

TITLE: A FRAGILE SENSITIVE INDIVIDUAL BROKEN DOWN UNDER PERFORMANCE PRESSURE TREATED WITH INDIVIDUALIZED HOMOEOPATHY: A CASE REPORT

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❖ Abstract: In today's time, it is become difficult to cope up with daily busy and stressful environment, family life and social life. In 21st century most of people suffer from the psychosomatic diseases that means first derangement at emotion level and later on reflect on body. In this case report, understanding and feel the pressure of trapped sensitive individual in the Gold Mine, so called corporate world, understand the Coping mechanism while handling the stress in a sensitive -fragile individual, understand the language of symptoms expressed from time to time and derive the characteristics and differentiate the Materia Medica images from this case.

Case Record

\$ General introduction of patient

Age: 30 year Male Education: M.Tech Design, Phd .Scholar

Occupation: Not since 2-3 month

Status: Married Wife: 26 year Teacher in English Medium School

Religion: Hindu, Lohana Vegetarian



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Father: 64 year, retired RTO Clerk Mother: 63 year, retired Teacher (Govt.)

Brother: 25 yrs, M Tech computer study (Canada)

Address: Ahmedabad **Chief Complaints:**

No	Location	Sensation & Pathology	A.F, <.>			
1	Skin	Small, Multiple-Papular				
		warts like eruptions - wheat				
		Grain size				
	Face, Under Chin	No Pain				
	Upper lips	No Bleeding				
	O: 3-4 month	No Itching				
2	Mind	Mental Stress ++	A/F Work Pressure			
			Anxiety of performance +++			
	O: Before 2-3 month	Sleep Disturb ++	< Insult +++			
	Fr: Daily	Performance deteriorate +++ Depressed ++	< Vexation ++			
	P : Gradually increase	Fear of Boss++				
	-	All the time thinking of him				
		++				
	Off and On	Disturb Digestion ++	>Allopathic Rx			
		Pain in abdomen ++				
		USG : NAD				
	Before 1 month	Anxiety increase +++	A/f Humiliation / Indignation			
		Unbearable pressure +++	From Boss ++Strike his hand &			
		No Apparent solution +++	Glass on the table. +++			
	D: 2-3 Weeks	Panik Attack +++	>Hospitalize for 2 days			
		Trembling +++, Shaking				
		Whole body +++				
		Fear of boss +++ Thinking				
		of His call is going to come				
		now				
		Sleep disturb +++				
		Appetite : Decrease +++				
		Call whole family to help				
		+++				



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Weeping ++ all the time Not able to talk properly			Want to left the job +++	
Not able to talk properly				
++, No taking call ++ Now				>Psychiatric Dr treatment ++
remain ++ Social phobia ++ O: 2-3 weeks No enjoyment in life ++ Loss of confidence ++ Poor performance in Phd ++ Poor Concentration ++ Decrease Sex life++ Drowsy ++ A/F Allopathic Psych.Medicine 1 SKIN Itching ++ Fr: Depends on A/F Urticaria D: 1 day 2 GIT Constipation ++ Co: Childhood Unsatisfactory stool ++ Hemorrhoids + occ Gas++ Gas++ A/F Draft of Cold Damp Air ++ Swallowing A/F Draft of Cold Damp Air ++ Swallowing			* * *	
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OH & OH		Off & On		++
Fever +			Fever +	



Patient as a person (Attributes & Functions)

Physical Characteristics

Appearance : Stocky ++

Eyes: Vision: Number -1/2 in both eyes. but not wearing the glasses.

Perspiration: General Excessive ++, Partial – Forehead ++

Thirst: Thirst less ++, around 1-2 litres water in whole day.

Cravings: Sweets++, Sour ++, Fermented ++

Aversion: Milk +++ feel like vomiting, Brinjal ++

Hic-cough with lacrymation & red eyes < Hot & Spicy food +++,

Gas < Potatoes ++

Elimination: As mentioned in Asso.C/O

Sleep: Good. Disturb by Anxiety +++, Position on side+

Dreams + Occ.

Thermal Reaction: Chilly (C3 H2)

P/H: Typhoid During child hood, Chicken pox during 1st year of graduation.

