

kind would totally lack the chance of health through medicine.

The American Association for the Advancement of Science could furnish means of making known the law of similars together with the potentization of medicines. Since the entire matter derives from scientific experiment; since the means of checking it are at hand to anyone repeating the original experiments; since it is open to scientific checking both in theory and in clinical practice; since potentized medicines do things beyond possibility otherwise; the Association fails its very name when it does not equip to further a truer pharmacology than it publishes.

—*The Layman Speaks*, November 1974

CONCOMITANT

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It is the 'subsidiary symptom' that is termed by Boenninghausen as 'concomitants' and of these again, it is the '*unreasonable attendants*' (*ibid* p. 27, para 1) which become characteristic concomitants, guiding to the simillimum (all italics ours).

2. Most of these symptoms instanced by the author, can be shown to be physically or pathologically related; so they cannot deserve to be recognised as 'unreasonable attendants' or guiding concomitants. Even pain in rectum will not deserve that merit, if it is already congested or inflamed and the pain is brought about, by the increased intra-abdominal pressure caused by contraction of the diaphragm during coughing. But it is very difficult to imagine any pain in legs during coughing as a 'reasonable attendant' so this pain may be given the value of a guiding concomitant.

HOMOEOTHERAPEUTICS AND THE CURRENT MEDICAL SCENE

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3. Guttentag, Otto E.; Homoeopathy in the Light of Modern Pharmacology, *Clin. pharm. & Therap.* 7:425, 1966.
4. Mintz, Morton: *The Therapeutic Nightmare*.

—*The Layman Speaks*, October 1974

CONCOMITANT

DR. ARUN CHANDRA DASGUPTA, B.SC., M. D. HOM. (CHM W.B.), Jalpaiguri

Concomitant means accompanying thing.* It has no separate meaning in medicine, yet it has a significance in Homoeopathy.

It is known that treatment is made, in Homoeopathy on the basis of totality of symptoms of a patient. A patient may have a large number of symptoms common and uncommon, but a selection has to be made out of them. The importance of a symptom for consideration of selection lies in the fact of how much it contributes to the identification of the patient. The group of such identifying symptoms make the totality of symptoms. For this reason each of the selected symptoms inseparably go along with the rest for the identification of the patient.

Because of this close relationship each of the group of selected or selectable symptoms is called a concomitant.

Pathology is important in any system of medicine, including Homoeopathy, for the purpose of prognosis, management of diet and environmental influences etc. but it has no relevance vis-à-vis concomitant.

Dr. S. P. Dey of Calcutta (chief editor, *Homoeo. Jyoti*) is of the view,* that to understand concomitant one has to have knowledge of practice of medicine, pathology etc. and puts forth the idea, in effect, that a symptom found in a patient outside the pathological group of symptoms as described in the practice of medicine is the concomitant.

He cites for example: cough, exciting pain at a distant place e.g. the leg, in a case of pneumonia and says that since pain in the leg is no symptom of pneumonia, this pain is a concomitant. He also mentions *inter alia* similar other examples in connection with some other pathological cases.

For homoeopathic treatment pathological diseases indicate but the condition of the patient concerned and the group of pathological symptoms are only part of the total symptoms of the patient. A concomitant is, therefore, a concomitant not because it does not belong to the group of pathological symptoms but because it, along with those symptoms constitute the totality of the symptoms of the patient.

To make the point clear let me go a bit into detail: Headache may be naturally associated with (a) fever, (b) nausea, (c) with trauma of the head, (d) not unexpectedly; then (a) and (b) are each concomitant of the other and so are (c) and (d). Cough, again, is an exercise of the throat; it may or may not induce pain in the throat. If it does, the pain is the concomitant irrespective of probable different pathological causes or conditions of the throat.

* *Homoeo. Jyoti*, Hahnemann issue, April 1977.

Cough may excite pain in any of the different parts of the body, e.g. intercostal region, by heart, hip or the rectum, without the patient being a case of pneumonia, yet the pain in each case shall be known as a concomitant. Pathology, therefore, does not necessarily count.†

That any symptom amongst the totality of selected symptoms of a patient is a concomitant was also the view of Dr. Boenninghausen and Dr. Samuel Hahnemann. The following lines of Dr. H. A. Roberts, M.D. are illuminating on the point:

"In his close relationship with Hahnemann Boenninghausen learned to look at disease conditions from Hahnemann's viewpoint and the totality of the case meant to Boenninghausen (as no doubt to Hahnemann) *a matter of concomitance—a group of selected symptoms* not expressing the disease so much as expressing the individual who suffered etc."†

A concomitant has a greater symptom value when it is rare, peculiar, being unexpected also, and therefore, it is less separable from the group of selected symptoms identifying the patient, that is all. But this rarity, peculiarity or unexpectedness need not be the sole criterion for calling a symptom a concomitant.

Editorial comments: We are sorry, we fail to agree with many of the interpretations and views of our learned friend Dr. Dasgupta, as expressed in this article:

1. Although some of the dictionaries give the meaning of the term, *concomitant* simply as 'accompanying', 'conjoint', we find the following meaning in Webster's *Seventh New Collegiate Dictionary*: "accompanying esp. in a subordinate or incidental way". And it is in this latter connotation that the term was taken up by Boenninghausen for homoeopathic technical parlance.

"Boenninghausen recognised that symptoms naturally occur in groups, some of which are marked and prominent and some of which are subsidiary. These appear in every chronic case, and often to a marked degree. These are always *leading symptoms*, and these may be defined as those symptoms for which there is clear pathological foundation; or the symptoms that are most prominent and clearly recognizable; or the symptoms which first attract the attention of the patient or physician; or which cause the most suffering; or which indicate definitely the seat and nature of the morbid process; which form the 'warp of the fabric', as it has been expressed. In the leading symptoms alone, however, there is nothing particularly characteristic from the standpoint of the prescriber." (Boenninghausen's *Therapeutic Pocket Book*, Introduction by H. A. Roberts, p. 25, para 2).

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† Dr. Boger's *Boenninghausen's Characteristics and Repertory*, 2nd edition, B. Jain Publishers, p. ix, para 1. The original is not in italics.