

## THE VALUE OF OLD SYMPTOMS\*

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When the Little Prince said goodbye to the Fox the latter told him a secret. "The most important thing," he confided, "is invisible to the eyes. Men have forgotten this truth."

That is a fact. If men have not exactly forgotten this truth, many of them accept it more than they really know it. And yet, is there any domain of human activity, religious, philosophical, or scientific, that is not concerned with investigating the invisible?

Medicine, which is the study and the science of man, is no exception to this rule. How many times haven't we heard it said that the most important thing about man is not what one finds in his coffin! Because if we study living man in his illnesses and in his physiological balance, it is life itself which concerns us, and not the passing form which it borrows in order to manifest itself. In that invisible side of things which escapes all our efforts to understand it, the philosopher seeks the causes of all concrete, material, tangible manifestation; the mystic sees it as the seat of the soul; the doctor, who may be scientifically, mystically, or philosophically inclined, seeks in the invisible that which is infinitely small, vibrations of the vital force, emotions and thoughts.

More than any other medical doctrine Homeopathy pursues this study, this search after the invisible in human beings. In the profusion of modern medical doctrines which only recognize manifestations of life that are accessible to the sensory organs of the observer, only Homeopathy has established its foundations on principles and laws, feeling that these non-visible phenomena are in essence nearer to truth than the simple data of the sensory-world. Perhaps we may accept this statement in theory without fully realizing all its implications. Although we all agree in proclaiming the fundamental errors on which the medical theories of the official school are founded, we are nevertheless not above using their terminology and their classification of diseases. How can Homeopathy, which claims to be an exact medical science, fit into artificial structures of disease classifications; how can it use a vocabulary which was designed to describe disease entities and other concepts which we all recognize to be false?

Since it was discovered and formulated by Hahnemann, Homeopathy has been proclaiming that the mission of the physician is to study the patient and not the illness. It tells us to cure the patient and to base our medical prescription on his symptoms, and not only on pathological results. Can we possibly be in agreement with these principle if we think in terms of parti-

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cular remedies that correspond to such and such a nosological entity described by the official school?

On the one hand we categorically state that the human being bears within him from birth that seed of imbalance which will take him through the gates of death after an evolution of variable length; and in our practice we prove every day that the single remedy which corresponds to the patient in the totality of his symptoms will help him for the rest of his life to negotiate all the trials of health which he may meet: one being, one patient, one remedy.

And on the other hand we try to cut this individual into slices—when the meaning of that word, if nothing else, should tell us that he cannot be so divided. Exactly like the allopaths we study the child, the adolescent, the adult, and the aged, using a three-dimensional system of reference which even our materialistic science of today has long since discarded!

During his evolution in space and time the human being is objectified by a series of manifestations which all have their roots in the depths of his most secret being. When the outer manifestations disappear these roots continue to live, just as much as before. Appearances are no longer there, but the essential reality remains the same. And Hering's Law, which states that old symptoms return during a cure as a patient retraces in the opposite direction all the steps along which his illness progressed, shows us how much these roots have remained alive and are ready to repeat old pathological manifestations which one thought were forever extinguished.

Now if that which is invisible is the most important factor in a human being, where are we to look for it, what tracks must we follow towards it? Since we have to work as doctors we must speak the language of symptoms and limit ourselves to seeking those manifestations which are useful in prescribing the remedy. First of all, we must distinguish several degrees which lead progressively to the most tangible and material manifestations. They are as follows:

- (1) The pathological symptoms that the patient *has never presented*, and which are not directly his. We will have to pass over this question rapidly but it deserves a long development.
- (2) The pathological symptoms that the patient *presented in the past* but no longer presents today. This is the chapter which will be the object of this study.
- (3) *Present* pathological symptoms—physical, emotional, and intellectual symptoms. This section is sufficiently well-known and we will not concern ourselves with it here.

#### **I. The symptoms which the patient has never presented**

The manifestations which most escape our efforts to understand them, pathological symptoms which seem most deeply imbedded in the intimate life of our patient, are without any doubt those symptoms which he never

had himself, those which existed even before he was conceived and which nevertheless have profoundly left their mark on him. We are speaking of hereditary tendencies, deep morbid impregnations of forebears. And we have all proved to ourselves in our practice that prescribing a nosode—Tuberculinum, for example,—simply because there has been some tuberculosis in the family, can prove to be extremely beneficial to our patient.

