

Family Dynamics

INTRODUCTION

This case was taken along with a friend who was an example of cheerfulness, selflessness and love. During the initial period of our MD course, we were not very well conversant with the role of a homoeopath as a family physician in case taking and problem resolution. My friend Milind was absolutely new to these concepts but was enthusiastic to learn. When we saw this case, we were able to see the role of family dynamics in the genesis and maintenance of problems of a young student. On the same day, we had her mother's case. Later we also had her father's case for his OSAD. We were able to see how disposition plays an important role and has a snow ball effect in the genesis of pathology not only in inter-personal relations but also in person giving rise to varied pathologies. And here the roles of homoeopath as a family physician come into picture. One can see how a strict, disciplinarian mother,

principled and perfectionist father, and irritable, independent daughter are responsible to maintain the problems of each other. Physician had to play various roles in handling the family dynamics and psychosomatic illnesses. Over a period of time, we were able to see the dramatic change in their inter-personal relations as well as their sufferings during treatment.

On a fateful day of 12th December 2004, we lost our friend MILIND to an unfortunate road accident. It has taken us sometime to recover from the loss we incurred in our personal lives and this presentation is a tribute to his energy and enthusiasm to learn.

PRELIMINARIES:

NAME: Miss S.N.S. AGE : 17 yrs. SEX: F
 EDUCATION: 12TH
 OCCUPATION: Student.

CHIEF COMPLAINTS

LOCATION	SENSATION	MODALITY	CONCOMITANT
Respiratory system NOSE since 7-8 yrs gradual on & off Freq: ½-1hr. Increased since 2 yrs.	Coryza++ Watery discharge. Sneezing+++ Occ nose block. Deviated nasal septum.	AF: GETTING WET < After bath ² . < Cold things ³ . < rainy season ³ (damp). < dust ³	Irritability ²
LUNGS BRONCHUS since 4-5 yrs Almost daily. Freq: 1-2 hrs.	Breathlessness ³ Wheezing ³ Occ cough ² Yellow expectoration ²	Same modalities as above. < lying on back ² . > sitting position ² . > INHALARS freq: 20-25 times/day	Irritability ²



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PATIENT AS A PERSON

Lean, thin, tall, fair, well dressed and good looking girl.

Ht: 5'8". Wt: 45.

PERSPIRATION: forehead²

APPETITE: average.

CRAVINGS: sweets³, chicken³.

AVERSION: sour³.

STOOL: 1-2/day, URINE: normal.

MENSTRUATION: FMP at 14 yrs. Regular, 4-5 /28, moderate, red colour.

THERMALS: C2H2-C2H3.

SLEEP: N lies on back.

DREAMS: clairvoyant dreams.

LIFE SITUATION AND MENTAL STATE

Born on 23/02/1987, at Mumbai, elder to a 8 yrs old sister, belonging to a good educated family. Father is working as a clerk in BARC, Tarapur and mother is primary school teacher. PGM is living with them. Father is mild and sensitive while mother is strict and disciplinarian who keeps on shouting for studies and discipline.

During childhood she was mild and used to listen to mother. At school she was good in studies and always desired to be a ranker. She would be aggressive to prove herself and never compromised though she would be wrong. As parents laid certain rules and restrictions, over period of time, it was difficult for her to follow them and she started showing dissatisfaction through her irritability. Though never expressed in front of parents, it was seen in her rudeness and reservedness. In 10th std, she wanted to choose technical subject rather than Marathi but mother compelled her to opt for Marathi. In final results her poor performance in that subject affected her total aggregate. She felt bad about her performance. When parents reproached her for it and whenever talks about her performance, she gets angry but is never vocal.

In college, met outgoing friends and started to bunk lectures, go for movies. She was doing it not out of interest but to experience that freedom which her friends

were experiencing. While sitting in class, she would prefer to sit in central row to get more attention. She had developed a strong hatred towards a lady biology teacher, because of her egotism, general attitude and rude behavior with students. Since then she also developed hatred towards biology. Also she was anxious about the exhaustive study of medicine which parents wanted her to opt for. She is a not a very hard working student but would prepare last minute before exam. She never helped her mother in household work. She is image conscious and would try to maintain it. She was able to create an image of sincere, mild and loving, cute girl in relatives and friends. She would never share her dissatisfactions with parents or friends because she thinks that they will misunderstand her. "I don't want to change my identity for others but I'll adjust my behavior if misunderstanding arises, I will die to clear misunderstanding." She was proud of her height, says that she feels confident because of her height. Though people taunt her and she wants to hit the person, but controls herself. She feels inferior when looking at a taller person.

She has few close friends, likes friend having good personality, sense of talking. She hates those with superiority complex, "I just hate those creatures." When she is not allowed to attend parties or outings, she is jealous of those who attend and feels hatred towards their parents for allowing their children to go for parties. At parties, whenever receives a call from anxious parents for getting late, she gets irritated and feel embarrassed when friends ask about the call. She dislikes such overcaring attitude and restrictions and is now waiting to finish 12th exam, after which she will be free, as will live away from home. Contrarily she also feels homesick, when stays out of home and says my mother is best and has affection towards father too. She doesn't want to waste father's money for further studies and is working hard to get admission in Govt quota. She wants to become aeronautical engineer. "I want to fly".

She experiences anticipatory anxiety before exams, has

fears of lizards and cockroaches, but she hides these things. This data we got from parents. They told about her arrogance, intolerance of contradiction, fights with younger sister and her attention towards her dressing. During interview she was reluctant initially but later cooperated well. She was confident and cautious throughout interview.

ON EXAMINATION

Nose: septum deviated (DNS)

Left side nose block.

RS: trachea – central, air entry – bilaterally equal, bilateral wheezing.

RR: 28/MIN.

FAMILY HISTORY

Father: OSAD (orthopnoeic sleep apnea disorder)

Mother: mitral stenosis.

PGFA: Essential HT.

RUBRICS

1. AF: getting wet.
2. < Contradiction.
3. < Anticipation.
4. < Rainy season.
5. < Cold things.
6. Aversion to domination.
7. Anger, vexation.
8. Independent.
9. Egotism.
10. Craving: sweets.
11. Craving: chicken.
12. Aversion: sour.

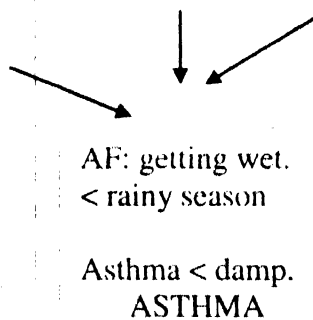
FINAL SELECTION: **SYNTHETIC PRESCRIPTION**

NATRUM

- .Irritable
- .temperament
- .Suppression
- .< contradiction
- .< domination
- .rebellious against authority.
- .Ambivalent

SYCOSIS

NATRUM SULPH



SULPHUR

- HOT PT
- CR: Sweets³
- : Chicken²
- Aversion: Sour³.

FOLLOW UP:

Patient was given *Natrum-sulph* 30 single dose followed by 30 infrequent repetitions and then 200 single dose.

Following changes were observed

1. Episodes of acute breathlessness & wheeze stopped.

2. Need for inhalers reduced significantly.
3. There was no "aggravation before exams" as she would usually have.
4. Coryza continued for some time & then reduced.
5. Her vexation & irritability lessened. Her interpersonal relations within family improved.

