

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

**Case: 7**

**Dr. Bipin Jain**

**Objectives:**

- 1) Understanding the pain of a sensitive, insecure, and sentimental lady who is struggling to manage her reactivity and fixity to find a secure support
- 2) Understanding how suspiciousness makes inroads in a secure and stable relationship and its impact on psyche and soma.
- 3) Learning how an imbalance in an individual's feelings and thinking diverts commitment to the relationship and influences behaviour and action
- 4) Learning how feedback when driven by feelings and fixed thinking influences the corrective actions and adaptation.
- 5) Learning how integration of mental state and expression with the dynamics and disposition helps in finding the similitum.

**Directives:**

**Exhibit-1**

1. Go through the screening data and take appropriate action
2. Go through the history and put down your feeling state

**Exhibit-2**

1. Go through the LSMC (Location, Sensations, Modalities & Accompaniments) and the remaining part of the SCR and give your clinical diagnosis
2. Analyse the life space through the LST (Life-Space Table)
3. Fill up the Mental State SCR and formulate your psychodynamic and psychosomatic understanding.
4. Fill up the appropriate data in the T-F-C-A-R model and understand the mechanism adopted by the patient in her life
5. Work out the processing part of the SCR till the follow-up criteria

**Exhibit-3**

1. Go through the follow-up and take your action.

**Send your working to:**

[drjainbipin@gmail.com](mailto:drjainbipin@gmail.com)

**EXHIBIT I**

**SCREENING DATA**

**Screening done on 24/09/10**

Gujarati female patient aged 39 years                      Education-VII std.                      Married- since 21 yr.  
Husband -electrician; 2 Sons-1<sup>st</sup> 18 years, 2nd 14 years, deaf & dumb.

**CHIEF COMPLAINTS:**

- 1) Menorrhagia since 18years (birth of 1<sup>st</sup> child), increased since 3 months, bleeding profuse. Cycle-26 days, Duration-9-10 days (H/O 7 days till 3 yr back), Clots+ Daily 1 pad/1<sup>st</sup> day, 2nd & 3<sup>rd</sup> day- 3 pads/day.  
FMP-13 years of age, LMP-16/09/10  
Accompanied with dysmenorrhea, itching at buttocks, giddiness, and app. reduced<sup>2</sup>  
No nausea / vomiting.  
PMS-irritable, motions-3-4/day, back itching, giddiness

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- 2) Pain in throat with difficulty in swallowing since 30 yrs. (? Thyroid gland pain)  
Palpitation+, sleep disturbed due to thoughts.
- 3) Feverish feeling always, can't wash even hands in cold water.

**Rx/H:** Allopathic Rx for UTI, aphthae, AKT-twice (13 years & 6 years back), tonsillectomy in childhood, TL 9 years back.

**P/H:** T.B. 13 years back, Lt. lung - pleural effusion 13 years back.

#### **O/H: G4P4L2A2:**

G1-Male, 18 years, FTND;

G2-Induced abortion, 2 months;

G3- Induced abortion, at two and half months

G4- Male, 11 years, FTND.

**F/H:** Sister-T. B. bone at the age of 2 years.

**O/E:** T - afebrile; P-88/m, regular; B.P-100/70; Pallor<sup>++</sup>; Tongue-pink, dry;

R.S. - AEBE, clear; CVS - S<sub>1</sub>S<sub>2</sub>, N; PA - soft, mild hypogastric tenderness on deep palpation, L<sub>0</sub>S<sub>0</sub>K<sub>0</sub>; cervical Gland - solitary in ant. triangle palpable tender.

#### **Previous Investigations:**

17/09/09 MT +ve.

18/09/09 XRC-Bil. UZ fibro calcification

Widal - ve, MP - ve;

Hb-9.11; PCV-3.7; TC-4.7; RBCs-3.73; Platelets-4 lakhs; ESR-110

Was advised for MRI brain 1 yr back for ? Extra-pulmonary spread of Koch's but couldn't afford.

