

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

Case: 8

Drs. Akshatha/Bhavik

OBJECTIVES:

1. Understanding the frustrations of a hypersensitive & insecure lady for being 'ACCEPTED'
2. Learning how the gap between the conscious/sub-conscious inner demands and external environment leads to persistent feelings of 'VICTIMHOOD'.
3. Understanding how constant struggle to balance ones dependency and self-identity keeps one in perpetual conflict and suffering
4. Understanding how fixed emotional thinking leads to devious adaptive mechanisms and keeps one caught in a web of negative emotions
5. Understanding the materia medica image through the TFCAR model

DIRECTIVES:

1. Study the document and arrive at the clinical diagnosis
2. Go through the document and share your feeling state.
3. Fill the LST and mental state record to understand her expressions of functioning and adaptations.
4. Give your reflections on why the patient is suffering.
5. Project the patient on the TFCAR model.
6. Construct the EET to understand the essence of the patient.
7. Erect totality and come to group of remedies after using suitable approach.
8. Differentiate closely coming remedies and give your final similitum with reasons along with planning and programming

Background: The patient was screened at Palghar OPD for hr complaints of recurrent coryza. Patient was not properly oriented regarding history form during screening. Hence she just read it and did not fill it. The case as defined by MD student.

PRELIMINARY DATA:

Name: Mrs. V L	Age- 36yrs/ female	Education - B.com.
Occupation – housewife	Marital status- married since 10 yrs	Religion – Hindu/Sindhi
Spouse – 38 yr	Children – No	Date of case taking- 08/11/2016
Sisters: 1 elder and 1 younger	Brother: 1 younger	Palghar

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

Case: 8

Drs. Akshatha/Bhavik

CHIEF COMPLAINTS:

LOCATION	SENSATION AND PATHOLOGY	MODALITIES A/F	ACCOMPANIMENTS
Respiratory system Nose Since 2002 - 03 O-gradual D-2 days P- Increasing F- 3-4 times/week I-increased since 2006 Eyes Throat	Coryza +3 starts with itching of nose. Sneezing 10-15 at a time Watery discharge Left side nose block Feverish feeling Lachrymation+ Cough +2 Difficult to expectorate. No difficulty in deglutition No pain Occ blood in sputum No cough No fever	<A.C exposure +3within 5 mins <Change of weather+2 <Dust+3 >Hot steam+2 <In morning continues till afternoon >After bathing +2 <In summer +2 <From cold water+2 <Ice cream+2 >After expectoration >T. Incid- L >T.Cetirizine	Involuntary urination while sneezing+2 Thirst- decreased+2 No desire to work, want to sleep only+2

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

Case: 8

Drs. Akshatha/Bhavik

ASSOCIATED COMPLAINTS

No	LOCATION	SENSATION AND PATHOLOGY	MODALITIES A/F	ACCOMPANIMENTS
1	Female reproductive system	Primary Infertility All investigations normal IUI done in 2012 & 2013-Failed		
2	Integumentary system since 5 months On & off B/L palms B/L – thigh 1 st episode -June 2016 O-sudden Had to be admitted	Itching+2 No burning Redness of palm Wheals Vaginal swelling Refer past history	<evening (waking from siesta) >Scratching +2 >T. Allegra since 1 and ½ month (as her family physician advised) [In June was hospitalized]	Abd pain+2 Fear of hospitalization

PAST HISTORY:

LOCATION	SENSATION AND PATHOLOGY	MODALITIES A/F	ACCOMPANIMENTS
Integumentary system At 10-12yrs of age continued till 20-21yrs of age O-gradual D-3-4 times/week F- ½ - 1hr	Itching Papular eruptions	< After taking non veg > By taking allo Rx > By scratching +2 > By kokum sarbat +2	

PHYSICAL CHARACTERISTICS:

