



Case Taking: Straight from the Heart

ABSTRACT: The meaning is very simple that we have to take the case. But How to do this? Many a times we experience difficulties in case taking. Wherein lies the difficulties and why? To answer these questions, understand the whole gamut of case taking and case receiving- understand what is the 'Case' and 'taking' and 'case' and 'receiving'



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I have tried to focus on the basic concepts of case taking and difficulties we face in application of these concepts in clinical practice. Through this dual approach we will try to evolve a comprehensible understanding of case taking and case receiving in homoeopathic practice. For the convenience of understanding, it is better to deal with the two words independently. Thus we shall deal with 'CASE' and 'TAKING' independently. But when applied together, the relation these two words bear with each other is that *"the former will determine the latter."*

With an understanding of newer developments of modern medicine we are achieving greater clarity of signs and symptoms, and its relative value in homoeopathic symptomatology in terms of common and characteristics. The more we physicians evolve in our understanding of pathophysiological basis of symptoms, more we evolve in our interpretation of symptoms, in terms of common and characteristic symptoms. This is the matter of knowledge that we have imbibed, through our study of literature as well as our clinical experiences. In other words, these are prejudices that we have imbibed. This allows correct interpretation of symptoms and definition of the case.

But the demand on homoeopathic physician has always been to evolve and maintain an unprejudiced state of mind so that patient and his symptoms are judged and interpreted most appro-

priately. But experience demonstrates that without knowledge or prejudice, it is impossible to judge anything. Following case will demonstrate how our prejudices influence our actions.

CASE 1: Mr SMB, 38 yrs, complained of occipital headache since last 4 to 5 months, < only in the evening after coming home from work. Throughout the day it is only minimal.

So we have characteristic location 'occiput' and characteristic modalities '< evening, < mental or physical exertion'. Characteristic means of high prescribing value. Subsequently the remedy was prescribed, but without any benefit. The treating physician had a narrow escape: the patient left him to approach another physician without asking for any explanation as to why he was not relieved? Both of them are comfortable in blaming homoeopathy silently in their mind for its uncertainties. But... another physician reviewed the case. And he diagnosed it to be Cervical Spondylosis on the basis of X-Ray cervical spine and physical examination. The evening aggravation, now became a result of patient's constant sitting on computer for the whole day. So what is the 'CASE' for the first physician and what is the 'CASE' for the second physician? What is the role prejudice or experience played for both? It is clear that it played the role in determining the 'TAKING.' The knowledge has allowed to take something out of the case in a particu-



lar way. This is how 'CASE' determines the 'TAKING', and 'KNOWLEDGE and PREJUDICE' determine the 'CASE.'

A blank space between the two words Case — Taking, accommodates this prejudice as an operational phenomenon in determining the "CASE." Awareness allows their use a lot more consciously and with definite plan. These than reduces the chances of misjudgment and errors. Prejudice will guide the actions in right or wrong direction. It is a double-edged sword that cuts either side. One has to be very careful in its operations. Awareness of our knowledge and lack of it, will allow or disallow proper investigation and judgment in the case. Once this awareness is reached at a common standard for both the physicians there would be no deviation in understanding about what is the 'CASE' for both the physicians. I have tried to emphasize the need of clinical judgment, symptom analysis and classification, standardization and understanding the role of prejudice in case taking in homoeopathic practice.

Let us deal with another important aspect of the 'CASE' in homoeopathic practice.

While we are interacting with the patient, we have to be fully aware that we are dealing with a "UNIT," - a conglomeration of mind and body - a state of continuous, ongoing, interrelative interaction between the two. In patho-physiological terms, we understand this state as P-N-E-RES axis, through which all the operations of mind and body are carried out in a harmonious way. This harmonious functioning can be disturbed due to disturbance in body or mind. This is how we understand psychosomatic and somatopsychic aspects of an illness.

In its evaluation, mind is given more importance than body. We have dealt with body part while dealing with clinical aspect. Now we will deal with mind. We have to deal with nature of disturbance and the cause of it. It is less difficult to understand the nature of disturbance because

it is available to us through signs and symptoms in patient's actions and functioning. It is difficult to elicit the cause of the disturbance. It is hidden very deep, sometimes at subconscious level.

"Disregarding either mind or body will fail to yield fruitful outcome to the hardest of attempts made by the physician in restoring sick to health to cure permanently and gently."

Following case will demonstrate how the mind and body both are given adequate importance in homoeopathic practice to give individuality and study a person in his totality.

