

functional recovering and organic reparation set into movement by the medical excitation of the vital force. The trajectory of this recovering is not always progressive and uniform. Sometimes it stops and afterwards goes on in periods of different intensity. In the practice we meet patients who after an open and progressive improvement, stop for a long period, and then start progressing again without our having given them new doses. They claim for the medicament that so much benefited them in the first moment. But the homoeopath must know that until the old symptoms appear again, he must not repeat the medicament. Neither must he give another medicament when symptoms change, whenever the patient is better. This all means that the doctor must keep on observing in order to detect the healing trajectory, from the center to the periphery, and respect a process that recovers the individual in his animic center and impairs his peripheric organs. These are some of the fundamental directions to which a good homoeopathic prescription must be subject. Homoeopathy is not an empiric therapeutics subject to the whimsical deviations of each doctor that practices it, but a science respecting rules and principles without which it is not Homoeopathy any longer. Our duty is not only to spread it, but to spread it correctly.

—*Journal of Am. Inst. of Homoeopathy, September 1974*

REAL MEANING OF THE TOTALITY OF SYMPTOMS

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Strong modalities. The woman who suffered from "Colchicum dysentery", "could not bear the smell of food" (Nash).

A case of angio-obliteraus, "one leg cold, the other hot", rt. leg was colder and numb, cured by Lyco. 10M (HKS). Many more illustrations can be added to the above list to show that a strong mental or even a persistent dream (diabetes mel. cured by Med. CM.—dreams of drinking water) or a definite cause (baby purging and vomiting after BCG cured by B.C.G. 30) may constitute the totality of symptom and be the clue to the similimum. But it is not always easy to get such 'made-to-order' symptoms.

When a keynote symptom or a characteristic symptom fits the case well, invariably, the other symptoms of the case also come under the drug.

COLDS—INFLUENZA—SORE THROATS—RESPIRATORY INFECTIONS

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The cough is hard and dry and much worse lying on the left side. There can be nose bleed, bloody expectoration, tight chest, anxiety and great thirst for cold drinks which may later be vomited.

—*The Hahnemannian, December 1973*

REAL MEANING OF THE TOTALITY OF SYMPTOMS*

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The sponsors of this Seminar deserve our congratulations for selecting this subject for discussion. *Individualising* the case on *totality of symptoms* is, in fact, the essence of the teaching in the Organon. Everybody, whether a neophyte or a proficient, swears by this oft-quoted slogan. It means different things for different people. I am placing before you very briefly the gist of the teachings of the masters and my own concept of it.

The real meaning of the two words *symptoms* and their *totality* has to be clearly grasped for its application in practice.

SYMPTOMS—COMMON AND UNCOMMON

The human body comprises several organs with various tissues. Each organ is constructed to perform a particular function. All organs work in harmony to keep the body intact, to promote growth, and to efficiently discharge the duties for which purpose it is created. This harmonious working, with a sense of well-being, under the supreme control of the brain and mind is the state of *health*.

Any factor which affects the organs does bring about a change in the structure of the tissues of the organ. However slight this change in the tissues, there will be a consequential change in the functioning of the organ. This altered state of the organs with a disordered functioning—different from normal functioning—is known as *disease*. The altered functioning is experienced or sensed by the individual (subjective) as abnormal sensations, or is observed (objective) as *symptoms*.

A sound knowledge of this structure (anatomy) and its normal functioning (physiology) is very essential to know what is normal and what is abnormal in the states of health and disease. If our teachers do not waste the time in teaching the minute details of redundant matter, at the cost of homoeopathic subjects, a good working knowledge can be gained in about six months.

ELECTIVE ACTION OF DISEASE AND DRUGS

Any causative factor, whether in material or dynamic form, primarily affects the innermost of the organism and then gets localised in one or more of the organs by an elective process. Irrespective of the causative factor, the organ undergoes the same changes in its structure and the resultant alter-

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ations in its functions will also be the same. For example, take the case of lungs. They are constructed to help respiration—the purpose of breathing is to absorb oxygen and to purify the blood. Depending upon the nature and extent of damage to its structure, either a mild congestion or acute inflammation, you may have symptoms of mild catarrh (bronchitis) or of gross inflammation with all its cardinal symptoms, such as high fever, pain in the chest, rapid and shallow breathing with altered secretions of blood and pus expectorated. When a group of symptoms like this is present in every case of inflammation of lungs, the condition is recognised and named as pneumonia. Instead of the inflammation, if the bronchi get into a state of spasm with oppressed and difficult breathing, the condition will be termed as asthma. Whatever the cause, the symptoms in all cases of asthma will be the same. They are called as Pathognomonic symptoms and are the symptoms of the disease.

It is seen that all the pneumonia cases, or all cases of asthma, though they have the same pathological changes in the organ and present the same set of common symptoms (diagnostic), are not behaving in the same way. Each one exhibits a different desire or craving, a peculiar sensation or a particular posture and reacts differently to temperature, conditions and environment. Each seems to exhibit some uncommon individualistic symptoms in addition to the common symptoms of the disease.

TOTALITY OF SYMPTOMS

I have tried to make out that in every case of disease, there are two sets of symptoms (1) symptoms common to all cases of a particular named disease—the diagnostic or pathognomonic symptoms and (2) some uncommon symptoms to be seen only in a few, and peculiar to the particular individual. The two sets of symptoms together form the totality of symptoms of that individual.

