THE VALUE OF THE "INDIVIDUAL APPROACH" IN MEDICINE

Emphasized and Exemplified by Experiences in Homœopathic Prescribing

DR. D. M. GIBSON

The physician is confronted by and concerned with two main problems. The first is that of *diagnosis*—what's going on here? The second is that of *treatment*—what's going to be done about it?

A vast amount of time and energy is expended in the pursuit of *diagnosis,* but too often all that can be offered in this respect is a non-committal descriptive appellation such as erythema nodosum, paralysis agitans, sciatica, brachialgia, or, in veterinary practice, such terms as staggers or hard pad. Such a diagnosis is but a description of one outstanding symptom and, while it may serve the purpose of attaching a disease name lable to the patient, it leaves one without a clue either as to the true pathology of the condition or the treatment required.

In other cases the diagnosis may suggest the ætiological factor concerned, for example thyrotoxicosis, hay fever, tuberculosis, avitaminosis, or the fashionable, present-day psychosomiasis. Again the diagnostic appellation may seek to suggest the underlying pathological condition as in such terms as arthrosis, arthritis, pneumonia, hepatitis, nephrosis, nephritis and so on and on. But, even when the suggested diagnosis is based on pathological findings or inferences, it is seldom entirely adequate or entirely reliable, at any rate antemortem. The late Sir Bernard Spilsbury was renowned for the thoroughness of his investigations, including exhaustive histological examination of morbid material. He was asked on one occasion how often he had to alter his provisional diagnosis as to the cause of death as the result of these latter and he replied, "In approximately 60 per cent." This is a sufficiently striking commentary from so learned

and expert a source on the probable inadequacy and possible inaccuracy of only too many ante-mortem diagnoses, even when these are arrived at with the aid of the ever-increasing array of modern diagnostic gadgets and laboratory techniques.

The diagnostic term too often suggest the location of disease in, or the localization of disease to, one organ or system of the body when, in point of fact, it is *the whole body that is sick*. The local symptoms are but one, perhaps the most obvious, not necessarily the most significant, manifestation of the sick state, but it is the body as a whole that is affected. How important then to approach the problem from the individual aspect and to endeavour to assess and treat the sick man in such a way that the cause of his morbidity will be removed. To merely seek to control the local symptoms may leave the fundamental cause of the state of ill-health unaffected and still present, in other words, may come far short of cure. The widespread nature of so many sick states was very forcibly illustrated in a recent pronouncement on Graves's disease, exophthalmic goitre, which many of us were taught to consider as a disease, of the thyroid gland. Speaking at University College Hospital in June of 1949, Professor J. H. Means of Harvard University said, "Though hyperthyroidism is usually present at some stage of Graves's disease this is not to be regarded as a relatively simple endocrinopathy: it is a *widespread and complex constitutional disorder* involving, besides the thyroid, other endocrine glands, the tissues of the orbit, the spleen, the thymus, and the lymphatic, reticuloendothelial, hæmopoietic, muscular, nervous and, very likely, other bodily systems."[1]

What is true of Graves's disease is most certainly also true of a great many other sick states the diagnostic label of which suggests a local or circumscribed pathology. The fragments of pathological information provided by microscopic examination of small portions of tissues after removal from the body, or by this and that laboratory technique, are often replete with interest, but too often the true nature of

the morbid processes responsible for the sick state remains provokingly obscure and the real cause of the deviation from health eludes discovery. In other words, problems No. 1 still remains unsolved: one is still left guessing as to "what is actually going on here".

Thus, even when a so-called diagnosis has been reached by the expenditure of much time and labour, and, possibly at the cost of considerable discomfort and distress to the patient, the solution of problem No. 2 is not greatly elucidated. To attach a label of, say, infactive hepatitis, pneumonic plague, toxic neuritis, disseminated sclerosis, aplastic anæmia, Hodgkin's disease, von Mikulicz's disease, periarteritis nodosa, even asthma, may afford some slight solace to the diagnostician but the physician is still left more or less where he was as to the urgent problem of therapy and how to cure the patient.

The vitally important factor that so often eludes detection is, to quote Professor Mean's phrase, the "complex constitutional disorder" underlying the symptom picture. This is liable to be a highly individual matter, and, if it is to be understood or, at any rate, assessed as a target for accurate therapeutic aim the individual approach is obviously called for.

It is, of course desirable that a diagnosis on pathological grounds should be attempted and no effort should be spared in reasonable measures to this end. Even if the whole truth cannot be laid bare it is well to know as much as one can about the morbid processes present in any particular case, provided that one does not allow one's self to be misled, and bears in mind the fact that there is probably much more hidden than has been revealed.

There is perhaps a danger in these days of elaborate procedures, and ingenious mechanical aids to diagnosis, of a certain loss of *balance*—a pre-occupation with problem No. 1, viz. diagnosis, to the possible derogation of problem No. 2, namely treatment. If the actual total of man-hours expended in the pursuit of diagnosis could be assessed and

compared with the total amount of time spent in actually alleviating suffering and curing disease the result might give one cause to pause and consider.

Is there not, perhaps, a tendency in these days of ever-increasing speeding-up to cut short history-taking and scurry through physical examination and "pass the buck" to the radiologist, the biochemist, the hæmatologist, the biopsist, the electro-encephalographist, the serologist, the allergist and so on, and on? Valuable as these ancillary sciences and auxilliary aids to diagnosis undoubtedly are, they are costly both in time and money, and not always of very great assistance in the all-important matter of the comfort and the cure of the patient.

The sick individual indeed may undergo the discomforts and distresses of multiple punctures—venepunctures, lumbar punctures, liver punctures, sternal punctures—ureteral catheterization, intubations various, endoscopies various, instillations of opaque media into bronchi, of air into cerebral ventricles, and other procedures, *each with its attendant risks,* and at the end be very much "in *statu quo*" as regards the relief of symptoms and the cure of his malady.

There does seem to be a case for caution and seeking to maintain a salutory balance between the time and enthusiasm expended in the quest of diagnosis by ancillary procedures and that devoted to direct clinical contact with the patient as an individual personal problem for investigation and therapy.

These time-consuming ancillary procedures often deal with very small portions of the patient's tissues, usually after removal from their natural surroundings in the living body; or they are highly specialized techniques of investigation relating to one particular organ or system. Those undertaking them are, perforce of circumstances and training, apt to be interested mainly in the particular sample submitted for investigation or the particular organ under survey. Little cognizance is, therefore, taken of the patient

as an individual whole, an individual who is sick because of some deep-seated and widespread deviation from that perfect balance of vital functions that spells health.

