on left side, gets pain in left shoulder due to it. Left side B.P./pulse not able to record. Patient is SQ in today's follow up.

Relatives not ready for simple blood tests like CBC, blood sugar, USG Doppler LL due to pandemic

Directive:

1. **Give your EET.** Whether your understanding changes for person diagnosis/totality after undergoing above document?
2. Give your remedy response analysis & action.

VADODARA SYMPOSIUM MARCH 2026

DR. NILESH KARIA

OBJECTIVES:

1. **TO UNDERSTAND** STRUGGLE OF A SENSITIVE LADY IN BALANCING THE IMAGE IN SOCIETY, AND HOW CONFLICT IN HER PERSONAL LIFE PRODUCES INTERNAL IMBALANCE RESULTING IN SOMATIZATION.
2. **TO UNDERSTAND** THE CORE DISPOSITION OF A PERSON WHOSE SENSITIVITY TO HURT AND INABILITY TO REACT LEADS TO SUPPRESSION OF EMOTIONS, EVENTUALLY RESULTING IN THE DEVELOPMENT OF DISEASE.
3. **UNDERSTANDING** HOW AUTOIMMUNITY PROGRESSES TO A DEEPER LAYER OF DEFENSE-FROM THE CUTANEOUS TO THE MUSCULOSKELETAL LEVEL (ECTODERM TO MESODERM) – UNDER SUPPRESSIVE TREATMENT.
4. **LEARNING** TO DIFFERENTIATE CLOSELY RELATED REMEDIES BY KEEPING THE CORE OF THE CASE AT THE CENTER, WHETHER THROUGH REPORTORIAL OR NON-REPORTORIAL APPROACHES.
5. **LEARNING** HOW TO TAPER IMMUNOSUPPRESSIVE DRUGS IN AUTOIMMUNE DISORDERS IN COORDINATION WITH A MODERN MEDICINE PRACTITIONER WHILE MANAGING THE CASE.

DIRECTIVES:

1. PROVIDE YOUR CLINICOPATHOLOGICAL UNDERSTANDING OF THE DISEASE CONDITION BY ANALYZING THE DISEASE ACTIVITY AND THE IMPACT OF TREATMENT ON MANIFESTATIONS ACROSS VARIOUS SYSTEMS.
2. PROVIDE YOUR UNDERSTANDING OF THE PATIENT AS A PERSON BY ATTEMPTING LIFE SPACE TABLE (LST) AND ESSENTIAL EVOLUTIONARY TOTALITY (EET).
3. PROVIDE YOUR FINAL CORRESPONDENCE BY OUTLINING THE APPROACH, TOTALITY, AND DIFFERENTIATION OF CLOSELY RELATED REMEDIES, FOCUSING ON THE CORE UNDERSTANDING OF THE PATIENT'S DISPOSITION.
4. PROVIDE YOUR PLANNING AND PROGRAMMING WITH THERAPEUTIC PROBLEM DEFINITION (TPD) AND THERAPEUTIC PROBLEM RESOLUTION (TPR).
5. CONDUCT A FOLLOW-UP ANALYSIS AND PROVIDE YOUR ACTION WITH JUSTIFICATION.

Send your working to Dr. Nilesh Karia – hetvik@gmail.com

PRELIMINARY INFORMATION

Date of consultation – 17-10-2020

| | | | | |
|------------------------------------|-------------------------------|-------------------------------|---|------------|
| Name – Mrs X | Age – 45 | Sex – Female | Religion – Hindu | Vegetarian |
| Education – 6 th std | Occupation – Housewife | Father-Farmer-78 | Mother - Housewife + Farming-72 | |
| Sister – 1 Elder/3 Younger | | Brother – 1 Elder – 1 Younger | | |
| Referred By - One Physician Friend | Husband – 50 Yrs- Businessman | Son -20 yrs. Study BBA | Daughter – 25 - B Pharm – Service in hospital | |

CHIEF COMPLAIN

| LOCATION | SENSATION AND PATHOLOGY | MODALITY | ACCOMPAN YMENT |
|--|--|--|----------------|
| <p>Since 2012 -13 scalp occipital region relapsing off and on depends on modality</p> <p>nail</p> <p>presently 2020 scalp occipital region</p> | <p>Itching ++ scaling ++ big thick patch gradually increased scratching □ bleeding – hair fall from the patch every year it re appear in mild form but never completely gone</p> <p>brittle and easily breaking – pain 2 sometime</p> <p>scaly patch with itching still persist</p> | <p>?a/f anxiety about family issue <3 winter < a hair wash >applying oil >temp with allopathic ointment and shampoo off and on <2 mainly in winter >using medicated shampoo</p> | |
| <p>Since dec 2019</p> <p>foot TMT and toe and ankle joints</p> <p>PIP and CMC joints WRIST joint</p> <p>presently small peripheral joint hand and foot</p> | <p>Pain 2 Swelling 2 Stiffness 2 more in morning for 2-3 hours Difficulty in doing house hold work</p> <p>Sometime there was fever and chill with severe pain and swelling of joints (freq and duration not fixed)</p> <p>Pain and stiffness 30-40 min in the morning No much swelling no fever no chill But feels weak 2 exhausted Stiffness 30-40 min in morning</p> | <p>A/F Anxiety/ grief <3 morning <3 cold and dry environment >allo medicines <2 sour food</p> <p>>medicines <exertion 2 <3 morning Tab deflo 6 mg od Tab hcqs 200 od Tab methotrexate 7.5 mg 2/7 Tab akilos p sos for pain Antacids Multivitamins Calcium</p> | |
| <p>Face skin Since 2-3 years Malar region</p> | <p>Hyper pigmented spots Asymptomatic</p> | <p>< b menses <2 sun exposure >ointment given by allo doctor</p> | |
| <p>Metabolism Since last 1 years 2019</p> | <p>Dyslipidemia Sometime feels dyspnea</p> | <p><exertion Tab atorvastatin 10 mg</p> | |

P/H - 2014 – pt had complain of sudden severe pain and swelling of joints hands, shoulder, elbow – done all investigations during that time – vit b 12 deficiency detected – treated accordingly – d 1-2 month

F/H

1. Father healthy – age related OA – knee
2. Mother – Hypothyroidism – Hernia (operated) – Hepatomegaly
3. Mother □ after son's death– she developed sever bouts of vomit and multi organ involvement – hospitalized
4. One younger brother – dengue and expired in the complication in that – 2006
5. One brother – having polycythemia vara – Hb – 22 – has to donate blood on and off
6. One sister – multiple joint pain (?diagnosis)

PHYSICAL GENERAL

- **Perspiration** - Profuse in summer – whole body; Odor – offensive in axilla; no **stain**
- **Skin** - dryness in general and cracks in soles < winter
- **Appetite** – good, can tolerate hunger
- **Craving** - Breads 3 pizza 2 spicy 3
- **Aversion** - Milk 2 potato 2
- **Food aggravation** – **not in general but** – joint pain < sour, lemon 2
- < **Riding in carriage** – 2 – has to take anti emetics before travelling
- < **Bad odor** – 2 smells of allopathic medicines 2 – lead to nausea sometime vomiting (pt shared that I can't see blood even)

MENSRUAL HISTORY

- FMP – 13 years
- PMP –regular – 30 d/ 4 d bleeding; normal – red – not offensive - Stain 2 indelible
- But since last 3-4 years sometime there is heavy flow – shown to gynec – USG uterus normal

OBSTRETIC HISTORY - 2 FTND – no complain during pregnancy or delivery

SLEEP – sound – but sometime disturbed when there is pain in joints

DREAMS

1. Falling from high place
2. Falling from bed – startled during sleep
3. Robbers came in the house

LIFE SPACE

The patient was referred by a homeopath who is a friend of the patient's daughter. Therefore, the daughter was already aware of the kind of information required about the patient's life in order to understand the patient as a person and her complaints.

The patient reported that her childhood was spent in a village near the town G. Her father was a farmer and her mother was a housewife who also helped with farm work. Both parents were

quite loving, caring, and supportive. The patient was the third among seven siblings. She had one elder brother and one elder sister, three younger sisters, and one younger brother. Her childhood passed very pleasantly under the good care and guidance of her grandparents, as her parents were mostly busy with farm work.

The patient studied up to the 6th standard in the village school, where classes were conducted from 11 a.m. to 5 p.m. She was very good in her studies and usually scored good marks; however, she had difficulty with mathematics. She found it confusing to calculate sums and therefore experienced some difficulty in that subject. She wished to continue her studies further, but she was not allowed to do so for two reasons. First, there were no educational facilities available in the village beyond the 7th standard. Second, as her elder sister was about to get married, she was asked to learn household work, as it was expected that she would need these skills after her own marriage. The patient said that she requested her parents to allow her to continue her education, but they refused, and she had to begin doing household work. She felt angry for some time, but eventually she accepted it as the need of the time and started engaging in household responsibilities.

By nature, the patient was a very calm and cool-natured girl. She used to work carefully and perfectly; however, her work was time-consuming, so her speed of work was slow. The patient said that she gets confused if two or three tasks are given to her at the same time, but she performs well when tasks are given one by one. She was very close to her grandmother, who was very kind-hearted and also very religious. The patient said that she liked performing pooja and singing religious songs (bhajans and aarti) with her grandmother. She used to feel angry when someone teased her by saying things like, “You don’t know anything” or “You cannot do anything.” However, although she felt bad, she never said anything to elders. She believed that such feelings should be kept within and that one should simply concentrate on work.

The patient got married at the age of 20. Her in-law family consisted of her parents-in-law, her elder brother-in-law’s family, and five sisters-in-law. By the time she entered the family, all three sisters-in-law were already married. Her husband was the youngest in the family. The family owned farms in a village near the town G, which were managed by her father-in-law. Her elder brother-in-law was running a machinery shop in the town P, while her husband was handling the shop in Rajkot. They lived together harmoniously for about six to seven years and later separated mutually with equal sharing of the property. The patient described that period of staying together as a very good time. She cared for her parents-in-law as if they were her own parents, and therefore they continued to stay with the patient’s family. Her father-in-law was very kind-natured, whereas her mother-in-law had an orthodox mind set and often used to nag about household work. However, the patient accepted this, saying that her mother-in-law was simply like that.

The patient has two children. Her daughter has completed **B. Pharm** and is currently working in a multispecialty hospital in Rajkot. The patient mentioned that her daughter has an angry nature similar to her father. Her son, however, is very calm and cool-natured like the patient herself. He is currently pursuing **BBA** and wishes to pursue an **MBA from Australia**, for which he is preparing.

The patient shared that her husband is very angry and perfectionist by nature. He wants everything to be perfect and done on time. Being a housewife, the patient had many

responsibilities; however, her husband expected to be attended to first. Therefore, during the morning hours, the patient remained in an attentive state as her husband had to leave for the shop and she had to keep everything ready for him. In such situations, the patient would become agitated and sometimes make mistakes. Her husband would then shout and make comments such as, “You don’t know anything” or “You don’t have any capacity.” While sharing this, the patient became very emotional. She said that such comments hurt her immensely and made her feel angry, but she never expressed it. Instead, she would weep for some time, compose herself, and then start working again. At times, the children would also make similar comments. On such occasions, she would reply, “Amari vakhat e tamara jetalu bhanvanu ane ava mobile TV natha, etle amne badhi khabar padi jai.” (In our time we did not have as much education or access to things like mobile phones and television as you do now, so we did not know everything.) However, most of the time the patient does not react. She keeps her feelings within, becomes disturbed internally, and then tries to keep herself busy with work.

Suddenly, the patient asked whether there is any correlation between mental stress and physical complaints. She then shared that she went through significant personal tension during 2011–2012. During that time, she noticed a change in her husband’s behaviour, as he started becoming angry over trivial matters and would scold her for small issues. One day, he expressed his desire to develop a friendship with one of their relatives. The patient also knew this woman, who used to visit their house regularly. Initially, the patient strongly opposed the development of such a relationship. However, over time, her husband’s behaviour worsened. Eventually, the patient stopped resisting when her husband spoke to the woman on the phone, and the woman also continued to visit their house frequently. At times, her husband would return home late, and on many occasions he would eat outside rather than at home. All these circumstances increased the patient’s mental tension. The patient said that she was unable to share this situation with anyone, as it might affect the image of the family. If she resisted, it would lead to quarrels within the family, and both of them would then be unable to explain the situation to others. She said that she did not have the courage to retaliate, and therefore felt it was better to keep everything within herself and pray to God to give her husband the good sense to understand the situation. The patient said that she eventually felt it was better to allow her husband to maintain that friendship rather than face daily chaos and quarrels in the family. However, she felt deeply disappointed and hurt by the relationship. She mentioned that it was during this period that her psoriasis erupted. The relationship continued for a long time, but over the last one to two years her husband himself stopped the association, and now the situation in the house is comparatively stable.

The patient shared that her mother-in-law was very strict and had an angry nature. She used to nag the patient about household work throughout her life. However, toward the end of her life, when the mother-in-law suffered from paralysis and remained bedridden for about one year, the patient took utmost care of her until her last breath. The patient used to pray for her mother-in-law and regularly performed kirtan and bhajan so that she could at least hear them and attain peace in her final days. While sharing about the death of her mother-in-law, the patient became very emotional and started weeping. The patient expressed that she felt as if she had lost her real mother. She also felt that her responsibilities had increased after the death of her mother-in-law, as earlier there was someone in the family who used to take social decisions and attend to family matters. After her mother-in-law’s death, the patient began to feel alone and anxious, especially during social or family situations where she had to go alone or make decisions herself.

Following this event, the patient started experiencing joint pain. Gradually, the pain increased to such an extent that she was unable to perform her normal household work, particularly during the morning hours. Her daughter then took her to the hospital for consultation. After investigations and clinical history, she was diagnosed with **psoriatic arthritis** and was started on allopathic medication.

During the blood investigations, **dyslipidaemia** was also detected as an incidental finding, and she was started on anti-lipid medication as well.

