

A Guide To

**CASE-TAKING
&
CASE-RECORDING**

BY

S. P. DEY

D.M.S., M.B.S. Hom. (W.B.), D.F. Hom. (London)

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Essentials of Clinical Medicine.

Essentials of Principles and Practice of Homoeopathy.

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X-Ray drug picture. ✓

Lyssin drug picture. ✓

Bronchial Asthma (an integrated approach).

Leprosy (an integrated approach).

Prasnottore Homoeopathy (Bengali). ✓

Role of Homoeopathy in national health programme.

Published by
Smt. Aparna Bhattacharya,
10, Kali Banerjee Lane,
Howrah - 711 101
Phone : 68-5213

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Available with

- 1) Dr. K. Bhattacharya,
115A, Raja Rammohan
Sarani, Calcutta - 700 009
Phone : 241-4260

- 2) Roy Book Stall,
Shyamacharan Dey St.,
(College St. Jn.)
Calcutta - 700 073

Printed at – Jyoti Laser Point
63/2D, Surya Sen Street,
Calcutta - 700 009 © : 241-9473

Second Edition : 1993

Improved Third Edition April 1998

PRICE IN RUPEES ONLY

PREFACE TO THE THIRD EDITION

I am happy to present before the homoeopathic profession the third edition of—A GUIDE TO CASE-TAKING AND CASE-RECORDING.

I thank my professional colleagues and the students of the homoeopathic Institutions for their kind acceptance of the book necessitating a third edition within a short period of time. I have added an illustrative case in this edition to substantiate the value of methodical case-taking, careful anamnesis, proper evaluation and a wise synthesis of the whole case.

I think this small treatise may be a real guide to the students and young practitioners as well, in preparing and maintaining their case-records for future assesment of all successes and failures.

CJ-325
Sector-2
Salt Lake City
Calcutta-700091
April 1998

S. P. DEY

PREFACE TO THE SECOND EDITION

That a second edition of a book like "A Guide to Case-Taking & Case-Recording" has been called for would suggest that an elaborate and exhaustive Hahnemannian Case-taking has not yet lost its demand. I know, a considerable section of young homoeopaths have started thinking and realising that homoeopathy will survive only after its efficacy in preventing and curing so called incurable diseases is established with authentic data and statistics. And the goal as such, is attainable only through a methodical and systematic case-taking and case-recording.

No case-taking may be necessary to prescribe routinely Robinia in acidity, Berberis in renal calculus, Pulsatilla in dysmenorrhoea, Rhus tox or Bryonia in arthritis, Phytolacca in tonsillitis, China in anaemia, Graphites in eczema, Hammamelis in varicose vein, Iodum for Goitre, Selenium in impotence and so on. But a thorough case-taking and individualisation of patients is absolutely necessary to prescribe Calc. carb in acidity, Medorrhinum in renal calculus, Sulphur in dysmenorrhoea, Staphisagria in arthritis, Guaiacum in tonsillitis, Thuja in anaemia, Arsenic alb. in eczema, Mag carb in varicose vein (Dr. P. Schmidt), Sepia in goitre (Dr. M. Tyler) and Lac. can. in importance (Revered Lippi).

Case-taking is not a mechanical procedure and hence no routine proforma may be sufficient in all cases. Physicians are to develop their own individual methods of case-taking **based on a scientific procedure**. The book concerned may serve the purpose of a guide to the beginners and I hope the second edition also will continue to be honoured by the younger generation who want to know, learn and practise classical homoeopathy with this aspiration. I place the second edition before my learned colleagues and readers.

An illustrative case has been included in this edition to explain the methodology of case-taking and case-recording stated in this book.

CJ-325
Sector-2
Salt Lake City
Calcutta-700091
Dated : 26-1-93

S. P. DEY

PREFACE TO THE FIRST EDITION

Case-taking in homoeopathy is more an art than Science. The basic principle and aim of case-taking are the same in all systems of therapeutics but its approach varies widely in homoeopathy. Homoeopathy believes in the individuality of man and the patient as well. Hence its principle is to treat the patient and not the disease by its nosological name. But very often the individualising features are not stated by the patients or the parties but are to be enquired into or carefully searched for. They may remain masked with the disease-symptoms or may not be at all related to the disease condition for which a patient comes to us for treatment. But they are always there in the patients provided that the patients are still in the curable stage. It is the skill of the physician to find them out in any given case. The more a physician becomes master of this art of finding out the individualising features, the more easy is for him to attain success in restoring the sick to health. The data are there, the scientific procedure of obtaining those data is also there, but it depends on the skill of the physician as to how much he may be successful in utilising his scientific knowledge in practice. The process is scientific, but its application and achievement is an art. Hence, it is said in the beginning that case-taking in homoeopathy is more an art than science.

Very often we forget this and try to prescribe on the common symptoms of the diseases. Obviously, the result

is failure or at best mere palliation. We may forget or fail to find out the individualising peculiarities of each patient. Rather, very often we do not get anything else than what the patient narrates. As a result, individualisation remains a far cry inspite of the fact that we want to have it. The present booklet is an attempt to help specially the beginners in homoeopathy as to how to take up a case in its entire extent and to arrive at a synthesis of the same in order to reach the goal of individualisation. Here, the readers will find many questions to ask specially in one sided diseases where the patients generally come to us with but only one objective symptom e.g., leucoderma. If we refer to this routine proforma in such cases, I think our problem may very often be solved easily and within a short period of time.

I shall be glad if this case-taking proforma be of any help to anybody practising hemoeopathy.

Dated :

115A, Raja Rammohan Ray
Sarani,

S. P. DEY

Calcutta-700009

The 1st December, 1981

ADMISSION NOTE

Name of the patient.....

Age..... Sex.....

Address

.....

Occupation..... Religion.....

Married/Single.....

Father's, Husband's/Guardian's/Name and Address

.....

.....

Date of first visit

If in the Hospital

Bed No..... Date of admission.....

Visiting Physician Dr.

Date of Examination by Visiting Physician

Name of the Physician-in-charge.....

