Hyperthyroidism: Miasmatic Dimensions

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Abstract: This article illustrates two case studies depicting the management of thyroid disorders by comprehensive understanding of susceptibility, dynamic concept of miasmatic diagnosis as process, perceiving suppression and its impact and finer perceiving of psycho-somatic entity as a unit.

Keywords: grave's disease, thyroid, homeopathy

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

–§3, *Organon of Medicine*.

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

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

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

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

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

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

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

Miasmatic Dimensions in Hyperthyroidism

Based on Clinical and Pathologic Correlations

The term 'Hyperthyroidism' is reserved for disorders that result from overproduction of hormones by the thyroid gland itself, of which Graves disease is the most common. This clinical syndrome can result from a hyperplastic nodule or a secreting adenoma of the thyroid gland or a diffusely overactive gland.

A hyperplastic gland has a different pathogenesis. The binding of the immunoglobulins of the

IgG class to their complementaray antigenic regions on the plasma membrane results into a chain of biochemic reactions leading to thyroid growth, increased vascularity and hypersecretion of hormones. Correlation of this autoimmunity with the resultant structural changes and the clinically perceptible erratic sensitivity allows us to diagnose the *tubercular miasm.*

It is known from observations made before the introduction of iodide or antithyroid drugs that the *essential lesion of Graves' disease is parenchymatous hyperplasia.* (3)

For accurate diagnosis of miasmatic state and susceptibility, correlations of clinical picture with investigations become imperative.

Based on Evolution and Clinical Spectrum

Nervousness, irritability, palpitation, tremors occur in around 90% of patients. This indicates psoric activity if you confine to expressions alone. We need to correlate with the cause as well as the structural changes.

A patient of thyrotoxicosis tends to become restless, overactive and irritable. There is a hyperactivity of the senses with hyperacuity of perception and over-reaction to noise. Heightened tension leads to impatience and intolerance of frustration. In some cases, however, we find a paranoid picture developing as a part and parcel of the disturbed mental state. The major brunt of the disease is there on the psyche and an organic of functional psychosis will accompany. Progression to mania with the attendant violence and destructive behavior will be seen as a direct outgrowth of the endocrine disorders. The *syphilitic dimension* of thyrotoxicosis will become apparent in these cases.

Acute organic reactions are quite often precipitated by infection accompanying thyroid crises. The picture comprises delirium, disturbances of sensorium associated with fever. This is a grave emergency and unless the homeopathic physician is able to recognise this as an acute exacerbation of the Tubercular miasm, his therapeutic efforts will fall far short of the need of the hour.

Palpitation in Grave's Disease is a common feature. When this travels rapidly to atrial fibrillation causing serious cardiac complications even cardiac failure; we can see syphilitic miasm in action. Atrial fibrillation decreases the efficiency of the cardiac response to any increased circulatory demand and many play a role in causing cardiac failure.

Thyroid hormone excess causes left ventricular thickening, which is associated with an increased risk of heart failure and cardiac-related death. Thyrotoxicosis has been associated with dilated cardiomyopathy, right heart failure with pulmonary hypertension, and diastolic dysfunction and atrial fibrillation. (5)

Ophthalmic manifestations range from lid retraction, periorbital edema, proptososis, extra ocular muscle involvement to sight loss, this becomes good indicator of magnitude of disease; similarly susceptibility and miasm.

Underlying syphilis miasm can drive eye complaints faster to destruction.

Correlations with Causative Factors

Grave's disease is auto immune in nature. Combination of genetic factors and environmental factors contribute to Grave's disease susceptibility.

The increased incidence of Graves' disease in certain families and in identical twins has for decades indicated a powerful genetic influence on development of the disease. (4)

Evidences suggests that stress is an important environmental factor for Grave's disease, presumably operating through neuroendocrine effects on the immune system.

