

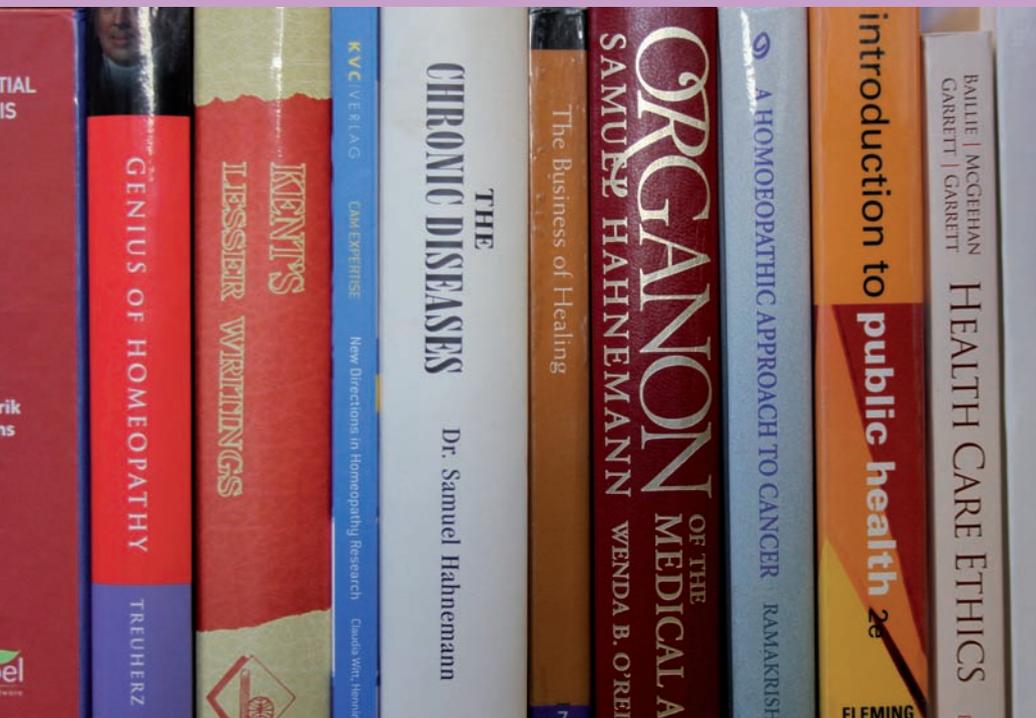
CASE MANAGEMENT IN HOMEOPATHIC MEDICINE

Best practice | Traditional principles and techniques
distilled from 200 years of case management in
homeopathy for better clinical results

THE LANDSCAPE *of* HOMEOPATHIC MEDICINE

VOLUME III

ALASTAIR C GRAY



Case Management in **Homeopathic Medicine**

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Alastair C. Gray

Homeopathic Essence

Foreword

This book, *Case Management in Homeopathic Medicine*, and its companion, *Realities of Contemporary Homeopathy Practice* are excellent sequels to Alastair's first two books *Case Taking* and *Method*.

He covers more of the glorious landscape of homeopathic medicine in leaps and bounds, and in a way that is both fresh and refreshing.

Gray examines case management from a historical perspective combing through the wise counsel of our philosophical giants from Hahnemann, Kent and Close to Withoukcas, Sherr and Little. He thinks them through using the realities of his own homeopathic practice as a benchmark, to evaluate and re-evaluate each aphorism, each principle.

Gray explores the principles in the context of the often neglected territory of the relationship: between practitioner and patient, between practitioner and practice, between practitioner and profession. Gray questions many of our received wisdoms and often-taught practice management procedures, examining their strengths and weaknesses through numerous case examples including his own. His candidness about his own process and development make this book both accessible and authentic.

Volumes III and IV are designed to be read in tandem. They cover similar territory but in different ways. This volume focusses on traditional case management from a historical perspective. The second volume (IV) brings the topic into the present day by focussing on contemporary case management and complex patient management situations. Think of this book as setting the scene.

