# LILIUM AND THE RELATIVE VALUE OF SYMPTOMS*

DR. GEORG VON KELLER, M.D.

SUMMARY: Tape recordings are presented of a case where Lilium tigrinum provided the cure, and to begin with an attempt is made to solve the case with the aid of the repertory only, without consulting the materia medica. Lachesis emerges as the result, and not Lilium. The reason is shown to be that the short rubrics needed for repertorization are by their very nature incomplete, so that the right remedy is often excluded.

Next, some highly characteristic Lilium symptoms are quoted from the provings, and these are then brought out more clearly with the aid of further tape recordings. A surprisingly close correspondence emerges of its own accord between some highly differentiated Lilium symptoms and certain symptoms presented by the patient—demonstrating the application of the 'keynote system'. It is established that this system is not, in fact, in opposition to repertorization based on the totality of symptoms. Quotes from the literature show that Kent himself certainly also used keynotes to find the remedy, and was against purely mechanical repertorization.

The conclusion to be drawn is that the value of a symptom in our search for the right remedy does not depend on whether it is a mental, general or local symptom, but that the really valuable symptoms are only those which are characteristic as defined in § 153 of the *Organon*, i.e. "More accurately described".

The remedy we decided on for today is Lilium. Later on, I am going to play you a number of tape recordings which demonstrate some of the symptoms, a method I have now followed for a year, since my lecture on Lac caninum. I also like in each case to take up some particular problem, some aspect of homoeopathic philosophy, as our English-speaking colleagues would say, and discuss this in conjunction with the presentation of the patient and the remedy. One such aspect were Kent's 'general symptoms', another the historical distinction between 'specifieians' AND 'Hahnemannians', and with Calcium carbonicum, finally, the so-called constitutional characteristies. I shall continue with this today and consider the relative values of different symptoms.

I shall also discuss the difference, or supposed difference, between Guernsey's keynotes and the totality of symptoms. All these things are of eourse eloscly connected. If one speaks of the 'value' of a symptom, an association will immediately arise between Kent's general symptoms and the mental symptoms which he was known to rate much more highly. At the same time repertorization will come to mind, everybody heing familiar with the three classes of symptoms in Kent's *Repertory* and four in Boenninghausen's. You will say that these are two quite different systems:

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on the surface, the categories printed in the repertories have nothing to do with the fact that Kent ranks the mental symptoms highest in what is another system, and then the general symptoms, modalities with overall aggravation, improvement, aversions or desires. These are followed by the bodily functions, and the list ends with the local symptoms, i.e. symptoms relating not to the whole person, but to one particular part of the body only.

In my paper on Lac caninum, I said that in my opinion this ranking order of Kent's applies more to the remedies overall, and not to finding the remedy for an individual patient. Kent himself once described the way he worked a repertory as follows: "Looking over all the symptoms gathered, and selecting those that are rare, peculiar and strange, to search for the remedies that include these and cover also the entire patient."[1] This comment was made in the discussion following a paper read by Dr. Elmer Schwartz, in Chicago, stating that a repertory can only be properly used once one has acquired a thorough knowledge of the characteristic symptoms of homoeopathic remedies. In a lecture given in Philadelphia, Kent said, "Little particulars come out sometimes in mental symptoms that lead you to think of a remedy, not to give the remedy because of the keynote, but to sit down and meditate upon it for a few minutes, to ascertain whether or not it fits the whole case, whether the remedy that is calling attention to itself has all the rest of the symptoms."[2]

Kent's followers have given us very detailed directions as to how to proceed when repertorizing. They insist that mental symptoms rank higher than general modalities, and these in turn above local symptoms. They have told us that for this reason we must start with the mentals when repertorizing, then take the general symptoms, and only after that the local symptoms.

They refer to § 7 in the *Organon*, where Hahnemann considers that the prescription should be based on the totality, the sum, of all the symptoms of a patient. For this reason, they endeavour to determine every single symptom, writing them down, before they start to repertorize, so that the emphasis is on quantity. To achieve this, to get symptoms for all the bodily functions and parts of the body, they even ask the patient to fill in a questionnaire before the consultation, so that even if he should not have a complaint relating to sleep, he is made to put down accurate details as to the nature of his sleep.

