

## THE TOTALITY OF THE CASE\*

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This is indeed a large subject to be treated in ten minutes, as it means the totality of the medical acts from beginning to end, so I will just mention the headlines and insist on the homoeopathic part of the subject.

The totality of the case means the determination of:

(a) The morbid troubles or clinical diagnosis, (b) the normal function or typological diagnosis, (c) the treatment or therapeutical diagnosis.

(a) The determination of the medical diagnosis to be complete must be the sum of the four following diagnoses: (1) The *clinical* diagnosis of the syndrome concerned, based on the characteristic features of the clinical case; (2) The *lesional* or pathological diagnosis determining the original lesion; (3) The *functional* or physiological diagnosis dealing with the manner of production of the functional disturbances observed; (4) The *causal* or aetiological diagnosis dealing with the specific cause of the disease. The *Medical Diagnosis* is therefore a synthetic result of a complete examination of the patient, including laboratory findings.

(b) The homoeopathic physician does not examine merely a local pathological condition. He has to treat a patient, a human being. Therefore he takes into consideration the *Typological Diagnosis* or determination of the constitution; temperament; and character of the patient. This permits already a broad individualization, it gives the exact notion of the possibilities of the patient, both physical and psychical, and enables the practitioner to direct him toward health and success. The typological diagnosis is often of great value for the homoeopathic prescription, especially when the physician fails to detect good characteristic symptoms.

(c) We have now to consider the *Treatment or Therapeutical Diagnosis* dealing with the essential elements permitting to restore the patient's balance and well being and to cure by:

(1) *Eliminating all the external or exciting causes* possible, regulating the diet, the out-door exercises, the sleeping time; in one word, balancing the physiological functions of the patient according to his temperament, occupation, age and conditions. In a footnote to the paragraph 6 of the *Organon*, Hahnemann says: "It is not necessary to say that every intelligent physician would first remove the exciting cause where it exists, the indisposition thereupon ceases spontaneously. He will remove from the room strong smelling flowers which have a tendency to cause syncope and hysterical sufferings; extract from the cornea the foreign body that excites inflammation of the eye: loosen the overtight bandage on a wounded limb

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\* Given before the Post-Graduate Course in Homoeopathy, San Francisco.

that threatens to cause mortification and apply a more suitable one; endeavour to promote the expulsion by vomiting of belladonna berries, etc., that may have been swallowed; crush the vesical calculus; open the imperforate anus of the new-born infant, etc.”

(2) *The physiotherapeutic treatment* that might be indicated, the list of which is not necessary to mention.

(3) *The purely homoeopathic treatment and diagnosis of the indicated remedy.* We are dealing here with the disease in itself expressed by the patient's signs and symptoms and we are going to examine that part of our subject more extensively.

Hahnemann and his followers emphasize that *the totality of the symptoms is the sole representation of the disease*, the only indication, the only guide to the selection of a remedy. But the totality of the symptoms is not merely a list—as we know—of all the signs and symptoms observed; it is an entity, an *image* which has to be obtained by *individualizing, grading, classifying* and writing down the symptoms in a precise and systematic way, so that they can be compared with the provings of our materia medica. Without record, the physician is at sea without compass and rudder. With a record, he is able to study the case in all its parts. The importance of recording the symptoms properly is as great in the therapeutical diagnosis and treatment of the sick, than is the clinical diagnosis.

But the point of view is just the opposite in these two processes; in the clinical diagnosis, the physician has to *depersonalize*, so to say, the patient; he has to put a name on his condition and find its place in the nosological classification. The patient is now an anonymous case of typhoid or of Parkinson's disease. Whereas in the homoeopathic diagnosis we have to *individualize, to characterize* the patient. We have to find out what makes him unique and personal in his way of reacting against the pathogenical cause. We have to get the signs and symptoms by the *proper, efficient and skilful* interrogation, keen examination and sharp discrimination, and then to *classify* the totality of the symptoms from the centre to the circumference, *from prior to last; from the general to the particular and local symptoms.*

Each symptom should be written down, one at a time, and on the line beneath, the modalities of that symptom, following the classic pattern of our materia medica; beginning with the mental symptoms, the general, then going from head to foot systematically. If the patient has nothing to conceal he will delineate his symptoms easily, but if he has something to conceal the totality of the symptoms becomes a difficult matter. But this totality has to be obtained as there is no other means of ascertaining the nature of the remedy.

Now with certain patients you will have pages and pages of symptoms, hundreds of them, and yet you will have no case; you will be unable to grasp the image of that particular disease and of its corresponding remedy.

You have to think of what ascertains that which characterizes the patient and the remedy. Each individual symptom must be carefully considered and its *value* determined in relation to the whole whether it is a common, a local or a peculiar symptom.