I wish I had this book when I was starting out in practice. I would have instituted an annual audit of my practice from the get go. I started doing so when I had been in practice for about five years - out of desperation to know whether I was doing as badly as it seemed I might be. I wasn't. I found out I could hold my head up in public - that I was helping a respectable percentage of the people who were coming to see me. I have conducted clinical audits in my practice on a regular basis since then and found them an invaluable touchstone. I use those times to reflect on my practice as a whole, to identify the parts that are working well, the ones that need some tweaking and those that are more seriously out of sorts and need attention.

Gray discusses his own practice audit experience and how valuable it was for him. He was surprised to find that 93% of his patients were consulting other health care practitioners as well as himself. He uses this information to think about the gap between how homeopathy is taught (as a stand-alone modality) and how patients are increasingly using us (as part of a healing team), between his goals and expectations (for cure) and his patients' (for pain relief).

Gray brings clarity, logic and a deeper understanding to this whole subject. He is surprisingly not dogmatic. He explains a road map for reflecting on case management issues

giving coherent ways to think and make decisions. He talks about many difficult aspects of case management. In so doing he encourages flexibility in thinking and practice - encouraging the reader to think homeopathically and rigorously.

Alastair throws down more than a few challenges to the homeopathic profession as a whole. I sincerely hope that this book will generate reflection, and discussion – and above all changes. Changes that reflect the times and many cultures we are living and working within. Changes especially in education to better help this glorious profession evolve.

There's food for thought for all including students, practitioners, educators and researchers. Gray's easy writing style, his unabashed honesty in describing his own challenges, his straightforward sharing of his experiences and inner processes - these all contribute to an unusually enjoyable reading and learning experience.

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Introduction to the Series

Critical Thinking

This is the first in a series of books casting a critical eye over the discipline of homeopathic medicine. It is important to note that the critical evaluation is coming from one who is inside the profession. Usually the critiques come from without and often lack an understanding of the historical and other contextual issues. The most important word in that previous sentence was 'critical'. In some parts of the world 'critical' means to criticise. In other parts critical means to reflect and ponder. In the scientific and academic world critical analysis, critical reflection and critical evaluation are the solid underpinnings and foundations of any meaningful area of enquiry. It is not necessarily a personal or professional attack.

The Need for Clarity

In this series of books, seven aspects of the practice of homeopathic medicine are examined, reflected on, deconstructed, critically evaluated and described. This last point, 'described' is crucial. Homeopathic medicine from the inside is a stimulating and exciting discipline to be a part of. From the outside it can seem bewildering. Not only because

some of the fundamentals of the art and science of homeopathy are difficult to describe in what is clearly and unequivocally a biomedical world. But it is overwhelmingly confusing because of the certain different styles of practice that homeopaths have. This is not just about bedside manner. The user of homeopathy in India may not be so concerned about the method used by the prescriber. The choice of going to this practitioner or that doctor is a simple one. But in the Western world, in Europe, the US, in Australia and New Zealand homeopathy struggles at times because of its breadth and startling difference in the way in which it is carried out.

Scope of Practice

One of the challenges of the profession is that there is no clear scope of practice, clear guidelines on best practice, or exclusivity of title, as at the moment in those countries where homeopathy is unregulated anyone can call themselves a homeopath. This issue of scope practice is a serious problem in the homeopathic world. For a physician, clear directives can be given in medical school on how to take a case. In physiotherapy there is a clear path and guidelines. For an auditor going into a business or an educational auditor going into a college there are clear questions to ask and a protocol. Homeopathy has a breadth that makes this very difficult. Because homeopathy is the application of an idea, not merely the distribution of medicines, there is a massive range of application. Homeopathy means, 'similar suffering'. This is the origin of the word that Hahnemann coined. That thing in nature that can create symptoms in a healthy person will have the capacity to remove those symptoms in a patient. That is the proposition, yet ask members of the general public

