

THE HOMOEOPATHIC INQUISITION

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writes on the fascinating art and science of homoeopathic case taking and suggests practical tips on how to record a case.

Practically every day, I get letters not only from patients seeking advice for ailments, but also from doctors with a poorly filled in case history. They want to know the remedy for chronic headache, arthritis, renal failure and scores of other diseases. Some of them are teachers in recognised homoeopathic colleges. May God help the students who are taught by them. Some of these letters are on file but, it would not be in order to publish them. Many years back, I had seen some of these peculiar cases, where 40 to 50 remedies were prescribed one after another with very little case taking and no concern for potencies and relationship. What is wrong? Where is the fault? What is the loophole? Why do most of the homoeopaths take cases with utter disregard?

Homoeopathic case taking and the method used by our master, Dr. Samuel Hahnemann, and his distinguished followers like Kent, Clarke, Nash, Sir John Weir, Margaret Tyler, and Pierre Schimidt is unique; I would say far superior. As far as one knows, no other medical science follows this detailed method of case taking, except may be psychiatry.

In Homoeopathy, a case well taken is half the work done and if we allow the patient to narrate his or her sufferings, they feel happy, relaxed

and by the time they leave the consulting room, they feel much better. This is true for chronic cases only.

The general pattern is that, if a patient approaches a medical man for indigestion or pain in the abdomen, the doctor examines his abdomen, feels his liver and spleen, does a stool examination and prescribes the medicine. In spite of that, if the patient is still unwell, an X-ray of the stomach or digestive tract is advised and it is all over. The same is true for pain in the chest or chronic cough. A physical examination, an X-ray, an ECG, and then the medicine is given. The doctor does not take the trouble of examining the chest in the former case, and in the latter, the abdomen. Specialisation has gone so far that they only examine the organ for which the patient has complaints and nothing more. A surgeon examines piles or fissure and advises surgery. This method, according to them, is satisfactory. But not for us. Ours is a holistic method. We not only examine, but elicit symptoms from other parts of the body, including the whole human being. We try to study a patient physically, mentally, emotionally and sociologically. A homoeopath, as far as possible, comes nearer to the patients, and he creates confidence in them.

The patients, when they approach us for the first time, expect good manners and good words from us. Because, very often, they have gone round in a vicious circle, from their family physician to a specialist, to a pathologist, or a radiologist and finally, to a surgeon. So, when the patient approaches you, please wish, "Good morning" or "Good evening". Let him settle down in a chair. As far as possible, you must be alone with the patient. In case you have an assistant, please mention that he or she is your assistant doctor; otherwise, the patient is confused or feels shy or hesitant to tell you some of the symptoms. Please do not ask straightway, "What is wrong with you?" Because, this is the exact reason, or thing, for which he is approaching you. You may take down the patient's name, age, address, his profession, and then politely say, "What brings you to see me?" or ask, "What is your main complaint?" Please allow him to talk about his complaints; and it is our personal experience that the patients talk about their local or presenting complaints only. The general ones are left to us to get from them. When they stop talking, ask them, "What next?" or, "Anything more?". Here, you may often find that, the relatives who are with the patients, also talk a good deal in between. Relatives or friends are helpful when the patient is not able to talk, or has less intelligence, or is a child. So, as far as possible, let the patient talk to you alone, unless accompanied by the wife or the husband. Even then, after finishing the case taking, when in doubt, I request the wife to wait outside, mentioning that you are examining her

husband; or when it is not possible, I just whisper in the ears of the husband to see me alone next time, and tell her not to take the trouble of coming so far; to elicit the symptoms of the miasms.

While listening to the patient carefully, observe the personality of the patient, their appearances - whether they are sad, depressed, shy, suspicious, nervous, or restless. Suspicious patients keep looking in all directions, to see whether anybody else is listening to what they say, and are not comfortable in their chair. Observe the dress of the patient - whether clean or neat, fastidious or dirty. This will help the physician later on, when he wants to find out mental symptoms. If the patient is very loquacious and digresses very often, that is a symptom but you can gradually divert him by telling that you are now going to ask him some questions. Most people approach the doctor for pain. So, please ask them first the time of pain, exact site of pain (location), type of pain (sensation), what increases or decreases the pain; i.e., is it worse or better by movements or by rest? What is the effect of heat or cold (modalities)? When there is a pain in a particular part of the organ, are there any other symptoms along with the same? For example, with a severe headache, is there vomiting (concomitants)? Ask them whether the pain extends elsewhere; e.g., the pain in the hip or back extends to the whole of the lower extremity, or pain starts from the occiput and radiates to the right or left eye (radiation). This is all about his particular or local complaint.

