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# Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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## *The Homeopathic Case History*

Part 2.1

## Section 2.1.1

### The Homeopathic Case History (*Anamnesis*)

The challenge, for a course such as this, is how to provide you with the pointers you need, to become truly skilled in individualised medicine.

You already value people as individuals and you care about providing them with safe route to cure, whenever possible.

However, at this stage, with the tools and training you have received so far, you will probably still be orientated to disease identification (rather than person identification) and disease management or control (rather than the facilitation of self healing).



#### Activity: 2.1

(This may be a taught group activity on the course day)

1. In the space below, list all the positive aspects of conventional history taking, in accordance with what you were taught in your clinical training.

*Strengths of Orthodox Medical History*

2. Now list potential shortcomings of conventional history taking by reflecting on what you have already written above.

*Potential Problems with the conventional approach*



Click here for a video review of this activity:  
[https://youtu.be/\\_NshhTtODH0](https://youtu.be/_NshhTtODH0)

## Section 2.1.2

At this stage it is important to think of the homeopathic medical history as a refinement, not a replacement, for orthodox history-taking method. Every aspect of good diagnostic practice should be preserved.

The important difference is that - in those cases where the diagnosis can be determined - it should be considered in the unique context of the patient. Instead of thinking about diagnosis as the goal of the history, try to think about diagnosis as the starting point for a wider concept that will provide new therapeutic interventions - treatments that facilitate self-healing in that particular individual.

Obviously, in critical illness, treatment protocols will continue to be rationally based on patho-physiological models. However, you might be interested to know, that even in the most technical areas of medicine like intensive care, research has shown that mortality can be reduced when homeopathy is used to compliment existing treatment practices.

For the time being, remember that the homeopathic history is used to supplement, not replace, normal history taking methods. To prescribe homeopathically, however, you will need to record the patient's **subjective symptoms** in a way which **expands** on your usual diagnostic approach and standard practices of examination and investigation.

The interview style is, of course, as varied as there are interview personalities. As you develop your skills in individualised medicine, you will need to look critically at the style of your engagement with patients. Over time you can build on the strengths of your current interview technique. Ask yourself which aspects of your approach promote flexibility, open rapport and patient confidence. Consider whether you may have adopted certain mannerisms - patterns of response that might lack authenticity, or behaviour which has become a routine part of your 'professional' bedside manner. Watching yourself undertake a full medical history on video, is highly recommended as a way of developing insight into your interview habits and your modus operandi.





## Activity 2.2 (Something to try at Home or in your own Workspace)

This is important. Do your best to fulfil this activity, regardless of how experienced you believe yourself to be.

Set up an interview, with either a patient or a friend. Then either A. record yourself on a video camera, or B. allow yourself to be observed by a third party (colleague, fellow homeopathic student or partner). Then, after you have completed a detailed medical history, look critically at the recording of your interview and /or discuss the interview with your observer.

Examine and discuss all aspects of your approach: the arrangement of your interview space; your welcome; your body language; eye contact; patterns of speech; the responses of your 'patient' to different intonations.

Look closely at areas of the interview where there are significant changes of mood emerging from the narrative. Ask yourself whether these represent points of mutual understanding, between yourself and the 'patient'. What is explicit and what is unspoken? What opportunities for depth and exploration were open to you? Which avenues did you choose to open up? Which were left closed?

Repeat this exercise after a week of study in homeopathic case taking.

This listening style, as described by Hahnemann, is (as far as possible) a non-judgmental and fully attentive approach to the interview. It is still generally considered to be the best way of encouraging narrative in the medical history.

For the homeopath, each patient's unique narrative provides understanding of the context in which their illness has arisen - the aetiological, environmental, circumstantial, temporal and emotional backdrop to the genesis and development of their illness.

*The individualising examination of a disease case ... demands nothing of the medical-art practitioner except freedom from bias and healthy senses, attention while observing and fidelity in recording the image of the disease.*

*Samuel Hahneman - Organon of the Medical Art - 6th Ed. Para 83 Trans. Decker*



Click [here](https://youtu.be/GPa3grtwT7Q) to view the first introductory lecture on homeopathic case history taking:

<https://youtu.be/GPa3grtwT7Q>

This is a long presentation. Try to watch it in blocks of 15 minutes, and note down what aspects are most relevant to your role and working environment.

We use the patient's narrative to trace the evolution of their illness within these contexts. This is known as the *pathography* of the case.

Pathography is an old term, that has almost disappeared from modern medical language. It implies change over time. This idea is very important to our speciality because it alludes to dynamic models for illness.

The central idea of pathography contrasts with modern reductionist thinking, which is rather obsessed with definitive end-points, and which often attempts to objectify illness and reduce the evolutionary process to a static diagnostic label.



