

Objectives

1. Experiencing the influence of prejudice on our Perceiving. Understanding the role of repertory in controlling our subjectivity
2. Managing a case of myocardial ischemia in a cottage hospital in tribal area

Directives

Exhibit I (SCR)

1. Discuss your assessment of the clinical state & reasons for acceptance/non-acceptance
2. Discuss your understanding of patient's mental state
3. Identify Characteristics & Erect Totality
4. Repertorise the case by suitable approach. Discuss your final correspondence(s) with Materia medica differentiation.
5. Discuss your planning & programming of treatment

Exhibit II (Follow ups)

1. Give your actions with reasons

SCR:

Date of case registration: 12/9/2008

Name : Mrs.R.A H. Age : 52 yrs
Sex : M Status : Married -25 yrs ago
Education : 4th std Occupation : farmer
Religion / Caste: Hindu varli community Diet : Mix (veg/NV/egg)
Father : died due to old age Mother : died due to old age
Brother : 3 (65yrs, 55yrs, and 42yrs) Sisters : 63yrs

Chief Complaint:

| Location | Sensation | Modalities | Accompaniments |
|----------------------------|----------------------|--------------------|-----------------------|
| CVS | Pain 3+ | < Physical | Weakness+ |
| Heart | Breathlessness + | Exertion3+ | Tingling on both |
| Since 1 yr | Bp 200/100 mmhg | < Mental Tension2+ | soles+ |
| On/off | Pain radiating to | < Hunger2+ | |
| 1 st episode on | interscapular region | > Eating+ | |
| 7/6/07 | Retrosternal burning | > Massage 2+ | |

| | | | |
|---|--|---|--|
| <p>Since 1 yr on/off D=1hr—1day Freq= 3-4 times /week</p> <p>Today Since 5 a.m.</p> | <p>No sweating No palpitation HOSPITALIZED Investigated(ECG, lipid profile, cardiac enzymes , BSL) Diagnosed = ANGINA WITH HYPERTENSION</p> <p>Chest pain 2+ Retrosternal burning + Pain radiating to intrascapular region No sweating No palpitation</p> <p>Heaviness Retrosternal burning Suffocative feeling</p> | <p>< Oily and Salty Food3+ Rx given on discharge Tab aten Tab sorbitrate Tab clopidogril Tab tg tore z Tab zee 0.5 Syr smuth Took Rx only for 2 months irregularly Stopped due to financial difficulty</p> <p>< Overeating2+ < Pulses3+ < 4—6 am3+ < Fasting2+ < Full Moon3+ < New Moon3+ <Walking2+ > Drinking Water + > Eating+</p> | |
|---|--|---|--|

Physical Characteristics

Appearance: average build

Perspiration: moderate on face

Cravings: fish +, spicy +,

Skin- cracks on soles in winter

Thirst – ½ lit every 2 hrly

Aversion: sweets +

Stool/ Urine: Normal

Sexual Function: Decreased frequency due to disease anxiety.

Sleep: disturbed occ due to pain

Dreams: Pursued of being – people are running after me. I reach home and mob goes away.

Motion sickness: Bus < nausea

Thermal State : CHILLY (C3H2) Covers head to foot, 2-3 coverings in winter

PAST HISTORY: not significant

FAMILY HISTORY: Fa -Hemiplegia

PHYSICAL EXAMINATION: No oedema, cyanosis, clubbing, pallor

Pulse: 88/min, T: 98.6F, BP: 160/90mm of hg

P/A: Liver 2F tender RS: / CVS / CNS: NAD.

