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"The Silent Remedy: Rapport's Role In Unlocking Homoeopathic Effectiveness"

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Abstract-

Elizabeth Wright states, "A well-taken case is half cured." Highlighting how crucial case-taking is. To the physician understanding the patient as a whole—i.e., emotionally, mentally, and physically—is what case-taking means, not just gathering data about them which requires the doctor-patient relationship and it begins with the patient's first conversation with the doctor. Therefore, it is crucial to keep up this relationship throughout the case as it will have a significant positive effect on the patient's emotional health. This case highlights the importance of this relationship which ultimately led to the well-being of the patient.

Keywords- Case Taking, Doctor- Patient Relationship, Rapport

Abbreviations-

BIL- Brother in law

MIL- Mother in law

FIL- Father In law

IPR- interpersonal relationship

ITI- Industrial Training Institute

Presenting Complaints

A 35-year old female graduate from Jaipur reported to OPD on 2nd February, 2024 with complaints of Ghabrahat, vertigo, palpitations, leading to fatigue, dizziness, and weakness, which worsened with walking for the past 2 years. For the past two years, she also dealt with GIT problems, such as indigestion, bloating, burning epigastric pain, and constipation, particularly in the morning. Sometimes when these gastric complaints aggravate, she experienced headaches (temples). For past 6 years, the patient has faced Progressive Respiratory issues (i.e. progressive since 2016), marked by breathing difficulty and recurrent colds and coughs, worsened by winter and strong smells, but improved with nebulization.

Past history

Appendectomy -At the age of 14-15 years

Typhoid –13 years ago

H/o – Pica in childhood,

Gestational Hypertension during 3rd pregnancy.

Sleep and dreams - Sleep- satisfactory, 7-8 hours/night

Dreams – Ghosts (mere piche bhoot bhaag rhe hai).

Life Space

The patient used to live in a joint family and have six siblings. She is the middle child of the family (3 elder sisters and 1 younger sister and 2 brothers). She is described as extroverted and easily sociable. In her childhood, she would get upset if her demands were unmet, especially when her sister received new things.

She was married in 2011 and faced false claims about her future husband's education that he has done ITI course, which she later discovered was only up to the 10th grade. She tried to persuade her husband to study further but was ignored.

The patient, born and raised in Jaipur city, struggled to study at her in-laws due to her MIL's demands for home chores and farm work. Her relationship with her in-laws deteriorated after marriage, and she often had to return to her parents' home.

She briefly taught in her BIL's school. Her in-laws didn't support her this decision to study further and never submitted the fees. She feels that her in-laws believed that if she would start earning then she will dominate them.

The patient has given birth to 3 daughters. She moved to Jaipur and stayed separately in rented home with her husband and daughters because she didn't feel cared for by her MIL. The patient has a strained relationship with her husband, who rarely supports her and often sides to his parents. She feels that her MIL doesn't treat her good for not having a son whereas her Jethani has been receiving favours from her MIL because of having a son. She has waited for 9 years for their relationship to change. She finds relief in her complaints when staying at her parents' house but experiences recurrences upon returning to her in-laws' home. She cries easily, desires open air, feels suffocated in dust, and has a fear of swings.

Observation- The patient cried twice during the case taking and when physician validated her feelings and accepted her, she felt better.

Physical Generals

Appetite- 3 chapati/ meal, 2 meals/ day, warm food

Thirst- 4-5l in summer, 2l in winters

Desire- spicy, namkeen, fatty food, oily food, fried food

Aversion- N/S

Stool- Alternate days, ineffectual urging, feels something is succeeding, unsatisfactory

Urine- D/N- 3-4/0

Perspiration- profuse in armpits, yellow discoloration, non-offensive, perspiration in palm and soles

Thermal – Hot

Menstrual History- LMP-18/1/24

Cycle- 4-5/30 days

Character- Profuse bleeding on first 2 days, bright red coloured

During Menses- Pain in lower abdomen

Sexual History – Satisfactory

Obstetric History- G₅ P₃ A₂ L₃, 2 Spontaneous abortion both at 3-5 months gestational age.

Family history- Father- heart ailments (angioplasty done), Mother- Heart ailments

Physical Examination-

GIT- tenderness at Epigastrium and right hypogastrium region

RS- Clear, AEBE equal

Investigations Findings-

USG dated on 2 Jan,2024

LIVER- Liver is Normal in size shape and increased echotexture.