Psychic trauma or psychic stress has long been considered to be a possible etiology of Graves' disease. The incidence of Graves' disease increased in Denmark during World War II. (4)

Grave's disease commonly appears to become evident either after severe emotional stress, such as the actual or threatened separation from a loved one, or after an acute fright, such as an automobile accident. There are, in fact, many clinical experiences and reports associating major stress with the onset of Grave's disease including data on the high incidence of thyrotoxicosis among refugees from Nazi prison camps. Some data suggest that stress induces an overall state of immune suppression by nonantigen-specific mechanisms, perhaps secondary to the effects of cortisol and corticotrophin-releasing hormone action at the level of the immune cell. Further more patients with Grave's disease are said to give a history of major stress in the 12 months before disease onset compared with control groups. (2)

Fright can precipitate acute picture and depending on the individual susceptibility, we will see *psoric* or *syphilitic* dimensions.

The following cases illustrate these correlations

Case 1: Excitable, Conscientious Farmer

Preliminaries

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

Consultation Date: 20/6/1998

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

Chief Complaints

I. Symptoms relating to thyroid: Hyperthyroidism

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

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

Report dated: 17-12-1996		
Investigation	Patient's value	Normal range
T3	1492.27	79-200
T4	54.34	5.7-13
TSH	0.036	0.5-4.6
Anti TPO(Antibody) = 18.35 IU/m/ (N <2)		

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

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

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

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

Uncontrolled Hyperthyroid is also known to increase Blood sugar level.

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

II. Symptoms relating to Throat since 11 years

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

Associated Complaints

Rectum: Sticky, blackish frequent stools.

Stools not satisfactory.

Flatulence, heaviness[3] and discomfort in abdomen.

Joints: Pain-in left shoulder, wrist[2], Knees etc.

Patient as a Person

Weight: 55 kg (lost 8kg)

Perspiration: *half side of body*[3]; Stains yellow[3], Offensive[2]

Craving for sweets[3]

Thermal State: Sun aggravates[2], leads to redness of eyes, epistaxis and burning during urination. He wants fan usually. Bath with cold water. Covering- not in Summers, moderate in Winters. Overall, C2H3, i.e. Hot patient

Life Space

The patient is a 36 years old male, dark complexioned, medium height and built came from *Kshatriya* Hindu Family. His family owns big farms and also cloth shop. His Father is 65 years and looks after the shop along with the patient's brother who is 42 years old. Patient is youngest among the siblings and has 3 sisters and 1 brother all married. His mother is 62 years old house wife. He had been a very good student in school till 10th Std. His school was very strict and students had to stay in the school at night and study. After schooling, he joined engineering college, where his life changed. He had obtained freedom which he utilised thoroughly. His academic performance went down. He was known as "*Dada*"(Boss) among his peers. He used to be very much ahead in activities like ragging etc. As a result, he failed in his college exams. His family members felt that his behavior is not proper, and hence asked him to leave studies. He left the college and this incident had affected him.

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

His brother was very lazy and quite irregular in work. Patient used to be extremely unhappy with his behavior and often shouted at him without effect. His irresponsibility upseted him and this is the source

of his present mental tension. His father does not pay attention to this and does not look into the farms at all. Entire responsibility of the family is on him. While he was trying to cope up with this, his sister's involvement in a relationship with an improper person and her matrimonial responsibility added further stress. He felt being elder, he had to tackle this. All these matters created a lot of stresses in his life.

He came down with *hyperthyroidism* around this time.

He never likes if there is any corruption in farming deals or if there is unnecessary delay for the work. He gets irritated, his eyes become red and feels trembling of the whole body when he gets angry.

Always helps needy people, financially too; but then feels awkward while demanding back that money, also tensed at time, cannot forget things easily. If a person whom he has helped in need does not help him when asked for, this upsets him a lot.

Now since 4-5 years he follows Ramakrishna Mission; has a '*Guru*' (spiritual master). He reads books relating it and also visits *Ashram* daily.

His disease got precipitated when responsibilities fell on him. He is extremely conscientious[3]. Senti-mental[3]. Egoistic with intolerance of contradiction and gets easily excited leading to tremors and blood shot eyes some times epistaxis.

