

WHAT THE PATIENT SHOULD BE TAUGHT

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Once I directed an illiterate old woman, suffering from bronchial asthma to my *guru* in Homoeopathy. When I met her after a fortnight she indignantly told me, "That man is doing black magic. I will never see him again". I was quite surprised since I know my *guruji* as one rare specimen of that vanishing species of pure Hahnemannians. On further enquiry, she narrated to me what had actually happened.

Though her complaint was bronchial asthma, the doctor started asking her quite a number of 'absolutely unrelated' questions. He sowed the seeds of suspicion in her baffled mind by putting queries to her even about her parents who had died long ago.

After the ordeal of this long interrogation, the doctor went on with the second stage of the 'black magic'. He picked up a few yellow cards with holes here and there, held them together, raised it and looked through the holes mumbling some '*mantra*' (My *guruji* sometimes uses card repertory). Then he made some numerical calculations on a piece of paper, turned back and solemnly uttered a number. A chill ran up her spine (Gel. ?) on seeing what followed after a few seconds. A mysterious hand sprouted out of a hole on the screen behind the 'magician' and gave him a small packet which was then handed over to the old woman who was almost shivering. She just paid the bill, rushed home, threw the medicine out and reconciled to the asthma to save her soul.

This woman being a devout catholic, her predicament was understandable. But this incident highlights the need for educating the patients, at least the chronic ones who come to homoeopaths for help. This education has to be an integral part of homoeopathic therapy.

The education of a patient can be started with the case-taking itself and continued till the end of the treatment. Before we embarrass him with our 'unrelated questions' let us explain to him something about the totality of symptoms and our concept of disease and cure. Make it clear to him that we won't treat his nose or knees but treat him as a whole and in the process his nose and knees will get well. Then he will know how related our 'unrelated questions' are and answer them more candidly. We must impress upon him the need for cooperation since the success depends mainly on what he says, especially on the subjective symptoms.

We are usually advised in homoeopathic literature not to ask any suggestive questions such as: "Do you have fear of death?" But sometimes, by matching the semeiological data already collected with the semeiology of certain drugs, it is possible to guess the answer to a question and win the confidence of our client by asking it suggestively. Winning of his confidence

is the surest way to ferret out all his mental symptoms which are of utmost importance in the choice of the simillimum. To elicit the rare and peculiar symptoms, if any, I think some such examples may be suggested. But if the charge claims to have a suggested symptom, we must take it only with a pinch of salt.

When the case-recording is over, we may instruct our client a little about the selection of remedy, potency and repetition. One important thing to be mentioned is the possibility of homoeopathic aggravation and reappearance of old symptoms. Hering's laws of cure are also worth mentioning. Remember that these things are in addition to the usual instructions about the obstacles to cure and the proper regimen.

After administering the first dose of the chosen remedy, the next opportune time to teach the patient is when he reports some improvement or a homoeopathic aggravation. In the latter case, of course, we must not be carried away by the anxiety of the patient. But his anxiety will be considerably less if we have sufficiently instructed him earlier. This time he must be taught how to observe even the minutest changes taking place in his body and soul so that he will be able to correctly report them every time. If this is not done, the case is likely to be spoiled by unnecessary repetition or change of remedy. By the time the treatment is over the patient must become an ardent believer in Homoeopathy. If he is educated and have the means he may even start a serious study of Homoeopathy as it happened in the case of this writer.

The main objection that may be raised is the non-availability of time. But how many chronic patients discontinue the treatment before getting any proper cure? How many cases are spoiled? The main reason for this is the ignorance of the patients about the homoeopathic principles. Taking up a small number of cases and curing them all is much better than taking up more cases and curing none. Homoeopathy "insists upon being judged by results".
—Hahnemann.