Before beginning the life space data, the patient's daughter shared the following information about the patient:

She mentioned that the patient is a very innocent and simple kind of person who always tries to think positively even in tense situations. The patient often says that one should trust in God, as He will take care of everything. She also keeps many fasts and makes *manta/badha* (religious vows) for the successful outcome of any work. The patient is very strict about a non-vegetarian diet and does not allow non-vegetarian food to be eaten inside the house, although her daughter and husband are very fond of eating it.

The patient is very emotional and gets hurt easily, especially when someone says, "You don't know anything." On such occasions, she immediately starts weeping. If someone tells her that something is her fault, she becomes extremely angry and reacts by saying, "When I have not done anything, why do you blame me?" The patient is always busy with household work and remains somewhat agitated about finishing tasks. Although her speed of work is slow, she performs her work very carefully and perfectly.

The daughter also mentioned that the patient lacks confidence in herself and is often confused while making simple decisions, such as choosing clothes, deciding what to cook when guests arrive, or what to wear when going out. She also shared an interesting observation: the patient often starts explaining situations that are not directly related to her. For example, if something happens in the family outside the house, she feels the need to explain it because she fears being blamed for it.

Since the death of the grandmother (mother-in-law), all responsibilities have come upon the patient, and since then she has remained tense. The daughter also frankly expressed that the patient does not have much capacity to handle increased responsibility or decision-making.

EXHIBIT -2 FOLLOWS UPS

17/10/22 –O/E

| | | | |
|---------|-----------------------------|--------------------|----------------------------|
| WT | 83.5 kg | JOINTS – OF HANDS | TENDER+; ROM IS GOOD |
| BP | 130-90 mmhg | WRIST | TENDER+; ROM IS GOOD |
| P | 87 | ELBOW AND SHOULDER | OK |
| O2 | 99 | KNEE | NO SWELLING |
| OCCIPUT | POWDERY SCALE ON SCRATCHING | ROM | PAIN ON FOLDING/ SQUATTING |
| NAIL | BRITTLE OF TOE AND FINGERS | | |
| FACE | DARK SPOTS AT MALAR REGION | | |

FOLLOW UP CRITERIA

| | | | |
|---|--|----|---------------------------------------|
| 1 | Multiple joint pain and swelling | 6 | Anti-lipid medicines |
| 2 | Allopathic drugs –STEROIDS/ MXT 0.25/ HCQS/ pain killers | 7. | Reports |
| 3 | Psoriatic patch at occiput itching/ scaling | 8. | o/e joint tenderness/ swelling/ WT/BP |
| 4 | Nail – brittle | 9. | Action |
| 5 | Dark spot on face | | |

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|----------------|--|----------------|---|---------|--------------------|---|---------------------------------------|---|
| 17-10-20 | | Adv to taper steroids/ pain killer sos | | | | Atorvastatin 10 mg | | Bp 130-90 wt -83.5 Joint exam-written | 1 |
| 7-11-20 | > | Only HCQS/ MXT 2/7 | > | | | s | | 120-80 joints > | 2 |
| INVESTIGATION DONE - Hb 12 Tc 7510 Dc wnl Pc 2.92 Esr – 16 CRP – 1.83 S CREAT – 0.83 Talk with physician – explain to taper of steroids | | | | | | | | | |
| 27-11-20 | < cold weather | s | Scaling itch + | | Lighter | S | | 120-80 joint p/s + | 3 |
| 12-12-20 | No | S | > | | Lighter | S | | 120-80 joints rom> | 4 |
| 9-1-21 | NO | S | > | | | S | | JOINTS ROM OK | 5 |
| | | | | | | | | | |

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|--|-------------------------------------|-----------------------------|-------|---------------------------------------|---------|----|--|-----|
| 18-1-21 | + < dry cold wind Rt knee pain 2 < a travelling | S | + | | | S | | Small joint p/s + Knee | 6 |
| 30-1-21 | Knee pain ++ | Stop – hcqs Mxt 7.5 once in week | > | | | S | | Knee pain tend + rom reduced Wt 82.5 | 7 |
| <p>Shown to orthopedic surgeon – x ray – knee – early OA changes rt knee – adv - sos pain killers – and weight management Reports done - ESR – 10 URIC ACID – 3.12 – s.chol – 172 tigr – 102 hdl – 57 – ldl – 102 fbs – 89 – rest other reports normal Talk with the allopathic physician – ready to stop - hcqs – now only – mxt 7.5 mg once in week , atorvastatin continued</p> | | | | | | | | | |
| 19-2-21 | >2 in knee pain | Only mxt 0.25 1/7 | > | Photo | > | S | | Knee > 120-80 | 8 |
| 6-3-21 | OK | S | > | | | S | | R | 9 |
| 3-4-21 | knee pain/swelling+ ortho advised pain killer | S | Ok | > | | S | | R (covid era) | 10 |
| 3-5-21 | Pt is covid positive – all investigations done – HRCT as well – mild intensity – antibiotics and temiflu given | | | | | | | R | 11 |
| 19-6-21 | Ok | Stopped | Ok mild scale | > | > | Stopped | | 130-90 joints ok | 12 |
| 8-7-21 | Ok | No | + scale | Ok | > | No | | 120-80 | 13 |
| 5-9-21 | Ok | No | Mild scale no itching | Ok | > | No | | R | 14` |
| 7-11-21 | Joints pain < winter | No | Scale + | Ok | | No | | 120-80 small joint tend + | 15 |
| | Pt was ok so not reporting – but In February – 22 end – she had allergic dermatitis around corner of mouth – dermatologist prescribed steroids to apply locally – which she is applying since last 15 d | | | | | | | Talk on phone Adv to taper steroids oint | 16 |
| 19-4-22 | Ok | | | | Patch is > Moisture application | | | R | 19 |
| 4-4-22 | OK | NO | + | OK | Patch ++ steroids | No | No | Dry rough ptach around mouth | 18 |

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|----|----|---------------------|----|--------------------------------------|------------------------------|----|---------------------------------------|----|
| 19-4-22 | Ok | | | | Patch > Moisture application | | | R | 19 |
| 4-5-22 | Ok | No | | | s | | | R | 20 |
| 21-5-22 | Ok | | | | S applying steroids sos | No | No | 110-70 | 21 |
| 1-6-22 | Ok | No | Ok | No | > | Atorvastatin 10 restarted | | | 22 |
| Shown to physician- Done on 29-5-22 □ Hb – 11.9 tc – 5500 Dc – Wnl pc – 2.95 esr – 16 crp – 8.63 cholesterol – 221 trig – 82.5 ldl – 167 | | | | | | | | | |
| 20-7-22 | No | No | Ok | No | > | S | No | 81.5 kgs 110-70 Skin mouth > | 23 |
| 17-8-22 | No | No | Ok | No | Mouth patch > | S | No | 82 bp 110-70 | 24 |
| 14-9-22 | No | No | Scale and itch + | No | Mouth patch + | S | No | 82 bp – 110-70 | 25 |
| 28-9-22 | No | No | > | No | Mouth patch + | S | No | 81.5 | 26 |
| 12-10-22 | NO | NO | | | ++ | | | 112-70 | 27 |
| 2-11-22 | | | | | > | | | R | 28 |
| 10-11-22 | NO | NO | | | > | S | | R | 29 |
| 30-11-22 | NO | NO | > | NO | s | | | Ptache ournd mouth + dry scally | 30 |
| 28-12-22 | No | No | Ok | No | > | | | Patch > | 31 |
| 11-1-23 | No | No | Ok | Ok | > | Atorvastatin 10 mg | | 120-80 wt 82.5 Patch at mouth > | 32 |
| 22-2-23 | No | No | Ok | No | >/ patch is till there | S | | Patch at mouth + | 33 |
| 29-9-23 | | | Ok | | Applying steroids at patch sos | S | | Patch + | 34 |
| 14-4-23 | | | | | > | S | | Patch > | 35 |
| 10-5-23 | | | | | >++ | S | | >2 ptach around mouth | 36 |
| 21-6-23 | Ok | No | No | No | >70% | S | | Much clear | 37 |

| | | | |
|-------------------|--|------------|----|
| 26-7-23 | ON 12-7-23 □ PT HAD MENORRHAGIA □ SO CALLED UP □ ADVISED TO TAKE HEMAMALIS 30 TDS AFTER PERIOD WAS ADVISED TO USG AND GYNEC OPINION USG — UTERUS – 96/60 MM SIZE (NORMAL SIZE 80/50) MYOMETRIUM ECHOGENICITY INHOMOGENEOUS – ENDOMETRIAL THICKNESS GYNECOLOGIST – OPINION – UTERUS IS BULKY – WAIT AND WATCH SOS – TRENEXA FOR MENORRHAGIA | | 38 |
| 14-8-23 | LMP – 6-8-23 D – 4 D – BLEEDING NORMAL – NO OTHER COMPLAIN | MUCH CLEAR | 39 |
| 29-8-23 | 24-8-23 – PT HAD SUDDEN SEVER ATTACK OF VERTIGO AND VOMITING —BP 160-100- HOSPITALIZED IN DAY CARE FOR 12 HRS INVESTIGATIONS □ ECG – WNL – S SODIUM 137 S. POTASSIUM 3.7 S.CHLORIDE 106 S. BICARB – 22.8 CRP – 7.6 S CREAT – 0.82 TSH – 3.58 HB – 11.6 TC 12270 – PC 2.89 , CT SCAN BRAIN – SMALL GLIOTIC AREA AT LEFT BASAL GANGLION TREATEMENT GIVEN - ANTACID – ANTIBIOTICS – VERTIN – STAMETIL- TELMISARTAN 40 CLONAZEPAM 0.25 FOR 5 DAYS LATER ON – ANTI HYPERTENSIVE – TELMISARTAN 40 MG STARTED PRESENTLY – NO COMPLAIN OF PSORIASIS – ATOPIC DERMATITIS OR ARTHRITIS | BP 110-70 | 40 |
| SEP 23 ONWARDS | FROM SEPT – 23 TILL ONWARDS – THE CASE WAS MANAGED BY THE REFERRING PHYSICIAN – WHO WAS KNOWN TO PT’S DAUGHTER – SHE WAS GIVEN THE DETAILS OF THE CASE. FOLLOWINGS ARE THE REPORT CHART OR ALLOPATHIC MEDICINES | | |
| 5-12-23 | CONSULTED PHYSICIAN – CHOL – 288 TRIG – 85.7 HDL – 49 LDL 222 VLD – 17.1 TELMISARTAN – 40 MG AND ATORVASTATIN – 20MG BETWEEN SEPTEMBER 2023 TILL FEBRUARY – 2026 PT IS MANAGED WITH HOMEOPATHIC MEDICINES AS WELL | | |
| 17-7-24 | CONUSLTED PHYSCIAN □NO COMPALIN □ BP 116-80□ TELMIKIND – 40 AND ATORVA – 20 | | |
| 30-5-25 ‘ | CHOL 270 HDL – 49 LDL – 188 TRIG 102 VLDL 20,3 ALK PHOS – 74.8 BILIRUBIN – 0.41 SGPT 22.5 SGOT 28.2 S PROTEIN – 6.97 ALB – 3.94 GLO- 3.03UREA – 20.14 CREAT – 0.55 CALCIUM – 8.85 URIC ACID 4.48 SODIUM – 139 CRP – 8.4 HB – 11.7 VIT B 12 – 145 VIT D – 42.99 TESTOSTERONE – 9.47S IRON 56.9 TIBC – 410 T3 – 80 T4 – 7.24 TSH – 3.44E GFR – 112 ABG – 114 HBA1C – 5.6 HB – 11.7 TC 5730 PC – 2.75 STRESS TEST (TMT) – IS NEGATIVE PRESCRIPTION – ATORVASTATIN 20 MG (STOPPED ANTI HT MEDICINES BY ALLOPATHIC PHYSICIAN) | | |

| | | |
|----------|---|--|
| 7-1-26 | CONSULTED GYNECOLOGIST □ FOR USG – UTERUS IS BULKY, ENDOMETRIUM IS THIN, BILATERAL AXILLA IS NAD – AND BILATERAL BREAST IS NAD | |
| FEB 2026 | CALLED UP PATIENT – SHE SAID – SHE DON'T HAVE ANY PROBLEM – NOW ONLY ANTI LIPID MEDICINES ARE GOING ON IF ANY COMPLAIN ARISE – THAN REFERRING DOCTOR USED TO GIVE ME DOSE OF HOMEOPATHIC MEDICINES SOS | |

ICR SYMPOSIUM

VADODARA March 20 - 22 | 2026

ICR SYMPOSIUM

VADODARA March 20 - 22 | 2026

OBJECTIVE

1. **TO LEARN** THE APHORISM OF 1 AND 3 IN SERO - NEGATIVE SPONDYLOARTHROPATHY.
2. **TO UNDERSTAND** THE ROLE OF DISPOSITION IN MAKING AND BREAKING OF A PERSON IN HEALTH AND DISEASE.
3. **TO UNDERSTAND** THE STRUGGLE OF A SENSITIVE INDIVIDUAL WHILE PLAYING DIFFERENT ROLES WITHIN THE FAMILY.
4. **TO UNDERSTAND** THE IMPORTANCE OF PLANNING AND PROGRAMMING IN A FRESHLY DETECTED AUTOIMMUNE INFLAMMATORY DISEASE.

DIRECTIVE

1. GIVE YOUR UNDERSTANDING OF THE CLINICO-PATHOLOGICAL CORRELATION OF THE PRESENT CLINICAL CONDITION (*S-F-F-T = STRUCTURE – FORM – FUNCTION - TIME*)
2. GIVE YOUR UNDERSTANDING OF THE PATIENT AS A PERSON, CONSIDERING THE VARIOUS ROLES SHE PLAYS WITHIN THE FAMILY.
3. GIVE YOUR FINAL REMEDY WITH DIFFERENTIATION OF CLOSELY RELATED MEDICINES, ALONG WITH THE APPROACH USED TO ARRIVE AT THE SIMILIMUM.
4. PREPARE THE **TPD and TPR (Therapeutic Problem Definition and Therapeutic Problem Resolution)**
5. GO THROUGH THE FOLLOW-UP AND PROVIDE YOUR ACTION WITH JUSTIFICATION.

