



**GOVERNMENT OF KERALA-DEPARTMENT OF HOMOEOPATHY  
NATIONAL AYUSH MISSION KERALA**

# **THYROID HOMOEOPATHY SPECIALTY CLINIC**

**STANDARD OPERATING PROCEDURES**



# Standard Operating Procedure of

# Thyroid Homoeopathy Specialty Clinic



National AYUSH Mission Kerala

Department of Homoeopathy



National AYUSH Mission Kerala

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STANDARD OPERATING PROCEDURE FOR THYROID HOMOEOPATHY  
SPECIALTY CLINIC.

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## PREFACE

The Thyroid Homoeopathy Specialty Clinic has been conceived as a dedicated initiative to address the growing burden of thyroid disorders in Kerala. With a rising prevalence of hypothyroidism and other thyroid-related conditions, there is a pressing need for a structured, accessible, and cost-effective healthcare model that prioritizes both early detection and holistic management.

Implemented in the Department of Homoeopathy with the support of the National AYUSH Mission, this initiative is rooted in the principles of Homoeopathy, aiming to provide standardized and evidence-informed care. It ensures that patients receive personalized treatment aligned with their individual health needs. Beyond treatment, the clinic serves as a platform for awareness and education, equipping individuals with the knowledge necessary to manage and prevent thyroid disorders effectively.

This Standard Operating Procedure (SOP) has been developed to guide the implementation of the Thyroid Homoeopathy Specialty Clinic across the state. It lays down the operational framework, defining the roles and responsibilities of medical officers and healthcare personnel involved in its execution. By standardizing protocols, we seek to enhance efficiency, ensure quality care, and create a uniform approach to thyroid management under the National AYUSH Mission.

The expansion of this initiative from its origins in Idukki to all districts of Kerala marks a significant step in bridging healthcare gaps and making specialized thyroid care accessible to a larger population. Through structured clinical services, outreach programs, and integration with existing public health initiatives, the clinic aspires to improve health outcomes and quality of life for individuals affected by thyroid disorders.

This document serves as a comprehensive guide for healthcare professionals engaged in the program, ensuring that the objectives of the initiative are met with clarity, consistency, and commitment.



## Table of Contents

1. Purpose.....	9
2. Scope.....	9
3. Introduction.....	9
4. Objectives of Thyroid Homoeopathy Specialty Clinic.....	10
5. Target Group.....	10
6. Process and Implementation.....	11
6.1. Administrative Setup.....	11
6.2. Implementation strategy.....	11
6.3. Project Team and Responsibilities.....	13
7. Training and capacity building .....	14
8. General Instructions .....	14
9. Performance Indicators.....	15
10. Infrastructure and equipment required.....	15
11. Registers to be maintained:.....	16
11. ANNEXURES.....	17
11.1. Annexure I.....	17
11.2. Annexure II.....	17
11.3. Annexure III .....	17
11.4. Annexure IV .....	18
11.6. Annexure VI .....	18
11.7. Annexure VII.....	18
11.8. Annexure VIII : Case Record.....	

## **LIST OF FIGURES**

Figure 1: Administrative Setup of Thyroid Homoeopathy Specialty Clinic

Figure 2: Thyroid Homoeopathy Specialty Clinic Project Team

## **LIST OF ANNEXURES**

Annexure I: OP Register

Annexure II: Prescription Register

Annexure III: Referral Register

Annexure IV: Outreach activities – Awareness session Register

Annexure V: Medical Camp Register

Annexure VI: Monthly Reporting Format

Annexure VII: Case Record

## **ABBREVIATIONS**

AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
DMO	District Medical Officer
DPC	District Project Coordinator
DPM	District Program Manager
IPD	Inpatient Department
MO	Medical Officer
MPW	Multi-Purpose Worker
OPD	Outpatient Department
SOP	Standard Operating Procedure
SPC	State Project Coordinator



## **1. Purpose**

The purpose of this Standard Operating Procedure (SOP) is to establish a consistent protocol for potential program implementers to effectively execute the 'Thyroid Homoeopathy Specialty Clinic' and monitor its activities uniformly across the State of Kerala.