Referred by/Transferred from

.....

Date..... *Signature of the Physician-in-charge*

FOLLOW-UP NOTE

Nosological Diagnosis :.....

Relieved/Cured/Discontinued/No satisfactory result/
Incurable / Advised to consult : Surgeon / Gynaecologist /
Dentist / Ophthalmologist etc. /for
(State reasons)

Referred to I.D. Hospital/Mental Hospital/Emergency Deptt.
etc.....
of..... Hospital,
for..... (State reasons).
Died of on

If in the Hospital

Date and time of discharge.....
Reason of Discharge :

- a) Discharged on Risk Bond
- b) Cured and Discharged
- c) Relieved and Discharged
- d) No satisfactory result; considered incurable and hence discharged.

Transferred to Hospital
for (State reasons)
Died of on

Date *Signature of the Physician-in-charge*

PRESENT COMPLAINTS

Sl. No.	Complaint (s) : General/Particular	Location with radiation, if any. The exact site of the particular complaint's to be noted.	Sensation i.e., the exact nature of the complaint e.g. aching, burning, tearing, bursting, throbbing etc.	Modalities--as to time, periodicity, external, cold/warmth, pressure, motion, rest sleep, food, drinks, etc.	Concomitants i.e., unreasonable accompaniments if any.	Duration and Chronological order.

PRESENT COMPLAINTS

Sl. No.	Complaint (s) : General/Particular	Location with radiation, if any. The exact site of the particular complaints to be noted.	Sensation i.e., the exact nature of the complaint e.g. aching, burning, tearing, bursting, throbbing etc.	Modalities—as to time, periodicity, external, cold/warmth, pressure, motion, rest sleep, food, drinks, etc.	Concomitants i.e., unreasonable accompaniments if any.	Duration and Chronological order.

COMPLAINTS ON FURTHER ENQUIRY

After the patient stops describing the present complaints the physician is to refer to each and every parts/organs of his/her body, from head to foot and to ask for any complaint related to them of which the patient did not complain at all or only vaguely complained, either by omission or considering them unimportant.

All these complaints must also be completed as usual i.e., covering the location, sensations, modalities, concomitants and duration with chronological order.

These consist of the following :-

1. **Reeling/Vertigo** : (a) *Periodicity* : Continuous / Intermittent etc. (b) *Conditions* : e.g., Lying, sitting, standing, walking, closing or opening eyes, exertion, etc. (c) *Carriage riding* : Train, bus, taxi boat, etc. (d) *Modalities* (e) *Concomitants* if any.
2. **Head** : (a) *Pain* : Location, sensation, modalities and concomitants. (b) *Hair falling* in patches/bunches/baldness. (c) *Dandruff* : White/yellowish etc. (d) *Sensation* of coldness/crawling/bulging/expansion / contraction / emptiness etc. (e) *Concussion* of brain. (f) *Congestion* in head (g) *Fontanelles* -open. (h) *Heaviness* : Time, conditions, modalities, etc. (i) *Lice* etc.
3. **Eyes** : (a) *Closing* — <s / >s, Desire / aversion (b) *Exophthalmos* (c) *Photophobia* (d) *Yellowness* /

Jaundice etc. (e) *Vision* : blurred / dim/diplopia/lost etc. (f) *Various colours* before the eyes etc.

- 4 **Ear** : (a) Boring fingers in, (b) *Noises*. (c) *Hearing*—Acute/impaired/Lost, etc.
5. **Nose** : Boring in/with fingers, (b) Sensation of double noses, (c) *Odours* : (d) *Smell* : Acute / Diminished / Lost. (e) *Sneezing* : Periodicity, modalities, conditions, concomitants if any, etc.
6. **Face** : (a) *Discolouration* : Pale/Yellow/ Ashy/Brown/Black etc. (b) *Spasms*/ Twitching / Drawing/Flat / Expressionless etc. (c) any other abnormality e.g., *Sweating, oily face*, etc.
7. **Mouth** : (a) *Odour* : Offensive/onion like/ time/conditions etc. (b) *Salivation*-time/consistency/conditions/taste/ concomitant if any etc. (c) *Taste* : Bad/Bitter/Sweetish/Salty etc.
8. **Teeth** : (a) Desire to bite the teeth together (b) Bites tumbler/spoon while drinking etc. (c) *Dentition* difficult etc. (d) *Discolouration* since birth : Yellow/Black/Brown/Grey etc. (e) Deficient enamel (f) *Grinding* during sleep (g) Irregular formation : Serrated/crescentic etc. (h) Sensitive : To cold/brushing/air/ touch/warmth/sounds

9. **Throat :** a) *Choking* : Intermittent/continuous time/conditions / modalities etc. (b) Sensation of hair/lump : Subjective / Objective etc. (c) Spasm (d) *Dysphagia* : Solid / Liquid/Hot or cold food/drinks etc.
10. **Abdomen :** a) Sensative to clothing (b) Desire to uncover (c) Discharge from umbilicus (d) Fat/pendulous retracted etc.
11. **Stool :** a) Constipation / looseness / inactivity of rectum etc. (b) *Character of stool* : semi-solid/formed/ball-like/dog like/tape like/watery/thin/frothy/pasty / changeable / gushing etc. (c) *Colour* : white/yellow/red/brown/green etc. (d) *Smell* : offensive/sour/fishy, cadaverous etc (e) Feels better with constipation/ Loose motions etc. (f) *Blood* with stool/mucus etc. (g) Gripping/ Tenesmus (h) Noisy sound during passing stool (i) *Involuntary* etc
12. **Urine :** a) *Retention* (b) *Involuntary* (c) *Dribbling* (d) *Interrupted* (e) *Suppression* (f) *Smell* : offensive / sourish / ammoniacal etc. (g) *Colour*—Black / coffee colour / yellow / greenish / milky / red etc.
13. **Genitalia :** *Male*
(a) Induration--Penis/Testis/Epididymis etc. (b) Seminal discharge : bloody/failing/too late / painful, too

quick / before intromission / soon after erection etc. (c) Coition : desire / aversion (d) Premature ejaculation/Impotency etc.

