

The Symptom Totality

ALFRED PULFORD, M. D.

My editorial, under the above caption, brought from one, whom I consider competent to judge, the following: "How can we get the primary symptoms from the patient? Why not explain more definitely your distinction between the *simillimum*, and the similar remedy, and define more lucidly the primary pathogenetic symptoms? Why not give a few cases as illustration of the difference?"

When Dr. D. T. Pulford and I issued our little *Monograph on Aconite* we thought we had made all that plain. But it seems that it went over, or stopped in, the heads of all, save four, of those who either received a copy of the *Monograph*, or who read the reprint in the *Recorder*. In spite of the fact that we offered to send a copy of that *Monograph*, that cost us ten cents, for the sum of five cents, merely enough to cover postage, that all might profit by it, but one doctor took enough interest in the matter to send for a copy. Of the few who took enough interest to write us, none seemed to sense the real reason for its issuance, its simplicity, or what it was all about.

Before I say more on the subject of symptom totality let us thoroughly understand each other. This article is not written in destructive criticism, nor to censure others for things undone or overlooked, nor to attempt to belittle any one, but to bring out our weak points and show them up, both in ourselves, and in our work, that we may rectify our mistakes and profit thereby, and also to add to the sum total of medical knowledge, and thereby put homœopathy on a firmer foundation, upon a scientific plane, instead of continuing it, as the allopaths are doing theirs, a bungling art. Every one of our earlier masters did the very best he could with the knowledge, means, and

founds at his command. But instead of aiming at concerted, united effort, each seemed content to go his own way, with no unity of purpose. The main effort seemed to concentrate on not how accurate, but on how large a materia medica he could produce, or compile. Perhaps, under existing circumstances, that was the best thing to do as it gave us more proven remedies than we might have had otherwise. But, symptoms were noted, collected, and piled in, irrespective of value or classification, whether primary, secondary, or merely parasitic. All were neatly jumbled up, chaotic and gnarled, with the unfortunate results that our extremely rich materia medica, instead of being an intelligent compilation with some degree of order and discrimination, became merely a dizzy maze with neither head nor tail, a dense forest to be approached and explored without guide or path, a snarl to be unraveled and disentangled each and every time we approach it to find a remedy. It is no wonder that those who have no curiosity, or are not enamored of our cause, find no interest in it; that the student finds it a nightmare and approaches it with a shudder, and with misgivings; and that none of us is ever sure that we have the right remedy. To the uninitiated this is bewildering in the extreme. He has nothing definite to guide him, nor to look for. Thus he is obliged to forsake that which should be, and truly is, an *exact* science, for the blundering method of allopathy, or to resort to symptom and keynote prescribing.

There is an accurate method of drug selection, and it is this method that every honest physician should and must strive for. For medicine, contrary to our common beliefs and admissions, is an *exact science* and not the bungling art that its espousers have always presented to the public. It is by no means a *hit and miss expedient*. "All the

principles of homoeopathy are logically, systematically and indissolubly bound together. There is nothing contradictory in any portion of it, and the attempt to separate one part from another would cause the whole edifice to crumble to the ground." "In seeking for progress in our science we should never forget that it is the imperative duty of each and every one of us to bear his portion of the burden." This recalls Hahnemann's "Any person having to do with an art whose end is the saving of human life, any neglect to make himself thoroughly master of the same becomes a crime."

In writing this and calling your attention to more accurate methods, I refer you to the letter of V. R. Murty on page 537 of the July 1931 issue of the *Recorder*, who has given additional proof. The greatest of all reasons that homoeopathy is an *exact* science is that it imperatively demands that each and every prescription shall bear the characteristic mark or stamp of the drug, which mark or stamp appears in the pathogenesis of every drug, in every disease, and in every individual, and which distinguishes that drug from every other drug (as Kent truly said, "The personal stamp is upon every disease and upon every proving."); and shall include the primary pathogenetic symptoms of the drug; and be accompanied by the exact amount of potential energy. This represents in *final*, the *exact* symptom totality. Those will indicate the drug in all cases, independent of all other symptoms whether considered by us important or otherwise. For it is on the primary action of the drug that all the rare, strange and peculiar symptoms are brought out. When the primary pathogenesis is removed, all the other symptoms, which are of necessity dependent thereon, must and will disappear. The primary pathogenetic symptoms of each drug are distinct in themselves or in their com-

binations, from those of all other drugs. While all the other symptoms, important or otherwise, as we elect to evaluate them, may be equally important, and common to many other drugs, which we will illustrate below.