We also know that hereditary symptoms generally cross over, so that those of the father can help us to find the remedy of his daughter; for boys it can be good to know the symptoms and the remedy of their mother. Is there any greater mystery than these bonds which invisibly unite successive generations?

There is a great deal one could say about this aspect of homeopathic medicine. One could also write at length about the symptoms that the mother may have presented during her pregnancy—for instance, emotions which may have shaken her so much that they left a deep pathological imprint on her child, and could therefore indicate the saving remedy to restore the balance of his health. In the same way we must take into account any therapeutic influences which she may have been subjected to. For instance, there are hormonal treatments which are more and more common and are used to terminate pregnancies that are in any way threatened. Such treatments are also used preventively for women who have a tendency to abort. We must also note any irradiation which may have been suffered by the foetus in utero when the mother underwent abdominal radiography: we know for a fact that the incidence of leukemia is twice as high in these infants. We have to unearth all these things as much as we can, not merely because they are interesting to speculate about, but because they throw light on the means of cure.

## II. Old symptoms

We do not wish to dwell upon the preceding matters, but simply to insist that it is necessary to seek out, study, and evaluate *all the symptoms* of an adult, and particularly those which he had at the beginning of his life. Of course it is true that present symptoms are most frequently the ones which lead us to the right remedy. But the simillimum remedy exists throughout the life of the patient, and in certain cases it is the study of his old symptoms which can help us find it.

### ETIOLOGICAL SYMPTOMS

We will mention first of all the etiological symptoms, that is the totality of outer influence which may have been determining factors in a health crisis. These are the symptoms which Hahnemann mentions in paragraph 93 of his *Organon*.

The most simple case, and the one we find most often, is that of an old infection which deeply marked the patient's organism. There are cases of

measles, mumps, whooping cough and scarlet fever which developed later into real chronic sicknesses, as Hahnemann defines them in paragraph 73 of the *Organon*. And even if these developments seem through the years to have diminished to the point of disappearance, it remains true that our patient presented a disturbance which left a deep imprint on him. We are often surprised to find patients who have obstinate symptoms many years after such illnesses—symptoms that refuse to respond to well-chosen remedies—but instantly recover as soon as we prescribe the correct nosode. After one dose of the 200th potency the constitutional remedy which didn't act before can play its role. If the nosode gives a very good result it will be a good idea to repeat the dose at intervals until its action has ceased and there is no more result. One should read the masterly pages written by Margaret Tyler on this subject, in a chapter devoted to Morbillinum in her *Homeopathic Drug Pictures*:

Yesterday two out-patients appeared opportunely to emphasize the above last words. For each the prescription had been *Streptococcinum*, and the report was

"No better, worse!"

"In what way?"

"I've been having pains again in my fingers."

"But how are you yourself?"

"Oh, I'm better! My heart" (in the one case)

"my stomach" (in the other) "is much better."

It is well to ask *in what way are you worse?* because here the Homeopathic Philosophy comes in. "*Parts worse yet patient better*" or again, the *direction of cure "from within, out,"* demand always that we keep our hands off, and give the patient a chance.

Etiological symptoms are a very vast field and include such things as the results of vaccinations. Since Burnett's wonderful writing on the indications of Thuya for the results of vaccination, we often use this remedy successfully many long years after the initial vaccination.

In the same way a former traumatism or a series of traumatisms can be an etiological symptom justifying the use of *Cicuta*, *Arnica*, *Natrum sulfuricum*, or other remedies. Our homeopathic repertories are very rich in indications on this subject, and the locality of a traumatism, or the results it leaves behind it, correspond to different remedies. That is why we would be wrong to neglect these indications.

We must also look for etiological factors of an *emotional order*—the results of fear, sadness, jealousy, anger, or indignation . . . for which we have a rich spectrum of remedies.

Looking for the etiological factor can be very rewarding, yet we must always remember that the etiological factor we are looking for is not the real cause of our patient's trouble. In reality it is only the opportunity which the patient uses to reveal to us his initial disorder which, deeply hidden, existed

before any exterior etiological factor triggered it off—his own inborn predisposition.

In his *Aphorisms and Precepts* Kent says, "Susceptibility is prior to all contagion. If an individual is not susceptible to smallpox he cannot take it and will not receive it though he goes near the worst cases or eats a smallpox crust."

