

2	Case of Allergic rhinitis and tension headache Guide- Dr Aditya Number of sessions taken- 7	- Understating the importance of history evaluation -Importance of person diagnosis -Psycho-somatic disease - Homeopathic MM and interconnection with conscious ad subconscious mind - Role of observer - Concept of therapeutic problem resolution	7/7/21	Introduction to PDPRIP	16	-	-
		-Concept homeopathic drug and its action -concept of drug disease - Perceiving the disease in patient - Concept of causation	14/7/21 to 29/7/21	PDPRIP Completed	16	Dream and its interpretation Concept was difficult to understand	--Dream analysis was explained though examples --Paper presentation F11 from symposium volume
		-Concept of group learning -Importance of collecting factual data in case taking -Understanding patient in his circumstances	5/8/21	Introduction to LST	10	--	--

taken - 5 session	common and characteristic, and under various symptomatology headings with help of symptom classification form - Knowing Various Symptoms and its meaning					
	- Concept of Miasm - Concept of physiological discharges and miasm - disposition, diathesis and disease	23/9/21	--	10	Difficulty in understanding the miasm	More symptom classification as per miasmatic classification
	4) Concept of Old and recent symptoms, philosophical correlation of symptomatology -Sycotic Miasm	30/9/21	Symptom classification continued	20	--	--
	5) Learning concept of totality and importance of concomitant in the totality through	7/10/21	Reportorial approach- Boenninghausen's	16	--	--

4	Case of BA	Evaluation of history given by patient and coming to problem definition and problem resolution, philosophical background behind PDPRIP	14/10/21	History Evaluation	10	--	--
	Guide- Dr Heena/Dr ARK Dates- 14 October 21 to 2nd December 21 No of Session taken – 6 Session	-Learning to do PDPRIP in case of BA Patient	21/10/21	PDPRIP	16	--	--
		-Patient understanding through analytical tool like Life space table _Role of various precipitating, maintaining and fundamental causations in the genesis of the disease and its expression at mind and body - Concept of dream analysis	28/10/21	LST Dream Analysis Mental state	20	Our own Individual prejudices unable us to go beyond our standards and hampers the patient understanding	Power point presentation on paper of Standard fundamental of function from symposium volume
		Concept of standard fundamentals of function B4 and B5 paper, mind as instrument.	18/11/21	--	16	--	--



		Conceptual Image - miasmatic coverage Essential evolutionary totality	25/11/21	LST completed CI EET	14	--	--
		-Concept of formulating the totality and reportorial approach -Materia medica differentiation between Silica, phosphorus, kali carb	2/12/21	Reportorial totality MM differentiation RREF	10	--	--
5	Case of GERD, Recurrent AGE, BPII Guide- Dr Akshata/Dr ARK Dates- 9 th December 2021 to No of Session taken -	Old SCR data and its significance in case with scantily available data Concept of Homeopathic consultant	9/12/21	History evaluation	13	--	--
		Clinical importance of process of Review of case	16/12/21	--	21	--	--
		Planning case taking with the help of PDPRIP	30/12/21	PDPRIP	15	--	--
		Understanding own feeling states while case taking Patient	3/2/22	LST	16	--	Group activity was given to make LST and PSPD

		understanding though LST				
		Patient understanding though LST and PSPD	10/2/22	LST PSPD	13	--
		-concept of defense mechanism Miasmatic travel through CI Learning to fill EET	17/2/22 and 24/2/22	PSPD CI EET	12	--
		-Concept of totality of symptom and reportorial totality -Concept of Non reportorial approach	3/3/22 to 10/3/22	Reportorial and non-Reportorial approach	14	--



Date of case taking -08/10/2021

Name-Mr. AGK

Age-32yrs

Sex-Male

Education- MBA(finance)

Occupation- Project manager (in Accenture)

Status- married since 5 yrs

Religion/caste- Hindu/Brahmin

Diet- mixed

Spouse-31yrs, working in supply chain management

Father- Died at the age 45yrs due to CA

Mother-57yrs (HTN+ Hypothyroidism)

Brother- 25yrs

Daughter- 18months

Chief complaints-

Pt. has complaints of coryza, watery discharge+2

<monsoon+2, winter+2

There is nose-block (both sides), <night+3, Mild difficulty in breathing due to it, no mouth breathing.

Sneezing+3, F- Daily, 5-6 at a time, 5-6 episodes in a day

Congestive sensation of nose and ears (pakadlyasarkhe)

Complaints have started suddenly since 1 yr., increased since April 2021

There is mild cough with scanty white expectoration observed once in 2-3 months lasts for a week, 3-4 bouts a day

Physical Characteristics-

Appearance- Wheatish complexion, black hair, Well-built, well dressed

Facial expression and configuration- maintained eye-contact

Perspiration- on face+2, back+2

Digestion-

Appetite- eats 2 times a day, doesn't feel much hungry, eats because it's time to eat



Hunger- can tolerate Thirst- LQSI, mouth feels dry

Cravings- chicken+2, fish+Aversions- not specific

Eliminations-

Stool- normal, urine- 3-4/0 D/N

Sexual history-

Heterosexual, marital- frequency- 1-2/week Premarital- +

Addictions-

Alcohol- started taking from the age of 12th std.

Beer- 1 tin, sometimes daily when at Mumbai or sometimes weekly

Smoking- did for a period of 1 year

Thermals-

Seasons- likes winter

Fanning- S-full R-full W-full

Covering- general- s-thin, R-thin, w- thin,

Wants legs covered, usually covers up to neck

Bathing-s-cold water, R-warm water, W- warm water

Sensory inputs-

Light aggr.- Doesn't like bright light, can't concentrate in bright light

F/H-

Mo- H/O hernia, HTN, hypothyroidism, taking pills for anxiety

Fa- died at the age of 45yrs due to CA

Life-space investigation-

Pt. was the first child born. There were totally 4 members in the family. Had 1 younger brother who was 7 yrs. Younger than him. His father was working in marketing line. Mother was working as a professor in a college at palghar. Father was always in business. Mother

had an anxious nature since beginning. Pt. had good IPR with both of them. As his brother was too young, he was like a kid to him.

Since childhood, the financial condition of the family was not that good. Mother was not permanent at her job; they had financial stress but never had to struggle for basic needs.

In school, pt. was not that good in studies. He used to get 47-48% marks. He used to have red marks in the paper. He said that, all other students were brilliant in the class. They used to tease him. He never liked this. In return of this he also used to tease them. But, he didn't like this. He used to feel bad. Due to poor marks, he never got much attention from teachers. He said that, he used to feel humiliated. Teachers used to shout at him. He had to sit on last bench. He didn't participate in school events much. Only once before 4th std., he took part in singing competition in group, and group got 2nd rank at state. He was not good in sports also. He was never chosen in good team.

Due to such atmosphere in school, he told his father that, he wanted to change school when he was in 8th STD. For this, his father sent him to hostel at Latur, Maharashtra. Pt. didn't want to go but still his father sent him.

When he went to Latur, on 1st day, a boy slapped him, at 4 am in the morning, without any reason. For this, pt. also slapped him. He said that, "it was like a wake-up call for me, I changed totally at hostel." At hostel, he learnt marshal arts, became physically fit, and learnt farming also. From there also, he used to write letters to his father to take him home. Initially, letters didn't reach him. But, when letters reached to his father, his father came and took him home. He stayed for a year at hostel. He completed his 10th from palghar only.

When he was in 6th STD. his father got diagnosed with cancer. He never shared much about his school problems at home. He felt that, "why should I share and put burden on my parents by telling about school problems." During father's treatment, mother's colleagues helped them much. Father died when pt. was in 10th STD. Pt. was already aware that, this is going to happen. He felt that, "sutle te"

After father's death, pt. wanted to support his mother. He started selling some household things to some fixed customers by going to their home. His mother used to do it before. He started doing on his own. He did it for almost 4 yrs. Along with this; they kept paying guests at home. It helped mother to come out of father's thoughts, and also helped financially. After 2-3 yrs. Mother became permanent at her job and then the financial condition improved.

After completing 10th, he took commerce side and completed 12th from palghar only. After this, he went to 'Vile-parle' for graduation. Initially, it was m difficult to adjust but he made friends from other classes. He had a girlfriend in 1st year. That relation lasted for 2-3 months; he said that, "It was not a serious relation". After this in 3rd yr. he had another girlfriend. Both were very close. They used to share everything. They had physical relations

also. This relation lasted for a year. But, that girl's father refused for marriage and that relation broke-up. After this, he felt bad. He felt that, there is no any reason for break-up, why this happened? It lasted for 2-3 months. Today also, he is in touch with her as a friend.

After graduation, he did his PG at Santacruz. After completing it in 2010, he started working in 2011. At 1st work place, he said, "had worst experience. Boss used to bark much." He used to feel irritated. One of the senior bosses told him that they will send him to foreign. But he didn't have trust. Hence, due to irritation he left the job in 8 months.

Next he joined TCS Company. Here, he had great learning experience. He had good IPR with boss and colleagues. But, payment was less. Hence he left it in 3 yrs.

After this he joined at Accenture Company. Here, since beginning, he worked in many projects, individually also, and in groups also. He achieved success and gained faith of superiors. Now, since 8 yrs. He is working here. But, since 2 yrs. He feels that nothing is happening here. Most of the friends at office went to foreign countries. Only 2-3 are left. He feels that, "je ahet tyanna pakdun thevato". He feels, initially, office environment was like a college. But now, it is changed. There are new people at office. All are thinking of their own growth. He said that, he can't mingle with people who are 7-8 yrs. younger than him.

Once, a friend took 1 lakh rupees from him for business. But, that friend cheated him, no business occurred. Pt. felt cheated. He asked for money till 1 yr. but that friend didn't return. Today, pt. is in touch with that friend but it still reminds him of that incidence. Pt. feels that, if unknown person would have done this, then it would be difficult to recover, but it was a friend, hence ok.

Currently, since 3-4 months, pt. is working over new project. He had never worked on such a kind of project. Hence, it took 2-3 calls to understand. Pt. feels why this is so. He started questioning his abilities. He feels he is not giving his 100%. He feels less energetic. Once his boss told him that, we are not running on time. Pt. never got such a feedback before. He felt bad, started working fast and did it. But, still he feels that, he is not able to work as he used to do before.

Pt. feels that he is having good record in company. Hence he is not worried. But, if he skips this job and then lands up with some issues in another place, then he won't be able to survive at workplace. He feels less energetic.

Pt. got married in 2017. It was a love marriage. Now he is having a daughter of 18 months. Both husband and wife are working from home currently. They have to manage according to daughter's schedule. Pt. feels that may be due to changed sleeping pattern, he feels lethargic. Currently, he is doing night shift from 4 pm to 2 am. Sometimes, his wife complains about time. Hence, pt. looks after his daughter, so that wife should get time for her work. Both of them stay at Mumbai for work. Pt. feels that, when work from home will be over, then how will they manage about daughter.

Since 1 year, pt. feels that his irritability has increased. Before this he was known for his patience. But, now he expresses anger. Many times, he expresses on mother. Mother is taking pills for anxiety. After expressing he feels bad.

He feels that his brother is self-centred. He is not family oriented. Pt. wants his brother to take responsibility too. Brother is working too. Pt. shouts at him. But, there is no change. Pt. is not attached to him.

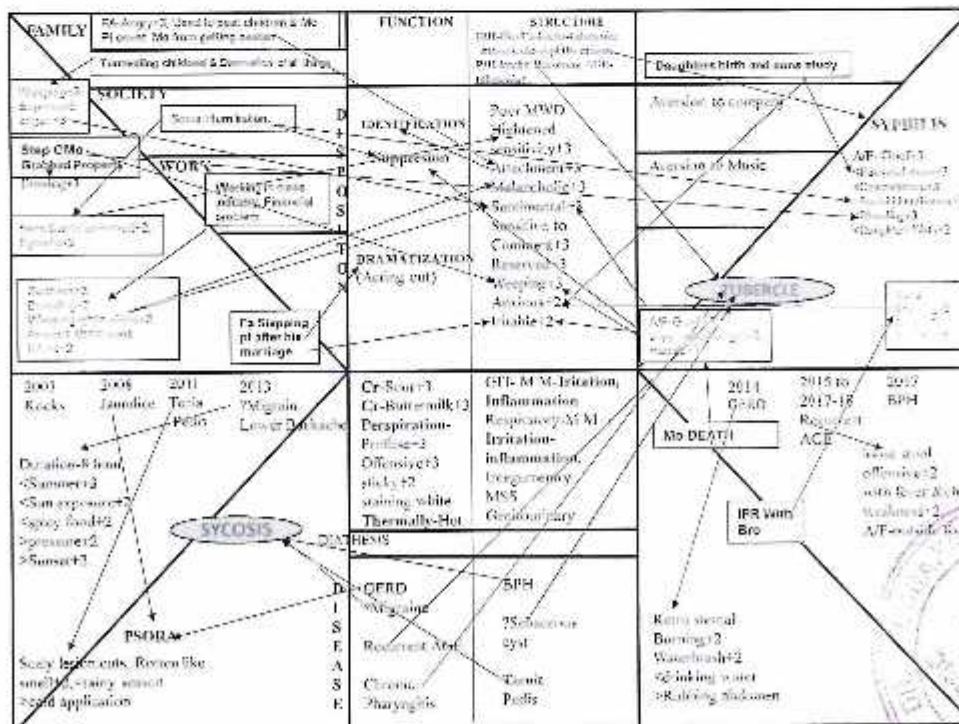
Before these 2 years, pt. was much more physically fit. He used to do trekking, used to participate in marathon. But, now currently he is not.

He is following 'Sadguru' as a spiritual leader. He likes to see his videos.



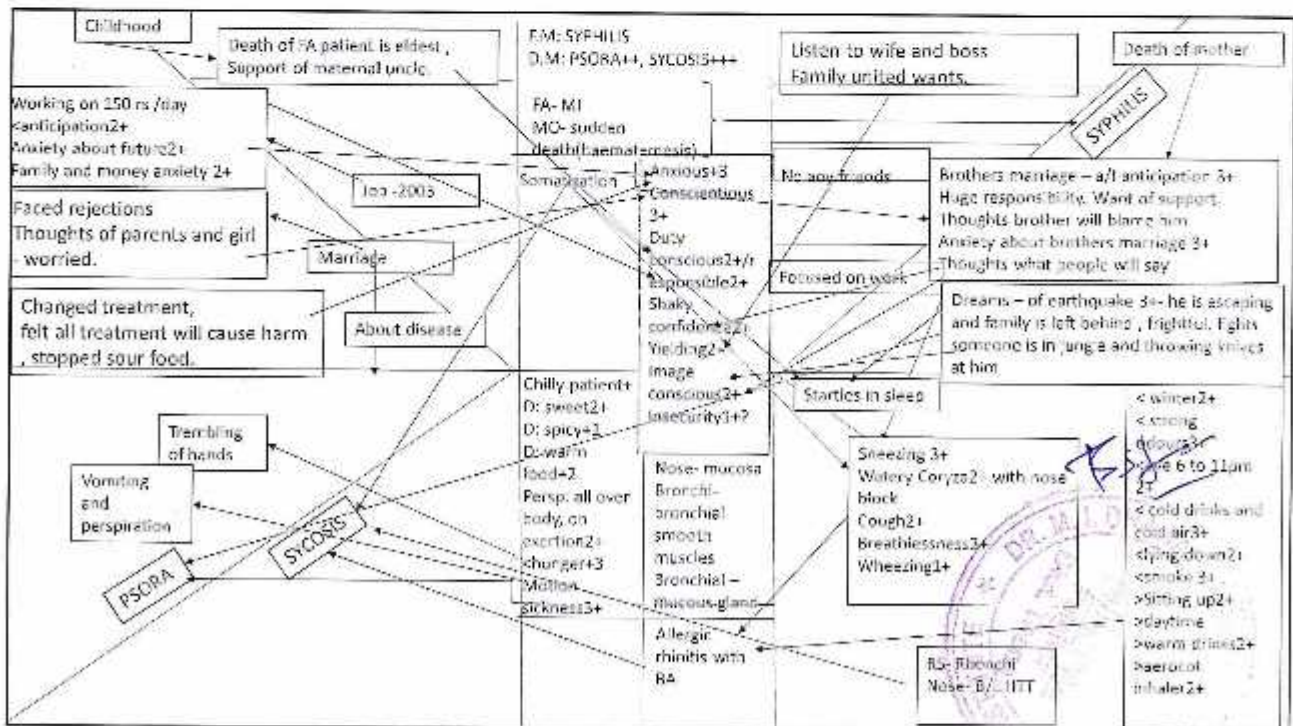
ESSENTIAL EVALUATIONARY TOTALITY

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Essential Evolutionary Totality

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Feature	Issue	Analysis	Recommendation	Timeline
CAUSE		All - Q14-12		
ANG. AND AMEL IN GENERAL		Thinking of past events +1 Nurturing past events +2 Nurturing community+2		
ANXIATION AND COMPLAINTS IN GENERAL		Sensative to P not focused Boring pain Challenges +Wishes - with each DIA		
PHYSIOLOGICAL GENERAL, SLEEP				
NO				
MENTAL STATE		Active to 148-12		
DISORDER		Sadness - wants to be alone+2		
INTELLECTUAL		Representing others+3		
DEPERSONAL, ANXIATION		Subsequent Anger+3 Poor confidence +2 Anxiety/Dep+2 Wishes about financial condition+2		

Feature	Issue	Analysis	Recommendation	Timeline
CHARACTERISTIC				
NEURALS/URS		Adverse/neutral burning +2 Water/brush +2 22gerts burning pain +2 =building abdomen+ Nurturing water	Recurrent POC Sore throat, offense +2 With fever and chills relatives: 2 + A/B - eating outside food	

Feature	Issue	Analysis	Recommendation	Timeline
		Sadness Anxiety and sleep Wing down		
		Panic over flight - burning relating one of them total application		

Case no.	History	Present illness	General	Particular
		Scaly like lesions on vent of nose like colour +2 Painless +2 + rapid response of the application which are showing over it through touch		

TSSJ



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Preliminary Data:

Date: 29/05/21	Referred By: Dr.ASN
Name: AVK	Age/Sex: 37/F
Education: 12 th std fail;	Occupation: Tailoring
Marital status: Married since 17yrs	Religion/Caste: Budhist
Spouse: Mr.VGK; 42yrs	Veg/Non-veg/Eggs
Father- 75yrs,	Mother- 60yrs,
Brother- 50yrs	Sisters- 41yrs & 43yrs
Son- 16yrs; Daughter-12yrs	

Chief Complaint:

Sr.No.	Location	Sensation	Modalities	Concomitant
1.	Integumentary System → Skin → All over body O= sudden D= 2-3min P=non-progressive F= 7-8 times/day I= High Since Sept2020 (8 months)	-Itching+3 -Maculo-papular eruptions -Reddish in color -Scratching f/b streaks -Burning+2after scratching → disappear No any discharge, bleeding	<Night+2 <perspiration+2 >scratching+	
2.	Integumentary System → Scalp	-Hairfall+3 (from roots) -Itching+2	A/F: Allopathic Rx <combing+2 <oil application+2 <perspiration+	
3.	MSS B/L LL O= sudden D = 2 min P= non progressive F= not specific 15 yrs of age	Cramps +2	>massage+2 >Walking +2	



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<p>B/L KJ and AJ O= sudden D= 4- 5min P= non progressive. F=3-4 times/day since 3-4 yrs</p>	<p>Stiffness +2 -Occ. Swelling</p>	<p><winter+3 <prolonged sitting+2 <while operating sewing machine+2 <morning+ >motion+2 >massage+2</p>	
<p>Cervical region Palms & soles</p>	<p>-Occ. Tingling & numbness</p>	<p><operating sewing machine+2 >massage+2</p>	
<p>B/L shoulder joint O = gradual D= continuous P = non progressive F = daily since 2 yrs</p>	<p>Dull aching pain +2</p>	<p>< use of pillow +3 > massage with oil+2 >hot fomentation+</p>	
<p>B/L fingers of hand O= Gradual D = 1 hr P = non progressive. F = daily since 4- 5 months</p>	<p>Dull aching pain +2</p>	<p><cold air +2 >Pressure +2</p>	
<p>B/L toes O= 4- 5 yrs D = 1 hr P= non progressive F= daily</p>	<p>Pain +2 Stiffness+</p>	<p><Walking +2 <Prolonged standing 2+</p>	
<p>Lumbar region O=Gradual D=1-2 hr P= non progressive F= 2 days gap since 5-6 month</p>	<p>Pain +2</p>	<p><sitting +2 > massage with oil+2</p>	

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Left Heel O= Gradual D= whole day F= 2-3 times/month since 1 yr	Pain+2	>Hard massage+2	
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Skin complaints are started one month after Covid-19 infection

Associated complaints:

Location	Sensation	Modality	Concomitant
1) RS July 2020	Covid-19 Pneumonia		
2) Integumentary system Palms→soles→B/L ears 2006 15yrs back	Itching +3	A/f: after eating peanuts	
3) MSS 2013 8yrs back	Calcaneal Spur		
4) RS 2009 12yrs back	Pulmonary TB during 2 nd pregnancy		
5) Excretory system→ Urinary bladder Abdomen 2020	Pain+2 Incontinence of urine Diagnosis- Cystitis		

O/E: ROM of KJ, fingers of UL & LL and Neck is free. No swelling/redness/warmth/tenderness

Vitals: T-Afebrile, PR-78/min; RR-18/min; BP-110/70

S/E: NAD

Investigations: 04/05/21, Hb- 12.9, RBC-4.80, PCV-40.9, MCV-85.2, MCH-26.9, WBC-9600, N/L/E/M/B- 56/40/02/02/00; PLT-3,45,000, RA-Non reactive, Vit B12-222, TSH-0.805; Vit D-28.7, Protein(T)-7.01, Albumin-3.52, Globulin-3.49, SGOT-29.8, SGPT-19.0, Bilirubin(T)-0.52
 24/05/21, Fasting-79, PP-115

Appearance: Average built, round face, wearing spectacles	Palms: dry & rough
Skin- wound healing healthy	Hair- Dry, gray, loss
Vision- Myopia	Tongue- moist, pink
Oedema- B/L pedal pitting type	Perspiration- profuse, Face+3, Scalp+3
Digestion: Hunger- can't tolerate, causes nausea & irritability since pregnancy Flatulence+	Craving- sweets+3



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<p>Menstrual Function: FMP-12yrs Menses: Regular, Duration: 3days, Color: Black, Quantity- normal 2pads/day, Odor- Offensive+2, Before menses- calf muscle pain, lumbar backache, irritability After pregnancy, flow only for 3 days previously it was last for 5days</p>	<p>Sexual History: Normal desire. F= patient can't able to say.</p>
<p>Obs. History: G4P2A2L2, 2 induced abortion, 2 preterm normal delivery Pulmonary Tuberculosis during 4th pregnancy Mental state during pregnancy: stressful</p>	<p>Stool- unsatisfactory; F=daily or every alternate day; consistency- semisolid Urine: Normal</p>
<p>Sleep: duration-6 to7 hrs, Perspiration+3 during sleep, salivation+ during sleep</p>	<p>Dreams: accident, dead people</p>
<p>Sun <headache+2 winter<joint complaints+2 likes monsoon Breczo <B/L fingers pain Fan: Summer-Full; Winter-slow; Rainy-slow Covering: Summer- Not req.; Winter-Req.; Rainy-req. Bathing: summer & Rainy-cold water; Winter- hot water</p>	<p><Noise+3 produces irritability <odours+2 causes headache <Thunder+ causes palpitations.</p>
<p>Physiological Functions: Skin: Perspiration <skin complaints Epochs: Marriage- after marriage, loss of confidence before performing Pregnancy- after pregnancy, hunger intolerable</p>	
<p>Reactions-Physical Factors: Time: Morning <stiffness of B/L KJ & AJ Night <itching Motion: Walking >cramps in B/L LL, <B/L toes pain Sitting: <B/L KJ & AJ stiffness, Standing: <stiffness B/L toes, <lumbar pain</p>	
<p>Past History: Heart disease: Ischaemic- Father & Paternal Uncle Injuries: Accidents- Patient Infections: Pulmonary Tuberculosis- Mother, Paternal Aunt, Patient Covid-19 pneumonia- Patient Skin: ?Urticaria- Patient</p>	

Particulars of Each Pregnancy:

DESCRIPTION	PROBLEMS MOTHER	BIRTH WEIGHT	PROBLEMS OF CHILDREN
First female	-	-	Preterm
Second abortion	-	-	-
Third abortion	-	-	-
Fourth male	Pulmonary TB	-	Preterm

Life Space

Appearance / mannerism: She was well behaved and carrying herself neatly. She was comfortable while talking.