CASE 2: PRELIMINARY INFORMATION: Mrs RRC, 40yrs, housewife, Hindu - Chohan, Native UP, Illiterate. Married since 25 yrs. Husband is a fitter in factory

4 Children - 2 sons -23 y/21 yrs: studying

2 daughters-elder married/ younger -studying

CHIEF COMPLAINT: Dry cough with dyspnoea², since 2-3 months. < Thinking about illness², when alone². > Open air², anti asthmatics Rx² -oral + inhalers. *Ghabrahat*², dryness of mouth², and fear of death² when dyspnoeic. The complaints have started after Pneumonia 3 months back, which was treated by allopathy.

LIFE SPACE: Patient lives with her husband and children. Paternal side very rich. Though her husband is in service, patient has acquired lot of properties in last 25 yrs, which she has rented and earns handsomely and keeps on adding new properties. She further plans to develop the properties at her native place also. The idea is to become big financially and establish her children. She is dominating; even husband does not go against her. She claims that she is doing all this for her children and wants children to appreciate it. She gets very angry if someone criticizes her for her landlord status, or for being egoistic. But she immediately makes up in a day or two, especially if they pamper her. She gets tense over children's education and expenditure. She gets angry on them if they don't study. She is always ready to help her relatives and neigh-



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bor. As her uncles and brothers are having good job in railway she wants her children also to get educated and get good job. She was very attached to her father who was a motorman in railways; he died 2 yrs back in an accident. Since then is anxious about her health and gets attacks of fear on and off, more when she is alone. After father's death she worries for her mother and scolds her brothers for not taking care of mother.

PATIENT AS A PERSON:

MENTAL ATTRIBUTES: Egoistic², Ambitious³, Irritable².

ANXIOUS about health², Attachment to parents².

PHYSICAL ATTRIBUTES: Perspiration stains yellow.

DESIRES: Fish³, Egg³, Meat³, and Salt².

MENSES: Menopause since 2 yrs. H/o Menses staining yellow, indelible. Back and leg pain² < before and during menses².

THERMALS: Sun: < Perspiration³, Fan: Winter 3-4 no, summer: full, Covers: Winter: blanket up to neck, summer: '0', Bath: Cold all season. CH4.

TOTALITY

- 1 < Thinking of complaints², when alone², before and during menses².
- 2 >Open air², company².
- 3 Fear of death during an attack of asthma²
- 4 Perspiration and Menses staining yellow,
- 5 Menses indelible
- 6 Desire Fish³, Egg³, Meat³, and Salt²,
- 7 Dryness of mouth during an attack of asthma.

REPERTORIAL RESULT: *Nat-mur* 15/8, *Arg-nit* 15/6, *Lach* 13/7, *Puls* 13/6, *Med* 13/6, *Lac-can* 11/8, *Lyc* 11/6. (Only hot remedies are considered, as the patient is markedly hot.)

SUSCEPTIBILITY: Moderate to high. **SENSITIVITY:** High

MIASM: Dominant - Sycotic

ACTION: *Lyc* 200, infrequently.

RESULT: Significant improvement achieved in the case in reducing the attacks of dyspnoea, need for anti-asthmatic allopathic Rx, and also reduction in anxiety and fear.

An attempt has been made to study the patient as whole. environment and peculiar individualis-

tic response to the circumstances which patient has given, is made note of and subsequently totality constructed. Clinically patient is diagnosed as having Bronchial Asthma following an attack of Pneumonia. Importance to the mind and body given while constructing the totality.

We all have personal experience that we tend to react differently in a similar environment. This is because we are born with a peculiar type of sensitivity. The real cause of the disturbance is this peculiar sensitivity within us, which has hitherto been quiescent. An environment just plays a role in activating this sensitivity. This is the concept of individualization. Case no 2 and 3 together will make this concept more clear.

CASE 3: Ms PNT and Ms MNT, two daughters of an irritable and violent father were brought up in the same environment. One daughter has accumulated extreme vexation and suppressed anger against the father, while other daughter has gone on to reasoning out father's poor mental condition and gone to an extent of sympathizing with father.

We can clearly see from the above experience that same environment can elicit different responses in two individuals. The significance of this observation is understanding the role of person's nature, sensitivity, attribute, dispositional quality, which designs and advocates the response or reaction of an individual to an environment. This gives individualistic value to each of them. Understanding these qualities of an individual is very important. We should not fall into trap of rejecting or endorsing an environment, which has just played as a means in revoking certain response in the patient. ***Study and understanding of this quality of response and the study of this peculiar sensitivity is the 'CASE' in homoeopathic practice.***

The one who is receiving is a scientific physician with a definite purpose. The purpose is so nicely defined by Hahnemann.



"The aim and only mission is to restore the sick to health to cure with the help of most comprehensible principle."