What Kent says about smallpox can also be said about a traumatic shock, or any emotional shock. The original indiosyncrasy is really the trouble throughout life and will express itself by various pathological manifestations. One can find its exact image in the symptoms which it exteriorizes throughout life, and particularly in the first years of life. Of course it is true that other manifestations appear later on, and analyzing them will lead us to the right remedy which is the same as the remedy indicated by the symptoms in youth. But there are cases where the analysis of present symptoms in an adult does not succeed in leading us to a clear image of the remedy, and sometimes in these cases old symptoms which are more precise will make it possible for us to find the simillimum.

#### CASE HISTORY NO. 1

Madame Camille C., 68, came for a consultation in June 1960 with glossitis and gingivitis which had troubled her for the last four years intermittently. She complained especially of the left side of her tongue, which was purple and looked varnished and had stabbing pains. The present aggravation had been going on for more than a month. She also had stitches in the left lower side of her gums when she ate and sometimes when she spoke. These pains were attributed to an irritation caused by her dentures which she had been using since the age of 50, but nobody told her why they should hurt her on the left side and not on the right side.

Her medical history was quite extensive. There was a congenital atrophy of the left upper extremity. There were the usual infectious illnesses of infancy—measles, scarlet fever, whooping cough—which had no after-effects and evolved in the normal period of time; and in addition she had ascariasis when she was 12, and at 13, paratyphoid that left headaches several months later. At 22 she had an acute bronchitis and since then caught cold every winter: these colds lasted the whole of the cold season and manifested as a copious green discharge especially from the left nostril. At 26 she had the Spanish flu without complications; at 35 cystitis; at 40 double-pneumonia which kept her in bed for a month.

She was naturally expansive, confident, loved sympathy and consolation. She remembered that she had had terrible attacks of anxiety accompanied by a feeling of suffocation in the dark, especially when she went through tunnels, from the time of her infancy until she was 40. During her adolescence, at about 13 or 14, every night for about a year, she was afraid to go to bed because she had such a strong impression at that moment that she would

die during the night! She had lost her husband three years before her visit and since then had been unable to weep any more.

She suffered from an excess of body heat, couldn't stand the heat of summer, of the sun, or artificial heat. She loved the open air but avoided drafts which she didn't like. She didn't like standing and if she had to she felt as if she would be overcome by weakness.

Her puberty came at the age of 12 and the menopause at 45. Her periods were regular, from 26 to 27 days, lasted 8 days, were abundant, especially every second month. When she was upset her periods became black, had clots, and there was leucorrhœa. Before her periods she had pains in the sacral region and felt weight in the hypogastric region. She had pain in the breasts which were hard, and she felt chilly and irritable.

Married at 25, she remained sterile. At 45, at the time of the menopause, she had a large carbuncle in the right nostril, and hot flushes which had continued: flushes without sweat, which started in the back and came up to her face. Since the menopause she had suffered from varicose veins which had already started a few years before that in the left leg.

She slept well, from 10:30 to 5 o'clock in the morning, and got out of bed feeling rested at 7 o'clock. She slept on the right side, because if she slept on the left side she felt palpitations. She often felt pains in her big toes, which made her uncover her feet at night, and cramps in the calves, which would wake her up. She had nightmares if she fell asleep again after waking in the morning, and often she used to talk in her sleep.

She perspired easily, especially on the head, as a result of effort or heat, and had photophobia—light made her eyes burn.

Excellent appetite, could eat even when she had fever, and digested everything except milk, which always gave her diarrhea. She drank a lot; half a litre of liquid or more at every meal . . . to make the food go down!

In winter, she caught cold frequently in the left nostril, and the cold made her voice hoarse.

For years now she was suffering from rheumatic pains in the big toes which were worse in the heat of the bed and worse before the snow. Every winter she suffered from cracks in the ends of her fingers, and her skin was chapped on the back of the hands.

On examining her, one saw that the patient was robust, weighed 65 kilos, was 1 meter 65 in height, had a blood pressure of 17/9. She had big varicose veins on the whole of the left lower extremity. Sharp pain on pressure in the right hypochondrium, but the liver could not be felt. On the left side of the tongue, and on the lower edge of the gum, the mucous membrane was violet and looked varnished.

This was a case in which the symptoms seemed over-abundant, and one could feel perplexed in the beginning, trying to choose the leading one, but we were struck by two former symptoms:

— The fear of never waking up once she fell asleep.

— Anxiety and respiratory trouble when she was in the dark.

