

THE REAL MEANING OF THE PHRASE : TOTALITY OF SYMPTOMS*

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It would be a tautology to mention that the phrase totality of symptoms does not at all mean a conglomeration of all the symptoms and signs obtained from the case in hand. If we go a bit deeper into the aphorisms 6, 7, 12, 13, 15, 84, 85, 86, 88, 95, 147, 153 and 154 it will be quite clear that the main or, rather, the sole feature of the phrase is that it must represent the "outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force (of the particular case in hand as clearly distinguished from similar disease in other cases and) must be principal or sole means, whereby the disease can make known what (particular) remedy it requires." (apho 7, brackets mine).

Here, I cannot resist the temptation of repeating the analogy which I always give in my class and in many of my writings. Say, a man is killed and pounded into masses of flesh and pieces of bones; and the whole is packed in a big trunk so that no part, not even a hair or a nail, is kept outside the trunk. Thus the trunk contains the whole body of the man. But from all this can anybody on earth identify the dead man, even if he can trace out a number of usual identification marks (like birth-mark, moles, scar-marks, etc.) scattered here and there in the flesh and bones in the trunk? Definitely not! Hence, the whole lump of the dead person containing all the parts of his body cannot be taken as the 'totality' (in our technical sense) of the dead body which should be able to identify the person. If one wants to identify or even surmise the identity of the person from the contents of the trunk, he is to rearrange the dismantled parts of the body and set them in a proper order, if that is at all possible, and then only the characteristic identity marks will be in a position to carry any value.

We get the essence of the concept of *totality of symptoms* in the aphorisms 153 and 154. In these two aphorisms we find the following basic features of a symptom totality:

(1) It must contain some *striking, singular, uncommon and peculiar* (characteristic) signs and symptoms (apho. 153).

(2) And these striking, singular, uncommon, peculiar signs and symptoms must not be scattered haphazardly; they must be arranged in such an order as an anti-type can be constructed from the list of symptoms of a particular remedy which contains those peculiar, uncommon, singular and distinguishing (characteristic) symptoms (apho. 154).

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Some examples will make this point clear. Uncommon and outstanding fear of death, we can get in a good number of cases of disease, the same with symptoms like anxiety, restlessness, chilliness, fever, and thirst in a striking degree. But none of them individually, or added haphazardly without a definite background or pathological condition mostly comprised by common symptoms, can provide us with a definite anti-typical remedy. Thus, all these symptoms existing in a case of acute congestive fever definitely points to Aconite, but useless in a case of zymotic or toxic fever like, advanced typhoid, septicaemia, etc., when the same may point towards Arsenic, or in a case with advanced pathological condition like 2nd, 3rd, or 4th stage of lobar pneumonia, tuberculosis etc. when they may point towards remedies like Sulph., Phos., Tuberculinum, etc. to be finally decided by ferreting out other characteristic features; in a case of rheumatism the same may point towards Rhus. t., Calc. c. etc. and so on.

We should remember in this connection that in chronic cases the present totality of symptoms with their characteristics may fail to represent the whole extent of disease and point definitely to the curative remedy. In such cases we have, of course, to include in the totality of symptoms, not only the guiding features clearly presented by the patient at present, but many accessory symptoms and circumstances of the case and many significant points in the past history and family history with their determinative, characteristic features, as far as practicable, in order to spot out the curative remedy covering the *fundamental cause or causes* of the case. This may be called the grand totality of symptoms of the case.

In any case, it must be clearly understood that, the totality of symptoms representing the clear portrait of the disease of the case need not be like a full-size photograph or colour-painting exhibiting all the details with their shades and lights. It will be quite enough, if the portrait drawn for disease of the case in hand just represents the disease in the individual precisely and clearly distinguished from all other similar cases. For this purpose, something like a cartoon picture drawn by a single stroke of a pencil is enough, only provided the cartoon can clearly represent the individual with his salient characteristics in proper setting.