The opposite may be said about another method of finding the remedy. Guernsey[3] introduced the term 'keynotes', meaning individual, characteristic symptoms which immediately suggest a particular remedy. Hearing this, one might easily misunderstand the situation and think that adherents of his method note only the one symptom, ignoring all others, and do not, as Hahnemann appears to say in § 7, base their choice of remedy on the totality of symptoms. McClatchey[4] for instance thought that keynote prescribers faced with a patient showing a fan-like motion of the nostrils would automatically prescribe Lycopodium. He overlooked the fact that only an

absolute beginner would know so little about Lycopodium that his or her knowledge would be limited to this one symptom. A practitioner who has some experience would immediately form the association 'Lycopodium' when seeing a fan-like motion of the alae nasi, but this would also call to mind a greater or smaller number of other Lycopodium characteristics, and the practitioner would compare them of an instant, almost subconsciously, with the other symptoms presented by the patient.

The difference between 'totality of symptoms' and the keynote method is therefore only an apparent one, yet it keeps coming up in discussion, and the followers of Kent have frequently expressed the opinion that the method of repertorization which I have outlined above was superior to the keynote method. Let us make an experiment, therefore. I shall give you a complete case recorded on tape, the first consultation, as it took place in my consulting rooms. Afterwards we will try and establish the hierarchy of symptoms, to repertorize them according to Kent, and see if this will lead us to a remedy we feel confident about. Do listen to the whole consultation first:

Mrs. C., 10th March 1977: "Biliary colics since Saturday. I have had these colics for a long time, about 16 years now. Nothing has been found, ever.

"There is a peculiar tension in the shoulder.

"Usually it happens in a situation where I feel I've got to do an awful lot, or I'd like to do an awful lot. I am quite aware, actually, that I should just get on with things quietly, but somehow I cannot. I get into a kind of rush, a feeling of being under pressure.

"And then at night, it gets ever so big here, and begins to hurt in this awful way. It feels big then, if one presses on it one can feel there is something like a lump there, but it is only a feeling, it is not visible.

"The sensation is as if something draws in tight and won't go apart; my back is like a board then, the whole middle region of it, and it is very difficult to loosen up. Mostly on the right, it is as if I had a belt pulling the wrong way around here.

"When I use the hot woollen cloths, I always put them right round my middle, not just over the gallbladder. Hot things are really good.

"The colic I really get only in that kind of situation. Looking at it objectively, there isn't any more work, it is just something I create.

"For instance, in the summer it does not happen at all. In the spring, then I sometimes get the feeling: now the whole flat needs to be done up, and, well, one thing and another...

"In bouts, periodically.

"Two years ago I had them for a whole year, practically every night, but that was when my marriage was breaking up, and I was altogether mixed up, I think I also used it somehow as a defence. That was an exceptional situation.

"When I have a dragging, urging feeling, it is rather from the pelvic area upwards, with a bit of irritation to make one cough, and one would want to take a deep breath, so as not to be sick, such a strange cough, it tickles a bit in the stomach region.

"I do not like a tight collar. And a belt or bra not at all. I like to feel at home in my clothes, I don't like to be squeezed in tight.

"So long as I keep moving and do not over-exert, I never get colic, but only when I lie down. When I go to bed, it gets really bad. I always have the feeling that if I could just go on working quietly, by myself, it woudn't get all that bad. As soon as I lie down, then it gets really terrible.

"When I indulge in memories of Munich, and cook pig's trotters with sauerkraut, that really is no good at all."

Let us now establish the hierarchy of symptoms. In his introduction to the German edition of Kent's *Repertory*, Künzli gives exact instructions on how to set about this. He says, "To use the *Repertory* to good effect, we must first of all list the totality of the patient's symptoms." This we have just done. Künzli then continues, "This first and most difficult step* is followed by the second, which is to assess each symptom for its value, its significance." First consideration is given to rare, never previously heard-of and paradoxical symptoms, as defined in § 153.