what constitutes homeopathic medicine, generally they will identify the issue of the infinitesimal dose, or the fact that homeopaths use serial dilutions of poisons as their therapeutic interventions. Yet the reality is that the infinitesimal dose is secondary to the principle law of homeopathy which is that of the application of similars. This broad scope is the crux of the issue. Homeopathy simply has a massive scope of practice. It is its greatest boon and its largest catastrophe. In a nutshell, there is no symptom of any patient on the planet for which there is not a substance somewhere in nature that has the capacity to create that same symptom in a healthy person. No other profession has such a wide terrain. Homeopaths assert that they can cure everything from depression, heartache, teething pain, lice and herpes. From the perspective of other professions these are bold claims indeed. Furthermore, there is general bewilderment from those looking towards the homeopathic profession that in addition to making these claims there are no agreed guidelines of method or case taking.

It is only possibly the psychological arts and sciences that has anything close to the largeness of scope that homeopaths have. On the one hand you have Psychiatry with its very specific doses of drugs to manage the neuro-chemistry of a patient and it's measurable outcomes, and at the other end of the spectrum you have Somatic Therapy, Gestalt Therapy or Neuro-linguistic Programming. That is a broad scope of strategies and theories orientated to create change in a patient.

In the Western world homeopathy experienced a massive amount of growth in the 1980s and 90s. Private colleges sprang up across Europe, New Zealand, Australia, the US and the unlikeliest of places. Those classrooms were full of the most

diverse range of students from interested housewives through to immunologists, physicians, historians, nurses and hippies. Credit where it's due. This was for the most part due to be charismatic and solid work of George Vithoulkas who taught, wrote, published, and raised the awareness of thousands worldwide. A great many were drawn to his lectures and seminars and books. That is a far cry from what we see today at the end of the first decade of the 21st century. Classrooms are still full but they are smaller classrooms. Students are committed but there's no doubt that the student of 2010 is different from the student of 1983.

Homeopathy in Trouble and Under Attack

Modern students hear their teachers talk about the disarray, the decline and the attacks from the outside. Skeptics rallying outside chemists in the UK that stock remedies is but the latest. Homeopathic students these days hear their teachers talking about disunity and an implosion from the inside. Comparisons are made to the decline of homeopathy in the US in the early part of the 20th century, 100 years ago where, from a healthy profession with students, colleges and hospitals, within a generation homeopathy was almost swept away and what remained was a cottage industry trembling under the shadow of the Flexner Report (1910).

The internal divisions aside, from the outside there are a number of obvious criticisms of homeopathic medicine. Never have they been more sharply defined and focussed than in the UK over the last five years. In no particular order, there were the malaria claims exposed in the print media where, homeopaths were said to be claiming to be able to protect travellers in

tropical climates against malaria. Since then systematic and orchestrated attacks have been launched about non-evidence-based medicine (i.e. homeopathy) being free to the public and delivered in the National Health Service (NHS). Furthermore the profession has withstood criticisms of homeopathy taught in universities, a 'non-science' being taught in science degrees. It couldn't possibly work, therefore it doesn't work, has been the cynical message.

All of these recent events have fed perceptions driven by the opponents of homeopathy that it is in the business of taking advantage of vulnerable people, flogging meaningless medicine without conscience, practicing pseudo-science without rigour. How do these perceptions come about? Without doubt ignorance and prejudice on behalf of some, but equally without doubt because of average prescribing, poor practice, negative publicity, because homeopaths have been lazy and have lacked significant academic rigour. With the upsurge in the ability to publish quickly and easily, and with the ability to blog and have an opinion about everything, a great deal of what has emerged in the homeopathic body of literature in the last 20 years has been at the softer end of the spectrum. A word search on 'homeopathy' in Google leads to some bewildering sites and opinions. The number of peer reviewed industry journals are few. This has to change if the profession is to make any progress. These books are an attempt to right the balance, not in a way that is uncritical and reactionary but in a grounded way that seeks to place aspects of homeopathy in their true context.

This volume examines the landscape of Case management in Homeopathic Medicine in all of its complexity. To students

of homeopathy and those questioning homeopathy this book seeks to describe and identify the varieties that exist within the profession, and just why they are there. Because this discipline spans 200 years and involves a literature base that takes into account the whole globe there is no shortage of variety.

