

NEW POSSIBILITIES FOR OBTAINING MENTAL SYMPTOMS

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Ladies and Gentlemen—Esteemed Colleagues:

The preponderant importance of mental symptoms for a good homœopathic prescription is known to all. Obtaining them successfully leads to the gentle and lasting cure of our patients as Hahnemann desired.

It is, therefore, the constant endeavor of the homœopathic physician to explore the mind of his patients in search of characteristic and physically peculiar modifications which illuminate the clinical history and guide him towards a proper selection of remedies.

But here it is that many obstacles of all sorts present themselves in the way of securing the symptoms which are so necessary and so valuable. This problem has been recognized for some time and various procedures have been tried with more or less success. Of these procedures psychoanalytical investigation and character study have been the most acceptable.

The psychoanalytical studies praised by several Argentinian homœopaths, while very promising, have not turned out to be very practical in their application, overloading the homœopath with problems and filling his time with new studies to which he might well devote his entire life.

On the other hand, consulting specialists in this material involves factors which render this technique inconvenient, burdensome, and inapplicable. If we add, moreover, that the interpretations of the psychoanalyst inevitably carry with them his personal point of view, we obtain a series of data which are difficult to apply and whose repertorizing sometimes turns out to be impossible.

For this reason I have wanted to call the attention of my colleagues to the latest works on iriology, which, although incomplete, deserve special attention on account of the current symptomatology which comes from observation, study of the iris, and particularly from the modifications of the pupil, a true source of information as to the personality, easy to obtain and no less simple to repertorize.

Already at the beginning of the psychoanalytic era Steckel had observed, and so states in his book on anxiety, that a direct relationship exists between dilation of the left pupil and the neuroses of fear.

It is known to all that variations in the size and mobility of the pupil are symptoms of the most varied diseases, states of mind, physical and psychological fear, terror, etc., but this recent symptomatology has acquired outstanding value for Homœopathy after the work of Schnabel and Angerer, by means of which it was established that great changes in personality are

related to general or partial alterations in this vigilant and restless little circle (the pupil) which seems to represent the inter-relationship between the autonomous nervous system and the cerebrum.

Its normal form is that of a perfect circle and excluding the traumatic alterations or those resulting from local inflammations, all the others are of a pathological order and tell us of the functioning of the mind and the state of tension to which the autonomous nervous system is exposed.

For best understanding I will take as an example some partial distortions, flattenings of the upper pole of the pupil interpreted as an alternation of the vital force. If this flattening appears in the right eye, which represents the asthenic type, we shall have an individual whose depressed personality will continue to become accentuated to the point of the deepest melancholy, a jealous type with a serious inferiority complex desirous of isolation.

Sad and depressed, he is defeated before beginning to struggle and life becomes for him a heavy burden, a problem which he will try to solve by committing suicide in the bloodless manner that his character requires. His passivity, apathy and profound melancholy put him in our *Lycopodium-Sepia-Calcareo carbonicum-Ignatia-Psorinum*, etc. group.

If, on the other hand, the flattening appears on the left side, which is the area of sensation, we are faced with violence, unchecked and unrestrained. Driven by strong destructive impulses, the patient is impelled to spectacular action, he becomes excited over trivial questions and is a serious antagonist in political or religious discussions.

His anger bursts out suddenly and with destructive fury, he makes attempts upon his own life, in this case employing cruel and spectacular weapons.

Looking over our repertory as a basis for these symptoms, we will find the psychical image of this dangerous personality in *Stramonium-Platina-Aurum-Belladonna-Chamomilla*, etc.

I shall not pass in review all the distortions of the pupil, since it is not the object of this work, which aims modestly to call to the attention of this amiable Assembly the possibilities which this simple procedure offers to introduce a wedge into the psychological resistance of our patients, thus facilitating the orientation of our questioning toward concise goals accessible to every practical physician and quickly realized.

Let us look finally at the alterations of the lower nasal quadrant which, since it corresponds to the lumbar-sacral plexi, gives us data concerning the functional state of the organs which depend on them and which illuminate the area of sex.

The flattening of the lower right nasal area indicates, because it is to the right, asthenia, paresthesia, apathy, debility, impotencies and perversions of the sex impulse.

How many hours of blind questioning in order to be able to obtain

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it is the treatment according to the Allopathic system and we cannot say that it is wrong, since they do not have any other treatment for this. Tonsillectomy has to be resorted to in some cases, but it is only a relative truth.

Case No. 5. One year back, a case of Septic tonsillitis was brought to me. The patient had high temperature. The patient was very restless. I thought of Aconite which is indicated in synochal fevers. I prescribed Aconite which ameliorated but I thought as to why should I experiment. Hence I asked the patient whether he wants permanent relief or quick and temporary relief. He said: 'both'. Then, subsequently he said that he will patiently bear the pain. There was fluctuation. I thought of Hepar sulph, Silica, Gunpowder etc., Gunpowder seemed to be the drug of choice. In all these cases, Gunpowder 3x to 6x trituration had been quite good, which was prescribed by me and the temperature came down and the swelling also got localised. Subsequently, one drug after another I started to give, but none of them cured him permanently. After the acute phase was overcome as stated above, I took family history of the patient. The father of the boy had pleurisy. In India, the commonest cause of Pleurisy is Tuberculosis. Hence, I thought that this boy had tubercular diathesis. I prescribed Tuberculinum and then the recovery was uneventful.

Many of the things stated in our Repertories are not complete or sufficient. We have to supplement. After Tuberculinum, Psorinum automatically follows. Psorinum is a very grand remedy for Tonsillitis. It has the symptom 'liable to catch cold frequently'. When Psorinum is used properly, it cures the tendency to recurrent colds. Sometimes, books cannot give full details and sometimes we are discouraged by reading them. Try to note the experience of others. Only certain features can be presented in the books. This is my advice for all beginners.

In sprains, Carbo Animalis is a grand remedy which is not thought of commonly. I brand Calc. carb as the chief remedy.

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symptoms in this sphere so full of psychical connections, and how easy the questioning becomes after affirming our queries about indications which our patient will no longer resolutely deny!

With the foregoing a small window opens upon a vast field whose wealth of symptoms will guide our steps in the questioning and facilitate the exhausting labor of the homœopath.

—*The Layman Speaks, Sept., '60*