Childhood: Born and brought up in village of Akola district, staying with Mo, Fa, 2 sisters & 1 brother. Pt is the youngest child of her parents. Family's financial condition was average. Patient said, "Childhood was happy. It went comfortably. There were no stresses". Parents worked as farmer in own farm. Childhood was playful. IPR with parents was good. Parents are very calm and quiet by nature. Father is strict when it comes to studies & work. Patient is attached to her Fa. If she made mistakes, Fa used to scold her. She remembered before marriage, somebody said to her something, at that time she got angry & had thrown away food plate. At that time, her Fa reprimanded her on this behavior, since then never reacted such in anger. She is more attached to Fa because he gives good / useful suggestions. IPR with siblings were also good. Sometimes there were fights between patient and her sister, if patient used anything of her sister, but now no any IPR issues. She was happy when guest came to house. She used to mix with them. She likes company.

When she was 5 yrs old she went to farm with brother, at that time, she was bitten by scorpion on her hand. Since then, she is afraid of rats, lizards, snakes etc. She is scared of insects. Once she stepped on frog, and she got fever because of it. She screams if she sees a rat.

School – In school, she was an average student. She liked dancing. She used to participate in the dance competition in the school. No stage fright. Recently (after marriage) she has started feeling loss of confidence before performing. Little afraid, whether she is saying right things or not? what will people say? Are they laughing?

She is studied up to 12th std. Didn't wanted to continue her study. She lost interest. So, she left education and did a course of beauty parlor and tailoring. After 1-2 years, she got married, (at the age of 20) in 2005. She continued her tailoring after marriage also.

Marriage – It was an arranged marriage. When she was asked about post marriage condition, her expressions on face gets changed (Frowning); she said, "लगानंतर.. विचारूनका.. फारभयंकरहोत.. आतातुम्हीमेनपाईटवरआलात". (Post marriage!! Don't ask, it was horrible. Now you have arrived at the right point). After marriage within one week, they shifted to Boisar. Husband was already settled in Boisar. She was staying with her MIL, FIL and husband. Husband's sister was married. Before marriage she had freedom but after marriage her MIL treated her like a slave. She said, her MIL always taunted her. She gave lot of troubles. MIL used to comment patient "You served less food. You deliberately make chapati raw and don't wash my sari clean, but you clean your sari very well". She used to pick any reason and argue. She blamed me for theft etc. she did all kind of



things. Initially Pt. did not used to say anything. She got very angry but never gave back answer being newly married, alone and away from home. She used to cry when alone. She feels better after crying. She used to share these things with her sisters then she felt better. She used to tell all these things to her husband even he used to realize that it's not her fault. But his nature is like he can't say anything to his mother. He said, "बायकाकितीहीआणूशकतोपणआईएकचअसते." (I can marry and bring many wives but mother is always going to be only one) Husband used to listen everything of MIL and then shout & beat the patient.

IPR with Husband's sister: Patient was beaten because of her, once when she visited first time. But usually, we do not get in contact with each other that much so it doesn't matter now. SIL used to tell all sorts of incorrect things from here and there about Pt, to Pt's husband and husband used to beat Pt with belt. If there was some issue between Pt and her MIL, then Pt used to become calm but MIL ensured the matter is increased. Pt hated this attitude of MIL, Her husband will always listened to his mother and sister but not the Pt.

During 1st pregnancy- Pt was always in tension. After delivery also, when in laws visited her Mo's place that is in Akola, there also they started argument. They started narrating her mistakes & started saying that her parents did not teach her well. Patient's daughter was just 15days old, they didn't think about her condition and health. At that time, she cried so much in front of all & in alone too, even now she cries when she remembers the events, troubles they had given to her during first 8 months of pregnancy when she was with them.

They continued this trouble for 5yrs after her first daughter. Then she got irritated and went back to her father's home. She lived there for 7-8months and told family about all the problems and told them that source of all the problems is mother-in-law. MIL was shifted to her daughter and then all things got sorted in her home. But still whenever she used to come for 2-3 months, she used to do same things as before. Patient told us that, "शेवटीतीसासूआहे. सासूचीजातचअशीअसते. तुम्हीअजूनलहानआहात. तुम्हालानाहीकळणार". (At the end she is a MIL, MIL's as a community is always like this. You are young. You will not understand today").

She shared one incidence, there was a quarrel & husband beat her so hard that her cheek was hurt by teeth. He threw her out of home after that and did not take her inside even though her little daughter was crying inside the house. Her mouth was filled with blood, she was spitting it on her way while she was going to call her parents to inform the incidence. The nearby shop owner saw this. He accompanied her to her house and shouted at the family for behaving in such manner and told them to behave well with Pt. The Husband and inlaws after listening to the person took her inside and then started shouting and blaming her for the humiliation they had to face in society because of her behavior. They wanted to dominate her in house so that other people will not know. Pt. said, "तुम्हीअजूनलहानआहात, तुम्हालाअजूननाहीकळणारते. तुमचलग्रझालंकिंतुम्हालाकळेल" ("You are still young now, you won't understand it yet. You will know when you will get married.") Then they called her parents and asked them to visit and take her back with them. And there were talks of divorce. But she did not want divorce because she had little daughter. She didn't get angry on her husband & she didn't want to take divorce because husband was not at fault. MIL used to keep telling him anything and he listened to her. So, when she came back to in laws then she decided that she won't go back to her parent's place again and be reason of insulting talks. She figured, if she doesn't say anything then they will keep doing same things, then she also started replying to mother-in-law (by then her daughter was 4-5yrs old) they used to get angry but Pt stopped listening and started fighting back and then they realized that Pt can't be

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controlled now. And then things stopped slowly. Now her mother-in-law is afraid of her. Patient is unable to forget the past & holds anger against MIL. She doesn't want to see her face.

2nd Pregnancy: MIL was not in home. So, at that time, it was all good, but then she was sick due to TB then she was in that tension. Husband was also behaving good with her. Her in-laws sent her to her parents home thinking they should not get infected with TB. Her parents could be at risk that was okay to them. In Boisar, only husband and father-in-law used to stay, so Pt used to worry what will they eat and all; so after treatment when she was feeling little okay, she came back and her husband was okay with it but her father-in-law was saying why did you come back. So, 2nd delivery was at her mother's home only. And after 7 months of pregnancy her husband used to call her and in-laws used to tell her husband to tell Pt to get aborted. They used to think, with TB in pregnancy, will the child be normal? But she had a belief that everything will be alright by god's grace. She did not listen to anyone and did not abort. And now son is all normal and clever also.

So, all these past events are still there in her mind, so even though MIL started behaving nicely, Pt still hates her. She even blames herself now for not being able to forgive her MIL now, even though MIL is behaving well now. She doesn't know why she can't forgive her. She just doesn't want her MIL in front of her. She remembers all those days, be it Dasara, be it Diwali. Pt said, "I behave lovingly with all others, just I hate my MIL and get angry." But if some outside person says anything to her, I defend her. So, it's not that she only hates MIL. Pt said, I hate but it we have relation. She can't tolerate her family member's insult.

Abortion: - She had 3 abortions. After First daughter she was pregnant again at that time she did abortion. Two times doctor did it. One time she did by consuming pills as it was too soon. They wanted gap between two children. And after second son as well, she had two abortions. At that time, they didn't want it. They wanted to do operation. But it took time for operation and meanwhile this happened. It happened by mistake. 3rd time she did abortion by her own.

Conflict with MIL's BRO: Her MIL's brother, used to share all sorts of gossip and create tension between Pt and her MIL. He used to say wrong things to her and MIL. Then she realized that he behaves nicely on face, with both of us but behind our backs, tell all wrong things to each other and trying to create argument. She got very angry. She told him directly not to come to her home. This happened 2yrs back. Because of this MIL's Br again called Pt's parent's and complained again with false information. Pt used to get afraid of the insults due this spreading of false thing. But then Pt used to respond back and MIL's Br came to know about it and he stopped.

Infected with COVID-19:

1st her FIL got infected. He got scared easily. They were not getting bed easily, so Pt was doing everything searching bed in hospital etc even when she too was COVID positive, so her MIL keeps praising, that her DIL (i.e.pt) handled everything so courageously even though she was positive herself; but still Pt hates her because of all previous behavior of MIL. She did not feel anything when she got covid. But when kids got it, she felt little worried. She was nursing everyone so in that she did care anything for herself. She also heard that we need to have strong mentality during COVID, so she kept herself mentality strong.

IPR with children-She is worried about children's education because of COVID. Children are engrossed in mobile, they don't focus on studies. She used to get angry on them, if they don't listen to her. Sometimes he used to beat him.



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Current state: - At the end, she said that her irritability and anger increased since marriage. When she is angry she talks in angry tone. Before marriage, she did not respond so angrily even if something happens; but after marriage now, she responds back with anger and she can't believe herself that she has become so hyper. Whenever she recollects old days her eyes become watery. While narrating also her eyes are watery, she said now MIL is behaving good with me but I can't forget her behavior, when I see her face, I become very angry, **मनावरजेआघातझालेआहेततेकधीचविसरूशकतनाही.** (the wounds that have occurred on my mind, I can never forget them).

PRELIMINARY BACKGROUND-

Name-Mrs ABC AGE-39/F

Education- Illiterate Occupation-Working in the Company.

MARRIED-Widow (2 and half year) Religion/Caste-Hindu

Diet-Non vegetarian Address-Palghar

FAMILY BACKGROUND-

Husband – Biraj company AGE-45 years(Died 2 and half yr back)

Father -55 yrs (died) Mother-50 yrs (died)

Brothers-2 brother(one died 6 yrs back) Sisters- 2 sister

Children- Son -3 sons(22/18/13)

CHIEF COMPLAINTS-

<u>SR NO</u>	<u>LOCATION</u>	<u>SENSATION</u>	<u>MODALITY</u>	<u>CONCOMMITANT</u>	<u>CONCO</u>
1)	Breast. Side-Right Connective tissue Side-5 months. (in documents one yr given) Onset-sudden. Duration- Continuous. Prog- Static. Right Lymph node- Axillary lymph node	Painless ³ . Movable nodule ² . No any discharges. Non tender. No swelling. No any previous history of complaints. (H/o 3 times Biopsy done last on 2/3/2020) Palpable	A/F-Typhoid fever? <Tight Clothes ²	Anxious that something will happen to her ³ . Fear of impending disease ² , husband died because of cancer she will die due to this complaint. Anxiety about future of childrens ³ .	Fear ³ {that so happen

ASSOCIATED COMPLAINTS-

2	Gastro-Intestinal Tract. Rectum/anal region Since 5 months Duration- Continuous. Prog- Progressive. Intensity-Mod. Freq-Daily.	Hard Unsatisfactory stool ² No blood No any mass protusion	A/F-Typhoid fever? (as per patient) >Duphalac laxative		
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PAST HISTORY-				
3	RES/Lymphatic system Large intestine/small intestine June 2020 Onset-sudden D-2 month continuous Prog-Static	Nausea ² Anorexia ² . Weight loss(70 to 55) Fatigue ² Vomiting ² . Sour eructation ² .		Headache ² . Heaviness in head ² . Generalised weakness ³ Pain in lower Abdomen ²
	Whole body	Swelling ¹ .		
4	Nutrition	Anaemia - 5 month back diagnosed.		

PATIENT AS A PERSON-

- **APPEARANCE**-Average Built, wear saree, round face, wheatish colour.

Weight loss-15 kg loss last 5 month

Eyes-Blackish Discolouration under lower eye lids.

Tongue-Clean,moist.

- **PERSPIRATION**-Profuse Sticky² on face,Neck.
- **DIGESTION**-Hunger-Cannot tolerate ² if not eat Distension of Abdomen occur .
- Thirst-3 litre/day,long quantity short interval.
- **CRAVING AND AVERSION**-Craving for vegetables³ specially Palak ,Desire for warm Food².
- **MENSTRUAL FUNCTION**-Lmp-15/9/2010,Menarche-16 yr of age, Regular,Cycle-28 days,Duration-3 days,flow-moderate, quantity-moderate, dark red in colour, clots present, consistency-Thick, no offensive, no stains. **Before menses**-Backache, pain in lower abdomen, Heaviness in bilateral breast, Leucorrhoea (2 days back). **Beginning**-1ST day all above symptoms.

Pregnancy After-After 1ST delivery,10 days continuous flow increased.

- **LEUCORRHOEA**-Before menses 2 days now quantity increased.
- **STOOL**-one times/day,unsatisfactory.
- **URINE**-D/N-5-6/2-3,Colour-pale yellow.
- **SEXUAL FUNCTION**-Hetero sexual,Suppressed since 4-5 yrs, Freq-daily before 2 and half year.
After Coition-Irritability Increased.
- **OBSTETRIC HISTORY**-P3A0L3

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- **SLEEP**- 6-7 hours/day, Supine position, Refreshing, disturbed because of thoughts Remembering husband leads to become anxious during sleep3.
- **DREAMS**-Dreams of Husband sitting with her and perform sex, this dream comes once in 15 days,but since 2 months daily same dream appear. When wake up morning continuous thinking of husband, Heat all over the body with profuse perspiration whole body and weakness.
- **REACTIONS-PHYSICAL FACTORS-**
- **Bus**-<Nausea 3
- **SUN**-<Headache3, heaviness in head, cannot tolerate, cannot go without covering.

	<u>SUMMER</u>	<u>WINTER</u>	<u>RAINY</u>
FAN	wants	wants	wants
COVERING till abdomen	thin	Thick blanket	thin
WOOLEN	=	Occ	=
BATH	cold	cold	cold

Desire for winter season3, Desire for open air1.

Wet, Getting-<Sneezing/Headache1.

- **PAST HISTORY**-Enteric fever (5 months back)
- **FAMILY HISTORY-**
 Father-Died(natural death)
 Mother-Died(natural death)
 Elder brother-Died due to Anaemia.
 Husband –Throat cancer ,Spine injury died sudden.
- **EXAMINATION**-No any scar mark observed in bilateral breast.
 Left breast - no any swelling, tenderness, no any lump
 Right breast - movable one small nodule surrounding the areola, painless, soft, no any discharge, no redness, no swelling ,no tenderness, size-?2-3cm.
 Right side Axillary Lymph node palpable toward lateral side of right breast, left side- no lymph nodes palpable

INVESTIGATION-

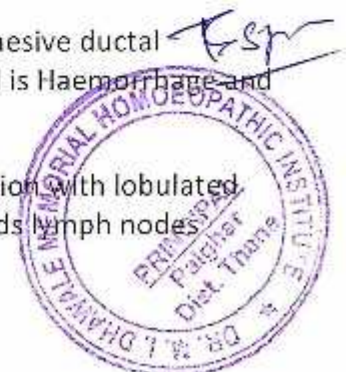
Chest Xray-NAD

ECG-NAD

SONOGRAPHY(22/06/2020)- Fibroadenoma of Breast smears show cohesive ductal epithelial cells. The cells are having fine nuclear chromatin, background is Haemorrhage and fibromyxoid material.

SONOGRAPHY(1/6/2020)-Well defined Heterogeneously hypochoic lesion with lobulated margins measuring 33×32×24 at 11 clock S/O Fibroadenoma few wnlards lymph nodes

BIRADS SCORE2-3.



CBC(26/9/2020)-HB-12.6.WBC-7,000.N/L/E/M/B-63/33/02/02/0,PLATELET-3,24,000.BUN-20,CREAT-0.7.

FNAC(17/06/2020)-Right side breast swelling measuring 3 ×3 cm².Smear shows few inflammatory cells inhaemorrhagic background.

Life space investigation

Patient born at J, a rural area. Patient is Elder daughter of the family, having 2 brothers and 2 sisters. Parents Died since many year ago (Natural death). Having Cordial relation with everyone.

Patient remained Illiterate because of poor financial condition and also was unable to share her desire to study to parents.

Childhood went in doing House hold work and carrying responsibility of family and helping parents in doing farming. Patient used to get angry on little things; if work not done, scold parents and siblings; when no one listen her she get violent (using hand gestures). Very much attached with brother, who died 6 years back, due to Anaemia, still remembers him & cries alone.

Marriage done at the age of 15 years at B. After marriage, for one year stayed with In-laws, then with husband. Husband did breakfast-stall work and worked at various places all over India for varying period of time. Relation with In-laws is good. Patient said her MIL/FIL had fear of patient because of her bold nature. Patient is not having good nature with SIL (because she does not talk with patient properly so patient did not talk to her).

Husband was mild by nature. Patient says पति मुझसे डरते थे (husband had fear of me) (because of her nature). Patient says, husband had demand for sex day and night after marriage till he was well. Patient says, daily it is not possible but forcefully husband does. After sexual act, patient irritability used to increase and think गला दबा दू पती का (to throttle husband)(with hand gestures of throttling). Does not talk with husband but after ultimately talk after few hours, says पति के साथ तो रहना है, उनसे गुस्सा करके क्या मिलेगा (I have to be with my husband, getting angry with him is of no use). Patient is having 3 sons. Very much attached with 2nd son because he listen to her, other does not listen so patient becomes angry on them.

When shifted to location-B patient started doing job (after one year), due to financial condition and thinking of future of the children. Initially worked in warehouse for 7 years, Husband didn't not gave permission to her saying गांव के लोग सुनेगे तो क्या सोचेंगे (The people of the village will hear of your job, what they will think). When patient went for work, husband tried to prevent her but still she does job. Now since few months left job (was working in Thread company) because of complains. One incidence shared by patient → one day owner scold patient and talk in loud voice, she left job immediately and cried there and after coming to home also cried. Patient says, she cannot tolerate scolding. Patient says गलती नहीं होगी तो सुनके नहीं लूंगी, बात नहीं करूंगी और वहा पे काम भी नहीं करूंगी (I will not listen if I do not make a mistake, I will not talk and I will not work there); जब गुस्सा होता

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है तो इंसान शकल भी नहीं देखूँ, ऐसा लगता है चाकू मारूँ (When angry, do not even see the face of the person, feels to stab with knife) (with hand gestures of stabbing).

Husband suffered from throat cancer for 7 years, got operated. One day received injury to spine region, which led to no sensation present in bilateral legs. He was bedridden since then. 2 and half year back died suddenly. After death of husband continuous thinking what will happen to future. How she will manage children without him? Continuous crying alone, remembering husband. Patient says she is alone without him, no one is there to look after her. After this incident, husband comes in dreams and perform sexual act, this dream appears after his death, initially 15 days in an month, now since 2 month daily comes. After dream when patient wakes up in morning, feels heat all over body along with perspiration and weakness.

Patient remembers husband continuously and cry when alone. Family approached her for 2nd marriage but patient says what will people say and what will happen with children. She did not do marriage, thinking what if that person (2nd H) also will do forceful sex with her (like his husband)? Patient says she feared that whether she will be able to give good future to children or not; continuous thinking what will happen.

5 yrs back, her younger brother hit her parents. Patient got angry, she scold and beat brother and does not talk with him since then and even left talking with parents because they did not support patient, they support brother. Patient says when her husband expired brother came to her house to meet patient, she talk with brother but kept on thinking that she did not forgive his brother for his behaviour with parents.

If someone shout or not listen to her she get angry and desire to kill that person, if anger not subside later cry alone but does not talk, feels better after crying. If someone talks lie to her, gets angry and scold or beat that person. Patient says she will get angry easily but after sometime she become relax, she realises what she had done but never feel bad. When children does not listen to her, beats them; want things to be done according to her way, due to which children having fear of patient. Everyone should listen to her.

Children's are earning good at present, financial status is good.

ASJ



THURSDAY SCR SESSION

Guide: Dr. Heena Mubarak

Date: 14/10/2021

Supervisor: Dr. Nikita/Dr. ARK

Objectives:

1. To understand the role of mind-body correlation in genesis of disease and appreciate the conflict in patient's life through his dreams.
2. To understand the various physical and mental, precipitating and maintaining factors responsible for expression of disease.
3. To understand importance of remedy response in management of case.

