

# A Case Of Psycho-Sexual Disorder

## INTRODUCTION

Sexual Desire Disorders are divided into two classes:

1. Hypoactive Sexual Desire Disorder: Characterized by deficiency or absence of sexual fantasy and desire for sexual activity.
2. Sexual Aversion Disorder: Characterized by aversion to sex and avoidance of genital sexual contact with sexual partner or by masturbation.

A variety of causative factors are associated with sexual disorders. Patients with desire problems often use inhibition of desire defensively to protect against unconscious fears about sex. Freud coined the concept "Vagina Dentata" because men unconsciously believe that vagina has teeth and they will be castrated if they approach it. Similarly women may suffer from unresolved developmental conflicts which inhibit desire or lack of desire, which can also result from chronic stress, anxiety or depression.

Abstinence from sex for a prolonged period sometimes results in suppression of sexual impulses. Loss of desire also can be an expression of hostility towards partner, or the sign of a deteriorating relationship. In one study of young married couples who ceased having sexual relations for two months, marital discord was reason most frequently given for cessation or inhibition of the sexual activity.

The presence of desire depends upon several factors: Biological drive, Adequate Self-esteem, the ability to accept oneself as a sexual person, previous good experience with sex, the availability of an appropriate partner and good relationship in non-sexual areas with the partner. Damage to or absence of any of these

factors may result in diminished desire.

THE CASE IS PRESENTED TO DEMONSTRATE

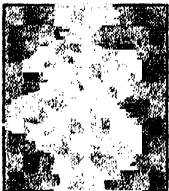
1. How Stress and Strain affect the Psyche producing imbalance in the person.
2. How imbalance affects the effective and efficient role or roles of life, especially H = W relationship, affecting their love and sexual life resulting in psycho sexual disorder.
3. How unresolved conflict of H & W affects the Psycho-sexual life resulting in ill-health/disharmony.

## CASE

- 1) Mrs XYZ, 29 yrs, a Hindu Marwadi house wife. She is BA in Psychology (special interest in child Psychology). Married since 7 years, husband 30 yrs, a business man. She consulted (for only child aged- 4 years studying in KG) on 27<sup>th</sup> Feb 02 for the following complaints: Diminished span of attention.
- 2) Poor concentration.
- 3) He would not talk in front of others; he just puts his head down and refuses to answer.
- 4) Little hesitation in his speech.

She consulted for herself after 1 ½ months i.e. on 12 April 02 observing her son has been helped. She came for the following complaints:

- 1) Lump in the left breast since 1 month. Surgeon diagnosed it as Benign Adeno-fibroma. On the last examination on 6<sup>th</sup> April 02: it has reduced in size from 1 x 1 cm to 0.6 x 0.3. Surgeon suggested nothing requisite to be done at presents
- 2) Respiratory complaints from childhood, watery discharge leading to cough, no expectoration, no fever, accompanied by loss of appetite, bodyache, weakness thirst increased, no breathlessness, no wheezing, frequency once in 20 days.
- 3) Pimples on face: Pus filled, painful, A/F son's



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delivery from 4 years.

- 4) Headache, occipital, heaviness sensation, frequency once in two months last for 6 to 7 days starts from morning 8 am to 9 pm feels better after sleep. Gets aggravated during tension. > better after sleep, > Exercise, > Proxyvon
- 5) Decreased sexual desire, no interest in sexual activity.

The treatment started from 12/04/02 and continued till 03/11/02 when the patient was better ><sup>3</sup> and was asked to report SOS.

#### **THE LIFE SPACE OF THE PATIENT**

##### **PATIENT AS A DAUGHTER:**

She was born and brought up in Calcutta. Elder of two siblings. Brother, 22 yrs, studying in BCom. Father 52 yrs having jute business. Mother 50, a house-wife. She was an over protected child right from the childhood, never disappointed for anything in the life before marriage. No compromise for anything, whatever she said was final. She was quite good in studies, scored 80% in X and XII. She was interested in doing Psychology, so though parents insisted her to do commerce, but on her interest she joined B.A. Psychology, and later wanted to join designing. She could not get admission in the college. She was depressed; could not go out, no interest in doing anything, not mixing with anyone, sitting alone, aloof. This was the first disappointment in her life before marriage, but as days passed by, she came out reasonably well. As such, her nature right from the childhood is obstinate<sup>3</sup>, introvert, had very few friends, will not talk to strangers until they came and spoke to her.

##### **IN THE ROLE OF MOTHER**

As a mother, she spends most of the time taking care of the child with scheduled timetable from morning to night and has very little time to give to other activities of the house. This creates friction between her and MIL

and the H-W relationship. Both H and MIL advised her to give freedom to the child, let him play, as he is just 7 yrs old. But she continued to conduct herself which she felt to be right for the child and giving her satisfaction as a role of mother.

