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**Chhatrapati Shahu Institute of Business  
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## Editorial Note

Turmeric is an important commercial crop in India. Indian turmeric is well known in the world market. The first article tries to explore the export potential of Indian turmeric.

Internet banking is a popular delivery channel provided by banks & there is an increasing number of bank customers using it. The second article aims at understanding the relationship between demographics & usage of internet banking.

The third articles discusses the pros and cons of debt waiver vs agricultural insurance. Fourth article is about talent management in hospitals. Relationship of Knowledge management and employee development is discussed in the fifth article. Case study on medical social work and Book review on 'Small Business Management' is presented at the end.

**Dr. C. S. Kale**  
Editor

# CASE STUDY: MEDICAL SOCIAL WORK

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## **1.0 THE BACKGROUND:**

There is female 19 years old from Hindu and Marathi speaking family. She was married and pursuing her MBBS first year. This family was economically sound and settled in an urban area. There was no history of any financial strains for the family. The girl too was good in academics.

## **2.0 THE PROBLEM & ITS HISTORY:**

In spite of the sound socio-economic background the girl had the complaints pertaining to her psychological behavior and mood swings since three years. The family observed phases of angry outburst, irritate nature, crying spells, feeling pessimistic and having suicidal tendencies.

According to informants the patient was a brilliant and cheerful. But the patient's grandma wanted their granddaughter to get married as grand mother's health was deteriorating. She wanted to see her granddaughter's marriage. Patient was just 16 years old when she got married. She was sharp student & her in-laws allowed her to continue with her studies. She obtained good marks in her board exams & got admission at Govt. medical college.

Her in-laws supported her for her education initially, but simultaneously she was experiencing the harassment from her husband & in-laws. She could not bear the emotional turmoil & consumed sleeping pills. The marriage lasted only for 6 months & she got divorced. She had to discontinue her education due to the trauma.

But then her father again supported her & made her to continue her education. After few months, her elder brother's marriage was fixed who was also a medico (pathologist). Brother's marriage was a triggering factor. She enjoyed the ceremony & stayed back for few days at home. But when she saw the parents behaving very good to their daughter-in-law & the amount of freedom given to her & the care & affection they had towards her made her depressed. She became irritable & hostile towards her parents & thought that they are enemy to her. She lost her control, poor self-image, stigma of divorce, developed low self-esteem, gradually started beating her parents & throwing household articles out of anger. She had a strong conclusion that they ruined her life.

## **3.0 THE DIAGNOSIS:**

A trained medical social worker interviewed the girl. She was quite stable due to medication, has motivation to complete her education. Excessively bothered about her looks & appearance, feels insecure & thinks that her life is meaningless, feels jealous of her brother and her wife. The anger towards her father & mother persists.

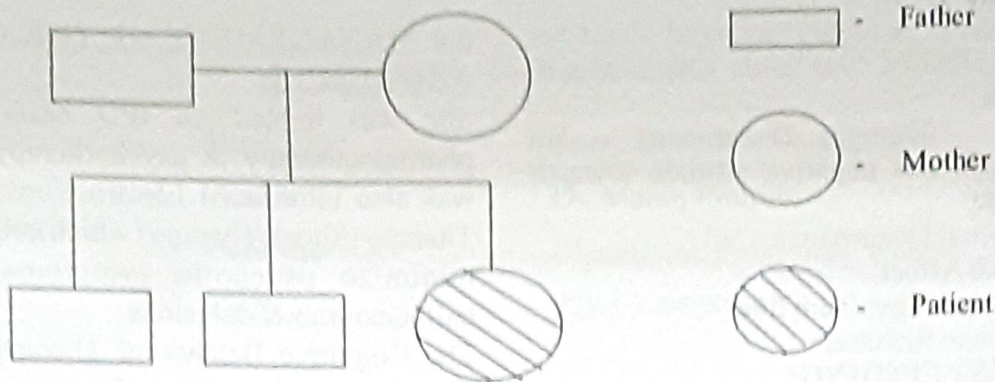
### **(i) Relevant Negative History:**

There was no History of any head injury, substance use, depressed mood, high fever or epilepsy. There was no History of mental illness in the family.

### **(ii) Treatment History:**

There was no History of any past treatment for physical/mental issues.