Appearance – Fair complexion with spots on face	Height: Lean, short	Weight Gain - 4-5kg in 2 months
Facial configuration – Round face and smiling	Perspiration – Scanty on forehead	Discoloration - Spots on upper part of body since 2 months
App – Normal	Cravings:	Aversion:

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

Case: 8

Drs. Akshatha/Bhavik

Hunger aggravation - Acidity Thirst – 3-4 glass/ day	Egg :++ Fish++ Garlic ++ Sweets++	Spicy+++
---	--	----------

ELIMINATIONS:

Stool	Urine
Colour : Blackish occ Consistency: Semi solid Frequency: Once/twice per day	Normal

MENSTRUAL FUNCTION:

L.M.P. : 23/10/16	Menses: Regular	Cycle - 28 +/- 2 days
Duration - 6 days	Flow: Moderate	Quantity: pads used/day 1 st :2, 2 nd : 2, 3 rd : 3, 4 th : 1, 5 th : 1
Colour: Dark – Red	Clots: +	Consistency - Watery
Odour – offensive+	Stains - Washable	
Concomitant: Before: Lower limb Pain +2 two days before During: abdominal pain for 2 days	Leucorrhoea: Moderate quantity 10-12 days after Offensive+	

SEXUAL FUNCTION:

Desire – Normal, Coition freq - 2-3times / week

PATIENT’S OBSTETRIC HISTORY: Primary Infertility.

LIFE SPACE INVESTIGATION

A 36 years old female came for case definition alone. At the beginning she appeared slightly nervous. When asked about it she shared that it is because her husband hasn’t accompanied her. However, later she started talking freely.

Patient was born and brought up at Ulhasnagar in a Sindhi joint family comprising of 15-16 members. They separated in 2003-04 due to family and business disputes. The patient is still in contact with them but not much attached. Her mother is a housewife and father works in

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

Case: 8

Drs. Akshatha/Bhavik

construction business. Father was earlier having business of auto parts. Patient is the 2nd child, has 1 elder sister and 1 younger sister and youngest brother.

In childhood patient had strained relation with her mother because she felt mother discriminated between her and her other siblings (elder sister and brother). Her mother always favoured elder sister and younger brother. They 3 used to go to restaurant but never took patient with them. Mother cared and loved them more than her. Whenever patient and elder sister fought, mother always took sister's side and used to beat/scold the patient even if patient was right. Patient said that since her brother was born after 3 girls and the elder sister is the 1st child, so naturally parents loved them more. Even at maternal grandparent's home there was discrimination when it came to patient and elder sister/ younger brother. Patient used to get angry due to all this, but she suppressed it and never said anything to anyone. Patient felt that they never believed in her anytime. During this period patient had thoughts of ending her life. She used to cut herself by glass, knife etc. Her younger sister never felt anything even though mother discriminated with her as well. Once patient told this to her aunt to which the aunt replied, "Yes everyone sees that but what will you do?" Aunt once told patient's mother that she does not care for her younger daughter, but mother did not reply anything.

In school she was good in studies and liked to study and participated in cultural activities. After 10th standard, patient wanted to join dance class but parents did not allow. Father told that patient can study as much as she wants but will not be allowed for job or any extracurricular activities. Patient said this practice is common in Sindhi community, she used to feel bad and used to get angry but never expressed anything.

When patient was in 9th standard she met a boy through their common friends who used to live in the neighbourhood. Patient said she never got love at home so she found it outside. She used to meet him, started spending time with him and shared all her emotions with him. Whenever she faced any problem at home, she used to meet him. Slowly her affection towards him increased and that towards her family decreased. Once patient got late while going to meet up with him when he got angry and shouted at her for coming late. At this time patient impulsively tried to commit suicide by jumping from the bike they were riding.

When patient was in F.Y B. Com (1998), her uncle saw her meeting up with that boy outside and he told her father. She was restricted from going to college. But as her exams were going on, her aunt convinced the father to allow her to attend the exams. Parents stopped talking with her for 2-3days. Her uncle slapped her and threatened her of police complaint against the boy. She tried to commit suicide by cutting at the wrists.

