



SYMPTOM SEMANTICS

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Now it is almost for over fifteen years I have been practicing Homoeopathy, hence I am fully convinced of the fact that the therapeutic possibilities of Homoeopathic medicines are unlimited indeed.

However it is often difficult not only for the neophyte but for the well experienced Homoeopaths too, at times, to find the correct and most similar remedy for a given case in hand either acute or chronic. Since the very advent of this wonderful scientific system of medicine, the emphasis always has been and will of course for ever be on totality of symptoms, on characteristic and peculiar symptom for correct and successful prescribing.

For most of us early in our practice the whole issue of this symptomatology is indeed confusing. Making hunt for a perfect similimum almost impossible. In this short paper my endeavour will be to explain the key to successful prescribing.

As we all know our materia medica is a vast storehouse of symptoms gathered by way of proving medicines upon the healthy individuals. Therefore we see that our whole business here is with symptoms and symptoms alone. Let us then examine as to what a symptom is in real sense.

In the words of Kent "The symptom
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is a sensation or condition". Let us further examine this statement in detail - a sensation is a sensation; well when it becomes troublesome to the individual it is then called a symptom. Say for example, a sensation of heat when the atmospheric temperature is high in hot weather conditions is not a symptom where as a sensation of intense heat as if hot flashes were flying from body or hot sparks were falling upon in the same weather condition will amount to a symptom; calling our attention to a case of heat stroke, heat stress, hypertension or dehydration etc. We can yet examine another example—the heart beats in its routine way but the time one becomes conscious of it, that turns into palpitation hence becomes a sensation which amounts to a symptom. An unconscious state, or puffiness of the face or dropsical swelling of the limbs or a stye on the eyelids or a freckle upon the nose or alopecia and boldness is a condition amounting to a symptom. Fear, happiness, sadness, excitement, weeping, laughing, anger, hate and love are all natural emotional reactions of the human mind to the concerned stimulus. When these natural reactions become abnormal, they take the form of mental symptoms. Again, when the faculties of mind like, intellect, understanding, learning and memory etc.

are affected in some way or the other, we term them as mental symptoms.

Further there are symptoms which are classified as PARTICULARS, GENERALS, CHARACTERISTIC and PECULIAR and also CONCOMITANT symptoms. There is another class of symptoms known as COMMON symptom. Well, how must we know what symptom falls under which class? Let us see.

PARTICULAR symptoms are those which relate to a particular part, viz. head, eyes, ears, nose, throat, mouth, stomach, limbs and skin etc. for example, a pain in head, a sore throat, an injected eye, a skin eruption, pain in joints, enlarged liver or spleen, a distended abdomen and likewise fall under this class of symptoms (Kent's PARTICULAR). When the patient says 'MY' we always record such symptoms under PARTICULARS.

A GENERAL symptom or GENERAL is one that refers to the patient himself and of which he can say "I" instead of "MY". So says Dr. Margret Tyler. They are also referred to as PHYSICAL GENERALS. These are such symptoms as relate to the bodily reaction of the patient as a whole-to time and season, to heat and cold, to position, pressure, jarr, motion, touch, exertion and rest etc. (KENT'S

GENERALS). For example when the patient says, "I can't withstand heat of summer, I prefer winter".

Dr. Kent says, that a symptom often becomes PECULIAR or CHARACTERISTIC through its modality. This applies to the GENERALS and the PARTICULARS as well. And we all know that MODALITY is the condition of aggravation and amelioration. Now this is a point to be clearly understood. It is this modality that guides us to the closest similimum.

COMMON symptoms are the pathognomonic symptoms of a disease. Well, these symptoms are of value only for a nosological diagnosis. They are indeed of no use to a correct Homoeopathic prescribing. For instance when a patient comes complaining of weakness, drying of mouth, excessive thirst and hunger, frequent copious urination and neurologic pains here and there we may diagnose the case to be diabetes mellitus further confirming by laboratory tests of his blood and urine samples. These symptoms of course will not help in the least in the choice of a most similar curative remedy, because the above symptoms are common to all cases of diabetes mellitus. Here we must look for the CHARACTERISTIC and PECULIAR symptoms. Symptoms peculiar to the patient himself. His past history, his family history, his likes and dislikes his reactions to time and season, etc, will guide us to the closest curative similimum.

In all cases of influenza, there will be noso-pharyngeal catarrh, aching of body, head pain, fever, prostration and symptoms related to gastro-intestinal disturbance. Therefore, we must look for peculiarities in order to individualise outside these common

symptoms of influenza. For example in a case where the patient is restless, thirsty for large quantities of water drinking often, with fear of death, at times even predicting the time of death like that artiste girl in O'Henry's 'THE LAST LEAF' will need Aconite nap. Yet in a case with great lassitude and constipated bowels together with thirst for large quantities of cold water at greater intervals will find its curative remedy in Bryonia Alba. Again with the same symptoms as above with no thirst, GELSEMIUM will cure.

The plan used by Dr. C. Von Boenninghausan in the construction of his THERAPEUTIC POCKET BOOK is, Location, sensation, modalities and CONCOMITANTS in order to make a perfect totality of symptoms in a case. Boenninghausan follows the Hanemannian theory that it is the patient who is sick-not his head, nor his eyes, nor his stomach, nor his heart. He argues that every symptom that refers to a particular part may be predicated of the whole person. If there is pain in head which is aggravated by moving the head the modality aggravation from motion is noted in reference to the totality, if he has nausea and vomiting at the sometimes these are taken to be as concomittant symptoms to make up the totality.

