

Aruna Anil Vyara Pradesh Vikash Pratisthan

C.N. Kothari Homoeopathic Medical College & Research Centre

Kalidas Hospital

Tadkuva, Vyara Dist. Tapi

(Chronic Case Record)

Date _____

OPD. No _____

IPD. No. _____

Name of Patient _____

Age _____ **Years** **Sex-** Male/Female **Religion** _____ **Nationality** _____

Name of Father/Husband/Guardian _____

Marital Status- Single/Married/Widow(er)/Divorcee/Live in Relationship

Education- _____ **Occupation** _____ **Income per capita** _____

Family Size (Members Living together) _____

Diet – Veg. / Non – Veg / Mixed

Address _____

Mobile No. _____

Referred by - _____

Diagnosis _____ **Attending Physician:** _____

CASE SUMMARY:-

❖ Initial Presentation of Illness

| PATIENT'S NARRATION (in the very expressions used by him/her) | PHYSICIAN'S INTERROGATION (DETAILS REGARDING SYMPTOMS NARRATED) | PHYSICIAN'S OBSERVATION |
|---|---|-------------------------|
| | | |

- ❖ **Presenting Complaint(s)** (Conversion of patient's narration into symptoms chronologically with duration and intensity)

| Location & extension (includes tissues, organs, systems, Extension & spread, Duration & Frequency) | Sensation (includes pathology) | Modalities (includes < & >) | Concomitants, if any |
|--|--------------------------------|-----------------------------|----------------------|
| | | | |

❖ **Associated complaint(s)** (in chronological order with duration)

| Location & extension (includes tissues, organs, systems, Extension & spread, Duration & Frequency) | Sensation (includes pathology) | Modalities (includes < & >) | Concomitants, if any |
|--|--------------------------------|-----------------------------|----------------------|
| | | | |

- ❖ **History of Present Illness:** (Origin, duration and progress of each symptom in chronological order along with their mode of onset, probable cause (s), details of treatment and their outcome)

❖ **Past History**

| Disease/operations/injury etc. | Age/year in which occurred | Treatment taken | Outcome |
|--------------------------------|----------------------------|-----------------|---------|
| | | | |
| | | | |
| | | | |

❖ **Family History:**

| Relation | Alive/Dead (With age) (put 'v' mark for Alive and 'X' for Dead) | Illness suffered/suffering from | Probable cause of death |
|------------------------------------|---|---------------------------------------|----------------------------|
| Father | | | |
| Mother | | | |
| Brother (s)* | | | |
| Sisters (s)* | | | |
| Children | | | |
| Spouse | | | |
| Paternal | | | |
| Grandmother | | | |
| Grandfather | | | |
| Others, if any (blood relation) | | | |
| Maternal | | | |
| Grand mother | | | |
| Grandfather | | | |
| Other, if any (blood relation) | | | |

❖ **Personal History**

- Accommodation
- Economic Status
- Diet & food habits
- Habits & Addictions
- Hobbies
- Sexual History
- Vaccination/inoculation (reaction if any)
- History of treatment (Past & current results thereof)
- Life space investigations (as perceived by the interrogator/Physician)
 - Birth and early development
 - Behavior during childhood
 - Education
 - Adolescence & Psychosexual history
 - Occupational history
 - Marital history
 - Detail of Children
 - Geriatric history, if necessary
- Religious-socio-cultural-political history
- Travel history

❖ **Gynecological History (if applicable)**

- **Menarche**

Complaints related to Menarche, if any:

Last Menstrual Period:

Details of Menstrual cycle

| Cycle (Regular/ irregular/ and its duration) | Particulars of discharge | | | | | Complaints | | |
|--|---|--|-----------------------|-------|---------------------------|------------------|------------------|-----------------|
| | Quantity (normal/ profuse/ scanty) | Consistency (fluid/clotted/ partly fluid and clotted) | Colour & Stains | Odour | Charactera crid/bland) | Before menses | During menses | After menses |
| | | | | | | | | |

- **Changes in menstrual cycle**
 - Early years (first 3-4 years)
 - Before marriage
 - After marriage
 - After pregnancy (ies)
 - Recent
- **Climacteric**
 - Age of menopause
 - Complaints associated with menopause
 - Post-menopausal complaints
- **Abnormal discharge(s) per vagina and Leucorrhoea**

| Particulars of discharge | | | | Relation with menses | Modalities including precipitating factors | Concomitants |
|---------------------------|--------------------|-------|---------------------------|----------------------------|---|--------------|
| Quantity & consistency | Colour & Stains | Odour | Character (acid/bland) | | | |
| | | | | | | |