The factors responsible for this disturbance of normal function may indeed be of a nature that cannot be portrayed on an X-ray film, or aspirated for chemical or microscopic investigation. Their assessment may call for clinical specialism, the quiet, unhurried, skilful interrogation and investigation of the patient and the evaluation of his symptoms as evidence of an underlying state of disordered metabolism.

It is interesting in this connection to note that such a point of view finds advocates among those whose opinion ranks high in the present day professional world.

Sir Cecil Wakeley: "Let us approach our patient determined to make our diagnosis before we submit him or her to endless biochemical, metabolic, radiological, and instrumental investigations. Though these investigations can certainly be hopeful they are tedious and fatiguing to the patient; moreover they are sometimes misleading and may result in irreparable damage from delay. They should be used, as required, for confirming a diagnosis, but not for making one." "There is a great danger of a Machine Age in Diagnosis." "The various manifestations of disease can only be appreciated to the full by careful, and often repeated, clinical examinations. Do not rush to machines. Be doctors first and technicians last." "Let not the days of clinical acumen be numbered." "Human beings are not mass-produced and each one is different, and it is up to the clinician to discover the differences in his several patients so that he may truly interpret the signs and symptoms correctly[2]

Professor J. A. Ryle: "It would not . . . . be an exaggeration to say that many patients to-day are seriously over-investigated; that for lack of careful personal and social histories many unnecessary investigations are daily carried out; that insufficient thought is often given to the question of how far necessity and how far curiosity are the compel-

ling motives in applying multiple and frequently uncomfortable tests. . . . We can no longer justify what is often, in the first place, an unscientific, in the second (from the patient's point of view) a too exacting, and in the third a too costly system of diagnosis."[3]

Dr. Alan Gregg, speaking to the American College of Physicians, " . . . a sleight of hand artist can divert our attention from one move he makes by making at the same instant another move that is spectacular and pre-occupying. 'Look at the dicky bird!' is in effect a blinding command. . . . Science provides us with instruments of entrancing accuracy, with oil-immersion lenses and potentiometers and spectrographs and X-rays, all of which are superbly efficient for seeing parts of the total picture. But even these remarkable instruments do not excuse us from the task of looking at the whole picture or of deciding what part of the total picture is worth looking at. Quite to the contrary, they make it seductively easy to look at something *merely because it can be seen.* Now even if an instrument of precision will automatically register, measure, and record a singularly active and colourful dicky bird, we may be giving all our attention to what is no better than a dicky bird for all its beautiful verifiability. . . . Rapit attention to the part is the best guarantee that the whole will be ignored."[4]

Professor Robert Platt: "It has seemed to me for a long time that good doctors differ from bad ones in two major respects. The time they devote to history-taking and the ability to interpret a history correctly is the first. The second is their ability to formulate a plan of treatment. . . I know that I am not alone in thinking that history-taking is the greatest art in medicine. . . . There is a special reason why the value of history-taking needs to be emphasized to-day. We are embarking upon a National Health Service in which laboratory facilities will be freely available for the first time to ordinary patients in general practice. The practioner is sometimes under the illusion that the consultant's work is relatively easy—he has resources of the labo-

ratory and the X-ray department at his disposal and has only to set the machine in operation for the correct diagnosis to be produced for him. The consultant of experience knows full well that it is not so. He knows how wasteful and misleading the ancillary services may prove if due care has not been given to the initial examination of the patient and above all to his history. If laboratory and X-ray services are to be intelligently used, history-taking must become more, not less, important and it is a task which in difficult cases, can never be delegated."[5]

These are weighty pronouncements. They seem to bear out the contention that there is room for re-emphasis on the importance of the individual approach in medicine and of the absolute necessity for allowing ample time for leisured and meticulous case-taking and clinical investigation. They also accord a very high value to the art of "clinical specialization" and utter a warning lest this art should be lost or belittled by short-cut methods of routine mechanical examinations.

Surely it is *just here* that Homœopathy has a most valuable contribution to make. From the very outset its founder laid emphasis not only on the desirability, but also on the absolute necessity for the individual approach and for the regarding of the problem of sickness and disease as one involving the body as a whole. This was in relation both to problem No. 1, diagnosis as far as practicable, and also, and even more emphatically, to problem No. 2, the treatment of the sick person and the removal of the cause of his symptoms where metabolically possible.

In this insistence on individualization both in relation to diagnosis and for guidance in treatment, Homœopathy is not out of date, and never will be, for the sons of Adam, and indeed all living creatures, depend for health on vital functions and reactions that are not only complex but highly individual. It follows from this that treatment by rote and prescribing by diagnostic lable are procedures not only thoroughly unscientific but fraught with possibilities of dire

harm. This is exemplified only too poignantly by the tragedies which occur from time to time as the result of individual sensitivity, anaphylactic shock, serum sickness, acute anuria, agranulocytosis, exfoliative dermatitis, transfusion incompatibility and other untoward forms of tissue reaction. For the comparatively few, who suffer such violence as the result of treatment with obviously toxic drugs, there must be a great many more, who suffer minor degrees of tissue damage and interference with vital function, with much sublethal ill health as the consequence.

We need, therefore, feel no shame in seeking to perpetuate the principles of Hahnemann both in insistence on the individual assessment of the case and in the therapeutic method of prescribing on the individual personal and peculiar indications rather than in a routine manner. Not only does this provide greater accuracy of therapeutic aim but also a greatly minimized risk of untoward reactions.

A number of case histories are added here as being, it is hoped, illustrative of the foregoing contentions. For the sake of brevity they are presented in the form of brief summaries, recording only those symptoms adjudged to be of high value in making selection of the indicated remedy. Probably the cases could have been handled much more skilfully, but here they are :

CASE SUMMARIES

E.C., male, age 39. Asthma

This man had suffered from asthma for thirty-two years, in fact almost all his life; was having attacks almost nightly.

October 23rd, 1947. Even tempered, touchy, weepy as child. Pleasant placid, portly. Very averse stuffy room, craves air. Not thirsty; *Pulse.* 200 (ii).

November 19th, 1947. Definitely better. S.L.

December 31st, 1947. No attacks; *Marmorek* 30 (ii).