## **2. Scope**

This SOP applies to Medical Officers and Multi-Purpose Workers under the Thyroid Homoeopathy Specialty Clinic and other healthcare personnel involved in the program. It outlines the procedures, responsibilities, and necessary documentation required to ensure compliance and efficiency.

## **3. Introduction**

In the realm of Homoeopathic healthcare, the Thyroid Specialty Clinic stands as a beacon of comprehensive care and expertise, dedicated to addressing the intricate nuances of thyroid health. Nestled at the intersection of cutting-edge medical advancements and compassionate patient-centred care, Homoeopathy always epitomizes excellence in thyroid management.

Our mission transcends mere treatment; it encompasses empowerment, education, and unwavering support for those navigating the complexities of thyroid disorders. With an individualistic approach, we strive to provide personalized solutions tailored to their unique needs, fostering holistic well-being and vitality. As advocates for patient education and empowerment, we prioritize transparent communication, ensuring that individuals are equipped with the knowledge and resources necessary to actively participate in their healthcare journey. Through comprehensive consultations, clear explanations, and accessible resources, we aim to demystify thyroid disorders and instill confidence in our patients' ability to manage their health effectively.

Thyroid diseases are a major public health issue in India, with an estimated 42 million people suffering from the condition. Hypothyroidism is the most common endocrine disorder, and its prevalence and pattern depend on sex, age, ethnic, geographical, and dietary factors. Iodine deficiency and excessive iodine intake can both cause thyroid dysfunction, including goiter, hypothyroidism, and autoimmune thyroiditis. Subclinical and clinical forms of hypothyroidism and hyperthyroidism can contribute to morbidity from osteoporosis, hypercholesterolemia, homocysteinemia, cardiovascular, and neuropsychiatric disease. In some cases, thyroid storms and myxedema coma can lead to death. In Kerala, hypothyroidism is particularly prevalent in the Idukki District, where it is considered endemic. This may be due to a number of factors, including the

consumption of tapioca, which contains hydrocyanic acid which blocks the uptake of iodine by the thyroid gland. In response to this public health issue, the Department of Homoeopathy has implemented a special clinic project in Idukki since 2012. Due to the success of this project, the Department has sought assistance through the National Ayush Mission (NAM) to expand the project to 14 other districts. The proposal was included in the SAAP 2019-20 and received approval for implementation.

#### **4. Objectives of Thyroid Homoeopathy Specialty Clinic**

- 4.1. To provide Standardized Homoeopathic care for patients with thyroid disorders.
- 4.2. Early diagnosis and treatment of thyroid disease.
- 4.3. To reduce out-of-pocket expenditure for the treatment of thyroid diseases.
- 4.4. Gradual tapering of Hormonal supplements and other drugs.
- 4.5. To improve the Quality of Life of Thyroid patients.
- 4.6. To provide awareness regarding thyroid diseases and their general management.
- 4.7. Conducting IEC activities for the general Public regularly for improving awareness about Thyroid disorders and the necessary lifestyle modifications to prevent it.
- 4.8. Integration of services along with projects like AYURVIDYA and Tribal Mobile Medical Units to identify the vulnerable population and to provide them with necessary care at the earliest.
- 4.9. Conducting screening medical camps for identifying individuals at risk and providing treatment at the speciality clinics.

#### **5. Target Group**

Individuals with thyroid disorders or those at risk of developing them. This encompasses people of all ages, genders, and socio-economic backgrounds. However, certain groups particularly relevant, such as:

1. Women, as they are more susceptible to thyroid issues.
2. Individuals with a family history of thyroid disorders.
3. People with certain medical conditions that increase the risk of thyroid problems, such as autoimmune diseases.
4. Pregnant women, as thyroid issues can affect pregnancy outcomes.

