

Some Notes on CASE TAKING

'A well taken case is half cured' says Dr. Pierre Schmidt and that's why we must envisage our utmost care and labour to take up the case well in detail with its ins and outs. For this the first condition is that both the doctor and patient should be interested in each other. A slight negligence of the patient or doctor will spoil the case. A physician's sole motto is the relief and cure of the patient in gentle, smooth and perm-

anant way which should be remembered always.

The act of case taking starts as soon as the patient enters into the doctor's chamber. In this connection the story of Dr. Tyler may be remembered. She once prescribed the medicine as soon as one patient entered into her chamber. Her assistants took up the case and arrived at the medicine after struggling for an hour. Calc carb. Dr. Tyler showed



* D H M S, Physician- Sri Aurobindo Homoeopathic Clinic, Jabalpur.
Trustee- Sri Aurobindo Homoeopathic Research Jabalpur 1127, Yadav Colony,
Ranital, Jabalpur-482 002.

(b) Food (c) Sleep (d) Sex (e) Physical Exercise (f) Excess use of smoking and alcohol have been held as the pillars to achieve and maintain good health.

Before concluding this a few points should be mentioned here as most of the people are unaware as what to do when there is a heart attack and what is to be done later. These are very very important aspects and one must be aware of them.

As I mentioned above heart attack can strike any one irrespective of age or sex but when it occurs there is no time for delay. Most heart victims survive if they recognise the early warnings of heart attack and get prompt medical care. Till medical attention is received one must avoid physical exertion, must rest in a comfortable position, must loosen the tight clothes and avoid chill or excessive heat. As far as medical treatment is concerned, hospital care is the safest for a heart attack victim as most modern hospitals treat such patients in a coronary care unit where special equipments, drugs and trained medical, para-medical personnel are available to look after the patients. With prompt and proper care the heart begins to heal and new blood supply to the damaged part is established.

The process of healing varies from person to person.

The responsibilities of relatives or parents towards patients after their discharge from hospitals are vast. After discharge from hospital, patients should be given only the prescribed diet and should take preventions as mentioned above. A firm family support is essential and a positive outlook is of great importance. Not only this but continued check up and guidance by the doctor is also important.

Homoeopathy always stressed more on care of the heart and body to prevent disease rather than treatment of the diseases with medicines, which is compared to manufacturing of arms after the war is already on.

Lastly, prevention is not only better but much cheaper than cure. Often it costs nothing except changing the living style, food habits and self control. I know it is a difficult task to change our habit but choice is ours - disease state or a healthy living. It must be remembered that it is not the doctor but it is we who can take care of our health/body in general and our heart in particular.



them the chit on which she had already written the name of medicine, Calc carb. They became puzzled and asked how the doctor had already decided the medicine before taking up the case. Doctor Tyler said that the patient entered into the chamber with a cat in her lap and the fair, fat and flabby appearance of the patient was clearly pointing to the medicine (Love for animal. -Calc carb). Look at his gesture, how he walks in, how he sits on, how he behaves, observe if he is shy or smart, dull or intelligent, his dress and demeanour, facial complexion, way of expression etc., watch his mood, -sad, hasty, tearful, anxious, jovial, See how he speaks.

Welcome him with a smile. There should be enough light on the patient's face so that you can read every line of his facial expression when telling the symptoms and so generally the patient's chair should be placed just opposite to the window or the light of your consultation room.

Always you should address him by his name. 'well Mr. Anantham, Madam Soni' as this creates an intimacy between the doctor and the patient.

You have to earn his faith any how on first sight or on subsequent visit and if once you are able to earn his faith, you can cure him quickly. So, your behaviour with the patient should be amicable, polite and pleasing. Dr. Pierre Schmidt while expressing his experience said 'One doctor told me the first time I was working with him that if you are not able at the first consultation to make a patient cry or laugh, if you do not touch the heart of the patient, you will not find the remedy'. Encourage him to narrate his sufferings without any interruption unless he digresses to irrelevant topic 'as every interruption breaks the chain of thoughts of the patient'. Let him describe his symptom till he runs dry of it. Listen carefully the patient as he is describing his medicine but 'take the minimum symptoms of maximum importance as Dr. Weir said. If he cannot exhaust himself in one sitting, ask him to come again. Don't ask him any question till he finishes his story. Don't put any direct question to which he may reply with 'Yes' or 'No'. Always make him talk in descriptive way. So, frame your question in such a

language that he cannot escape by saying in short 'Yes' or 'No'.

