

THE REAL MEANING OF TOTALITY OF SYMPTOMS*

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The affection of the morbidly deranged spirit like dynamis (vital force) that animates our body in the invisible interior and the totality of the outwardly cognizable symptoms produced by it in the organism represent the existing malady. So, from this indubitable truth, that besides the totality of symptoms nothing can by any means be discovered in diseases, wherewith they could express their need of aid. But to attend a remedial diagnosis, all these mental and bodily changes from normality, may not always be necessary to take account of. In a word the totality of symptoms means, all the symptoms that enable the physician to individualise between diseases and between remedies. In other words it can be said that patient's enumerated signs and symptoms have to be sorted and arranged in such a manner so as to form a perfect image of the patient, similar to one of the images of the drug pictures obtained by drug provings.

What do we face in treating diseases, about the image or portrait of the disease? We first get from the patient about his particular symptom which annoys the patient, then we enquire about the patient's generals and mental characteristic or some rare, peculiar or strange symptom, if any such and other particular fact has not been revealed by the patient, thinking as unnecessary for narration. On getting these we try to form an outline of the portrait or picture of the disease with the mentals, generals, and particulars obtained, in that order and try to match it with the similar drug pictures of the same mental, general and particular arranged in the same order. While doing so, many particulars do not come within the disease picture, which are there in the drug picture, and similarly many particulars of the disease picture are not found in the drug picture.

Or, in other words the totality of the symptoms is not merely a numerical sum of all the symptoms. It means all the symptoms of the case which are capable of being logically combined into a specific and consistent entity, having form, coherency and individuality, i.e. it must express a diagnostic entity.

Below are the consequences and circumstances where the presenting totality will not be able to formulate the true picture of disease, i.e. the diagnostic entity.

The symptoms and feelings of the patient during a course of medicine do not furnish the pure picture of the disease, but on the other hand those

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symptoms and ailments which he suffered from, before the use of the medicines, or after they had been discontinued for several days, give the true fundamental idea of the original form of the disease.

When the disease is of a chronic character, and the patient has been taking medicine up to the time he is seen, the physician may with advantage leave him some days quite without medicine, or in the meantime administer placebo and defer to a subsequent period for the more precise scrutiny of the morbid symptoms in order to be able to grasp, in their purity the permanent uncontaminated symptoms of the old affection, i.e. the totality.

But if it be a disease of the rapid course, and if its serious character admit of no delay, the physician must content himself with observing the morbid condition, altered though it may be by medicines, if he cannot ascertain what symptoms were present before the employment of medicines, in order that he may at least form a just apprehension of the complete picture of the disease in its actual condition, that is to say, of the conjoint malady formed by the medicinal and original diseases and hence demands prompt and efficient aid, and by thus tracing out the complete picture of disease he will be able to combat it with a suitable homoeopathic remedy, so that the patient shall not fall a sacrifice to the injurious drugs he took.

In chronic diseases, the investigation of the signs of disease must be pursued as carefully and circumstantially as possible and the most minute peculiarities must be attended to, partly because in these diseases these are the most characteristic and least reasonable symptoms as compared with those of acute disease; and if a cure is to be effected they cannot be too accurately noted; partly because the patients become so used to their long sufferings that they pay little or no heed to the lesser accessory symptoms, which are often very pregnant with meaning (characteristic), often very useful in determining the choice of the remedy, and regard them almost as a necessary part of their condition, almost as health, the real feeling of which they have long forgotten in their, sometimes, 15 or 20 years of suffering, and they can scarcely bring themselves to believe that these accessory symptoms, these greater or lesser deviations from the healthy state, can have any connection with their principal malady.

The hypochondriacs and other persons of great sensitiveness and impatient of suffering, portray their symptoms in too vivid colours and in order to induce the physician to deduct something from their exaggeration, at all events ascribe the strong character of their expressions to their excessive sensibility, in which case this very exaggeration of their expressions when talking of their ailments becomes of itself an important symptom in the list of features of which the portrait of the disease is composed.

