Dr. N. L. Tiwari Memorial Symposium, Palghar: March-April 2023

A Journey to Unprejudiced Observation: The ICR way

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A Journey to Unprejudiced Observation: The ICR way

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DR. N. L. TIWARI MEMORIAL SYMPOSIUM

Theme: A Journey to Unprejudiced Observation: The ICR Way

In the Fond Memory of our beloved Dr. N. L. Tiwari Sir

31st March, 1st and 2nd April 2023

Introduction:

We homoeopaths do experience results – miraculous, average as well as failures. Good results places us on "cloud 9"! And we progressively enter the abyss as our failures mount! Seldom in our routine practice do we consciously explore and understand why we succeed…and why we do not. Is it important to know the why & how of results-good, bad and indifferent? The simple answer –is – yes, if we wish to replicate the good results and correct ourselves so as not to repeat the failures.

Success/failure in homoeopathic practice may be attributed to several processes. A sensitive clinician would question oneself thus:

- Did I receive the patient with empathy? Which allowed her/him to share fully? As Tiwari sir would say did we 'listen' to the patient? Or merely 'heard' him out?
- Did I understand the problem/s comprehensively? At the clinical and personal level?
- Did I strike the right correlations between the mind and the body? Between the common and the characteristic symptoms? Between the Generals and the Particulars?
- Was I able to spot the Fundamental and Dominant miasm accurately?
- Was the totality I erected representing the patient completely?
- Were the processes (repertorial/non-repertorial) I employed to locate the similimum in line with the demands of the totality?
- Did I refer to the correct sources of Materia Medica?
- Did I assess the susceptibility/sensitivity adequately to arrive at the required posology?
- Did I employ the remedial forces as required during the course of treatment?

…..and so on. The list may be continued in as much detail as needed. It is important to note that I must have an ability to reflect, analyse and learn from my experience of success as well

as failure. That would enable me to understand my strengths and weaknesses and ensure that I use the former to take me forward and take care of the latter which will obstruct me. Tiwari sir's maximum emphasis was in this process of knowing oneself and cultivating the internal observer and a very frequent reference to the article of "The medical observer" from the Materia Medica Pura.
In the process is it possible for us to understand the concept of unprejudiced observer as given by Master Hahnemann and in process know thyself?

Methodology

Dr. M L Dhawale sir has provided us with a method to investigate our clinical actions and results so that we come face to face with the factors responsible for our successes and failures. When we present these results, we gradually learn to be wise – initially after the event and later before.

This symposium is unique in that the journeys of six experienced physician-warriors will be shared. Each of them selected a case which showed convincing positive results. They explored the various processes used in their success trying to understand the salient points which guided them. They then shared their travel with trained supervisors who helped them to identify their blind spots! (Vehicle drivers are aware of this phenomena which can give rise to accidents!) The warriors thus understood that a 'failure' is hidden in their success as is success in each failure. This is encapsulated in the well-known Yin-Yang symbol.

Six cases highlighting different facets of clinical practice would be presented and discussed. The theme would be: *How do we learn from practice?*
The residential symposium in natural surroundings will help create a wonderful environment for free exchange of views and learning from each other.

Objectives

1. Deepening understanding of a specific experience of a case to general area of practice.
2. Reflecting on the why and how of 'good' results to make them better.
3. Know thyself (strengths and weakness/blocks) through the process of discovering the patient.
4. Understanding the importance of accurate documentation (History and Case record) in improving our practice.
5. Unravelling the hidden dynamics of case receiving and the patient-physician relationship in understanding the patient and the problems.
6. Imparting new meaning to Symptomatology through clinico-pathological-psychological-miasmatic correlations on the travel from health to disease
7. Utilizing these correlations in evolving repertorial/non-repertorial approaches
8. Understanding the relevance and relationship between Hahnemannian term 'portrait of disease' and the concept of 'Living Materia Medica'.
9. Realizing the practical implications of the phrase 'removing the obstacles to cure'.
10. Applying the concepts susceptibility/sensitivity in posology and planning and programming of treatment.

11. Understanding Remedy Response through changes in susceptibility and its impact on regulation of the similimum.

Who should attend?
All those who feel the need to improve homoeopathic practice and understand what it takes to deliver operation cure as given in aphorism 2

How can we benefit?
By engaging with the learning circumstances through prior working on cases, active participation, interactive learning through group discussion, reflection and change.

Venue: Usha Resorts, College road, Palghar-Boisar road, Palghar, (West) 401404
How to reach: Palghar is well connected by suburban rail network with trains from Dadar, Andheri, Borivali and Virar. Usha resort is 4.5km from Palghar Railway station, Palghar West

Timings: 9am to 6pm

Donation:

Early Bird (Last date 28 February 2023)
By 12th March 2023
Practitioners: Residential: 7000/- Non-residential: 4500/-
Students/Interns: Residential: 5000/- Non-residential: 2500/-

After 28th February 2023
Practitioners: Residential: 7500/- Non-residential: 5000/-
Students/Interns: Residential: 5500/- Non-residential: 3000/-

Method of Payment: Details in the brochure

Note: Residential includes Breakfast, Lunch, High tea and Dinner
Non-residential includes: Breakfast, Lunch and High tea.

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A Journey to Unprejudiced Observation: The ICR way

Case 1 **Dr. Chirag Shah**

OBJECTIVES:-

1. Learning to arrive at a comprehensive clinical diagnosis in a patient with myriad Symptoms and to understand the requirement of various Knowledge.
2. To understand GRIEF in its totality & its impact on the sensitivity of individuals (patient – physician) involved in the process of annihilation of Grief.
3. Learning to perceive shades of Sentimentality, Aggression & Fear in an individual & ones struggle to cope it with the ongoing stress –stressors with its impact on development of personality & disease.
4. To evolve portrait of the patient and differentiating with closely coming HMM images by selecting appropriate approach from the maze of data.
5. The importance of proper assessment of the sensitivity and the susceptibility and its implication in Planning and Programming with reference to establishing TPD-TPR in the management of a psychiatric disorder.

DIRECTIVES:-

1. Go through the history form & screening and prepare PD, PR, IP
2. Enumerate the clinical diagnosis indicating the current stage of disease. Take the help of CCA & Multi Axial Diagnosis.
3. Go through the SCR with the life space. What is your feeling state? Identify the location, sensitivity of the physician and the doctor ⇔ patient relationship in this case and the impact it has had on the case receiving.
4. Do the life space table analysis & give understanding of why the patient is suffering
5. Fill the mental state pages and prepare mental stage synopsis page no 23 of SCR.
6. Select appropriate approach, do the repertorial totality (Repertorial syndrome and PDF) Differentiate close coming remedies and give your final remedy with reasons.
7. Do the planning and programming & give your TPD – TPR
8. Go through follow ups and give your actions with reasons

Note-

- Write your notes on Aggression & GRIEF.

Reference readings-

- Textbook of Psychiatry By Kaplan
- Making & Breaking of Affectionate Bond by John Bowlby.

Send Your Working To:-

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Case 1 **Dr. Chirag Shah**

Screening

Screener: CGS
DOS: 02 / 08 /2021 **Name:** NSP **Age / Sex:** 42/F **Status:** Single **Diet:** VEG
Education: B.E. (Mechanical) **Occupation:** Sr. Manager – Pvt Firm
Religion: Hindu – Leva Patel
Father: 70 years Retired bank manager **Mother:** 65 yrs house wife **Brother:** 45 yrs. construction
Address: Vadodara

CHIEF COMPLAINTS:-

1st episode of anxiety started in 2008 after the death of cousin Bhabhi → Shown to psychiatrist and started Allopathic Rx from Dr. XYZ. Pt took Rx from 2007 to 2017 then suddenly stopped all medication & withdrawal symptoms started. Depression +++, weeping spells ++, did not like to talk with anyone ++, no interest in anything, feelings of worthlessness+, no suicidal thoughts.
Now Fear of death ++ → Got panic, can't go outside without seeing doctor on street – She need to check weather doctor is available nearer where ever she go. Fear of going out. Pulling sensation in stomach ++, feeling frightful ++, Sensation as if both the wall of stomach stick with each other. Continuous thinking about what will happen to me. Can't go to office, has to come back from half way. Palpitation ++, Breathlessness ++, Vertigo ++, Stiffness of Neck ++, < ++ Humid weather, < ++ 9 pm – 2 am, < ++ after vaccination, < ++ before & after menstruation.

O/E :-

P – 80 / min, B.P. – 130 / 88 mm / hg, Weight – 53 KG, Conjunctiva – Bright Red +
Tongue – Thickly white coated
RS – NAD, CVS – NAD, P/A – NAD
Action: 1. English History Form giv en for filling up
2. SL 7P HS, SL 3 pills TDS for 1 week

Case 1 **Dr. Chirag Shah**

HISTORY FORM

PERSONAL INFORMATION:

Name: N S P Address: V. in Gujarat
DOB: 09/09/1978 Sex: Female
Status: Single Food Habit: Vegetarian
No addictions, Tea - 3 cups per day
Education career & Qualifications attached

Family Background:

Father: S A P	Age: 70 years	Retired from a nationalized bank
Mother: I S P	Age: 65 years	Home maker
Brother: V S P	Age: 45 years	Job in Construction site

Father, mother, brother, bhabhi, Nephew and me all live together under one roof in V.
Unnatural Death: My cousin brother's wife expired due to brain stroke at the age of 32 years in 2008

Daily Routine

Wake up time: 7.30 am
Breakfast (1 Cup tea + 1 chapatti or 4 - 5 toasts)
Occupy with some homework, lunch preparation
9.15 am leaving for office
12.30 pm to 1 pm - Lunch time: 3 paratha + 1 katori sabji, sometime salad, jaggary
3 pm - 1 cup tea,
4 pm - some light snacks like, khakhara, mamara, peanuts
7.30-8 pm - dinner - light dinner 10.30 - go to bad

FINANCIAL RESPONSIBILITY:

Before 3 years for almost for 5-6 years (since 2013-2018) I had whole family's responsibility, due to huge loss in construction business of my brother. Now situation is under control still have some liability to support my family financially
Current Work place: Work place is good enough but I feel I deserve more than this so not happy with job profile

CHIEF COMPLAINTS:

- I was staying alone in Ahmedabad and doing job for almost 9 years.
- In 2008 - as I mentioned above my cousin brother's wife, who were staying with me in my flat for 5 months. She got some brain stroke and died suddenly.
- After that I also have developed fear of death... Initially didn't understand the symptoms of depression but then it got worse and I had to start medication for depression.
- Took medicines for almost 9 years (from 2009 -2017). This time had prolonged as I have stopped medicines by myself without consulting doctor.
- In 2017 I have withdrawn the medicine under the observation of the Dr. A.
- Immediately started Homeopathic medicine to help in my withdrawal symptoms
- It took me almost 2 months to get some comfortable condition. But after that also feeling some uneasiness in Pre & Post time of my menstrual cycle.

Case 1 **Dr. Chirag Shah**

- On 30th June, during my menstruation cycle I have taken Covid vaccination and then after some days, started feeling anxiety.
- Anxiety is on pick usually in the morning time... (Between 9 am to 2 pm). At this time feeling palpitation, shortness of breath, lack of oxygen, sometime sweating in palms, dizziness, stretching in stomach, feeling it is sticked inside, gases, acidity, stretching in back of the head and pain in neck portion, loss of appetite, lack of concentration some time.
- After this phase gets over, feeling so relaxed within and feeling to have sleep. Also feel confident, positive and normal

OTHER COMPLAINTS:-

Allergy of dust, smoke, strong smell, claustrophobia

PERSONAL DATA:-

- Very conscious about health, appearance, cleanliness, organized, disciplined,
- Short tempered, very emotional, career oriented, go-getter, influencing nature
- Friendly
- Very attached with parents & nephew, moderate relationship with brother – bhabhi.
- Good relation with all at work place. Usually don't have any bad relationship with anyone.
- All family members, friends are always ready to help me.
- Cannot see people / animals in pain in my surround! it hurts me a lot.
- Always ready to help needy people at any time.

FOOD: Basically not food lover, but like to have sweet food, medium spicy.
FOOD DOESN'T SUIT: Spicy food doesn't suit to me. Having Acidity issue. Late night food
ENVIRONMENT: Like sunny days more, winter like the most, initial rainy days. Cannot tolerate so much heat, and damp season. More Humidity gives breathing issue. Though till date no serious issue.
SLEEP: Have good sleep
DREAMS: No serious dreams and even do not remember too. Sometimes some weird faces come for a fraction of sec and then disappear.
FAMILY HISTORY: All are healthy and not having any major illness by the grace of god. Parents have Blood pressure issue due to their age factor.

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A Journey to Unprejudiced Observation: The ICR way

Case 1 **Dr. Chirag Shah**

<u>Standardized Case Record</u>

❖ **PRELIMINARY INFORMATION:**

Define No: K/13/21 **Physician :** CGS
DOD:11/08/2021 **Name:** NSP **Age/Sex:** 42/F **Status:** UM **Diet:** VEG
Education: B.E. (Mechanical) **Occupation:** Sr. Manager – Pvt Firm
Religion: Hindu – Leva Patel
Father: 70 years Retired bank manager **Mother:** 65 yrs. housewife **Brother:** 45 yrs. construction
Address: V., Gujarat

❖ **CHIEF COMPLAINT:**

No	LOCATION	SENSATION /PATHOLOGY	MODALITIES	CONCOMITANT
1	MIND Since 2008 ↓ 2017 F – Once -Twice / 10 days D – Whole day Episodic Head 2008 → 2017 Since 2017 – Continuous F – Once – twice / week D – continues for the whole day	Fear of Alone ++ Fear of death +++ What if something happens to me? મને કશુ થઇ જશે તો ? ++ Checking for doctors wherever she goes Can't go out without checking availability of doctor Do not like to go out +++ Fear of going Out +++ No one is there for me ++ Pain – contracting ++ Dizziness ++ Weeping spells ++ Shown to Psychiatrist → Depression Do not like any thing around ++ Feeling of Emptiness ++ No suicidal thoughts Job continues - difficulty in concentration ++ Anxiety ++ - What will happen to me? Anxiety ++ →+++ Increase perspiration ++ Ghabhraman (Fear) ++ Palpitation ++ (Please take me to a hospital). Admitted to hospital - everything was normal No suicidal thoughts Does not like to talk ++	A.F - Grief - Loss of Bhabhi > Psychiatric Treatment (2008 -2017)	

	All C/o increase June – 2021 After vaccination	Does not like to attend phones ++ Work performance – Reduced Things are moving ++ Can't go out without checking availability of doctor Does not like anything ++ Sleeplessness ++ Difficulty in breathing ++ Two layers of stomach is sticking to each other ++ Weeping Spells ++ Does not like to do anything ++ No suicidal thoughts No Mood swings No Negative thinking હુ આ બધી તકલીફ માથી કયારે નીકળીશ (When will I come out of this trouble?) Sadness ++ Fear of going out ++ Checking whether any doctor is available or not Fear of death ++	< ++ Morning < ++ 9 am to 2 pm < ++ Humid Weather < ++ Cloudy Weather < ++ Pre & Post Menses	

❖ **ASSOCIATED COMPLAINTS :**

No.	LOCATION	SENSATION/ PATHOLOGY	MODALITY	CONCOMITANT
1.	Head Since June 2021 Nape of Neck F – Daily D – Continuous	Heaviness +++ Pain ++ → Pulling ++ Dizziness ++ બધુ હલી જાય છે (Everything seems to move)	< ++ Close room < +++ After vaccination < +++ cloudy weather < ++ Humid Weather < +++ 9 am - 2 pm	
2.	Respiratory System Nose & Eye Since 2017 F – Once – 2 / 3 months D – 2 - 3 Days	Running Nose ++ Cold ++ Sneezing ++ Itching ++ No redness	< ++ Dust < ++ smoke < ++ Strong Smell < ++ Cold water	

Case 1 **Dr. Chirag Shah**

❖ **PHYSICAL CHARACTERISTICS:**

APPEARANCE: Lean, Wheatish Complexion
SKIN: Hard Boil ++ →Painful → Occ. Comes and goes by it's own, Small papule on face
HAIR: Loss ++
PERSPIRATION: GENERAL: Moderate **PARTIAL:** Neck ++, Back ++, Face ++, Arm pit ++, Breast Folds ++
ODOUR:- NO **STAIN:-** NO
CRAVING: Chocolate +++, Ice-Cream ++, Salt ++, Sweets +++
AVERSION: Milk ++
ELIMINATIONS:
STOOL: N **URINE:**N
SLEEP: **POSITION:** Straight **DURATION: 6 - 8 hours**
Occasionally disturbed → Anxiety ++ → Starts ++, Teeth Grinding ++
DREAMS Weird Faces

❖ **MENSTRUAL FUNCTION:**

F.M.P.: 14 years	**L.M.P:** 28 / 7 /21	**CYCLE:** 29 days	**D:** 3 days
COLOR: Dark red	**STAIN:** Dark Red, Indelible ++	**ODOUR:** offensive++	**Clots:** Large
B.M: – Head Heaviness ++, C/C		**D.M:** Abdominal pain +++	

❖ **REACTION PHYSICAL FACTOR:**

Sun - < Weakness ++, Noise - < Irritability +++, Fasting - < Vertigo, Irritability +++

Thermal –C3H2

	FAN	COVERING	BATH
WINTER	-	Blanket	Tepid
SUMMER	5 - A.C. – 27	-	Cold
MONSOON	3	Thin Blanket	Cold

❖ **PAST HISTORY:**NIL
❖ **FAMILY HISTORY:** FATHER:- Hypertension MOTHER:-Hypertension

❖ **PHYSICAL EXAMINATION:**

TEMP: N **PULSE:** 80 / Min **BP:** 110 / 70 mm/hg **WEIGHT:** 52kg
CONJUNCTIVA: Pink **NAIL:** Pink **TONGUE:** Pink moist clear
THROAT : clear

❖ **SYSTEMIC EXAMINATION:**

RS: AE-BLE, Vesicular **CVS:** NAD **P/A:** soft **CNS:** NAD
MSS : NAD

Case 1 **Dr. Chirag Shah**

LIFE SPACE

A dark complexioned 44 years old lady came with her mother for her complaints related to extreme anxiety.

She was born and brought up at A. (a large town in Gujarat). Her family consists of Mother, Father, Elder Brother, Bhabhi and her nephew. She described her mother as a very jolly and happy-go-lucky person, very active, taking interest in all social and family activities and a very loving and friendly person. The patient is very attached to her. Her father is cool and calm by nature. He was working in a nationalized bank as a manager. The patient was a very pampered and over-protected child. She was never allowed to go outside alone by parents. She said that she got too much attention, care & love in childhood. She always wants attention from parents being the youngest child in family. On asking about attention and demand, she said that she always got whatever she demanded and on not getting it, it remained in to her mind and she cried a lot for that. This happened very rarely, though. She said she was an obstinate child and threw tantrums if things were not fulfilled. She is very sensitive since childhood, cannot see the suffering of others and likes to help others who is in need. As an example she said that in childhood she used to give her things or books or food to others who needed it. Her father always told her to help the needy persons. In childhood she gave food to poor people and also on her birthday gave food to poor people at the temple. She was very good in her studies, always scored good marks in school and her performance was always the best in school as well as in her class. She always stood 1st in her class & in top 3 from school. She was also good at ECA (extra-curricular activities) & sports. She was in the football and basketball teams of her class but was never selected outside the school or in the school team. She has a very limited friend circle. In childhood she was having 3-4 best friends and out of that she shared her all things to only one friend. She likes to go outside, watch movies & travelling but only with cousins and family members. She is very much attached with all her family members and she is very possessive about her family.

After the 12th standard she wanted to be engineer, but her percentage was less hence she took admission on NRI seat in an engineering college at A. She wanted Computer Engineering but there was no vacancy in college and she did not want to move out of A. leaving her family so selected Mechanical Engineering instead, which is a male-dominated stream. Out of 50 students there were only 3 girls including her. So she become more reserved and introvert and had no friends. Lacking interest in Mech. Engg., she got ATKT in the 1st semester. Though her family said nothing, she was very angry and upset with herself. She became irritable, scolding anyone whether wrong or not. She didn't eat for 2-3 days. She fell ill, was weak and had to be admitted to a hospital. After this she decided that she had to prove herself to the family. She was feeling guilty. After that she become very hard-working and scored good marks in all exams with good CGPA (8.78) score. Despite this score she was not selected in campus interview being a female in 2003. She was very disappointed and cried a lot. She stopped eating for 2-3 days. She was very angry but could not express it because she was alone in A. since the family had shifted to V. after the father's retirement. Later on she did some computer course from some reputed institute and got job in A. and stayed alone. She was very happy after getting the job.

One of her cousin's wife had a child and was also doing a job in A. so they stayed together. She was very attached with Bhabhi and kid and they shared all the things with each other. In 2008 her Bhabhi got CVA and died. It was a shock for the patient as she was very attached to her.

Case 1 **Dr. Chirag Shah**

She cried constantly and become sad 3. While narrating this her voice was low and eyes were filled with tears. That was the time when she developed Fear of being alone 3, fear of death 3, MANE KASHU THAI JASHE (something will happen to me) & her panic episodes started. She was not going alone anywhere. She was constantly thinking about her Bhabhi and her kid, who will now bring up that kid? What will happen to that motherless kid? She cried constantly remembering her Bhabhi calling her her best friend. She remained in that state for a long time. Even today she cries if she thinks about her. She started believing that whatever she likes or deserves is snatched from her. At this time her anger was increased, she said that there is no value of being decent. She fought in the office if anything went wrong or against her wishes. Her boss also tried to make her understand but she was not ready to listen to anyone.

After this incident she was constantly feeling low and sad hence parents decided to shift her to V. to stay with the family. In 2010 she started searching for a job in V. and could get a desk job in her field after a lot of effort. She accepted the job though the salary was not as per her demand. At this time her stress level and her complaints and she had to visit psychiatrist. In her new job she had difficulty in mixing with people. Though all are good she cannot tolerate if anything goes against her wish or her say. She starts scolding her juniors immediately, but cannot say anything to seniors and has to keep things inside. She said, "Anger comes easily and goes easily, but I keep things in mind and think a lot about that." She has trained many junior engineers who move later on to other big places with better positions, and she feels bad that she is struck at her old place. Her boss understands and does not give much work or put pressure on her. The environment at workplace is very good.