One such symptom is clearly present in this case. I refer to the "sensation of something pushing upwards from the pelvis, with irritation to make one cough, and having to take a deep breath so as not to be sick". You can be sure there is no hope of finding a rubric for this in the *Repertory*, and we must therefore start at the second level, with the mental symptoms.

The typical sensation felt by the patient of "being rushed, having a lot of work to do, though she is aware that she really ought to be working away quietly by herself" is most closely matched by the rubrics: "hurry" and "impatience". One of these should have the remedy we are looking for. The term "industrious" or the rubric "busy" do not, in my view, accurately define the state the patient is in. Let us start with "hurry" and "impatience", then. The second mental symptom, pain from the time her marriage was breaking up, is covered by the rubrics "symptoms from worry" and "symptoms due to emotional upset". Unfortunately there is no small rubric that exactly fits the patient.

Following Künzli's programme, we now come to the general modalities "worse in spring", "periodicity", and "better from loosening clothes". I do not want to tire you by going through the whole process. In the end we have the following remedies: Calcium carbonicum, Lachesis, Lycopodium,

* Hahnemann did not say, in his § 104, "once the totality of symptoms has been got together, the hardest part of the work is done," but rather, "When an accurate record has been made of the totality of symptoms that define and characterize the case really well, in other words, when one has an accurate picture of the disease, the hardest part of the work has been done".

Nux vomica, Pulsatilla, and Sepia. If we look to see which of these has most of the local symptoms presented by the patient, Lachesis comes out quite clearly.

If we consider once more the symptoms which led to the choice of Lachesis, we note that it is always the short rubrics which decide the issue. A considerable number of remedies were eliminated by using the rubric "worse in spring", for example, leaving us with only ten out of something like fifty remedies. Aggravation in spring certainly is one of the symptoms in this case, but is it really characteristic of the patient? Five of those ten remedies were eliminated by the short rubric "better from loosening clothes", another symptom clearly described by the patient. But she did not emphasize the relief she felt as much as one would expect in a Lachesis case, and in short I am beginning to have my doubts if other symptoms are not of greater significance in this case than those two general modalities.

By determining which remedies do *not* have a particular characteristic, and then excluding those remedies, we are really making a negative choice. Let me put it even more clearly: instead of 'not', we should say 'the remedies which have *not yet* shown that characteristic'. After all, we cannot say with certainty that aggravation in spring may not occur with other remedies as well in future, remedies not yet included in the rubric.

The least thing we should do, having excluded everything but Lachesis, is to put it to the test, by comparing the symptoms that are particularly characteristic of the patient with the corresponding Lachesis symptoms. The symptoms for which Lachesis has been included in the "hurry" and "impatience" rubrics read as follows: "Has to do everything in a rush, he bolts his food down and cannot remain seated after that." "Need to be occupied, without the slightest staying power." "Feels the need to do productive work at night; although getting very tired in the course of the day, will sit and write all night without being the least bit sleepy and with the greatest of ease and increased command of the knowledge at his disposal; new ideas are continually surging up." "A kind of ecstasis, like that experienced following a sublime experience, like that of supreme joy; he always wants to say and do a great deal, and everything is also much more at his command."[5] This should be enough to show that Lachesis certainly is not immediately convincing when one compares the patient's symptoms with those recorded for the remedies.

But let us return to the subject of this lecture which, after all, is Lilium and not Lachesis. I promised to present at least some of the Lilium symptoms to you in such a way that you may recognize them again in your patients. Starting from the top again, we shall take a mental symptom. First of all there is that very specific Lilium fear of incurable disease. Note how this differs from other, similar, types of fear. The Lilium patient has that fear, but oddly enough will talk about it quite freely; he can easily be brought to see that his fear is only imaginary, and you can easily convince

him by telling him that there is nothing there organically. However, his fear will soon return. He is somehow detached, able to see his fear from outside.

