

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Objectives:

1. Demonstrating the impact of painful childhood experiences in shaping the personality
2. Examining the role of socio-cultural background in the evolution of a person
3. Demonstrating how our perception of 'Man as a Victim' impacts our Actions and comprehending this through the T-F-C-A-R model.
4. Demonstrating the importance of repertorization in understanding the core / centrality of the patient through the process of RS / PDF.
5. Integrating the above concepts to understand the materia medica image
6. Demonstrating that playing different roles (Mother, Daughter, Friend, Philosopher, guide) expands / deepens the boundaries of the person within the Patient / Physician

Directives:

Exhibit 1: Screening and History written by the patient

1. Please read the document carefully and express your feeling state in 10-12 lines. Add a comment on how the history has been written
2. Give an understanding of the clinical diagnosis and the reasons for the same.
3. Is it possible to understand the reason as to why is she suffering? What does the nature of the dreams indicate?
4. How would you like to plan the interview? Which role/s are you likely to play during the case and why?
5. What problems do you anticipate and how will you take care of the situation during the case?

Exhibit 2: Life Space and SCR data

1. Express your feeling state (approx. 12-15 lines) and fill up the CSEF focusing on the Physician-Patient relationship, the location taken by the physician, Sensitivity, Sensibility and Blocks.
2. Fill up the Life-Space Table (Events: Childhood, Sister's Event, Teaching life in Delhi, Life post-Marriage in Mumbai)
3. Fill up the mental state SCR and represent the Psychosomatic Psychodynamic co-relations (Page 46) with dream interpretation as on SCR page no. 43.
4. Integrate the understanding of the patient using the T-F-C-A-R model. Identify and represent
 - a) the genesis of the thoughts, feelings and purpose,
 - b) the consequent actions released by the patient and,
 - c) the kind of balance / imbalance attained as a result.
5. Integrate the above in the EET
6. Form a totality and use an appropriate repertorial approach to arrive at the Materia Medica correspondence with differentiation of close-coming remedies
7. Formulate the therapeutic plan (TPD/TPR)

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Exhibit 3: Follow up

1. Apply Kent's 12 observations to the follow up to evaluate the action.

Send your working to: gayatripatel2@gmail.com

Exhibit- 1: History written by the patient:

Name: ABC.

Address: Western Suburb, Mumbai

D.O.B: 29 August, 1979

Female

Married

Non-religious

Non-vegetarian

I used to smoke occasionally. I have quit since 6 months. I enjoy two-three cups of tea daily, I drink coffee rarely. I am an occasional drinker and I normally have a glass or two of wine once a month. On vacation I may have two or three small cocktails in a day.

I obtained an M. Phil in Literature in English in 2006 and I have been teaching since 2005 at colleges at X University. I obtained my BA and MA degrees in literature from the same university in the same discipline. I have taught for five years in all, four out of which were in colleges of X university and one year at Y College South Mumbai. In these five years I have taken several guest lectures at the MA level at X University, Z University, a film institute. I was involved in a number of activities in X University which included being convener of the Anti-Sexual Harassment Committee, Gender Forum and Theatre and Choreography. At South Mumbai College I was actively involved with students, helping with theatre, academic seminars and so forth. While I enjoyed teaching at Delhi immensely with the occasional wave of stress, teaching at Y was largely stressful and depressing. I had little autonomy and found the environment very un-academic, stifling and mediocre. I have resigned from Y College since February 2011.

My immediate family include my husband with whom I live in Bombay, my parents, two sisters, mom-in-law and brother-in-law. My husband is Director of BB Media at an advertising firm in Mumbai.

My parents live in Gujarat and my father works with G, a finance institution, after having retired from a nationalized bank of India as CGM. My mother helps him with some of his work, although she has been a lecturer in political science in the past. My elder sister lives in California and works with a well-known MNC and my younger sister lives in Bombay and works for a foreign bank.

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

My in-laws live near B. as does my brother-in-law. My mom-in-law is the Chief Editor of a known mythological comic series and my father-in-law runs his own flower business. I am very close to my younger sister, quite close to my parents and mom-in-law. I am not responsible in any immediate way for anyone though I do look out for my younger sister's safety and well-being. We now have a cat who keeps me gainfully occupied.