GALL BLADDER- Multiple calculi are noted in gall bladder region, avg. size measuring approx. 6mm

Diagnosis

ICD-10 code (K80.2) Calculus of gallbladder without cholecystitis

Analysis & Evaluation of case-

Mental generals-

Consolation ameliorates symptoms

Desires open air

Weeps easily

Dreams of ghosts chasing her

Jealous nature

Egoistic

Obstinate

Delusion of not being appreciated

Family oriented

Physical generals-

Desire for spicy, namkeen, fatty, oily, and fried foods

Constipation with ineffectual urging

Profuse perspiration in armpits, leaves yellow stains, perspiration in palms and soles

Thermal: HOT

Particulars-

Breathing difficulty <in winter, strong smell Recurrent cold, cough, and coryza < winter

Feels suffocated in Dust

Burning pain in epigastric region, Indigestion, bloating sensation, <morning; causing temporal headache

Ghabrahat, vertigo, palpitation, followed by fatigue

Dizziness, weakness < walking

Gall stones

Totality of Symptoms

Obstinate

Delusion of not being appreciated

Weeps easily

Consolation ameliorates

Desire for open air

Constipation with ineffectual desire

Desire for spicy, namkeen, fatty, oily, and fried foods

Breathing difficulty <strong smell, winters

Recurrent cold and cough < Winters

Ghabrahat, vertigo, palpitations leading to fatigue

Dizziness and weakness < walking

Burning pain in Epigastrium with bloating < morning

Feels suffocated in Dust



Repertorial Analysis-

Investigation window for remedies

125 % Millennium view (progressive)

J. Sherr

Display

Strategy

Restrict to

Clipboard 1

1. MIND - DELUSIONS - appreciated, she is not (21)

2. MIND - OBSTINATE (142)

3. EXTREMITIES - PERSPIRATION - Foot - Sole (27)

4. EXTREMITIES - PERSPIRATION - Hand - Palm (90)

5. GENERALS - ANXIETY, general physical (102)

6. GENERALS - SEASONS - winter, in - agg. (87)

7. GENERALS - FOOD AND DRINKS - fat - desire (51)

	suiph.	sil.	alc.	puls.	merc.	nat-m.	nat-v.	ang-m.	acon.	ign.	phos.	patr.	rhus-t.	chol.	cham.	nik-ac.	byr.	camph.	kal-lc.	lyc.	sep.	hep.	agan.	am-m.	am.	calc-p.	caps.	caust.	ferri.	hell.	bell-c.	carb-v.	carb-c.	ph.	nit-c.	dulc.	pro.	alum.	bell.	frax.	ip.	nut-m.	phac.	verat.	aur.	con.	dig.	hyos.	kal-lp.	mech.	tenac.	thu.	
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260 remedies / 7 symptoms

Sum of symptoms, sort: degree

No restriction

All remedies considered

Selection of Remedy

Pulsatilla Nigricans

(*Pulsatilla Nigricans* is selected as Constitutional remedy for the patient. Patient is family oriented, obstinate, egoistic and wants validation from husband. Weeping tendency, perspiration, thermal, talking amelioration and desire for open air also supports *Pulsatilla Nigricans*.)

Prescription

Rx *Phytum* 200/ BD/ 7 days

(The patient was prescribed Placebo because she was not suffering from any acute condition that required immediate attention or prescription of the remedy. Physician has also built a good rapport with the patient in the interview. Throughout the interview it was observed that she felt better by consolation as she cried twice during the interview and physician listened to her carefully and validated her feelings, she felt better. It was also anticipated that she would feel better after venting out. So patient was left on *Placebo* for 7 days to be reassessed next week.)

Follow-ups

Sr. No.	Date of Prescription	Changes in Symptoms	Prescribed Medicine	Planning and programming
1.	9, February, 2024	-No pain present in abdomen -Appetite- improved -90% relief in Breathing Difficulty -50% relief in anxiety -Burning only present in throat and oesophagus+ -Stool regular in the last 1 week, satisfactory Sleep Better LMP -18-1- 2024	<i>Phytum 200/BD/14 days</i> <i>Rubrum 1M/SOS</i>	As it was anticipated that patient would feel better after venting out as physician has built a good rapport with her. There were improvement in particulars, mental generals and physical generals. So, phytum was repeated. SOS was given in case if her complaints worsen because she was to visit the in-laws (agg factor).
2.	23, February, 2024	Abdominal pain decreased in intensity (frequency—twice from last follow up) No Headache since last follow up. Mild Breathing difficulty-relieved; present only on exertion. Stool -regular, satisfactory Two episodes of burning in oesophagus in the last 14 days Sleep better Pain in occiput, neck and forearm A/F Lifting heavy weight on head LMP -18-Feb- 2024 MC- 4/30 days SOS was not taken.	<i>Phytum 200/BD/14 days</i> <i>Rubrum 1M/SOS</i>	Patient was gradually improving with each follow up, no need to administer the const. remedy yet was felt.
3.	1, March, 2024	Coryza-10 days ago (resolved in 2 days by own) No Abdominal pain in the last 10 days No burning sensation in throat for 8 days. Mild headache on right side. (4-5 times since last follow up) Stool- regular, satisfactory Sleep- better	<i>Phytum 200/BD/14 days</i> <i>Rubrum 1M/SOS</i>	The patient is still showing improvement and has better immunity now with Psoric response. So, Phytum was prescribed.

