

ICR SYMPOSIUM / KENT BOENNINGHAUSEN / CASE COMPETITION

TREATING TEAM

Dr Hetal Shah (M.D part 1),
Dr Faisal Girach (M.D part 1)
Dr Rakesh Gupta
(Casualty and Ophthalmology M.O),

PRELIMINARY INFORMATION

NAME: Mrs. B.K	Date: 10/3/09 (1 st interview)
Age: 25 yrs	Sex: Female
Married since 13 yrs	Education: 4 th Std.
Occupation: Housekeeping staff	Religion: Hindu
Husband 26 yrs unemployed since 4 yrs	
Father: farmer 70 yrs	Mother: 60 yrs farmer
Brother: 3 younger	Sister: 1 younger
Sons: 3 – 12 yrs, 10 yrs, 8 yrs.	
Addresses: P.	

INTRODUCTION:

Patient took homoeopathic treatment from other physician for her left eye complaint but no relief. She consulted an ophthalmologist in our hospital and was diagnosed as Nodular Episcleritis; steroid drops were prescribed for 7 days with partial relief. She developed similar complaints in the right eye since 7 days.

Later ophthalmologist suggested her to start with homoeopathic line of treatment stating that it is chronic condition and a type of allergy.

CHIEF COMPLAINTS: (1st Interview)

Location	Sensation	Modalities	Concomitants
<p>Eyes Episclera Left Eye since 15 days</p> <p>Left eye was > partially. Currently Right eye involvement since 7 days Right > Left eye</p>	<p>Burning 3+ Lacrymation2+ Foreign body sensation. Pulling sensation Itching. Shown to Ophthalmologist.</p> <p>Therefore consulted for homoeopathic treatment O/E Both eyes nasal aspect of conjunctiva congested with nodular congested swelling. DIAGNOSIS: NODULAR EPISCLERITIS</p>	<p>A/F Loss of sleep. < Sun2+ Not < by artificial light. < Draft of air2+ < movement of eye2+ > Cold water2+ > Ice application3+ Partial relief with Betnesol – N Eye drops.</p>	
<p>Head unilateral, frontal and supraorbital Since 3-4 years L > R</p>	<p>Pulling pain2+ If pain increases then. Nausea and Vomiting2+ Lachrymation. No H/O Coryza No H/O nose block No H/O visual disturbances.</p>	<p>< Sun3+ < Evening3+ < Noise3+ < Draft of air2+ < Stooping 2+ > Vomiting3+ > Hard pressure2+ > Binding head3+</p>	<p>Appetite Decreased. Desire to be quiet and not talk. Wants to lie down. Irritable3+</p>

		> Dark2+ > Tablet crocin.	Weeping with pain2+
Musculoskeletal Lumbar region Non radicular type Sudden onset Recorded on 24/3/09.	Pain	A/F: Suddenly getting up from lying down position 3+ (STRAIN) < Bending Forwards 3+ < Moving on3 + > sitting erect3+ > warmth3+	
Urinary system Urethra (1/4/09) Since 12.30 PM	Burning Pain2+ No urgency No Haematuria No leucorrhoea No itching.	A/f Heated when 3+ < After urination < When not urinating. > cold local washing3+	Thirst large quantities Tongue moist.

PATIENT AS A PERSON:

Appearance: Melasma over face

Perspiration: moderate on face
< Hunger2+ causes pain in umbilical
region

Craving bitter3, Spicy2, sweets2

Aversion: fish2.

Menstrual history: 3 Days / 28-30
days, clotted, dark red, staining yellow

Sexual history: Aversion sex

Obs history: G3P3A0L3

1st pregnancy Hyperemesis for 9 mths.

Thermals:

Fan: s-full w- not required

Getting wet: chilliness

Covering: w-thick, covers head and
ears except face.

s- Thin

r- Thick

Woolens: not required.

Bath: cold-<2+ bodyache and cramps

Summer: Tepid

Winter: cold

Family history:

Fa- renal stone, asthma

Bo, s- renal stone

Past history:

UTI- one episode

Life space investigation: (2nd interview/ 3rd interview), Interview was conducted during her duty timings and she had to attend ward for finishing her work in case of admission. She was asked to come for case definition when she was off duty which was difficult for her.

33 years old female, working as a moushi in our hospital since 8 years, came alone for the interview in the evening. Interview was conducted in 2 sittings since patient would be busy with hospital ward work. She has 3 brothers and one sister; all the 3 brothers are married and do labourer's job. Youngest sister is studying in 13th std. She was also admitted in our hospital for renal colic. Patient describes mother's and father's nature as good, more attached to father. Good relations with all siblings.

She being the eldest could study only up to 4th STD because parents use to go out for farming or labourer's work and she used to be at home to take care of siblings and cattle. She used to go in the morning to school, after coming would go to graze cattle.