Thomas Sydenham  
Pioneer of Systematic  
Medical History taking

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*The patient [relates] the process of his ailments ... the physician sees, hears and notices through the remaining senses what is altered or unusual about the patient. He writes everything down in language that is identical to the expressions used by the patient and his relations.*

*The physician keeps silent, allowing them to say all they have to say without interruption, unless they stray off to side issues.*

*Samuel Hahneman*

Organon of the Medical Art - 6th Ed. Para 84

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*In this way, the physician makes a closer determination of each single statement, without ever asking a question that would put words into the patient's mouth or that would be answerable with a simple 'yes' or 'no'. Otherwise the patient would be misled into affirming something untrue or half-true or denying something that really exists, out of convenience or to please the interviewer, whereby a false image of the disease and an unsuitable mode of treatment must arise.*

*Samuel Hahnemann*

Organon, 6th ed. Paragraph 87. trans. Decker

Your data gathering and clinical impressions begin the moment you meet the patient. You have a moment for observation and intuition before the interview imposes a degree of process on the situation.

Try to avoid letting the interview become a process overall, however. Rather than mechanically gathering symptoms, system by system, start by allowing the patient to speak freely about themselves and their illness. In order to achieve some order in what can be a confusing array of details, the information can be rationalised and categorised into the following groups:

*The Physician begins a fresh line with every new symptom or circumstance mentioned by the patient, so the symptoms are all arranged separately, one below the other. The physician can add to any one that has been given too indefinitely in first instance then clarified later.*

Samuel Hahnemann -  
Organon, 6th ed.  
Paragraph 85.

- Local symptoms / features
- General symptoms and reactions
- Mind symptoms (embraces thought content, internal emotional environment, and fabric of beliefs)

After the spontaneous history has been given, the physician should return to key points and ask the patient to expand on the symptom details, as necessary. Use only open-ended questions: For example:

**Locals:**

“What exactly does it feel like?”

(look like, smell like ...)

“What makes it worse / better?”

**Generals:**

“When do you experience that?” “What triggers that reaction in you?” “How is your tolerance of the (eg sun?)”

**Mind:**

“How do you feel about that?” “What do you think about that?” “What is important to you?” ....

## The 'Homeopathic Symptom'

By this stage, you will understand that we are seeking to alter those internal disturbances of reaction which generate our patient's symptoms and which characterise their illness.

This is a dynamic model for illness, rather than a static label. The patient may complain of pain or nausea, for example, but on their own, these are meaningless to the homeopath without their dynamic context. Look at the example below.

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Static label: Sciatica

Symptom: Pain

Dynamic context

ie. characterised symptoms  
(part of the individualised case history)

"Severe, cramping on my right side"

"Shooting down my leg"

"Aggravated every time someone upsets me"

"Improved by bending my leg right up to my tummy"

"Helped by pressure and heat"

Homeopathic similmum: Colocynthis

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The 'Complete Symptom' has several elements

1. **Aetiology** (and trigger circumstances associated with remittent symptoms)

2. **Location**

(ranging from highly specific localities, to regions or the whole)

3. **Nature of the sensation**

4. **Special conditions** (modalities)

There may also be concomitant or co-existent symptoms

These conditions extend to all physical symptoms, most general symptoms, and some mind symptoms.

Taking each of these elements in turn ...

### 1. Aetiology

When did it start ? What triggered it ? What treatment did you receive at the time ?

What effect did the treatment have ? Have the symptoms changed since the onset ?

Trigger factors include: injury, shock, grief, fright, infection, drugs, surgery, toxins, environment

Trigger factors and the history of the presenting complaint:

A living organism's memory is contained not only in its genetic code and neurones, but also in its bones, tissues, immune fabric, cellular surface configuration, cytoplasm etc

We are all familiar with case-taking based on a resume of events and illnesses. In orthodox practice there is often a checklist approach to this: "have you ever had diabetes, jaundice, asthma, TB, rheumatic fever, epilepsy...."

In Homeopathy each question should be crafted in a way that is open ended, because the patient, in applying their mind to their medical history sometimes makes connections that they had never previously considered.

"...yes that's right, it happened after the birth of my son, I hadn't thought of that..."

"...after my mother died. Do you think the stress might have had something to do with it..."

"...yes it started just after my job changed...I never made the connection before, do you think it might be relevant ?"

Commonly the patient simply says "I have never been well since...."





In conventional practice we often tend to view aetiological information either in epidemiological terms, or note it out of polite curiosity.

Trigger factors are often passed over as not really relevant to the current treatment. For example, pain persisting in an episiotomy wound, some years after labour, may be treated by a series of analgesic measures without much reference to the trigger event.

Whereas the condition may be amenable to treatment Homeopathically with one of the injury remedies relating to 1. incised wounds: eg *Staphysagria*, or 2. Perineal wounds: eg *Bellis perennis*.