These two symptoms, which are to be found in Kent's *Repertory* on pp. 47, 6, and 769, pointed to *Aethusa*, which made us study this remedy in Hering's *Guiding Symptoms*. A rapid inspection of the *Materia Medica* revealed that this remedy felt worse in the heat—the heat of summer, the heat of the bed: and that standing made this patient feel weak. And the *Repertory* also indicated it for diarrhea after milk. We concluded that there were enough symptoms to indicate this remedy, which was not extensively developed in any *Materia Medica*. Our patient had mental symptoms, general symptoms, and local symptoms; therefore, we prescribed a dose of *Aethusa 10M*, accompanied by different kinds of Placebo.

We saw this patient again 8 weeks later. She came to tell us that everything had improved rapidly: her stomatitis, the pains in her tongue, her hot flushes, her nightly muscular cramps. And, interestingly enough, for the last eight days, she had pains in her left knee, a tearing pain when she got up from a sitting position or when she sat . . . and this was the same pain which she had felt after a fall sustained several months earlier. Since she had a return of the trouble in her tongue the last ten days before her visit we advised a second dose of *Aethusa 10M*, and have never again seen her!

#### CASE HISTORY NO. 2

Madame Agate G. was a stout, red-faced loquacious woman—fat dark-red lips—who smelt strongly of alcohol when she came to consult me in December of 1954. She told me with passion a story that I found confused. Finally, I understood that she thought her stomach was too big and she suffered from nervous crises which brought on weeping attacks without any reason. In addition, she complained of digestive trouble at night, which came on when she went back to bed after getting up, and she felt a sensation of suffocation and dislocation in the region of the stomach; this had been going on for the last 2 years, and these attacks made such an impression on her that she thought she might be going to die, and kept the light on all night! For the last twenty years she had been suffering from pains in the lumbar region—it was like dogs gnawing away at her flesh or like a knife cutting between the skin and the flesh!

It was hard to take her case history. I learned that after an emotion when she was 7, she had Chorea (St. Vitus' Dance) and that she had a son when she was 31.

She was a laundry-woman by profession, had always loved wine, and didn't deprive herself of it. In fact, she used to get up at night to drink because she always was thirsty, and at present, she said, she was limiting herself to 2 litres of liquid a day, water, wine or beer, and at least one of these two was a litre of wine, and before that, it was much worse still! She had an excellent appetite, was very fond of food, accustomed to good cooking and particularly liked anything that was difficult to digest: fatty foods, brains,



sweet-breads, anything greasy, cold milk without sugar, salt and meat. Very constipated, she had to take at least 5 or 6 Carter's pills every evening in order to go to stool!

Her puberty came at 11, and the menopause at 52 without any trouble. She had her periods every 21 days, they lasted 3 days, of normal quantity. Before the periods, there was itching and swelling of the breasts, and especially there was an increase in her desire for wine, which never seemed to her as good at any other time of the month! It was only during her pregnancy that she didn't drink, because wine disgusted her then.

She went to bed at 9, got up at 7, in spite of difficulty getting up. She slept on the right side and uncovered the top of her body, window open. She had dreadful dreams, dreams of animals that frightened her and even made her cry out! At night, when she undressed, or at night in bed, general itching without eruption.

Breathless going up the stairs.

Medical examination in addition to obvious signs of ethylic impregnation revealed obesity. She weighed 71 kilos, was 1 meter 60 tall and had high blood pressure at 22/12.

When we saw this set of symptoms, we thought that alcoholism was the dominant symptom, and that it had a very particular modality which was an increased desire for alcoholic drinks before her periods. This symptom is to be found in Kent's *Repertory* on page 484, and only one remedy is indicated: *Selenium*, and this symptom is indicated in the 3rd degree.

Of course it is always dangerous to prescribe on only one symptom; if you do that, it can soon turn into a bad habit. So we studied the case again, and looked up her symptoms in Allen's *Encyclopedia* on one hand, and Kent's *Repertory* on the other hand. In fact, our patient had several symptoms that were clearly indicated in *Selenium*:

- loquacity
- aversion to salt
- increased appetite
- sleep that is not restful
- constipation.

So we were much more confident of the future of our prescription and advised one dose of *Selenium 10M*.

