

The Lady spends Sleepless Nights

History form submitted by the patient, before starting treatment. NAME: Mrs SB. AGE: 57 yrs, MARITAL STATUS: Married. RELIGION: Hindu

FOOD HABITS: Vegetarian. Drinks coffee (morning one cup and evening one cup)

EDUCATION- 11th STD

OCCUPATION- PS to Chief eng, Central Rly, VT

Spouse: Mr RB. Age: 64 Occupation - Retired

Father - expired. Mother - expired. Brothers - two. Sisters - one.

Daughters - two - 32 yrs and 29 yrs, both married.

FAMILY: Staying with husband at Kalyan.

OTHER FAMILY DETAILS

(1) Both their parents have expired due to natural causes in their old age.

(2) Two daughters only, both of them married, staying at Mumbai and are in good health.

ROUTINE WORK

(a) Morning both patient and husband get up at 5.30 am. Have coffee.

(b) 1.00 pm lunch in office; husband at home.

(c) Leaves home at 7.30 am and returns at 7.30 pm.

(d) 7.30 pm- 4 biscuits or 2 idli or 2 dosas with a cup of coffee.

(e) 8.30 pm or 9.00 pm- light dinner (rice).

(f) 9 to 10 pm- Watching news on TV or a good program/ reading story books/ papers/ monthly journals/ telephone daughters.

(g) If stomach is heavy, they go for a walk in the complex garden.

(h) 10.00 pm – To bed. But do not get sleep till 1.30 or 2'0 clock. Most times, do not get sleep the whole night. This is main complaint.

PATIENT'S SECOND COMPLAINT

Sometimes feels as if a nerve twist in muscle between right knee and leg. Often get pain in right heel. While traveling by train, on way to office, she gets place to sit up to VT. Some times she has to stand up to Thane station. While returning, she has to stand till Thane/ Dombivali or even Kalyan. She is a heart patient having a pace maker fixed, yet runs to catch a train. She was operated a second time for changing pacemaker battery. The battery is giving a mild shock to her automatically whenever heart beatings slow down. Sometimes gets pain in backside. Right ankle pain, relieved by foot soaked in half bucket of bearably hot water We apply "French oil" where pain occurs. Patient has taken allopathy only until now; she wants homoeopathic treatment, which don't give side effects. Hope we are right?

During rainy and winter season, she faces more trouble.

APPEARANCE

Lean ++

PERSPIRATION: General +++ . Partial- head, face, flows down thighs

CRAVING: Sweets, brinjal-likes since 2-3 yrs

MENSTRUAL FUNCTION

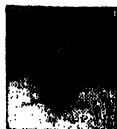
MENSES: Regular ++ (Amazing – at 57yr)

STAINS: Colour fast. Brownish

MENSES BEFORE: Pain over vertex - lasting for 3-4 days

FAMILY HISTORY

Father - DM, IHD.



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Kalyan

CHIEF COMPLAINT

L	S	M	C
SLEEP Since 10 yrs	Loss of sleep – up to 1.30 or 2'o am or whole night remains awake Sleeps well – few days in a week	A/f Surgery for initial implantation of pace-maker < Mortification, shame, embarrassment (2 nd implantation) > Daughters and grandchildren come to stay	Right calf muscles = pulling pain, as if muscle are knotted up; > rubbing
Musculo skeletal system Right leg – calf muscle since?	Pulling pain as if muscles are all knotted up	< Night < Rainy Season	

ASSOCIATED COMPLAINTS

L	S	M	C
CVS	Blurring of vision Diagnosed as complete heart block	Rx. Pacemaker installed	

LIFE SPACE INVESTIGATION: SB is a 57 yr old female hailing from a middle class brahmin Madras family. She was born and brought up in Madras. At the age of 6 yrs, her mother died during her 5th delivery. Their paternal grandparents looked after her and siblings. Father was never available, as he had a job with the railways and was often out. Eventually father remarried. The stepmother was a very nice lady who looked after patient and siblings as her own children. Step-mother then had 6 children. Patient grew up amongst this large family and there was genuine love and care among them. She remembers her childhood as happy and pleasant. After completing 11th std, she got a job in the Railways. She was very good at studies and always stood first. Then she was married (arranged). The in-laws were very good-natured and looked after her as their own daughter. Husband is a short-tempered man, but

they get along well. Patient could continue working even after two daughters, because the MIL was very co-operative and supportive. For 15 years after marriage she was in Chennai. Then her husband's factory closed down and he came to Mumbai for a job. Eventually she got herself transferred here. Relationships on both the sides of the families are cordial.

Patient is very irritable by nature. She gets angry at trifles and shouts at the person without seeing the time or place. She will shout at the person till he or she admits his or her mistake. But she cannot bear others shouting at her even if she is at fault. Once/twice she has told her boss on his face not to shout or correct her in front of others, but to do it only when she is alone in his chamber. Gets on well with most colleagues, but with some has strained relationships. If anyone insults or speaks badly to her, she cuts off all relationship with

that person. Though she does not take revenge, she prays to God to give them a fitting reply. Recently she has developed a fear of falling while coming down from the stairs. One of her relative died of Ca stomach 10-12 yrs back, who in addition to other symptoms, had this symptom of insomnia. Patient always gets anxious thinking whether she also has Cancer? She got a full investigation done- NAD. Every health magazine she reads, she relates to herself and this illness and broods. Patient likes to be in company of people. She is quick to make friendships and has a big circle of friends at home/office/train.

