

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

Case: 2

Drs. Anjum/Muthulakshmy/Latha

Objectives:

1. Understanding the adaptation to early childhood hostile environment on evolution of the person and his efforts to strike a balance in his thoughts, feeling and actions
2. Understanding the impact of the post-covid changes in the work environment on an introvert but industrious person and their impact on his health
3. Learning to cultivate the necessary sensitivity and sensibility to receive the pathos of a patient
4. Learning to focus on the evidences while analysing the thoughts and feelings of a person through his actions
5. Understanding why the imbalance happens, at what phase in patient's life, through an evolutionary study of his different epochs, his interactions in family work society and his actions from time to time
6. Experiencing the importance of the successive steps of analysis and synthesis to construct a totality and define the approach
7. Learning the differential world of Materia Medica by using the model of T-F-A-C-R
8. Culminating the above in understanding how and what is to be cured in the patient and the use of various interventions to achieve and carry forward the process of cure

Directives:

Exhibit-1: A. Information from Wife's case; B. Information from Daughter's case; C. History form written by patient

1. Share the understanding of the patient's complaints in terms of the diagnosis and its possible reasons
2. What are the thoughts and feelings of the patient the actions he has taken based on these.
3. What kind of a person are we able to make out from the history form? What further information would be needed to understand him?

Exhibit-2: SCR data + Wife's interview

1. Go through the SCR data and share the clinical diagnosis of the case with reasons. Do the cognition, conation affect to arrive at the psychiatric diagnosis.
2. Go through the life space and share your feeling state.
3. Analyse the case and important life events of the patient through the Life Space Table and process the case through the mental state SCR.
4. Share your comprehensive understanding of the patient in the T-F-C-A-R model focusing on how the thoughts and feelings have evolved, leading to a purpose and translated into action. Focus on how the conflict has arisen in the process. What imbalance has arisen out of it?
5. Complete EET and understand causation and concomitant axis
6. Put down totality and process through suitable approach
7. Arrive at similitum differentiating close remedies by using the TFCAR model of the remedies
8. Share your understanding of susceptibility and arrive at suitable posology

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9. Share your comprehensive TPDTPR based on the understanding derived

Exhibit 3: Follow ups

1. Do the planning and programming and action at each follow up

Exhibit 1

A. Information from Wife's case

Wife has been a patient since 2021

She met husband (HB) while doing MBA. They had decided to get married after completion of the course. Husband's mother was not happy, though her reasons were unclear, wife said maybe she wanted to choose her own daughter-in-law. As they both went abroad after marriage it was an occasional visit to India. She would complain about Mother-in-law (MIL) taunts and anger but it was not so much problem till they got back. Wife decided to become a full-time mother and was fully focused on house and child. MIL wanted them to come to P but they were happy away in X. Decision to move to India (2013) was hers as her parents were here and she is the only daughter. Wife said there was often a constant cold war till Covid, when in-laws came to stay for a few months and there was constant interference and HB decided to be silent and away. In-laws left after few months and daily MIL would call and complain something or the other to wife especially as her son was not talking to them much. Wife would complain to HB and was happy he is on her side even though silent; she said they are a happy family and don't have any stresses. The difficulties continue till date with in-laws esp. MIL. The patient is very anxious for her daughter's health, studies, sports and HB's work and her own health. Chronic Remedy (Kali. Carb)

B. Daughter's Case summary

Daughter is active in sports and an avid reader. Not emotional, has her set of friends and is in her own world of books. She can complete adventures and other books in a day. Was not happy to stay locked at home and missed her sports activities and friends. She communicates less and answers in monosyllables. Had scalp psoriasis settled when schools closed and recovered with chronic remedy (Sulphur)

C. History form given by patient on mail 27th Oct 2022 case taken on 29th Oct 22

Name: G

Sex: Male

Address: B

Marital Status: Married since 2009

Date of Birth: October 1982

Religion: Hindu Brahmin

Food Habits: Vegetarian (primarily) & Eggs (once a week)

Addictions: Coffee (Black Coffee – 4 Mugs a day), Beer (Weekly 500 ml)

