

Alastair C. Gray

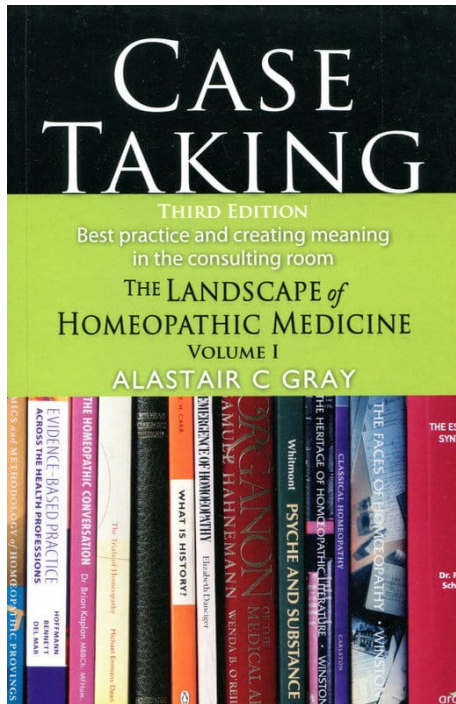
Case Taking

Sample text

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from [Alastair C. Gray](#)

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symptom in the case. Generally we consider the cause as a very important symptom. If you know the cause give more value to it. Then secondly, mentals. If there are really good mental symptoms give importance to them, but peculiar mentals are the most important. In my own method I give grading as follows:

- 1. Peculiar mentals*
- 2. Peculiar generals*
- 3. Peculiar particular*
- 4. Common mental*
- 5. Common generals*
- 6. Common particulars*

Among the parts of the symptoms - location, sensation and modality -1 give importance to the modality. In summary disease is only an alteration in the state of health of the individual and this alteration is represented by symptoms. The homeopath must therefore ensure that all the symptoms recorded are actually part of the deviations from the originals or normal state of the individual and that therefore they form part of the disease-picture. It is useless to record details of the normal state of the individual because we are not going to treat the normal individual. We have also to ensure that the symptoms noted are fairly marked in intensity. In acute states the physician should consider only the symptoms of that state with the exclusion of the symptoms of the original chronic condition that the patient might have been suffering from (P. Sankaran 1996).

The Purpose of Case Taking

Ultimately the purpose is to record faithfully the picture of suffering of each individual patient in such a way that the

indications for the simillimum emerge out of it. In taking the case, we seek to record details of the sufferings of the patient, including the chief complaint, present symptomatology, previous history, personal history and family history, along with the abnormal findings on physical examination, and a summary of the previous treatments taken and their results. *While taking the case we have to remember that we may come across the most significant symptom or symptoms at any stage of the case taking while listening to the patient (or the relative) and so we have to be very alert and keenly attentive always. We have also to intelligently evaluate each answer so that we may frame the succeeding questions suitably. Generally speaking, nothing that the patient says or what we notice about the patient is completely useless or insignificant* (P. Sankaran 1996). The purpose of the case taking is to develop the history of the main complaint, other complaints, and past medical history, including past surgical history, medications, vaccinations, and systemic history (Kaplan 2001).

Attitude

It helps to have an open-hearted viewpoint to help people but without over-sentimentality or a judgmental idealistic philosophy. Make the patient feel comfortable to answer questions without fear of judgment. Be neutral in appearance dress. Be able to adapt to the patients reality. Drop your own issues so as to be as present as possible to be able to question and listen to your client (D'Aran 2008).

Start with a blank paper and a blank mind with no preconceptions. It is possible that the first few symptoms of the patient may suggest to the homeopath a particular remedy but it is important to push these ideas aside until after the case

taking has been completed. Objectivity can be lost (P. Sankaran 1996).

Furthermore, inform the patient just what we are doing. Let their and your expectations be congruent. Let the patient know you are concerned for their health and that homeopathy has the capacity to bring fundamental improvement to them. It is of utmost importance that the interviewer be interested and concerned with the welfare of the patient. There should be no implication of judgment. Avoid giving advice catch yourself before you begin moralising. Restrain your conversation also. Let them tell their case their way without interruption. The professional posture is one of a collaborative approach. Rather than the expert who understands and fixes the patient, better a mutual healing alliance. Try to create an equal relationship where they are given power over their healing. Hence the first question for many homeopaths is, 'What brings you here today?' rather than, 'How can I help you?' Be focused, inquisitive and caring.