The proving reads as follows: "Apprehension of suffering from some terrible disease, already seated."[6] A medical practitioner taking part in a proving of Lilium who knew very well that he was free from heart disease reported: "...so constant were they (cardiac symptoms) that I became alarmed, fearing I might have misjudged the case, and, instead of medicinal symptoms, I was really suffering from organic disease of the heart."[7] The mother of a young girl I was treating came to me saying that she did not know what to do. The girl was constantly going on at her that she was sure she was very ill indeed and was probably suffering from an incurable disease. It was possible to get the idea out of her head by talking to her sensibly, but the fear would return, just as if one had said nothing at all.[8] Let us listen to two other patients.

Mr. S., 29th December 1975: "Yes, I do worry sometimes about having a serious illness. Recently this has been quite marked, the fear that I may have cancer, cancer of the stomach or oesophagus. Cancer of the oesophagus is something I have been constantly concerned with last year. My stomach has been investigated a number of times, for example, and there was no appreciable disease. A year ago a gastroscopy was done, and the doctor only found a mild gastritis. I know, for instance, that I felt disappointed for weeks afterwards because he had not examined the oesophagus as well, thinking that if he had done so I would no longer have to worry about it."

Mrs. S., 7th September 1976: "I do get upset at times. My sister died of cancer a year ago and so I always thought I might be having cancer as well. I imagined that. It has been shown not to be true, and the doctor immediately convinced me that it is not cancer, and I do feel reassured at the time, but always when I don't feel so well again, I keep thinking that I have something like that."

Another very peculiar symptom is this: "Thinks of dying without feeling great concern about it: merely wants to know what effect this will have on others." One prover put it as follows: "... wild feeling in the head as though I should go crazy and no one would take care of me; thoughts of suicide; how much opium would put me to sleep forever, and who would find my body, and who would care."[9] Another prover: "... felt that she should die, and did not care if she did; wondered who would take care of her body."[10]

Again, as with the symptoms given earlier, you note an almost playful interest in their own death, considering their own fate from above, and not feeling really involved. Here is another recording, from one of my patients:

Mrs. B., 12th December 1974: "I really get such depressions, I can't handle myself at all any more. I get ideas in my head, you know, when I imagine that there will be no one there to bury me when I die; I get all those strange ideas. I worry about whether my relatives will know how to

manage things with my funeral, who will be taking care of my body."

Another symptom that sometimes brings Lilium to mind during consultations is a very characteristic powerful sexual desire coming up at intervals, with periods when exaggerated feelings of guilt are experienced on account of it.

The proving report reads as follows: "The sexual desire, dormant hitherto, was so strongly aroused that the prover said: 'I am afraid of myself, I seem possessed of a demon.' ... excitement continued almost three weeks, increasing in intensity, until an orgasm beyond the control of the prover would suddenly terminate it.... for about ten days following this excitement, there was a profound mental depression; ... although convinced that the sexual desire resulted from drug action and beyond her control, an apprehension of moral obliquity weighed grievously upon her; with the sudden passing off of this condition would as suddenly recur the excitement, and this alternation continued for more than four months after the proving."[11]

Again we can see, though perhaps not as clearly as with the earlier symptoms, how the patient looks at herself objectively, being above her own emotions as she observes them. Something else also emerges that is common to these symptoms: their periodicity. The apprehension of having a serious illness recurs at intervals, patients can be convinced that this is not the case, and this will allay the anxiety for a time, but after a while it returns to the fore. Sexual desire and a feeling of guilt here show a similar periodic alternation.

The best known Lilium symptom is one I must not fail to mention: "bearing-down sensation as if through a funnel, as if the whole of the pelvic contents would come out through the vagina, with pressure on the bladder and rectum." This is clearly a local symptom, at the periphery, whilst the symptoms relating to the mind and spirit concern the very core of the human being. Kent is quite right of course when he says that diseases that have changed a person right to the core of his being are more important than more external conditions. For the purely practical purposes of choosing the remedy, however, the criterion for the greater or lesser value of a symptom belongs to another sphere.

