

THE COMPARATIVE VALUE OF SYMPTOMS AND KENT'S REPERTORY

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In 1912 in the *Homœopathician* there appeared an article entitled "The Comparative Value of Symptoms" by R. Gibson Miller. It was a classic and, I fear, has been almost entirely overlooked and forgotten by the profession. It is technical, but very interesting and practical in the extreme. The whole article is filled with illustrations and examples of the points which he develops. It is an article which every new homœopath should study, read, reread and completely assimilate. Even the best prescribers could profitably scan through the paragraphs of this paper.

Dr. Spalding in his masterful and effective teaching in the Post Graduate School for physicians constantly reminds his students that a well-taken case evaluates the patient, and that a careful use of the repertory evaluates remedies for final selection. Each year he points out that good homœopathic prescribers evaluate as they go, and that all symptoms are not of equal value. He suggests that one know his Kent's *Repertory* well enough to think in repertory language. It saves work and shortens the case record, and classifies one's thinking about the essentials as he goes along. It is the quality of symptoms that counts and not necessarily their number. Select those symptoms that are strong and marked, and repertorize them first.

One wonders why it is that Dr. Miller italicized the very first paragraph of his article :

It is a common experience to find cases reported in our journals, to which, as a whole, no remedy in the materia medica corresponds, no reason being given why the remedy that proved curative was selected in preference to many other competing ones. We can learn little or nothing from these cases. Even when we study some of the model cases reported by masters in homœopathic prescribing, we are often utterly at a loss to understand why the curative remedy was selected, unless we under-

stand the rules that led them to give a preference to certain symptoms and to relegate others to a very secondary place.

Dr. Miller disposes of the question of pathology not by ignoring it, as so many of us do ; he believes that to a limited extent it is practical to use pathology as a guide. Without a knowledge of pathology, the true course and progress of the disease cannot be understood, and only by means of it can we know the symptoms that are common to the disease and those that are peculiar to the patient. Pathology enables us to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy. He says, "We must clearly understand that *it is the patient that is curable* and not the disease, and without a proper understanding of pathology we are likely to err."

In Kent the little pathology to be found is in the back of the book under *Generalities* : Cancer, Caries, Convulsions, Injuries, Gonorrhoea, Measles, Metastases, Vaccination, Syphilis, etc.

Having disposed of this aspect of illness, Miller states that "there is always method and order running through all illnesses", and it is to establish some logical approach to the problem that he wrote his paper.

He recognizes that there are many causes of disease such as environment ; the abuse of drugs ; chemical and mechanical influences, etc., and that one should be constantly on his guard lest he fall into the error of ascribing to disease what is really due to other causes. He gives many illustrations. These too are found in the back of Kent's book.

After excluding all symptoms due to such causes, there is a vast number that can be ascribed only to disease, and it is to these that the homœopathic approach is of paramount importance. In the comparative evaluation of symptoms, the remedy selected should correspond in both *character and intensity* to the symptoms experienced by the patient. If one does not constantly keep in mind this important point, he will become a mere symptom coverer. How often has it been that a case appeared all right on paper, but was so much off balance that it did not fit the patient comprehensively, and, of course, the simillimum was not found.

Kent recognizes this character and intensity of remedies by making three grades in the repertory: **Large Black Type** (value of 3); *italics* (value of 2) and regular type (value of 1), thus showing the predominance of the drug in the proving so far as that rubric is concerned.

Rank of Symptoms

Dr. Miller states:

"When using these peculiar and characteristic symptoms as the main guides in the selection of the remedy, it is important to bear in mind that they must be *equally well marked in patient and in remedy*. In other words, no difference how peculiar and outstanding a symptom may be, either in the patient or in the remedy, unless it be of equal grade in both we must pay little heed to it."

For example, the patient may have ten peculiar and characteristic symptoms of which one remedy has eight, but of very low rank. Another remedy covers only five of these symptoms but of high rank and corresponds to the rank of the symptoms as experienced by the patient. The second remedy is more likely to be the curative one. The numerical method of selecting the remedy seems to have fascinated some minds. It is certainly laborious in the highest degree and it seems to promise certain and exact results, but medicine, especially homœopathic medicine, is not yet an exact science. Consequently, it is felt that quality will be of infinitely more importance than quantity. Mechanical methods are likely to end in failure. Some prescribers have gone to the other extreme and have adopted so-called key-note systems. This too has its pitfalls because it often ranks one or two symptoms very high and ignores the others. In determining the rank of symptoms, none of us can overlook the fact that "unless there is a general correspondence between the symptoms of the patient and those of the remedy, it is not reasonable to expect a cure."

Generals

General symptoms are those that affect the patient as a whole and for this very reason are naturally of higher value than the particulars which affect only a given organ or part.

It is generally conceded that one strong general symptom should overrule particulars in value. (On the other hand, a number of strong particulars must not be neglected on account of one or even more weak generals.)

