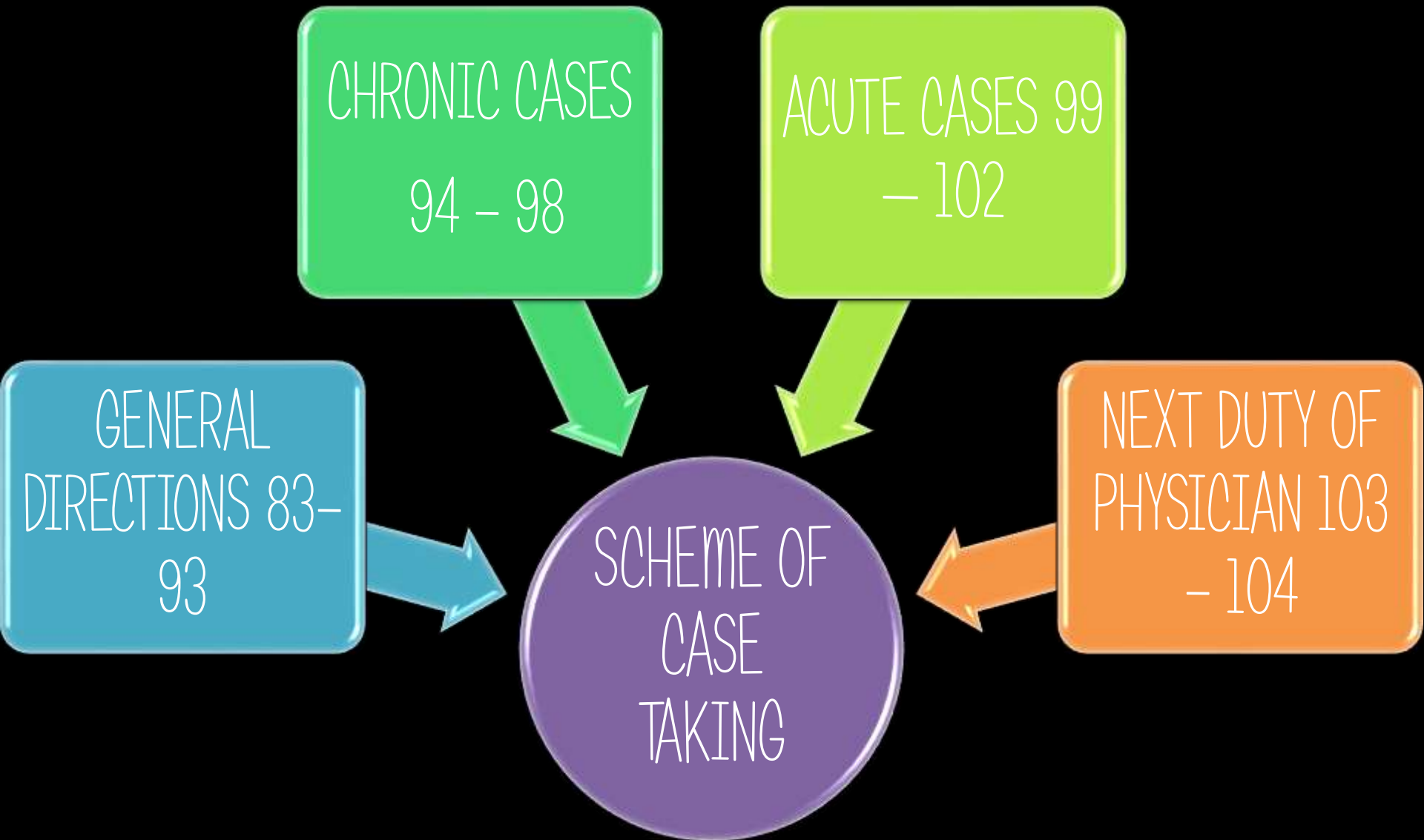


A close-up photograph of a person's hand holding a black pen, writing on a medical form. The form is partially filled out and has various sections and checkboxes. In the background, a blue stethoscope is visible, resting on the form. The overall scene suggests a medical or healthcare setting.

HOMOEOPATHIC

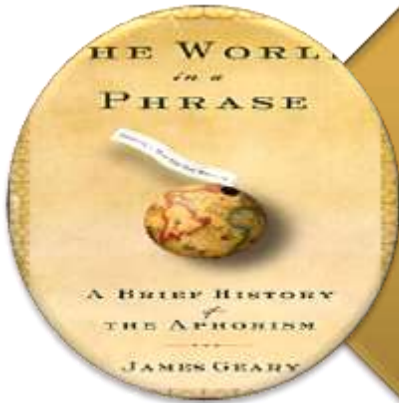
CASE TAKING STRATEGIES - 2

- \$ 5 – CONCISE FORM OF CASE TAKING
- \$ 82 – LINKING SECTION
- \$ 83 – 104 – GENERAL DIRECTIONS





ONE SIDED DISEASES –
172 – 230



MENTAL DISEASES –
210 – 230



INTERMITTENT DISEASES
– 231 – 234

DO'S.. in Case Taking

- s/m should be written from **different sources** - \$ 84
- Ask for all the complaints in detail to make it **complete s/m**
- Advice to speak **slowly** and write methodically.
- Each symptoms should be **started in fresh line**.
- Symptoms should be noted in **chronological order**.
- Should be dedicated and **unprejudiced**.