The bearing-down sensation is described as follows in the proving: "Great bearing-down in the uterine region, and a feeling when on the feet as if the whole pelvic contents would issue through the vagina, if not prevented by pressure upward with the hand, at the vulva, or by sitting down."[12] "Dragging-down sensation of the whole abdominal contents, extending to the organs of the chest, feeling greatly the need of support."[13] "In the pelvis, a feeling like a dragging out, as if the whole contents were pushing down into a funnel, the outlet of which coincided with the vagina."[14] S. Raue adds the following: "With Lilium one has the actual pressure of an enlarged uterus on the bladder. This pressure also produces the almost

constant urge to defaecate."[15] These quotations from the literature have prepared the way. Now listen to three of my patients:

Mr. L., 11th June 1975: "Up there in the upper abdomen, on both sides, I get those drawing pains, and I also get such a funny feeling down there, in the penis, like something pushing out there, a pressure from the belly down into the penis."

Miss L., 8th April 1976: "I go hot and cold, it is a kind of sinking sensation, as if everything were coming out, as if it all goes out from one, as if it were going out from the chest downwards, everything you have inside, going down."

Mrs. F., 13th September 1976: "I have been having dreadful trouble for some days now, with my stomach, with my bladder and in my bowels, always a pushing-down sensation, and always the desire to spend a penny, and move the bowels, too."

I'd now like to ask you to recall the case we were repertorizing to begin with. The patient had the feeling of being in a rush in conjunction with the biliary colic, and this induced her to do an awful lot, against her better judgement, so that she was no longer able to "work away quietly, by herself". Compare this with the following symptoms of Lilium: "feels hurried and yet incapable, as if she had a great deal to do and cannot do it." ".. a constant hurried feeling, as of imperative duties, and utter inability to perform them." "... acts without thought; keeps walking fast as though by instinct; feels hurried, but don't know why."[16] From a case report: "Inner unrest and harried feeling, get relief through activity, but does not achieve much."[17]

It is striking how often 'rush' and 'rushed' are mentioned with these symptoms. If Kent had made this one of his rubrics, things would have been easy for us. Lilium would have appeared in bold print under this heading, and that might have induced us to abandon the standard system for once, remembering that Lilium, and Lilium only, has a sensation very similar to that described by the patient. English does not have a word corresponding to *Hetze* ['rush' comes very close to it, or 'harried', translator], it is lost in the large rubric entitled 'hurry'.

Do please consider the problems the compiler of a repertory comes up against. Complex feelings and sensations and chains of sensations have to be presented by a single key word, and this can only be done to a limited extent. Expressions such as 'restlessness' or 'desire to keep busy' on their own cannot in any way give an accurate reflection of the sensation in question, and one often has to take a number of expressions used by provers or patients to adumbrate such a sensation to some extent. Added to this are the shifts in meaning one gets with repeated translation from and into English. In short, you may now be able to appreciate why I am of the opinion that repertorizing on its own, without proper knowledge of the materia medica, is not enough for finding the right remedy in many cases.

You see, the value of this type of symptom, of a very characteristic sensation like 'feels as if in a rush, with urgent duties which she however is unable to perform' is so great not because it is a mental symptom. 'Restlessness', too, is a mental symptom. The difference is that the one is described in such accurate detail that it becomes the keynote for one particular patient and one particular remedy. The other symptom, restlessness, is a generalized collective term for a great many different sensations. If one did not know the materia medica and were also unable to look it up in the books, and wanted to find the remedy in the present case just with the aid of repertory, then the rubric 'hurry' of 'restlessness' would need to be subdivided in, such a way that one could find the exact words used to describe the symptom for every single remedy. Such repertories do exist; Jahr, Rückert and others have compiled them. But they are very old and contain only provings conducted prior to 1840, and no clinical symptoms. For more recently introduced remedies such as Lilium, one still has to fall back on the detailed materia medica.

