

Objectives:

1. Experiencing the difficulties created due to interpretations of mind leaving back the ground level.
2. Understanding the utility of a proper analysis and suitable approach in non-responding chronic case.
3. Learning to widen our horizon of H.M.M. through application of Objective 2.

Directives:

Exhibit I

1. Go through the life space and form your person understanding about patient.

Exhibit II

1. Go through life space 2 and SCR data critically.
2. Form your totality after doing analysis and evaluation.
3. Take a suitable approach with reasons.
4. Give your final remedy by differentiating closely coming ones.

Exhibit I:

Prior information:

Patient had come to us around 2 yrs back for the complaints of cough which was paroxysmal and recurrent. Initially the treatment given was acute remedies but later on case was defined and prescription of Nat Mur was released by the consultant. Life space by learner is available to you. But even with NM there was only partial response. The complaint would invariably come up in different forms. The consultant would chase those forms and lot of acute remedies (Ars iod, Ars alb, Spongia, Puls, etc.) were changed but to no avail. The complaint would always return. So after beating around the bush for long case was redefined on 11.3.99. Unfortunately the SCR data of earlier case-definition is lost and so can't be supplied.

Life space by a learner: (1st case definition)

Patient is 27 yrs old but looks in late thirties, short stature, sporting a pair of glasses; looked prematurely old. During the interview he looked at PP and observer in a staring way as if observing with suspicion what was going on. He was even trying to look at what PP is noting down. Though he looked suspicious and anxious, he talked confidently initially seriously and to the point, later lightly and little more elaborately. He never allowed either PP1 or PP2 to match with his vibrations.

Based at pune since beginning his father has a cafeteria at one of the busy movie theatre. This business is for past 35 yrs. His mother is a housewife and he has two sisters who are now married.

The childhood was a smooth one and he doesn't remember to have any strong turning point or stress as such. The parents were simple and loving. The wishes were fulfilled but the obstinate demand. Pt expressed it as "Father took all the things, no tension" The parents certainly disciplined the children in this way. The IPRs remained always good. It seemed to be a closely knit family.

Patient stayed at his MGMO as the school was nearby. He would visit his parents on weekends. MGMO was nice and affectionate. She was very fond of him. He was also close to her. She played a major role in development of patient. She would nurture patient with all wise things and patient still follows her guidelines.

Scholastically he was an average student. Since 7th/8th std, he got inclined towards dramatics. He acted in dramas for school gathering and won prizes. His MU is in this line of Direction and Production. "I have inherited his talent". He decided to keep it as a hobby and never a career. Due to this inclination he could not give justice to the studies and passed SSC with mean marks. His father wanted him to look after the business and started taking him to the canteen off and on. The time span spent at canteen was gradually increased till patient developed interest. But he was not very sure of the long term results of the business and hence he opted for two short term courses in electrical and motor winding; so as to have some other area open in case need in the future. The parents never objected to his dramatics. He managed the canteen and would go for rehearsal etc. He acted in many professional dramas and also in 2-3 movies. He very firmly said that this is the only hobby and will remain the same in future. He even choreographs dance sequences and through it got entry into the movies. The character that he plays is of a comedian for which he has bagged many prizes. He makes it a point to be sure that his role is a sustained one.

His father was keeping himself occupied with the business and he was not comfortable staying home doing nothing. Whereas patient was feeling that now as he has taken the responsibility of the business, father should retire and take rest. Subsequently he retired his father himself. He has continued the trend of supplying fresh food. Let the good be short in supply but it should not remain; is his motto. Due to invasion of satellite TV the impact on movies is obvious. This has given him insecurity and is a major stressor.

He has a wide friend circle and his group is mainly of Dandia Garba group. They were together for quite some time. The ladies of the group got married one by one and the group activities were stopped. The remaining people continued with Ganesh-Mandal. Although he is mainly amongst people, he himself is reserved. Nature is not to speak more than necessary or without asking.

He himself is irritable. But never crosses the limits. He'd never abuse or stuck at the other person. The anger he would suppress and either goes away from the site of stress or engages into watching TV or listening to music. Within half hour he is cool and can relate with the person as before. "One should connect people" these are his Gmo's last words before expiring. He followed the rituals as his MU was out of station. He was prepared as she was gravely suffering. "What will happen to rest if we lose ourselves." How he got resolved of the feeling of loss of Gmo is evident from the answer he gave to the question regarding his closeness to her. He said, "I was close, Not now; she is no more".

He is married and has a son of 18 months. His wife is a very adaptive, mixing and talkative lady. He has appreciated that. He shares his difficulties with her. Both of them decide whether the parents should be told about any particular problem. But if it is good news, patient gets all around and declares.

He likes to keep time and if someone else doesn't, that irritates him but he very rarely expresses.

Exhibit III: SCR + Life space 2

SCR Data:

Name: Mr. MMS, Age – 28yrs, Male, Married, Hindu – Koknastha Brahmin, NonVeg.
 Spouse: 22 yrs housewife. Father – 65 yrs, business - now retired. Mother – 55 yrs
 Sisters: 2, married. Son – 3 yrs.

