

CASE TAKING

SECOND EDITION

Best practice and creating meaning
in the consulting room

THE LANDSCAPE *of*
HOMEOPATHIC MEDICINE

VOLUME I

ALASTAIR C GRAY



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Homeopathic Medicine
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Volume 1

Alastair C. Gray

Homeopathic Essence

Foreword

It is a pleasure to write a foreword for Alastair Gray's volume on case-taking. It would be misleading to suppose that Alastair has written solely about case taking. Rather, as the title of this book suggests, he has scanned the landscape of homoeopathy and has sketched his impressions in great detail, affording us an overview of the many diverse approaches to the vast terrain of homoeopathy. In this context, taking the case is only a lens through which one may view the whole art, searching for a 'best practice' definition, the noble destination of Alastair's voyage.

I will start with a few words about Alastair, since my impression of him has some bearing on this book. I first met Al as a student at the Dynamis School in 1994. I remember the year vividly, for that was the 'unfortunate' year chosen to prove *Plutonium nitricum*. They bore this burden well, and Alastair's proving left a vivid impression, illuminating the hidden nature of this incredible substance. In his proving, Al had repeated 'double dreams'; at first he would dream of an event such as a race or burglary as an observer from a vantage point high above. Later on that night he would dream the same dream again, but this time as a participant in the event.

It occurs to me that Alastair has taken a similar approach here. While surveying the homoeopathic landscape he has at

first sketched a broad overview, later on delving into the details that make this a scholarly as well as an insightful book. This was always Al's skill; to examine a subject from many points of view without being attached to any one teaching other than the most logical choice. In his foreword he calls this critical thinking. It is this critical thinking that defines the higher levels of knowledge which is so often lacking in homoeopathy these days. As the profession undergoes a lengthy period of uncontrolled expansion, a few logical boundaries become necessary.

Case taking is not the most controversial aspect of homoeopathy; that distinction lies with other aspects such as case analysis or classical versus non classical approaches. Nevertheless case taking tends to shape itself around a particular methodology, a case of the foot molding to the shoe. Once we adapt our case taking techniques to our prescribing techniques, prejudice enters the process. Freedom from prejudice is the one and only point Hahnemann recommends when taking a case, a point to which much lip service is paid to but which so easily vanishes in the quest for methodology; methodology has a goal, and a goal is never free.

It is the patient rather than the practitioner that should dictate the case taking outline; this is the essence of individualization. Any form, routine or framework impedes the natural flow of a case and its unique information. Worse still are the various case taking methodologies that enslave themselves to 'finding the remedy', either by questioning along the lines of a remedy, or the more subtle but none less dangerous questioning along the lines of a 'system'. To be truly free from prejudice there should be no goal in mind, no aim. We take the case in order to perceive the patient, not the

remedy, miasm, segment or sensation. This is the highest form of the art. Shifting our focus from patient to result blurs our vision. Goal-'less' case taking should be our meditation, action in non action, doing without trying.

To quote Chuang Tzu

When an archer is shooting for nothing, he has all his skill.

If he shoots for a brass buckle, he is already nervous.

If he shoots for a prize of gold, he goes blind or sees two targets --

He is out of his mind! His skill has not changed. But the prize divides him.

He cares. He thinks more of winning than of shooting--

And the need to win drains him of power.

(Translation Thomas Merton 19:4, p. 158)

Taking the case is a dance for two: We follow the patient just as we are led in the waltz; passive, but not inactive. Following, but not dragged. Gradually, as the case unfolds and clarifies we subtly shift roles; from being led in the dance we become the gentle leader, guiding them to the dark corners that have not yet been illuminated. Following the passive receiving of free flowing information we navigate our patient, finally making sure all bases are covered, head to toe. This sequence is reflected in Hahnemann's directions for case taking in Paragraphs 83 to 100; from Zen to data collection. Finding the balance and timing of these is an art.

When I was a first year student of homoeopathy, I read Pierre's Schmidt's book on Chronic Disease, in which he emphasizes being silent during the process of case taking, as Hahnemann instructs in Paragraph 84. I took this on board. At the time I was also studying Chinese medicine, and we were

given an exercise to take each other's case. While most of the students asked 'the eight questions', I decided to practice my newly discovered 'silent method'. I vividly remember how my partner was at first puzzled by my silence, then angry, then told me all her troubles. Nature abhors a vacuum. I practiced this method for years, keeping silent through many torturous moments until the poor patients were forced out of their shell. Years later I realized how violent this silence could be. I understood that being silent means being silent in myself, not striving for a result.

