

## GUIDING SYMPTOMS

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The symptoms that guide me in the selection of the remedy are those mentioned in § 153 of the Organon as "the more striking, singular, uncommon, and peculiar." Hahnemann says these "are chiefly and almost solely to be kept in view", but not exclusively. The individual case may change the whole phase of the reason for the selection of the case; that is, some other feature may predominate over such symptoms. A guiding symptom, such as Hahnemann mentions in § 153, is not only to be present in the patient, but it must be *prominent, striking or singular*, (or unusual to such a case, symptom that is not to be usually expected in such a case of disease); symptoms, in a word, *peculiar to the case*, or else so prominent and striking as to be prevailing in the case. Generals and keynotes must have the same relation to the remedy as to the patient; i.e. the same degree of prominence. The most prominent symptom of the patient must not only be in the remedy, but it should be one of the most prominent of the remedy.

Herein lies the skill of the prescriber. It is sometimes very difficult to understand the relation of symptoms in a given case so as to know the guiding symptom. I have lately treated a case of inflammatory rheumatism where Bryonia and Rhus tox. had to be differentiated. On the surface Bryonia seemed the remedy, for the most prominent *complaint* of the patient was pain on the least motion. This symptom seemed to predominate the case, but the superficial prescriber would have made a great mistake in giving Bryonia, low or high. Upon inquiry it was ascertained that the patient changed—or attendants changed her—to a new position for relief from the pain caused by lying in one position for a short time. The move was very painful (as in Bryonia), but the result of the move gave relief for the time being. Also, the pains became unbearable toward morning and she had to get out of bed and be propped up on the harder lounge for relief. She was really worse lying down quietly, and better—more endurable—sitting propped up. The patient had to have a great degree of warmth; her lounge was over the register with blankets arranged to utilize all the heat. Rhus tox. gave glowing results in this case without morphine or other *injurious* allopathic agencies, and proved to a watching neighbourhood that the homoeopathic remedy was superior not only to cure disease, but also to very promptly and permanently relieve the severest pain.

The only way by which these guiding symptoms may be determined is by a comprehensive understanding of the philosophy of Homoeopathy as elucidated by Hahnemann, Guernsey, Lippé, Wells, Swan, and others, who have passed the bourne from whence no traveller returns, and at the present day as taught in the Post Graduate School of Philadelphia (Kent's), and

in the Dunham and Hering Colleges of Chicago. There is a something—some comprehensiveness of the intellect—that cannot be explained to the neophyte, but which is assimilated gradually by the study of the philosophy of Homoeopathy. A man might as well try to comprehend and solve the abstruse problems of higher mathematics after learning the multiplication table, as to prescribe homoeopathically upon a meagre knowledge of pathology, physiology, diagnosis and medical botany. These are necessary to the well-equipped homoeopathic physician, but there is a higher knowledge way beyond the sphere of these that can only be mastered by *unprejudiced* study. These symptoms are determined by the skill consequent upon an understanding of the characteristics of the diseased state—a step beyond pathology—and the *homoeopathic* materia medica.

The name of a disease is a very poor basis upon which to prescribe, but the knowledge gained by a proper diagnosis, showing the relation of things, often becomes arbiter between kindred remedies.

Hahnemann said that "the more prominent, uncommon and peculiar (characteristic) features of the case are (to be) especially, and almost exclusively considered and noted" in the selection of the remedy. This is all very well provided such peculiar symptoms are present. Unfortunately in many cases they are not to be found, no matter how carefully one searches for them. When this is the fact, and it is, I find, in a large proportion of the cases I have to resort to other means. I am speaking particularly of chronic cases in which the symptoms are seldom clear cut and striking and which very often seem to call for any one of a number of drugs. Under these circumstances I have found, among other ways of deciding upon the remedy, that what has been called the 'completed symptom' gives, many times, very satisfactory results. I mean by this that having taken careful notes of the case and arranged the symptoms in the order in which they appeared, I then select "those which were the latest to appear, for to those especially should the remedy be similar."

These latest symptoms can usually be arranged under the following:

(1) The part affected.

(2) How it is affected, i.e. the kind of pain, the soreness, swelling, etc., and

(3) The modalities.

Of course I know that all cases cannot be arranged under these three headings, but when one can class the symptoms in that way there is a foundation upon which to look up the case which is very satisfactory. Then I take the first group—the part affected—and in a particular case, as for example, when the *knee* is involved, I find in the repertory, a long list of drugs which affect especially that part of the anatomy. To be more particular, I perhaps in this case would have to select those having a more marked action on the *right* knee. Next take the second group or division, how is it affected? This may be a sense of contraction, or numbness, or a pain of some kind. The