In reply to our critic's query, "How can we get the primary symptoms from the patient?" let us first state that before we can boil an egg, we must first get the egg. Since we have never taken the pains to sift and classify and learn which are the primary pathogenetic symptoms of each drug, how are we to know just when we have found them? We are meeting and collecting them daily in our work, but as we are unacquainted with them we are just as frequently passing them by. There is but one way to collect and learn these *most important of all* symptoms, and that is, to prove each drug on at least 100 provers of equal sensitivity to that drug, and collect *all* the symptoms of, and from, each prover. The symptoms that are constant in every prover will be found to be those belonging to the true primary pathogenesis of the drug. The rest of the symptoms belong not to the drug but to the individual, and will vary with the individual latent predispositions aroused by the drug's primary action. That should explain more lucidly what I mean by the primary pathogenetic symptoms. It matters little whether these primary symptoms develop early or late, just so they are produced by the drug direct. We must never forget that a drug will *not* remove a pathogenesis it will not create; if it did, allopathy and not homœopathy would be scientific. Homœopathy would then be useless and superfluous. From long use, by accurate, acute, trained observers, many of these primary pathogenetic symptoms have been unconsciously discovered in the more thoroughly proven remedies, like *Aconite* etc. But how many of us know even those? Very few we fear.

This is the very reason that I made the statement that no one to date is in a position to properly and understandingly teach materia medica.

Many, many times all of us have elicited the essential primary symptoms, together with the characteristic mark or stamp, of a drug, but not having a selected proving of that drug, or not being thoroughly acquainted, with that drug, even though it had been thoroughly proven, we have passed the similar remedy by for that, which in our ignorance of the true facts, we consider "the most carefully chosen remedy", the *simillimum*. And, when these "most carefully chosen remedies fail to act" we immediately start out to complicate matters by giving a non-indicated, deep acting remedy to "arouse a reaction". This is nothing less than a temporary expedient, not always born of intelligence. To continue this method and not attempt to find the proper remedy through continued proving is a short sighted idea on our part. It may help us to get by, but it hurts us in the end and is at the same time both criminal and an injustice and an injury to homœopathy, because we have bungled the job. No one to date can honestly lay claim to having made a perfectly accurate prescription with an undisputed knowledge beforehand of having done so. He feels in his own mind that he has done so, but he cannot possibly explain the exact reason why. To be able to explain, he must know exactly the characteristic mark or stamp of the drug used, the primary pathogenetic symptoms of that drug (for no drug will nor possibly can remove a pathogenesis the like of which it cannot artificially produce) and give the exact amount of potential required. He can be assured of the first two essentials, if he cares to, but time and experience have not, as yet, been able to accurately define the third. But even that knowledge is not unattainable.

The above leads us to answer our critic's request to "give our explanation of our distinction between the *simillimum* and the *similar remedy*", or what I prefer to call "*the simillimum*", and to illustrate it with examples. These cases I have emasculated of the primary pathogenic symptoms, and only the important symptoms as given by the patient retained. They embrace a case of gall-stone colic, a case of mastoiditis, a case of herpes, all allopathically diagnosed, and a case of scarlet fever.

CASE I

Gall-stone colic. Anxiety; anger; excitability; fear; irritability; restlessness; dry mouth; eructations; nausea; bitter taste; great thirst; distended abdomen; cutting pains; frequent pulse; sweat without relief; scanty urine; internal pulsations; sensitiveness to pain; worse night, cold, open air, and lying.

Those symptoms are all covered in importance by *Aconite*, *Arsenic* and *Rhus*. Three physicians receiving that set of symptoms, and not seeing the patient, could easily each send in any one of those three drugs as the *simillimum* and feel in his own mind that he had the correct remedy for that particular case. On entering the room in that case I noticed the following: *Patient tossing about the bed in great agony, expression of great fear and anxiety, calling frequently for water and drinking freely, dry, hot skin, full, bounding pulse, etc.* Those few italicized symptoms immediately fixed the choice, and a single dose of *Aconite* 30x has held that case now over two years. For two years previous that woman had almost monthly recurring attacks under allopathic treatment.

CASE II

Mastoiditis. Active, anxiety, fear, irritability; starts in sleep; vertigo; headache; photophobia; inner ear inflamed, pains, pulsates; face red, hot; throat and tonsils

dry, pain, inflamed; extreme thirst; backache; fever; lassitude; pains in ear boring, stabbing; pulse full, hard; sensitive externally; affected parts swollen; worse night, every draft of air, lying on painful side, motion, before and during sleep, touch, and uncovering.

Those are all prominent symptoms of *Belladonna*, *Hepar*, and *Mercurius*, any one of which could be considered the *simillimum* according to the individual prescriber's view. Yet they are useless in the selection of the *similar remedy*. As we entered the room in that case our first gaze met a scarlet patient with a dry hot skin that fairly burned my fingers, pupils dilated to the limit, carotids throbbing violently, sudden stabbing pains in ear, unable to lie on painful side on account of the pressure, and a "please don't jar the bed". That was the very picture that had preceded four delicate operations on the mastoid. A single dose of *Belladonna* 30x put the little patient to sleep in just 30 minutes. It is now over fourteen years and there has been no return.

