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Managing Cases with Scanty Data

In day to day practice, every homœopath comes across cases with a scarcity of data, posing problems and confounding even the most skilled in accurate prescribing. As one learns more about the art of case-taking in the practice of classical homœopathy, and after attending many seminars where we see several cases with long case-histories, we unconsciously come to expect plenty of data to work with. It is easy to get perplexed and annoyed when a case has scanty data and lacks a well described state of mind.

Usually, in seminars and journals only carefully selected "show" cases are presented for discussion. Such cases have more than enough information. So that when a sincere homœopath meets with a case which lacks lengthy information and symptomatology in his own consulting room he gets discouraged. In reality every practitioner, however learned and senior, treats this kind of case on a daily basis. What I would like to discuss here is how we deal with cases with scanty data. However, I would like to make it clear that cases of scanty data and one sided cases are not the same.

Scanty but complete

Receiving information during an interview in homœopathic practice is a highly specialised technique calling for considerable skill on the part of the physician. It is important that the homœopath painstakingly collects all the necessary data according to our standard rule. We must go step by step into all the details of the sickness, the chief complaint, the modalities, the associated complaints, appetite, cravings and aversions, thirst, perspiration, thermal state, discharges, sleep, the past and family history, the general constitutional traits of the patients and last but not least the mental state of the individual. Only when we have done this can we say we have taken a complete case history. However, on occasion instead of several pages of notes we only get one or two sides, "there's nothing else, everything is normal" the patient says. This is then a case with scanty data.

If a case with deficient data is due to the inefficiency or carelessness of the homœopath who has not gone through the above steps conscientiously, then there is every chance that they will fail in the treatment of the patient because they are missing some of the important features. On the other hand many cases are taken very diligently but the amount of information obtained seems to be quite small. In such cases if we feel that the data collected is as complete as possible, then we will be able to process that data with more confidence. We should still be alert in such cases to form a totality with the available data. The absence of obvious and conspicuous symptoms should not hinder us in our search for the simillimum. With experience, a homœopath should be able to find the essential features of the remedy which will form a totality and guide him to the simillimum.

Scanty but definite

Strictly speaking, there is no such thing as too little or too much data. It all depends on how we look at it. It is not the quantity of the data that one gathers which is important, but

the quality. Reliable, definite symptoms will give you a strong concrete totality. The data should be specific and not vague, logical and not imaginary. If this is the case, then the totality of symptoms you have decided on will lead you to a remedy that will work well.

Brief but solid totality

Most of the difficult cases treated or presented have primarily few, but very definite, indications of the remedy. The rest are often made up of supporting indications. If based on the characteristic and constitutional symptoms of the patient a brief totality will not be an obstacle to selecting the correct remedy. Hahnemann wanted to base his science on the solid rock of perceptual knowledge of facts.

A balanced totality

When constructing the prescribing totality, it is important to make sure that it is complete. What I mean by that is, however scanty the data may be, if it covers the three different aspects of the individual, namely, the mentals, the generals and the local affections in a definite form, these will constitute a whole, and the remedy can be ascertained. The totality of symptoms implies not merely the presence of strong mentals, characteristics or generals. It should not tilt towards any one aspect of the whole, it should be balanced. Any totality without mentals and generals is anti-Hahnemannian, so any totality must cover mentals, physical generals and local affections otherwise it is incomplete and doomed to failure. When we say the case has a small totality, it should not stop us working out the remedy. However small the totality may be, the word totality implies completeness, and as such, adjectives like large and small should not be necessary.

Clear concept and solid approach

It is never the case that a larger number of symptoms facilitates the selection of a remedy. Only clearly applied homœopathic principles about constitutional prescribing along with a sound knowledge of materia medica and repertory will help you prescribe confidently. Processing the data irrespective of whether it is scanty or large, and using the proper approach, not only helps to select the remedy, but also helps you to be confident about it and not change it too hastily.

