

Letting The Symptoms Fall Where They May

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Abstract: Dr. Robinson discusses the importance of avoiding prejudicial observation and analysis during homeopathic case taking; then illustrates same with a case of *Thuja occidentalis*, which cured several symptoms, specifically those relating to an acute mental state characterized by a strong premonition of imminent death, of which he was previously unaware, and which might well have led him to a different homeopathic medicine had he not simply recorded the patient's symptoms 'at face value' and repertorized them accordingly.

Keywords: case taking, the importance of avoiding prejudice; *Thuja occidentalis*; death, premonition of, and *Thuja*

When one meditates, one watches the mind as it throws up thought after thought. One watches and watches and the thoughts slow, and as they slow we can see them more clearly and see our reaction to each thought. Hopefully, after a while, the mind quiets and there is only silent being. I would like to offer the middle part of the meditative process as a paradigm for case taking. We observe and we react to our observation. The patient's face seems unusually flushed and we think of *Ferrum metallicum* and then we react to that thought and think about other, related symptoms of *Ferrum*. Perhaps we follow that thread looking to confirm *Ferrum*. Similarly, we listen and learn that the patient has a history of sunstroke. Who will not reflexively think of *Natrum carbonicum*? And if we think of *Natrum carbonicum*, can we dismiss it from our mind and simply go on listening, be like the meditator, go on observing? It is not so easy. In fact, it is at the heart of why case taking is, for all of us, a work in progress. We strive not to impulsively follow clues, not to start analyzing before the whole of the case is in. Or, if we do start rapidly associating, can we halt it? Can we stop the associations and simply listen?

How difficult it is live up to Hahnemann's dictum in ¶ 83: "The individualizing examination of a case of disease...demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease." I would submit that every time we start down the trail of *Natrum carbonicum* or *Sepia* or *Iberis amara* or whatever medicine, we are indulging in "prejudice;" i.e., we have become prejudging case takers.

The following is a case where I allowed the symptoms "to fall where they may" and it led to a famous remedy that is invariably prescribed in chronic diseases, yet in this situation the patient was in an alarming acute mental state.

The patient was a 60 year-old former seafarer who, earlier in life, had captained freighters. In fact, he once held me spellbound recounting how he had almost lost a huge 60,000 ton ship in a gale of force 12 on the Beaufort scale (12 is the maximum - winds 75 to 95 mph and waves above 46 feet). At the time, I asked him if he had been afraid. "Not at all," was his reply. I had known and treated him for over five years and he had always been a jovial, positive, intense personality. On this day he had come in with his wife and, after I finished listening to her problem, he asked her to leave and then shut the door.

He started out with physical problems. "It is hard to open my eyes in the morning," he said. "It's been going on for the last two or three months. I have coarse grains in my eyes. When I open my eyes, I see zigzags. They are like lightning. Also, for the last three or four weeks I have a strong itch in the anus. I last had it twelve years ago."

He had been under quite a lot of stress in the past year. He was operated on for prostate cancer and had recovered nicely. That was followed by very painful herpes zoster. His mother was dying in another country and that was a constant stress.

But what came next shocked me. In a level voice he said, "The reason I asked my wife to leave is that I don't want her to hear what I have to say. I have a

sense of doom - that my life is finished, that I'm going to die soon. The life of the captain is over." He spoke calmly, matter-of-factly.

I was shocked. It was so unlike him. He had always been a robust person with a ready smile and joke. And now this!

"When did this start?" I asked.

"A few weeks back, after I came back here after visiting my mother in Europe. I know I am unhappy that she is dying," he said almost as an afterthought. He then mentioned that he was having trouble with one of his sons. "He treats me with disrespect," he said. "Also, my two sisters, who are looking after our mother, don't treat me very well."

He related a dream. "I saw three, maybe four, people enclosed in wall. The wall is covered in glass. I know they will be there forever."

To me, neither the fact of his mother dying or his family not treating him well could explain his conviction that his life was finished. It was beyond explanation. At this point we come to the beauty of homeopathy. We don't need an explanation. We simply have to take each symptom at face value, combine them into a totality of the symptoms and see where they point.

Using, Vision: zigzags; Eye: agglutinated in the morning; Eye: opening the lids difficult; Mind: death, conviction of; Mind: delusions, die, time has come to; Mind: delusions, appreciated, he is not; Mind: delusions, she cannot exist any longer, and Mind: delusions, about to die; I arrived at *Thuja occidentalis*. (In

his dream he mentioned the people being enclosed in "glass" and there is the rubric, Mind: delusions, being made of glass; which has *Thuja* in italics, but I was not sure that it was appropriate; so left it out of the re-per-torization.)

After thirty some years of studying homeopathy and using it to treat thousands of patients, I had no idea that *Thuja* had, in its pathogenesis, such mental symptoms. But there they were. A single dose in the 200C potency cured his eye problem and his mental state, and when I saw him six weeks later, he was his old jovial self. His mental state lifted immediately; the eye symptoms went away gradually.

Only by leaving aside all my preconceived notions of how the great anti-sycotic *Thuja* was supposed to present (based on reading various authors of materia medica and case studies by modern homeopaths) was I able to let the symptoms "fall where they may." In the process I learned something new - that *Thuja occidentalis* can be a frontline medicine in acute mental states.

About the Author: Karl Robinson, M.D. is a former editor of the JAIH, founder and past president of the Texas Society of Homeopathy, and founder and president of the New Mexico School of Classical Homeopathy in Albuquerque. He is active teaching in El Salvador and Guatemala. He also practices in both Houston and Albuquerque. 