When the patient feels this empty and relaxed presence, they are happy to dance. Helping this dance along with a kind word, an anecdote, a friendly joke or a well placed comment enhances rather than disturbs this silence. As in any dance, the most important thing is timing and rhythm. If we can effortlessly 'match' the patient's tempo, volume and frequency, we will have our case.

One final tip from my wife, Camilla. If you have been taking a long case and the landscape is still barren, without a strand of totality or a characteristic symptom to hang on to, pray. It usually works; after all, we are praying to the same source which the patient prays to.

In travelling this landscape Alastair has surveyed it all; history, methodology, technique and controversy, all with a fresh and aptly critical eye. I congratulate him for writing this volume, and look forward to the rest of the series.

Jeremy Sherr

April 10th 2010

Introduction to the Series

Critical Thinking

This is the first in a series of books casting a critical eye over the discipline of homeopathic medicine. It is important to note that the critical evaluation is coming from one who is inside the profession. Usually the critiques come from without and often lack an understanding of the historical and other contextual issues. The most important word in that previous sentence was 'critical'. In some parts of the world 'critical' means to criticize. In other parts critical means to reflect and ponder. In the scientific and academic world critical analysis, critical reflection and critical evaluation are the solid underpinnings and foundations of any meaningful area of enquiry. It is not necessarily a personal or professional attack.

The Need for Clarity

In this series of books, seven aspects of the practice of homeopathic medicine are examined, reflected on, deconstructed, critically evaluated and described. This last point, 'described' is crucial. Homeopathic medicine from the inside is a stimulating and exciting discipline to be a part of. From the outside it can seem bewildering. Not only because

some of the fundamentals of the art and science of homeopathy are difficult to describe in what is clearly and unequivocally a biomedical world. But it is overwhelmingly confusing because of the certain different styles of practice that homeopaths have. This is not just about bedside manner. The user of homeopathy in India may not be so concerned about the method used by the prescriber. The choice of going to this practitioner or that doctor is a simple one. But in the Western world, in Europe, the US, in Australia and New Zealand homeopathy struggles at times because of its breadth and startling difference in the way in which it is carried out.

Scope of Practice

One of the challenges of the profession is that there is no clear scope of practice, clear guidelines on best practice, or exclusivity of title, as at the moment in those countries where homeopathy is unregulated anyone can call themselves a homeopath. This issue of scope practice is a serious problem in the homeopathic world. For a physician, clear directives can be given in medical school on how to take a case. In physiotherapy there is a clear path and guidelines. For an auditor going into a business or an educational auditor going into a college there are clear questions to ask and a protocol. Homeopathy has a breadth that makes this very difficult. Because homeopathy is the application of an idea, not merely the distribution of medicines, there is a massive range of application. Homeopathy means, 'similar suffering'. This is the origin of the word that Hahnemann coined. That thing in nature that can create symptoms in a healthy person will have the capacity to remove those symptoms in a patient. That is the proposition, yet ask members of the general public

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Further Directives of Hahnemann

1. General instructions regarding case taking

These have been described in detail. However having talked about the directives for case taking Hahnemann also gave instruction into more specific matters.

2. Specific Enquiries

2.1 Enquiries into cases of suspicious character

Through astutely phrased questions or other private inquiries the physician must seek to trace the possible 'dishonoring occasions' of diseases which the patient or his relations do not readily confess at least not of their own free will. To these belong: poisoning or attempted suicide, onanism, debaucheries of common or unnatural lust, overindulgence in liquor, punch or other heating drinks, tea, or coffee, gluttony in general or with particular detrimental foods, infection with a venereal disease, unhappy love, jealousy, domestic discord, vexation, grief over family misfortune, abuses, dogged revenge, offended pride, financial problems, superstitious fear, hunger, or perhaps bodily infirmity in the private parts (a hernia, a prolapse) (Hahnemann 1922 footnote §91).

2.2 Enquiries into women's diseases

In chronic diseases of women, one should pay special attention to such things as pregnancy, infertility, sexual desires, deliveries,

miscarriage, breast-feeding, vaginal discharge and the state of the menses and the following should be ascertained:

<i>Does the menstrual period recur at intervals that are too short or too long?</i>
<i>How many days does it last?</i>
<i>Is the flow continuous or interrupted at intervals?</i>
<i>How heavy is it?</i>
<i>How dark is its colour?</i>
<i>Is there leucorrhoea? If so, is it before or after the menstrual flow? How is it constituted? What sensations attend its flow? What is the quantity? Under what conditions does it occur? What brings it on?</i>
<i>Especially, what ailments of body and soul, and what sensations and pains does the patient have before, during and after menstrual period?</i>

2.3 Enquiries into an acute

Investigation of acute diseases is the easiest for the homeopath, because all the phenomena and deviations from health are, for the most part, spontaneously detailed and clear (Hahnemann 1922 footnote §99).