Another symptom presented by the patient, the one I would put in first place when repertorizing, for being rare, uncommon and peculiar, may also be found with Lilium. This is the 'Pressing upwards from the pelvis, with urge to cough, so that one has to take deep breaths, to stop oneself being sick.' If one finds something to match this in a remedy, it really can no longer be called a local symptom of minor value. As Künzli himself says, in his introduction to Kent's *Repertory*. "If local symptoms are striking, peculiar and inexplicable, their value is enhanced." I should like to go further than that. If a symptom is as striking as this, in both manner and degree, so that one begins to wonder how the patient managed to find the words to describe it, if it is such that it is impossible to describe the sensation in a word, or with a simple phrase, and one has to resort to paraphrase and to images to convey it, then the symptom is not only more valuable than another local symptom, but indeed has a hundred or a thousand times the value of an inaccurately described mental symptom. It is not a question of arithmetic. Homoeopathy is not a numerical calculation, it is not mere addition, but an art, as Stuart Close once put it. He said the following:

"In paragraph 153 of the *Organon*, Hahnemann says that in comparing the collective symptoms of the natural disease with drug symptoms for the purpose of finding the specific curative remedy, "the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case are chiefly and almost solely to be kept in view ... The more general (common) and undefined symptoms: loss of appetite, headache, debility etc., demand but little attention when of that vague and indefinite character, *if they cannot be more accurately described** ...." This seems a sufficiently clear description of what Hahnemann meant by "characteristic" symptoms; and yet the

* My italics, G. v. K.

term has been the subject of much discussion ... Confusion arose and still exists through the inability on the part of many to reconcile the teaching of this paragraph with the apparently conflicting doctrine of the totality of the symptoms as the only basis of a true homoeopathic prescription ... The fundamental mistake here has been in the failure to distinguish between the numerical totality and the related or logical totality."

Stuart Close continued that Guernsey introduced a new term for the concept of the "characteristic symptom" originally used by Hahnemann in his § 153, calling it a keynote, and that a keynote in music was defined as "the fundamental note or tone of which the whole piece is accommodated". "It does not mean that the keynote of the case alone is to be met by the keynote of the remedy alone and that the other features of the case or remedy are to be ignored. The keynote is simply the predominating symptom or feature which directs attention to the totality."[18]

On the other hand Hahnemann says, in § 7 of the *Organon*, "as the only means by which a disease may be perceived are the signs of that disease, the entirety, the totality of these signs, *this picture which is the outward reflection of the inner nature of the disease**, must be the only thing to determine the choice of the most appropriate remedy." Hahnemann's choice of the word "picture" was not fortuitous. A picture is a work of art that appeals to our aesthetic sense as much as to the intellect. It has elements of form, colour, light, perspective and harmony, and as a composition expresses an *idea*, by harmoniously combining the elements in a whole, a *totality*. So much of the difference between the numerical and the artistic totality of symptoms, as seen by Stuart Close.

Let us return now to the peculiar symptom in the case we are repertorizing. "When I have a dragging, urging, feeling in the lower abdomen it is upwards then, so that one has to take deep breaths so as not to be sick." Now let me read to you two Lilium symptoms given in Allen's *Encyclopaedia*: "Desire to take a long breath, with frequent sighing, which seemed to come from the lower part of the bowels." "... when walking, a sensation as if everything were pressing down in the pelvis, so that she inhales forcibly, in order to draw up the thorax and relieve the pelvis of weight."[19] Again, my own patients:

Mr. H., 2nd August 1978: "I sometimes feel so full, you know, one has to take a deep breath."

Mrs. L., 18th December 1974: "The latest thing is that I feel nausea with it, that comes from here, from the pelvis, it rises like this."

Do you see now, why such a match cannot be found in the repertory? The very descriptive symptom "constricted as if a belt is drawn tight" can also be matched by a proving symptom of Lilium—"Constrictive feeling, in the right and left hypochondriac regions, as though a band were passed around the body."

I do not wish to bore you by going into every little detail as to which

* My italics, G. v. K.

of the patient's symptoms matched which of the symptoms in the drug pieture, nor with considerations as to whether the numerical totality of the case is also matched by the remedy. We have noted the extent to which the symptoms of the remedy correspond to the two most characteristic signs of the disease. In other words, a striking similarity exists, both as to choice of words and meaning conveyed, between the patient's description of the two sensations she has most accurately defined, and the sensations described by the provers. When we have two or three "more accurately described" signs and are able to match these with just as accurately described drug symptoms, we can be much more certain of our choice than if we get a purely numerical match of 50 or 100 "not more accurately described" symptoms.

