

LOCAL VERSUS GENERAL SYMPTOMS INDICATIONS

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In December 1956, Mrs. L. R., a fifty-year-old married woman, came to see me for an increasingly severe pain, burning in character, in the right flank for the last three days.

Physical examination revealed a well-nourished woman obviously suffering and with an anxious expression. Temp. 98.7°; pulse 82; BP. 140/80. No other abnormalities except for a raised erythema with multiple crops of fine vesicles circling from the spine at the level of the 2d lumber vertebra down to the apex of the sacrum over the right half of the body and stopping at the middle line on the pubis. The lesion measures 14 inches at its maximum width. The diagnosis was herpes zoster or zōna, one of the most extensive I have ever seen.

The first drug to come to my mind was *Ranunculus bulbosus*. It has a justified reputation of being one of the best remedies for shingles. It has the erythema, the vesicles—sometimes with a blue tinge or transparent—in oval-shaped groups and accompanied with intolerable burning and some itching; it is aggravated by cold or open air, motion and touch; it affects the right side predominantly. Altogether it seemed to fit well, so the 6x was prescribed, one dose every two hours until relieved. Forty-eight hours later, the patient was no better. The eruption was coming out more fully with increased redness, swelling, new crops of vesicles and more pain. Considering the fact that *Ranunculus sceleratus* is a very similar remedy only more vicious, I prescribed it in the 30x, only to be disappointed. The patient was in such misery that I sent her to Hahnemann Hospital, December 29, 1956.

Outside of the lesion described, physical examination fails to reveal any abnormalities except for a white count of 3,800 with 45 segmented polynuclears, 11 non-segmented, 35 lymphocytes and 8 monocytes; hemoglobin was 13.6 and erythrocytes 4,400,000. On December 30th, I wrote down the following

symptoms: Faintness rising from bed with nausea, and also when standing; desire for acid, sour things and, strange for her usual sweet tooth, an aversion to sweets; marked thirst for warm water; bad temper; wants to be alone and quiet. Her pains were worse on touch and motion.

Repertorization brought out *Bryonia*, with *Sepia* a close second. However, Kent's *Repertory* mentions *Bryonia* in the smallest type for herpes zoster. *Bryonia* 3x was prescribed every hour until relieved, then p.r.n.

Coming in the next morning for my daily checkup, I found a smiling patient. "Have you given me one of these magic tranquilizers?" she asked. "I have slept well for the first time in ten days and I feel so much better this morning." From then on the recovery was amazing. The tormenting itching and burning pains practically disappeared. The eruption dried up and faded away in a few days and there has been none of the post-herpetic neuralgia that so often affects these patients.

This case emphasizes a frequent dilemma in homœopathic practice: that of symptom evaluation. One is naturally inclined, when confronted with severe and marked objective symptoms such as the eruption above described, to follow the German method also recommended by Dr. G. Royal, namely: Start with the organic and tissue manifestation and specificity as the most essential, then the functional and mental symptoms last if present. The drugs affecting the skin and producing patchy vesicular eruptions on the trunk, on the right side with burning pains brings to mind *Hepar*, *Iris*, *Mercurius*, *Petroleum*, *Ranunculus Bulbosus* and *Sceleratus* and *Sulfur*. Apparently this time the remedy selected this way did not work. That is why the case was reconsidered according to Kent's method which individualizes in terms of the patient's behavior, the mental and general symptoms first, and the local symptoms last—unless there is something abnormal or peculiar in the outward expression of this particular zona.

If, in our case, the first method of approach proved a failure, it does not mean that it does not achieve often brilliant results. But here, and indeed in the great majority of cases in my expe-

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sequently the patient expressed his gratefulness to his benefactor for having got rid of his malady.

Again, a single dose of Tarantula hisp, 50M, employed by the same doctor had cured a lady of her suspiciousness and vindictiveness; as a result her suppressed leucorrhoea returned and was cured of itself; later ring worm like eruptions lasted for about a year and then healed up, when her husband revealed that her leucorrhoea was cured by allopathic injections before her mental troubles commenced.

Highly attenuated remedies, can, under the law of similars, influence mind and character.

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rience, the Kentian method has given the most satisfactory results, provided the mental and general symptoms were clear and definite.

Let me conclude with Hahnemann's teachings in the 6th Edition of the *Organon*, paragraph 210 and 211:

In all cases of diseases we are called to cure, the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homœopathically with success. And the paragraph 211: This holds good to such an extent that the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy, as being a decidedly characteristic symptom which should least of all be missed by the accurately observing physician.

—*The Homœopathic Recorder, Jan.-Mar., '58.*