Importance of General Symptom

While taking up the case we generally tend to concentrate mostly on the aspect of his particular sufferings i. e., the disease picture which is called 'particular symptoms' or local symptoms and we forget to collect his general symptoms, and as such the medicine selected on particular symptoms does not act in the patient. As 'we treat the patient and not the disease' we should, always keep a vigilant eye to note the patient's general symptoms along with his particular symptoms. If his limbs feel better in open air but he himself does not like to be in the open air, the medicine so selected on the basis of the particular symptom of 'amelioration in open air' will surely fail. Dr. Kent says, 'get the strong strange peculiar symptoms and then see to it that there are no generals in the case that oppose or contradict. Because he sounds a note of warning, if the key-notes are taken as final and the generals also do not confirm, then will come failure.'

Some times it is very difficult to elicit the general symptoms and we are lost in the jungle of particular symptoms of the patient. Patients are also sometimes not able to give their general symptoms or can hardly differentiate his general symptoms with his particular symptom. For detecting this vital point, as Dr. Sankaran says a homoeopath must have an aptitude to be a good detective. When you cannot elicit any guiding symptom of the patient, just enquire his previous history, his childhood events. Even if he fails to give such history enquire what he does and in what environment. Chat with him for some time. Let him talk freely without any reservation. When he is taken into confidence, ask him about his sexual life. Especially if he is irritative in dealings or sleepless at night, his sexual life must be enquired about, because generally unsatisfied sexual appetite is in the root of irritation and insomnia. As a rule we should stress on mental symptoms first then physical general and then local or, particular physical symptoms. If a medicine runs through all these three sections, the selection stands best. If a medicine covers

only mental and physical general but does not cover the local or particular symptom it does not matter.

Educating Patient for Giving Symptoms :

Some times patient says that nothing is wrong with him except some black patch on skin here and there or something like this, and he refuses to give any guiding symptoms. He does it so because he does not know what symptoms he should narrate or how to give his symptoms. A doctor should educate his patients first how to give symptoms and what are the things he should observe. Ask him to introspect and verify his own symptoms and tell on his next visit.

Regarding the type of pain, it is very difficult to elicit the exact type of pain the patient is suffering from. Most of the doctors are also not conversant with various types of pain as elaborately given in the Kent's Repertory. In this case you should obtain his symptom by asking him to describe it comparing with something (like cutting with knife, as if cutting with a saw, beating with blunt object, as if pricking with needle, sting etc. etc.).

In the case of woman patient, their state of menstrual phase should invariably be enquired about. This is important while treating ladies. Aggravation or amelioration of disease before, after or during menstruation is striking feature for homoeopathic prescription. The social status, marital status (bachelor, married or widow) and socio economic condition of the patient may also be obtained. Ask about his religious faith, superstitions and taboos.

Impartial attitude towards the symptoms

You should approach a case with a blank mind. While noting the symptoms, name of some remedies may appear in your mind but you should not be biased about them and never direct your question accordingly to confirm the same remedy, rather the symptoms may be collected as a whole in details and arrange them afterwards in the manner we assemble the parts of a machine. We must remember Dr. Borland's six points while taking a case:-

1. To observe
2. To listen
3. To write
4. To question
5. To examine
6. To Co-ordinate

Modalities:

Enquiry may be made about the time of aggravation and amelioration of the symptoms. (In this respect the book "Time of remedies and Moon Phase" by Dr. C. M. Boger may be referred.) Also modalities of food, weather, climate etc. may be obtained. Each and every symptom should be qualified by the modalities.