In his dreams, he sees Robbers[2], amorous dreams[2] and flying because of fears.

Family History

Mother has Arthritis and Hypertension

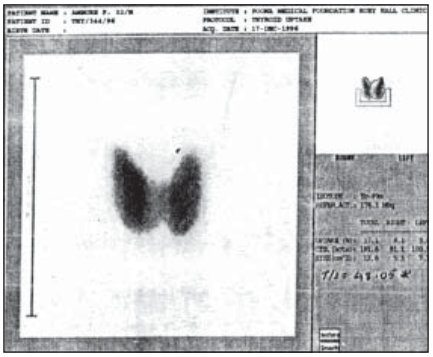
Father has Ischemic Heart Disease and Hypertension

Grand Father had Ischemic Heart Disease

Grand Mother had Cancer.

Investigations

Thyroid scan: Both lobes enlarged with increased RAIU



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

Miasmatic Diagnosis: Tubercular Miasm

1. Hyperplastic autoimmune affections of Thyroid gland with erratic reactivity.
2. Suppressed Malaria which precipitated the disease.
3. Easy excitability leading to epistaxis.
4. Interplay of conscience and sentiments leading to debility and exhausion leading to somatisation.

Totality of the Case

1. Intolerance of contradiction
2. Egoistic
3. Dictatorial
4. Conscientious
5. Responsibilities aggravate
6. Excitable
7. Excitement leads to trembling and red eyes
8. Perspiration stains yellow.
9. Perspiration offensive
10. Easy excitability leading to epistaxis
11. Bleeding tendency
12. Craving-sweet
13. Active Miasm-Tubercular Miasm
14. Fundamental miasm through family history-Syphilis
15. Hot Patient
16. Affections of Thyroid Gland
17. Glandular Affection
18. Suppression-malaria

Totality Considerations

We see a highly irritable, excitable individual who is aggravated[3] by contradiction. Conscientious and Guilty[2]. His spiritual involvement has considerably reduced his negative emotions towards father and brother.

Remedy Selection

Repertorial study confirms Ferrum, correlation with-

Active Tubercular Miasm with affection of gland.

'*Ferrum Iodatum*' was thus selected.

Susceptibility

Reactivity is high because of availability of qualified features. Sensitivity is definitely high. Immunity versus morbidity: Autoimmune activity[3]; significant hyperplasia as indicated through scan shows significant advanced *structural changes*. Complication has an impact on glucose metabolism. Diabetes Mellitus advanced

changes; immunity is low.

Overall conclusion about susceptibility: *Moderate to low tubercular* hence erratic.

Management

1. *Ferr iod* 30, gradually building up multiple doses.
2. *Tub bov* to be used later on.
3. Taking clue from spiritual inclination; interview was conducted to discuss various aspects of his attitude and its impact on his health and living.

Follow-up Synopsis – I: 24/6/1998 to 30/6/1999

1. During this entire year
   a. *Ferr iod* 30 given once, then twice, then thrice daily.
   b. Potency was raised to 200 on Feb 1999
   c. *Tuberculinum bovinum* 1M was introduced in January 99 one dose given every month
   d. Neomercazole 4 tablets (20 mg) reduced from 3 to 2 and then 1. Now, at present, it has been stopped. We have taken 7 months to taper off totally. Even now also disease is quite active.

Changes in symptoms:		
Subjective Features	Over all 50% relief	
Objective Features	Maximum	Minimum
Pulse	102	67
Systolic BP	140	130
Diastolic BP	70	72
Weight	57.5	55

   e. Subjective Features like anxiety (Excitability, palpitation, tremors, G. I. Tract symptoms): 50% better Joint pains worse. Pulse was 67 when patient was on 4 tablets; it increased after reducing neomarcazole to 102. GIT is also worse after reducing to 1 tab. then improved.
   f. Hormones

