

THE HAIENMANNIAN GLEANINGS

Vol. XXVIII

AUGUST 1961

No. 8

SYMPTOMATIC TREATMENT

DR. J. N. KANJILAL, M.B., CALCUTTA

One of the aspersions against homœopaths is that they treat symptoms without caring for the disease, whereas great credit is enjoyed by Allopaths that they hit directly at the disease without bothering at all for the symptoms. Let us analyse certain instances to make the real position clear.

Take a case of abdominal colic. A lightminded qualified quack will immediately start trying to relieve the pain by various mixtures, tablets and ultimately injections and then, if he fails to relieve the pain, run to seek for a diagnosis, often when too late. But a conscientious allopathic doctor before any interference, will first try to diagnose the cause of the pain—by various physical and laboratory examinations. After these investigations he comes to a certain conclusion as to the cause of the pain—e.g. any spasm or obstruction in the gastro-intestinal, or urinary tract; or inflammation of any of the abdominal viscera or parieties; or ulceration of the stomach duodenum etc.; or stone formations; or worms; and so on. If even by most careful investigations—he fails to find out any organic or mechanical cause—he declares that the cause is functional—indigestion, irregular peristalsis, constipation, neurosis and so on. This ascertained and established cause of the pain—he labels as the disease of the patient. And then he goes to make direct hit to the disease, by trying to remove or antidote the cause—by means of purgatives (constipation), antispasmodics

(spasms, irregular peristalsis etc.), carminatives (indigestion, flatulence etc.) antacids with demulients and dietetic adjustments (peptic ulcer), or surgical operations (persistent ulcers, stenosis, stones etc.). In acute disorders or temporary indispositions due to external causes—these means are often sufficient. But what about recurrent disorders or chronic tendencies? Will a dose of purgative—followed by some profuse motions, or repeated use of laxatives—remove the tendency to constipation? Not the least. They are rather more likely to enhance that tendency. Or an operation removing the existing stone or stones from any organ (urinary or biliary) will remove the cause of or tendency to formation of stones? Obviously it cannot. Rather it is most likely that they will reappear in more or less time. Will the neutralization of excess of acid in the stomach—remove the tendency to formation of excessive acid?—It will rather enhance the same. Even the removal of an ulcer crater by operation cannot obviate the tendency of its formation afresh at a new spot.

Similar is the case with any other disease, esp. chronic ones—e.g. Malaria, Eczema, Asthma, etc., etc.

Not only that, it often so happens that the removal of one set of symptoms together with their so-called "Cause"—is followed by appearance of another set of symptoms with its own corresponding "Cause"; the removal of this latter by suitable medicines (or spontaneously—as in alternating types of cases) is again followed by re-appearance of the first set of symptoms—e.g. Malaria (parasitic (?) disease) alternating with Neuralgia (functional disease) and many other disorders; Scabies (parasitic) alternating with Renal disease (organic or allergic); Ring Worm (parasitic) alternating with various forms of pulmonary disease; and so on.

From all these facts we cannot help making the following inferences:—

1. The apparent causes of any set of symptoms are not the real or fundamental causes of the whole disorder—they may utmost be the proximate causes of some of the present symptoms. The real cause lies far deeper.

2. On a bit of reflection and analysis, these apparent causes

(Hyperacidity, Ulcers, Stones, Germs, Parasites etc.) will prove to be the symptoms of the some deeper disorder. These latter symptoms may be more basic than the apparent ones.

3. So hitting at any of these 'causes' is far from making direct hit at the disease itself—but merely at certain deeper symptoms of the basic disorder or disease. And this is nothing more than treating the symptoms.

4. The removal of these superficial symptoms with their proximate causes, gives only some temporary relief, (except of course in uncomplicated self-limited acute cases, or temporary disorders due to external causes); and relapses or re-appearance of fresh set of symptoms is most likely to occur.

Thus we see that—(a) we cannot expect radical treatment by this method; only thing possible by this method is temporary removal of a set of symptoms—that is *palliation*. (b) Their claim as treating the disease instead of the symptoms is an illusion. And what they remove by their treatment (be it a pain, or deeper ulcer, or germs) are nothing but symptoms, thus illuding themselves as well as the patients as cures for what are in reality mere palliations.

Now let us consider the situation in Homœopathy:—

1. While taking a case—the Homœopath with great patience, diligence and intelligence prepares a complete list of all the symptoms narrated by the patient and his attendants, as well as those observed and found out by him on physical examination or collected by laboratory and other special examinations. These data are supplemented by reports of any disease ever suffered by the patient since his birth upto his present illness, as well as any persistent or important traits in the relations of the patient. Totality of these materials, especially including the characterising and individualising features of the case—the *symptom—totality*—is the basis of all his activities with respect to a particular patient.