Miasmatic background:

The indicated medicine does not hold long till actually the back ground is cleared. In view of this, minimiasmatic treatment may be given first alongwith the indicated medicine. For an example, when we see a patient suffering from some chronic ailment, his indicated medicine should be administered first and simultaneously minimiasmatic treatment should be given covering all the major ailments he had suffered right from his childhood and administration of drug should be made according to their occurrence in the manner of "last come first served". Suppose if a man has suffered from Pox, Typhoid, Malaria, Whooping cough before he got the present ailment for which he comes for consultation, he should be given first antidotal remedy for whooping cough, then Malaria, Typhoid and at last for Pox, as it appeared first in the patient. Thus you can allow the medicine penetrate the system by removing the obstacle one after another and the penetration of remedy will be complete after eliminating the ill effects of past disease in the patient. The right indicated remedy will then get its foot hold and can work fully in the system. Therefore, the past history of disease should be obtained carefully in the chronological order they appeared in the patient. This is called minimiasmatic treatment. In this treatment the nosodes are used e. g. Typhoidinum, Pertussin, Diphtherinum, Tuberculinum, Bacilinum, Psorinum etc. Also Tautopathic drugs may have to be given in the beginning of treatment as per principles laid down by DR. R. P. PATEL IN HIS BOOK "WHAT IS TAUTOPTHY"

When the patient comes from another doctor, check up his prescription and see what medicine he has consumed for a long period. If he is seen to have consumed some particular drug for longer period, examine carefully whether the symptoms he is presenting now are due to drugs he has consumed (Iatrogenic or drug disease) or he is proving the remedy (in case of homoeo medication) and necessary antidotal remedy may be selected accordingly in order to have a clear picture of the patient.

In order to detect the main miasmatic diathesis the interrogation be directed towards family history. The major systemic disease which had been suffered by the patient's parents transmit a taint in the successor (which is called hereditary taint) making him a chronic patient. The hereditary taint may be corrected by providing a good nourishing environment, food and anti Miasmatic treatment.

Enquiry be made about the area and house where the patient lives in. Damp house or house situated near a mill where the chimney throws up huge carbons in the air, polluting the whole atmosphere is an important factor for pointing towards the correct remedy.

The caste religion and community of a man may also help you to decide a remedy for the given case. Bengalees eat plenty of fish, rice, sweets (Nat S. Calcc), Punjabis eat paratha (Puls, C veg) and oily food. Meat and fleshy food are found plenty in Muslim diet (puls & Mag C) but they do not use pork; so they are not liable to hook worm infestation.

Privacy:

Nobody wants to be ridiculed and as such every patient wants privacy when telling symptoms to his doctor, so that nobody over hears his story. So the patient should be given full protection in this regard. It is really a sorry state of affairs to mention that most of the homoeopaths do not bother in this respect. His feelings must not be hurt, rather his wrongs may be corrected in a friendly manner so that he never tries to hide his weakness to you.

Enquire his strong likes and dislikes, his aversions and cravings. Just watch his expression minutely when he replies to your ques-

tion about cravings and aversions. Suppose, you ask him 'what do you like most to eat' 'Oh! I like sweets very much, and while telling so, his eyes will be beaming with joy of eating sweets. But if he answers like this 'I like sweets'. This cannot be termed as 'Cravings'. This is simply his likings, and this statement should not be considered as symptom. The evaluation of symptoms should be done critically.

Occupation:

Occupation/Profession of the patient should be enquired as he may contract the disease as occupational hazards. In this connection, the famous story of our master Hahnemann discovering Sepia as a medicine for painter's diarrhoea may be recollected. The painter whom he was treating for diarrhoea was painting a picture with sepia colour and while painting he was moistening sepia colour with his tongue and so his diarrhoea was not being cured. He was cured with Sepia at last. Now-a-days people work in various factories, mills, godown warehouse, press wherein they have to counteract with various poisons, smoke etc. The press man may need zincum or plumbum as the types he deals with are made of lead and zinc. Persons working in the midst of noise of machine may become deaf gradually. Truck driver's sperm motility may be reduced very much due to heat during driving.

