

## THE HOLISTIC MEDICAL HISTORY

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*Know your patient! A case well taken is a case half cured.*

In no field of medicine is this statement more significant than in homoeotherapeutics.

The customary Problem Oriented Medical Record (POMR), which describes history and symptomatology and lists objective physical, pathological and ancillary findings, leads to a diagnosis and enables the physician to select a method of therapy and predict the patient's probable course and response to treatment. It is, however, of limited value only in homoeopathic prescribing.

Effective use of homoeotherapeutics requires the physician to *know the patient*—spiritually, emotionally, mentally, physically and physiologically and to base his prescription on the total symptom complex with modifications which permit accurate individualization of the case.

The physician has the following options in case taking:

(a) The computerized medical record which is essential for statistical purposes.

(b) The POMR diagnostic record.

(c) The homoeopathically oriented history.

(d) A combination of any two or three of these methods.

In my experience the sequence of a+b+c saves time, decreases cost and permits more efficient triage and selection of patients who are likely to be amenable to homoeotherapeutics. Individuals who are addicted to tobacco, alcohol and drugs, who have become accustomed to long use of strong physiological medication, or who are unusually impatient or critical seldom respond well to homoeotherapeutics (or any other medical treatment).

Technique for taking the case history:

I. The physician must be receptive, like a photographic plate ready to receive the image of the patient. He must clear his mind of other preoccupations and of previous opinions about the patient. He must be tranquil, cordial, and after the first greeting and question, "What brings you to see me"? or "Tell me what it is that troubles you," he must be silent.

II. The physician must allow the patient to tell his own story in his own way. Questions or interruptions of any sort derail the patient at this stage, and may cause the doctor to lose essential information.

III. The physician must observe from the moment the patient enters. The office should be so arranged that the light falls on the patient. The main points to be noted are: (1) the personality of the patient; (2) his apparent state of mind both in himself and in relation to the doctor (whether depressed,

shy, suspicious, secretive, afraid, ashamed, etc.); (3) his apparent physical status (signs of disease in gait, complexion, difficulty in breathing, etc.); (4) traits of character as shown in dress, cleanliness, neatness, pride, etc.

IV. Every item which seems important should be recorded, in the words of the patient if possible, on a sheet of paper with adequate spacing to permit the addition of modalities, i.e. modifying factors affecting each symptom.

V. The most reliable information is obtained if questions are posed so that a 'yes' or 'no' answer is impossible. The patient must state the answers in more detail.

VI. The physician should now take up each item that he has noted on paper and get the patient to tell him more about it. When the patient has exhausted all that he can tell about each item, the physician should bring out the 'modalities'. If, for instance, the item is pain in the stomach and the patient volunteers that it is burning and has no relation to meals and no radiation, the physician must find what aggravates or ameliorates it, what time it occurs, its concomitants, its relation to mental states, if any, etc. When each item has been modified and filled in, the physician must run through the list and see which of the possible mentals, generals, particulars and modalities have not been mentioned and question the patient about each of these.

VII. It is helpful to follow an outline of the various systems of the body in sequence, e.g. symptoms involving the head, eyes, ears, nose, mouth, throat, esophagus, stomach, abdomen, rectum, the genitalia, lower respiratory system, back, extremities and skin, covering each system, at least briefly.

VIII. The next area should include general symptoms which involve the body as a whole, e.g. sleep, chill, fever, and perspiration.

IX. Generalities, modalities, i.e. conditions which modify symptoms, causing aggravation or amelioration; to be discussed in the following outline.

X. The final stage of the interview covers the spiritual, emotional and mental status of the patient. This information will be obtained when the patient's confidence in the physician's interest and desire to help him has been secured. Special tact and insight are required of the interviewer at this point.

#### CLASSIFICATION AND EVALUATION OF SYMPTOMS

In order to facilitate understanding and permit evaluation of symptoms, they may be divided into the following categories:

**A. Common symptoms**—usually associated with a diagnosis, but of little value in selecting the appropriate homoeopathic prescription, e.g. backache, constipation, cough, dyspnea, headache, pain, sore throat, etc.

**B. General symptoms**—involve the patient as a whole, may be of little assistance in diagnosis but may be valuable indicators for homoeopathic prescription. They consist of: (i) Physical generals, (ii) Mental generals, (iii) Modalities, or modifying factors, (iv) Particular, strange, rare, peculiar.