2.4 Enquiries into a serious and rapidly deteriorating disease previously managed by orthodox medicines

If the disease is of a rapid course and serious then it is important not to delay treatment.

2.5 Enquiries into a epidemic and sporadic disease

A careful examination will show that every prevailing epidemic is in many respects a phenomenon of unique character, differing vastly from all previous epidemics therefore never substitute conjecture for actual observation, never taking for granted that the case of disease before him is already wholly or partially known.

2.6 Enquiry into chronic disease

In all diseases, but especially in chronic ones, the investigations of the true, complete picture and its peculiarities demand special circumspection, tact, knowledge of human nature, caution in concluding the enquiry and patience in an eminent degree.

2.7 Enquiry into a case of chronic disease previously on orthodox medicine

The symptoms and feelings of the patient during a previous course of medicine do not furnish the pure picture of disease, but on the other hand, those symptoms and ailments which he suffered from before the use of medicines, or after they had been discontinued for several days, give the true fundamental idea of the original form of the disease and these especially the physician must take note of.

2.8 Enquiry into a case of mental and emotional disease

In these diseases we must be very careful to make ourselves acquainted with the whole of the phenomena. To this collection of symptoms belongs in the first place the accurate description of all the phenomena of the previous so called corporeal disease, before it degenerated into a one-sided and became a disease of the mind and disposition. This can be learned from the report of the patient's friends.

2.9 Enquiry into a case of intermittent disease

The symptoms of the patient's health during the interval when they are free from the intermittent condition must be the chief guide to the most appropriate homeopathic remedy.

3. Some other Enquiries

When the above information is gained, it still remains for the homeopath to assess what kinds of allopathic treatment had up to that date affected or created the chronic disease, and what effects (desired or adverse) these had produced (§207). Furthermore:

- the age of the patient
- the mode of living and diet
- the occupation, the domestic position
- the social relations
- the state of the disposition and mind must next be taken into consideration (§208).

After this is done, the physician should endeavour in repeated conversation with the patient to trace the picture of his disease as completely as possible, according to directions given above, in order to be able to elucidate the most striking and peculiar (characteristic) symptoms in accordance with which he selects the first antipsoric or other remedy having the greatest symptomatic resemblance, for the commencement of the treatment (Hahnemann 1922 §209).

Summary of Hahnemann's General Directives for Best Practice

What to do	
1)	<i>The symptoms should be written from three sources: Patient's complaints (history of his suffering), attendant's report (what they heard him complaint of, how he has behaved & what they have noticed in him), physician's observation (sees, hears, and remarks by his other senses what there is of an altered or unusual character about).</i>

2)	<i>Attach credence especially to patient's own expressions because in the mouths of his friends and attendants they are usually altered and erroneously stated. So case taking especially in chronic case demands especial circumspection, tact, knowledge of human nature, caution in conducting the inquiry and patience to an eminent degree. While investigation of acute diseases, or of such as have existed but a short time, is much the easiest for the physician, because all the phenomena and deviations from the health are still fresh in the memory of the patient and his friends, still continue to be novel and striking.</i>
3)	<i>Write down accurately all that the patient and his friends have told him in the very expressions used by them.</i>
4)	<i>The physician advises them at the beginning of the examination to speak slowly, in order that he may take down in writing the important parts of what the speakers say.</i>
5)	<i>Begin a fresh line with every new circumstance mentioned by the patient or his friends, so that the symptoms shall be all ranged separately one below the other. He can thus add to any one, that may at first have been related in too vague a manner, but subsequently more explicitly explained.</i>
6)	<i>When the narrators have finished what they would say of their own accord, the physician then reverts to each particular symptom and elicits more precise information respecting it in the following manner (so that a true complete picture in the language of our materia medica can be traced).</i>
7)	<i>He reads over the symptoms as they were related to him one by one, and about each of them he inquires for further particulars, e.g. at what period did this symptom occur? Was it previous to taking the medicine he had hitherto been using? Whilst taking the medicine? Or only some days after leaving off the medicine? (Because the symptoms and feelings of the patient during a previous course of medicine do not furnish the pure picture of the disease, in chronic disease leave him some days quite without medicine, or in the meantime administer something of an unmedicinal nature, but in acute disease observe the morbid condition, altered though it may be by medicines i.e. the conjoint malady formed by the medicinal and original diseases, and combat it with a suitable homeopathic remedy, so that the patient shall not fall a sacrifice to the injurious drugs he has swallowed.)</i>