



CHAPTER 1

Naturopathic case taking

Greg Connolly
ND, MSH, PhD

OVERVIEW OF NATUROPATHIC PHILOSOPHY AND PRINCIPLES

For naturopaths, the ‘patient-centred approach’ to case taking emphasises rapport, empathy and authenticity as a vital part of the healing process. This approach is based not just on current accepted health practices but also on the philosophy and principles that have underpinned naturopathy since its beginnings. This chapter examines how to establish and maintain a therapeutic relationship with patients through the process of a holistic consultation. It also presents a model of holistic case taking that provides both patient and naturopath with the knowledge and insight needed for healing and wellness.

Historical precursors

Having a philosophy by which to practise gives a clearer understanding of what constitutes good health, how illness is caused, what the role of the practitioner should be and the type of treatments that should be given.¹ Naturopathy has a loosely defined set of principles that have arisen from three interrelated philosophical sources. The first main source is the *historical precursors* of eclectic healthcare practices that formed naturopathy in the 19th and 20th centuries.² Allied to this are two other essential philosophical concepts intertwined with the historical development of naturopathy: *vitalism*^{3,4} and *holism*.⁵

The tenets of naturopathic philosophy have developed from its chequered historical background, which includes the traditions of Hippocratic health, herbal medicine, homeopathy, nature cure, hydrotherapy, dietetics and manipulative therapies.⁶ The historical precursors of naturopathy emphasise the responsibility of the patient in: following a healthy lifestyle with a balance of work, recreation, exercise, meditation and rest; eating healthily; getting fresh air, water and sunshine; regularly detoxifying and cleansing; experiencing healthy emotions within healthy relationships; leading an ethical life; and living in a healthy environment. These views highlight the fact that each patient is unique and, in light of this, naturopathic treatments for each patient are tailored to addressing the individual factors that cause their ill health. An essential part of a holistic consultation is the education of the patient to promote healthy living, self-care, preventive medicine and the unique factors affecting their vitality.

In modern times naturopathic philosophy has borrowed from the social movements of the 1960s and 1970s that fostered independence from authoritative structures and challenged the dependency upon technology and drugs for healthcare. These social movements emphasised a holistic approach to the environment and ecology with a yearning for healthcare that was natural and promoted self-reliance harking back to late 19th-century principles of nature care philosophy.⁷ Naturopathy also borrowed from other counterculture movements and began to be suffused with New Age themes of transpersonal and humanistic psychology, spirituality, metaphysics and new science paradigms.⁸ Since the 1980s naturopathy has increasingly used scientific research to increase understanding of body systems and validate treatments.^{9,10}

From this variety of sources, naturopathy has consolidated a number of core principles. These principles have had many diverse adherents and an eclectic variety of blended philosophies. Over the course of the 20th century naturopathy began to be increasingly defined by its modalities and methods and less attention was paid to its underlying principles. This issue began to be addressed in the 1980s, particularly in the United States under the auspices of the American Association of Naturopathic Physicians, which sought to consolidate a number of core principles from the eclectic variety of naturopathic modalities.¹¹ These principles were further promulgated internationally through landmark naturopathic educational texts such as Pizzorno and Murray's *A Textbook of Natural Medicine*¹² and conferences such as the 2007 Foundations of Naturopathic Medicines Project.¹³ The aim was to promote key concepts within naturopathy that are agreed upon and are flexible enough to accommodate a broad range of styles in naturopathic practice.¹⁴

These key concepts are now the de facto definition of internationally accepted principles to guide naturopathic practitioners in the care of their patients:

- the healing power of nature (*vis medicatrix naturae*)
- identify and treat the cause (*tolle causam*)
- first do no harm (*primum non nocere*)
- doctor as teacher (*docere*)
- treat the whole person
- prevention.

Vis medicatrix naturae sees the role of the practitioner as finding the cause (*tolle causam*) of the disturbance of vital force. The practitioner must then do no harm (*primum non nocere*) by using gentle, safe and non-invasive treatments from nature to restore the vital force, and to use preventative medicine by teaching (*docere*—doctor as teacher) the principles of good health to treat the whole person in body, mind and spirit.¹⁵

The above six principles rest upon those two essential tenets of the naturopathic understanding of health: vitalism and holism.

Vitalism

A fundamental belief of naturopathy is that ill health begins with a loss of vitality. Health is positive vitality and not just an absence of medical findings of disease. Health is restored by raising the vitality of the patient, which initiates the regenerative capacity for self-healing. The vital force is diminished by a range of physical, mental, emotional, spiritual and environmental factors.¹⁶

Vitalism is the belief that living things depend on the action of a special energy or force that guides the processes of metabolism, growth, reproduction, adaptation and

Modifying effects on health and vitality

- Constitutional strength—familial, genetic, congenital
- Diet—excess and deficiency
- Exposure to fresh air, clean water, sunlight and nature
- Lifestyle—work, education, exercise, rest and recreation
- Injury or disease
- Toxaemia—external (such as pollution, pesticides and drugs) and internal (such as metabolic by-products and cell waste)
- Health of organs of detoxification—liver, kidney and lymph
- Health of organs of elimination—bowel, gallbladder, bladder, respiratory, skin
- Emotions and relationships
- Exposure to culture and creativity
- Philosophy, religion and an ethical life
- Community, environment and ecology
- Social, economic and political factors

interaction.¹⁷ This vital force is capable of interactions with material matter, such as a person's biochemistry, and these interactions of the vital force are necessary for life to exist. The vital force is non-material and occurs only in living things. It is the guiding force that accounts not only for the maintenance of life but for the development and activities of living organisms such as the progression from seed to plant, or the development of an embryo to a living being.¹⁸