14. Genitalia :

Female

(a) Abortion : Tendency / Time of Pregnancy etc. (b) Coition : Desire/aversion/frigidity etc. (c) Pruritus : Time/periodicity/conditions / modalities/concomitant etc. (d) Leucorrhoea : Time, conditions, modalities, concomitant etc (e) Physometra. (f) Prolapse : (g) Sterility : Primary/Secondary etc.

15. Larynx & Trachea :

(a) Constriction : Subjective, objective, condition, modalities, etc. (b) Foreign bodies : sensation of Laryngismus stridulus etc. (c) *Hoarseness* : Time, conditions, modalities etc.

16. Respiration :

(a) Asphyxia (b) *Dyspnoea* : asthmatic, spasmodic, periodicity, condition, modalities, concomitant, etc. (c) Stertorous (d) *Cough* : Time, type, conditions, modalities, concomitants, etc. (e) *Expectoration* : Nature, Time, modalities, condition, smell, taste, colour etc.

17. Chest :

(a) Anxiety (b) Coldness, *constriction*, fullness, oppression, palpitation, weakness etc.

18. **Back :** Opisthotonus etc.
19. **Chill :** Time, conditions, modalities, concomitants, etc.
20. **Fever :** Time, conditions, modalities, concomitants, etc.
21. **Respiration :** Time, conditions, modalities, concomitants, smell, ameliorates / aggravates, etc.
22. **Skin :** (a) *Anaesthetic patches* (b) *Burning* : Time, conditions, modalities, etc. (c) *Discolouration* : Brown / black/white/yellow/red/coppery etc. (d) *Ecchymoses*. (e) *Eruptions* : Dry / Moist / Exfoliation / Blackish/ Blisters / Coppery / Bloody/Yellow/ Pimples / Vesicles / Pustules / Ulceration / Gangrenous / Urticaria like etc. (f) *Itching* : Time, conditions, modalities, concomitants, etc. (g) *Excoriations* (h) *Sensitiveness / unhealthy* (i) *Warts* (j) *Waxy* etc.

HISTORY OF THE PRESENT ILLNESS

This is to be written in the form of a "History" and the patient / party should be advised to detail the history covering the following :

1. Total duration of the present illness as a whole.
2. Mode of onset and probable immediate cause if any e.g., sudden or insidious onset, following any trauma, acute disease, emotional upset, etc.

suppression of any disease manifestation, operation of any organ ; following vaccination, inoculation, radiation and so on.

3. Chronological order of their appearance.
4. *Underline the first complaint of the patient* to start with mentioning his/her age at that time. The state of health of the patient previous to the first complaint is to be clearly stated.
5. *Note the complaints before, during and after the last treatment adopted.*
6. Various treatment adopted so far with names of medicine (if known).
7. Complaints subsided during and after the course of treatment etc.

PAST HISTORY

This includes the following :

1. Detailed *birth history* e.g., prematurity / post-maturity ; birth injuries due to forceps delivery / delayed labour etc. ; caesarean birth ; birth weight ; Asphyxia Neonatorum ; Neonatal Jaundice ; Congenital defects, etc.
2. History of his/her *mother's state of health during pregnancy*, labour, puerperium and lactation with special reference to pregnancy toxaeemias, fears, trauma, radiation, vaccination, inoculation, etc.
3. History of *breast feeding* with its duration.
4. History of *milestones of development*—e.g., crawling, sitting, walking, dentition, etc. ; whether normal/delayed/early and so on.

5. *Vaccination and Inoculation* taken so far since birth mentioning untoward manifestation of them, if any. Mention the *last date of Vaccination / Inoculation*.
6. History of the diseases since birth till the present illness and treatment adopted for each of them. This is preferably to be written *chronologically* mentioning the age of the patient against each disease. History of the first illness should be underlined.
7. History of *suppression* of any disease manifestation.
8. History of *operation / operations* mentioning the age of the patient against each of them (preferably in chronological order).
9. History of malnutrition and other unhygienic factors.
10. History of *environment at home* since birth till the present illness with special reference to negligence, overcare, affection, hatred, etc., by the parents ; relation between father and mother and/ or the patient and other members of the family.
11. History of obstetrical and gynaecological diseases.

FAMILY HISTORY

This includes the following :

1. Any true Chronic disease in paternal, maternal and husband's side to ascertain the miasmatic dyscrasia.

2. History of *Genetic disease* if any, is to be underlined.
3. Detailed history of parent's state of health before he / she was in mother's womb.
4. Personal and past history of the parents as far as traceable.
5. Personal and past history of other directly related members of the family/families.
6. Mother's mental state before and during the pregnancy concerned.
7. History of repeated abortions—induced / natural, in mother and history of her previous pregnancies.
8. History of *suicide, insanity, congenital defects, etc* , are to be carefully noted.

PERSONAL HISTORY

Note : For personal history, the patient must be interrogated alone. In case of female patient, a lady assistant should be present. The patient must feel free and confident to express his/her personal history in detail. Otherwise, cure may not probably be possible in homoeopathy.

Personal history includes the following :

1. If married, duration of marriage and marital relation. If single, the cause of the same.
2. Number of children and age of each of them. If no children, cause of the same, if known.
3. Anything worth mentioning in the *habits* and daily life of the patient e.g., night watching etc.

4. *Addictions* e.g., smoking, tobacco chewing, alcoholism pan, supari, snuff, tea, coffee, etc.
5. History of malnutrition, dietetic irregularities and personal hygiene.
6. *Mental make-up* of the patient is to be observed carefully at the time of case-taking ; any deviation in personality trait / I. Q. and other mental faculties is to be noted.

7. **Sexual function in detail :**

This includes pre-marital and extra marital sexual relation ; Sex desire—more / less / normal / suppressed etc. ; *Sex weakness* : Imperfect erection / *Impotency* / Frigidity ; *Ejaculation* – early / delayed / lacking ; *Orgasm* : normal / delayed / absent ; *Marital maladjustment* ; *Masturbation* / Night pollution/Spermatorrhoea / Prostatorrhoea ; Abnormal and perverted sex relation ; use of contraceptives and details of family planning procedure etc.