Now is the time to obtain general symptoms - his reaction to climatic conditions. Explain that there are three climates in our city. "Now which one is more suitable to you" or, "in which climate are you uncomfortable?" Very often, we get a reply "I don't mind any." Once again, put it to him, "In which climate does your complaint increase?" Here also observation is important. If your room is hot, he sweats, looks out for a fan, and wipes his perspiration. Such a patient goes into the category of a hot patient. The chilly patients will request you to switch off the fan or air conditioner. They are generally dressed in warm clothes. Those who are worse in wet weather will tell you that their joints are paining or their asthma is worse with the advent of monsoon. There is a class of patients who do not like the change of weather from hot to cold or vice versa. Also, thunders, eclipses and phases of the moon affect them badly. Some will take a hot bath even in hot weather; some will always take cold bath even in cold weather. You can easily adjudge the type of patient.

Next in order, you must question a female patient regarding her menstrual cycle. Many female patients are surprised about this question, if she has come to you for the first time and has a chronic headache or rheumatic pain, as previous physicians have never asked this question. Please verify whether the cycle is regular. Is there any pain before, during or after menses? Whether the flow is scanty or more : any white discharge, its consistency and odour; the number of children, whether deliveries were normal, any persistent nausea or vomiting

during pregnancy, or any pain in the breasts before or during menses. If the patient mentions, of her own free will, about her sexual life, you may take it down. Or else take up this matter, for both males and females, a little later.

Constipation is a modern disease. So, now question them about their stool, and very often we will have a commentary on the number of fancy drugs they have taken for constipation and the names of doctors they have consulted. Try to find out the type of constipation. Later on, ask about urinary conditions; is it satisfactory or is there any frequency at day or night, whether there is full control over urine or it escapes. When coughing or laughing or, when retaining.

There are some symptoms which are called PQRS symptoms. They are like severe burning in the rectum or some other parts of the body, which feel better by hot and very hot applications. Though the patient feels very cold, still he prefers cold drinks. There is high fever, still he is thirstless. Severe headache, like a nail pricking, but still the patient prefers to sleep on the painful side.

Now, you must enquire about his desires, cravings or aversion to food and drinks. They will be interested in telling you the same.

More important are the aggravations from food and drinks. They may be allergic to a particular food and drink. Enquire about thirst, because we have a lot of thirsty and thirstless remedies. What type of food or drink is preferred, i.e. steaming hot tea or ice cold drinks? Craving for sugar is normal in human beings but, when one

dislikes sweets and prefers salt in excess, it becomes the symptom of a disease. A child may desire chalk, wall plaster or rubbish, and some children pass urine or stool, dip their fingers, and put them into their mouth.

With modern patients, we have to verify their desire for alcoholic drinks and smoking : how much and with what effects. In our country, a lot of harm is done by chewing tobacco and pan. It is our duty to advise the patients accordingly. Next question comes about sleep; whether it is normal or disturbed. If possible, what is the position they adopt or in which posture they are more comfortable while sleeping. Any dreams or nightmares. Very often, a reply is, "No dream". Here, you have to narrate the type of dreams, like falling from a height or from bed (in those who are vaccinated very often), and they will reply in the affirmative. Enquire about dream of dead relatives, and wild animals. Sexual dreams will be mentioned if you question the patient properly. There are patients who walk and talk in their sleep. This is generally common among children and the parents will mention it to you. 'Leading questions are not to be asked' is a dictum which is good for the books, not for the average patient in our country who is not able to answer or understand our questions unless we simplify or mention the different types for them. If not, we will really miss what is required to be found out. Motion sickness, while riding in a car or bus, swing, merry go round, giant wheel, or sea sickness is to be verified. This often leads to a particular remedy.

To us, the past history of the patient, that is the disease he or she has suffered, are important in finding a remedy. Here too, when you ask the question, the average patient says that he had no disease or he does not know. Here, if the patient is young, the mother will be very helpful in guiding us about past diseases. In this case also, we will have to name the diseases, namely chicken pox, measles, mumps, diphtheria, tonsillitis or skin eruptions, because the child is not aware of the same. Also, enquire about the vaccinations, inoculations - BCG and MMR vaccine. The modern parents will tell us, but, for others, we will have to judge for ourselves by asking simple questions. If the patients bring with them a file of medicines taken. It is good and we can record the ill effects of the same from intelligent patients. I have found very often that Thuja antidotes the vaccines and seras. Older patients may be able to tell us about diseases like malaria, typhoid, dysentery, jaundice and eczemas. But here, too, we will have to mention the names of some of the diseases to average patients. Past history of falls, injuries, accidents and particularly injuries to the head are very helpful in understanding present ailments. Very often, we will have to repeat the questions about skin diseases which were suppressed and only then will the patient tell you, "I had an itch many years ago, and some wonderful ointment was applied and I felt better. But ever since, I am suffering from chronic headaches."