Physical Examination:

Most of the homoeopaths do not feel it necessary to examine the patient physically. Though the homoeopathic treatment is based on symptomology yet it is necessary to examine the patient physically as it reveals so many important aspects to determine the medicine. Despite that the patient does not feel satisfied if physical check up is not done. Feel the pulse slow or fast. You can note the pulse rate and thereby you can know whether he is having any cardiac trouble. Palpate his abdomen and see if there is enlargement of liver and spleen.

Depressed sternum extra finger (Sycotic), warts or node in axillae, operation scar etc. which the patient may not feel necessary to mention can be detected and these signs may be helpful for your treatment. Most of the nasal

obstructions cases reveal nasal polyp on check up. But they never mention of it as they do not know about the possibility of the same. Auscultation of the children chest may be done in the case of colds and cough. When touching his hand, you can feel whether it is sweaty, cold, hot, soft, hard or harsh. Check up his tongue as it is the mirror of the digestive system - coated, dirty, whitish, dotted, red tip etc. The woman patient may be got checked up by some lady doctor or lady assistant as most of them may object to be examined physically by male doctor.

Patient cannot tell you whether burning of his anus is due to the fissure or strangulated piles. Also he cannot tell you whether the discharge is from his rectum or recto-vaginal fistula. In this case, physical examination of anus is necessary.

Before you open your note book to take up a case, you must know clearly what are the symptoms and what is sign. During fever the patient wants to drink frequently. This is the common phenomenon of fever, this is no symptom. But if the fever patient does not want to drink, that is a symptom. Tubercular patient loves fat but his aversion to fat is a symptom. The paralysed part will be cold to feel but if you find it warm, it is a symptom. In hemiplegia the paralysed side of the patient is colder than the other. Dr. Pierre Schmidt says, "for this you must know the disease, you must be a good allopath first."

Dr. Kent advised to write down all the symptoms on the right side which are non-Pathognomonic symptoms—the symptoms which are not habitually occurring in the disease" and to the left margin of the page he advised to write all the Pathological symptoms. As the pathological symptoms which pertain to the disease only cannot be considered as a symptom. Symptom is the out cry of the vital force of the patient by which you can spot him and can differentiate from other suffering from the similar disease. Pregnancy is sign but burn, sting-biting is no sign. This is accident. Here the patient is inflicted by some outer force and his vital force is unaffected.

Chronic and Acute Case Symptom:

While taking up the acute case, consider the acute symptoms only and do not go for

looking into the family history or hereditary taint. Always stress on the prominent symptom being exhibited by the patient. The bold type symptoms should be considered first. Dr. Schmidt says "It is only when you have no results that it shows you it is not a pure typical acute case but is an exacerbation of the chronic disease." And here we make a distinction between the chronic and acute, there is a bridge and in the middle of the bridge is what we call the exacerbation of the chronic disease which sometimes flows up. There you can give your remedy which first is the acute one, then comes or follows the chronic one.

When a patient of chronic disease suffers from acute one, his acute symptoms only may be considered for medication and no confusion be created for taking the totality of his symptoms comprising of his chronic and acute disease.

In the words of Dr. Kent, "Avoid getting confused by two disease images that may exist in the body at the same time. A chronic patient, for instance may be suffering from an acute disease and the physician on being called may think that it is necessary to take the totality of symptoms, but if he should do that in an acute disease, mixing both acute and chronic disease together, he will become confused and will not find the right remedy. The two things must be separated." (Lectures on Homoeopathic Philosophy—Page 194).

Some times patient cannot give you the symptom of his epileptic fits or such symptoms as occur in him during loss of his consciousness. Then in this case, his father, mother, relatives or attendant should be called for giving the symptoms.

Iris Diagnosis

Iris diagnosis (Dr. Sinabe in German) of which Dr. Pierre Schmidt has said in his booklet, "The Art of Case Taking", is most interesting. He says, "Everybody is divided into two parts or two poles, the right one if father's side, the left one is mother's side." The 12 O'clock position of pupil (normally which should be round) indicates grief. But if it is in the left eye, it is revengeful feeling or rage inside, any angry feeling against