

CASE TAKING NOTES (4)

After the case taking –

You will have pages of information that now needs to be sifted and sorted and put into a 'nutshell' – the 'nutshell' being the metaphoric shape of the case.

Into this shape you place the facts of the case, whether those facts be particulars; generals; strange rare and peculiars; sensations; modalities; locations; extensions; causations; comcommitants; disease names, i.e. pathology; miasmatic influence; and, the most important – what needs to be cured. Nothing else is really needed but FACTS that have been volunteered by the client, if necessary via careful and unbiased questioning.

If you have a busy day and expecting another client to arrive soon after a new case, then take a few minutes to write a summary of the case. Begin with a point of view, such as, "what is going on with this person, what is driving this case?" Add to this, "what needs to be cured?" Also, "when did this case begin, is there a useful history and what was the causation."

Before the last session's paper case is used to illustrate the above I will give 2 brief examples of summaries.

- 1) A recurring migraine case of many years standing, client holds head in hands, there is a deep history of disappointment and heaviness, i.e. duty and pressure to do well, the case is slow and heavy, there has been a history of recurring influenzas, the migraines need curing but the heaviness also needs to be dispersed. The shape is a long, drawn out oval.
- 2) A child with epilepsy, heavily suppressed but not completely (opisthotonos and head locked sideways are the guiding symptoms), never been well since vaccinations, ongoing ear infections, the child is not reaching milestones, quite hairy, there is a lot to be cured here and is possibly a layered case. The shape is a square (has a straightforward immediacy), the 4 corners representing the different layers which need to be cured.

But a summary can be any shape or form and if you are not used to working with these then a straight line will do just as well. You just have to remember that the client can present themselves at ANY point on that line – at one end is the beginning of the diseased state and at the other is deep pathology, in between are all the symptoms of any given diseased state that will correspond to the same symptoms of the remedy.

Once these summaries have been made you can put them to one side. Even if you have the time to work on the case straight away it is still worth writing these 'nutshell' summaries. On reflection they can truly sum up the case in a factual, impartial, manner.

How far could you go with these nutshells. The first is Gelsemium and the second (although much more complicated) is Thuja, Cicutu, and Belladonna – with one corner spare for anything untoward.

Back to the paper case which has more substance to it.

Using the notes from session 3 we can summarise this case as follows:-

Overall sensitivity drives the case as does fear and terror; there is denial and fantasy; there is compulsion and a need for order; the time in the case revolves around periodicity; the causation was profound emotional hurt – this is what has 'fixed' the case; the past states are important = sweat, ileo-caecal, diarrhoea, cystitis; the presenting complaints (very short and pale menses preceded by headaches, throbbing and hitting pains, swollen and sensitive joints), contribute to the reflection of what needs to be cured = fixed ideas and the need to fantasise. The shape is hard and fixed, a square, with activity in all corners.

You might have chosen to repertorise and work on this case and even if you haven't, it is now worth knowing the simillimum to this case. It is China officinalis. I would suggest you read about this remedy and see how easy it is to underline the summary within the remedy symptom picture.

These post case summaries are only really intended to contain the case, describing it in as few words as possible. They are not intended

to be a direct line to so called essence prescribing. Individual remedies can have many essences supported by a number of keynotes for each, literally, the sum and substance of a case. Essence prescribing often involves going against the facts – ignoring strong symptoms – in pursuit of something more vaguely encompassing. A great deal of time can be wasted by going down this route.

Once you have made your summary and contained the case (so it cannot run away from you, as can happen very easily), you can begin to grade the symptoms and form a hierarchy and then start to repertorise.

Select the strongest symptoms – and by strong I mean those that dominate the case – and give these the highest ranking. Try to keep these top ranking symptoms to a minimum, just a few. From this group try to pick just one that becomes a leading or guiding rubric. This will be a rubric/symptom which defines the case in as much as there would be no case without it, there will be no case beyond it. It isn't always possible to do this with all cases but it is an enticing experiment to carry out.

