

# The Girl Who Would Not Grow Her Nails

## PRELIMINARY INFORMATION

Miss B V B                      Date of Recording 08/07/99  
 Age 15    Sex Female              Education 10th Std  
 Occupation Student              Status Single  
 Religion Hindu              Diet Vegetarian

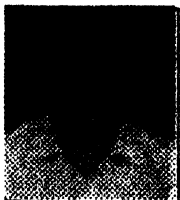
Father Unemployed. H/O cosmetic shop + salesman initially for 14yrs and again for 1yr  
 Mother B Com H/O teacher, now running a toy shop

## CHIEF COMPLAINTS

LOCATION	SENSATION PATHOLOGY	MODALITIES	ACCOMPANIMENTS
Head  Forehead and Vertex since 1yr Started same night since the day of trauma F=almost Daily I=depends on the <Modality	Pulling pain, as if hair was being pulled  Nausea giddiness as if Things Are Revolving around Her  no loss of consciousness but vomiting for 4d	A/F trauma  < thinking < tension < anxiety < touch < getting head wet (getting wet in rains/ taking bath with cold water) < eating > sleep > Warm Head Bath > Pressure Rx Nimutid BD Rx Nimesulide SOS	

## ASSOCIATED COMPLAINTS

RS since 7th std forehead	Pulling pain cold	A/F pepsi cola < getting head wet (bathing with cold water)	
General 8days	Continuous fever then subsided gradually diagnosed as typhoid	A/F shock of father's illness	



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**PATIENT AS A PERSON**

1. Appearance: Lean, short, brown hair with mixed tufts of reddish tinge, wearing spectacles.
2. Skin: wheatish complexion, smooth and soft texture
3. Perspiration: general ++ partial palms; Odors offensive (no one can stand beside her)
4. Digestion: acidity +, appetite-normal, biliousness, colic, dryness, eructation +, flatulence +, hunger no <, nausea ++,
5. Aversions: sweets, roti
6. Craving: sour, spicy, daal + rice + potato onion bhaji. Salt=Normal
7. Menstrual function: FMP-15 yrs (since few months). LMP does not remember.  
Menses irregular once in 20-25days/once in 30-35 days  
Flow - Moderate; Odour – Offensive (Fishy);  
Colour Reddish Black Stains Fast ++  
Menses Before pain in abdomen, tolerable.  
Leucorrhoea < Menses B+A+.

**LIFE SPACE INVESTIGATION**

Patient is a 15yr old girl staying with her parents and PGM and two younger brothers. Her father has stopped going to work since 1 1/2 yrs as he is on dialysis (for chronic renal failure) and she and her mother are running a toy shop. Financially they are facing problems. Prior to her birth, they were quite well off, owned a bungalow, car and textile industries. But they incurred severe losses and had to shift to Dombivali from Ghatkopar. Her PU and PA are well settled today. Her father then started a business of cosmetics and artificial jewellery which did badly. Thereafter he joined as a salesman for 14yrs in a retail shop wherein he was accidentally detected as c/o chronic renal failure and advised bed rest. Initially even her mother undertook job as a teacher to help her father financially but she had to leave her job due to PGF'S ill health (chronic renal failure) and birth of children. PU had separated out initially after marriage and relation is limited as there

were conflicts after his marriage. After this sudden blow and lack of help from PU/PA'S, they started on with this small business of toys which is looked after by mother in the morning and patient in the evening.

Patient's overall performance in school has been average but has deteriorated since 8th std. Her father once said to her that no one has been below average and her mother mentioned that if she scores 65 in SSC, she would distribute sweets to everybody. Both these things have left deep impact on her; she still broods on it and has decided she will become something and show them. She has decided that she would take up commerce and do C. A and take up responsibility of the family.

She feels bad if someone from the family says anything but if her PA (PU'S wife) or her friends say anything, she does not care as they do not take on her responsibility and hence she is not obligated to them. She likes mixing with people but has only two friends who she can rely upon. She is very loquacious by nature. Her teacher or her friends never like her to sit quietly.

Intially she denied any anxiety in spite of changed circumstance but later accepted on specific questioning. Previously was jovial and tension free but since her father's illness and the responsibility, there is a tense atmosphere at home. Her mother is more tense due to patient's deteriorated performance. Patient is afraid that something might happen to mother and hence advices her mother to lessen her tension. Youngest brother is sent to hostel for further studies so that environmental tension does not deteriorate his performance. Patient feels bad about it as she is attached to her brother. She is never tense during stage performances except at start when 1st time she went to perform. She never participated in sports as she did not like it.

She gets irritated when her friend/brother beat her or when mother shouts at her, then she feels like killing the opposite person but suddenly she realizes her mistake and feels guilty. But she cannot refrain from speaking back and keeping it in mind. She mentioned her nature

as bold as well as fearful. Fearful in the sense that she cannot close her eyes during bath for fear that a pair of frightful eyes will kill her. If she sees any frightful eyes she feels that it will kill her. When train passes over river she immediately stands up fearing that she would drown. She does not grow nails nor allow her mother due to the fear that it will kill her. Fear of dark as she feels that ghost/hand would kill her. She does not have any fear of death, but feels that what would happen to her family.

During interview she was very cheerful, loquacious and appeared mature. Likes singing and dancing but cannot take classes due to high fees. Extrovert, mixes easily but choosy regarding people with whom she keeps contact.

