



Case-taking: In Serenity and Calmness

ABSTRACT:

Begin interview with no fixed format or idea. No pre-occupation then thoughts, no prejudice by homoeopathic medicine. Let the patient speak Be Still. Be dynamic. Let all senses be active and you will receive the case.



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No fixed format, without any fixed idea or format. Let the patient describe c/o as they wish, then arrange as per our system. P/H, F/H interrogations and sexual behavior only when patient has due confidence in physician. No attendant allowed in 1st instance. Investigations to be seen only after full case is taken. Sometimes just observation leads to remedy. Homoeopathic medicine is dynamic; symptoms are dynamic so the homoeopath should also be dynamic in case taking, without any fixed idea or format while detailing a case.

He should arrange symptoms afterwards in the form he likes for analyzing the case.

Let's still our mind with no ripple of thought waves nor muddle our brain with possible therapeutic medicine. If some medicine arises in mind, it should be noted in the margin of the record book with a view to give second thought to it.

Let all senses be active and well to listen, to see, to smell and then analyze in contemplating mood in serenity.

Mark what the patient says or does during a little pause given during description because it is an important factor - disclosed inadvertently from the subconscious mind where the root of disease remain in repressive form. This is especially applicable in the chronic disease, of course, as we homoeopath mostly get the chronic cases. In acute cases we must follow the prominent symptoms and situation as appear before us.

The patient's past history and family history should be obtained in detail with an utter perseverance so

as to apprehend its miasmatic background and to form a correct anamnesis.

Other than the family history of the patient we must enquire about the major ailments and infectious diseases the patient might have suffered right from childhood. These infectious diseases are called mini miasm and the after effects of such mini-miasmatic diseases are to be eradicated by giving corresponding Nosodes in order to have better result of the indicated remedy.

Interrogation about his sexual behaviour should be done only when the patient is seen to have due confidence in the physician otherwise he/she will not give the right perspective on this very important aspect.

No attendant should be allowed to accompany the patient when taking his/her case in the first instance, as the attendant may be husband, wife or bosom friend, will disturb by prompting the symptoms which he/she observed or experienced beforehand. The attendant should be called in, if necessary, after the complete case is taken to verify, confirm or cross-examine the symptoms given by the patient.

As it is said that a well taken case is half cured, the patient should not be allowed to leave the consultation room until and unless he/she runs dry of symptoms; or else he/she will add or modify the symptoms in every visit/sitting in due course.

X-ray, USG and other pathological reports should be seen only after the case is taken in detail; or he/she be advised to bring required examination reports in due course.



Sometimes no symptom can be had from the patient, as he/she does not know how and what to be observed in himself/herself. Such patients should be educated first to observe symptoms.

The patient may not give any symptom but his behaviour and demeanor observed during the consultation may guide you to select the remedy. For instance, I may cite a case of traumatic amnesia (NJH Sept-Oct 2002). The patient forgot everything. When he was brought he was very restless. He sat and then got up and walked out of the room and again came and sat down to get up after a while without giving any tangible symptom. I took his restlessness as the chief eliminating symptom and prescribed *Rhus-tox*, which helped him surely to get back his lost memory. Another case (Homoeopathic Heritage June 94 P 394) of a boy suffering from acute cough and involuntary passage of urine all the time received a few doses of *Belladonna* on the very symptoms of spitting on my face when I had asked his name. He repeated this behavior 2/3 times and then without seeing any other symptoms I decided to give *Bell*, which brought me sure success.

In this context I remember a case of Dr Rajan Sankaran who prescribed *Kali-iod* to a lady for her insomnia on no symptom but her jesting temperament. She said that when she was sleepless and awake whole night, she used to sit before God with the plea that she will not allow her God also to sleep. Another case where, when his convulsion over, left him exhausted (opposite to *Nux-vom* which has convulsion with consciousness and there remains no prostration after attack)

He sometimes feels like dancing singing with funny, grotesque gesture. It may remind one about *Hyoscyamus* who also dances and sings doing a lot petting and exposing of themselves.

Everything appears strange and terrible. He stared at things. His senses have been disturbed. He confounds present with the past and future. All this happens to him because of cerebro spinal affection which may be due to head injury. His head symptoms are relieved after passing flatus. Indigestion and flatulent colic also brings him sometimes severe convulsion.

After he had suffered head injury in his childhood he got the complaint of diplopia. Also when reading he feels the letter disappear. He got strabismus.

His wife gets jerking tearing pain in her coccyx during menses.

The child was by that time observing the whole scenario and apparently he was found very confused. His small pocket was stuffed with piece of charcoal, brick-dust, pencil, rubber etc which he used to eat at his pleasure. He gets itching crawling in rectum as if from pin worms. He grinds his teeth during sleep like *Cina* patient. On this very particular symptom his parents got him verified medicine which did no good to him. Thus the whole of the family depicted the classical symptom of *Cicuta-v*.

Violent Situation of *Cicuta-virosa*

An old man was enjoying smoking near window of a big community hall. It was a strong chilly winter of December. The strong dry winter, cold draft was obviously lashing over the face of the old man. A small kid, perhaps his son, was standing close near him. Suddenly I found the old man doing some violent physical movement with frightful distorted gesture of face and hands and feet. His mouth was frothy and jaws locked. He started howling at the same time. His body became rigid, head, neck bent and spine backward. Hearing his howling sound some people who were enjoying coffee break got around him soon and caught hold of him as he was about to fall down.

At first I thought he was doing this absurd thing for no reason, perhaps just for merrymaking; but soon I realized it to be Tetanic convulsion, Epileptiform. His body started bending backward, was found to have much vigour unusual for a normal person. After they stripped off his body some patches of eczema seen on his head, scalp, chin face which was covered with lemon coloured crust. The eczematic patch was not broken or disturbed, its surface was found intact because perhaps he does not need to scratch them due to lack of itching sensation in the eczema.

