Jonathan Shore
Remedy Action and Second Prescription - Live Cases

Reading excerpt

Remedy Action and Second Prescription - Live Cases
of Jonathan Shore
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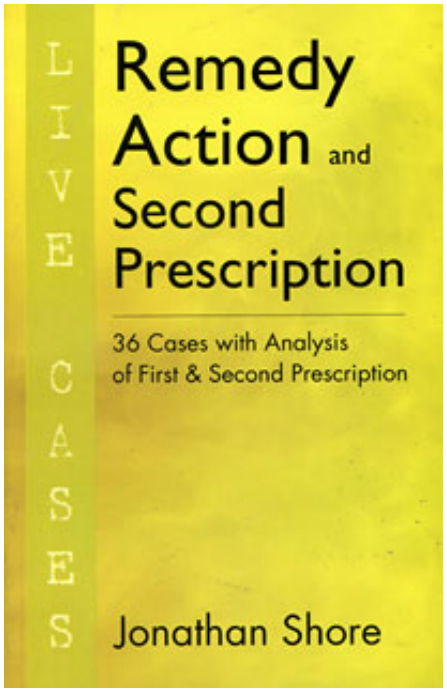

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EVALUATION AND SECOND PRESCRIPTION

EVALUATION OF THE REMEDY ACTION AND SECOND PRESCRIPTION

EVALUATION OF THE FIRST PRESCRIPTION

Clear response.

Prolonged wait till clear action, no remedy disruption.

Antidote, give same remedy.

Relapse, give same remedy.

Incurable.

Inactive remedy.

PSEUDO SECOND PRESCRIPTION

SECOND PRESCRIPTION:

Apparent relapse but needs new remedy.

Clear case for next remedy.

Not so clear case for next remedy.

Next remedy comes soon.

Next remedy after a long wait.

Complementary remedy.

Back to earlier remedy.

Prescribing too soon.

CASE - TAKING

PROCESS OF THE INTERVIEW

PHASE 1

Section A

The first impression

Non descript type.

Defined type.

Types defined by build or by manner

Build: includes general body type, special structural features;

for instance big head, skinny neck; physiognomy.

Manner: restless, loquacious, fastidious etc.,

the "feel" of the person.

Section B

Look at family history.

Chief Complaint

May be specific or non specific.

Follow the modalities until the possibilities are exhausted.

Try to identify the 'real' centre of gravity of the pathology.

Physical, mental or emotional.

Does your perception of this correspond to the patient's?

Section C

From here on may you elect to either go deeper or stay superficial.

This decision is based upon the openness and degree of rapport with the patient, their level of introspection and self-knowledge, and the presence or absence of an emotional component to the pathology.

In many cases this moment of entry is indicated by the patient, in that they provide an opening for deeper questioning.

Others are more closed, more suspicious and need longer to develop a rapport.

The essential activity of this phase is the gathering of information and the struggle to remain open to all possibilities even though the remedy image may seem clear.

PHASE 2

EXPLORING OF THE OPTIONS

Here we enter into the realm of comparative materia medica. This has occurred in a preliminary way in 1 B above, but now the investigation becomes more serious.

SECTION A

1. Examine the essence.

Flushing out of the psychological picture and the highlighting of contradictions.

Identify the dominant mode i.e. anger, anxiety, sadness, grief, fear, egotism, sex and so on.

Identify secondary characteristics i.e. dominant mode is grief qualified by anger, anxiety and so on.

2, Refine the understanding of the main threads of the personality through the understanding of comparative materia medica.

SECTION B

Back off and collect routine data on temperature, foods, sleep, sex, menses and so on.

The relationship between 2 A and 2 B is a dynamic process in which the main thrust is one of pattern recognition.

The psychological factors must be balanced against physical / metabolic data.

The outcome of this activity is phase 3.

PHASE 3

This is the phase of SYNTHESIS and CONFIRMATION

PHASE 4

CASE-ANALYSIS

This is not strictly a part of case-taking itself, but a mental activity which forms the backdrop for all the phases.

TYPES OF QUESTION

A CONFIRMATORY AND INVESTIGATIVE

These may fall into 2 main groups:

1 Broad

2 Narrow

Narrow may be broken into direct, opposite and exaggerated.