DONT'S.. in Case Taking

- Should **not hurry/ interrupt** a patient in his narrative.
- Do not put **leading/ direct questions**
- Avoid questions **along the line of remedy.**
- Never skip from one symptom to another at random
- Never examine a lady in the absence of her relatives or a female nurse.
- Always beware of **temptations.**

CASE TAKING IN ACUTE DISEASES

- \$ 72, 99 – 102, 152, 153
- They are rapid morbid processes initiated by the abnormally deranged VF. These are self-limited in nature, resulting in the recovery in the course of time or in the death, if the VF is overwhelmed.
- Transient explosion of LATENT PSORA

- Caused by **ACUTE MIASM**
 - Exciting cause
- **RECURRENT ACUTE MIASM**
 - Attack a person several times in his life in the same manner
 - Almost common in everyone
 - Typhoid, Cholera
- **NON- RECURRENT ACUTE MIASM**
 - Attacks a person once in a life time = **FIXED MIASM**
 - Small pox, measles, whooping cough

- very easy to take – bc s/m still in the memory
- Physician has much less to inquire into; also much less time required for tracing the full picture – bc everything is self-evident.
- Evolution of s/m very quick – patient remembers all of them
- Any known causative factor is to be ascertained.
- Possible nosological diagnosis should be kept in mind for diet and regimen, mgt. etc.

TYPES

- INDIVIDUAL A/C Ds
- EPIDEMIC
- SPORADIC – groups of people
 - ENDEMIC
 - PANDEMIC

DIRECTIONS FOR TAKING ACUTE / EPIDEMIC/ SPORADIC CASES

99- 103

INDIVIDUAL

- 99

SPORADIC & EPIDEMIC

- 100 - 102

SPORADIC & EPIDEMIC CASES 100 – 102

CONSIDERATION AS AN UNKNOWN ONE – 100

CHARACTERISTIC PORTRAIT TO BE OBTAINED — Totality of whole epidemic is completed from several pts – 101

\$ 102



- All the patients of epidemic are affected with the disease prevailing at a given time and have contracted it from one and the same source and hence suffering from the same disease BUT the whole portrait of the epidemic cannot be learned from single patient
- \$ FN 102 – Homoeopathic SPECIFIC MEDICINE

□ GENUS EPIDEMICUS

TOTALITY OF ACUTE DISEASE

SECTOR TOTALITY	FIXED GENERAL TOTALITY
<ul style="list-style-type: none">• After FGT	<ul style="list-style-type: none">• Precedes SC
	<ul style="list-style-type: none">• If discerned at earlier stage, it can abort the disease before SC sets in
<ul style="list-style-type: none">• Takes time to evolve = DISEASE	<ul style="list-style-type: none">• Appears first before Disease sets in = ILLNESS
<ul style="list-style-type: none">• Dynamic	<ul style="list-style-type: none">• Dynamic with relative fixity with time & earlier evolution
<ul style="list-style-type: none">• Changes with Sectors	<ul style="list-style-type: none">• Almost Fixed/ stable – depends on constitution

SECTOR TOTALITY

FIXED GENERAL TOTALITY

<ul style="list-style-type: none">• A/F	<ul style="list-style-type: none">• A/F – Precipitating – mental & general
<ul style="list-style-type: none">• < & > in sector	<ul style="list-style-type: none">• < & > in general sphere with emphasis on diff. modalities
<ul style="list-style-type: none">• Location – region, Tissue, Organs, Systems	<ul style="list-style-type: none">• Physical Generals including Path. Generals – time modality maintained
<ul style="list-style-type: none">• Sensation & Pathology	<ul style="list-style-type: none">• Mind
<ul style="list-style-type: none">• Concomitants with sector	<ul style="list-style-type: none">• <u>FEVER</u> – A/F, < & > esp Time, Characteristics, Concomitants
<ul style="list-style-type: none">• Time – evolution: onset, course, direction, extend	

CASE TAKING IN CHRONIC DISEASES

- \$ 94 - 98, 205 - 209
- symptoms take a **slow evolutionary pace** covering months and years.
- **case taking must be detailed**, must cover the past as well as the presenting conditions of the patient, family history on both paternal and maternal side
- symptoms are **much more difficult to be ascertained**.

CT IN CHRONIC DISEASE WITH ACUTE EXACERBATION

- Physician should differentiate the s/m of a/c deviation from that of the existing c/c disease to obtain the acute totality
- Combining the s/m of both will lead to failure
- R/C tonsillitis.