On asking about marriage, she replied with smile 'Koi banyuj nathi' (could get nobody). She wants a partner who is highly educated and wants to stay in V. There were many proposals but either they were not educated or they wanted to settle abroad or out of V. On asking why in V. only, she replied that she wanted to stay close to the parents. She could not accept any proposal. As age increased she started feeling unsure about getting a life partner. She felt that she struggled for education, job and now for life partner also. Now she leaves all to destiny. One of her uncles also died early so aunty has to stay alone. So her grandfather said that we come alone and have to go alone, and now she has accepted that. She has also seen that many couples are not happy even after marriage.

Since childhood she and brother were fighting too much. Even after his marriage the brother used to scold her in front of her Bhabhi which she disliked. She being the younger, the parents told her to tolerate it, so she never expressed her anger. She also thinks that the brother is wasting their father's money in his construction business. The brother started a project despite opposition from her father and herself, and landed up with a huge loss. She had to take a loan to repay that loss. Though angry with her brother, she ultimately helped him as he is a family member. She also feels proud that even being younger she is helping the elder one. Even her family appreciated her for the same and she liked that a lot. She does not have good relations with her Bhabhi as the Bhabhi makes sarcastic comments. She sometimes wants to leave the house, though she has not done so. She is very sensitive to scolding and comments.

She has a good friend at work with whom she shares everything place. Her friend helps her to understand the situation and calm down. She likes to help all needy people at her workplace or at her home. She said that God has given us sufficient so we have to share with the needy people. She still gives food to the poor on her birthday. She helps anyone even financially.

Case 1 **Dr. Chirag Shah**

Since her college days she has some fears - fear of water, fear of high places & fear of thunderstorm. She loves nature and likes to travel to beaches or mountains.

Interview with Mother

Pt is very much aggressive and she does not realise what she is specking in anger. Many a times she scolds even her mother when things are not done according to her wish. Earlier she was not like that but now she expresses her anger very frequently.

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Case 1 **Dr. Chirag Shah**

FOLLOW-UP TABLE

CRITERIA:

A - No.	Criteria	B - No.	Criteria	C - No.	Criteria
1	Fear Of Death	1	Breathlessness – I/F/D	1	Ix - Hemoglobin
2	Fear Of Alone	2	Layers Of Stomach stick to each other – I/F/D	2	AEC
3	Weeping Spells	3	< Before & After menses	3	IgE
4	Anxiety	4	Headache – I/F/D		
5	Low Mood – Depression	5	Heaviness – I/F/D		
6	Sadness	6	Dizziness – I/F/D		
7	Sleep	7	Running Nose – I/F/D		
8	Gabhraman / Vertigo – I/F/D	8	Sneezing – I/F/D		
9	Palpitation – I/F/D	9	O/e – P / BP		
10	Perspiration – I/F/D	10	Nose		

Follow Ups:-

		1	2	3	4	5	6	7	8	9	10	Actions
11/08/21	A											Action - A
	B											
	C											
18/08/21	A	> +	> +	0	+	> +	-	> +	> +	> +	> +	Action - B
	B	-	0	-	> +	> +	> +	-	-	-	-	
	C	-	-	-								
25/08/21	A	+	+	0	+	+	+	-	> ++	+	+	Action – C
	B	++	+	+	-	-	-	-	-	-	-	
	C	-	-	-	LMP – 28/07/21							
01/09/21	A	> +	> +	0	> +	-	-	-	> ++	> +	> +	Action – D

Case 1 **Dr. Chirag Shah**

	B	> +	> +	-	0	0	-	-	-	-	-	
	C	-	-	-								
09/09/21		Running Nose – took Allo Rx – Cough ++, Dry ++, < Night ++, < 4 A.M. ++										Action – E
13/09/21	A	> ++	> ++	++	> +	> +	> +	-	-	-	-	Action – F
	B	++	-	-	-	-	-	0	0	-	-	
	C	-	-	-								
16/09/21	A	-	-	-	-	-	-	++	> +	> +	> +	Action – G
	B	-	-	-	-	-	-	-	-	-	-	
	C	-	-	-	Wt - 52							
24/09/21	A	> ++	>++	-	>++	>++	-	N	-	-	-	Action – H
	B	>++	>++	-	>++	>++	>++	-	-	-	-	
	C	-	-	-								
01/10/21	A	-	-	-	-	>++	-	N	-	>++	>++	Action – I
	B	>++	>++		>++	>++	>++	-	-	-	-	
	C	-	-	-								
11/10/21	A	Overall Pt is much better										Action – J
	B											
	C											
25/10/21	A	0	++	+	++	> +	-	> ++	0	0	0	Action – K
	B	0	0	0	0	0	0	-	-	-	-	
	C	-	-	-								
01/11/21	A	“Doctor I am an emotional fool”										Action – L
	B											
	C											

A Journey to Unprejudiced Observation: The ICR way

Case 1 **Dr. Chirag Shah**

15/11/21	A	> ++	> ++	0	> ++	>++	>++	N	-	0	0	Action – M
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-								
24/11/21	A	+	+	0	+	+	+	N	+	+	+	Action – N
	B	+	+	+ -	-	-	-	-	-	-	-	
	C	-	-	-	LMP - 21/11/21							
03/12/21	A	>++	>++	-	>++	>++	-	N	>++	>++	>++	Action – O
	B	>++	++	-	-	-	-	-	-	-	-	
	C	-	-	-								
13/12/21	A	+	+	+	++	+	+	N	+	+	+	Action – P
	B	++	+	-	+	+	+	-	-	-	-	
	C	-	-	-	Face – Pimples ++							
21/12/21	A	>++	>++	>++	>++	+	-	-	0	0	0	Action – Q
	B	>++	>++	>++	>++	>++	>++	>++	>++	>++	>++	
	C	-	-	-	Face – Pimples - >++			LMP – 17/12/21				
04/01/22	A	Not feeling Well										Action – R
	B											
	C											
22/01/22	A	++	++	-	++	++	++	-	++	++	++	Action – S
	B	++	+	-	++	++	++	-	-	-	-	
	C	-	-	-	Face – Pimples ++							
10/02/22	A	>++	>++	-	>++	>++	>++	N	0	0	0	Action – T
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-	LMP – 05/2/22		Pimples - 0					

Case 1 **Dr. Chirag Shah**

26/02/22	A	0	0	0	0	0	0	N	0	+	0	Action – U
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-	Overall 80 % Better							
08/03/22	A	>++	>++	-	>++	>++	>++	N	0	0	0	Action – V
	B	+	+	-	+	+	+	-	-	-	-	
	C	-	-	-	LMP-5/3/22							
17/03/22	A	++	++	++	+	+	+	N	++	++	++	Action – W
	B	++	++	-	++	++	++	0	0	-	-	
	C	-	-	-	Fua (Elder uncle) – expired - attachment +3							
29/03/22	A	0	0	0	0	0	0	N	0	0	0	Action – X
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-	Doc. tame jaadu kari didho .							
06/04/22	A	0	0	0	0	0	0	N	0	0	0	Action – Y
	B	0	0	-	0	0	0	0	-	-	-	
	C	-	-	-	Doc. tame great cho , hu farva jaav chu.							
22/04/22	A	0	0	0	0	0	0	N	0	0	0	Action – Z
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-	Occ. Thay k office na jaavu.							
05/05/22	A	0	0	0	0	0	0	N	0	0	0	Action – AA
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-		Pt:- doc. mane nathi laagtu mane daava(medicine) jarur che. Doc:- no you need medicine for some time.							
26/05/22	A	0	0	0	0	0	0	N	0	0	0	Action – AB
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-								

Case 1 **Dr. Chirag Shah**

12/06/22	A	0	0	0	0	0	0	N	0	0	0	Action – AC
	B	0	0	-	0	0	0	-	-	-	-	
	C	-	-	-								

Dr. N. L. Tiwari Memorial Symposium, Palghar: March-April 2023

A Journey to Unprejudiced Observation: The ICR way

Case 2 **Dr. Jayant Rughani**

Objectives-

1. Learning to receive the case of a reluctant patient with a condition having a potentially fatal outcome by relying on information from relatives while handling ONE'S own anxiety.
2. Demonstrating various knowledges, skills and attitude required to establish Dr. ←→ Pt. Relationship in exploring the life of a rustic personality.
3. Exploring life and living of a person engrossed in business at the cost of the other areas of life and finding the correspondence in the Materia Medica.
4. Learning the importance of holistic TPD -TPR and identifying one's own blocks through analysis of Action←→ Result complex.

Directives-

Exhibit 1

Kindly go through the information provided by the elder brother, & the past personal experience of the patient given in introduction and share your feelings and experience of dealing with such type of patients.

Exhibit 2

1. Go through the complaints and give an understanding of what the patient is suffering from. Pen down the feeling state after going through the life space.
2. Define the relationship between a doctor & a patient. What Attitude, Skills & knowledge facilitated communication between them both? What are the similarities & dissimilarities between them?
3. Prepare a life-space table after referring to the SCR data.
4. Work out PSPD after addressing the core problem and the sustained efforts of susceptibility to strike an internal balance.
5. Fill up the EET.
6. Write down the totality of symptoms and give the repertorial totality in the form of R.S. and P.D.F.
7. Give your final selection of remedy along with differentiation.
8. Carefully formulate holistic TPD-TPR (Remedial & Ancillary)

Case 2 **Dr. Jayant Rughani**

Exhibit 3

1. Analyze the follow-ups and give your critical feedback.
2. State your understanding of the abrupt outcome of treatment and give your suggestions for alternative actions that PP could have taken.

Exhibit 1 – Introduction

On the day of consultation, the patient's elder brother called up and told the following things: 'Since long I have been telling my brother living in the nearby town G to consult you once, but he doesn't listen to me. Actually he has been suffering since long from many things like Asthma, Hypertension, and hyperacidity, for which he takes allopathic treatment. Now since the past 2 months his health is severely deteriorated and he could not sleep properly. It is like the moment he falls into sleep, his breathing stops, hence immediately he wakes up. This happens many times during the whole night. For this he has consulted many doctors, who after some medicines that did not give any benefit, at last told him that the only solution left is to use a C-PAP ventilator every night during sleep throughout his life. On hearing this he has got very angry about doctors and science in general. Now he is very much frustrated and as no other option is available, unwillingly he placed an order for Ventilator. But I want him to try out Homoeopathy for which he has no faith and in fact he hates it. Today since he is coming here, I am bringing him to your clinic. You just please check him and don't ask anything. Even if you ask, he will not reply also. I know you need a lot of information for the case, but he will not tell you anything. He will not sit there for more than 10 minutes. Therefore, I request you not to ask him anything. Whatever information you want, we will provide you. He hates Homoeopathy. After hard efforts he has agreed to come here for once. So, in this visit only you check him properly, because he will not turn up again.'
Earlier, while the elder brother's treatment of hypertension was going on, his wife had asked for the scope of Homoeopathy for the patient's asthma. But the elder brother had said that "he won't come here. He doesn't believe in Homoeopathy. In fact he tells us also to stop homoeopathy and switch on to Allopathy". Then they had said that the patient is rough and tough, careless about his health, non-cooperative, egoistic, obstinate and dominant in the

family. He does not get involved in any social matters also. The physician had met the patient once more about 2-3 years ago. For business and investment purpose the elder brother had invited the physician to come along with him in his car to visit one place which was 70-80 km. away from R. The patient and his friend also had accompanied them then.

During the journey through their internal talks it was sensed by the physician as well that the patient was as described by his brother earlier.

Exhibit 2: SCR

S.NO	PHYSICIAN DR. JAYANT RUGHANI	OBSERVER	INDEX LETTER
NAME: JCB	**DOB: 7/10/1969**	OPD REG. No	**DATE: 15/01/2022**
REFERRED BY:		IPD REG. No	DATE
AGE 54 YRS.	**SEX:** M	EDUCATION: B.Sc.; LLB -incomplete	OCCUPATION: Businessman
STATUS: S/M/W/D – Married since 1994		RELIGION/CASTE: Hindu/ Leva Patel	VEG/NV/EGGS: Veg
SPOUSE NAME-Mrs. DJB		AGE-50 YRS.	OCCUPATION-House wife
FATHER-Expired in 2004		MOTHER-Mrs. D	UNCLES/AUNTS
CHILDREN: SONS: S1-K-B.E. civil; UM; In business with self. S2-R-15; 10th std.		DAUGHTER-K-27 (Adopted by elder brother)	
ADDRESS: RESIDENCE:-Ta.-G, Dist. Rajkot			TEL NO

1. CHIEF COMPLAINTS

LOCATION Area, Direction Spread, Tissue, Organ, System & Duration	**SENSATION & PATHOLOGY**	**MODULITIES AF, <, >**	**ACCOMPANIMENTS Strict Time Relation**
C/C: - **RESP. SYSTEM** Origin: Since 20 years	SNORING3		
Progress-Gradual In mild Intensity since 10 years With freq. of 1/1-2 months.	Occasional difficulty in breathing during sleep	< Sleep during	

Case 2 **Dr. Jayant Rughani**

<3 Since 2 months F:-Daily at night on every hour for whole night Dn. - Few minutes	Severe difficulty in breathing on falling asleep Gets up with suffocation	Ppt. (?) Cauterization of warts before 2 months. <3 Sleep during	Unrefreshing sleep with day time drowsiness
On 5/01/22 Ix□	Sleep study:-OSA with episodes of central apnoea, mixed apnoea and hypopnea.		

II ASSOCIATED COMPLAINTS

ASS. C: **(1). <u>RESP. SYSTEM</u>**	Asthmatic breathing.	< 3 Dust	
Since early childhood	Cold and cough	< 2 COW	
F:- Off & on >3 between ages of 20-30. Then again < after 30. <3 since last 10 years. F-Daily		Rx. Inhaler AEROCORT FORTE since last 5 years on every day.	
URT-Nose Since childhood F:-1-2 during winter Otherwise once a year	Rhinitis Watery nasal secretion	<2 Winter < 2 COW < Dust / pollens /grains powder at yard	
(2) <u>CVS</u>	High Blood Pressure	Rx. Tab. CH 40(Telmisartan & Chlorothalidon) 1-0-0	
Since 10 years.	Found on routine check-up		
(3) <u>SKIN</u>			
Groins, thighs, lower part of abdomen and nates	Dry, Itchy and erythematous eruptions		
≈ Since last 10 years.			
(4) <u>Right 3rd finger nail</u>	Rough and yellowish discoloration		
Since-? (Doesn't remember)	With irregular margin and surface		
(5) <u>GIT</u>: Esophagus & Stomach Epigastric region	Burning pain++	A/f Business worries	

Case 2 **Dr. Jayant Rughani**

≈ Since last 20 years.		< Alcohol??	
F-Almost daily		Rx-Antacid tablets.	

PATIENT AS A PERSON

PHYSICAL CHARACTERISTICS

Digestion - Acidity++ Appetite - Good Cr: ALCOHOL – Whisky - 2 pegs at a time/wk. since 10-15 years / SWEET+3 / H/o Tobacco - Smoking during college period
Thirst - Moderate: 2-3 glasses / d in winter & 1 ½ -2 L / d in summer. Urine / Stool - N

Perspiration: General, Moderate, Staining white Sex - Marital/N
Sleep: Unrefreshing / Disturbed due to Apnoea / falling into apnoea / Drowsiness on waking++ and remains during day also / Snoring++ since 20 years.
Dreams: work / Business++
Thermal: C2H3
Season – Winter <2 COW - < URTI Fan - X
A.C. - Summer & Monsoon - full-day & night / Winter - occ. at night.
Covering – General - Thick cotton - Summer & Monsoon / Two in winter.
Bath – warm – W / Lukewarm - Summer & Monsoon
Extremes of both heat and cold - Difficult to tolerate.
Diet and Daily Routine: -

- Gets up at 4 am
- Breakfast - 1 Bhakri, tea, some dry snacks and 1 sweet must
- Leaves for shop at yard at 5 am.
- Lunch 12 pm
- Afternoon sleep - 12:10 - 2 pm
- Work at shop up to 5 pm
- Dinner around 7 pm
- Goes to bed and sleeps between 8 - 9 pm. Doesn't watch T.V.

PAST HISTORY:

- Addictions - whisky 2 peg /1 - 2d / week
- Cigarette smoking for a year during college
- Rt. UL polio in childhood
- Brucellosis on 27/01/19
- Warts around neck - cauterized before 2 months
- Malaria
- Piles - operated in 2001-2002 and 2019

FAMILY HISTORY:

- F - D. M. with nephropathy
- Mo - O. A. and HTN
- B - HTN, Cervical spondylosis, malaria twice, Renal stone

Case 2 **Dr. Jayant Rughani**

- Sis - O. A.

LIFE SPACE

Mr. JCB is a younger brother of our old patient who has referred him to us. From the patient's family his sons, wife and mother also have taken treatment from us in past though for a short time but he didn't believe much in homoeopathy. Now he has visited us unwillingly due to his intense suffering of OSA (Obstructive Sleep Apnoea) which was unbearable and allopathic doctors suggested use of non-invasive ventilator C-PAP(Constant Positive Airway Pressure) as the only solution which he was not ready to accept. His eyes were blood-shot like those of an alcoholic, unshaved grey hair beard, wearing black jacket and sitting in a repugnant mood. Initial unwillingness however later turned into a smooth conduct and free sharing.

He is a 54 years old man, typically Patel, living in a nearby town, having two sons and a daughter who is adopted since her early childhood by his elder brother as they did not have any issue. Elder brother is living in Rajkot and had a job in BSNL from which he retired 3 - 4 years back. Wives of both brothers are real sisters. Financially they are sound and everything is still held jointly. He runs his father's old business, as a commission agent and trader in marketing yard.

During childhood it was a family of 8 persons comprising of Father(Fa), Mother(Mo), Paternal grandmother, 3 elder sisters and elder brother. Father was the only earning person in the family and they were passing through hand-to-mouth conditions. He used to wear used, torn and patched pants of his elder brother. There used to be frequent scuffles between both brothers. According to him although elder brother is obstinate and irritable, usually he would not disobey him even if sometime he is wrong. He was closer to his father than to his elder brother. He suffered from mild polio in his right upper limb and asthma since early childhood. However, there is no memory of any bad incidence. Though complaint of asthma is dated back to childhood, it remained silent between 20 to 30 years of age and after that again aggravated.

He studied B. Sc. Maths from the same college as his elder brother. Due to their weak financial condition, they had taken the benefits of significant concession in fees and scholarships too. For first two years the elder brother was with him. In the last year after the elder brother completed his college and the patient got freedom, he started smoking cigarettes and found a company of bad friends who were quite dominant and used to bully others. He never smoked in the presence of his elder brother, though it continued for a year only. After completing B.Sc. in 1991 he returned to his hometown G and did LLB for one year and simultaneously got involved in the share market with a basic investment of Rs. 10,000/-. This was a booming period of share bazaar and all his friends earned a lot. The patient too earned Rs. 2 lakh in a very short time. All of them started squandering money in parties and alcohol after going to Diu, Abu, Goa, etc. and within no time booked loss and again came to the same situation from where they started. Soon, the patient realized the uncertainty, risk involved and moral values of the money earned through the share market without hard work hence left it. He joined his father's business of commission agent in the market yard. They purchased a shop in a new yard as at that time the elder brother had already joined BSNL and started earning. After that the patient took over all the responsibilities of business and did it very aggressively. A few years later in 2004 his father passed away which did not affect him much.

Case 2 **Dr. Jayant Rughani**

In their business, it is quite common that every year 1-2 parties declare bankruptcy and many of them book loss. So far in these many years, he too has lost an approximate sum of Rs. 1.4 crore. Therefore, they have to remain very alert in purchase, sell, debt, in checking quality of goods etc. Since he joined this business, he remains very busy for the whole day. He gets up early at 4 am and reaches his shop by 5 am. He takes a round in the yard and checks the quality of all the goods arrived for sale, does analysis and calculation in advance before auction starts at 8 am. He doesn't like to go anywhere like attending family or social function at the cost of his business. If at all it is mandatory, then he would formally go there and as soon as possible after lunch would return to his shop. His entire day passes in thinking and doing work only. Even his dreams are also of matters related to his business. He said he goes home only for food and rest. His entire interview revolved around his business matters and also his life is centered on business. He is so engrossed and absorbed in it that he can't think of any other thing. The complaint of hyperacidity he attributed to business worries. He takes alcohol (whisky) approximately 2 pegs at a time around once - twice a week since 15 years. For that he has taken permit also since the last 10 years, as it is generally banned in Gujarat. Usually he takes it in the shop in the evening with his friends after all the work gets finished. Except his son and wife nobody knows in his entire family about it. The frequency may increase to daily if he is on tour. Due to frequent exposure to dust at the yard his asthma often gets triggered. The other complaints of hypertension and Tinea cruris are present since last the 10 years.

Once a businessman who had eloped from the city after claiming bankruptcy and was found after a long time, along with his 3-4 other friends he had gone to his house for recovery of his due bill. They saw him living in a single room with his wife and children, and doing a small job in a private company. His friends started getting hold of his belongings like fridge, TV etc. They insisted that the patient also should do the same, but he didn't take anything from there. He felt that it would be a heinous crime if he does so and can't be spared from curse of his wife and children. Eleven years down the line all who had taken those things forcefully, have come to great scarcity of everything, while his business has flourished like anything. At the yard people from charitable trusts or temples etc. quite often come to him and he always gives something like agriculture products or money.

Two years ago, he came to know about his daughter's affair with a boy from the "Vaniya" community. She has done B. Arch. from Rajkot while that boy is qualified in hotel management and currently working at Australia. On knowing this he got extremely angry and said that "if that boy would have been in India then I could have taken extreme steps to punish him and might kill him". Initially his elder brother too did not accept and hit her, but later after waiting for a long time and hard efforts of convincing her failed, he accepted the relationship. When the elder brother went to the patient's home and put forward the whole matter, he got furious and started shouting and abusing his daughter. He could not tolerate it. He felt that he has been cheated by both, the elder brother and the daughter. If she would have been with him, then she could not have dared to do so. Since she is adopted by the elder brother and is adamant to marry with the boy, unwillingly he had to accept. He said that in a way it is a great jolt on his social image among business people. It would be difficult for him to face them and feel ashamed. Later on, as he realized daughter's firmness, he thought that if I don't agree, then it may spoil the life of 3 families. So, he too got convinced and agreed for their relationship. But by heart his hurt seemed yet present and suppressed. This has gradually resulted in obstructive sleep apnoea that aggravated intensely since 2 months after cauterization of warts. The moment he falls into sleep he experiences breathlessness; hence he has to get up quite frequently and this continues throughout the night. The next morning and the whole day passes in lethargy

and drowsiness. He is very much fed up with this complaint and when doctors advised to use CPAP machine for the whole life, he got angry and said, "How can I sleep with assistance of machine and that too forever?"