During case taking, physician kept asking whether patient was anxious during heart surgery and patient constantly denied it. But during examination when the same question was asked, she started crying. She said that she had been put in a very awkward and shameful position. The second time when she went for the implant, she was made to fully undress and lie down in front of many male surgeons, nurses and also the company people who supplied the pacemaker. She was made to lie in this state for 2-3 hours.. Patient wept a lot after coming out of the theatre and told this only to her daughter. She has not told this incident even to her husband, as she felt that he would feel very bad. Physician is the only person other than her daughter to whom she has told this. After this incident, problem of insomnia increased and the memory is clearly etched in her mind. Twice, while traveling in train, unconsciously she had passed stool in front of all the ladies. This was so shameful and these thoughts also depress her. After her 2nd implantation at major Hospital, after two days she was to undergo angiography. But patient absolutely refused and since then has never gone to the Hospital not even for checkup.

Patient is also very hygiene conscious, so much that she will not eat from any hotel or outside establishment. Even while going to her daughter's house she carries tiffin from home, because menstruating females are allowed to cook in their kitchen.

INTERVIEW

Patient clarified that the insomnia started after 1st surgery. She was mentally prepared for the surgery. There was no emotional disturbance before/ during/ after surgery. But the experience during second surgery disturbed her a lot. Pt said, "I felt very angry, but I could not express. It was a very embarrassing and humiliating experience. When the surgeon came on his round on the next day, I could not even keep eye contact with him. It was so shameful that I have not even spoken to my husband about it. I took immediate discharge and have never gone back to the Hospital." There were no immediate physical concomitants. Her insomnia worsened considerably after the second surgery.

PHYSICAL EXAMINATION

BP: 130/80 mmHg

CASE UNDERSTANDING

DIAGNOSIS: Primary Insomnia. Complete Heart Block

CLASSIFICATION

The classification brings out the cause –physical and mental effect–Sleeplessness, which is the most distressing sensation and complaint. This has to be understood in the context of basic disposition so that the evolution of mental state is clear.

CAUSE

PHYSICAL

AF = Surgery for implantation (1st Operation).

MENTAL

< Mortification, Shame, Embarrassment (2nd Operation).

EFFECT

Insomnia.

DISPOSITION

Irritable nature: At trifles, shouts loudly.

High self esteem: Sensitive to insult in front of others.

Fixed, rigid, orthodox thinking.

EVOLUTION OF MENTAL STATE AND COMPLAINTS

This patient comes from an orthodox, South Indian fam-

ily. Irritability and sensitivity to insult are basic attributes. The extent to which she has internalized the orthodox way of living is apparent from her refusal to eat at her daughter's house because menstruating women are allowed in kitchen.

She developed complete heart block and was given a pacemaker. Her insomnia has started from this time. The Physical causative factor: surgery.

She is a railway employee who gets free medical treatment at railway hospital. But she was referred to Jaslok hospital for procedures that are not done at railway hospital. Here we can assume she belonged to charitable class in a private hospital. Thus the humiliation experienced at the hospital is at two levels.

- Insult to her womanhood – Being kept exposed for 2 hours in front of males – medical and non-medical staff.
- Insult to her social status – This behavior would have been impossible with a paying patient in private class.

She is passing through feelings of embarrassment, mortification; insult and suppressed anger to the extent that she could share it with her husband nor ever went to that hospital again. Her insomnia worsened after this experience.

Lately she has developed fears of falling and of incurable disease. These fears are not her dispositional features. They have a certain obsessive, fixed quality. Psycho-dynamically they could be related to suppressed/repressed aggression, which is displaced or projected. But this aspect has not been investigated further. It was treated as peripheral expression not consistent with rest of the evolution. On referring to DSM IV it was learnt that chronic insomnia could predispose to or be the initial symptom of anxiety or mood disorders.

REPERTORISATION

Kent's approach was taken. The most important references were AF Operations, AF Mortification And Sleeplessness from Mortification from Synthetic repertory. After repertorization, remedies emerging are

Staphysagria, Colocynth, Sepia, Natrum-mur. But the 3 rubrics listed above as well as the evolutionary understanding of the mental state favoured *Staphysagria*.

- Kent gives one of the best pictures of *Staphysagria*. He says "This patient gets easily excited by anger, sensitive to the least impression, takes offence at every little meant or unmeant insult". Great indignation about things done by others or by him, grieves about the consequences. Very sensitive to what others say about her. Violent outbursts of passion. Suitable in cases where complaints come from pent up wrath, suppressed anger, suppressed feelings. Complaint brought on by these causes, irritable bladder with frequent urging to urinate, lasting many days after suppressed wrath, after insult. Complaints worse by emotions like chagrin, vexation, indignation, and quarrels.

FINAL REMEDY: *Staphysagria*.

PLANNING AND PROGRAMMING

Susceptibility = Moderate

Sensitivity = High

Correspondence = Mental Level

Potency = 1M

Repetition = Single, Infrequent

FOLLOW UP

On 27/6/2002 the primary physician gave *Kali-carb* 200 1P HS. Patient's anxieties, fears and attachments had proved too attractive. We release these types of prescriptions when we are attracted by the form and miss the evolutionary totality. Patient came on 4/7/2002. There was no change. Supervisor's interview brought out the emotional state in patient's own words. She was given *Staphysagria* 1M 1P HS. On 11/7/2002: good sleep for 8 hours, unable to get up in the morning till 9 am. The fear of incurable disease as well as knot like sensation in the muscles also disappeared. Only one more dose of *Staphysagria* 1M was repeated when the symptoms showed mild relapse. Complete cure. Patient asked to report SOS. □