It is not the numerical totality which matters, and there is yet another, quite different reason why not. The case presented another, quite characteristic symptom, at the point where the patient said: "So long as I keep moving, I never get a colic, but only when I lie down. If I did not lie down it would not get so bad. As soon as I lie down, then it gets really terrible." The proving only has features that show a distant similarity to this. But even before I started to record my patients on tape, I had similar instances One patient had "pain in the left side of the abdomen, better when up, worse-in bed", another "feeling like a stone in the stomach worse when lying down."

What I mean is the following. Even if we have not yet heard of a second case where "aggravation in spring" occurred with Lilium, I do consider it highly probable that at least one other such case will come up during the next hundred years. Our drug pictures, and therefore our repertories, are far from complete in their present state, and further data still need to be added. This being the case, we cannot expect numerical repertorization to give us complete rubrics. We can never be certain, when using a repertory, that the remedies excluded by the use of a short rubric do not in fact include the remedy we are looking for. In other words, we cannot be sure, if a rubric does not contain a particular remedy, that this remedy should not after all be considered. There are no negative symptoms in Homoeopathy, the way we are able to exclude typhoid when making a pathological diagnosis if certain symptoms are not present.

A symptom does not have greater value than another by virtue of being a mental or a general symptom. Nor does its value increase if it occurs more frequently in a proving, as some have maintained. What makes it more valuable is a more accurate description, and closer correspondence to a known symptom of the remedy. It becomes all the more valuable the more closely it is described, the more it is developed, gone into. Some mental symptoms are very general and common, they are collective terms such as 'hurry' or 'impatience'. Other symptoms are so far developed that a few words suffice to express a whole range of sensations and modalities that may be different, yet are part of an organic whole. You will recall

something I mentioned in connexion with the fear of illness and the thoughts of death—an almost playful interest, looking at one's own emotions from a point above. This is a second, higher level of symptoms, but one that is no mere theoretical reflection on the part of the physician, but voiced by the patient—you will hear it, if you know what to listen for.

Local symptoms may show the same degree of development. What a multitude of different sensations and modalities lies in just the bearing-down sensation of Lilium, the funnel, starting from above, the need for upward pressure with the hand, the pressure felt on bladder and rectum. Seemingly unimportant things said by the patient, yet they may strike a chord, bring the remedy to mind. The range of access points, of affinities, of starting points make a symptom valuable; it is through this that it will soon get known and come to be successful.

Now let us hear what the patient whose case we have been repertorizing had to say after she had been given Lilium. Note also how improvement progresses from within to without:

17th March 1977: "Well, how am I—I don't know exactly, I don't feel particularly well, I have such—Well, I really feel more ill than I ever did, a bit on the low side, but then I don't really dislike feeling a bit on the low side. And, I don't know, but I think some of the tension has gone. A bit limp, not indifferent, but rather as if my muscles don't want to move as fast as I want, or as I am used to their having to move. At night I get some very peculiar cramps at the back of my thighs. I did have one more biliary colic in the meantime but it was a relatively mild one. The next day I felt really extremely tired, much more tired than before, and I could not go against it properly. And feeling tired was so incredibly good for me. I must say, if I feel a bit limp now, that somehow feels really good to me."

31st March 1977: "I feel good. I have the feeling something is hanging on a bit at the back of the neck. Around the middle I feel really very good. For a while I was a bit scared, when those hard corsets went away, that I might somehow lose poise, lose control, or something like that, but somehow it is quite alright. I don't know, my gallbladder and my stomach are so . . . it all feels really good, absolutely right, I don't actually think about it any more."