A few months ago, his younger child absconded at midnight from home. He was in the 10th Std. and used to sleep with his elder brother. When the family noticed his absence, everyone started searching and the entire night passed in panic. The next morning his son called up around 12 pm, and said that he was lying in a small room near a petrol pump on the outskirts of the city. He does not reveal either the reason or his motive for leaving home. This made the patient feel agony and panic.

He said he is an introvert. He doesn't like to attend any social or family function. He shares good IPR with his mother, wife and children but his impression is of a dominant and obstinate person in the family like his mother. Usually he remains in his own world and business, being least interested in any other thing. At home also, he doesn't take part in any other domestic affairs. After returning from shop at 7 pm, he takes dinner and goes to bed between 8-9 pm. He doesn't like to watch television. In short, he has no activity other than business. He has been very sensitive to anything wrong, frequently expressing during the interview that in this era very commonly who are awful and atrocious get free support from society and honest and good ones become victim. He said this even about his town's politics where "Dabang" rules and good ones suffer. He is very dissatisfied with the ghastly and brutal politics There is a horrible history of murders and violence in their town by gangsters who are always elected by muscle and money power. Whenever they have supported good contestants for reforms in society, they have failed. His group / community falls short in winning against them. The physician felt that he has been harboring silent aggression and strong dissatisfaction to all the injustice being practiced there.

During summer he has to keep his feet touching the ground or put into bucket of water and in winter has to cover them properly, then only he can sleep.

O/E:

- APPEARANCE:- OBESE / Blood shot eyes as of a drunkard / Unshaved grey hair beard and expression of repugnant mood / Right upper limb - poorly developed due to polio / FINGERS - Not fully extended due to polio / Grey hair / Dark wheatish skin / Partial coldness of palms and soles in winter / has to cover feet to get sleep / Partial heat of palms and soles in summer / Has to keep feet touching the ground or soak them into water
- General impression and type – vexed, egoistic, careless like a typical businessman of village, and obstinate (reported by elder brother & sister-in-law) - that is seen in the clinic as well.
- B.P. – 140 / 100 Pulse – 78 / min
- Conjunctiva – Red / Blood shot
- Nails - Right 3rd thick, rough and yellow brown discoloration due to fungus
- Throat - wart on jugular notch
- R.S. - Breathing sounds-Wheezing+
- Abdomen – Liver - not palpable

Case 2 **Dr. Jayant Rughani**

- Weight - 85 kg.

INVESTIGATION:

- USG – Abdomen - Advised often but not done.
- Sleep study - 5/1/22 - Conclusion: OSA with episodes of central and mixed apnoea and hypopnea.
- LFT - 21/01/22 - Total proteins - 7.2 Albumin - 5.0 Globulin - 2.2 A:G Ratio - 2.27, Gamma glob - 48

	3/7/15	9/11/18	20/01/22		3/7/15	9/11/18	20/01/22
S. SGOT			55.01	Cholesterol	169.2	188.9	179
SGPT	33.76	47.83 (27/10/16)	103.24	LDL	89.2	72.8	102.1
Alk. Po4			62	HDL	35.8	28.7	33.7
Billirubin-T			1.61	VLDL	55.1	120.1	48.8
Bil-D.			0.46	Chol : HDL	4.73	6.58	5.31
Bil-ID.			1.15	LDL : HDL	2.49	2.54	3.03
				Triglycerides	275.5	600.7	244.1

-

Case 2 **Dr. Jayant Rughani**

Exhibit 3: Follow ups

Follow up criteria: -

1. Sleep Apnea: F/I / Days/wk / Intensity
2. Sleep: Disturbances / Snoring
3. Breathing difficulty / Asthmatic attack
4. Hyperacidity: F/I
5. Rt. 3rd finger nail: - Consistency / discoloration
6. T. Cr. Groins: itching / congestion / Area
7. Acute: URTI / LRTI / Others
8. O/E: - B.P.
9. Ix-Sleep study/ Spirometry/ Lipid profile / LFT /Usg-Abdomen (Liver)
10. Tapering→ Withdrawal of: Alcohol / AHD / Inhaler.

Note: - most of the follow ups are given by wife whenever medicines get over, in case of personal visit only it is indicated by "p". Not mentioned anything in column of date means it is taken on phone.

DATE	SYMPTOM CHANGES										INTERPRETATION [I] EXPECTATION [E]	PRESCRIPTION
	1	2	3	4	5	6	7	8	9	10		
29/01/22	>3										Overall >++	
14/02/22	2/N/Mild	2/N due to acidity	>3/0	++ Sour eructation	>2 Feels new will erupt.					ALCOHOL-0 INHALER-0		

Case 2 **Dr. Jayant Rughani**

05/03/22	> 2/N Very Mild	+/0										
06/04/22 "P"	0/0/-	0		>3		+/?/-						
	Mild knee pains+. Navratri fast continued since a wk, yet no much acidity. Relative reported that recently patient has become mentally very cool, which otherwise one would always find him in frowned and vexed mood.											
04/05/22											Overall >3	
02/06/22 By Son	Is once again reminded to carry out USG-Abdomen (Liver) which was told earlier to for 2-3 times and do regular checkup of blood pressure so that plan to taper off AHD can be made. In between he has done Lipid profile and LFT that is asked to send.										Overall >3	

OVERALL ASSESSMENT: -

- Within few days of starting treatment sleep **apnea significantly reduced and later after 3 months it was completely cured.**
- Quality of sleep improved and duration increased.
- After a month as episodes of Asthma substantially decreased, he stopped using inhaler. Later in span of two months, asthmatic attacks completely stopped.
- Surprisingly he followed the advice of quitting Alcohol that he stopped consuming after a month.
- In Onychomycosis, the rugged matrix and dark colour started changing to normal and he felt is if new nail is erupting.
- Need of occasional use of antacids got over as he found much relief in hyperacidity.
- Wife and SIL reported that they noticed change in his chronically vexed mood and unapproachable attitude that appeared to be bit diluted.

Case 2 **Dr. Jayant Rughani**

- Quite astonishingly as no complaint left later to bother, abruptly he stopped medicines. The reason he gave to family members is that "as now no complaint, why to go to R?" Through his friends he learnt that a young M.D. homoeopath of his caste has started practicing in his town. So, he told that "if at all it is necessary to continue the treatment, I would take it from here. And he started also.

Dr. N. L. Tiwari Memorial Symposium, Palghar: March-April 2023

A Journey to Unprejudiced Observation: The ICR way

Case 3 **Dr. Kamlesh Jain**

OBJECTIVES

1. Learning to read "in between the lines" when we receive a short written history by a reserved lady presenting with chronic skin ailment.
2. Reinforcing the importance of CSEF (Clinical Session Evaluation Form) in evaluating professional conduct in the process of the interview by understanding concepts and techniques used by physician in perceiving the mental state of a reserved lady in marital conflict.
3. Understanding the effects of suppressed emotions, formulating the clinical, pathological and psychological correlations in a case of chronic skin disease and inferring the miasmatic activity
4. Understanding the importance of constructing the EET from expressions, core causation and integrating the concepts of time, disposition, concomitant expressions and miasms to derive a comprehensive understanding of the suffering of a patient and select a suitable approach in a case
5. Demonstrating the importance of formulating the Therapeutic Problem Definition and the role of Non-Remedial Measures in facilitating the resolution in a case with complex family dynamics.
6. Learning from process of evaluation to evolve reasoning and conceptual framework to enhance professional competency

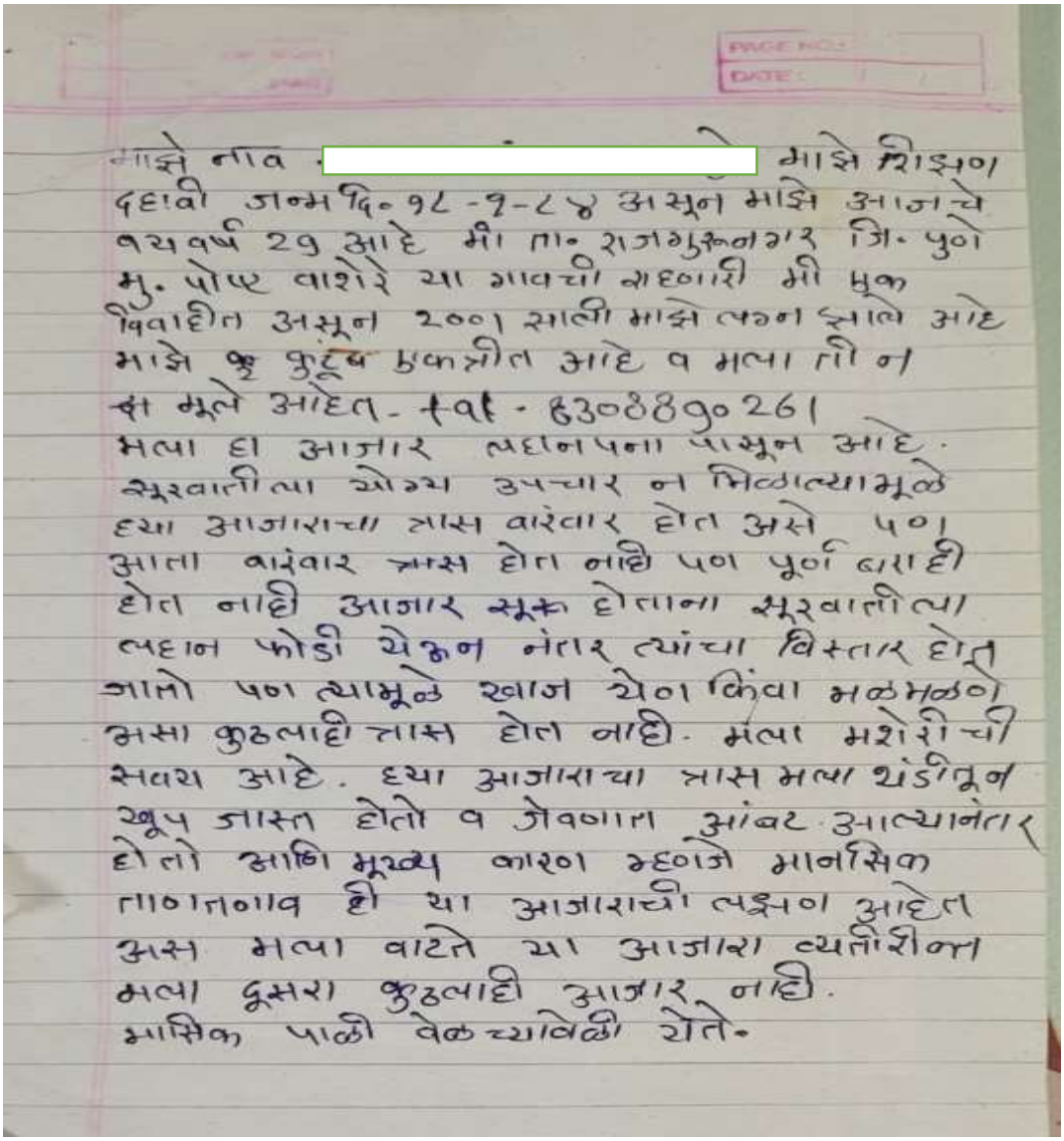
DIRECTIVES

1. Share your feeling regarding the patient and her suffering after "reading" the history.
2. Present your Problem Correlations and Interview Plan, the difficulties you anticipate and the alternatives to your Interview Plan.
3. Identify the patient-physician relationship, techniques-skills practiced during the interview, sensitivity & blocks of the physician and their influence in Case Definition
4. Present your Clinical Diagnosis with SFF-T, infer the dominant miasmatic activity and discuss the concepts you have applied to arrive at the same.
5. Identify the concepts of relationships (with Mother / Family / In-laws / Husband) held by the patient and share your feeling state and understanding about the Patient after going through the life space
6. Present your symptomatic-clinico-pathological-psychological correlations and the knowledges you employed to arrive at these.
7. Prepare the Conceptual Image / construct the EET.
8. Suggest the Suitable approach (es), repertorial or non-repertorial) to arrive at the chronic totality (ies) with reasons for the same.
9. Present Your Totalities – Chronic, Related, Intercurrent with reasons.
10. Discuss the Prescribing Chronic Totality of the case with reference to Differential MM and give your reasons for the final selection of the Similimum. Indicate the levels of correspondence (areas covered and not covered in the case)

Case 3 **Dr. Kamlesh Jain**

11. Present your TPD / TPR with the sequence of steps and methods you would plan to resolve the case.
12. Study the follow-up and complete the RREF

Original Marathi History Written by the Patient (scanned Copy)



माझे नाव [redacted] माझे शिक्षण दहावी जन्म दि. १८-१-८४ असून माझे आजचे वयवर्ष २९ आहे मी ता. राजगुरूनगर जि. पुणे मु. पोस्ट वाशेरे या गावची राहणारी मी मुक विवाहीत असून २००१ साली माझे लग्न झाले आहे माझे कुटूंब एकत्रीत आहे व मला तीन मुले आहेत. Tel - 8308890261

मला हा आजार लहानपणा पासून आहे. सुरवातीला योग्य उपचार न मिळाल्यामूळे हया आजाराचा त्रास वारंवार होत असे पण आता वारंवार त्रास होत नाही पण पूर्ण बराही होत नाही आजार सूरू होताना सूरवातीला लहान फोडी येऊन नंतर त्यांचा विस्तार होतो जातो पण त्यामूळे खाज येणे किंवा मळमळणे असा कुठलाही त्रास होत नाही. मला मशेरीची सवय आहे. हया आजाराचा त्रास मला थंडीतून खूप जास्त होतो व जेवणात आंबट आल्यानंतर होतो आणि मूख्य कारण म्हणजे मानसिक ताणतणाव ही या आजाराची लक्षणे आहेत असे मला वाटते या आजारा व्यतीरीक्त मला दूसरा कुठलाही आजार नाही.
मासिक पाळी वेळच्यावेळी येते.

Case 3 **Dr. Kamlesh Jain**

Marathi Typed of Original History

माझे नाव माझे षिक्षण दहावी जन्म दि.१८.०१.८४ असून माझे आजचे वय वर्श २९ आहे मी ता. राजगुरूनगर जि.पुणे मु. पोश्ट वाषेरे या गावची राहणारी मी एक विवाहीत असून २००१ साली माझे लग्न झाले आहे माझे २ कुटूंब एकत्रीत आहे व मला तीन मूले आहेत.

मला हा आजार लहानपणापासून आहे. सुरूवातीला योग्य उपचार न मिळालयामूळे हया आजाराचा त्रास वारंवार होत असे पण आता वारंवार त्रास होत नाही पण पूर्ण बराही होत नाही आजार सूरू होताना सूरवातीला लहान फोडी येऊन नंतर त्यांचा विस्तार होत जातो पण त्यामूळे खाज येणे किंवा मळमळणे असा कुठलाही त्रास होत नाही. मला मषेरीची सवय आहे. हया आजाराचा त्रास मला थंडीतून खूप जास्त होतो वा जेवणात आंबट आल्यानंतर होतो आणि मुख्य कारण म्हणजे मानसिक ताणतणाव ही या आजाराची लक्षण आहेत असे मला वाटते या आजारा व्यतीरीक्त मला दूसरा कुठलाही आजार नाही. मासिक पाळी वेळच्यावेळी येते.

English Translation of Marathi History

My Name is Mrs. S. S. S. I have completed the 10th Std.
Date of Birth 18-1-84 and my current age is 29 years.
I reside at R., Dist. P. I am a resident of village Post W.
I got married in 2001. My family is a joint family and I have three children.
Mobile No. ---
I have this disease since my childhood.
Initially due to lack of proper treatment, the disease was frequent but now it is not frequent but there is no complete cure.
When the disease starts, it starts with small blisters which go on increasing in size but it does not cause any trouble like itching or nausea.
I have a habit of Masheri (a form of tobacco)
The illness increases very much in the cold season, after sour food and the main cause is mental stress that is what I feel.
I have no other illness. Menses are regular.

Standardized Case Record (S. C. R.) Data

SCR Record: Reg No M/323/13 **Date of Case Taking: 19.11.13**

Preliminary Data:

Name: Mrs. S. S. DOB: 18/1/84 Age / Sex: 29/F Occupation: Housewife

Education: Xth Standard Status: Married, 2001 Religion: Hindu, Non-veg

Fa: 58 years / Dabawalla (Delivers tiffins to office-goers) Mo: 50 years / Works as a housemaid

Case 3 **Dr. Kamlesh Jain**

Siblings: Bro- 26 years / Dabawalla, Bro 20 years / Gym Trainer, Sister: 26 years / Married / Housewife

Spouse: 30 / Driver

Children - 2 Daughters: 7 years / Studying in Standard IV, 5 years / Studying in Standard I

Chief Complaint:

LOCATION, AREA, DIRECTION, SPREAD, TISSUE, ORGAN,SYSTEM & DURATION	SENSATION & PATHOLOGY	MODALITIES A.F.< , >	ACCOMPANIMENTS STRICT TIME RELATION
Skin since 8 to 10 years of age(Generalized +Extensor) Onset: Sudden F:1-2 times/Year D:2 Months Max Current Episode since 2-3 months but increased since 1 month	Maculo-papular Eruptions Scaling Itching Dry No Discharge / Bleeding	<Mental Stress <Winter3+ <Sour2+ >Allopathic Treatment	

Patient as person:

Wound Healing: N with Scar: +

Hair fall++ / Dandruff ++: white due to psoriasis

Eyes: squint (Left)

Perspiration:profuse. No odour /stain Appetite: Reduced due to anxiety of disease since marriage

Desire: sweets/sour2+ / egg2+ / spicy / Mango Aversion: chicken / meat

Food<: sour2+ / curd+ / pickles+ -Skin c/o

Case 3 **Dr. Kamlesh Jain**

Stool: Normal Urine: Normal

Menses: Regular, scanty flow FMP: 15 years LMP: 6/11/13

Cycle: 28 days duration: 1-2 Rest: NAD
Leucorrhoea: increased since 1 to 2 years

White, odour++, sticky, stains – white, delible. Aggravation 2+: 3 -4 days of menses 2

Leucorrhoea causing itching >cold

Sexual function: Frequency: 1-2 times / year

Husband: Stays in Mumbai ; Visits once in a year- During Sex he is mechanical

Obstetrics History G3P3 All unplanned pregnancies

2 FTND and 1 LSCS due to breech presentation.

Sleep disturbed due to thoughts of life- Tensions; Position of Sleep Lateral side

Anxiety - Disease, Unrefreshing Sleep 3+ Dreams: No sound Sleep so no question of dreams

<2+bus-Vomting-Long distance

<2+-sun- Headache

<2+winter-skin – cracks - Bleeding

Thermals: Fan: summer-5, winter - 0
Covering: Summer - O, Winter - thick, Rainy thick (up to neck)
Woolen: + (village)

Bath: cold-Summer, Winter / Rainy

Thermal state: Chilly

Life Space

29 years old female patient came for interview alone. She is lean, thin, short with wheatish complexion, triangular face, expression of marked irritability on face 2+, clenched teeth during interview, appeared to be reserved 3+, and most of the time she looked downward with no eye contact. She was wearing a simple saree.

Maternal Family:

Case 3 **Dr. Kamlesh Jain**

Her maternal family consists of father (Fa), mother (Mo), 2 younger brothers and 1 younger sister. The patient is the eldest amongst the siblings in the family.

Fa: Dabawalla by profession, has a calm nature. Occasionally used to get angry. The patient has good relations with him.

Mo: worked as a Housemaid and has stopped since the last 2 yrs. She is very good-natured and has good relations with the patient.

Brother (Bro) 1 - 26 years old, studied up to 9th STD. Working as a Dabbawala like his father. He is very good-natured and has good relations with the patient.

Bro 2 - 20 years old, studied up to B.Com and is working in a gym. He is very good-natured and has good relations with the patient.

Sister (Sis) - 24 years old, studied up to 8th STD, got married and settled in A. She is calm by nature and has good relations with the patient.

Childhood

Patient was born in Mumbai and stayed here till the 4th standard. After that she went to village with her mother (because Mo had conceived again).

She got the 1st episode of Psoriasis when they shifted to village.

From 5th to 10^{th} STD, she stayed in a joint family at the village. Her nature was enthusiastic (utsahi), happy- go- lucky, easy mixing and she was good in studies.

The second flare-up of Psoriasis came in the 10th standard when she could not attend school for 1.5 month due to which she failed the exams. She wanted to study further but Fa refused and she had no support also from her mother.

The third flare up of Psoriasis came at the age of 18yrs in 2001 when she was married and stayed initially in Mumbai, latter shifting to the village in a joint family consisting of Brother-in-law, his wife, Mother-in-law, the patient and her husband. At the time of marriage she was getting irritable and anxious whether opposite person will like me or not.

Her in -laws family consists of -

Mother in law (MIL): Her nature was extremely irritable. The patient described her as a hot-tempered, useless lady who was easily angered! The patient never had good relations with her.

The mother-in-law always looked angry. NO relatives were on good terms with her MIL in the village. She used to be alone, living in her own world.

MIL blamed the patient when she got the episode of Psoriasis after marriage and said to her, “Why did you get married with such a disease?”

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Also MIL misunderstood about the disease. She told the patient that her skin is spoiled and she has a bad disease. MIL used to keep patient's clothes separate. The patient believes her to be of the old, orthodox mindset.

For almost 1 to 2years after marriage, no treatment was done for the patient's Psoriasis. MIL didn't pay any attention to it. She was concerned only about work. The patient used to suppress all her emotions, would cry alone. But internally she used to be very angry on MIL and kept brooding over issues with MIL constantly and that resulted in suicidal thoughts though she did not attempt.

She shared everything while looking downward and controlled all her emotions which were visible to PP.

The patient was rejected in the village due to her husband's extra-marital affair and while describing this, there was intense anger on her face about husband and MIL which was visible through her clenching her teeth and fist with restless legs.

