

**In the Search for the Similimum Shall We Endorse  
Section 18 of the Organon, Which Says That the  
Totality of the Symptoms Must be the Sole  
Indication to Direct Us in the Choice  
of a Remedy.**

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DISCUSSION.

H. C. ALLEN, M.D., Chicago, Ill. : From 1796, when Hahnemann published his celebrated *Essay on a New Principle for Ascertaining the Curative Powers of Drugs*, to 1833, when the fifth edition of the *Organon* appeared, one of the ablest and most skilful Allopathic physicians of Europe, and one of the most accurate observers the medical world has ever known, was patiently elaborating rules governing the practical application of the law of similar in the cure of the sick. These rules have withstood the test at the bedside in both acute and chronic diseases, and thus far have not been improved. The chief rule is that "the totality of the symptoms is the sole indication to direct us in the choice of a remedy." This he considered of such importance that he devoted several sections to its elaboration. The following will suffice :

*Organon*, § 7 : In a disease from which no manifest exciting or maintaining cause has to be removed, we can perceive nothing but the morbid symptoms, it must be the symptoms alone by which the disease demands and points to the remedy suited to relieve it ; and, moreover, the totality of these, its symptoms, *of this outwardly reflected picture of the internal disease—that is, of the affection of the vital force*—must be the sole means whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate remedy ; in a word, the totality of the symptoms must be the principal,

indeed the only, thing the physician has to take note of in every case of disease, and to remove by means of his art in order that it shall be cured and transformed into health.

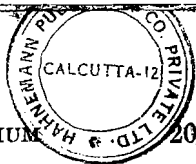
*Organon*, § 8 : It is not conceivable, nor can it be proved by any experience in the world, that, after the removal of the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated.

*Organon*, § 18 : From this indubitable truth, that besides the totality of symptoms nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be *the sole indication*—the sole guide to direct us in the choice of a remedy.

*Organon*, § 70 : That everything of a really morbid character, and which ought to be cured, that the physician can discover in diseases, consists solely of the sufferings of the patient, and the sensible alterations in his health, in a word, solely of the totality of the symptoms by means of which the disease demands the medicine requisite for its relief; whilst, on the other hand, every internal cause attributed to it, every occult quality or imaginary morbid principle, is nothing but an idle dream.

Thus Hahnemann, in logic and argument unequalled for force and clearness, and in manner as definite as language can express it, maintains that **THE TOTALITY OF THE SYMPTOMS** must be the sole guide in the choice of the remedy.

While in the main we commend the paper, we must take issue with the essayist when he says : "Hahnemann's totality to-day is a much more complete thing than it could possibly have been at his time, before the days of physical examinations, of chemical and microscopical analyses." This is a very general, yet utterly erroneous, belief, and the most fallacious argument in the essay.



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In every case of sickness, every diseased condition the physician is called upon to treat, there are two important and necessary, yet entirely distinct, kinds of symptoms with which he has to deal, the diagnostic and the individual or therapeutic. The former, by means of which we classify and name diseases as we name the streets in a city, and for similar purposes, the Homœopathic physician, in common with all other schools of medicine, employs in diagnosis. These symptoms are as indispensable to him and to his professional standing as they are to all medical men ; but they are not the symptoms on which he should or can select the similimum. Since the days of Hahnemann—even in the last decade—the wonderful advances which have been made in analyses, chemical, microscopical, physiological, electrical, have revolutionized diagnosis and surgery ; in fact, almost placed them among the exact sciences, and no one can appreciate their value more than the Homœopathic physician.

But the therapeutic symptoms, those which belong to the patient and serve to individualize each case of sickness, are peculiarly the property of the Homœopath, for his is the only school of medicine that pretends to treat the patient. He does not, or should not, use the diagnostic symptoms for therapeutic purposes. He should not like members of other schools of medicine, treat his diagnosis, for the totality of symptoms as defined by Hahnemann is never found in this class. The modern advances in physical examinations, chemical and microscopical analyses, even the wonders of the cathode ray, do not in the least change the factors in the therapeutic problem of Hahnemann. The individuality of a sick patient or the individuality of a pathogenesis of a remedy is the same to-day as it was in the day of Hahnemann, and being governed by natural law, will remain the same forever. A law of nature does not change with every new fad in medicine or every shifting scene in human progress. If it did, Homœopathy would be robbed of its

glory and the *law* of similarity would be reduced to a *rule* of practice.

So-called pure drug pathogenesis, aided by "chemical, microscopical, physiological and urinary analyses," would be comparatively but a small addition to our therapeutic knowledge, for they generalize instead of individualize; they belong to diagnosis, not to therapeutics. The pathogenesis of Picric acid had the benefit of the laboratory while the provings were being made, yet in what particular does it excel Pulsatilla, Nux vomica or other polychrests of the *Materia Medica Pura*?