8. Hobbies : Music/Books/Travelling/Sports;Drama etc

9. **Menstrual Function :** This includes — *F. M. P.* ; Duration of Cycle : early / regular / late ; Duration of flow ; colour ; quantity ; consistency ; clots ; stains ; smell ; painful / painless. Any relation of present troubles with mense ; Any change in the menstrual function—before/after marriage/and after pregnancies ; Associated with pruritus, burning, etc ; any concomitant etc. ; Note the *L. M P.* Date

10. **Obstetrical History :** This includes—

- (a) *Abortions* : Induced/Natural/Habitual
- (b) Still birth
- (c) *Pregnancy Toxaemias* :
- (d) A. P. H. / P. P. H. :
- (e) Uterine inertia
- (f) Hydramnios
- (g) Twins
- (h) Abnormal presentation
- (i) *Delivery* : normal / abnormal / forceps / early rupture of membrane and

- (e) *Desire*—Music / Dancing / Drama / Poem / Person / animals / sports / travelling / other objects/etc. etc.
- (f) *Aversion*—Person / objects / work / everything.
- (g) *Effect of company*— <s / >s
- (h) *Effect of consolation*— <s / >s
- (i) *Disappointments*— Love / business / ambition / examination / etc.
- (j) *Memory*—Weak / Forgetful / Lack of concentration / Confused / etc.
- (k) *Forgetful*—Name / Objects / Calculation / Everything / etc.
- (l) Various illusions, delusions and hallucination.
- (m) *Fears*—Animals / Dark / Ghost / Blood / Knife / Death / thief / thunderstorm / water / everything / etc. etc.
- (n) Various gestures and postures.
- (o) Adoptability — Frustration/Despair/Indifferent/etc.
- (p) *Anxiety states*—Anxious / Tension / Anticipatory / Apprehensive / Melancholy / Depression / Grief / Worries / etc.
- (q) Various *fixed ideas*.
- (r) Any mental symptom other than those mentioned above.

2. **Dreams :**

Any persistent dreams is to be carefully noted with special reference to the following :

- (a) Persistent / Occasional / Dreamy sleep.
- (b) Forgets / Remembers well.
- (c) *Daily incidents* / what he / she thinks / irrelevant.
- (d) *Fearful* / *Pleasing* / Gets up from sleep singing / *Fantastic* etc.

dry labour / caesarean / premature / post mature etc.
(j) Lochia : (k) *Puerperal sepsis* (l) *Lactation*
(m) Unwanted Pregnancy ; (n) Mental state during pregnancy
(o) Any relation of the present illness with pregnancy. (p) Any concomitant during pregnancy / labour / lactation etc.

11. **Leucorrhœa :**

(a) Duration : (b) Modalities (c) Time (d) Condition
(e) Consistency (f) Stains (g) Smell (h) *Excoriating*
(i) Hot/cold (j) Associated Pruritus/Burning (k) *Relation with mense* : (l) Any concomitant etc.

12. *Environments at home* : Mental Worries/anxieties etc.

13. History of contact with a sick person.

14. History of recent Vaccination / Inoculation / Radiation / etc.

15. *History of regular drug habit* e.g., sleeping pills, purgatives etc.

GENERALITIES

1. Related to **mental sphere** : This includes any symptom related to mind with reference to the following :

(a) *Will* : Suicidal tendency / Double will / Insanity etc.

(b) *Intellect* : Intellectual / Dull / stupid / confused etc.

(c) *Temperament* e.g , emotional, weeping disposition, irritable, quite, sentimental, revengeful, destructive, impulsive, contradictory, etc. etc.

(d) *Nature and habits*—Hasty, slow, tidy, dirty, artistic, brooding, narrative, loquacious, jealous suspicious, religious, indecisive, affectionate sympathetic, cruel, rude, proud, romantic, shy, cowardice, anxious, anticipatory restless, startled, etc.

- (e) *Desire*—Music / Dancing / Drama / Poem / Person / animals / sports / travelling / other objects/etc. etc.
- (f) *Aversion*—Person / objects / work / everything.
- (g) *Effect of company*— < s / > s
- (h) *Effect of consolation*— < s / > s
- (i) *Disappointments*—Love / business / ambition / examination / etc.
- (j) *Memory*—Weak / Forgetful / Lack of concentration / Confused / etc.
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- (c) *Daily incidents* / what he / she thinks / irrelevant.
- (d) *Fearful* / *Pleasing* / Gets up from sleep singing / *Fantastic* etc.

- (e) Come to be true / No reality.
 - (f) Beginning / middle / last part of sleep.
 - (g) *Objects* : e.g., accident, animals, danger, dead person / bodies, death, desire, drinking, eating, previous events, fights, fire, ghosts, murder, suffocation, urinating, water, etc.
3. **Sleep** : Note the following—
- (a) *Position* in sleep.
 - (b) *Cat nap* / Sound / Unrefreshing / Restless etc.
 - (c) Enuresis—beginning / middle / last part of sleep.
 - (d) Emissions / grinding of teeth / salivation / perspiration / etc. ,during sleep.
 - (e) Talking / Weeping / Screaming during sleep.
 - (f) *Somnambulism*.
 - (g) *Sleeplessness* — First part / middle / last part ;
Insomnia whole night.
 - (h) Yawning—during sleep / without sleep.
4. **Appetite** : Less / More / Complete anorexia / Ravenous / Easy satiety / Perverted / Periodicity / Without relish / Wanting at the sight or smell of food etc.
5. **Desires** : any desire for any particular food or drink is to be carefully noted with special reference to the following :
- (a) *Warm* / *Cold* / *Ice cold* / food / drinks.
 - (b) *Articles of food / drinks* e.g., Bread, sweets, sour, bitter, spices, lemon, salt salty, onions, fish, fruit, eggs, fried, pickles, chocolate, milk, coffee, tea, alcohol, beer, tobacco, potatoes, pudding, earth, lime, slates, pencil, dry rice, paper, apples, oranges, banana, grapes, cucumber, mangoes or any other fruit, ice, ice-cream, strange things, etc. etc.