## 6. Process and Implementation

### 6.1. Administrative Setup

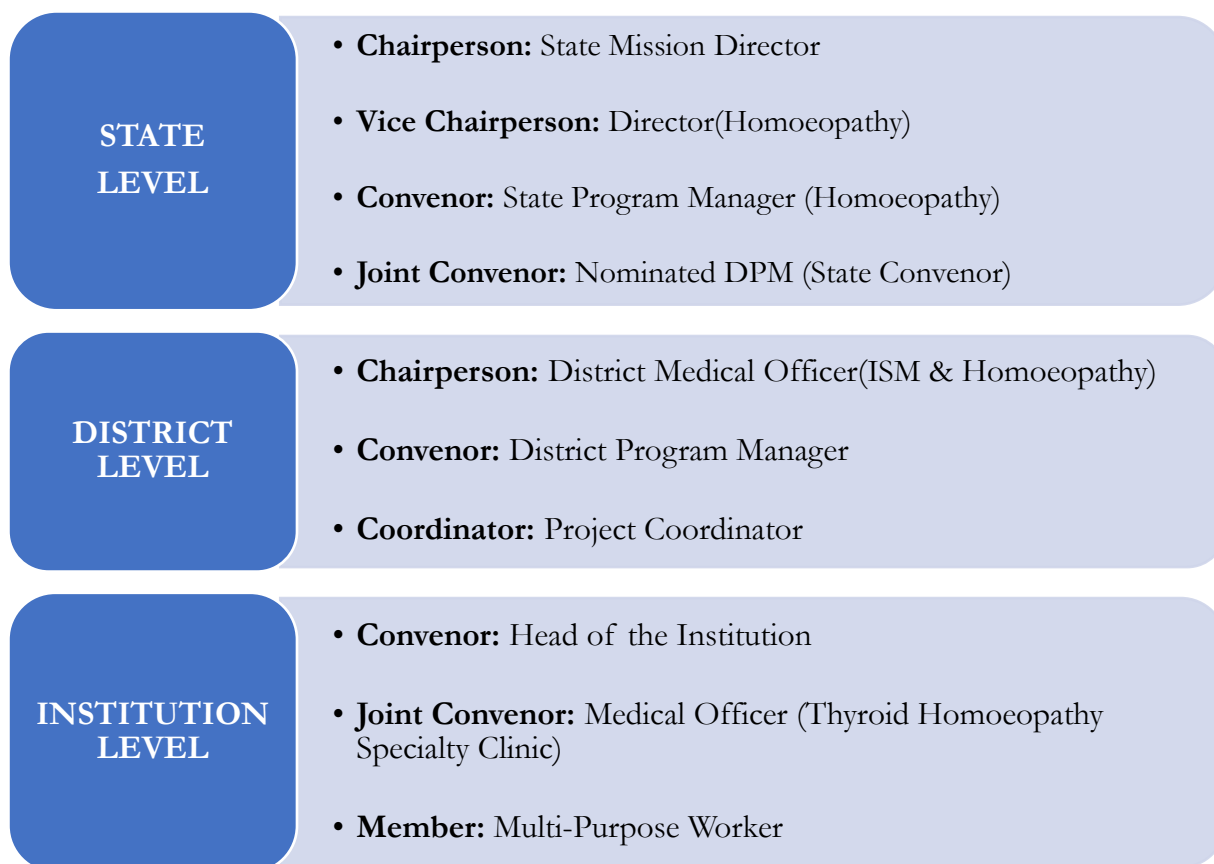


Figure 1: Administrative Setup of Thyroid Homoeopathy Specialty Clinic

### 6.2. Implementation strategy

- This program will be implemented **at** District Homoeo Hospital/Govt. Homoeo Hospital **of** all districts across the **State**.
- Infrastructure facilities, patient load, local disease burden, and the presence of similar ongoing projects should be considered when selecting an institution for project implementation.
- Adequate infrastructure, including a separate OP room, furniture, signages as per the stipulated template, IEC materials, and necessary instruments, should be ensured.
- A Project Monitoring Committee should be established at both State and district levels to ensure effective oversight and coordination.
- The OP shall operate five days a week from 9:00 AM to 2:00 PM, with one day designated for data management.
- OP Registration: To minimize patient waiting time, prior appointments for consultations should be encouraged through telephonic booking. A mobile phone connection should be

arranged using the contingency fund for the project. If a connection has already been established using NAM funds, it should also be utilized for the specialty clinic. This facility shall be available from 9:00 AM to 2:00 PM.

