

# I cannot go to the toilet, it's dirty!

**ABSTRACT:** A 16 year old ADHD patient was a cleanliness freak: didn't pass urine when was travelling in Rajdhani though there was pain in stomach due to full bladder. His grades improved in the school after started Homoeopathic medicine, although the fastidiousness could not be resolved completely by it!

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Mr ZK, 16 years, Non veg.

## CHIEF COMPLAINTS

NO	LOCATION	SENSATION AND PATHOLOGY	MODALITIES	ACCOMPANIMENTS
1.	Neuro-psychology	Reading Difficulties Grammar monosyllables Broken speech Non-stop talking, irrelevant Pauses in reading, Misses words Difficult comprehension Easy distraction Inability to tie shoe laces Inability to open cupboard latches		
2.	URT THROAT Since childhood Freq: 1/2 mths Nose D: 5 - 7 days	PAIN FEVER 103 - 104°F Pus follicles Watery discharge	<COLD DRINK <ICE CREAM >Hot tea >Warm gargles >HOM Rx (2 yrs back)	Appetite reduced Thirst reduced Dullness Weakness

## ASSOCIATED COMPLAINTS

1.	Abdomen	Gases, Sits for long time in toilet	< evening	
2.	Ears External recurrent	Wax. Pain	> manual removal by ENT Doctor	

## PATIENT AS A PERSON

Lean. Nails: Bitten.

TEETH: Caries++. Root Canal done.

PERSPIRATION: Profuse face, neck.

## DIGESTION

APPETITE: Low. Fussy.

THIRST: Low.

CRAVING: Chocolate<sup>3</sup>, pungent<sup>3</sup>, warm food<sup>3</sup>.

spicy, fish.

**AVERSION:** Milk and milk products.

#### **MILESTONES**

**Dentition:** N. No troubles in dentition.

**Walking:** 11 mths. **Speech:** Late. **Words:** 3 yrs.

**Sentences:** 4 yrs.

**Behaviour:** Reserved, Timid.

**Parental Attitudes:** Overprotective Mother.

#### **LIFE SPACE INVESTIGATION**

Both parents had come for interview. They were a lively, jovial couple and very relaxed. They had accepted their child's difficulty in right spir-its. They just wanted to know how many stu-dents had come ahead for treatment and how long should they wait to expect a change in patient. They described patient as a very weak child who hardly has any appetite. Even in Pizza Hut takes just a small piece. He is very neat and tidy and very particular about clean bathrooms. Even if he goes to a friend's house, he first checks their bathroom and then stays over. While traveling by Rajdhani, patient did not pass urine in train in spite of having ab-dominal pain with full bladder. He will not sit on dining table if the table is little wet. He is introvert and shy, and has few friends. He takes time to form any new relationships. He does not openly talk to mother or father. He does not tell anything about school or what teacher taught or said. If questioned, he will give a brief reply. He never expresses his emotions unlike his younger sister who is very active, talkative and demonstrative; hugs her father and speaks about everything.

Patient was in Bombay Scottish. He had a lot of pressure for studies then. Before every exam, he would fall sick with fever. Patient would miss at least one test most times. His friends would come and tell his mother about incidents in school- when patient cried or was teased by friends or beaten up by boys.

Till 4-5 yrs of age he had a wild anger, was destructive and threw tantrums. Now he has become mild and more mature. He is very care-ful about everything. Not adventurous or mis-chievous like other children. Once their class went for a trekking picnic to Khandala. On re-turning he said he did not enjoy as the bus was dirty; and mountains too were dirty!

**INTERVIEW WITH PATIENT:** Z is a tiny and timid little boy. He is sharp for his age with confi-dent attitude. He said, "I have ten friends". "I give my things to them and then be friends." But no best friend. If someone is bad to him or disturbs him, he tells teacher who then pun-ishes that boy. Sometimes he goes and says sorry and becomes friends again but some whom he does not like, stops talking forever. He hits back in a fight with friends and never goes home crying. He rather says, "I don't cry-my sister cries." He is not afraid of anything. Shares a room with his sister and is protective about her. When his friend beats his sister, pa-tient hits him and now does not play with him. Patient just goes and hits the person if some-one kicks at his new car. He has such a passion for cars and has collected many models of new cars. Loves and wants to keep a pet dog but mother does not allow saying they have a small house. So he just has a fish tank. If his parents scold him, he just goes away into his room or goes down. He does not like big music or loud TV. Closes his ears and goes to his room. He has no fear of exams as he is always prepared. In the clinic he was keenly observing what is being written on the case record about him.