The vital force is seen to be different from all the other forces recognised by physics and chemistry. And, most importantly, living organisms are more than just the effects of physics and chemistry. Vitalists agree with the value of biochemistry and physics in physiology but claim that such sciences will never fully comprehend the nature of life. Conversely, vitalism is not the same as a traditional religious view of life. Vitalists do not necessarily attribute the vital force to a creator, a god or a supernatural being, although vitalism can be compatible with such views. This is considered a 'strong' interpretation of vitalism. Naturopaths use a 'moderate' form of vitalism: *vis medicatrix naturae*, or the healing power of nature.¹

Vis medicatrix naturae defines health as good vitality where the vital force flows energetically through a person's being, sustaining and replenishing us, whereas ill health is a disturbance of vital energy.³ While naturopaths agree with modern pathology about the concepts of disease (cellular dysfunction, genetics, accidents, toxins and microbes), naturopathic philosophy further believes that a person's vital force determines their susceptibility to illness, the amount of treatment necessary, the vigour of treatment and the speed of recovery.¹⁹ Those with poor vitality will succumb more quickly, require more treatment, need gentler treatments and take longer to recover.²⁰

Vitality and disease

Vitalistic theory merges with naturopathy in the understanding of how disease progresses (Table 1.1). The *acute* stages of disease have active, heightened responses to challenges within the body systems. When the vital force is strong it reacts to an acute crisis by mobilising forces within the body to 'throw off' the disease.¹⁷ The effect on vitality is usually only temporary as the body reacts with pain, redness, heat and swelling. If this stage is not dealt with appropriately where suppressive medicines are used, the vital force is weakened and acute illnesses begin to become *subacute*. This is where there is less activity, less pain and less reaction within the body, accompanied by a lingering loss of vitality, mild toxicity and

Table 1.1
Stages of disease

Stage	Acute	Subacute	Chronic	Degenerative
Symptoms	Pain, heat, redness, swelling, high activity, discharges, sensitivities	Lowered activity, relapsing symptoms	Persistent symptoms, constant discomfort, accumulation of cellular debris	Overwhelmed with toxicity, cellular destruction, physical and mental decay
Toxicity	Toxic discharges	Toxic absorption	Toxic encumbrance	Toxic necrosis
Vitality	Temporarily weak vitality	Variable vitality, ill at ease, feeling 'not quite right', sluggish	Poor vitality, malaise, susceptible to other physical or mental distress	Very low vitality, pernicious disruption of life processes at all levels

sluggishness. The patient begins to feel more persistently 'not quite right' but nothing will show up on medical tests and, in the absence of disease, the patient will be declared 'healthy' in biomedical terms. If the patient continues without addressing their health and lifestyle in a holistic way they can begin to experience *chronic* diseases where there are long-term, persistent health problems. This is highlighted by weakened vitality, poor immune responses, toxicity and metabolic sluggishness, and the relationships between systems both within and outside the patient become dysfunctional. The final stage of disease is *destructive* where there is tissue breakdown, cellular dysfunction, low vitality and high toxicity.²¹

In traditional naturopathic theory the above concepts emphasise the connections between lowered vitality and ill health. Traditional naturopathic philosophy also emphasises that the return of vitality through naturopathic treatment will bring about healing. The stages of this healing are succinctly summarised by Dr Constantine Hering, a 19th-century doctor, and these principles of healing are known as Hering's law of cure.^{21,22}

Hering's law of cure

- Healing begins on the inside in the vital organs first, from the most important organs to the least important organs. The outer surfaces are healed last.
- Healing begins from the middle of the body out to the extremities.
- Healing begins from the top and goes down the body.
- Retracing—healing begins on the most recent problems back to the original problems.
- Healing crisis—as retracing and healing take place the body will re-experience any prior illness where the vital force was inappropriately treated. In re-experiencing the symptoms the patient will awaken their vitality and have an inner sense that the cleansing is 'doing them good'. A healing crisis is usually of a brief duration.

Holism

Another essential tenet of naturopathy developed from its eclectic history is the importance of a holistic perspective to explore, understand and treat the patient. Holism comes from the Greek word *holos*, meaning whole.^{23,24} The concept of holism has a more formal description in general philosophy and has three main beliefs.²⁵ First, it is important to consider an organism as a whole. The best way to study the behaviour of a complex system is to treat it as a whole and not merely to analyse the structure and

behaviour of its component parts. It is the principles governing the behaviour of the whole system rather than its parts that best elucidate an understanding of the system.

Second, every system within the organism loses some of its characteristics when any of its components undergo change. The component parts of a system will lose their nature, function, significance and even their existence when removed from their interconnection with the rest of the systems that support them. An organism is said to differ from a mere mechanism by reason of its interdependence with nature and its parts in the whole. For instance, any changes that occur in the nervous system can cause changes in other systems such as the musculoskeletal and digestive systems, as well as affecting cognition and mood. Or, more widely, any changes that occur in social relationships have an effect on the nervous system and vice versa.