A month later the woman who came back to see us was transformed. She spoke of a miracle, and couldn't stop covering us with praises. The improvement came in a few days, almost immediately. She didn't feel in any way the same. She felt much more energetic, had no more pains in her kidneys, no more epigastric troubles at night, no more crying fits! Her head was more orderly—previously she was always mixing up the linen which she washed for her clients, until finally she didn't know what was what as she sat surrounded by her dirty linen . . . She slept well, no longer needed a light at night and had no more nightmares. She was much less thirsty and



had less desire for wine. She reduced her ration without difficulty whilst six years before had been very unhappy when her doctor had forbidden her to drink wine.

On the fifteenth day of treatment, and for the next fifteen days, she noticed every night, from 11 to 3 the next morning, a generalized eruption with small red very itchy spots. Her face had become a normal color, but she was still very constipated and her blood pressure was 20/12. We gave her one dose of *Sacch Lac*. In March 1955, she had another dose of *Selenium 10M*, and 50M in October 1955, and again in January 1957. Since then, we haven't seen her again.

### III. Counter-indications in choosing old symptoms

The homeopathic doctor should not neglect anything in seeking out symptoms. All his efforts must go towards obtaining the most precise image of his patient in the expression of his symptoms. If it is true that in acute conditions the doctor can take the *over-all* symptoms of the moment—we mean the most recent—in chronic cases on the other hand he must seek out the totality, that is, *all the symptoms* present and past. In this numerical totality of the symptoms the doctor will choose the *symptom complex* which truly gives a picture of the patient and forms the base on which to prescribe. This symptom complex doesn't only represent the numerical totality of symptoms, but is the *small number of symptoms that have maximum importance*, and finding them, choosing them, grouping them in their order of importance needs a particular technique.

#### ACUTE ILLNESSES

But, there are cases in which we must not base our remedy on symptoms, but, in conformity with the advice in paragraphs 221 and 243 of the *Organon*, make a "symptomatic disjunction." Whilst in chronic illnesses we must try to prescribe antipsoric remedies and base them on the symptom complex, in acute illnesses on the other hand we must prescribe apsoric remedies and base our prescription instead on the *totality of the symptoms of the moment*. In this case there is no need to note that the patient walked only when he was three or had a bad whooping cough during his childhood. When you have a patient with toothache or pneumonia, for the moment you must put aside the fact that his father or mother was syphilitic. You must give him the remedy of the moment, which is indicated by the present symptoms, and which is an apsoric remedy.

#### IRREVERSIBLE CHRONIC LESIONS

In the same way we must take into account any lesions which the patient may have. A patient who has many lesions, who has cavities or is in an advanced stage of cancer, must not receive remedies which act too deeply and strongly. The depth at which a remedy acts partly depends on the nature of

the symptoms which have guided the physician to its choice. The patient's reactions must proceed along natural lines: if the way is free, if there is no obstruction, everything will be according to plan, but if there are congestive conditions, fibroses, scleroses, tumors, any remedy which acts too deeply could cause real revolutions in the patient's economy. In such cases one has to prescribe remedies that have a superficial action in low potencies or medium potencies, and above all one must not repeat them too often.

In a note at the bottom of page 562 of his translation of Kent's *Lectures on Homeopathic Philosophy* Dr. Pierre Schmidt tells us that "Kent and his disciples always repeated a dose only in terminal and incurable cases. We must study the image of the moment and base the remedy on that. We must particularly seek out the most personal symptoms of the patient, and above all give preference to nonpathognomonic symptoms if we can find them because these reveal the patient himself better than any others."

These are the considerations which inspired us to study old symptoms. Whatever our inner attitude to such problems, we must admit that they belong to a domain which is hidden from us and which we call "the extraordinary." To see old symptoms returning according to the Law of Hering, to see the return of manifestations that our every-day logic told us were long since cured, and to base a prescription on symptoms that the patient himself never had, or symptoms which appear to be long since cured, seems behavior which cannot be objectively and materially justified. And yet experience speaks for itself and tells us that such an attitude is based on, and leads to, tangible results, that *nothing in man dies as long as he lives*. Truly, "there are more things in heaven and earth than the human spirit can dream of."

#### COMMENTARIES OF DR. PIERRE SCHMIDT

First of all my congratulations to my colleague for this masterly presentation of a subject which is far from being common or easy and which demands study and reflection.

May the rising generation know how to apply the recommendations and principles in this chapter because it is an essential subject in Homeopathy. The success of every practitioner depends on this knowledge. "Read it, read it once again, and polish it." You will never come to the end of its benefits!

—*Homoeotherapy*, October 1974

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