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Treatment of Chronic Cases and Local Symptoms.

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The treatment of chronic cases,—cases in which the oft-quoted maxim, viz., “Treat the Patient and not the Disease” is more to be applied, generally taxes the patience of our young practitioners, and a failure is more often the result than a success. There are many reasons for such failures. The first and foremost is their inability to make an all-round prescription, because their attention is generally more directed towards the local symptoms from which a patient may be suffering at a certain stage of his chronic disorder. Sometimes it may be the physicians, drawback, but it is more often, as we have observed in the long course of our practical experience, the demand of the patient and his men for immediate attention to those symptoms. In any case, it is the patient who has to suffer on that account.

The chronic patients are, as a rule, found to complain of a particular trouble which is only a part of the whole disorder consisting of lots of disease-symptoms which make up the whole case or the picture in full. They would insist upon getting a particular inconvenience cured first of all. This is sometimes not possible & even if it is possible it is highly detrimental to the patient as a whole. Let us suppose an acute fever consisting of the following symptoms, viz., intense headache ameliorated by pressure, thirst at long intervals but for a large quantity of water each time, aching all over,—all aggravated by movement, inveterate constipation, thick white-coated tongue,

etc; & if the patient wants us to drive off the thirst symptoms first of all, or the constipation first of all, it would not be possible for a Homœopath to do, though the indicated remedy, Bryonia, will cure the fever, & the thirst, headache etc. will go away along with it. Nor would it be advisable to any how drive away one symptom first, because that will spoil the picture of the whole case and none can prescribe successfully upon the remaining symptoms. As in the Bryonia case, it is the totality of the fever symptoms that can indicate a curative remedy, so in a chronic case, the totality of the symptoms manifested in the various organs of the system and the general individual characteristics of the patient, can only indicate a remedy, and any interference with any symptom over a particular spot, would change the aspect of the whole case and would delay, if not destroy, the chance of a speedy cure. Then, again, the most painful & inconvenient symptom in a patient is a *leading* symptom in the curative remedy, for example, the peculiar constipation in an Alumina patient, the dull scapular pain in the right side of a Chelidonium patient, the filthy smell of a Psorin patient, the stitching pains of a Kali Carb patient; these are the *necessary* symptoms, each under the remedies mentioned, & if, in accordance with the request of the patient or his attendants, the necessary symptom in a case is avoided by some interference, the totality would be spoilt in its *leading* particular, with the result that no curative remedy can be selected upon the rest. It will mislead the true physician who will search for the totality in vain and may catch at a remedy on the new totality which can only injure the patient. The true curative remedy for the case has already been cast off the line and cannot be easily found.

There are families which we have frequently to attend in all their disorders and diseases. We have observed many members of them to have been suffering from deep chronic diseases. A keen observer will easily see that many of those are *life-long* patients of some particular remedies. A man may

be an Iodine patient from his child-hood and at his 28th year may still be manifesting symptoms of Iodine. It may be said that the life of a chronic patient is a *provings* of some of the deepest medicines in our Materia Medica. I have seen a Hepar Sulph child, though continually under the allopathic treatment, developed into an adult, but still requiring Hep. Sulph. I have observed many such. I have seen Calc. Carbonica girl developing Calc Carb phthisis at her 19th year, and from her history it was clear that she required that very remedy in her child-hood ; had she been treated with that remedy sufficiently high at any of the early stages of her disease, the untoward and fatal result might have easily been averted. Now, if that is so, how inadvisable and dangerous it would be to do away with a particular symptom of the totality of chronic disorders, as it would mar the whole picture—a complete whole. One renowned physician of America forbids, in so many words, against treating the *local* symptoms apart from the whole set of symptoms in a case. We may very easily understand the *rationale* of the advice. We may take a chronic disease as a tree growing and growing along with the growth of the patient ; and when we do away with a particular local lesion, —what do we do ? We virtually do away with a particular twig of that tree and thereby cause the tree to shoot up its branches in other directions, in other ways and in other organs. When we thus direct the disease force in other ways, experience has shown that the inner and more valuable organs are generally affected, for example, if an acute coryza, which is only a partial manifestation of hay-fever that is a deep disorder, is suppressed or done away with the help of acute medicines, the chance is that lungs would be affected ; or if an eczema is treated as a *local* disease, neuralgia or heart-ache would be the result. So in every case of so-called local diseases, it would be unwise, even dangerous to interfere with them with the help of local or acute medicines or to deal with them piece-meal, because almost in every case the local disease is a partial manifestation of a deep chronic distemper.