Educational Qualification: BE (Computer Science), MBA

Occupation: Project Program Director with software company

Responsibilities:

- Project Governance, Financial Planning & Tracking, Process Compliance, Reporting, IT Security Compliance, Client Relationship for Financial Services client comprising of multiple teams
- 75+ employees report to me
- People management including Performance Appraisals, Compensation Review

Job Satisfaction: Moderately successful but dissatisfied

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Family Setup: P (38, B, Spouse) & A (7, B, Daughter)

Daily Routine:

- Between 5 AM to 6 AM: Wake up
- 6 AM: Brush & have coffee
- Between 6 AM to 7 AM: Household chores
- 7 AM: Get ready
- 730 AM: Breakfast
- 8 AM: Drop daughter to School
- 9 AM: Go for walk
- 10 AM: Return from walk and get any grocery, vegetables on way back
- 1030 AM: Have Tea/ Coffee
- 11 AM: Start work
- 12 PM: Coffee while working
- 1 PM: Lunch (2 Chapatis, 1.5 Cup Vegetable, 1 Cup Dal, Salad)
- 130 PM: Resume work & continue till 8 PM
- 3 PM: Coffee while working
- Between 5 PM to 6 PM: Coffee & snacks while working
- 8 PM: Dinner (2 Cup Rice, 2 Cup Dal, Salad)
- 9 PM: Any pending office work
- Between 10 PM – 1030 PM: Sleep

Financial Responsibilities: Only limited to household & school expenses

Workplace Difficulties:

- I have always been successful at whatever I take up at work. I have won multiple awards from the organization.
- However, the stress levels have been exceedingly high especially during the pandemic & returns on effort has reduced & progress has stagnated
- I have hit a glass ceiling within the organization & I feel its near impossible to progress any further without burning bridges
- Due to multiple factors, I'm not able to get a job outside of the organization – low opportunities at senior level, role performed, salary etc.
- I don't get much support from my team, so delegation of work is difficult or results into more work for me
- All these factors have led to burn out & frustration

Chief Complaint:

- 1) Feeling depressed, worthlessness
- 2) Anxiety & Palpitations
- 3) Frequent Migraines – Once a week
- 4) Negative thoughts
- 5) Irritability
- 6) restless legs – This has always been there
- 7) apathy

All these are work related & triggers are usually some incidents that happen at work.

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I have been having frequent migraines for many months (last more than 1 year). The pain is at the base of my neck on the right side extending upwards till the right temple. Usually, only Tiger Balm or sleeping reduces the pain. There have not been any other patterns observed that increase or decrease pain.

Given the fact that I have not met my own expectations of progress & success in past few years, I have a constant feeling of worthlessness that fuels negative thoughts. It leads to a feeling that no matter what actions I take, there will be no change in the results.

Staying away from work has helped in reducing the migraine attacks but other complaints persist.

I have been having palpitations & anxiety in last 1 month which was not something experienced before. Though traditionally I have been extremely calm by nature, I'm losing my temper much faster in last few days.

Personal Data:

Physical description:

- Height: 187 cm
- Weight: 78 Kg

Emotional nature:

I'm a perfectionist & analytical by nature, inclined towards academics. I like to plan things rather than go about in a haphazard way. I can multi-task easily & am a workaholic.

I'm an introvert & averse to discussions & confrontations. In my personal life, I comply with other's opinions rather than expressing what I think because I feel my opinions don't matter. This is also a result of how I have been brought up. But at work this is not the case.

While dealing with relations, I prefer to ignore problems & leave issues unresolved rather than trying to find solutions.

I do not have any particularly close friends. I am not particularly close with my parents either. Its more transactional relationship rather than having any emotional value. There is a legacy of issues that I do not think can be discussed or resolved so I prefer to ignore things altogether.

I am close to my wife & daughter.

Over time I have become religiously agnostic. I have stopped praying. I'm not spiritual either. I have no additional responsibilities from my immediate family barring the regular household ones. It's the same with my parents. There are no financial troubles of any kind.