Later volumes will describe the landscape of homeopathic method. In a similar way it will go into detail and describe the variety of homeopathic prescribing techniques and why they are different. A volume will be devoted to and will identify the therapeutic suggestions, and the specific interventions for a number of named conditions. In addition the landscape of the homeopathic theory of chronic disease will be examined. Called miasmatic theory, this book will delve into the variety of ways of perceiving the true cause of disease that started with Hahnemann and has many colourful manifestations today. Moreover a volume will examine the landscape of homeopathic materia medica, the compilation of our books on remedy indications, and furthermore describe homeopathic philosophy in depth. It is timely given that the seminal book, the *Organon of Medicine* was published 200 years ago. These works will focus on the homeopathic community and profession, all at once taking into account the history, the personalities and the evolution of this discipline and ask, 'How Did We Get To This Place?'

My own approach to homeopathy is one based on a grounded strategy. 'Feet on the ground head in the clouds' (Sherr 1994), is the best and natural posture to adopt in practice. Homeopathy attracts individualistic people. It attracts creative people, and people that are on their third careers. It attracts people that have been in nursing, or the corporate world and

are looking for something else. It also attracts people that are great healers not necessarily great researchers or technicians and certainly only few scientists. Homeopathic colleges experience their greatest attrition because of medical sciences subjects not homeopathic ones.

That does not mean my approach to homeopathic medicine is dry by any means. But it does mean one thing in particular and not all homeopaths will be in agreement. After 20 years of practice and 15 years of teaching I'm no longer of the opinion that the homeopathic remedy is the most crucial thing in a positive curative intervention. There has been a heavy emphasis on the remedy as the thing that does the work in the 200 year history of homeopathy. The emphasis has been on the simillimum, the Holy Grail, the silver bullet, the perfect remedy. This detracts from the ultimate skill behind practicing homeopathy. Moreover the idea is divorced from the reality at the coal face of homeopathic practice. It is the therapeutic relationship, and the ability of a homeopath to listen and receive a full case that is at the heart of the good prescription. It is this relationship between the practitioner and the patient that is the true emphasis. In my practice and in my previous role as head of the homeopathic department at Endeavour College of Natural Health it is now the educational focus. This is not to detract from knowledge of materia medica, theory or philosophy but to right an imbalance.

The Change in Emphasis within Homeopathic Education

I was a part of a great team that worked tirelessly to develop the degree curriculum at Endeavour in Australia. While

nothing is ever perfect, it is very good. In addition, I worked on the degree submission at Cyberjaya University College of Medical Sciences in Malaysia. Benchmarking against the UK's University of Central Lancashire's undergraduate degree, to my mind these efforts have taken homeopathic medicine education a few necessary steps forward. Not all like them or appreciate them. To some they are a threat. They are competition, and they definitely raise the standards to a level that means that some will not be able to attain what is necessary. It is never the intention to exclude, nevertheless what was being clearly identified within our profession more than most in the last decade is that we have a lack of participants able to research well and think critically.

Worse, homeopathic education is in a mess. In the colleges there is a disconnect between professional standards, in other words what is agreed upon as the necessary skills to develop in order to competently practice homeopathic medicine, and the level to which these subjects are taught. Diplomas and advanced diplomas get clogged with massive amounts of critical thinking and cognitive skills that are educationally well ahead of the award they are offering. There is huge over-assessment. Outside the colleges, homeopathic education is driven by entrepreneurs not educators, large personalities with an angle attempt to keep students coming back with the next thing.