Directives:

EXHIBIT-I

1. Formulate the PD-PR-IP of the given case.

Exhibit 2 and 3 will be released soon.

History form:



= प्राथमिक माहिती =

पूर्ण नाव :- नितीन राजाराम देशमुख
 जन्म तारीख :- [Redacted]
 पुरुष / स्त्री :- पुरुष निवाहित (25/02/2012)
 आवेष्टित / विवाहित :- हिंदू मंत्रालय
 धर्म / जात :- शाकाहारी
 व्यावसायिक / व्यावसायिक :- गृह कॅम्प - वहा वोज टाईम
 अवधी :- कॉफी कॅम्पनी होतो.

शैक्षणिक जीवन :- 10 वी पास
 काम :- -पालक काम आहे. इलेक्ट्रिकल इलेक्ट्रीशियन
 7 वर्षांपासून त्या आगोदर मी देवदास कंपनी
 मध्ये हेल्पर चे काम करत होतो.
 माझ्या माताच्या कामामध्ये देवदासच्या मशीनीरी
 डिपेअरीनग करायचे काम आहे. इलेक्ट्रिकल पार्टी
 बनवण्याचे काम करतो आहे.

कामाचा पत्ता :- NAMAN CREATION.
 House No. 8840, Sardar, Gali, Opp. V.R. Jansast.
 Savadui, Dist. Patilner, Talapur, Dist. M.T.D.C.
 401506
 mob No. [Redacted]

- कुटुंबाची माहिती :-
- 1) स्वामी नितीन देशमुख (बायको) 29 वर्षे
 - 2) नितीन नितीन देशमुख (मुलगा) 5 वर्षे
 - 3) [Redacted] (मुलगी) 3.5 वर्षे
 - 4) [Redacted] (भाऊ, लहान) 30 वर्षे
 - 5) [Redacted] (भावाची बायको) 26 वर्षे
 - 6) [Redacted] (उल पुत्र्या) 3 वर्षे
 - 7) [Redacted] (पुत्री) 6 महिने

हे सर्वजन माझ्यासोबत राहतात आणि एकत्रच राहतात.
तडीत - ताकासो महोदय देशमुख (मृत्यू) 27 वर्षांपाठी
मि. जेका ठेवण्याचा असताना त्याचे मृत्यू झाले होते.
माझे वडील शेतकरी होते. अजारी पडल्याने मृत्यू झाले
हेच मला सांगण्यात आले. कोणत्या अजारीने झाले
हे मला माहीत नाही.

झोई - राजाजी ताकासो देशमुख. (मृत्यू 6 वर्षांपाठी)
झोई घालता असत, अयोग्य जेवण करीत होते, उठल्या
वेळी हाऊस अजारी होती वरून दिवस त्या अजारी
पणाने मृत्यू झाले.

दिनचर्या :- मी सकाळी 7:30 दरम्यान ते 8 पर्यंत उठतो.
उठल्यानंतर, लायला का जावुन पेश होऊन थोडा
त्यायाम करतो. त्यानंतर झोईच्या दिवसात गरम पाण्याने
आंघोळ करतो व गमी व पावसाळ्यात शंड पाण्याने
आंघोळ करतो. त्यानंतर नाण्या करतो (चहा वटर, पोहे,
उपटि, दुधाचवणी इत्यादी करतो) त्यानंतर 9 ची
माझी झोई शुटी टाईम असतो. त्यानंतर कामातून जातो
कामावर असताना दुवारी 1 ला जेवण करतो. जेवणाने
6 चार चवणी, अजारी या स्नावेश असतो. त्यानंतर
संध्याकाळी चार चवणी राहा लागतो चहा पिणे,
त्यानंतर 7 ला माझी झोई रावते मी घरी जातो.
घरी गेल्यानंतर कधी कधी तरी गोळा करतो.
मीन झाले तर जाही तर संध्याकाळचे जेवण करतो
घरी गेल्यावर गरम पाण्याने आंघोळ करतो. त्यानंतर
T.V. बघतो, लहान मुलांसोबत माझ्या खेळतो
संध्याकाळी थोडा टाईम वाळवतो. त्यानंतर गरम
पाण्याने जेवण 9:30 ते 10:00 घ्या बघित करतो.
संध्याकाळचे जेवण हे एक झाल्याची झाल्या, माझी
आत दाळ. असे जेवण असते.



भाषीक जबाबदारी :- धरातील (कुटुंबातील) जबाबदारी ही माझ्या वती आहे. धरातील सर्व आयुक्त कामे ही माझ्याकडे आहेत धरामध्ये लागणाऱ्या गोष्टी मजकुराची कामे जोती घ्यावीत, कामे ही ही पाहता. चिन्हा पार पाडता. ही माझ्याकडे लागणाऱ्या आयुक्त जबाबदारी ही आहे पार पाडत होतो.

अवधानासाठी सडकनी :- (1) ही लक्षात घ्याव्यात सडकनीच्या सामग्री करत आले आहे. कारण वडील लक्षात घ्यावी त्याचा माल, शाला लागत आहे जिवन हे सामग्रीची राखी लक्षात घ्यावे आहे. तेव्हा आहे कि दुसऱ्याच्या शालामध्ये कामासाठी जाऊन मला व माझ्या लक्षात आवाळा वाढवणे किंवा सामग्री शाळेच्या खर्चा सामग्रीची गजाल सर्व आदिनी पार पाडल्या. शालात मजकुराचे लक्षात घ्यावे लक्षात घ्यावे कारण वडील वाही गजाल मुलाची कोणी देणार नाही सारे लक्षात घ्यावेत मग मुलाची आदली तर लक्षात घ्यावे खर्चा कड्या करणार हे आस्था मनेक सडकनी गेल राहिलेला शालापलीत, गजाल आहेता मजकुर शाळेच्यावर लक्षात घ्याव्या लक्षात घ्यावी जबाबदारी माझ्यावरून पडली आवाचे लक्षात घ्यावी आहे पार मोठी जबाब दारी पडली होती कारण आहे, वडील दोघे हे गजाल लक्षात घ्यावे आवासाठी कोणी मुलाची लक्षात घ्यावे पण शाला लागते लक्षात घ्यावे पसलीच्या मुलांवरून लक्षात घ्यावे कि सडकनीतून पार पडले. आज धरातील कोणतीही सडकनी नाही सलगन सलदात आणी अजेल राहिल.

चि. काम हे ही दहावी परीक्षा शाळेच्यापलीत काम करणाऱ्यासाठी वाहिर पडले कारण धरातील भाषीक जिम्मेदारी ही माझ्यावर पडली होती. कामासाठी मी मजकुर (लोडिंगसाठी) शाला.

चौधराम आतावर मि माझ्या माता जणू राहण्याची
 होती. त्यांनी माता पाहिल्यादा टेबराईल कंपनी मध्ये
 हेक्टर मध्ये कामाला लावले. तिथे मि एक वर्ष
 काम केले त्या कामामध्ये मला सगळा अनुभव आला
 कि ज्या कामामध्ये लाईफ लाई असो माझ्या मनाला
 वाटले मि ते काम एक वर्ष केले. नंतर मि काम
 पुढे काहीतरी शिकण्यासाठी विचार केला. मला
 मला जवळच्या मित्रांचे इलेक्ट्रीशिय मध्ये घेवून
 गेला हेक्टर मध्ये. तिथे मि ते काम एक वर्षी
 मध्ये शिकणे शाही शिकत आहे. आज मि
 वेगवेगळ्या टेबराईलच्या मशीनीरी बनवता येतात
 आणि चांगला पगार ही आहे.

रामजागेंचे तसे अनुभव तर अल्प कारण आहे
 वेडिल लोहापावणी मध्ये शाळा. त्यामुळे त्यानंतर माझ्या
 आजोवणी आमहाला घेवून गेले. तिथे त्यांनी सगळ्या
 माझे चुकते मानी आलोका यांनी कधीच घाबळला
 विचारले नाही. उठे आहत काय करताना, शाही
 आभार्या स्वभावाचा पाभोवर उभे राहिले आहे आणि
 जेव्हा मी काम करून घेते कमवायला लागला
 तेव्हा सगळ्यांचा विचारायला लागलेत आज
 मला समतात घेतले.

प्रमुख आजार :- माझ्या आजाराचा प्रमुख आजार म्हणजे
 श्वास घ्यायला त्रास होतो आणि एन्जनी रोग
 श्वास घेताना कुठल्याही मगळवणी, रोट, आजार,
 केमिकल कंपझातुन निघालेला धूर हे जर
 श्वास घेताना मजकामचे गेला कि मला लगेच
 शिंका येथारून सुखाना होते. त्यानंतर एक एक
 पाय शिंका येतात कधी कधी. मला मज्जातुन
 पाणी सारखा चडते. आणि हे असे पिल्यातुन
 घेतले तिन वेळा होते कधी होत ही नाही.



भागी रात्री शोषणाच्या स्फुमारास म्हणजे 10-30 ते 11-00
या वेळेत खाल दोघ्यास प्राप्त होतो.

- ① हा भाजार मला मीत वषमिपकुन जामवाथानो लामाका जल्मी वाढ हि मला मी मनीत पयलोत कि मी वळणी मुळेय होतो का त्यानंतर मी केमीकल किंवा भाजार वली य्या वासापेकुन लळि राहतो. उपाय मी वरेय ववारवणे केले पण मेकडाय अतर होयया.
 - ② भाजारचे डोत्र :- वेईयर एम. भाई डि री. गळे कामाका भाज्यापेकुन मला हा भाजार च्याकु जामा पहिले मिन ते चार वषे काही होत नवते हळू हळू हा भाजार म्हणजे प्राप्त वाढत गेला. कारण भाज्या कपणीच्या वापुला केमीकल कपणी मधुन निघनारा धुर त्यामुळे मला हा प्राय तीन चार वषमिपतर जामवत गेला. य्या भाजारात प्राप्त म्हणजे दुखते किंवा मुग्घा येने प्राप्त काही होत नाही. काय शक्य होय्यास लकलीपत होत.
 - ③ दुखणे वाढवणे कारण म्हणजे केमीकल घड्यांचा किंवा शुगेधीत पकायच्या समवेश आहे. थंड पाणी पिने थंड पेय पिने ह्यामुळे पण वाढतो. भागी हा प्राप्त मला थंडीच्या विवलाभते जास्ती होतो. का उन्हाळ्यात किंवा पावलाळ्यात करतका ही प्राप्त होत नाही.
 - ④ माझ्या ह्या भाजाराबरोबर दुसरा प्राप्त म्हणजे मरीडीची न्या प्राप्त होतो. काहीकधी.
- इतर तज्जारी :- माझ्या इतर दुखण्यांमधे शक्य हे कि माझ्या कामाभते कधी जास्ती काम केले कि माझे शरीर दुखण्यास चालू होते. सपुणी मला दुखते कधी तरी मदीच्या दोन मदीच्यामधुन हा प्राप्त होतो. ते पण काम केले ते तर. पुढी मला कोणताही प्राप्त होत नवता.

व्यावसायिक माहिती २-७

उत्तरी : चानच फुट तीव उत्तरी

वर्जन १ - ५२ व ७

क) माझा स्वभाव प्रेमळ, माझा लक्ष्य आणि गतीही वेग आहे. माझ्या वायुस्थानात उद्दिष्ट ही माझ्या आवाज लक्ष्य करणे. एक स्वताचे घर असणे. आणि मित्रांना (क्या) राहीणे. माझी ज्ञान शक्तीही सदाच्याच उच्चता पुढी करत राहणे. ही उद्दिष्टे मि जास्वीत जोसू प्रमाणात मिळतू शकते आहे.

ख) माझ्या कुटुंबातील सर्वांशी संबंध चांगले आहेत. सर्वांना हनेवत मज्जा मंजरी करत सर्वांनरोषेन तेक धालवत. माझ्या जिवनात मज्जे मित्र हे पण दहावी पर्यंतच होते त्यानंतर कोणाशी मैत्री नाही.

* कामातील सहकारी आहेत ते मला गाढा सन्मान देतात माझ्या कामांची पुरवठा करतात. त्यांच्या आडीमि आडचोर्णां मजत करतो त्यामुळे त्यांच्यात माठी माझ्यात चांगले संबंध आहेत.

ग) माझ्या वायुस्थान माझ्यावर जबाबदाऱ्या घालेल्या होत्या त्या कारणे, माझ्या आवाजे लक्ष्य आणि एक स्वताचे घर ते मि पार पाडलेल्या आहेत.

१. (ड) मज्जे व मेघ ४- मी लयान्या दया लयी माला (लक्ष्य) धातकी तेजापायुन मी शाकाहारी आहे. अखेतर मला माझा घर आवडत जवळता माठी माझ्या ज्ञानोळ ये हे सर्व मालकरी (माझाहारी) होते. त्यामुळे मि पुण माल धालुन शाकाहारी आला तेजापायुन ना मि कधी दानि ना कधी स्वावेसे करले. बाकी शाकाहारी मध्ये मज्जे माला सर्व ज्ञाही आवडते. दिव्या पालेअज्या, दुहा फाके मज्जेमदर आर्या, मज्जे, वर आत हे सर्व आवडतात मज्जे आधरामेले वजरी शकरी आणि पुरवा वजरी म्हणजे दाकीचे पदार्थ जसे कि अज्या, हे स्वात्तांतर घेसी डी (मज्जेमदरे) पितारा पास होतो. पुरे ४- चहा, कॉफी, वरजल

हे पितो, कधी कधी गरमी रथा दिवसात पुलाच्या नक्ष
किंवा शंड शितपेये घेणे. एव शितपेये शंडीरथा
दिवसात घेतली तर सदी होते. त्यामुळे मि सहसा
शंडीरथा दिवसात हेवगारा टाकणे

५ (अ) - वातावरणाचा परिणाम & हवा - शंड हवा आवडते.
यथा शंड घेतले गरमा श्वरणा प्रकिये दर परिणाम होणे
माझी शंडीरथा दिवसात शिला हवेत सलताना शिकता
येणे सदी होऊन घाती जमि होते मग श्वरिण थोप्यास
तफळीक होते. गरम & गरम हवे मध्ये श्वास होत नाही
परंतु घाम येणे, शरीराच्या घामामुळे दुर्गंधी येणे हे
कधीतरी वाढते. माझे ७३ & गरम व गरम पाण्याने
करतो, शंडीरथा दिवसात गरम पाण्याने अथोळ
दोन टाईम करतो व गमीरथा दिवसात शंड
पाण्याने अथोळ दोन टाईम करतो,
माझे शंड & माझा हव लघाणवास्तुन विद्युत्तेत्या
इलेक्ट्रिक वस्तु बनवणे, लाईट नी कामे करणे ही
साहित, व्यायामाचे फळ - रथा, कोफी नचे आहे. नहा
हा मि दोन टाईम पितो. व कोफी कधीतरी
पिण्याचे मग शान्यास.

(३) शोप आणि स्वप्ने & - शोप ही गाझी व ते ३ पास
हायने. स्वप्ने ही कधी कधी यडतान.

(४) लैंगिक संबंध & माझे लैंगिक संबंध हे महिद्यातून
चार ते पाच वेळ झाले, कारण लघा शान्यावर
मुले होईपर्यंत महिद्यातून १० ते १५ वेळेस भयार्थचे
पण मुले शान्यावर हे प्रमाण कमी झाले. आहे आणि
शान्याच्या माझ्या रथा आज्ञादामुळे मला श्वास जातवतो
त्यामुळे प्रमाण हे कमी केले आहे.

६ पुजेचे साजार & - पुजी मग झाला कोणताही साजार
नवता हा लाकी कधीतरी पाप येणे, सदी होणे हे
अवायचे हवामानच्या, शान्या पित्याच्या कपनामुसार पण
श्या रथा शान्याच्या माझ्या अंतरा री काही ही

संबंध नाही असे मला वाटते, कारण असे कि. मी.
 लहानाचा मोठा शाली तो माझ्या गावाला (सांगोला
 कि. लोलापुर) हे गावे गाव त्या गावावधे ना कपण्या
 ना प्रकृत प्रकृत त्यामुळे चांगली हवा आणि शब्द ह्या
 होती त्यामुळे तिचे कधी असे जसे सांगोला नाही.
 पण जेव्हापासुन मी प्रकृत हवेच्या वातावरणात काम
 करायला आला जेव्हापासुन मला हा आजार लागला आहे.
 कौटुंबिक आजार ३- वडीलांना हार्ट अटका मारला असे मला
 सांगितले गेले होते. मी समोर समोर पाहिले नाही त्यावेळी
 त्यांचा मृत्यू झाला मी लक्षण होते मला समजत नव्हते.
 आई, आई स्वताच्या उर्या होण्याच्या कधी कधी
 साधी अशक्तपणा असायच्या कामांच्या किंवा मामच्या
 जबाबदारीच्या काळीजे तिची तबीयत बरोबर नसत
 असेच मला जेव्हा जेव्हा जेव्हा जेव्हा मी उरी होयचि
 आणि तबीयत बिगडत गेली त्यात आईचा मृत्यू झाला.
 भाऊ २- आवाला कोणताही आजार नाही. * वडीला नाही.
 वडीलाकडील ६ मासे देण चढले आहेत. त्यांची व त्यांच्या
 फेमिलीची तब्येत चांगली आहेत. आजोळचे :- माझ्या
 आजोळचे मामा, मामी आणि चार भावंडी आहेत. त्यांना
 असे मोठे आजार सध्या तरी नाहीत.
 माझ्या मुलांची तब्येती चांगल्या आहेत. आणि
 माझ्या पत्नीची तब्येत चांगली आहे. कधी आजार
 पडत नाही अहसा.



EXHIBIT-II

1. Prepare LST, and enlist patterns of pt to cope up with society and disease.
2. Attempt dream analysis.
3. Enlist the various physical and mental precipitating and maintaining factors in the given case and the expression it has brought at the level of mind and body. (Diagnostic Net)
4. Formulate CI/EET of the given case.
5. Come to the remedy and susceptibility in the given case after forming totality and selecting a suitable approach.

PRELIMINARY INFORMATION:

Reg no: ---	Name: Mr. NBD	Age: 31yrs
Sex: Male	Marital status: Married (8yrs)	Education: 10 th std
Religion/Caste: Hindu	Diet: Vegetarian since 6 yrs	Siblings- brother- 1
Occupation: Electrician	Address: B	DOCT: 1/12/20

CHIEF COMPLAINTS:

Sr. No.	Location	Sensation	Modality	Concomitant
1.	Respiratory system: Nose Bronchi Bronchial smooth muscles Alveoli O- gradual D- 3 years/ 5-10 minutes to 1 hour P- progressive I-moderate to severe Since 6 months on inhaler- initially 2-3times week Since 1 month taking inhaler daily once.	Sneezing+3 Watery coryza+2 Nose block+2 Cough+2 No expectoration Breathlessness+3 Wheezing+ No h/o fever	Δ/F: anticipatory anxiety+3 <winter+2 <strong odors+3 <evening (6pm-11pm)+2 <cold drinks+3 <cold air+3 <lying down+2 >sitting up-2 >day time+ >warm drinks+2 <smoke+3 > Aerocort inhalers+2	Anxiety that Disease will progress+3



PATIENT AS A PERSON:

Appearance: lean, fair complexion, greasy skin+, early hair loss: vertex baldness.

Perspiration: all over body, on exertion+2

Appetite: hunger <+3 since 6 months to 1 year trembling of limbs, need to eat something

Thirst: normal

Craving: spicy+, sweet+2, sour+, warm food+2

Aversions: NS

Stool: normal

Urine: normal

Sleep: Startles during sleep

Dreams: Dreams of earthquakes, he is escaping and family is left behind+3, frightful+2, fights+2

Dreams someone or he is in jungle and someone is throwing knives at him+2

Gets up from sleep frightened and startles, feels everything is true.

REACTIONS:

Thermals: Chilly

Motion & position: Motion sickness+3, Riding in bus → causes vomiting and perspiration since childhood.

PAST HISTORY: N.S.

FAMILY HISTORY: Fa- died due to MI, Mo- died due to unexplained hematemesis.

Habit: Nil

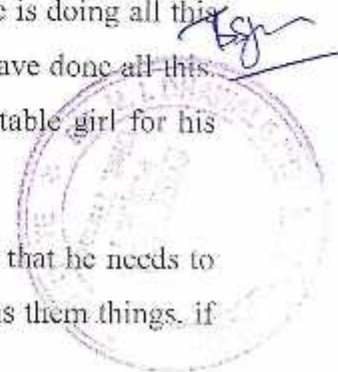
LIFE SPACE:

A well groomed and well-nourished male, started with complaints of asthma and said that he was taking medicine by allopathic doctor but doctor prescribed him medicine without even checking him, at least doctor should have checked him so he went to show another doctor but was relieved temporarily. He felt how long he will take allopathic medicine as it might create further harm so he gave a thought to try homeopathic medicines. Since complaints had started, he stopped taking sour food, listening to people's advice as a cautionary as he feels why to bear the suffering. Since illness has started and increasing further, he gets recurrent frightful dreams and wakes up with startles.

When pt. was 4 years old, his father died due to MI. He is the eldest child. Since beginning he has interest in repairing and creating new electronics at home. Mother had her land and would do farming and even work as a maid to bring them up. His uncle never supported them but they always maintained good relations. His maternal uncle and maternal grandparents were very supportive so the whole family shifted there and stayed with them. With the earnings of mother, and mama's financial and emotional support he could pursue 10th std with a decent living. After 10th std as p's mother couldn't afford for higher education so he started working at a garment shop with 150rs/day salary. Pt wanted to learn ahead as he felt if he learns ahead, he can work anywhere. What is life and future in this? With 150 Rs how will he manage expenses ahead in life, when he will have family?

