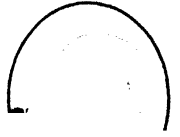


# Interview Technique – Homoeopathic Perspective

**ABSTRACT:** Interview technique in homoeopathic practice is a highly specialized art reflecting the physicians personality, style, concept of case, man. Almost every master from Hahnemann and his followers have given us lucid directions for taking the case. The outcome of this clinical interview between a homoeopathic physician and his patient is expected to evolve into a meaningful relationship, for therapeutic resolution. The clinical interview is a dynamic communication between patient and a physician. It evolves through verbal interactions as well as nonverbal expressions. In operational terms, a person with fair insight into his prejudices, so that they do not distort his perceiving beyond the tolerance zone of functioning can be said to be nearer to the state of an unprejudiced observer.



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The prime objective of Homoeopathic case taking is to collect data and record faithfully the picture of suffering (Disease Diagnosis) of each individual patient (Person Diagnosis) in such a way that the indications for the similimum (Remedy Diagnosis) emerge out of it.

Almost every master from Hahnemann and his followers have given us lucid directions for taking the case and it is indeed difficult to add anything new on the subject. Yet every physician of each generation approaches the problem in his own way reflecting his personality, style and concept of case. This also reflects his concepts of Health, Disease, Cure and Man in general.

The outcome of this clinical interview between a homoeopathic physician and his patient is expected to evolve into a meaningful relationship, which will set the path for a therapeutic resolution of the problem presented by the patient and comprehended by the physician through reciprocal discharge of responsibility in an efficient manner.

We are all aware of the areas of complete homoeopathic case record ie Preliminary informa-

tion, Chief/Presenting/Associated /Past complaints, Family History, Personal details of Family/work/Society, their bearing on illness, Physical Examination and Lab findings.

A novice often treats case recording as a question-answer format. One collects the data but does not "receive a case".

On the other extreme we ask too many questions for 'what we want' but fail to understand what bothers the patient more or what his concerns are. We are blocked by a frustrated patient who retorts "Why do you need to know all this?"

An old lady about 65 yrs walks in a consulting room of a Homoeopathic Physician. She is accompanied by her son. The young Physician, after receiving her and noting her preliminaries viz, name, age, address etc, asks her complaints (She is from a middleclass Maratha family, studied up to 7<sup>th</sup> standard). She has a chronic headache for last 20 yrs. Son interrupts stating that she is taking medicines for Hypertension since last 4 years and shows the tablets and prescription.

Physician notes it down. Physician then again focuses his attention on the patient. He struggles to

ask her the exact location of the pain, the modalities and so on. She displays a distinct discomfort at the type of enquiry. The physician is right in his 'way' as he is expected to get the exact LSMC of the complaints.

She conveys her despair that in spite of all the medications, she is suffering and adds that sometimes tension increases the headache. He gets excited that he has hit the jackpot. He is eager and asks her what tension? She is quiet, looks here and there, looks at her son, and looks down. Physician is confused. He makes another attempt. Patient does not oblige. Son interrupts "Just routine household matters she gets affected."

Now the physician is blocked to go ahead.

### WHAT HAS HAPPENED?

The Physician is eager and ready with all his knowledge to take a case. He is QUESTIONING without being SENSITIVE to her. Is the patient in a position to give her case? Is she prepared? Does she know what a Homoeopathic physician wants? Have they developed a rapport so that she is able to share with him her innermost feelings, what bothers her most, what is the cause of her sufferings? Does the clinical setting offer them enough 'time and space' to understand her as a person in health and disease? Is the patient aware what information homoeopathic physician needs?

The clinical interview is a dynamic communication between patient and a physician and not just a question - answer or data collection session. The communication evolves through verbal interactions as well as nonverbal expressions like facial expressions, gestures, body movements, periods of silence, etc.

Physician needs to cultivate sensitivity to observe these facets of interview, so that he can 'take in' the entire interaction. He has to evolve faculty to understand the factors that allow an interview to develop. He has to be sensitive to the nonverbal responses of the patient and accordingly modify his technique. Hence he should be in a position to answer questions like What, How, When and Why.

Is this possible for a novice at the outset?

An external observer who has experienced this process can be an asset in this situation. They can learn from each other later on in group discussion. In short he has to evolve himself to the level of an internal observer of his own self.

Master Samuel Hahnemann has clearly laid down the demand on the Homoeopathic Physician to evolve as an unprejudiced observer by presenting concept of man in the first six aphorisms of Organon of Medicine. In operational terms, a person with fair insight into his prejudices, so that they do not distort his perceiving beyond the tolerance zone of functioning can be said to be nearer to the state of an unprejudiced observer.

His only mission was to relieve the suffering of human being, restore them to happiness and health. He propagated and strived throughout his lifetime to develop methods and techniques which will be gentle and easily understandable and which will be long lasting (cure). To do this one has to be knowledgeable in basic sciences, diseases, causative, maintaining factors and obstacles to cure. Above all he should be a man of character and culture who understands man as a human being. Sensitive enough to receive the suffering and wise enough to handle them with effectiveness and efficiency. He should understand the man in his suffering, with respect to his family background, social behaviour, his habits, occupation, attitude and ambition (desires ie his life-living his, value systems)

The most important fundamental issue that he stresses that one can know or understand others when one knows one self, ie one should know one's prejudices.