Third, the important characteristics of an organism do not occur at the physical and chemical levels but at a higher level where there is a holistic integration of systems within the whole being. There are important interrelations that define the systems and these may be completely missed in a 'parts-only' perspective. These interrelations are completely independent of the parts. For instance, the digestive tract is functional only when its blood supply, nerve supply, enzymes and hormones are integrated and unified by complex interrelationships.

In naturopathic healthcare, holism is the understanding that a person's health functions as a whole, unified, complex system in balance. When any one part of their human experience suffers, a person's entire sense of being may suffer.

PATIENT-CENTRED APPROACH TO HOLISTIC CONSULTATION

One of the most difficult duties as a human being is to listen to the voices of those who suffer ... listening is hard but fundamentally a moral act.

Frank 1995²⁶

A holistic consultation and treatment of the whole person includes emotional, mental, spiritual, physical and environmental factors; it aims to promote wellbeing through the whole person rather than just the symptomatic relief of a disease. To best enhance this holistic consultative process, a patient-centred approach is used. This is where the emphasis is on patient autonomy; the patient and practitioner are in an equal relationship that values and respects the wants and needs of the patient.²⁷ The role of the practitioner is to develop a therapeutic relationship of rapport, empathy and authenticity to serve the patient's choices and engender the healing process.

An essential component of developing a therapeutic relationship with the patient is the ability to listen.²⁸

Naturopaths must never forget that each patient is an individual with their own unique story of illness and treatment. The patient needs to be allowed to tell that story and in turn the naturopathic practitioner needs to listen with sensitive, authentic attention and empathy. This disciplined type of therapeutic listening bonds the patient and practitioner and enhances the effectiveness of treatment.²⁹ When patients feel listened to, they open up and declare hidden information that can be clinically significant to the type of treatment given and to how well that treatment works.

If a naturopath does not holistically enquire into the causes of a patient's presenting complaint and merely follows a protocol—in the case of an insomnia prescription, for example—they may be, at the very least, clinically ineffective in treating insomnia or, worse, prolonging the patient's suffering and increasing their risk of self-harm.

A practitioner also needs to be aware that a holistic consultation is not a routine event for the patient. It is dense with meaning and can represent a turning point for them.³⁰ Fully listening to a patient's concerns in a patient-centred holistic consultation helps the naturopath to explore and understand what is at stake and why it matters so much.³¹ With this knowledge it is then possible to provide appropriate and effective treatment. Establishing rapport, empathy and authenticity in a patient-centred, holistic consultation also enhances the practitioner's ongoing ability to assess recovery and to achieve the patient-centred aim of independent self-care.³²

This therapeutic relationship depends upon the practitioner being proficient in consulting skills, communication skills and counselling skills. This chapter now focuses on consulting skills and the reader should consult the Further Reading section at the end of this chapter for texts discussing communication skills and counselling skills.

It should also be noted that some patients present to clinics with little or no prior understanding of what the naturopathic consultation involves. Some preliminary steps can be taken to facilitate a better understanding for the patient. Initially, a practitioner's website can provide explanatory details of naturopathic philosophy, treatment modalities and the consulting process. This can be reinforced with brochures provided in the reception area of the clinic. As the holistic consultation begins, the practitioner can sensitively enquire as to the patient's level of understanding of naturopathy and what their expectations about the consultation are.

Phases of the holistic consultation

Adapting the Nelson-Jones³³ model, there are five phases to the holistic patient-centred consultation.

1. *Explore* the range of problems.
2. *Understand* each problem.
3. Determine the *goals*.
4. Provide *treatments*.
5. Consolidate the patient's *independence*.

In a brief acute case of a minor condition, such as a minor head cold, these five phases can be completed over a single session. In a complex case with multiple pathologies and myriad personal issues, the phases discussed below can occur and recur over a long period of time and completion may entail many sessions.

Explore

The task here is to establish rapport with the patient and to help the patient reveal, identify and describe their problems. The naturopath can facilitate this by providing a structure for the interview and by fostering an ambience where the patient's views are valued. The naturopath's empathy with the patient will sensitise the practitioner to the tone, pace, depth and breadth of their enquiry into the patient's health issues. The enquiry should be patient-centred, where the patient sets the parameters of what they feel comfortable discussing while the naturopath maintains a heightened awareness of the clinical significance of what they are saying—or indeed not saying. The patient in this process has an opportunity to share their thoughts and feelings and for the naturopath to join with them in identifying the problem areas in their health from a holistic perspective.

Understand

Understanding the problems involves a focused attempt to gather more specific details of the problems experienced by the patient. The naturopath's facilitation skills will help the patient accurately focus on symptoms while also using the naturopath's clinical skills in physical examination, body sign observations, reviewing medical reports and completing a systems history to gain and impart a holistic overview. The knowledge gained from this helps the patient to acknowledge areas of strength and weakness in their health and to develop new insights and perceptions that will help them relate to their health issues holistically. It is also appropriate in this phase to seek referrals for further diagnosis where necessary from biomedical or allied health professionals.