My maternal grandparents passed away in 2000 and 2003. They both had physical injuries that led to further complications and death. My maternal uncle died of a stroke in 2005

Routine: I wake up around 8.30 or 9. I have a few glasses of water and then a cup of tea. I do a few chores, do half an hour of exercise, which doesn't happen regularly though, and then go for a shower. Breakfast is usually cereal with milk and banana and toast with peanut butter and/or egg, in front of the TV. I then sit down to reading and writing or painting. Lunch is around 2 and usually consists of rice dal and subzi or paratha but sometimes its leftover Chinese or a slice of pizza and some fruit. I try and eat salad very often. I usually take a nap in the afternoon which I am trying to avoid these days as I don't feel too fresh when I wake up from it. Sometimes, say once or twice a week I go to libraries, or shopping or to meet with friends during the day.

Evening its back to reading and writing and a few household chores and then I spend time with my husband from around 8.00 onwards, chatting and then it's dinner which is usually vegetable or chicken or egg curry and pulao or rice and television and winding up in bed together with a movie on.

We go out to eat or order in during the weekends often. We usually order from good places and include salads and fruit with the meal or after it.

Presently I don't have too many difficulties but my life with my parents when in school and college was often strenuous. I have felt betrayed and humiliated by them on many occasions and discussing it with them has led to denial and therefore a feeling of greater betrayal. It is often a joke that I have felt neglected in my family. I have lived alone in Delhi which is hostile to women largely and have found it extremely taxing but always come out on top. Because I have faced a number of attacks as a girl and a woman on my person I have learnt to help those who continue to quit early in my life. My tryst with feminism and work for understanding violence and oppression is closely related to my personal situation. While my work at a well-known College, at Delhi and my work as a research scholar at the university was immensely appreciated, supported and rewarded. I felt incomplete as I didn't have love in my life. However my real frustrations appeared in Bombay where the work environment was parochial, interfering and gave me little scope to flourish as X University had, something I had taken for granted. While my personal life was very exciting from the day I met my husband we also had terribly violent and emotional wracking fights throughout our first two years of marriage which strained me further.

Things stand at a much better place on that front now and we largely enjoy each other's company immensely. I have found my peace and stability again after getting out of the Y College which was by and large a terrible experience.

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Complaint:

My breast cysts, which enlarged and got infected in the last year, since Nov 2010 are my chief cause of worry.

i) My first lump appeared in November and then a bigger one in February which was diagnosed as mastitis. This was a large hardened cyst which protruded, was painful and formed a patch around itself. While cysts continued to be felt, another case of an inflamed / infected cyst appeared in May 2011. All three times I went through an ultra-sound that showed multiple cysts and some complex cysts and given anti-biotics which reduced the inflammation / infection. I was also given Vit E which I am taking currently.

ii) I feel pain in the area that is affected in my breast, whenever it is. Every now and then there is some tenderness in the breast also but no pain. The conditions that were there when I first experienced the enlarged cysts include extreme unhappiness and stress at work and marginal stress at home.

iii) I was very troubled about my work experience and had little time and energy to write, publish and research and work collaboratively with students, things that normally used to frame my experience as a teacher and make it exciting in the past. I had also been on the contraceptive pill for almost a year by then, without any trouble in the past. I got very little sleep in those days and ate unhealthy food at college as there was little option for anything else. I also could not exercise regularly something I have seen working wonders for my well-being. On two of the occasions I had just had my period and had been holidaying just prior to the cysts getting enlarged.

iv) Antibiotics have reduced the inflammation in the past. Evion, good food and exercise and a stress-free environment may have kept things slightly under control but I cannot say this with complete certainty.

Other complaints: I have had a problem with my digestive system since as long as I can remember. I have a mild constipation and acidity problem. I used to often get stomach infections which has landed me in the hospital a couple of times. I had a severe case of hepatitis when I was 14. I get tired rather easily and fatigue always results in body ache, leg cramps sometimes and mild temperature.

Personal Data:

i) I am 5.6 ft tall, 55 kilos in weight. I have a narrow waist, slightly broad shoulders and muscular legs. I would describe myself as having a slight athletic frame.

ii) I am extremely sensitive but over the years that has been tempered quite a bit. I can be quite high-strung and I get offended easily and make sure that I am never insulted or taken for a ride. I have a natural ability with philosophy and with abstract and ethical questions and my work allows me to explore that. Whether I am writing poetry or a research paper or painting I am able to connect with that aspect of myself in different ways.

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

iii) I have read and published research papers and articles at a very young age and have managed to reach academic success with my distinction in MPhil and landing a permanent job at 25 at a X university college. I do feel however that my academic excellence has made me ignore my creative desires; I want to be a successful artist and poet and have not been able to really achieve similar success on those grounds. I'm now working towards that but I feel like I'm not doing enough in that area. I should enroll for a PhD soon but I am torn between that and my creative aspirations at the moment.