For most of my day to day prescribing I use Kent's Repertory. A few worked out cases, I think will be more effective to make the neophytes understand how to use this most valuable tool handed over to us by Dr. James Tyler Kent than a generalised consideration of the same at length.

Case no. I : Mr. Binda act 51 yrs. a postman, consulted me for itching eruptions on exterior sides of his both

upper arms down to the elbo joint. He is short, a little obese and bald headed. His appetite is normal and bowels regular, all other functions normal, saliva runs out during sleep.

First question - When did you start loosing hair from your head?

Answer - Long back, when I was in high school.

Second question - Do you sweat in your feet

Answer - Oh! yes doctor, see even now my slippers are pretty wet.

I used the following rubrics in Kent's repertory :-

HEAD-HAIR baldness, young people (P.120)-Bar.c., Sil.

MOUTH-SALIVATION, sleep during (P.418)-Bar.c. etc.

EXTREMITIES- PERSPIRATION, foot (P.1183)- Bar.c. and Sil etc.

Baryta carb 200 was prescribed after careful comparison with Silicea in the Materia Medica, four doses, a dose every tenth day with placebo in between and behold not only his skin problem and perspiring feet were cured but his baldness as well.

Case no. II :- Hadisa Khatoon, 58 years, a vegetable vendor, whom I had treated successfully for symptoms of brain haemorrhage and a fatty heart some four years ago came one day, restless and weeping in my clinic. She had exzematous oozing eruptions upon dorsum of her both feet and at ankle joints. She said that there had been intense burning pain in those eruptions as if red chilly powder had been swearsed in them, tears rolling down her cheeks. The following rubric in Kent's Repertory decided the choice :- MIND-WEEPING, pains with the (P.94)-Coff, Mez, Plat, Puls.

Mezerium 200 one dose was given and within just two minutes she was her usual self.

Case no. III :- In December '89. I was called in consultation to the local government hospital in my town to see a case of carcinoma of liver and gall bladder (Cholecystotomy had already been performed) on request by one of the civil assistant Surgeons.

Mrs. Pandey, wife of a local political leader and social worker of repute, was in great suffering. I found her in a subconscious state. The liver was enormously enlarged and hard, abdomen distended and hard, breathing quick and shallow, auscultation revealed right pleural effusion. I quickly worked out the case with the help of Kent's Repertory using the following three rubrics :-

ABDOMEN-LIVER and region of (P.553). CHEST, Pleura pneumonia (P.836) and GENERALITIES- CANCEROUS AFFECTIONS (P.1346). Remedies running through all the three rubrics were Cal.carb 3^r, Lachesis 3^r, Phosphorus 3^r and Sulphur 3^r.

Phosphorus 200 one dose was administered. After five minutes she regained consciousness and asked for removal of the oxygen wash (she was on oxygen therapy). Again in the evening she became restless, trying to be naked, picking the attendant's clothes and catching imaginary birds in the air. It was clearly Hyoscyanus, Hyoscyanus IM(B&T) one dose provided amazing relief within the next twelve hours. Next morning there was no trace of that enormous hard liver it was of normal size and the abdomen was normal and soft. Her bowels had moved after six days on that day. She felt hungry and ate prescribed diet. She died without any

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pain or further suffering on the sixth day.

In a write up by Dr. R.P. Patel, titled 'I selected none but Appointed One' in the April '92 issue of the Homoeopathic Heritage, Dr. Patel had asked the candidates - where one must find, striking, singular, uncommon and peculiar (characteristic) symptoms in Kent's Repertory?

The answer is, on every page of it in the sub-rubrics furnished below the main rubrics. The key to successful prescribing is knowing this Repertory page by page, rubric by rubric. Then we can immediately single out those uncommon, rare, peculiar and characteristic symptoms in a case be it acute, chronic or a state of emergency at the bedside.

Dr. Kent says that his repertory is complete and final from his side and that he had verified every symptom enlisted in it. Imagine what powerful and efficient instrument it is in guiding us quickly to the closest similimum. However, "It is a means to an end and not an end in itself". "The final authority is the Materia Medica. Repertory work and study of the Materia medica should go hand in hand, we cannot neglect one and uphold the other". This way we gradually advance towards excellence and expertise in the art of successful application of this wonderful law of cure SIMILIA SIMILIBUS CURANTUR.

Before I close let me quote Dr. Adolf Lippe, verbatim et literatim- 'When we have to ascertain the characteristic symptoms of a so called disease or form of disease, we necessarily will find among the known medicines, i.e. known to us by having been proved on the healthy organism, some few

medicines most similar in their actions on the organisms to the characteristic symptoms of the disease these medicines often cure that disease, but if other symptoms besides the ordinary characteristic symptoms have been developed by the peculiarities of the patient, then we have to employ such medicines as correspond with the disease of the patient and his peculiar symptoms, and therefore it remains true that in all diseases all medicines may be employed.

In October 88, I successfully cured a fatal case of herpes zoster facialis with Bryonia. I took over after the allopaths had given up. The eruptions looked like Ran. bulb, confined to the right cheek below the right eye. When I reached the bed side, I found the patient lying on right side, temp 103° F by axilla. Questioning the household members, I discovered that it had been the fourth day and his bowels had not moved and after every one or two hours he would ask for water and drink more than a glassful at a time. At 9p.m. one dose of Bryonia 200 and another two doses at an interval of 4 hours were administered. Next morning the fever abated his bowels moved and he was out of danger. Mezerium 200 made him fighting fit within the next two weeks.

References :-

Kent's Repertory - Roy publishing, Calcutta

Therapeutic Pocket book : C. Von. Boenninghausen

The Homoeopathic Heritage. B. Jain Publishers, New Delhi.

