The Legitimate Use of the Keynote

by W. A. Yingling

The keynote has been shamefully abused by some of our best prescribers, so much so that even its legitimate use has been ostracized by some excellent homœopathic physicians. These critics apparently forget that Hahnemann points out in the *Organon* § 153 that 'the more prominent, uncommon and peculiar (characteristic) features of the case are especially and ALMOST exclusively considered and noted'; or as Dudgeon translates it: 'the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are almost solely to be kept in view'. Per contra the common symptoms without modalities or concomitants are of comparatively little use in individualization though they may be of use in certain cases in deciding between two or more remedies.

The abuse of the keynote consists entirely in depending on some peculiar symptom whether that symptom is a true keynote or not; for what is a keynote in one case may not be a keynote in another if less prominent or peculiar in its setting or if another keynote of greater significance should be present. I attended a young lady who was in a dazed condition with inability to pass urine in the presence of others: even the mother or nurse. This symptom was prominent and emphasized by the nurse and family. This is a keynote of *Natrum muriaticum* but that remedy made no impression whatever on the patient. That was an abuse of the keynote system. The next morning I watched the patient carefully and noted great sensitiveness about the neck: unable to endure the slightest pressure or lightest clothing about the neck. There was also great sensitiveness about the pubes and lower abdomen; she was continually picking up her light chemise from these parts. Here we have a double keynote or two keynotes both very prominent and peculiar and superior to the one belonging to *Natrum muriaticum*. *Lachesis* 9M (Fincke), 3 pills. 9 hours apart completely relieved the entire condition promptly so that all were smiling and rejoicing when I called that evening. She needed no more medicine and was as well as usual in a couple of days.

The keynote is not the only note by any means but it is the guiding and controlling note as in a piece of music. No musician would try to make music by banging on the keynote alone; there would be no harmony nor music in such playing; but neither can there be intelligible music without the keynote. Of course the keynote is not applicable in all cases because some present no keynotes or only superficial or irrelevant symptoms that resemble but really are not keynotes. Some remedies with only a paucity of symptoms have only one keynote which, when it does occur, does valiant work. 'sensation of a hard-boiled egg in the stomach' is about the only guide to *Abies nigra* but when it is present it is a thriller. 'Sensation of corkscrew pains in the uterus and appendages' leads directly to *Sumbul*. Others of the well-proven remedies have peculiarities that point them out clearly. *Sulphur, Nux vomica* and a few others can be recognized by a mere look. A physician in New York had a call from a gentleman just as he was leaving the office. Being very busy he merely looked at the man and told his office help to put up *Nux vomica* for him. The man said, "No you don't. I have not come from far off South America to have you prescribe for me on a mere guess. I want your best work." The doctor made a very close examination and said he could find nothing but *Nux vomica*, and he prescribed it with brilliant success.

The reputation and advance of homœopathy has been largely through the keynote. In the beginning it was essential. Before the day of reliable repertories prescribers depended on the legitimate use of the keynote as a guide to the remedies to be studied in the materia medica. No mind could contain all the symptoms and no practitioner had time to examine a large part of the materia medica to find the remedy. The keynote led to the proper and easy study of remedies similar to the case.

I think it is safe to say that all the old wheel horses of homœopathy depended largely on the keynote. Drs. Ad. Lippe. H. N. Guernsey, P. P. Wells, C. Hering, the two Allens, Farrington, Dunham, Swan and many others, the men who made homœopathy famous and established it in this country were all users of the legitimate keynote.

The old provings of remedies are the most reliable and superior because the peculiar and uncommon keynotes are recognized and emphasized. The modern provings are too scientific [?] to be of any great use. They depend too much on diagnostic symptoms and ignore or minimize the keynote. Diagnostic or pathologic symptoms do not lead to the simillimum as do the legitimate keynotes. Our old books are the best books and are sought after, commanding an extra price. *The Homeopathic Physician* and the *Organon* (journal) are in demand at high prices. The most difficult part of our duty is 'taking the case' as to discover the keynotes. Some patients offer too much while others think that the doctor must merely look at them and prescribe, giving their symptoms reluctantly, especially those which are peculiar and uncommon. The prominent ones are recounted, often exaggerated to such an extent that they become useless unless one has the skill to unravel the tangle. I have had patients say as they were leaving the office, "Doctor, why is thus and so? It seems very peculiar to me." This might be just what I needed and if mentioned before would have saved much time and hard work.

It is not the aggregate symptoms of a case that gives us the 'totality'. The aggregate may even confuse and prevent the discovery of the simillimum or near simillimum. 'Totality' does not mean all the symptoms but the completed symptomatic complex including location, sensation, modalities and, if any, concomitants. Even when we have the true totality and the remedy has been selected thereon the degree of potency must be considered. According to P. P. Wells in his *Intermittent Fever* the potency should be "in direct ratio to the similarity of the recorded symptoms of drug action – i.e., the greater the similarity, the higher the potency This is but a general rule and there may be circumstances in the vital condition of the patient which may, at times, render the rule impractical or not beneficial" – e.g., if the patient is too susceptible to drug action. A medium potency may then give better results.

