

Case Study: Thyroid Dysfunction

Dr Geeta Rani Arora

A female aged 40 years mother of two children consulted for complaint of scanty menses since 3 months. Earlier there was bleeding 5/30, bleeding all 5 days. Now first and second day 4 and 2 pads respectively and from 3rd day onwards there is only spotting. She has consulted on 19th December 2007.

Lethargy, doesn't feel like getting up in the morning, has two children, whom she has to send to school. Sensation of choking in the throat in the morning. Burps in the morning. Stool: Normal.

She had got her Thyroid levels tested on advice of her general physical and the reports revealed TSH to be elevated as 7.5.

Appetite: ok

Craving: Nothing in particular, prefers salt, not very fond of sweets.

Urine : Nad

Thermal: More towards hot but sensitivity to towards both temperature.

Now this is a very different example as he we have not gone much into the details as the circumstances didn't permit. The patient has come to show her daughter but has to reach back home well in time as mother in law is alone and needs to be given food on time. It's one of the occasions where patient is desperate for treatment but cannot give much history. But we had the history of

mother to some extent from the history of her daughter whom we had treated for enuresis. The pregnancy history of mother had revealed that there was much change in the circumstance in her life after her marriage as her mother in law was very strict and dominating in contrast to her loving parents and she used to feel very sad and low and unloved all during her pregnancy. We asked about the circumstances at home now and her emotional state and she revealed that she felt very suppressed and anger inside but could not do anything as her mother in law was very manipulative. She (MIL)was confined to her seat most of the day because of her deformities due to arthritis and would dictate each and everything and not appreciate any effort taken by daughter in law. Patient is a house wife and MA in English, she is happy being at home but says atleast deserves some appreciation for what she does. She is ok not being working, nor has she thought about it but she never thought inspite of doing so much, the behavior she will receive at home will be such. Husband was caring (a calcarea personality-was given calcarea for his hypertension) but would not say or do much about these aspects in the house but would prefer to keep quiet.

She said she felt suffocated inside these days but could not say anything as if she says her mother in law would start shouting saying

that because im so unwell you take advantage and you have no regard for elders and would start crying and this would create a scene in the house. So as to avoid this situation she would keep quiet. In spite of all this she would keep working day and night for the children and mother in law and take extra care to make sure all comforts are their for everybody. She would actually take care of her mother in law like she would for a child as she was completely on bed. Patient feels she should be appreciated atleast, she is ok doing all this but she doesn't want to be scolded

Case working

Rubrics selected

- MIND - EMOTIONS - suppressed
- MIND - DELUSIONS - appreciated, she is not
- GENERALS - FOOD and DRINKS - salt - desire
- GENERALS - WEAKNESS - morning - waking; on
- MIND - AILMENTS FROM - anger - suppressed
- FEMALE GENITALIA/SEX - MENSES - scanty
- Stomach : Eructations, morning

When we repertorized the following analysis :

Seeing the emotional state being the same as during pregnancy (the daughter had improved very well on *Natrum Muriaticum* for her enuresis and recurrent cold where