Report dated: 29-05-1999		
Investigation	Patient's value	Normal range
T3	17.7	79-200
T4	10.10	5.7-13
TSH	0.22	0.5-4.6
FBS	142	70-100
PPBS	242	UPTO 140

Follow-up Synopsis – II: 1/8/1999 to 27/2/2001

1. Patient is off Neomercazole. *Only on homeopathic* medication.
2. *Ferr iod* 1M and then 10M, multiple doses were given (HS, later on BD) *Tub. bov*. repeated once a month.
3. There was pronounced aggravation of disease as Neomercazole was stopped mainly with respect to GIT, skin and pulse. Mental state and palpitation were better. After raising repeatition of *Ferr iod*, it came under control.

Changes in symptoms:		
Subjective Features	Over all 50% relief	
Objective Features	Maximum	Minimum
Pulse	110	82
Systolic BP	130	126
Diastolic BP	70	72
Weight	61	56

Report dated: 02-08-1999		
Investigation	Patient's value	Normal range
FREE T3	5.1 MG	1.4 to 4.4
FREE T4	2.5 MG	0.8 to 2
TSH		0.5-4.6
FBS	195	70-100
PPBS	261	UPTO 140

Report dated: 27/2/2001		
Investigation	Patient's value	Normal Range
T3	216 mg/dl	79-200
T4	22.6 (mg/d)	5.7-13
TSH	0.01MIU/ml	0.5-4.6
FBS	142	70-100
PPBS	242	UPTO 140

Follow-up Synopsis – III: 1/3/2001 to 1/12/2003

1. Till 1/8/2003, the patient was on *Ferr iod* 10M.
2. On 22/8/2003, potency was raised to 50M and since then patient received weekly doses of *Ferr iod* 50M. One dose every Monday night, for 4 weeks, then as he improved 50M, one dose once in a month for 3 months.
3. Blood sugar management required help of Hypoglycemic agent doses were never increased. Whenever attempt was made to stop, blood sugar would shoot up.
4. In spite of repeated instructions his diet control remained poor.

Changes in symptoms:		
Subjective Features	Over all 80% relief	
Objective Features	Maximum	Minimum
Pulse	86	70

Systolic bp	126	122
Diastolic bp	70	72
Weight	64	63

Report dated: 17-8-2002		
Investigation	Patient's value	Normal Range
T3	169	79-200
T4	12.2	5.7-13
TSH	0.88	0.5-4.6
FBS	128	70-100
PPBS	178	UPTO 140

Patient is Euthyroid Since 17-8-2002

He came down with skin eruptions on face and extremities worse by sun exposure. Medicines were discontinued and he was observed while on placebo.

Subsequently, he required infrequent doses of *ferrum iod*. Skin symptoms resolved.

Report dated: 15-05-2003			20-8-03
Investigation	Patient's value	Normal range	Patient's value
T3		79-200	
T4	11.11	5.7-13	
TSH	0.83	0.5-4.6	0.84
FREE T3	3.51 MG	1.4 to 4.4	3.33
FREE T4	1.63 MG	0.8 to 2	1.72

As patient was euthyroid and alright treatment was discontinued from March 2003. He reported periodically for evaluation/ monitoring.

Report dated: 06-06-2005		
Investigation	Patient's value	Normal Range
T3	142.9	60-181
T4	11.1	4.5.-12.6
TSH	1.43	0.35-5.5

Report dated: 06-06-2005		
Investigation	Patient's value	Normal Range
T3	146	60-181
T4	11.3	4.5.-12.6
TSH	1.30	0.35-5.5

Discussion

1. Disease is a multifactorial phenomenon. Suppression of one illness resulted in precipitation of other chronic complex illness. This result in deterioration of the state of susceptibility. Increased Responsibility is another area which built up the stress and contributed in precipitation of the disease.
2. We need to grasp qualitative dimension of susceptibility: as available in the case – easy excitability resulting in to epistaxis, erraticity, sensitivity and debility give us cluster of *tubercular susceptibility.*
3. Magnitude of the disease is quite heavy indicating need for multiple stimulations. Withdrawal of medicine before significant resolution leads to relapse.
4. Biochemical parameters help us to monitor disease well. Then we can achieve ideal cure.