4.	15, March, 2024 Adv- CBC LFT USG w/A	-Constipated for 5-7 days, hard and unsatisfactory stool -Appetite - increased -No abdominal pain -Pain in cervical region radiating to head < Lifting heavy weight (only once) -No breathing difficulty. -70% relief in anxiety and Ghabrahat (since last follow up) -Weakness present++ -No SOS taken	<i>Phytum 200/BD/14 days</i> <i>Rubrum 1M/SOS</i> <i>(Inform SOS)</i>	The patient still showed improvement but constipation reappeared with physical weakness. Patient may require medicine but intensity of illness is mild to moderate. So, we can wait for few days to assure the limitation of doctor-patient relationship in this case.
5.	29, March, 2024	-17-3-2024 went to village. episode of fever (1 day) and breathlessness after working in farm (< Dust) - sneezing, nasal discharge -Cough- expectoration yellowish, greenish thick discharge -Bland taste in mouth -Weakness increased with body ache -Sleepiness -No anxiety and ghabrahat - No constipation -No episode of pain in cervical in the last 4-5 days LMP 18, March, 2024	<i>Pulsatilla Nigricans 200/1 Dose/HS(Weekly)</i> <i>Phytum 200/6P/HS/14 Days</i> <i>Rubrum 200/SOS</i>	The patient's health got worse after visiting in laws and working in a farm and < with exposure of agg factors (Dust). The acute complaints are indicating Pulsatilla. It was also concluded as constitutional remedy of the patient. No frequent repetition is required because mental generals are good and physical generals are mild disturbed. So, susceptibility and reactivity are good. So moderate to high potency with infrequent doses are required.
6.	3, May, 2024 Report- Hb- 11.8 g/dl Plat- 1.9 cells/dl SGOT- 25.81 U/L SGPT-25.64 U/L Bilirubin Total- 0.5 mg/dl RBS – 108 mg/dl	-Relief in Breathlessness+ (coryza absent but greenish expectoration is still present) -Relief in Sneezing (< morning) -Nasal discharge decreased - weakness >-Sleepiness-SQ - Bland Taste of mouth- ameliorated -Pain in occiput and cervical better SOS taken 2 times (breathlessness)	<i>Pulsatilla Nigricans 200/1 Dose/HS(Weekly)</i> <i>Phytum 200/6P/HS/14 Days</i> <i>Rubrum 200/SOS</i>	The complaints were better but not fully resolved. So, Continued the medicine.
7	14, June 2024 (Gap of 1 month)	-Acidity increased along with pain in lower abdomen -Breathlessness absent -Sneezing, Nasal discharge absent -Pain in calves (due to over exertion)	<i>Pulsatilla Nigricans 200/1 Dose/HS(Weekly)</i> <i>Phytum 200/6P/HS/21 Days</i> <i>Rubrum 200/SOS</i>	The complaints were better but not fully resolved. So pulsatilla nigricans was repeated weekly. Particular new symptoms appeared and gastric complaints

		->sleepiness -Mouth Dry -Pain in cervical region absent -Constipation 3-4 days, Unsatisfactory, Hard stool, has to strain LMP- 25, May,2024 Cycle- 2-3/37 days		aggravated with mental and physical generals good.
8	5, July 2024	-Flatulence increased for 2 months -100% relief in Acidity -last night 1 episode of Breathless+, ghabrahat+, palpitations+ (intensity 70-80% decreased) -Pain in calves (only <climbing when, Duration 2-5 min) -Sleepiness SQ (night 10-11 pm - 4 Am) -No Dryness in mouth -No pain in cervical region -100% relief in constipation -Sometimes heaviness in head LMP 24, June, 2024 Cycle- 3/30 days	Phytum 200/BD Rubrum 200/SOS X3 Weeks (Inform SOS)	Patient has calf muscle pain because of exertion which requires rest and the reason for last night episode unknown. So, Phytum and rubrum were prescribed.
9	9, August 2024	-100% relief in Flatulence -No episode of breathlessness -100% relief in ghabrahat -No pain in calves -No constipation -SOS taken once -LMP 24, July, 2024	Phytum 200/BD Rubrum 200/SOS X3 Weeks	Patient presented with relief in all complaints.

Conclusion

As Dr. Elizabeth's statement emphasized earlier, the importance of thorough case-taking in homeopathy cannot be overstated. When a physician begins the process of case-taking, they not only build rapport with the patient but also gain a deep understanding of the patient's ameliorating factors while validating their emotions. This approach can have a therapeutic effect in itself, often leading to improvements in the patient's general condition, sometimes even reducing the need for extensive medicinal intervention. In many instances, effective case-taking can significantly contribute to resolving the case, with homeopathic remedies playing a supplementary role, requiring only a few doses to achieve complete recovery.