Although both patient and the boy were from the same community, patient belonged to a different subcaste and the boy's parents were against their marriage. Patient belonged to Brahmin subcaste and the boy's parents believed in the concept of giving to Brahmin and not taking anything from them. One of the aunt-in-laws who was unmarried, was dominating and had

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

Case: 8

Drs. Akshatha/Bhavik

power in the home. Everyone would listen to her and she was also against their marriage. Patient's family was also not ready but they knew patient will not understand and so they had agreed for marriage. Later, though everyone agreed for marriage, there were a lot of issues. Patient's and uncle-in-law's marriage was to be held together. Thus, all the marriage preparations were done according to the uncle-in-law and they did not take or consider the opinion of the patient's family. Thus patient's parent felt hurt. In their caste engagement bag (magni ki thaili) is given by groom's side. But for this ritual also the boy came alone to give the bag and none of his relatives showed up. This hurt her father and he said that he will not be ready for this type of marriage. But the boy apologized and then her father was ready for marriage. Due to all this, there were quarrels and misunderstanding between patient and boy. Patient had thoughts of suicide at that time too. She was tensed, whether their marriage will be successful or not.

After marriage patient stayed with mother-in-law (MIL), father-in-law (FIL), Husband and other family in Ulhasnagar. Due to love marriage, MIL did not give importance to patient, did not involve patient in any decision making and did everything by herself. MIL never involved patient in anything like Puja in Diwali or other festivals. MIL was proud of herself that she makes better food than patient or does other work better than her. Patient felt like a show piece in her home. Never got value like DIL. All these things hurt her, but she never expressed anything to MIL. She shared these things with husband, but she felt that all this is due to her having had love marriage. After marriage in-laws never gave respect to her family like Samdhi (in-laws) and did not talk with them. Once her cousin uncle had come home and MIL insulted him and did not talk properly. They did not attend her siblings' marriage. Patient said I did love marriage but why are they not giving respect to my family. Husband said in future all will be good. But in 10 years nothing has changed. She threatened husband that when her tolerance will end, she will end herself. She will tolerate till the time she can.

Patient has hatred and no inner respect for the in-laws. Stays with them because husband is their only son. When patient falls sick, MIL takes care of patient but when MIL falls sick patient has no desire to do anything for her. Since 5-6 years since MIL has been suffering from asthma, she has allowed patient to do household work. FIL by nature does not talk much with anyone but yet she does not like him.

Things changed with mother after marriage as she developed affection for the patient. Patient said when someone goes away from you, your attachment increases. When she does not feel good at home, she wants to go to mother's place. Now everything is good in mother's place. Good IPR with parents and siblings. Feels alone after marriage, husband is supportive, caring and loving but in the beginning he supported mentally but not much after that. Her confidence level decreased, she became more emotional and unable to take decisions. Confusion in everything, needs support. Did not share her emotions with anyone. Writes on paper and then throws the paper away. Does not mix easily with anyone.

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

Case: 8

Drs. Akshatha/Bhavik

Since school she doesn't have many friends - only 2-3. Likes to be alone. Now feels nervous in going anywhere alone or to talk with anyone when alone. Feels she will be unable to talk freely. Needs husband as a support system every time. When husband is not with her, she misses him. Even husband is attached to her. When she does not get what she wants she becomes angry but does not express and asks God the reason for this predicament? She feels better after weeping. Even during watching a movie or serials she weeps.