Case 2: Impersonal Sentimental Manager with Hypertension and Hyperthyroidism

Preliminary Data

Mr Y, 52 years, Living with family; Wife is employed. Married life of 25 years is full of satisfaction and happiness. Eldest son (24 years) is a physician. Second (18) is a commerce student.

Chief Complaints

1. **Thyroid complaints since January 1992:**

   Weight loss (8 kg in 6 months)

   Fatigue, increased appetite, Severe tremors; could not sign; this led to the diagnosis of Thyrotoxicosis. He is on tab. Neomercazole b.d.

2. **Hypertension since 1979:**

   Giddiness, Sleeplessness

   Essential Hypertension (Ailments from Anxiety) Maximum BP 190/110

   Tab. Inderal (40 mg) b.d.

3. **Hyperacidity (1974 onwards)**

   G.I.T.: Amoebic colitis, Sticky stool.

   Severe burning in epigestrium

   Belching and discomfort

   After being promoted to officer's post.

Patient as a Person

'My routine starts at 5.30 a.m. Since my wife is employed. I do help in household work till i leave for office. I used to play badminton daily for more than 10 years, but discontinued since 2 years due to lack of time. I am 5' 7" with strong and flexible body. I am very sensitive by nature and suffer silently; hot tempered but control myself; no case of exploding or quarrel. If such an event occurs, I withdraw myself and suffer silently. Friendship and relation with family members is of little 'dominant' type as I am a 'self made person'. Purely vegetarian, though fond of sweets, do not eat much. Prefer fried things. Comfortable in monsoon and winter, I take cold water bath. Lukewarm water is also not acceptable to my skin. I like warm food. I pass time listening to

songs or watching T.V. All members of the family are upright. We don't mix up much with society. Relationship with relatives, friends and colleagues is very cordial and of mutual respect.'

Physical Generals

Craving for sweets

Perspiration: Offensive

Thermal State: Fan full speed, covering only in winter. Bath with cold water. Hot patient.

Life Space Appreciation

Childhood Impressions

He is eldest in the family. His father was involved in agriculture. He described him as happy-go-lucky type of a person who did not take anything seriously. Mother was quite sensitive, helpful and hardworking. As a child, he was quite timid and emotionally attached to his mother. His father had poor opinion about the patient. He would comment that, '*you are good for nothing*'.

Youth's Struggle to Prove his Metal — Cost: Colitis

After completing schooling, he came to Bombay on his own to make his future. He had strong urge to prove his metal which prevented him from being homesick. The initial period was of struggle. He worked at different places without much satisfaction. In 1963, he joined SBI as a clerk. Gradually he climbed up the ladder with his hardwork and became an officer in 1972. Presently he is Deputy Manager since 2 years. Job is full of responsibilities and risks which sometimes carry tension. He described himself as "highly anxious" personality. Responsibilities of an officer led to lot of tensions. He used to remain quite tensed about everyday's job of tallying the account. Situations like meeting the superiors or reaching on an appointed time also causes tension to him. He starts getting palpitation. During this period he came down with amoebiasis and hyperacidity.

Identity-Aspiration and Self Respect — Cost: Essential Hypertension

He is extremely sensitive and gets hurt easily. He never expresses himself. He described one incident which had deep impact on him. His father in law had promised him some loan as finance for a house. He received some money from him which was quite insufficient. Hence the patient demanded more from him to which he bluntly refused. This episode resulted in marked strain in the relations. Patient has disregard for him since then. This eventually resulted in intense anxiety regarding future as he wanted to go ahead with the house as well as wanted to repay the loan at the earliest. During this phase, he developed Essential Hypertension. Eventually he repaid the loan as well as made the house. But cost was paid. He had to depend on Beta blockers to remain fit for the 15 hours of strenuous work every day.