Now, with hindsight, one becomes aware of the pressure the patient had been under, and how good it must have felt to her that the pressure which had been on her all the time had now been relieved. "Feeling tired was so incredibly good for me", she said, and this provides an excellent description of the tension that beset her before. We also get an excellent illustration of the real nature of a 'homoeopathic aggravation'—the general condition and mood of the patient improves first, and at the same time peripheral symptoms, or symptoms which the patient has had on former occasions, are aggravated or recur. Improvement, progressive improvement, moves from within to without, 'within' meaning symptoms relating to mind

and spirit, and the will right at the centre, the innermost core. Further out come the emotions, the intellect, the general modalities, then the functional sphere, followed by local symptoms and on the very outside the skin. Conversely disease, falling ill, progresses from without to within. If ill health has not yet penetrated deeply, if it is still superficial, the important organs are not yet affected. Once it has reached the core of the human being, then essential organs have become involved.

From this point of view it may indeed be said that the mentals are most important, and local symptoms less so. For an improvement in mind and spirit is of much greater significance in attaining a cure than changes in local symptoms only. If the patient presents not only local, but also general and mental symptoms, the remedy we have found is much more likely to effect a real cure, a cure that moves outwards from within.

Kent was quite right, therefore, when in his lectures he referred to the mentals as being of particular value, followed by the generals. Hahnemann, too, made it very clear in his paragraphs 210-213, that note must be taken of a state of disposition and mind that have been altered by the disease, for in this area it is possible to make much finer distinction, in many different ways, than with local or even skin symptoms.

But—different standards apply when it comes to finding the remedy in the individual case. Do not think I stand alone in holding this view. Let me conclude by reading to you an anecdote from the life of Kent, when he was a university professor. Frank Kraft read a paper in 1892[21] in which he told of the time when he attended Kent's lectures and was trained by him.

"It was my good fortune, at the beginning of my medical career, to have sat at the feet of a master of homoeopathic therapeutics, ... I refer, gratefully, to James T. Kent, M.D., then of St. Louis, now of Philadelphia. Here, at this eventful and formative period of my medical life (...), I attempted to learn the use of repertory in order to 'dig out' intricate cases, chronic cases, long-running and deep-seated cases—cases such as had gone the circuit of all the other first-class doctors, but without success. Pursuant to Dr. Kent's system of teaching, he set us actual copy to follow—gave us letters received in his mail, detailing the symptoms of cases submitted for his prescription, and while supervising, made us do the actual work in order to impress the practical value of the given rule. Of all these students, as I now remember, I alone continued stupid and uninstructable, and to my confusion be it said, I am still at the foot of that repertory class, if not upon the dunce-block.

"The very last repertorial problem set me, my room-mate, Dr. C. O. Boyce—an expert in repertory work—and I took to our room, and gave it the closest and most minute attention—outlining and filling in every detail, in order, if possible, to convert my stupid scepticism into belief. Every rule was followed to the letter, so far as we both knew; the symptoms were translated from the chaotic narrative of the letter, arranged in sections and

numbered. The quantitative value of the symptoms and remedies carefully noted. We spent one Saturday evening and almost the whole of one Sunday on the case, and when we cast up the answers, found that Calcarea carb. had appeared thirty-six times, and the remaining remedies of the materia medica tailing along in less and less numerical values until we reached Thuja or some other closing letter at the bottom of the alphabet—not now recalled—which showed up with a value of 2 or 3. Now, if there is anything in the mathematical value of symptoms, if there is any value to be attached to the frequency of appearance in a case of any one remedy, and that, I believe is the allegation and the reason for numbering the symptoms and remedies, the Calcarea carb., heading the list in such great numerical value, with no immediate numerical competitors in our study as stated, ought to have been the similimum to be given without an instant's hesitation. But it was not! When we presented our lesson sheet to the professor on the following Monday evening and pointed to the answer as Calcarea carb., he ran his eye over the tabulation, then read the letter, laughed and said the remedy was Thuja! Being appealed to for his reason, he took from his bookcase Hering's *Condensed*, turned up Thuja, and showed us that the peculiar urethral discharge mentioned in the letter was a leading characteristic of Thuja which underlay the whole case. 'Well then', I expostulated, 'where is the need of all this labour and these pages of figures, if we, after following every rule to its uttermost detail, fail so utterly, while you, without five minutes' study, pick out the remedy on one or two keynote symptoms?' His answer was: 'You must study your materia medica, find the 'red string' of the remedies and apply it to your cases. Then you will use the repertory intelligently.' "

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