

## **ABOUT HOMEOPATHIC CASE TAKING**

Homeopathic case taking is the most essential part of the whole process of treating a patient. Case taking is a Science and also an Art. As per the basic principles of Classical Homeopathy 'The person is treated as a whole and not just his disease', this is the core of an individualized constitutional treatment. The very significance of the constitutional treatment in homeopathy is to heal the body-mind system from within. The constitutional treatment helps the body's own healing mechanism and enhances body's self-recovery capacity thus leading to a long-term cure.

The case-study hence is non-conventional, whereby various aspects of the patient's complaints (Physical and Mental), lifestyle, personality, food habits, emotional make-up, personal and the family history, etc are evaluated appropriately to decide on the correct medication to treat the disease. Thus, the entire constitution (physical and mental) of the patient is evaluated in a systematic and scientific manner.

Incomplete information will make correct choice difficult. You are, therefore, requested to supply all information without keeping back anything as irrelevant or of little importance. The information you supply forms the basis of further enquiry designed to assist you in the further delineation of the problem. Full co-operation, therefore, is requested. If we find that the information given is insufficient for instituting treatment or it requires further detailed processing of information and study of your Case, we will send you few more specific questions to be answered by you.

All information shared by you is, of course, strictly confidential.

### **P.S.**

We try to maintain a standardized Case Record, to facilitate that, you are requested to write in the following way.

Write in the way the history is printed.

If you download the questionnaire, you may write your answers below the respective questions.

Leave margin of 1" at the top in front, and at the bottom on the back.

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## **1. CHIEF COMPLAINTS**

Describe fully what bothers you most. Each trouble should be detailed as under:  
[You may grade the symptoms to stress on its intensity: 5 - Maximum, 1 - Minimum  
e.g. Headache (5), tingling sensation (2), etc.]

- a. Area affected: Location, extension, direction of spread, the march of events.
- b. Sensation experienced in the area of trouble.
- c. Conditions that have brought on the trouble: Examine the circumstances that occurred before or at the time of onset, paying attention to physical as well as emotional factors.
- d. Conditions that increase the trouble or those which afford relief.
- e. Other troubles experienced at the same time along with the main trouble, for example...perspiration/nausea /vomiting /gas/with pains.

## **2. OTHER COMPLAINTS**

If you have any other complaints describe them here. Each should be described fully as suggested above under numerically defined headings for the Chief Complaint under the different headings .

## **3. PREVIOUS ILLNESS**

Give a detailed description of the various illnesses you have had in the past, which may/may not have a bearing on the present condition. Also describe the type of treatment taken and the response of these illnesses to medication.

## **4. FAMILY HISTORY**

Details concerning the health and diseases (if any) that appear to recur in other family members like Grand parents, Parents, Uncles, Brothers and Sisters. Also give details concerning the health of spouse and children.

Details of each family member should be under the following headings: Family Member, Relation with you, Age, Health Status / Illness suffered

## **5. PERSONAL DATA**

Physical Description

Height:

Weight:

Complexion:

Body Type (Slim/Average/Heavy):

Physical Challenge if any:

Ethnic origin:

## **6. PHYSICALS**

[You may grade the symptoms to stress on its intensity: Put 5 for Maximum, 1 for Minimum e.g. Cravings- sweets (5), spicy (3)]

### **a. Appetite**

Is there any change in your appetite since the complaint started? If yes, what is the change?

### **b. Food allergies**

Mention the food substances you are allergic to. Also mention what type of allergic reaction you develop.

### **c. Cravings**

Name the type of food you like very much or a particular taste that you desire.

### **d. Aversions**

Which type of food item or taste you particularly detest?

### **e. Thirst**

How much water do you consume in a day with thirst?

How much at a time and at what intervals?

Do you prefer your water at room temperature or cold?

### **f. Stool**

Regular bowel movements or constipated? How many times a day you pass a motion? Any difficulty or pain while passing stool? Do you pass any blood in stool?

### **g. Urine**

How many times a day do you pass urine on an average ? Any difficulty while passing urine? Color of the urine. Any peculiar odor?

### **h. Perspiration**

How much do you perspire?

On which parts of the body you sweat more?