Chief complaint:

Respiratory system Throat Since 3 yrs. Freq.: every winter Duration : almost throughout winter Bronchi Takes around 2-3 days to develop fully	Irritation ++ Dry cough comes in paroxysms ++ Breathlessness ++ Wheezing +++	< smoke 2 < dust 2 > vomiting 3 (esp. for cough) < oily & spicy food 2 < cold weather 3	Headache 3 > vomiting 3 Desire for cold drinks 2 Retrosternal burning 2 Sour eructation 2 Perspiration: head3 chest2, palms2, soles2, neck2.
Head Since 6-7 yrs Left > Right Dur – 2 days Freq – 4 times/month This headache is different in terms of timing than the one which comes with cough.	Starts with sparkling in front of eyes. Lancinating pain 3 Throbbing 2 Nausea 2 Giddiness	> vomiting 3 < sun 3 < slightest noise 3 > hard pressure 2 > sleep after 3 < light 2	Wants to lie down. Thirst increased but can't drink due to nausea. Weakness

Associated complaints:

Skin: Since 2 yrs No fixed frequency No fixed duration	Papular rash Itching	No > cold / warmth	
Ear: Since 3-4 yrs Freq: once / month Dur: 2-3 days	Otorrhoea Yellowish sticky Offensive 2 Throbbing pain 2 No fever	< winter 2 > allopathic med	

Patient As A Person:

Skin – no suppuration, no cracks

Coldness – 0; Heat, warmth - 0

Perspiration – general +++; no odour, no stain

Cravings – Fish 2, Chicken 2, Highly seasoned 3

Aversion - Vegetables 2

Mind : please interpret from the life spaces

Sleep – deep; sound; Dreams – none.

Thermal - Sun < headache 3 (Chief complaint)

Fan: winter 0, rainy 0, summer moderate

Covering: winter - blanket + chaddar, rainy & summer - chaddar

Woolen: doesn't prefer to wear though feels chilly

Bath: Hot in winter, tepid otherwise

Winter < chief & associated

Family history : PGM & PGF – Bronchial asthma

MGF – Pulmonary kochs

Mother – HT, NIDDM (detected at 50th yr), CSOM.

MGM – Ca breast

Father – Spondylosis

Life space : 2nd case definition:

Pt is a 28 yrs old married person. Actually his case had been defined initially but there was no response to initial treatment given and so it was decided to review this case. But after PDPRIP, input was given as why not to define this case as a fresh one and so we went on to define it as a fresh one.

He comes from a Kokanastha Brahmin family consisting of his 2 elder sisters, parents and himself. Prior to his birth, it was a joint family which separated later on. Parents were very good; both of them being pretty coolheaded. He had gone to live with his MGP since the age of 10 yrs. Before that his sister was staying there. But after she got married, he went to stay with them. When its reason was asked, he said that at their place his demands were met easily from which I interpreted that at his place they must not be met. Because of this he used to like staying there. Moreover GPs also used to benefit from his staying with them as he would do all the outside work as they were staying on third floor. After his Xth, he came back to parent's house where his temperament underwent a change. He started becoming irritable which I interpreted as due to his demands not getting met easily. He would lose his temper only for moments and once he would cool down, he would not even remember what had happened. When asked on whom he took after, he said that to his PU, but the essential difference was that pt would cool faster. There has been no major problem with this uncle and even now when he has to take decisions, it is him that he consults.

Since in school, he developed interest in dramatics. Correspondingly after his Xth std, he did a course in F.T.I.I. for 2 yrs and also was in mumbai for 6 months. But this initially he started as a hobby since he has to look after his father's business of canteen at one of the city's busiest theatre. When asked about to what would be given priority he said spontaneously "business" since it was because of the business that they existed and he would never leave it and would always continue it. As of now he is majorly involved in direction and acting and goes to the canteen only to collect the day's earnings. When asked about how tense he would get regarding invasion of cable TV on the film audience, he said that he never takes tensions as it doesn't help you to solve problems.

In society he has 3-4 very close friends whom he shares his feelings, otherwise his friend circle is large. He doesn't like large-scale parties as he feels it is like wasting money. If he goes in a party, he is very talkative but if he meets any new person, he doesn't start talking at the 1st but the moment other person starts talking, he will open up very well. If there is a disagreement with someone he speaks out his mind, after his anger cools down, he relates equally well with that person. Even if he does speak out it is very much occasionally; since he doesn't want to hurt the opposite person. Majorly he gets angry when he is wrongly accused or contradicted. But if he finds out he is wrong, he has no hassles in apologizing to the opposite person, but if he is right even then doesn't break off relations with that person. This is only outside, never at home. When asked about the reason, he said since he is hardly at home, there are very less incidences at home.

Initially during the interview he seemed a very much serious person but later on opened up in the interview and was much frank about most of the things.