With support of maternal uncle, he started working in Electronic Company and gradually mastered the skill faster due to his interest and education, now he works as electrician and also makes electrical parts. Before his days of being self-reliant from his initial struggling days, while searching for a bride he had to undergo various rejections due to his financial instability and no father. He said that he feels that girls and their parents would feel worried for their daughter's future which he would find it right for any parent to feel the same. People would comment that he would get dumb, handicapped person only as a bride. There were no support from anyone, somehow mother managed to get him married. Boss supported him with money in his marriage, he feels it was a big support. Mother had passed 3-4 years back due to sudden unexplained hematemesis. After this incident, he had huge responsibility on him to get his younger brother married. He felt that during his marriage there were so many issues, the same stays for his brother now, how will he manage? Who will support him? People would come and tell that his brother responsibility is on him, how his mother found a suitable girl for him, now he needs to find a bride for his brother. His brother was also in his primitive stage of taking up responsibility and had just started earning at that time. He felt anxious+3 and his disease developed in this period only. He even felt what if brother told him that he got married but didn't think about his brother and what if he taunted him his whole life for the same. When he was searching for a girl for his brother, he felt he is doing all this alone as mother passed away, if mother would have been there, she would have done all this. He searched for many proposals but faced rejection, finally he found a suitable girl for his brother, his thoughts and anxiety calmed down.

Nature: Patient is a calm person and yields easily. He being the eldest feels that he needs to keep his family united. If there is any argument at home or work, he explains them things. if



they don't understand then listens to the boss or wife and remains quiet. He says he doesn't like when any argument exceeds, it should end in the minimal possible way and should not be repeated. He feels that only 8-10 people he has in his life, who understand him from his soul and they are in village. Since he is working here, he has no friends here and only focus is work. He misses his home, family and friends, feels like going there, but can't go due to work. He has one son of 5 years and daughter of 3 years whom he plans to educate well for their bright future.

PHYSICAL EXAMINATION:

T – Afeb, P – 80/min, RR – 20/min, BP – 120/80 mm of Hg

Tongue – Clean Moist, Nose- B/L ITT, Throat- NAD

SYSTEMIC EXAMINATION:

RS – AEBE, Rhonchi+ scattered all over; CVS – S1S2 –, CNS – Conscious and oriented to T/P/P, PA – NT/ND, Soft.

INVESTIGATIONS:

DATE	INVESTIGATION	FINDINGS
02.02.21	PFT	Mild obstruction, significant broncho-dilatation
05.04.21	PFT	Mild obstruction, No broncho-dilatation.

THURSDAY SCR SESSION CASE

Guide- Dr Aaditya

Consultant- DR ARK

Directives-

1. Go through the life space and construct Life space table.
2. Attempt Mental State in this case.
3. Identify the symptoms and do the symptom classification using 36- symptom classification form.
4. Attempt Conceptual Image and construct Essential Evolutionary Totality.
5. Construct your Repertorial totality using a suitable approach.
6. After coming to a group of close coming remedies, differentiate them and arrive at a simillimum with a suitable potency.

Name- XYZ

Age/ sex- 36 years/ male; DOB- 1st July, 1984

Education- B. Com, B.Sc., I.I.b; Occupation- land dealings.

Status- married, in 2011

Religion/caste- Hindu/ brahmin.

Income- 40000/- per month.

CHIEF COMPLAINTS: -

Location	Sensation and pathology	Modalities	Accompaniments
RESPIRATORY SYSTEM Nose Since 4-5 years O- gradual D- continuous P- regressing+1 since 1 year F- daily, I- Decreasing since 1 year, previously severe.	Sneezing ² → 7-8 paroxysms at a time Nose block ² → Has to blow nose, yellowish nasal discharge Pain ² →	<dust, <smoke <morning ³ , <damp weather ³ , <morning ³ , <lying down ³ , >sunlight ³	Sadness ² , Anxiety about pending works ²



Para- nasal sinuses Frontal sinus Since 4-5 years		<morning ³ >hot water bath ²	
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ASSOCIATED COMPLAINTS: -

HEAD Fronto- occipital region Right side Since 3 years O- sudden D- episodic I- previously severe, reduced+1 since 6 months	Pain ³ , continuous lancinating type. Wants to sleep Photophobia ³ Phonophobia ³	>sleep ² >tight bandaging ² >sun ²	Melancholic ² , Wants to stay alone ³ Anger ² when caressed, shouts loudly on care-giver (mother or wife).
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O/E- p- 88/min, B.P.- 140/90 mm Hg, HGT- 128 mg/dl.

Nose- b/l HTT, reddened mucosa. No nasal discharges present.

A. PHYSICAL CHARACTERISTICS

Appearance- fair, big eyes,

Facial configurations & expressions- dull looking face with no expressions on it.

Stocky built.

Hair- gray, lustre.

Perspiration- scalp³, on physical exertion, staining linen- white.

Appetite- reduced since 5-6 months.

Hunger- since 3 years, cant tolerate, irritability³

Thirst- large quantities at long intervals, drinks 1 whole litre at night before going to sleep.

Desires- ice cream³, milk², spicy², sweet²

Eliminations- stool- once daily, satisfaction- obtained.

Sexual function- desire- N, masturbation- twice daily at 25 years of age, not now. Sex- marital.

Erection- N. concomitants- coition after- sleeplessness.

Sleep- duration- since 3.5 years less than 3-4 hours. Position- on sides with one knee flexed. Initiation of sleep- difficult.

Dreams- death of wife and of mother, of many snakes surrounding him and he, along with his father, is chopping them with spillage of blood.

Thermals- C3H2

Sensory inputs- odors- nauseates, light- headache, otalgia.

Family history- Fa- diabetes mellitus, died of cardiac arrest at 66 years age, Mo- HTN, Elder sister- HTN, Migraine.

LIFE SPACE INVESTIGATION: -

36 years male patient came with his mother, holding history form and had handkerchief wrapped around his face, was sitting outside OPD leisurely on chair, involved in his mobile doing something. On calling his name, he suddenly looked up and came for interview.

Patient's family consists of mother, wife and a daughter. Father died in 2017 of sudden cardio-respiratory arrest. Patient was pampered by parents in childhood and adolescence, as was the only child. Patient was not much interested in studies, rather studies never bothered him, but he passed in exams. Patient wanted to do farming, was interested in trees, shrubs, soil, but father forced him to do LLb from pune. He was in Pune from 2006-2011. Patient previously never shared anything with parents, but by then told mother he doesn't want to do LLb. At that time father called him and said enjoy with your friends while your stay in Pune and take studies lightly. Then patient happily did LLb and returned.

In 2015, patient got a gas agency in lucky-draw via a friend who suggested him the ticket. Patient applied for it without thinking much about its work and got it.

In 2017, patient's father died suddenly of cardio-respiratory arrest in front of him. Patient takes the blame of his father's death on himself saying, "agar ghar le jaane ke bajaay hospital le gaya hota to waha to doctor hote hain, oxygen dete unhe". Since then, his headache and nasal complaints have started.

Patient is involved in a land issue with his cousin who has confiscated and blocked the land. Patient has stress of this issue since his father died and says "sari jimmedaari mujpe aa gayi". Patient constantly thinks about his father's death. He even weeps sometimes in remembrance of father, but always alone. Since then, he has lack of sleep. He likes to remain alone, go to seashore at evenings, likes to listen the noises of waves there and open air. After father died, he cannot handle stress of gas agency and always anticipates what if someday blast occurs in



someone's house supplied by gas from my agency? Says "I will be responsible for it". 1 year back, he had financial loss from gas agency and got stressed. Then he gave the agency to a friend to run but agency is still on patient's name. patient is ready to submit the license of agency to company if that friend doesn't take proprietary of it. But since 6 months, that friend is sending 40000/- every month to patient as his cut from the earnings from the agency.

In May, 2020, cousin brother blocked the land on basis of Tenant Act, 1956. He has to go to court at the date of the hearing. Patient felt cheated by his brother and felt sad. He feels helpless in this matter and thinks this issue to be a speed-breaker in his financial growth. Patient feels hatred for his brother now and doesn't even want to hear his name. in the court he saw him but did not talk to him.

4 years back, before father's demise, he got engaged in physical fights with rickshaw driver going in wrong lane and still saying bad words to him. He used to get angry when someone parked wrongly on road. He used to go and scold him/her. He used to get angry seeing filth on roads. But after father's death, he now let's go of such things and doesn't get irritated. He mostly stays sad after father's death.

Since 7 years, after birth of daughter, patient and his wife have been trying for a boy but can't conceive. The couple has got the check-up done of infertility but the results came out negative for both of them. The impact is apparent on patient's sexual life as the frequency of intercourse has reduced.

THURSDAY SCR SESSION CASE

GUIDE- Dr LAVEENA

SUPERVISOR-DR ANAND KAPSE

OBJECTIVES-

- Exploring the journey of a woman struggling throughout the life and its impact on health.
- Exploring how a person creates and develops own problems and how to overcome them.
- Exploring the institution of marriage and adaptation demanded from a women in India.
- Understanding importance of unconditional acceptance and listening in healing process.
- Understanding role of tools of SCR system in stabilising our internal state and improving perceiving of the case.

DIRECTIVES-

- Share your feeling state after reading life space.
- Prepare LST of the case.
- Fill the mental state page and form PSPD of the case.
- Prepare CI of the case.



- Prepare EET of the case demonstrating mind-body relationship.
- Formulate totality of case, select suitable approach and differentiate upcoming remedies.
- Discuss your problem definition and problem resolution.

PRELIMINARY BACKGROUND-

Name-Mrs ABC AGE-29/F DOC-5/10/2019

MARRIED-Since 10 years Religion/Caste-Singh/ Rajput

Non vegetarian Add- Boisar

FAMILY BACKGROUND-

Husband – Supervisor in company AGE-33 years

Father - Mother- Brothers-2 brothers Sisters- one sister

Childrens - Son -7 years Daughter-8 years

CHIEF COMPLAINTS-

<u>SR NO</u>	<u>LOCATION</u>	<u>SENSATION</u>	<u>MODALITY</u>	<u>CONCOMMITANT</u>
1)	Integumentary system. Skin-wrist, hand Side-left	<ul style="list-style-type: none"> • Macular eruption 1 • Itching3 	A/F-change of place1? <washing2 <night1 >scratching 2 >oil1	

<p>4)</p>	<p>Female genital organs Since 5-6 months Onset-sudden Duration-3-4 days (1st 2 days increasing) Progressive-static Freq-every month</p> <p>Before prior 8th day till 4th day Lumber region</p> <p>Onset –sudden Duration-5-6 yr Continuous Prog-static Freq-alternate days, But previously daily</p>	<ul style="list-style-type: none"> • Irregular menses. • Cycle is prior 8 days. • Cycle-20 days • Flow-moderate • Offensive 2 • Stains present • Pain 1 • Leucorrhoea 2 • Sticky white • Offensive 2 	<p><before menses 1</p> <p>>washing with (taken allopathic medicine for 2-3 months and left)</p>	<ul style="list-style-type: none"> • Fear 2 that uterus is damaged 3 • Does USG once in 2 month. • Anxiety health about 3 <p>Backache 2 Generalised weakness 3</p>
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PATIENT AS A PERSON-

APPEARANCE-Lean, thin ,fair complexion, wound healing-good, loss of hair.

Weight loss- 5-6 kg in 5-6 yrs.

Tongue- Clean , moist

PERSPIRATION-Scanty perspiration on back/face 1

Feel warm after 1.

DIGESTION- Nausea because of distension Occ.

Hunger- Tolerable.

Thirst-2-4 litre/day, long quantity long interval.

CRAVING AND AVERSION-Craving from milk 3,aversion to salty things2,tea1.

MENSTRUAL FUNCTION-Lmp-13/9/2019,menarche-15 yr of age, Irregular 5-6 months,cycle-8 days prior(20-21 days),Duration -3-4 days, flow-moderate 1st 2 days increased, quantity-moderate, dark red in colour,odour-present1+,stains-prsent remove fast.

Before menses-pain in lumber(back) region, prior 8 th day starts upto 4 th day of menses.

LEUCORRHOEA-

STOOL- one times/day, consistency-semi solid, hard stool occ.

URINE-8-10 times /day, paie yellow in colour.



SEXUAL FUNCTION-Hetero sexual, 2 times/week, marital adjustment-good.

OBSTETRIC HISTORY-G2P2AL2

SLEEP- 5-6 hours/day, disturbed because of dreams occ.

DREAMS- dreams of wandering outside house with family2.

Dreams of parent's health that something will happen to them, Becomes anxious, talks on phone with them.

Dreams of unknown person comes and hurt her leads to anxiety and palpitation for few minutes, wake up and afterwards again sleep.

REACTIONS-PHYSICAL FACTORS-

SUN- Nausea3 ,giddiness

	<u>SUMMER</u>	<u>WINTER</u>	<u>RAINY</u>
<u>FAN</u>	wants	wants	wants
<u>COVERING</u>	thin	Thick blanket	thin
<u>WOOLEN</u>		no	
<u>BATH</u>	cold	tepid	cold

PAST HISTORY- Complaining of pleural effusion, after 1st delivery 2 months prior pain in chest. Diagnosed with tuberculosis taken AKT for 9 months, Tapping done . Feels that weight not increasing.

LIFE INVESTIGATION-

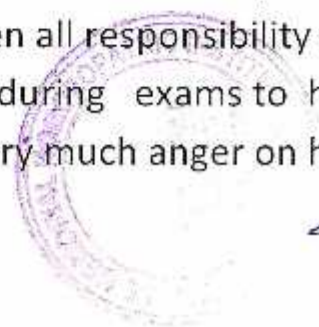
Patient is well-groomed in salwar suit with smile on face . Patient was born in Darbhanga (Bihar) .Father is a transport

ticket master and mother is a housewife, 2 brother and one younger sister .Patient lived in a joint family since childhood with uncle, aunt and grandparents. Father was doing job outside and would come home once in 5 days. Very much attached to father and shared everything with him. Mother is strict by nature. When mother scolded her on wrong things, she experienced fear of mother, would get nervous and cry immediately.

Childhood-Average in studies score 50-60% .Likes to participate in speech, having confidence to speak on stage. Interested in English subject. There were restriction at home not given permission to go outside from home for more than one to two hours.

Adulthood-After completing her 12th family forced her to get married. Patient wanted to do graduation but was not allowed saying that your husband has done graduation then why you are studying more and get married early. After completing 10 th started talking of her marriage, because grand mother's health is not good so her wish was that pt gets married as soon as possible. She wanted to see Pt's marriage. Pt's mother told that they will tell her In-laws to allow patient to study further. Patient felt weepy when this situation occurred, no one listened to her and everyone forced to her. Patient says at last she agreed as family is good .

After marriage- Her MIL does not talk with Pt properly and taunts her on every work. After marriage does not allow her to study further. So Pt told her father and father told her In-laws she will continue study and husband also supported patient. Father had taken all responsibility and all her expenses for studies. Father would come during exams to help her alot during travelling .Patient says she had very much anger on her



Handwritten signature or initials.

MIL but she never said one word to her. During the time of graduation pt conceived, at that time pt was worried(1st delivery) that can she manage both pregnancy or studies. Her result came on the day of her delivery and she scored 70%.

During Initial 3-4 yr of marriage, pt did not tell one word to MIL, continuously cried alone and blaming herself why she got this type of family. Did not tell her parents about all this family situation . Patient says her childhood close friend is there with whom she shared all these things.

Relation with husband-Husband stays in Mumbai for job. Pt says he only listen to his mother and always says his mother is right and Pt is wrong. Does not talk with husband too much and lives alone, does not want to talk with anyone. Sometimes blames family how they choose this family for patient and family advise her to adjust with them .Husband do job on another place stays far away from home. There is full of restriction in the house.

After marriage patient lives with her parents because her husband does not live there. Patient continues thinking what is her life ? How long she would live with her parents ? Outside people come home and ask her parents why patient stays on her home? Pt feel very bad after listening to all these things. Parents console pt not to worry.MIL always makes disputes between Pt and her husband due to which there is misunderstanding leadings to fight between them.

During her 2nd delivery she was at her maternal place, husband told his parents to meet patient because he was not able to come to see her baby, but they did not come. Patient says after 8 yr of marriage she started giving back answers to MIL, that is why she did not like pt.MIL

always compares Pt with her SIL how she manages work fast but Pt feels nothing.

2 years back Pt decided to live with her husband. So Pt approached husband for that but MIL says don't take Pt with you. Leave her in her maternal place. Pt had taken help of BIL and told him to support her because Pt says she was thinking of future of children. So everyone agreed at home and she started staying with her husband in Mumbai since 5 yrs .Now since one yr staying in Boisar. After-wards complaints started. Patient says her MIL came to Boisar to stay in her home, her nature had not changed at all .MIL does not talk with patient and now husband does realise about his mother's behaviour and nature.

BEHAVIOUR- Very - much attached toward children. Children are more attached toward maternal place then with grandparents at paternal place. Husband is mild by nature but he does not give answers to pt's queries due to which she get angry. Does not want to become irritable as it leads to tension in family. Patient says she works very slowly that is one reason her MIL does not like her. Patient likes slow and clean work . When someone scolds pt cries immediately. Does not express things says no one will understand her.





CASE FOR SCR SESSION AUG 21

ARK

OBJECTIVES

1. Learning approach to the diagnosis of Behavioural Disorders in Children.
2. Learning to identify characteristics & perceive Totality.

DIRECTIVES

1. Read the entire case. State your complete diagnosis in the section of Provisional Diagnosis under the form Physical Examination.
2. Classify all the data.
3. Select suitable approach. Make appropriate repertorial references & state your choice of the remedy with differentiation.


RECOMMENDED READINGS

DSM IV – Disorders usually first diagnosed in infancy, childhood, or adolescence
Textbook of Psychiatry – Kaplan (new edition) – Disruptive behaviour disorders

PRELIMINARY INFORMATION

Name : ORGANON CLUB / CASE 1 / P.O.S. Date : 05/09/2000
Physician : DIMPLE /ARK
REF. BY : This record includes information obtained during review on 31/11/2000.
Date of Birth : 12/09/1998 Age : 2.0 Sex : FEMALE
Status : SINGLE Religion : HINDU / MARATHA
Diet : NON_VEGETARIAN Father : 35 yrs
Mother : 30 yrs HOUSE-WIFE.

I - CHIEF COMPLAINTS

LOCATION, AREA DIRECTION, SPREAD, TISSUE, ORGAN SYSTEM & DURATION	SENSATION & PATHOLOGY	MODALITIES A.F. < >	ACCOMPANIMENTS STRICT TIME RELATION
RECTUM SINCE 14-15 Month	Stools Hard-Ball like Blood with stools URGE decreased – PASSES STOOLS once in 3-4 days	< Straining > cremaffin laxative	Crying 



II - ASSOCIATED COMPLAINTS

Respiratory System Since 2-3 Months	Cold Watery Discharge Nose Block Cough occ	A.F. Banana A.F. Cold Drinks A.F. Cold Food Temp > Allopathic Rx	
Skin Face Frq. 1/1-2 Months Durations 10 Days	Pustular Eruption Painful	> Allopathic Rx	
Mind Since Beginning Increased Since 2-3 Months For 2 Months after admission to play group	Aggressive behave Violent, beats parents Easily Annoyed Unmanageble Behaviour Obstinate – if demands not fulfilled, weeps & beats parents. Non Mixing Standing in a Corner of the Class Did not talk to classmates	< Contradiction < Being looked at < Touch	

III – PATIENT AS A PERSON (ATTRIBUTES & FUNCTIONS)

A. PHYSICAL CHARACTERISTICS

1. APPEARANCE

Face : Round Face

Coldness : GENERAL : ++ < Summer

Perspiration : PARTIAL : FACE, NECK, Extremities

Constitution : Fat, Flabby Child With Wheatish Complexion

2. DIGESTION

Hunger : CANNOT TOLERATE

Aversions : EGG Non-Veg.

Craving : PICA, SWEETS, MILK, FRUITS

3. ELIMINATION

Consistency : REFER C/C

6. PREGNANCY, LABOUR, PUERPERIUM

Morning Sickness : Mother - ++ For all 9 months < Eggs

Oedema : Mother - + 9 month

Piles / Varicose Vein : MOTHER – CONSTIPATION FOR ALL 9 MONTHS

Delivery : F.T.N.D.

Mental State : PREGNANCY DURING : MOTHER – VEXATION ABOUT IN LAWS, BEATING SISTER WHO HAD COME TO HELP

7. DEVELOPMENTAL LANDMARK & PROBLEMS

Weights : 3KG

Neo Natal Problem : Jaundice

Teeth : At 6 Month

Sitting : At 7 Month

Standing & Walking : At 11 Month

Feeding : BREAST : Normal

Bottle : Daily 3-4 Times.

LIFE – SPACE INVESTIGATION

Patient Miss P.O.S., aged 2 years. Being the only child is Pampered ++. Her mother had conceived after lots of treatment. Patient's father is calm & cool person whereas Mother is highly irritable, BEATS patient on small- small issues Patient is non-mixing type. Never goes to strangers. Irritable temperamentally and off late has turned more & more irritable. Beats parents, especially father. BEATS her mother if anymore looks at her. Father finds it difficult to manage her sometimes & thus would call mother for help. Patient is OBSTINATE – IF she demands something then wants it then & there. If her wish is not fulfilled then she WEEPS & beats mother. She does not get along with anyone except neighbour's children. Neighbours are sharing very close relations with parents. She has started going to nursery (play group) since 3-4 months. For 1st 2 months she stood in the corner of classroom. Did not talk to anyone nor did she play with other children. In spite of the fact that mosquitoes would bite her, she would get rashes ++ with itching ++, but still she would stand alone for 2 hours without any complaints or expressions. After starting Rx over here initially had started mixing with other children. But now since 2-3 months her IRRITABILITY has increased tremendously. All this aggravates Mo's anger. Thus, she beats patient like anything. She look patient into room, sometimes would give her hot water burn on her legs to punish her. But all is in vain. According to patient's maternal grandmother patient resembles her mother temperamentally.