6. **Aversion** : Food / Drinks - same as in desire.
7. **Intolerance**—Food / Drinks—same as in desire.
8. **Thirst** :
 - (a) More / Less / Nil / Unquenchable.
 - b) Quantity - Small / large.
 - (c) Frequency - Short / long intervals.
 - (d) Nature of drinks - cold / ice cold / warm.
 - (e) Any concomitant e.g., thirst with moist tongue ; no thirst with dry tongue ; chilliness while drinking ; thirst with dream of liquid ; liquids more painful to swallow than solids ; fluid rolls audibly in stomach while drinking etc.
9. Thirst without desire to drink.
10. **Sweat** : Note the following :—
 - (a) Sweat—Profuse / Scanty / Nil.
 - (b) *Sweat*—< s / > s
 - (c) *Stain*—Red / White / Yellow / Bloody / Green etc.
 - (d) *Smell*—Offensive / Sweetish / Sour / Onion like ; like sulphur / like spoiled egg / urinous etc.
 - (e) Sweat—cold / hot / debilitating / oily / sticky etc.
 - (f) Time : more during day / night / lying / sleep / eating / awaking / particular time etc.
 - (g) Any *concomitant* e.g., burning with sweat ; shivering during sweating etc.
 - (h) More in *covered / uncovered parts* / head / chest / face / axilla / palms and soles etc.
11. **Burning** :
 - (a) Partial / Generalised.
 - (b) Any concomitant e.g., burning with coldness of the body etc.

- (c) <d or >d by cold / warmth / covering / uncovering / air etc.
12. *Allergic reactions* to any food / drinks / drug / dust / any other allergen.
13. Tendency for *easy* and long lasting *suppuration* / *bleeding* etc.
14. **Salivation :**
- (a) Profuse / scanty / nil.
 - (b) Character—stringy / slimy / bloody / frothy etc.
 - (c) Smell—offensive / sweetish / sour / bitter/salty etc.
 - (d) Time—day / night / sleep / waking / eating / drinking / smell or sight of food / drinks, etc.
 - (e) Colour—white / yellow / green/watery / bluish etc.
15. **Natural Eliminations :**
- (a) *Stool*—Frequency, character, time, consistency, colour, smell, <s / >s, better while constipated / with loose stools, etc.
 - (b) *Urine*—Same as in stool.
 - (c) *Seminal Emission*—Coition / Masturbation / Involuntary during sleep etc. <s / >s.
 - (d) Lachrymation—character, time, <s / >s.
16. **Abnormal discharges :** (Leucorrhoea; discharge from ear, nose, eyes, etc., bleeding from any outlet etc.)
- (a) Character
 - (b) Quantity
 - (c) Time
 - (d) Smell
 - (e) <s / >s
17. **Clothing**—tight / loose / medium — <s / >s / intolerable.

18. **Bathing**—desire / aversion / fear ; < s / > s.
19. **Chilly** / Hot / Ambithermal.
20. **Hypersusceptibility to cold** air / draughts / getting wet in rain / winter / heat / sun / summer / sound / noises / pain / odour / any other physical or mental stimulus.
21. **Fever :**
- [a] Chill stage—time, character, modalities, thirst, etc.
- [b] Heat stage— — do —
- [c] Sweat stage— — do —
- [d] Apyrexial period — weakness, headache, anorexia.
- [e] Type of fever—Intermittent remittent, continuous, hectic etc.
- [f] Character—acute, chronic, masked, pseudochronic.
- [g] Any concomitant e.g.,—slight fever with intense restlessness / fear of death / debility etc.
22. **Modalities :** Any modality with special reference to the following :
- [a] *Time* i.e., hour of day and / or night.
- [b] *Periodicity* e.g., weekly, yearly, monthly, winter, summer, autumn, spring, same hour, etc.
- [c] New moon / Full moon < s / > s.
- [d] *Position*—Sitting / Lying / Standing etc. < s / > s.
- [e] *Motion*—Initial / Continued / Slightest / Gentle < s / > s.
- [f] *Weather & Climate*— < s / > s in cloudy / dry / wet etc.
- [g] *Sun*— < s / > s.
- [h] *Thunderstorm*— < s / > s.
- [i] *Sea side*— < s / > s.

- [j] Hills— < s / > s.
- [k] *Carriage riding* — car / bus / train / boat / plane—
< s / > s.
- [l] Covering / Uncovering— < s / > s.
- [m] Warm / cold — air / application — < s / > s.
- [n] Warm / Cold — food / drink — < s / > s.
- [o] Reading / Writing / Thinking — < s / > s.
- [p] *Music*— < s / > s.
- [q] Any particular food / drink — < s / > s.
- [r] Tobacco / alcohol / tea / coffee etc. — < s / > s.
- [s] Smell of food or any odour — < s / > s.
- [t] Magnetising — < s / > s.
- [u] Thinking of the complaints / while occupied—
< s / > s.
- [v] Any other general modality — < s / > s.