She felt that somebody should have supported her but no one came to help 'Would one not feel bad if the family did not support?'

Brother in law (BIL) 1: Farmer. Irritable by nature, does not have good relations with the patient.

Sister in law (SIL) 1: Housewife: OK-OK relationship.

BIL 2 and SIL 2: Stay at Mumbai, have good relations with the patient.

The patient feels that if one stays at a distance then relationships will always be good.

Husband: Driver. His nature is different he is good or irritable difficult to understand.

9-year old Son: Calm and playful.

7-year old Daughter: Calm

5-year old Daughter: Jovial and Playful

IPR with children good.

The patient's nature is reserved and easy to anger. She desires to be alone, feels loneliness all the time, she is reserved, irritable and has suppressed emotions of anger. She has anxiety about her disease and its recovery. There is a difficulty in her self-image due to Psoriasis which causes irritability and negative thoughts due to the disease.

<u>Data from Mother after completion of case:</u>

Case 3 **Dr. Kamlesh Jain**

The patient is cool and calm and never expresses anger. MIL used to trouble her due to her nature of doing fast work. MIL wanted everything slow. Because of frequent issues with MIL she got 2 to 3 flare-ups of skin complaints. Finally one day the MIL cooked up some blame of theft and removed her from the village.

'Nothing further to add' was the theme.

Is reserved and finds it difficult to express easily.

Important Observations during case-taking:

Throughout the interview the patient had anger on her face, clenching of teeth, restless legs.

After completion of the case the physician asked her if she wanted to add anything. She said, "You have taken the entire history, now what is there is to add?", also adding, "Why should I alone get this disease?" She also informed that she had read the history form 3 to 4 times and felt that she should express all the events of her life truthfully. Before conclusion of interview, she thanked the physician that after expressing the whole story of her life she was feeling much better and she has never shared all these events of her life with anyone.

One peculiar observation - during the whole case taking, in response to every question she would 1st say "nothing more to add!" and then would narrate the whole story in detail with a variety of above-mentioned facial expressions. But it was very difficult to allow her emotions to open up and get the data. Reservedness was felt throughout the case-taking; in spite of data there was a feeling that something was still missing in the case.

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Follow-Up Criteria:

1. Mood
2. Sleep
3. Appetite
4. Itching
5. Old Eruptions
6. New Eruptions
7. New C/O -If any

Follow Ups:

Date	1	2	3	4	5	6	7		Prescription
27.11.2013	N	N	N	>+	>+	0	0	Started working in Imitation company at Andheri	A
5.12.2013 to 2.1.2014	N	N	N	>+	>+	0	0	Overall 25% better	Ct all
15.1.2014	N	N	N	>50%	>50%	0	0		B
29.1.2014 to 20.2.2014	N	N	N	>50%	>50%	0	Hair Fall	Overall 50% better	Ct all

20.2.2014	N	N	N	Increased	>2+	0	s		C
5.3.2014	N	N	N	>2+	>2+	0	>2+	Over all >75%	Ct all
19.3.14 to 30.7.2014	N	N	N	>3+	>3+	0	>3+	Joined as Maid	Ct all and Report sos from 30.7.2014

A Journey to Unprejudiced Observation: The ICR way

Case 4 **Dr. Madhavi Tamboli**

OBJECTIVES

1. Learning to sensitively receive conflicts of distressed parents of a differently abled adapted 'problem child' by practicing non confrontation and guiding them to appropriate authorities and experts.
2. Experiencing and understanding the needs of a coquettish adolescent of freedom, recognition, attention, sexuality and the resultant conflict w.r.t. the culture of the family, who value education and discipline.
3. Importance of the knowledge of child Psychology and Psychiatry in establishing nosological diagnosis in a case presenting with complex mental expressions and its implications on case recording, symptom classification, totality formation and remedy selection.
4. Importance of various SCR tools (CSEF/MSR/CI/EET) in stabilizing a physician in the flood of data.
5. Experiencing the importance of love, care and guidance by enhancing self-esteem in modifying patient's behavior to unlock the inner potential for better adaptation in an adolescent.
6. Experiencing the power of the similimum and studying effects of different potency scales in management of academic and behavioral issues.
7. Understanding the effect of appropriate posology in the management of academic and behavioural issues.

EXHIBIT 1

Summary of the information obtained before and during screening + history

Directives

1. Go through the history, identify the needs of the child and expectations of parents. Focus on the resultant conflict.
2. What is your feeling state after going through the history w.r.t. the patient, parents and family members?
3. Would this feeling state influence your case receiving?
4. Present your comprehensive problem correlation considering the clinical state, disposition and environment.
5. Suggest a suitable interview plan and difficulties anticipated.

This case was referred to us by the Principal of VM school where we had oriented the teachers for identification of academic and behavioral problems in children.

Screening:

Her mother came alone for the first visit. The patient was reluctant to come to the hospital as

she knew that she would be counselled, as this was not the first time this patient was counselled for academic and behavioral issues. She had taken allopathic medicines for two years for attention issues. Parents had also tried remediation and personalized tuitions, but the patient did not go for any classes. She hated studies and any discussion related to it.

As the patient was in the 9th standard now, her mother was very anxious about her future. The patient missed the school frequently on some pretext or the other. All her classwork books were incomplete. Her written work had many spelling mistakes. On the brighter side, the patient had a good memory and a fair grasping capacity.

Her mother complained of the patient's inattention in studies, temper tantrums and constant mobile phone handling. She was hopeful that Homoeopathy would help her daughter, but also skeptical about the latter coming to the hospital for treatment.

History written by the mother

नाव: र.ल.न. पत्ता: ड .जन्मदिनांक 20 मार्च 2003, (F), धर्म / जात लावत नाही.

शाळा: डी. , इयत्ता ९

आहार: शाकाहारी, चॉकलेट्स फारसे नाही (सध्या सोडले आहे - आजोबा वारले म्हणून, बिस्किट खायचे असल्यास कधीतरी चहा. कधीतरी मूड असेल तर कॉफी (Café Mocha, Capuchino or / Nescafe)

सध्याच्या कुटुंबाची माहिती

१) वडील: ४७ , पत्ता वरीलप्रमाणेच , मुलांशी संबंध गोडीचे, लाडाचे, प्रेमाचे, कधीतरी तिच्या हट्टामुळे चिडणे.

२) आई: ४१, पत्ता वरीलप्रमाणेच, मराठी प्रोफेसर,मुलांशी संबंध तसे लाडाचे, प्रेमाचे,पण वेळेची मर्यादा आणि तिचे वागणे त्यामुळे कधीतरी चिडचीड- मारणे.

३) आजी: ७५, वरीलप्रमाणेच, गृहिणी, मुलीशी संबंध तणावाचे, तिचे वागणे आवडत नाही, तीही उलट बोलते, कधी लाडातही येते. आजी काही वेळा सतत, अति बोलते, नको तेव्हाही बोलत राहते. मग ती अंगावर धावून जाते. तिला ढकलते.

४) मृत व्यक्ती (आजोबा)- मृत्यू : २९ मार्च २०१४, मृत्यूसमयी ८०, मृत्यूस दिड वर्ष झाल. Retired पण सामाजिक कार्यात active होते. लहानपणी तिचे खूप लाड, खूप कौतुक. पण पुढे तिच्या वागण्यामुले सारखी भांडणे व्हायची. खूप चिडायचे . ते ही हट्टी होते. पण ते सोडूनही लगेच द्यायचे. विसरायचेही. पण दिवसभर खटके उडत.

५) आताआतापर्यंत - काका (५४), नौकरी, काकू (५०), गृहिणी (B.Sc), दादा (२४) ,B.E. M.Tech

मुलीशी संबंध लाडाचे , खेळीमेळीचे,सध्या वेगळे पण खालच्याच मजल्यावर राहतात. वेगळे

Case 4 **Dr. Madhavi Tamboli**

होण्यामागे भांडणे नाहीत. पुढील दृष्टीने ठरवून घेतलेला निर्णय.

दिनचर्या- सकाळी शाळा (७: ०५ ते १२:१०), नंतर जेवण, TV or mobile, दुपारी क्वचितच क्लासला जाते ३:३० ते ५:३० , बऱ्याचदा बुडवते (त्यादिवशी झोपते संध्याकाळपर्यंत), आठवड्यातून दोन दिवस डान्स क्लास. एप्रिलपर्यंत व्यवस्थित जायची. त्यानंतर सुट्टी होती कथ्थक क्लासला. जूनला सुरु झाल्यापासून अजूनपर्यंत गाडी रुळावर आलेली नाही. आतापर्यंत ५-६ वेळच गेली असेल. संध्याकाळी मैत्रिणींबरोबर भटकणे कधी ८:३०, ९:०० , ९:३० तर कधी १० पर्यंत.

भरपूर वेळ online or whatsapp (शाळेनंतर झोपेपर्यंत mobile हातात) अनेकदा उरकतानाही mobile वर मोठ्या आवाजात English गाणी.

आहार-

सकाळी- शाळेत जाताना काही घेत नाही. डबा नेते, त्यात पोळी भाजी नको, न नेल्यास शाळेत वडापाव. दुपारचे जेवण-कधीतरी दोन पोळ्या-भाजी खाते.

संध्याकाळी- पूर्वी आईने दिलेला खाऊ (घरची शेवपुरी, चिवडा, सॅन्डविच, बटाटा चिप्स, कधी शिरा, कधी मॅगी खायची. दाबेली, सेवपुरी, डोसा, सॅन्डविच- हल्ली मैत्रिणींबरोबर बाहेरच, हट्टाने भांडून पैसे नेते.

रात्री- आईच्या हाताने जेवते. तेव्हा व्यवस्थित पोळीभाजी, वरणभात खाते, दही- चाक घेते. बऱ् याचदा दुपारीही. ते आवडते. फळे रोज खात नाही. बरीचशी आवडत नाही. फक्त सफरचंद सोलून दिल्यास, डाळिंब दाणे, आंब्याच्या दिवसात <u>आमरस</u> (फोडी नाहीत) संत्री मोसंबी ज्युस form मध्ये कधीतरी.

प्रमुख तक्रार

1. अजिबात अभ्यास आवडत नाही, शाळेव्यतिरिक्त घरी दफ्तरही उघडत नाही. पूर्वी लिहायला नको असायचे. सहावी / सातवी पर्यंत आम्ही सूचना, प्रश्न लिहून द्यायचो. ती उत्तर लिहायची. तिला झेपेल तेवढेच रोज एकाच धडय़ाखालचे प्रश्न लिहायला द्यायचो or गणिताचा एखादा exercise, homework खूप दिलेला असला तर आम्ही pending list बनवून रोज थोडा करून घ्यायचो. कायम धडे आम्हीच वाचले. उत्तरे underline करून द्यायचो. ती बघून लिहायची. नेहमी नाही पण कधीतरी उशीर होतोय तू अभ्यासाला सुरुवात कर म्हंटलेवर स्वतः करायला घ्यायची. निदान परीक्षेच्या आदल्या दिवशी जो portionअसेल तो cover करेपर्यंत माझ्या जवळ तोंडीं अभ्यास करायची. सांगितलेली उत्तरे repeat करायची आणि papers बर् यापैकी लिहून यायची. सातवी पर्यंत आम्ही असा अभ्यास केला. ते करताना तिने तिसरी ते सातवी Young Learner's English (Communicative English) हा course ही केला. त्यात पहिली आली. त्या क्लासचीही कधी कधी टाळाटाळ करायची. पण situation ok होती. हट्टाने कथक लावला. पहिल्या दोन exam पर्यंत sincere. आता बुडवणे चालू. पण त्यातही Theory तिची teacher चे ऐकून पाठ करायची. बोल हे स्वतः खूप छान म्हणायची. आता कथ्थक चा 'क' ही काढत नाही. शाळेतला ABG Production चा workshop (अभिनय कार्यशाळा) तीन वर्षे केला. पहिली दोन वर्षे तिला तो

workshop खूप आवडायचा. दर शनिवारी न चुकता जायची. तिसर् या वर्षी कंटाळा केला. मग सोडला. गेल्या वर्षी German Language शाळेत स्वतःहून लावला. पहिले सहा महिने Basic खूप छान केला. न कंटाळता सकाळी जायची दर रविवारी. पण written exam जमली नाही. Fail. पण Teacher चे impression खूप चांगले होते. त्यांचा result वर विश्वास बसला नाही. त्यांनी out of the way जाऊन Advance German ला घेतले. ती admission हवी होती तिला, पण नंतर class नीट केला नाही. Result fail. (उत्साह, आरम्भ करता पण मेहनत आवडत नाही.)
सध्या कुठलाच परीक्षेचा अभ्यास करत नाही. अगदी आदल्या दिवशीही नाही.
माझे मी बघून घेईन, तुला काय करायचेय, तू चूप बस, जा ना, ही उत्तरे. अभ्यासाच्या अडचणी ती पहिलीत असल्यापासूनच जाणवत आहेत. पूर्वी आमच्या प्रयत्नांना तिच्याकडून निदान 50 to 70% सहकार्य मिळायचे. आता आम्ही फक्त धावपळ करून तिच्या मागे लागून कसे बसे शाळेत पाठवतो. तिहीं आठवड्यातून एकदा बुडतेच. माझे वडील 14 ऑगस्ट ते 25 ऑगस्ट आजारी होते. 25 ऑगस्टला वारले. 6 सप्टेंबरला दिवसकार्य संपले. या काळात खूप समजावूनही तिने शाळा बुडवली. शाळा बुडू नये म्हणून तिचा बाबा तिला घरी घेऊन आला होता. घरी बाबा, काकू, आजी सगळे करायला असूनही ती शाळेत गेली नाही. पुढे ते वारल्यावर तिकडेच सगळ्या नातेवाईकांबरोबर १३ दिवस राहिली. (मी आणि तिचे बाबा मात्र त्याही परिस्थितीत जमेल तसे office करत होतो, ती मात्र घरी राहिली)

2. शाळेत रोज late. दीड वर्ष ती रोज उशीरा जातेय. आता ती त्यासाठी famous होईल.
3. ती म्हणेल तेच खरे. बर् याचदा असहाय्य होऊन तिचे ऐकावेच लागते. गोंधळ, वस्तू फेकणे, भांडणे नकोत म्हणून शेवटी ते करावे लागते. हट्ट अनेकदा फालतू गोष्टींसाठी असतो. (मी इथेच बसणार, मी हाच टीव्ही बघणार, इत्यादी).
4. खूप काही असूनही सध्या demands ही असतात. वस्तु हट्टाने भरपूर घेते. Hair bands, Nail paints, काजळ पेन्सिल, कानातले, अगदी pens, वह्या, पुस्तके, dresses, पण तेवढ्या प्रमाणात वापरत नाही. सगळ्याचाच कंटाळा.

<u>शारीरिक तक्रारींमध्ये</u>

1. Physically weak, पाठ दुखते लहानपणापासून
2. तोंडात बोट घालायच्या सवयीमुळे दात पुढे, दात अतिशय अस्वच्छ ठेवते (खूपदा सांगूनही) पूर्वी उच्चार स्वच्छ होते, आता जीभ जड, क्वचित stammer, कुठल्याही कामाचा प्रचंड कंटाळा, केस धुण्याचाही कंटाळा, केस वाढवायचे वेड आहे पण धुणे नाही, रोज उदयावर ·: कोंडा इत्यादी.
3. उठताना वेळ लावते. लगेच उठलेकी डोक्यात झिणझिण्या येतात अशी complaint. सकाळी उठतो तेंव्हा tubelight लावायची नाही. (नखे कापायला लहानपणापासून त्रास द्यायची. आता वाढवायचे वेड लागले आहे. खूप वाढवते. भरमसाठ nail paint, nail art चे पेन घेऊन ठेवले आहेत. पण तेही हौसेने वापरत नाही. नखात घाण असते.)

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<u>व्यक्तिगत माहिती</u>

१. उंची ५ फूट, वजन ४० किलो

२. खूप प्राविण्य कशातच नाही डान्स शिकते, अभिनय कार्यशाळा केली पण ती फार चांगली dancer वा Actor नाही, उलट केला तर अभ्यासात बरी आहे.

क. तिच्या अभ्यासाचा विषय जर कुठे निघाला नाही तर ती सगळ्यांशी (घराबाहेर) चांगली वागते, बोलते. बाहेर कुणी काम सांगितल्यास करते. शिक्षकांशी संबंध चांगले आहेत. तिचे वर्गात लक्ष असते, उत्तर पुढे पुढे करून देते, विषय समजतो असे शिक्षकांचे मत आहे पण वह्या सगळ्या कोऱ्या. न वापरूनही दफ्तराच्या अव्यवस्थितपणामुळे पुस्तके फाटलेली, खिळखिळी झालेली असतात. शाळेत वर्तनासंदर्भातील तक्रारी कधीच नाहीत. उलट ह्या गोष्टी शिक्षकांना समजल्यावर काहींना आश्चर्य वाटते. अगदी head master सरांना ही वाटले. शिक्षकांची कामे करते, त्यांनी मागितल्यावर देता यावीत म्हणून pouch मध्ये सगळ्या रंगाची आणि भरपूर pen ठेवते.

Extrovert, outspoken आहे. भरपूर मित्र-मैत्रिणी. खऱ्याही आणि virtual world (whatsapp) वरही. अख्खी शाळा ओळखते असं सांगते. मैत्री व्हायला वेळ लागत नाही. फक्त इतर मुले स्वतःच सगळे सांभाळून करतात फिरतात ते समजात नाही. एखाद्याच्या आहारी जाण्याची वृत्ती. पण खूप social आहे. सगळ्यांना मदत करायला आवडते (फक्त घरातल्यांना नाही). माझ्या college मध्ये, बाबांच्या office मध्येही खूप जण ओळखतात. N.S.S. activities college च्या करायला आवडतात. Camp मध्ये सगळ्या activities करायला आवडतात. Street Play मध्ये भाग घेते तेंव्हा ती लिहायचा प्रयत्न करत असते.

3. अ. अन्न: आवडीनिवडी प्रचंड. विशिष्ट ठिकाणचीच विशिष्ट गोष्ट खायची. दुसरीकडची वा दुसऱ्याच्या हाताची चालत नाही. आम्ही गमतेने As per Directive Principles of Constitution हा पदार्थ बनवलेला आहे असं म्हणतो.

पेय: दूध नाही / ताक खूप आवडते पण , मसाला नाही. सरबत आवडते , soft drinks पण (coke). उसाचा रस मनापासून आवडतो.

ब. थंडीत कोमट, गरम पाणी पण बऱ्याचदा थंड पाण्यानेच shower घ्यायला आवडते (सतत पंखा Full speed, TV-Radio, Mobile वापरताना आवाज मोठा

कपडे western , पांघरून: कार्टूनची रजई, झोप sound-स्वप्न फारशी पडत नसावीत, कधी सांगत नाही, ठरवले की switch off केल्यासारखे पटकन झोपते. Bore झाल्यास दुपारी झोपते. झोपेतून उठवने आपल्या सहनशक्तीचा अंत पाहणारे.

बाकी overall smartness, English चा complex नाही. बोलायचा प्रयत्न सुरु असतो. Scooty चालवता येऊ लागलीय. Cycle येते. पूर्वी आवडायची. आता कंटाळा. पुस्तके घ्यायला लावते. वाचते असा तिचा दावा असतो. आम्हाला वाचताना दिसत नाही. अशात Chetan Bhagat, The Secret Seven घ्यायला लावले आहे. कामे आवडत नाही पण सांगितल्यावर डोके दाबने, पाय दाबने अशी मदतही करते. अभ्यास हा विषय काढला नाही तर आईशी गोडीत, लाडात असते.

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3अ लहानपणी शाळा-शाळा, Teacher-Teacher खेळायला आवडायचे. तेंव्हा तिच्या समोर बसून शिकावे लागायचे. त्यातच आम्ही तिचा अभ्यासही करून घ्यायचो. Black-board घेऊन दिला आहे. लहानपणी खूप खडू घ्यायची. बोर्डावर लिहायची. एकटीही शाळा-शाळा खेळायची.

Clay, Drawing chalks, Sketch pens सगळे भरपूर, पण त्यात रमली नाही.

Puzzles,mechano सारखे assemble करून वस्तू बनवायचे games फारशे खेळली नाही. Jwellery making, Art work च्या खेळांचे कितीतरी boxes अजूनही जसेच्या तसे नवे घरात पडून आहेत.

अगदी लहानपणी TV पाहायची नाही. ३री , ४थी ते ७वी TV चे भरपूर व्यसन. घरी आजोबाही दिवसभर TV पाह्यचे. दोघांची भरपूर भांडणे, वेगळे TV असूनही.

1½ वर्षांपूर्वी आधी काकांचा phone आला, गेल्या Nov पासून आमची गरज म्हणून आमचे दोघांचे Android phones आले. तिला phone घेऊन दिल्याशिवाय मला तिने phone घेऊ दिला नाही. काकांचा phone आल्यापासून पुढे TV ची जागा phone ने घेतली आहे. सध्या जवळपास whatsapp चे व्यसन.

प्र ४ क] दात येणे वेळेवर. दुधाचे दात अतिशय सुंदर होते. तेव्हा माझ्याकडून ब्रश करून घेत असल्याने एकही दात कधीही किडला नाही. ते दात पुढे नव्हते. (अजून काही दात पडले नाहीत. आतून दुसरे दात येतात. खूप वेडेवाकडे आले आहेत). तोंडात बोट घालून मूळचे पातळ ओठ जाड झाले आहेत. या २-३ महिन्यात बहुतेक ती सवय सुटल्यासारखी वाटतेय.

तिला १० महिन्याची घरी आणली तेव्हा ती बसत होती. पोटावर पुढे सरकायची. लगेच धरून चालायला ही लागली. पण स्वतंत्र चालायला भरपूर वेळ घेतला. दीड वर्षांनंतर अगदी आम्ही काळजीने डॉक्टरांना विचारायलाही गेलो होतो.

बोलणे वेळेवर. लहानपणी शब्दसंग्रही भरपूर. सुंदर मराठी बोलायची-वेगळे अवघड शब्द ही वापरून चकित करायची. आता सगळे बोलणे धेडगुजरी -English, मराठी mix. पण वेगवेगळ्या भाषा बोलायची आवड असावी. बोलायचा प्रयत्न असतो. German class हौसेने स्वतःच लावला होता. हिंदी येते. गुजराती येते. सध्या कोण्या friend शी whatsapp वर आम्ही Philipino मध्ये बोलतो म्हणून सांगत असते. जे दाखवते ते खरे, खोटे कसे कळणार?