## Translation of history written in Gujarati

### Preliminary Information

**Name:** DJP

**D.O.B:** July 1971

**Sex:** Female

**Marital** status: Married (Love marriage)

**Religion / caste:** Patel, Swaminarayan, Vaishnav

Pure vegetarian, no habits.

**Education:** 7th, house work, now wife & mother.

**Address:** A suburb in Mumbai

**Family members:** J - Husband.

Sons- S & H aged 18 years & 14 years.

M-I-L. - K.J -

F-I-L-Expired;

Younger B-I-L & Younger co-sister

I wake up at 7 am; send sons to school. Do household work. Have breakfast at 10.30 am. I have lunch at 2.30 pm. Do extra work in the afternoon. Dine at 11 p.m.

I belong to the middle class, hence, loaded with financial worries. Previously, life was worse. Now, it is okay. One son is normal but the younger son is deaf & dumb. Both are healthy. H is an electrician. He earns well.

Marriage: Love marriage - My age was 14 years.

H's age was 19 years.

### Main Complaint

My biggest trouble is thyroid & T.B., also irregular menses. Get menses every 25 days & last for 9 days.

T.B. 12 years back. Fluid accumulation in the rib spaces. Once tapping was done at Bhagwati hospital. Also 9 months course completed.

Neck gland at the age of 10 years. It pains a lot. Also, difficulty in deglutination.

Menses are profuse with normal pain. Also, itching in waist. Get giddy & the whole body aches. Get a lot of burning due to acidity. Get tingling & numbness in hands & legs.

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Sex - No desire. Irritability.

**Personal Information**

(1) Body very weak. Lean since birth.

(2) Nature: I always keep getting angry. Like to speak very less. Expectation about owning house fulfilled. Didn't stay with parents-In-Laws. IPRs ok with them. No friends.

I am now, fulfilling the responsibility of a wife & mother.

I like very sweet food. I like panipuri very much.

I like warm weather. I like watching T.V. I like going out but can't.

I would sleep a lot before marriage. Now, very less. Dreams daily.

Deliveries - two babies. Twice abortion. Deliveries normal.

Mother. - Once minor attack.

Brother. - No illness ever.

Father - No illness ever.

Sister. - T.B. at the age of 1 ½ yr.

Husband- No illness (piles).

Children- One son is deaf & dumb. The other son is normal.

**EXHIBIT II**

**Case Defined on 12/10/10**

**Name:** Mrs.DJP

**Age:** 39 yr

**Sex:** Female

**Education:** VII

**Occupation:** HW

**Status:** Married since 21 yr

**Religion:** Gujarati, Vaishnav

Vegetarian.

H - 43 yr, Electrician.

Fa - expired 10 years back;

Br-42 years; Si-37 years.

Sons : 18 years - XII Commerce;

14 years -VII.

**CHIEF COMPLAINTS**

No.	LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
1	FGUT Since 18 yr Cycle 26 days D= 9-10 days ↑ Since 3 mths H/O 3 yr back Cycle 20 days D = 7 days	Bleeding-profuse <sup>++</sup> > 2 <sup>nd</sup> & 3 <sup>rd</sup> day 3 pads/day Clots <sup>++</sup> with pain <sup>++</sup> LMP 16/09/10	A/F 1 <sup>st</sup> delivery	App-reduced <sup>2</sup>  Irritable <sup>++</sup> Loose motions Giddiness Itching of buttocks Before & during menses (all accompaniments)

**ASSOCIATED COMPLAINTS**

No.	LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
1	R.S-Left side chest and lung pleura 14 yr back	Pain effusion	> drainage <sup>3+</sup>	
2	R.S Since childhood D = 2-3 days 2 <sup>nd</sup> day <	Coryza Sneezing NB Head heaviness	A/F getting wet <sup>3+</sup> < working in water <sup>3+</sup>	App↓ Thirst-N Taste-bland

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	F = on & off	Fever-internal		Chilliness Weakness Body ache Tingling & numbness in extremities
3	Throat Since 30 yr Off and on	Pain	< deglutination	

**PHYSICAL CHARACTERISTICS:**

Lean

Eyes - spectacles, but doesn't wear.