Set goals

The next step is to work with the patient to negotiate goals and strategies to achieve positive outcomes for their health. The naturopath needs to discuss with the patient the types of modalities that can be used and which treatments are expected to be efficacious. It is appropriate at this juncture to give a prognosis of what can be reasonably achieved within a specified time. The patient then has an opportunity to ask questions, discuss costs and be in an active position to make an informed choice in setting goals and deciding on the best treatment options. The patient should be encouraged to acknowledge their active participation in their health improvement. They can also discuss with the naturopath their preferences for various modalities, and the naturopath can highlight what the patient can expect as their health improves.

Treatment

The task now is to assist the patient in gaining better vitality, building health resources and skills and lessening health deficits. The patient's role is to acquire self-help skills. Active encouragement is crucial in developing and maintaining the patient's self-motivation. Encourage the patient to acquire books, internet resources and community resources and to undertake courses to further self-support the recovery. The issues of compliance, or how well the patient can follow a treatment plan, can be discussed with the patient in a supportive way by identifying any possible difficulties. The treatment plan may need to be modified or strategies developed to ensure the patient gains the full benefit of their treatment program.

Potential barriers to treatment need to be anticipated, assessed and discussed, with contingencies put in place within the treatment plan to account for these. For example, if the treatment goal is weight loss and exercise is suggested as a primary treatment strategy, then the attitude of the patient towards exercise needs to be assessed. If those potential barriers are anticipated, plans can be suggested that overcome them and improve compliance, such as by exercising with a friend rather than alone.

Also in this phase the need for 'follow-up' is assessed. The patient may require further appointments to refine the processes of exploring, understanding, goal setting and treating their health issues. At this point, referrals to other practitioners for treatment may also be necessary where it can be seen that this would be beneficial.

Independence

The final step in the patient-centred therapeutic process is to consolidate the patient's independence. The task is to ensure the patient has the necessary self-help skills and is prepared for the naturopath's helping role to end. At this stage, both the naturopath and

the patient review the progress and goal achievements. The naturopath can assist the patient to plan independent control of their health. The patient should be encouraged to share their thoughts on their own progress, as well as any exit issues, such as their readiness for self-management. The patient can now consolidate all their learning and is ready to implement self-help skills in daily life.

From novice to experienced naturopath

Novice naturopaths tend to use learned protocols that give treatment programs for a disease or syndrome.

Advanced beginners soon find that the 'one-size-fits-all' approach, besides being contradictory to naturopathic philosophy, is problematic and begin to adapt and vary the protocols to each patient.

Competent naturopaths begin to develop their own independent strategies for patients.

Professional naturopaths develop treatments based on traditional learning, evidence-based practice and their intuition in selecting treatments that best align with a patient's individual holistic causes of ill health.

Experienced naturopaths are immersed in an intuitive proficiency where they: understand tradition and evidence; can listen carefully and sensitively to the patient's issues; adapt readily and easily to the patient's personality; motivate and educate the patient; are aware of the nuances in patient rapport, red flags and need for referrals; and are calm, gentle and understanding in the face of uncertainty and suffering.

Adapted from Boon et al. 2006³⁴

Structure and technique of case taking

Basic case-taking skills take one to two years to develop and a diligent naturopath over the years will be constantly improving and refining techniques.³⁵ It may be overwhelming in the first few cases for novice practitioners, especially if the case is complex. At times a patient may be difficult, angry or demanding and a practitioner needs to have insight and strategies for dealing with this (see Further Reading at the end of this chapter, which highlights useful texts discussing these issues).

Novice practitioners may wish to begin any case, no matter how chronic or complex, by starting with a good case history of one key ailment that bothers the patient. This is designated as the 'presenting complaint'.³⁶ For example, if the patient has five health issues to discuss, negotiate with the patient what is most important to them to work on first.

The case-taking process

- *Location.* Ask about the nature of the problem. Get an idea of the physical, emotional, spiritual and environmental dimensions of the problem. Note if it affects a certain location of the anatomy or a physiological system. Be aware that certain conditions have multiple locations, such as arthritis or systemic lupus erythematosus (SLE).
- *Onset.* Ask about the factors that seemed to initiate or trigger the problem. In a holistic manner, enquire as to what was occurring for the patient before and at the start of the problem. When did the problem first start?
- *Course.* Ask whether the problem seems to be constant (there all the time with minimal variation), fluctuating (there all the time but varies in presentation and intensity) or intermittent (it stops and starts or happens occasionally). The treatment of headaches, for example, could be quite different if they are constant or fluctuating, or happen twice a week or twice a year.