Reactions:

a) I love good bread, cheese, pasta, and egg. I am very fond of a variety of foods and tend to overeat at times. Very cheesy and dough based stuff does not suit me. Sometimes extremely spicy food doesn't either.

b) I love water- swimming helps me immensely as does a good cold shower.

I can't take too much of the sun and I love slightly cold, breezy, windy weather. I love watching television and movies, reading, sleeping and going for walks in good weather and amidst nature. I love the sea, the mountains and nature in general. I get very affected by noise and bad weather or unclean air.

c) I see very vivid dreams. My frequent ones are being naked in public and not being able to do anything about it or being bitten or chased by animals and humans and also having people close to me betray me in some way. I have noticed when my stomach's upset I see bad dreams and when I am feeling fine I see very good, fun dreams.

d) I enjoy sex very much and my husband and I don't have any problems there. I have had an induced abortion as we did not want children at the time.

Family history: My mother has irritable bowel syndrome and chronic constipation. She had a prolapsed ovary but no breast related trouble.

My father has a vertigo problem which I too had one incidence of. My younger sister has a vitamin deficiency problem which has been sorted.

My husband has a back pain problem which can get very serious at times.

I do not have too many close friends but the few I have I am in touch with regularly. My best friend is my husband and I am extremely close to and fond of my younger sister. I am also very close to some of my students who I managed to form strong bonds with.

Investigations:

First Ultrasound Breast Date 14.12.2010

Multiple cysts are noted in both breasts

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Right breast	
12 o'clock	8.0 x 6.0mm
1-2 o'clock	1.3 x 1.7cm with thick walls and an internal septum.
6 o'clock	6.0 x 3.0mm
7 o'clock	7.0 x 4.0mm
9 o'clock	1.0 x 0.6cm
10 o'clock	1.5 x 0.7cm
Left breast	
12 o'clock	2.1 x 1.6cm
1-2 o'clock	2.4 x 1.3cm
3 o'clock	7.0 x 4.0mm
4 o'clock	7.0 x 5.0mm

Bilateral axillary reactive axillary lymph nodes are seen.

IMPRESSION: Bilateral breast cysts. The one in Rt breast at 1-2 o'clock position is a complex cyst. Bilateral axillary reactive axillary lymph nodes.

Second Ultra sound of breast: Date 7.2 2011

Multiple cysts are noted in both breasts

Right breast	
12 o'clock	8.0 x 6.0mm
1 o'clock	4.4 x 3.1mm
4 o'clock	2.0 x 3.0mm
9 o'clock	1.0 x 0.6cm
10 o'clock	8.3 x 4.8mm
Left breast	
12 o'clock	2.1 x 1.6cm
1-2 o'clock	3.0 x 1.4 cm

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Impression:

Bilateral breast cysts. The one in the left breast at 12 o'clock has increased in size since the previous scan. Bilateral reactive axillary lymph nodes.

Exhibit 2: SCR data

Date of CD: 16.06.2011

Name: ABC Age: 31 Female

H: 32, working at a high post in a media Co.

Sisters 2: 1 elder at USA, 1 younger at Mumbai working in an international bank.

Parents: at Ahmedabad, Fa retired but consulting and Mo Home Maker, h/o Lecturer

Address: M

Chief Complaints

Location	Sensation	Modalities	Concomitants
Breast Lt> Rt Since approx. Nov 2010 h/o Episodes: 2 times	Mastitis 2-3 times (Refer history) 'Lumpy breasts' Hard swellings, Tender and painful before menses MRI : Fibro cystic breasts	After coming to Mumbai Rx antibiotics 3 rounds + painkiller BM "as a preventive" <2 BM	

Associated complaints

Location	Sensation	Modality	Concomitants
GIT Since PG around age 21 F: 1/ 30-45 days D: 4-5 days sometimes more (before sister's event)	Bloated ++ feeling with Discomfort Ineffectual urge for stool 3-4 stools with mucous , semi solid No blood	A.F. Outside Food < cheese < oily food >Stool after >2 on its own with normal diet	Bad dreams during GI upset

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

	During travels continuous		
	Tiredness occ		

Patient as a person: (Please refer Life-Space as well)

Built: Slender and tall look,

Appearance: amiable and good looking (had modelled 2-3 times)

Perspiration: Nose + / upper lip+

Cr: Cheese++, Bread +, eggs+, sweets +, pastry+

?< coffee –Loose motions

Stool: Frequency reduced at weekends

Menses: Cycle 30 days, duration 5 days, dark red-----maroon, thin at start then thick, NO staining

Breast tenderness mild < BM ---- (before onset of c/c), Abdomen cramps+ first day of menses,

Sexual Function: Husband anxious after Pt's conception, frequency reduced after MTP,

H/o active and very satisfying.