Let's go back to the paper case and try this out:-

The highest ranking symptoms would be – (not in any particular order at this stage) -

Heavy menses on first day then they tail off to a pale discharge; headaches for several days before menses; the headaches are described as throbbing and hitting and <<< open air, light and noise;

Has some joint pains, says they feel tired, <<< mornings. Joints get swollen and sensitive at least twice a month.

Occasional dizziness, twice a month also.

Tendency to loose stools and diarrhoea.

Has difficulty going to sleep, thinks about all that has happened to her and likes to alter the events in her mind. If things have not been good she will relive the events and change them. Wakes at 3 am.

Feels the cold, very sensitive to it and also extreme heat.

Lives for the now and has few worries but does have anxieties about relationships. She is separated from husband – he was too demanding which made her really irritable which she found hard to cope with as she has difficulty in showing her emotions.

Fears dogs, snakes, heights, spaces.

Easily upset, doesn't like people shouting, she is very sensitive to bad atmospheres, she likes peace. Noise startles her, she avoids strong emotions, she is terrified of a new personal relationship. She retreats into herself and prefers to be alone. Consolation can both <<< and >>>. Likes order in her life.

You could summarise the above even further, into -

She has very specific fears and dreams
She has compulsions (food)
She fantasises about her life
She avoids strong emotions
Needs order in her life

Particulars = in this instance the client chose to refer to her menses and headaches, sleep and past relationships. Emphasis was also placed on food and temperatures. These are the items that were significant to her and could prove to be the symptoms that become starting points for lines to be drawn from and which link up elsewhere in the case.

Striking, uncommon and peculiar symptoms =

Periodicity
Extremely short menses – pale discharge
Throbbing and hitting pains
Specific fears
Extreme sensitivity
Terror of emotional involvement
Compulsions
Fantasising about her life at night
Dreams
Suppression of emotions

Need for order

Which of these would you choose to begin your repertorisation?
Which would you choose for the leading rubric.

If your summaries, nutshell and shape have been accurate there are a few you could begin with. These are, after all, facts of the case and you could choose to jump in the middle of them and work outwards and the simillimum will probably appear in all carefully chosen rubrics.

My leading rubric would be Mind, fantasies, at night; + with sleeplessness. To this I would add:-

Mind, fear of being hurt, emotionally
Fear of dogs (this was the worst fear)
Headaches, periodic; + throbbing
Generals, periodicity
Menses, pale

If you are writing remedies down or using a repertorisation sheet or computer software programmes these are more than enough rubrics to be using (6) – and you will have the simillimum. You might, at this point have a few remedies coming through but now you go to the Materia Medicas to read about them. One will fit like a glove (encompassing all the other symptoms), the others will hang loose and can be rejected.

Again, have a good read about China officinalis so that you can ‘see’ this remedy as the simillimum.

Without this factual procedure you might well have ended up prescribing a remedy such as Sepia which, arguably, has a strong and indicated ‘essence’ presence within this case.

As a reminder, Sepia was the simillimum in the first paper case presented in these notes.

Finally, to end these notes, I think I should say that I am not totally opposed to essence prescribing. But it has to be done on a factual basis, as I have said before, otherwise a lot of potential healing time

can be lost. In the notes of session 3 I mentioned the idea of drawing lines in cases, as a method of developing the essence picture. If we were doing this with this case it might look something like this:-

A drawn line between compulsion and periodicity (this is all about re-occurrence)

A drawn line between the fears and fantasy (this is about being unhappy with her life)

A drawn line between the sensitivities and suppression of emotions (this is about trying to find a balance)

A drawn line between the need for order and being tired (this is about loss, and China is, essentially all about loss)

A drawn line between the fear of being hurt emotionally and throbbing, hitting pains (this is about feeling persecuted)

A drawn line between an intense case that has pale menses (this is about the inner self trying to come out).

Joy Lucas