- *Duration.* Ask when the problem first started if it has been constant or fluctuating, and also how long an episode of the problem endures if it is intermittent.
- *Sensation/quality.* Ask the patient to describe in their own words how they experience their symptoms via the five senses of feeling (e.g. ache, burn, numb, pinch, stab, throb, hot, cold, itch, anxious, sad, dizzy, nauseous, twisting, wrenching or tingling), sight (such as colour, consistency, texture or shape), sound (e.g. crepitation, rattling, gasping, rumbling or buzzing), odour (e.g. fetid, ketosis, fishy, yeasty or sharp) and taste (such as bitter, salty, rancid, bloody or metallic). Note that a loss of any sensation is also clinically significant.
- *Intensity.* Ask about how mild, moderate or severe the problem is. Be aware that different personalities may under-report or over-report the severity. You can get the patient to give it a score out of 10 to make a useful comparison on follow-up visits.
- *Modulating factors.* What makes it better or worse? Time of day, week, season or year; situation, such as in bed, at work, in hot weather; certain activities triggering it; or certain emotional or spiritual crises.
- *Radiates.* Does the problem shift, extend or move around one location or between other locations?
- *Concomitants.* When the problem occurs, is there any other part of the person that seems to be affected? Examples are irritability with hot flushes, loss of appetite with depression, and headaches with existential crises.
- *Past history.* In an acute case this can be a previous history of this presenting complaint. It can also include a general past history of all health issues.
- *Family history.* As above, this can be a family history of the presenting complaint as well as a general history of all health issues in the family.
- *Medications.* Include all medical, naturopathic, Chinese medicine and other health modalities, including self-prescribed supplements. It often occurs that the presenting complaint is directly linked to a side effect or interaction of medications.
- *Diet.* Discuss a typical day's diet. For a more comprehensive approach the naturopath can give the patient a diet diary to record their diet and symptoms over a one- or two-week period and review this in a follow-up appointment.
- *Observation of body signs and relevant physical examinations* (refer to Chapter 2 on diagnosis).
- *Timeline.* The information gathered can also be represented in the format of a timeline that illustrates the sequence of events.

This single-issue case-taking process can take 20–45 minutes for novice practitioners in the early days of training or practice. It is always important not to spend an overly long time in getting the case details. There also has to be sufficient time for: explaining the holistic diagnosis and naturopathic understanding of why this problem is occurring; treatment goals; prognosis; remedy preparation and label instructions; doing the account; and booking the patient for the next appointment. Bear in mind that the patient is likely to be unwell, tired, in pain or may have restless children in tow and it is a strain on the patient to have them there for one or two hours while trying to pack too much into the first session. It is more appropriate to use the second and third appointments to gather further information. Psychologists, for example, may spend at least the first 5 to 10 sessions getting a general background and then may spend the next year or more listening to the patient's life narrative on a once-a-week basis.

Holistic review

As part of a holistic consultation it is essential to enquire into a broad range of factors. This is where the consultation moves beyond the presenting complaint.³⁷ It encompasses a review of the patient's:

- general past history
- family history
- lifestyle history
- psychological history
- physiological systems.

This can be done in any order that seems most comfortable between practitioner and patient. A holistic assessment is made of the patient's vitality and symptoms by exploring the physical, mental, social and spiritual factors that affect them. A simple model of holistic assessment is first to explore the factors affecting the patient's constitutional strength, which are the physical and mental attributes they are born with. This includes genetics, temperament and the inherent strengths and weaknesses of different physiological systems. Second, factors that occur over time are considered. These include the family and culture that the patient grew up with and the socioeconomic status and environment they live in. They also include the types of diseases or traumas the patient has had, the diets and lifestyle they have followed and the patterns of adaptive behaviour they have adopted. Third, a holistic assessment needs to consider important, dramatic events that have overwhelmed an otherwise healthy person, such as severe stress, trauma or toxicity. Fourth, the factors that trigger disturbances to vitality such as stress, injury, infection, toxicity, allergens and drugs need to be considered. Finally, a holistic assessment of the factors that sustain ongoing health issues, such as psychological, social, economic, environmental and ecological factors, is made.

Galland³⁸ cautions that care must be taken in holistic assessments. Careful listening to the patient is required, as the range of possibilities is extensive. The assessment needs to be comprehensive as there can be multiple factors that reinforce each other; the practitioner needs to constantly reassess patients who have complex symptoms to avoid misdiagnosis. Practitioners also need to be flexible as the same symptom in two different people, such as joint pain, may have different triggers; conversely, the same trigger, such as hot weather, may induce headache in one person and asthma in another.

General past history

- General level of vitality and health in infancy, childhood, teens, twenties and subsequent decades; the effect on vitality of life stages such as puberty, education, relationships, marriage, pregnancy, parenting, work, menopause/andropause, retiring
- Immunisations, vaccinations, reactions
- Allergies, intolerances
- Childhood illnesses, either minor but persistent, or major; episodes requiring medical supervision, hospitalisation, surgery, medication
- Major illnesses, accidents, genetic issues, hospitalisations, disabilities
- Past use of medications

Family history

- Major diseases, syndromes and level of vitality that affect family members
- Causes of mortality in the family
- Familial, hereditary, genetic issues

Lifestyle history

- Exercise, fitness, coordination, mobility, flexibility, strength, stamina, aerobic capacity
- Recreation, entertainment, rest, holidays
- Alcohol consumption, coffee/tea consumption, smoking, recreational drug use
- Daily exposure to toxins, pollutants, chemicals
- Education
- Work conditions (exposure to toxins; stress, injury)
- Home conditions
- Social, economic, financial and political conditions
- Health issues with class, race, religion or gender
- Travel
- Military service