Send your working to Dr Nilesh Karia – hevtik@gmail.com

PRELIMINARY INFORMATION:

| | | | | |
|--|------------------|--------------------------------------|----------------------------------|---|
| Doc – 7-3-23 | Name – Mr –N | Age - 30 years | Sex- Male | Marital status - Married |
| Caste – Lohana | Religion - Hindu | Vegetarian | Vaishnav | Wife – B E |
| EDUCATION –B TECH MECH ENGINEERING – RJAKOT | | M TECH MECH ENGINEERING MSU - BARODA | | COMPUTER – 29 H/O – Job; now house work |
| Occupation – faculty in engineering college and tuition classes | | Father – 56 accountant | Mother – 52 House wife | Sister – 23 Studying MBA |
| Son – 8 month old | | Address – Junagadh | | |

CHIEF COMPLAINTS:

| LOCATION | SENSATION AND PATHOLOGY | MODALITY | ACCOMPANIMENT |
|---|---|--|--|
| M S S 8 years back Rt thigh ++ medial side d – 1 week | sudden onset of pain 3 stiffness rom is restricted ++ | < climbing stair No complain while getting down < pressure on joint lifting weight >with pain killers | |
| 5 years back left L S region D-1wk | pain 3 stiffness numbness lower limb | >pain killers | |
| | pain ++ stiffness++ | <3 anxiety wife health < pressure | |
| 1- years back d – 1 week Since last 1 month Bilateral | Sadden sever spasmodic pain3 Stiffness 3 Difficulty while walking Gait - leaning forward with bent back I have to keep myself moving otherwise stiffness sets in Shown to nuero physician MRI SPINE – subtle articular surface irregularity with sub articular fatty narrow changes. Patchy area of sclerosis involving both S I joints. May indicate chronic arthropathy. Advise rheumatologist opinion | < anxiety about son health <first movement >walking ++ <3 morning >with pain killer < cold draft of air under fan >warm fomentation Pain killers 1-0-1 Antacid 1-0-0 Calcium tables | Pt came in clinic in leaning posture with stick in hand |
| GIT Since college life Abdomen Retrosternal region | Weak digestion – fullness 2 Pain Nausea □ vomit2 Sometime acidity + burning | < outside food 2 < spicy seasoned food 2 < pain killers after < over eating 2 | |

PHO

1. 3 years back - Dengue fever – was Hospitalized for 3 days

FHO

1. Father – polio
2. sister – pertussis in childhood ,low body weight – lot of investigations done but no exact cause is detected
3. paternal uncle – died M I
4. hypertension in paternal side to many relatives

PHYSICAL GENERALS

- **PERSPIRATION** – PROFUSE WHILE PLAYING, FACE 2, SCALP 2 –BACK 3.
STAIN – YELLOW (DELIBLE) IN AXILLA

- **ODOR** - - OFFENSIVE 2, FOOT SWEAT OFFENSIVE 2
- **SKIN** - H/O BOILS RECURRENT IN CHILDHOOD
- **HUNGER** - <2 - I NEED TO EAT SOMETHING
- **CRAVINGS** – SWEET 2; TASTY FOOD (*I HAVE TO CONTROL MYSELF IF THERE IS TASTY FOOD*) SPICY +; SOUR 2
- **FOOD AGG-** - < OVER EATING
- **STOOL** - - 2-3 TIME PER DAY – HABITUALLY < EATING MEAL – CONSISTENCY NORMAL
- **THERMAL STATE** –
BATH – LUKE WARM BATH ROUND THE YEAR, PREFER HOT BATH IN WINTER
COVER – MOSTLY THIN COVER ROUND THE YEAR – BUT IN WINTER THICK BLANKET – WOOLENS ++ IN WINTER
FAN - SLOW TO MEDIUM; < DRAFT OF AIR 2
CHILLY 2
- **THIRST** – THIRST LESS

O/E –

| | |
|----------------------|--|
| VITALS | P- 72 , BP 120-80, WT- 63.1, 02 – 99 |
| SYSTEMIC | CVS – NAD ,RS – NAD , ENT OK BACK – ROM REDUCED –LYING IN SUPINE POSITION WAS PAINFUL FOR HIM DURING EXAMINATION TENDERNESS 2 AT LUMBO SACRAL REGION SLE AND SLR- 50% |
| INVESTIGATION | HB – 15-3, , TC – 5380, PC – 491000, DC – 62-29-2-7-0, CRP -10, RA - <10, ESR – 24.50, CCP < 0.40, HLA B 27 - DETECTED POSITIVE ON RT-PCR |
| MRI SPINE | REPORT WRITTEN IN CHIEF COMPLAIN |

LIFE SPACE DATA:

The patient came to the clinic with a leaning gait and was using a hockey stick for support while walking. He appeared to be in discomfort due to stiffness in his back. Jokingly, he said, “I look older than my father and even older than you.” It took him some time to settle into a sitting position.

The patient comes from a middle-class family from a small town near Jamnagar. His father was an accountant and rendered his services to many well-known businessmen in the town. The patient described his father as very punctual, perfectionist, and ethical in his work, and someone who had earned a good reputation because of his sincerity and dedication. The patient said that he is very much attached to and influenced by his father’s attitude towards work, as his father considered work to be a form of worship.

The patient’s father is a polio patient, and his mother has a deformity in her legs due to an accident she met with during childhood. According to the patient, both of his parents are very loving and caring.

The patient is the elder child in the family and has one younger sister who is currently pursuing an MBA in Rajkot. He described her as very good-natured. The patient mentioned that their home was like a meeting point for everyone. Many of their relatives lived in the same town, so Sunday evenings were usually spent together as family gatherings.

The patient said that he loves company and does not like to be alone. He liked all his classmates during his school days and described himself as a very emotional person. He shared an incident from when he was in the 12th standard (A group) and preparing for his examinations. During that time, one of his uncles passed away. The patient was emotionally disturbed and could not attend the last rites because of his examinations. He mentioned that the incident affected him deeply and that he eventually scored less than he had expected in his exams.

The patient studied up to SSC in the same town and then went to Rajkot for his HSC. He was a studious and sincere student and used to become anxious before examinations in order to score good marks. He chose the A group and later secured admission to B.Tech in Mechanical Engineering in Rajkot.

During his college years, he developed a desire to pursue M.Tech and wanted to become a faculty member in a reputed engineering college. He successfully cleared the GATE examination and secured admission to M.S. University, Baroda.

The patient said that it was his dream to...

He joined as a faculty member in a B.Tech college in the Mechanical Engineering Department in Junagadh. The patient said that he enjoys working in a team and usually forms a group of faculty members to work collaboratively. He mentioned that he had a good rapport with his colleagues. Together, they used to plan the curriculum for the year and make sincere efforts to execute it effectively.

The patient described himself as very punctual and said that he always tries to perform his work with as much perfection as possible. Soon, he became popular in the college. He was appointed as a member of the admission committee and was also given the responsibility of heading sports and cultural activities.

He shared, in detail, various cultural programs that were organized in the college, including events conducted at the GTU level. He laughingly remarked that when you are surrounded by college students, you also start feeling younger and more energetic.

The patient also mentioned that he has a stand-up comedian-like personality and enjoys delivering lectures in the classroom in a similar engaging style. Recently, he started a tuition class for higher secondary students in the city in collaboration with some of his friends. He said that he enjoys working and prefers to remain busy with his professional activities.

He married a girl who is also a faculty member in the same college, in the Computer Department. Both of them were in contact as staff members, and when a matrimonial proposal was suggested, the matter was settled quickly.

They were both staying in Junagadh as they were working in the same college. The patient's parents are still staying in their native place.

The patient described his wife as very good-natured, loving, caring, and somewhat anxious by nature. He said, "I am her security. If I am away from home, she becomes very anxious, and once I return home, she feels immensely relieved."

His in-laws stay nearby, so they receive considerable help from them in taking care of their young child on a regular basis.

The patient shared that one of the major concerns in his life occurred during the COVID era, when his wife was pregnant and tested positive for COVID. The patient became extremely

anxious, as he constantly feared that his wife might develop complications or that the fetus might get aborted.

During this period, he developed severe stiffness in his back that lasted for about a week, for which he took painkillers. Eventually, the situation settled, and they were blessed with a baby boy.

Lastly, when the patient's son was hospitalized for bronchiolitis and had to be put on oxygen, the patient became terribly anxious. During that time, he again developed stiffness and back pain. The patient said that he is very attached to his family and becomes terrified if anything happens to them, as he has an immense fear of losing them.

Although his son eventually recovered, the patient's health remained the same. He has difficulty walking with a straight back and now walks with the help of a stick. Smiling, he said, "Sir, I am looking older than you."

The patient also shared that he is extremely fond of playing **dandiya**. Both he and his wife are a good pair while playing dandiya and have won many contests during **Navaratri**. However, in a low tone, he expressed that he may not be able to play in the future because of his illness.

CRITERIA:

| | | | |
|---|----------------------|---|-------------------------------------|
| 1 | Stiffens back | 5 | Anxiety - disease and family |
| 2 | Pain back | 6 | X ray l spine and blood |
| 3 | Pain killers | 7 | O/E |
| 4 | Indigestion | 8 | |

FOLOW UPS

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Action |
|---------|---|---------------------------|---|------------------------------|---|---|--|--------|
| 7-3-23 | | | Adv SOS | | | | | |
| 15-3-23 | >20% | >30% | No need | No | | | 62.2 120-80 Back ROM > | |
| 23-3-23 | >40% | >2 | No | No Stool f 2-3 time | | | 61.2 SLE 50% 60-70 degree | |
| 7-4-23 | ++ < sour food | <pulling the bike d | One | + | | | Back – rom restricted 63 kgs 120-80 | |
| 26-4-23 | 10/15 min in am | + < a riding bike | No | Ok | | | 63.05 SLE – 70/80 ^a | |
| 19-5-23 | | < Travelling to native | 2-3 pain killer taken during travelling | < pain killers | | | 63.3 120-80 SLE – OK | |
| 23-5-23 | Pt had severe burning and ulcers in mouth after starting last medicines, so he came to show the ulcers – < if he take the pills of medicine □ so he had not taken medicine since 22-5-23□ and there is marked relief in the complain of stiffness and pain in the back O/E THERE IS REDNESS AND ULCER IN BUCAL MUCOSA | | | | | | | |
| | | | | | | | | |

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Action |
|---|---------------------------|------------------------|---------|-------------------------|---|---|---|--------|
| 27-5-23 | Much better | Ok | No | Ulcer + < last Rx | | | Mouth redness ulcer + SLE – 80 % 63.5 | |
| 7-6-23 | Ok | Ok | No | No c/o | | | 63.5 120-80 SLE-90% | |
| 27-7-23 | ++ for 30 min in am | <bike riding 100 km | For 2-3 | ++ | | | 63.4 120-80 Rom back reduced | |
| Pt went to native by riding bike 100 km, eaten out side food | | | | | | | | |
| 30-8-23 | Ok | No | No | < spicy oily food | | | 65 kgs | |
| 28-10-23 | + in am | + | one | | | | 66 kgs Back rom reduce | |
| Pt is playing Navratri till late night, eating regularly outside food | | | | | | | | |
| <p>During – years 2024 – 2025 □ pt met me in many social occasion- he don't have any complain. Pt came for the treatment of his wife and sister and other relatives as well. He reported that he don't have any complain and doing well.</p> <p>Patient was anxious during the marriage of his sister. He came to clinic to discuss some issues about matrimonial proposals of his sister but he appeared very confident during that time.</p> | | | | | | | | |
| <p>Date - 15-1-26 Pain in lower back since last 10-15 days a/f sprain – while lifting weight, morning stiffens 10-20 min X ray – L 4-5 and L5 – S1 disc space reduced – mineralization is ok. CBC CRP WNL Wt. – 78.9 120-80 0/e tend at lumbosacral region + SLE- can't able stretch at extreme flexion of limb</p> | | | | | | | | |
| <p>Date - 22-1-26</p> <ul style="list-style-type: none"> - On next day of the dose of x remedy – he don't have any complain – he had started riding bike on next day. - Since yesterday again there is pain 3 – because he had lifted the filled gas cylinder. - Wt. – 78.2 120-80 Ten at limbo sacral region | | | | | | | | |
| <p>Date – 17-2-26</p> <ul style="list-style-type: none"> - Pt came after 3 weeks almost – he was busy in sports week and cultural activity of the university. He played cricket, he was captain of the team and won the trophy - Pt said If I regular paly or do exercise I don't have any complain in back - 0/e wt. 78 120-80 No tend in back | | | | | | | | |
| Date – 3-3-26- No complain- report SOS | | | | | | | | |

OBJECTIVES:

To demonstrate:

- 1) Positive and Negative impact of long-term immunosuppressant/immunomodulators on the patient's systems and overall life.
- 2) How to assess the sensitivity and reactivity of the mind and body in order to reach the patient's core
- 3) How SOA / Locations and their characteristic expressions help in remedy diagnosis and differentiation
- 4) Measuring susceptibility by incorporating clinical investigations
- 5) Holistic homoeopathic management of **Ankylosing Spondylitis (AS)**

DIRECTIVES:

EXHIBIT 1: SUMMARY + SCREENING

- 1) What do you feel about husband <—> wife relationship and how will you manage it?
- 2) Give clinical diagnosis with reasons
- 3) Form a suitable totality and give your remedial action/s

EXHIBIT 2: FULL SCR RECORDING

- 1) Give your consolidated clinical diagnosis using investigation reports and family history
- 2) Explain the patient's reactive patterns in stressful situations and use them to know the mental disposition
- 3) Now add all the characteristic physical symptoms to form a totality of symptoms
- 4) Using structuralisation give your remedial action/s with differentiation
- 5) Give your planning and programming of treatment with reasons against the backdrop of investigation reports
- 6) Give your TPD and TPR--- Therapeutic Problem Definition and Therapeutic Problem Resolution— specify what will be your end points of treatment.