Patient feels sad as she is not able to conceive. In the beginning she did not feel anything but when her Bua (aunt), her younger sister and cousin conceived, her expectations increased. Her elder sister is also suffering from primary infertility but she doesn't feel anything. Patient feels if there is a child at home, time will pass easily. She feels sad due to thoughts that no one will think about me, no one will give value to me if she doesn't have a child. She feels better after weeping. Feels she has wasted her 10 years with in-laws. In-laws do not pressurise her for a child. Husband also is supportive. 3 years back patient started treatment for infertility and was admitted in hospital for hysteroscopy. At the same time father had myocardial infarction. Patient wept a lot, felt broken from inside. For Father's operation they had less money so they requested money from uncle. Patient felt sad for father as during family separation, her uncles cheated her father and gave him less money. So her father still has to work to earn. Patient had fear that father will die. Her cousin had died due to some illness so patient feels that if anything happens to father, how family will survive? Patient said now she won't be able to tolerate or adjust much. She experienced tension before marriage and now after marriage the state continues. Feels she will die one day due to the stress. Frustration due to in-laws, infertility, her health issues and father's health issues. Said husband and I need counselling, I may be suffering from psychological problem. Since 5-6 years her memory has become poor for recent things. Forgets easily. She likes to do work with perfection. Feels why God gave all these problems to me only? Attached to brother's son because she has no children

Patient has fear of flowing water +2, Cage +2 (Underground parking, cave), Alone +3

PHYSICAL EXAMINATION:

Sleep: 7-8hours. Position: lateral position. Deep, refreshing

DREAMS: Dreams: Snakes+2, Likes snakes. In real life also she sees many snakes many times.

THERMAL:

Likes monsoon

Fan: Doesn't require

Likes open air

A.C- complaints agg

Covering: Summer- 1 thin

Rainy and Winter -2 thick, Till neck except leg and face

Woolen-in rainy and winter season

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

Case: 8

Drs. Akshatha/Bhavik

Bath- Hot in all season.
Chilly patient – C4H

FAMILY HISTORY:

Brother - Skin allergy
Elder Sister: Infertility, Allergic Rhinitis, APD
Father: DM, MI- 3yrs back
Mother: Allergic Rhinitis, APD, Skin allergy, Hypothyroidism

PHYSICAL EXAMINATION

General Examination:

P: 80 bpm	R: 20/min	B.P. : 110/70mmHg	Conjunctiva: Healthy
Mucous Membranes: Moist	Tongue: white coated	Nails: healthy	Lymphodes -NP

Systemic examination:

Respiratory: Throat: clear Nose: Hypertrophic turbinates left side Air entry: B/L equal, NAD	Per abdomen: NAD CVS: NAD CNS: NAD
---	--

Investigations: WNL

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

Case: 8

Drs. Akshatha/Bhavik

Follow up criteria

1. Suicidal thoughts, 2. Desire for work, 3. Allergic rhinitis episodes, 4. Urticaria/Angioedema

Date	1	2	3	4	New S/S	Action
08/11/16						A
22/11/16			>35%			B
22/11/16 to 10/01/17	Better overall by 80-90% No suicidal thoughts					C
24/01/17 to 10/3/17	No c/o					D
4/4/17	++	Absent	Increased	A		E
On 6/3/2017, patient had been to Baroda for IVF treatment. At that time her paternal aunt who had undergone IVF had delivered a premature baby after 15 years of marriage. As a result everyone gave all the attention to her and the child and neglected the patient. She felt very sad, no desire to live and had suicidal thoughts. She became desperate for having a child. Brooding with suicidal thoughts and of having a child. Lonely, forsaken feeling and feeling of being a loser. Better by occupation in work and seeing exciting thriller movies, horror, suspense, life survival and animal movies. Late sleep by 1 to on and half hour. After that sound sleep. No change in appetite.						
05/05/17	A		SQ	0		F
23/05/17 to 01/08/17	A	>80%	>80%	0		G
05/09/17					Patient conceived 3months Natural conception	H
30/01/18 Gap of 3 months	A	>++	+ since 4 to 5 days	0	Much better in between 7 months pregnant. Healthy	I
11/05/18 Gap of 4 months	A	>++	occ	1-2 episodes	LSCS, Female child in March due to loops around the neck Child healthy	J
	Patient reporting SOS					