In Homeopathy, aetiological factors such as injury remain highly significant, even if the event occurred many years previously. This is because there are a number of Homeopathic remedies which are strongly associated with certain trigger events. These materials often embody an effective form of treatment for the persisting effects of, for example: trauma, grief, disappointment, infection, childbirth, shock, burns, overexposure, surgery.....

Detailed enquiry concerning the history of the presenting complaint should impart information on how the problem has evolved. The unfolding story often reveals a saga of complicating factors and the wayward effects of partial or inappropriate treatment. You may also see the consequences of self treatment; self neglect; self denial; overindulgences; chronic emotional grief; unaddressed psychological trauma; and indignation concerning relationships, medical treatment to date, work issues, invasions of privacy, sexual abuse....

Homeopathic medicine places some emphasis on the potentially negative effects caused by **symptom suppression**. This will be discussed at various times during the course. Suffice to say that treatments which modify the superficial manifestations of illness (discharges, rashes, fevers etc) may modify the host reaction to an illness process, in a way which has negative effects on their background well-being.

By definition, Homeopathy seeks to stimulate the host reaction to illness in a way that optimises healing, rather than manipulate the symptomatic manifestations of illness.

## 2. Location

Symptoms are localised according to site. You must also enquire about the depth of the symptom: “does the pain feel as though it is in the skin, the muscle, the tendon, the joint, or the bone”.

Also ask about extensions of the symptom to distal sites includes direct radiation of pain; simultaneous symptoms at other sites, concomitants and alternating phenomena.

## 3. Nature of the Sensation

The materia medica associates certain types of pain with specific materials: burning pain (eg *Arsenicum album* ...) aching pain (eg *Rhus toxicodendron* ...) bruising pain (*Arnica montana* .....

Unusual symptoms or **rare and peculiar sensations** are often very valuable in identifying the similimum for that patient. They are sometimes expressed: “It is as if.....”

These rare symptoms have been collated into a repertory called: Symptoms as if (H.A Roberts)

**Try to record symptom information in the patient’s own words.**

Some examples of strange or paradoxical symptoms:

Burning > heat (*Arsenicum album*)

Absence of expected pain (*Opium*)

Asthma > lying (*Psorinum*)

Swallowing solids easier than liquids  
(*Ignatia*, *Lachesis*)

#### 4. Modalities

A modality is something which modifies or qualifies a symptom, be it an internal factor:

“the headache gets worse when I concentrate” or external: it feels easier when I apply pressure”

In most Homeopathic materia medica reference texts, modalities are abbreviated as follows:

> **better from**

< **worse from**

Modality types:

- ◆ **TIME** (periodicity, time relations, seasonal, sun & moon phases)
- ◆ **AGGRAVATING FACTORS** (heat, cold, movement, pressure, menses...)
- ◆ **AMELIORATING FACTORS** (heat, cold, movement, pressure, menses...)



After the spontaneous information has been gathered it is important to do a systems review to make sure that no important information has been omitted that is required for the formulation of a **differential diagnosis**.

## EXAMINATION AND INVESTIGATION

The normal routines of **examination** and **investigation** are mandatory. To miss them out simply because your history seems “complete”, may lead to misdiagnosis or even charges of negligence.

The objective signs that are found at examination may form a direct part of your prescribing information, since the Homeopathic literature is full of **pathological descriptions**:

### Examination:

**LESIONS:** Where are they ?...Are they visible ?... What do they look like ?...What do they smell like !!?... What do they feel like to the touch ?...What do they feel like to the patient ?...Do they vary in size ?...Do they change colour ?...Do they swell up ?... Do they discharge ?...If so what is it like ?...Do they bleed ?...

### Investigation:

Take swabs, scrapings, biopsies, blood, urine, X-rays, scans, measurements...

(Perhaps one day Homeopathic information will exist in direct cross reference to all these objective findings - it is starting to happen now)

So far you have followed the normal medical procedures although you have documented the information in more detail. In acute conditions and in selecting a “disease” prescription you might not go further than this.

More usually the history is expanded further to include reactions more characteristic of the patient than of their disease.

- Family history
- Dynamic state
- Mind symptoms
- Typology (covered in parts 3-5)

## SPECIAL ASPECTS OF THE PAST HISTORY

### & FAMILY HISTORY

The **Past History** and **Family History** may reflect certain illness predispositions which can be important to the selection of the homeopathic remedy and to the overall treatment strategy.

Family histories of tuberculosis, mental illness, and cancer are important to ascertain, since these may reflect a diathesis in the patient.

The homeopathic literature uses the term *miasm* to describe this phenomenon. It can be considered to be a recognisable (non-genetic) trait which is predetermined by aspects of a patient's own "life-memory" perhaps combined with inherited influences.