September 30th, 1949. Improvement has been maintained to date with no further asthma but occasional wheeziness, on occasional doses of *Puls.* 200, 1*m*, or 10*m*, on one

occasion *Ars. iod.* 6 b.d. for two weeks, and once *Phos.* 30 b.d. (vi) on account of tight feeling in chest. In April, 1948, stayed at Swindon and slept with impunity on feather bed, "which formerly always made him ill".

In September, 1949, reported no cough, no sputum, "no sitting up in bed trying to breathe now".

A.C., male, age 51. Asthma

This man had suffered from asthma for ten years with, recently, constantly recurring attacks.

September 17th, 1947. Hates fuss and sympathy; very averse reproof. Shiny skin. History of malaria for seven years; *Nat. mur.* 200 (ii).

October 15th, 1947. Was better for three weeks then got bad cold; S.V.R. Given *Nat. mur.* 200 only s.o.s.

March 5th, 1948. No further attack; *Nat. mur.* not needed.

October 10th, 1949. Writes, "Thanks to your treatment I only get attacks of asthma very seldom now. In fact I am nearly free of them. It is months now since I had one. What a rellief!"

S.R., male, age 19. Asthma

Had suffered from asthma since age of five; gets attacks daily for a week or so, then has a free interval for three or four weeks.

February 27th, 1948. Quick temper; trifles annoy. Averse fuss and sympathy. Likes salt; *Nat. mur.* 10*m* (i).

April 9th, 1948. Still getting attacks every six days, but less severe; S.V.R.

May 11th, 1948. Bad attack last week accompanied by a bilious headache; *Prot.* 30 o.m. (vi).

July 9th, 1948. Still a weekly attack, associated with gastric upset and relieved by vomiting; feels the cold; worse least draught; periodicity; *Ars. alb.* 30 (ii).

August 3rd, 1948. Much better, only two very mild attacks; S.V.R.

August 31st, 1948. Only one very mild attack; S.V.R.

September 28th, 1948. No attacks; feels better; S.V.R.

November 2nd, 1948. No attacks; feels much better; *Bac.* 30 (monthly).

December 29th, 1948. No asthma; no "colds"; given *Ars. alb.* 30 p.r.n.

October 21st, 1949. Return of bout of indigestion, accompanied by not very severe asthma in September, and took *Ars. alb.* Now better but indigestion persists; better by eating; desires hot food; *Lyc.* 30 (iii).

November 11th, 1949. No asthma; still feeling as if "had eaten too much and were paying for it"; *Nux vom.* 6 b.d. (xxviii).

December 9th, 1949. Was much better while taking *Nux vom.*, but two slight attacks after changing to S.L.; *Nux vom.*, 12 b.d (xiv).

January 13th, 1950. A bilious attack before Christmas but no asthma.

Thus has been almost entirely free from severe asthmatic attacks since first dose of *Ars. alb.* in July, 1948. The close relation between asthma and gastric disorder is a marked feature in this case.

G.M., male, age 14. Asthma

Had suffered from asthma for seven years, after an attack of measles complicated by pneumonia and pertussis. Asthmatic attacks were occuring every fortnight.

November 8th, 1948. Attacks occur about midnight. Must sit bolt upright. Accompanied by great exhaustion and profuse sweats. Active; tidy; apt to worry. Spare, fair, delicate skin; *Ars. alb.* 12 b.d. (vi).

December, 6th 1948. No attack; *Ars. alb.* 30 s.o.s.; S.V.R.

January 3rd, 1949. Had to take *Ars.* there times; *Morb.* 30 n.m. (iii).

January 31st, 1949. One attack in first week, none since; S.V.R.

February 28th, 1949. Much better; no attacks; S.V.R.

March 30th, 1949. Very slight attack in mid-march with a cold; took *Ars.;* feels much better now; *Marmorek* 30 (ii).

April 25th, 1949. No attacks; no cold; *Marmorek* 30 (ii).

May 23rd, 1949. Got overheated playing cricket and felt tightness in chest this a.m. at 4 o'clock. Took *Ars. alb.* (ii).

August 3rd, 1949. Feels better; two very slight attacks; S.V.R.

August 31st, 1949. Only one very slight attack; S.V.R.

September 28th, 1949. No attacks; S.V.R.

November 2nd, 1949. No attacks; feels very fit; *Bac.* 30 (monthly).

December 29th, 1949. No attacks; no colds; stop S.L.

(To be continued)

NEWS & NOTES

THE RESULT OF HOMŒOPATHIC EXAMINATION—1954

The following students of the East Pakistan Homœopathic College, Firingee Bazar Road, Chittagong, have passed the final H.M.B. Examination this year :—

(Names arranged in order of merit)

(1) Md. Khorshed Ali, Pabna. (2) S. K. Golam Sarwar, Pabna. (3) Alimuddin Ahmad, Dacca. (4) Shamsul Islam, Noakhali. (5) Anil Ranjan Biswas, Chittagong. (6) Md. Almas Ali, B.A., Pabna. (7) Tarakeswar Chakravorty, Chittagong. (8) Md. Kader Ali, Momenshahi. (9) Fazlur Rahaman, Tippera. (10) Abdul Gani, Pabna. (11) Molla Hamidul Haque, Comilla. (12) Shamsuddin Ahmad, Chittagong. (13) Makbul Ahmad, Tippera. (14) Jatindra Mohan Baidya, Chittagong. (15) Hamidur Rahman, Noakhali. (16) Golamar Rahman Chowdhury, Chittagong. (17) Abdur Rahman Khan, Rangpur. (18) Md. Nurul Alam, Bogra. (19) Abdul Haque, Sylhet. (20) Amirul Alam, Rangpur.

KALI IOD.—LYCOPODIUM—SULPHUR—TUBERCULINUM.
FERRUM PHOS.—SULPHUR—TUBERCULINUM.
LACHESIS—LYCOPODIUM—SULPHUR—TUBERCULINUM.
GUAIACUM—PSORINUM—TUBERCULINUM.
SENECIO—SEPIA—SULPHUR—TUBERCULINUM.

The above scheme shows the predominance of the constitutionals and the nosodes, especially of *Tuberculinum* which is often the first or the last remedy to be administered.