A knowledge of disease pattern is also essential. It helps you to diagnose the disease and to prognosticate. We cannot just tell our clients that the person is suffering from Bryonia, Rhus tox or Stannum though it may be a case of Bryonia pneumonia, or a Rhus tox arthritis or a case of Stannum pthisis.

NUMERICAL TOTALITY VS INDIVIDUALISTIC TOTALITY

The crux of the problem is this: whether we are to take into count all the symptoms of the case—numerical totality or be guided by the few individualistic symptoms only? How have the great prescribers tackled this problem? To cull from a few great teachers:

(1) Symptoms are the outwardly reflected picture of the internal essence of the disease—the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly to be kept in

view—the more general and unidentified symptoms demand little attention (Hahnemann: *Organon*, sec. 153).

(2) Homoeopathy is both a science and art. The scientific method is the mechanical method—taking all the symptoms carefully and writing them down (numerical totality). In the artistic method, which is the better method, you omit the mechanical process, grade and evaluate the symptoms by your judgement, note the most peculiar symptoms, omitting the common ones, and individualise the case (J. T. Kent).

(3) The characteristic symptoms, the symptoms peculiar to the individual patient, rather than the symptoms common to the disease is to be taken into count (Adolph Lippe. His case of 'cholera of Jatropa' is a beautiful example).

(4) The totality means not only the sum of the aggregate of the symptoms, but also this other and most important factor of all—the totality of each individual symptom of the aggregate group (P. P. Wells).

(5) Boenninghausen advises to complete the totality of each symptom by adding the *concomitant symptom* to his valuable trio (1) location (2) sensation and (3) modality. We may profitably include in the above causation, a strong mental symptom and the progress of the disease to the present state (and also the treatment had so far). I feel that, this much of data in every case will be a very near picture of totality of symptoms.

PRACTICAL APPLICATION

(a) Of the two groups of symptoms—the common diagnostic and uncommon individualistic symptoms, the latter group certainly helps you in selecting the proper remedy and should be the basis for the totality of symptoms.

(b) It is safe and better for the beginner to adopt the method, as suggested under Boenninghausen (see No. 5). One should practise in the beginning by carefully taking the case, and writing down all the symptoms, paying particular attention to all factors noted above namely (1) location, (2) sensation, nature of pain and its extension is important (3) modality, factors helping to his comfort or causing discomfort (4) strong or persistent concomitant symptoms. You will not miss to note his special cravings, postures assumed and any strong mental (if present), ascertain also the treatment he or she had. The effects of modern drugs are dreadful and the drug disease is more stubborn than natural disease. Also vaccination, BCG etc. A beginner should cultivate a regular and methodical way of taking his cases. It is an exercise for him and in a short period of time he becomes a good prescriber. Maturity is gained by practice and practice leads to dexterity and develops intuition. All our good prescribers had at one time or other been ardent students of this method. A few developed into very good prescribers and only, an exceptionally small number, became perfect prescribers. Our aim should be at least to be good prescribers. Many failures are due to faulty

and 'sketchy' totality. After some years of diligent practice in taking the case, one develops the sixth sense and knows what symptoms to discard and what symptoms to choose to frame proper rubrics.

The great prescribers are the clinical detectives getting their clue from the most insignificant or trivial symptom or an uncommon and strange symptom, which the neophyte or the mechanical prescriber would lose sight of, for them the strange symptom would be the clue and representative of the totality. The numerical totality takes you near the spot, but the uncommon symptom lands you on the spot.

A few illustrations will suffice:

Keynote symptoms and characteristic symptoms are short cuts to prescribing—sometimes they may constitute the totality—but they are dangerous and lead to pitfalls, if not supported either by a strong mental or a good modality.

Kent's case of arthritis is a good example: though cold and chilly, found relief only by keeping his leg in ice-cold water—*Ledum pal.*

Burning pains better by local heat—*Arsenic alb.* (cured HKS).

A persistent cough spasm of lungs due to eosinophilia, the more he coughed, the worse it is—*Ignatia* (HKS).

CAUSATION—It is a very important factor in selecting the remedy. One should invariably try to ascertain this—it may be either recent or remote.

(1) Sudden exposure to a strong cold wind resulting in right sided facial palsy, cured by *Aconite* and *Causticum* (HKS).

(2) Colicky pain in abdomen, umbilical area; persisting for 2 months after lifting a heavy ricebag—*Rhus tox 10M* (HKS).

(3) Emotional upsets, suppressed grief—*Ignatia*. Jealousy, the boy who soiled his pants, when he met his sister's lover—*Hyoscyamus* (Tyler); sudden deafness after hearing an unexpected bad news cured by *Gelsemium* (P. Schmidt).

(4) Strange posterior and lateralities. A case of Pott's disease cured by *Stannum met*: The woman was found to be most of the time on her back with one leg stretched and the other drawn up (S. R. Phatak).

A new born babe trying to turn to lie on its abdomen—*Medorrhinum* (Margaret Tyler).

A bad case of asthma found relief by lying on the back with limbs stretched apart—*Psorinum* (HKS).

Sterility in man of 30 years cured by *Lac can* (Ad Lippe). "History of old mumps changing sides."

(5) Strong mentals. A case of insanity in a youth cured by *Anacardium*, "irresistible propensity to curse and swear." (HKS).

A case of hysteria in an unmarried lady of 19 years, felt she was pregnant and the foetus in her abdomen was jumping up and down—*Crocus sat. 10M* (HKS).

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