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EDITORIAL

ANALYTICAL STUDY OF THE SYMPTOMATOLOGY OF DRUGS AND CASES

We all know that, the therapeutic diagnosis of a case i.e., finding out the similimum of a particular case, depends not so much on the quantity i.e., number of symptoms, but on the quality of symptoms. So while studying a drug in the *Materia Medica* or a case record we must analyse the symptoms into their qualitative categories.

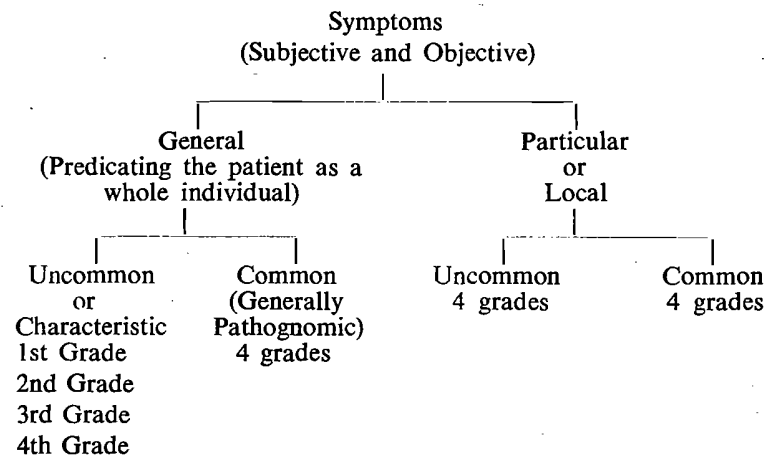
At the very outset, of course, the symptoms must be classified into *Subjective* and *Objective*.

Subjective symptoms are those complaints or disorders which cannot be detected by the senses of the observer, but felt by the patient or prover himself. These symptoms are of essential value in Homœopathic therapeutics, because it is mainly these symptoms which depict the intrinsic nature of the case or the drug.

Objective symptoms are the functional or structural disorders of the various constituents of the subject, beginning from its chemical constituents, cells and fluids to its various tissues and systems as manifested to the senses of the observer, with or without the aid of various instruments or laboratory methods. These symptoms are of less value for exactly identifying the individual patient, they are rather of more value for identifying the nature of the disease. These symptoms are more common in various patients suffering from the same disease and they are grosser manifestations of more advanced stages of a disease. These symptoms characterise the disease more than they characterise the individual

patient. But they are of great value in authentically ascertaining the nature of the disease and its changes in course of treatment. A case cannot be taken as radically cured however much the subjective symptoms have disappeared, or even however much the patient feels well, so long as the objective symptoms like, intermittent fever with enlarged spleen and liver in a case of malaria, the high sugar percentage in the blood of a case of diabetes, have not disappeared.

Both these two types of symptoms may be classified according to the following chart:—



General Symptoms are the symptoms which refer to the patient as a whole. They represent the various aspects of the *Ego* or self of the patient. These symptoms are generally referred to as "I" e.g., I like this, I hate that, I weep, I laugh, I am hungry, I am thirsty, I am constipated, I am weak or tired, I am fatty, I am sickly, I feel hot or cold, and so on.

In the whole symptomatology, the general symptoms have got the most supreme and overriding value. A local symptom however overbearing cannot overrule a general symptom. This fact should always be remembered while searching for the similitum of a case of disease—however much the local symptoms of a case of boil demand Hepar Sulph., if the patient is warm-blooded, sober and balanced minded, the patient cannot be

cured with Hepar, although his boil may be palliated to certain extent for some time, by giving Hepar in low potencies; similarly Pulsatilla covering the uterine symptoms of a case cannot cure the case if the patient is remarkably chilly, thirsty and irritable. Thus, we see, *in the totality of symptoms of a case or a drug, the General Symptoms hold the basic and controlling position.*

One thing must be made clear here. The phrase "General symptom" must be distinguished from the phrase "a Symptom in general" as we find in repertories e.g., burning in general, pain in general, injury, induration, weakness etc. etc. in general, only predicates the respective symptom, without any reference to their existence as a general symptom or a particular symptom or to their conditions or modalities.