Next comes the family history of the patient. Here too, many patients do not know what diseases their parents or grand parents died of

or they suffer from. People from the countryside and villages tell us that their parents died early and they do not know anything about them. City dwellers and a better class of patients are helpful. But, here too, we will have to question them. Please enquire for diabetes, heart disease, lung diseases like asthma, chronic bronchitis and particularly skin diseases in parents or near relatives. Very often they deny any history of tuberculosis. But, when questioned, whether they had pleurisy or any one of the parents died of the same, after a little hesitation, the reply is in the affirmative. Malignancy is now quite common and you may get a history of parents or grand parents, or dead, from the same diseases

Kentians must have mental symptoms to prescribe. It is not a must for people like us because, at times, we find the patients have even temperament, reacting normally to external environments. If so, one could safely prescribe on general symptoms. By the time we finish case taking, for about half an hour or more, the patients would have been with us. Being a shrewd and intelligent physician, one must have observed by now the state of mind of the patient. How he or she answers your questions, whether they look sad and depressed or smiling and gay, in spite of their illnesses. Very often, female patients weep when giving their symptoms. They look hopeless or dejected. Dr. Pierre Schmidt suggests that we question the patient in this way, "What is in your life, the greatest grief that you have gone through?" Some have been duped, some have broken love affairs, some

have lost their parents early, some have speculated and lost all money, and many more such things will be told. Next ask, "What was your greatest pleasure?" They will tell you about the past romances, about the money that they made, their pleasure trips, and so on. Some patients have various fears, anxieties and anticipations. Gradually, draw them into conversation and they will tell you many more mental symptoms. Fear of dark, fear of dogs, cats and robbers will also lead to certain remedies. Impatient patients become restless if you take a very long time with them. They like to finish the conversation soon and want a remedy. Anxieties and anticipations can be verified by gently asking them whether they are very particular about appointments and time, and they will tell you, "Oh Doctor, I was getting ready from morning onwards to come to you on time." They will also tell you that they are very particular to visit places, and they feel they will miss the train or bus. They feel nervous if they have to attend a court case or keep an appointment with a responsible person. When they know that you are interested in their temperaments, they will themselves tell you that they are very irritable or nervous or fearful, they enjoy company or they prefer to be alone. At times, they will tell you they are fed up with this world and their sufferings and they want to die. I had a case of rheumatoid arthritis in a middle aged man who had very severe pains and besides psora he had a history of the other two miasms as well. One day, tears came to his eyes and he told me that he wanted to commit suicide. Aurum Iodide came to his rescue. His joint pains are better. He is more

steady and wants to start his work. If the patient is very obstinate and does not tell the symptoms, the best guide is the husband or the wife, as the case may be. In such cases, we have to request the husband, as far as possible, to come alone next time and not to bring his wife. He will reveal her personality very well. For young children, parents are there to describe their temperaments and for a small child, I have always found mothers more useful than fathers.

Last, and the most important, are the sexual symptoms on which we just touched casually. The sexual behavior of the patients require confidence and privacy with them and you will hear wonderful stories of their abnormal behavior too. Males, when questioned properly, in a tactful manner, tell us about the other two miasms besides psora. Ask them whether they had any discharge or pus from the uretha, or some eruptions or boils on the genitalia and they will tell you they had some eruptions in the past or had a boil in the groin which was lanced. Now, inquire whether they are happily married and have a satisfactory sex life. Here, you will be able to know about the partner too. Very often, it is very normal but, at times, the story is very tragic. Due to the partner offering resistance, who may be a sepla type, he may not be satisfied. Please do not write what they say in their presence; if you do, put it in code words, assuring that no one will understand what you have written.

Finally, advise him about diet, depending on the case, and do not forget to do a physical examination. It is a must. One patient told me that his previous doctor kept on writing pages

after pages, and gave him medicines but did not even look at his face. He was not absolutely satisfied. Please take the patient's blood pressure, examine his ears, nose and throat and do go through the file if he has brought with him. This will very often satisfy the patient, and the method shown above will put him on the road to recovery, as you will be able to find a suitable remedy.

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