EXHIBIT 3: FOLLOW UP DATA WITH CRITERIA

Analyse, interpret and act stating expectations at monthly follow up blocks

EXHIBIT 1

SUMMARY OF PATIENT MR BB'S WIFE'S TREATMENT

Patient's wife had been under treatment for periungual warts from **Sept '23 to Feb '24**. The patient had then seemed callous towards the wife who was relatively darker and according to him not as intelligent and industrious as him. It was observed that he would often laugh mockingly at her during her follow up. Whenever asked to elaborate about their relationship they chose reticence. Once when alone in a follow up, she had expressed desire to take up a job but doubted if she would be able to manage home, son (3 years old) and job simultaneously. Despite further probing she was inexpressive about her true feelings for her husband and in laws and expected the physician to understand it all. She simply wanted the warts to disappear which did so with few doses of Sepia.

Towards the end of her treatment, she had expressed concern for her husband who was **HLAB27 positive** and was under expensive allopathic treatment at Ahmedabad which was not only ineffective but causing side effects. She wanted him to begin with homoeopathic medicine which would not only be cost effective but also have no adverse effects.

SCREENING AND INITIAL ASSESSMENT OF MR. BB ON 26/7/'24

The couple suddenly appeared on 26/7/'24 with Mr BB complaining severe pain in the thoracic cage every night for the last 3 weeks; he had voluntarily discontinued immunotherapy for AS in June '24 as it was producing lots of side effects at the levels of GIT (hyperacidity) and CVS (hypertension). The patient demanded immediate medication for the intense nocturnal discomfort. He would consult later for his main complaint related to HLAB27.

PRELIMINARY DATA:

Name: Mr BB **Date of Birth:** 8/11/'91 **Age:** 32y/ 8months

Sex: Male **Marital Status:** Married **Religion:** Hindu **Diet:** Non -vegetarian

Address: Ankleshwar

CHIEF COMPLAINT:

| LOCATION | SENSATION | MODALITY | CONCOMITANT |
|--|---|--|-------------|
| GIT O—Jan 2020 D—continuous P—gradually worsening | Eructation ++ --empty/ sour with reflux+, Nausea++ Occ vomit of ingesta constipation+ | A/F & < Immunotherapy (steroids) for right eye iritocyclitis since Dec '19 < immunotherapy (MTX) + anti -inflammatory agents for AS since Dec '22-June '24 <3 hunger < sedentary life <3 --3am | Anxiety++ |
| ·Thoracic cage all around O--1 st week of July '24 Daily | Pain++ with inability to sleep comfortably, has to wake up | | |

ASSOCIATED COMPLAINTS:

| LOCATION | SENSATION | MODALITY | CONCOMITANT |
|--------------------|--|---|-------------|
| CVS O—April '23 | K/C/O—HT—had general discomfort which led to the diagnosis | A/F??? as per patient -- immunotherapy for AS since Dec '22 < hot weather > Rx CTD 12.5 OD since June '23 | |

O/E—Wt—79.3kgs, Big built, bespectacled with male pattern balding+; BP—110/90

26/7/'24—ACTION A

5/8/'24—Pain better² after 3 days, now < 6am instead of 3am; acidity >2, yesterday retrosternal burning++ after outside food

ACTION B

CASE TO BE DEFINED ON 20/8/'24

EXHIBIT 2

CASE DEFINED ON 20/8/'24 TELEPHONICALLY AT 10AM

CHIEF COMPLAINT:

| LOCATION | SENSATION | MODALITY | CONCOMITANT |
|---|---|---|-------------|
| IMMUNE SYSTEM RIGHT EYE— ANTERIORLY 1 ST episode—Dec '19 2 nd episode—May '21 | 1 st episode--Sudden redness ³ , burning pain ³ , Loss of vision 2 nd episode--Similar c/o , HLA B27 positive detected | 1 st episode--Rx steroid x 2--3 weeks 2 nd episode-Rx --same | |
| 3 rd episode—Sept '22 | 3 rd episode--Similar c/o | 3 rd episode—Rx same | |
| 4 th episode—Nov '23 | 4 th episode—same c/o | 4 th episode –Rx same | |
| Back—lumbar and IPJs O—2020 daily | Pain+ May '22 —Xray LS spine with SIJs-- bil sacroiliitis and early changes in lumbar spine | Gradual >3 --Rx Folitrax weekly, then twice a week since Dec '22 until June '24 | |

PHYSICAL DETAILS:

- **Appearance** :Tall, well built, bespectacled, light brown complexion, early balding
- **Appetite**-normal; could tolerate hunger until 2020
- **Desires**—sour³, pungent², chicken²; Aversion—sweet³;
- **Thirst**—less, prefers cold water;
- **Urine**—normal; occ dysuria with less water intake;
- **Stool** – unsatisfactory;

- **Sweat**—upper limbs², throat², open parts, salty deposit, foul;
- **Thermal**—C4H7
- < travelling—vomiting++ since childhood but no vomit if self-driving
- **Sleep**—normal, deep x 2 hours; disturbed—See CC; supine position
- **Dreams** –daily work; h/o--bad++ at Silvassa—driving car into a river/ valley;
- **Eyes**--Myopic since Dec '20—right eye— (-2.5)

LIFE SPACE DETAILS:

PARENTS AND SIBLINGS:

Patient comes from a conservative agriculture-based family from a village near Patna comprising of **mother** aged 60/ illiterate / residing at village and **suffering from RA last 10 years**; **father** aged 65/ 10th passed/ farmer and healthy; **older brother** aged 40/ 12th passed/ farmer at the village/ healthy and married, **younger brother** aged 35/ BA, Bed/ textile job at Chennai/ healthy and unmarried as he is not financially stable yet; **two older sisters** aged 44 and 42/ both 10th passed / married / residing in Bihar/ healthy.

As a child (5—6 years old) patient had almost drowned twice while bathing in the village river and since then has an intense fear of water bodies. As a school student he was average with 10th—58%, 12th Science—65% marks. He wanted to further prepare for government job or pursue CA course in Bihar itself. But a cousin at Mysore CIPET (Central Institute of Petrochemicals Engineering and Technology) encouraged him to join him there. He shifted there after cracking the entrance test and completed Plastic Engineering with A grade.

JOBS and MARRIAGE:

His **first job** after graduation was at Baroda for 5 years—where he had witnessed the death of three of his colleagues (who were also his good friends) in a road accident. Since then, he has a fear of meeting with an accident if someone else is driving and has also become more emotional for friends and relatives. **Second** job was at Uganda for 2 years; he was to shift to Tanzania but was called back for his arranged marriage in Feb 2019. Wife is 29/MA passed and home-maker.

Soon after marriage he took up **next** (3rd) job at Nigeria (while wife stayed with her parents or in-laws) but he had to return after 6 months due to unexpected poor job profile. Soon after returning, he took up his **4th** job at Silvassa with initial maladjustments as he was used to having worked abroad with better pay scale and facilities. He started living with his wife too. It was during this period that he first developed the eye symptoms. He always found her not meeting up to his expectations. He tends to get annoyed with her if she behaves incompetently. They have a son aged 4 years and studying in KG. The patient's HLA B27 status has discouraged them from having another child. According to the wife he is always more concerned about friends and relatives.

After 2 years at Silvassa he shifted to Ahmedabad for 8 months (where he started with METHOTREXATE). He finally took 6th job b at Ankleshwar in September '23. Here he is a production manager in a reputed company. He likes to be associated with their CSR activities. He has many friends and likes playing cricket with them, if possible, he likes to listen songs and watch dance videos.

- **FAMILY HISTORY: Mother has RA for last 10 years**
- **21/8/'24---PHYSICAL EXAMINATION: NEXT DAY**

| | | | | | |
|--------------|--------------|-----------------------------------|------------------------------------|---------------|---------------------------------|
| Wt 79.5kg | BP 120/90 | MSS No Tenderness at SI Joints | No Restriction Spinal Movements | IPJS-- NAD | EYES—NAD (except spectacles) |
|--------------|--------------|-----------------------------------|------------------------------------|---------------|---------------------------------|

EXHIBIT 3: MR. BB FOLLOW UP DETAILS

CRITERIA

- 1) Thoracic pain/sleep 2) Eructation/ retrosternal burning 3) Nausea/ vomiting 4) Constipation 5)Right eye – episode –I/F
 6) Backache 7) Joint pains 8) Old symptom 9) New symptom/ event 10) wt/ BP 11)) ESR/CRP

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | ACTION |
|---------------------------------|---|---|-----------|----|---|---|---|---|-----------------------------------|-------------------|----|--------|
| 26/7/'24 | SCREENING DONE | | | | | | | | | | | |
| 5/8/'24 | >2 last 1 week, agg 6am / >2 | >2/ ++ yesterday after outside food | >2/- - | sq | | | | | | | | |
| 20/8/'24 CASE DEFINED | 4AM agg gradually >3 but uncomfortable yet at night | >3/- | --/0 | | | 0 | 0 | | | | | |
| 21/8/'24 PATIENT EXAMINED | All reports seen again and noted | | | | | | | | | | | |
| 13/9/'24 (late by 9days) | Agg 4am—+ at times or nil at times/ F | | | + | | | | | Bodyache+ | | | |
| 15/10/'24 | Chest pain + / good | + | | > | Pain today— ophthal opinion-- NAD | Lumbar pain+ agg sitting on floor | | | Abdominal pain at night occ | 78.5kg/ 110/70 | | |
| 19/11/'24 | >3/ good | 0 when at village, + again here | | sq | Pain fluctuates with gases | > | | | Mild abd pain at 4am | 130/90 | | |

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | ACTION |
|----------|------------|-------------------------|---|-----------------|----|--|---|---|--|------------------------|---|--------|
| 3/12/'24 | >3/good | Plain +-- sour >3/-- | | | >3 | >2—can sit on floor x 10—15 minutes | | | COUPLE ENQUIRED ABOUT PLANNING ANOTHER CHILD AS PATIENT WAS BETTER | | | |
| 17/1/'25 | >3/ good | | | F | | >2 | | | Gases + after SL pills each time—disctd 10 days ago, but ctd with HS doses until yesterday!! | 78.4kg/ 120/90 | | |
| 3/2/'25 | | | | Normal stool | | + after rising from floor | | Tiny warts below eyes and on neck last many years | Gases >2 | 78.35kg / 110/90 | | |
| 19/2/'25 | | | | | | | | | Gases + again | | | |
| 1/3/'25 | Occ reflux | | | | | sq | | Warts sq | Gases >3, | | | |
| 2/4/'25 | | | | | | >2 | | Warts sq; itching++ with occ eruptions last 1 week – <every summer , <sweating | ++ today as medicine fiinished | 79.25kg 120/94 | | |
| 14/4/'25 | | | | | | | Pain hands and feet last few days— mother has RA | Urticaria +++ h/o—similar complain 3 years ago— amel allop Rx then | | | | |
| 15/4/'25 | | | | | | | | >2 with calendula powder | | | 14/3.24; Increased PDW and MPV; RA -VE | |

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | ACTION |
|-----------|----------|-----------------|----|---|---|------------------------------|--|---|---|---------------|----|--------|
| 18/4/'25 | | | | | | | > | Urticaria > | | | | |
| 7/5/'25 | | | | | | >2 | >2 | Urticaria + agg hot weather—no itching | | | | |
| 6/6/'25 | | | | | | | Had shifting pains+ 2 weeks ago >3 Zerodol P once | mild | | | | |
| 9/7/'25 | >3/ good | + | | + gases ++ last 3 days, headache | | | >3 | mild | | BP— 120/90 | | |
| 14/8/'25 | | Was >3-- now | | + | | | >2 | 0 | | | | |
| 13/12/'25 | >3 | >3 | | | On 7/10— developed redness – was on omnacortil x 45 days; is off anti HT since Sept '25 | Mild | | | Wife had delivered a child in September end -- hence could not come for regular Rx | BP— 120/90 | | |
| 17/1/'26 | | | | | | + agg sitting on floor | | | | | | |
| 18/2/'26 | >3 | >3 | >3 | Gases >3 | >3 | >10% | | >3 in winter | | | | |



HLA B27 (Human Leucocyte Antigen B27)

(EDTA Whole Blood)

Investigation: Bio'ogica'

Observed Value
Positive

Reference: HI-A B27 Detection Negative

Method: Flow Cytometry

Clinical: _____

Background:

Human leukocyte antigen B27 (HLA-B27) is a major histocompatibility complex class I molecule that is strongly associated with the disease ankylosing spondylitis. Testing for HLA-B27 is of diagnostic value because more than 90% of patients with ankylosing spondylitis possess B27 allele, but only 1% of people with HLA-B27 develop the disease.

B27 is also known for its associations with other diseases (like Reiter's disease, Acute anterior uveitis, Psoriatic arthritis, juvenile idiopathic arthritis).

Interpretations:

■ HLA B7 can cross react with anti-HLA B27 antibody giving false positive test result. This can be confirmed by alternate method discriminating B7 & B27 or by ancillary molecular techniques.

■ Since the assay is cut-off based analysis by Flow cytometric expression of HLA B27 antigen, any result +1-10% of cut-off is considered as Borderline, which can be confirmed by Molecular assays like Real time PCR or Microarray.

■ HLA B27 should only be used as an adjunct to clinical diagnosis since it only gives predisposition for the development of disease.

BLOOD GLUCOSE ANALYSIS

| RESULT | UNITS | NORMALS |
|----------------------|-------|-------------|
| BLOOD GLUCOSE : 92.0 | mg/dl | < 130 mg/dl |

RHEUMATOID ARTHRITIS FACTOR

| RESULT | UNITS | NORMALS |
|----------------|-------|---------------|
| : Non Reactive | | Non Reactive |
| : 3.6 | IU/ml | < 12 = Negati |

VIPULSINH M. DESA
B.Sc. M.L.T.