modalities follow—the conditions which give character to the pain, ache, contraction or whatever it is that is present in the part affected. For example, there may be relief from rubbing the knee or after taking a few steps. And also there may be complaint that the warmth of the bed makes the pain worse, that cloudy weather with or without precipitation aggravates and so on through a longer or shorter list. Each time you take up a new symptom you exclude those drugs, which covered the previous symptoms, which do not appear in the new one. In fact it is throughout a process of exclusion. Having in this way decided upon a very few drugs, which appear in each of the symptoms, possibly three or four, it is an easy matter to turn to the materia medica and determine which of the three or four is the particular one the case required. It is surprising how often I find, in selecting a remedy in this way, that the concomitants, the outlying symptoms, if I may use the expression, i.e. the symptoms in other parts of the body more or less remote from the especial part affected, are also included in the pathogenesis of the drug. I mean by this little peculiar symptoms which we do not expect to find recorded in the provings. The details of a case will make all this clearer. I may say in passing, however, that the diagnosis plays no part at all in the remedy. Mr. X came to me Jan. 20, 1898, with a letter from a brother physician, portion of which were as follows:

Dear Doctor: I send you the bearer, Mr. X, for treatment. The trouble is chronic gonorrhoea of two years' duration. He has been under my care since April, 1897. He has had, at different times, Sulphur, Pulsatilla, Sepia, Thuja, Mezereum and Belladonna. He is married and claims the gonorrhoea came from his wife's leucorrhoeal discharge. However that may be he is desirous of getting well. He has used about all the injections that were recommended and has been under all sorts of treatment, before he came to me. Everything from the patent medicine and quacks to the family doctor. He makes no attempt to conceal anything, therefore you will have no trouble in obtaining both history and symptoms.

Sincerely, \_\_\_\_\_

Mr. X was of medium height, of full habit, with brown eyes and brown hair. Had been married four years, no children. His wife had been married before and had one miscarriage, before she became Mrs. X. He has had quinsy, colds etc., but never any severe illness. The gonorrhoea (?) came on two and a half years ago, and about six months later there was swelling of the right testicle with soreness, fever etc. The discharge has been growing less, and is now very slight, only a drop in the morning; colour, grayish white.

Micturition of normal frequency, never in the night.

Meatus a little irritated, and lately, burning while urinating.

Appetite and sleep are very good, craves fat meat.

Coldness of glans penis in the forenoon, also of the perineum, especially in bed.

Has had the cold sound passed twice; the first time with relief and the second with increase of the discomfort.

Since last April has had soreness and feeling of pressure in the perineum and tuberosities of the ischia, which is

< when standing.

> walking about.

> lying down, i.e. the pain and soreness.

> on walking in the morning, but soon the pain comes on and increases during the day, while he stands, and is > as soon as he sits or lies down.

There is soreness to touch or pressure on sitting or from pressure of the clothes.

Frequent ineffectual urging to stool.

Mr. X works in a shoe factory and has to stand all day with one foot on the treadle of a machine.

Taking the present, i.e. last symptoms of the case especially into consideration, I looked up perineum as the part affected. In Boenninghausen's Therapeutic Pocket Book, Allen's edition, which I use in preference to other repertories, on page 93, there is a list, under perineum, of thirty-nine drugs.

Which is the similimum? We are assisted in the choice by the difference in the value of the remedies as indicated in the repertory by the various sizes of the type. Thus under perineum there are six remedies which are printed in the most prominent type and ten more which occur in the second size.

The six most prominent ones are Agn., Alum., Carbo an., Carbo v., Cyc., Sulph. It is very likely that one of these is the drug required. On turning to the next group—the kind of discomfort—and taking the *soreness* (externally), page 181, I find that the first drug of the six, Agn. does not occur, so it can be dropped. The second Alum. and Sulph., also are in the next to the highest type, while Carbo v. and Cyc. occur in the third size and Carbo an. in the fourth or lowest.

Consequently the value of these six remedies under the two symptoms would stand as follows, reckoning four for the highest type, three for the next lower, and so on; (Agn. 4), Alum. 7, Carbo an. 5, Carbo v. 6, Cyc. 6, Sulph. 7. The third symptom *feeling of pressure* is really the last half of the second group, as it still further explains how the part is affected.

In the repertory it is found as *pressing in muscles*, page 174, and in this list some of the remedies are wanting so after adding, to each the figure representing its value, under this symptom; there results Carbo an. 8, Cyc. 10, Sulph. 9. Now we come to the last group—the modalities and take first, *aggravation when standing*, page 301, and following the same process, secure Carbo an. 9, Cyc. 14, Sulph. 12.

The next symptom, *amelioration walking*, page 320, gives Cyc. 18, Sulph. 16. Having reduced the list to two a reference to the *materia medica* will aid. The pathogenesis of Sulphur gives little in the perineal symptoms

that agree with the case; only constant bearing down (toward anus); forcing down after sitting.

Itching in perineum with soft stool.

Neither did the case present any of the general symptoms of Sulphur, so it is set aside. There remains Cyclamen; and its proving contains: Drawing pressive pain in and about anus and perineum, as if a spot were suppurating; when walking or sitting.