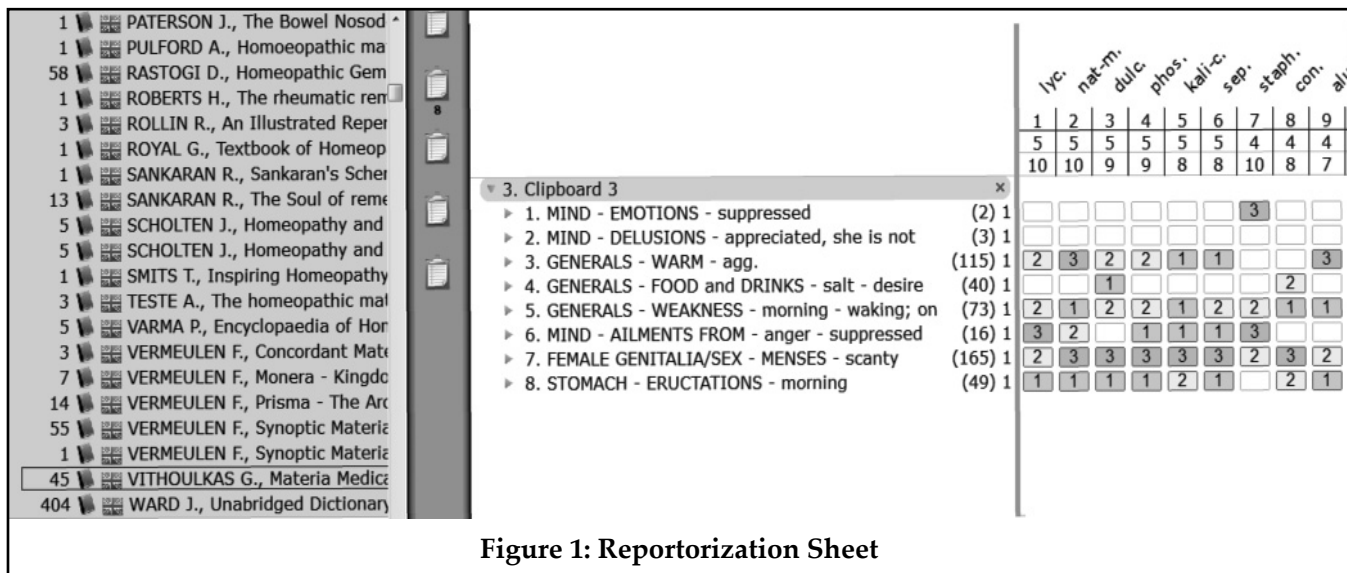


Figure 1: Reportorization Sheet

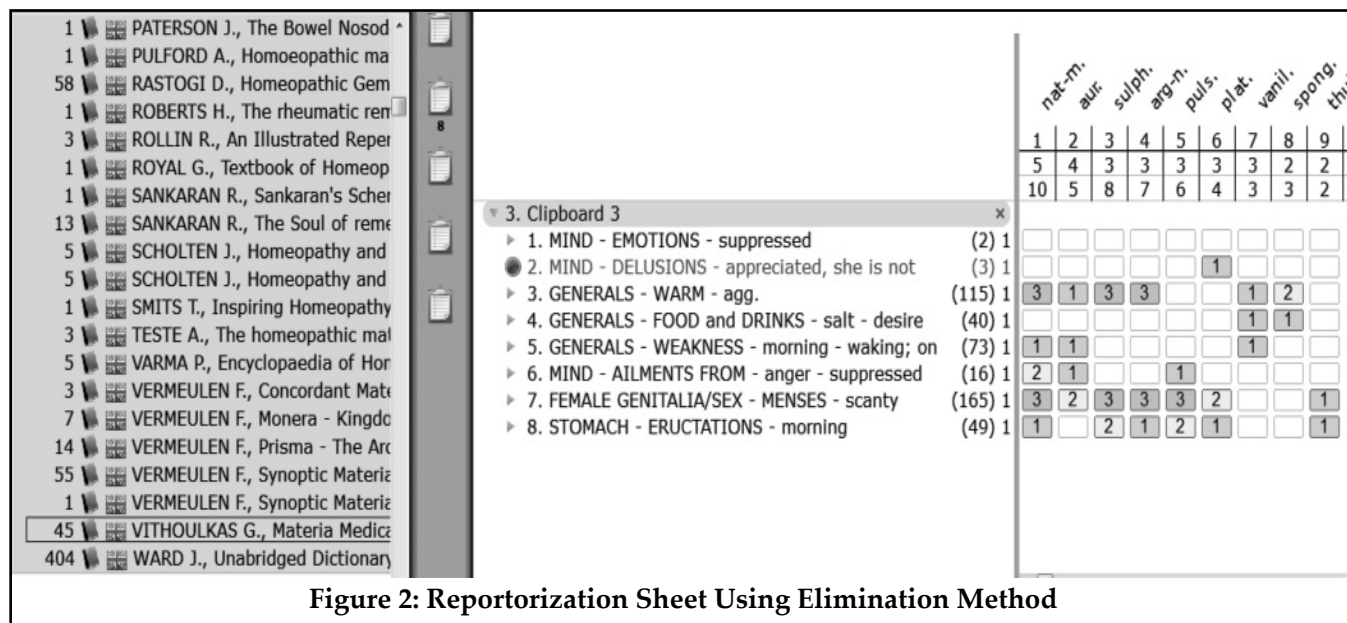


Figure 2: Reportorization Sheet Using Elimination Method

prescription was more based on mother's pregnancy state as the girl was very small and was unwell since birth), *Natrum Muriaticum* was considered again .

Also the main feeling, delusion, appreciated is not was considered as a priority rubric as that was coming as the main feeling of the patient.

We applied eliminative approach and the new repertory sheet also suggested *Natrum*

Muriaticum which was coming as a remedy which covers the totality and of the patient .

References from Materia Medica

Farrington, *Clinical Materia Medica*

Natrum mur. may be called for when the mental state depends upon uterine disease or menstrual irregularity, but this will be only a prolapsus, never the uterine engorgement of *Sepia*. The

indifference of Natrum mur. is born of hopelessness and mental languor; while that of Sepia includes an undisguised aversion to those nearest and naturally dearest.

Jan Scholten, *Homeopathy and Minerals*

For the Natrum element you could say, for example, 'nothing', 'alone', 'forbidden'. For the Muriaticum element you could say, for example 'mother', 'care', 'pitiful'. The theme of Nat-m could then become 'no mother', but also 'alone in his cherishing'. But also 'it is forbidden

CASE STUDY

to be cared for', or 'it is forbidden to cherish others'. These are varying expressions of the same sort of basic feeling, although the form appears to be different.

Natrum Muriaticum 200 was given on on 19, 20 and 21 st December 2008 and repeated dose on 5, 6 and 7th January 2008. Follow up was done on phone.