PHYSICAL EXAMINATION

General Survey

This includes the following :

[1] Temperature, [2] *Pulse*, [3] Respiration, [4] *B. P.*,
 [5] Height, [6] *Weight*, [7] *Emaciation* - Partial/General,
 [8] *Cachexia*, [9] *Obesity*, [10] *Anaemia*, [11] *Oedema*,
 Partial/General, Pitting/Solid, [12] *Facial expression*, [13]
 Gait [14] *Decubitus*, [15] Speech [16] Hearing, [17] Smell
 [18] Vision, [19] Colour of skin and *mucus membrane*
 [20] Dirty / Tidy [21] *Hair* - colour / Greying / Dandruff /
 Lustreless, [22] Glands, [23] *Moles*, [24] *Warts*,
 [25] Growths, [26] Deformities. [27] *De-pigmentation* /
 Hyper-pigmentation, [28] *Nails* — distorted / serrated
 ridged, spoon, brittle, paronychia. etc.. [29] *Clubbing*,
 [30] Cracks & fissures, [31] Boils, furuncles [32] Debility,
 [33] *Restless* / *Quiet*, [34] *Gesture* / *Postures*,
 [35] Condition of Eyes, Nose, Ear, Face, Mouth Teeth
 and Throat, [36] Tonsils and adenoids [37] Condition
 of extremities, fingers and toes, [38] Cyanosis, [39]
 Fidgetiness, [40] Involuntary twitching and tremors,
 [41] Phimosi, [42] Hydrocele, [43] Hernia, [44] Venules
 & Capillaries, [45] Piles & anal fistula, [46] Varicose
 Veins etc. [47] *Tongue* :

- [a] Coating—yellow / white / brown.
- [b] Discolouration—Blue / Black / White
- [c] Clean / red / beefy / smooth / varnished.
- [d] Ulcerated / Raw / Cracked / Eroded.
- [e] Dry / Leathery / Moist / Flabby.
- [f] Thick / Thin / Broad / Long / Short.
- [g] Imprint of teeth.
- [h] Trembling while protruding / inability to
 protrude / tied (ankyloglossia) etc.

INTERPRETATION, ANALYSIS & SYNTHESIS

Note : The physician is to make his own interpretation of the symptoms to understand their real significance; analyse the whole history; make his own observations and then summarise the case in brief.

NOSOLOGICAL DIAGNOSIS

Provisional / Confirmatory

Points in favour :

MIASMATIC DIAGNOSIS

Psora / Sycosis / Syphilis /

Psora + Sycosis /

Psora + Syphilis /

Psora + Sycosis + Syphilis /

Points in favour :

I. *Psora* :

Latent / Primary / Secondary

a) History :

b) Generalities :

c) Particulars :

II. *Sycosis* :

Latent / Primary / Secondary

a) History :

b) Generalities :

c) Particulars :

III. *Syphilis* :

Latent / Primary / Secondary

a) History :

b) Generalities :

c) Particulars :

EVALUATION AND TOTALITY OF SYMPTOMS

1. **Causation :**

- a) Fundamental :
- b) Exciting :
- c) Maintaining :

2. **Mental Generals :**

3. **Physical Generals :**

4. **Characteristics Particulars :**

5. **Common Particulars :**

6. **Important Physical Findings :**

7. **Important Laboratory Findings :**

TREATMENT & FOLLOW-UP

Changes in the Existing symptoms :	New developments :	Changes in Clinical and Laboratory findings :	Physician's observation and comment :	Medicine with potency, dose and direction	General management and auxiliary treatment
<p>(a) Changes in particulars :</p> <p>(b) Changes in Generalities :</p>	<p>(a) New disease symptoms appearing :</p> <p>(b) New symptoms of medicine applied :</p> <p>(c) Old symptoms (suppressed) reappearing :</p>	<p>(a) Clinical findings:</p> <p>(b) Laboratory findings :</p>			<p>(a) Diet :</p> <p>(b) Rest/Exercise :</p> <p>(c) Sponging / Bathing/Ice-bag / Hot-water bag / etc.</p> <p>(d) O₂</p> <p>(e) Physiotherapy :</p> <p>(f) Others : e.g. blood transfusion</p>

AN ILLUSTRATIVE CASE-RECORD

Name of the Patient — Master Nundy

Age — 11 Years Sex — Male

Occupation — Student Religion — Hindu

Married / Single — Single

Father's/Husband's/Gurdian's Name — Mr. Nundy

Address — Bishnupur, Bankura

Date of First Visit — 26-4-82

A. Present Complaints : (as on 26.4.82)

Flaccid Paralysis of both upper and lower limbs since 27th March 1982. The trouble started all on a sudden following a short spell of Gastro intestinal suffering.

Complaints on further enquiry and observation were as follows :-

1. Unable to stand, walk or perform any perussive movement.
- ✓ 2. The hands are flexed at wrist and are completely powerless — can not move the fingers even.
3. The feet are flexed at the ankles with drooping of the feet.
4. Involuntary trembling of the muscles of hands and feet.
5. Voice husky and indistinct.
6. Easily catches cold with sore throat and occasional rise of temperature — a chronic sufferer of tonsillitis.

History of the Present Illness :

The patient was attacked with loose motion and slight rise of temperature one week before the on set of present trouble. The present trouble started with sudden pain in the fingers and toes on the morning of 27th March 1982. He was then treated allopathically and all possible investigations were done in the Hospital within a few days, as the father of the patient is attached with a hospital. Initially the case was diagnosed as acute infective polyneuritis and finally after E.M.G. The case was diagnosed as Neuro-myopathy with less favourable out come.

As there was no improvement whatsoever even after physiotherapy, the father of the patient finally decided to try Homoeopathy as the last resort.

Sudden pain in the fingers and toes — was his first complain and he was 11 years old (approximately) at that time.

B. Past History :

- (a) History of repeated vaccination.
- (b) Measles at 2/3 years and again at 5/6 years of age.

C. Family History :

- (a) Diabetes Mellitus in the paternal side (Grand Father).
- (b) Tuberculosis, Mania and Suicide in the maternal side (Grand Father).

D. Generalities (Including Personal Features) :

1. Related to mental sphere : Quiet temperament, intelligent but very nervous, shaky, stage fright+, fear of lightning+.
2. Appetite : Anorexia ++.
3. Desires : Cold food, chillies, meat, fish and egg.
4. Aversions : Sweet, salt, bitter, milk.
- 5 Thirst : Scanty but likes cold water.
6. Sweat : Profuse during sleep and day time with coldness of extremities
7. Natural Eleminations :
 - (a) Stool — once daily, yellowish.
 - (b) Urine — profuse, pale, emits offensive smell.
8. Rather chilly.

