

Section 2.1 Introduction to the Homeopathic Medical History (Anamnesis)

If the day comes that we go to work only to collect our salary, that is a sad day. It is the day when our job has ceased to be our vocation; when work is something we do - just to survive.

To have become a practising doctor in the first place, we must intrinsically be someone who is prepared to take a difficult road. We may, or may not, have embarked on our career pathway with a sense of mission, duty, social responsibility, or care for others. Indeed, these human qualities may, or may not, even have been inculcated into our psyche through our exposure to suffering and illness.

Evolving experience and skill

I would like to propose however, that our experience of life in medicine, has a profound bearing on the way we think, interact with others, and interpret the human condition. Moreover, exposure to *homeopathic* practice, can change our entire perspective, both on our role as a doctor and how we fulfil that role.

Human beings are unique in their ability to invoke imagination, and record their knowledge and experience in language. Regardless of whether we are one of a pair of identical twins, each of us is as individual as the individual snowflake that falls from the sky. Our inner life represents a unique synthesis. This is reflected in what we do; how and when we do it; and how we perceive and react to each change in our environment.

Individualisation and its direct relevance to homeopathic treatment

In a discipline like homeopathy, whose *raison d'être* is based on an individualised response to illness, our concept of the individual is crucially important. Basing treatment on an awareness of individuality, requires that we embark on a new and unique course with every patient who comes before us. Real care for an individual (as opposed to pity, sentiment, false empathy or hubris) depends on us truly knowing *who* they are.

If I made this statement to an ENT consultant sitting in his outpatient clinic, he might say '*but of course, I treat all my patients as individuals, from the moment we say good morning.*' He would probably find my assertion glib and self evident.

What he might not appreciate is that, as a homeopath, the list of treatment possibilities for *secretory otitis media* (glue ear) looks like this: [insert rubric]

Unless he has been exposed to homeopathy, he will also be mystified by my methods for selecting one of these remedies.

My selection process, *might* include aetiological factors that he recognises: like dust-mite sensitivity, adenoidal hypertrophy, or post-infective factors etc.

However, the same orthodox medical practitioner would probably fail to see the relevance of, for example: weather modalities; the patient's mood and behaviour; the strange sensations they experience when lying on their left side, the quality of their complexion and their diet, the shape of their bone-structure etc. ...

Patients provide us with individual and idiosyncratic information all the time, but it is often of low diagnostic significance and so it does not tend to be *actively sought* by someone trained orthodoxly. Crucially, it is this individualised information which is predictive for the patient's sensitivity to a particular homeopathic medicine.

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

Activity: 2.1

1. In the table below, list all the positive aspects of orthodox history taking, in accordance with what you were taught in your medical training.
2. In the second column list potential shortcomings of orthodox history taking.

Strengths of Orthodox Medical History	Potential Problems with the orthodox approach

Discussion

This exercise should have provided you with an opportunity to reflect on the way we traditionally gather information from our patients.

Perhaps you listed such strengths as: rational; organised; communicable - ie it facilitates shared care between health professionals; systematic; diagnosis orientated; focussed; time-efficient; doctor-led etc.

Did you consider that a medical history that is exclusively orientated towards a diagnosis, might also be quite 'blinkered', in that it will tend to exclude information of low diagnostic relevance. Perhaps losing quite idiosyncratic, even eccentric-sounding statements, which are very important in the patient's experience of their illness, but difficult to accommodate into a medical model.

Time-efficient and systematic interviews can also become routine or institutionalised and might even become reduced to a protocol or a questionnaire. Sometimes medical jargon and abbreviation takes over: SOBOE (shortness of breath on exertion) might be a 5 letter reduction of quite a lengthy description from the patient, of their symptoms and the circumstances of their onset. [use a Russian example]

Different doctors - working within different specialities and different environments - require different areas of information from their patients. In his desire to incorporate homeopathy, the ENT surgeon might want clear pointers on **what** to ask, in order to clearly differentiate between the various remedies for, say, acute sinusitis.

On the other hand, a psychiatrist might like pointers on **how** to encourage the patient's narrative to reflect the evolution of their beliefs, or how the homeopathic history can generate alternative models to account for persistent or recurrent emotional states. These practitioners might also want to know which homeopathic remedies relate to specific mental-emotional trigger events and how the interview is used to determine the relationship between the mind, the sensorium and the patient's experience of symptoms. They may also wish to understand more about the role of the mind in the evolution of physical illness. (so called mind-body medicine).

Clearly different practitioners will seek different refinements on their usual approach to the medical history. We will begin with a 'what to ask' account of the homeopathic history: beginning with the 'nuts and bolts' of signs, symptoms and modalities in the section that follows.

Then in section *.* we will discuss aspects of narrative and how the history can help us develop an entirely new perspective on the case.