

I Worked Like A Donkey

(Editor: Surprise to find this case right at the end. It came in last minute and we want it to include it for your reading pleasure. It is a good case, but we may not have been able to edit it adequately).

CASE 1: Natrum-carb

Preliminary Data:

Mrs CK 30 yrs, Married, Into: Agriculture
Fa: Farmer Mo: Housewife. 2 Younger brothers, married, 1 younger sister, married
Son 12 yrs, studying, Daughters: 8 yrs, studying
Address: Small village in east Godavari district of Andhra Pradesh.

COMPLAINTS:

1. Patient was experiencing headaches daily. She had dull aching pain in the head. Almost all the time more so in the evenings. At times the the headaches would increase when ever she had worries or disturbing things in day to day life. these head aches were There since few years and had increased since last few months.
2. Since last one year she has been experiencing retrosternal burning with water brash almost daily more so on eating spicy food.
3. Her mood in last 2-3 months had been quite low, she had been feeling sad Dis interested in day to day life. her irritability had increased she would get angry on small matters in house with children .her sleep was disturbed after husband took decision not to separate from house.
4. Since last 4-5 months she had severe dysmennohera with profuse menstrual bleeding she consulted gynaecologist who did her usg and told her that she had

uterine myoma and that she woul require hysterectomy.

PATIENT AS A PERSON:

Appearance : Dark, lean, thin, sad face, disinterested look on face. Reluctant to answer

Digestion: Appetite-N Retrosternal burning. Aversion-milk 2, Sweets2. Stool-N. Urine-N

Menstrual Function: Regular Duration 4-5 days. Cycle-30 days. Colour-red. Small clots.

Obstetric History: G2 P2 A0 FTND

Thermal State: Doesn't like fan, draft <, needs to cover ears.

Covering-thick chadar-summer, Blanket-winter. Needs sweater in Winter. Bath-Hot water throughout the year C4H

Sun Headache **Dreams:** Nil **Sleep:** Disturbed

Sexual Function: Desire decreased recently

P/H: NAD

F/H: NAD

EXAMINATION: P-72/MIN BP-120/80

R.S-NAD

CVS-NAD P/A-NAD

INVESTIGATIONS: USG-Abdomen-Fundal myoma 30mm x 40mm. Rest normal.

DIAGNOSIS:

1. Adjustment disorder with depressed mood
2. Gastrooesophageal reflux disease
3. Tension headache 4. Fundal myoma

LIFE SPACE INVESTIGATION:

The patient was a short-statured undernourished 30 yrs old married lady dwelling in Antharvedi. Antharvedi is an end of peninsula on east coast of A P. It is one of the remotest place around 70 km from the nearest town Amlapuram.

She was the eldest daughter. Her Father was a Farmer, Mother a housewife. The financial condition of the family was not so good. Her Fa was the only earning member who had feed 5 members in the family. Pt had 2 younger brothers and 1 younger sister. Being eldest in the family she had to share household work with her Mo. Although she never disliked the work but for it's



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ENORMOUSITY, Pt used to feel vexed and get angry many times. She could not find free time to play as a child as she was always busy with school during day and household work in the evenings. Routine was too much binding giving her no free space. Most of the time, her vexation would get expressed as anger on her siblings. Slightest mistake from sibling would excite her so much that she would shout and beat the younger ones. Tiredness and exhaustion would bring about an irritable state of mind which would not be in a position to tolerate even noises of siblings talking aloud or quarreling among themselves.

Both parents were placid. Fa was busy most of the time with his work. Mo was available in the house, but would expect pt's help as the eldest Da to which pt had to oblige as Mo could not do much. She was fairly close to both the parents. As a child she always received good treatment from her parents. She studied upto Xth std. In XI th she failed and then left school. The more time she spent at home, the more had to work. This extra work and physical exhaustion would make her angry but she could not help it as she had to support her Mo. Within few ears of leaving school pt was married. In laws fly was a joint and huge family. Pt had to take up responsibility as a DIL and work for everyone. It was a consanguineous marriage, all the in-laws were known to her; being her own maternal relatives, she could not refuse them. She was not left with any option but to work, so with great reluctance she worked. The family atmosphere was ever demanding and chaotic with hardly a peaceful moment. She had to work from 5 am in the morning to late in the evening without rest. The outcome was the irritability, beating children, quenching with the on trivial matters were some of the expressions.