Teeth - sensitive to sour, 4+2 fell.

**Perspiration** since 3-4 years - lips, axillae; no stains or odours.

Acidity - daily; Appetite - N; Eructation ++, sour; Flatulence+; Hunger - needs food at least in mornings; Nausea takes allopathic treatment; Taste - bland.

**Cr** - panipuri<sup>3+</sup>, sweets<sup>3+</sup>, curd, farinaceous, warm food, banana (H/O), pica (H/O-chalk, mud).

**Av** - milk, smell, but takes. Salt - less. Spicy <

**Stools** - N; H/O hard, F - alternate day.

**Urine**- incontinence 3 months back with burning & hypogastric pain; colour - N, now normal

**Menstrual Function:** FMP - 13 years; LMP -16/09/10; cycle-26 days; duration 7 days; flow<sup>++</sup>, 3 pads / day; dark red; clots<sup>+</sup>; odour<sup>++</sup>; stains fast - maroon.

**Concomitants:** Since 18years, before & during menses-refer chief complaints,

**Leucorrhoea:** thin to thick white before menses with stiffness in back<<sup>3+</sup> walking, tires easily; no itching, burning or soreness.

**Sex** - reduced as children are grown up, especially since 1 yr; 0 since 2-3 months.

**Obstetric History:** G<sub>4</sub>P<sub>4</sub>L<sub>2</sub>A<sub>2</sub>- G<sub>2</sub>& G<sub>3</sub> Uneventful; FTND;

Lactation - 2months, 2nd son. Lactation-not breast feed due to ill health

**Sleep:** disturbed due to thoughts since 3 months with anxiety in stomach.

**Dreams:** ghost, drowning.

**Thermals:** sun<-headache<sup>3+</sup>, urine, LMS:

Summer prefers: winter can't tolerate; wet getting<<sup>3+</sup>- coryza with fever.

Ventilation-ok; Fan-S - full, W -s low; Coverings - S - godadi,

W - blanket; woollens - shawl occ. Bath warm always

Noise <+ +, Stormy weather - palpitation

**P/H:** tonsillectomy (childhood), AKT 8 yr back, pleural effusion.

**F/H:** M.I. (mo-once), bone T.B. (sister).

**O/E:** T - 97.8° F; P - 88/m, reg; B.P - 100/70; Pallor+ +; Tongue - pink, dry;

R.S - RLZ↓ ? , clear; CVS - S<sub>1</sub>S<sub>2</sub>, N;

PA-soft, mild hypogastric tenderness on deep palpation, L<sub>0</sub>S<sub>0</sub>K<sub>0</sub>.

**INVESTIGATIONS:**

**26/07/04** - XRC Opacities & calcifications of both UZs.

**27/07/04** - CBC: Hb 9.0, RBC 3.0, PCV 27.0, MCV 69.0, MCH 22.7, MCHC 29.9, WBC 13000, N 49, L 44, E 07, M 00, B 00, Pl 2.55 lakhs, ESR 48

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**14/08/05** - CBC: Hb 12.7, RBCs 4.6, PCV 38.0, MCV 81.2, MCH 25.8, MCHC 37.7, WBC 11000, N 59, L 37, E 04, M 00, B 00, Pl 1.83 lakhs, ESR 12

**18/01/09**-CBC: Hb 9.1, RBCs, PCV 3.72, WBC 4700, N 60, L 36, E 03, M 01, B 00, Platelets 4.0 lakhs.

**17/09/10** - MT +ve.

**18/09/09** - XRC Bil. UZs fibrocalcific Koch's.

**30/09/10** - T<sub>3</sub> 115, T<sub>4</sub> 9.3, TSH 3.25

**07/10/10** - USG abd. & pelvis NAD.

#### **LIFESPACE**

Patient came to the OPD accompanied by her mother, who wanted to enter the consulting room with concern for the patient. After a good rapport was established, the patient confessed that had the mother been allowed to sit with her, she would have had to lie as she was aware (after going through the history form & applying to it superficially) of what was expected of her in the interview.