E. Physical Examination & Observation :

1. Pulse rate : 130 per minute, feeble.
2. Tongue : Slightly white coated and moist.
3. Loss of deep reflexes on both upper and lower limbs.
4. Hypotonia and flaccidity ++, of both upper and lower limbs.
5. Bilateral septic tonsils, ++

F. Instrumental And Laboratory Investigations :

1. E.M.G. report dated 12.4.82.
Findings suggest Neurogenic paresis with slow-

ing of conduction in peroneal nerves. There is evidence of denervation in small muscles of hands and anterior tibial muscles. These indicate less favourable outcome.

2. Blood report dated 2.4.82

W.B.C : 10,500 per c.m.m. of blood.

Poly 61%. Lympho 34%, Mono 5%

3. C.S. Fluid culture dated 2.4.82

Sterile.

4 E.C.G. dated 21.4.82

Sinus Tachycardia.

G. Interpretation, Analysis And Synthesis :

Sudden onset of paralysis following a short spell of Gastro-intestinal suffering is suggestive of some viral infection. The typical picture of anterior poliomyelitis is lacking in this case but sudden involvement of lower motor neurone with slowing of conduction in peroneal nerves and denervation in small muscles clearly suggest some acute infection. The only past history contributory to this case is chronic septic tonsillitis. Naturally from miasmatic point of view the patient is a victim of psora which was responsible for recurrent attacks of Tonsillitis as also the short spell of Gastro-intestinal sufferings. The present paralytic condition is a sequela of the acute infection he had shortly before the onset of paralysis. But the family history of Diabetes, Tuberculosis, Mania and Suicide are suggestive of a mixed miasmatic state prevalent in the patient. Hence, the line of treatment should be first antipsoric then anti-

sycotic or antisyphilitic as demanded by the then symptoms of the patient and lastly antipsoric again.

H. First Prescription : Aconite Nap 0/1,12 doses.

One dose twice daily, (followed by 0,2. 12 doses one dose twice daily)

He was on Gelsemium in 50 millesimal potency with signs of improvement in all respects till dated 9.8.82

Final comment and conclusion :

The patient is still under treatment and may undoubtedly require few more medicines including antisycotic and antisyphilitic to complete the cure. But the result obtained so far is really amazing, considering the fact that the party gave up all hopes of his son being capable of walking again.

NOTE :

Follow up to be continued till the patient is cured or the treatment is discontinued due to any reason whatsoever. After the last visit of the patient, a concluding note is to be written by the physician stating clearly the result obtained in the case during the whole course of homoeopathic treatment.

If case records are prepared and maintained in this way, the physician concerned may be able to find out his / her own mistakes (if any) and to rectify those mistakes in future.

[For more illustrative cases, readers may please go through the author's book "Clinical Case Reports on Constitutional Prescribing".]

—PUBLISHER

An illustrative case of ureteric stone with its practical Homoeopathic approach

Name of the Patient : Mr./Mrs./Miss.....

Age—35 years, Sex—Male

Occupation—Business, Religion—Hindu

Married/ Single—Married

Address—R.M. Road, Calcutta-700 037

Date of First Visit—26.3.88

PRESENT COMPLAINTS (As on 26.03.88)

Sl. No.	Complaint (s) General/ Particular	Location with radiation if any. The exact site of the particular complaints to be noted	Sensation i.e. the exact nature of the Complaint e.g. aching burning, tearing bursting, throbbing etc.	Modalities as to time Periodicity external cold/warmth pressure, motion, rest, sleep, food drinks etc.	Concomitants i.e. unreasonable accompaniments if any.	Duration & chronological order.
1.	Pain in the back in right renal region radiating upto the lower abdomen on the right side.	Right loin, radiates to the lower abdomen in the right side	Aching pain comes & goes suddenly	No definite modalities	NIL	3 years
2.	Premature greying of hair	Diffusely all over head	—	—	—	3 years
3.	Nasal obstruction with foetid smell in the right nostril	Right nostril	obstructive, in the right side of nose.	Almost constant yet aggravates when lies down		2 months

Complaints on further enquiry

- 1) Premature greying of hair diffusely all over head for 3 years.
- 2) Nasal obstruction with foetid smell in the right nostril. Sense of obstruction almost constant, yet seems aggravated when lies down.

History of the Present illness

At one night felt pain in the back in the lumber region in the later part of month of November, 1986. Pain subsided spontaneously. The same incidence recurred few days afterwards with bouts of vomiting and this time had to give analgesic injections etc. and finally through intravenous urography it was diagnosed as a case of stone in the lower end of right ureter on 2.12.86. Used to take medicines for relief of pain. Recurrence of acute attacks of pain was very frequent by the time he came to us for Homoeopathic treatment 2 years afterwards.

Past History :

- 1) Measles & typhoid in the childhood. Resorted to allopathic treatment as per report of the party.
- 2) History of delayed healing of wounds in the childhood.
- 3) Chicken Pox—in the adulthood. No Specific treatment.
- 4) Filariasis—2 yrs. ago ; relieved by allopathic treatment.
- 5) Snake-bite in the adulthood relieved by first-aid only.

Excepting these party informed the timely milestones of development in his life.

Family History :

Bronchial asthma & allergic rhinitis in the paternal side.

Personal History :

Young, married gentleman, father of 2 children, 2 and 1½ yrs old. A businessman, having addiction to cigarette (moderate) and occasionally of paan. He looked very depressed which was more pronounced during the process of interrogation.

Sexual Function :

Nothing abnormality detected.

Hobbies :

Very much Fond of animals.

Generalities

1. Related to mental Sphere
 - a) Temperament—Easy irritability with outburst of anger.
 - b) Intellect—Average merit.
 - c) Nature and habits—Depressed, tidy
 - d) Desire—Animals, very fond of
 - e) Weak memory, forgetful of names etc.
 - f) Confused
 - g) No fear
 - h) Anxiety States—Depression with melaencholy.
2. Dreams : Fearful dreams occational, no reality
3. Sleep : Lies on chest. Normal Sleep ; Salivation during sleep.
4. Appetite : Normal
5. Desires : Fish, Raw onion, milk, cold food.
6. Aversion : Meat, rich food
7. Intolerance : Rich food, Acidity & heart burn.
8. Thirst : Scanty, Cold Water, Small quantity at long interval.
Thirst with moist, white coated tongue.
9. Sweat : Profuse ; aggravates,
yellowish stain
smells like sulphur
more in the covered parts eg. axillae.
10. Hot patient, desires bathing.

