

THE UNUSUAL INDICATION*

DR. H. A. ROBERTS, M.D.

The polyehrests were Hahnemann's great contribution to the armamentarium of his students; we question whether any of his followers could practise Homoeopathy without them. Sometimes it is stated by men of experience that the polychrests are all the remedies one needs to cover seventy-five per cent of the cases we meet; some give them an even higher percentage. We know them so well that we can see them in case after case; their indications are so well grounded that we reach for them almost instinctively. Chronic cases could hardly get well without them, we feel; but how about the unusual indications, the chronic cases with which the seemingly indicated remedy plays into an ever recurring sequence of symptoms, nonc notable in themselves? Or the case where there seems to be no symptoms that point to any particular remedy in spite of an obviously suffering patient?

Of course the trouble may be poor case-taking, and this may be due to an unresponsive patient; he may not comprehend or be able to express his own symptoms; or the fault may be in the physician himself in that he cannot elicit the sympathetic response from the patient—a matter of temperamental adjustment which often enters into our problems. There are cases with too many symptoms, too long a chronic history, too much treatment of all kinds, to show a clear case. These cases may have an almost endless symptomatic history but seemingly no guideposts; they are cases where repertorization leads only into a maze of figures without any corresponding answer in the materia medica.

These are problems we all have to meet, and these are the cases where the young inexperienced physician becomes discouraged; and if he has not been taught how and where to look for the indications in obscure cases, he loses interest and prefers the simpler routine prescribing offered by empirical medicine. In this field he feels he loses no time and makes as good progress as his homoeopathic experiments have allowed him.

Here is a patient in her middle fifties with a long surgical history. She has a marked spinal curvature which has increased year by year until she is badly deformed. She has come to me intermittently for several years, for many and varied complaints, all of which dip back into her past history and tend to recur at intervals. Terrific headaches; night sweats which soak the bed and the pillow; severe nosebleeds; hysterical attacks; spasmodic stricture of the throat, intolerance of anything tight about the throat, easy choking; soreness in and about the anus, with itching, briefly > on rubbing; excessively sore tender growths about the vagina, resembling caruncles; pains in

* Read before I.H.A., Bureau of Philosophy, June 19, 1941.

left chest and about heart, causing her considerable anxiety; attacks of great physical exhaustion, but sleepless at night. And so on and on. Twice in the past five years the growths about the vagina were removed, the last time a year ago. Sometime ago she was fitted to a stout corset brace to relieve the spinal curvature, but after a time the brace became so uncomfortable she discontinued its use.

Each time the patient appeared with a group of symptoms the remedy was prescribed that seemed most closely indicated, whereupon (with the judicious administration of placebo) she went on to greater comfort; but after a time another symptom group appeared.

This leads us into the problem: Was she really being worked as near toward cure as was possible with her pathology, or was it merely a case of palliation? If palliation, we believe it was constructive in nature, although we were unable to see the whole picture at any time—perhaps we could not see the forest for the trees.

A few months ago the patient complained of increasing pain and suffering from the curvature. She was considering another brace when she remarked that if she didn't know better she would swear that there was a large hole in her back below her waistline. This 'sensation as if' led to the prescription of Sac. lac. 10M. The prescription was discovered because of the unusual indication, but it was found to cover the symptoms which had recurred from time to time for years.

Within three days she experienced great relief and finally entire absence of the distressing symptom. In ten days night sweats appeared such as she had not had for years, but they did not exhaust her as formerly. Her sleep was improved in spite of the sweating.

Several weeks later the remedy was repeated in the same potency for slight return of the 'hole in the back' and the continuation of the night sweats. These gradually lessened and no more complaints of note have developed. For several years past she has had severe colds each winter, but in spite of her new work in a steam laundry this past winter she had only two slight colds; this has been interpreted to indicate increased vigour. And sore throats, which have been frequent with her, have hardly appeared although once or twice there have been hints of soreness.

Here is a case where we feel homoeopathic palliation on the basis of the indicated remedy was justifiable and curative in its direction. It well demonstrates the use of the unusual indication—the keynote, if you prefer—that unlocked a long, tedious, cyclic case. By reading Clarke's record of Saccharum lactis we find almost every symptom the patient ever reported, and this cleared a path through the maze of symptoms.

We question whether the extirpation, or suppression by surgery, of the lobulated growths about the vagina did not increase the suffering from the spinal curvature; this distress, in turn, revealed the keynote of her individually indicated remedy. The return of the night sweats, *without exhaustion*,

following the remedy, we interpreted as a good sign.