Therefore, she could not find time to study and so she left school although interested in it. During childhood grand mother used to be there at home and she was very irritable by nature. So patient used to run away from house and play with friends. She was mixing by nature.

Later started going to anganwadi, there she used to work, earn and learn. Patient became very enthusiastic while describing about this- she used to take care of kids, from bathing to health problems, prepare food for kids. She earned Rs150/- a month which was given at home, she did not keep any money with her as she got all her basic essentials from anganvadi itself. She used to go home, once a month. She liked this work; she was selected to work because she was clever. She participated in stage performances like dances, drama enthusiastically without any fears. She now feels bad about not being able to study and hence now has to do this kind of work.

By the age of 15-16 years, she got married. Aunt and uncle had searched boy for her and told her prior to marriage not to come back from in-laws house and spoil their name. Till 1 year of marriage things were ok. She used to stay with MIL, FIL, HU, SIL and two nephews.

FIL retired around their marriage. He got Rs.2000 as pension. He started falling ill; he was an asthmatic and known case of renal calculi with recurrent retention of urine. Later he was catheterized for almost 7 yrs. Initially when he was ok, he himself used to go to Bombay but later patient also went with him when his condition became bad as patients husband never accompanied him. FIL was very irritable by nature, used to abuse patient and the entire family. Everybody was scared of him and never told anything to him even if he beat people. Patient was also scared of him, would tremble. He used to hit her with stick ruthlessly especially if she would get up little late or when she was found resting. Patient herself did all the nursing care of him in spite of all these acts of FIL. She learnt catheterization, cleaning wounds from hospital staff so that money is saved and also doesn't have to take him to hospital again and again in that condition. Even while taking nursing care, he would shout and abuse her, but she silently did all or else people would keep names that she is not doing a good role of DIL. If she complained to husband about this, then also he would hit her, so she believed in keeping quiet.

During first pregnancy she had developed hyper emesis till last month of pregnancy, so she could not eat or drink. During 8month of pregnancy she was thrown out of the house for the reason that she is not eating and not working. It was night time so she just sat outside for whole night. Then she went to her sister in law's place. Nobody came to see her for 2 days, after 2 days husband came and stayed at SIL house with her. She delivered preterm child who was LBW 1 kg within few days of being removed from house. She was advised to take the child to higher centre for further management i/v/o prematurity and high chance of mortality. Due to financial problem they could not take the child to Mumbai (husband was a watchman in a company at that time). She used to save food for the kid by eating only once a day. Later on after 1 month mother came to know about this and took her home and then after 2 months FIL called them back. When FIL was ill she only used to take care of him though he troubled her. He had chronic urinary retention and hence had to be catheterized frequently, later on patient only used to change catheter

and take his nursing care. He used to go out at middle of night and run around on streets, go to hospital and sleep on foot step so patient used to feel that it is better to look after his nursing care otherwise he will shout and then what will be our image !!

She used to tell her husband to take care of his father as if you don't take care he will not give you his property

She said that I can't see anybody ill in pain, I will go and help that person whatever I can, even though I have less money. She helps in assisting delivery, would guide her villagers if someone is ill and if there was a need she will accompany them. But if opposite person is alcoholic she hates that and will not help him whatever may be the situation. Because she can't tolerate smell of alcoholics and does not like when they start shouting and create a scene. Now lately her mother has started drinking, she feels like hitting her but whenever she comes home she will try to send her away as soon as possible. Mother comes and asks for money which she uses for drinking alcohol. She gives only travelling allowances and sends her back as otherwise mother will not go back and will stay here and start shouting. Even husband knows about her hatred towards alcoholics so he will not sit next to her if he has drunk tadi which he has started off late.

Husband has completely stopped working since 8 months. He had developed gluteal abscess due to Koch's 3-4 years back. Since then he has stopped working. She has anxiety about future as she has to manage the expenses of house, kid's education. Weeps while narrating this she thinks how she will manage this single handed. She gets headache whenever she thinks about all this. Sometimes she thinks of borrowing some money for farming but worries what if she won't be able to repay back! What will be our image!

She gets angry if somebody point out her mistakes. She will not talk for 1-2 hrs but later when opposite person approaches her, she will start talking. If she has fight with husband then he will only approach as he needs her.

Fears snakes³ and even dreams of snakes with trembling.

Her supervisor described her as hard working and reserved but when she is hurt she will take out all old issues on which she was hurt. She doesn't forget them.

She described an incidence, once a bad sheet got burnt due to negligence of nursing staff for which she was scolded by supervisor, on the same day she developed headache.

O/E:

Ophthalmic opinion

Right > left eye nasal side episcleral congestion with nodular swelling. Rest NAD.