शू च्या बाबतीत bedwetting बऱ्याच काळापर्यंत. अगदी गेल्या वर्षापर्यंत अधून मधून. आता नाही. पण वेळेवर शू ला जायचा कंटाळा करते. त्यामुळे कधी कधी संडासच्या दाराशी कपडे ओले होतात.

शी उठल्यावर बरोबर सकाळी- हे ती लहान होती तेंव्हा होते. बरोबर ठरलेल्या वेळी चड्डी फुगायची. पण शाळेत जायला लागल्या पासून कधीही. कधी दुपारी, संध्याकाळी, रात्री- संडासात खूप वेळ लागतो. खूप वेळ बसते.

<u>इतर माहिती</u>

Case 4 **Dr. Madhavi Tamboli**

१) राग येतो तेव्हा सतत मारून टाकण्याची भाषा. अगदी खूप लहानपणापासून चाकू, काठी हातात घेऊन अंगावर जाण्याची वृत्ती. एकेकाळी माझ्यामागे असे भांडण झाल्यास ही आजी - आजोबांना काही करेल की काय याची सतत भीती असायची. अगदी आजीबाबतही अशीच भीती कधी वाटते.

पण आजोबांच्या मृत्यू नंतर आता त्याचे प्रमाण कमी झालेय. खूप समजावून आता आजीही बऱ्याचदा तिच्या नादाला लागत नाही. तिच्या वाटेला, तिला काही सांगायला जात नाही. तेंव्हा ठीक आहे सध्या.

पण शाळा बुडवून घरी असते तेंव्हा संकट. ∴ दहा वाजेपर्यंत उठत नाही. बारा-एक पर्यंत ब्रश नाही. कितीदा सांगूनही आंघोळीला दोन दोन वाजतात. तोपर्यत खाणे काही नाही. मग जेवण द्यायचे आजीने. तेही २-२ तास चालते. सावकाश. Full speed पंख्याखाली जेवण वाळत पडते. उठल्यापासून TV वा लोळत पडून mobile सतत हातात. कधी कधी आजीचाही पेशन्स जातो. (तरी आम्ही ती घरात नाही असे समजा, मागेल तेव्हा ताट द्या फक्त, असे सांगत राहतो काही बोलायला जाऊ नका, गरज असेल खाईल- पिईल असे आजीला समजावतो).

आजी आमची काळजी करते. आम्हा दोघांची धावपळ, घरकाम, office चा stress, मुलीचे सुख नाही असे वाटते त्यांना. त्यांना आता वाटते की मुले नव्हते, तसेच राहिले असतात आपापले career व्यवस्थित केले असते, निदान हा रोजचा ताप नाही काय करणार?

माझ्या मधल्या दिराची (गोरगाव ला राहतात) मुलगीही adopted आणि हिच्याहून 1½ वर्षच मोठी आहे. ती खूप गुणी, हुशार आहे. सगळ्या कला, खेळ पटाईत. दोघेही हुशार. तसेच घरात आम्ही सगळेच दीर, नवरा, जाऊ, मी अभ्यासात चांगले. Career व्यवस्थित. त्यांना वाईट वाटते आम्ही समजावत राहतो, तुलना करू नका. आमचे नशीब आमच्यापाशी. आम्ही झगडू, लढू परिस्थितीशी असे सांगत राहतो. पण आता आजोबा गेल्यानंतर घरी एकट्याच असतात, काळजी करून moral down होते त्यांचे.

तेवढ्यासाठी आम्ही तिची शाळा सकाळची असेल याची काळजी घेतो. आमच्या मागे शाळेत जात नाही. तिला सोडूनच पुढे निघतो. ती लेट होते बऱ्याचदा. त्यामुळे आम्हालाही मध्ये प्रचंड धावपळ करून पोहोचावे लागते. वेळेवर पोचण्यासाठी गाडी वेगात चालवावी लागते. त्याचे खूप tension येते.

पूर्वी मी ४:३० ला उठून ६:३० ला संपूर्ण तयार राहायची. ती बाथरूम मधून ६:३५ -६:४० ला बाहेर आली की अंग पुसण्यापासून, कपडे घालून देण्यापासून, ब्रश करून देण्यापासून सगळे करून देऊन तिला ६:५५ पर्यंत बाहेर काढायची. तेंव्हा ती शाळा भरण्यापूर्वी पोहोचायची. पण आता शरीर वाढल्यापासून, केस खूप आले आहेत , periods येतात तिचे. असे सगळे करून देणे बरोबर वाटत नाही. तिला आता स्वतःचं सगळे आले पाहिजे असे वाटते. पण ती दार लावून खूप वेळ आंघोळ, बेडरूमचे दार लावून आरामात आवरते (mobile वर music उठल्यापासून निघेपर्यंत सुरु) आपण उशीर होत असूनही helpless असतो.

उठवणे हे तर दिव्यच. ५:४० पासून बाबा सतत मागे असतो. तेव्हा सकाळी ६ ३० ला bed वरून बाहेर येते रोज late.

Case 4 **Dr. Madhavi Tamboli**

Periods जरा लवकरच. ६वी च्या सुट्टीतच आले. Pads लावणे, बदलणं करते. पण कधीच आतले कपडे धूत नाही. रोज धुवायला कारणे तर वर उल्लेख केलेल्या परिस्थितीत शक्यच नाही. सुट्टीत मी मागे लागते तेव्हा कशीतरी २-३ दिवस धुते मग सोडून देते.

TRANSLATION OF MARATHI HISTORY

Name - Miss R. L. N. Address – D., Mumbai Studying in Std. IX

Date of Birth – March 2003 Religion & Caste – Do not disclose

Food Habits – Vegetarian. Chocolates – not many (currently has left because of death of grandfather (Editor – They have a custom to stop eating some food of liking for a year after the death of a close person). Sometimes tea if she wants to eat biscuits. Sometimes coffee if in the mood (Cafe Mocha, Capuchino or Nescafe).

Information about Current Family

1. Father – 47, address the same. Officer in a reputed firm. Affectionate relations with children, sometimes gets irritated due to her stubbornness.
2. Mother – 41, address the same. Asst. Professor, Dept. pf Marathi in a college in Mumbai. Relations with children generally affectionate, but have limited time and get irritated due to daughter's stubbornness, sometimes hit her.
3. Grandmother – 75, address the same. Housewife. Strained relations with the daughter, does not like her behaviour. She also answers back, sometimes behaves very fondly. Grandmother sometimes criticizes her constantly and too much; then she too answers back, rushes at her, sometimes pushes her.
4. Dead Family Member (Grandfather) – Passed away 1-1/2 years back, was 80 then. He was retired but active in social work. Was very fond of R when she was small. But later on had frequent fights with her due to her behaviour. Would get very irritated. He too was a stubborn person, but he let used to let go quickly, even forget it. But had tiffs the whole day through.
5. Also till now: Uncle: (54), Service;
   Aunt: (50), housewife (B. Sc.)
   Cousin Brother: (24), B. E., M. Tech.

   Relations with children very affectionate. Now staying separately but stay in the same building on the floor below ours. Decision of separation not out of fights but a planned one looking at the future.

Daily Routine: School in the morning (7.05 – 12.10), then lunch, T.V. or mobile, rarely goes to class in the afternoon (3.30 – 5.30), mostly bunks the class (then on that day she sleeps till the evening). Kathak Dance class twice a week – was regular till April. They had a holiday in May. Since June till now things have not come to normal – she must have gone only 5 to 6 times till now. In the evening spends a lot of time online with friends on Whatsapp. Mobile in the hand till the night after school. Plays English songs loudly even while attending to personal

tasks.

Food: Nothing in the morning before going to school. Carries a tiffin, but doesn't want chapatti & vegetable in it. Has *Vada-Pav* in school when no tiffin. For lunch – reluctantly eats 2 chapattis with vegetable. Evening snacks – earlier used to eat home-cooked food given by mother – sev-puri, chivada, sandwich, potato chips, sometimes sheera, sometimes Maggi. Now eats outside food with friends – dabeli, sev-puri, dosa and sandwich – fights, throws tantrums and takes money for this. Dinner – is fed by mother. Then ets properly – chapattis, vegetable, dal-rice, curd, chhas – this she likes even in the afternoon. Fruits – does not like many of them, does not eat regularly. Eats only apple if peeled, pomegranate pearls, watermelon (should contain no seeds). Rarely half a banana, mango juice in season (no cuts), sometimes the juice of oranges or sweet lime.

Chief Complaints:

1. Does not like to study at all – does not open books outside school. Earlier she did not like to write. Till the VII Std. we used to write down the directions and questions, she used to write the answers. We used to give her only that much study that she could manage – questions given below only 1 lesson, or exercise in maths. If there was too much homework, we used to make a pending list and gradually get it completed. We only read all the lessons. We used to underline the answers, and she used to write them. Not always but sometimes if told that 'it is getting late and you start to study', she did start. At least on the day before the exam, she revised the portion orally with me. Repeating the answers told to her. She used to attend the papers fairly well. We studied like this till the VIIth Std. From the 3rd till the 7th Std. for 5 years she also the Young Learners' English Course (Communicative English) and stood first. She tried to shirk even that class, but the situation was okay. She insisted on joining the Kathak class. She was sincere for the first 2 exams, but now she tries to avoid it. Even in Kathak she could by-heart the theory just by listening to the teacher; used to recite the rhythms very nicely. Now does not utter even the 'ka' of Kathak! For 3 years she attended the school workshop for acting. She liked it and attended every Saturday without fail. She was reluctant to attend in the third The last rites were over after 10 days, and then she left it. Last year she joined the German language class on her own in the school; for the first 6 months did the basic course very well, attending every Sunday without fail. But she failed in the written exam. But the teacher had a very good impression about her, he could not believe the results. Going out of the way he gave her admission for the Advanced Class. She did want the admission, but later on did not attend the classes regularly and failed as a result. (She is enthusiastic at the beginning, but does not like to work.)
   Now does not study for any exam, not even on the previous day.
   We get the answers, 'I will look out for myself', 'Why are you bothered?' and 'Go away'! We have sensed some scholastic difficulties right since the first Std. Earlier we used to get at least a 50 – 70 % response from her. Now we have to exert a lot just to

send her to school. Even then she misses school at least once a week. My father was ill for 15 days in August, passing away on the last day. The last rites continued for 10 days. Despite our trying to persuade her otherwise, she missed school during this period. Her father had taken her home so that she can attend school. She did not attend school even though her father, aunty and grandmother were looking after her. After my father's demise she stayed in my maternal place for 13 days with all the relatives. (Her father and I continued attending office in this period, but she bunked school.)

2. Every day late in school – for 6 months continuously! Now she will be famous in school for this!
3. Whatever she says has to be done! Often we have to follow her dicta out of helplessness! We have to do it to avoid tantrums, fights or her throwing things. Often it is for some
4. There are continuous demands even though she has plenty. She buys too many things by throwing tantrums. Hair bands, nail paints, Kajal pencils, earrings, even pens, notebooks, books, dresses. But does not use them to that extent. Lazy in everything!

Physical Complaints:

1. Physically weak, backache since childhood.
2. Has the habit of putting fingers in the mouth, leading to protruding teeth. Keeps teeth very unclean (despite repeated advice). Earlier had a clear pronunciation, now it is slurred, occasionally stammers. Is lazy about all work, even a hair-bath. Loves to have long hair, but goes on postponing hair-bath to the next day! So has itching and dandruff.
3. Takes time to get up. Complains of fuzziness in the head if gets up immediately. We cannot put on the tube light when we wake her up. (Since childhood used to trouble while cutting her nails. Now wants to increase nails – to extra-ordinary lengths! Has bought too many nail paints and nail art pains. But no enthusiasm to use them. Nails are dirty.)

Personal Information:

1. Height – 5 '. Weight 40 Kgs.
2. Not much skill in anything. Learning dancing, has participated in an acting workshop but she is not a good dancer or actor. Actually better in studies when does study.

   She behaves well outside the house if the subject of her studies does not come up. Outside, does the tasks requested by someone.

   Has good relations with the teachers. Attentive in the classroom. Tries to answer before anyone else. Teachers think that she understands the subjects well. But all the notebooks are blank. Even without use, the books are torn or dilapidated because of not keeping them well. No complaints about her behaviour in school. On the other hand, some teachers, even Desai Sir (the HM) are astonished to learn these things. Does tasks set by teachers. Keeps a good supply of pens of all colours so that she can give them when the teachers ask.

   She is extrovert and outspoken. A lot of friends of both sexes, actual as well as virtual (on the Whatsapp). She says that the whole school knows her. Takes no time in making

friends. But does not realize that the other children do all this, or roam about after doing their own work. Tends to be easily influenced. But she is very social and likes to help all (except the family). Many persons know her in my college, or her father's office. Likes to participate in the college N. S. S. activities. Likes to participate in all the activities in the camp. Even wants to write the street play when she participates in it.

3. Food Habits: Has too many likes and dislikes. Specific foods wants to eat only from specific places. Does not like from other places or cooked by someone else. We say in fun, 'this has been prepared as per the Directive Principles of Constitution'.
   Drink: No milk. Likes Chhas very much, but plain, without any spices. Likes Sherbet and soft drinks, likes sugarcane juice very much.
   In winter has a bath of warm or hot water, but mostly like to have a cold water shower. (Constantly has fan on full speed, very loud volume while using TV – radio or mobile.) Likes western clothes, blanket with cartoons, has sound sleep. Most probably has no dreams, never tells us. Once she decides she sleeps as if switched off. Sleeps in the afternoon if bored. Waking her up taxes our tolerance.
   Overall she is smart. Has no complex about English, continuously tries to speak English. Has learnt to ride a scooty. Can ride a bicycle, earlier used to like it, now is bored. Makes us buy books, claims that she reads them, but we never see her reading. Makes us buy Chetan Bhagat, 'the Secret Seven'. Does not like to do work. But if nothing is said about studies, is cordial with mother. If requested, will press the head, or feet. We have bought her a black-board. In childhood used to take a lot of chalks, to write on the board, even play 'school' alone.
   Has had a lot of plasticine, drawing chalks, sketch pens – but she never liked them much.
   She did not much to play games, like puzzles or mechano which need you to assemble things. Many boxes of games of jewelry-making or art-work are still lying at home, unopened.
   Did not watch the T.V. when very small, but almost an addiction of watching TV from the 3rd to the 7th Std. The grandfather also used to watch the TV for the whole day. Both had many fights over it, even though they had separate TVs.
   Her uncle had his mobile 1-1/2 year back. Last Nov. we both bought Android mobile perhapsphones for our work. She did not let me use my phone till we bought her a phone. The mobile has replaced the TV since it has come. Now almost an addiction of Whatsapp!
4. Teething was in time. Milk teeth were beautiful. Then I was brushing her teeth so no caries, and no protruding teeth. (Some milk teeth have not fallen still, the teeth come behind the milk teeth, and are very crooked.) The originally thin lips have thickened due to putting fingers in the mouth. These 2 – 3 months that habit seems to be forgotten. She was sitting at 10 months when we brought her home. Used to crawl on her stomach. Started walking holding on to objects, immediately afterwards, but took a long time to

walk independently. Out of concern we even visited a doctor after she became 1-1/2 years old.

Started talking on time. In childhood she had a large vocabulary. Used to talk beautiful Marathi, astonishing us by using difficult words. But now its all a hotchpotch of English & Marathi. But I think she has a liking for speaking many languages. Tries to speak English, had joined the German class on her own, knows Hindi and knows Gujarati. Currently tells us that she communicates in Philipines with some Whatsapp friend. How do we know if it is true?

About urination – bed-wetting for a long time, even occasionally till the last year. Now it has stopped. But is lazy about going to the bathroom in time, so sometimes wets her clothes at the bathroom door.

Stools were very regular when she was small. But they have become irregular since she has started going to school. Goes any time – in the afternoon, evening or night. Takes a long time in the toilet.

Other Information:

1. When angry, continuously threatens to kill. Right since childhood has a tendency to take knife or a stick – whatever comes to hand – and rush at the person opposite. Earlier she used to be after me. There was a constant fear that she will injure the grandparents. Now sometimes we have this fear about her grandmother.

   But this has reduced since her grandfather passed away. After a lot of persuasion her grandmother, too, does not bother her. So currently it is better.

   But there is danger when she bunks school and stays at home! She does not get up till 10 a.m., does not brush till 12 – 1 o'clock. However often you remind her, she does not go for her bath till 2. Till then no food! Then the grandmother serves her lunch, which lasts for almost 2 hours, slowly. The lunch dries up beneath the full-speed fan! TV or mobile is on since waking up. Sometimes even her grandmother loses her cool! (We go on counselling her grandmother to ignore her as if she is not in the house, to serve her food only when she asks for it, she will ask for food or drink when she is hungry, etc.)

   Her grandmother is concerned about us. She feels that both of us exert a lot, have a lot of office stress, do housework, and have no satisfaction about the daughter. Now she feels that there was no child but even then we could have progressed in our careers, at least this daily headache could have been avoided. But what to do?

   My younger brother-in-law (stays at G) too has adopted a daughter, who is elder to ours by about 1-1/2 years. She is very good and intelligent, expert in all arts and games. My nephew too is very intelligent. In the house all of us – my brother-in-law, husband, sister-in-law, myself – all of us have been bright in our studies, and have good careers. So my mother-in-law feels bad. We go on telling her not to compare, that our fate is ours, that we will fight the situation. But after the demise of my father-in-law during the day she is alone in the house and her morale goes down worrying about this.

   Due to this we try to keep her in the morning school. She does not go to school after

we leave. We leave her in the school and then go to work. She is often late. So we too have to rush about a lot to reach the office in time, have to drive the car fast. Even that creates tension.

Earlier I used to get up at 4.30 a.m. and remain completely ready by 6.30. When she came out of the bathroom by 6.35 – 6.40, I did everything from brushing her teeth, drying her (after the bath) and dressing her, and take her out of the house by 6.55. Then she reached school in time. But now that she has physically grown up, has a lot of body hair, has her periods – now it does not seem proper to attend to her in this manner. I feel that she should manage to attend to her cleanliness. But she takes a lot of time for bathing, closes the bedroom door and takes a lot of time for dressing (music is going on the mobile from when she gets up till she leaves). We are helpless even though we are getting late.

It is a great task to wake her up. Her father is waking her up since 5.40, and she leaves the bed at 6.30. She late to school every day.

Periods started somewhat early – in the holidays after the 6th Std. Changes the pads on her own.

But she never washes her inner clothes. In all the above-mentioned situation, it is not possible to make her wash them every day. In the holidays I keep on after her, then she washes them for 2 – 3 days, then leaves it.

Case 4 **Dr. Madhavi Tamboli**

EXHIBIT 2 - SCR Data + Life space data

Directives

a) Identify the location taken by the physician during the interview.
b) What are the roles the physician has played in this case? Enumerate the sensitive areas of the physician.
c) Identify the technical skills used by the physician and the blocks encountered by the physician.
d) Present your comprehensive clinical diagnosis, person diagnosis and miasmatic diagnosis.
e) Fill up following pages of SCR:
    1. Life space Table
    2. Mental state SCR and identify mental characteristics
    3. CI
    4. E.E.T
f) Select the suitable approach with reasons and present your totality, planning & programming and TPD-TPR.
g) What ancillary measures, education and orientation would you like to consider while managing the case?
h) What are the challenges that you anticipate while managing this case and the steps that you would take to overcome them.

SCR

Preliminaries Date of case taking: Oct 2015

Name: RLN

Age: 12 years, female, student, 9th Std, Vegetarian

Caste / Religion: Parents do not believe in caste system.

Father: 47 years. Service Mother: 41 years. Assistant Professor- Marathi

PGM 75 yrs. Housewife

Siblings: None. The patient was adopted at 10 months of age.

Address: D.

Case 4 **Dr. Madhavi Tamboli**

Chief complaints

SR.NO.	LOCATION	SENSATION	MODALITIES	ACCOMPA.
1.	MIND Since 1st std Since 9th std Intellect Since 9th std	No interest in studies [3] Does not like to go to school[3] Declining academic performance [2] READING Reads word by word [2] Finger tracing + Speed slow [2] Blends difficulty [2] Omission + Guesses at words [2] COMPREHENSION Listening- Could answer literal level questions [2] WRITING Copy writing + Handwriting legible + Spacing normal Omission ++, Addition +, Reversals++-vowels, Substitution ++-vowels Does not write at all WRITTEN	A/f?	

		EXPRESSION- Oral- Ideas++ MATHS Concepts of computation, time, money, ascending and descending nos., greater and lesser than present Mistakes in answers due to inattention[2]		
2.	BEHAVIOUR Since Childhood Now since 8th std	Easy distraction[3] Concentration difficult[3] Does not sit in one place for more than 10 minutes[2] Sits for 20-25 minutes with constant movement of hands and legs[2] Impatience[3]- at home and school Difficult to organize her school and other daily activities[2]		
3.	Behaviour Since childhood Since 7th std	Constantly watching TV[3] Fights with PGF on TV[3] Constant use of mobile phone[3] Violence[3] – hits parents / PGM if they take the mobile phone from her		
4.	Behaviour	Back answering[3]	< contradiction	

	Since 5 years	Fights [2] Not listening to instructions[3] Voilence, hitting threatening with knife / stick, talks of killing		
5.	Emotional Since 1-2 years	Moody+ Feels bored to do daily activities like bathing, brushing, attending classes etc.[2]		
6.	Back Since childhood Upper and mid back No radiation F = not specific D= 5-10 minutes	Pain [2] No swelling No deformity	< + exertion-playing, exercises < + menses before >[2] hot compression >[2] rest	
7.	Skin- Face Since 1 year Cheeks, forehead	Pimples[2] Pustular eruptions[2] Discharge +- yellowish Pain+ Discoloration brown+ No itching	<[2] menses before >[2] menses after	

Physical Characteristics

Case 4 **Dr. Madhavi Tamboli**

Appearance: Dark, wheatish complexion, Teeth protruding, thick lips, dark discoloration around eyes, eyes deep in socket, medium build

Hair-dandruff [2] white, dry[2] Teeth: Protruding[2], Caries[2]

Perspiration: Partial: Face[2], Neck[2], Palm+ No odor, No staining

App N, Hunger: no aggravation, Thirst N

Cravings: Cold drinks[2] - aerated drinks, buttermilk[2], spicy[2], salt[2], sweets[2]

Aversions: Fruit[2], milk[3]

Stools: hard +, once / day, takes a long time[2] Urine: N

Menstrual Function:

F.M. P. 6th std, Regular, 5-6d / 25-32 days, moderate, dark-red, clots+, No stains

Concomitants: Before: Backpain+, pimples[2] After >[3]

Developmental Landmarks and Problems

Dentition: Started 7th / 8th month, 2 milk teeth present Sitting: 10 months

Walking; 1.5 years Speech: Does not remember, but could talk well by 2 years

Sleep: sound, Dreams: falling from a building+, winning a lottery and she has a lot of money+

Reactions – Physical Factors

Thermal State:

Summer: cannot bear, fan fast – always, covering – thin, always (habit)

Woolen: never, Bath: cold prefers

Music: >2

Physical Examination

Weight 40 kgs., height 5.2 Conjunctiva: pink

Lymph nodes NAD Systemic Examination: NAD

Skin- Face: Cheeks: Pustular eruptions, 2-3 mm, 2-3 in number

IQ Assessment:

12/6/ 2014: VIQ: 127, PIQ: 112, GIQ: 122

Case 4 — Dr. Madhavi Tamboli

Life Space

(Interviews of parents and the patient, though taken separately, are written in a combined manner in this life space)

Our patient is a 12-year-old girl who was brought to the OPD by her parents for the treatment of scholastic difficulties and behavioral issues. The patient was reluctant to come to the hospital and her parents had brought her today on the pretext of treating her pimples and dental issues. She agreed to come, as she was concerned for her looks.