Until relatively recently biological science has viewed the concept of illness predisposition purely in terms of the genome. The idea of the 'miasm' was considered ridiculous and unscientific.

It has become apparent in recent years, however, that genetic expression changes during chronic illnesses, and these changes can potentially occur in utero too.

Epigenetic factors are gradually changing the way we understand illness predisposition and expression.



Trans-generational phenomena are increasingly recognised in the life sciences and there may be a number of adaptations which take place within human generational timeframes which underlie some of the long observed phenomena in homeopathic medicine.

## DYNAMICS OF THE CASE

It is important in homeopathy not merely to apply a diagnosis but also to understand the dynamics of each patient's unique situation.

The 'diagnostic label' provides some necessary clarity, and sometimes can be the focus of a prescription, but usually the diagnosis is not an end in itself. Rather it is the patient's global wellbeing and functional integrity that is the over-arching goal.

The (conventional) background medical history emphasises medical fact.

The homeopathic history seeks to understand the dynamics of a patient's situation.

These Dynamic Reactions are reflected in the symptomatology and can be Local and/or General.

They may be mediated:

Emotionally

Physiologically

Psycho-physically

Pathologically

Current dynamic reactions can be 'mistuned'

- to the internal environment

- to the external environment

at the time you see the patient.

Changes in dynamic reactions arise

- directly as a result of illness
- in the interim since becoming unwell
- and following a destabilising event or trigger.

General reactions fundamental to that patient.

ie. skewed patterns of response to:

- temperature,
- diurnal rhythm,
- weather,
- surroundings,
- food etc.

Many idiosyncrasies of psychology govern the patient's behaviours and are to a large extent dependant on memory and beliefs which are modulated by

- the dynamics of the patient's key relationships
- their purposive motivations (and/or compulsions)
- emotional responses to external narratives
- expressed, or repressed, appetites and desires

You should clarify whether symptoms occur only as a feature of a condition:

For example:

**Doctor:** What other symptoms do you have during the headaches ?

**Patient:** I get flashing lights, flushing, perspiration, blurred vision and nausea.

## MIND SYMPTOMS

Mind symptoms are among the most individual and idiosyncratic aspects of the patients' history. They are integral to the patients' perspective on life events and are often pathognomonic of his (or her) current state.

Mind symptoms can be roughly categorised into characteristics of:

- Rationality (ideation and cognition)
- Emotion
- Memory
- Perception
- Association

Disturbance of rationality often has its basis in aspects of the patients beliefs. This sometimes

presents as delusions or paranoia. The patient's level of insight is important to determine.

There is extensive data which links various delusions, or disturbances of ideation, with different homeopathic treatments.

Emotional disturbance is usually a dynamic response to events (internal or external, present or past, freely expressed or covert) There are extensive references to emotional symptoms in the homeopathic literature. Anger, indignation, elation, sadness, excitement, anxiety are all referenced according to the situations in which they manifest. Homeopathic modalities exist in the literature for each reaction making it characteristic of a remedy or group of remedies.



As you are aware, disturbances of memory can relate directly to pathology (eg Wernecke's encephalopathy/ Alzheimer's), but commonly they reflect an underlying emotional disturbance which affects the patients attention span and their concentration.

Past events which have never been healthily rationalised or resolved at an emotional level, can give rise to marked disturbances in the patient's current state. (See Unit 4)

Learned behaviour may be punctuated by various phobias which reflect subconscious disturbances of memory, and association. There are extensive lists of fears and phobias in the Homeopathic literature.

Disturbances of perception often reflect pathology or toxemia. (Delirium with hallucinations during a febrile illness, for example). Sometimes perceptual disturbance is caused by misuse of drugs, or arises as part of a psychotic delusional state. Various forms of subtle perceptual disturbance (eg. vague feelings of unreality, *deja vu*, hypersensitivity to sounds and light) are not uncommon, and are important guiding symptoms in the search for the right homeopathic treatment.

Associative function has to do with appropriateness of reaction and mental flexibility. Sometimes associative problems arise due to stroke, but mild forms are commonplace and often manifest as obsessive behaviour or disturbance of some aspect of the patients' self recognition. Psychosomatic symptoms, panic attacks, and conversion syndromes may relate to associative dysfunction.

You must therefore explore the patient's: mood; routines; habits; social life; fears; anxieties; perspective on the future; perspective on the past; feelings about themselves; feelings concerning others etc.

This concludes the introductory section on homeopathic history taking. This is a subject that we will return to frequently throughout your training. You will adapt many of the basic methodologies to your own clinical situation.

Finally, remember that, in homeopathy, context is everything. Decontextualised signs and symptoms simply force you into strategies of suppression or management, rather than a creative search for resolution or cure.



Now view the second introductory video on Homeopathic Case Taking, by Dr David Williams:  
<https://youtu.be/DiuLl2fFMu8>