

Challenging the Unspecified Symptom

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Annotated by René Otter from the Videos (Part 1 - 4)
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- A well taken case (complete and sufficiently characterized) is 50% of the cure.
- This skill 'to take a case well', is absolutely indispensable.

Aphorism 151: *'But if the patient complain of a few violent sufferings, the physician will usually find, on investigation, several other symptoms besides, although of a slighter character, which furnish a complete picture of the disease.'*

Aphorism 153 is the heart of Homeopathic methodology. Hahnemann is telling us that nature shows us in her own way the syntax of cure-the remedy, if only we can listen. Between the disease experience, the person and the Materia Medica there is a resonance that we can crystallize in language.

Aphorism 95: *'In chronic diseases the investigation of the signs of disease above mentioned, and of all others, must be pursued as carefully and circumstantially as possible, and the most minute peculiarities must be attended to, partly because in these diseases they are the most characteristic and least resemble those of acute diseases, and if a cure is to be effected they cannot be too accurately noted;...*

... partly because the patients become so used to their long sufferings that they pay little or no heed to the lesser accessory symptoms, which are often very pregnant with meaning (characteristic) - often very useful in determining the choice of the remedy - and regard them almost as a necessary part of their condition, almost as health, the real feeling of which they have well-nigh forgotten in their sometimes fifteen or twenty years of suffering, and they can scarcely bring themselves to believe that these accessory symptoms, these greater or less deviations from the healthy state, can have any connection with their principal malady.'

Hahnemann knew that a disease experience rendered (*described, asked, portrayed*) in sufficient clarity and completeness, identifies the needed medicine to the knowledgeable physician.

Symptoms are a raw experience, very rich in potential descriptors. In languaging the patient often deletes much of the detail. In practice the recovery of this detail can be a crucial difference to the outcome.

The following is one approach to rendering a more complete symptom.

1. **First establish some sense of rapport or mutual ease.**
2. **Discussing one complaint at a time, begin with very open ended**



questions;

- a. **“Tell me all about**”
- b. **“Say something about**”

Here mild and sincere encouragement should be used. Nodding in an affirmative manner. Saying “good” or “that’s good information” when characterizing symptoms are described.

The patient should be asked to continue until the flow of information is dried up: **“Say more about**”, **“Please continue ...”**.

Those symptoms which are still vague, especially if strong, or emphasized by emotion or body language, you must try to complete them.

- 3. **Always in looking over the report consider:**
 - c. **Has it been described in vivid (unambiguous) language?**
 - d. **For this complain can I still investigate areas?**

The checklist is our old faithful:

- . Etiology,
- . Onset,
- . Pace,
- . Location,
- . Sensation,
- . Extensions,
- . Modalities and
- . Concomitants.

Try to associate the complaint into the present tense will often help.
So this burning pain you ‘have’,.....

- e. **Is this repertorially useable?**

If needed **open the repertory** to the appropriate area and discover more potential areas for questioning by observing the sub-rubrics.

- 4. **If the descriptions are still unclear,**
we may use a series of questions designed to deconstruct vague generalization and supply **detail** while still being open ended:

- a. **“When you say, what do you mean?**

Now this question has the beauty of being infinitely repeatable until sufficient detail is obtained. I first learned of this particular tool in conversation with Dr Andre Saine when discussing a seeming intractable problem I had specifying details regarding depression with certain patients. When I asked these people to describe or tell me more about their experience of depression they found it hard and seemed to have the word depression as an insurmountable roadblock.

I then said “When you say depression **what exactly do you mean** (what are you referring to)?”

The result was astonishing.

There are other such questions.

b. **“What kind of is that?”**

“What kind” presupposes a large variety of this complaint and the need to specify the particular kind the patient is suffering.

c. **Please Ms. Smith, the word is so vague.**

It's like the label on a large file folder. So if we open that folder what do we notice is inside?

5. **Sometimes patients have a stubborn perceptual block,** that prevents their ability to more fully describe a situation. **Offering a new sensory frame** (sight, sound, feel) **will unblock:** For example:...

a. **“If we were watching a video,...**

of your son's thought and behavior the last week what would strike me as especially **different?**”

b. **If I were inside your brain with a microphone,...**

when you were especially angry what would I be **hearing?**”

c. **“ If I were in your body,...**

when the anxiety was intense what would I be **feeling** and **where?**”

Where can we send the mind to when questioning. We can go in:

- Time
- Space
- Sensory channels (hear, see, feel, thoughts)

6. **Occasionally people make the assumption,...**

that what they feel and how they would react is **universal** (normal, known).

This idea makes the patient feel that elaboration is silly and so an **extreme reframing** of the need for detail can help.

“Mr. Jones please understand everyone's headache is quite different and I need a detailed description of yours. Pretend I am a Martian-I don't own a human body and I don't know what headache means so please fully describe.”

7. **A dissimilar counter example**

We do not want to suggest anything, but we need to stimulate the patient to express in a sensory rich way.

- Give a **totally unrelated example**, but with elements in it (pain, temperature, etc.) to stimulate the patient to realize/ thank what they have in their complaint.
- Intentionally a **wrong example/description** of their complaint (what surely it is not).