We have thousands upon thousands of cured cases, that are passed on from practitioner to teacher, teacher to student, and over the years many of these have found their way into our journals. Uncomfortable and distressing as it is, in the 21st century, in the biomedical world in which we live, these

constitute nothing but anecdotal evidence. In the cold world of science anecdotal evidence sits at the very bottom of the evidence hierarchy. At the top of the evidence hierarchy is the gold standard randomly controlled double-blind trial. There are some but precious few of these in homeopathy and just one of these trials counts for more than thousands upon thousands of anecdotal stories. Practicing homeopaths find this an unhappy situation to find themselves in. Some deal with it by saying, 'Well that cold scientific world is stuffed and they can have it. We don't have to play their games and play in that biomedical sandpit. We will do our own thing'. Some decide to become more medically orientated and attempt to conduct homeopathic trials attempting to demonstrate homeopathy's efficacy but these are often of poor quality. A third group argue that by engaging with research and questioning rigorously the false emphasis of the evidence hierarchy, homeopathy and homeopaths will be able to be accepted into an academic world on their own terms with their own methods validated and appreciated. Moreover, the other health and complementary health professionals are asked to provide evidence for what they do. Homeopaths are not a breed apart. The steps of a) asking a question, b) searching for evidence to answer it, c) critically appraising the evidence, d) integrating the evidence into clinical practice, e) evaluating how the steps from a - d went, (Hoffmann 2010) is actually not that demanding.

Research

Research is therefore at the centre of the upgrade from the traditional homeopathic qualification, which is the diploma or advanced diploma to a degree in complementary medicine and

especially homeopathic medicine. These degree courses now place homeopathy within the context of the history of healing. From Galen through to Vesalius, from Freud through to the world of evidence-based medicine, a homeopathic degree now emphasises critical reflection, evaluation and analysis. Questioning and reflecting, criticising and arguing about the things taught in natural medicine colleges is essentially saying to students, 'Don't believe everything that is told to you, validate it. Think about it. Reflect on it. Is it right? Is it congruent?' What we see is that students coming out of these programs are smart, they don't accept anything just because it's been told to them by someone with a reputation. Students are encouraged to not project impossible qualities onto their lecturers. The cult of the guru, that has infected the profession of homeopathy and continues to do so is discouraged. In the attempt to create a generation of homeopaths with new skills to research and critically think, they are able to take their seat beside practitioners from multiple other modalities. Degrees are not just extra unnecessary classes. Too often degrees have been clip-ons to courses and they involve beefing up medical sciences and irrelevant subjects that others want to see. What is needed is a cogent, coherent, upward spiral of learning grounded in reality.

These seven books are an attempt to raise the bar, ground homeopathic education, encourage debate, critical reflection and research. They are also orientated to professional homeopaths to reflect on what they do, what they learned, what underlying assumptions they carry, where indolence and laziness are a feature of their working lives and maintain their professional development wherever they are. When I learnt homeopathy I thought what I was learning was homeopathy. What I

now know is that I was being taught a style of homeopathy underpinned by a number of philosophical points of view and assumptions. This is to not say that these assumptions are wrong or that style homeopathy was wrong. It seems to me therefore that it is important to realise that different styles of case-taking relate to different ways of practising homeopathy and it is important to understand where one comes from to follow best practice. Flexibility in moving from one style of homeopathy and one style of case-taking relevant to that style of homeopathy, is a necessary professional reality depending on where and how one is prescribing. What is crucial is questioning, becoming familiar with and understanding the underpinning assumptions, the sacred cows that go with whatever style of practice one chooses.

Alastair Gray

Gold Coast Australia 2014

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Many thanks are warranted in the writing and pulling together this book *Case Management in Homeopathic Medicine* and the companion book *Realities of Contemporary Homeopathy Practice*. Some relate to the homeopathic community and some from further afield.

The first is the editorial work from Helen Vuletin. She provided excellent support, expertise, suggestions, demands and admonition when it was necessary. A sincere debt of gratitude to her for her time and the effort she put into this task. Further, Francis Treuherz in London gave generously of his time, his wealth of knowledge and perspective. Hugely appreciated.

Over the years I've learned much from my Sydney based colleagues, Ken D'Aran, Peter Tumminello, David Levy, Carmen Nicotra who contributed to my understanding of case and people management. Their conversations have in a real way shaped this book. I miss you all.

But it is my clients and patients that have been the real teachers here. I often reflect that my practice has involved a lot of practising. Their patience has enabled me to gain greater clarity and understanding.

Publisher's Note

Case Management is third book in the series titled "*The Landscape of Homeopathic Medicine*".

