



She was born in the 60s and somehow managed to inherit some of the 60s' genes. These were predominantly expressed in her dress (flowing and flowery with ribbons, belts and silver rings and bracelets adorning her limbs) and her quest for self-improvement. I had seen her at irregular intervals over the past few years but had rarely prescribed anything other than natural progesterone cream, for which she needed a prescription. She had been told that this was a natural way to counter her hormone imbalance, responsible for a variety of vague symptoms elicited by ticking boxes on a two-page questionnaire. I recall my token protestation and mumbling something about remembering that the extraction of diosgenin from South American yams revolutionised the oral contraceptive industry in 1939 but that was even before I was born and I might as well have been talking about moulds and penicillin.

She told me that she had practised transcendental meditation for some time and that she had explored self-transformation and was interested in a number of other journeys of self-exploration about most of which I have little recollection. I suspect that she would have told me more if I had appeared more interested but the conflict between my pursuit of scientific evidence-based medicine and my quest for rapport

and empathy must have been more obvious than I had thought, as I learned only snippets.

She seemed to be obsessed with nutrition. Not just wanting to pursue a healthy diet, but wanting to completely change her well-being through her eating. Strictly vegetarian of course. She would read the labels and drive for miles to buy organic products. One of my more cynical senior nurses suggested that she was what she ate and that this had determined her dress and her mind (flowers and nuts). I made no comment.

About a year ago she came in to tell me that she was going to India to attend an Ayurvedic Clinic. Actually she came in for a polio booster, evidence of some remaining allegiance, in my mind very sensibly, to scientific medicine. She told me about the reason for her journey while getting her booster. I suspect that she believed that her journey was a commitment to achieving her full potential. I did not ask her how she would know when she had done that.

She returned unwell. She had no energy and felt miserable. She admitted to feeling depressed and was having trouble sleeping. A locum saw her about a month after her return. She had taken a variety of herbal supplements including St John's wort and various others that the locum did not list. He ran off a series of blood tests.

This is a column written from the swamp. The term is taken from the book by Donald Schon¹ where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

I find that locums tend to do this when they have no idea about what might be going on. They were all normal.

For several months, with the knowledge that her tests were all normal, she pursued alternative (or complementary) approaches with little change in her general well-being. Finally she fronted up for a last ditch chance to see what conventional medicine had to offer. At first I had to listen to, and was asked to comment on, what she had already tried. I listened but my comments were not helpful. I had no idea whether or not

the various combinations of over-the-counter supplements of herbs, vitamins and minerals, combined with fasting or fruit and nut diets, were useful, of no benefit or even harmful. She asked me about whether or not she might have a parasite as she could feel something moving around in her abdomen. She was not pregnant. I suggested that we test some stool specimens; the locum had done everything else. She didn't have much in the way of bowel symptoms but her diet tended to give her more frequent loose stools.

The microbiology laboratory technician phoned with barely concealed excitement. Her stools were loaded with *Entamoeba Histolytica*. She agreed to take metronidazole, which did make her feel better. However her pursuit of self-exploration continues.

I am not sure what Swamp Rat learned from all of this but I guess that it has to do with tip-toeing along the boundary between conventional medical practice and respecting an individual's right to follow their own beliefs.