Parents were interviewed first. She was sitting outside the consulting room, making faces and showing her disappointment. She constantly changed her position - walked, sat again, very restless. She often came near the door of the room asking, "How long?"

There was something in the patient which held my attention. As she came in for the interview, it did not seem that she was only 12 years old. She looked older and taller for her age. She had a wheatish complexion - on the darker side, face full of pimples, teeth protruding, thick lips, eyes deep in the sockets and curly hair. There was something odd in her mannerisms - the way she spoke with a movement of her body and face, the way she looked – an unsteady look, the manner of dressing - it appeared as if she had come for a party, with a jazzy shirt and a skirt which barely touched the knees. I wondered how she would dress for an actual party! She was comfortable, frequently changed her positions. Her mother was there with her in the interview for some time, she often contradicted her, and talked of all the good things she had done till now and her future plans after she passes the 10^{th} standard.

The patient's mother had a bad obstetric history. She had had two abortions and eventually gangrene of the ovaries. She could not conceive. With the passing age, parents decided to adopt a girl child. In fact, they always wanted a girl child, so they were more than happy to adopt her. The family too, was joyous with their decision. The patient's paternal uncle also had adopted a girl child, who was now one-and-a-half years old. So, the family was open to and aware of the process. The parents were thrilled when they got the little 10-month-old girl from the adoption centre. The parents vividly described the experience of happiness when their dream to have a child was realized!

The patient currently stays with her parents and paternal grandmother. Her father, 47 years old, works as a head in a leading company. He is very systematic and punctual. He gets irritated when the house is not in order, or when it is late. He sets limits and rules for the patient. He was very attached to her, loves, cares and pampers her. Of late he is frustrated and angry with her behavior. The patient is scared only of her father, as he punishes her by locking her in the room and taking away the mobile from her. But still if she wants anything, or wants to go out with her friends, she will very sweetly ask her father the permission after behaving well for the time being. Her mother, 41 years old, is an Assistant Professor of Marathi in a reputed college. She is lenient with her and feels that she should try and understand her by being her friend now,

so that she will share everything with her. The patient manipulates her mother into getting things for her. She buys many things like hairbands, nail paints, kajal pencils, earrings, pens, books, dresses etc., but never uses them. Now the patient answers back the mother, tells her to keep quiet and mind her own business. They are constantly at loggerheads with each other. The mother is very frustrated with the patient.

As the patient's parents go for work, her PGP stay with them to look after her. Her PGF died 1.5 years back. There was no noticeable reaction on her part. He was an active social worker. He loved the patient when she was a toddler but as she grew up, both argued with each other throughout the day. There were rarely any good moments between them. PGM is 75 years old and has strained relations with the patient. She does not approve of the latter's behavior and is constantly shouting at her. The patient hates her GM, shouts, argues and fights with her, sometimes even pushes her.

As a child, the patient was fun-loving and bold. The entire family pampered her. She was never interested in puzzles or building blocks or artwork games. She played 'role-playing' games more often.

As she grew up, she became obstinate and demanding. Her obstinacy would be on silly things, like taking a morning bath or brushing teeth. She hated it when her parents would tell her to do day-to-day activities. Her father tried to curtail this behavior and started shouting at her often. The patient felt sad, and at the same time angry at her father for not agreeing with her. Her anger lasted for a short time. She would forget all the previous day's shouting and repeat the same behavior again.

The patient is slow in her daily activities and hates to get up for school in the morning. This is a subject of debate ending into fights every single day. Her father starts waking her up at 5:35 am and she gets out of her bed at 6:35 am, her school starts at 7 am. Initially, till the 7th standard, her mother gave her a bath, brushed her teeth, helped her to put on the uniform and saw to it that she reached school just in time. But now, as the patient is old enough, the mother feels awkward to bathe and dress her. So, the patient does all her routine activities slowly and reaches late to school every day. The day she misses the school, she gets up at 12 noon, brushes her teeth an hour later and eats her lunch at 2-2:30, for around 2hours. She eats very slowly, talking and posting messages on the WhatsApp or the social media. This is the usual afternoon scene even post school. Her PGM cannot tolerate this behavior. She constantly shouts at her. The patient feels that her PGM never appreciates her for anything she does and is always pointing out her flaws and shouting at her. This angers her and this triggers a loud argument between them. This perpetually continues every now and then. If the family does not nag, then she will go without brushing or bathing.

The patient's mother vividly described an incident when the patient was 5 years old. Her grandparents were shouting at her for not listening to them. The patient got very angry on them, ran to the kitchen and brought out a knife and pointed it towards them! They were shocked!

Case 4 **Dr. Madhavi Tamboli**

They have been hiding all pointed objects from her till date! The patient is aggressive since that age, would get very angry if anyone went against her wishes, or asked her to study. Her mother has noticed that she cannot bear anyone talking against her wishes and runs to get a stick or throws things. Everyone has to listen to her. Family members also feel helpless and give in as they do not want to create a scene and there is also loss of property, as she does not see what she is throwing. She is very obstinate for trivial things like taking a specific seat or watching the TV etc.

The mother also complained that she is on the mobile all the time. Her paternal uncle had first bought the mobile for his use when it was launched. The patient was after her parents to get one for, since then. When parents got their mobiles, the patient would not allow them to use it unless they bought one for her! It is the first thing she wants when she gets up. She is continuously talking with her friends and posting pictures. Parents and PGM are fed up with this habit, and now this has become the main reason of the arguments. Parents have tried everything to get her off the mobile. They have tried explaining, snatching the phone, beating her, bribing, and punishing her. She gets very aggressive when they take the mobile. One day, when her mother hit her in one such argument, she hit her back. Her mother was shocked and saddened by the behavior. Before the mobile she behaved in a similar fashion to watch the TV.

Parents have told the patient that she is an adopted child. She has never reacted to this in front of them. They keep telling her this and try to sensitize her, but it is of no use. She has never reacted to it. She told the physician in the interview that she had traced her birth parents from the Facebook. She said that her biological mother was an American white lady and her biological father was an Indian. She believed that she was one of the twins, her parents could not afford her upbringing and hence gave her to the adoption centre. She added that her skin color was actually fair, and it was just because of the climate here that she had turned dark. When cross-questioned, she did not give any clarification. Her parents were unaware of this.

The patient was initially studying in the English medium till her 2nd standard. She did not write and made a lot of mistakes in her work. Her mother felt that if she would study in their mother tongue, it would be simpler for her cope up in academics. The patient detested the idea of going to a Marathi medium. She was very upset and angry. She felt sad. She repeatedly asked her mother to change the medium. She felt that studying in a Marathi medium was of a lower standard and it was good only to go to the English medium. No amount of explanation from her parents would suffice, as now too she feels the same. She feels that she would have been better if she would have studied in the English medium. Though the grudges continued at home, at school, there were no issues in making friends or participating in extracurricular activities in the new medium.

At school she has a very good image. The teachers complain that she is inattentive in class, wants to get up from her seat at the first opportunity, she is the first one to raise the hand to answer any question. Most of the times the answer is partial or incorrect. The teachers find her very smart and intelligent. It was hard for them to believe that she does not write or have

academic difficulties. The patient is the first one to help her teachers. She keeps at least 15 pens / pencils / sketch pens with her so that she can give them to the teachers.

Till the 7th std her mother used to complete all her books. She used to read out everything to her before the exams. The patient used to get passing marks, and she was very happy that she was in the next class. But since the 8th standard, the patient is not interested in studies. She does not listen to her mother and does not study with her either. She has become very casual before her exams. According to parents, there is a change in her attitude. They do not know the reason for it.

The patient likes writing plays and short stories. She writes in point form. She is appreciated by her teachers and peers for good ideas and novel concepts. She feels good about it.

At school, from the 3rd to the 7th standard she took up a course in 'English Speaking' in which she topped the class. She enrolled for Kathak classes and attended them regularly for 2 years and passed 2 exams, but now she rarely attends them. She does not like the dance teacher as she takes her batch last and makes them wait. She never practices Kathak at home. She joined an acting workshop in school and pursued it for 2 years, then left it in the third year. The patient has a flair for languages and speaks Marathi, Hindi, English and Gujrati. She says that she has a friend living in the Philippines and she talks in Filipino with him! She had started learning German language in her school as an extracurricular activity. When she failed in the written exams, the teacher could not believe it as she had a very good impression about the patient. So, the teacher put her in the advanced German course, but she failed and then left the course. Her mother said that she joins many courses but does not put in the required hard work.

The patient is an extrovert. She has many friends at school, in the locality where she stays and on what's app and Facebook. There are friends of friends who are now her friends, whom she hangs around with. She has more boys as friends than girls. She has no boyfriend. She gets angry when her friends tease her. One boy was constantly calling her 'phawada' (he felt that her teeth are like a spade!), she screamed at him to the extent that none of her friends ever teased her again. She is very popular among her friends. She is extremely helpful. She feels that her friends are her highest priority as they share a similar thought process. She keeps in touch with all her friends; most of them are elder to her. She goes out in the evening and comes back by 9:30 - 10:00 pm. She gets angry when her parents put in restrictions and shout at her for not coming home early. She also feels sad that they do not understand her and weeps. When she is sad, she listens to sad music and when she is angry, she listens to rock music. She feels that she feels lighter when she listens to music. That cools her down and elevates her moods. She loves music, especially English rock music. She is continuously listening to music with a very loud volume. She likes to watch English movies. She also loves to go for parties and enjoy herself with her friends. She is popular in her parents' workplace too. She joins her mother for NCC camps and loves all the activities there. She loves doing street plays and also writes them.

She has a lot of arguments with her friends regarding religion. She has faith in all religions and

practices a little of all. She defended Islam and said that she has good experiences with Muslim friends. She has visited all religious places - the mosque, gurudwara, temple and church. Amongst all the religions, she likes Christianity the most as she feels that the Christians are very free, and they party a lot. She feels particularly close to Lord Jesus.

The patient gets angry if anyone points out her mistake or anyone comments about her not studying or behavior. She hates when her mother tells her teachers about her behavior at home. She hits her mother in anger. She will not say a 'sorry' even if it is her mistake. Her anger has never lasted for long, may it be with family or friends. In 10-15 minutes, she will talk as if nothing has happened.

She does not like home-cooked food, she eats only if her mother feeds her, which the latter does every day.

She likes cartoon prints on bed sheets. She prefers wearing western clothes.

Everyone in the family is particularly worried about her behavior, to the extent that her parents feel a repentance about adopting a child. They feel that their happiness is ruined. Parents compare her to the adopted cousin sister as the latter is very smart and talented. They feel more frustrated then.

Case 4 **Dr. Madhavi Tamboli**

EXHIBIT 3

DIRECTIVES:

1. Analyze the follow ups and state your remedial as well as non- remedial actions.
2. How will you guide the patient and parents?

Follow-up Criteria		
1. Anger / Beating	2. Obstinacy	3. Behavior at home
4. Interest in studies / attention	5. School Attendance	6. Mobile handling
7. Obscene behavior (20/2/16)		
Monthly assessment	**3 monthly**	
1. Book completion	Marks recording	
2. Reading		

P.S.: The patient was on medicines, regularly. Usually, 2 weeks medicines were given. Patient came for follow-up once per month on an average. Parents came regularly. There could be a few gaps which are mentioned. Follow-ups having significant events are mentioned.

Dr. N. L. Tiwari Memorial Symposium, Palghar: March-April 2023

A Journey to Unprejudiced Observation: The ICR way

Case 4 **Dr. Madhavi Tamboli**

DATE	1	2	3	4	5	6	7	ACTION
6 /10 / 15	Case Defined							A
17 / 10 / 15	S	S	S	S	S	S	-	B
24 /10/ 15	>+	S	S	S	S	S	-	C
	Patient came willingly to the clinic. She has participated in the school dance group. They will be performing in Europe. She is busy with the practice sessions, which she attends regularly. She was excited as she told the physician.							
9 / 01 / 15	>+	>+	>+	S	3-4 times/wk	S	-	D
	Her father had come for the follow-up. He feels that there is a difference in the behavior with the medicines. She was listening to them. He mentioned that after returning from Europe, she was telling everyone that she had gone to Paris (when she had not). Also telling everyone that she was an adopted child. She had started dressing up like college girls and had made new male friends who studied in college.							
30 / 01 / 16	S	S	S	↑+	S	S	-	E
	Re-started putting fingers in the mouth. Parents came to the OPD, mother broke down. She said that the patient was trying to impress bigger boys. Mother had also found out that she had a FB account where she had more that 800 friends. Last week she had clicked nude selfies of herself and sent to some boys from her group and their friends. Patient was shocked as parents had found out all this. Parents confronted her, she got a beating from her father, mother was little patient with her asking why she had done this. Parents confiscated the mobile phone. Parents were very embarrassed as they showed the pics to the physician. They were in a state of helplessness. Patient did not come for the follow-up. She knew that her parents are going to tell							

	the physician. Parents asked, "What to do now?"							
20 / 02 / 16	>+	>+	>+	↑+	3-4times /wk	Mobile when parents at home	?	F
	Patient came for follow-up. Book completion: most of the books were completed. Marks of Unit Test: Marathi: 12/20, Science: 12/20, Hist/Geog: 24/40, Eng: 15/20. Algebra:12/20, Geom: 11/20, Sanskrit:10/20							
12 / 03 / 16	↑+	S	↑+	S	S	Mobile with pt	+	G
	No medicine for 1 week. Sent nude pics to a boy in Assam (FB friend). Parents checking her phone every day. Parents observed that patient was emotionally better with medicines.							
9 / 04 / 16	>+	>+	>+	↑+	S	↓	Once	H
	Final exams on. Patient studying with help of her mother. Patient says that she wants to pass and go to the tenth. Uses her phone less. Fingers in mouth >++							
23 / 04 / 16	>++	>++	>++	-	-	S	0	I
	Patient came for follow-up. Talking++, Smiling++, Going regularly for certification in KEM hospital. Final exam marks: Maths: 21/80, Science: 26/80, English: 67/80, Marathi: 39/80, Social sc: 21/80, Sanskrit 41/80 Promoted to tenth with grace marks, spoke with Principal.							

14 / 05 / 16	S	S	S	-	-	S	0	J
	Going Regularly for certification. Patient asked to go for counselling sessions							
28 / 05 / 16	S	S	S	-	-	S	0	K
	Patient not gone for counselling. Now started reading love stories.							
11 / 06 / 16	S	S	S	-	-	S	0	L
	Regular Counseling session 2 / week. School to start next week.							
23 / 07 /16	S	S	S	↑+	Regular	S	0	M
20 / 08 /16	↑+	↑+	↑+	↓	Not attended last week	S	0	N
	Patient stressed due to continuous pressure of studies. Unit test next week. Not attended counseling session.							
29 / 09 / 16	>++	>++	>++	S	Not attended only last week,	S	0	O
	PGM unwell and hospitalized, parents could not come for medicines for 2 weeks. No counseling session							
15 / 10 / 16	S	S	S	↑+	Regular	S	0	P
12 / 12/ 16	S	S	S	↑++	S	S	0	Q
	Studying with the help of her mother. 1st semester: passed in all subjects. Eng: 61/80, Mar: 45/80, Sci 25/80, Maths: 25/80. Received LD certificate.							
19 / 01/ 17-	S	S	0	S	Regular	S	0	R

07 / 04 /17								
	General Comments about her progress: Now has a regular timetable, sits with mother for studies- 1-2 hours daily. Listens to parents and completes her scheduled studies. No behavioral issues. Getting along well with her PGM. Very jovial at home. Mother said that the patient has a great sense of humor. Now the environment in the house is very peaceful. She was anxious before her boards, sleeplessness. She attempted the exam without the writer.							

A Journey to Unprejudiced Observation: The ICR way

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

Objectives: -

1. Understanding the Importance of various knowledges (Aphorism 3) in the analysis of screening and history form.
2. Learning how the concept of Structure-Form-Function and Time (SFFT) helps in understanding Miasm in different clinical entities
3. Understanding how prejudices play an important role in case receiving and its impact on perceiving of Husband = Wife & Father = Son relationship
4. Understanding the various facets of man with respect to spirituality versus sexuality and its implication on constructing the totality
5. Learning to differentiate closely coming remedies-Acute, Chronic & Miasmatic and their role in management of the patient.

Directives: -

1. Go through the screening & History form and give your comprehensive understanding of clinical diagnosis and elaborate on the concept of spirituality vs sexuality
2. Prepare SFFT of all the clinical conditions and give your Clinico-pathological-miasmatic understanding.
3. Go through the life space and focus on the various Roles & responsibilities played by the patient to keep balance. Focus on the struggle of physicians to understand the patient and probable reasons for the same.
4. Select suitable approach reportorial/non-repertorial and arrive at group of close coming remedies.
5. Give your understanding of MM images and come to final remedy by differentiation.
6. Go through follow-ups/ actuality & focus on the management of the patient.

Screening

August 2018

Mr. V. P., 49 years old, male, married, education – B.E., from S, Gujarat.

C / C Herpes genitalis on and off since 10-12 years, with genital soreness, itching and occasionally burning with eruption at penis with weakness for 2-3 days. Using local application of acyclovir regularly during episodes since 10 years. It is limited to penis only and occasionally more redness at frenulum. Occasionally malodourous when it is severe. Sometimes he has feeling of tiredness after exertion.

Presently, he has complaints of itching at penis since 3 days after exertion (touring of 10-15 days). Initially, he had mild burning for 2 days and now no burning, no pain, no discharge, no bleeding.

H/o same complaints increased with exertion and heavy touring with car driving for hours together.

A / C of dim vision when C / C gets severe (Severe eruptions on penis)

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

P / H of right ureteric calculi and removed twice with ureteroscopy 5 years and 2 years ago

P / H of tumour at the end of colon detected with colonoscopy and removed 11 years ago

P / H of repeated malaria (P. Falciferum) many years ago. It has recurred once or twice a year for many years

O/E. Weight – 80 kg, Pulse – 76, B.P. – at right arm = 144/98, at left arm = 146/110

Glans penis – very small and few pinkish macular spots. No elevated eruptions.

History form

V. G. P. Male D.O.B. October 1968 Married.

Hindu Leva Patidar

Eggiterian Non-veg-Earlier thrice in a year (Before 2 years)

Alcohol - 2/3 times in a year till last year. Before that 2/3 times in a month since 20 years old.

B. Sc. (Chem.) and Diploma in Electricals. Business since 24 Years Retired April 2017

Owner & Director of L. Eng. Pvt. Ltd.

Fully satisfied in commercial life as well as Personal life

Address – S, Gujarat

Wife: D., 48 Years old Housewife

Have good intimacy

Son Dr. D. P. 24 Years old, Student

Father – G. P. - death: 2003 - 68 years old. Prostate Cancer

Mother S. - death: 2009 - 69 Years old. Epidermoid Tumour

Daily Routine

Get up in Morning: 6.00 to 6:30 am "Osho" dynamic 7.00 to 8.10 am. Meditation

Bath: 6·30 to 6.45am Bath again after meditation: 8.10 to 8.20am

Vipassana meditation: 8.30 to 9.30 am Breakfast: 9.30 to 10.00 am

Book reading or Routine work: 10:00 TO 12.00.am

Lunch: 12:00 to 12 30 Nap: 12:30 to 2:30

Routine work / bath / office / residence: 3.00 to 5.00pm

Dinner: 7.00 to 8:00 pm Walking (slow): 8.00 to 8.15

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

Sleep: Before 10

Commercial Life - fully satisfied

Body fit Nature Aggressive, Emotional

Life gave me everything. "What I desired"

Responsibility: Complete in every manner

Liking: salad, Egg, Normal food Dreams: NO

Physical life fully satisfied

Past:

Colonoscopy Dr. N. M. 2011 Uretoscopy Dr. S. T. 2012 Uretoscopy Dr. K. T. 2016

Malaria once a year from 1982 to 2012 Herpes from 2001

SCR DATA Date of case-taking: Sept. 2018

Preliminary Data

Mr: - V. G. P. Age: - 50 years (D.O.B. = October 1968) Sex: - Male

Education: - B.SC. (Chemistry) & diploma in electrical

Occupation: - took retirement from his own business since April 2017

Status: - Married Religion: - Hindu – Leva Patidar

Veg / non-veg / eggs: - veg and egg. (Non-veg earlier before 2 years, three times in a year)

Father: - died at 68 years in 2003 Mother: - died at 69 years in 2009

Brothers: - 1 Elder (57 years old) Sisters: - 1 Elder (54 years old)

Wife: - 46 years old and house wife

Sons: - 1 (24 years old), doing MBBS abroad. Daughters: - -

Address: - S., Gujarat

Diagnosis: - Herpes simplex type 2, Diabetes mellitus type 2, Essential Hypertension & Recurrent renal calculi tendency.