Sometimes there is an apparent conflict between keynotes. *Bryonia* has a keynote of aggravation from the least motion. *Rhus tox* has a keynote of amelioration from motion though in low degree. But Bryonia is worse from any motion while *Rhus tox* is worse from the beginning of motion and from long continued action. Kent places *Bryonia* in the lowest degree in the rubric 'aggravation from the beginning of motion'. These differences must be kept in mind to distinguish one from the other.

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Again, in 'aggravation after motion,' ***Rhus tox*** is given in the highest value. Bryonia is not mentioned in 'aggravation from motion of the affected part,' both are given the highest degree in amelioration from continued motion. These two remedies apparently run very close together yet are far apart. In desire for motion ***Bryonia*** is given the lowest place but it does have the desire; ***Rhus tox*** is given the highest place. In aggravation while lying down ***Bryonia*** is given the second degree while ***Rhus tox*** is given the highest. In amelioration from lying ***Bryonia*** is given the highest place while ***Rhus tox*** is given the lowest yet the ***Rhus*** patient is sometimes better lying. In aggravation from lying in bed both are given the same value. In amelioration from lying in bed ***Bryonia*** has the highest value but ***Rhus tox*** is given the second degree. In aggravation from walking both have the same value yet in amelioration from walking ***Bryonia*** has second degree value while ***Rhus tox*** has the highest. In aggravation from the beginning of walking both have the same value. They run very closely together and in some cases it is difficult to distinguish between them. We can hardly censure the uninstructed prescriber for alternating the two. The college professor should receive most of the censure.

This ineptitude to understand homœopathic prescribing causes them to alternate to the detriment of the patient and the shame of the prescriber. Nevertheless this practice is more excusable and is far superior to the mongrel practice of substituting crude drugs. The first is based on lack of knowledge and is not always the fault of the prescriber but the second is often based on culpable ignorance and laziness and sometimes from a desire to be in the swim in the big puddle. The abuse of the keynote is far better and will accomplish far more than any other method except the true Hahnemannian. The abuse of the keynote will often cause the prescriber to miss the mark but the very best prescribers not infrequently miss also because of lack of discrimination or from paucity of symptoms or because the patient is unable to give the symptoms. The one who abuses the keynote is on the border, just at the outskirts of the Hahnemannian practice and only needs encouragement and guidance to get within the camp. Our members who ruthlessly abuse those who abuse the keynote really do great wrong and harm, often driving good honest men away from the Hahnemannian camp.

Often these intolerant Puritans base their own prescriptions on the keynote. In a session of this society a few years ago a prominent member made quite a lengthy tirade of abuse against the keynote. The very next day he read a paper to the Association reporting a case which contained the keynotes of *Cina*. The paper said: "Of course I could do nothing but give *Cina*". Let us oppose the abuse of the keynote but not discourage by abuse the many who are just about to enter the kingdom of pure homœopathy.

We all differ in some way and yet have success. We should not in our egotism demand or expect that all others proceed as we do and adopt our way. Men differ mentally: therefore they must proceed differently to become successful prescribers. The successful mode in one would be near failure with another just as competent. Live and let live with due allowance for the procedure of the other man. Individuality must be recognized in the individual prescriber as well as in taking the case and prescribing for it. Occasionally the keynote alone may lead directly to the curative remedy. For instance, the modality of alternating sides is found in almost any condition of Lac caninum, but in most cases the keynote is only the main note and the materia medica must be used to compare remedies or confirm the choice especially in chronic sickness and when we may command the time necessary. Sometimes there are apparent inconsistencies in the pathogenesis of remedies. These very inconsistencies are valuable in the hands of the skilled prescriber. ***Bryonia***'s desire for very large quantities of cold water is a keynote yet it has also 'gastric affections; dry mouth, tongue and throat without thirst' in the highest degree. Motion is associated with ***Rhus tox*** yet it has 'weakness; with desire to lie down at the beginning of disease (typhoid) wants to lie perfectly quiet because of the great weakness'. Restlessness is a keynote of ***Aconite***, so much so that some of our best prescribers say that it can only be useful when restlessness is prominent. Yet we may find a child who has been playing during the afternoon in open chilly air come down in the early evening with high fever, hot head and desire to lie perfectly quiet without the least restlessness. I have cured many such conditions. Many remedies have constipation yet with patients needing the same remedy diarrhoea may be marked.

But there is no use going further into these details. Every student of the materia medica knows of the seeming inconsistencies and greatly profits by them.

As to the future of homœopathy, *Si Deus nobiscum, quis contra nos?*