

Case taking Part One

“.....demands of the physician *nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease.....*” (Organon para 83)

1. Set the context

Be interested. Be open to anything. Be totally non-judgemental. “The unprejudiced observer”.

2. Observe

Notice the patient’s initial response to you. The general behaviour. Eye contact. Level of discomfort. Open or closed person. The primary emotional state (fearful, angry, sad). The body type. Skin colour. Dress. Notice how *you* feel in response to the patient.

3. Listen

Let the patient tell their story. Hear what the person is telling you, not just the words. Listen to the language used. Note any repeated phrases or expressions. Notice *how* the person speaks as well as what they say (slow, hurried, stammering, hunting for words, wandering off, jumping from subject to subject.....).

4. Question

Save your questions to fill in the blanks. Ask appropriate questions at appropriate times. Always start with a general (how is your digestion?, what type of pain is that?, what makes it better or worse?, what is your sleep pattern?) and wait for any spontaneous response. Then become more specific (is it an ache, or sharp, shooting or bursting or throbbing.....?), giving multiple choices rather than one or two. Use leading questions only to confirm or eliminate a remedy - *after* the case has been taken. Go over everything that was offered spontaneously and complete every symptom (location, sensation, causation, modality, concomitant).

5. Write

Record the symptoms in the patient’s own words, but don’t try to write every word. Leave big gaps so you can come back and complete each topic/symptom. Stop writing if the patient needs your full attention. Use underlining to give emphasis where appropriate. Practice writing without looking. Write your remedy-thoughts in the margin as you go along (and leave them there!). Take time out to write down your own observations, feelings, hunches.

6. Understand

Digest the case. Is there something important missing? Is it coherent, or confused? Straightforward or complex? Does it make sense to you?

“.....the investigation of the true, complete picture and its peculiarities demands especial circumspection, tact, knowledge of human nature, caution in conducting the inquiry and patience in an eminent degree.....” (Organon para 98).

Casetaking Part Two - Chronic Casetaking

Aim to cover each of the following broad categories in every case:

Chief complaint including:

- Medical diagnosis
- When and how it started
- Any past or current treatment, and its effects
- Full symptom picture i.e. location, sensation(s), modalities, causation(s), concomitants

Any other current health problems & concerns

Physical Generals:

- Body temperature & reaction to heat & cold
- Reaction to weather & environment
- Food cravings, aversions & aggravations
- Sleep pattern & dreams
- Times of < & >
- General energy level & what affects it
- Menses, pregnancies & childbirths
- Review major systems i.e. digestion, bowel function, urination, sexual function, circulation, skin, perspiration

Emotional states:

- Anger, irritability, violence etc
- Fears, phobias, anxiety, timidity etc
- Sadness, grief, disappointment, depression etc
- Low self esteem, poor confidence, guilt etc
- Any others e.g. jealousy, suspicion etc

Mental symptoms:

- Understanding, concentration, thinking processes etc
- Memory
- Mistakes in speech, writing etc

General medical history:

N.B. Pay special attention to anything which affected the patient's health profoundly or from which they never fully recovered

- Past illnesses, esp. any severe or repeated; responses to treatments
- Accidents & injuries
- Operations
- Vaccinations

Family history:

- Major illnesses & causes of death in all close relatives

Case Taking Guidelines Part Three

Prerequisites for successful casetaking:

Safe, sacred, comfortable space (no interruptions; comfortable, clean) UPR (non-judgemental; non-threatening)
Empathy & rapport skills
Self-awareness
Healing Intention
Clear boundaries

Helpful adjuncts (in order of value)

Understanding of energy
Materia medica knowledge
Understanding of organs & systems
Understanding of pathological processes

Clarifying Intention

What do you intend from the interview?
What do you intend from the treatment?

Taking a case -v- receiving a case

Avoid extremes
Balance of yin & yang / passive & active forces

Listening between the words

Our words often say what we want the other person to hear; our energy conveys the deeper meaning
That which is unsaid often carries more weight
Notice areas that are avoided, not mentioned or brushed over
Notice areas that are given undue emphasis - what is it covering?
Listen for the question / statement behind the question
Listen for the punctuating phrases & giveaway lines

The healing power of case taking

Putting the pieces together = making whole that which was fragmented
Both practitioner and client should benefit from the interaction
Mirroring / reflecting & basic person-centred counselling skills

Case taking strategies for specific situations

First aid and intense pain

Be appropriate

Be quick

Ask few direct leading questions

Non-communicative patient

Everyone is interested in something - find out what

Silence; touch; bodywork

Work on building rapport - be patient

Animals & babies

Close observation

Question the owner / parent - train their eye

Touch

Over-intellectual patient

Use observation & third-party report