Investigations: (7/6/07)

HB= 13.5gms WBC = 6400, N= 62 , L=34 , E=03 , M=01 , B=00 ESR=38

SR CREAT= 0.8 , UREA= 20 , CPK NAC = 309 ↑ CPK MB= 10 (N) LDH = 107

Sr Na =140 , Sr K = 3.4 , Sr Cl =106

12/09/08 ECG: ST changes in II, III & aVF leads, Diagnosis inferior wall ischaemia

Life Space Investigation

52 yrs male came to Opd with c/o of chest pain and much anxiety, he said it was due to retrosternal burning, he was asked about any past h/o of chest pain or hypertension, he refused and after much inquiry he told, yes in past he had chest pain 1 yr back, but it was typical that he was carrying all previous reports with him, he was trying to hide his illness

Pt is from small village where he lives with his wife and 3 children. He is farmer by occupation and owns 2-3 acres of land. Wife and children help him in farming .He was born in a joint family; had 2 uncles. All affairs of the family were looked by elder uncle. Father's nature was very quiet and cool. He never had anger or fights with any one; he also never opposed anyone. Mother's nature was strict and dominating. Uncle was short tempered and alcoholic and dominated whole family. Pt's father had 2 wives. He had no children from 1st wife so he married 2nd time. 1st wife also stayed with him. Pt

said he loved 1st mother than his real mother as she cared for them more than 2nd (real) mother, pt was much attached to 1st mother.

He studied up to 4th std. He had interest in study but his Fa told him to leave studies and pay attention to farming, so he had to leave it. It was against his wish but as father had told he accepted it. Still he used to go to school hiding from his father, but later left it totally and joined farming. Other siblings were also doing same. He then got married. It was an arranged marriage. He thought of doing tailoring. He first learned it under a tailor and then started taking his own orders. He started his shop in nearby city almost 7-8 kms away from his home. He used to go walking then later by cycle. He worked hard to support the family; all income was given to father as he was head of family. Afterwards everyone got separated and pt had 2 acres of land in his share. He then started farming again and also did tailoring. He worked very hard to bring up his family.

He arranged his daughter's marriage. Son in law was good by nature; many times he helped pt by giving money. Pt was almost dependent on him during stressful events. But, 2 yrs after the marriage his son in law died in an accident which was very shocking for pt. He felt as if there is no security left, he stayed at his daughters place for about a month after son in laws death. His granddaughter was kept by in laws, and he along with daughter came back as other sister in law said why should we keep her here now that her husband is dead? During that whole month, patient had to face daily up and downs. He had no support; he started consuming more alcohol and experienced chest pain and later developed so severe pain, was hospitalized and diagnosed to have hypertension and angina. Now on asking him what about his daughter's remarriage, he replied calmly "it depends on her, if she wants, we will help her." But it was apparent that he felt more bad about loss of his support

Now he is staying with his daughter, son and wife. He is not much interested in family matters. He says that everyone is good with me. My children take my care so why should I have any complaints? I get my food at time why should I complain. Overall during interview he contradicted himself many times. He seemed to be a calm, dependent and anxious person. If work is not done on time he gets irritated and shouts on others.

Exhibit II

Follow Ups

| | Chest Pain – Intensity | Chest Pain Freq | Dyspnoea <Exertion | Retrosternal Burning | Dreams | Blood Pressure | Action |
|---------------------|------------------------|-----------------|--------------------|----------------------|--|----------------|-------------------|
| 12/09/08 12.45 | ++ | | ++ | ++ | | 150/100 | |
| 12/09/08 1.25 pm | >50% | | >75% | A | | 136/96 | |
| 12/09 11,30 pm | >75% | | >75% | >3 | | 160/100 | |
| 13/09 | A | | A | A | | 142/100 | |
| 14/09 | MILD | | A | A | | 160/100 | |
| 19/9/08 | >75% | 3 times | less | >2+ | pursued by bulls | 140/100 | |
| 26/9/08 | >75% | >2 | + | 0 | Climbed tree which fell in water but pt safe | 138/92 | |
| 10/10/08 | >3 | >3 | > (Can walk 1 km) | > | Temples, vehicles | 130/80 | |
| 24/10/08 | > 3 | A | A | | 0 | 120/80 | |
| 14/02/09 | | | Works in field | No complaints | | | Not taking any Rx |