No! Were Hahnemann here to-day writing a new edition of the *Organon*, Sections 7, 8, 18, 70, etc., reinforced by broader knowledge and confirmed by a more extended clinical experience, would be repeated in all their original force. Euclid's *Elements of Geometry* remain practically the same to-day as when they were written over 2000 years ago, and the proposition of Hahnemann that THE TOTALITY OF THE SYMPTOMS is the SOLE guide for the selection of the remedy will remain axiomatic as long as natural law governs the physical world. In reply to Ptolemy, Euclid said: "There is no royal road to geometry." So Hahnemann says to his followers: "There is no successful short cut to the similimum."

What constitutes the totality.

Hahnemann defines the totality in:

*Organon*, § 153: In this search for a Homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the lists of symptoms of known medicines, in order to find among them an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view, for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general

and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, etc., demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.

Where are the characteristics found?

Here is the key by which Hahnemann has enabled his followers to unlock the mystery of a successful selection of the similimum, based on the totality of the symptoms. As the essayist affirms, "it is not a totality of mere number—of quantity—but a symptomatic human form, ensouled with a distinctive characteristic individual life, a totality of quality."

Hahnemann insists upon a record of the case as the first and most important step in obtaining the totality. Then the quality of the symptoms is the next step, for "the more *prominent, uncommon and peculiar* features of the case are to be *especially and almost exclusively* considered and noted, for *these in particular should bear the closest similitude to the symptoms of the selected medicine.*" Nearly every case of sickness has something about it that is *peculiar and uncommon*—something individual—and a remedy is to be selected which also has a *similar peculiarity* as one of its characteristic features; hence these characteristic or individual features of every pathogenesis should especially be studied.

As a statement of fact, I regret to say I agree with the essayist when he asserts: "The experience and practice of the school teaches that any one of several more or less Homœopathic remedies may be used with alike good results, *i.e.*, may be sufficiently Homœopathic to bring about nature's reaction." This reprehensible practice of substituting "a more or less Homœopathic remedy," or of alternating two or more remedies, or mixing several remedies, cannot lay any claims to be based on the totality of symptoms as taught by Hahnemann. It cannot be successfully maintained that

Hahnemann ever taught or even suggested this *quasi* doctrine of substitution for the similimum. While in Sections 172-184 he shows how to take and treat patients where "the symptoms are too few, one-sided or local diseases," and these he affirms are "often due to the observer's want of discernment," he does not fully discover the symptoms actually present, for he affirms :

*Organon*, § 272 : In no case is it requisite to administer more than *one single simple* medicinal substance at one time.

"With the exception of a few remedies from the toxic symptoms of which we have obtained pathological lesions, there is not now, and never can be in the future, a pathological similia. It is an impossibility in the nature of the problem to construct a scientific fabric on the shifting sands of pathology. Have not our medical brethren of other schools demonstrated the glaring defects of the so-called physiological action of remedies in their experiments on animals? No! The conclusion of the essayist is the only legitimate conclusion, viz. : "Nothing remains for us but the Hahnemannian totality of symptoms as the only true basis for the selection of the remedy.

*"There is but one right way : To seek the truth and steadily to pursue it."*

W. J. HAWKES, M. D., Chicago, Ill. : The paper in the main, and its general answer to the question, is correct, and has my hearty approval. To my mind there can be no other answer from an intelligent and conscientious student of Homœopathic medicine. In considering this, as in considering every other question open for discussion, a correct definition of terms is essential as a starting point. The term to be defined here is "totality of symptoms." My understanding is that it includes every fact which throws light upon the cause of the morbid condition of the patient, both pre-disposing and accidental ( etiology ), the nature of this condition (pathology) and the existing morbid phenomena—objective and subjective—by which it is expressed (symptomatology).

The first maxim in medicine is "remove the cause," but, unless we consider all these factors we shall not be prepared to obey. If the family history shows during one or more decades the existence of one or more of the branches of the psoric or strumous root, this fact will materially aid us through our therapeutics in removing the predisposing cause of the trouble. If the environment of the patient embraces impure air, contaminated drinking water, defective sewerage, unwholesome food, insufficient exercise, or any other of the multitude of disease-breeding influences which may be classed as hygienic, this knowledge, intelligently acted upon, enables us to remove the exciting cause, while an accurate measuring of the pathological condition of the patient hints toward a certain group of medicines, besides enabling us to approximate a correct diagnosis. But the "totality," as the correct interpretation asserts, embraces all these; and inasmuch as "the whole is greater than a part," the physician who, in selecting his remedy, makes use of one to the exclusion of the others cannot do his whole duty as a healer of the sick. Much is said about a correct diagnosis being the best basis for a prescription—about prescribing for the "disease," etc. But the disease itself is determined and named from the symptoms immediately presented by the patient, and, while these may be exact and unmistakable, the deduction we may draw therefrom and project into the patient and call a certain disease, may be altogether wrong and the prescription based thereon equally wrong. Hence, other things being equal, we are more apt to be right with positive facts—the symptoms—for a basis than with the uncertain deduction drawn from those facts. Therefore, however we look at the question, the only correct basis for a therapeutic prescription is the "totality of the symptoms." There is no other which makes perfection in prescribing a possibility.