She had a very difficult 2nd pregnancy, repeated vomiting, difficult digestion, work exhaustion made her life difficult. It was at this time that she started getting symptoms of sickness. Being tired of the large family set up, she decided to stay separately. Her children were growing up, they were feeling absences of good school, more so Pt's FIL was an alcoholic who was always drunk.

He had loose tongue which would create problems in the house. Pt was scared of fights and quarrels not only in the house but even outside. She would get anxious thinking about injury, people would get if they quarreled. She never had courage to face such situations. Due to FIL, everyday there would be a show-down, about which she was upset. She wanted to keep her children away to avoid any adverse influences at tender age. She requested her husband to move to a place which had good facilities for education, and where she could live alone in peace with her family. She also thought if they would separate she would have limited work. Due to financial strain, husband could not afford a separate accommodation. Pt was disappointed, her dream was not to come true, she felt bad but did not feel bad of her husband, as he knew that husband was a sincere man. She was attached to him as he was a man with patience and compassion for which she admired him. More or less in a helpless state she moved to her Mos place. There again she had to work from morning till evening as Mo had become old. It was household and farming work. She started getting angry on children, beating them for some silly mistakes. Her husband used to visit her often but over a period of time her feelings and affection towards him dried off. She lost interest in him and then in children, she lost her affection and concern. She was frustrated with work, which she was doing mechanically. It was as if she had distanced herself, kept something between her and world.

There was a sad tone in her voice and a sad looking tired face. Voice had no life, there was not much interest in answering questions, she answered in short sentences, all the time focusing on her weakness and stress that she was not feeling anything towards her life, as if to say that it would not change Headache, acidity and menstrual problems were adding to already existing problem. She herself was not sure as to what were her feelings. She refused to discuss much about her life, her family and relations. Just out of boredom and disinterest, she started clearly. There was a sense of agitation when persistently questioned on this issue.

In all this sad, slow disinterested state of mind, when

inquired about fears she spontaneously replied that was afraid of the thunderstorm and lighting falling on her.

Discussion on Clinical diagnosis: Chronic tension headache.

This lady has been having aching type of headache chronically persistent since many years not associated with any aura.

Headaches aggravated by emotional disturbances. Although existing for several years, not produced any further pathological symptoms like diplopia, vertigo, or imbalance ie no neurological problem.

Tension headache are due to contractive spasms which makes a person experience the contractive pain.

Adjustment Disorder with depressed mood.

In this lady there has been significant change in her original mood in terms of sadness emerging as predominant emotion. It is now coupled with sense of disinterest and lack of affection towards family and surrounding.

This change has been distinct since husband's announcement of his inability to separate from in-laws which meant that her hope for better and stress-free life has been shattered. No relief from ongoing stressors of life, hard work, poverty, poor quality of rest and entertainment & FIL's alcoholism.

Adjustment disorders represent disorders where there are development of emotional and behavioural response to an identifiable stressor in which the symptoms of behaviour and emotion are significant so as to cause marked distress and significant impairment in social and occupational functioning within 3 mths of the stressor.

Reactive depression & major depression are other mood disorder to be kept in mind while coming to diagnosis of Adjustment with depressed mood. But the entire syndrome and evolution does not qualify to fulfill the criteria for major depressive mood disorder.

3. Gastro-oesophageal reflux disorder: On going stress in her life have resulted in persistent vagal stimulation causing increase in neuro-secretory phenomenon in stomach and oesophagus. Although OGD-scopy is warranted since the symptoms are chronic and persistent to determine the exact pathology but lack of vomiting, epigastric

tenderness and type of pain does not allow us to actively think of acid peptic disorders.

4. Fundal Myoma: Lady in fourth decade of her life faces problems of secondary dysmenorrhoea with menorrhagia. ultrasonography revealed a tumor in fundus of uterus which looks like a myoma.

An Understanding:

General understanding of the pathogenesis in this system gives us a beautiful picture of how ongoing stress in the life of a young lady has resulted in various functional pathologies completely reversible (tension headache) which, when not properly dealt with, leads to early structured pathology (Acid peptic disorder) and in the later part have become definite structural tumors (myoma) with concomitant mental state problem.