- **Consultation:** A detailed clinical history of each patient shall be recorded in the prescribed format after the registration process. Further procedures and decisions shall be carried out as per the treatment protocol.
- **Laboratory Tests:** Patients identified as at risk for thyroid disorders shall undergo further laboratory investigations, including Serum TSH (Thyroid Stimulating Hormone), Free T4, Free T3, and Thyroid antibodies. Additional tests such as USG and histopathological studies shall be conducted as per case requirements.
- **OPD Treatment:** Patients diagnosed with thyroid disorders shall be allotted consultation time in the OPD. Their mental and physical state, including unique symptoms or peculiarities, shall be assessed. Each case shall be studied in detail using the Homoeopathic case-taking method, with all findings documented in the appropriate case record books.
- **Homoeopathic Medicine:** Each case shall be thoroughly analyzed, and the appropriate Homoeopathic medicine, along with the suitable dose and potency, shall be prescribed. This process shall be carried out following proper repertorization, with reference to *Materia Medica* and the *Organon of Medicine*.
- **Dietary Alterations and Exercise:** Necessary dietary modifications, exercise routines, and yoga therapy shall be recommended to patients. General wellness practices, including a balanced diet, regular physical activity, stress management techniques, and adequate sleep, shall also be advised.
- **Follow-up and Laboratory Investigations:** Regular follow-ups shall be scheduled every 4 to 6 weeks, with close monitoring of thyroid function symptoms such as energy levels, weight changes, and temperature sensitivity. During follow-ups, necessary laboratory investigations, including USG and histopathological studies, shall be conducted as required for ongoing assessment.
- **Outreach Activities:** To provide quality healthcare services, regular outreach activities such as health awareness sessions, medical camps, and IEC initiatives shall be conducted. These activities shall be held at least once a month in collaboration with dispensaries, ongoing projects, LSG institutions, or NGOs.
- **The Medical Officer and Multi-Purpose Worker** shall submit the monthly report of Thyroid Homoeopathy Specialty Clinic, which includes outpatient services, inpatient

services, and outreach activities before the 3<sup>rd</sup> of every month to the District Program Manager and a copy of the same to the District Project Coordinator.

- The District Project Coordinator shall submit the monthly report to the State Convenor and State Project Coordinator before the 5<sup>th</sup> of every month.
- The State Project Coordinator shall perform an impact analysis of the project and submit the report to the State Program Manager in the 3<sup>rd</sup> month (March) of every year.

