

## TAKING THE CASE

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In taking the case, having in mind a desire to cure, one should take into consideration all of the methods and theories that have come down to us through the ages. Thus it might be well for us to consider the methods that have been in vogue during history.

Up until the advent of Hahnemann's discovery of the similarity of the symptoms from disease to the proving of symptoms upon the healthy from medicine, medicine as a science had been very discouraging, with a great many crude and unscientific applications. But in the last hundred and twenty five years there have been some very definite advancements achieved.

The very fact that Hahnemann obtained phenomenal success with not only medicine, but serums and dilutions made from disease-products, had a wonderful influence in challenging the study and thought of such men as Hering, Jahr, Kent, Lippe, Koch, and others, so that medicine has moved out of the 'dark ages' into a period of light and definite science.

Each of the three great schools of thought has come in for its part of credit for these advancements; the dominant school of medicine through its application of physiological medicine; the eclectic school through its specific medicine, and the homocopathic school through its similar medicine.

The very fact that today we know specifically the cause of more diseases—made possible by the use of the microscope, the laboratories, and our increased knowledge of blood and tissues—that discover bacteria and reveal the presence of increased or decreased corpuscles and organics—has helped us in many ways to better understand them.

These same discoveries have created a number of new treatments in the form of serums, vaccines, and antiseptics, and also stimulated an intense study in diet and hygiene, so that now through these agencies we have been able to reduce or practically eliminate many former diseases: and for those that we could not eliminate we have in many cases been able to produce immunities, so that life in the last twenty-five years has been doubled.

With the modern day analysis that carries with it new treatments, some of which are still in the experimental stage, we will find it necessary to take into consideration new conditions and causes to be dealt with in working out our equations, which become apparent from the use of vaccines, and the intense drug administration that have thrown into the system saturations that give a confusing picture of the real condition of the patient.

But happily for us, we have remedies that in nearly every instance will antidote this crude method of treatment and clear up the picture, so that we can go on with the proper case-taking. Yet in order to do so we must naturally keep in mind the symptoms arising from foreign substances that

have been used by those who have formerly treated the case.

We are now in a position for the taking of our case, having in our possession this preliminary background which will naturally become a part of our history. In addition to this the history must include the life, age, sex, and parents of the patient. This outline often gives us chronic hereditary tendencies, and acquired troubles that might have come from ignorance or indiscretions.

The next step in taking the case should be the patient's own story. When an individual comes to the place where he feels that he needs professional help he will invariably have quite a story to tell about himself, and the physician should be willing to allow the patient to tell this whole story uninterrupted. Its emphasis and expressions very frequently give us the keynote to the whole case without asking a single question; for it will naturally reveal peculiarities, state of mind, and irregularities of the individual that must at all times be considered in order to apply the proper treatment.

The third step in taking the case is the physical examination, in which the physician should be keen to note any irregularities in the physical appearance of the patient, whether it be growths, skin lesions, enlargements, fever, tenderness, or unnatural discharges, or other evidence of disease presence. This examination will naturally include laboratory findings of urine, sputum, blood, or any abnormal discharge that may be apparent in the examination.

This preliminary examination brings you to the point where you can enter into the true case-taking, which must most invariably require at least four heads, namely: (1) location, (2) sensation, (3) conditions of aggravation and amelioration, (4) concomitant peculiarities.

These general heads will be subdivided into what might be termed subheads, from the fact that location alone will not describe the symptoms appearing in any given case. Hence you may have under location:

(1) Face: left side or right side, cheek, upper jaw or lower jaw, either of sinuses, or antrums.

(2) Sensation: character of pain as pulling, throbbing, stabbing, pricking, dull, periodical.

(3) Conditions of aggravation: touch, talking, night, excitement, weather changes.

Conditions of amelioration: heat, cold, rest.

(4) Concomitants: hunger for meats, sweating, part affected, hot flushes, recurring discharges, chronic inflammations.

With this set of symptoms under these four general heads you have twenty subheads, which will form your symptomatic rubric to be compared with the repertory in making up your medical rubric, that will point out the indicated remedy.

The 1740 remedies of our materia medica, majority of which are well-proven, have many thousand symptoms, and were it not for the work that has been done in the repertory, it would be an almost hopeless task.

The repertory groups remedies around diseases, organs, tissues, and nerves, many of them differing from one another; hence the remedies around some groups are reduced to a very few, while in others more, so that as a rule, but few remedies will be included in any given rubric.

These remedies that have been included under the various provings are classified under four heads, in the repertory, namely: capitals, black type, italics, and small type. This gives you an opportunity to determine the relative value of each remedy as it appears in the rubric.

Thus if you have twenty symptoms in your symptomatic rubric, every remedy in your repertory having similar symptoms, as it appears in the repertory may be interpreted and evaluated from the four forms of its appearance. Therefore, the number of remedies having the prominent place in the remedy rubric will be counted in determining the indicated remedy.

Hence if you have twenty symptoms from a disease, and twenty-five remedies appearing in the materia medica rubric, the one that contains 20/25 of the fours, or the nearest thereto, will be the indicated remedy.

To illustrate the adaptability of the repertory in practice we might repeat a case with symptoms:

A man suffering with *tic douloureux*, the spasms coming in five-minute intervals. There were acute pulling pains in the trigeminus nerve, with marked flushing of the face, and profuse sweat on hands and chest. The upper jaw and cheek were very tender and painful; the conditions were greatly aggravated by touch, excitement, or talking, by wet weather, and at night; and were ameliorated by rubbing.