Psychological history

- Life satisfaction; relationships; connectedness to friends, family, colleagues, community, society
- Reactions to stress, grief, trauma; coping mechanisms; resilience, vulnerability
- Moods, perceptions, sensitivities, motivation, will, intensity, personal characteristics, attachments, obsessions
- Attitudes, optimism
- Mental capacities, performance, confidence, procrastinations, decision-making ability
- Speech, gesture, posture, thinking, feeling, behaviour
- Creativity, arts, music, dance, theatre, hobbies, collecting
- Religion, spirituality, philosophy, self-discovery, ethics, purpose of existence, world view, meditation, revelation, prayer, metaphysics
- Spiritual and cultural issues in healthcare

Physiological systems

In each of these sections, if there are relevant symptoms to discuss, then follow the format as given regarding the presenting complaint, such as location, duration, onset, course, sensation and so forth:

- *general*: fatigue, pallor, fever, chills, sweats; proneness to infection; allergies, intolerances; weight, posture, build; age, stage of life; gender
- *gastrointestinal*: problems with mouth, gums, tongue, oesophagus, swallowing, reflux, eructation, stomach pain, gastritis, ulcers, bloating, fullness, appetite, nausea, vomiting, cramping, flatulence, stool (frequency, consistency, colour, odour, blood), haemorrhoids, fissures; infections (viral, bacterial, fungal, protozoal); polyps, tumours
- *hepatic-biliary*: jaundice, cirrhosis, gallstones, abnormal liver function tests, bile duct inflammation or obstruction, right shoulder or flank pain, ascites

- *respiratory*: pain; difficulty or obstruction in breathing; wheezing, shortness of breath; cough; sputum; smoking; asthma
- *head/neurological*: headaches, migraines, dizziness, fainting, epilepsy, head trauma, confusion, memory loss; eyes (vision, discharge, pain, redness, change in appearance of eye such as unequal pupils, cataracts, glaucoma)
- *ear, nose, throat*: pain, hearing problems, sense of smell, sense of taste, sinus, rhinitis, allergens, discharges, change in voice, gums, teeth, lips, tongue, tonsils, adenoids, mouth ulcers
- *cardiovascular*: chest pain; palpitations, arrhythmias; oedema; dyspnoea; blood pressure; cholesterol; anaemia; blood disorders; claudication; varicosities; circulation—cold hands/feet; bruising; bleeding
- *lymph nodes*: sore, swollen, infected
- *endocrine*: pituitary/hypothalamus; thyroid (hyper and hypo symptoms); thymus; pancreas (pancreatitis, diabetes, hypoglycaemia); adrenal (Addison's disease, fatigue, immune, oedema); ovary/testes
- *female*: breast—pain, tender, lumps, change in appearance, galactorrhoea; menses—menarche, hormonal contraceptives, frequency, duration, volume, colour, consistency, pain, premenstrual tension; libido, sexual function, pain, itch, discharge, infections, Pap smears, surgery, investigations, uterine, ovarian, fallopian, cervical, vaginal; polycystic ovarian syndrome, endometriosis; fertility, pregnancies, births; menopause, hot flushes, headaches, mood, vaginal dryness, weight gain
- *males*: infection, discharge, lesions, sexual dysfunction (libido, erection, ejaculation), pain, infertility, testes, prostate (benign prostate hyperplasia, prostatitis, cancer), varicocele, phimosis, balanitis
- *genitourinary*: frequency, volume, colour, odour, infections, blood, urgency, incontinence, pain (flank, suprapubic, urethral), rigors; dribbling, hesitancy; calculi; kidneys, ureters, bladder, urethra; abnormal urinary test results; renal effects on sodium, blood pressure, acid–base balance, fluid retention
- *peripheral neurological*: weakness, abnormal sensation, numbness, coordination, loco motor, paralysis, tremor
- *musculoskeletal*: bone deformities, ligament, tendon, muscle, joints, discs, inflammation, pain, swelling, redness, hot, cold, stiffness, crepitation, range of motion, functional loss
- *Skin, hair, nails*: rash, itch, eruption, discharge, flaking, erosive, pitting, peeling, lumps, cysts, change in colour, texture, shape; hair loss, dandruff.

In chronic, complex cases with multiple symptoms and pathologies it may take two or three sessions to get a complete and accurate history. As a novice practitioner gains more experience, all the details of complex cases can be gained in one to two sessions.

POSOLGY

Posology is the determination of the appropriate dosage of remedies for the patient. In general terms if a patient has good vitality they can handle the rigour of more remedies at higher doses and more aggressive treatment regimens of exercise and detoxification if required. For those patients with moderate vitality their treatment is modified with milder doses of tonics and supplements in an effort to strengthen vitality and prevent relapses occurring. Patients with weakened vitality are best administered treatments that

offer gentle relief of symptoms and the mildest of programs to support the affected systems. This is done through toning, building and adaptogenic remedies.

These general guidelines for dosages and range of remedies are modified by the *pace*, *intensity*, *location* and *natural history* of the illness. First, vary the treatment according to the pace of the symptoms. The dosage and range of remedies will vary according to the symptoms being slow and sluggish as compared with symptoms that are rapid in onset. Second, the intensity of the symptoms dictates that a higher dose is required for symptoms of a florid, aggressive nature with a potential for pathological sequelae. The naturopath may also have to factor in that some patients are particularly stressed by the symptoms and demand more urgent treatment programs than is necessarily required. Third, the location of the illness may change the posology because symptoms in the eye, for example, are more sensitive than in the heel of the foot. Fourth, treatments will vary according to the natural history of an illness where dosages change between the onset, middle and resolution of an illness.