His relations with everyone in the office and family are cordial except one brother who is harsh. He is quite attached to his family. His brothers always look forward to him in case of need and he has been helping them. Since childhood, he has been extremely attached to mother and would meet her every year.

Story of Success: Clerk Becomes Manager — Cost: Hyperthyroidism

Another feat of his personality is "reserved and impersonal" pattern in relationships especially with the colleagues. He feels once you come close there are possibilities of conflict. As a result, people describe him as reserved and aloof but he does not mind. Later on when he got promoted as Deputy Manager which was administrative job, positive and negative, both the aspects of this trait became evident. He had to get the work done through Divisional Managers. This demanded more interpersonal interactions. During this time, he came down with hyperthyroidism.

He is quite cautious at his work so that nobody gets a chance to point finger at him. He is extremely meticulous in his functioning. He has a planned life. Because of his impersonal attitude, at times we find him not being aware of the fineness of relationships. His wife who suffers from several neurotic disturbances was a great revelation for him.

Past History

'*I enjoy good health except for attacks of amoebiasis once in 1-2 years. My B.P. is under control with Tab. Inderal 40 mg ½ BD since 9 years.*' Typhoid: 1956, Tonsillectomy : 1963, Urinary tract infection : 1988, Haemorrhoids: 1984, Fissures : 1992.

Physical Examination

Pulse 104/minute; BP 160/90: Weight 64.5kg; Tremors++; Arcus+; Dark circles below eyes; Hair on ears+.

Investigations

16.6.92

T3: 300 ng/dl

T4: 13 μg/dl

S. Cholestrol: 304 mg/dl

S. Triglycerides: 174 mg/dl

Thyroid Scan: 'Suggests minimal functioning goiter. Patient is an ideal case for radioactive iodine treatment for his Thyrotoxicosis.'

Case Discussion

This is the story of a man who becomes victim of multiple forces from within as well as from environment. Basically he is *sensitive* and *sentimental*. He has strong *attachment* with the family. Bond with mother is quite intact demonstrated through need to meet her every year.

He is sincere, hardworking and has strong drive. But every time he climbed up the ladder, he came down with illness; initially functional and later on structural.

1972: Officer obsessed with perfection comes down with severe anxiety leading to palpitations, acidity and diarrhoea.

1979: His response to Father-in-law's remark and desire to repay the loan demonstrates his hypersensitivity, self-respect and independent bent of mind. This eventually results into escalation *anxiety*. This results into *essential hypertension*.

With all these, stresses in the life continued. He tried to buy peace with the help of Inderal, but resources got depleted. Further promotion proved to be the last straw on the camel's back.

1992: He comes down with hyperthyroidism since bank manager find it extremely difficult to manage materials and man both.

When we consider this evolution of the disposition as well as of the disease wherein sensitivity, attachments and anxiety have been playing greater role; *Kali* nucleus becomes evident.

Following traits would allow us to select suitable *anion*:

- strong will and drive
- sincere hardworking meticulous perfectionist
- planner
- impersonal and reserved
- selective insulation from emotions

His pattern of relationships with colleagues as well as to a certain extent with his wife demonstrate last two points.

This appreciation clinches *Kali Bichromicum*. When we correlate with the physical coordinates like hyperacidity, colitis, and later on tubercular syphilitic affection of glands and blood vessels, drug gets confirmed.

Miasmatic Diathesis

This case beautifully demonstrates evolution of chronic disease from *psoric* to *sycotic* then *tubercular* phase. Earlier episodes of hyperacidity and colitis were functional in nature and indicated *psoric* miasm subsequently we have prolonged state of sustained hypertension coupled with chronic anxious state of mind and increased lipids. These indicate *sycotic* miasm Subsequent phase of hyperthyroidism with hyperfunctioning goiter indicate *tubercular* miasm.

Susceptibility

When we take into account structural phase of disease (*thyroid*) but with minimum target organ damage with few characteristics, overall susceptibility is moderate.