Reactions to surroundings:

- **Food:** Though I'm not a foodie, I like sweets. I do not have any food allergies. My digestion has no problems. I'm open to having any type of food as I do not have any strong feelings (positive or negative) in this matter. My alcohol consumption has increased over last few weeks.
- **General environment:** I prefer cold weather to hot weather. I take a bath with warm/hot water.

I like reading books, long distance driving, solving puzzles, making things, morning/evening walks, listening to podcasts, playing video games.

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- **Sleep & Dreams:** I have slightly disturbed sleep and I am waking up earlier than normal sometimes as early as 4 AM but usually between 5 AM & 6 AM regardless of what time I sleep. I do have dreams, but I rarely remember them but mostly those are unpleasant since I wake up in fear.

Previous Illness:

I have not had any major illness. Few months back, I had a sebaceous cyst removed from my back. I have frequent breakouts of fungal infections on my skin despite maintaining personal hygiene.

Any other info:

- I have generally low BP (100/60 – 110/70) & low sugar
- Currently taking medication for Vitamin D & Vitamin B deficiency routinely not checked

Exhibit 2: S.C.R Preliminary data

MR G BE computer science and MBA
 Age 40 years Maharashtrian Brahmin
 Wife age 38 years –house wife – MA /MBA was working before 2013 for five years in HR sector abroad
 Father was a post graduate in pharmacy and worked in various pharma industries earned well and able to manage himself and his wife
 Mother BA did not work
 Parents live in P
 Patient is programme director for delivery services technical and marketing part since last 5 years (global delivery services)
 One daughter ICSE SCHOOL 2 nd grade
 Residence X

Chief complaints

Location	Sensation	Modality	Accompaniment
Head 1-2 times a week Lasts for 6-8 hours	Tightness 2	A/F Anticipatory anxiety 3 < anxiety 2	
Starts neck spreads to entire head settles more on temporal right side	Dull aching pains Sometimes severe 2	>Tiger balm Massage 2 >sleep	
Since childhood Frontal Frequency Depends on cause	Dull headache	< sun 2 >After few hours without medicine	

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Associated complaints 1

Mind			
Since 2 years Increased since six months	Persistent feeling of worthless ² and sadness ²	< anticipatory anxiety ³	
	Helpless ² Feels no matter what action he takes results are same Low interest in work ² (apathy) Able to complete his assignments by taking longer time		
	Forgetfulness ² Negative thought ² (I am not good enough) Confidence low ²		
Since six months Since one month	Anxiety ³ anticipatory on future prospects Apathy ² Sleep disturbed ² Gets up with anxiety ² and palpitations ²		

Associated complaint 2

Skin around groins between inner thigh 2 years For 2-3 days Once in 2 or three months	Itching mild Black discoloration	< wearing formal clothes till late night >Antifungal creams	
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PERSONAL HISTORY

- Patient was 6ft 2inches and 78 kg.
- He was fair, had a lean built and a round face with sharp features.

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- He is fond of sweets 3 and usually has one after dinner. He likes to have one coffee in the morning.
- He feels his appetite has decreased after an attack of mild covid though there is no weight loss.
- He has decreased interest in sexual activity in the past six months (details in life space)
- He prefers moderate weather. The fan speed in winter is 1 and summer is 4. He takes a thin covering till neck in summer in Bombay and a thick rug in Bangalore always. He generally has a hot bath and uses woollens in November – December - January in Bangalore. His Sleep has been disturbed for 2 years and more since last six months
- Sun always causes mild dull frontal headache and recovers after few hours.

Past history

1. Had a sebaceous cyst on back as it was slowly growing around 2 cms last few years decided to remove surgically August 2021, it was not painful and did not recur
2. In June 2021 his wife and daughter had severe covid but he had mild symptoms and recovered in three days. He had isolated himself also and did not check. He irregularly took Vit B and D as wife also was taking

Family history

- Mat aunt cancer uterus 2007 died in a year of diagnosis despite treatment
- PGF cancer pancreas died at 44 within few years of diagnosis not sure about treatment
- Mother rheumatoid arthritis on medications under control flares up once in a year lasts for six months takes heavy medicines during increase small joints of fingers n elbow
- MGM sudden death with MI at 65 years was a HTN patient since many years
- MGF old age 88

O/E – B.P – 120/70 , PULSE 75 NO PALLOR , skin normal

Life space 1 (written by pp)

The patient wore jeans and full sleeve blue shirt. He looked younger than his age. He was comfortable when we took him up and shared some areas comfortably while in some areas he was silent.