- **H/O gynecological surgeries:** Yes/No
If yes, states the reason
- **Contraceptive method** (used / using):
 - Change of contraceptive method (s) and if so, reasons-
 - Any complaint from use of contraceptive methods-

❖ **OBSTETRIC HISTORY** (if applicable)

• **Details of Pregnancies:**

- Total number of pregnancies
- How many abortions
- How many stillbirths
- How many live births
- How many early childhood deaths
- How many children presently surviving

• **Details of Deliveries**

| No. | Period of Pregnancy | Complaints during pregnancy/ treatment adopted | Date & nature of labor | Type of delivery (Home/Hospital / Normal/CS/ Forceps/episiotomy) | Nature of puerperium | Child | | | Lactation History |
|-----------------|---------------------|--|------------------------|--|----------------------|-----------|---------------|-------------------|-------------------|
| | | | | | | Birth wt. | Alive or dead | Cause(s) of death | |
| 1 st | | | | | | | | | |
| 2 nd | | | | | | | | | |

❖ **General Symptoms**

• **Physicals:**

| | |
|---|--|
| Appearance | |
| Appetite | |
| Thirst | |
| Taste | |
| Food (foods, drinks & others Ailments from Aggravation Amelioration Aversion Craving | |
| Stool | |
| Urine | |
| Sweat | |
| Sleep | |
| Dreams | |
| Thermal Reactions | |
| General modalities | |
| Tendencies/Recurrent complaints | |
| General Sensations, complaints and sides of the body | |

| | |
|---|--|
| Suppression of discharges and eruptions bad Effects of Radiation, Toxins, Inoculation and Vaccination, Sera, Steroids, Hormone Therapy, Antibiotics and Analgesics, etc | |
|---|--|

- **Mentals:**

- **Will**

- Will & Emotion including motivation**

- Cause
 - Modalities
 - State
 - Aversions and cravings (excluding for foods and drinks)

- **Understanding and Intellect**

- Cause
 - Modalities
 - State

- **Memory**

- Effects on behavior and functions**

PHYSICAL EXAMINATIONS

❖ General Examinations

- Conscious / Unconscious _____
- General appearance (Expression, look, decubitus etc.) _____
- General built and nutrition _____
- Height _____ cm, Weight _____ kg & BMI _____
- Anemia _____ Jaundice _____ Cyanosis _____ Oedema _____
- Skin (Pigmentation, Hair distribution, Warts etc. _____)
- Nails _____
- Gait _____
- Lymphadenopathy (cervical, axillary, inguinal etc.) _____
- Blood Pressure _____ mm of Hg Pulse _____ Temperature _____
- Respiration rate _____ / min.
- Others: _____

❖ **Systemic Examination (CNS, CVS, RS, LOCOMOTOR, GIS, GUS)**

❖ **Regional Examination**

The physician may examine from scalp to foot, to observe any finding that patient had forgotten to inform like warts, moles, abnormal growth of hair etc.

LABORATORY INVESTIGATIONS & FINDINGS AND SPECIAL INVESTIGATIONS

PROVISIONAL DIAGNOSIS

DIFFERENTIAL DIAGNOSIS

DATA PROCESSING

❖ **Analysis of Case**

- Classification of Symptoms
- Evaluation of Symptoms

❖ **Miasmatic Analysis**

| | Psora | Sycosis | Syphilis | Pseudo Psora / Tubercular |
|----------------|-------|---------|----------|------------------------------|
| Family History | | | | |
| Past History | | | | |
| Mind | | | | |
| Body | | | | |

Miasmatic Diagnosis

❖ Totality of Symptoms

SELECTION OF MEDICINE

❖ Non – Repertorial approach

❖ Repertorial approach

- Selection of appropriate repertory
- Selection of symptoms for repertorization
- Conversion of symptoms into corresponding rubrics for repertorization
- Repertorization proper
- Analysis of repertorial result

SELECTION OF POTENCY AND DOSAGE

PRESCRIPTION

GENERAL MANAGEMENT INCLUDING AUXILIARY MEASURES

FOLLOW UP

| Date | Change in symptomatology | Further advice (regarding prescription including justification, general management, investigations etc.) |
|-------------|---------------------------------|---|
| | | |
| | | |
| | | |