



DR. M. L. DHAWALE MEMORIAL  
HOMOEOPATHIC INSTITUTE

## ICR National Symposium

### Mind & Materia Medica: Psychological Dimensions in Clinical Practice

#### Background & General Reference Material

#### Which Forms do the Case Directives use?

##### Case 1 – MKP

1. Clinical Diagnosis through SFF
2. T-F-C-A-R Model

##### Case 2 – Latha

1. C-C-A (Cognition-Conation-Affect) Structure
2. Life-Space Table
3. Mental State SCR
4. T-F-C-A-R Model
5. EET (Essential Evolutionary Totality)
6. Comprehensive TPDTPR (Therapeutic Problem Definition & Therapeutic Problem Resolution)

##### Case 3 – Vivek / Bhavik

1. T-F-C-A-R Model

##### Case 4 – GMP

1. T-F-C-A-R Model
2. RS / PDF (Repertorial Syndrome / Potential Differential Field)

##### Case 5 – Rajesh

1. T-F-C-A-R Model

##### Case 6 – Sayvad / ARK

Nil

##### Case 7 – BSJ

1. Life-Space Table
2. Mental State SCR
3. T-F-C-A-R Model

### **Case 8 – Akshata / Bhavik**

1. Life-Space Table
2. Mental State SCR
3. T-F-C-A-R Model
4. EET (Essential Evolutionary Totality)

### **Case 9 – Savvad / ARK**

1. Mental State SCR
2. T-F-C-A-R Model
3. EET (Essential Evolutionary Totality)

## **INTRODUCTION**

A number of forms and concepts have been used in the directives for the cases. We have attempted here to give a brief introduction to these. We have also added references to our literature where you will find a detailed discussion of these along with, often, illustrations. We hope that this will enable you to apply to the directives with greater ease.

## **GLOSSARY**

### **1. Clinical Diagnosis through SFF (Case 1)**

SSFT: Structure - Form - Function - Time-

This model of representing a patient's complaints is based on the following points –

- A. Form is what is most easily seen. This comprises of the complaints and expressions in the form of symptoms that the patient or the prover may report with. These symptoms are, most of the time, first indications of a derailed and disturbed system. They are either a part of the disease expression or characteristic expressions of an individual disposition. The function draws the form from the structure. Forms are most easily seen. They come up in response to the needs of function.
- B. Function: Forms come up in response to the needs of the function. The disturbance of function leads to the form. This includes the functioning of the cells, tissues, organs and the individual as a whole that have deviated from the normal functioning. The disordered function can be measured through appropriate investigations (Blood sugar, blood pressure, Pulmonary function tests and the like) and constitutes an important base for diagnostic and prognostic evaluation.
- C. Structure is the base for expression of functioning through form. For example, the structure of the eyes has developed for the function of seeing. When we develop conjunctivitis there is an inflammation in the conjunctiva (form) which prevents the eyes from their function of seeing, thus making the structure to function not adequately.
- D. Time: is the central modality where all this, as well as the restoration to health, takes place. Time thus influences everything.

Please refer to pages 268 – 270 of the I.C.R. Operational Manual under the section on Structure-Form-Function-Time for illustration of this concept in a case.

## **2. T-F-C-A-R Model (Cases 1 to 5)**

This model, a distillate of Dr. M. L. Dhawale's clinical observations and thinking, is borne out again and again in clinical practice. We have found it to be a central model representing Life itself!

T (Thoughts) and Feelings (F) are vectors (Forces with direction) in the mind. So thoughts and feelings exert a pull from within our mind. Together, they determine the quality of one's commitment to a task. Commitment leads to action (A), which leads to results (R). The result acts as a feedback about the original complexes of Thoughts - Feelings and Commitment - Action. When T & F pull together in one direction, they allow a person to be committed (C), action (A) is performed well, leading to good results (R). When these forces are not aligned, the commitment wavers, the action is weak, and the results are not happy. Feedback is educative and we can correct ourselves to take the right action.

This model thus guides a physician to reach to the required depth and also ensure a subtleness in enquiry. The same model helps to match such imbalanced persons with living Materia Medica (like cures like) and thus helps the diseased to achieve the state of balance and optimal functioning. Homoeopathy thus has the potential to influence the vectors of T and F to bring them into a greater alignment with the larger purpose.

Please refer to the book *Foundations of Homoeopathy & Homoeopathy* for further discussion and for case illustrations presented in this model.