#### **EMOTIONAL STATE**

Anger, Irritable. Short Lasting. Violent-hits back. May stop talking in anger.

At times Irritability unexpressed, but can't ex-press emotions.

Attachment—mother, father, sister but unexpressive and undemonstrative.

Data came out later: Fear-Dogs<sup>3</sup>. Patient and mother would not enter the clinic if they see the dog around. Would not give FUs citing the reason as fear of dogs, which were seen in the clinic area. Fear cockroaches, big bird, eagles, pigeons. Loud noise.

Timid. Takes time to mix with strangers. Introvert and Shy. Reserved. Fear of crossing road. When asked to go down alone in lift, he would not like his Mother. This came out when we took the mother's history, in 2007. She could not travel alone by bus or train!

#### INTELLECTUAL STATE

Confidence—Adequate.

Hard worker. Mature. Sincere.

Below average performance. Puts in 2 hrs of study even on a holiday.

Loves playing cricket<sup>3</sup> and watching cartoons<sup>3</sup>.

#### BEHAVIOUR

Carefree attitude. Slow

Has to be forced to hurry up. Takes his own time, does things at his own pace.

Mild. Reserved. Restless and active at home.

Likes to be neat and clean.

SLEEP: Light. Wakes up with slightest noise.

Teeth grinding during sleep.

DREAMS: Cars: His friend has a new Opel Corsa and he is driving it.

His father has a new Mitsubishi Lancer and he is driving it.

He has a pet dog and he is feeding him. (*contrary to actual fear of dogs, imagines liking and dreaming of pets*)

#### PHYSICAL REACTIONS

Sun <, gets Headache if not wearing cap.

THERMALS: C2H2, C2H3.

FAMILY HISTORY: Tuberculosis: PGF, PA Aunt.

#### PHYSICAL EXAMINATION

WEIGHT: 24.9 Kg. Height: 51 ½".

NAILS: Bitten. SKIN: Palms: Warm.

FACE white spots.

Cervical glands ++.

Flat feet and mild Bow legs.

#### PSYCHO-EDUCATIONAL ASSESSMENT REPORT

BY NALANDA ON 9TH AND 10TH MAY 02.

Pt's age - 9 yrs 9 mths.

Psychological tests

##### 1. WISC

Verbal I.Q 76

Performance I.Q 73

Full Scale I.Q 73

Borderline intelligence.

##### 2. BG

Poor visual planning, visual motor distortion and poor visual organization. Immediate visual memory is poor. Qualitative analysis shows anxiety and poor social relationships.

##### 3. HTP

Verbal expressive skill in English is below expected levels. Has low self esteem and lacks self confidence.

##### 4. KFD

Relations with family members are cordial. Sees sister as better than him in academics. He perceives a happy family as one that spends time together.

#### EDUCATIONAL TESTS

##### 1. ASTON INDEX TEST

Performance on vocabulary sub test - 6 yrs.

Reading age - 7 yrs 9 mths.

Spelling age - 8 yrs 8 mths.

##### 2. BRIGANCE INVENTORY OF BASIC SKILLS

Current grade level - grade 4.

His performance in

- (a) Word recognition - Grade 2.
- (b) Oral reading - grade 2.
- (c) Listening Vocabulary Comprehension - Grade 3.
- (d) Listening Comprehension -between Grade 2 and 3.

**3. KEY MATH DIAGNOSTIC ARITHMETIC TEST**  
Grade equivalent score - 2.4

**4. INFORMAL ASSESSMENT FOR SCHOLASTIC NEEDS**  
LEARNING PROCESSES

ATTENTION - adequate capacity to initiate attention. But unable to sustain attention. Easily distracted by external stimuli.

PERCEPTION - Visual: difficult sequential memory tasks and tasks of spatial relations. Auditory: difficult sound discrimination at finer level and in the analysis and synthesis of sounds.

RECEPTIVE LANGUAGE - oral and reading difficulties along with diff in comprehension, abstraction and recall of information.

EXPRESSIVE LANGUAGE - limited oral expression and limited social interaction.

COGNITIVE SKILLS - difficult figuring out analogies, part to whole relations, categorization and generalizations.

**DIAGNOSIS**

Learning Disability

Dyslexia with ADHD predominantly Inattention type.

? Expressive language disorder.