Remedy: - Constitutional remedy Result: - Relieved

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

Chief Complaints

	Location	Sensation	Modality	Accompaniment
1	Genital (Glans penis) H/o occasionally at frenulum Onset – First time in 2001, Total 4 severe episodes in last 17 years Presently at part	H/O fever once only when it had started c/o itching+, Eruption+ (pinkish, macular) Occasional Burning+, No papule, No discharge, Diagnosed as genital herpes by dermatologist Itching, Burning, Uneasy feeling	> every-time with local application of acyclovir using often since 17 years < while alcohol consumption.	Dim vision when severe eruption
2	Endocrine system Pancreas (gland) Detected 2 years ago while hospitalization	RBS – 300 in routine check-up with complaint of malaria. Asymptomatic Then blood sugar was on borderline while regular check-up at home on glucometer	< stress while hospitalization Not started any hypoglycaemic agents	
3	Blood circulation Detected 2 years ago while hospitalization	High blood pressure Asymptomatic	< stress while hospitalization for malaria Not on any medication	

Accompanying Complaints

	Location	Sensation	Modality	Accompaniment
1	Renal system Kidney Onset – during college years around 1985-86 Frequency – every year during college period Start from lumbar Back and then it comes forward	h/o Recurrent renal calculi Presented with severe pain. Vomiting (if had food with pain) Interrupted^{++} flow of urine Unsatisfactory urination+	< November – December in winter 4 times took inj. Lasix and Inj. Zobid 2 times (2012 & 2016)done Ureteroscopy and removed stone with basket < on eating	

	For 2 days Presently since 2016 after Ureteroscopy	Feeling of incomplete evacuation+ Bloody+ urine Asymptomatic Urine flow normal	< when stone pass out	

Patient As A Person

Physical Characteristics

- Appearance: - stocky build up, good height with long hair tied with hair band (like a girl having boy cut hair)
- Skin: - wound heal healthy
- Perspiration: - Moderate, no odour, no stain — Appetite: - Normal
- Hunger: - tolerates well — Thirst: - 1 glass– 1 hourly
- Aversion: - ladyfinger vegetable — Craving: - salad+, Egg+,
- Stool: - 3 times a day and normal — Urine: - Normal
- Sexual function: - Normal, Premarital – with 2-3 females, and extra marital with 7-8 females.

Daily Routine

Get up at 6 to 6:30 am — Bath 6:30 to 7:00am
Osho dynamic meditation from 7:00 to 8:10
Bath again 8:10 to 8:20 am (because he perspires in that high energy dancing meditation)
Vipassana meditation from 8:30 to 9:30 — Breakfast 9:30 to 10:00 am
Book reading or any routine work from 10 to 12 noon
Lunch 12 to 12:30 — Nap 12:30 to 2:30 pm
Routine work / bath / office / resident work etc. from 3 to 5 pm
Dinner between 7 to 8 pm — slow walk for 15 minutes
Sleep before 10 pm

Reactions Physical Factors

- Motion & position: - phobia in rides + – fear of getting giddiness
- Meteorological: - Sun exposure – now cannot tolerate – heaviness of eyes and headache
- Thermal state: - Cannot tolerate severe ice cold

	Winter	Summer	Monsoon
Bath	Hot	Hot	Hot
Covering	1 fix blanket	1 fix blanket	1 fix blanket
Fan	A.C. – 23-24	A.C. – 23-24	A.C. – 23-24

Overall – C3H2

- Physiological function: - Non-veg $<^{+}$ constipation, Genital itching $<^{+}$ alcohol consumption.

Past History

Alcohol – 2-3 times in a month since 20 year of age, and now 2-3 times in a year till last year.
Malaria – Repeated every year from 1982 to 2012. First time in 1982 (in 12th std.) it was P. Falciparum and severe problem and he was almost unconscious and developed phobia of fever later on for some time, then every year malaria and severe problems and hospitalised and better, but no falciparum.
GI disturbance and done colonoscopy in 2011. There was?? Tumour at the end of colon and it was removed.

Family History

Father – Prostate cancer Mother – Epidermoid Tumour

Physical Examination

Weight – 80 kg Pulse – 76 B.P. – 146/110
Glans penis = very small and few pinkish macular spots, no elevated eruption.

Investigations

06-09-2018
VDRL – Non reactive, HIV – non reactive,
S.Chol = 241, LDL = 141.6, HDL = 55, VLDL = 44.4, Triglyceride = 222, Ratio = 4.38, Chol: HDL = 2.57

Life space

He did his B.Sc. Chemistry in 1988 and done part-time diploma in electrical too. Initially he did a job for a few months and left it because he wanted to do his own business. From 1989 to 2003 he did trading business and he had a few agencies (Siemens and other multinational companies) with him. Those days were good for him because there were no competition in the market, so he earned a lot. From 2003 to 2013 he had a business of manufacturing electrical panels. He took over that company from others when it was running in loss, but he had taken a lead and made it to reach a certain level where he earned well. He had closed that company in 2015. Then he had started a textile mill and now he has given it on rent from March 2017 and took retirement from work. He had an aim to take retirement from work before 50 year of age and that he did. He has securely invested his money to get regular income for a comfortable life.

He had two stressful periods in his life. One in 2003, when his father died within a month after he bought (took over) a new company and the other is in 2007, when his brother got separated. He was much attached with his father and had a close relationship with him. The father was suffering with prostate cancer and it metastasized to bone and then he died in a year. He took a lot of care for his father when he was ill. Since the beginning, he had a joint business with his elder brother but they separated in 2007 because of problems between the females in the house. The brother did not understood that both of them are getting almost 2 crores at that time with an opportunity in business, and he (brother) left the home and got

separated. He felt that brother had lost the capacity to tolerate the stresses after reaching a certain age. The patient did not take it emotionally and he went ahead in his life. He said that he is very enthusiastic & speedy in doing things while his brother is slow & insecure.

By nature, he is dominating in such a way that the family members become quiet when he enters the house. No one dares to take any matter to him. He just gives orders and that is the final for everyone to follow. While separating from the brother he just said that he has to pay so and so amount to him for the property that he is keeping with him and that he will pay within 2 years and the matter is closed. He paid it in time and that stress remained with him only for that period of time. He is a self-willed person. He is aggressive, emotional and sentimental too. He is soft-hearted and cannot see others suffering. He helps others if he finds someone has a problem. He helps with wealth, good wishes and heart. He has good managing skills. He takes the problems of others in his hand & manages them well, like he did when his cousin sister eloped and later returned when she had a problem with in-laws; he got her remarried with another Marwari man and settled the issue. He helped her niece with her marriage. He has a good relationship with his brother. He helps every family member if they are in trouble. Since he is aggressive, he takes instant steps to solve the problem. He takes calculated decisions and sees to it that others get freedom & financial back-up. He gets angry when he finds some deviation in a system which he has set with his wife. Like, if wife disturbed him when he is doing something related to his business, he had a habit of throwing things in anger but now he just speaks loudly and abuses verbally. He has made his personality in a way that others become quiet once he enters anywhere. At factory, he has set a hierarchy in such a way that the small problems of factory and lower cadre workers don't reach to him.

He has another side, a spiritual side. The story behind it began 7 year ago when he had a dream that he should have a farm house on the bank of a river so he purchased 1&1/2 acre land on the bank of the Narmada River. There are many Ashrams near that place, so while visiting to farmhouse he came in contact with one saint. Dialogue occurred between them and he was impressed with him and his aura. Then he learnt a lot from that saint and he has undergone many meditation techniques like Vipassana mediation, art of living, swaminarayan etc. He felt energetic while doing this meditation, so he continued the process and practice of meditation, and met many people of those different paths. Finally he landed on three things which he liked from these different paths of mediation. He felt that, this is the need of the time, and it can be done if we have enough money. To pass a stress-free life he had purchased this farm-house and it was his dream to live a happy retirement life after 50 years of age.

His mother died in 2009. She was paralysed and bed-ridden. Before she died, he took her home from hospital and he had made his home almost like an ICU for caring his mother and by giving her authentic naturopathic treatment. He helped her live a good life for 6 months and then she passed away. Seeing his mother on death-bed for those 6 months was

very stressful for him, but outwardly he is not able to admit that he had a bad effect / emotional impact of it. He said that he had come out of the effects of death of his parents but his subconscious mind may have any effect of it that he is not able to recognise. He was attached to both of them.

His childhood was very good and he had not seen the struggle of parents because their struggle was over by the time he was born. Since he was the youngest son, he was very mischievous and troubling everyone. He did not have any fears and he was not obstinate too. He just enjoyed his childhood with silver spoon and enjoyed mischief. He was average in study but he was good in playing cricket and played for his school tournament. Since the beginning, he has good interpersonal relationships with everyone. He started drinking alcohol at the age of 20 years and he has developed his own private bar at his factory, so he drinks and makes others drink too. He had enjoyed every moment of his life. He had 6-7 premarital affair and 7-8 times extra marital relationships but never had any professionally paid visit. He has one son who is studying MBBS abroad.

Physically, he has a stocky built-up with good height and long hair. He looks younger than his age. He has a phobia about getting into any rides and merry-go-round.

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

Follow ups

No.	Criteria
1	Itching & uneasy feeling
2	Burning
3	Soreness of genital (glans penis & frenulum)
4	Dim vision
5	Use of topical application and its need

Date	1	2	3	4	5	Action
25-09-18	0	0	>1	B.P.- 130/90	Topical application Stopped	
8-10-18	0	0	>3→0	Occ. Black outs vision	HbA1C – 10.3	

No.	Criteria
1	Weakness

2	Appetite
3	Thirst
4	Urine
5	Weight
6	B.P
7	w/f Oedema
8	Blood sugar – FBS & PP2BS / HbA1C
9	Lipid profile
10	Renal function test / kidney profile / proteinuria
11	USG
12	w/f Episodes of genital soreness Frequency / Duration / Intensity
13	w/f complication of diabetes
14	w/f Episodes of renal colic Frequency
15	w/f Fever and malaria episodes
16	w/f exercise and diet habits

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

Date	1	2	3	4	5	6	7	8	Action
15-10-18	0	N	N	N	78.5	114/80	-		
In between on 5-11-18 throat irritation with dryness and increase thirst – given									
08-02-19	Weakness since 2 weeks after gym. H/o sore throat on 16/1 after chocolate, sweet and dust, with bloody expectoration and irritation in throat, no coughing, but fever – done blood report & CT chest. In USG (19-01-19) fatty changes in liver – grade-I, 2 mobile Gall stone 8-9 mm size, right kidney – 6 mm calculi at mid calyx & 6.5 mm calculi in lower calyx, 9 mm size angiomyolipoma at upper pole. CT chest – NAD, X-Ray chest – NAD. (01-01-19) HbA1C- 8.1, Lipid profile – WNL Urine freq once /night since 2 month								
In between on 4-3-19 c/o penile eruption with burning a/f cold, <touch, <washing –given									
28-03-19	0	N	N	Once/nt	75	-	-	HbA1C – 7.6	
05-04-19	Soreness at penis after intercourse since 4 days with crack at penis, backache and offensive discharge. This time no fever and weakness which he used to get in past with penile soreness.								
11-04-19	It was better but again soreness at penis since morning. Mild itching, No pain / burning. O/e penis body mild steaks of oozing serous blood								
29-04-19	0	N	N	N	-	110/76	-	Regular yoga, gym and workout	
05-07-19	0	N	N	N	76	120/74		13/6 - HbA1c-7.3	
14-10-19	0	N	N	N	74	134/94		Occ. Black out vision. Changed diet 3, take salad 7/10 – HbA1c-6.9	
18-01-20	0	N	N	N	73	120/76	-		
Weight reduce with exercise and dieting, took insurance and in check up he was not detected Diabetic									
11-02-20	Fever with head heaviness and thick yellow expectoration A/f Alcohol. Desire (craving) for sugar since 2 days with fever.								

Case 5 **Dr. Nirav Rughani/Dr. Umesh Vataliya**

22-02-20	0	N	N	N	-	-	-	Hba1C-6.5	
9-7-20	0	N	N	N	75	150/86	-	Penis eruption once > by itself	
19-8-20	0	N	N	N	73	152/94	-	14/7 HbA1C – 6.8	
Soreness at penis since yest. No itching/burning. A/f alcohol & intercourse. c/o irritation at penis when he had sex with wife but no complain of it when he does with his girlfriend once/6 month with condom									
7-11-20	0	N	N	N	-	-	-	-	

Pt dropped out after this time because his ego get hurt when pp asked his pending fees.

Dr. N. L. Tiwari Memorial Symposium, Palghar: March-April 2023

A Journey to Unprejudiced Observation: The ICR way

Case 6 **Dr. Shailja Nandha**

Objectives

1. Experiencing the travel and travails of a physician while changing the role from a friend to a physician
2. To experience the case as a medium to know the self through the patient
3. To demonstrate the importance of the history in understanding the problems of a patient.
4. To learn the importance of clinical diagnosis and how Aphorism 3 guides a physician to have the knowledge and skills for the same
5. To understand a lady in her different roles and responsibilities and how innate sensitivity can create pressure on "self" which finally seeks expression through the P.N.E system.
6. To understand the importance of miasmatic evolution.
7. To demonstrate the importance of selection of approach to unlock the case.
8. To study evolutionary Materia Medica
9. To demonstrate the importance of planning and programming
10. To understand the importance of perceiving susceptibility and sensitivity rightly during assessment of follow ups
11. To experience how the SCR system helps us to move from a partial understanding of a case to a holistic evolutionary perceiving.

Directives:

Exhibit – 1 (Introduction + history form + screening form)

1. Share your experience of receiving the case of a friend as a Physician
2. Go through the history form, introduction & screening and prepare PD, PR, IP

Exhibit – 2 (SCR + life space)

3. Go through the SCR with life space. What is your feeling state? Identify the location of the physician and the Dr. ⇔ Patient relationship in this case
4. Enumerate the clinical diagnosis with the stage of disease and miasmatic activity. Take the help of SFFT.
5. Give an understanding of why the patient is suffering
6. Prepare EET and take a suitable approach.
7. Differentiate closely coming remedies and come to the final remedy with reasons.
8. Do the planning and programming of the case.
9. Go through the follow-ups and give your actions with reasons.

Case 6 **Dr. Shailja Nandha**

Exhibit – 1 (Introduction + history form + screening form)

Introduction

This patient's daughter was a classmate of my daughter in the nursery school. I knew her more when she started staying in an apartment next to ours, since almost 10 years back. Gradually a friendship developed since we took our children together to the garden and parking zone, picked them up from school, attended together Parent-Teacher Meetings, etc. We used to meet twice a week along with the kids. Gradually kids grew up and my daughter changed school and we had few reasons to meet.

When we were together, we talked and shared with each other about our lives. I am putting here what I perceived through her sharing.

She is a housewife staying with her husband and daughter. Her brother is unmarried with a job in Vadodara and stays with them. She does all household work on her own. She gets tired of the work. She wants things neat and clean. She cannot afford a maid as only one person is earning. She is fond of garba and plays it almost 6-7 nights out of 9. Sometimes the mother-in-law and the father-in-law visit and stay with them. She doesn't like them. She doesn't get along well with them. She feels that they are partial to the BIL and love him more. MIL is not keeping things neat and clean, nor helping her out. Whether at Vadodara or at K (where the in-laws stay), if the patient is present, the MIL doesn't work at all. If they are visiting K, and reach by evening, then MIL might not have decided what to cook. Pt only has to prepare tea for all and then dinner. According to her, the MIL doesn't have motherly feeling for even her son (patient's husband). The husband too feels the same way and doesn't get along well with his parents.

After a few years her brother got married and bought a new house in Vadodara only. The newly married couple started staying together and, in few days, the patient's parents too shifted to Vadodara. She felt many times that her brother is changed after his marriage. He doesn't reciprocate the way he used to when they stayed together.

Her daughter is average in her studies with difficulty in Maths. The patient always complained about her daughter not studying seriously. She used to beat her sometimes.

Whenever we have met, she has talked more about the negativity and complaints in her life situation. To me, she was a dissatisfied lady who kept on complaining.

One fine day, she visited our house after a gap of almost 3 – 4 years. She said that her husband has some complaint of anxiety and is taking psychiatric treatment. I told her that we can start his Homeopathic treatment. She also shared about her own problem of early cycles and lot of

disturbances around the time of menses. She said that due to this stress, she has even lost interest in sex. I told her to fill up the history form and she submitted it within 2-3 days.

Her case was defined first and after 3 weeks her husband's case was also defined. He was given Arg. Nit. for his complaint of anxiety disorder. His temperament is extremely aggressive and he is out of control when angry. He throws things in anger. Afterwards he repents on his actions.

Screening sheet

DOS – 5-7-21 DOC – 9-7-21 Reg. no – 130/S/21

Mrs A.P Age – 41 years / F Address – Vadodara

Chief complaints:

- Early cycles for 1-2 years. Cycle 21-26 days. D – 3 days. LMP – 21-6-21 (withdrawal bleeding) D – 2-3 days
- Last LMP - 25-4-21, 8-5-21
- Since 2-3 years irritability, thoughts, anxiety, sleep decreased, extremities pain, constipation, abdominal pain, weakness2 ---- 10-15 days before menses. >3 after menses
- No complaints during menses
- C/o acidity in cloudy weather
- Since 2 days headache + rt. side ear, nose, - heaviness,
- temporal, - throbbing pain <2 sun, <2 travelling
- Cough with sputum. no cold

Treatment taken – liv 52 tablets, Sudarshan, giloy
Past history - for iron deficiency took tablet Livogen treatment for 3-4 months but due to side effect of gases, constipation and acidity stopped it
Family history – Mo – HT
Purpose of visit – Above complaints
O/E – Wt. 60.8 Kg BP – 140/90
Investigations – 14-6-21 TSH – 1.716 (n)
FSH – 2.34 (23-116)

Case 6 **Dr. Shailja Nandha**

આ. પ.

* માસિક ધર્મની અનિયમિતતા છે. એક દોઢ વર્ષ થી છે. ક્યારેક નિયમિત હોય છે ક્યારેક અનિયમિત હોય છે.ક્યારે તારીખ ના દસ દિવસ પહેલા આવી જાય છે તો ક્યારેક ૨ દિવસ કે ૪ ,૫ દિવસ પહેલા આવે.
* માસિક ધર્મ દરમિયાન કે પહેલાના દસ દિવસ પહેલાથી ગુસ્સો આવે અને ચીડિયાપણું લાગે છે.પગ અને હાથ માં ચૂસતા હોય એવું લાગે. રાત્રે ઊંઘ બરાબર ના આવે. વિચારો ખૂબ આવે.પેટ માં ક્યારેક ડાબી બાજુ દુખે છે, સાધારણ દુખે છે.વધારે માનસિક, રીતે વધારે હેરાન થવાય છે. વધારે ગુસ્સો આવે કોઈ વાત મગજ માં થી જલ્દી નીકળે નહીં. આ દરમિયાન પેટ માં ગેસ થઈ જાય કબજિયાત થઈ જાય છે. ક્યારેક ઊબકા જેવુ આવે છે
* કાનમાં જમણી બાજુ દુખે છે.એને કારણે કાન ના પાછળ ના ભાગ માં દુખે છે. માથાનો જમણી બાજુ નો ભાગ દુખે છે. જમણી બાજુનો નાકનો અને આંખની ઉપરં નો ભાગ પણ દુખે છે. અને ભારે લાગે છે. આ દુખાવો ૨૦૨૦ ફેબ્રુઆરી મહિનાથી થયો હતો. મે MD ડૉ ને બતાવ્યું હતું પણ મે સાઈનસ નો એક્સ રે કઢાવ્યો હતો પણ એનો રિપોર્ટ નોર્મલ હતો. એમણે દવા આપી હતી પણ મને એ દવા અનુકૂળ આવી ન હતી.
* મને ગેસ અને એસિડિટિ નો પ્રોબ્લેમ છે પણ એ ક્યારેક થાય છે. માથાનો દુખાવો પણ થાય છે.ક્યારેક ટ્રાવેલિંગ માં થાય છે. ટ્રાવેલિંગ માં જમીને તરત બેઠા હોય તો ગેસ અને એસિડિટિ જેવુ થઈ જાય છે.

વ્યક્તિગત માહિતી

* મારુ શારીરિક વર્ણન મધ્યમ બાંધો છે. દેખાવ ઘઉ વર્ણ છે. મારુ વજન ૬૦ કિલો છે. મારી ઊંચાઈ ૫" ૨ ઇંચ છે.
* મારો સ્વભાવ માયાળું છે, મહેનતુ છે અને કામ ચોખ્ખું અને ચોક્કસ હોય છે. મને મદદ કરવી ગમે છે.મને શાંતિ અને સાદું સિમ્પલ જીવન જીવવું ગમે. મારી અપેક્ષા એટલી છે, મારી અને મારા ઘર ના સભ્યોની સ્વસ્થ સારું રહે અને હું બધાની મદદ કરી શકું.
* મારા કુટુંબીજનો, મિત્રો, સંબધી સાથેના સંબંધો સારા છે. મને મારા પતિ અને મારી દીકરી ની લાગણી વધારે છે. અને મારા માતા - પિતાની લાગણી પણ બહુ વધારે છે. હું એક હાઉસવાઈફ છું. હું ઘર ના કામ મારી પોતે કરી લઉં છું.