Most fears are there since childhood, except of growing nails, which started since 4 yrs. This is known to her & her PGM but not to her parents. There are constant strained relations between PGM & Mo as PGM argues/picks up fights at trifles which creates tension within the father & which in turn affects patient. At that moment she feels like killing her PGM. Also feels that it is good if she dies.

**THE MENTAL STATE**

**EMOTIONAL STATE:** sadness shock; father's illness, Irritable, when Mo or PGM shouts or brother beat her. Weepy - thinking about the sudden change in life. Attachments father; appreciated him as being very good. Brother, mother and PGM  
 Regards the family especially her father.  
 Fear of dark, feels ghost or hand would kill her  
 Anxious—Anticipatory before exams since 8th Std  
 Worry financial, studies, fathers and mothers health and brothers future.  
 Somatization headache  
 Fear of growing nails lest it may kill her, when the train passes over the river she feels she would drown; bathes with eyes closed.

**INTELLECTUAL STATE:** Confidence poor  
 She wants to become a CA and take the responsibility of the whole family but this much effort is not seen from her.

Scholastic average, scores around 50%  
 Does not like to participate in sports. Participates in dancing, likes singing and dancing. Family cordial relations; social extrovert but choosy

**REACTIONS:**  
 Anger < feels like killing the opposite person but realizes it immediately. Anticipation < headache, shock A/ F = typhoid. Anger, does not keep back but answers them.

Speech fast. Extrovert  
 Sleep sound but initially not able to sleep for fear of seeing frightful eyes.

**Dreams:** Came first in SSC, became CA. Tension decreased in the house. Got job in the company, monthly income good. She scored good marks, somebody helping them

**REACTIONS: PHYSICAL FACTORS**

Sun no <  
**Seasons:** monsoons likes and also to get wet in rain. Likes to sit in direction of breeze while traveling. Fans full in summer and slow in winter.  
 Wet getting head with cold water < shock like sensation.  
 Covering general head to foot, thick, all year round.  
 Bath cold occ but tepid in winter.  
 C3H2  
 Food - atta < roti=headache  
 Cold drink < RS complaints. Milk < nausea

**FAMILY HISTORY:**

Renal failure (expired) - paternal grandfather  
 Renal failure (under hom. rx) - father  
 Myocardial infarction - paternal grandmother  
 Typhoid - patient(self)

**PHYSICAL EXAMINATION:**

Nails white spots

Palms - moist.

Scalp - left side of parietal area swelling+ tenderness++.  
no scar/sign of injury

### INVESTIGATIONS

Radiological water view of sinuses: impression:  
maxillary sinusitis.

### DISCUSSION

The case when given a cursory look appeared to demand Kentian approach with predominance of qualified mentals, but the specific fears were not available in repertory. We decided to process the case through Organon'96, which is the official ICR Software. The classification of the data opened our eyes. It demanded understanding the case at the level of clinico-pathological, psychological & miasmatic correlations.

### CLINICOPATHOLOGICAL CORRELATIONS

The case has following diagnosis

1. ?cephalo-haematoma/cephalo-edema with delayed resolution  
The persistence of the swelling 1 year after the head injury was a mystery. Hence a surgeon was consulted. Usually either of these conditions clears up within a few weeks. The abnormally slow pace of resolution was striking.
2. Post traumatic headache - the pulling pain indicates muscle spasm.
3. Chronic sinusitis - this was a silent pathology available on X-ray. The change involved is thickening of mucosa.

**Phase** - structural reversible

### Psychological correlations

A sentimental girl brought up in a family which had passed through crisis as well as interpersonal conflicts between PGM & mother. Worried about father's illness. Her violent impulses to kill as well as obsessive fears about being killed indicate that the fears are stemming from unresolved aggressive impulses.

### MIASM

All the three pathologies are Sycotic  
Haematoma has been there for a long time (slow resolving of the fluid). The silent pathology of chronic sinusitis with mucosal hypertrophy. Post traumatic headache with muscle spasm aggravated due to tensions. The mind too is in sycotic state  
Her fears are paralysing her. Irritable, violent impulses with suppressed anger are at the base. her mind is obsessive in its thoughts which have been persisting since childhood, with exacerbation of fears eg not growing fingernails since the last 4 years.  
The discharges - menstrual & perspiration are typically sycotic.

### REMEDY DIFFERENTIATION

Boger's approach with its emphasis on causation & pathogenesis is more suitable. The rubrics referred were AF head injury & sycosis. *Nat-sulph* was chosen due to AF head injury & predominance of sycosis at all levels. Even after one year there is still pain at the site of the haematoma and the headaches are persisting therefore the remedy has to have the capacity to cover the AF head injury. *Arnica* comes up as an acute but lacks the chronic action. Hence *Nat-sulph* comes up. *Nat-mur* and *Nat-sulph* - both have AF head injury, but the predominance of sycosis in the entire evolution with impulses & obsessive fears favoured *Nat-sulph*. Kent's lectures on *Nat-sulph* describe chronic effects of head injuries as well as sycotic activity in vivid detail.

### FOLLOW UP

After one dose of *Nat-sulph* 200 the swelling resolved and patient started to grow her nails again. Better 90% after 2 doses.

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“The essence of genius is knowing  
what to overlook.”

- William James

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