### 6.3. Project Team and Responsibilities

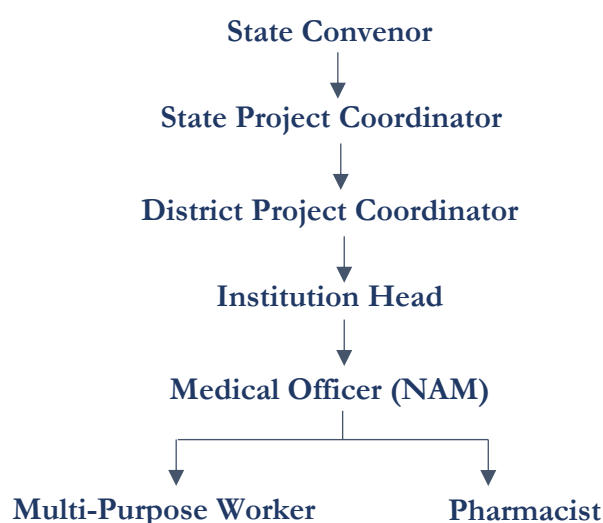


Figure 2: Thyroid Homoeopathy Specialty Clinic Project Team

- **State Convenor:** The State Convenor is responsible for overseeing the operation of all Thyroid Homoeopathy Specialty Clinics in the state. This includes developing and implementing policies and procedures, coordinating with the state government, and providing support to the District Project Conveners, and is also responsible for developing and implementing training programs, collecting and analyzing data, and preparing reports.
- **State Project Coordinator:** The State Project Coordinator is responsible for overseeing the operation of Thyroid Homoeopathy Specialty Clinics statewide. This includes developing and implementing policies and procedures and providing support to the District project coordinators and NAM Medical Officers, collecting data from District project coordinators and compiling it in prescribed format and submitting it to the State Convenor.
- **District Project Coordinator:** The District Project Coordinator is responsible for overseeing the operation of Thyroid Homoeopathy Specialty Clinics in the district. This includes developing and implementing local policies and procedures and providing support

to the NAM Medical Officers and collection of data (Monthly/Annually) in prescribed format from NAM Medical Officer and submitting to State Project Coordinator.

- **Institution Head:** The Head of Institution implements the project and will supervise the activity of the special OP and should take a key role in liaison with NAM, Dept. of Homoeopathy and various LSGIs and NGOs.
- **NAM Medical Officer:** The NAM Medical Officer is responsible for providing medical care to patients at the Thyroid Homoeopathy Specialty Clinic. This includes diagnosing and treating thyroid disorders, educating patients about their condition, and monitoring their progress.
- **Multipurpose worker:** Responsible for scheduling appointments, registration of patients, maintaining of OP register and also is responsible for other works directed by project medical officers which is essential for the functioning of the Project.
- **Pharmacist:** The pharmacist should assist the project team in medicine stock, dispensing etc.

## **7. Training and capacity building**

- State and District Level Training shall be provided to Medical Officers, Multi-Purpose workers, and other healthcare personnel involved in Thyroid Homoeopathy Specialty Clinic. These sessions will focus on providing in-depth knowledge about thyroid disorders, preventive measures, clinical management techniques, and counselling skills. Emphasis will be placed on ensuring a thorough understanding of program objectives, protocols, and procedures to effectively deliver services to the target population.
- Annual Refresh Training: Conduct annual refresh training to sustain knowledge and upgrade the skills of the healthcare personnel involved.

## **8. General Instructions**

- Strict confidentiality of patient information should be maintained.
- Maintain a clean, safe, and welcoming environment.
- Ensure a patient-centric approach in healthcare delivery.
- Maintain a clean, safe, and welcoming environment.
- Adhere to ethical and professional standards.
- Adhere to all relevant central and state policies.
- Comply with all relevant healthcare regulations and standards.
- Continuously update knowledge and skills by attending training and orientation sessions.
- Ensure patient safety and follow emergency procedures.

- Conduct regular team meetings for collaboration and problem-solving.
- Promote a positive image of Homoeopathy and the project within the community.
- Document all activities and submit monthly reports to authority.

## 9. Performance Indicators

- Number of patients served:
  - Total number of patients enrolled in thyroid specialty clinic.
  - Breakdown of patients by gender, age group, and diagnosis.
- Quality of care provided:
  - Patient satisfaction surveys.
  - Percentage of patients reporting relief from chief complaints and other symptoms.
  - Adherence to treatment plans and protocols.
- Access to care:
  - Timeliness of response to patient needs.
  - Availability of thyroid speciality clinical care services in remote or underserved areas.
- Awareness and sensitization:
  - Number of awareness workshops conducted.
  - Reach of awareness campaigns through media or community outreach.
  - Knowledge assessment surveys to evaluate public understanding of thyroid care.
- Program effectiveness:
  - Improving quality of life of patients.
  - Reducing other thyroid medications if any.
  - Case analysis studies with proper documentation with laboratory reports.

