

## TRUE VALUE OF SUBJECTIVE SYMPTOMS

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Subjective symptoms are the sufferings felt and experienced exclusively by the patient and none else. When a patient describes his pain, he compares it with a similar sensation in similar circumstances i.e. Pain in the stomach is like thatch burning. To compare the present state with a similar previous experience, he must have the personal experience of two states: One is the past experience of real flames caused by burning thatches introduced in his stomach and another is the present affliction of similar burning. Else his description in comparison is not exactly correct and the symptoms are becoming valueless in treatment. Thus it throws a cloud of falsity upon the true value of subjective symptoms.

If this is really a fallacy, it is not stopping with the patient. The physician should also have similar personal experience of the real thatch burning in his stomach to accurately understand the patient. The prover of the drug should also have that experience. But how could the Homœopathic physician be able to understand even minute differences of symptoms in children also and practice till date? It depends upon the experience and diligence of the Doctor, and such a method of treatment is available in Homœopathy only.

Let us now see whether a man should have past personal experience of similar state to describe to the physician the real nature of his pain?

In general, infants will not be afraid to hold either fire or snake. If any infant unfortunately happens to touch fire, from then onwards it will naturally be afraid of touching fire and even anything else looking like fire. Here, the personal experience is the criterion. After the child grows up, he will be afraid of holding or even by mere appearance of a snake. He need not have any experience of snake bite personally. By hear-say the cruelty of the snake and the morbid affects of snake bite, he will be afraid of. Here personal experience is

not the criterion, but only the conception of idea is the essential criterion.

In ailment, patient could be able to localise the siatic nerve, heart, etc., though he had no knowledge of its location in health ; and also after restoration. The patient need not have the scientific knowledge of localising the nerve.

Thus it is clear that one need not have personal experience of similar affliction to describe his pain to the Doctor by comparison.

Now the question should arise whether this is only a point of logic or did we have such practice of expressions and interpretations in our day to day worldly life?

When a person says in winter, that the Chill is biting, it does not mean he had the personal experience of being bitten by the (teeth of) chill. The opposite man could also easily understand the sensation of the former and tries to paliate his chill by hot application ; but will he ever wrongly interpret and try either to tie up the mouth or extract the teeth of chill?

If anybody says that he is dying with poverty, does it go to mean that he had experience of death? Certainly not. But he means that he is suffering severely with poverty.

In expressing the subjective symptoms, the patient endeavours to make the physician understand the degree and plane in which the disease force is tormenting and teasing his vital force. Of course, these expressions may vary according to the ability of the patients. It could be possible only for Homœopathic physician to understand the state of such ailments by properly interpreting the human expression, and to restore the sick to health, basing on totality of symptoms.

Significant meaning and interpretation should be according to the intention of the author or speaker. When the great poet said :

“How can a person who has never been bitten  
by a snake, realise the pain from snake venom?”

the meaning should be taken according to the context. It should not be tagged up to Homœopathy and say that there is a fallacy in the system.

When a poet describes that the face of a girl is like moon,

it does not mean that there is a spot on the face of the girl, as on the moon; nor does it mean that her face disappears on new-moon-day and reappears gradually taking moon-phases from the next day onwards and fully appears on the full-moon-day. But, there is a cheerful feature in the moon. Delight by mere appearance. It delights all alike, let him be a friend or foe. Here the idea and intention of the poet is that the face of the girl is possessing such a cheerful feature and delightful complexion. His attempt is not, to explain that the face is not oblique as an egg nor that, it is more circular than a Motor wheel.

If a Thuja patient says that he is feeling as if his body is made of glass, Dr. Kent cautioned the readers, that it does not go to mean that his body is transparent and one can see through his body the things on the otherside, but it signifies that the patient is feeling that his body is so brittle that it might be broken as easily as delicate glass. Unless the readers of Homœopathic literature grasp the salient and significant points, it becomes impracticable for them to appreciate the true value of the subjective symptoms and advance Homœopathy to its legitimate goal.

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**Editorial Comment :** I am very sorry that my reference to the problem of interpretation of subjective symptoms in my article entitled—*Common Platform for All Homœopaths* (The Hahnemannian Gleanings, XXIX/11/485) has given rise to some misunderstanding. Dr. Sastry seems to have misapprehended my purpose, and to have taken my allegories too literally.

My purpose was far from "throwing a cloud of falsity upon the true value of subjective symptoms". Subjective symptoms, we all know, is the basic stone of Homœopathy. Not only that, by giving true and basic value to subjective symptoms, Homœopathy made a real contribution to medical science in general. It is after long one and a half century that the traditional medicine is accepting this fundamental attitude of Homœopathy, in the name of Physio-pathology, Psychosomatic pathology, etc. It is due to the vital importance of this as-

pect of Homœopathy, that I wanted to draw attention to certain fallacies which may mar its value if not sufficiently alert. Any practising Homœopath—especially the less experienced—may often fall in difficulty, and may sometimes make dangerous mistakes in interpreting the narrations of the patient, who often insists on severe pain in her ovary, and when asked to locate the site of her pain, reluctantly points to the hypogastrium or even umbilicus; who often describes the pain as burning, but when cross examined (e.g. how it is like) the character of the pain proves to be definitely stitching or cutting. So the Homœopath can never be too cautious in assessing and ascertaining the true meaning of patient's narrations—the subjective symptoms. I only wanted to rouse this caution, and suggested to get the narrations of the patient confirmed by objective examinations wherever and howsoever possible.

I never meant that one has actually to be bitten by a serpent to realise the horrors of venoms, or be bitten by the teeth of chill to feel what is chill. What I wanted to stress is that, Homœopath must, if he wants to find out the *similimum*, be sympathetic enough to feel the suffering of the patient; his faculty of feeling and understanding—in one word intuition—must be above average.

Objective symptoms *per se* can never be a reliable basis of a true Homœopathic prescription. They can only help indirectly by corroborating or correcting the patient's narrations of the subjective symptoms; e.g. a thorough and efficient examination may locate the source of a cardiac pain to stomach, headache to a root abscess and so on. They also add significance to subjective symptoms—the same type of pain due to functional disorder, or inflammation, or ulcer, or cancer, have totally different significances.

I hope, if Dr. Sastry reads my article again after this clarification, and in the whole perspective, there will be no ground for misunderstanding.—J. N. K.