Patient's Name [Redacted]
Referred by [Redacted]
Date : 23/04/2023 11:00

Ref. No. : 340
Age : 31 Years
Sex : Male

HEMOGRAM

| Test Name | Result | Units | Biological Reference Interval |
|---|--|------------|-------------------------------|
| Hemoglobin : | 13.5 | g/dl | [13.0-18.0] |
| Total RBC Count : | 4.31 | mill/cmm | [4.7-6.0] |
| Total WBC Count : | 6,500 | /cmm | [4000-10000] |
| Platelet Count : | 2,82,000 | /cmm | 150000-450000 |
| Blood Indices | | | |
| P.C.V. : | 42.1 | % | [42-52] |
| M.C.V. : | 97.7 | femtolitre | [78-100] |
| M.C.H. : | 31.3 | pg | [27-31] |
| M.C.H.C. : | 32.0 | g/dl | [32-36] |
| R.D.W. : | 13.3 | % | [11.5-14.0] |
| Differential WBC Count | | | |
| Polymorphs : | 70 | % | [60 - 70] |
| Lymphocytes : | 25 | % | [20 - 40] |
| Eosinophils : | 03 | % | [1 - 4] |
| Monocytes : | 02 | % | [2 - 6] |
| Basophils : | 00 | % | [0 - 1] |
| Erythrocyte Sedimentation Rate [Modified Westergren] | | | |
| After 1 hour : | 47 | mm | [M: 1 - 7 / F: 3 - 12] |
| Smear Study | | | |
| RBCs : | RBCs are normocytic, normochromic. | | |
| WBCs : | WBCs series show within normal limits. | | |
| Platelets : | Platelets are adequate in number & normal in morphology. | | |

Dr. V.J. Patel
M.D Pathology

Daxesh P. Patel
B.sc. MLT

Note:- The Above Result are subject to variations due to technical limitation. Hence correlation with clinical findings and investigations



2, Asha Society, Vakharia Collage Road, Kalol - 382721. Gandhinagar Email : maapathlabkalol@gmail.com

Patient's Name : [Redacted] ar
Referred by :
Date : 23/04/2023 11:00

Ref. No. : 340
Age : 31 Years
Sex : Male

BIOCHEMICAL TESTS

| Test Name | Result | Units | Biological Reference Interval |
|--------------|--------|-------|-------------------------------|
| Creatinine : | 0.95 | mg/dl | 0.4 - 1.5 |
| S.G.P.T. : | 29.11 | U/L | 0 - 40 |

URINE EXAMINATION

PHYSICAL EXAMINATION:

- Volume - 20 ml
- Colour - Pale Yellow
- Blood - Absent
- Appearance - Clear
- Deposit - Absent

CHEMICAL EXAMINATION:

- Protein - Absent
- Glucose - Absent
- Bile Salts - Absent
- Bile Pigments - Absent
- Reaction - Acidic

MICROSCOPIC EXAMINATION: [After centrifugation at 2000 r.p.m. for 5 minutes]

- Pus Cells - 0-1 /H.P.F
- Red Cells - Absent /H.P.F.
- Epithelial Cells - Absent /H.P.F.
- Casts - Absent
- Crystals - Absent
- Yeast Cells - Absent
- Trichomonas Vag. - Absent
- Bacteria - Absent

Dr. V.J. Patel
M.D Pathology

Daxesh P. Patel
B.sc. MLT

Note:- The Above Result are subject to variations due to technical limitation. Hence correlation with clinical findings and investigations

height - 170 cm

Name : Mr. BRAJESHKUMAR BHASKAR
Age/Gender: 31 Years/Male
UHID No: 300392215
Name : Mr. BRAJESHKUMAR BHASKAR
Age/Gender: 31 Years/Male
UHID No: 300392215



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3

Dr. Bhowmik Meghnathi

Consultant Rheumatologist and Clinical Immunologist

MD (Medicine), DNB (Rheumatology)

ASAS Fellow (Paris - 2016)

(EULAR) Certified Adult & Paediatric Rheumatologist

ASAS (Spondyloarthritis Society) Member

GRAPPA (Psoriatic Arthritis Society) Member

IRA Life Member (LM-1079)

Reg.No. : G-39785, G-24792

Whatsapp No. Only : +91-63032 14341

(Please Do Not Call)

Email : bhowmik.meghnathi@cimshospital.org

FOR OPD CONSULTATION ONLY

Di: SPA.

Right eye Recurrent CANO - Neg /
Anterior Iridocyclitis RF - Neg /

Checkup - 1 week. (Will plan for prog. : avoid SSR.)

1) CBC, ESR, SHPT, S. Creatinine, Urine Cu.

If above are low then start follow up.

1) Physiotherapy - Spinal extension /
Spinal Isometric exercise.

2) T. Folitab (20mg) 1 tab. Once a week (Mon)

3) T. Folnite (5mg) 1 tab. twice a week (two night / Sat)

4) T. Etosline (90) 1 set for pain (after food).

5) Cap. Neppo RA (40/30) 1-00 x 10 days (E.S.)
then 1 set for acidity.

2 1/2 to 3 months
Follow-up Date : 04th July '23

For on whatsapp

Follow-up Investigation:

CIMS Hospital : Regd Office: Plot No.67/1, Opp. Panchamrut Bunglows,
Off Science City Road, Sola, Ahmedabad - 380060. www.cims.org

For OPD appointment call / અભિયંત્રિત સેવાઓ માટે ફોન : 1800 3099 999 Time : 9:00 AM - 7:00 PM Email : opd.rec@cimshospital.org

Ambulance / એમ્બ્યુલન્સ & Emergency / ઇમરજન્સી : 1800 3099 999

CIMS Hospital Pvt. Ltd. | CIN : U85110GJ2001PTC039962 | info@cims.org

19/04/23

REV.

[Redacted]

31/M

Height: 170

Last seen on 22/02/23

Weight: 80

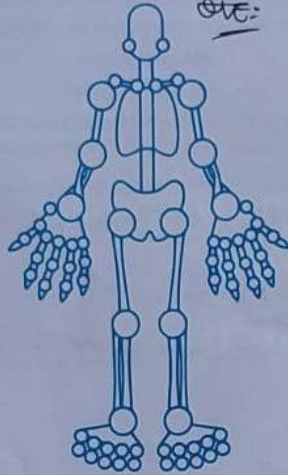
BMI: 27.68

PR: M

BP: 144/90

160/107
PR = 112

etc.



no fresh to done.

No. of dec. abdo. pain

→ 2 times next month.

⇒ f by weakness

morning → LBA.

- 5-10 min

eyes @

- no red eyes episode now.

UHID No: 300392215
Name: Mr. BRAJESHKUMAR BHASKI
Age/Gender: 31 Years/Male
UHID No: 300392215
Name: Mr. BRAJESHKUMAR BHASKI
Age/Gender: 31 Years/Male
UHID No: 300392215

| Inv. | 21/02/23 |
|-------------|-------------|
| Hb | 13.9 |
| TLC | 7100 |
| P/L/M/E | 65/30/03/02 |
| Plt | 279000 |
| ESR | 47 |
| CRP | 1.70 (<5.0) |
| SGPT/OT | 17.73 |
| S.Creatine | |
| S.Uric acid | |
| RBS | |
| Urine-R/M | |
| RF | |
| ACPA | |
| ANA | |

Name : [REDACTED]
 Ref Dr : AMITA AGRAWAL
 150425108

Age/Sex : 34 Yrs./M
 Date : 15/04/2025
 Report ID. : G-108 #
 Reg No. : A9097792450

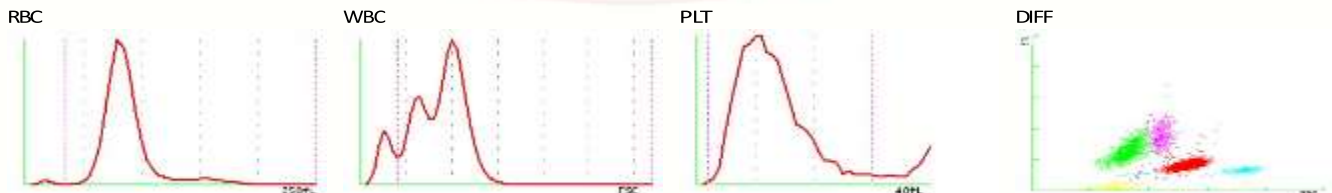
Contact No.: 9097792450
 Drawn On : 15/04/2025 08:40:31

Received On : 15/04/2025 08:58:16

Reported On : 15/04/2025 11:31:28

HAEMOGRAM PROFILE

| TEST | RESULT | UNIT | METHOD | REFERENCE INTERVAL |
|--|-----------|----------|------------|---|
| BLOOD COUNTS & INDICES | | | | |
| Haemoglobin | : 14.50 | gm% | | 12.0 - 17.5 |
| Total RBC | : 5.46 | mill/cmm | | 4.2 - 6.2 |
| PCV | : 42.50 | % | | 40 - 54 |
| MCV | : 77.84 | fL | | 80.0 - 96.0 |
| MCH | : 26.56 | pg | | 27.0 - 31.0 |
| MCHC | : 34.12 | % | | 32.00 - 36.00 |
| RDW | : 13.80 | % | | 10 - 15 |
| Total WBC | : 6800 | /cmm | | 4000 - 11000 |
| Platelet Count | : 225,000 | /cmm | | 150,000 - 450,000 |
| MPV | : 12.3 | fL | | 7.00 - 11.00 |
| PDW | : 16.2 | fL | | 8.00 - 12.50 |
| DIFFERENTIAL LEUCOCYTES COUNT | | | | |
| Neutrophils | : 66.8 | % | | 40 - 74 % |
| Lymphocytes | : 24.0 | % | | 20 - 45% |
| Eosinophils | : 4.4 | % | | 1 - 5 % |
| Monocytes | : 4.7 | % | | 1 - 10 % |
| Basophils | : 0.1 | % | | Up to 2.0 % |
| Neutro-Lympho Ratio | : 2.78 | Ratio | CALC. | 1.00 - 3.90 |
| Mentzer Index | : 14.26 | Ratio | CALC. | <13 : Beta Thal.Trait >13 : Iron Defic. |
| ABSOLUTE LEUCOCYTE COUNTS | | | | |
| Neutrophils | : 4542 | /μL | | 2000 - 7000 /μL |
| Lymphocytes | : 1632 | /μL | | 1000 - 3000 /μL |
| Eosinophils | : 299 | /μL | | 10 - 440 /μL |
| Monocytes | : 320 | /μL | | 200 - 1000 /μL |
| Basophils | : 7 | /μL | | 00 - 200 /μL |
| ERYTHROCYTES SEDIMENTATION RATE | | | | |
| ESR After 1 Hours | : 14 | mm | Westergren | 01 - 15 mm |



(By Fully Automated 5 Part Cell Counter Sysmex XS-800I Japan) / Sysmex - KX21

If Test Results are alarming or unexpected please call helpline immediately for possible remedial action.

- We strongly discourage self-interpretation of reports & self medication.
- Pathology tests are subject to technical limitations. Please see overleaf for conditions of reporting.
- This Laboratory is legally authorised laboratory as per medical council of India.

Dr. Akash Chhabra

M.B.B.S., C.I.H., M.D. (Pathology)
 Consultant Pathologist & Microbiologist

Ex Faculty :- *V. [Signature] nedabad tal, Surat

Name : [REDACTED]
Ref Dr : AMITA AGRAWAL
150425108

Age/Sex : 34 Yrs./M
Date : 15/04/2025
Report ID. : G-108 #
Reg No. : A9097792450

Contact No.: 9097792450
Drawn On : 15/04/2025 08:40:31

Received On : 15/04/2025 08:58:16

Reported On : 15/04/2025 11:31:31

SEROLOGY

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>METHOD</u> | <u>REFERENCE INTERVAL</u> |
|---|--|-------------|---------------|---------------------------|
| <u>RHEUMATOID ARTHRITIS FACTOR (RA)</u> | | | | |
| Serum R.A. | : < 10.0 | IU/mL | Quantitative | 00 - 18 IU/mL |
| Result | : NEGATIVE | | | |
| Technique | : ADVANCED NEPHLOMETRY (GOLD STANDARD) | | | |
| <u>C. REACTIVE PROTEIN (CRP)</u> | | | | |
| C. Reactive Protein - C.R.P. | : 3.24 | mg/L | Quantitative | 0.1 - 6.0 mg/L |
| Method | : IMMUNOTURBI/NEPHLOMETRY | | | |

METHOD: NEPHLOMETRY (MISPA I3) / IMMUNO TURBIMETRY (AUTO ANALYZER EM200)

If Test Results are alarming or unexpected please call helpline immediately for possible remedial action.

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Ex Faculty :- *V. nedabad tal, Surat



INVESTIGATIONS OF MR BB

CASE OF ANKYLOSING SPONDYLITIS MARCH'26 SYMPOSIUM—AMITA AGRAWAL

| DATE | HLAB27 | ANA/RA | CRP/ESR | BSF | CBC/CREAT/SGPT | XRAY | URINE --R |
|-----------------|-----------------|-----------------|----------------|------------|-------------------------------|---|------------------|
| 15/5/'21 | POSITIVE | --/ NEGATIVE | | 92 | | | |
| MAY '22 | | | | | | BIL SACRO- ILIITIS AND EARLY CHANGES IN LUMBAR SPINE | |
| 21/2/'23 | -- | --- | 1.7/47 | -- | WNL/--/14.73 | -- | |
| 23/4/'23 | | | | | WNL/ 0.95/29.11 | | NAD |
| 15/4/'25 | -- | -/ NEGATIVE | 3.24/14 | -- | PDW—16.2, MPV—12.3 | -- | -- |

ICR SYMPOSIUM

VADODARA March 20 - 22 | 2026

ICR SYMPOSIUM

VADODARA March 20 - 22 | 2026

Daily Routine

Wakes up around 6:30 AM (Sunday around 8:30 AM)

Does exercise

After that bath and prayers

Leaves for office around 8 AM

Breakfast: Milk, dry fruits, poha, upma, sheera, or dosa.