As all homœopaths know, generals include the following symptoms :

A. Mentals, including the will, the affections, desires, aversions, intellect and memory. These are often difficult to elicit because people frequently shrink from revealing their innermost thoughts and motives, their hates and yearnings and their evil tendencies and delusions. Kent puts these in the very first section of the book under the section "*Mind.*"

B. Another general would be the effect of sleep and dreams. Of course, dreams to be of value must be regular and persistent. These appear in the section "*Sleep.*"

C. The effect of temperature upon the patient as a whole. This is by no means an easy general to use, and one should be careful in questioning patients with regard to this modality. If, however, a patient is markedly aggravated as a whole by heat or cold, one is aided greatly in the choice of a remedy. These appear in the last section "*Generalities.*"

D. Then one should be reminded of the general effect of the various kinds of weather, also under "*Generalities*" in Kent.

E. Among the generals must also be included influence of various positions, such as standing and lying. It must be remembered, however, that to be of any value, the patient as a whole must be markedly influenced by these positions and, if only one organ is affected, they are given a low rank. These are under "*Generalities*" in the back of the book.

F. Time and periodicity may also be generals and are found under "*Generalities.*"

G. Of course, the cravings for and aversions to various substances are, as a rule, general symptoms and, if outstanding, must take high rank. These fool most beginners and are found in the section "Stomach" under rubrics of "*Desires*" and "*Aversions.*"

H. Influence of eating. That is, when a man as a whole is influenced, or feels better or worse all over, then it becomes

a general of the highest rank. The effect of special foods applies here but only when they affect the man as a whole, and not just his stomach. If this distinction is not made, remedies thus selected fail to cure, and disappointment results. This causes more confusion to the neophyte, but is found under "*Generalities*" under "Food."

I. Special senses may be related to the whole man and thus may produce general symptoms, e.g., when the smell of food sickens him and does not merely produce an offensive odor in his nose.

Thus we see, according to Dr. Margaret Tyler, that in the Repertory it is a question of *Alpha* and *Omega*, the beginning and the end, the first and the last. In Kent the Mentals under "*Mind*" in the first section of the book and the "*Generalities*" or generals at the end, in the last section. These are what concern us most. Many a chronic case may be worked out on mentals and generals only, and the particulars will be found to fit in in a marvelous way.

Particulars

General symptoms are, of course, of the highest rank as a rule, but on no account should particulars be undervalued. Dr. Miller points out that both generals and particulars may be either characteristic or peculiar and that the highest rank of all belongs to those symptoms that not only are peculiar but are also general.

Between the *Mentals* at the beginning and the *Generals* at the end, the intermediate bulk of Kent's Repertory, with few exceptions, is concerned with particulars, that is to say, not with the patient as a whole but with his various parts: Head and Hearing, Nose, Mouth, Stomach, Abdomen, Rectum, Urinary Organs, Bladder, Urine, Kidneys, Prostate Gland, Urethra, Genitalia, Larynx, Trachea, Respiration, Cough, Expectoration, Chest, Back, Extremities, Sleep, Fever, Chill, Perspiration, Skin.

Then, of course, we must note strange, rare and peculiar symptoms, those symptoms which are unexpected and are peculiar to the person; unusual symptoms that stand out in the recitation of symptoms by the patient. These are probably found only in a few patients and in only a few remedies. These,

when outstanding, should probably be considered the highest generals.

Then, too, in any evaluation of symptoms Gibson Miller thinks that there are other important classes of symptoms such as those which appear last. These, of course, must be outstanding and definite and are especially valuable if they have been the last to announce themselves chronologically, before homœopathic treatment was instituted. The same law would hold good when a homœopathic remedy has been given and modified the case. When thus prescribing, it is not to be expected that the remedy will influence the case very deeply, but it will modify the symptoms and open up the way for other remedies.

The second remedy should bear a complementary relation to the first, and the last remedy that has acted forms one of the most important guides to the selection of the second. The observance of this rule will often prevent many mistakes and save much study.

The evaluation of symptoms receives such positive emphasis in all post-graduate teaching of homœopathy that I feel the essentials cannot be repeated too often; the younger members of our group need to be reminded frequently and cases illustrating the principles mentioned above presented for evaluation.

Gibson Miller was a logical, practical writer and had a way of so organizing his material that one could place his hand on it at any moment. His little compilation *Relationship of Remedies* is a priceless booklet. His articles on *Repetition* which appeared in the July 1912 *Homœopathician* is a gem, and one only regrets that we do not have more of his practical homœopathic interpretations. His article on the *Comparative Value of Symptoms* in its entirety could be reprinted with profit in *The Recorder* or *The Journal*.

This paper will have accomplished its purpose, if it has stimulated its readers to go direct to the original for careful reading and study. This approach combined with a sensible use of Kent's *Repertory* will aid more readily in finding the simillimum.

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