Now in 21<sup>st</sup> century we have been blessed with advanced technologies as computers, internet, mobile and other sophisticated machines. It has changed the way of communication, a way of life, relationships and values of life, habit, attitude. Need of the day is different, luxury of past has become the need of today. To understand the man in today's present setting will require firm update

over self data base, changing concepts in the basic sciences and stress and strains of today's life.

We need to study and understand the Concept of Man because our concept of man and the model on which we study the mind will decide understanding of perceiving patient as a person, as a human being as it will also decide our study of Homoeopathic Materia Medica it will decide the striking similarity between portrait of the patient and the remedy.

So to practice and evolve the **TECHNIQUES ONE HAS TO ASSIMILATE THE CONCEPTS FIRST**. Then one has to act on it in different situations which we encounter, be sensitive and open to the feedbacks from patients, observers and colleagues.

In Organon of medicine, Aphs (83-104), Hahnemann has given all the necessary directions of do's and don't's of case taking. Later on, all the masters have also contributed with their experiences. Stuart Close states the importance of knowing what we need. He also emphasizes the precedence of senses over the technology to perceive the patient.

But how they are to be internalized and applied in varying clinical situations?

We as physicians are prepared with the theoretical readings. We need also to **ORIENT** our patients, considering their socioeconomic-education for the type of information we need for homoeopathic prescribing.

#### PREPARATION

Many of the things of which we speak, when it comes to taking the case, may seem very common, but there is nothing in the practice of homoeopathy upon which so much depends as the thorough comprehension of the background that we must have in taking the case, and getting the case properly before us for analysis.

Physician should formulate a careful and critical analysis of all the information and documents submitted by the patient in advance, supplemented by necessary readings. The formulations if any, must be based on facts and should be open to accommodate new facts during the actual interview

and hence subject to review.

#### ATTITUDE

The attitude of the physician should be one of absolute rest and poise, with no preconceived ideas or prejudices. He should be in a quiet, listening attitude, and as the case is presented to him he should have no previous impressions as to what remedy the patient will require, because this of itself would bias his judgment.

**CASE EXPERIENCE continued** - The above mentioned patient was given a history form. Her son was **ORIENTED** towards the need of detail information for selection of Homoeopathic remedy through the form. On next visit she was called in alone in the consulting room. The history written by the son was helpful to note that they have come up from a previously poor socioeconomic strata. Her husband was a flower vendor. Son was working with a Share Broker. It also gave information of a sensitive area in her life. She had lost her elder son due to Leukemia and DIL due to Tuberculosis about 4 years back. But the history did not reveal the feeling state of the patient. Analysis of the document enabled the physician to realise the need to develop a proper rapport and gain confidence of the old lady to **UNDERSTAND** her as a person in Health and Disease. After sensitively defining the Family area, she could share her brooding, struggle to steer the family through poverty. Her tolerance of an alcoholic husband; the silent reserved displeasure over her elder son's love marriage, non acceptance of DIL, grief after his untimely death due to Leukemia, and DIL's death within 2 weeks following the son's death. Present anxieties revolve around the eldest grandson 9 yrs of age. He is a hyperactive child who cannot be left alone for a minute. He has often done acts in the neighborhood inviting quarrels. Patient's younger son takes all the care, but his attempts to discipline or control are viewed otherwise by the anxious grandmother. **INTERROGATION** and **LISTENING** allowed the physician to integrate the various life space events, it's impact on the person, her characteristic expressions at level of mind and body and derive the

understanding of her disposition and establish relationship between her disposition state and disease.

This also helped in EDUCATING the patient and her family about the nature of her illness and relieve their anxiety

### INSTRUCTIONS

Allow the patient to express his experiences in own words. When, how he became ill and exactly how he feels. Do not interrupt. Continue interested listening until he (seemingly) has exhausted his story. Guide him if he gets blocked and you feel more information can be got.

Avoid all leading, direct, questions that may be answered with a direct affirmative or negative, or questioning along the line of a remedy.

The physician's degree of success in obtaining the proper symptom picture lies in his skill and patience. He must be a good listener. Get the patient to talk, and tactfully keep him talking about the

symptoms rather than wandering far a field. Then cultivate your powers of listening and give your powers of observation full sway, to form the complete picture of the little details and habits of your patient.

It has been said that for medical men; especially, homœopathic physicians, it is eminently necessary to be past masters of the art of cross-examination; and the observance of the patient's every movement and expression should be a matter of record. All education and training begins with perceiving. We come face to face with ourselves (our life and living) in the process of exploring our patients lives. Sensitive Observer aids in making us aware of these unknown aspects of our prejudices. All education and training will continue when we have learnt this art of perceiving without PREJUDICE with conscious awareness.

We then travel the path towards becoming the Master Observer.



### Amazing.... Scrabble

(sent by Ann Tacey)

ASTRONOMER: When you rearrange the letters:

MOON STARER

DESPERATION: When you rearrange the letters:

A ROPE ENDS IT

THE EYES: When you rearrange the letters:

THEY SEE

GEORGE BUSH: When you rearrange the letters:

HE BUGS GORE

THE MORSE CODE When you rearrange the letters:

HERE COME DOTS

SLOT MACHINES: When you rearrange the letters:

CASH LOST IN ME

ELECTION RESULTS: When you rearrange the letters:

LIES - LET'S RECOUNT

SNOOZE ALARMS: When you rearrange the letters:

ALAS! NO MORE Z 'S

A DECIMAL POINT: When you rearrange the letters:

IM A DOT IN PLACE