P.P's OBSERVATION :-

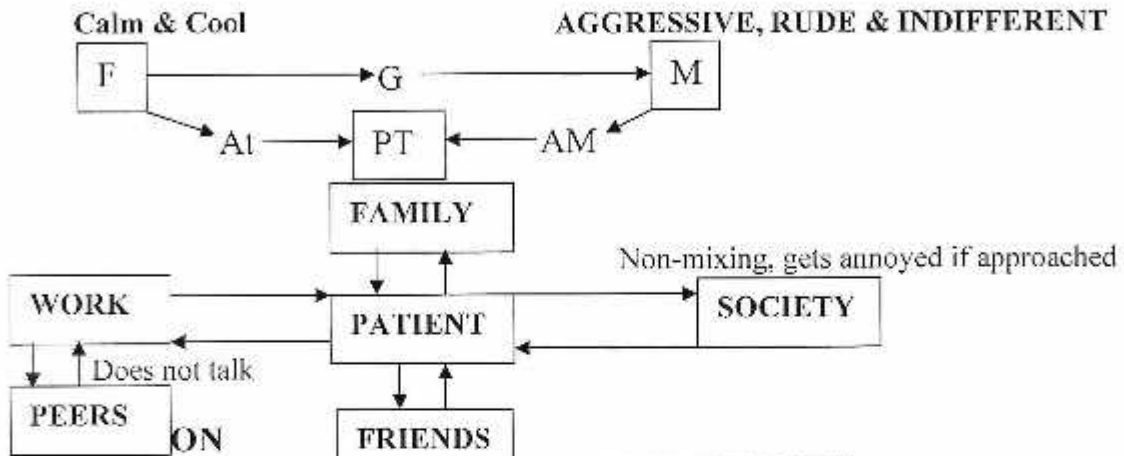
Patient is quiet if is accompanied by father. Initially after case definition did not allow physician even to examine her. But in subsequent Fup's was allowing to examine. Now again since 2-3 weeks is not allowing to examine. Starts crying loudly & beats Mo if physician tries to touch her or even look at her. If any other patient sitting in waiting room looks at her or tries to touch her then also she beats her mother.

A handwritten signature in blue ink is located above a circular stamp. The stamp is faint and contains some illegible text, possibly a date or a name.

B. THE MENTAL STATE

I.P.R. - STATE EFFECTS AND NATURE

AM – Ambivalence, AT – Attachment, E – Erratic, G – Good, S – Stain.



1. EMOTIONAL CHARACTERISTICS / INTENSITY

ANGER ————— SADNESS

IRRITABLE : If anyone looks at her / tries to touch her, when contradicted.

VIOLENCE

PERSONS : BEATS PARENTS.

WEEPY : If demands not fulfilled or if looked at.

LOVE ————— OBJECT ————— HATE

PERSONS : FATHER BEING LOOKED AT OR TOUCHED

FEAR ————— FRIGHT ————— ANXIETY

DARKNESS, WATER

3. REACTIONS : A.F., <, > : STATE EFFECTS

EMOTIONS

ANGER : < = BEATS PARENTS

CONTRADICTION : < = ANGER

LOOKED : < ANGER, BEATS MOTHER.

TOUCHED : < ANGER, BEATS MOTHER.

4. ACTION

BEHAVIOUR: OBSTINATE : +3 VIOLENT : +3 NON MIXTING TYPE

SLEEP DURATION : 10-12 hours. DEEP : ++

Data since 24/4/17	Stools unsatisfactory 2-3 episodes Frequent urging for stools Consistency: occ: Semisolid, occ normal Sensation as if not finished. No P/R bleeding/ discharge		
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ASSOCIATED COMPLAINTS:

LOCATION	SENSATION	MODALITIES	CONCOMITANT
GIT 3 – 4 episodes from 2015 to 2017-18	Recurrent AGE with hospitalization. Loose stools, offensive+2 With fever and chills Weakness+2	A/f: eating outside food+2	
Head → parietal region, but location change Since 5 yrs O: gradual D: 8 hours F: daily only in summer	Pain+2	<sun exposure+2 <summer+3 <spicy food+2 >pressure+2 >sunset=2	
Male Genito-urinary system Since 1 yr O: slow D: continuous P: progressive	Initially weak stream Urine comes in drops No burning urination. No pubic pain. Straining while passing urine Stream stops intermittently. Sensation of some urine left even after urination pain		
Musculo-skeletal system Back	backache	>lying down <walking and sitting	

O: gradual D: since 2013 P: progressive			
Integumentary system Rt knee joint lateral aspect D: since 2015, relapsed 3-4 times O: sudden	Nodule 2-3cm in diameter. Circular well-defined margins Soft, painless. → later got injured over it → recurrent discharging sinus Discharge whitish thick.		
Respiratory system Throat, pharynx	Recurrent cough with expectoration whitish-yellowish+2, pain no coryza, no fever. mild weakness		
B/L Palms, soles, thighs D: since 1 yr Palms alternate with soles	Burning	<during any sickness >cold application	
Integumentary system -skin- web of toes. O: sudden D: since 4-5 yrs	Scaly like lesions, cuts (like rotten+2) Burning pain+2 Redness+2	<rainy season >cold application >blowing cool air over it through mouth.	

PAST HISTORY:

LOCATION	SENSATION	MODALITIES	CONCOMITANT
Respiratory system Left lung 15 yrs back O: gradual	Cough+2 with sticky, scanty yellow expectoration. Difficult to raise expectoration, on lot of coughing, no blood. 12 kg weight loss Evening rise of fever mild.	>AKT (taken for 6 months, tolerated well.)	
Hepato-biliary system 10yrs back	Diagnosed as jaundice (even on investigations)	>ayurvedic Rx	



D: 6-7 days of illness	No nausea/ vomiting App-normal		
	Yellow discoloration of skin		

Patient as a person:

Appearance: male pattern baldness with moustache and beard, left eye outer canthi mole.

Wound healing healthy. Hairloss since 8 yrs. No F/H of baldness.

Perspiration: profuse+3 if exertional work, mainly forehead, scalp and trunk, offensive+3, sticky+2, staining white.

Appetite: normal

Craving: sour+3, buttermilk+3

Urine: normal, difficulty+

Sleep: 8-10 hrs, refreshing

Dreams: nothing significant

Motion sickness: occasionally previously, now stopped since 20 yrs.

Winter: can tolerate better, likes winter.

Fan: full in all seasons

Covering: thin in all seasons, in Nepal takes thick covering in winter. Original house near Himalayas.

Woollen: occasionally in Nepal only.

Bath: tap water in all seasons, even when in Nepal.

F/H: Fa, brother: Kochs

Investigations:

Urine: 11/04/17

20 ml, pale yellow

Protein: trace

Ketone: absent

Blood: absent

RBC:: ab

WBC: 1-2

Epithelial cells: few

Casts: ab

Blood sugar:

	11/04/17	28/04/21
FBS	105.6	89.4

PLBS	118.8	99.8
	Ab	

Date of case taking by PHYSICIAN 1- 03/08/15

LIFE SPACE:

1997- Mumbai before that farmer. Married at village 20 yrs of age. Since 1990 family in Nepal. Brother in Mumbai, stays separately. Good tolerance of pain.

Mild and slow to answer. At times gives weird answers. Why am I asking about family? I am in front of you, you tell me how am I?

Anger- feels like hitting, 2-3 times hit someone. "bina kasur ka koi bola toh."

"leave it, half life has gone- Ghussa chodo."

"What will you do by knowing about the Mahabharat?"

"Now there is no life left, I can't find interest in doing anything."

Back answering.

Does 2 times pooja (even parents)

Does not like talking, only yes/no.

Getting irritable.

Summary of Rx:

Patient was admitted for an episode of AGE in 2015, where in, after the acute settled with Homoeopathy, the patient was defined and Nat mur was released as CR. Patient was discharged and he turned up for follow up after a gap of 19 months, i.e., on 05/04/2017, as he was suffering with yet another episode of AGE. The AGE was dealt with an acute prescription and patient was kept on Nat mur 200 1P weekly. The stool complaints remained SQ and the burning sensation in thigh was better by 80%, but he presented with urinary complaints. Cantharis 200 was given for the urinary complaints and a dose of Dysentrico 200 was given followed by the CR. Patient was 30% better in stool complaints, 50% better in burning thighs and urinary complaints were fluctuating. Patient was somewhat better till 1/01/18, then again the GIT and urinary complaints increased. Nat mur dosage was increased to 3P weekly. Subsequently, the patient was 25% - 50% better, but started with episodes of throat complaints and mouth ulcers. Further, patient was again admitted for another episode of AGE, which was settled by acute prescription and case was reviewed.



SCR SESSION CASE

OBJECTIVES:

1. To learn review of a case with partial response.
2. To understand the sensitivity of a reticent patient and use of appropriate interview technique to help him open up.
3. To understand the role of physician's sensitivity and concepts of life and living in case receiving.
4. To understand the evolution of a bitter, sad man.
5. To study the miasmatic evolution in a case with plethora of complaints.
6. To understand evolution and essence of a person while erecting his portrait.
7. Study of living materia medica with remedy differentiation.

Ref: Standardised instructions for review of data pertaining to a patient. (OM Page 149 -155)

DIRECTIVES:

EXHIBIT II:

1. Go through the case and share your feeling state.
2. Comment on the case taking by the physician and Pt-Physician relationship.
3. What is the problem faced by the patient? What is your plan for resolution?
4. Go through the complaints of the patient and give your probable diagnosis. Fill up the page of chronological sequence.
5. Go through the life space and fill life space table on the following events:
 - a) Removal from home by step-grandmother and working for food.
 - b) Fa's abuse towards mother.
 - c) Neighbour's gossiping about patient's family.
 - d) Fa slapping pt after his marriage.
 - e) Patient's promise to mother and mother's death.
 - f) IPR with brother.
 - g) Current job, income and struggle for part time job.
 - h) Patient as a person.
6. Fill the mental state INCLUDING PSPD, CI and EHT.
7. Make EET of the patient.
8. Choose appropriate approach and come to a simillimum with reasons. Differentiate remedies coming up for consideration.
9. Fill up Planning and programming of the treatment.

Date of review 01/07/18:

LIFE SPACE: (English translation has been given down below)

Patient admitted in IPD for AGE. Pt looked dull, less receptive and intellectually low.

CD started with physical complaints c/c and associated. Then proceeded to physical generals. When cravings and aversions was being asked, then pt said he does not like spicy food. But his father eats



so cannot say anything, though occasionally when he goes to village he tells. But during childhood never could tell about it to Fa as pt feels "unko bura lag jayega."

When asked about his childhood, pt looked elsewhere and became silent, after few seconds said "bachpan tadpan tha." When asked more then said "Maa Baap anpad the, bacchon ko marte the. Bhais ke peeche bhagate the (means farming). Jungle area se sheher nai nikalna hai."

Pt paused after this much. When asked to tell more he starred at the ceiling from lying down position. Tried to say something but became tearish, winced. Said "aisa hi hota hai jab bole jata hut oh, bol nai pata." Touched his sternum indicating heart and said " kaise bolu dard hota hai yaha." Pt said that the 1st physician had also encouraged him to tell all his sadness, pt had gotten angry that time and had told the PP " aapko kya karna hai." Pt said that doctor must have felt bad, but I am unable to tell. " kya karlenge janke."

Pt was encouraged to talk further, but the ward was full of pts, relatives and sisters, so took pt to RMO room for silence and privacy.

Pt repeated said " bohot dukh hai, bohot lambi kahani hai, ab kya batau." But pp said "jitna hota hai utna bata do, gam batne se kam hota hai."

After a thought pt started telling. Pt started telling about village and his family. "saare dukh parivar me hi hai. Dadaji ko 3 bhai the. Dadaji sabse bade the. Dadaji ke 4 bete hue. Sabse chote mere pitaji. Uske badh dadi guzar gaye. Dadaji ne dusri shaadi karli. Par dusri dadi acchi nahi thi. Sab dabane ke chakkar me thi (to capture all the property). Ghar ujad karne wali. Who dhukh unhone diya hai."

Pt's dadaji had lands and large house in village. But later he divided and gave each brother and son equal shares. But step grandmother was cunning and tried to take away everybody's share and even succeeded in doing so. When pt was not even born, all this had happened. Pt said few people told him and "baki mere anubhav se mujhe samjha ke aisa hua tha."

Pt narrated an incidence when he had fallen from a window and had become unconscious, and when he regained consciousness, others told that someone else only had helped him and his step grandmother did not even come to see him.

Pt was young grandson then. Father was not intelligent. Pt says " anpadh the toh buddhu the. Sab dediya dusri dadi ko. Dadi ne ghar se nikal diya, raaste pe bhik mangne ki naubat aagayi thi. Ekdum chote the. School jaane ki umar thi, us umar me ekdum bhari wale cement ke blocks sar par uhtate the. 3 din aisa kaam karo tab jaake Rs 100/- milte the. (pt became emotional and wept while narrating the cement block incidence.)Pitaji ne toh kuch nai kiya. Apne liye karte the, 3 beti aur 2 bete biwi ka kya?" Had to stay at mother's maiden house for a while and had to ask for food from everyone. "koi bolta tha idhar ja uthar ja, ye kaam kar who kaam kar. Khaane ke liye karna padta tha. Dadi toh mere naam ki zamin bhi hadap lena chahti thi. Meri maa roro ke bol rahi thi, mat lo ye zamin par pitaji nai maan rahe the, woh de rahe the dusri dadi ko. Mene jaake bola pitaji ko ke ma mana kar rahi hai. Zameen napne wale ko bola nahi, lekin thodi zameen le liye the unlog ne. Baki ki bach gayi. Mehenat se chota ghar banaya dusri jagha.

Meri maa bolti thi pitaji ne kya kar diya ye sab. Pitaji ghussewale the. Bohot ghussa karte the. Ye sab sunke unko sehen nai hota tha toh Maa ko bohot maarte the. Jo mila us chiz se marte the. Apne mann ke hisab se nai hua toh marte the bohot. Me jaata tha Maa ke pass (to cover her from getting beaten) darr lagta tha pitaji ka, mujhe bhi maar padti thi par roro ke kha leta tha, aur bolta tha ke Maa ko mat maaro. Baki ke bhai behen chote the, who toh darr ke ekdum chup hojate the. Maa bolti thi phir bhi ke pitaji samjh jayenge, par maar hi milta tha.

Gaon ke log baat karte the, haste the, me sunta tha, woh log aapas me bolte the udharse toh jhagda karke aagaye abhi ghar me aapas me hi jhagda karte hai. Hasste the, unki hassi baar baar sunayi deti thi mujhe. Par me pitaji ko kuch nai bolta tha. Darr lagta tha bohut unse. Par Ma bolti thi toh maarte the maa ko. Tabse se me baat andar rakhna sikh gaya. Pitaji ko akkal nahi thi."

Pt says if some fight goes on, people come to listen from outside and laugh but no one helps. All neighbours are same. Relatives also tortured for property, took everything from us.

Father forcefully got pt married. "bohut dabav dale baki logone bhi toh karni padi shaadi. Mujhe nahi karni thi. Phir kaam dhundte hua Mumbai aagaya. Malad me kaam karta tha, waha pe jhopdi banayi thi (1999). Par fir tod phodkardiya, tab malik ne sambhal liya, kaam diya. Phir yaha apni company kholi (palghar), mujhe pucha mene kuch bola nai, wapas pucha toh maan gaya. Who acchese dekh rahe the. Pagaar dete the jitna bhi hai. Security ka hi kaam tha.

Me jab Mumbai aaya tha tab Maa ko bola tha ke Ma bas 2-3 saal, phir me tere liye aajaunga. Me hu tere liye phir. (pt had promised that he will be there for mother.) hum ek dusre ke liye rahenge.

Shaadi ko 3 saal hogaye the, mujhe bacche nahi chahiye the, par Maa boli thi ke pote ka chehra dekhna hai. Toh beta hua. Mujhe nahi pata tha ke maa ke mann me kya chal raha tha. 4 months ke bacche ko bheja gaon, Maa ne dekha usko 6 saal.

Pitaji acche nahi the, bohut maarte the maa ko. Yaha pe phone aaya tha ke maa mar gayi 3 din badh marne ke. Roro ke malik ke pass gaya, bola aisa hua hai, chutti leke gaon gaya. Aakhri bar bhi dekhne nai mila. (pt got emotional and wept, wiping tears from eyes.) kriya karna toh chod hi do, dekh ne tak nahi mila." (mo expired 10 yrs ago when she was 35 yrs old. When asked how does pt think his mother expired (cause). Pt said aapko hi bata raha hu, pitaji ke wajha se (gestured a rope in neck, unable to speak, weeping.) "logo ne bola, suicide kiya tha. Mujhe pata nahi ab kya hua tha, me nahi tha waha pe.

Yehi saari baate rehti hai yah ape (gestured with hand to heart.) yehi aata hai soch me, phir idhar udhar chala jaata hu, ek jagha pe nahi baithta, bhulne ki koshish karta hu."

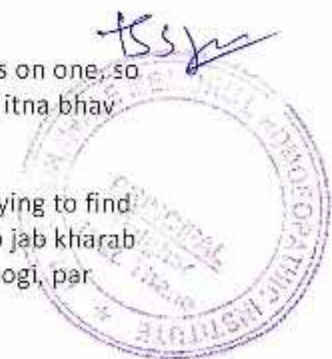
Pt has a son in 10th std now. But failed in 2 subjects. Now will be giving those 2 subjects. Pt has immense tension about future of his children. "Ma baap ne padhaya nahi mujhe, akkal aayi hi nahi hume, buddhu hi reh gaye."

Pt's company got shut down a year ago, but as pt is working there as a security guard he is still continuing. But the company is lonely. He lives alone there. Occasionally people here just say hi-hello, otherwise pt stays alone. Pt having too much financial problems. Planning to bring son here for further studies. Pt's brother's son is doing CA here.

Pt says you see him, you will know how much he has knowledge, not much. But bhav khate hai. Bhai hai.

Pt does not know the new admission processes here so wants someone to guide but has on one, so has tension about that as well. But says will not ask help from bro or his son, apne hoke itna bhav khate hai, isse accha me bhik mangu kisise.

The security salary is inadequate, as he sends money back to village to fa and wife. Pt trying to find some other part time job here but unfortunate still. Pt looks disappointed. Says "naseeb jab kharab hoti hai tab sab jaghase hone lagti hai. 16-18 saal badh beti hui, lagan ahi tha mujhe ki hogi, par bhagwan ne dhukh de diya, mujhe aur use bhi."



Pt's wife stays back in village with pt's fa. "Mere biwi ko uski seva karne rakha hai. Seva chahiye usko. Dusri koi rakhunga toh mujhe hi sunna padega. Aur logonka bhi. Phir usko bhi property dena padega, use accha mere biwi ko hi bhej diya. Ghar pe raho jo banake khana hai khao."

About finding some part time job pt says "koi betho, raho nai bolega sab utho niklo hi bolte hai."

Pt said he is afraid of his fa still. Even after marriage fa used to beat pt. Once fa slapped pt, but pt to teach him lesson acted to be unconscious. Mo started crying but fa did not even come to see. Later pt told him "roti bhi nahi dunga khane." (as fa did not do any work and pt was the only earning member then.) since then fa gets angry but controls and doesn't beat him. Pt told this in a little angry manner to fa.

Pt get angry but does not show. Suppresses for a long time. Then if still being irritated gets angry, "maar ne ka mann karta hai, mara bhi hai 2-3 ko."

Pt likes to stay alone. Does not like to listen to music. No any fears.

Occasionally cries when alone thinking over all this. Sometimes tries to control so gets up and goes here and there walking trying to forget and divert attention. (paagal ki tarha idhar udhar jata hu jab rone jaisa hota hai.)

Pt said "ye sab bolke kya milta hai, kuch nahi, dukh reheat hai, jiska hai uske pass, dukh rehta hai batta nai."

ENGLISH TRANSLATION:

Patient admitted in IPD for AGE. Pt looked dull, less receptive and intellectually low.

CD started with physical complaints c/c and associated. Then proceeded to physical generals. When cravings and aversions was being asked, then pt said he does not like spicy food. But his father eats so cannot say anything, though occasionally when he goes to village he tells. But during childhood never could tell about it to Fa as pt feels "Father will feel bad."

When asked about his childhood, pt looked elsewhere and became silent, after few seconds said "childhood was tormenting period." When asked more then said "Mom & dad were illiterate, used to beat up their children. Made us do farming. They never wanted to come out of the Jungle to the city life."

Pt paused after this much. When asked to tell more he stared at the ceiling from lying down position. Tried to say something but became tearish, winced. Said "This is what happens when I try to speak up, cannot talk." Touched his sternum indicating heart and said "How should I tell, there is pain here." Pt said that the 1st physician had also encouraged him to tell all his sadness, pt had gotten angry that time and had told the PP "What do you want to do?" Pt said that doctor must have felt bad, but I am unable to tell. "What will they do by knowing all this?"

Pt was encouraged to talk further, but the ward was full of pts, relatives, and sisters, so took pt to RMO room for silence and privacy.

Pt repeated said "There is too much sadness, it is a very long story, what do I tell." But pp said "Tell what is possible, sadness reduces when it is shared with others."

After a thought pt started telling. Pt started telling about village and his family. "All sadness is in family. Grandfather has 3 brothers. Grandfather was eldest amongst all. He had 4 sons. Youngest was my father. Later grandmother expired. Grandfather remarried. But step grandmother was not a

good lady. She wanted to capture all the property. She was home destroyer. She has only given the sadness."

Pt's Gfa had lands and large house in village. But later he divided and gave each brother and son equal shares. But step grandmother was cunning and tried to take away everybody's share and even succeeded in doing so. When pt was not even born, all this had happened. Pt said few people told him and " Rest I understood by my experience that this must have had happened."

Pt narrated an incidence when he had fallen from a window and had become unconscious, and when he regained consciousness, others told that someone else only had helped him and his step grandmother did not even come to see him.

Pt was young grandson then. Father was not intelligent. Pt says " he was illiterate so he was an idiot. Gave everything to the step Gmo. She removed us from our home, a situation dawned on us of almost begging on the streets. We were very young. We of school going age, in that age we had to do work of lifting heavy cement block on our heads. We used to get Rs 100/- if we worked in this fashion for 3 days (pt became emotional and wept while narrating the cement block incidence.) Fa did not do anything for us. He used to earn only for himself, what about the 3 daughters, 2 sons and wife?" Had to stay at mother's maiden house for a while and had to ask for food from everyone. "people used send here and there, do this work or that work, had to do to earn food. Step Gmo was intending to capture the land of my share too. My mother was weeping and telling her please don't take this piece of land, but fa was not listening, he was giving to step Gmo. I went and told fa mom is telling not to give it. Still, they took a part of the land. The rest was saved. After hard work we built a small house elsewhere."