Does the perspiration stain your clothes?

What odor does the sweat have?

**i. Thermals**

When do you feel uncomfortable: In hot or cold climate?

Which season you like the best?

In which season are your complaints generally worse?

Please list your reaction to various climatic conditions like sun etc.

How comfortable are you with various room temperatures (Air Conditioners, Fan, etc.)?

**j. Sleep**

How many hours you sleep in 24 hours?

Do you cover yourself when you sleep?

If yes, how and with what? E.g. legs only or entire body.

Which position do you prefer to sleep in? E.g. on back, on stomach etc.

Do you feel fresh on waking up?

**k. Dreams**

What type of dreams you usually get? Do you remember them on waking, or are they forgotten?

Any recurrent dreams?

**7. Mention (ask your parents if they recollect / refer to your old records)**

Your birth weight:

When you started walking:

When you started talking (first word):

When did your first tooth erupt:

Mothers mental state when she was pregnant with you. (Also include dreams, strong desires and aversion, etc)

## **8. Sexual History**

Mention your complaints if any.

## **9. Additional information for Females only**

### **a. Menstruation**

Are your menses regular or irregular?

How many days does it last?

What is the color of discharge?

Does the discharge stain? Are the stains difficult to wash?

What problems you face before, during, or after your periods? E.g. Backache, headache, etc.

Do you have any white discharge before, during or after your periods?

Is the white discharge scanty / profuse /offensive /staining if yes then what color?

### **b. History of pregnancies**

Number of pregnancies:

Full term/ Normal/ Aborted / Miscarriage / Assisted (Cesarean, Forceps, others)

Sickness during the pregnancy.

## **10. YOU AS A PERSON**

This section deals with details of personal life and the emotional factors which influence it.

### **a. Habits**

Do you indulge in any of the following (Please specify the quantity / number)

Smoking

Chewing Tobacco / Pan Masala

Alcohol

Others

Any other peculiar habit e.g. washing hands very frequently, several times checking the door at night etc.

### **b. Occupation**

Your occupation and what stresses are placed on you by this employment.

(e.g. Student there might be stress of studies, exams, etc.)

Type of work

Working hours/shift

Nature of Job  
Responsibilities

**c. Place of residence.**

Describe the area.

Is it exposed to any pollution?

Is the environment suiting you?

If no, what is disturbing you there?

Do you have pets? Please specify.

**d. Family/Social set up**

(Description of the current family set-up, full details pertaining to all the members, their ages, location, work they are doing and your relationship with responsibilities for them, include in your those who have died, stating the age of death, the year and the cause of the same.)

Please mention your emotional equation with each of your family members

Position in the family

No. of persons living together

No. of children

No. of friends

Others

**e. Hobbies and Interests**

Favorite music

Favorite color

Reading interests

Preferred interests

Sports/Fitness activities

Favorite cuisine

Preferred Dress Style

Others

**f. Mention how was your childhood. Your relations with family, friends and teacher in childhood.**

**g. What is your daily routine?**

**h. How would you describe yourself as a person?**

**i. Describe the following emotions and their relevance in your life:**

**Love, Hate, Anger, Irritability, Anxiety, Depression, Fear, Fright, Jealousy,**

and Suspicion. You may also describe any other emotion which is not listed here.

**j. Any Unpleasant experiences**

(Disagreements, Humiliation, Fights, Deaths, Separations, Divorce, Monetary Loss in business or losing a job, etc.)

**k. Mention if any event, experience, emotion, etc may have precipitated your current state of mental or physical health.**

**l. Are you going through any tension about anything in particular at present?  
OR were you tensed and overstretched recently?**

**m. Mention 5 happy experiences**

**n. General comments**

Also please note that you may have some complaints that initially seem as unrelated but from a homeopath's perspective each symptom is important, however obscure it may seem. Each disrupting symptom emotional or physical, located anywhere in the body, could well be the cause of the disease and should be informed to us.

Include here any items which have not been included above.

**11. Enclosures**

(You may scan and attach the following while submitting your completed history)

a. Medical Report and opinion on your state of health from your physician.

b. Copies of Reports of investigations done.

c. X-ray plates, Electrocardiograms, etc.