P. Sankaran summarized it beautifully. *Information provided by the patient voluntarily and spontaneously is of maximum value. Care should be taken never to interrupt since as a result of such interruption of his line of thought, what the patient was about to say might remain unsaid. All questions should be asked and doubts clarified only at the end without disturbing the patient's trend. Borland, that delightful teacher, has given some practical hints: For a successful homoeopathic prescription the physician ought constantly to bear in mind the six following rules:*

- | | |
|---------------|------------------|
| a) To observe | b) To question |
| b) To listen | e) To examine |
| c) To write | f) To coordinate |

- a) *To observe without saying a single word, but with eyes wide open to notice the gait, behaviour, gestures, the smallest changes of expression, etc.*
- b) *To listen to all noises, respiratory, digestive, articular, etc., and, of course listen without interrupting. If a patient talks, let him do so freely, otherwise he will reproach you for not having been able to utter a single word or, at the end of the consultation, he will come out with a long array of symptoms written in his notebook. Put him off until tomorrow if necessary but let him talk. First because to listen is a sign of politeness and, besides, you will let him do the extraversion so preached by the psycho-analysts. To be able to narrate one's ailments and feel that somebody is listening with interest and benevolence, constitutes a great relief. You know it.*
- c) *To write and in the exact terms of the talker in order to be able later on to recollect his own personal expressions.*

The attitude should be of 'Watchful expectancy and masterly inactivity' (P. Sankaran 1996).

Method and Steps of Case Taking

1. Observation
2. Listening
3. Interrogation and cross-examination
4. Clinical or Physical Examination
5. Laboratory Tests
6. Homeopathic Diagnosis

First Serve

When I see a patient, I always greet him warmly with a broad cheerful

smile. The patient is in need of cheer and a cheerful smile will help him like a tonic. If we look serious, he may feel that we are angry, indifferent or hopeless. A smile costs nothing but can have a very beneficial effect (P. Sankaran 1996).

This is strong advice, but of course everyone has their own style and the advice from the literature is varied. After taking down the name, age, occupation and address of the patient the physician can say, 'Please describe all your troubles from the beginning and give me all the details/ (P. Sankaran 1996) 01 'What is troubling you?' or some such question and the client should be allowed to detail in his own words the description of his ailments. Ask, 'What brings you to see me?' When they have finished, ask 'What else?' Keep the talkative patient on track with, small comments and the quiet patient talking with questions like 'Anything else about... ?' or 'Tell me more.' After the patient's story go back to each item and get the details they didn't tell you such as the modalities. Question them about any they have left out (Wright-Hubbard 1977). Let the patient talk until they run out of thing* to say.

Beginning the case is like breaking the ice. There are so many ways to do this. Kaplan's example starts with name and address and details or sometimes about the patient work. I find myself doing the same thing although sometimes the question that comes out of my mouth is, 'What do you understand about homeopathy' or, 'Have you seen a homeopath before' The value of this question means that immediately I know where to pitch my questioning and any other information that the patient may have. Your work begins at the greeting. So much happens in that moment. Before the consultation starts observing. All sorts of valuable material occurs before the

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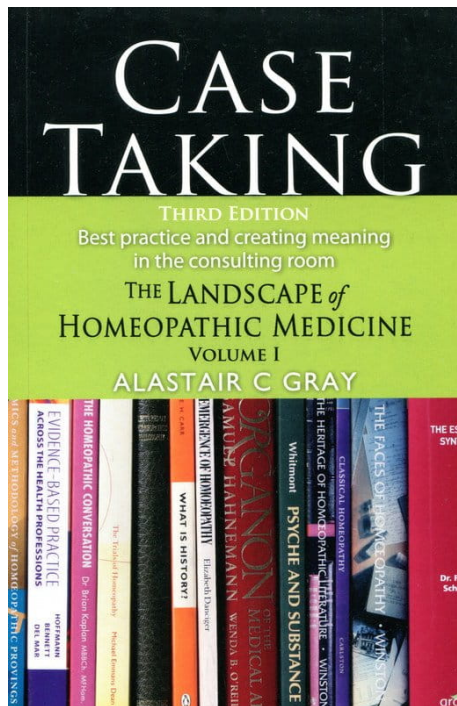
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