My mother used to tell what has your father done. Fa was very angry man. He could not bear listening to all this what mother told, so he used to beat mother up very badly. Whatever thing he would get hold of he would beat her up with it. He anything did not happen according to his will, then he used to beat up. I used to go to help to cover her from getting beaten. I was afraid of Fa, I also used to get beaten then, but used to weep and take the beating. But used tell that don't beat mom. All other siblings were small, they used to keep mum due to fear. Mom used to tell that fa will understand eventually, but we used to get only beating."

The villages used to gossip, they used to laugh at us, I used to listen to their gossips, they used to talk within themselves that fought there and came here and now fighting amongst themselves. They used to laugh; their laughter would keep revibrating in my ears. But I never told anything to father. I was afraid of him. But when mo used to tell, he would beat her up. Since then, I learned to keep all things to myself. Fa was an idiot."

Pt says if some fight goes on, people come to listen from outside and laugh but no one helps. All neighbours are same. Relatives also tortured for property, took everything from us.

Father forcefully got pt married. " everyone put too much pressure on me, so I had to get married. Then in search of job I came to Mumbai. I used to work in Malad. There we had made a small hutin 1999. But then it was demolished. That time malik took care of us, he gave me job. He opend a company in Palghar, he asked me regarding job, I did not tell anything. He asked again then I agreed to work for him. He used to take good care, used to give salary how much ever it was, It was work of security guard.

Before coming to Mumbai I had told mom that I wil be gone for only 2-3 years, then I will return for you. Promised that I will be there for mother. We will live for one another.



3 years had passed by for the marriage, I did not want any children. But mom had told that she wants to see face of grandson. Luckily, we had a son. I didn't know what was going on in mom's mind. We sent 4 months old baby to her in village. Mom took care of him for 6 years.

Fa was not a good man, used to severely beat mother. One day I received a phone call saying that mom has passed away. They called me after 3 days of her death. Weeping I went to malik and took leave and went to village. I did not even get to see mom for the last time (pt got emotional and wept, wiping tears from eyes.) forget about getting to do her rituals, did not get to see her for the last time." (mo expired 10 yrs ago when she was 35 yrs old. When asked how does pt think his mother expired (cause). Pt said "I am only telling this to you, she died due to father (gestured a rope in neck, unable to speak, weeping.) "People said she committed suicide. I don't know exactly what had happened, I was not there that time."

This is what resides here (gestured with hand to heart.) this is what all keeps coming in my thoughts, so I go here and there, do not sit at one place, try to forget all this."

Pt has a son in 10th std now. But failed in 2 subjects. Now will be giving those 2 subjects. Pt has immense tension about future of his children. "Parents did not educate me, we never gained knowledge, remained idiots."

Pt's company got shut down a year ago, but as pt is working there as a security guard he is continuing. But the company is lonely. He lives alone there. Occasionally people here just say hi-hello, otherwise pt stays alone. Pt having too much financial problems. Planning to bring son here for further studies. Pt's brother's son is doing CA here.

Pt says you see him, you will know how much he has knowledge, not much. But they act pricey. He is my brother.

Pt does not know the new admission processes here so wants someone to guide but has on one, so has tension about that as well. But says will not ask help from bro or his son, "being our own they act so pricey, so I would rather beg for help from someone else

The security salary is inadequate, as he sends money back to village to fa and wife. Pt trying to find some other part time job here but unfortunate still. Pt looks disappointed. Says "when fate starts turning bad then it gets bad from all side. We had a daughter after 16-18 years of marriage, I did not think that we'll have another child, but God gave sadness to me and to her as well."

Pt's wife stays back in village with pt's fa. "I have kept my wife in village to serve him. He wants to be served. If I keep someone else, then I will only have to hear. The will have to give her also part of property. So have sent my wife itself, stay at home, cook and eat whatever you want at home."

About finding some part time job pt says "nobody tells to sit and eat, everyone tells to get up and get lost."

Pt said he is afraid of his fa still. Even after marriage fa used to beat pt. Once fa slapped pt, but pt to teach him lesson acted to be unconscious. Mo started crying but fa did not even come to see. Later pt told him "Will not even give you bread to eat." (As fa did not do any work and pt was the only earning member then.) since then fa gets angry but controls and doesn't beat him. Pt told this in a little angry manner to fa.

Pt get angry but does not show. Suppresses for a long time. Then if still being irritated gets angry, "feel like beating. Have hit 2-3 people."

Pt likes to stay alone. Does not like to listen to music. No fears.

Occasionally cries when alone thinking over all this. Sometimes tries to control so gets up and goes here and there walking trying to forget and divert attention, "I wonder like a mad man here and there when I feel like crying."

Pt said "what do we get by sharing all this? Nothing! Sadness stays with the one who has it, sadness does not reduce by sharing!"



2020

THURSDAY SCR SESSION CASE

Dr Manali (Obs)/Dr Ashutosh (PP)

Guide: Dr Anand Kapse Sir/ Dr Nikunj Jani Sir

OBJECTIVES:

- Exploring the world of a woman with multiple "ROLES", "RELATIONSHIPS" and "RESPONSIBILITIES" and their impact on her health.
- Understanding the concept of "WORK" and its relevance to life of an individual.
- Understanding the impact of "PSYCHE" over "SOMA"
- Exploring how a man/woman creates and propagates own problems and how he/she can overcome them.
- Learning to create a living Materia Medica Image of a remedy.
- Learning to do TPD-TPR and its relevance in clinical practice.

EXHIBIT-I (History form):

- Identify the key statements in the given history form and formulate your own PD-PR-IP.

EXHIBIT-II (SCR):

DIRECTIVES:

- Share your feeling state after reading the life space.
- Prepare LST of the case.
- Fill the mental state page and form PSPD of the case.
- Prepare CI of the case.
- Prepare EET of the case demonstrating mind-body relationship.
- Formulate totality of case, select suitable approach and differentiate upcoming remedies.
- Formulate TPD-TPR of the case.

PRELIMINARY BACKGROUND:

Name: Mrs. VOM Age: 38/F DOC: 5/8/2019 Married since 2005 i.e 14 Years
Religion: Christian Occupation: Tailoring (Occasional at home since 6 Years)
Add: Boisar Non-Vegetarian Income: 8,500/- + Husband's income

FAMILY BACKGROUND:

Husband: Working in printing press Age: 48years
Father: expired since 6 years (DM controlled + CKD on Dialysis 3-4 times followed by sudden MI)
Mother: 55 years, healthy Uncle: 4, 2 died 2 alive, 2nd No: CKD, sudden death,
3rd no: Stroke followed by coma then sudden death Father's younger sister: Hypothyroidism.
Brother: 35- Hypertension, 28- healthy Sisters: 34yrs and 27 years healthy
Children: Son: 13 years, Daughter: 5 and half years.



CHIEF COMPLAINTS:

No	LOCATION	SENSATION	MODALITIES	CONCO
1	Endocrine system since 6 years Gland: Thyroid General Joints (All peripheral to axial) Throat Hair follicle GIT Abdomen Gradual onset Progress increases after stress	Decreased appetite Weight gain Swelling Weakness Diffuse pains ? Pain without hoarseness Hair fall in bunches Unsatisfactory stools Blackish Offensive Requires straining Fullness	Accidental detection during pregnancy. >allopathic treatment (Thyronorm 25 11/2 yrs Then thyronorm 50 in 2014 then thyronorm 100 in 2017) <constant thoughts <tension in 2017 >ayurvedic Rx <Anger >ayurvedic Rx	Increased irritability
2	Throat since 5 th std Gland: Tonsils Sudden Since then on and off	Pain Hoarseness of voice (आड) Inflammation++ Redness+ Difficulty in deglutition	<cold drinks+++ <sour++ <if spoken loudly >allopathic treatment	
3	Gland: Liver and Biliary system During both pregnancies ? 2 years after marriage	Weakness++ Decreased appetite Fever Yellowish discoloration	>traditional rx	

PATIENT AS A PERSON:

APPEARANCE: Dark complexion++, obese, wound healing- good, dandruff- white occ itching. Coldness tips of extremities.

PERSPIRATION: face <summer, NO, NS.

DIGESTION: Mild flatulence

CRAVINGS AND AVERSIONS: Cr: fish++ dry preferred more, chicken++, sour++, Av: potato+.

FOOD AGG : <potatoes++, <rice+, cauliflower+, <cabbage+

MENSTRUAL FUNCTION: Menses late by 4-5 days, regular, 2-3 pads/day, dark-red bleeding, stays for 5 days, occ leg pain and abdominal pain increases on exertion. **LEUCORRHOEA:** occ

STOOL: mentioned above. **URINE:** N

SEXUAL FUNCTION: Hetero-sexual, 7-8/month, marital adjustment: good

OBSTETRIC HISTORY: G4P2A2L2, induced abortion at 1-1 and half month due to hyperemesis gravidarum and jaundice, Nausea even from smell of food+++ with vomiting and weakness.

Mental state: No one was there to care when was unwell so aborted the child.

Hypothyroidism detected during 1st pregnancy.

SLEEP: unrefreshing >as starts working, disturbed as has to get up for child's daily schedule.

DREAMS: NS

REACTION- PHYSICAL FACTORS:

Sun- causes blackouts, itching in eyes with blurred vision++, tanning++, <perspiration.

Likes: winter, warm becoming <= perspiration, draft <+= heaviness.

	SUMMER	WINTER	RAINY
FAN	FULL	ABSENT	DEPENDS
COVERING	THIN	BLANKET	THIN OR THICK
WOOLEN		SWEATER	
BATH	TEPID	WARM	WARM

LIFE SPACE INVESTIGATION:

A 38-year-old female came for case definition with husband and her daughter. Daughter appeared to be clinging to mother which she didn't like and disturbing her. Since the complaints she has become more irritable and started giving anamnesis of her complaints.

Patient is born and brought up in Nashik. Father was a loving person but was very stubborn, if anyone hurts him, he would never communicate or express and would break off relationship. He was working in VIP company. Financially they were stable. Mother was a homemaker and grandmother would also stay with them. Patient had cordial relations with all of them. Grandmother suggested that she should study in catholic boarding school for her educational as well as spiritual growth. Father was also a religious person and agreed with mother's decision and patient did her 4th-10th std education there. In boarding school, the environment was good, there were rules and regulations but it was not strict, the caretakers were very supportive. She was a humorous and playful child and could perform easily on stage but only in Marathi language, as she committed a mistake while talking in English which was misinterpreted and people laughed at her, she felt guilty about it. (when asked what she meant by guilty it came over as embarrassment), so till date she dreads and avoids when she has to communicate in English. She would meet parents once a month, and as people were supportive and caring there, she adjusted well and wouldn't miss them. Post education she worked in a Starlite company (packaging work) as was bored staying at home and it would provide little support to father.

She was married to a person 10 years elder to her staying in Baroda. It was an arranged marriage and in-laws were staying with her in Baroda, other members of family were in Boisar, staying separate due to their work. Relations with in-laws have been cordial since beginning. Husband worked in printing press at Baroda since beginning. It was there where her complaints of hypothyroid started as she said she would feel lonely, people would not understand Marathi and her accent, so she couldn't communicate, she would feel envious of how happy other people would stay. She would question why age gap between both of us (? non-acceptance, about differences not told by patient), but later accepted the environment but never felt happy and complaints started (patient developed constipation). As she would feel bored as to what she will do whole day and started with tailoring. Post birth of son, she had 2 induced abortions of 1-1 1/2 month as she suffered from jaundice both times. In 1st abortion, as she was unwell and had no one to take care of her, so took decision and in 2nd abortion suffered from hyperemesis gravidarum from any strong odor.

Pt shifted in 2013 to Boisar, the stress reduced but she took 1 year to settle, at that time TSH levels increased as she was put on thyronorm 50mcg. 2 years back, husband was operated for inguinal hernia and her TSH levels raised and she had to be kept on thyronorm 100mcg, which she realized as her complaints were relapsing. Stress was that the children were small and she couldn't manage children and husband health together. The other family was nearby but didn't come to help which made her angry as because of them they shifted to Boisar, so that family stays together. She said, "जेठ जेठानी जवळ राहून पण support नाही करू शकतात, तर त्यांचा काय फायदा?. त्यांच्यासाठी आपण जीव काढायचा पण आपल्यावर काय आला तर ते आले नाही. एक गोष्ट मला खटकली तर ती मी बोलून दाखवते, मला बर वाटत नाही जो पर्यंत मी बोलून नाही दाखवत. सखा भाऊ राहून तुम्ही support नाही करत. तुमच्यासाठी Baroda सोडून आम्ही इकडे आलो तर काय

फायदा? हे च विचार मनात यायचा त्यानी असा का केला, असा का वाघतात? तेव्हा तबीयत जाड व्हायाची, जेवण कमी व्हायाचा (app reduced and heaviness of body). बेचैन वाटायाचा मनात सरखा तेच विचार रहायचा. वाईट वाटायाचा आपले असून पैसाची मदत सोडा पण दोन शब्द तर चांगले बोलेले पाहिजे. मी हॉस्पिटल मध्ये नक्की केला होता की मी त्यांब्याशी भांडणार. When asked about her relation with them? She said once she expressed out, she felt better; when couldn't, would hit children and there would be increased irritability. Later she doesn't remember it, forgives them and leaves their fortune on god and resumes to communicate with the opposite person. She describes her nature like this only as straight-forward, if something is unacceptable to her, she remains restless and dwells over it, feels relaxed when expressed. If husband doesn't listen then gets angry, prior anger would remain for 1-2 days now stays for 10-15 minutes. Feels everyone gives her "त्रास" (trouble) especially children as daughter is mischievous "हैराण करते" so she feels tensed why she behaves like this, daughter even abuses so she feels people would question her upbringing which would make her feel embarrassed in front of people, so she prayed for her behavior after that her nature has improved. Daughter suffers from ADHD and doesn't sit in one place, she is very inquisitive and talks too much, which irritates the mother who wants to sit calm. The daughter clings to her and doesn't leave her, follows her which irritates her and she tells her to keep quiet with no effect and in anger she hits the child. (झटकून देते आणि मारते) Other stressor include brother's marriage, age is increasing and he is not well literate, the bride he is finding are more educated or are elder to him, which ?she or ?he doesn't accept but she thinks over it for sometimes then later leaves it. Her father passed away when she was 5 months pregnant, due to certain issues she couldn't meet him. She felt giddy on seeing him during funeral, very occasionally regrets that couldn't meet as he was waiting for her but thoughts pass off. (no temporal complaints could be traced). Husband's finance is less, therefore she feels future and education along with savings are not possible. Sometimes deeply thinks over it whereby the appetite and thirst would reduce, but it would be a transient phase. She started with tailoring for dual reasons, financial issues and she would feel bored. But due to responsibilities of children, now takes few orders as per availability.

Other features: She likes company and makes friends easily but becomes conscious while speaking in English, so doesn't speak in order to avoid embarrassment. Dissatisfied with ayurvedic treatment as it was claimed to her that it would be treated from roots, but on response to stress it would increase so left it. At present with the disease, as she finds her hair fall progressive, she said she cannot imagine herself like this and feels in few years she would become bald and how would she look, prior she had thick and long hair and would take great care of it.

Additional data noted by primary physician:

Her appetite reduces during anger, sleep is disturbed, there is throat pain and feels the size of the body has increased as dress becomes tight for her.

For the birth of second child, she prayed God as she wasn't conceiving despite efforts, she desired a second child as 1st child had no sibling to play with and brother-in-law's don't allow their children to play with hers.

INVESTIGATIONS:

Date	22/5/18	30/7/18	28/12/18	5/7/19	3/9/19
T3	93.53	201.6	72.38	78.17	
T4	6.71	9.94	3.39	3.48	
TSH	11.62	2.67	44.39	18.8	2.35
Rx taken	Thyronorm 100 with ayurvedic Rx			Thyronorm 100 with homeopathic Rx	

2020

Age - 38

प्राथमिक माहिती

DR MANALI

DR ASHUTOSH

1

जन्म तारीख :- 21/11/1983

विवाहीत - हा

2 शाकाहारी - माळहारी

3 कष्टात्मक कुटुंबात - माहिती
पत्नी

वय - 75 वर्ष

वोहर - मान

नोकरी - प्रिन्सिपल ट्रेनर

4 मुलगा -

वय - 93 वर्ष

5 मुलगी -

वय - 8 वर्ष

सकाळी - 15 वाजता सुट

- रात्री 3 वाजता

मुलांना सकाळ 10 वाजता

दररोज काम सारता

90-30 वाजता मुलीला सकाळ 10

दररोज काम

दुपारी जेवण - 9 ते - 130 22 वाजता

काल

2012
 2012
 2012

प्रमुख तथ्य

- ① मुलायम सरकार हार्दिक जयन्त मनाया
- ② 2012 पाकिस्तान आजाद कराया

* जाहला वसन्त महिने घड्या आनी शेके सुक

आजाद
① शुक दिवस पूर्वा

① केरल गोलम, दक्षिण-पायावे जाहला
 मुला लोकाळ न्हंयत
 शरीर जास ह्या, दक्षिण-पायावे
 कर्नाटकात ह्या

आजादाला कला काय कायद्या हाका

① आधुनिक आजाद महिने कायद्या

मासिक वर्णन

① अंश - —

पत्र - 58-01

②

③ अंश दिवस मासिक गुंडे त्राक रोग
जो 2 साक दिन नही

अंश - 222 पत्र 201 गुंडे

1, अरिशा (चाम) रोग

2, अंड - अंड पत्र

3, अंडा (क) पत्र

अंश - 1 - अंडा शाल रोग पत्र - 201 दिन नही

अंश - मासिक पत्र 202, 201 अंडा



	Skin Since use of R'Cap O – Sudden D – 2 hours I – Mild P – Non Progressive F – 1-2 time/Month	No Discharge	days >Cetrizine Tablet (SOS)	
4.	Mouth Tongue	Ulcers No burning Mild Pain No discharge	A/F – Use of R'Cap continuous for 2-3 days	

Patient as a Person: - Fair, Average built, Average height, Teeth forward, Round face, wearing Pink shirt and cream pant. Talked in nasal twang.

Perspiration: - Chest, Back only on exertion, No odor or staining

Appetite – Normal

Thirst – 3-4 lit/day

Hunger – Can tolerate

Craving – Chicken+, Egg+ but <+, Milk+3, Warm Food++ and Warm Drinks++, Fried food+3

Stool – Once daily, unsatisfactory

Urine – 7-8/0 D/N, No complaints

Sexual function: - Desire – Normal, Burning Micturition after coition+, F – 1-2/week

Sleep – Disturbed – Thoughts of Son++, Property++, Self illness++, Light sleep – Slight Noise <+

Dreams: - RTA – LPG truck collision – Organs out of body

Clairvoyant – Neighbor dying due to RTA – Daily saw the neighbor passing by his house – Once has dream of his death – Few days later neighbor died by drowning as his ship drowned.

Reactions – Physical Factors: - Night <+, Bus – Nausea++

Thermals – winter <+, monsoon <+

Wind <+3, AC <+3, Fanning <+3 during winter and monsoon

Wetting in general <+3

Covering – Covering in monsoon and winter, covers ears and eyes while sleeping

Woolens Required in Winter+

Cold in general <+3

Bathing – Hot water in winter and monsoon, tap water in summer

Noise <+3

Food – Cucumber <+3 (Small Piece)

P/H: - ?Pulmonary Tb ?Pneumonia

F/H – Father – 85 years – Alcoholic, Smoker, CVA 20 years back, MI 15 years back

Mother – DM (Years not known), Joint pains

Brother – 1 – Mentally Retarded

Sister – 5 – All sisters have Allergic complaint – Sneezing

4th Sister – Pulmonary Koch

Maternal Aunt (Step Mother) – Pulmonary Koch

Habit – Alcoholic >12 years – Whiskey once weekly, Tobacco chewing – 2 packet daily since more than 12 years

Life space: -

A middle-aged man came for the CD with his son with a history form written and tied with thread. While waiting in the corridor patient came 2-3 times to ask whether his SCR has come then asked if he can go for son medicines for which he was asked to get the medicines for the son but after 5 minutes again patient came to OPD asking about the SCR. Anxiously waiting outside OPD watching the residents moving in and out of OPD.

The patient was born and brought up in Palghar. Patient lived with Mother, Father, five sisters, and one elder brother. The patient's father's 1st wife (Pts Step Mother) had 3 kids - 1 son and 2 daughters, Son died by drowning, and then Father married 1st wife's sister (Pts Mother) who already had 3 sons from her 1st marriage.

Mother was strict and disciplined, initially was a housewife but when there were financial issues, mother made alcohol and sold it. Fear of the mother as she was strict. Father was kind-hearted, worked as a carpenter.

Patient stayed away from mother from 5 years of age, studied in the village school. Desired mothers love during that period, as the mother stayed far away and the patient lived with a maternal uncle. Patient shifted to manor school for further studies after the 5th standard. Parents did not even come for patient's admission. Parents didn't even know their religion and caste. Patient feels angry about this. Patient feels if they had known about the caste patient could have got good education with caste reservation. As the patient's caste was not known, patient was put in the open category and now his children will have to bear it.

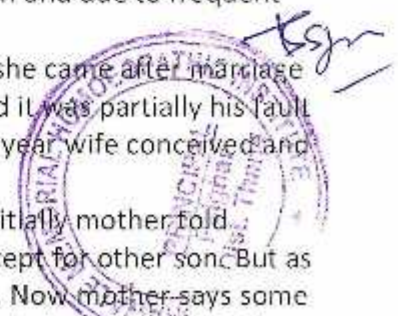
When shifted to new school patient had fear with trembling of body. Felt neglected by teacher as patient had come from village school. Once teacher made patient stand up and answer in front of all students – Felt insulted with teachers behavior towards pt. Pt wanted to stop going school. Pt had low confidence; Pt had no desire to study. Failed in English in SSC so then stopped studying. If didn't go to school, pts mother used to hit and cried whenever she hit, but got habituated to her. Once father hit pt – Pt cried for 2-3 hours – Felt broken (Tutlya sarkha vatla, aatyachar kela).

Patient worked as medicine distributor for 6-7 months. Patient even got promotion due to his dedication in work. But the criterion for promotion was HSC pass so pt could not get the promotion. Regrets not studying further – still thoughts of this. Pt feels if had anyone to teach, pt could have studied more. Left company work and started working at own shop and doing till now.