SIGNPOSTS FOR RECOVERY

Patients always ask ‘When will I get better?’. Prognosis is the forecast of the course of a disease. With illnesses that are familiar, such as a head cold, it is relatively predictable how long it takes for symptoms to resolve with treatment. As a novice practitioner progresses through their career and experiences a wider range of patients, the ability to give an accurate prognosis of a variety of health problems improves. However, there are always instances when it is very difficult to predict how a patient’s illness will respond to treatment and over what period of time. In instances of difficulty with predicting how long a patient will take to recover it is better to approach the issue from another angle. That is, rather than trying to give the patient a definitive time frame of amelioration of the illness it is better to give estimations of what signposts or stages the patient is expected to experience and leave the issue of duration open-ended. This prevents the frustration a patient may experience when told they should be better by a certain date but they are not.

The first signpost for recovery is that the condition has stabilised and is no longer deteriorating. Second, the intensity of symptoms begins reducing. Third, the symptoms are no longer constant. Fourth, the symptoms no longer fluctuate. Fifth, there are longer periods of intermittence and, if they do return, the symptoms are milder and of shorter duration. And finally there is remission or cure. The patient is asked to watch for these stages as signs of improvement. Discuss with the patient the fact that it is often too difficult to give an exact time estimation as to how long each stage of recovery will take.

To assist in prognostic skills the following practice tips will be useful. For a known disease or syndrome there is excellent information in pathology texts and medical journals that indicates the natural history of a disease—that is, how a disease behaves and over what period of time. Second, check the naturopathic information from academic notes, texts, journals and seminars on the action of naturopathic remedies and how long these remedies take to reduce symptoms. Also enquire further from senior naturopathic colleagues, mentors and academic staff who can give information about how this disease normally behaves and how it responds to the proposed treatments. Third, having established a good knowledge of how the disease behaves and the efficacy of the treatments, make an assessment of the patient’s capabilities and compliance with following the treatment plan. This is where a holistic understanding of the patient’s vitality, preferences for modalities and personal circumstances will help in judging when the patient will improve.

CASE TAKING: THE RETURN VISIT

Novice practitioners can sometimes feel confusion as to what they are supposed to say or do in the return visit. For 'follow-up' of acute, minor cases, use the guidelines below. For follow-up of complex, chronic cases see the Case Taking: Advanced section opposite.

At the end of the first session

The return visit is made easier for novice practitioners if they get into the habit of making notes at the end of the initial visit as a reminder of what needs to be done at the next session. At the end of the 'first visit history form', make a box with the heading 'Follow-up'. In this box write down any items the practitioner promised the patient to look into. Also in this box write down the patient's symptoms to review in follow-up; for example, check temperature, mucus (colour, consistency), sneezing and fatigue to compare with the first session to gauge the treatment response. Also write in this box any other issues that the practitioner or the patient wants to explore in the second session because they did not get time in the first session.

What to do in the second session

Before the patient arrives the practitioner needs to re-familiarise themselves with the patient's case. This can include the patient's personal and social anecdotes of things that they were going to be doing during the week, such as family functions, outings with friends, work issues or relationship issues. To quickly re-establish rapport the practitioner can remind themselves of how the patient was feeling in the first session.

An important feature of the follow-up session is to review the patient's symptoms. This enables the practitioner to make comparisons of the patient's progress and to gauge the effectiveness of the treatment program. Make new notes on what changes have occurred in signs and symptoms since the previous visit. It may be necessary to repeat any physical examinations that were done in the first session, such as vitals. The practitioner needs to enquire how the patient managed with the remedies and lifestyle advice and check whether the patient has been taking the remedies in the manner prescribed.

If acute symptoms have resolved, then remind the patient about holistic, preventive measures to maintain good health to avoid the symptoms reoccurring. If acute symptoms have not resolved, then explore the reasons for this. Confirm that the original diagnosis and naturopathic understanding were correct. This may require referrals to other health professionals for further diagnostic assessment and testing. Check antecedents, triggers and mediators as discussed earlier. For example, the patient may still be under the same stresses at work, or their diet may need further support. Check materia medica selection and posology and that the patient knows how to take the remedies properly; check patient compliance or any difficulties with taking the remedies, managing the diet or following exercise programs. Check information on the expected prognosis and natural history of the condition. That is, how long does a particular condition normally take to clear up? For example, some sinus conditions take a few weeks to heal and there may be little change in the first week. Often the reason for lack of improvement is obvious and it is easy to make adjustments to the treatment program or support the patient with ways to achieve their health goals. At other times, there are cases that, even with the best intentions of the practitioner and the patient, are not responding very well. It is appropriate here to seek the patient's permission to discuss their case with colleagues or a mentor with experience in similar cases. It can happen that the practitioner needs to refer the patient to another modality that might

have more success with that particular condition. For example, with persistent back pain the patient can be referred to remedial massage, chiropractic, physiotherapy or osteopathy.

The second visit also allows the opportunity to discuss if there are any other different issues or symptoms not mentioned in the first visit. First, ask the patient if there are other concerns they have that they wish to talk about. This needs to be done every session. It may take some patients many repeated sessions to gain the trust to discuss sensitive issues like a past history of bulimia, sexual abuse or a worrisome ailment they feel embarrassed about. The practitioner can also initiate discussion on any issues that are apparent; for example, if the patient looks pale or jaundiced or their thyroid looks swollen, or has signs of body systems under stress that were not part of the initial discussions.