But, alas! there is an insidious prick of conscience that we often feel, since we kill as many cases as we cure. Remedies are still wanting, and I wish I could discover many more that would as accurately conform to the pathological and biochemic processes of tuberculosis, with their train of local symptoms, as to the background, which is the same as the general and the constitutional state of the patient, considered to be of prime importance in Homœopathy.

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(*Continued from page No. 320*)

E.D., male, age 41. Asthma

Had suffered from asthma for the last ten years and also as a child. Attacks very frequent and very severe—crawling around on the floor on all fours gasping for breath.

August 8th, 1947. Wakes in attack at 1 to 2 a.m. Extremely tidy. Very restless; over-anxious re trifles. Attacks aggravated by emotional stress. Craves air; *Ars. alb.* 30 (ii).

September 1st, 1947. Feels much better; repeat *Ars.* s.o.s.

September 22nd, 1947. On September 8th took *Ars.* for a slight relapse, then better again till a few days ago; S.V.R.

October 20th, 1947. Much better; no attacks; S.V.R.

January 29th, 1948. Reported attack of hæmatemesis and melæna on December 24th. No further asthma; *Ars. alb.* 30 (ii).

January 26th, 1948. No asthma; pruritic eruption in perineum; *Kreos.* 30 (ii).

April, 20th, 1948. Asthma under control, but slight dyspnœa at night; *Ars. alb.* 30 (ii). No further asthmatic attacks till August 6th, when received bad news of sudden death in family, and asthma returned and proved rather obstinate; *Ars. alb.* 30 t.i.d. (for a few days).

August 20th, 1948. Asthma still troublesome and worse least agitation; *Ign.* 200 (ii).

September 3rd, 1948. Still not better; severe suffocating attack after midnight; *Spong.* 12 t.i.d. (xviii).

September 7th, 1948. Attacks continue; *Ars. alb.* 1*m* q.8.h. (vi) and *Samb.* 12 t.i.d., later p.r.n.

September 14th, 1948. No better; *Sulph.* 1*m.* (i).

September 28th, 1948. Was better after *Sulph.* till yesterday, when fresh attack at 1 a.m.; *Ars. alb.* 10*m* (ii).

October 5th, 1948. Asthma better, but coughing a good deal, with frothy sputum; *Ipec.* 6 b.d. (xiv).

October 19th, 1948. No attacks; cough better; S.L. From this date till January 27th, 1950, has remained free from asthmatic attacks; has been given *Ars. alb.* about five times during the period of fourteen months for slight wheeziness and occasional cough with white frothy sputum. Stated in August, 1949. "The best summer I've had for fifteen years."

K.P., male, age 62. Asthma

The asthma in this case was complicating a chronic bronchitic chest condition and had been present for three years. Attacks were very frequent and aggravated by the slightest exertion, such as getting out of bed.

December 8th, 1948. Great severity of attack, gasps for breath and must hold on to chest. Relief from belching and

from bending backwards. Flags in heat. Often worse 4 to 5 p.m. Easy satiety; prefers hot food; tidy; touchy. Tears when thanked; trifles annoy. *Lyc.* suggested, but on account of type of attack; *Spong*, 6 t.i.d. (xxi).

December 22nd, 1948. Feels better; a few attacks, but less severe; S.V.R.

February 25th, 1949. Has had influenza with pneumonia and slight return of asthma; worse on damp days; *Nat sul.* 30 b.d. (vi).

March 11th, 1949. Very much better; no more attacks; some bronchitic cough; *Ant. t.* 6 b.d.

April 8th, 1949. Much better; cough is worse from damp; *Nat. sul.* 30 b.d. (vi).

May 6th, 1949. Better; can do quite a lot of jobs "he has not been able to tackle before"; no further asthma when seen on July 1st, but was feeling the heat and complained of indigestion about 7 p.m. *Puls.* 30 b.d. (xiv).

A very asthenic, chesty individual, but the acute asthmatic attacks were relieved by selective prescribing.

R.M., male, age 36. Asthma

This man gave a history of very severe asthmatic attacks which he attributed, probably correctly, to contact with dust at work which he said contained "90 per cent." copper. The attacks had occurred once or twice a week during the past six weeks.

February 9th, 1949. Frightful suffocation with wheezing about 4 p.m. or 3.30 a.m.: dyspnœic on effort; *Cup. met.* 6 b.d. (xiv).

March 8th, 1949. No further severe asthma; not dyspnœic now, but has cough worse contact cold air; *Rumex* 30 b.d. (xii).

March 22nd, 1949. Some recurrence of asthma since March 10th; advised change of occupation; *Cup. met.* 6 b.d., p.r.n.

April 12th, 1949. Took *Cup.* for one week; symptoms continued for two days then attacks ceased; and has remained well to date. This man reported in October, 1949, by letter, "I am glad to say that I am in perfect health and have had no

difficulty with my breathing since I changed my job."

D.W., woman, age 25. Asthma

This woman had been having attacks of asthma every two weeks for four years, and bronchitis every winter.

May 5th, 1947. Worse about 2 a.m. Irritable over trifles; tidy. Thirsty for sips; *Ars. alb.* 30 (ii).

June 9th, 1947. Two attacks; nervous; *Ign.* 30 weekly (iv).

July 7th, 1947. No attacks; S.L.

August 18th, 1947. One attack; feels stifled in warm room; easy tears; moods variable; *Puls.* 200 (ii).

November 10th, 1947. One attack in late August, none in September, one on October 20th; feels much better in health: *Tub.* 30 (ii).

February 2nd, 1948. No further attacks to date; leaving shortly for Canada.

B.M., woman, age 52. Asthma

This woman had suffered for twelve years from asthma associated with chronic bronchitis. Attacks were very frequent, requiring the use of an anti-spasm spray many times a day and also at night.

April 2nd, 1948. Feels the cold; hugs the fire; wants air; restless; tidy; fussy; is always much better at the seaside: *Med.* 30 b.d. (viii).

April 30th, 1948. Much better; S.V.R.

May 28th, 1948. Asthma better; S.V.R.

July 23rd, 1948. Asthma continues better, but wheezy: *Ars. alb.* 30 *b.d.* (vi).

August 20th, 1948. Asthma better; feels well, but still a bit wheezy; *Ant. t.* 6 b.d. (xxi).

October 1st, 1948. Asthma continues better; still wheezy, loses voice in wind. *Hep. sul.* 30 b.d. (iv).

October 29th, 1948. Slight threat of asthma and still has to use spray at times. Old history of double pneumonia as infant; *Morgan* 30 (ii).