Key note symptoms

When the data collected is scanty, the importance of key-note symptoms increases. Well defined and definite key-notes may help towards selecting the remedy especially when the data collected is not profound.

What is available is enough

Many prescribers will have had the experience that even after a couple of hours of case taking, something is missing and they feel the totality is incomplete. In such a case, if you are sure that you have been thorough, it may be that you have a case with scanty data. Scantiness or abundance is all relative.

Do not misunderstand what I am saying. I am not

suggesting that taking only scanty data is enough. If you are prone to take the case insufficiently, there is a good chance that you will fail with it. Working out a case with scanty data should not be by choice.

Notes about the cases

Some of the cases illustrated highlight how we construct a prescribing totality with so called scanty data. They have been selected with this idea in mind, and also to show some other aspects; for example, uncommon remedies, long follow ups and repetitions, facets and phenomena, difficult diseases.

CASE ONE

Mr. B S, 70 years of age but looking much younger. Tall and dark. First seen 18/6/94. Chief complaint: corns (callosities) on his right sole for three years. The corns were multiple and painful. Burning pain. He had applied corn-caps several times without relief.

Associated complaints: eczema of his left foot for 20 years, with occasional itching. Constipation for several years, stool has to be removed mechanically.

Other details: appetite is good, he craves sweets and murabba (a sweet jelly like pickle). Thirst and perspiration are less. He is thermally hot. Likes to sleep late and has no dreams.

Family unit is himself, his wife and his unmarried daughter of 40. He has another daughter who is married.

Mind: He is a mild person. He looks a little unhappy. He gets angry sometimes and when he is angry he keeps quiet. "Who shall I show my anger to?" He may close his eyes and chant a mantra. Sometimes he has a dispute with his son-in-law and feels sad as a result. When sad may weep and he also feels anxious.

Past history: renal calculus 10 years back.

This case presented with the following totality:

1. Sadness with weeping and anxiety (characteristic mental).
2. Craving for sweets (physical general).
3. Hot (physical general).
4. Eczema, painful corns (local affection).
5. Constipation (local affection).

At the end of the above case-taking, I felt a sense of satisfaction. The totality, from seemingly scanty data, clearly suggested *Sulphur* as his constitutional remedy.

Treatment and follow ups:

18.06.94 One dose of *Sulphur* 30, followed by placebo for 1 week.

09.07.94 Pain in corns better 50-60%. Eczema status quo.

10.08.94 Corns better 60%. Eczema status quo.

13.08.94 Acute prostatitis with frequent micturition, urgency and straining. Had similar symptoms 3 years ago. Given *Sulphur* 30 twice a day for 5 days. This acute illness provided an opportunity to stimulate the vitality with more of his constitutional remedy.

18.08.94 As expected, urinary problem 30% better and his eczema aggravated. Corns are better. Watch and wait. Placebo.

25.08.94 All symptoms of prostatitis are better. Eczema remains aggravated. Give placebo.

03.09.94 Eczema getting better. Prostate 80-90% better. Corns over 90% better. Wait further. Give placebo.

19.09.94 Eczema over 50% better. (Note he has had it 20 years). Prostate and corns, no complaints. Placebo continued.

01.12.94 Suggested terminating treatment and report after 6 months.

CASE TWO

Bhavya, 8 months old boy. Brought with profound vesicular eruptions on palms, hands and fingers, and scattered on legs and abdomen. He had received allopathic treatment with little relief. We recorded his case on video.

This child had no other important features. When I do not get a feel for a case, I like to stare at it for some minutes to obtain more information. During this process, I observed two important points. The child was unusually smiling and laughing all through the interview and while we took photos of various parts of his body, holding his legs and hands, he looked quite joyful. Another observed point was that he often scratched his left ear. On questioning the Mother, she confirmed that it was his habit especially when sleepy.