The second session allows completion of any further history that may have not been obtained in the first session or going into issues in more depth if that seems appropriate. At the end of the second session the practitioner always has to remember to draw up a 'Follow-up' box on the end of the history forms so they know what needs to be done in the third session. This needs to be done for every subsequent session.

CASE TAKING: ADVANCED

Getting the details of chronic complex cases requires careful attention. As previously stated getting these details could take a number of sessions for novice practitioners. The written data obtained need to be accurate, comprehensive and easily recoverable. The practitioner should be able to quickly find any data on any question from any session because all the data are put into specific locations in the history form.

The case history requires the patient's words verbatim if possible. However, this does not mean that every word is written in the order that the patient has said it. Patients tend to talk by random association where one thing reminds them of something else and will jump from topic to topic and back again. The skill is allowing this to occur to obtain rich information but also to do three other things simultaneously. The first is to write or type fluently key words or phrases while maintaining eye contact and rapport. The second is to write in such a way that the practitioner does not end up with line after line of the patient's words on a blank sheet in a disorganised fashion. After six or seven sessions there will be 10 to 20 pages of notes and it is very embarrassing when it takes five minutes to check some detail the patient has asked about. Instead, the history forms should have predefined sections where the patient's verbatim data can go. If the answers and details about, say, body systems are put in predefined sections on the history form under the heading 'Body systems', the information can be located in a matter of seconds. For example, information on coughing goes under 'Respiratory'; information on depression goes under 'Mind'. In later sessions when the practitioner wants to compare coughs or depressive symptoms the information is easy to find. Also, by following a format for history taking the practitioner can see the gaps in the history form. This then is a reminder to get the relevant information for those sections that have been missed. For example, there may be a blank space on the history form under 'Circulation' and this will prompt the practitioner to complete this part of the history.

Third, the art of patient interviews is to gauge when to gently direct or turn the patient's conversation towards information that the practitioner wishes to gain. If the practitioner is too directive the patient will learn only to briefly answer in a perfunctory way and to wait for the next question. This static style is quite mechanical and only emphasises to the patient that the practitioner's questions are more important than the patient's needs. This could stifle much rich information about the patient's personal

thoughts, symptoms and motivations that can be discovered by a spontaneous, free-flowing conversation. On the other hand, if the practitioner is too non-directive the patient may digress into sessions of repetitive minutiae on one symptom or random generalisations that do not articulate context or specificity; the conversation could be extended into blander areas to avoid enquiry into sensitive issues.

After taking a couple of sessions to obtain a complete case history a practitioner's subsequent sessions now involve tracking and reviewing symptoms and response to treatment. This can be done on a simple spreadsheet by asking specific questions in each category and recording it in a summary table (such as [Table 1.2](#)). Every month the practitioner checks these symptoms and adds or subtracts other symptoms that come and go.

Case study

John is an 84-year-old male. He is a very friendly and cheerful man of slim build and, considering the range of health issues he has, he is mobile and independent and pursues hobbies in music and literature. He has health issues with diabetes, asthma, insomnia, stress, headaches, elevated cholesterol, palpitations, skin rash, sinusitis, depression, reflux and diarrhoea. Other issues can come and go, and these are recorded in a similar fashion by adding more bottom rows ([Table 1.2](#)). All symptoms are chronic; some are constant, some fluctuate and some are intermittent.

Table 1.2

Case history summary table

Symptoms	February	March	April
Diabetes	Stable (6–7 on rising)	Same	
Asthma	Stable (same)	Same	
Insomnia	> 8/10; herbs good	> 9/10	
Stress	> 8/10; herbs good	Same	
Headache	> 4/10; occurs 2/7—mild	> 8/10	
Cholesterol	No data this month	Total 5.8; LDL 2.6; Tryg 2.6	
Palpitation	> 8/10 for magnesium	Same	
Skin rash	> 4/10—shrunk 1 cm	< 2/10; increased 2 cm; hot weather	
Sinusitis	> generally; but worse in last two days	Clear	
Depression	> 8/10 with herbs	All good	
Reflux	Same—still occurs after meals	Same	
Diarrhoea	Variable—no incontinence this month	Same	

This simple method keeps track of the patient's 12 or more symptoms and pathologies. Within each session the treatment program can be reviewed and adjusted to address the patient's changing circumstances. If clarification or comparison of the past history of the patient's symptoms is required it can be readily accessed in the written history form in good detail. Discussion can then be directed to what symptoms bother the patient the most and to jointly decide whether or not to treat particular symptoms, given that the patient in the case study above is already on multiple medications. Therefore the patient's wishes and values are respected and the patient feels secure in the knowledge that all his issues are being addressed in a holistic way.

KEY POINTS

- Time is needed for a thorough case taking, and this process evolves over several consultations.
- The case-taking skills of clinicians also evolve over time, culminating in the ability to perceptively assess the health of the client in less time, while accurately recording key information. The therapeutic connection is strongly maintained during this process.
- A clearly defined case-taking process is required, in addition to the confidential and secure maintenance of record keeping.

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