On 24th jan 2008: she says she felt much better in terms of active and general well being. Lethargy was better and she was able get up and carry out her daily routine .sl for 2 weeks

On January 26, her TSH report revealed T3 :2.3 .T4 :0.97 and TSH :5.6.

Medicine repeated in 7 doses every month in February and March. Her water retention and periods were normalized by March.

Report-2: January 2008

DR DANGS LAB
 Hours : 8:00 a.m. to 12:30 p.m.
 4:30 p.m. to 6:00 p.m.
 Sunday Closed
 Phone : 41004443, 26008009
 Lab : 41004443, 26008009
 Fax : 41005875, Mobile: 9992222233
 Website: drdanglab.com
 e-mail : drdanglab@hotmail.com

Dr. (Mrs.) Manju Dang M.B.B.S., M.D., (P.G.) Chandigarh (PHYSIOLOGY)
 Dr. Navin Dang M.B.B.S., M.D., (P.G.) Chandigarh (MICROBIOLOGY)

Sample Collection Date : 22/01/2008 13:30
 Lab Ref. No. : 474808 Age : 33 Years
 Name : Ms SAPNA GANDHI

INVESTIGATION **RESULT** **REFERENCE RANGE**

THYROID PROFILE

INVESTIGATION	RESULT	REFERENCE RANGE
FREE TRIIODOTHYRONINE (FT3) [SCLIA]	2.30 pg/mL	1.80 - 4.40
FREE THYROXINE (FT4) [SCLIA]	0.97 ng/dL	0.93 - 1.70
* T.S.H. (ULTRASENSITIVE) [SCLIA]	5.60 µIU/mL	0.27 - 4.20

Triiodothyronine (T3) and Thyroxine (T4) are thyroid hormones which circulate in the blood as an equilibrium mixture of free and protein bound hormones. The Free T3 fraction (0.2-0.4% of the total T3) and the Free T4 fraction (less than 0.3 % of the total T4) represent the physiologically available and biologically active thyroid hormones. The Free T4 and TSH levels fluctuate significantly during birth and can remain much higher than adult values during the first month after birth. Proper clinical interpretation and correlation of the reports is mandatory.