CASE TAKING IN ALTERNATING DISEASES

- \$ 231 – 232
- **Alternating diseases** – certain symptom/ syndrome alternate at uncertain intervals with symptom/ syndrome of a different kind.
 - At one time only one group of symptom is dominant – but it forms only a part of the whole phenomena
 - Pain in legs & Ophthalmia

CASE TAKING IN INTERMITTENT DISEASES

- \$ 233 - 245
- **Intermittent diseases** – morbid state or group of s/m, returning at certain or fixed period with unvarying character of the presenting complaints and during the interval the patient is apparently in good health.
- When pt. presents with a/c attack – treated as a/c complaint
- Then treated as c/c disease after the pt recovers from a/c attack

TYPES OF INTERMITTENT DISEASES

- AFEBRILE
- FEBRILE / INTERMITTENT FEVER
 - Sporadic/ epidemic IF
 - Epidemic in Non Marshy areas
 - Pernicious type of IF in individuals residing in Non - Marshy area
 - Endemic in Marshy areas

- Sporadic or epidemic intermittent fevers
 - homoeopathic remedy is selected according to the totality of symptoms exhibited by each individual.
 - First conduct an acute case taking, followed by a case taking for a deep acting antipsoric.
- Epidemic in non marshy areas.
 - Almost all show invariably the same totality of s/m – obtained after going through a number of cases.

- Pernicious IF in non marshy areas.

- First consider an acute remedy to begin the treatment
- If the well selected remedy fails and recovery not ensue in few days, a detailed chronic case taking is required.

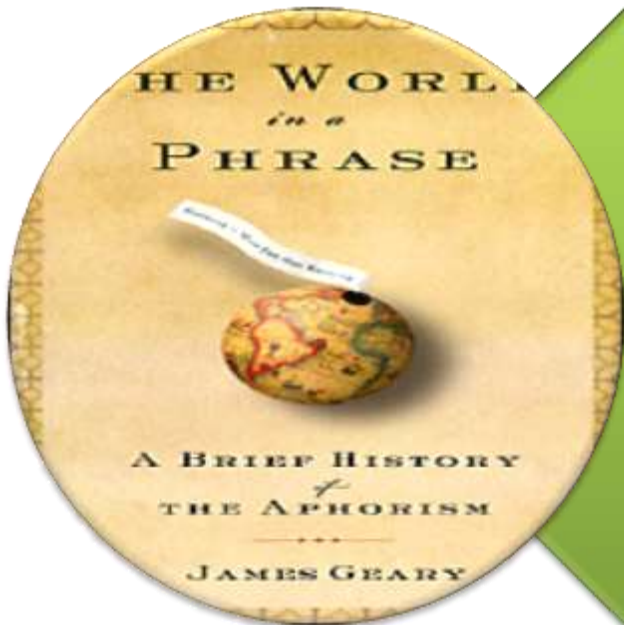
- Endemic in marshy areas.

- Trace out the maintaining cause and remove it
- But in spite of the well regulated diet and regimen, many individual suffering from intermittent fever requires a detailed c/c case taking to prescribe an antipsoric remedy.



ONE SIDED DISEASES

- 172 - 230



MENTAL DISEASES -

210 - 230

- **ONE SIDED DISEASES** are those diseases which seems to have very few perceptible symptoms and belongs to the class of chronic diseases.
 - due to lack of observation of the physician
 - After administration of suitable remedy some peculiar s/m will come up – re examine the pt. & successive admn of remedy continued till recovery is complete

ONE-SIDED DISEASES

(Diseases with too few symptoms and chiefly of chronic nature)

Principal symptoms

Internal Complaint

External Complaint

Physical Complaint Mental Complaint

Local Diseases
or
Local Maladies

- **MENTAL DISEASES** are one sided diseases which are chronic in nature and psoric in origin.
 - must take very carefully the past history and should try to detect the physical symptoms which precede the present condition

- Mental symptoms appearing with the decline of corporeal symptoms

- The totality must include past corporeal symptoms along with mental and emotional state. – Past history is a must in these type of cases.
- corporeal symptoms may make appearance during the lucid interval. (\$219)
- The symptoms of previous corporeal disease should be learned from the friends and relatives

- Mental disease with out corporeal diseases/ independent origin

- Psychogenic in origin – originate from emotional cause, continued anxiety, worry etc.
- Fundamental cause – psoric miasm.
- Maintaining cause & all kinds of external disturbing influences are to be traced out by a skillful case taking.

- Mental diseases appearing suddenly

- Mental diseases after sudden fright, grief, abuse of spirituous liquors etc. – s/m intense, physical concomitants important
- Find out the cause – give acute medicine followed by a anti psoric.

- Mental diseases due to psychological factors/ doubtful origin

- Mental disease arise due to faulty way of living, over protection, superstition, ignorance etc.
- Ameliorated by Psychotherapy