F/H: Mother: Hyper tension

Life Space:

A stocky depressed look patient came along with his mother and wife for treatment. Mother and Wife were very anxious and helpless because of the problems of patient. Mother was very emotional and deeply affected by health of patient on one side and she felt helpless in front of her intelligent and active Daughter in Law on other side. Wife feels somefrustration toward s patient's complained. Motherused to give initially all answers. Patientnodding his head in between gave answer without eye to eye contact. Patient was very nervous, emotional andshaking his limbs continuously, while talking about his problems.



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Patient was born and brought up in Rajkot in a nuclear Lohana family. Father was working in RTO as a clerk and Mother was a primary schoolteacher (Govt.) Mother used to do up & down to nearby village. One younger Brother is 5 year younger than patient. Father was obstinate & Irritable by nature, while mother was friendly by nature. Pt had good friendly relations with mo. He used to share everything with mother. She used to support patient, while his father was angry and used to pinch in abdomen (Chintiyo) if patient misbehave/mistake during childhood. Patient was afraid of even shouting of his father. He used to study in Boy School. He was an Introvert, Shy & Timid by nature. He had not much friends in school. Patient did not like to mix easily with friends. He had hardly 2-3 friends. Patient was studious but average in study. All his friends were also sincere& studious. Patient got 75 % in 10th and 78% in 12th.

Patient didgraduation, B E electronics in Co-Education College at Rajkot. In college, he was somewhat more open then in school. But he has limited friends and all friends were sincere and good in studies. All his friends were University and college toppers. Patient did not like mischievous friends. He avoids them. He never had any bad habits in those days. Patient was shy in front of girls. Patient got distinction in BE. Pt crake the GATE exam and got admission in prestigious Nirma Univ.in M Tech. His other friends in his group were not successful to get admission. Patient got 8000 Rs.monthly stipend along with studies. After Masters Degree, he got the job in engineering college at Rajkot. He served for 6 yrs. Meanwhile he had love with one of his sincere and scholar computer student. She used to come for problem solution and patient like her company as she was also topper in her class. They have decided for marriage but his father was not in favor of this marriage. It is mainly because, his in-laws hails from Rajasthan., eating non veg and speaking Hindi. So initially father opposed but with the help of one of his friend, patientsucceeds to get permission from families. Father came in marriage but sit alone in one side not much talk with in-laws. After 6 yrs of college job, patient felt no progress in that job and no new learning opportunities. So he decided to change and start job in corporate culture.i.e IT industries. He got the job in Ahmadabad. Along with that, he secured admission in PhD at Nirma University.

Here environment was totally different. The type of work is client oriented. Patient had to sign an agreement bond of 5 lac Rs. If Patient left job inbetween, then he has to pay 5 lac Rs. to this multinational company. Patient had to learn from basics, as he did not work in this type of environment. Initially, pt had not many difficulties in learning, because he was treated like a learner and not having many responsibilities. But After training period, pt.had to face client directly. He has to solve all the queries of client. He has to learn new things with responsibility of clients. His manager (boss) is domineering and very professional by nature. While explaining



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the job, He used to make insulting language in front of fresher. Patienthad been treated like a fresh graduate. Patientused to feel offended with insults. Initially pt did not react much inspite of being vexed. But after some time when one of his colleagues left the job, boss used to transfer all that work to pt. This went for some time and lastly it cross the limit. Patient felt exhausted and felt very frustrating situation. Patient thought it was for some time but boss gives more and more pressure and expect pt. to do all that and face the client directly. Patient felt injustice for giving over work that creates lots of irritability inside his mind. Gradually performance deteriorated and being scolded by boss .Many times in front of other colleagues.Patient never reactsin front of boss or quarrel with him, though he felt much inside. Patient made a complaint about this harassment/humiliation to HR. They assured positive outcome, but on the contrary, boss became hostile& revengeful. Boss instructed all colleagues, not to help patient, any more. All this make humiliating experience for patient. As he felt fear of boss on one side and felt pressure of work and on other side he was not able to leave the job because of 5 lacks.bond. Gradually complain of abdominal pain and sleeplessness start. Later on boss used to scold to patient. He denied of his problems. He told patient to see his relative doctor for his complain. All this pressuredeteriorates his performance. Finally one day boss threatened patient to finish work of one of his client and told to solve client's problem directly with them. Actually, patient did not ready for that he felt afraid to face client directly. Patient told boss about leaving the job and boss became furious and stroke his hand and glass on table. Patient left the room, went home and panic attack start. Patient could not control himself. He calls his parents from Rajkot, wife from the job and cried in front of them. His body was shaking (trembling) and patient could not speak all this difficulties. Only thing, he wanted was a certificate of unfit for the job. Which he received from the psychiatrist and pt.forwarded to the boss of that company. Patient felt somewhat relieved now. Still he felt fear of phone call of boss Patient can't join other company also, because of the bond. Patient is concentrating to finish PhD now. Wife and family have given option to change the boss and work in other department. However, patient felt broken-down and felt everybody will be same, so he did not gone to express his view in company. Patient also told that other two friends, which pt recommended and help them to join this company, are still working and they do not have the problems, which he face in this company.

