

ANALYSIS AND EVALUATION OF SYMPTOMS

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Next in importance to case taking, or even greater than that, is the proper evaluation and interpretation of symptoms. Case taking merely affords us a mass of data, some useful and some useless, both from the diagnostic and the therapeutic point of view, out of which must emerge the symptom totality, which will lead us to the indicated remedy—the similimum.

Classification of the symptoms into useful and useless or into symptoms of diagnostic and therapeutic significance is called analysis. When we are concerned with homœopathic therapeutics, we notice that the more a symptom is important from the diagnostic angle the less it seems to have value for selection of the drug. At the most the diagnostic symptoms may only help us in choosing a particular drug out of a group. So we notice that when we approach a case clinically we are able to diagnose a case and then when we want to select the drug, we have got to put a stop to the clinical line of thought and proceed to study the non-pathognomonic or individualising symptoms.

It is a very peculiar thing in homœopathy that an apparently insignificant symptom, insignificant to the patient or to the orthodox physician, may be to us the strongest pointer to the correct remedy. The patient might omit to tell us the symptom or might mention it in a most casual manner and yet, it may prove to be a very important symptom.

A golden rule in the evaluation of symptoms is that the more peculiar, strange or rare a symptom, the more important it is. This has been emphasised by Hahnemann himself in para 153 of the *Organon* and it is the opinion of many learned homœopaths that this is the most important teaching of Hahnemann. This strangeness or peculiarity of the symptom may be exhibited in several ways but its importance is undiminished.

The strangeness may be in the sensation itself, e.g. "sensation as if he had no head" (Asar) or it may be in the location e.g. "symmetrically-bilateral eruptions" (Arn) or it may be in the modality e.g. "pain < by slight pressure but > by hard pressure" (Lach) "Burning pain > hot application" (Ars) or it may be in the causation for e.g. "convulsions from anger" (Cham) or "complaints from sea-bathing" (Mag. mur) or it may be in extension for e.g. "pain spreading diagonally" (Agar) or it may be in the onset "pain appearing and disappearing suddenly" (Bell) or the peculiarity may be in the associating circumstances e.g. "sleeplessness although sleepy" (Pul) "thirstlessness although mouth is dry" (Nux-m) or it may be in the peculiar association of the symptoms i.e. the concomitant symptom for e.g. polyuria with headache (Gels).

It can be thus seen that there are such thousands of strange symptoms scattered all over the materia medica and repertory and very often these are the symptoms that give valuable clues to the indicated remedy.

Symptoms can be mainly classified into pathognomonic and non-pathognomonic ones. The pathognomonic symptoms are those that are usually associated with the disease in question and often form part of the diagnostic or clinical picture; as mentioned above, they have less value for purposes of prescription.

The non-pathognomonic symptoms are those that are found in that particular patient forming part of the disease picture but falling outside the classical clinical picture. Even though they may not form part of the diagnostic picture and may be brushed aside as of no consequence by the orthodox practitioners, we as homœopaths give them the highest importance because they reflect the individual reactions of the patient and to that extent help us to individualise his case. These usually fall under the group of strange, rare and peculiar symptoms and often almost exclusively decide the prescription.

Of course the totality of the symptoms alone will lead to the choice of the remedy but within this totality, the individualising characteristic symptoms outrank and overrule the diagnostic symptoms.

We shall now discuss the value of different kinds of symptoms but whatever may be said about each, the over-ruling consideration will always apply that the more strange the symptom, the more value it has.

The prescriber, before evaluating, would do well to make sure that the case has been well taken, that all the facts have been completely and accurately recorded, that the symptoms so recorded form a part of the disease picture and that they are sufficiently marked in intensity. Otherwise, any defects in the case recording will be transferred to the repertorisation and the results vitiated.

Among all the symptoms, the peculiar or characteristic symptoms outrank all the other symptoms; the more peculiar the symptoms, i.e. the more remote and unrelated the symptom is to the case and the more inexplicable it is, especially from the point of view of diagnosis and pathology, the higher its merit.

Where definitely available, the causation (emotional, physical, chemical, mechanical etc.) or origin of the disorder is taken to be of primary importance.

Next in order come the general and the mental symptoms. A general symptom refers to the person as a whole or to a particular sensation or modality referable to different parts of the body. The more general the symptoms taken, the better the chances of getting at the proper remedy.

The mental symptoms are important and rank very high if they are marked and strange. Changes of the will and emotion come first, then the intellect and lastly the memory. The mental symptoms, provided they are clearly marked and are strange, are extremely valuable. Mental symptoms which are of a mild nature e.g. a slight irritability, or those which can be accounted for by the circumstances e.g. fear in a lady or a child when alone in the dark, are not to be much valued. A very large number of patients, however, will on careful questioning reveal some psychological element in their suffering, either as an addition or even as a causation and those should rank very high.

The intelligent physician in many cases will be able to

trace the illness to some cause, source, or origin, though this may not be apparent at first.

Among the components of the symptoms, the modality is of a higher rank than the sensation and the sensation ranks higher than the location. Modalities include the reaction of the patient or his parts to various influences such as weather, season, temperature, open air, motion, rest, position, pressure, sleep, food and drink, company etc. Sensations include all symptoms, felt or observed, locally or generally, such as burning, discolouration, swelling etc.

The particular symptoms are important to the extent they are peculiar. Among the particulars, the desires and aversions of the patient and in women symptoms of the menstrual states have some precedence.*

A remedy which covers the outstanding characteristic features of a case, however, few they may be in number, is more likely to be the simillimum than the remedy which merely covers numerous common symptoms.

Notwithstanding what has been said above, the peculiarity of a symptom adds to its value. A peculiar particular is more important than a common general and a peculiar general outranks a common mental symptom.

While subjective sensations are useful because they belong to the sphere of consciousness, objective symptoms have the advantage of being more reliable since the examining physician is able to observe or verify them by his senses. Objective symptoms are especially valuable in cases where subjective symptoms cannot be obtained or relied upon such as those in unconscious, insane or imbecile patients and in children and animals.

* According to most authorities, desires, aversions and menstruation belong to the category of general symptoms. We also have the same view. Desire or aversion with respect to any item of food or drink does not refer to tongue or stomach, but to the whole person. Similarly menstruation is not a function of the uterus alone, but also of the whole endocrine system and for that matter the whole woman. Particular symptoms refer to different organs or localities, e.g.—Heart, lungs, stomach, uterus, etc. or limbs, joints, nerves etc.—J.N.K.

Pathological symptoms have usually a very low rank because such symptoms have not been evoked much in the provings. But when we come across pathological generals such as tendency to warts, tendency to bleed, etc., such reflect the trend of the organism and are therefore to be considered.

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(d) Law is strictly imposed to bar any sort of professional or ethical irregularity in the Homœopathic Society.

We hope that, our popular Government, as well as its representatives to the Legislative House, will take this into serious consideration, so that they can best discharge their responsibility to the people.

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