November 26th, 1948. Feels better; sleeping better; occa-

sional asthma but less frequent and less severe than formerly; S.V.R.

January 7th, 1949. A lot better; still some cough at night, and scanty, sticky sputum; *Ars. iod.* 6 b.d. (xiv).

February 4th, 1949. Was worse in fog; *Med.* 30 (iii).

March 18th, 1949. Feels well; less wheezy; cough is worse cold air; gets hot in bed; *Sulph.* 1m (iii) and in a week *Rumex* 6 b.d. (xiv).

April 29th, 1949. Less wheezy; still has to use spray occasionally; *Ant. t.* 6 b.d. (vi).

May 27th, 1949. Considerably better this month; asthma better, and spray used less often; *Ant. t.* 6 repeat.

June 24th, 1949. Much the same; better than formerly; *Lyc.* 30 b.d. (vi).

July 22nd, 1949. Is better; spray formerly in use day and night, now only needed about twice a day; oppressed by hot weather; *Sul.* 1m (iii), and in two weeks *Ars. iod.* 6 b.d. (xvii).

August 19th, 1949. Still improving; *Med.* 200 (ii) and in a week *Ars. iod.* 6 b.d. (xlii).

Sept. 16th, 1949. Spray not used for three days; *Ars. iod.* 6 b.d. (xxviii).

October 14th 1949. "The best time I've had for some years"; prefers damp to dry weather; wants to clear throat; *Gaust,* 6 b.d. (xxviii).

November 11th, 1949. Not quite so well; *Sul.* 30 b.d. (vi).

December 9th, 1949. Asthma is "ever so much better"; indigestion with sharp pain deep to right scapula; *Chel.* 6 t.i.d. (xxviii).

It may still be possible to obtain further improvement in this case, but the asthmatic element is much less disabling than formerly.

V.H., woman, age 18. Asthma

Attacks of asthma during the last three years, associated with hay-fever; present attack came on during honeymoon.

April 2nd, 1948. Worse emotional excitement. Chilly; feels the cold; wants air. Aversion meat. Fear of dark; artistic.

Attacks aggravated by dust; *Brom.* 30 n.n. (ii).

April 30th, 1948. No asthma; feels better; *Tub. bov.* 20 (i).

July 9th, 1948. Slight recurrence asthama last week; tight feeling in chest; *Phos.* 1*m* (iii).

August 27th, 1948. Some hay-fever when over in Holland; *Tub.* 200 (ii).

October 12th, 1948. No asthma; no hay-fever; recent headaches, better lying quiet; *Bry.* 30 p.r.n., *Bac.* 30 (ii).

December 17th, 1948. One slight recurrence of asthma two weeks ago from excitement plus stuffy room, plus fog; headaches are better; *Phos.* 1*m.* (iii).

February 11th, 1949. No asthma; no hay-fever; recurrence of headache, this time of throbbing type with flushed face, and worse from jar of walking; *Bell.* 30 b.d., p.r.n.

March 11th, 1949. No asthma; no headaches; *Tub.* 200 (i).

These ten cases of asthma provide a small but fairly typical example of that inveterate, implacable, distressing and disabling affliction. The ages of the patients vary from 14 to 62. Males predominate but in such a small group this has no significance. The cases include asthma associated with hay-fever, asthma deriving from occupational respiratory irritation, and asthma superadded to chronic bronchial catarrh. The latter type presents a specially difficult problem.

Although the number of cases is so few the most effective remedy was found to vary considerably, being *Ars. alb.* in three cases, and different in each of the other seven, namely, *Puls., Nat. mur., Morb., Nat. sul., Cup. met., Brom.*, and *Med.* The type of indications guiding to the choice of remedy also varied, being in three cases constitutional characteristics, in three cases previous history, namely, malaria, measles and contact at work with metallic dust, in two cases general modalities, in one case local modality, and in one case associated symptoms. The inference as to the value of the individual approach is clear; as to relief, and as far as it goes, the experience of each of these ten asthmatics compares favourably with that of an asthmatic member of the medical profession who recorded, in *The Lancet*, his experience with a number of treatments thus, "Among my

experiences with therapy I can list an operation on my turbinates, extensive trials with every remedy taken by mouth (including all the new anti-*histamine* preparations), protein desensitization, special diets, psycho-analysis, and treatment by an electric psychiatrist. All these were quite fruitless."[6]

D.D., woman, age 32. Migraine

Subject to migraine headaches since childhood, "as far back as I can remember"; attacks now almost constant despite free use of several popular drugs.

April 4th, 1949. Nerves very bad; indifferent to nears and dears. Shocking temper; wants to scream; can't cope. Averse complete solitude. Headache, worse tick of clock, sitting up. and before M.P. *Sep.* 200 (ii).

May 13th, 1949. Bad headache the last two days as if "left eye torn out of socket"; *Spig.* 30 t.i.d. (ix).

May 16th, 1949. Head throbs; face red and hot. *Bell.* 30 b.d. (xii).

May 26th, 1949. Bilious headaches as child; very apprehensive before ordeal; chilly but likes fresh air; very fond of sweets and hot food; wakes in a.m. "like wet rag"; often finds one foot hot, the other cold; *Lyc.* 30 (iii).

June 1st, 1949. Definitely better; more energy; has had several teeth out and much pain; *Arn.* 6 b.d.

June 13th, 1949. Frontal and occipital headache with sore throat and wants to drink all the time; *Bry.* 30 t.i.d. (vi).

June 20th, 1949. Feels much better; still some occipital headache with pains in eyes; *Gels.* 6 b.d. (xiv).

July 4th, 1949. No headaches; feels "a different person"; very restless at night; gets up and walks about; mouth dry; *Ars. alb.* 12 b.d. (xii).

July, 18th, 1949. Worried over only child and fresh headache; face pale, pupils small, eyes feel "pulled by strings"; worse before M.P.; *Nat mur.* 200 (ii).

September 5th, 1949. Life on holiday far too hectic; domestic worries; nightmares; apt to wake up with headache; very averse tight collar; *Lach.* 30 (iii).

September 19th, 1949. Feels "a whole lot better" but anxiety over child causes bad nights and talks in sleep; *Phos.* 30 (iii).

October 3rd, 1949. Tense, tired, all "keyed up"; Headache worse before M.P. and better when flow starts; *Dys. co.* 30 (vi) and p.r.n., *Lach* 200.