Recurrent pharyngitis and follicular tonsillitis. {ADD could be easily diagnosed going through his symptom checklist, fitting all the criteria but on observation he was a very mild person. He sat at one place. No fidgeting with things and listening carefully and intently.}

REPERTORIZATION through Kent's as well as Boenninghausen's approach

The remedies coming up are *Nat-m, Lyc, Nux-v, Sul, Bar-carb, Nat-carb, Calc, Phos and Sil.*

**TOTALITY FOR SELECTING FINAL REMEDY**

Fearful

Anger+, Irritable, Violence

Or at times Unexpressed.

Timid. Takes time to mix.

Carefree attitude.

Lean thin, small frame.

Hot

Perspiration++

Cervical glands++

Speech delayed

Recurrent URTI.

Craving chocolate, pungent, spicy, chicken, fish.

Face white spots.

F/H: T:B

**PLAN**

CONSTITUTIONAL: *Calc-iod.*

INTERCURRENT: *Tub.*

ACUTE: *Pulsatilla.*

**REMEDY RESPONSE**

Patient was on infrequent doses of *Tub 1M* and *Calc-iod 200.*

It was found that after 2 weeks of medicine, he became very hyper, got irritated easily. Breaks down easily. Mood changes ++. Irritability, Rigidity, Stubbornness, Tantrums everything increased. Would disturb class, suddenly starts singing or talking. Fights in class. This continued for around 4 months. There was regular doctor- parent- teacher co-ordination in this period. The treatment was continued with similar strategy. Initially only *Tub 1M* weekly and then *Tub 1M* with *Calc-iod 200* 1 powder weekly. All these symptoms came to a baseline. There was an improvement seen in his school grades as well.

**SYMPTOM COMPARISON**

As rated on a scale of 1-10 [1being least and 10-highest intensity symptom] in April'03 by Ms. Jayshree (J), Philips Sir(P), Ms Anjali(A), Ms Lajja(L).

No.	Symptom Checklist	J	P	A	L
1.	Hyperactivity-Restlessness	7	6	6	4
2.	Easily Distracted	5	7	6	5
3.	Short attention span	5	7	6	6
4.	Self Confidence	4	4	4	7(high)
5.	Self Esteem and Self Concept	5	4	5	7
6.	Organization of self and materials	9	8	-	2
7.	Frequent teacher supervision reqd		8	9	-
8.	Quits easily	8	8	7	3(low)
9.	Difficulty making decisions	7	8	7	7
10.	Poor peer relationship	6	7	7	7
11.	Poor letter formation	2	-	-	1(good)
12.	Difficulty pronouncing multisyllabic words	6	-	-	5
13.	Slow to respond to verbal commands	6	7	-	5
14.	Easily confused by directions and Instructions	5	6	-	5
15.	Misses words while reading	3	-	-	2
16.	Pauses in between reading	5	5	-	5
17.	Grammatical problems	4	-	-	5
18.	Poor reading comprehension	2	-	-	3
19.	Tired after reading for a short while	8	-	-	7
20.	Skips lines while reading	3	-	-	3
21.	Difficulty with spelling	7	8	-	7
22.	Difficulty in Maths	5	-	5	-
23.	Use of simple sentence	3	-	-	5
24.	Reluctance to read and write	3	3	-	6
25.	Disregards punctuation	8	-	-	7
26.	Poor written work	3	-	-	2

27.	Low vocabulary	4	-	-	6
28.	Paying attention in class	9	4	5	9
29.	Poor social skills/engaging in conversation	7	7	7	7
30.	Fine motor movements	6	6	-	8
31.	Broken speech	6	7	-	5
32.	Participation in class	4	-	-	8
33.	Oral language expression	4	5	-	7*
34.	Written language expression	5	4	-	7*

Remarks in bracket, (high, low and good) by Ms Lajja

**BEHAVIOUR AND PERSONALITY**

No.		J	L
1	Sensitivity	6	5
2	Expressing of emotions	5	5
3	Conversing skills	4	5
4	Irritability	7	7
5	Picking up fights	8	7
6	Shyness	8	4
7	Fears	8	4(low)
8	Nail biting	1	3
9	Extra curricular		

**REMARKS OF TEACHERS**

Ms Lajja- Improvement noted in conversing skills. Conversing skills vary with interest in the topic and rapport of the person with whom he is talking. When questioned, expressive skills are noted to be better. Interest levels also affect attention on task, difficulty of task and family status. Eg in between there was no servant at home, so he was very disturbed that his mother was working, which affected his attention.