

REAL MEANING OF THE TOTALITY OF SYMPTOMS*

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Totality of symptoms is not the sum total of symptoms stated by the patient or recorded by the physician.

But the totality of symptoms is surely the total sum of the characteristic symptoms narrated by the patient or recorded by the physician.

A characteristic symptom has also been named as uncommon, rare, peculiar or determinative symptom.

In fact a characteristic symptom is a non-diagnostic symptom. Therefore, to understand it a knowledge of diagnosis is an absolute necessity and to have a clear conception of diagnosis the knowledge of ancillary subjects besides homoeopathic one is equally important. The more a symptom cannot be explained by anatomy, physiology or ordinary common diagnostic method the more peculiar it becomes.

Three characteristic symptoms of a patient is usually sufficient to form a totality of symptoms. More than three is of course welcome. I have no record with me where three characteristic symptoms of a patient failed to cure a case.

Totality of symptoms may be divided in two parts, (1) totality in general, (2) totality in particular.

The best method is to proceed from generals to particulars.

By general symptoms we mean those symptoms which pertain to the patient as a whole while by particulars we mean those symptoms that are related to the parts of the patient.

The record of the physician essentially must constitute, (1) generals, (2) modalities, (3) sensation, (4) concomitants.

The mental symptoms are considered as the highest generals as they depict the man himself.

For a successful prescribing each symptom should be verified to point its location, character and modalities.

The study of generals, modalities, sensation and concomitants form in itself an interesting study that goes with the life of the physician making him better and more skilful year after year. A younger physician of today who devotes much more time with each of his patients to obtain a full totality of symptoms is one who will devote 1/10 of that time after he has grinded himself sincerely and keenly to put a few years of successful practice.

The study of micro-organism to form a totality of symptom can be a

* 4th Homoeopathic Scientific Seminar, First Session, held at Belgaum in July 1976 under the auspices of All India Homoeopathic Editors' Guild.

debatable point yet it is often necessary for a successful prescribing. The past or the family history of the patient or the culture examination of his body fluid related to particular micro-organism has often led us to the prescribing of nosodes in difficult cases with a triumphant success where other seemingly indicated remedies failed.

It is unfortunate that immortal Dr. James Tyler Kent has been grossly misunderstood in India as one who was protagonist against the knowledge of diagnostic subjects for homoeopathic teaching. The fact is that Dr. Kent himself favoured it the most, but he emphasised and went on re-emphasising its uselessness in making an accurate homoeopathic prescription because a diagnostic symptom only constitutes a common symptom. His monumental Repertory and Materia Medica full of nomenclature of diseases will not be understood or it can be ever applied if it is devoid of these nomenclatures. Therefore, in my opinion the nomenclature of disease is simply a symptom syndrome and is one that gives at a glance what to select and what to reject to have a real meaning of the totality of symptoms.

METASTASIS, A THEORY THAT IS FALSE

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and not of the cancer. After all, it is the cancer that does not need help it is the patient that is ill. However, they must want to get well and with proper direction, most of them can and may completely recover.

Faith in a Supreme Being and putting oneself in His Hands is one of the first necessities of the recovery. You can commit yourself to failure, if you so desire by failure in Faith, even if other things, are brought and kept under control. I have seen the complete recovery of so-called terminal cancer victims, some of whom lived a normal life for 30 more years when it was considered they could not live from 7 days to as much as 6 months. Some of these are still living and in good health, they were terminal cases even before 1945. Of course not all get well and there is always the possibility that the m-e-t-a-b-o-l-i-c imbalance can recur and the results re-develop, if they fail to follow the rules of proper living. Perhaps the teenagers have something when they believe in complete love, only it should not mean sexual freedom, as so many interpret it to mean. Misinterpretation is perhaps one of the greatest of our mental toxins causing faulty m-e-t-a-b-o-l-i-s-m and Disease.

—*The Layman Speaks, February 1974*

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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