October 16th, 1949. Still some occipital headache and eyes very heavy; *Gels.* 30 b.d.

October 31st, 1949. Occasional headache; sudden onset and worse at noon; *Arg. met.* 12 b.d. (xiv).

November 21st, 1949. Fresh worry; mouth dry; wants sips; *Ars. alb.* 6 h.d.

November 29th, 1949. Headaches much better; throbbing pain behind sternum, worse lying down; *Bell.* 30 t.i.d. (vi).

December 12th, 1949. Headaches much better, especially compared to formerly when used to "have them every day"; pain behind sternum rises to throat; *Lyc.* 30 b.d. (vi).

The general health in this case is vastly improved and whole outlook on life different, though headaches not entirely under control.

A.R., woman, aged 51. Migraine

Weekly or fortnightly headaches since age of 20, or earlier; hemicrania on right side; wakes with headache, worse from smell of tea (*Aesc.*), or smell of food; may vomit everything for twelve hours and nausea persists in spite of vomiting; better lying flat in dark; no marked exhaustion.

January 26th, 1949. Likes solitude; averse fuss and sympathy; sensitive to small noises. Likes fat and salt; *Nat. mur.* 200 (xii).

February 23rd, 1949. Two headaches but second one less severe; S.V.R. and *Colch.* 12 p.r.n.

March 23rd, 1949. Three headaches; the first two relieved by *Colch.*; occur now weekly; *Sang.* 30, twice a week (vi) and *Cocc.* 12 p.r.n.

April 20th, 1949. Much better; only one or two headaches, relieved by *Cocc.*; S.V.R. and *Cocc.* 30 p.r.n.

May 18th, 1949. Two headaches and second not severe; acute pain left hallux; *Colch.* 30 b.d. (vi).

June 15th, 1949. Two headaches, worse direct sun; *Nat. carb.* 200 (iii).

July 13th, 1949. Three headaches with spread of pain to dorsum; *Aesc.* 6 b.d. (xviii).

September 7th, 1949. Only one bad headache in last two months and feels very much better; *Aesc.* 12, twice a week (vii).

October 5th, 1949. No further headache till four days ago: *Nat. mur.* 200 (ii).

January 6th, 1950. Free from severe headache till about a week ago when had a bad one again accompanied by nausea and worse turning in bed; better lying absolutely still and in dark; *Nat. mur.* 200 (ii) and *Bry.* 6 b.d. (xiv) a week later.

February 3rd, 1950. No headache since last visit: full feeling in vertex for two days relieved by bleeding from right nostril; S.V.R. and *Bry.* 12 p.r.n.

L.H., woman, age 24. Migraine

Attacks of migraine since age of 7 or 8; occurring now every fortnight, accompanied by nausea but does not vomit; better lying in dark with low pillow; peak at noon; worse before and during M.P.

October 24th, 1949. Full of enthusiasm; likes sympathy and attention. Had nervous breakdown at 20. Headache better by stroking. Headache relieved by cool air; *Phos.* 30 (iii).

November 2nd, 1949. Giddy, queasy, constipated, shuddery, feels cold, even in bed; *Nux vom.* 12 b.d. (xiv).

November 21st, 1949. Headache better; giddiness better; not so constipated. Is always on the go; cannot sit still and do nothing; does things in a hurry; feels better at seaside; *Med.* 200 (ii).

December 19th, 1949. Has been better but headache again this last week; has dry cough, worse on lying down at night; *Phos.* 30 b.d. (vi).

January 16th, 1950. A few headaches but less severe than formerly; cough is better; headache is relieved after sleep; *Phos.*

ac. 6 b.d. (xlii).

Improvement is definite though not complete.

A.A., woman, age 32. Migraine

Very severe headaches since February, 1948, i.e. for past nine months; throbbing over right eye with spread to vertex and dorsum between scapulæ; headaches almost constant.

November 1st, 1948. Pain so severe "wants to bang head against a brick wall"; *Sang.* 30 b.d. (vi).

November 15th, 1948. Headaches continue; quick temper; resents interference; conscientious. Fear of dark; averse complete solitude; averse strangers; wants to be occupied. Feels the cold; flags in heat; desires fresh air. Craves chocolate; prefers hot food. Headache better pressure of hands and in open air: *Lyc.* 30 (ii).

November 29th, 1948. Five headaches to report. Very averse fuss and sympathy; *Nat. mur.* 200 (ii).

December 13th, 1948. No headache till yesterday and less severe; S.V.R. and *Bry.* 30 p.r.n.

January 3rd, 1949. Some headaches but less severe; *Bry.* did not relieve; S.V.R.

January 31st, 1949. Headaches still occur, but milder; *Luet.* 1m (ii).

February 28th, 1949. Occasional mild headache: feels much better in health: ulcer roof of south; *Chel.* 6 b.d. (xxviii).

March 7th, 1949. Headaches much better; ulcers in mouth painful; *Nit. ac.* 12 b.d. (xiv).

March 18th, 1949. Headaches continue better; mouth not well yet: *Merc.* 30 b.d. (viii).

April 30th, 1949. Only three headaches since February 25th and of mild type; mouth quite well; but former "colitis" has recurred: *Podo.* 30 b.d. (vi).

May 14th, 1949. Stools almost back to normal; no headaches; feels well; *Bell.* 30 p.r.n.

June 21th, 1949. One headache, on Whitmonday; *Nat. mur.* 200 (ii).

September 19th, 1949. A bad headache while on holiday; *Luet.* 200 (ii).

December 23rd, 1949. Has been free from headaches till one last week, like "heel of nailed boot being pressed into vertex"; emotional upset; *Ign.* 30, twice a week (vi).

January 7th, 1950. Per letter reported bad cold; *Phos.* 30 b.d. (vi).

January 27th, 1950. Feeling better and cold better; woke up with headache on January 22nd; throbbing and over right eye. Very definite improvement. *Nat. mur.* 200 (ii).

B.W., woman, age 36. Migraine

Had suffered from migraine type of headache since early twenties, if not in 'teens. Headache is accompanied by terrible nausea and waterbrash; must lie down in dark with one pillow. Attacks occurring twice or thrice a month.

August 31st, 1949. Fear of dark and of solitude; likes affection; artistic. Answers slowly for sake of accuracy. Averse noise of any kind. Feels exhausted in great heat. Thunder causes headache; feels better in open air. Spare, dark; nervous manner. Headache worse emotional stress and extra effort; *Phos.* 30 (iii).