B THE SETTING OF SCENARIOS MODES OF BEING

1. Advancing
2. a Establishing rapport
3. b Opening the emotions
4. c Being firm

2. Confrontation d Revealing

contradictions e Negation "I

don't believe you" 3 Retreating

a Backing away from the emotions b

Going inside oneself Going inside

oneself has 2 modes:

1 Who is this person.

2 What am I feeling, what effect is he having on me.

CASE-ANALYSIS

ESSENCE

TOTALITY

KEYNOTE

These are the elements involved in basic case-analysis strategy. The majority of cases will be resolved through a combination of one or another of these factors.

		Keynote
Essence	Totality +	
Essence + Essence	Totality	
Essence + Essence	Keynote	
Totality + Totality	Keynote	

There are a number of additional strategies (see Roger Morrison 1987).

A few of the main ones are:

Reliable Symptoms Main

Pathology Combination of

Keynotes

JONATHAN SHORE

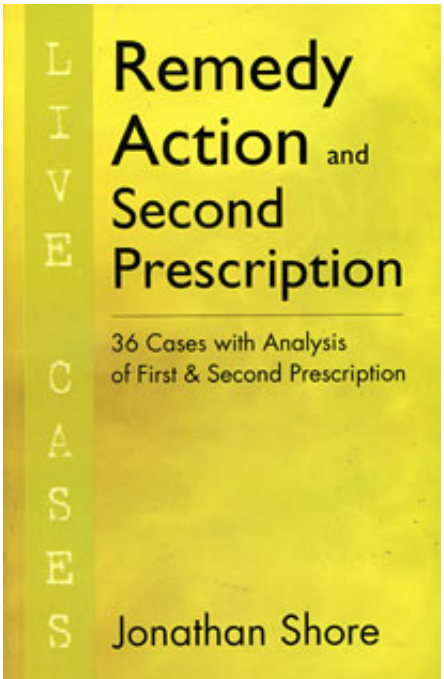
JS-. The main theme of this seminar is the evaluation of the action of the remedy and the second prescription. The idea that I wanted to bring this time is a certain way of trying to think about the case, so that you have some idea of the prognosis.

I read something very interesting once by Hippocrates, who said it is very important for the doctor to be able to make a prognosis. His definition of prognosis was that you could tell the patient what was going to happen. And if you tell the patient what is going to happen and that thing happens, it immediately opens them much more to you and your healing energy. For all people, for some more than others, it is very important that they feel that you know what is going on. So even if you don't know what is going on, you have to sometimes pretend, because if they realize that you don't know, it becomes a very difficult thing. You will see in some of the videos which I have, how in the moment when I realize what the remedy is, the case changes. And the information that starts to come out, is exactly the information which confirms the remedy, over and over again. I don't know if you remember the little Ignatia girl (see video 13, Jonathan Shore 1990, The Netherlands) with the blond hair, and how there came a point where we understood each other, she understood that I knew what was going on inside of her; it changes things.

So the prognosis is, to know what is going to happen with this patient. Now of course it is almost impossible, but because it is almost impossible, doesn't mean that we don't try. Through trying we refine our perceptions. I mean, we have some idea and we think: "What is going to happen? What do 1 expect to happen?" And then if it doesn't happen we have this question: "Where was

my expectation incorrect, how did I look at the case that it didn't work out this way." Or if it does happen that way, then you understand some more information and slowly, slowly, over the years you gather a sort of clarity about the case and about your prescribing and this is very important when you have to give the next remedy. We are not talking now about cases where we give the remedy and they come back and say: "I'm better!" and two years later they are still better - here it is not important.

This prognosis in a way becomes important in deeper cases, cases which are sick, cases which are going to need more than one remedy, cases which have been to many practitioners. And so they are coming to you and they are thinking: "Oh, even this one won't be able to do anything." And then you look at the case and you see they are going to have bad vaginitis after the remedy, bad cystitis after the remedy; you know something like this is going to come and so you tell them. You say: "When the vaginitis comes, don't do anything." And sure enough, if you are lucky, at some point the vaginitis comes and they think themselves: "Hey, that person really knows what he is talking about." And then they can stand that discomfort much better. So there is some point in being able to make a prognosis.



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