The *Organon*, paragraph 153, states: "In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* signs and symptoms of the case of the disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, etc., demand but little attention when of that vague and indefinite character if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug."

Practically, a good method of writing the symptoms down, is to divide the page in two parts: on the left side the pathognomonic symptoms, those dealing with the clinical diagnosis, are recorded. For example: the fever of the tubercular, the itching of an icteric, the typical rash of measles, etc. On the right side the other symptoms, those pertaining to the patient himself: the absence of hunger and thirst of a diabetic, the amelioration by sitting letting the legs hang down in a varicose patient, the amelioration by motion of a sciatic, etc. Here are the peculiar, the valuable symptoms to be taken as prominent in the consideration of the totality.

Sometimes you will be astounded by the master skill of old prescribers who will find the remedy like a flash, without asking almost any question of the patient. They are like those experts in painting who can infallibly recognize the author of a picture seeing only a little corner of it.

The *keynote* prescription is a method most frequently used, but to be successful the physician has to be very careful that the considered keynote is not merely a pathognomonic symptom of the case: the need of being fanned of an asthmatic, or the dancing of an hysteric, or the cursing of an alcoholic are but common symptoms of these conditions, therefore without real value for the prescription.

Here is a patient complaining of a goneness, a weak feeling in the solar plexus region at 11 a.m. He has a general sensation of heat, cannot endure heat, he has a bad itching of the rectum. Well, you will say that's Sulphur. But he is aggravated at night, at midnight, constantly tosses about in anxiety, needs air, is afraid to be alone.....now that's Arsenicum. But he further says that he has a craving for highly seasoned food which aggravates, he is

oversensitive to odours, to perfumes, to flowers.....so here comes Nux vomica. Now if you start considering the *totality*, you will see that the only remedy covering the whole picture, the *similimum*, is Phosphorus.

About the distinction between the *similimum* and the similar remedy I will quote Dr. Pulford's cases (see *The Homoeopathic Recorder*, 1931, page 727), because they are quite significant:

*Case No. 1*—Gallstone colic: Anxiety, anger, excitability, fear, irritability, restlessness; dry mouth, eructations, nausea, bitter taste, great thirst, distended abdomen, cutting pains; frequent pulse, sweat without relief; scanty urine, internal pulsations, sensitiveness to pain, aggravated at night, by cold open air and lying.

These symptoms are all covered in importance by Aconite, Arsenicum and Rhus tox. Three physicians receiving that set of symptoms and not seeing the patient could easily send in any of those three drugs as the *similimum* and feel in his own mind that he has the correct remedy, for that particular case. On entering the room in that case, I noticed the following: Patient tossing about the bed in great agony, expression of great fear and anxiety, calling frequently for water and drinking freely; dry hot skin, full bounding pulse, etc. Those few symptoms immediately fixed the choice and a single dose of Aconite 30 has held that case now for over two years. For two years previously that woman had almost monthly recurring attacks under allopathic treatment.

*Case No. 2*—Mastoiditis: Active, anxiety, fear, irritability starts in sleep, vertigo, headache, photophobia, inner ear inflamed, painful, pulsating; face red, hot; throat and tonsils dry, painful, inflamed; extreme thirst; backache, fever, lassitude, pain in ear, boring, stabbing; pulse full, hard; sensitive externally; affected parts swollen; aggravated at night, draft of air, lying on painful side before and during sleep; touch, uncovering.

These are all prominent symptoms of Belladonna, Hepar and Mercurius, any one of which may be considered the *similimum* according to the individual prescriber's view. As we entered the room in that case our first gaze met a scarlet patient with a dry hot skin that fairly burned my fingers; pupils dilated to the limit, carotid throbbing violently, sudden stabbing pains in ear; unable to lie on painful side on account of the pressure, and a "please don't jar the bed." That was the very picture that had preceded four delicate operations on the mastoid. A single dose of Belladonna 30 put the little patient to sleep in just thirty minutes. It is now fourteen years and there has been no return.

I have no time to quote the last two cases, but this will illustrate clearly enough the question of the value of the symptoms.

No matter how well acquainted the physician is with the *materia medica*, he needs to work out the *totality* of the symptoms properly prepared with a good reliable repertory. This repertorization brings out the remedies

most similar to the case. Then in a renewed synthesis and consideration of the totality of the case, the conscientious practitioner is able to prescribe in confidence the indicated *remedy in the potency and frequency* required. The result will certainly be the absolute confirmation of the efficiency of the physician's work. The law of similitude will never fail if its conditions are fulfilled. The cure of the patient, the physician's highest and sole mission, will be accomplished.

—*Pacific Coast Journal of Homoeopathy*, Vol. XLVII, No. 2

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