

**ICR SYMPOSIUM / KENT BOENNINGHAUSEN / CASE COMPETITION**

Case Presenter: Dr. Devangini Broker      PP: Dr. Trupti Pawaskar

**PRELIMINARY DATA:**

NAME: Ms. S. S. P.

AGE: 13 Yrs

SEX: Female

OCCUPATION: Student, studying in 7th

STATUS: Single

RELIGION: Hindu / Kumbhi

FATHER: Mr. S. P. 48 yrs

MOTHER: House wife 43 yrs

SISTERS: 2: 20 yrs: working in parlor

17 yrs: 10<sup>th</sup> std

ADDRESS: D (East)

**OBJECTIVES:**

1. To learn the need of reportorial approach in a case, and how it is useful in arriving at similimum
2. To understand the concept of Repertorization.
3. To learn how the different approaches can apply to a case and arriving at one similimum

**CHIEF COMPLAINTS:**

LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
Skin since 2 yrs Extensor surface Forearm (2-3 no approx 0.5 to 1	Multiple Hypo pigmented Patches of various size Well defined	A/F: After Injury to elbow joint	

<p>cms)  → Elbow (app 2-3 cms)→ Extensor surface of arm →  Axillae multiple (4 – 5 in nos., app 0.5 cms )  O: Sudden  P: Rapid</p>	<p>margins  Sensation at the spot: Present+</p>		
<p>Female Genito –  Urinary System since 1 yr  Hypo pituitary axis  Uterus:  Endometrium  F: Irregular, 2 – 4 months  D: 7-8 days</p>	<p>Menses  Clots ++, Reddish - Blackish, Heavy flow++, Offensive+  Changes 3-4 pads / day  Stains Reddish, Delible.</p>	<p>&lt;: Before 2 days of menses  &lt;: Beginning of menses  &lt;: Walking fast++  &lt;: Getting up++  &gt;: Lying Back</p>	<p>Loose stools 2 days before menses with colicky pain ++  radiating +  Hypogastric to Umbilical region</p>

**ASSOCIATED COMPLAINTS:**

LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
<p>Skin since 5-6 months  Face  O: Sudden  P: Slow  F: Occasionally</p>	<p>Papular eruption.  Itching+  No discharge/ pain.    Diagnosis: Acne Simplex</p>		

APPEARANCE:

A thin, tall, dark complexion, sharp feature, long eyelashes and expressive face, well dressed

PERSPIRATION: +, Offensive Odor +++

PARTIAL: more on arm pits

DIGESTION:

APPETITE: N

THIRST: 3 – 4 glasses/day

CRAVINGS: Chocolate 2+, Sour2+, Sweets2+

ELIMINATIONS: STOOL: No c/o

URINE: No c/o

MENSTRUAL FUNCTION:

F.M.P.: 19/5/08

L.M.P.: 1/1/09

Details in C/C

LEUCORRHOEA: Scanty, Whitish < menses before 2 days

MOTHER'S OBST H/O:

Unplanned/ unwanted pregnancy

Desire for Male child

Past History: Recurrent URTI for 3 yrs.

LIFE SPACE:

A young girl SP came with her mother was well dressed, wearing a clean, neat yellow colored salwar kameez and very sharp features but lean and tall. She had come earlier with her friends during one of the screening camp. At that time she was guiding her friends. Her overall tone was commanding and dominating. As compared to her mother & friend her appearance was very neat.

She stays in slum area near D. She is brought up in a nuclear family, consisting of mother, Father and 2 elder sisters. The patient is youngest sibling in family. They belong to lower socio economical strata.

Father is working in a small company as a helper while mother is working as a house maid. As they were facing financial crises, eldest sister left the studies to do job. While the other is studying in 10<sup>th</sup> std. Patient is sharing good IPR with eldest sis; who is calm and always understands her and tries to fulfill her wishes. But she fights with middle sister on petty matters, like cloths, pocket money etc. Pt. doesn't share her Pencils, eraser with middle sister. Her middle sis is irritable and gets angry fast. She often beats the patient. Most of the time patient purposely does some mischief to harass her. When sister beats her, patient immediately complaints to Mother (was narrating smilingly). Her Mo gets irritated with their fights and beats the sister. Some time she beats both of them. That time patient feels she was not at fault & she got beating unnecessarily. She feels bad and weeps (There were tears in her eyes while narrating) When alone, in the night she will recollect and think over it and cries. Patient feels bad when middle sis is given more pocket money than her. When father gives money he often asks the reason for expenditure. She doesn't like that. She spends money on eating & buying some fancy things. She feels angry as every time he doesn't ask this to sister. She feels awkward to tell reason.

Pt doesn't like to wash utensils and do sweeping as her friends do not work at home, feels bad that in such young age she has do to work! She feels ashamed of doing all these things. Though sometime her friend has to work at home when her (friend's) mother becomes sick. She feels good at least she doesn't have to face the like situation.

Pt. is scores 60 to 70% in school, finds mathematics difficult subject. She mixes with everybody in the class. She tries to get every bodies attention. She will talk loudly with boys. But when talking with boy's rest of the girl's bully her by which she's hurt. She feels very awkward. One of her classmate is favorite of her teacher. She tells this to the patient proudly that the teacher loves her more. Patients get very jealous because of this. Later on she indirectly fought with the girl through another friend of hers. But

directly she avoids fights as then nobody blames her. Patient tells that her behaviour is equal with everybody. In the class room whenever anybody makes mischief then patient immediately complaints to the teacher. She also can not tolerate injustice by citing the e.g. of the teacher who send the classmate in between his lunch to get her lunch. She thinks teachers should not behave like this.

In her chawl she talks to everyone try to make more friends, trying to get attention on her. But her mo tells her not to talk much with boys. That time pt justified mo's anxiety telling that she is right and now following her advises.

Though she shows that she is very confident she gets anxious before the exam (both written and orals) if not thoroughly prepare, thinking what she will write in exam. Patient get anxious for stage performances, what if she will commit mistakes, principal will scold her for her mistakes. What others will say. She feels very embarrassed. When she is anxious, she gets palpitation and perspires all over body.

She is helpful, give her note book to classmate who is absent and as she likes to help others hence wants to be doctor! She likes to stay neat and clean. She doesn't like stained clothes. At her village, because of this reason she doesn't go to play thinking; she will spoil her clothes due to the mud. She thinks as she is coming from a low socio group where people have got an image that they are dirty, as patient doesn't like these comments; she feels extremely embarrassed if she is not looking good. She likes at her uncle's place as it is big house, she enjoys there and she likes big houses.

#### MOTHER'S INTERVIEW:

As there was financial burden, facing problem having 2 times meals. So, her mo didn't want the 3<sup>rd</sup> child. But she got pregnant unknowingly; she was expecting the male child after 2 daughters. But now thinks that male or female doesn't matter the parents are always proud of their children. Fa didn't like and initially he rejected the patient being the 3<sup>rd</sup> female child.

Mother narrates her child being restless child. She likes to remain up to date. She takes lot of efforts on remaining neat and clean. She gets hurt if somebody comments on her appearance. She is moody, rarely will work. Most of the many times feel lazy to do house hold work, gives excuse of study. Gets easily angered, if mother nag behind her. She shows she is bold, extrovert but she is very sensitive. She has sibling rivalry even though parents pamper her a lot as compare to other 2 daughter. She always compares what other sister got & if that is more than what she got. No mental or physical stress during pregnancy. Mother is not remembering her milestones.