There are other individuals of opposite character, who partly from their indolence, partly from false modesty, partly from a kind of mildness of disposition or weakness of mind, refrain from mentioning a number of their

symptoms, describe them in vague terms, or allege some of them to be of no consequence.

In case of epidemics, a single case will not present the totality of symptoms. In the course of writing down the symptoms of several cases of the epidemic sickness, the disease picture becomes ever more and more complete, not mere spun out and verbose, but more significant (more characteristic), and including more of the peculiarities of these collective diseases, on the one hand the general symptoms (e.g. loss of appetite, sleeplessness etc.) become precisely defined as to their peculiarities; and on the other, the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence at least in the same combination, become prominent and constitute what is characteristic of this malady. All those affected with the same bacteria or virus, have certainly contacted it from one and the same source and hence are suffering from the same disease; but the whole extent of such an epidemic disease and the totality of its symptoms cannot be learnt from one single patient but is only to be perfectly abstracted and ascertained from the sufferings of several patients of different constitutions.

Just like the epidemics, in the cases of chronic miasmatic maladies the psora, sycosis and syphilis, must be investigated, as to the whole sphere of symptoms, in a much more minute manner than has ever been done before, for in them also one patient only exhibits portion of their symptoms, a second, a third and so on present some other symptoms, which also are a portion of the totality of symptoms which constitute the entire extent of this malady, so that the whole array of symptoms belonging to such a miasmatic chronic disease and especially to the psora, sycosis or syphilis is, can only be ascertained from the observation of very many single patients affected with such chronic disease; and without a complete survey and collective picture of these symptoms, the medicine capable of curing the whole malady cannot be discovered. Each chronic miasm (viz. psora, sycosis or syphilis) in respect to its internal type of nature always remains the same. The characteristic of psora is ever the same and that of sycosis though different from psora but is ever the same to its own type; the same may be told as regards the characteristic of syphilis. But their different combination or permutation shows different manifestations.

There are cases in which so called corporeal disease that threatens to be fatal becomes transformed into insanity, into a kind of melancholia or into mania by a rapid increase of psychical symptoms that were previously present, whereupon the corporeal symptoms lose all their dangers, the latter improve almost to perfect health, or rather they decrease to such a degree that their obscured presence can only be detected by the observation of a physician gifted with perseverance and penetration. In this manner they become transformed into one-sided and as it were a local disease in which the symptoms of the mental disturbance, which were at first but slight, increases so as to be the chief symptoms, and in a great measure occupies

the place of the other (corporeal) symptoms, now by adding to this the state of the mind and disposition accurately observed by the patient's friends and by the physician himself, we have thus constructed the complete picture of disease, i.e. the totality.

In those diseases in which certain morbid states alternate at uncertain intervals with morbid states of a different kind, it is difficult to get the totality at first or second chance, as the patient can never guess even that the other partner of his disease, has any bearing with the present one, he is now suffering. But if the physician keeps the record and thus treating along after some period, the other partner exposes itself and then on enquiry the patient reveals the whole fact and exclaims, is there any co-relation with the present one with that of the previous one!

Now there are various alternating diseases. Kent has described a few types of such diseases in his lecture in Arsenic alb. So while treating such a kind of disease the true picture of the first one plus the picture of the second one should be taken into account and the totality of the two combined will be the true guide for prescribing, e.g. "the sick headaches were better from cold water, cold applicaton to head, could hardly get them cold enough. These headaches came every two weeks and so long as they were present he desired cold application to the head. Thus these periodical headaches would be better for long periods, but when they were away he was suffering from rheumatism of the joints which was also periodical, and also more or less tenacious and when this rheumatism of the joints and extremities. with more or less swelling and oedema, was present he could not get warm enough, he was at the fire and wrapped up, he was relieved by heat and wanted warm air and a warm room. This could last for a period and then subside and back would come his sick headaches and last for a while."

So it is evident from the above quotations that while taking a case the physician must enquire and search for all the facts to come to a diagnostic entity that is, the totality of symptoms to formulate a correct picture of the disease.