Obstetric history: MTP once ---contraceptive failure

Sleep: on and off: disturbed due to dreams, startles in sleep

Dreams: (Refer History also)

Vivid++, fearful ++, anxious++ and disturbs her, ++ with GI c/o

Nightmares: wakes up anxious ++ and scared++,

Animals: Bitten / chased by dogs, sees lions, tigers, snakes and being chased by them

Men, Old people hanging especially females, old females shrieking / smiling, bad-looking old females

Husband cheating on her

Naked: trying to raise pants, can't find clothes, can't help myself,

H/o parents not helping, she is stuck up in some conflict, and parents are not on her side, she feels scared++

Thermal: Sun <

AC prefers mild in Summer

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Covering must, thick in winter, thin in summer,

Bath: hot in winter, tepid in summer

F/H: Refer the history form

LIFE SPACE:

Patient is a 31 years old slim, tall, fair, pretty-looking vivacious well-dressed Bengali lady. Her father was working as CGM for govt bank and was transferred nationally and internationally. Sometimes the family moved with him, esp. international locations. Mother is a housewife, who was a lecturer for a few years and is a conservative, timid, socially conscious woman who was very keen on having a male child.

Patient has two sisters, one elder and one younger. Her elder sister was competitive, would fight with pt. for small things & prove her wrong. She was very demanding by nature & would get whatever she asked for from parents. Her sister was academically very good and parents praised her a lot. Pt. openly expressed her discontent, "I would feel hurt that they were partial & never scolded her." Pt. used to be scared of her in the beginning and even now is anxious about her presence since she can be rude. Patient is very fond of her younger sister, always protective about her and was like a mother to her.

Since childhood she was more inclined towards art: painting, writing poetry and dancing. When patient was around 9-10 years, during a train travel, a man tried to touch her in sleep. She got up & complained to her parents, but they did not pay much attention. He tried again so patient shouted and called for help. Parents got up and also a few co-passengers. The person was forced to leave the compartment. Parents scolded her and hushed up the matter & asked her to sleep. Next day, they pretended as if nothing had happened. Patient felt very angry, humiliated and confused. She expected her parents to help her.

A second incident was narrated, where, a male servant tried to enter the room in which the pt. and her sister slept. The patient went to tell her mother but she did not respond and asked her to go to sleep and did not say anything to the servant. Next day when she tried to explain she was rebuked. The mother said, "It may be your fault". Pt became anxious and used to have disturbed sleep. She was very angry and confused as to why her parents were blaming her. She felt very bad that her parents failed to handle these situations and never supported or stood by her.

When she was in 7th Std, her father got transferred to Cairo. Life in Cairo was good and she could easily adapt to her new surroundings. In school she observed racial discrimination done with other Indian students (not her). The Indian students were looked down upon and others would make fun of them. Pt. would get angry and back answer and stand by her Indian classmates. When they shifted to India she insisted to father to put her in an international school so she went to Mussorie and her younger sister went to convent school in Orissa. Sister went through a cultural shock as the environment was a contrast: from international school in Cairo to a convent school in Orissa.

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

Later they shifted to Delhi, her sister was in high school and the patient did her graduation & PG in Delhi. While she was studying in PG, her younger sister who was then studying in X std was kidnapped by strangers while coming back from school. They went to the police station to lodge a complaint as she did not return till night. At the police station they got a very cold response and were told this happens in Delhi, "aap ki beti mein problem hoga". The patient was furious, blasted at the police inspector in rage & had a big argument. The parents calmed her and went home. Her Father had connections and tried getting calling and meeting political people but in vain. Her sister returned home next day like a 'zombie,' parents were relieved but never interested in getting the culprits punished. Her sister was depressed but mother was more bothered about keeping the event under wraps. According to the patient their mother hardly attended to her daughter who had been sexually assaulted by, maybe, more than one? The patient was very angry at her parents. Her sister told her that she was kidnapped by few men in a car whom she did not know at all. Then she does not know anything, remembers being dropped by them near her house early in the morning. She complained of body ache and pain in her private parts. She also had suicidal thoughts. Her sister did not express much to her mother. The patient comforted and counselled her. She decided never to leave her alone till she became independent. The parental attitude of showing little interest in her sister troubled her a lot & she decided never to stay with them once she started working / earning. This feeling state seemed very active & fierce till date. They never talked about it which irked the patient. (By this time the elder sister was in the US)