Reaches office around 9:30 AM

After working for some time eats fruit at about 10:30 AM

Lunch around 1 PM (2 chapatis, vegetables, rice)

Continues working till 6:30 PM

Returns home and rests

Evening snack: fruit or dry fruits

Dinner: Dal, rice, vegetables, sometimes chapati or fish.

After household work sleeps around 11–11:30 PM

Financial responsibility:

Since my father supports family finances, I never had any difficulties.

Difficulties Experienced-At Workplace: Work causes some stress, I neglect my health, which increases my tension and feel irritated.

In Family: No major problems at home, But because of my health I cannot help much with household work, which sometimes leads to irritation and arguments. But family members generally understand me

Chief Complaint:

Severe pain in both hips extending to the thigh and knee, pain is shooting, throbbing, sometimes like electric current sensation hence cannot walk, sit, stand, or turn in bed, due to which sleep is disturbed

This Problem started around 2018. I slipped and fell on the stairs and injured my hip and buttock region. Took treatment and pain reduced for a few months following which pain started in right hip in 2019. Would intermittently experience throbbing and shooting pain following which pain gradually increased. Now, I experience pain even during sleep. Earlier pain was once or twice in a month for a few hours and now it is daily or alternate day. Later it started paining in upper back too, along with heaviness. Gradually developed swelling over hands and legs, unable to do any work in morning, on waking up, with severe stiffness in fingers. Swelling would gradually reduce after 1 1/2 hours and I would feel better. I don't have any pain when on medications, but pain recurs within a week of stopping them. I have taken all types of Medicines (Allopathy, Homoeopathy & Ayurveda) with only temporary relief.

Since 2020, the complaints have severely increased, I experience pain for the entire day, cannot sit nor sleep and my pace at work has significantly slowed down. Currently, I have similar pain in left hip as well, which is of intermittent nature. I lose balance while walking and need to take support, and hence avoid walking. It is difficult to sit even for a few hours. I wake up within 2-3 hours of falling asleep and have to keep on turning sides, due to which sleep is incomplete. The shooting pain experienced in the hip increases on bending, lifting

and on attempting to move things. Due to this, my mobility has been restricted and I can't go out alone. I can't concentrate on work and have lost confidence. I feel better with warm application and worsens with AC and cold air.

Other Complaints

1. Acidity- Previously severe. Burning in chest and stomach, started experiencing abdominal pain and developed Hiatus Hernia and have indigestion. I was better with medicines for 2 months, but now the problem persists.
2. Had constipation earlier, now it is occasional. I have difficulty in passing stools and unsatisfactory bowels/
3. Dust allergy: I get recurrent cold, cough, which was better with homoeopathic treatment/
4. Weakness: Constant feeling of tiredness, Lack of enthusiasm to work.

Personal Details-Height: 5 ft. 2 in; Weight: 45 kg

Nature: I have an otherwise calm nature, but tend to get irritated if things are not as per my wish/ will. Don't like to be forced to do any work. I don't do anything which is against my wish. I do not like lies. I mix with limited number of people. I don't trust people easily. I share good relations with family members but have occasional disagreements. I have good relations with friends and colleagues but avoid talking to those whom I don't get along with. Parents take care of the family and hence there are no major responsibilities.

Food and thirst: Like to eat spicy, but avoid due to acidity. Also used to like tea, but because acidity has aggravated, I take it once 1-2/ wk.

Effect of weather: I like warm weather, cold weather affects me, pains increase.

I use warm water for bathing.

Hobbies: Listening to songs, drawing, mehendi and rangoli.

Addictions: None.

Sleep and dreams-Sleep disturbed, wakes within 2-3 hours of falling asleep. Get a lot of dreams and headaches on waking up.

Menstrual history-Menstrual cycle is regular. Sometimes the periods are delayed. First two days very little flow, then for 3 days heavy bleeding. Complaints during periods: Body ache, nausea and weakness.

Past illness-No major illness in the past

Family history-No major diseases in the family. Mother had kidney stone surgery 1 year ago. Currently, she experiences, bone pain, backache and vertigo on exertion.

Other information-Allergic to Mushroom, Nachani and Saunf.

SCR RECORDING

PRELIMINARY INFORMATION:

| | | |
|--|---------------------------------|-------------------------|
| Case Registration No: N/88/24 | Date of Case Taking: 16/11/24 | Name: Ms. NPR |
| DOB: 21-4-1994 | Age: 33 Yrs. | Sex: Female |
| Education: B.Com | Marital Status: Single | Religion: Hindu /Rajput |
| Diet: Non Veg | Occupation: Accountant-Pvt Firm | Mother: 55/Home Maker |
| Father: 59/Retired Pharmacist BMC Hospital | | Sisters: 31/ IT |
| Address: XYZ | | Professional /Married |

CHIEF COMPLAINTS:

| LOCATION | SENSATION & PATHOLOGY. | MODALITIES A.F.,<,> | ACCOMPANIMENTS |
|---|--|--|---|
| MSS- Lumbar Region- B/L Hip- Thighs- PIP Joints O- Sudden D- 2019 | Shooting pain 2+ radiating to the B/L Hips to thighs Stiffness 2+ Unable to walk, rise and sleep on back 2+ | Af- Fall on Buttocks 2+(2018) And Disappointment in Love (2019) < Long sitting 2+ (8-9 hours) < Lying on back 3+ < Cold Air 2 | |
| R Hip- R Leg- Upper Extremities D- 2019 F- Initially, once or twice a month- Daily for hours | Throbbing pain 3+ intermittent shooting(current like sensation) now persistent since 2020 The right leg used to get blocked. | < Lying on back 3+ < Morning 2+ < Walking 2+ < Rising from sitting 2+ < Sleeping in same position for 3 hours 3+ | Concentration decreased Confidence to go outside alone decreased Enthusiasm Low 2+ Easily Fatigued 2+ |
| Whole Body | Pain with stiffness 2+ Swelling 2+ Stiffness 2+ | > Hot water bathing 2+ | Sleep disturbed 3+ Headache on rising 2+ |

ASSOCIATED COMPLAINTS:

| LOCATION | SENSATION & PATHOLOGY | MODALITIES A.F.,<,> | ACCOMPANIMENTS. |
|--|---|--|-----------------|
| GIT- Oesophagus- Hiatus O- Sudden D- Since July 2024 to September 2024 | Acid Reflux 2+ Pain in the abdomen Constipation- occasionally | < eating after 2+ < Mushroom 2+ < Nachani 2+ < Saunf 2+ > Rx after | |
| Respiratory System- URT | Sneezing 2+ with slimy coryza 2+ Dry cough 2+ | < Dust 2+ > Homoeopathic Rx | |

PATIENT AS A PERSON (ATTRIBUTES & FUNCTIONS).

- **APPEARANCE-** Lean. Thin and fair
- Wound Healing: Normal
- Perspiration : General: Scanty, Odors: Nil, Staining: Nil
- Appetite : Normal
- Thirst : Normal
- Cravings : Spices 2+
- Aversion : NS
- Food : < Spices 2+ and Tea 2+- GIT= acidity
- Stool : Constipated occasionally, Frequency: 1-2/day, Urging: Inconsistent
Satisfaction: Poor
- Urine :Frequency: N Urging : N Control: N
- Menstrual History:
Regular, 7/30 days, Flow: First 2 days is scanty followed by profuse for 2 days and again scanty for 3 days. MB: Nausea 2+, bodyache2+ and weakness 2+
- Sleep: Character: Disturbed due to C/C Duration 8 hrs
Concomitants: After Sleep =Headaches often due to incomplete Sleep
- Dreams: of being murdered2+, Kidnapped 2+, Fights 2+
- Diet & Daily: Refer Written History

REACTIONS – PHYSICAL FACTORS:

- Physical exertion : < CC 3+
- Temperature : Likes warm climate, Winter < CC 3+
- Sun : < Headache 2+
- Cold : < CC 3+
- Seasons : Winter: < CC 3+
- Fan : Slow in all seasons
- Covering : All seasons
- Woollens : Winters
- Bath : Warm water- All Seasons
- Thermal State : C3H2

PAST HISTORY : Nil

FAMILY HISTORY: Mo-Migraine; Nephrolithiasis; BPPV; Lumbar Spondylosis;
OA Knees Grade 3

LIFE SPACE:

The patient is a 33-year-old single female from a middle-class Hindu Rajput family residing in N. She is a commerce graduate and works as an accountant in a private firm. Her father was a pharmacist at a BMC hospital and has recently retired. Her mother is a homemaker, and her younger sister is an IT professional who was recently married.

She was average in her studies and has a quiet disposition, especially when left alone. She dislikes being dominated and, if forced to do things against her wishes, becomes irritable and fretful, though she seldom expresses it.

She recalls an incident from Standard V when school was dismissed early for some reason. Her father arrived late to pick her up, and while she was waiting alone at the gate after all the other children had left, a stranger approached her and asked her name. She felt extremely frightened, and since then she has developed an intense fear of strangers. She is reserved by nature and has no close friends. She usually avoids confrontation by distancing herself from people with whom she does not get along. She prefers to stay alone.

Another shocking incident occurred when her paternal grandmother was murdered during a theft at their village residence while the patient was in Standard VII. She was very attached to her grandmother, and the emotional impact lasted for more than two years. Even today, recalling the incident affects her deeply.

Her father shoulders most of the responsibilities of the family but is irritable by nature. Whenever he does not receive food on time, he creates a scene, and this aspect of his behavior upsets her. Her mother is a homemaker who suffers from migraine, lumbar spondylosis, and Grade II osteoarthritis of the knees. She is irritable and fastidious by temperament, which often leads to friction between mother and daughter over domestic chores. Her father is very kind by nature and frequently helps his elder and younger siblings, which displeases her mother. The relationship between her mother and paternal aunt is also strained. Her mother feels that because of her husband's good nature, others take advantage of him, and she has consequently earned a bad reputation. This aspect of the parental relationship also bothers the patient.

Currently, because of her illness (pain), she is unable to perform household work, for which her mother scolds her. Her mother herself is suffering from Grade III osteoarthritis, and combined with her fastidious nature, this creates additional tension. The patient feels guilty that her mother is suffering and that she is unable to help her.

Her younger sister got married last year, and now the parents are worried about the patient's marriage, as she is avoiding it. There are two reasons for this. She had a relationship with a man from her office that lasted for two years. However, in 2019 he moved to another job and ended the relationship. She was emotionally involved, and the breakup left her extremely disappointed. Around this time her lumbar pain worsened, although she had experienced a fall in 2018 and had no complaints for six months afterward (refer to chief complaints). Her symptoms have persisted since then. She is unable to forget him and now feels that, because of her physical disability, she does not want to get married.

Her previous job was in the automobile industry in the sales and service spare parts department. She left that job due to dissatisfaction and frustration, as there was considerable office politics and she was not receiving any increments. Her current workplace is in the food industry, which is a new field for her. She feels stressed due to the workload and is unable to concentrate because of her pain. She finds it difficult to cope and feels internally irritated. Her relationships with colleagues are becoming strained, as they comment on her slowness and her frequent leave due to her chief complaints.

PHYSICAL EXAMINATION:

Ht-5. Feet 2 inches Wt-45.10 Kg

LOCAL EXAMINATION:

- SIST: + ve both sides
- LS Spine and SI joints: Tender ++
- SLR- 50 Degrees bilaterally
- Schobers Test: + ve

INVESTIGATIONS:

| DATE | 06-01-2021 | 20-11-2024 |
|----------------------------|---|-------------------|
| Hb | 11.2 | 11.8 |
| WBC | WNL | WNL |
| Platelets | WNL | WNL |
| CRP | 2.16 | 6.8 |
| RA Factor | Negative | - |
| S. Creatinine | 0.66 | - |
| ESR | 66 | 84 |
| HLAB 27 | Negative | - |
| MRI Lumbar Spine (2021) | L5 sacralisation with enlarged bilateral processes. Craniocordal dimension: Rt side- 21.2mm and Lt side- 18mm. L4-15 mild disc bulge. Cord diameter: 10.2mm D12: Atypical Haemangioma | |
| MRI-SI Joints (2021) | B/L active sacroiliitis. L > R | |

FOLLOW UP CRITERIA:

1. Mood (Anxiety/ Dissatisfaction)
2. Fatigue
3. Sleep Disturbances
4. Body ache/ Stiffness (Time/ Intensity)
5. Pain Hips (R/L)
6. Pain in the Legs
7. Menstrual Aggravations
8. Headaches
9. Acidity
10. URT
11. O/E