2. As he knows that the functioning of any part of an organism—beginning from the grossest tissues or organ to the minutest protoplasmic particle—is uniquely co-ordinated into a single organised whole—making a complete individual—by a basic force controlling the whole organism—named as the *vital*

force, so he cannot admit of the possibility of any disorder taking place in any part of the organism—without consent and active leading participation of this basic force, i.e. the vital force. Thus according to him, *any disease is nothing but a disordered activity of the vital force,* and symptoms are nothing but representation of this order. The totality of symptoms is to him the complete picture of the whole disorder of the vital force—i.e. the whole individual, i.e. the whole patient.

3. Any one or more of the symptoms may be related with some other symptoms in a direct—or proximate—causative way. But none of these can be the basic cause for the whole.

4. So removal of these 'causative' symptoms, or for the matter of that any symptom whatsoever, is not the purpose or mission of a Homœopath. Removal of these symptoms (palliation), according to him has nothing to do with cure, on the contrary, it rather often disturbs the process of cure by putting out or disturbing the guiding lights.

5. Cure according to Allopaths means removal of the present symptoms (e.g. pain, eruptions, ulcers, discharges, tumour, fever etc., etc.) with their proximate causative symptoms. But to a Homœopath the term cure has a far deeper and greater significance. For a Homœopath cure means permanent disappearance of the totality of symptoms (meaning thereby all the present and past symptoms) so that it can be reasonably surmised that the vital force is replaced in perfect order.

It has been observed and established by Homœopathic masters that the movement of symptoms in the process of true cure, follows certain definite laws (Hering's Laws), which are as follows:—

I. *With respect to any particular diseased condition*—The mitigation or disappearance of the symptoms must follow a definite order, viz.:—

(a) The symptoms must disappear from centre to periphery—i.e. symptoms of mind and internal organs should go before the more peripheral symptoms of limbs, skin, etc.

(b) Symptoms must go from above downwards head symptoms first limbs symptoms last.

(c) Disappearance of symptoms must follow a reverse order

of their appearance—the latest symptoms must go first and the earliest symptoms last.

These are with regard to any particular diseased *condition* and is generally sufficient in a cure of acute disease. And in the present age of bustle and hurry a Homœopath has often to remain satisfied with this amount of cure even in chronic cases, knowing none-the-less that this is not complete a radical cure for the *whole individual patient*.

II. *For the perfect and ideal cure of the patient as an individual*—all his former disorders—that is symptom-complexes which were present for some time and were suppressed by various means—must reappear and then disappear, in an inverse order—the latest ones first and the earliest ones last. Only after all these the patient can be declared as perfectly and ideally cured.

No matter whether a Homœopathic cure reach this ideal goal or not the procedure of a true homœopath in the path of treatment of a case must follow the order as elucidated above keeping his keen senses alert as to the movement of symptoms.

6. If the symptoms do not move according to the above-described order and disappear or change in a haphazard way the Homœopath has to draw any of the following inferences:—

(a) Either he is proceeding on a wrong track—his prescriptions and management are going on in an inappropriate line; or if the finding of the correct line, i.e. moving the symptoms on proper path by means of the true simillimum proves impossible in spite of best efforts and consultations—

(b) The case is beyond all prospects of cure. In such a case what he can best do is to palliate—that is try to remove the most urgent and troublesome symptoms.

Thus prognosis of the case can be foreseen by a Homœopathic physician in the process of treatment of the case—simply by keen observation of the movement of the symptoms themselves.

7. Thus, for a Homœopath, the symptoms act as guiding lights from beginning to end—his first prescription and other measures (diet, bath and all accessory directions) are based absolutely on the totality of symptoms (including likings, aver-

sions and other modalities of the particular patient). His subsequent prescriptions and measures also are guided by the movement of the symptoms. Even his understanding that he is proceeding in the correct line, and his estimation of ultimate prognosis is also based upon the movement of symptoms.

So, we see that the aim of a Homœopath cannot be simple removal of symptoms—which mean to him putting out the guiding lights. He knows that these lights will be extinguished—in a definite order—when they will not be required in the process of treatment or management of the case. Whereas in Allopathy what is called a cure, is nothing but extinguishing the unpleasant lights—that is removal of the present symptoms—superficial or deep—the so-called 'disease symptoms' and the 'causative symptoms'.

We further see that, both in Allopathy as well as in Homœopathy—and for the matter of that in any school of medical science—the therapeutic is always symptomatic. But whereas in Allopathy it means treatment of the symptoms, in Homœopathy it means treatment by the symptoms.