September 14th, 1949. No headache to date; feels very tired, is dyspnœic on effort with palpitation; is "fussily tidy"; *Ars. alb.* 6 b.d. (xviii).

October 12th, 1949. One threatened attack which did not develop. Is very averse heights and closed space; averse hot weather; apprehensive before ordeal; *Arg. nit.* 200 (ii).

November 16th, 1949. No bad headache and less tired, and this despite extra stress with illness at home; "Can now run upstairs quite happily, whereas before used to have to crawl up on hands and knees." S.V.R.

December 12th, 1949. Is still free from recurrence of headaches; given *Phos.* 30 p.r.n.

M.W., woman, age 31. Migraine

Had suffered from headaches since 'teens; was having them fortnightly, hemicrania affecting right side, often accompanied

by nausea and vomiting, and better when lying in dark with one pillow.

October 26th, 1948. Tall, slender, nervous, enthusiastic, inclined to over-do things; tears when tired. Likes company and attention; averse thunder. With headache desires head cool; *Phos.* 30 (ii) and 12 p.r.n.

February 15th, 1949. Headaches only occasional and mild; *Tub.* 200 (ii).

August 22nd, 1949. Recently getting a headache about once a week—under severe emotional strain—*Ign.* 200 (ii).

September 2nd, 1949. Headaches much better again and feels very well.

The response in this case was prompt and prolonged.

M.S., woman, age 51. Migraine

Had been having very frequent attacks for about two months; a previous series of attacks in 1937 lasted for one year. Very severe headache as if "head on fire" or "in a box", accompanied by pains in nape of neck and shoulders, also by nausea with repugnance for food and relief by vomiting.

July 21st, 1948. Very marked fear of heights; desire for sweets. Aversion heat in any form: *Arg. nit.* 30 b.d. (iv).

July 30th, 1948. Nausea better; feels better; neck pains better; two headaches. S.V.R.

August 27th, 1948. Much better—"like heaven to be without the headaches"; feels tired, exhausted; "Sleeping better than for years"; less tired; occasional headache: *Arg. nit.* 200 (i).

November 2nd, 1948. Headache again during the last three days; Dreams "she is falling"; *Arg. nit.* 30 b.d. (vi) and *Thuja* 1*m* (i) in two weeks.

September 20th, 1949. Has been well for nearly a year, but of late an occasional headache when tired; *Arg. nit.* 30 b.d. (vi).

October 18th, 1949. Headaches better again.

L.A., woman, age 32. Migraine

This woman had been having a severe headache every two or three weeks for a period of two years. She had been twice

"bombed" during the more recent war and "knocked silly". The pain was a "terrific throbbing in the temples" sudden in onset and lasting for two or three days.

April 6th, 1949. Pale, dark hair, languid appearance. Restless; must be occupied; very tidy; *Ars. alb.* 1*m* n.m. (iii).

April 27th, 1949. Reports two headaches: previous head injury; *Nat sul.* 30 b.d. (ix).

May 18th, 1949. One bad headache; very fond of salt; *Nat. mur.* 200 (ii).

June 15th, 1949. Two headaches; has fainted twice; feels tired and apathetic; *Sep.* 30 n.m. (iii).

July 13th, 1949. Has fainted once; headaches better; S.V.R.

August 16th, 1949. Headaches much better; feels much better; has fainted once; *Nat. sul.* 1*m* (i).

September 21st, 1949. Two or three headaches but not severe; no faints; S.V.R.

October 5th, 1949. A dull headache five days ago; no faints; *Phos.* 30 n.m. (iii).

October 21st, 1949. Has been much better; slight headache yesterday; S.V.R. and *Phos.* 30 p.r.n.

November 9th, 1949. "Heaps better"; *Phos.* taken a few times; S.L.

December 19th, 1949. No bad headaches; *Tub.* 200 (ii).

January 16th, 1950. Only one headache and that not severe. S.L.

M.T., woman, age 27. Migraine

This woman had suffered from attacks of bilious headache ever since childhood and was having attacks almost every day or at least three or four bad headaches a week. Pain accompanied by nausea and relieved by vomiting; better lying still on back.

March 11th, 1948. Pale, with rather waxy skin and tendency to pimples. Averse fuss and sympathy; tears from reproof. Enjoys solitude; harbours resentment. Headache worse at M.P. Numbness and tingling in hands and feet; *Nat. mur.* 1*m* (ii) and *Sang.* 30 s.o.s.

April 1st, 1948. Much better; headaches less severe and less frequent. S.L.

April 29th, 1948. Two headaches; indigestion 1 hour p.c. *Nux. vom.* 3x o.n. (xiv).

May 27th, 1948. No headaches.

December 2nd, 1948. Very free from headaches till last three or four weeks; *Nat. mur.* 200 (ii).

February 8th, 1949. Feeling well: has had headache four times since January 20th (has had an alveolar abscess); *Nat mur.* 10m (ii).

May 18th, 1949. Some spots on trunk: otherwise feeling all right.

E.P., woman, age 43. Migraine

Attacks occurring weekly or fortnightly, over a period of four years. Throbbing pain, which starts in left shoulder and spreads to left side of head and left eye; accompanied by flashes of light before left eye.

April 9th, 1948. Also complains of shifting rheumatic pains worse before rain. *Nat. sul.* 1m n.m. (iii).

May 7th, 1948. Three headaches in one week; likes solitude; easy tears from sadness; sensitive to small noises. Headache worse before and at M.P., *Nat. mur.* 200 (ii).

May 25th, 1948. No headache; S.V.R.

August 17th, 1948. Headache again at M.P.; *Nat mur.* 200 (ii).

October 12th, 1948. Just one headache. Tidy and feels the cold; *Ars. alb.* 1m n.m. (iii).

December 7th, 1948. No headache for five weeks, then two; recent recurrence of rheumatism, which had been better; *Nat. sul.* 30 bi-weekly (vi).

February 1st, 1949. Much better, only one mild headache; repeat *Nat. sul.*

March 29th, 1949. Two sudden headaches, left sided, throb; very averse anything tight; *Lach.* 200 weekly (vi).

May 18th, 1949. Two headaches, both mild; *Lach.* 30 weekly (viii).