A patient in her forties presented her case which was marked by its lack of modalities, except that of late she had been on her feet a great deal. She was distressed by burning aching feet, legs and thighs; for the past several days her vision had been impaired by floating shadows and her eyes felt strained and weak. Careful questioning revealed stiffness and bruised feeling of the hip joint and leg tendons, sometimes extending into the back. The trouble had started in the feet and crept upward; about the same time the foot trouble started she had been having several loose stools per day and a corrosive leucorrhoea. The orthodox school would have ridiculed any idea of the continuity of these symptoms, but herein lay the unusual indication: This patient wore well fitted glasses and well fitted shoes. Ruta 200, one dose, did for this patient in ten minutes what new glasses, new shoes, and rest off from her feet had failed to accomplish.

Here we reflect that the combined symptoms of the patient (the totality of symptoms) are manifestations of the individual and of that individualized remedy which is the *similimum*.

A woman nearing eighty years of age arose one morning with the inability to speak a coherent sentence. She had some discomfort in her head which she was unable to express, but no impairment of locomotion or any other manifestation of having suffered a shock. It would be several minutes before she was able to get out the right word, finding and discarding others totally unrelated, and perhaps having to give up entirely. Her articulation was only slightly impaired but she was unable to string words together even if she could find them. The blood pressure was not unduly high. She had been very anxious for several weeks over the drafting of her only grandchild into military service.

The unusual indication here was the problem of getting the patient to sit still long enough for an interview. She flitted here and there, sitting down for a moment, running to the next room to see about some trifle, then back again. The speech difficulty had occurred some twenty-four hours before the physician was consulted, but in the evening she had been able to make herself understood much better so she felt it would not be necessary to consult her physician, who was from out of town. In the morning, however, the condition was worse again. Her writing was coherent and remarkably firm for her years. *Rhus tox.* (because of the manifestation of the restlessness in an unusual and peculiar form) was the remedy selected.

Improvement began almost at once. A week later she could speak coherently and connectedly in the morning for short paragraphs and by night she could tell a long and somewhat involved story without trouble. Her restlessness was gone and she sat quietly. A month later she insisted on returning to her own home, refusing any company to stay with her, saying she felt as well as she ever had done.

We often think of restlessness in paralysis of the limbs, but this form

of restlessness accompanying the affection of the speech centre was an unusual indication.

A patient thirty-eight years of age developed for the third or fourth time mental symptoms following a fright. Since a fright in early childhood she had had the tendency to be easily frightened. Her earliest attack (according to description) was very much like chorea. She had suffered many things of many doctors; boils and eruptions of various kinds and locations, from vertex to toes, had been systematically suppressed. Bromides and sedatives for headaches were the rule. Every possible symptom had been lopped off by drugging. The last three attacks followed much the same pattern—unwillingness to get out of doors, especially in the daytime; inability to work with others or to contact them socially; gradual retirement into herself and finally a state of hysterical rigidity which might hold for weeks. Under 'old school' treatment the most hopeful prognosis was a year's invalidism before returning to anything approximating normal.

Now the patient lay in bed, weeping and moaning; inattentive to anyone who addresses her; presses her hands to her head but gives no answer but unintelligible mumbles. Her face is vacant and shows the wandering state of the mind. The first prescription, Ignatia, was only slightly beneficial. Practically the only change noted was the prompt appearance of a very free menstrual flow; her usual menstruation was late, short and scanty.

Symptoms were hard to get; the family had never had homocopathic treatment and had never been taught to observe or express symptoms of value to the homocopathic prescriber. However, further study of the patient developed that she had always suffered (in previous attacks and at present) restlessness at night. Preceding attacks she tended toward getting to bed later and later, as there was inability to sleep until well after midnight. She refused to void or defecate, as the illness progressed, sometimes for forty-eight hours at a time. However, unless she was too ill, her sister would force her to the toilet in the evening, and then she fought against yielding to nature, stamping, scratching, striking, until relief came, when she quieted; but from then on into the night she walked the floor, wept, wrung her hands. On the basis of the restlessness at night and the moaning, weeping, walking the floor and wringing the hands, Arsenicum album 200 was prescribed, one dose morning and later afternoon, for three days. After the first dose the patient fell asleep, and her sister reported that "it seemed just as if a veil was rolled away right from the top of her head down to her very feet." Every time the sister reports the condition she uses the same expression as applying to the patient's appearance in her sleep.

This is an unusual indication of the action of the law of cure, and on this basis we have let the case rest for eight weeks.

The patient has improved in co-ordination, in response and in tractability. Some days she appears almost normal, taking an interest in household

duties, laughing and talking; but at other times she manifests a restlessness and some return of the weeping, moaning, etc. at 1 a.m. and 1 p.m. (DST). These periods are much more brief than formerly, lasting fifteen minutes to a half hour.

Occasionally from some undue emotional pressure within the family she is very ugly, swearing (contrary to normal), striking and stamping. Her sister now reports that for a long time the patient has drooled bloody saliva at night, staining the pillow. Reference to Kent's *Repertory* lists a few remedies having this unusual indication, but only Mercurius is at all like the case. However, because of the general improvement under the single prescription of Arsenicum, there will be no repetition of the remedy or a change of remedy until the case shows clearly such need.