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | Action |
|----------|-------|-------|-----|----------------|-------|-------|---|---|---|----------|---|--------------------------|---------------------|
| 16/11/24 | | | | | | | | | | | | Screening done | A for 5 days |
| 20/11/24 | SQ | SQ | SQ | > 25% | SQ | SQ | 0 | 0 | 0 | 0 | SQ | | A for 9 days |
| 30/11/24 | > 25% | > 25% | N | > 25% | > 25% | > 25% | 0 | 0 | 0 | 0 | > 25% | | B for 14 days |
| 17/12/24 | SQ | SQ | SQ | < + | < + | < + | 0 | 0 | 0 | 0 | | | A for 7 days (PP 2) |
| 18/01/25 | < + | < + | < + | < 2+ (90 mins) | < 2+ | < 2+ | 0 | 0 | 0 | < 3 days | | | C for 1 week |
| 25/01/25 | >+ | >+ | >+ | >+ (30 mins) | >+ | >+ | 0 | 0 | 0 | >+ | SLR- R- 80 degree L- 60 degree SIST +ve | | C for 1 week |
| 01/02/25 | >2+ | >2+ | >2+ | >2+ | >2+ | >2+ | 0 | 0 | 0 | >2+ | SLR- Neg | All c/o gradually better | C for 12 weeks |

| | | | | | | | | | | | | | |
|----------------------------|------|------|--------------|---------------|------|------|------------|---|---|---|---|--|--------------------|
| 15/03/25 | N | < 2+ | N | < + | < + | < + | Flow Heavy | 0 | 0 | 0 | Since 6 days all complaints increased and Since 3 days heavy menstrual flow | D 1PHS | |
| 22/03/25 | N | SQ | N | SQ | SQ | SQ | 0 | 0 | 0 | 0 | | D for 6 days | |
| 01/04/25 | < + | < + | < + | < + | < + | < + | 0 | 0 | 0 | 0 | SI Joint tenderness SIST- Positive Scobber's Test- Positive SLR- 50 degrees in both legs | Short Amelioration for a day followed by aggravation in all complaints | E for 3 PHS |
| 05/04/25 to 27/05/25 | >+ | >+ | >+ | >+ | >+ | >+ | 0 | 0 | 0 | 0 | | | E 3PHS weekly |
| 31/05/25 | >+ | <+ | >+ | <+ | <+ | <+ | 0 | 0 | 0 | 0 | | Since change of weather | F 1PHS + E 3PHS |
| 14/06/25 | <+ | <+ | >+ | <+ | <+ | <+ | 0 | 0 | 0 | 0 | Was better for 12 days but complaints aggravated since 3 days | | F 1PHS + E 6PHS |
| 28/06/25 | > 2+ | > 2+ | > 2+ | > 2+ | > 2+ | > 2+ | 0 | 0 | 0 | 0 | Went to Gastroenterologist for acute gastritis. Endoscopy done- Moderate gastritis with LES | | F 1PHS + E 6PHS |
| 12/07/25 to 16/08/25 | > 2+ | > 2+ | Distur - bed | < + (60 mins) | SQ | SQ | 0 | 0 | 0 | 0 | | | G 3PHS |
| 30/08/25 | > 2+ | > 2+ | >+ | >+ | >+ | >+ | 0 | 0 | 0 | 0 | Ligament injury due to fall | | H 3PHS |
| 30/08/25 to 21/02/26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | I 3PHS |

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. મતિ :- સ્ત્રી

4. સ્વરૂપ :- પરીભાગ

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
Pitroda's Company માં મેલ
કરી હતી. કમ્પ્યુટર કોનેલેજ છે.
અભ્યાસ પછી મેરજ ના 4 ચાર
વર્ષ પછી મેડ અપ આર્ટિસ્ટની
પોસ્ટ પર મેલ સેલેક્શન કરવા ડ
offer આપે છે. કંપની

11. પરોળાની જવાબદારીઓ :- મારા ઘરમાં પિયર માં

પપ્પા, બેભાઈ, અને હું ઠીક ઠીક મમ્મી સુક્રીકાન્ટ માં સુક્રીકાવર થઈ ગયા હતા. ત્યાં મેં પરોળે થી જ ઘરની બધી જ જવાબદારી સંભાળી લીધી અને સાથે આપ્યાવત, નીકરી પણ ફરતી હતી. તેથી હું ડુરીન લાઈફ માં બમ્મી બહુ જ રહેતી હતી. પીતાના માટે સ્પીઈટ ટાઈમ નીકાળી રાકતી હતી પરંતુ મને કોઈ ફરતી પસંદ હતું. તેથી તેમાં હું ખુશ પણ રહેતી હતી. સાથે ઘરનું કામ પણ બધું જ કરતી હતી. પપ્પા કોઈ પિયારા ના હતા. તેથી તે સમયે રાકતા હતા. મને ઉપડ્યું સોંપું પણ ગમતું હતું. કાર્યો સ્વાધી મને સંતોષ પણ મળતા હતા.

12. આચાર્યની જવાબદારીઓ :- મારી આચાર્યમાં સોમ્બુ, કામલા જેઠ, જેઠાણી, નારાંદ, ભરીબ, બધા જ એ ઘરની જવાબદારીઓ છે. ઘર સંભાળવાની.

13. સંવનન :-



14. રેલિગિયન નંબર

15. દાનના ઓલિમ્પિક ગ્રવનનું વર્ણન :-

દાનમાં સોમ્બુ - 153 વર્ષ
સમ્બુ ; 60 વર્ષ, જેઠ 33 વર્ષ, જેઠાણી 23 વર્ષ
નારાંદ - 29 વર્ષ, ભરીબ, સોક 5 વર્ષ અને સોક 3 વર્ષ ના છે.

સામુ. જ્ઞાણી, નંબર, હાઉસ વાઈકુ છે.
 જે, સમસ્ત સમયે 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 વાચું છે. ટીવી જોઉં છે. દંભીલા સીંગલ બુક વાચું છે. 4 વાગ્યે ઘોડે નાસ્તા કરું છે. સાંજ ~~બપોર~~ ઘોડે વાર બપોર બપોરું છે સાત વાગ્યે પૂજા કરી કમવાનું બનાવું છે 8:30 વગી જઈ છે. સાંજ ટીવી જોઉં છે 10:30 થી 11:00 વાગ્યા પુઠી 11:30 જુદા જોઉં છે. અને વિચારી પણ આવે છે.

બપોર વિષા :-

સવાર 8:30 થી નાસ્તા રાહી નાસ્તા 1 પરોડી 12:30 કમવાનું સવળી સોરી-૨ 4 વાગ્યે થા. 8:30 વાગીનું કમવાનું 3 સોરી, સમળી, વાલમ. 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 આપ્યા 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- સાંધી વધુ જે તુરંત છે. તે.

મને
 બન્ને ડોચાગ માં હોત્યા 2 મહિનાની કુખાવા
 રહે છે. શરૂઆત ની ધીમી ધીમી કુખ છે.
 અગ્રુક અમલ થી આપા પણ કુખાવા કરે છે.
 મારા થી વધારે ઊભા બી વડી શકાતુ નથી
 બેસી રહી શકાતુ નથી વધારે યાથી શમડ
 પાન નથી. વધારે વ્યવસ્થા વાળાવાગ,
 વાહના વામ ત્યારે વધારે કુખાવા રહે છે.
 શન પણ 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 અપારુ પણ ન હતું.
 કમવ) નુ જમુ તાં વધારે કુખડુ હતું.

એણા ૨ ધિસ યી કમર માં પણ કુલાવે
 રહે છે. રાગી કુખે છે. પછી સવાર ઉઠવા
 પછી પણ કુખે છે. એની મારે જ વંધ
 થાય છે. કાંઈ વ્યા તઉ તો તેની
 સ્મર જાતે થતી નથી. જ્યાર
 શુદ્ધ 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 વાયુકોષ
 કુખી પાત પણ રહે છે. એ પેર વાર
 ન થાય તો માયુ કુલાવે 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 રાગી
 અપુએ ક્રિયા તુ આપેલાન કુલાવુ વધુ. તુ
 પછી ત્યાં કાંઈ જ પ્રોબ્લમ નથુ થયાં.

:- મજા ગાળામાં દેહક્રિયાની ગાંઠ :-

ઉપર મુખ્ય ક્રિયાદમાં,
 જગાયા પુમાઈ ગાળામાં જમણી બાજુ અ નાની
 ૩ ગાંઠ દાઈ હતી. ત્યાં ઘોર ઘોર કુલાવો
 ચાલુ થયાં. ઘોર ઘોર પુદાતો ગયા પછી
 ત્યાં ફેલી ગાંઠુ વધુ. એમને ચકી ગયા વાી
 અમદાવાદ માં બાયોસ્કોપી કુલાવી પણ
 સ્મર ન થઈ આપેલાન યી બ નાની
 ગાંઠ કુખ્યામાં આવી. અકે ગાંઠ મેઈત નેમ
 પૂર લાવાથી તેને આગાળવાની વ્યા આપી
 તે વ્યા ઉપર ૩ વર્ષ જેવી ચાલી. રાગી

:- માધ્યાની કૃષાવા:-

મુખ્ય પ્રિયાદમાં જગાવ્યા
 પુમાળી અને માધ્યાની કૃષાવા આગળ દીવલ રાત વહેતી
 રતી. ગમે તેમની દવા લઈ પેદાશીમર લઈ
 તી બી મરતુ ન રહે. માંકુ કારી જતુ
 વેષ અપની વધી કૃષાવા વહેતી રતી.
 વડીદા ભાચિન ઉપાધ્યાય જીવે વાજી
 પાસે દવા ચાલુ કરી રતી ત્યાં અકીમી
 બી કૃષાવા ત્યાં દવાની પર પછી અમર ન
 થઈ. ડી. કે. આર. વૂચ ની દવા થી
 અમર થઈ રતી. ભાચિન અને ની વધી થી
 માંકુ રકીર કમતુ જતુ રહે. જે તેથી
 અને અમર ની નતી થતી, તી કે. આર. વૂચ
 ની દવા થી માંકુ થયું.

:- પગના અંગુળની કૃષાવા:-

મુખ્ય પ્રિયાદમાં
 જગાવ્યા મુજબ છે.

(20)

આકાંગત માહિતી

1. તમાકુ શારીરિક વાજન.
 વાજન 55. કુ. છે.
 વાજન 5A-3 છે.
 રંગ શીરો છે.
2. વેષમાપ :- આગળ વેષમાપ, ગુસ્સો જલદી નથી આવતો
3. બાહ્યીક અંકવાળાઓ :- T. Y. Beam study, computer case
 complit સુ. Government exam
 clear કરી વડી છે.

4. અપેક્ષાઓ.

સામાજિક Government અપેક્ષાઓ એવી છે કે સત્તાની સંપૂર્ણ સીમી થી વધી શકે. સત્તા સીમી થી વધી શકે.

5. નીચે દર્શાવેલ વિગતો વિષે તમારી આજ્ઞા જણાવો તથા પારિશિષ્ટનો ભાગ પર ઘટી અક્ષર વિષે વાર્ણ કરો.

(ક) ખાવા - પીવાની વસ્તુઓના ધ્યાન કોઈકે જ વ્યૂત્ક વધુ પડે છે.

(ખ) સામાન્ય વાતાવરણ:-
આબોહવા, શિયાળા ની સીમન વધુ પડે છે.
ઉષ્ણતામત વધુ ગરમી ના જુ પડે નથી
વેનાન. ગરમ, ડેકોળ પાણી પડે છે.
મનસંજન. મ્યુટીક સામગ્રી પડે છે. શ્રેણીજ્યુમસી
વ્યક્તિ કોઈક નથી

(ગ) નિકા અને વ્યવહાર
નિકા ના સત્તા જ આવે છે. પણ કોઈ ક્ષણે વધુ લેય ના ઉઠી જાય છે. વ્યવહાર કોઈ વસ્તુ ના વધુ વિચારી આવે ના વ્યવહાર આવે છે. કોઈ ક્ષણે આવે ના ઉઠી જાય છે.

(ઘ) સત્તાય જીવન વિષેની વ્યવસ્થા મારિતી માનિક. મને પહેલા તો આંકે ૫ વિચાર આવતુ હતુ કે તેર પછી આ કિલ્લ વ શરેની પતી. પણ હોળા છે મારિતી થી સંજ થયા કો છે. પાછળ હોલાય કરી છે. વ્યવસ્થા માનિક આવતુ પણ નથી કુલ ૨ વિચાર આવે. માત્ર મા વિચાર ૨ થાય આવે. વ્યવ.

પ્રશ્ન :- થઈ જ શકે કોઈ ક્ષણે નથી કરાવી શકાતી છે પણ નથી શકે. વધુ શકે

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ભૂતકાળની બીમારીઓ

માને ગળામાં લેન્કેટશનની ગાંઠ થઈ હતી. આપરેલ કાલીને માંડે થયું ત્યાર બાદ માથાની ડુબાણી વધી. આ ૩ વર્ષ ચાલી. આજે પણ કોઈક કોઈક વિચાર કરી છે. જ્યુ શેલમાં આવે તો માથા ની ડુબાણી થાય છે. ખોળા આવું નહીં થાય ત્યાર બાદ જીયાની માં ડુબાણી થાય છે. આજે ૪ છે. આ રાત્રી ને છે. ઘણા આઈપીકેટ છે એવું કી. એવું ને બતાવ્યું પણ રેક ન હતું પાપું. આ રાત્રી છે. માથાની બીમારી ને આત્યાર ની બીમારી આવે નીંદે સંબંધ નથી

*

કોરૂબીક બીમારીઓ જે પાંચેના

- માતા - નથી
- પિતા - કોઈ જ બીમારી નથી
- બહેનો - નથી
- પતિ - કોઈ જ બીમારી નથી
- બાલક - નથી

*

સૂચ્ય જોગકારી

મને એ મળ્યું છે કે આ આત્મિકી કોઈ કારણે લોકર તો નહીં થાય ને. આજે આ આ સમિપાળ જે માંડે પ્રગભર થઈ તો કેવું વાળી, વાંકું કી નહીં. એમાં કોઈ સુખિમમાં તો નહીં આવે ને. તે જગાવશો.

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.

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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.

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. મૂળ :- રાજી

4. શિક્ષણ :- પરીણીત

5. ધર્મ :- હિન્દુ

6. રાજકારણી પક્ષ :- ઇન્ડિયન લેબર પાર્ટી

7. તમારું ક્ષેત્ર :- અવકાશ ઇન્ડસ્ટ્રી X

8. ચાલુ કોઈ :- દરરોજ સવારે 1 કપ ચા.
કોઈ નથી.