In estimating the relative value of symptoms, those of a purely nervous character, other things being equal, must be given the highest rank. These include, of course "mental

symptoms." If we observe closely it will be clear to us that the first evidence of the approach of the disease will be disturbance of the nervous system. It is also true that the first and most reliable evidence that the patient has begun to improve comes by the same route—there are evidences of less irritability, of more rest and peace. Less valuable are those which follow, and which are shown by change of function of various organs and tissues, and still less valuable are those come latest—the tangible *result* of the derangement of function. In the proving of a drug we always get the nervous phenomena; we very often do not observe the change of function, and it is exceptional that we find organic change as a result of drug action.

My own views run paralld with those expressed by the essayist until we come to the point where he says, in speaking of the different methods of arriving at the totality. The keynote system is a reprehensible practice, tending to undue elevation of certain minor symptoms both in the patient and in the remedy, and disregarding the more careful study or rational interpretation of the case and of the remedy as a whole. I am afraid it leads to permanent mediocrity, if not to retrogression in the study of *Materia Medica*, and is certainly unable to survive the application of modern scientific methods."

I fear the doctor has not had in mind the desirability of *defining terms* before entering upon the discussion of this proposition, neither has he given a single reason for his ruthless annihilation of my favorite and well-tried mode of starting my search for the indicated remedy. Let us supply the first omission and define "keynote." The term was first used in musical language, and means the musical note which is the "key" to the tune—the whole tune, the total tune, the totality of the tune. The keynote may be B flat or C sharp but it is only the key which opens up the whole tune; it not the tune itself. A "key" opens or unlocks something; it is not the thing itself. So with the "keynote" or

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that this was a constant symptom. My prescription at this visit was Colchicum, after which the next chill was lighter and proved to be the last. The patient made a rapid recovery, and her improvement is so manifest that she can hardly be recognized by her friends. Now, will any one say I was wrong in prescribing Colchicum because my friend, Dr. H. C. Allen, in his most excellent repertory, says that the patient who needs it must be old and of a rheumatic or gouty diathesis, that the symptoms must be aggravated at night, and that the condition must be epidemic or autumnal and that the patient must not perspire? Or, because the *Guiding Symptoms* tells us that the patient suffering from intermittent fever, who requires Colchicum, must be of a rheumatic diathesis, that she must suffer more at night and that her fever should be greater in the afternoon?

Both Dr. Allen and the *Guiding Symptoms* tell us that the patient has sensitiveness to odors, which is a constant and peculiar symptom. I have no doubt in my own mind that if Colchicum were carefully observed when given in a malarial country that poisoning by it would cause such symptoms as my patient had. Had I waited until they were produced before prescribing it, she would either still be shaking or suffering from the effects of suppressed malaria due to quinine given by a physician who, by giving it, admitted his ignorance, or the failure of our law to provide a remedy to cover the totality of symptoms in the given case. The point I wish to make is, that, as a part of our confession of faith, let Section 18 stand; even let it be considered axiomatic. It is true, always has been and always will be. Practically, we are justified in prescribing in accordance with the experience of careful and duly qualified practitioners. It is the duty of such to give the result of their experience, so that, using my case as an example, when we find, in connection with malarial fever, there is nausea which is aggravated by the odor of food, we may give Colchicum without waiting until the totality of

symptoms is raised to our requirements. We all respect the condition when we prescribe Sepia for the nausea of pregnancy aggravated by the sight of food, although I have relieved the nausea of pregnancy, in the presence of a rheumatic or gouty diathesis, with Colchicum. Here we find the conditions of the books aiding us in differential diagnosis. Finally, verification by the report of cases cured by a single remedy justifies the physician's prescription and warrants a repetition of his practice by those of limited opportunities. To complete the history of the case, since writing the above, my patient, twenty-four days after her last chill, applied for treatment, complaining of urticaria. I prescribed Hepar, which roused some latent poison, and chills followed. Careful investigation showed that the rash and chills followed mental depression, the result of anxiety or grief. The exhibition of Ignatia was all that was necessary to relieve the condition.

(to be continued).

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If a dose administered has acted for a long time, in acute diseases for days, in chronic diseases for weeks or months, we may reasonably judge that it would be best to again administer one more single dose ; but if the action of the dose lasted only a comparatively short time, has been rapidly exhausted, especially in acute diseases, and a repetition appears still advisable, that it would almost always be better to dissolve a single dose of the remedy now to be repeated in some few ounces of water and continue its administration in broken doses until it becomes evident that the action of the dose in this manner administered has fully set in, and the symptoms for which it was given are yielding to it, becoming lessened in every respect. The greatest care should be taken never to repeat the dose, or administer another remedy until the effects of the dose last taken have been exhausted.

—AD : LIPPE, quoted in *Medical Advance*, 1895.