She comes from a Sutar Rajput family. Father worked as a mason as and when work was available. He was short-tempered & strict. Mother was a bit sober. The patient & her younger sister have inherited their father's temper. Parents would often quarrel especially due to financial crunch, he used to hit mother. Mother would always grumble. The patient & her younger sister would also quarrel. She dropped out of school in VII as her attention was diverted to obscene incidences (like students kissing each other and other incidences she did not want to describe as they were bad) occurring in the classroom. She developed a strong disgust leading to lack of interest in studies though she had always been a sincere student. The quarrels with the younger sister increased when the sister was in X & mother expected her to shoulder sister's responsibilities too so that the sister might get more time for studies. The patient would get angry, make a fuss, refuse & come down with a headache for a day or two, but there would be reconciliation too. She has always been a homebound person, had no friends & very rarely went to relatives' house. She did enjoy outings, but did not get much opportunity as the financial condition of the family was poor. Patient lost her father when she was ten as he committed suicide. The reason is not very clear. This did not have much impact on the patient.

After VI, she preferred staying at home. Around this time, they shifted to N (a suburb in Mumbai) for a few years as their residence went for redevelopment. She fell in love with a boy in the neighbourhood belonging to Vaishnav community. He was illiterate & used to do petty jobs. Mother and brothers opposed the alliance as she was already engaged to a boy from their community for over 2 years. She had neither seen the boy nor had any feelings for him. She was very adamant & mother and brothers had to give in to her demands. She had one unmarried elder brother-in-law (B-I-L), younger B-I-L along with mother in law (M-I-L) and father in law (F-I-L) staying together in the house. Elder B-I-L was an alcoholic who would just hang out without working. Her husband (H) earned Rs. 500-600/- pm. F-I-L was earning & providing for the family. M-I-L would torture the patient, wouldn't give her adequate meals or warm water for bath or washing purpose (her mother always did washing & cleaning in warm water). Patient would simply sponge herself & H would pacify her by saying that his mother might be giving the share only worth Rs.500-600/- what he contributes in the family expenses. He showed his inability to voice out his opinion against his mother & sought to separate out. However, before

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they could move out, M-I-L kicked them out of the house when one night the elder B-I-L created a row by abusing her & she was unable to take it. They were only provided a one-way ticket to G (a suburb in Mumbai). They stayed for a month with H's friend. The friend could barely provide a one-time meal for his family. Now, there was reconciliation with her parents. She stayed there till their son was 1½ month. Mother asked her to move out as the patient's sister-in-law (S-I-L) too had to return with her baby & then the house would be too small to accommodate 2 babies & 2 mothers. After staying for a couple of years in a rented flat, they purchased a house in N on loan. She isn't aware how her H manages as he doesn't tell anything to her as she is very sensitive.

She underwent two abortions due to less gap between two pregnancies and financially they were not having resources. The couple took the decision jointly without much of a conflict.

She is very timid & fearful. She gets scared of even minor things. H takes care to avoid any T.V. scenes that might provoke her fear. Patient has a lot of fears from childhood. Fear<sup>3+</sup>-rains<sup>3+</sup>, ghost, dark<sup>3</sup>, dead<sup>3</sup>, alone<sup>3-</sup>, crossing a road<sup>2</sup>; leads to trembling of extremities, abdomen pain, giddiness, palpitation and perspiration.

H doesn't want her to work outdoors, as she is already weak. She is so weak that she is very slow at her work. Whole day she is doing work from 7.30am till 11.30pm. She has her supper at 11.30pm. H usually comes home late & tends to wake up late.