The Tests are performed on Roche's COBAS 6000 ELECTRO CHEMILUMINESCENCE IMMUNOASSAY ANALYSER.
 Sensitivity of Free T3 is less than 0.26 pg/mL.
 Sensitivity of Free T4 is 0.023 ng/dL.
 Sensitivity of TSH is 0.008 micro IU/mL.

**** End of IMMUNO ASSAYS Report ****

* MARKED RESULT IS RECHECKED AND VERIFIED

Printed on : 22-Jan-2008 Dr. N. Sin / Dr. A. Singh / Dr. S. Arora / M. Singhal / Dr. Navin Dang / Dr. Manju Dang
 M.D. M.D. M.D. M.D. M.D.

Page 1 of 1

Report-1: December 2007

LIFELINE LABORATORY
 11-11, Green Park Extension
 New Delhi - 110016
 Phone : 26168587, 26168588
 Telefax : 011-26168589
 Mobile : 32923089
 Email : lifeline@hotmail.com
 website : www.lifeline-laboratory.com

Dr. Anjali Khosla M.B.B.S., M.D. (P.G.) Chandigarh
 Dr. Jaha Shrivastava M.B.B.S., M.D. (P.G.) Chandigarh
 Dr. Jyoti Sarawat M.B.B.S., M.D. (P.G.) Chandigarh
 Dr. Anshu Singh M.B.B.S., M.D. (P.G.) Chandigarh
 Dr. Saranya Verma M.B.B.S., M.D. (P.G.) Chandigarh

REPORT

Reference No. : 12-07-61834 Age : 32 Y
 Patient : Ms. Sapna Gandhi Sex : F
 Hospital / NH : GEETANJALI HOSPITAL Date : 08/12/2007
 Delivery : Doctor

Investigation	Result	Reference Range	Units
TSH	7.50	0.27 - 4.20	µIU/ml

* REFERENCE RANGE **

Adults
 TSH 0.27 - 4.20 µIU/ml

* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES

Children	TSH
14 gestation Fetus	0.70 - 11.00
LBW cord serum	1.30 - 20.00
Term Infants	1.30 - 19.00
3 days	1.10 - 17.00
10 weeks	0.60 - 10.00
14 months	0.40 - 7.00
5 years	0.40 - 6.00

Pregnancy

Units	First Trimester	Second Trimester	Third Trimester
Free T3 pmol/L	3.00 - 8.70	2.80 - 4.20	2.40 - 4.10
Free T4 pmol/L	11.10 - 24.10	8.20 - 24.70	8.20 - 24.70
TSH µIU/mL	0.20 - 3.50	0.20 - 3.50	0.20 - 3.50

Consultant Pathologist/Microbiologist

SOME COLLECTION FACILITIES AVAILABLE

Registered with:
 • All India Council for Technical Education
 • All India Institute of Medical Sciences
 • I.C. Life Sciences India Pvt. Ltd.
 • Om Katak Mahindra Life Insurance Co. Ltd.
 • National Centre for Anticancer & Clean Research
 • Eli Lilly Company & India Pvt. Ltd.
 • Jit Ahluwari
 • GAR
 • IGINOU
 • PRIDCO
 • LIC of India

Report-3: May 2008

SRL RANBAXY
 141, Gurgaon - New Lab
 G-10, Regional Reference Lab, G-26, Nehru Place, Delhi-110028
 Gurgaon Branch: Sector-18, Gurgaon, Haryana-122015
 Haryana, India
 Tel: 0124-455111/1200, Fax: 0124-4591800
 24x7x24, 088-0884676

REPORT

PATIENT'S NAME AND ADDRESS: MRS. SAPNA GANDHI
 DATE AND CLINIC: 15/05/2008


TEST REPORT STATUS: FINAL

TEST REPORT STATUS	FINAL	IN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS
THYROID CHECK, SERUM					
T3	18.9		60.0 - 181.0		ng/dL
T4	9.0		1.5 - 12.4		µg/dL
TSH	4.79		0.35 - 5.50		µIU/mL
HEPATITIS B SURFACE ANTIGEN, SERUM					
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE				


COMMENT: NOTE: MICROSCOPIC EXAMINATION OF URINE IS PERFORMED BY CENTRIFUGED URINARY SEDIMENT.