The series has been planned keeping in mind the questions which arise in student's and practitioner's minds in regard to different subjects related to homeopathy. This series main intention is to reduce the confusions and publish a number of texts which answer these queries. The books brought out in this series cover different subjects, covering what has been said from the time of Dr Hahnemann to the present day and further, give an analysis from the author and different prominent researchers who have significant experience on the subject.

Case Management explores many different aspects of practice which need to be addressed in the management of cases. This includes the management of the patient as a person, their suffering and other aspects related to a homeopathic practice such as remedy response. The book is a must read for all practitoners to know in which boat they are travelling and how they can really take their practice to a new and better level. This is one subject which is touched on less often in homeopathy, but is nevertheless a very important concern. Were homeopaths to take care of the concerns raised in this

book and work on all areas Alastair has discussed, they would benefit from the results in their practices and also help patients know more about the science they have chosen for their treatment.

We wish all readers more success in their clinical practice in times to come.

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Foundations

2.1 Introduction

The title of this second section of this book is *Getting Busy|Traditional Case Management Strategies, Principles and Techniques*. I am convinced that thriving homeopathic practice can only be partially attributed to accurate medicine selection, and has as much if not more to do with how to manage people and apply management principles. This part is a one-stop shop of who has said what. Furthermore, it provides rationale for why they have said it. As emphasised previously, knowing when to intervene, knowing exactly what the remedy that you gave three weeks ago has done, and being able to identify exactly what needs to be done next provides more value to a patient and one's own practice. These key points are crucial to know.

Homeopaths and students alike often look at their professional environment and ask questions. Why am I not busier? One of the many reasons is that the skills of the second prescription are not well taught, integrated or emphasised in their training. There are a number of reasons why. The focus is erroneously often on the first prescription. Moreover, it's

hard to teach and it's often not interesting. Teaching the skills of evaluating the patient's response requires endless practice to integrate confidently. It also implies a case must be fully understood in an individual training session, which includes, the first consultation, and the reasons for the prescription. Only then, you can get onto the point of the session, which is to understand what happened when the first medicine was given, and how to decipher the results appropriately. It's a long session. Graduates are often left to work it out themselves at the coalface in their own clinics, with real patients and by themselves. And given its importance in clinic maintenance and getting great results, this approach is perilous. One of the problems with emphasising this aspect of homeopathy is that it's not very sexy. Just ask anyone who runs a homeopathic college, or course, or a postgraduate programme. They will tell you the same thing. People don't want to hear about Bönninghausen's 10 strategies of case management, or Kent's 12 remedy reactions, or Vithoulkas' 22 ways to deal with a remedy reaction. They'd much rather hear about the latest sea creature proving. It's not riveting stuff by any stretch of the imagination, and in my experience of running postgraduate programmes, participants often choose that moment to have a snooze when you say the words, 'right let's revise what we know about remedy reactions'.

In fact it's just like tennis. Years ago, in my twenties, I had the good fortune to be a tennis groupie in Europe one summer. For months, I followed some friends and other tennis players around on the circuit, in the south of France helping out where I could, doing the shopping, doing the washing and trying to look fabulous. While I didn't succeed in the glamour department, I certainly did succeed in watching a lot of tennis.

And here's what I learned. Tennis players are weird, even professional ones like the friends with whom I was travelling. When tennis players get on a court to practice, they stand there and they hit the ball to each other. They do this for ages. Even though this bears no reality whatsoever to exactly what goes on in a tennis match. What happens in a tennis match is exactly the opposite. Most of the tennis match involves serving the ball and receiving the ball. Except on clay and on artificial surfaces, there is very little in the way of rallies in any form of tennis anywhere in the world. And yet even with this knowledge, tennis players still warm up by hitting the ball to each other to practice. It's crazy.

It's the same thing in homeopathy. Homeopaths study homeopathy and practice homeopathy as if the only thing that happens in homeopathy is finding the right remedy the first time. It's not real. What happens most in homeopathy is long rallies, exactly the opposite of tennis, and this is what homeopaths should practice. Homeopaths should in fact be practising their second prescription skills four times more often than they practice their searching for the right remedy skills because this is what they do four times as much or more than any other thing in the work of being a homeopath.