Case 6 **Dr. Shailja Nandha**

* મને ખાવા પીવા માં સાદું – સ્વાદિષ્ટ જમવાનું ગમે છે. મને ફાસ્ટ ફુડ કરતાં હેલ્થી જમવું વધુ ગમે છે. મને મેંદા ની બનાવેલી વસ્તુ થોડી ઓછી પસંદ છે. ઘરે બનાવેલા ફરસાણ વધુ ગમે છે. મને દિવસ માં બે વખત ચા પીવી ગમે છે.
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* મને ગરમીમાં કોઈ વખત માથાનો દુખાવો થાય છે. ઠંડી માં મારુ સ્વાસ્થ્ય સારું રહે છે. કોઈ તકલીફ થતી નથી. ગરમી માં મને પરસેવો બહુ થાય છે. વાદળિયાં વાતાવરણમાં પણ ક્યારેક માથું દુખે છે
* મનોરંજન માં મને ફિલ્મ ગીતો સાંભળવા બહુ ગમે છે. મને ગુજરાતી અને હિન્દી બંને ગીતો સાંભળવા ગમે છે. ગરબા રમવા બહુ શોખ છે.
* મારી ઊંઘ બહુ ઓછી છે. પ્રસૂતિ પહેલા હતી. પ્રસૂતિ પછી થોડી ઓછી થઈ ગઈ છે. કામ હોય તો મને ઊંઘ ના આવે એવો મારો સ્વભાવ છે. ક્યારેક સ્વપ્ના આવે છે. પણ એ સારા જ આવે છે. ખરાબ ના હોય.
* મારી પ્રસૂતિ નોર્મલ થઈ છે. કઇ પ્રસૂતિ વખત માં કઇ તકલીફ થઈ ના હતી. ત્યાર પછી મારુ માસિક નિયમિત હતું. અત્યારે ૩૯ વર્ષ પછી થોડી માસિક માં અનિયમિતતા થઈ ગઈ છે.
* મારા પતિ નીં તબિયત એક વર્ષ થી થોડી સારી નથી રહેતી. એમને માનસિક બીમારી થઈ છે. માથું દુખવું, ચક્કર આવવા. મારી પુત્રી ની તબિયત સારી જ રહે છે. તેને કોઈ તકલીફ નથી.
* મારી મમ્મી ની તબિયત સારી રહેતી નથી. તેને ફેફસા ની બીમારી છે. પગ અને હાથ માં વા આવ્યો છે. તે પોતાનું કામ જાતે કરી શકે છે. પણ તે જડપ થી ચાલી નથી શક્તિ અને કામ નથી કરી શક્તિ. મને તેની ચિંતા રહ્યા કરે છે.

Case 6 **Dr. Shailja Nandha**

English translation of Gujarati history - A P

* Menses is irregular. It is since 1 ½ years. Sometimes it is regular and sometimes it is irregular. At times menses comes 10 days early or 2, 4 or 5 days early.

* 10 days before menses and during menses, anger and irritability, upper limbs and lower limbs pain, lack of sleep at night, lot of thoughts. Sometimes pain in left side of abdomen and it is mild. Mentally get more disturbed. I get more angry and any matter does not go out of my mind. During this time gas and constipation occurs. Occasionally nausea felt.

* Pain in right ear and due to that pain behind the ear. Pain in right side of head. Pain and heaviness in right side of nose and above right eye. This pain started since Feb 2022. I have shown to M.D doctor. I have done x ray of sinus which shown normal report. He prescribed medicines to me but those medicines did not suit me.

* I also have compliant of gas and acidity, as such it occurs occasionally. I also have headache. Sometimes occurs in travelling. If I travel immediately after eating, then I have problem of gas and acidity.

Personal Information

* Physical description – I have medium built, whitish skin, and my weight is 60 kg. My height is 5.2.
* My nature is kind & loving and hard working. My work is clean and perfect. I love to help. I like to live peaceful and simple life. My expectation is that health of all my family members and myself remain good and I can help everyone.

* My relations with family members, friends and relatives are good. I have more affection for my husband and my daughter. I am also very much attached with my father and mother. I am a housewife. I do all household work on my own.

* I like to eat simple and tasty food. I prefer healthy food instead of fast food. I dislike food prepared from refined flour. I like to eat homemade farsan. I like to drink tea two times per day.

* I have headache sometimes in hot season. My health remains good in cold weather and I have no complaints. I get lot of sweat in hot season. I get headache sometimes in cloudy weather.

* I love to listen to movie songs for entertainment. Iike to listen both Gujarati and Hindi songs. I like to play garaba a lot

Case 6 **Dr. Shailja Nandha**

* My sleep is reduced. Before delivery it was good but reduced after delivery. If work is pending, then I cannot sleep that is my nature. Sometimes I get dreams but they are always good, never bad.

* My delivery was normal. There was no difficulty during that time. My menses was regular after it. Now after 39 years of age, it has become irregular.

* My husband's health is not good since 1 year. He has mental illness, headache & giddiness. My daughter's health is good. She has no complaint.

* My mother's health is not very good. She has lung problem. She has arthritis in legs and hands. She can do her work on her own. But she cannot walk and work with speed. I keep worrying about her.

Case 6 **Dr. Shailja Nandha**

Exhibit – 2 (SCR + life space)

SCR & life space

Name: Mrs. A. P D0C – 9-7-21
Age: 41 years sex: Female Education: BA + MA Occupation: Homemaker
Spouse: S.P Age: 41 years Education - BE Occupation: Service
Father: V Mother: V
Brother: 1 younger – 34 years, married, service
Children: daughter- 13 years Address: Vadodara

Chief complaint:

Location	Sensation	Modality	Accompaniments
FGT O – Since 1-2 years	Early cycles Polymenorrhoea Cycle 20-26 days D- 3 days LMP – 25-4-21 8-5-21 21-6-21 (after treatment)	A.F Anxiety3	
FGT O – Since 2-3 years	Irritability Thoughts Anxiety2 – self, health of husband Sleep decreased Constipation Extremities pain Abdominal pain Occ. Nausea Weakness Brooding	<2 Anxiety <2 10-15 days BM >3 DM >3 AM	
Right ear, Rt. side of head, Rt. side of nose, Rt. side above eyes O – since Feb 2020 F – once / month D - half – two days	Pain Heaviness Shown to ENT specialist. Treatment did not suit. X – ray PNS – WNL	>2 steam inhalation >2 Sudarshan >2 Yoga	

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Associated Complaints:

Location	Sensation	Modality	Accompaniments
Stomach O – since 1 ½ years F- related to modality D – 2-3 days Last episode yesterday	Acidity Nausea Appetite good but cannot eat Eructation of food eaten No water brash No burning	<2 cloudy weather >Sudarshan <2 spicy food <2 fasting	
Head Temporal Vertex O – 13-14 years F – 5-6 times / year D – half / one / 1 ½ days	Throbbing2 pain2 nausea +	<2 A.C car – change in temperature <+ occ. sun >2 tablet Crocin >3 Sleep after	
General O – since 1 ½ years F – 1-2 times / week	Sleep disturbed	<2 Anxiety	
CVS Since July 2021	BP high Observed accidently during check up No symptoms Range 140/90		

PATIENT AS A PERSON

Perspiration – profuse3 - Face3, Axilla2, back2
Perspiration – offensive2
Craving – spicy3, sweets2, pica2 as a child Aversion – nil
Stool – occasional constipation Urine – NAD
Menstrual history: LMP – 21-6-22
Cycle – 30 days D – 4-5 days, flow – N, colour – dark red2, clots – occ., no stains
BM: Hypogastric pain+ DM: Better2
Leucorrhoea: Occasional, BM Itching – occ. Colour – white, no stains, no odour
O/H: G2, P1, L1, A1 Abortion – induced
During pregnancy – BP high, Oedema – legs + FTND
Sleep – associated c/o Dreams – nil

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Fasting <+ associated c/o
Sun – Occ. headache
Thermal – C3H2

Riding – no complaints

Bath – S -cold, M – warm, W – warm

Cover – S – cotton bed sheet, M – cotton bed sheet, W – blanket, covers up to neck
Fan – S – 3-4, M – 2-3, W – no

Woollen - +

Past history – Nil

Family history – Mo – rheumatism, HT

Investigations –

14-7-21 - Hb- 13.3 WBC – 6900 Platelet – 2, 54,000
FBS – 99 TSH – 2.843 Vit. B 12 – 242 Vit. D – 8.4 (decreased)
19-10-21: USG – pelvis – normal uterus and ovaries
18-10-21: Vit D – 51.9 Vit B 12 – 1509

Life space

Patient is born and brought up at P. in Gujarat. The father used to work in a bank (retired now), the mother is a housewife. She has one younger brother 7 years younger to her. Both the parents are very strict. Financial condition was average. According to patient her childhood was not very happy as she had to work a lot. When she was very young, mother suffered from RA. She had multiple joint problems and could not do any work. Moreover, she was also very strict. She used to scold on the matter of work or if things are not kept properly. Sometimes she also bet the patient, who felt hurt2 and angry but could not say anything to her parents. The brother was much younger to her so she used to take care of him. There were no fights between them.

The Patient had to shoulder the responsibility of the house at a very early age since the mothwr was not well. She used to cook and do housework before going to school and even after coming back. She wanted to play with friends but her mother's health prevented it. She used to feel why did she alone have to face this situation. She also had to compromise for new dresses, or going out for entertainment. They could not buy clothes again and again because of average financial condition.

School

Pt studied up to MA. She was average in her studies. She liked embroidery, sewing, singing, and painting. She also liked sports and got medals in it. She never participated in extracurricular activities in school. She had 7-8 friends in school and had very good relations with all of them. They had no fights or even arguments.

After finishing college she took tuitions of 1st to 4th Std. children at home. Thus she helped in generating extra income for home.

Case 6 **Dr. Shailja Nandha**

Marriage: she got married at the age of 24 years. It was an arranged marriage. In-laws stay at K. It is a family of FIL, MIL, Husband, and one younger BIL. The husband is an engineer and is working in a private firm. They stayed at Surat for a few years after marriage. Since the last 13 to 14 years they have shifted to Vadodara. The husband is highly irritable3 by nature. He gets angry if things are not going according to his wish. Years back, when staying at Surat, he once bet her. She said that she doesn't remember much the incidence but she was hurt3. She has never shared this to any one till now. Husband's anger is short-lived. He immediately cools down as if nothing has happened. She is used to it now, having stayed with him for so many years.

She has not stayed much with FIL & MIL. Both of them stay at K. At times they come and stay with the patient. FIL gets bored in Vadodara. He has a big friend circle at K. FIL has grocery shop there. So, FIL spends whole day at the shop for time pass. Pt feels that MIL loves the BIL more than patient's husband. She always feels that even if they do so many things for MIL & FIL they never speak well of her. BIL is at USA along with his wife and daughter. Most of the time the patient and her husband take responsibility when in-laws are not well. They visit K. during festivals.

Husband's illness:

During the lock-down period, the husband suffered from anxiety & panic attacks. He visited different physicians but the illness could not be diagnosed. Finally, they visited a psychiatrist. And he diagnosed that the husband is suffering from anxiety disorder. He is taking treatment since then. Though he takes medicines regularly, sometimes he has a lot of physical complaints and cannot do his office work.

The patient worries3 about his illness. She worries whether he will get cured or not. If something happened to him then how would she live with daughter alone and what would she do? If his illness is not cured and he stopped working, then what will happen? She tries to think positive about his health that everything will be OK and he is better than what he was initially. Medicines are helping him. But frequently negative thoughts visit the mind. How long will he have to take psychiatric medicine? Will he get cured? He is still too young!

Her chief complaint also started around this time. Her sleep is disturbed due to anxiety. She knows consciously that worrying is not going to help. But she cannot control herself. Her irritability is also increased since the last 2-3 years.

The patient is extremely attached to her husband and daughter. Her daughter is 13 years old. Patient cannot live without both of them. Even the husband too cannot live without her.

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Patient – daughter:

The daughter studies in the 8th Std. She is weak in studies. Her weight and height are less than those who are studying in her class. The patient gets angry3 on her daughter when she doesn't study, or becomes obstinate for getting things. Sometimes the daughter doesn't help and is lazy when asked to help during vacation. Then the patient gets angry2 on her and compares how she helped her mother and how her daughter is. Sometimes when angry, she beats her daughter. She worries2 for her studies and future. They are sending her daughter to tuitions but her seriousness towards study doesn't improve. The patient feels that they did not have this facility & opportunity whereas the daughter has everything. Why doesn't she focus on studies?

The patient is doing all work by herself. She doesn't take help of anyone. She likes everything neat and clean. She doesn't like if things are dirty and messed up. She loves to keep the house clean. Sometimes she thinks that her whole life has passed in doing work only. She loves to play garba. Whenever she gets angry on MIL or FIL she doesn't express her anger. Usually, she suppresses her anger towards elders. Sometimes she speaks out her mind to MIL but later on feels guilty about this. If someone hurts her, she keeps on thinking about those matter till she tells the opposite person ("jyan sudhi kahi na dau tyan sudhi magaj ma thi vat nikle nahi")

BIL and co sister stay at USA. The patient has good relations with them.

Patient's parents have shifted to Vadodara since the last 4-5 years. Her brother, Bhabhi and parents are staying together. The mother's health is still not very good. The mother shares with her about problems that she has with Bhabhi. The patient consoles her mother to live peacefully and accept her whatever is her nature. Sometimes she feels sad and worries thinking about parents' situation.

Case 6 **Dr. Shailja Nandha**

Date	Complaints before menses								LMP	Rt Ear, Nose, Head pain	Acidity	Eructation	Headache Temporal	BP	Action
	Anxiety	Irritability	Thoughts	Sleep	Constipation	Weakness	Extremities pain	Abdo Pain							
5-7-21															A
9-7-21							+		21-6-21	>2					B
	Feverish but no fever; Sputum & cough >3; Apthous since 2-3 d														
14-7-21							No feverish							Apthous >3	C
26-7-21		>2		D	+	>2	>2	>2	23-7-21	>3	>2	>2	>2 Wt: 61.9 kg		D
	No cough. No sputum, no Apthous														
2-8-21				>+; Since 3-4 days						Was much better with last to last Rx	0	0	+, Mild heaviness since 3-4 d.		E
	No Apthous, no sputum, No feverish														
9-8-21	-	-	-	> D for 2 days due to thought	-	-	-	-	23-7-21	>	+ since yesterday night App -D		Mild heaviness was there but >3 steam inhalation	Wt – 62.6 Kg	F
16-8-21	>2	++ since 1 wk	++ since 1 wk	>2		-	-	-	23-7-21	>2	-	-	_	150/80	G

Case 6 **Dr. Shailja Nandha**

24-8-21	++ for work	++	F	>+	-	-	+	+	23-7-21	>2	+ since today morn	+	>2 but +++ today < looking down,	150/90	H
27-8-21		++	++	Overall c/o BM >2, Earlier magaj shant na rahe					25-8-21	>2	>2	>2	>2		I
	Throat : Soreness since yesterday occ cough bouts with sputum+; O/E TH – congestion+														
3-9-21	>2		>2	D yest	+ since 2-3 days	++ with dyspnea	++		25-8-21	+ in ear >2; >2	-	-	>2	130/70	J
	Throat c/o > 2, TOOK Inj Vit D														
Date	**Complaints before menses**								**LMP**	**Rt Ear, Nose, Head pain**	**Acidity**	**Eructation**	**Headache Temporal**	**BP**	**Action**
	Anxiety	**Irritability**	**Thoughts**	**Sleep**	**Constipation**	**Weakness**	**Extremities pain**	**Abdo Pain**							
11-9-21	-	-	-	- D for 1-2 days	>2	-	-	-		-	-	-	-	120/80	K
	c/o feverish feeling but no fever; heat in hands & feet. Had body ache but now >3; Weakness & dyspnea >2, App - N														
24-9-21	-	++	>2	Good	-			mild	22-9-21	>2	-	-	-	140/92	L
		feverish feeling since 2 wks with pain in hands & feet													
1-10-21			>	Good	-				22-9-21 D: 4-5 d.	+ since 3 days	once	once	+ since 4 days	130/80	M
	c/o cold & cough since 4 days,A.F ice cream, >2 steam inhalation, No nasal discharge, Nose block ++, Cough occ bouts with sputum, Mild throat irritation, Uneasiness in evening Anxiety2 for health so started calcium tablet(amway)														
8-10-21	>	>+	> But still +	D once	-	-	-	-	5-10-21	once	-	-	-	140/90	N

Case 6 **Dr. Shailja Nandha**

	Menses appeared in 15 days, D – 4 days, Flow – mod; **Overall >2**														
23-10-21									13-10-21					130/80	O
	Shown to gynecologist due to heavy flow, Tab. Trapic MF started, Bleeding stopped on 19-10-21, **USG - NAD**														
30-10-21									13-10-21						P
	c/o gas with heaviness of abdomen, occ leucorrhea														
15-11-21		+	+, Since 4-5 days	D			+		7-11-21	-			-	140/90 62.4 kg	Q
	Food poisoning 1 wk back took allo Rx, c/o started with headache. At present, Abdomen heaviness, nausea, epigastric pain after breakfast, Stool – once per day														
22-11-21									7-11-21	+ since 1 wk >3 steam inhalation	+	+	mild	130/88	R
6-12-21	Overall >2								4-12-21		Occ mild			130/80	S
20-12-21	>	>	>	Good		-	-	-	4-12-21	Mild due to cold	-	-	-	120/80	T
	Had cold & cough 1 wk back > on its own, Cough still there dry bouts														

Case 6 **Dr. Shailja Nandha**

Date	Complaints before menses								LMP	Rt Ear, Nose, Head pain	Acidity	Eructation	Headache Temporal	BP	Action
	Anxiety	Irritability	Thoughts	Sleep	Constipation	Weakness	Extremities pain	Abdo pain							
8-1-22	Overall >2					**+ after menses**	+	-	30-12-21 D: 3 days Flow – N	+ 2 days back now >	-	-	++ 2 days back > with our medi	130/80	U
	No cold & cough														
22-1-22	>2	>2	>2	Good	Mild yest	-	+ since 2 days	-	30-12-21	mild	-	-	-	110/80 61.5 kg	V
	c/o cold , feels its thick and inside not coming out														
7-2-22	-	-	-	N	-	**++ after menses**	+	mild	24-1-22 D: 3 days Flow – N	-	-	-	Occ F – 2-3 times >2 steam inhalation	130/80	W
	Pain in Lt hand for 5-6 days, Feverish sensation since 3-4 days > Sudarshan; Since 2-3 days papular eruptions on face, erythematous, no itching, no burning;														
23-2-22	++		++	D Since 4-5 days	-	**++ after menses**	Mild Feverish sensation was > but again	-	18-2-22 D- 2 days	>2	-	-	+ since 3-4 days	150/82	X
	c/o increased as hus is not well, leucorrhea with itching since 2 days														
12-3-22	-	-	-	D	-	>+			18-2-22	>2	-	-	-	120/80	Y

Case 6 **Dr. Shailja Nandha**

				Due to exertion										
	Constipation since 10 days, F 2-3 times /day													
4-4-22	Anxiety2, irritability2, thoughts2 due to daughter's performance Her exams are near and she doesn't study; Dull feeling <2 evening			Good	-	+	+	_	15-3-22 D – 2 days				140/94	Z
	Had headache2 with pitta, A.F heat & sun exposure													

A Journey to Unprejudiced Observation: The ICR way

Case 6 **Dr. Shailja Nandha**

Date	Complaints before menses								LMP	Rt Ear, Nose, Head pain	Acidity	Eructation	Headache Temporal	BP	Action
	Anxiety	Irritability	Thoughts	Sleep	Constipation	Weakness	Extremities pain	Abdo pain							
11-4-22	-	-	-	>2	+; Mild unsatisfactory; Gas+				7-4-22 D: 3 days Flow: N	+ 2-3 days back	-	-	>2	140/90	**A1**
27-4-22	++	++ Stress ++ Complaints with daughter	++	-	Mild	+	++	+	25-4-22	+	-	-	++ Today R side	150/94	B1
	R side throat pain since 4-5 days. Pain radiates to R ear no fever no chilliness, Not < or> with warm or cold water, Bodyache +, O/E th – redness2														
6-5-22	>	>	>	G	-	Mild	-	mild	25-4-22	Mild	-	-	-	140/80	C1
	Throat pain mild, Shown to ENT specialist for R ear pain. He said pulling of jaw muscles Adv -tablet dynapar ,At present >2														
14-5-22	Before menses aggravation is better Sleep only once disturbed yesterday								10-5-22 D – 4 d Flow less					140/90	D1
	Pain in rt ear better with dynapar, Pain in l ear +														
3-6-22	Good							+	22-5-22 D- 2 days Flow- less	-	>2	>2	+ due to travelling	150/90	E1
10-6-22	-	Sometimes	-	G	-	-	-	-	22-5-22	-	-	-	-	110/70	F1
19-6-22	-	-	-	-	++	>2	>2	>2	14-6-22	-	-	-	Once	140/90	G1

Case 6 **Dr. Shailja Nandha**

					unsatisfactory since 4 days F - once /day								Rt side above eyes		
	Anxiety + for hus and daughter; Cough bharato hoy evu lage														
1-7-22	Mild	>	mild	good	-	F	-	-	14-6-22	mild	Anxiety, irritability – anger suppressed – MIL & FIL stayed for 1 wk. physical exertion increased		140/90	H1	

Case 6 **Dr. Shailja Nandha**

Date	Complaints before menses								LMP	Rt Ear, Nose, Head pain	Acidity	Eructation	Headache Temporal	BP	Action
	Anxiety	Irritability	Thoughts	Sleep	Constipation	Weakness	Extremities pain	Abdo pain							
9-7-22	++	>	++	good	-	-	++	-	8-7-22	++	-	-	++	130/84 61 kg	I1
	Since 4-5 days r side throat pain with feverish sensation. Had severe headache all over, throbbing. Pt tried to induce vomiting but no vomit. Mild cold feeling but nothing comes out. pitta bharatu hoy evu lage. Thoughts 2 & anxiety something will happen to me. Dullness 2 , O/E Throat – Mild redness														
16-7-22	No complaint; Cold & throat c/o >3								8-7-22	Very mild	-	Mild Temples & occiput		130/80 62 kg	J1
29/7/22	>2	>2	>2	N	-	Mild since 2-3 days	Mild since 2-3 days	-	8-7-22	occ	+since 2 days, gas	-	-	120/70 61.8 kg	K1
	c/o backache BM since 2 months														
5/8/22	A	A	A	N	-				2/8/22	>2	-	-	On 1/8/22 h/a, with gas D – 1 day	150/90	L1
24/8/22	On 20/8/22 talk with pt on phone, she had severe bodyache with feverish sensation—Rhus tox 200 QDS started. From 21st developed throat pain 2 with hoarsenss of voice. At present today throat pain mild. Dry cough2 since 21st , long bouts and short bouts, <2 lying, >2drinking water>2 warm drinks, > kushal kanthil. No chest pain or headache. Involuntary urination while coughing. No bodyache. Backache+. Last dose of rhus tox taken on 22/8/22														M1
3/9/22	Hoarseness >80%, cough>80%. Mild headache and bodyache. Mild throat pain since 2 days A.F eating cold apple. No cold									-	+ due to fasting		Mild with acidity	130/84	N1
	LMP – 31/8/22 - PMS – felt as if no complaints														