Another point must be clearly understood, symptoms like *lachrymation* while reading, *burning in eyes* while weeping, *hunger-like feeling in the stomach* at any particular time or condition, *empty-feeling or pain in stomach* when hungry etc. all these refer to respective organs in the different conditions and hence are local symptoms.

The following types of symptoms fall within the category of **General Symptoms** :—

(1) *Mental Symptom*—These are not only the most important of the general symptoms, but hold a controlling role in the whole totality of symptoms. Any derangement of the vital force would naturally be first reflected, more or less, on the mind of the case, and all the symptoms are likely to be modified by the mental aspects e.g., all the symptoms are prone to be exaggerated by a hyper-irritable mind (like Aco, Chamo, Nux V., Phos. etc.), or understressed or neglected by a dull mind (like Arnica, Bapt., Gels. Op. etc.) or irregularly felt and expressed by a hysterical mind (Ignat., Tarent. etc.), and so on. The activities and attitude of the whole case are bound to be affected, more or less, by the basic instincts, will, affection, intellect, etc. of the case. So, the symptoms referring to these aspects hold supreme position in the totality of symptoms.

(2) *General Modalities* hold a position in the symptom-totality, just next to the mental symptoms. Environmental factors and especially *Temperature* and *Humidity* have direct relation not

only with all the symptoms of the case, but with the whole individual. Influence of Time, Day, Season, Weather, Climate, etc. or position—lying, sitting, standing, stooping etc. and Movement or Rest, etc. on the whole patient falls within this category.

(3) *Hunger and Thirst*—It must be clearly understood that these two categories do not belong to any particular organ but to the whole individual; and as such, any peculiar indication in these categories, although they are usually mentioned in our books on *Materia Medica* under Stomach and Mouth respectively, must be taken as General Characteristics. Of course, as already mentioned, hunger and thirst must be distinguished from burning in Stomach when hungry, dryness of tongue with or without thirst, etc., these latter of course fall in the category of local symptoms.

(4) *Craving, Aversion and Idiosyncrasy*—when remarkably manifested with respect to any particular type of food or drink, of course, refer to the whole patient.

(5) *Sleep and Dream*—refer to the whole patient.

(6) *Tendency to be affected on a particular side, or in a particular direction*—e.g., Right side—Lyco, Apis, Sang. etc.; Left side—Lach., Arg., Rhus T. etc.; Alternating sides—Lac. C.; Diagonal—Agari., Tarax etc.; and so on.

(7) *Sensory Symptoms sometimes attain to General importance*—the whole patient getting disturbed by the sight of any bright object or water—Lyssin, Bell, Stram; by the sound of splashing water—Lyssin, Nit. Ac.; by slight noise—Therid, Bell, Coffea, Nux Vom. etc.; by slight touch—Arnica, Lach, Kali C., Hepar etc. and so on.

(8) *Constitution*—this is an all-comprising term, often inadequately understood. It covers not only the organic structure of the individual e.g., Obese, Stout, Brawny, Bonny, Plethoric, Sickly, Cretinic, Diabetic, Rheumatic, Gouty, etc. etc.; but also the intrinsic personality of the patient—Sober, Irritable, Mild, Sentimental, Frolicsome, Frivolous etc.; as well as the various functional Characteristics of the patient as a whole including susceptibility to various environmental factors and diseases. The following are certain terms to represent certain constitutions, carried into Homœopathic parlance from old-time Pathology:

* *Scrofulous Constitution*—General weakness, lack of reac-

tion, wounds and inflammations tardy to heal, glands remain swollen. Considered to be the result of hereditary combination of Psora and Syphilis.

* *Hydrogenoid Constitution*—Barometer-like susceptibility to humidity, even to aquatic vegetables. Considered to be the result of intimate combination of Psora and Sycosis.

* *Leucophlegmatic Constitution*—Catarrhal flabby, water-logged constitution, with pale loose skin. Sluggish in all movements and activities. Chilly and susceptible to cold.

There are also Choleric (bilious), Chlorotic (anaemic with greenish pallor), Neuropathic (easily excited and depressed) and various other constitutions.

Particular or Local Symptoms—refer to a particular part (Head, Neck, Chest, Abdomen, Genitals, Limbs etc.) or any Organ (Brain, Eye, Ear, Heart, Lungs, Liver, Kidney, Urethra, Uterus, etc.) These symptoms are generally referred to as “my” instead of an “I” e.g., *my stomach* feels empty when I am hungry, *my tongue* becomes dry when I am thirsty, *my head* aches on any mental exertion, and so on.