The skills of the second prescription are what homeopaths do most of the time in the 21st century. These skills include evaluating one-sided cases, working with non-compliant patients, addressing dependency issues with drugs and alcohol, and raising awareness of lifestyle issues. Now this focus may have been different in Hahnemann's time because in those days for him, and in some parts of the world such as India still, this is what practitioners mainly do. But for the rest of us in

the western world especially, in New Zealand and Australia, in North America, the UK, and in Europe, homeopaths are still wrestling with these realities:

- Patients do what they want and they have their own set of rules.
- Homeopathy at the coalface bears little resemblance to how it was described in a textbook that was written in 1900, or to the *Organon* written in 1810.

To thrive in homeopathic practice, the issues talked about in this chapter far outweigh the importance of learning the keynotes of yet other remedy that you can look up or look for in any textbook. The indications of *Causticum* are in the books. Don't worry about it. They're not going anywhere and they're likely not going to change much. But having to manage a patient with diabetes who has come to you to help them give up smoking, and who has a tightness in the chest and low energy levels, with anxiety and going through a divorce is going to require skilful management, and it is these skills that are far more important.

The purpose of this part of the book is therefore to assist homeopaths in achieving better clinical outcomes. In addition, it is a guide to assist practitioners in keeping their patients, making fewer mistakes, and developing better skills to prescribe the second prescription. As homeopathic practitioners, we see a new picture coming and prescribe on it too soon. That is the most common mistake. We need to wait to make the second prescription. Ultimately, the objective is to provide clarity around what is meant by *The Second Prescription*. The second prescription is quite simply the prescription given after the one that worked.

2.2 Follow-up Case Taking

A word needs to be said about case taking in the subsequent consultations to the first. Follow-up case taking is significantly different from the skills and activities in the first consultation. The intention is different. In the first consultation, the intention is to get as much information about the characteristic symptoms of the disease, or the whole person to make an accurate prescription. In the follow-up consultation, the intention is to determine how far along the patient has come. The skills required are different. What has happened since the patient took the prescribed remedy? The answer to this question is crucial. And after having established what's happened, you can then act and make decisions to move forward.

I often find myself beginning the second consultation with something like, 'it's been forever, how long is it exactly since we last met?' Obviously I know, but I want to know what they say. What they say is very interesting. It gives them the opportunity now to tell the story of what has happened in the interim. Of course, in this situation the best thing is to remain silent and just take notes so you can see if the symptoms have changed, the condition has changed, or of the patient has changed in some way.

With eczema, with pain, with a migraine, it's easy to determine what is going on. In the first consultation, the homeopath will have determined exactly the symptom picture, and drawn a line in the sand. The work of a follow-up consultation is to simply measure how far the patient has come from that place. But it is much more difficult and much harder to measure something like menstrual pain or hayfever or anxiety or depression because of the cyclical nature of the

symptoms and because it requires both subjective and objective observation.

Determining if symptoms in a case have improved is one thing, and determining if the focus of the case has shifted is another. Have the sufferings moved from something deeper, more internal, more serious to something more superficial more external and less intense? Ultimately, answering this question is the goal. Symptoms either go away completely, or come less often and with less intensity. Observation skills are fundamental, and looking at all the details is crucial. With questioning skills, there is really very little difference between the first and second and the tenth consultation. A physical examination may be necessary, and again the skills are usually the same between the first and the twentieth consultation.

When it comes to recording symptoms though, there may be a difference. Going back carefully through the first consultation is important to identify any symptoms that may show improvement. And of course, the patient may not remember or very often not attribute any change to something else. This is just a simple annoying but real consequence of the fact that when patients change, their capacity to observe also changes and they may not attribute accurately the reason for any particular changes.

New information constantly comes up in subsequent follow-up consultations. It's important to clearly identify any new information in the case notes because this information needs to be added to the original material. It may be stories from the childhood, or it may be further characteristic symptoms that were not articulated at first consultation.