

When New Symptoms Appear after Homeopathic Treatment

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Abstract: Dr. Robinson puts the question to us whether we should consider adding a symptom to the repertory when a patient produces, so-called 'accessory symptoms' as a result of a prescribed remedy. An example is given of a case that developed severe right-sided sternocleidomastoid pain after the prescription of *Kali carbonicum*. While this symptom does not appear in the Repertory, it is well represented in Hahnemann's *Chronic Diseases*, adding support to the appropriateness of considering adding such evoked symptoms to the repertory.

Keywords: accessory symptoms; symptoms appearing after a remedy; repertory additions, a suggested criterion for

Symptoms that appear after a carefully selected medicine has been given are often symptoms the patient experienced earlier in his life. We see them appear and usually comment to ourselves that they are a sign that Hering's so-called "Law of Cure" is manifesting, a positive sign that the patient will have a good result. We expect these symptoms to pass and they usually do.

What about symptoms that appear that the patient says he has never experienced before? These could be what Hahnemann calls "accessory symptoms." When the physician has not selected the medicine most perfectly homeopathic to the symptoms of the disease, then, according to Hahnemann in paragraph 163, "...during its use some symptoms appear which were not previously observable in the disease, *accessory symptoms* (italics mine) of the not perfectly appropriate remedy." Hahnemann goes on to say that the imperfectly selected medicine will in no way prevent "a considerable part of the disease (the symptoms of the disease that resemble most those of the medicine) from being eradicated by this medicine thereby establishing a fair commencement of the cure..."

Though Hahnemann does not explicitly say so, it would appear that 'accessory symptoms' might be construed as proving symptoms in that they have been caused by the medicine, although not in the setting of a proving, but rather in the setting of a therapeutic intervention. In fact, what Hahnemann does say is that the homeopathic remedy might have provoked the accessory symptoms, but that they could not have occurred unless the disease being treated "...was itself capable of producing..." (§ 181) the said symptoms.

This is a fine point. It could be equally true that such

symptoms are both accessory symptoms and proving symptoms. What I wish to put forth in this brief essay is that we should pay attention to new symptoms coming on after the administration of a homeopathic remedy whether they be called accessory symptoms or proving symptoms. They may be valuable enough to warrant adding them to our repertories.

Recently, I saw a 48 year-old woman to whom I had given *Kali carbonicum* 200c. She reported three months later that one week after receiving *Kali carbonicum* she developed "very painful soreness and stiffness in the right side of the neck." It was so extremely painful that she was unable to lie down for three days and it did not totally subside for a week. She assured me it was not an old symptom and it was not due to a muscle strain, nor had she had a viral illness.

She wanted to know if the remedy might have caused her neck pain. I checked the repertory Synthesis, but did not find *Kali carbonicum* under "BACK, Pain, cervical, right;" so I opened *Chronic Diseases* (CD) by Hahnemann and read the proving of *Kali carbonicum*.

CD 1140: "Tearing in the right side of the nape, in the morning."

CD 1142: "The cervical muscles pain on being moved."

CD 1144: "Pressing drawing on the right side of the neck."

CD 1145: "Tearing in the lower part of the right side of the neck."

It was similar but not an exact match to her symptoms. I told her, yes, very likely *Kali carbonicum* had caused her neck pain. I decided to quiz her carefully to see if I might learn more about what *Kali carbonicum*

had caused.

She said that when the neck pain began “it was like a tension headache in the base of the right neck” and by the following day “it was extending upward to just below the ear.”

“It kept worsening,” she said. “I could not move my head very far in any direction and if I did, the pain was excruciating. It was especially painful bending my head backward and from side to side as well. It was all I could do to tilt my head forward.”

Even swallowing became an ordeal. “Drinking water was very painful. I had to brace myself before swallowing.”

Lying down to sleep became impossible. “At night I couldn’t lie on one pillow because it was too painful. I had to sit at a 45 degree angle. If I tried to lie flat, my neck could not support my head without excruciating pain. I was close to tears.”

I asked her to turn the left side of her face into my hand and push. This maneuver causes the right sternocleidomastoid muscle to tense up and become visible and easily palpable. With my other hand I touched the right sternocleidomastoid and asked her if this was where the pain had been. She said it was.

In *Synthesis* under ‘EXTERNAL THROAT, Pain, Sternocleidomastoid muscles,’ there is only one entry, *Petroleum* (grade one).

Kali carbonicum helped my patient’s energy and sleep, but had done nothing for the migraine headaches that she was having two to six times a month. So, in this instance *Kali carbonicum* clearly fit Hahnemann’s criteria for an imperfectly selected homeopathic medicine. Hahnemann, in such a situation, suggests we re-

take the case and re-prescribe, which is what I did.

The purpose of this piece is to suggest that, based on this solitary patient, we may have new symptoms of *Kali carbonicum* that we can put into the repertory. I might suggest the following:

EXTERNAL THROAT, Pain; sternocleidomastoid, right

EXTERNAL THROAT, Pain; sternocleidomastoid, right, worse motion

EXTERNAL THROAT, Pain, sternocleidomastoid, right, worse bending head backward

EXTERNAL THROAT, Pain; sternocleidomastoid, right, worse moving head side to side

EXTERNAL THROAT, Pain; sternocleidomastoid, right, worse swallowing

EXTERNAL THROAT, Pain; sternocleidomastoid, right, worse lying

This article is written mostly as a query. Does the profession believe such “accessory” or “proving” symptoms that occur in the course of homeopathic treatment warrant inclusion in the repertories? And if so, do they warrant inclusion based on a single patient? I welcome your ideas. Please send comments to karl-robinson@earthlink.net

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. 