Discussion on Miasm:

The entire evolution of the life of this lady and pathogenesis shows us the graphic travel from entirely functional PSORA in terms of her initial days of hard work, her high energy levels and spurts of irritable reactivity, which came up and disappeared once the stress disappeared. During this time she faced problems of tension headaches.

Over the period of time, stress and irritability because a constant feature of her life and intermittent headache then became a continuous contractive spasm.

This was then accompanied by chronic inflammatory disorder of oesophagus due to reflux from stomach and increased acid peptic secretions, which would warrant protective hyperplasia in oesophagus.

And still when stresses continue and a major stressor came in her life, the system which was chronically fighting & reacting to the circumstances, decided to withdraw from engagement, and decided to sulk, brood & feel low. Because the problems had really hypertrophied in her life beyond control. Sadness, grief, indifference and bleak hope in her future made her to go into depressed mood. By this time more definite structural problems of hypertrophy & overgrowth resulted in the Womb of the lady. This probably speaks about the type of life that she has led as a young girl where she has been denied by circumstances, the basic physical & emotional

rest. The continuous work & stress in her life have never give her any space for relaxation & entertainment. This desire has been denied & continuously suppressed and lived with, till a breaking point was reached, with a full blown expression in her mood of the disappointment of her life. The enter evolution speaks of the functional disorders of PSORA to current structural phase of SY-COSIS.

Understanding The Lady:

Being the eldest daughter, in a family living in a small village surrounded by poverty and a family to look after and support, her parents constantly over-burdened her with work & stress. She persistently engaged with the situation and continued to carry on the work load. The frail physique tired and resulted in irritability and angry at trifles and contradiction, showing in form of beatings and shouting. In all this she stood by her commitment to her family & showed strong attachment to parents and this life, for long years but still hoping for a change.

At in-laws place, her life did not change, except for addition of a loving husband to whom she was strongly attached because of his understanding and compassionate nature.

She was confronted with FIL who was an alcoholic and would make a show down, to which she reacted because not only she, but her children too faced the brunt of alcoholism & its showdown. Her value system too would not allow her to accept the alcoholism. This internal fight led to further irritability and increased her quest for separation and a better life. By now irritability had become a part of her life. Major disappointment came when her desire of better life was killed by her H's decision of non separation.. She was left grieving as her future looked very dark and her problems never seemed to come to an end. But even in her disappointment, she never hated her husband but became indifferent and estranged with him and her family.. The only fear that she experienced was fear of thunderstorms.

Totality

Irritable temperament. Anger at trifles
 Anger from noise. Strong attachment to husband
 Sadness with indifference

Feeling of Estrangement with family
 Grief about future. Fear of thunderstorms

Physically:

Chilly Agg. Draft Aversion: Milk
 Sweet. Headache aggravated from sun

Kentian Approach: Rubrics selected

Anger at trifles. Anger noise from
 Indifference towards relations. Estranged from family
 Sadness with grief of future. Fear of thunderstorms.
 Potential differential field. Agg. Draft
 Aversion Milk. Sweets. Headache agg. From sun.

Remedies for differentiation

Sepia. Nat-c. Nat-m.

Natrum-carb: Classically described by many authors as marked irritable remedies & the profound sadness and melancholy which comes at a stage in life.

Reference from Phatak and Kent.

Quality and qualification of sadness is expressed as grief, indifference & exchanged feelings which have been graphically described in Nat Carb portrait.

Although *Sepia* look apparently similar in terms of the irritability & indifference, Strong emotional bonding in the patient doesn't favour *Sepia* which has a rather stiff affect & indifference comes up at a much earlier phase in terms of a defensive reaction not necessarily precipitated by disappointment and accompanied by grief.

Otherwise in terms of physicals in the case, both remedies come very close except for headache from sun, which is not covered by *Sepia* but by *Nat-c*

Final selection: *Nat-c*

Posology: 200- single dose with infrequent repetition.

Although in sycotic phase, yet has good characteristics with functional and structural reversible pathology.

Follow-up:

Headache disappeared at end of 1 week and never recurred. Mood changes occurred. Sadness and indifference resolved in 1mth. GERD responded in 1 mth. At end of 3 mths USG : No fundal myoma.

Few doses of *Nat-c* could help her in 3 mths to resolve what was going on for years. This case gives a good glimpse of life of women in rural area.