The particular symptoms may assume some *General Value* on following conditions:

(1) *Remarkable and Peculiar Concomitance* of different or remote local symptoms e.g., Headache with dysuria relieved by profuse free urination—Gels.; Coryza with Polyuria—Calc.; etc.

(2) *Alternation of Symptoms*—e.g., Headache in winter alternating with diarrhoea in Summer—Aloe; Leucorrhoea alternating with Piles—Am. Mur., and so on.

(3) *Outstandingly peculiar local modalities*—aggravation by light pressure and relief by heavy pressure—China, Lach.; Photophobia without any detectable local affection of the Eyes—Con.

(4) *Outstandingly peculiar Locality*—e.g., Pain at the inferior angle of right scapula—Cheli; Fanning of the alae nasi—Ant. T., Cheli, Lyco.; Cold sweat on forehead—Verat, and so on.

Common and Uncommon Symptoms—Both a general symptom or a particular symptom may fall in the category of common or uncommon symptom.

Common Symptoms are those which are found in large number of drugs and a large number of patients suffering from

the same type of disease. On this latter score, they have often some pathognomic value, and are important for *nosological* diagnosis e.g., (a) *General Common Symptoms*—Intermittent Fever in Malaria, K.A., B. Coli Infection, etc.; Ladder-like Temperature in Typhoid, Polyuria and Polydypsia in Diabetes; etc. (b) *Particular Common Symptom*—Pain aggravated by movement, coughing, pressure with friction, sound (on auscultation) in chest—in pleurisy; Palpitation on slight movement—Myocardial disorder.

Uncommon or Peculiar Symptoms—These are “the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease” (*Organon*, Apho. 153), as well as the drug. This type of symptoms helps us in pathogenetically identifying a drug as well as in distinguishing a particular case of disease from others suffering from the same type of disease. Thus, they are indispensable for *therapeutic diagnosis*, e.g., (a) *General*—High Fever with refusal to uncover—Nux V., Tuberculin, Hepar etc.; Cold skin with aversion to heat and covering—Secale, Camph., Medo.; Dropsy with intense thirst—Apo., Acet. Ac., etc. (b) *Local*—Palpitation relieved by exertion—Mag. M.; Fear of Cessation of heartbeat unless constantly on the move—Gels.; Coryza relieved by cold bath—Calc. S.; Pain in any particular part relieved by movement—Chamo., Rhus T.

Grade: Each category of symptoms has different measures in their degree or grade.

In case of patients the grade is assessed by the intensity of the symptom e.g., Intense and constant burning of hands and feet—*1st grade*—Medo., Sulph.; Milder burning of the same parts—*2nd grade*—Ars., Calc., Puls. etc.; Occasional slight burning—*3rd grade*—Caps., Kali C., Nit. Ac. etc.

In case of drugs—the grades are assessed on the following grounds—(i) Relative number of provers eliciting the symptom in question, in a particular proving; (ii) Verification of the same symptom in any subsequent proving of the same drug by its reappearance; (iii) Confirmation in the clinical field, by disappearance of the similar symptom in particular cases of disease by application of the remedy in question.

Thus any symptom of any particular drug may be of any of the following grades—

Grade I—A symptom (i) Recorded by most provers, (ii) confirmed by re-proving and (iii) verified upon the sick.

Grade II—(i) Recorded by some provers (ii) confirmed, (iii) only occasionally verified.

Grade III—(i) Recorded by one or two provers, (ii) not yet confirmed by re-proving (iii) may or may not have been verified on the sick.

Grade IV (of Boenninghausen, Knerr etc.)—mainly on clinical verification. (Boenninghausen made a Grade V also which has become obsolete).

Last of all, it must be made quite clear that, although the analytical study helps us a great deal in the selection of the most appropriate similimum and without the help of this method of study we are likely to become lost in the jungle of symptoms, but the final selection of the similimum must be decided by the genius of the drug and the disease, which depends upon their velocity, pace and depth action and their intrinsic character as a whole. Ideas in this aspect of drugs as well as of diseases can only be developed by deeper and deeper *synthetic study* of the *Materia Medica*.

J. N. Kanjilal

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