

## A FEW MINUTES WITH Dr. A

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After finishing the evening shift of my chamber I was going to retire when an Allopath colleague stepped in and expressed his desire to be under my treatment for his chronic troubles which appeared to be very obstinate and not yielding to his own system of treatment. I welcomed him and on completion of case taking prescribed a dose of Nux Vomica 200.

He seemed to be a bit puzzled and said, "well, excuse me, I heard your Nux Vomica is a medicine for digestive troubles but I am suffering from lumbago."

"Yes" I replied, "Nux Vomica is no doubt a great medicine for digestive troubles under certain conditions but it is likewise effective in haemorrhage, urinary troubles, insomnia, coryza, vertigo, dystocia and a host of other troubles if the symptom-totally agrees."

"But these are all very different diseases and how the symptoms will agree?" was the query.

My reply was, "yes, but we in Homœopathy treat the patient and not the disease as you call it nosologically. To us the particular condition of the patient as a whole is the disease which is not determined only on the basis of prominent pathological changes in some particular part or parts of the body."

He looked still perplexed. I continued my explanation, "you say a man is suffering from Cholera when you find rice watery stool, prostration, dysuria and comma bacilli in stool. Well, all the patients suffering from Cholera have some similarity in their gross symptomatology as per your text book symptoms in Practice of Medicine. But don't you find large variations in many other aspects from patient to patient when dealing with actual cases of the same so-called disease? One patient feels extreme heat though the surface is cool and kicks off covering. One feels hot but at the same time dislikes uncovering. One feels thirsty but drinks only in sips though often while another drinks large volume at a time but after long intervals. One vomits as soon as he drinks but

another vomits after considerable lapse of time. In one you find twitchings mainly in extensor while in another mainly in flexor muscles. The march of convulsive movements is also different, sometimes it is centrepetal and sometimes centrifugal or alternating sides of the body. One case is marked by fear and apprehension and another by complete apathy. One is irritable and another is comatose. And so on and so forth . . . . .

He asked, "but the disease is no doubt Cholera in every case."

"Yes nosologically", I replied, "but Homœopathy conceives that a disease is diagnosed for therapeutic purpose by the alternations in both normal functions and sensations of a living organism and these are manifested by symptoms, physical as well as mental—visible as also invisible but perceivable."

"Thus" I continued, "we try to ascertain further details to find out what is not common or general in a particular case of any so-called disease, say cholera; while you discard the same but base your diagnosis on generals only. As a matter of fact you discard these details because pathology as yet developed has not been able to put forward any explanation of the intricate processes which are accomplished in the body economy; but to ignore actual facts for this reason cannot certainly be wise consideration."

He interrupted, "but you cannot ignore comma bacilli in a case of cholera!"

I answered, "certainly not, we do not ignore your points of consideration for diagnostic purpose but we add something more to have a complete picture instead of having a partial view only."

"Let us, for the sake of easier understanding, take an example" I continued by elucidation, "a cow has a long tail, so has a monkey, a donkey, a kangaroo and so on. We make a great blunder if we try to identify a cow by its long tail only; whereas a cow has numerous other features the sum total of which will lead to its correct identification even if its tail is cut off. So cholera and dysentery to us, from the view point of therapeutics, are not different if the totality of such features of Nux Vomica or any other medicine is available for individualisation of the case in hand."

"I see" he said in a bit convinced tone, "that is why you had

been asking me when taking up my case as to my likings, dislikings, temperament, heat, chilliness and all these!"

"Yes" I replied, "apart from the local symptoms your chilliness, irritability of mind, craving for rich food and stimulants, insomnia at the latter part of night, nausea and sour taste in morning, morning aggravation of the pain of lumbago, constipation with frequent but ineffectual urging for stool, etc. were the guides for prescribing *Nux Vomica*."

"So do you identify the disease with some particular conditions as we identify cholera with comma bacilli or tuberculosis with Koch bacilli?" was the query.