As a student she was average but when she went to college she chose Arts and Philosophy and topped her class. She says till then her father never thought she could ever achieve anything in life. Later she started teaching, which she enjoyed. She taught in two colleges at MA. She was involved in theatre, choreography, writing, publishing, reading papers etc. She did painting and thought of doing PhD. She was a part of Sexual Harassment Committee, Gender Forum etc. She also started a help-line called "Pahel" where she helped / counselled sexually harassed people. She would receive phone calls etc. they would often go to the police station for the same. Her teaching experience in Delhi was very good; her IPR with HOD & department colleagues was good and she had a free environment. She expressed herself at all levels: teaching, art, fight against injustice. She had an affair when doing MPhil and teaching. He also was a lecturer at X University. Later he turned to drugs and depended on her salary. Pt got out of it, that was the time she was in Delhi & her parents had shifted to Gujarat. A few months later got in touch with her husband who found her on Facebook. He was her childhood companion, lived in the same colony. Courtship period was good. She shared everything about her life experience. He was from a broken family, his mother was heading a well-known mythological comic series & into animal rights and the father is separated. H/o father belting him, he took to drinking at 14. He is intelligent and a go-getter. The patient is very fond of him. Speaks highly about him but shared that she was anxious about his past. After marriage she had to shift to Mumbai as her husband lived here. She took up a job but her teaching experience was very different here. Mumbai College, predominantly a science college hence focus was different & the patient did not accept. She tried similar activities as in Delhi & was not appreciated by her department. Few students were interested. She did not follow

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL
PRACTICE**

Case: 4

Dr. Gayatri Patel

the hierarchy which she was shown; it was based on age and not qualifications. Patient has a quality to contradict and fight. She says from the very beginning she had humiliating experiences. She felt they did not treat her with dignity and was asked to shut doors etc. in the staff room. She was accused of lying when she was late in the rainy season (rains ++ in Santacruz and not in South Mumbai) which disturbed her ++. She was shouted at for silly reasons & 'no fault of hers'. When this senior colleague did not talk in an appropriate manner, the patient went to her room & told her that she expected her to treat everyone with dignity and respect. She told her that she would leave this college after the year was over, so that the students don't suffer. After leaving South Mumbai College, she tried at other colleges but did not join due to low pay-scale. Her physical complaints were observed after leaving Delhi.

Now she is completing her PhD. Her subject is 'Gender bias & Sexual harassment'. She writes articles on harassment and likes to discuss issues on forums and have debates as well with colleagues and husband. She is a hard-core feminist. At times her husband gets angry and speaks against feminism and sometimes he supports certain female issues. When he gets angry and furious it worries her as he gets violent and throws things, pulls curtains and breaks anything that comes in his way. Once or twice he even tried to hit her. She feels he has insecurity regarding her as he comes from a broken family, so she keeps calling him and informing about her whereabouts. Her IPR with MIL who lives in South India is good.

She underwent a MTP as it was an unplanned pregnancy and both she and her husband did not want a child at that time; she says, "I am not prepared for it, maybe a few years later".

Overall she came across as a sensitive expressive person with strong opinions which could instigate people.

O/E: Rt 3 lumps, Lt 2 Lumpy breasts felt more so on right Refer Ultrasound scans

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL PRACTICE**

Case: 4

Dr. Gayatri Patel

Exhibit 3: Follow ups:

Criteria:

1. Dreams
2. < Before Menses
3. Diarrhoea,
4. O/E: Lumps Breast Rt/Lt

Date	1	2	3	4	Action
16.6.11 to 30.6.11	CD				1
30.6.11 – 17.11.11	>	>	GIT > but fluctuations observed	Lumps> 2 reducing in size	2
18.11.11	Dreams: Husband attending to other girls, big houses---Anxiety/ insecurity Sexual suppression +, Husband wife discords +, Drinking weekends ++ with violent out bursts			Nil	3
	Sexual suppression +, Husband wife discords +, Drinking weekends ++ with violent outbursts. Since, 2-3 days, Colds/cough with constipation> hot, breast pain observed with any infection				
18.12.11	Dreams: big houses, corridors, escaping from them but anxious+		GIT fluctuations observed, GIT sensitivities re- appearing < cheese		4

**ICR NATIONAL SYMPOSIUM
MIND & MATERIA MEDICA: PSYCHOLOGICAL DIMENSIONS IN CLINICAL PRACTICE**

Case: 4

Dr. Gayatri Patel

	Ongoing H/W arguments with planning for a child as well				
26.12.11	Dreams +---++ clothes not enough---exposed		GIT>3	Breast pain >70-80 %	5
30.2.12	Cats many-but comfortable				
9.3.12	Dreams > 2 Bull ---Pt trying to save	> 75%	0	O/E Breasts Normal	6