Not exactly the same as the case and yet as the general conditions of the drug coincided, i.e. the > from walking, the < when standing and the fact that the part affected, and the way it was involved were particularly prominent under Cyclamen, it was given on Jan. 20, 1898. He received of Cyclamen 50M (F), three doses, dry on the tongue, one at once, the second the next morning, and the third the following night. He was also given a bottle of disks, saturated with alcohol, one to be taken every three hours.

Jan. 31, 1898. He reported, "have been growing gradually better the last few days though my work has been unusually hard and have been standing constantly." Sac. lac. (disks) as before, one, three times daily.

Feb. 24, 1898. Not much better than at last report, though the bearing down has been about the same, except that it has been worse for the last two days. Urethra sore, to touch, with dysuria. Cyclamen 50M two doses dry and Sac. lac.

March 15, 1898. Urinary symptoms better, less discharge, dysuria less, urethral soreness less; except last two days.

Has had an attack of spasmodic contraction of rectum, which waked him at night.

Soreness of perineum generally less, also coldness of glans and perineum.

Sweat sticky, without odour on scrotum and perineum. Is working very hard.

On account of the condition being worse the last two days I repeated Cyclamen 50M one dose dry and placebo as before.

April 4, 1898. Perineum very much better, some days no discomfort, but the last day or two a little toward night.

Very little bearing down in rectum. No rectal spasm.

Discharge about the same, also urethral soreness.

Sweat less about the parts.

Is working overtime and very hard.

At this time, he had a felon around the nail of the right index finger, caused by running a straw under the nail. As it was very painful and the local symptoms calling for it, I gave him. Hepar 1M (F), three doses dry and Sac. lac.

April 25, 1898. The felon improved at once soon after the last prescription.

Had a sore throat and took various things for it, as tincture Ferrum, and gargle with peroxide of hydrogen, also took quinine for the fever etc.

All the perineal symptoms are worse again, they are not as much > by walking about, but are > after stool.

Symptoms of urethra are also worse.

Two spasms of rectum have occurred.

Cyclamen 50M two doses dry.

May 3, 1898. Has been better the last four or five days.

Soreness and bearing down are both less.

Still some scalding in urethra, discharge slight.

No rectal spasms. Sac. lac.

May 16, 1898. All symptoms better, except there is still some urethral soreness with slight milky discharge, as the length of time the remedy usually acts was nearly expired, I repeated Cyclamen CM (S) one dose dry and Sac. lac.

June 6, 1898. Very much better especially the last week; before that no improvement but was worse.

Urethral soreness and discharge less.

No rectal spasms.

Perineal soreness much less. Sac. lac.

June 21, 1898. Received a letter from him saying: "I have not been feeling nearly as well for the past week, but am not so bad as I was before."

Cyclamen CM two doses dry and Sac. lac.

July 2, 1898. Very much improved.

Soreness not all gone, but can stand much better.

Less bearing down.

Urethral discharge and soreness much less. Sac. lac.

As he was going away for a month I gave him two powders of Cyclamen CM to take in case there should be an aggravation.

Aug. 22, 1898. Reported that he was worse about Aug. 3rd and 4th, and so took the Cyclamen powders with relief so that now is feeling well.

Had a spasm of rectum. He noticed he said that he did not now have a return of the trouble as often and when it did come it did not last as long.

Had an attack of cholera morbus two nights ago and a few loose stools since.

Sac lac. and also gave him two powders of Cyclamen CM as on July 2nd to use when necessary.

Oct. 6, 1898. Reported that about ten days ago, Sept. 26th, was worse again and took the powders of Cyclamen. The soreness, discharge, bearing down etc., all came back only much less than the time before. No rectal spasm. Is gaining now right along.

I have not heard from him personally since, but have seen the physician, who sent him to me, and he assured me that Mr. X was perfectly well and that if the perineal trouble returned he would see me at once. It is now over a year ago.

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## LETTER TO THE EDITOR

### BACH NOSODES

We know some medicines of Bach nosodes which we use as per literature like Paterson's *Bowel Nosodes* or B. K. Sarkar's *up-to-date with Nosodes*.

But there are a lot of preparations of A. Nelson & Co. appearing in the catalogue of Hahnemann Publishing Co. under heading 'A Few Other Homoeopathic Medicines' reference of which are not available. Could you please publish their materia medica and or action and uses?

Dr. S. B. Pal, Gondia

*A reference may be made to The Twelve Healers and Other Remedies by Bach published by The C. W. Daniel Company Ltd., 60 Muswell, London N.10.*

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The time which elapsed between the repetitions of the drug are interesting. Starting with Jan. 20th, 1898, he then went for 35 days, then 21 days, then 41, then, 21, then 36, next 43, and lastly 54 days, bringing it to Sept. 26th, 1898. The duration of action of Cyclamen is given as two or three weeks, in this case the effect never passed off in less than three weeks and between the last two prescriptions of Cyclamen was nearly eight weeks.

—*The Hahnemannian Advocate*, XXXIX, No. 2