Expression of Wife in front of Patient: Wife was very active and tried to handle pt in this condition. She appears bold and wants to convey to pp about her frustration. She want patient to be more active and take initiative in life. She want patient to forget work at home. Even for sex also she make her effort, which is lacking from patient. Controlled tears seen while narrating this problem. She does not want to express her problems to patient, because she fears that patient

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might be broken again with additional her problems. Patient describe all this emotional problems without eye to eye contact with physician and had constant shaking his limbs while narration.

Totality:

- 1. A/F Anticipation
- 2. A/F Humiliation
- 3. A/F Draft of Cold Air
- 4. A/F Fermented food
- 5. < Insult
- 6. < Potatoes
- 7. Anger with indignation
- 8. Anger trembling with
- 9. Sensitive to scolding
- 10. Timid (Shy)
- 11. Nervous
- 12. Craving: Sweets
- 13. Craving: Sour
- 14. Craving: Fermented Food
- 15. Aversion: Milk
- 16. Thermal chilly
- 17. Sycoticmiasm



Reportorial Result:

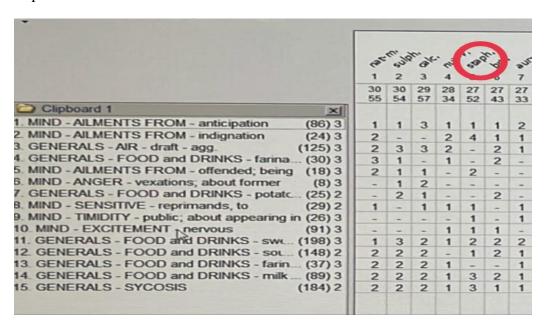


Figure 1 Repertory sheet

<u>Selection:</u> As in repertorisationNux. Vom ,Nat.Mur and Staphysagria came as top three medicine.

In this patient the characteristic Hyper Sensitivity for Insult, Indignation and Humiliation ----> Nervous reactions from this stress..i e, Tremers, Shaking and Panic attack shows typical individualistic pattern of reaction. In this case overwhelming suppression of anger with effects on Nervous system --> Mind and Body, skin, and tonsils lead us towards final choice.

Add on to that characteristic physical attributes like aversion to MILK, chilly thermal state and pathology of warts, tonisillitis with overall sycotic miasm indicate Staphysagria as a final choice of similimum medicine.



Final Prescription: Staphysagria 200 3p HS & SL BD

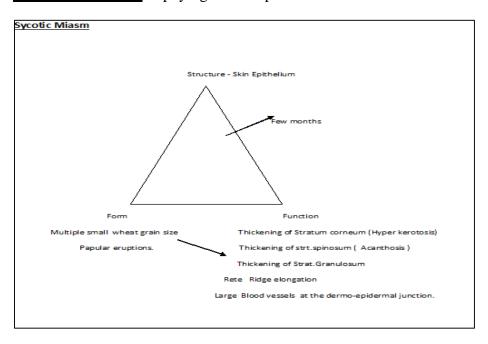


Figure 2 Understanding of miasm in the case

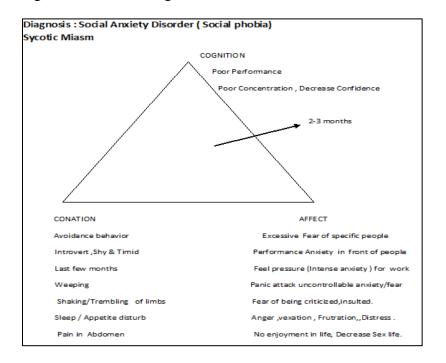




Figure: 3 Understanding of case

BEFORE TREATMENT AND AFTERTREATMENT



Figure: 4 Pictures before after treatment

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