**C. Procedure for assembling a comprehensive Homoeopathic Medical Record :**

(i) Automated, computerized history and medical record provides maximum information for prescribing and statistical evaluation at minimum cost and saves time.

(ii) POMR (Problem Oriented Medical Record) provides diagnostic information: (a) History, (b) Physical examination, (c) Ancillary diagnostic procedures, (d) Diagnosis and list of problems to be corrected, (e) Prognosis, (f) Plan of therapeutic management.

(iii) The Homoeopathic History: list of symptoms described by patient.

(iv) Modalities—modifying factors or conditions applicable to each symptom in the following order: (a) Causes, (b) Prodrome, onset, pace, sequence, duration, (c) Character, location, laterality, extension and radiation of pain or sensations, (d) Concomitants and alternations, (e) Aggravation or amelioration:

(1) Time (hour, day, night, before or after midnight); periodicity; seasons: moon phases.

(2) Temperature and weather: chilly or warm blooded usually, chilly or warm blooded in present illness; wet, dry, cold, or hot weather, weather changes; storm or thunder storm (before, during or after); hot sun, wind, fog, snow, open air, warm room, changes from one to other, stuffy or crowded places, drafts, warmth of bed, heat of stove, uncovering.

(3) Bathing: (hot, cold or sea), local applications (hot, cold, wet or dry).

(4) Rest or motion: (slow or rapid, ascending or descending, turning in bed, exertion, walking, on first motion, after moving a while, while moving, after moving), car and seasickness.

(5) Position: standing, sitting, (knees crossed, rising from sitting), stooping (rising from stooping), lying (on painful side, back, right or left side, abdomen, head high or low, rising from lying), leaning head backward, forward, sidewise, closing or opening eyes, any unusual position such as knee chest.

(6) External stimuli: touch, hard or light, pressure, rubbing, constriction (clothing, etc.), jar, riding, stepping, light, noise, music, conversation, odors.

(7) Eating: in general (before, during, after, hot or cold food or drink), swallowing (solids, liquids, empty), acids, fats, salt, salty food, starches, sugar and sweets, green vegetables, milk, eggs, meat, fish, oysters, onions, beer, liquor, wine, coffee, tea, tobacco, drugs, etc.

(8) Thirst: quantity, frequency, hot, cool or iced, sours, bitters, etc.

(9) Sleep: in general (before, during, on falling asleep, in first sleep, after, on waking).

(10) Menses (before, during, after, or suppressed).

(11) Sweat: hot or cold, foot-sweat, partial or suppressed.

(12) Other discharges: bleeding, coryza, diarrhoea, vomitus, urine, emissions, leucorrhoea, etc.: suppression of same.

(13) Coition, continence, masturbation, etc.

(14) Emotions: anger, grief, mortification, fear, shock, consolation, apprehension of crowds, anticipation, suppression of same.

(v) Physical General Symptoms:

(a) The *constitutional type* of the patient (endocrinologico-homoeopathic correspondences: lack or excess of vital heat, lack of reaction, sensitiveness, etc.).

(b) *Ailments from emotions* (see also mental generals); *suppressions* (emotions; discharges such as menses, sweat, leucorrhoea, catarrh, diarrhoea, etc.; eruptions, diseases such as malaria, rheumatic fever, exanthemas, syphilis, gonorrhoea, etc.; of pathology such as hemorrhoids, fistulae, ulcers, tonsils, tumors, other surgical conditions, etc.); from *exposure* to cold, wet, hot, sun, etc.; from *mechanical conditions* such as over-eating, injury, etc.

(c) *Menses*, date of establishment, regularity (early or late), duration, color, consistency, odor, amount, clots, membrane, pain (modalities of), concomitants, aggravation or amelioration before, during or after, both physically and mentally, menopause (symptoms of).

(d) Other *discharges* [see (iv) (e) (12)] cause, color, consistency, odor, acrid or bland, symptoms from suppression of, symptoms alternating with, hot or cold, partial discharges as of sweat, laterality, better or worse from discharges (before, during or after).

(e) *Sleep*, better or worse from, position in, aggravation after, difficulty in getting to sleep, waking frequently or early, at what hour, somnambulism, talking in sleep, dreams (see Mentals), restless during.

(f) *Restlessness, prostration, weakness, trembling, chill, fever, etc.*

(g) *Aggravations* and *ameliorations* applying to patient as a whole as under (iv) (e) (1) to (14).

(h) *Objective symptoms* such as redness of orifices, superfluous hair, applying to patient as a whole.