Patient was born and brought up in Bombay in a joint family. It had two paternal uncles and their families of two children. Father was a pharmacist working in a company. Mother a house wife. She had difficulties adjusting as there were a lot of restrictions on her by grandmother and uncle and frequent quarrels between father and uncles over probably money as father was giving most of the share as uncles were not well-placed. The patient remembers moving out when 6 years old. He did not recollect much of this area. He said he remembered every weekend he had to visit his grandmother (grandfather died even before he was born). Grandmother was quite critical of patient as he was not as bright academically like his cousins and also would

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body shame him for being plumper than his cousins. He felt hurt, ‘humiliated’ and had suppressed anger² against her. He felt his parents were silent and did not protect him from grandmother’s taunts or talk to him. He would come home and weep alone and be silent and even brood about grandmothers’ taunts for a few days. He would plan his diet, exercise & weight management. He said he was always a perfectionist in planning. He topped his class in studies to prove grandmother wrong. He also lost weight and became leaner and was happy to be appreciated for his academic excellence. He is an introvert, does not share his feeling easily. No close friends and did not share with parents too.

From his 6th year till he completed his 12th grade, his mother was very particular about his marks and even if he scored slightly less he would get beaten and it led to a state of fear of his marks, anticipatory anxiety³ about his marks and performance. Fear and suppressed anger about mothers’ reactions and shouting and worked harder and managed to live up to her expectation. He never shared with anyone his feelings. He also felt mother would care for him, his food, and other needs better than it was in his grandmother place. His father was soft-spoken, and spend time on projects and reading to patient. He remembers doing things like making a radio with him and it helped him build his analytical skills academically. He always had a feeling that father should have stood up for him and stopped mother from scolding and hitting. He would feel father and he were at the receiving end of mother’s shouting but when mother would hit him and cane him for marks, he wished his father could have intervened and stopped it. The anger was kept within and the issues never got a closure. It made him less interactive with his mother especially and said it was a “transactional relation” (a term he used for expectations between him and parents. He said it was clear-cut and which can be met especially in reference to communication as financially they were not dependent on each other.)

One person with whom he really connected and loved was his maternal grandmother who he felt loved him unconditionally and he often visited her during holidays but never shared about mother’s reactions with her. He remembered his grief and sadness and sleep getting disturbed for six months, and he wished he could have attended her last rites. After six months he overcame it.

He said he did well in the tenth and twelfth and got into a college on merit for Engineering in computers. He said college was fun, liked going out with friends and did well in his subjects. He was hardworking and focused on his studies. Mother did not ask his marks any more nor did he share much. He was happy to move to another city for MBA which he got on merit. He was happy to be away from home even though his mother expected him to call and “report everyday”, he “silently” ensured he did not comply to this. He came to work in Mumbai after MBA (campus placement) but soon got an opportunity to move abroad from the same company. He had liked a girl in MBA and both were from the same community but mother said horoscopes did not match. But patient went ahead and fixed the wedding and parents had to agree and both went abroad He also said that “his mother had felt for the first time that her control was threatened and that she might lose her son so she agreed”. Six years was comfortable and wife also was working. Abroad they would come infrequently to India and even though there were tiffs between his mother and wife, it was not for long as they stayed

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only for a few weeks. Job-wise he was able to do well and earn well. He was appreciated for his work and his analytical skills and perfectionist functioning ensured projects got completed on time. He was perfectionist, hard working, “workaholic” and would work extra hours to complete projects. His daughter was born abroad. After six years, his wife wanted to come back to India as she was the only daughter and her parents were not keeping too well. Patient had warned her it will not be easy to manage with his mother. But she was ok and they consciously took a decision to move to a city where his parents did not stay, even though parents wanted them to settle where they were. He was given a higher post from the same company and asked to lead the unit here in India. After coming here, he got a good position as team leader and he soon he went on to become Project director. He felt it was a fast growth and then a stagnation. He could perform in both finance marketing and hard-core engineering.