CASE III

Moist herpes. Dullness, worse mental exertion, irritable, restless, sad, vertigo; headache; dry mouth; white tongue; bitter taste; great thirst; constipation, stools hard; urine dark, cloudy, copious and offensive; restless sleep, wakes frequently; eruption herpetic, moist, burning; worse evening, night, draft of, and open air, bathing, cold, during and after eating, before sleep, and after waking. A beautiful *simillimum* could be found in that case for either *Sulphur*, *Lycopodium*, or *Calcarea*. Here is what we observed: *Extremely red lips* (strange how *Aconite* displays its hyperæmia in the cranium, *Belladonna* on the skin and mucous membranes, and *Sulphur* on the mucous connective tissue around the orifices of the body). On further investigation I found *offensive odors emanating from the body, aversion to bathing, and aggravation therefrom.*

burning palms and soles, especially nights, compelling putting feet out of bed to cool off soles, faint, hungry, gone feeling at stomach, especially worse at 11 a. m. (sun time), must eat a little of something, thirst increased, appetite diminished, etc. Sulphur restored the patient promptly.

CASE IV

As a last example I will append a case of scarlet fever, whose emasculated symptoms repertorize down nicely to *Acon.*, *Bell.*, and *Sulph.*, and put the three primary heads over the body of those most important symptoms :

| <i>Aconite</i> | <i>Belladonna</i> | <i>Sulphur</i> |
|--|---|---|
| Agonizing tossing about, extremely anxious and restless, great fear, especially of death expression of anxiety and fear, extreme thirst, high fever, dry, hot skin, full, bounding pulse, etc. | Burning heat and redness, skin dry, heat almost burns fingers, throbbing of carotids, pupils large, eyes glisten, face flushed, scarlet red, etc. | Lips and other orifices of body extremely red, sore at times, faint, hungry, gone feeling at stomach worse 11 a. m. (sun time), must eat a little, body odors offensive, burning palms, soles, etc. |

Anxiety, confusion of mind, delirium, dullness, excitability, fear, easily frightened, irritable, restless, sensitive, startled, weeps; vertigo; congestion to head; eyes dry, red and sensitive to light; face red, hot, expression anxious; mouth, tongue and throat dry, red and inflamed; restless sleep, anxious dreams; fever worse evening and night; skin red; pulse frequent, full, hard, small; extremely sensitive and to pain; generally worse evening and night, open air, cold, jar, motion, rising up, during sleep, and touch. *Sulphur* covered the case and gave an excellent account of itself.

You will note how the primary pathogenetic symptoms change the whole phase of the above case; how they change the character of the remedy; how few they are in number; how unimportant they make the otherwise important symptoms covering the body of the case; and how important it is that we properly sort and classify the symptoms in our *materia medica*.

The lack of knowledge of the characteristic mark or stamp of the drug, the *essential primary pathogenetic* symptoms of each drug, as well as what constitutes the real drug, will always make our priceless system appear a hungling art, rather than the *exact* science it really is. All that homœopathy needs to make it, and complete its claim to, an *exact* science, are proper provings, accurate and intelligent sorting and classifying of the results of these provings, and the exact amount of drug potential required in a given case. This would lighten the burden of the prescriber fully 75 per cent or more.

You will note that, from the cases cited above, the symptoms, though important and well marked, had no real place in indicating the drug, though excellent for repertorizing in order to find a *simillimum*. The symptoms as italicized were the only ones of real value, because they were the ones produced directly by the drug, hence the primary pathogenetic symptoms, whether they appeared early or late in the proving makes no difference. It takes those to complete the base of *the symptom totality*, from which, when the proper amount of potential was added, there could be no appeal.

I do not believe that even Hahnemann, himself, ever dreamed fully of what he had really rediscovered, its real value, perfection when its unfolding is fully completed, and its far reaching influences, when he found that he had rediscovered homœopathy. I fully know that we do not.

Only our own ignorance of it represents its limitations. The only reason that homœopathy has not been more openly and extensively accepted is due to our ignorance of it, and because of this our bungling presentation of it, and due also to the lack of knowledge of what constitutes the drug proper. From this lack of knowledge we were unable to explain our remedies, why they acted, and why they all tasted, smelled and looked alike. Hahnemann left us the nucleus to the full construction of the medical prize of all ages. It is too bad, it is criminal that we have neither the desire, nor the ability to complete it.

With apologies to, and paraphrasing Hahnemann: When any man (or body of men) professes openly to the world that he practises, or is prepared to practise, an art, or a science, whose end is the saving of human life, any neglect on his part to perfect the same and make himself thoroughly master of the same becomes a crime, and puts him in a position of obtaining money under false pretense.

— *Homœopathic Recorder.*

The Cure of Small Growths with Medicine

HARVEY FARRINGTON, M. D. (Chicago)

The cure of neoplasms on the skin or mucous membranes with potentized remedies, though difficult, furnishes positive evidence of Hahnemann's teaching that the external manifestations of disease are simply the expression of some internal derangement of the vital functions of the body. Whether we call this derangement of the vital force a miasm or a dyscrasia, matters not. Our literature is full of reports of cures by internal medication, unaided by any external treatment, if only you will take the trouble to search for them.