

Discussion: Case Study - Sheila G.

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Page 1. Notes and pointers

This is a review appointment. She has responded well to the indicated remedy around a year previously and has come back with a lesser recurrence of symptoms (and responds again to the same remedy).

The speech pattern is a vital clue to the case.

Consider whether the sentence structures are typical of mineral states (finite complements - page 1.9) or whether they typify the phrase structures of plant states, or the broken phrase speech of some animal remedies.

Are there any signatures in the word choices?

What is the significance of her insistence on the grammatically correct 'an horrendous'?

How would you describe the variability in her tone (inflections) ?

What about the tempo of her delivery (compared with other cases)?

Hesitation is very carefully balanced out in her prosody. Is this significant? What might it mean concerning her self-consciousness?

She uses vernacular terms and neologisms (wabbit, whatnot, oaty) self-consciously. What might that indicate?

Impressions from her speech pattern are borne out in her description of herself in paragraphs 27 & 28.

What does her speech reveal about her?

What is the most likely remedy?

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Contents: Page 2: Practitioner observations

The very measured delivery and steady tempo could be associated with a mineral state. Similarly implications of control over her routine might imply a mineral state - para 23.

Words like 'forced' - para 10 and 'balanced' - para 27 might suggest a mineral state.

However, the link between affect and her experience of the symptoms - para 28 - is more typical of a plant state.

Her prosody is usually in the form of nested phrases (subordinated) and although they are carefully controlled in their delivery, they are more organic than structured. Her gestures are less spontaneous and unpredictable than most animal remedies, and less forceful or directional than most mineral behaviours.

Similarly, the centre of the mind state relates to relationships (or lack of affinity for others) and although this theme can be borne out in mineral remedies, there is a more fixed theme in the minerals around position or status in relation to others, rather than a global irritation and aversion to people.

The slightly yawning indifference is tantamount to haughtiness. Her measured, pre-considered delivery is rather like the stately walk of a princess, both contrived and studied.

She uses an exact grammar when it suits her and condescends to use peasant vernacular momentarily.

Her prosody generally reflects an air of superiority. Together with the 'ivory tower' of her office which is kept too warm for the comfort of others, and the intolerance of disturbance - it should be fairly clear which remedy she requires.

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Contents: Page 3: Treatment

This patient responds consistently to *Veratrum album*

She presents with the ‘constitutional’ picture of *Veratrum album*, not the acute picture.

(The differential diagnosis might include *Lycopodium*, but her connection with the interviewer isn’t marked by insecurity, loss of eye contact, or apologetic gestures. Suggesting that her ‘superiority complex’ isn’t a front for a deeper insecurity, but actually reflects her self image.)

(The laterality of her physical symptoms are opposite to that expected in *Lycopodium* and she has no confirmatory time modalities for *Lycopodium*.)

Veratrum album 1M - split stat dose in one day.