Last two years the lockdown changed the work dynamics. Prior to the lockdown he had 75 people reporting. His work was very well appreciated and he climbed the ladder quickly due to his hard work, ambition and perfectionist nature and ability to take on more than one role and work hard and motivate his team to deliver by inspiring with his work. During the lockdown the team members did not perform adequately. He said they were working from home and not able to cope with timings and did not complete their targets. He felt he was not able to communicate with them without meeting them and get the work done. As a result, the responsibility and completion of the project rested on him. He had to do most of the work and attend late night meetings which “drained” him as he did not get adequate sleep. He wanted to change companies or move to another project. However, the problems during covid ensured that not much new work was available. There was uncertainty of the future as even if he wanted a change it was getting tough to find new jobs due to pandemic problems economically and globally. He felt his boss was not able to understand his difficulty and kept pushing him to meet deadlines. He tried to explain the difficulty but boss said to wait some time as neither could offices open, nor could teams meet, nor were there new projects so he must continue taking on the responsibility. He was not the type to confront his bosses or colleagues nor to discuss. He tried to comply with bosses’ opinions. This phase was “anxious³ anticipatory about what will happen ahead to his work area”. He started feeling low and negative thoughts were “not good enough” and felt “worthless, not appreciated³”. He also felt sad², anxious² and it affected his sleep and energy levels. He felt it affected his concentration he became forgetful² and low on confidence³, which he had not experienced earlier. His memory was not as sharp². He has a feeling of “Apathy” and pushes himself to complete tasks.

In the last one month he felt due to pandemic and global problems there was no possibility of leaving this company as there were no other offers for him. His sleep started getting disturbed with unremembered dreams and he would feel fearful and anxious² with palpitations² on waking.

His skin fungal infection also increased at this time (around two years back) as also his headaches that <under stress of anxiety and late-night calls practically sitting with USA customers whole night. He does not hold anger in his work place, he expresses it patiently and gets the work done until covid lockdown. His team members find him an active participant and

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hardworking and usually there were no conflicts till lock down including his ability to express himself at work. By Restless legs he meant constantly moving legs which is there since his school days, it's there more when he is sitting and it's the same now.

With parents, they had come to stay during pandemic in the initial period as they were finding it difficult to manage alone but they had difficulties adjusting to his home and his mother and wife had constant tiffs and parents went back after a few months. With family, especially with his parents, he is not on much talking terms in the last one year. He shared that he found his mother trying to push religious rituals and he was not comfortable and he always felt irritated with his mother for pushing him to do this. He feels he was never a ritualistic person and his work environment and culture made him think differently and he also said he may be just rebelling against his parent's force of making him do religious rituals especially during covid as he does not believe in them. This was the area he referred when he meant his opinions don't matter so he decided to silently not comply

He said with wife he feels last six months there are too many tiffs between her and mother and he feel it has made him distance himself from both as he feels he cannot solve the problems. He was largely silent, not taking any sides and told his wife also to keep away. But she would constantly complain to him and he would tell her he could not do much. Even after they left, she would continue her complaints as his mother would constantly call and taunt her. Eventually, he decided to be silent and not get involved in the complaints wife shares. His sexual desire is decreased² since the past few months. His irritability is more since a few months towards family (wife and mother if they try and communicate in areas he doesn't like).

