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EDITORIAL

SYMPTOMS AND TOTALITY OF SYMPTOMS

Often we are supplied with some symptoms or a long case-record, purporting to be a *totality of symptoms*, with a request to suggest some remedy for them. But the data supplied are in many cases of little value for the desired purpose. For therapeutic purpose, these data should not be mere dead facts, but living dynamic phenomena with some qualitative value. Without these qualities they are useless as guides to the proper remedy.

Symptoms like headache, sore throat, angina, rheumatism, sciatica, dyspepsia, acidity, constipation, diarrhoea, piles, fever, insomnia, etc., or like pain, itching, swelling, weakness, etc. give us little hint as to the remedy, unless and until certain qualities of each of them are elicited. Dr. Stuart Close, one of the best exponents of practical Homœopathy, gives us a most useful definition of the term *symptom*. According to him, "A single symptom is more than a single fact; it is a fact with *its history, its origin, its location, its progress or direction, and its conditions*" (The Genius of Homœopathy, Chap. XI, p. 152, Ind. Ed.; italics ours). We like to add two more attributes, its *nature* and its *concomitants*, and to replace the "or" between "progress" and "direction" by "and", because these two attributes have different denotations. It is not a symptom *per se* which points to the remedy, but these qualifications of the symptoms that will direct us to the remedy. The more the number of these qualifications are clearly unmistakably elicited the more sure are we of the remedy.

Take for example the symptom—Headache, with a *history* that it started abruptly, *originated* from exposure to hot midday sun; *nature* throbbing and hammering; *location* whole head especially, forehead and temples; *progressing* quickly into more or less furious delirium; *conditions of aggravation or amelioration* increased by slightest jar, noise, light and lying down; some relief by sitting quietly in a semi-erect posture in a dark room; with *concomitants*—such as, intense congestion of eyes and face, fever, delirium, etc. points clearly to BELLADONNA. It may be noted, by the by, that most of these qualifying factors can be elicited without disturbing the acutely suffering patient by any observer, only if he has eyes to see and a mind knowing what to see, supplemented, atmost, only by a few questions to the attendants.

Take a more chronic case of Headache with a pretty long *history* in a girl student; *originated* from prolonged reading during preparation for an examination with anxiety; *location* mostly forehead, sometimes also in the back of head; *progressing* gradually in intensity; *direction* extending to or from the eyes; *conditions of aggravation* any form of straining of the eyes, sunrise to sunset, especially 9/10 A.M. to afternoon, exposure to sun or any form of heat; *conditions of amelioration* cold washing or bathing, tight bandage, rest especially sleep, *concomitant* preceded by numbness and tingling in lips, tongue and nose, accompanied by bruised feeling in the eyes, with general feature of intense dryness of mouth and throat with excessive thirst and craving for salt points clearly to NATRUM MUR.

The above two examples, we hope, will suffice to clarify the point we wanted to impress. But, a single symptom, however, completely represented and however characteristic, should never be depended upon for finding the remedy that will *cure* the whole case as an individual patient. For this, we shall have to depend upon the *totality of symptoms*. But this phrase again is too often very poorly understood.

Totality of Symptoms is far from a haphazard gathering or conglomeration of all the subjective and objective symptoms of the case. If a man is cut to pieces and the parts are mixed up and heaped into a basket, the latter contains all the parts of the man,

but the person cannot be identified from the heap. For proper identification of the person the parts must maintain their respective natural qualities and must bear their normal relation to each other. Similarly, if a collection of symptoms fails to represent an individual case in all its aspects, it is anything but a totality of symptoms, in the technical Homœopathic sense of the phrase. A totality of symptoms, properly drawn, will clearly depict the individual case with all its features, its personality, genius, characteristic peculiarities—leading to exact identification of the case, from therapeutic point of view (therapeutic diagnosis) and also, of course, from pathological point of view (nosological diagnosis). Such a totality of symptoms must have the following attributes, to which the case record can be easily analysed:—

(i) Each of the symptoms must have the qualifications given above.

(ii) The symptoms should have a chronological order of development and progress.

(iii) The symptoms must be divisible into *subjective* and *objective* ones.

(iv) They must be divisible into *generals* and *particulars*.

(v) Each of the general or particular symptoms must be clearly differentiated as *common* or *uncommon*.

(vi) The *grade* of each of the symptoms must be clearly noted.

(vii) Then peculiar combination or concomitance or alternation of certain symptoms, if there be any, must be noted.

(viii) Of the generals the mental, emotional and habitual features must be especially emphasized.

(ix) Then the background of the case from (a) the past history (with special reference to various forms of suppressions) and (b) the family history (inherited miasmatic influence), must be depicted.

(x) Environmental, occupational and other exogenous influences on the case must be in the purview.

We are forced to use some technical terms like general symptoms, particular symptoms, common symptoms, uncommon symptoms, graduation of symptoms etc. each of which has some technical connotation; but the clarification of them will lead us far beyond the scope of this article. The precise meaning of these

terms may be learned from books like Kent's *Homœopathic Philosophy*, Dr. R. G. Millar's *On the Comparative Value of Symptoms*, etc.

The art of drawing a true totality of symptoms means the art of proper case-taking in a truly Homœopathic way. Homœopathic Case-taking must never be equated with the traditional way of Case-taking, from which it differs basically and qualitatively. In fact, Case-taking is the most vital and, at the same time, most difficult task for a Homœopath. Prolonged practice, with sincere perseverance and sufficient intelligence, is necessary to develop this art. In the beginning the task will be felt as sheer drudgery, but gradually, as the art will be acquired, it will turn into a highly interesting work of artistry. In the beginning the pictures drawn will be like photographs with all unnecessary details mixed up with characteristic lines, but by and by as the technique is developed, the pictures will be actual portraits with prominent characteristic lines and shades, without too many unnecessary details. But, whatever it may be, an ordinary photograph, like picture or an artistic portrait, drawn with hard drudgery or æsthetic pleasure—the totality of symptoms, that is, a Homœopathic Case-record is the only sheet-anchor on which the Homœopathic Physician has to work upon and proceed all along, during the treatment of the case.

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