One other indication that we are on the right track is that the patient suffered a severe cold with cough immediately before this attack came on, for which she was treated with medicine from the drugstore; the cough ceased at once and the mental symptoms developed. The worst coughing spells came about midnight. Very recently she has developed a much milder coughing spell at the same hour, but on the nights when this occurs there is no restlessness or mental upset.

This patient, the youngest of the family, not only has a long chronic history herself but the family history is very poor. The father died at an early age, cause unknown, leaving nine children. The mother was paralyzed in her early fifties. Of the sons, every one is either alcoholic or tuberculous, and they have been unable to fit themselves steadily into productive labour. We cannot expect that Homoeopathy will provide a rapid and permanent cure in the face of the poor background and the multitude of suppressions. The unusual indication after the administration of the remedy, however, gives us some hope that cure is possible. Nature will not be hurried and Homoeopathy must wait upon nature to unfold the symptoms which are the only true guide.

The unusual indication may be an unusual concomitance of common symptoms. Several seemingly common symptoms, when occurring in definite sequence or relationship to one another may be the unusual indication, taken as a whole. The "strange, rare and peculiar" symptom of Hahnemann is not a new principle in homoeopathic prescribing, but it is too often overlooked in practice because it is not observed in taking the case or weighing the meaning of the symptoms. Sometimes because of the importance or conspicuous character of some outstanding indication we fall a prey to the keynote method of prescribing. Here again lies danger to the patient and to our profession of faith in Homoeopathy, for the keynote, while it may indicate the probable remedy, is of value only when it is reinforced by symptoms which our judgment accepts as making a reasonable similitude to the remedy which will express the whole patient.

DISCUSSION

Dr. Dixon: I want to say how gratified I was that Dr. Roberts mentioned Ruta.

Dr. Grimmer: That shows that Dr. Roberts is not above counsel wherever he thinks it is good. We honour him for it.

Dr. Kaplowe: Dr. Roberts once told me about a case of his that he could get nowhere with until he elicited from the patient a symptom which she described as a sensation as though a pin were stuck under the right big toenail every time she urinated. With Sulphur, the indicated remedy (I believe you found that in the repertory), he was able to prove that the bladder contained only one ounce of urine before the remedy was given, and it could hold about four ounces after the action of the remedy had been allowed to play for a while.

Dr. Hayes: That is a very interesting and instructive paper.

Dr. Grimmer: A great point brought out is the necessity for taking the case properly and completely. The more we hear and see of the work of our good prescribers, the more we see that they are willing to wait until they get the case properly, and the best results are obtained that way.

In giving the case, another point which the doctor stressed which is very valuable, is being able to evaluate the relative value of your symptoms. He even states that where we have only common symptoms to work with, we can still take a group of those that show a somewhat distinctive relationship to the patient and pick the similar remedies. That is the difference between the master prescriber and the mere tyro. Those are the things that we have to approach, and it is only by hard work and patient work that we can reach that wonderful stage. No matter what other methods we may use, talking about shortcuts and things of that kind, we still cannot give one iota of these wonderful teachings; we can't forget for a moment all these things that we are being taught here. Nothing will ever displace them. Nothing will ever displace our materia medicas and our study of them and our philosophy. We still need our philosophy more and more, no matter what our methods are in getting the remedy.

The doctor tells us to wait, even when symptoms are changing. He waits because in these chronic cases the patients are undergoing evolution and change, and if you jump in with other remedies, you may spoil that change forever. That is eminently true in some of these very chronic cases. The doctor says it may take years—and it does—to cure some of these cases, and even then they may not be cured; but even in incurable cases, Homoeopathy in a master's hands will give them more strength and well-being and comfort than they can get from any other method.

Dr. Kaplowe: There is one phase of waiting that hasn't been mentioned, and that is the action of the do-nothing remedies. I believe it is Pulsatilla and Sulphur that sometimes have a phase of negative action.

(Continued on page 218)

was the hunger symptom. He took it that exophthalmos was a symptom, as also was the tachycardia and enlargement of the thyroid. It was not the exophthalmic goitre that was treated, but even if it were, one would take into consideration the appearances presented. Dr. Goldsbrough did not think this subject was by any means exhausted, and he hoped it would come up again later.

Dr. MacGowan said he meant that the symptoms of exophthalmic goitre had, in his opinion, nothing to do with the gland.

Dr. Kyle agreed that the condition was more subtle.

—*The British Homoeopathic Journal*, Vol. XVIII, No. 4

THE UNUSUAL INDICATION

(Continued from page 192)

Nothing happens for two weeks, sometimes for three weeks. . . .

Dr. Grimmer (Interposing): Even a month.

Dr. Kaplowe: Even a month. So, it is best to wait.

—*The Homoeopathic Recorder*, September 1941