Follow-up Synopsis

With this understanding, *kali bich* 200 was commenced, to be taken daily at bedtime, on 11.7.92 with gradual tapering of Neomercazole and Inderal. Following criteria were selected for follow up evaluation.

Sleep, Weakness, acidity, Tremors, Palpitation, Pulse, BP, Weight.

Thyroid hormones and lipid profiles were evaluated regularly.

Repetition of *Kali Bich* 200 was increased gradually from OD to 4 hourly. It was possible to stop Neomeraczole and Inderal in the span of 5 weeks. B.P. remained stable ranging from 140/86 to 130/90. He showed tremendous improvement at the level of mind as well as body. T3 which was 300, came down to 180 within 5 months. On 21.12.92 patient complained of constant burning sensation in few spots at umbilical region, while mentally he was quite tranquil. This was attributed to possible medicinal aggravation. He was put on placebo. Burning sensation improved. He complained of lot of clinkers in the nose around this period which also improved spontaneously. On 25.1.93, he complained of 3 episodes of severe acidity. *Kali bi* was prescribed again in 1M potency in infrequent doses, gradually increasing repetition to 4 hourly. This brought about total control of B.P. and thyroid hormones. Much later, to control the lipids and mild rise in B.P., *Tub.Bov* 1M was interpolated and *Kali bich* was stepped up to 10M. Since 10 years he is euthyroid and normotensive.

Conclusion

A constitutional disorder with an underlying madness of the immune system depicts the grave onslaught on the susceptibility.

Cure will only take place when this susceptibility is 'satisfied' in accordance with the concept given by Stuart Close. It is imperative that the physician comprehends thoroughly the languages of disease. In the course of treatment which is instituted along the correct lines, the susceptibility improves and the symptoms change interpretation of these changes in the light of the concept of chronic disease will allow an ongoing therapeutic problem definition to change with the changing demands of the susceptibility. Successive actions which are released in an integrated way allows to realise cure.

Discussion and Conclusions

1. There is definite parenchyma Hyperplasia of the Thyroid gland as demonstrated in Radio isotope Thyroid scan. When we correlate these tissue changes with symptomatology, it will indicate *tubercular miasm.*

2. For miasmatic diagnosis, we need to correlate with the pace of disease. Some cases rapidly travel to advance stage. This is reflected by following findings.

    a. Presence of Exopthalmos. Rapidly advancing orbitopathy.

    b. Severe infiltrative Dermopathy

    c. Atrial fibrillation eventually reducing fibre contractility and Heading to cardiac failure. Such situation demands urgent attention. Resources are getting shattered and case is traveling towards syphilitic zone. Antisyphilllitic drug can be considered to combat the state.

3. Grave's disease is Autoimmune disease and as well as in various autoimmune cases, massive – destructive emotional stress to the extent of producing severe frustration and "trapped" feeling with quite often no outlet is seen here also. This is coupled by feeling of disgust towards self.

4. Remarkable sense of responsibility and unusual feeling of burden about responsibilities is one of the major psychodynamic factor

5. Treatment should be continued till last evidence at any level disappears. TSH should because absolutely normal. T3 – T4 (N) and low TSH will speak of pituitary suppression. Treatment terminated here can lead to relapse.

6. If Hyperthyroidism is suppressed by partially similarly drug, it will relapse with vehemance and may come back with another autoimmune disease, forming double complex disease.

7. Hahnemann championed "Medicine of Experience" as against that of 'opinions'. Focus is on authentic integrated experiences. This permits proper conceptualisation and evolves reasons. *Perceiving* is the prerequisite. Perceiving of man in health and disease.

Knowledge acquired through allied modern discipline helps homeopathic physician to grasp accurately various dimensions of susceptibility. This permits us to plan out posology and treatment.

Focus is to look within as Kent rightly mentions:

The song that is within the heart is a million times more intense, more beautiful, than can be produced by the larynx. Everything that is, or appears as real before the eyes, or to the earn sound, is only representation of the real world, because every thing of this character is perishable.

– J T Kent, Lesser Writtings

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