She is very short-tempered and gets angry very soon, but cools down easily. Her worries have increased since the last 6 -7 months. She has started suspecting her H of having an extra marital affair as the income has started dwindling. The conversation between them has almost ceased. Her sexual desire had decreased but she continued as she anticipated that H might get involved with 'n' number of females if she refused and this would increase her worry. For the last 2 – 3 months, she has curbed all her sexual desires and since then she has lost her sleep. She keeps thinking that H might be having sex with that female in her H's life day in & day out. H drinks & hits her often. Of late, she has started writing a diary of the torture she has undergone at the hands of her H or her M-I-L. She feels that she is passing through the same thing as her mother had passed.

She had a suspicion on a lady who is the wife of her husband's friend; they had also come to stay at their place and stayed overnight. She once followed husband to work to find out the truth but did not find anything. She is not able to reconcile and has the fear that husband will leave her. Sometimes, she feels like committing suicide like her father & feels that she too will die quickly like her father. Sometimes, she feels that she should wait for a few years or once her son starts earning, she will separate. She has asked her son to give her diary to the police if anything untoward happens to her. Both the sons are attached to her. Sometimes, she feels that as her H cares for her, so she should give him a chance. Especially, as she isn't sure of his extra marital affairs, she doesn't want to defame him as he has a good name in her family & she says he isn't involved with anyone.

She has disgust towards her M-I-L. She may pay her social visits but H forbids her from having any relationship with his family members who have tortured her.

She doesn't want to reveal anything to her maternal family. She will die with her mouth shut. She can keep a secret if she is expected to, whatever may happen. She doesn't like to mingle in society. She is sensitive to loud noise or a large gathering of people. She doesn't like large crowds and rather prefers to be alone. She dreams of drowning & ghosts.

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Children are very supportive of her & get along very well with her. H provides for their financial needs. Their emotional needs are taken care of by the patient. The elder son manages the house when pt. comes to mother's house either during younger son's vacations or for her Rx. He takes care of the cooking & cleaning. Mother expressed her anxiety & concern for the patient with a subtle c/o that she doesn't eat even on persistent forcing.

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**EXHIBIT III**

**Follow up criteria**

1. LMP/Flow 2. Clots/Pain 3. App/Giddiness 4. R.S-I/F 5. Stools 6. Sleep/Dreams 7. Weakness 8. Anxiety 9. Weight/month  
12/10/10-Rx COMMENCED

DATE	1	2	3	4	5	6	7	8	9	INTERPRETATION EXPECTATIONS	Rx
20/10/10	15-10/+++4 - 5pads/day	S/+	↓ / ++	0	Hard	↓ / 0	++	++ Loans pending since 3 mth			
03/11/10			> / >	>	N	S / 0	>	S	32 kg	Admitted in hospital for screening of Koch's it was negative Pen company job since 22/10/10 O/E P-78/m Thyroid-27cm	

24/11/10	06-11/N	0/N	↓ / +	0	N/S	↓ / +	+	0	32 kg	Itching before menses	
22/12/10	14-12/+	0/0	↓ / S	Mild Coryza	↑ Before menses	↓ / 0	S		32 kg	Neck itching++ Cr-mud3	



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					3-4 times/da y on 1 <sup>st</sup> day 2- 3times/d ay on 2 <sup>nd</sup> day						
12/01/11	14-12/6- 7days	0/0	>/>	Cough< morn, talking >night	N	N/0	>	S		Cr-mud S,buys  Itching <sour	
02/02/11	16-01/6- 7days	0/0	>/>	>	N	N/0	>		32 kg	Itching-S	
23/02/11	16-01/ ↓		>2/ 0	0	N	N/0	>	mone y		Feels heavy	
10/03/11 R	?									Unable to take leave from work	
11/04/11	25-03/N	0/>	N/ +	N	N/0	+	>		33kg		
20/04/11 R	08- 04/5days	0/+	↓/+	mild	Ineffectu al urge with bleeding 1-2 drops since 2-3 days	Ok/+	+	+	34 ½ kg		
04/05/11			N/ 0	0					36kg	Pallor	