



The Prolonged Grief Syndrome

PRELIMINARY INFORMATION:

Name: LRG Date Seen: 27/12/00
 Physician: Dr Navin Pawaskar
 Age: 26 yrs Sex: Female Education: 7th class
 Occupation: Housewife Status: Married
 Religion: Hindu Spouse: Occupation service
 Brothers: 1 elder 1 younger Sisters: 3
 Sons: 1 6 years old Daughters: Nil
 Address: Near Aryan school, Palghar.

CHIEF COMPLAINTS:

Since 2 years c/o frequent loose motions-an episode every 2-3 days which continues, if not treated. 4-5 stool/day. There is tenesmus² on eating food, which is better only after passing stool. Hence she avoids eating. There is no blood/mucus/odour in stool. She feels temporarily better after taking medications. There is no H/O prolapse. Tenesmus not > by heat or cold. The complaint increases on hearing any bad news or hearing people fight. She used to get occasional loose motions in the past. Now it has increased as 2 yr back, her youngest son who was 9 months old, expired due to diarrhoea. Anxiety ++ since then, as she had a Tubectomy after birth of that child. She now has only 1 son who is 6 yr old. Since the death of the son gets recurrent loose motions twice/week; 4-5 / day

PATIENT AS A PERSON: ATTRIBUTES AND FUNCTIONS

PERSPIRATION: Diminished + Partial on head.
 DIGESTION: APPETITE: Good. AVERSIONS: Sweets.
 CRAVING: Pungent STOOL C/C

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MICTURITION: normal

MENSTRUATION: 3-4/30; Regular; Dark red

MENSES BEFORE: Abdomen pain 8 days; > lying abd.

PREGNANCY LABOUR PUERPERIUM: G3 P2 A1 L1.

Abortions: natural 7 Months. FTND: 2

MENTAL STATE: LIFE SPACE INVESTIGATION:

Pt had come along with her H who looked huge as compared to her. She hails from a place near Mahabaleshwar. Her Fa does farming and Mo is a house wife. She is the 2nd among 6 sibling with 1 elder & 1 younger br & 3 sisters. Interpersonal relation (IPR) with everyone is good.

There was no financial constraint but she could study only till 7th std, as parents did not send her to school. She got married when she was 18 years old. She was staying with her MIL, FIL & BIL at Satara. H used to visit her quite often. She conceived 4 yr. after marriage after taking a lot of treatment for infertility. 1st child she aborted at 7th month of gestation. 2nd child is a male child who is now 6yrs old. After the delivery of 3rd male child, she opted for tubectomy as they wanted only 2 children. 3rd child was very healthy till 10 months of age, when he got diarrhoea with vomiting. They took him to a hospital immediately after 2 loose motions. The doctor gave him an injection & sent him home. But after coming home, the loose motions increased & child expired before reaching hospital. All this happened within a day and pt found it hard to believe and accept. Even now she finds it difficult to forget the child. Since then she become very anxious esp on hearing any bad news from native place or even on hearing loud noises as she remembers the loud cries of everyone during the funeral. She gets palpitation if MIL says anything or scolds her. Looking at her condition, her H brought her to Palghar for change of place. Since the last 2yrs, H doesn't like her visiting her parents place more than once a yr and that too only for 4 days. Hence



now she is not able to meet her parents. That makes her even more anxious, as now she is also worried about her parents health. When she was in Satara with her in-laws, she could visit them frequently almost once in 15 days. Her parents also used to visit her frequently, but now communication with them is very low.

Her IPR with both her in-laws are good. She finds her H to be strict but loving and understanding.

Pt wants to reverse back her tubectomy but H is not willing, as he feels one child is enough for them. But pt feels very anxious at having only one child now.

SLEEP: Disturbed due to thoughts

DREAMS: Occasional of son.

THERMAL: Fan: medium always, due to mosquito.

Covering: summer - chaddar; winter - blanket

Bath: hot always C3H2

PHYSICAL EXAMINATION:

Pulse: 88/min; BP: 120/80 mm of Hg

O/E: Pallor; CVS, RS & PA: NAD.

UNDERSTANDING THE PATIENT:

This patient is extremely anxious and nervous, having gone through major difficulty in conception. Even the outcome of 1st conception not been too positive.

To top it, she receives a shock when she lost her son unexpectedly and in a brief period. This shock left a great impact: The grief of loosing her child has left in its wake, tremendous anxiety and insecurity. The shock is so much that now she almost believes that anything can happen in life at any moment. This reaction has got amplified because of two facts in her life. One in the past, the history of difficulty in conception and the out come of 1st Pregnancy; two, that she will not be able to conceive in future, because of tubectomy which she wants to revert but husband is not willing.

This leaves her in a situation where she is left with only one son and a strong sense of insecurity; a fear that anything can go wrong at any moment. This insecurity, generated past experiences, is known as sensitization.

SENSITIZATION as a phenomena, strikes an individual when he is caught unaware and meets with an impact leaving the sensitivity to receive the impact bare unprotected, resulting in hyper sensitization; hyper vigilance and hyper reactivity to incidences which closely resemble or simulate original incident. This lady has hyper sensitive responses to simulatory stimuli like loud noises, bad news which remind her of that fateful day and events which followed on that day after the death of that child. The other qualified mental: Anxiety, health of parents. This entire emotional stress of grief and anxiety about future and insecurity about loosing her only son, has resulted in somatized dismotilty disorder of intestine resulting in frequent diarrhoea aggravated by emotional modalities.

TOTALITY:

1. A/F death of child
2. A/F Grief
3. Fear happen something will
4. Anxiety for health of others.
5. Anxiety with fear about future.
6. Dwells on past disagreeable things
7. Diarrhoea bad news from
8. Chilly Patient
9. Aversion to Sweets

AFTER REPORTORISATION THE REMEDIES WHICH COME UP ARE:

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| 1. <i>Caust</i> | 2. <i>Nat-mur</i> | 3. <i>Kali-phos</i> |
| 4. <i>Calc-c</i> | 5. <i>Phos</i> | 6. <i>Gels</i> |
| 7. <i>Ignatia</i> | | |

Final choice: *Caust* 200.

POSOLOGY:

1. Functional disorder
2. Hypersensitivity of mind
3. Psoric Miasm

REPORTERISATION:

Causticum to be used in moderate to high potency, with infrequent doses. Patient showed improvement at mind and body level leading to complete recovery with *Caust* 1M just one single dose.