In this latter matter, viz. putting the remarkable salient features in the proper setting, it must be remembered that some of the particular features may not at all be a part and parcel of the individual, as for example the pocket watch and staff of the cartoon of Mahatma Gandhi; the cigar of Churchill; the umbrella of Chamberlain. Similarly, the fidgety motion of the feet has nothing to do with the disease pneumonia, still that may be the most salient feature identifying the case of Zincum-pneumonia; rocking of head from side to side cannot normally have anything to do with asthma, but that feature may reveal to us a case of Tarentula-asthma. I give these examples from my own practice and there are innumerable examples of this type.

Drawing this sort of cartoons of the totality of symptoms is not so simple as it appears, rather, it is the most difficult aspect of the homoeopathic art. But a little conscious and regular effort can make anybody acquire this art. But in any case the success of the homoeopathic practitioner or teacher depends to a large extent on getting adept in this art. And it is our solemn duty to make our students acquire this art.

Last of all, it must be mentioned that the phrase *totality of symptoms* refers not only to the patient but also to the drug. In our materia medica we find that each drug has a large number of different symptom-complexes or syndromes related with various pathological conditions of the different parts or the whole, beginning from mind and head and ending with skin and fever, and also of course with generalities. Each drug has its own type of mental disorder, brain and head troubles, troubles of different organs and limbs and so on. Each of them must be clearly apprehended as the peculiar prototype of totality of the particular type of disorders related with the particular parts or whole organisms. And the permutation and combination of a number of these various peculiar symptom-complexes make the full totality of the whole drug. For instance, Nux vomica has its own peculiar type of *dysentery* with its own peculiar type of fever, headache, mental condition, or its own peculiar type of *fever* with its own type of constipation, irritability, etiological factors and so on.

In the case of patients, particularly chronic ones we hardly ever get only one type of pathological disorder. The same patient may have amoebiosis, asthma, diabetes, migraine and so on. The real totality of symptoms of the whole patient must carry the peculiar individualising features of all these disorders and must be coverable, as far as practicable, by a single drug having similar peculiarities of the various disorders. It is only then that we can expect that we have been able to approach the similitum for the whole individual case.

A systematic and conscious study of materia medica from this angle of vision will make us gradually more and more adept and quick in grasping the real totality of symptoms of particular drugs and their corresponding patients with diverse pathological conditions.

SUMMARY

1. Totality of symptoms does not mean a haphazard conglomeration of all the symptoms of a patient or a drug; it really means a combination of certain groups of symptoms in definite settings with a definite background and certain individualising characteristics set appropriately on the symptom-complex, so that it can point to the drug having similar peculiar symptom complex.

2 For drawing a picture of the whole totality of symptoms, one need not pay importance to all the symptoms of the patient or drug, but only to

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conception, although not accepted by all, has the merit to bring a new light on classification in groups, the sequences of remedies and these had an indisputable clinical value.

In 1957, he was elected president of the International Homoeopathic League and he presided over the Congresses at Bordeaux, Salzbouurg and Florence. As an ancient president, his allegiance to the Congress and the Councils of the I.H.L. remained unshaken until the Congress of Rotterdam in 1975.

In 1970, he was named president of Medico-Surgical Society of the private hospitals of France and thus he contributed to reconcile genuine Homoeopathy with the accepted science which was necessary.

For all these reasons, he became Knight of the Legion of Honour, a military title and a National Commanding Officer for Merit and with the full possession of his means, alas! he was snatched away from our affections abruptly: It was the 30th April, 1976.

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those ones with their characteristic peculiarities which, in their proper setting, help to distinguish the case from all others, as in a cartoon.

3. The term refers not only to a patient but equally to a drug also.

NOTICE

The April issue of our journal will be published as the HAHNEMANN NUMBER. Articles on the life and teachings of Hahnemann and his followers will be welcome provided they reach our hands within the last day of January 1977 and abide by the specifications repeatedly given before.