"No" I answered, "we do not identify the disease with anything but we get only an outward picture of the indwelling disease through the symptom totality."

"Yes, I understand" he said, "suppose a football game is being held in a field surrounded by walls all around. A man outside cannot see what is going on inside the playground but if provided with a suitable periscope he can clearly watch the game. Your symptom totality serves the purpose of the periscope in disease diagnosis; is it not?"

I said, "A very near approach to the real explanation no doubt but it yet presents a fallacy in this. Disease, to our conception, is something dynamic and has no material existence like that of the football, the player, the referee and others. Thus we do not get such an image through symptom totality like the image of the material objects reflected in the glass of the periscope. We get only a conception of the disease through the symptoms as we know a man is very sad if he weeps. But the sorrow or sadness is not identical with tears. So disease and symptoms are not identical."

"I think, we can take up another better example," I continued, "suppose there occurs an electrical failure in your residential house. The mechanic comes and goes on testing the flow of current. He tests the mains to see if there is total failure of current. If this is O.K., he goes on testing the different branches of the house wiring and ultimately succeeds in finding out how and where the failure has occurred. He cannot see the electricity but only feels its existence and ascertains the derangement of the flow. We also feel the derangement in the normal flow of the

vital force and this derangement is called disease which causes alterations in normal functions and sensations which again are manifested by symptoms. The totality of symptoms reveals the type of alterations in functions and sensations and thus the nature of the disease is diagnosed."

"Oh! I understand" he exclaimed, "you then note the symptoms in a case and add them up to find the totality with a view to understand the disease."

"Yes" I said, "but that is not also fully correct. The totality for our purpose is not the numerical aggregate only but it is the sum total of all the symptoms including causation, modality, cravings, aversions, etc. and each symptom again being arranged in its proper place according to the order of priority. Then and then only an outward picture of the inner disease will be depicted.

"What is wrong if we take the numerical aggregate only because in this also all the symptoms are included?" was the query.

"Well", I said, "this will lead you only to symptomatic treatment which is not the Homœopathic principle though it is often popularly but wrongly attributed to Homœopathy not only by non-homœopaths but also by some so-called Homœopaths leading to magnification of the list of failures both in magnitude and number.

Suppose, you have been given all the parts of a bicycle and asked to assemble them. If you do not know the proper place of each part to be fitted in, can you assemble them into a bicycle though you have got all the parts in hand?"

"Of course not" was the ready reply.

"So" I said, "collection only of all the symptoms is not all that we want but their proper arrangement according to appropriate priority of each is essential and then only we can arrive at the symptom-totality of the case in hand. Rice watery stool only may not have the same priority in each case of cholera in its symptom totality whereas even in a case of dystocia we may have such symptom totality in complete absence of rice watery stool, the same Nux Vomica may be the medicine in both these cases as we can identify a cow by many other features even if its tail is cut off. Similarly two or more cases of dysentery may require different

medicine for each according to symptom totality though nosologically all these patients are suffering from dysentery."

"So" he said, "you mean that a particular medicine may be applicable under certain conditions in a number of cases though the patients are suffering from diseases so different from each other from our point of view or again different cases of same disease may also require different medicines?"

"Exactly so" I replied, "moreover, we use a single medicine at a time which covers all the so-called diseases—urinary, cardiac, digestive, etc. from which the patient is simultaneously suffering. The reason of this, I hope, will be evident if you try to understand the Homœopathic notion about disease as explained herein before.

"Thank you very much" he said, "for removing a misconception about Homœopathy from my mind in a manner so simple but convincing. But how do you fix the appropriate priority of a symptom in a given case?"

"That is another Chapter Sir," I spoke, "known as Evaluation of symptoms."

At this time the telephone was heard ringing. It was for a message for the Doctor friend from a patient waiting in his chamber. So he wished good night with a request for kindly sparing sometime more on another occasion to explain these principles of Homœopathic art of Cure, which appeared to him to be so curious at the same time so firmly based on scientific reasons.

—D. N. De Homœo. Medical College Re-Union  
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