Physical Examination

General Survey

- 1) Temperature : within Normal range
- 2) Pulse : 88 per minute
- 3) B.P. : 110/ 76 mm./ Hg.
- 4) Looking older than his age.
- 5) Premature grey hair.
- 6) Speech & Hearing : Normal
- 7) Foetid smell in the nose.
- 8) Vision : Normal
- 9) Tidy look
- 10) Tongue : Moist, White coating.

SYSTEMIC EXAMINATION

Date	System	Findings	Comment
26.3.88	G.I.Tract	Caecum & ascending colon thickend & tender	Suggestive of chronic amaebiasis
	Biliary system	Liver palpable 2 fingers firm, slightly tender.	Suggestive of amaebic hepatitis
26.3.88	Urinary system	Tenderness in the Rt. loin	Suggestive of inflamed kidney

INSTRUMENTAL & LABORATORY INVESTIGATIONS

Heading	Date	Findings	Comments
Temperature (thermo- meter in the axilla)	26.3.88	98°F	

Blood Pressure (sphygmo- manometer in lying down position)	26.3.88	110/76 mm./ Hg.	
Intravenous Urography (in the laboratory)	2.12.86	Stone in the lower end of Rt. Ureter with dilatation of the ureter and pyelonephritic changes in the right middle calyx.	Rt. ureteric stone

INTERPRETATION, ANALYSIS & SYNTHESIS

Tendency to stone formation in the urinary system is suggestive of metabolic disturbances in the system. This indicates sycotic miasmatic background. History of bronchial asthma in the family also corroborates the same. But early gray hair and offensive oezena is strongly suggestive of syphilitic state. The present symptoms of the patient are in favour of predominant syphilitic state. As such, an anti-syphilitic medicine is to be selected according to the totality of symptoms including the sycotic background.

NOSOLOGICAL DIAGNOSIS

Provisional — Renal Stone

Points in favour :

- 1) Pain in the Rt. loin.
- 2) Pain radiates to the lower abdomen along the course of right ureter.
- 3) Sudden and Violent attack of colicky pain only relieves by pain killing injections.
- 4) H/o Colicky pain with occasional bouts of vomiting.

Confirmatory :

Right sided ureteric stone confirmed by Intravenous Urography dated (2.12.86). Urography findings—

Right sided ureteric stone (lower end) with pyelonephritic changes in right middle calyx.

MIASMATIC DIAGNOSIS

Mixed miasmatic state with predominance of syphilis.

Points in favour—

Syphilis	Sycosis	Psora
1. Profound depression and melancholy.	1. Tendency to stone formation.	1. H/O Measles and typhoid
2. Easy irritability ; Suppressive	2. H/O Br. asthma in family.	2. H/O allergy in family.
3. Tidy.	3. Past history of filariasis & chicken pox.	3. Very miser.
4. Weak memory ; forgetful of names, confusion.	4. Delayed healing of wound and tendency to suppuration.	
5. Hot Pt.	5. Intermittent obstruction of urinary flow.	
6. Desires cold food & drinks.	6. Lies on chest.	
7. Aversion meat		
8. Profuse perspiration which aggravates.		
9. Early grey hair ; looks older than his age.		
10. Offensive oezena		
11. Delayed healing of wound.		

EVALUATION AND TOTALITY OF SYMPTOMS

1. Mixed miasmatic state with predominance of syphilis
2. Profound depression and melancholy.
3. Angry, tidy and suppressive with forgetfulness.
4. Hot pt. ; prefers everything cold both externally and internally.
5. Aversion—meat
6. Perspiration < S.
7. Early grey hair, looking older than his age.
8. Offensive oezena.
9. Ureteric stone with pyelonephritic changes in Kidney.
10. Enlarged liver.

REPERTORIAL AID FOR REFERENCE

Not necessary in this case as the totality is clearly indicative of Aurum Met. as being the remedy of the patient at present.

First prescription :

- 26.3.88 Aurum Met. 200/ 2 doses.
 To be taken at 6 a.m. and 6 p.m.
 the same day giving 10 succussion
 to the phial for the 2nd dose.

TREATMENT & FOLLOW UP

Date	changes in the Existing Symptoms	New developments	Changes in Clinical and laboratory findings	Physician's observations & comment	Medicine with potency, dose and direction	General management treatment & auxilliary Treatment
28.5.88	No trouble excepting offensive smell in nose	—	Liver-still enlarged but only one finger	The pt. as a whole feels better; sure sign of improvement	R _x Aurum Met. 1M/ one dose only. to be taken at 6 a.m. in empty stomach.	To drink plenty of water
3.9.88	Rt sided nasal obstruction persisting; no renal pain	—	No liver enlargement	The patient is improving satisfactorily	R _x Aur. Met 10M one dose only, to be taken in empty stomach	—
8.10.88	No troubles	—	Sonography of K. U. B. No. stones, nothing abnormal detected	Do	No-medicine	—
15.7.89	Do	—		The pt. was on placebo till this date. In the meantime Aur. Met. 10M/ one dose was repeated on 17.1.89 with 10 succussion	Sulphur 1M one dose only. This is given to remove the psoric block	Treatment closed today with the advice to report immediately if symptoms reappear

List of our other Publications

- 1] Clinical case reports on Constitutional Prescribing.
 - 2] Lyssin Drug Picture.
 - 3] X-Ray Drug Picture.
 - 4] Leukoderma and its Homoeopathic Approach.
 - 5] The Scope of Homoeopathy in Diabetes Mellitus.
 - 6] Prasnotore Homoeopathy.
 - 7] Role of Homoeopathy in National Health Programme.
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