Page 4 of 6

Report-4: December 2010

DISHA DIAGNOSTICS		DR. SARITA TRIPATHI	
Date: 24/12/2010		Ref. No: 107327	
Name: MRS. SAPNA GANDHI	Age: 48	Sex: F	Company:
Address:			
Test Name	Value	Unit	Reference Value
ENDOCRINOLOGY			
THYROID FUNCTION TEST			
TOTAL THYROID PANEL			
TOTAL T3	85	ng/dl	60 - 181
Tech: Enhanced Chemiluminescence			
TOTAL T4	5.1	ug/dl	4.5 - 10.9
Tech: Enhanced Chemiluminescence			
THIRD GENERATION TSH	7.01	uIU/mL	0.35 - 5.5
Tech: Enhanced Chemiluminescence			
**** End of Report ****			
 Dr. SARITA G. TRIPATHI Consultant Pathologist MBBB MD (PATH)			

Report-5: February 2012

DISHA DIAGNOSTICS		DR. SARITA TRIPATHI	
Date: 06/02/2012		Ref. No: 1014186	
Name: MRS. SAPNA GANDHI	Age: 49	Sex: F	Company:
Address:			
Test Name	Value	Unit	Reference Value
ENDOCRINOLOGY			
THYROID FUNCTION TEST			
TOTAL THYROID PANEL			
TOTAL T3	144.1	ng/dl	60 - 181
Tech: Enhanced Chemiluminescence			
TOTAL T4	8.91	ug/dl	4.5 - 10.9
Tech: Enhanced Chemiluminescence			
THIRD GENERATION TSH	5.43	uIU/mL	0.35 - 5.5
Tech: Enhanced Chemiluminescence			
**** End of Report ****			
 Dr. SARITA G. TRIPATHI Consultant Pathologist MBBB MD (PATH)			

In second week of April she was given 3 doses of *Natrum Muriaticum* 200 twice a day as she was again getting lethargy and tiredness.

May 18th 2008 report revealed TSH to be within limits 4.79.

Patient stopped medication after that. She was also advised to express herself and not keep her emotions suppressed. Husband was also advised to give a balanced approach to both wife and mother. He did agree that there was unjust in the house at times and that he needs to look into that.

In 2011 again she reported with similar complaints and got her TSH levels checked herself :it was 7.01

She needed a repetition of *Natrum Muriaticum* 1M occasionally

once in 2 months, as once she would be better she would stop informing and would ask only if she developed any symptoms and after few doses and repetitions she would get better. She was very non compliance in getting tests done and once symptoms regress she would not do any tests. In 2011 she was given *Natrum Muriaticum* off and on, repeated once in 3 months, for complaints of amenorrhoea on 2 occasions (basically delayed for 1 week and 15 days on another occasion). She also got frozen shoulder (right shoulder) in august which was helped by *Bryonia* and later resolved by *Natrum Muriaticum* 1m for 2 weeks alternatively. when she came in February 2012, on much insistence she got her TSH done and it was within normal limits. She has been on no medication since then and reports

she is normal, much stable emotionally and healthy overall. We get the report of her health as she asks for medicines for her family or comes with her children sometimes for treatment.

Reports attached.

About the Authors

Dr Geeta Rani Arora is a classical homeopathic practitioner with a clinical experience of 9 years. She has also done a certificate course from NIH, USA on Complementary Medicine. She has been involved in clinical research and clinical verification work on homeopathy for past 7 years. She has personated papers in national and International seminars. She is one of the Editor of the journal "The Homeopathic Heritage" and is also a consultant to B.Jain Pharmaceuticals for their Research and Development Unit.