July 13th, 1949. One headache in two months; *Nat mur.* 1*m* n.m. (iii) and in a week *Lach.* 30, twice weekly.

September 7th, 1949. A mild headache with each of two M.P.s; *Prot.* 30 o.n. (vi).

October 5th, 1949. No headache till four days ago when had one with M.P., *Ars. alb.* 1*m* n.m. (iii).

The general picture in this patient was greatly improved but there remained a tendency for headache to recur with the M.P.

These ten cases of migraine, another complaint of somewhat intractable nature, were all women, ages varying from 24 to 51. They all gave a history of periodic headaches; in three cases the history dated back to childhood, in three to adolescence, and in the other four the duration was four years, two years, nine months and two months respectively, though in the last case there had been a previous spell of similar attacks some years before.

In almost every case the picture was one of very severe distress, in some amounting almost to desperation and impending psychoneurotic collapse. The response to individual treatment was prompt in some cases; in others more persistence and the exhibition of several remedies were required to obtain results. In every case, however, the over-all picture was very definitely changed for the better, and the headaches, if not entirely abolished, were rendered much less severe and reduced in frequency.

In five cases a single remedy appeared to prove effective, namely *Nat. mur.* in two, *Phos.* in two, and *Arg. nit.* in one; in the others although several remedies were given it is probable that among these one was the most pivotal and the others complementary.

In nearly every case the chief indication for choice of remedy was constitutional, as evidenced by Mental Factors and General Reactions, though type of pain, previous history and associated symptoms provided additional indications in three cases. The number is, of course, very small but sufficient to be at least suggestive of the value of the individual approach in patients most, if not all, of whom had received a great deal of routine treatment with various "headache remedies".

M.P., woman, age 28. Paroxysmal Tachycardia

This woman had suffered since the age of 14 from sudden attacks of palpitation accompanied by trembling all over, chattering of teeth, icy coldness from waist up, and fear. The first attack had occurred when as a child she found herself all alone in the house. Attacks were recurring two or three times a month. She had been thoroughly examined at St. Bart's and told there was nothing wrong with her heart, and also that nothing could be done about it.

February 25th, 1949. Easy tears, touchy, likes fuss and attention. Feels better in company; fear of solitude. Plump, plethoric, craves air; *Puls.* 1*m* n.m. (iii).

March 11th, 1949. No attack to date. Is shy, timid and of rather backward mentality; *Bar. c.* 6 b.d. (lx).

April 8th, 1949. Feels much better—"delighted with herself", "seems to get more courage"; S.L.

May 6th, 1949. One mild attack. Is always better at seaside, very active, does things in a hurry; intolerance to onions; *Med.* 1*m* (ii).

August 8th, 1949. Very well till a week ago; *Puls.* 1*m* (i).

September, 1949. Three "turns" this last month, accompanied by exhaustion and sudden fear. Likes salt and sweets; worse at M.P.; *Acon.* 12 b.d. (xii) and in two weeks *Nat. mur.* 200 (ii).

October 11th, 1949. Exhaustion better, slight palpitation occasionally. Very averse heights; hurried feeling; *Arg. nit.* 30 (iii).

November 8th, 1949. Feeling very much better, "No fear now in the house as formerly"; still shy in company of strangers; *Bar. c.* 6 b.d. (xxviii).

December 6th, 1949. No bad attacks; *Med.* 200 (ii).

January 6th, 1950. Keeping well; heart behaving well; S.L.

B.L., woman, age 36. Paroxysmal Tachycardia

Attacks of palpitation, accompanied by pain through left side of chest and by nausea, for three years. the attacks were

occurring about twice a month and were aggravated by effort. Routine examination revealed only hyperæsthesia of the chest wall on the left side.

September, 1949. Very tidy, hates muddle. Wants to be constantly occupied, restless. Feels the cold terribly, but wants air. Always thirsty, water at bedside. Attacks followed by extreme exhaustion; *Ars. alb.* 1*m* (iii).

October 18th, 1949. Just one attack, less severe, and nausea is better; feels very tired: *Arn.* 6 b.d. (xlii).

November 15th, 1949. Heart much quieter; slight pain in left chest the last few days; *Ars. alb.* 200f (ii).

February 7th, 1950. Only one attack, on December 24th and was better by 26th; *Acon.* 12 p.r.n.

N.K., woman, age 43. Paroxysmal Tachycardia

This woman had suffered for a great many years from attacks of sudden palpitation accompanied by cramp-like pains, stitching and stabbing in left chest, and when first seen the attacks were occurring almost constantly. They were brought on by hurrying or going upstairs and thus cold be described as effort angina. Routine examination revealed no abnormal findings except a bilateral fullness above the clavicles, which was said to vary in degree from time to time.

August 25th, 1947. Cries at least thing. Wants to get away from people. Weeps from sympathy received. Sad and indifferent. Wants to sit down all the time. Bearing down sensation in pelvis; *Sep.* 200 n.m. (ii).

November 10th, 1947. Was much better till a week ago when symptoms recurred; *Sep.* 200 (ii).

January 26th, 1948. Was again better till end of December. Swellings above the clavicles come and go; is chilly but can't stand being close to fire; craves air; feels her legs may "let her down"; *Puls.* 10*m* (i).

March 23rd, 1948. Slight return of pain a week ago; *Puls.* 10*m* (i).

August 27th, 1948. Again slight return of symptoms and gets very tired in the evening; *Puls.* 10*m* (1) and in a week *Arn.* 6 b.d. (xlii).

November 12th, 1948. Again slight return of pain, which comes and goes; *Puls.* 10*m* (i).

January 21st, 1949. Keeps well on the whole; no severe pain; swellings come up above the clavicles if hurried or "worked up"; *Puls* 10*m* (i) and in two weeks *Arn.* 6 b.d. (xxviii).

May 13th, 1949. Was again much better till recently; *Puls.* 1*m* (iii).

October 21st, 1949. Some shifting pains recently in arms and back; *Puls.* 1*m* (iii).

In each of these three cases of apparently cardiac disability the chief guide to choice of remedy was in the mental sphere, corroborated by general modalities or physical features. In no case was medication aimed directly at the heart. All three seem to have benefited very definitely by such individual treatment.

To sum up. A claim is made for the value of the Individual Approach in medicine.

A plea is put forward for the maintenance of a just and wise balance between clinical assessment of the case as a whole and ancillary departmental investigations.

Some case notes in epitome form are offered in illustration.

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