Wife's interview taken by PP2 Dr. Latha on 2/11/2022

Patient is reserved and a workaholic and is usually silent and keeps his emotions to himself. He is keen on getting promotions and improving his work profile and focused in his work. His bosses find him analytical, perfectionist and hardworking and good at his work both in hard core skills and finance planning and marketing managing his team. The last two years due to pandemic he has been stagnated at work and it is affecting him. After his parents came and left he stopped talking to them and wife usually picks calls and tries to answer as she feels it is not right to cut calls. He had told her to stay away if it is bothering her and now he has stopped talking about this to wife and also does not discuss his work problems. The wife felt patient must be distancing from her due to work pressures and it is a passing phase and soon he will come out of it once the work area opens and the night calls reduce and teams get back to functioning. She said she has always shared her problems with MIL with him and it is not new and he has always silently stood by her without hurting his parents and she is happy with his location, doesn't expect more than this. She feels they are happy as a family of three and she thinks he is respectful towards her parents too. She was worried as it affected his concentration and sleep and his silence increased. She said she was ok if he did not have sex as she felt it must be a passing phase and once work pressure decreases this will also get better. He spends time reading to daughter and most of the time is busy attending calls. She was anxious about his low mood and decreased interest at work. Wife was not able to perceive the effect that her constant complaints about in-laws had on his mental health so it was left to be addressed later

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by physician. Wife said she was not particularly religious but trying to follow some rituals more after they all got covid and felt patient is also not very particular and maybe he did not like constantly being told by mother about rituals.

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Exhibit 3: Follow ups

DATE	1 MOOD	2 SLEEP WAKES FEAR	3 SLEEP DISTURBANCE	4 Skin	5 HEAD PAIN int/FREQ	6 Relation wife (sexual area)	7 Relations Parents	INT AND EXPECT	ACTION
29/10	>2	>2	>2	0	-	S	S	s	X
6/11	>3	>3	>3	0	1 episode	S	S		X
12/11	>3	>3	>3	0	1pisod	S	>+		X
19/11	Low 3 was hoping teams will meet	One episode	++		Head pain last few days dull daily	S	---		Y
26/11	>3	> 3	> 3	0	O	>3	---	Travelling to meet parents and in-laws	X

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While in parents' home he started communicating and decided to sit with wife parents and resolve. It was getting better. On 2/1/ 2023 he did not inform us he had high fever and severe body pain and throat was hurting he took dolo 650 and went to allopath who diagnosed as covid but said it will recover in few days no medicines needed. Patient called 4/1 informing the above and saying now he has developed severe cough with phlegm and he keeps coughing n little phlegm comes out and there is rattling in chest, he is sleepy & tired due to cough and allopath suggested nebulizing with steroids tried it twice no relief, he wanted to take our medicines – gave him Antim tart 200 tds for five days and felt > 75 percent. The weakness was persisting and he again went for tests as advised and the CRP was 120 and the allopath told him he has a reactive process to covid and must take steroids as it's getting into long covid which means auto immunity, viral persistence, coagulation activation endothelial dysfunction complication

Patient said he will take our medications and he came to Bangalore and reached to us 12/1 2023, he was ok no cough, sometimes said he had myalgia and would lie down n feel better

12/1/23	Low as work was not progressing as expected	S	S	0	-	-	-	New symptoms severe myalgia and tired Cough dry +	Y
19/1/23	>3	>3	>3	0	-	SQ	>3	Myalgia > 2 Cough >2	Y
28/1/2023	>3	>3	>3	>3	>3	-	-	Myalgia and cough > 3 CRP – Advised	Y

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11/2/23	>3	>3						CRP – 1.98	Y
18/2	Low as team members decreased	-	Disturbed this week	-	Head pain mild one Attack	>	>		Y
28/2	>3	>3	>3	-	-				Y
3/3	>3	-	-	-	-	-	-		Y
10/3	>3	-	-	-	-	-	-	Partial opened offices	Y

18/3 He spoke to his bosses the difficulties and asked for change in role playing. He also shared his inability to take pressure of others jobs and late-night works and calls. He was promoted and now is in a diverse role with strategy planning. He is having a Pan India role.

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15/4/2023	>3	>3	-	-	-	>	>		Y SOS X CONTINUES
12/5 /23	>3	-	-	Head pain One episode	-	-	-		Took one dose of Y X continues
11/6	-	-	-	-	-	-	-		X
17/7	-	-	-	-	-	-	-	Wife collected	X
2/9/2023	-	-	-	Headache while	-	-	-		Z 1 dose

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				travelling feels its along distance					X continues
1/11 - till date	-	-	-	-	-	-	-	Feels he is ok and wants to observe without medicines Will come if he has complaints	