An ordinary healer does not use principles of healing. Only scientific healer uses them. Because principles are tested scientifically before they are applied. In scientific investigation there is no scope for irrelevance. Irrelevant investigation leads to irrelevant conclusions. Relevance in any investigation is brought only by evidence. ***Evidence based investigation is the key to the scientific investigation.***

We have seen in the case of headache where evidence of cervical spondylosis ruled out irrelevant interpretation of modalities. On the basis of investigation the characteristic modalities became common. But we have to deal with mind and body both. When it comes to handling mind we need to be more sensitive and sensible. To conduct evidence based investigation of mind we can't rely on pathological investigation except in some diseases of brain. In that case what will guide the scientific part of evidence based investigation of mind?

For the convenience of understanding, the mind has been functionally divided in 'thoughts', 'feelings', and 'action.' Thoughts and feelings are only felt and expressed by its owner. They are highly subjective. There is only a limited scope of its exact comprehension by the subject himself or herself and by the external observer. Where lies the key than? The key lies only in person's action, behavior, and functioning. No one can hide these aspects. They are very open, objective, and available to the senses of an external observer. We can see in Case 2 how the lady has taken certain actions in her life which allows us to interpret her mental state and attributes as ambitious, anxious and egoistic etc. One can interpret the state of feelings and thoughts from his or her action and behavior. The system of 'Thoughts - Feelings - Action - Commitment - Result' can be used successfully to judge the state of thoughts and feeling of

self and of others by anybody independently without an observer. Dr M L Dhawale has demonstrated this concept successfully in ICR literature through a variety of cases. It is a most scientific approach to the study of mind. The RESULT is an unavoidable component of ACTION. RESULT also has an unavoidable influence on person's THOUGHTS and FEELINGS. So study of person's actions and results successfully leads to an understanding of his thoughts and feeling behind his actions. These components are inseparable units of a wheel on which mind runs and through which all the operations of mind are carried out. When we are clear about all these aspects, we are in a position to understand and interpret a person within us and in patient. ***The interpretation and understanding of the person within, is the 'CASE' in homoeopathic practice.***

A last issue that remains to be addressed: when and why an investigation remains at the level of 'TAKING' and when it turns to 'RECEIVING'. What I mean is that the concepts discussed so far in the article are not new. Most of us are fairly aware of these concepts of case taking. But still in some cases we find an inquiry easy and sometimes we find it difficult. We need to answer why this happens?

Taking is only one side of the coin. The other side of the coin is not taking something. - 'receiving' means accepting the whole. which allows synthesizing a phenomenon in its totality in a comprehensible manner. This is what has been advised by Hahnemann and all the Masters. This is the concept of man in homoeopathy. Omission and commissions at the level of case taking and conducting an inquiry of the patient will permanently impede the physician of synthesizing a precise totality.

Feelings which can disturb us or which we are very sensitive to or which can potentially give us pain, may be not taken up while doing case taking, and are avoided consciously or unconsciously. Or their value may be exaggerated or



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reduced depending upon experiences, knowledge, and prejudices. We will need to identify those issues, resolve them before we can address these same issues in our patients. eg if we get a case of obesity and if I, as a physician suffer from obesity, than how have I dealt with my own obesity will become a guiding force, a prejudice in giving advice to my patient. If I am very much concerned about my obesity and I myself am doing lot hard work to control my obesity, than accordingly I am likely to make patient follow certain disciplines very strictly in diet and exercises. But if I am very casual about it I may advice my patent also to avoid taking much tension about it. Similar issues can arise while judging someone's emotions also.

Being unprejudiced doesn't mean becoming resolved completely. Being unprejudiced means becoming familiar with our resolved and unresolved areas. Becoming aware of our strength and weaknesses. Than only we can keep our subjectivity separate while judging patient. This will ensure synthesis of a comprehensive totality.

Once the physician has evolved this understanding the 'RECEIVING' becomes possible. Now the 'TAKING' automatically becomes 'RECIEVING'. 'Receiving' means welcoming, accepting, allow-

ing to approach you for help, allowing to come towards you, allowing to fuse with you.

As a human being when we are preparing our self to take up a role of homoeopathic physician, we are preparing to take up the task of understanding and resolving our fellow human being. This is such an important and fascinating idea. And the first step in this holistic task is 'Case Taking'. So we have no choice but to achieve clarity on the various issues discussed so far, in order to accomplish the holistic task through understanding of mind and body in a most scientific, evidence based manner. One has to really put his mind and soul in conducting an inquiry. Only than there will be a conglomeration of science and art, which can turn an operation of 'Case Taking' in to 'Case Receiving.' Only than we can say that the receiving has been done "Straight From The Heart."

REFERENCES

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