Patient got married at the age of 25 years. Pt had an arrange marriage. Frequent fights between pt and wife over cleanliness as wife did not clean the house properly and did not wash her hands. Patient doesn't like dirty environment. Habit of cleaning house frequently (Pt during CD said now that I am sitting here in a new place, I will go home and will wash my hands first). Habit of washing hands frequently – Feels dirt on hands as hand touches many objects. Doesn't even goes to in-laws place as their house is dirty. Whenever pt goes to in-laws place asks them to clean the house but they don't listen. There were frequent fight between pts wife and Mother as wife did not do the work properly. Due to frequent fights, the environment at home was not good. During the first 4 years of marriage wife conceived but child died immediately after birth – delivery was done at pts maiden home. As wife was unclean and due to frequent fights Pt filed for divorce as Mo also forced pt to get divorce.

At the time hearing, when saw wife in court, felt sorry for her as when she came after marriage wife was well built but now pt could see her bony structure and realized it was partially his fault too. Pt cancelled the divorce and shifted to other house with wife. One year wife conceived and had healthy child but he also has allergic complaints.

Patients elder brother is mentally retarded and lives with parents. So initially mother told patient that the property will be given to the patient and some will be kept for other son. But as pt didn't give divorce to wife, mother denied giving property to patient. Now mother says some property will be given to pts 2nd Step brother. Because of this frequent clashes at home. Patient and his wife were attacked by relatives over this issue and hit pt and his wife. Pt said he will file



a case and only then they went away. Few days later a notice was sent to patient to give back the shop but patient avoided receiving the notice – kept the house locked till this the date on notice passed. So for 2nd notice relatives did not have money so did not harass patient again. Because of this incidence pt felt cheated by mother. Injustice feeling++ (Asa vatate sagla samplaye ata. Sagli mehnat vaya geli). No feeling for mother since then.

Attached to 3rd sister was very close to her, she expired 2 years back due to RTA. She was the only one in the family who took patients side. Patient met her few months before her death. Felt shocked – Felt support was lost and still feels the same.

Pt says he is an irritable person – gets angry easily if not maintaining cleanliness.

Pt has anxiety about son++ when he is alone. Fear of Snakes++, Death++ will get some incurable disease like Cancer++, Fear of being alone++.

Pt had infection 12 years back went to Dr Patkar he said it was ?Pul Koch ?Pneumonia, took treatment for few days. Says Doctor advised him to start taking little amount of alcohol with food in evening. Since then pt is taking alcohol daily. Quantity – 1 quarter daily.

When expresses his fear of getting cancer, other doctors laugh at him. Anxious as saw many people getting blood cancer suddenly without any addictions and people who are addicted doesn't get anything.

Anxiety about health, Precautious – stopped everything whatever aggravated his complaints, even avoids things which he feels might increase his complaints.

I like females when they are well dressed, hair tied well, wearing saree – relieves me of my stress. Not only my wife but even my mother when wears saree give me happiness. I like when people are neat and clean.

O/E – T – Afeb, P – 80/min, RR – 20/min, BP – 130/80 mm of Hg, Height – 5'3"

Tongue – Clean Moist

S/E – RS – AEBE, Clear, CVS – S1S2 +, CNS – Conscious and oriented to T/P/P, PA – NT/ND, Soft

SATURDAY SCR SESSION CASE

2019

PRELIMINARY DATA-

Name:	XYZ	Age:	24years/F
Education:	BSC at present doing computer course.	Occupation:	Housewife
Status:	Married.	Religion:	
Diet:	Mixed.	Husband:	MR Sonu Singh 30 yrs.
Father :	Died in the Accident(2016).	Mother:	61 yrs.
Brothers:	2 Brothers (30 and 24 yrs).	Children:	One Son(4yr).
Address:	Yashwant Shrishti Boisar.	Income:	-

CHIEF COMPLAINT (S):

1.	Respiratory system Since 5 yrs (Jan 2013) Onset-sudden Duration-1-2 hours Progress-Progressive Frequency-Rotacap, 2times/day	-Chest pain3+. -Breathlessness2+. -Cough with scanty expectoration.	A/F Inhaling fumes of acid while cleaning washroom in 2013. <milk1+,Curds2+ <fruits1+(dry and wet), <sweets1+, <ascending stairs1+ >Rotacap.	Pain in lower Abdomen. Weight loss(in 4 yrs from 60 to 40).
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ASSOCIATED COMPLAINTS -

1.	Female Reproductive system Since 4yrs Onset-Gradual Progressive-mild progressive	-Pain 2+. -Profuse Bleeding3+ in between 2 days menses. -Cycle -20 to 22 days . -Flow-profuse	A/F -POSTLSCS . <Squatting2+, Sitting on the floor2+. >lying down.	
2.	Head Parietal region to left eye Unilateral Left>right Onset -gradual Duration-continous Progressive -non-progressive Intensity -increased by evening. Frequency-during menses	Headache 2+	<2 days before menses and continous till menses.	



PHYSICAL CHARACTERISTICS-

1. Appearance— Lean, thin looking malnourished Bony prominence of maxilla with flat nasal bridge.
 - a. Tongue – Pink moist.
 - b. Perspiration – Scanty only on neck.

2. DIGESTION –

Acidity-Burning in abdomen with flatulence.

Appetite –Reduced since 3 years.

Hunger-Can tolerate.

Thirst-Thirstless²⁺.

Desire-Pungent (spicy)³⁺.

Aversion-Fermented food³⁺,Sour³⁺.

3. ELIMINATIONS –

Stool – semisolid, once a day.

Urine – 2-3 /day .

4. MENSTRUAL FUNCTION –

FMP: 14 years of age.LMP-25/11/18.Menarche-on time.

Menses were regular till 2015,Irregular since 4 yrs.

Cycle- Every 15 days. Duration- 6-7 days.

Flow Profuse. Quantity- 2 to 3 pads /day.20 pads in one cycle.

Colour-Black.Clots-3+(4 days).Consistency-Sticky.

Odour Offensive. Colour –Not washable easily.

Before-one day prior lower backache³⁺,Headache²⁺,left eye (mild)

Marriage before -Regular-with mild back pain.

Marriage after- one year Post LSCS-Irregular menses with pain started.

LEUCORRHOEA- Duration-One to two days after menses,Offensive³⁺.

Leucorrhoea accompanied by back pain.

5. SEXUAL FUNCTION –

Frequency of coition –one to two times /weeks.

Desire -Normal but Dr told to have Abstinence .

7. OBSTETRICS HISTORY – G1P1A0L1.

Antenatal History-Morning sickness for 4 months.

Odema-15 days before LSCS3+,BP –Increased in last trimester for one month.

Convulsions-Twitching muscle with stiffness from 1st week itself of pregnancy.

Mental state during pregnancy-Inlaws force here to do work a lot so that normal delivery done so this time she works alot.

Description	Problems mother	Birth weight	Problems children
LSCS-9 th month Male child(4 YRS)	Eclampsia, Pre- Eclampsia	2.600 kg	NAD(BCIAB)

8. DIET & DAILY ROUTINE-

6 am	Walking for 25 -30 minutes.
10-11am	Breakfast (Sabzi ,paratha, Halwa) Morning not desire to eat anything.
11 to 1pm	Takes studies of child.
1pm	Lunch- (rice,dal,sabji specially paneer more)
1.30 pm	Drop child to school.
2 to 3pm	Takes rest.
4.40pm	Goes to receive child from school.
5 to 7pm	Takes child to play into garden.
8 to 9pm	Dinner-Roti,sabji (cauliflower,green vegetables)

9. SLEEP AND DREAMS-

Sleep-6 TO 7 HRS /DAY ,Refreshing.

Dreams-Dreams of past if I got married with my bf then life would be easier koe tension nahi hota.

10. THERMALS-

Open air-likes,Breeze cold,chest pain and breathlessness increased.

Fanning –prefers in all seasons in fast speed.

Covering-prefers in all season but in winter thick upto head,in rainy and summer—thin upto head .

Clothes-Heavy-not likes ,woolen on and off specially in winters going to village.

Bath-prefer cold water in all seasons.



LIFE SPACE INVESTIGATION-

Born and brought up at siwan Bihar schooling done then itself. Born in 1994. Mother's delivery took place at her mom's maiden place (siwan). Nanaji took care of the patient from the day patient was born. Nanaji financed education and took care till the patient got married. Nanaji was the PRINCIPAL by profession in a high school. MAMAJI IS A PROFESSOR IN MAGAD MAHILA MEDICAL COLLEGE. So being educated and having known the importance of health and education and Nana and Mama took care of patient from childhood and was pampered by Naana and Naani. Patient was obstinate, mischievous and playful in childhood. Has not been so attached and involved with paternal family. Till date goes only to Naana's place. IPR with elder brother and younger brother was good. Father used to visit Naana Naani's place to meet the patient and was in contact with the patient always on phone. Father was a security supervisor (EXPIRED IN 2016 IN AN ACCIDENT). Patient cried everytime while asking about father. IPR with father was also good.

Completed BSC in 2013 and came to visit parents place at Boisar during vacation. So while cleaning washroom with acid that time complain started. Completed 10th in 2008 and 11th std in 2009. used to like a boy from school has a connection with him (9th std 2007) were good friends till 11th (2009) then that boy got campus selection (Teacher Vacancy) so both patient and boyfriend got separated patient felt (Bura laga tha but nanaji ki khushi hamare liye zaruri hai hamare liye itna kuch kiya hai toh aisa unko bura nahi lagana chahiye.) So left him and continued her studies for 3 years till BSC. Still she is in contact with him. Both of their families know about this that is why they talk. When she got married with her husband, during engagement she had explained (hamare ek frd the shaadi nahi ho sakti thi hamari aapko koe aitraz toh nahi agar hum baat kare toh). Husband supported and was ok with it. Patient says sabki khushi ke liye sacrifice karna pada warna love marriage karte toh nanaji nahi milte abhi acha hai bf se baat bhi hoti hai or nanaji bhi mill gaye). Patient telling about inlaws I will not talk to them their nature is different and my nature is different. their thinking is full of village types (purane jamane ki soch bahar mat jao sar par dupatta rakho). From starting onwards I live in town I don't like those things I feel very unique from all these things. I get angry from all these things due to which I don't talk with my in-laws since 3 to 4 yrs. Patient says my husband don't have any problem if I will not talk with them. My MIL AND FIL says come to village and live with us but patient whatever bad behaviour and torcher they done with me they stays in mind due to which I am not able to maintain any relation with them. Patient says when dr adviced me bed rest during delivery they torture me alit I feel very bas ang thought their nature is very different .

2018

SCR SESSION

Dr ARK/Dr Kavita/Chandrabhan

Objectives-

- Learning to receive an anxious person
- Learning to understand Evolutionary Mental State including 'Psychodynamic' & 'Psychosomatic' correlations
- Understanding the development of Personality in an individual through Psychological Theories and implementing this knowledge in studying Materia Medica

Exhibit1- History submitted by patient

Directives-

1. Prepare PDPRIP.

Reference reading-

1. OM- chapters on PD PR & PDPRIP rendering it operational

Exhibit 2- SCR Data

Directives-

1. State the probable & differential diagnosis using "CCA Model"
2. Prepare LST, Mental State including PSPD interpretation
3. Evolve EET.
4. Come to Final remedies with Remedy Differentiation

Reference Reading-

*Kaplan- Anxiety Disorders.

* DSM 4 & 5- Anxiety Disorders.



Preliminary Information

Name:- A.H.V.	Age/ sex:-34 years	Education:-B tech.
Occupation:- software engineer at an IT company	Marital status:- since 5 years	Religion/caste :- hindu/kshatriya
Diet:- mixed diet	Spouse:- 28 years teacher	Father:- 65 years retired teacher
Mother:- 62 years retired teacher	Sister:- younger sister- 30 years married. Medical analyst at a MNC, Pune	Children:- son,3.5 years
Thakur village, kandiwali	Income:- 80000/Month	Dependents:- 2

Chief complaints

No.	Location (area ,direction, spread, tissue, organ, system & duration)	Sensation & Pathology	Modalities A.F.,<, >	Accompaniments (strict time relation)
1.	Mind since 2-3years (2015) O-gradual D-constant P- progressive	-Fear of having/ acquiring a serious disease+3 like Diabetes/ cancer/cardiac+2 -Thinks what will happen to his family if he will die. -Constant thoughts about suffering from an illness. -Unable to focus attention on family, office & own self due to continuous thoughts	A/F feeling of insecurity (Started after separating from home) <thinking about disease++ <from morning 5:30-7 am++ <alone when+	

		-Palpitation -Increased perspiration on palm. -Feeling of uneasiness -sensation of loss of balance, dizziness -Confusion -history of consulting multiple Doctors for various complaints+++		
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Associated complaints

1.	Mind Since college life But increased since 1-2 years O-gradual D-constant P-progressive F-4-5times/week	Compulsion & over-indulgence in masturbation activity.	<alone when++	
2.	Skin scalp-side by side since 7-8 years	Maculopapular eruption No sensation Dry scabs Dandruff Loss of hair	>By allopathy Rx & shampoo	



3.	MSS Upper limb & Lower limb from knee to ankle B/L. Since 3 weeks	Feels as if has no power in hands, Weakness+ Slight aching Coldness+ Numbness++ Tingling sensation++	h/o viral fever	
4.	Head, forehead, upper parts of eyes & temple B/L	Pain+- Pressure++ Swaying sensation++	<in artificial light+ >by hot water Application+ >by sleep+ >open air+	

Generals

Appearance:- stocky fatty, short heightened, fair complexioned

Hair:- gray, dandruff

Eyes/vision:- (Rt.-2) & Lt.(-1)

Perspiration:- scanty, yellowish stains, offensive++

Hunger:- Intolerable, mostly in afternoon.

Desire:-meat++, spicy++

Aversion:- salt+-, sweets++

Stool:- normal satisfactory

Urine:- normal pale colored

Sleep/ dreams: - lies on back, hands over the head, disturbed due to anxiety, thick salivation sleep during

Sexual function:- Pt. wants to get more than 2 times in a week but can't get satisfaction. Masturbation:- over indulgence & compulsion 4-5 time in a week specially when alone.

Thermal: - chilly

Past history:- Jaundice 2003

Family history:-

Grandfather:- DM.

Fa :- 65years - DM, HT, poly arthritis.

Mother:- 62 years- obesity, poly arthritis, dyslipidemia, DM, varicose vein.

Uncle:- DM.

Wife:- migraine, sinusitis

Physical examination:-

T-afeb/ P-76/m./BP-130/80mm hg/RR-22/m

S/E- RS -clear AEBE/CVS-s1s2/P/A-soft NT.CNS-conscious oriented.

Investigation:-

Urine routine- NAD. Stool routine- NAD. CBC-14.4/4.84/6800

BUN-13/creatinine-1.1/uric acid-7.4/potassium-4.6/calcium-9.2/phosphorus-3.3

SGOT-20/SGPT-40/T.bili-1.1

Lipid profile- cholesterol-206(increased). Ldl-137.hdl-40.vldl-29.tg-144

Blood sugar- fasting-88. PP- 100.

ECG(2 times)-NAD.USG chest-NAD.MRI brain-NAD.CT-scan abdomen- NAD

T3-1.34.T4-9.25.TSH-3.3.VIT-D 32(decreased).VIT-B12-276(decreased)



Life space:-

Pt. came with his wife for CD. By looking pt was seen fatty, stocky, having high framed specs over eyes. Pt is born & brought up at virar. Parents are retired teachers. Before 2-3 yrs, pt used to live with his parents but now separated & currently living with his wife & a son in Borivali.

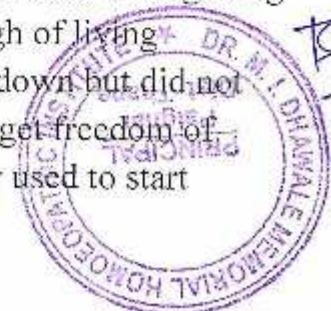
Parents have two kids. Pt & younger sister. Pt was always a good ranker in school. So parents did not have any problem. He enjoyed the school a lot. But as patient's father was a teacher & he was very strict & over protective. Generally, he did not allow patient to watch TV. Father did not allow him for extracurricular activity like arts classes, harmonium playing even though pt. had interest. So, pt. could not pursue any hobby. But, pt wanted to take such opportunity but as father denied so he could not insist. Pt was submissive & could not protest against strict father who was academically oriented. Father was not much friendly & jovial by nature at that time. Father had academically high expectation to pt. At that time family was financially not much strong, so where pt lived, all children had bicycle & pt did not have bicycle so he used to feel bad "ki cycle nahi hai mere pass". But he never demanded to his father. Pt never participated in sports, essay, drawing, telling story because pt had fear of performance in public. He never had much drive for physical activity. Once while playing football some injury happened. So, patient started having fear of getting injured & such physical activity remained less always. Pt was beaten by father if something done without informing him. Even once a 10 rupee note was missed by pt. so, father beat him, after that pt got angry, cried & became silent & went into his study room such anger remained up to ½ hour. But did not express, used to get fear with him. Pt was very obedient. So, if father said anything he accepted easily. As father was a teacher so he used to get busy all the time in tuitions, taking classes, academics, so pt could not go on picnic, functions or to any relatives with his father. So, pt used to feel sad that a distance between all relatives always remained. Pt said "we were not a well socialized family" because generally we did not go anywhere to any relatives. Father still reacts with pt like a child. Initially father used to say anything wrong & scold in front of pt's wife, pt used to feel bad but could not express because he had fear about that father can feel offend if he replies. Even once pt was going to his in laws, wearing some clothes & father did not like that so he made him change. Then pt felt bad & got angry but did not express, thought father might get offended &

then what will happen with him. Pt says if "you are according to him (Fa), he is good." Now, since pt has started job sometimes he rebels. But pt always tends to rely on his father in every decision of life. Because pt did not take decision alone till now, always used to take advice from him. Simultaneously he also feels that he should not hurt his father. Even after discussion with father for anything or when father stays around him pt feels secure & good. Father would not let him do anything which he feels pt might get hurt or something.

Mother is a retired headmistress. Initially Pt was very much attached with mother. Even mother has migraine but she did everything for her children, even used to work alone in her children's childhood. But mother is not much social by nature. She has very little contact with her relatives. When pt was in his college, she used to doubt on pt whether he has any affair with anyone. Mother is very much overprotective about pt. Mother used to take everything negative which creates many times family conflicts. After pt's marriage mo's behavior changed with patient. After that pt's attachment got lower down to her. She does not have healthy relation with pt's wife. So, now few years back he decided to separate from her.

IPR with sister good. As sister is also like her mother so not much socialized and have not much friends so she used to share everything to the pt. & emotionally she was very dependent on her brother. But, after marriage as she shifted to Pune & involved in her own family. So not much dependency seen on the patient.

Pt did arrange marriage five years back. Wife belongs to a very simple family. Wife is very caring, loving, understanding & well social. She has been very supportive in all pt's up & down. Pt respects his wife for what she is. She has lots of friends. As pt is 6-8 years elder than wife but they both are more of friends & share good relations. Sometimes some conflicts happen but they try to solve with discussion. As pt married in 2012 after getting approval of family members. After a certain period, conflicts started between wife & mother regarding household work. But still ignored it as they were living in a joint family. In 2015 after getting birth of son couple of incidence happened which made pt though of living separately would be better. Pt & his father tried to calm things down but did not happen. Another reason to separate that couple was not able to get freedom of going outside, eating anywhere outside. On these issues mother used to start



comments & opposition on this, so they decided to separate & shifted to borivali. Now, every weekends pt goes home to stay with parents.

Pt never wanted to leave family or thought about it. So he never saved the money for future purpose. Pt invested for his own house in virar living with parents, for which he invested his whole salary. Even for this he also went to USA for job. Pt was very attached to his home. Pt was very much emotionally dependent on his parents. So when he thought about separation from them, it created some sense of insecurity.

Pt was a bright student up to 12th class. Every time he scored highest marks. Pt completed his BE in electronics from reputed college, got 1st class. But success was not much satisfactory. Overall population of class very intelligent. At that year pt came to contact in such group who was not interested to attend class properly & study properly & parents had high expectations from the pt. Pt started feeling scared during final year exams. He started fearing of exams with fear of getting KT. In those days he was not much interested to talk with anyone. In general whenever pt feels fear he used to get perspiration along with weakness.

Pt got selected through campus placement & he is working in a reputed IT firm since 8 years. Not much work pressure is there. But only thing pt keeps worrying about that he is with the same company since 8 years, so what will happen to him if they fire him. Pt has not confidence that he is able to change the job. Pt went to Europe for job. Pt wanted to stay there with his parents, but they denied to stay in Europe. Even that time mother became ill healthy. so, pt thought, he is the only son so he should care about them. But patient liked freedom in the Europe.

Pt started fear & anxiety after he left his origin to settle at borivali. Pt said the home was built from scratch so it was very difficult for him to leave it & started living in a rented home. It was big decision that he took against his plan. Pt was very much emotionally dependent on his parents & when he was separated created some sense of insecurity.

Whenever something happens to the pt as simple as acidity. So he used to get under lot of pressure about what is happening, will he dies what happens to his wife & son etc. 3-4 times he had heartburn so he started thinking that some problem with heart as known history of cholesterol. Every morning he started to have such

panic attacks in which he used to get increased palpitation & feeling of insecurity. Generally between 5:30-7:00 am. He only calms down as daily work starts.

Then he started getting fears that he will get diabetic because of family history. Started some exercise. He did some move incorrectly which caused some muscle pain in lower back. Again his thoughts started revolving around same. He went to multiple doctors. Got X-ray done. They suggested vit-D supplements. Dosage was incorrect. This caused toxicity as vit- D went above 147. he started to have frequent stomach issue acidity etc. again his fears raised. He went to multiple doctors, did lot of tests including endoscopy. Finally he did full body checkup again which only revealed vit D issue.

When was about to recover from it, in September 2015 met with little accident in office. Banged his head against glass wall. Little swelling for that day which went off in couple of days. He started to feel that he is dizzy etc. again went to multiple doctors, taken treatment for vertigo. Then he also went to neurologist also. He said nothing to worry.