## **3. Cognition – Conation – Affect (CCA) Structure**

CCA: stands for Cognition (Thinking) , Conation (Behavior) & Affect (Feeling). These are basic psychological processes. The purpose of the tool is to categorize mental symptoms into three main components of the mind (C-C-A). In cases with psychiatric dimension, this categorization helps us to arrive at the clinical diagnosis.

Cognition: It includes faculties of perception, reasoning, intuition or knowledge. It gives indications on how we perceive, remember, think, speak & solve problems, either fresh thinking or utilizing past solutions and symbols. The patient's cognitive processes, thus offer a physician a rich insight in to his mind.

Conation: is behavior in action. It can come up as a spontaneous or impulsive action or can be a result of a striving or directed effort. It includes anything that a person does that can be observed in some way as expressed through behavior or motor activity. E.g., restlessness, laughter, weeping, striking, hand gestures, etc.

Affect: Refers to all feelings and emotions, feelings being more temporary while emotions are more long-lasting. Usually these are in response to an environmental trigger or event - past, present or anticipated. Affect may be strongly influenced by belief systems (social, cultural, religious, etc.) and thus can help us to reach to a patient's belief systems which may be influencing the illness.

Please refer to the book *I.C.R. Operational Manual*, pages 271 - 273 for further discussion and for case illustrations presented in this model.

4. **Life-Space Table (LST) –**

The physician attempting to analyse the life space is bringing together information from various areas of the life of the patient which are given in the life space account. The objective is to analyse the data in a way which will help the physician to understand the individual’s functioning in events on certain dimensions (see the table below). Hence the physician is clearly establishing the links / connections within any event (cross-sectional study) and across multiple events over a period of time (Longitudinal study)

In order to do the above, the physician would need to rely on some standards which are influenced by his own values / subjectivities / perceptions. Hence the physician doing the Life-Space analysis often has a dual task - that of understanding the patient and of spotting the subjectivity of the physician who has written the life space.

For each event, the analysis is done in the following columns while maintaining the chronology of the significant events in the individual’s life in a vertical manner.

Sr no	Event Key word	Onset	Duration	Life space investigation	Characteristic expression	Precipitating factors	Attributes	Interpretation

Please refer to page no.s 274 – 275 of the *I.C.R. Operational Manual* for a case illustration of the LST

5. **Mental State SCR -**The SCR (Standardized Case Record) records the entire case of the patient in a very standardized manner, starting with the chief complaints, going through complete case recording, further analyzing the data and coming to the correct remedy, and ending with the record and analysis of follow-up data so that progress towards cure is maintained. The mental state of a patient is very important in Homoeopathy. So a section is devoted to recording and analyzing the mental symptoms as well as the mental state behind the symptoms.

The Mental State is given briefly in the *I.C.R. Operational Manual* pages 201 – 208. The Glossary section in the same book (pages 231 – 253) explains many of the terms used in the Mental State.

6. **EET (Essential Evolutionary Totality)**

Essential – Absolutely basic elements or fundamental things

Evolutionary – The processes of gradual and usually orderly progressive development

Totality – the whole phenomenon

It is an integrated, synthetic and evolutionary representation of the most important and necessary elements of the patient with the evolution or progress of his life. This totality

represents the whole life from birth till today. In other words, the EET represents the essential attributes and their pattern of organization from the evolutionary standpoint.

For a detailed discussion of the EET and its construction please refer to pages 107 – 111 of the *I.C.R. Operational Manual*. For an illustration of the EET of a patient please refer to page A.33 of the *Perceiving I*.

#### **7. Comprehensive TPD-TPR (Therapeutic Problem Definition & Therapeutic Problem Resolution)**

At the end of case processing through the pages of the SCR, and before the actual action is released, the physician puts down his problem definition in terms of therapy, and the outcome he expects from it. It is expected that this list will be updated as one negotiates the successive stages of the spectrum of the clinical problems of the patient.

For a detailed discussion the TPD & the TPR please refer to pages 123 – 125 of the *I.C.R. Operational Manual*.

#### **8.RS / PDF (Repertorial Syndrome / Potential Differential Field)**

The RS and the PDF are derived from the Conceptual Image constructed for the case.

The RS comprises of the generals of the case which you are utilizing for repertorization.

The PDF can be defined as CI *minus* RS. This indicates that it will comprise of characteristic symptoms from the CI. The final remedy will have to cover the PDF.

These terms have been extensively elaborated in the ICR literature. Please refer to the following – 1. Plate 24 from the Atlas, *the ICR Symposium Volume on Hahnemannian Totality*

And 2. Pages 111 – 115 of the *I.C.R. Operational Manual*.