For me it would have been an important rubric if I could have found one for "Itching ears before sleep" but no such rubric exists. I took the following totality:

1. Joyful, happy (Allen)
2. Itching, left ear (Kent)
3. Eruptions, vesicular, palms, hands, fingers (Boericke).

The above totality consisted of a mental, a key-note and the peripheral expression (specific organ affinity). The remedy that came through was *Anagallis* (Scarlet Pimpernel) and he was given this one dose daily for 7 days, followed by placebo for a month. The eruptions cleared completely.

CASE THREE

Mr. J, 66 years. Brought by his son to Bombay for treatment. He lives in a small village in Rajasthan while his sons run a business in Bombay. He was operated on for renal calculi in August 93 and after surgery he went into a coma. He was investigated and treated at a leading HN hospital in Bombay. His CT scan and M.R.I. showed a pituitary adenoma approximately 2.3 x 2.23 x 2.06cm. He was also hypothyroid and was given Eltroxin.

On diagnosing the pituitary adenoma, he was offered immediate surgery. Due to the tumour he had already lost his vision in the left eye. Being a typical old countryman, he refused any more surgery and decided to return home to Rajasthan. His complaints were complete loss of vision in left eye. Occasional headache, loss of weight and weakness. His speech was not affected and he had no vertigo or vomiting. He was pale and looked tired. His teeth were very dirty and irregular and his mouth was foul smelling as he was a tobacco (and jerda) addict for the last 40 years.

Other details:

Appetite is poor. No strong likes or dislikes. Very chilly+++.

Clear bowels and urine. Good sleep, no dreams.

His family unit is himself and his wife. His two sons are engaged in business in Bombay while he looks after the agricultural side in Rajasthan.

Mind:

His son says, he is soft as well as hard. Sometimes he may be generous and sometimes very obstinate. If he decides not to give something to someone, he will not give. He cannot spend money. He is always concerned about accumulating more money. He spends very little. He hates to spend money for himself. In fact that was the main reason why he had refused further surgery for the tumour, he didn't want to spend money.

He gets excited and very angry when he is not understood. With anger he shouts and becomes violent and strikes at the offending person. He is strict.

understand anything else. He has a good memory and no fears.

1. Anger when misunderstood (Synthesis)
2. Anger with striking (Allen T.F.)
3. Avarice
4. Narrow minded
5. Chilly
6. Brain tumour.

The totality considered suggested *Bufo* which was selected even though it did not have avarice.

Treatment:

07.10.93 *Bufo* 200. 2 doses administered with placebo for 2 months as he was returning to Rajasthan that evening.

02.12.93 Patient in Rajasthan, no proper report. Gave *Bufo* 200 one dose at monthly intervals.

28.03.94 His vision has improved considerably. Gave *Bufo* 200 one dose monthly.

29.07.94 Has normal vision in left eye. No problems with day to day work. No complaints.

07.11.94 Report from son who has recently visited Father. No complaints. Normal vision in left eye. Doesn't feel it necessary to continue medicine!

It was suggested that he repeat his CT scan or M.R.I. but he is not inclined to do either as he is symptoms free. He also does not want to spend the money on expensive investigations! Without a scan it is impossible to know what has happened to the tumour but as there can be no doubt about the diagnosis or the fact that he now can see we can only surmise that it has shrunk.

A middle-aged gentleman was brought to the college outpatient department with the complaint of bronchial asthma of a few years standing. He was working in a mill, which had closed for the last six months because of a strike.

He had frequent attacks of difficult respiration every day. He had a long standing dry cough with some vague symptoms. On further enquiry, we found he belonged to a poor family and was responsible for feeding his family of four. Even though he was jobless because of the strike he had no motivation to look for another job. There was a strong element of laziness associated with a sense of contentment.

1. Indolence with content
2. Indifference with irritability.

The above important aspects of his case led me to consider a rare remedy which I have never used in my practice. On referring to the source books, I also found it to have symptoms relating to the respiratory tract, thus matching the case well. *Zizia* 200 was given frequently during early treatment and infrequently later. It brought about good control over his asthma. This case shows how if you process the information in a specific way, you will be able to come up with an uncommon remedy which you will be able to prescribe confidently.

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