## 10. Infrastructure and equipment required

- **Consultation rooms:** Private rooms where physicians can examine and treat patients without losing their privacy.
- **Front office:** A dedicated registration facility to greet and assist patients and their families. To avoid undue waiting prior appointments through telephone booking a token system has to be used.
- **Case records facility:** A system for maintaining and organizing patient records.
- **Waiting area:** A comfortable waiting area with toilet and convenience facilities.
- **Examination rooms:** Rooms where physicians can perform physical examinations and other procedures.

- **Equipment list:**

- Stethoscope
- Thermometer
- Blood pressure monitor
- Stadiometer
- Weighing machine
- Examination table
- Chairs for patient assessments
- Computer with scanner and printer
- Internet connection.
- Homeopathic repertory software.

## **11. Registers to be maintained:**

- Patient Records.
- Diagnosis and Prescription register
- General stock Register
- Medicines stock Register
- Referral Register
- Medical camp register
- Attendance Register

## 11. ANNEXURES

### 11.1. Annexure I

#### OP REGISTER

Sl. No.	OP No.	Name	Age/ Sex	SES	Address	Phone No.	F/U

### 11.2. Annexure II

#### PRESCRIPTION REGISTER

Sl. No	OP No	Name	Age/ Sex	Provisional Diagnosis	Prescribed Medicine	Improved/ referral

### 11.3. Annexure III

#### REFERRAL REGISTER

Sl. No	OP No.	Name	Age/ Sex	Provisional Diagnosis	Referred to	Reason for referral

**11.4. Annexure IV****OUTREACH ACTIVITIES- AWARENESS SESSION**

Sl. No.	Topic	Location	Faculty	Number of Beneficiaries

**11.6. Annexure VI****MEDICAL CAMPS REGISTER**

Sl. No.	Name	Age/Sex	SES	Provisional Diagnosis	Phone No.

**11.7. Annexure VII****MONTHLY REPORTING FORMAT**

Diagnosis		Male			Female			Others			Total
		<17	17-60	>60	<17	17-60	>60	<17	17-60	>60	
	New										
	Old										
	New										
	Old										
	New										
	Old										
<b>Total</b>											



**GOVERNMENT OF KERALA**  
**NATIONAL AYUSH MISSION**  
**DEPARTMENT OF HOMOEOPATHY**

**THYROID CASE RECORD**

Provisional Diagnosis:

OP.NO:.....SP.OP.NO:.....Date:.....

Name:..... Age: ..... Gender:.....

Address:.....

.....Phone Number:.....

## അറിവോട് കൂടിയ സമ്മതപത്രം

പദ്ധതി - തൈറോയ്ഡ് സ്പെഷ്യൽ ഒ പി

മുഖ്യ ചികിത്സകൻ ഈ ചികിത്സയെക്കുറിച്ചുള്ള /പദ്ധതിയെ കുറിച്ചുള്ള കാര്യങ്ങൾ വിശദമായി വിവരിച്ചു തന്നിട്ടുള്ളതും കാര്യങ്ങൾ എനിക്ക് ബോധ്യപ്പെട്ടിട്ടുള്ളതുമാണ്.

എൻറെ രോഗവിവരണത്തിൻറെ അടിസ്ഥാനത്തിൽ ശേഖരിച്ച വിവരങ്ങൾ / കുറിപ്പുകൾ എന്നിവ പരിശോധിക്കുവാനും ഹോമിയോപ്പതി മരുന്നുകൾ ഉപയോഗിച്ചുള്ള ചികിത്സ /പഠനം എന്നിവ നടത്തുവാനും ഉത്തരവാദിപ്പെട്ടവർക്ക് ഞാൻ എൻറെ അനുവാദവും പൂർണ്ണ സമ്മതവും നൽകുന്നു.

പേര്.

ഒപ്പ് .

മേൽവിലാസം

ചികിത്സകൻ

പേര്.

ഒപ്പ്.

സ്ഥലം.

തീയതി.