After some days he started that he is not able to sleep. That anxiety would keep him awake. took some medication. Got MRI done. Doctors said all is normal but still he wanted to be sure. he also suggested to go to psychologist but he avoided having fear of habit forming sleep tablets. Latest event was pain in the right abdomen. Real cause not known but must be some muscle pull as per pt. again he went to doctors, got many tests done including CT scan. Finally nothing happened. He started ignoring and it subsided on itself. So, his most of time goes into all the thinking & rethinking. He is not able to pay adequate attention to his office work, family & himself. He is only doing things those are required to be done. He has stopped reading, watching movies, has not played any physical/ mobile games, not drawn a picture or colored it because he can't come out of these thoughts. And more he thinks it becomes worse. Starts palpitation. He seen some calming techniques which makes him feel better. Some asans helped him, but did not continue.

Pt started feeling discomfort in march 2016 after he had a long drive. Then he started focusing on the balance which made it worse. Again he consulted an eye specialist but no use. Pt does not know how it got reduced but it also occurs during



& after he is carrying some fear. Sometimes he feels confused, unknowingly which never used to happen before. Sometimes he feels some pressure in for head & upper part of eyes & temples as well. Very mild pain in side areas of temples. He feels better once he takes bath of hot water, feels relaxed. Before three weeks ago he was down with viral fever. Post recovery he still feels weakness in legs. Slight pain in feet. Feels like cold feet. Feels no power in hand.

SCR Session case
28/06/18

Dr. A. R. Kapse

OBJECTIVES

1. Learning to manage a case despite language & other communication barriers.
2. Learning to manage a one sided disease.
3. Learning the management of intractable allergic disorder.

DIRECTIVES

1. Study the History along with summary of treatment received by the patient so far. Discuss your appreciation of the clinical state.
2. Study the case record prepared by the physician & comment on the case receiving.
3. Classify the data in symptom classification table.
4. Select suitable approach & discuss your correspondence.
5. Discuss your planning & programming in detail along with precautions & dangers.

HISTORY FORM

Name = Mr. V.N.B

Age – 85 years

Sex – Male / married

Religion / caste = Hindu, Brahmin, pure vegetarian.

Smoking = Smoker. Smokes more than 25 bidis in a day. Consumes tea twice or thrice in a day.

Business = Farming (hard work). Completely retired from work since last 2 years.

Address = ---

Family background

- 1) Wife = Age 80 years.
- 2) One son = Age 42 years, service (New mumbai-vasai).
- 3) Son's wife = Age 41 years, housewife.
- 4) Grand son – Age 12 years, 7th STD, student.
- 5) Grand daughter = Age 6 yrs, remains ill. She had convulsions six times. Mentally retarded, cannot understand anything, cannot speak properly, cannot do own work like toilet. So mother does everything for her.
- 6) Two daughters, both married.

Daily routine

Now a days gets up around 6.00 a.m. Brushes teeth, takes bath. Performs puja around 9.30 a.m. Afterwards goes to temple. Returns home around 12.00 noon. Then read religion books / magazine or Ramayana or Geeta or reads newspaper. In the afternoon has lunch and sleeps. Has tea around 3.30 p.m. and again goes for a walk. Comes back home around 6.00 p.m. Counts beads. He has his dinner around 8.30 to 9.00 p.m. Then



talks with family members for sometime and goes to sleep. This way he passes whole day.

He takes simple food. Lunch consists of dal, rice, vegetable and roti. For dinner he has khichadi and kadi or paratha and vegetable. Takes fried food very occasionally. Before illness he used to like to have tasty food. But since illness, he takes boiled food and has restricted salt in food. Takes milk twice in a day. But after coming to Bombay doesn't take milk, as he doesn't like the taste of milk here. In fruits likes banana.

Responsibility

Big family consisting of seven brothers and six sisters. He had to take more responsibility, as he was the eldest in the family. He took responsibility of marriages of all brothers and sisters. Now all brothers are staying separately and sisters are with their in-laws.

Chief complaint

- 1) Swelling all over the body.
- 2) Itching all over the body.
- 3) Weakness.
- 4) Cannot hear properly.
- 5) Skin has become black all over the body.
- 6) Does not feel hungry.
- 7) Cannot see properly with eyes.
- 8) Now there is no satisfactory stool.

Note: - He has fallen sick for the first time in life.

Treatment Taken by the Patient

Patient visited two skin specialists at Gujarat. Diagnosed by one of the skin specialist as

1. Neurodermatitis on nape of neck since 40 years.
2. Tenia cruris 10 years back.

He applied some Ayurvedic medicine after which the present complaints started.

Diagnosis – Acute allergic exfoliative dermatitis.

Allopathic treatment given – Inj. Dexam, Inj. Avil, Tab. Avil, Cap. Ampoxin, Stomela gel, Ciplox eye drop. Next time given Gelora gel, Sofradex cream, Neosporin H Ointment, Tab. Betnesol Forte, Tab. Avil, Tab. Metrogyl, Tab. Zincovit, Tab. Furys DT, Cap. Ampoxin 500 mg. Further additions in medicine were Cap. Bioster, Inj. Decaneurabal, Inj. Kenacort 40mg, Synlar ointment, Tab. Rantac 300 mg, Cap. Omepraz 20, Monodoxy etc.

Patient did not improve with all these medicines and hence came to Bombay for treatment. He was referred for treatment by a professional colleague who was related to him from wife's side.

Life space:

Patient aged 85 years, Gujarati. He doesn't know Hindi, English or any other language. He was accompanied by his son, who brought him for treatment to Bombay. His son is staying at D. All information was gathered from his son as the patient was not able to hear properly, nor can see properly. When asked by the physician, the patient used to answer in Gujarati. But physician and observer found it difficult to understand patients Gujarati with rural dialect.

Information given by his son:-

Patient is the eldest in family. Shouldered responsibility of seven brothers and six sisters w.r.t. marriage and other things. Patient is very hard working. He likes to stay in the village. Dislikes city life. Remains worried about the family members at village including brothers & sisters. He wants to go back at the earliest. He is of irritable temperament. He is a respected elder in the village.

Reaction Physical Factor:

Sun< Skin complaint.

Fan Slow Covering: 2 Chaddars, Covers Head To Foot.

C3H2

Physical Examination

BP 140/80

Nape Of The Neck - Lichenified Patch

Abdomen, Legs - Extensive Thickened Patches with Scaling, Black discoloration all over
RS, CVS - NAD

Investigations

1/12/99 WBC: 6,500 N: 64 E: 5 L: 31

Random blood sugar = 110.8 mg/dl.

2018

Saturday SCR Sessions

General Objectives of the SCR Teaching Programme:

It has been decided to have the Saturday SCR sessions in modules rather than a long session. The idea is to have one case running for total 12 sessions; each session will be of 90 min and will focus on one SCR tool.

The 12 modules are as per the 12 sections of the ICR Operational Manual. The case material with the Objective- Directives, Recommended Reading will be circulated as per the module one week in advance. The actuality will be provided at the end of the session, which will help to evolve a better understanding of the technical aspect of the tool. Each session will also end with a small test, which will test the topic done in the session.

Programme Outcomes:

The focus of this programme would be to help the PG students understand the logic and philosophy of the SCR as an instrument and the various tools employed and help them to apply these in their practice with a better reasoning. This knowledge will also help them in the process of their dissertations and also in day to day OPD/IPD cases workings.

Session Outcomes- Module 1

1. Analyse the history (and other submission) to be able to separate the data reporting the demographic, clinical and personal information.
2. Derive the probable clinical diagnoses, differential diagnosis, the stage of the illness and assess the information needed to complete the clinical assessment.
3. Derive the image of the patient as a person (disposition) and assess his functioning in the personal, work and social space.
4. Project the sensitive areas where further investigations will yield relevant data to complete the understanding of the patient
5. Integrate the information derived above to gauge the probable miasmatic correlations and remedy pictures (acute/chronic/intercurrent)
6. Assess the nature/type of data needed for further differentiation at the miasmatic and remedies .
7. Propose a General Plan to resolve the various difficulties perceived in the clinical, personal, work and social spaces
8. Derive a detailed, workable interview plan integrating the information and analysis carried out above projecting the likely difficulties and options.
9. Be able to enter all the above data on the PD-PR-IP tool.

Module 1: PD-PR-IP – 31st March 2018

Directives:

1. Go through the Written History and the Data Available from Mother's Case and analyze it.
2. Present your integrated PD-PR-IP.
3. Adhere strictly to the headings of the form.



Recommended reading:

1. ICR Operational Manual- Step 3 and 4: *"History Writing & History Analysis, Problem Definition, Problem Resolution & Interview Plan: Rendering it Operational"*.

Background of the Case:

Patient used to accompany her mother, who was taking treatment with us for Sjogren's Syndrome, patient's mother is responding very well to our treatment. Mother is an extremely irritable and anxious lady who demands special attention and insists on being seen by the consultant on every visit. Patient would accompany her mother on all the follow-up's and also would give her observations about her mother's health. Patient's mother would crib all the time during the follow up's and would peculiarly begin narrating the follow up with the statement that she was not better at all. After taking the follow up and each of her symptoms one by one she would then say she was better in all.

Patient would always point out all the parameters which she felt were better or not better, so her observations would always be valuable in managing her mother's illness. Also patient's mother and father stay alone. Both her brothers stay far, so there are constant tiff between her parents. Patient's father is a reserved person and does not talk much, which angers her mother. Patient stays in the adjacent building, so daily she makes a point to spend a few hours with the mother; she listens to all her complaints against her father, and tries to give rational justification to her mother, regarding her constant fights. She has a very good relation with her father and she knows that it is her mother's anxiety and irritability which most of the times cause fights in the house. In a way she would try and balance the entire situation at her mother's place.

Once her mother's health started improving she sought consultation for her treatment. In screening she had acute URTI, she was prescribed Ars Alb 200 and she settled very well with it in 2 days.

Exhibit 1-Written History-Typed as Submitted by Patient

Preliminary information:

Name: Mrs G. S.

Add: M

Date of birth: 30th Oct 1968

Sex: Female

Status: Married

Religion: Hindu

Diet: Non Veg (Once a week mostly fish in moderate portion), No alcohol, only tea (1 cup in morning).

Educational qualifications: B.Com Graduate, Stenography and Typing.

Job: Presently housewife since marriage in 1994, before working as personal secretary to The Branch manager, P Roadways. Job Requirements and responsibilities very high. Enjoyed the job. Also enjoying my new job as a mother of 2 children.

Death: grandparents and in-laws due to old age. One aunt 7 months back due to heart attack. She was 50 yrs. First cousin 3 yrs back due to cancer. She was 49 yrs old. 2 Brother-in-law's. One due to accident 2 yrs back and one due to illness also 1 yr back.

Daily routine: Morning starts at 6 am. Getting children ready for school. By 7.30 am, I do yoga & prayanam till 8.30 am. Have Breakfast at 9 am. Busy with household chores till 12.30 noon. Relax or go out for outdoor work like bank, etc. Lunch by 2.00pm (dal, rice, sabji/fish). Busy with children and their studies till 6pm. I have a cup of green tea around 6pm with some light snacks. Evening I go out with my daughter to the garden and relax. Dinner includes roti sabji, salad.

No financial responsibilities and strains as such. Difficulties faced are not of any serious nature. Initially after marriage I did Experience a lot of Difficulties in adjustment to the new family.

Chief complaint:

Ulcerative Collitus of the large Intestine.

Used to have pain in the stomach and blood in stool. Also when the problem was bad there was mucus in stool. This problem started 10 yrs back. I got colonoscopy done and was under treatment with sulphasalazine tablets. My pain stopped and there was no blood also.

My trouble used to get aggravated when I was tensed and angry. So I decided to practice Yoga and meditation. After that, my problem of ulcerative collitus was under control.

2 yrs back, it relapsed again but not as severe as the first time. I got colonoscopy done and there was ulcer seen in my large intestine. Got treatment done and presently taking Mesalazine tablets – 1 tab a day. Now my problem is under control.

Spicy food and unhygienic food causes pain and burning in my stomach.

Dust Allergy:

Allergic to dust of any kind. Itching in the eyes and nose. Redness in my eyes & watering of the nose. Sneezing continuously. Sometimes I take Zyncet tablets. Having this problem since childhood.

Other complaints:

1. Pain in the calf muscles and feet- I experienced severe pain after a long walks and during nights.
2. Headache before menstruation. Mostly a day before.
3. Black undereyes.

Personal data:

1. Physical description:
Height: 5'4"



Complexion: wheatish

Weight: 56 kg

2. Emotionally very sensitive. Tears come easily when I am sad. Like to keep myself busy all the time. I don't like to waste my time sleeping more than required. I love tidiness in my house and outside. I am very sincere in my duties and I like doing things full – heartedly. Nobody can force me to do things against my wishes. Maybe I am adamant sometimes. But most of the time I am very adjusting. My present responsibilities are taking care of my children and house. I am happy doing things for my children. I am busy the whole day with my daily routine. But always find it difficult to do things which I enjoy for myself. I am careless sometimes towards myself like not eating properly, not relaxing and not doing things which I enjoy like meeting friends, reading, dancing, etc.

3. Reactions to surroundings:
 - a. Food: I like to eat different types of food rather than the same routine roti – sabji. I cannot eat spicy food. It disturbs my stomach. I love cooking and trying out new dishes.
 - b. I am comfortable at moderate temperatures- not too hot & not too cool. I hate going out during the day when it is hot. I love nature & greenery. Makes me feel good and happy.
 - c. Sleep is good and no bad dreams as such. Sometimes sleep is disturbed if there is pain in my legs.
 - d. Menstrual cycle is once in 3 weeks. No major problem during menstruation.

Previous illness:

Dust Allergy is disturbing my daily activities. I feel let down and frustrated as I am not able to do my day to day activities with ease, especially dusting of my house or major cleaning.

Family history:

Mother is 66 yrs old and father is 75 yrs old. Both in good health. No major illness. 2 brothers younger to me happily married with children. No sisters.

2 children (daughters): one is 16 yrs old and other one is 8 yrs old. Both in good health.

Husband: very loving & hardworking & understanding. Also in good Health.

General comments:

I like to help others. I respect others feelings and expect the same from them. I love my family very much.

Exhibit 2-SCR

2018

Preliminary Data

PATIENT NAME - Mrs. G.S.

REG No-M/227/12

Date of case taking- 03 Aug 2012

AGE - 43yrs. FEMALE, EDUCATION—B.Com. OCCUPATION- Housewife

STATUS—MARRIED RELIGION- Hindu

SPOUSE - H-50yrs. Mechanical Engineer, Freelancing Consultation

Fa.-75 yrs, Mo.-66yrs.; Br-2 (1: stays in U.S, 2: stays in Mumbai)

Da: 2 - (16 yrs & 8 yrs) Studying

ADD: Mumbai

Chief Complaints

Sr no	LOCATION	SENSATION & PATHIOLOGY	MODALITIES	ACCOMPANIMENTS
1.	Rectum Colon Onset-11 yrs ago Lasted for 3 - 4 days Abdomen Relapse 2 yrs ago Currently	(1 st episode) Loose Stools 20 - 30/day when severe Bleeding ++ Severe pain +- Mucous +- Burning ++ Intensity less than 1 st episode. Stools: N, No bleeding/ mucous No pain/ burning	< Anger ++ < Tension ++ < spicy food ++ < unhygienic food ++ >rubbing with hand >tab mesalazine 500 mg daily once	
2.	RS Nose Since childhood Eyes F: 2-3 days Persistent since childhood Head	Sneezing +++ Itching ++ Watring +++ Itching +- Watering +++ Redness +- Occ Headache	A/F: Dust +++ < hair (dogs) ++ < morning (6 - 8.30 am) >Tab Zyncet ++	Activity: reduces Thirst: increased ++ (constantly drinking from her small bottle- warm water) Irritability - Weakness + Bodyache +

ASSOCIATED C/Os



Lower ext Calf Since 5yrs	Pain as if aching (like a boil) Unable to walk	< night++ < walking+ >pressure++	Sleep reduced with pain
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PATIENT AS A PERSON

Lean, wheatish Complexion

HAIR LOSS—after delivery, greying+

PERSPIRATION General- Scanty, No odours No Stains,

APPETITE—N, Cr.-sweets++, pungent++,sour++

STOOL. – Currently N

Frequent and Loose Stools < Travelling Alone

URINE- Normal.

MENSTRUAL FUNCTION-- LMP-03/08/12

MENSES-Regular, cycle- 21-28 days, duration-5d

FLOW-N, Colour- dark-red, no odour/staining

BEFORE MENSES- Headache++ (D: 2-3 hrs), nausea++

DURING MENSES: leg pain

Leucorrhoea: menses before occasional

SEXUAL FUNCTION- Desire-decreased, since 2nd pregnancy

OBS. H/O- G 2,P2,A0, Delivery- F.T.N.D.

SLEEP—good. DREAMS—child got lost (once)

THERMALS---Sun-No Aggr, Riding- H/O: in bus – nausea & vomiting.

SEASONS- likes winter

COVERS- in winter and rainy- thick, upto neck

FAN-Medium (Summer): full (Winter/Rainy)—slow BATH- cold: summer, warm: winter

FASTING -No aggr

FOOD:<spicy

FAMILY HISTORY —

MO: Sjogren's syndrome/ Varicose Veins. H/o: Breast abcess

Maternal Uncle: ? Depression, M. Uncle: DM/ MI

O/E—T-Afebrile , P— 80/min, BP= 110/80 mm Hg, Wt—56 Kg

RS/ CVS/PA--- NAD

LIFE-SPACE:-

Patient is the daughter of one of our regular patient who is taking treatment for Sjogren's Syndrome. Once her mother's health started improving she sought consultation for her treatment as she searched over the internet that homoeopathy has good role in management of allergies and Ulcerative colitis.

During the screening, She came accompanied by her husband (the primary physician felt on observing the couple that patient's husband was very caring about her, but one thing was very glaringly evident that there was a difference of opinion among them. She was administered acute medicine and then she did not report for few weeks. Patient landed for the consultation with a written history without any prior appointment. As there were many patients that day, she had to wait for nearly 1 hr. Patient waited very calmly.

Patient is a lean, thin, tall female with wheatish complexion was wearing a kurta and jeans, was confident in talking and maintained good eye contact with the PP. her maiden family

consists of her parents & 2 brothers. Patient is the eldest amongst her siblings. Their family is basically from Karnataka. She was born and brought up in Mumbai. She spent her entire childhood at Chembur.

Father initially used to work in sales dept of a private firm, later he joined in the business of manufacturing and selling wires and ropes to the industries. He used to be travelling most of the times for work. By nature was very Bindas, never got angry, had no addiction, was very soft-spoken individual who cared for his family.

Mother's is a sensitive and a caring person. She would look after the family while father was away for work. She used to like cleanliness and it is from her which patient also has inherited the habit of cleanliness.

Both the brothers were soft spoken and quiet in nature. Patient said her childhood was very good and she really enjoyed it. She had no worries. All the siblings were given good values and taught about respecting people. Patient was an average student in studies. She was very much interested in Dance (Bharatnatyam) but parents refused her to pursue dance as a hobby, she felt very bad and was sad for many days and till date holds a grudge against her parents for not letting her pursue dancing.

After completion of her gradation she started working in a small company as a stenographer, but within 6 months she got a job in a bigger company as a secretary. Her experience of her work place was very good and she had immense work satisfaction. All this while her health was going well, except her recurrent allergic colds.

She got married in the year 1994, it was an arranged marriage. After marriage she moved into a joint family comprising of her: in laws, 2 brother in laws and 2 sister in laws. Her Husband was the eldest in the family.

After marriage after a few weeks she got a big culture shock. There would be regular parties at their place where men and women would all smoke and drink. She felt she had landed in some jungle. In her maiden family nobody had any addictions and here I was exact opposite. She was extremely disturbed by seeing all this.

Her MIL was a very selfish, cribbing and a dominating lady with a lot of health related issues. Patient never got along with her till she was alive. Her 1 SIL was having primary infertility and was also an irritable woman, she had an habit of interfering into family matters. Every day she would call up patient and would crib with her that patient was not taking adequate care of her mother (pt's MIL). Patient never liked this attitude. Patient never back answered her MIL as she was taught to respect her elders. This was the time she had the 1st episode of ulcerative colitis.

She was extremely disturbed by this, she craved for support of her husband, but to her surprise husband turned a blind eye to the ongoing matters. Patient felt her husband used to sacrifice all for his family but never took her side. She was hurt by her husband's behaviour and she would cry a lot. She stayed with her in laws for 2 yrs after marriage.

Her FIL was a retired banker, a very sweet person, but even he would not be able to talk in front of his wife. He was extremely fond of patient and they both shared a good relationship. When her FIL expired she felt that she had actually lost her father. She was in a state of shock



for nearly a week and then with the help of her husband she was able to overcome this death after nearly 1 month.

She also would never go against her husband thinking what if he left her? He was short tempered person, but was also very caring for all her needs. He would get extremely irritated and would cool down within minutes and again behave as if nothing had happened earlier. Over a period of time patient has learnt to handle his mood swings very well.

After the delivery of her 2nd daughter, her SIL (who is herself having no children) commented that if she had delivered a boy, their family would have been complete in the real sense. This disturbed the patient a lot, she was angry, but she did not answer back, but she became extremely sad and stopped talking to the SIL for one year. Till date she has never had great relation with her but does maintain a working relationship.

After 2 yrs of marriage patient went to Indonesia with her husband, as he had a job there, then after 2 yrs they returned to India. Then again after a couple of yrs she went to Qatar with her husband. From there they went to Malaysia and stayed there for 8 yrs. Their daughter's main schooling was done there. They have shifted back to India just last year as husband has now started his own consultancy. All this while when she was abroad she never faced any difficulty other than her health.

Her elder daughter (16 yrs) is good in studies, patient describes her that she has inherited anger of her father and rest all qualities of her. The younger daughter is a very sensitive and calm person, who adjusts with everything.

She had great relations with her both brothers, and they too are well placed in life. She spends her maximum time with her mother who now stays in her adjacent building. She now has less time for herself as she is too busy with her household work, she feels at times that she has lost all her freedom, but again she enjoys the joys of motherhood and that makes her happy.

The primary physician was moved after the interview felt that the patient had suppressed her desires entire life and is now paying the price by having an autoimmune disease.