### **(iii) Family History:**



There is no history of physical illness or psychiatric illness in the family. There are five members in the family. Attitude of family members towards the patient is supportive & caring. Family relationship is cordial.

**Present living condition:**

She belongs to wealthy family. Father is Gold smith & has got 3 own shops. Both brothers are pathologist & have their own practice.

**(iv) Present History:**

**Early childhood:** There is no H/O any birth complications. She was born out of full term delivery. There is no H/O any neurotic symptoms persisting eg. Thumb sucking, nail biting, eye blinking etc.

**Childhood History:** Her early adjustment was good. Outstanding performance in academics. Her school relationship & attitude towards siblings and playmates was co-operative & holds a good conduct.

**Later Childhood:**

**Peer Relationship:** Outgoing child, cheerful & social. Had large number of friends but very few close friends.

**School History:** Academically bright student. She was a favorite student of all teachers. Secured 17<sup>th</sup> rank in SSC Board Exams. **Psychosexual History:** She did not suffer with any developmental crisis during any stage of her development. (eg. Anal stage to genital stage)

Occupational History: Unemployed,  
 Psychosocial History: Normal / Healthy  
 Marital History: Married – Divorced  
 Premarital Personality:  
 Use of leisure time  
 Predominant mood  
 Attitude to self & others  
 Well – Adjuste  
 Attitude to work & responsibility  
 Religious beliefs & normal  
 attitudeFantasy life

**I. Habit**

Eating pattern  
 Satisfactory  
 Sleeping pattern

**4.0 MENTAL STATUS**

**EXAMINATION:**

During interview she was well kempt, co-operative, gait & posture was normal. Psychomotor activity was within normal range. Eye to eye contact was maintained. Her attention was aroused & sustained for a considerable period of time. She was oriented to time, place & person. Her immediate recent & remote memory was intact. Her voice was audible. Her speech was relevant, coherent & goal directed. Her abstract reasoning was at conceptual level & her judgment was fair. She was checked the level of personal, financial & social judgment. Her personal judgment was not intact. She has developed inferiority

complex & is highly bothered about her future identity. She holds very low self-esteem.

Thought Disturbance - Nil  
(But still has negative attitude towards parents)

Perceptual Disturbance - Nil

Mood & Affect:

Subjective: Says 'I am fine.'

Objective: Relaxed

### 5.0 TEST FINDING:

(i) Eysenck's Series of Digit Span Test (ESDT):

This test was administered to assess the attention & concentration of the patient. The obtained score of digit forward (7) & digit backward (4) indicated attention was aroused & sustained for a considerable period of time.

(ii) 16 Personality Factors:

This test was administered to assess the personality traits of the patient. Her result is valid. Factor - c stem score (2) indicated that the patient is affected by feelings; emotionally less stable, easily upset, changeable & lower ego strength.

Factor - M stem score (3) indicated that she tends to be anxious to do the right things. She is responsible to the outer rather than the inner world.

Factor -Q<sub>2</sub> stem score (3) indicated that she tends to go along within the group & may be lacking in individual resolution.

Factor -Q<sub>3</sub> stem score (3) indicated that she has self-conflict, follow own urges, careless of social rules & low integration.

Summary: - Attention is aroused & sustained

- Suspicious, violent, emotional outbursts

iii) Impression:

The chief complaint past history, current functioning, test finding and observation suggests that patient is suffering from bipolar disorder (moma depression).

## 6.0 MANAGEMENT OF THE CASE AND RESULT:

She was treated on IPD basis with pharmacotherapy & psychotherapy. She was also introduced Electro Convulsive Therapy (Shock Therapy) which helped to minimize psychotic symptoms like hallucinations & delusions.

The Cognitive Behavioral Therapy was introduced to reduce & repair her destruction thought process. The maladaptive behavioral pattern was minimized with the help of behavioral training & individual counseling family members which educated them to learn new coping ways of handling their patient.

Her family is found to be committed & sacrificed everything for their daughter's recovery. Gradually she started recovering & was able to cope up with the realities of life. Her acceptance level increased & her self esteem was raised. It almost took 3 years to bring her mood at stable level (episodic/ fluctuations etc.)

Currently she is married and successfully completed her M.B.B.S. successfully along with M.D. Ophthalmic. Right now she is Eye Specialist leading her life successfully.

Mental illness can be cured with early identification & introducing appropriate treatment modalities, therapeutic interventions & social support from significant people.