## PRESENTING COMPLAINT

## GENERAL HISTORY

Difficulty in Swallowing: Solid or liquid	Difficulty in breathing	Hoarseness of Voice	Drooping of the upper eyelid	Absence of sweating of the face

## H/O SWELLING

Site	Duration	Onset	Progress of the swelling:

## H/O PAIN

Site	Duration	Onset	Character: Usually dull-aching	Radiation

## HYPOTHYROIDISM

Weakness	Lethargy	Swelling of face/Legs	Constipation	Hair fall	Weight gain	Menorrhagia

## **HYPERTHYROIDISM**

Increased sweating	Heat intolerance	Increased Appetite	Increased frequency of passing stools

Palpitations	Chest pain	Breathlessness on exertion	Weight loss

## **EYE SYMPTOMS**

Bulging of eyes	Duration	Redness of eye and watering	Double vision	Loss of vision

## **CNS Symptoms**

Tremors	Irritability on slight provocation	Insomnia	Muscle weakness

## **MALIGNANCY**

Loss of Appetite	Bone Pain	Jaundice/ Abdominal Distension	Chest Pain/ Breathlessness/ Cough with Hemoptysis

## PSYCHIATRIC SYMTOMS

### Hypothyroidism

Impaired memory	Depression	Anxiety	Mood instability	Hypersomnia

### Hyper thyroidism

Irritability	Concentration impairment	Anxiety	Mood instability	sleeplessness

## CLINICAL SCORING SCALES IN THYROIDOLOGY

### Goiter (W H O)

Grade	symptoms
Grade 0	No goiter is palpable or visible
Grade 1	Palpable goiter, not visible when neck is held in normal position
Grade2	Clearly swollen, visible in normal position of neck, that is consistent with goiter on palpation

### Hypothyroidism

#### Billewicz Index

Symptoms	Present	Absent
Diminished sweating	+6	-2
Dry skin	+3	-6
Cold intolerance	+4	-5

Weight gain	+1	-1
Constipation	+2	-1
Hoarseness	+5	-4
deafness	+2	0
Slow movement	+11	-3
Coarse skin	+7	-7
Cold skin	+3	-2

**Scores 25 or more hypothyroidism, scores -30 or less excludes hypothyroidism**

## **Hyperthyroidism**

### **Wayne's Index**

<b>Symptoms</b>		<b>score</b>
Dyspnea on effort		+1
Palpitation		+2
Tiredness		+2
Heat prefer		-5
Prefer cold		+5
Excessive sweating		+3
Nervousness		+2
Appetite increased		+3
<b>Signs</b>	<b>Present</b>	<b>Absent</b>
Palpable thyroid	+3	-3
Bruit	+2	-2
Exophthalmoses	+2	
Lid retraction	+2	
Lid lag	+1	
Hyper kinesis	+4	-2
Hands hot	+2	-2
Hands moist	+1	-1

**A score greater than 19 implies toxic hyperthyroidism, less than 11 is euthyroid**

## **HISTORY OF PRESENTING COMPLAINTS:**

### **H/O Investigations**

## **TREATMENT HISTORY**

Name of medicine

Duration of medication

### **Radiation history**

## **DIET HISTORY**

Daily salt intake

Type of salt

Intake of Goitrogens

( Cabbage, cauli flower, soya, spinach, cassava etc..)

## **HISTORY OF PAST ILLNESS:**

## **FAMILY HISTORY:**

## **SYSTEMIC REVIEW**

## **PERSONAL HISTORY:**

Born and brought up:

Developmental landmarks:

Education:

Occupation

### **Habits:**

Smoking:

Alcohol:

Others:

### **Marital status:**

### **Economic status:**

### **Family and relations:**

### **Social status:**

## **PHYSICAL GENERAL:**

### **Food & Drinks:**

Tea or coffee:

Veg/Non.veg:

Appetite:

Thirst

Aversion:

Desire

### **Eliminations**

Stool:

Urine:

Perspiration:

**Response to**

Time

**Meteorological**

Covering

Season

Fanning

Moon phase

Temperature

Sun

**Sleep and dreams:**

**Menstrual Function:**

**Obstetric history:**

**Sexual Function:**

**Life –space investigation**

# Mental status examination

<b>Client Name</b>		<b>Date</b>	
<b>OBSERVATIONS</b>			
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Eye Contact	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant <input type="checkbox"/> Other
Motor Activity	<input type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input type="checkbox"/> Other
Affect	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other
Comments:			
<b>MOOD</b>			
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other			
Comments:			
<b>COGNITION</b>			
Orientation Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term <input type="checkbox"/> Other
Attention	<input type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other
Comments:			
<b>PERCEPTION</b>			
Hallucinations	<input type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments:			
<b>THOUGHTS</b>			
Suicidality	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent <input type="checkbox"/> Plan
Delusions	<input type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments:			
<b>BEHAVIOR</b>			
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated <input type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments:			
<b>INSIGHT</b> <b>JUDGMENT</b>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:		
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:		

## PHYSICAL EXAMINATION:

### General Survey:

Pulse:	Icterus
B.P	Cyanosis
Temperature	Clubbing
Respiratory Rate	Oedema
Pallor	Lymphadenopathy

## THYROID EXAMINATION

INSPECTION	
Swelling	
Size	
Site	
Extent	
Shape	
Margins	
Movement of swelling with deglutition	
Movement of swelling on protruding tongue	
Scars/ Sinuses/ Dilated Veins/ Pulsations	
Venous prominence over chest wall	
<b>Pemberton's sign:</b>	
Eye Sign	
Bulging of eyes (exophthalmos)	
Visible upper sclera with upper eyelid spasm (Dalrymple's sign)	
Lid Lag (Von Graefe's Sign)	
No wrinkling of forehead on looking up (Joffroy's)	
No convergence on accommodation (Mobius)	
Infrequent blinking (Stellwag)	

<b>PALPATION</b>	
<b>Swelling</b>	
Temperature over the swelling	
Tenderness	
Extent Confirmed on palpation	
Surface	
Margin	
Consistency: Hard, firm, soft cystic, variegated	
Any Fixity to Skin, Strap Muscles, SCM, Trachea	
Mobility from side to side	
<b>Positions of trachea and larynx</b>	
Any shifting to either side by the swelling	
<b>Kocher's test:</b> The swelling is pressed slightly on either side of trachea. If trachea is already compressed, or if there is tracheomalacia, patient will have stridor	<b>Positive</b> (stridor on compression of both lobes)  <b>Negative</b> (no stridor)
Palpate the carotid pulsation ( <b>Berry's Sign</b> )	
Examination of Cervical Lymph Nodes	
<b>PERCUSSION</b>	
Manubrium sterni	
<b>AUSCULTATION</b>	
Bruit	

## CVS EXAMINATION

### Pretibial myxedema

## **PROVISIONAL DIAGNOSIS**

- 1. Anatomical diagnosis**
- 2. Physiological diagnosis**
- 3. Pathological diagnosis**

## **FINAL DIAGNOSIS:**

## **REPERTORIZATION**

**Rubrics:**

**Reportorial Result:**

## **MEDICINAL MANAGEMENT**

**LAB INVESTIGATIONS:**

DATE	TSH	Free T4	Free T3	Total T3	Total T4	TBG	TPO-Ab	LATS/TSI
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

DATE	THYROIDSCAN / USG	FNAC

<b>BLOOD</b>									
DATE	TC	DC					ESR	HB	OTHERS
		P	L	E	B	M			

## LIPID PROFILE

DATE	T : CHOLESTEROL	HDL	LDL	VLDL	TGL

## OTHERS

FBS	RBS/PPBS	S CREATININE	URIC ACID	LFT

## URINE

DATE	ALBUMIN	SUGAR	KETONE BODIES	BILE SALTS	RBC	PUS CELLS	SEDIMENTS

**OBSERVATION & FOLLOW UP:**

DATE	SYMPTOMS	OBSERVATION	MEDICINE	REVIEW

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# THYROID HOMOEOPATHY SPECIALTY CLINIC

STANDARD OPERATING PROCEDURES



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