9. શૈક્ષણિક કારકિર્દી :- અભ્યાસ :- T. J. Bloom ગ્રજુએટીયન

10. મેળવેલી સફળતાઓ :- અભ્યાસ પછી મેં 9 મેસેજ અમદાવાદ માં બુટી એડવાઇસરી તરીકે Pind's કમ્પિયુટર માં મેલ કરી હતી. કમ્પ્યુટર કોનેલેજ છે. અભ્યાસ પછી મેરજ ના 2 ચાર વર્ષ પછી મેડ અપ આર્ટિસ્ટની ધોરણ પર મેલ એલેન કરવા ડ offer આપે છે. કંપની

11. પરોળાની જવાબદારીઓ :- મારા ઘરમાં પિયર માં

પપ્પા, બેભાઈ, અને હું ટીની મમ્મી સુક્રીકાન્ટ માં સુક્રીકાવર થઈ ગયા હતા. તે મેં પરોળે થી જ ઘરની બધી જ જવાબદારી સંભાળી લી. અને સાથે આપ્યાવત, નીકરી પણ ફરતી હતી. તેથી હું ડુરીન લાઈફ માં બમ્મી બહુ જ રહેતી હતી. પીતાના માટે સુઈદા શાઈમ નીકાળી રાકતી હતી પરંતુ મને કોઈ ફરતી પસંદ હતું. તેથી તેમાં હું ખુશ પણ રહેતી હતી. સાથે ઘરનું કામ પણ બધું જ કરતી હતી. પપ્પા કો પિયારા ના હતા. તેથી તે સમગ્ર રાકતા હતા. મને ઉપડ્યું સોંપું પણ ગમતું હતું. કાર્યો ફરવાથી મને સંતોષ પણ મળતો હતો.

12. આપણી જવાબદારીઓ :- મારી સંભારણીમાં સોસુ, કામલા જેઠ, જેઠાણી, નારાંદ, ભરીબ, બધા જ છે ઘરની જવાબદારીઓ છે. ઘર સંભાળવાની.

13. સંવનન :-



14. રેલિગિયન નંબર

15. દાનના ઓલંપિક ગુણનું વર્ણન :-

દાનમાં સોસુ - 153 વર્ષ
 સમસા ; 60 વર્ષ, જેઠ 33 વર્ષ, જેઠાણી 23 વર્ષ
 નારાંદ - 29 વર્ષ, ભરીબ, સોક 5 વર્ષ અને સોક 3 વર્ષ ના છે.

સામુ. જ્ઞાપી, નંબર, હાઉસ વાઈકુ છે.
 જે, સમસ્ત સમબંધ નિશ્ચી કરે છે.
 બધા ની સાથ સંબંધ સારા છે.
 તેમના બધા ના બપવાર ના પુત્રા સારા છે.
 સામુ, અને નંબર બીજા વડે છે. તી
 તેમની જવાબદારી વધારા 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 પંપર વાચું છે. ટીવી જોઉં છે. દંભીલા સીંગલ બુક વાચું છે. 4 વાગ્યે ઘોડો નાસ્તા કરું છે. સાંજ ~~બપોર~~ ઘોડો વાર બહાર બેસું છે સાત વાગ્યે પૂજા કરી કમવાનું બનાવું છે 8:30 વગી જઈ છે. સાંજ ટીવી જોઉં છે 10:30 થી 11:00 વાગ્યા પુઠુથી 11:30 જુદા જોઉં છે. અને વિચારી પણ આવે છે.

બપોર વિષા :-

સવાર 8:30 થી નાસ્તા રાહી નાસ્તા 1 પરોડી 12:30 કમવાનું સવળી સોરી-૨ 4 વાગ્યે થા. 8:30 વાગીનું કમવાનું 3 સોરી, સમળી, વાલમ. એક વીક માં 1 સોરી માર્ગ 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. વધાર
 તો પ્રોબલમ પણ થાય છે.

* મુખ્ય ક્રિયા ૯

18- સાંધી વધુ જે તુચ્છ છે. તે.

મને,
 બન્ને ડોચાગ માં હોતી ૨ 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 વ્યવસ્થા વાળાવાગ,
 વાહના વામ ત્યારે વધારે કુખાવા રહે છે.
 શન પગ વધારે કુખાવા રહે છે.
 કુખાવા શરૂ ની ચાલુ જ રહે છે.
 ૩ મહિના પહેલાં. 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 અપારુ પણ ન હતું.
 કમવ) નુ જમુ 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 તઉ તો તેની
 સ્મર જાતે થતી નથી. જ્યાર
 શુદ્ધ 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 વાયુકોષ
 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 રાગી
 અપુએન ક્રિયા તુ આપેલાન કુલાવુ વધુ. તુ
 પછી ત્યાં કાઈ જ પ્રોબ્લમ નથુ થયાં.

:- મજા ગાળામાં દેહક્રિયાની ગાંઠ :-

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

:- માધ્યાની કૃષાવા:-

મુખ્ય પ્રિયાદમાં જલાવ્યા
 પુમાળી અને માધ્યાની કૃષાવા આગળ દીવલ રાત વહેતી
 રતી. ગમે તેમની દવા લઉ પેદાશીમર લઉ
 તી બી મરતુ ન રહે. માંકુ કારી જતુ
 વેષ અપની વધી કૃષાવા રહેતી રતી.
 વડીદા ભાચિન ઉપાધ્યાય જીવરા વાજી
 પાસે દવા માલુ કવી રતી ત્યાં અકીમી
 બી કૃષાવા ત્યાં દવાની પર પરા અમર ન
 થઇ. ડી. કે. આ. વ. વૂચ ની દવા રી
 અમર થઇ રતી. ભાચિન અને ની વ્યા રી
 માંકુ રકીર કમતુ જતુ રહે. જે તેથી
 અને અમર ની નતી થાતી. તી કે. આ. ર. વૂચ
 ની દવા રી માંકુ રાપુ.

:- પગના અંગુળની કૃષાવા:-

મુખ્ય પ્રિયાદમાં
 જલાવ્યા મુજબ છે.

(20)

આકેતગત માલિની

1. તમાકુ શાલીક વાજીન.
 વાદર. 55. કુ. છે.
 વાદર 5A-3 છે.
 રંગ શીરો છે.
2. વેષમાવ : આગળ વલભાવ, ગુસ્સો જલદી નથી આવા
3. વાણીક અકેતગતી:- T. Y. Beam study, computer case
 complit સુ. Government exam
 clear કરી વડી છે.

4. અપેક્ષાઓ.

અપેક્ષાઓ એવી છે કે સત્તાની જોડાણે Government માની ને એવન થઈએ. સુખ સારી થી રી રહીએ.

5. નીચે દર્શાવેલ વિગતો વિષે તમારી આજ્ઞા જણાવો તથા પારિશિષ્ટાતો લેના પર ઘટી સ્પષ્ટ વિષે વાળે કરો.

(ક) ખાવા - પીવાની વસ્તુઓમાં.
લા - કોફી ઉ વપૂત વધુ પસંદ છે.

(ખ) સામાન્ય વાતાવરણ:-
આબોધિયા, શિયાળા ની સીઝન વધુ પસંદ છે.
ઉષ્ણતામત વધુ ગરમી મા વધુ પસંદ નથી
વેનાન. ગરમ, ફેશીયો પાળી પસંદ છે.
મનસંજળ. મ્યુઝીક સાંભળવું પસંદ છે. શ્રાવણ/વધુ પસંદ
વ્યસનો કોઈ જ નથી

(ગ) નિંદ્રા અને વ્યવહાર.
નિંદ્રા તો સત્તાની જ આવે છે. પણ કોઈ ક્યારેય વધુ હોય તો ઉઠી જવાય છે. વ્યવહાર કોઈ વસ્તુ ના વધુ વિચારો આવે તો વ્યવહાર આવે છે. કોઈ ક્યારેય આવે તો ઉઠી જવાય છે.

(ઘ) ભારતીય જીવન વિષેની વ્યવસ્થા માહિતી મામિક. મને પહેલા તો માંકું પ વિચાર આવતું હતું કે કેરું પણ એ ક્રિકેટ વ રહેતી હતી. પણ હોળા છે મીણા થી રાજ થયા છે છે. પાછળ હોળા કરી છે. વધુ વ્યવસ્થા મામિક આવતું પણ નથી પૂકત 2 વિચાર આવે. માત્ર મા વિચાર 1 રીપ આવે. વ્યવ.

પ્રશ્નોત્તર :- થઈ જ થઈ કોઈ ક્યારેય નથી કરીલા સમાજી છે પણ નથી વધે. વધુ વધુ

*

ભૂતકાળની બીમારીઓ

માને ગળામાં લેન્કેકેશનની ગાંઠ થઈ હતી. આપરેલ કાલીને માંડે થયું ત્યાર બાદ માથાની ડુબાણી વધી. આ ૩ વર્ષ ચાલી. આજે પણ કોઈક કોઈક વિષમ રૂપે છે. જ્યુ શેલમાં આવે તો માથા ની ડુબાણે થાય છે. ખોળા આવું નહીં થાય ત્યાર બાદ જીયાળા માં ડુબાણે થાય છે. શાયદ જ છે. આ શાયદ જ છે. ઘણા આઈપીકેટ છે એવું કી. એવું ન બતાવ્યું પણ રૂંધ ન હતું પણ. આ શાયદ જ છે. માથાની બીમારી ને અત્યાર ની બીમારી આજ નીંદે સંબંધ નથી.

*

કોરૂબીક બીમારીઓ જે પાંચેન.

- માતા - નથી
- પિતા - કોઈ જ બીમારી નથી
- બહેનો - નથી
- પતિ - કોઈ જ બીમારી નથી
- બાલક - નથી

*

અન્ય જાગોકાલી

મને એ મળ્યું છે કે આ આજે કોઈ કોઈ ઇકેટ તો નહીં થાય તેવી બાબતે. આ આ આ અમિયાળ જે માંડે પ્રગણે થઈ તો કે વાળી, વાંકું કે નહીં. એમાં કોઈ પ્રિયમમાં તો નહીં આવે ને. તે જગાવશો.

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.

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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 Popliteal fossa On and Off Interphalangeal joints of toes (Both legs) Upper extremities /Shoulder joint General | Pain ³ – Dull Swelling ² Cracking sound while walking ² Reduced Mobility ² Pain+ ² Stiffness ² at alternate side Difficulty in standing, sitting and walking for more than 15 minutes ² Stiffness ² No stiffness or Pain Weakness+ 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+ < Early morning ³ > Pressure ² | Sleep disturb App- Reduced Aversion to working during pain. |
| 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** – back², 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, spicy2, Juice and liquids3 **AVERSION:** - Salty food+2, Sweet+3

AGGRAVATION: Milk causes Nausea3

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 1year 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 lizard³ – 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> | | | | | | | | | | | | | |

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સાંજના શાંત આકાશ નીચે,
મારા સાંધાઓમાં એક વાવાઝોડું છે,
બહારથી હું શાંત દેખાઉં છું,
પણ અંદર એક મૌન યુદ્ધ છે.

સવારના પહેલા કિરણ સાથે,
મારા હાથો પૂછે છે – “શું હું ફરી ઊઠી શકીશ?”
દરેક આંગળીમાં એક કથા છે,
દરેક દુઃખમાં એક અજાણી શીખ છે.

ક્યારેક દુઃખ મિત્ર બની જાય છે,
ક્યારેક આંખોમાં પાણી બની વહી જાય છે,
પણ હિંમતનો એક દીવો છે અંદર,
જે અંધકારમાં પણ ઝળહળતો રહે છે.

મારા પગ ધીમે ધીમે ચાલે છે,
પણ મન હજુ દોડવા માંગે છે,
શરીર ભલે થાકી જાય,
પણ આત્મા હજુ જીતવા માંગે છે.

આ રોગ માત્ર દુઃખ નથી,
આ એક પરીક્ષા છે મારી શક્તિની,
દરેક દિવસ હું ફરી ઊભો થાઉં છું,
મારી પોતાની હિંમતની સાક્ષી બની.

કારણ કે હું માત્ર દર્દ નથી,
હું એક યોદ્ધા છું – મૌન, પણ અડગ.

*Under the quiet evening sky,
there is a storm within my joints.
From the outside I appear calm,
but inside, a silent war is raging.*

*With the first ray of morning,
my hands ask – “Will I be able to rise again?”
Every finger holds a story,
every pain carries an unfamiliar lesson.*

*Sometimes pain becomes a companion,
sometimes it flows out as tears from my eyes.
Yet there is a lamp of courage within,
that continues to glow even in the darkness.*

*My feet move slowly,
but my mind still longs to run.
The body may grow tired,
but the soul still wishes to win.*

*This illness is not just suffering,
it is a test of my strength.
Every day I rise again,
as a witness to my own courage.*

*Because I am not just pain,
I am a warrior – silent, yet unyielding.*

Dr. Jayamin Patel MD (Hom) Ahmedabad
Assi. Professor, Department of Homoeopathic Repertory and Case taking
Smt. AJ Savla Homoeopathic Medical College and RI, Mehsana



सुबह की पहली किरण के साथ,
अकड़न लेकर आती है याद।
कलाई, उंगलियां, घुटने सारे,
सूजन में होते दर्द के मारे।

नज़र न आऊं, पर हो जाऊं,
अपनी ही प्रतिरक्षा से लड़ जाऊं।
हड्डियों के जोड़ जो हैं कोमल,
उन्हीं पर मैं करती हूँ हमला प्रबल।

चलना-फिरना मुश्किल होता,
सुबह बिस्तर से उठना न सोता।
कभी जलन, कभी दर्द का डेरा,
जीवन में मेरे संघर्ष घनेरा।

पर उम्मीद की किरण भी है,
सही दवा और खान-पान में।
सजगता से हो सही निदान,
तो कम हो जाए दर्द का मान।

थकना नहीं, रुकना नहीं,
लड़ना है मुझे हर हाल में।
योगा, व्यायाम और धीरज से,
जीतना है मुझे जीवन की चाल में।

*With the first ray of morning,
stiffness arrives as a reminder.
Wrists, fingers, and knees alike,
swell and suffer under waves of pain.*

*Though unseen, I make my presence felt,
fighting against one's own immunity.
The delicate joints of the bones,
are where I launch my fiercest attack.*

*Walking and moving become difficult,
even rising from bed in the morning feels heavy.
Sometimes burning, sometimes a camp of pain,
my life is filled with constant struggle.*

*Yet there is also a ray of hope,
in the right medicine and proper diet.
With awareness and the right diagnosis,
the burden of pain can be reduced.*

*One must not grow weary, must not stop,
the battle must be fought in every circumstance.
With yoga, exercise, and patience,
the rhythm of life can still be won.*

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