(i) *Pathology* which applies to patient as a whole, such as tendency to tumors, wens, cysts, polyps, warts, moles, individual and family tendency to certain diseases or weakness of specific organs or tissues (also related to the constitutional type and to physical examination and laboratory findings).

(vi) Mental General Symptoms:

(a) *Will*: loves, hates and emotions (suicidal, loathing of life; lasciviousness, revulsion to sex, sexual perversions; fears, greed, eating, money, emotionality, smoking, drinking, drugs; dreams; homicidal tendencies, desire or aversion to company, family, friends; jealousy, suspicion, obstinacy, contrariness, depression, loquacity, weeping, laughing, impatience, conscientiousness and other personality traits).

- (b) *Understanding*: delusions, delirium, hallucinations, mental confusion, loss of time sense.
- (c) *Intellect*: memory, concentration, mistakes in writing and speaking.
- (vii) Quick review of condition of every system and organ, beginning with head and following order of Kent's *Repertory*.
- (viii) Past history of patient in seven year periods.
- (ix) Completion or supplementation of POMR—see (ii).

#### SUMMARY—HOLISTIC MEDICAL HISTORY

Know your patient. This is of prime importance in Homoeotherapeutics.

The customary POMR is essential for diagnosis and prognosis; but of limited value in selecting the appropriate homoeopathic prescription.

A combination of the computerized case history, the POMR and the homoeopathically oriented holistic case history permits the most accurate drug selection and effective case management.

The physician must be understanding, sympathetic and receptive to obtain the most reliable information.

Leading questions and those which permit a 'yes' or 'no' answer should be avoided.

The following sequential procedure enables the physician to obtain an accurate and comprehensive case record:

- (i) Computerized history is optional but of much statistical value and provides information that is often omitted during the oral interview.
- (ii) The POMR aids in diagnosis and prognosis.
- (iii) The homoeopathic history; a list of symptoms described by patient.
- (iv) Modalities (modifying factors): (a) Cause, (b) Prodrome, onset, sequence and duration, (c) Character, sensation, location, radiation, (d) Concomitants and alternation, (e) Aggravations and ameliorations: (1) Time—daily, seasonal, periodicity, (2) Temperature, weather and physical and climatic conditions, (3) Local applications, (4) Activity, (5) Position, (6) External stimuli, (7) Eating, drinking, etc., (8) Thirst, appetite, desires, aversions, (9) Sleep, (10) Menses, (11) Sweating, (12) Discharges from orifices, (13) Sexual activity, (14) Emotions.
- (v) Physical General Symptoms: (a) Constitutional type, (b) Ailments from emotions and suppressions, (c) Menses, (d) Discharges in general, (e) Sleep, (f) Restlessness, weakness, trembling, chills, fever, etc., (g) Aggravations and ameliorations [see (iv) (e)] applying to patient as a whole, (h) Objective physical symptoms, (i) Pathology which applies to the patient as a whole.
- (vi) Mental General Symptoms: (a) Will—emotions, desires, aversions, personality traits, (b) Understanding—lucidity, delusions, etc., (c) Intellect—memory, concentration, accuracy, etc.
- (vii) Quick review of systems according to order listed in Kent's *Repertory*.

- (viii) Past history in 7 year periods.
- (ix) Completion or supplementation of POMR [see (ii)].

#### BIBLIOGRAPHY

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—*Journal of the Am. Inst. of Homeopathy*, June 1977

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## ATTENTION PLEASE!

### International Year of Children

The world is celebrating 1979 as an International Year of Children. We in India have not lagged behind in joining the rest of the world in holding talks, arranging exhibitions, publishing books and using all possible communication media for highlighting the various activities and problems related to the child world.

One of the most important issues relating to children, especially in countries which are economically backward, is the question of child health. One aspect of it is malnutrition. Various voluntary organizations and the Government are looking into it and rendering all possible help. The other aspect deals with the care of the children when they are sick. In this field there is a lot of scope for Homoeopathy to offer help. To focus it THE HAHNEMANNIAN GLEANINGS proposes to bring out a special issue in November 1979 and dedicate it to the children all over the world.

Those who desire to contribute articles for publication in this issue are requested to send them to Hahnemann Publishing Co. Private Ltd., 165 Bipin Behary Ganguly Street, Calcutta 700 012 so as to reach them *before 15th September 1979*. Contributors are kindly requested to mark on the envelope "*Childrens' Number*" in *bold letters* to facilitate the office to sort out their contributions without delay.

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