With this condition there was ravenous hunger, which always came on with the attacks. His history showed he had had a discharging ear which had been stopped ten years ago. Since then he has suffered from these attacks which were increasing in frequency and violence.

The analysis of this case we have as follows:

(1) Location: left side of face, cheek and upper jaw.

(2) Sensation: pulling sensation.

(3) Conditions of aggravation: touch, talking, night, excitement, wet weather.

Condition of amelioration: rubbing.

(4) Concomitants: ravenous hunger, sweat—upper part, heat in flushes, ear discharge.

The analysis under this fourteen-symptom rubric is as follows: Ars. 12/41, Calc. c. 12/47, Chin. 12/42, Merc. 13/46, Nux. vom. 13/47, Pbos. 13/47, Puls. 13/50, Rhus. 13/51, Sep. 13/47, Sil. 12/45, Spig. 13/44, Staph. 12/40, Bry. 14/45, Sulph. 14/58.

This general rubric included also Caust. 12/36, Kali c. 13/38, Nit. ac. 12/38, and Stann. 13/39, but these were left out in the final analysis because they were less than forty in the picture. And the two highest of the fourteen remedies retained in the rubric were Bry. and Sulph., both of which repre-

sented all of the fourteen-symptom rubric; but Sulph. having thirteen more, naturally had the choice of counts, and was the remedy prescribed; and cure followed its application.

McLaren says the confusing part of Homoeopathy has been the inability of the physician or student to classify the outstanding symptoms or disease so that they will dovetail into the picture of the similimum. When this is understood it will be much easier to work out the remedy required in any given case. He further says, "Just as diseases have individualities and personalities, so do remedies."

Remedies also have the peculiarity of being applicable to tissues and organs, as well as to individuals. Hence when we meet a red-haired, ruddy individual, we think of Sulphur; a thin-skinned, fine-pored, easily emotion-alized individual, we think of Puls. So likewise when we find a full-blooded, vivacious, smart, snappy individual, with bright eyes, quick in response, we immediately think of Belladonna. So can we follow out a larger part of the materia medica, classifying the remedy with the individual as well as with diseases and symptoms.

McAdams gives an illustration: A full-blooded boy six years old had chronic otitis media, which lasted for a number of months, when it was suppressed by some form of treatment. Eight years later he took measles; the rash receded and the temperature became normal.

A week later he awoke at four o'clock in the morning with pain in the right side of the face, irritable, cross, and unmanageable. When an effort was made to take the temperature he threw the thermometer across the room; refused his food, but took cold water freely; insisted on lying on the right side with his face towards the wall; whenever disturbed would cry.

There was an excoriating discharge and crack at the right corner of the nose; he was constantly boring in his nose with his finger; constipation, with no desire for stool.

Under this set of symptoms you would think of Hepar sulph., Cham. and Arum triph. After one dose of the latter he quieted down, and the next day was taking food, and the third day was practically well.

On account of crossness and peevishness one could have been very easily confused in giving Cham. Quite a bit of the picture looked like Hepar sulph.; but the crack in the nose, and the boring in the nose with the finger, with aggravation from light was the deciding point of the prescription.

Every physician has his method for working out his cases, which frequently amounts to shortcuts in finding the indicated remedy. In acute diseases you are often able to find the similimum in the indicated remedy without going into this extensive analysis as has been delineated; but if the case does not respond to your prescription, the knowledge obtained at your first visit should be carried out as outlined if you wish to cure your case, and retain an enviable reputation, which is the desire and aim of every physician.

Dr. H. A. Roberts, writer and author of *Sensations As If* has furnished a working sheet to some of his friends for the taking of a case, in which he suggests the importance of the family history, the patient's own story, and then the soliciting of symptoms that may be obtained or observed, which he uses as a basis to select the indicated remedy.

Dr. Eugene Underhill has the most extensive and complete set of questions that I have received from any of the inquiries made to assist me in the preparation of this paper. He has had printed a pamphlet with an extensive list of questions for the patient to mark such ones as are evident in his or her case.

Opposite each one of these questions he has a list of 'B', 'C', and 'K', which directs him to three forms of repertories. He states that 'C' is an especially augmented edition of Boger's Card Repertory, and is therefore adaptable only to his own set. His list 'B' refers to page numbers in the fifth edition of Allen's Boenninghausen *Repertory*; and those under 'K' refer to page numbers in Kent's *Repertory*, and can be used with either the third or fourth edition.

I am very much interested in trying out this system to assist me in my work.

I also have a letter from Dr. Carl A. Williams, author and translator, French to English, in which he says "Every physician who observes the rule of similars has his individual manner of approach." In giving his experience he cites:

A case 55 years old, with involuntary movements of the muscles of the face and chest, that had been experienced for several years. The case suffered with suffocating attacks at night, that always occurred after sleep; hence aggravation from sleep. The patient could not bear tight clothing around the neck; was sensitive to touch and to heat. As these symptoms of themselves pointed strongly to *Lachesis*, it was given in the 30th, and the patient has improved.

Dr. Williams further states that the modalities, time of aggravation and ameliorations, desires, and aversions, reactions to heat and cold are very important. So we can see that there may be a number of methods of approach in taking the case and in discovering for selection the indicated remedy.

The importance of taking the case in a proper manner is part of the ritual to be followed out in efficient prescribing. The road to success is not on 'flowery beds of ease' for the physician. Only eternal vigilance and constant study will bring a reward commensurate with the name he bears.

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