##### **IN THE ROLE OF WIFE:**

The H got fed up with her. He developed attraction towards another married woman. He would talk to her on telephone for hours together, going out with her. The patient noticed and that resulted in quarrels leading to marital discord and unhappiness. This affected the patient and she developed sleeplessness, anxiety, sadness, insecurity, low sexual desire for months together. Life had become a burden for her. Hopelessness, frustration, depression, irritation and excitement. Indifference, hate towards H. Frequent quarrels, fights led to marital discord and they were on the verge of giving divorce to each other.

##### **AS A DAUGHTER-IN-LAW**

The MIL gave the following information. The fight between the son and DIL started just after a few years of married life. The son wanted the patient to accompany him for parties, movies and outings which she usually refused. If she goes to a party and there is time of grand son to return from the school, she will leave the party and come home to attend to him, even though other people are there to look after him. She has very little work to do in the house because there are enough servants to look after house hold work. Because of all these, her son (patient's H) developed interest in other woman. That is a very serious thing. I am afraid it will result in divorce.

##### **EMOTIONAL STATE**

Excitable, irritable, quarrels with husband, occasionally if attention is not given then suppressed anger, vexation result in brooding, which produces headache.

H/O Depression before marriage. She is sentimental by nature, gets easily hurt by comments. Attachment to

persons specially husband and son.

Anxious<sup>3</sup>, nervous<sup>3</sup>, worry type. At presently much anxious about son's interview for getting admission in desired school.

< Anger, < disappointment producing headache, < vexation. Worry. Low sexual drive.

**SPEECH:** Excessive Repetitive

**BEHAVIOUR:** Impertinent

**SLEEP:** Disturbed, gets dreamà (I) About son's interview, what to be taught (top priority in life). (II) Sitting in exam. (III) Occasional unremembered.

#### **REACTION TO PHYSICAL FACTORS**

**BATH:** tepid all throughout the year.

Woolens in winter.

**FAN:** slow in summer, no fan in winter.

< Cold water, gets cold.

< Ice cream, < Sun,

**WEATHER:** prefers summer.

#### **PHYSICAL GENERALS**

**CRAVING:** milk<sup>2</sup>, pungent<sup>2</sup>, fruit<sup>2</sup>

**AVERSION:** sour<sup>3</sup>, sweet<sup>2</sup>, pickle<sup>2</sup>.

**PERSPIRATION:** on face.

**FAMILY HISTORY:** noy contributory.

**PAST HISTORY:**

Childhood: chicken pox, measles, whooping cough.

Thalassemia Minor detected during marriage.

Jaundice,

Malaria twice before marriage and once a year ago.

#### **FOLLOW UP CRITERIA**

1. Sleep/Dream
2. Anxiety / sadness
3. Irritability / Excitability
4. Sexual desire decreased.
5. Cold/cough
6. Lump in breast
7. Headache
8. Constipation

#### **TOTALITY**

- 1) Irritability on trifles
- 2) Anger < contradiction
- 3) Indifference to loved ones, (husband).
- 4) Anxiety about family esp. son

5) Vexation <

6) Aversion to sex.

#### **TREATMENT**

12/04/02 *Kali-carb* helped to relieve most of her problems at the physical level viz. Constipation, Headaches, frequency of Cold / Cough decreased to some extent. But the underlying mental state of Vexation and Indifference, Aversion to Sex was not improving for quiet some time.

#### **FOLLOW UP on 30/11/02**

Since about 2 ½ months she had the maintaining factor continuously. She expressed that the situation has become very stressful now and the relationship between H-W has strained. Husband does not give time to her, no support from him à she finds herself in a hopeless condition, no interest in life "what do I live for, it is better to die, future appears too dark", loses her temper, gets angry resulting into headache, sleeplessness, or anger gets expressed on son.

At this moment of time the totality was reviewed and a Prescription of *Sepia* 200 was made. It was given as one dose weekly. Along with that she was counseled regarding her anxiety for son, interfering with her focus on the house and H which lead the H to find satisfaction outside.

She gradually improved with this. Her irritation, Indifference, Anxiety and Aversion to sex went down and she was able to live in a more meaningful relationship with her husband. Hence, the marriage that was on the verge of a divorce was saved and the disharmony was restored to harmony.

#### **ANAMNESIS OF THE CASE**

If we study the case carefully and critically, it becomes clear that the patient has got into serious problem in personal life, especially H-W relationship. Subconscious hidden conflict, hostility, affecting her personal life, loss of love and sexual life resulting in indifference, sadness, phase of irritability, anxiety, insecurity, excitation, anger.

