

DIFFERENT WAYS OF FINDING THE REMEDY

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In Homoeopathy, the **remedy** is the thing.

Potencies, administration — the questions that divide us — are matters of personal experience.

Brilliant work has been done by people of widely different range of potencies and administration, provided that they had found the remedy.

Without that the magic refuses to work.

We are here to consider **different ways of finding the remedy**, because the essential thing, for a homoeopathic prescription (and on this we are all agreed), is **a like remedy for a like abnormal condition**.

But, in order to get the "like" remedy, one must get accurately the disease-picture that has to be matched. And perhaps the most difficult thing of all is taking *the case*.

Somebody said the other day, "If the case is well taken, any fool can find the remedy."

Certainly, if the case is not well taken, it is impossible to find it.

Pathological case-taking will not help.

Symptoms that go to make up the diagnosis, we must have, but they will seldom lead to the curative drug.

This may point to a group of remedies, useful in such a disease.

They will not pick out the **one remedy** demanded by the symptoms of **this** patient.

Dr. Drysdale laid it down that "*The greater the value of a symptom for diagnoses, the less its value in the selection of the remedy.*"

That does not mean that we must not or need not diagnose ! We must ! — if only to discount symptoms common to the disease, and not peculiar to this patient with the disease ; or symptoms dependent on disease ultimates, mechanical perhaps, and not expressive of the patient.

Also for prognosis ; and for information as to what range of potencies it is wise to employ.

Again, in sheer self-defense.

Failure to diagnose may wreck the physician, while "Diagnosis, without the remedy, is poor consolation, for the patient." ... "These ought to have done, and not to have left the other undone."

As a matter of fact, homoeopathic case-taking, is merely a big addition to ordinary case taking, it never supersedes it. Just as homoeopathic materia medica is a huge addition to the Materia medica of the schools.

The homoeopathic doctor is all that the others are — and then **more**.

First, then, briefly to consider taking *the case*.

It is all Hahnemann.

But, instead of quoting. I will try to cut it down.

Begin by writing down the patient's statement in the patient's own words.

Why ? To avoid errors and misconceptions, but especially for purposes of comparison.

The materia medica consists of the statements of simple people, in simple language. They match.

This has been a reproach to homoeopathy. Its facts are not recorded in the scientific terms of our day.

And yet it is just this simplicity of truth that has saved homoeopathy, and made it available for all times and for all peoples.

Had it been done into the scientific jargon of a hundred years ago, it would be long obsolete.

The science of one generation is often the nonsense of the next. And conversely in this instance.

For what, in homoeopathy, has been decried as nonsense for a century, is now being recognized as the latest word in science.

Truth is great, and has a way of prevailing — In the long run

You have recorded the patient's story. Now you start *on the quest of the "strange, rare and peculiar."*

That is to say, you take him through it again and make him amplify and qualify his statements.

By this means you may 'stumble upon one or two invaluable symptoms, peculiar to himself, and not merely diagnostic of the disease.

The fact that he is breathless — in asthma — will not go far.

It is part of the programme, and common to all asthmatics.

But the fact that he can only breathe when lying flat or in the knee-elbow position, may be peculiar to **this** case, and highly diagnostic of one or of two or three remedies. *You will underline that.*

If you are so skilful, or lucky, as to get two or three invaluable symptoms, your work may end here.

For turning up the drugs that have caused these symptoms, you may find in one of them, a complete picture of the patient's case, disease and all.

This seems to have been a common method of finding the remedy with Dr. **Erastus Case**, and it led him to brilliant results with many rare remedies that would not "work out" by more tedious repertory methods.

His little book is well worth study — stuffed full, as it is, with instructive cases.

Next, you try to extract anything definite and well-marked in the *general symptoms of the patient* : *his* (especially) *altered* reactions to environment, *mental and physical*.

The effect on him of temperature, humidity, thunder, foods, light, noise, smells ; his cravings and aversions, with delicate probings for mental symptoms, especially where these denote change from his normal.

You may get help from nurse, from friends or relations (who will often lie, by the way, if the patient is present).

And all the time you are using your own observation to check, to confirm, and to note the things that you are not told.

Dr. **Burnett** used to say.

"With children lunatics and liars, you have to use your own observation."

He seemed to imply that this was pretty well always.

For there are the persons who "pile it on" — hypochondriacs — or in hysteria. And the persons who conceal ; from shyness, from shame ; and invariably what is most important.

Remember "leading questions evoke misleading answers"

Make the patient consider.

Never ask a question that can be answered by yes or no.

Only record what is considered and definite.

In our earlier days we ask a good many questions, and we write down a great deal.

Later on we ask many more questions and record much less.

In complicated and chronic cases get the patient's **past history**.

He may not remember it the first time ; for example that eruption when a small boy.

He will tell you more after thinking things over and asking people who know.

Family History is often of the greatest importance.

And what about **vaccinations** ? — frequent — perhaps unsuccessful.

We will go into that later, with Dr. **Burnett's** work.

Small-Pox is one of the things that may hit you in the eye.

It has branded its victim.

And with *Variolinum* you can amazingly improve the health, physical and even mental, of persons who have had small pox.

One has seen case, after case where the facial deformity has yielded to what would seem an impossible extent : and that after **40** years the skin smoothing out and resuming normal coloring after a few doses at long intervals of *Variolinum 200*.

But, may this not be the case with other acute diseases and their viruses

Then old *malaria or quinine*.

Here, again, **Burnett** comes in with his brilliant little monograph, which made the use for *Natrum muriaticum*.

Look out for **T. B.** manifestations, scars in neck, T. B. family history.

Here you have a legitimate short cut to such drugs as *Tuberculinum* or *Drosera*, which raise resistance to tubercle, besides a group of the polychrests, *Phosphorus*, *Psorinum*, *Calcarea*, etc., according to symptoms.

Then *Hahnemann's Chronic Miasms* — *psora, syphilis, gonorrhoea*.

If these are not prescribed for, especially in chronic disease, you will not permanently benefit your patient — so **Hahnemann** says, and such is our experience.

You may cover the superficial drug-picture, but you will have to go, ultimately, for the deep disturbing cause before you can get maximum results.

This, as I will show you, is **Hahnemann**.

Prolonged dosing with any drug will give you that drug's disease-picture muddled up with the patient's own symptoms : or it may be the whole case.

The same drug in high potency can antidote itself in crude preparation. But any drug, of course, having the same symptoms, will antidote.

It is always a question of matching symptoms.

Among drug-symptoms, many arise from toothpastes, douches, gargles, etc.

A septic tooth may be poisoning the patient.

But what about a septic pessary ? — foul, very often, and indescribably offensive.

And now **the case has been taken**.

The patient's story has been recorded and the common symptoms with which it abounds, qualified, and out of these (unless otherwise, for prescribing) some things "strange, rare and peculiar" have been culled — and ***underlined***.

Mental symptoms, most precious of all, if marked and true, have been angled for, and, where definite and reliable, recorded.

Where these deviate from the patient's normal, they are of the highest importance.

They may be used as eliminating symptoms, to throw out drugs by the dozen, in whose pathogenesis they do not appear.

And now we have the patient's disease-picture complete ; i. e. , ***his deviation from his normal***.

How are we to match it with a drug disease picture ?

In other words, how are we to find the remedy ?

How did **Hahnemann** solve the problem ?

Hahnemann and his immediate followers had great advantages over us.

They had fewer remedies to choose from.

They knew them better, and could recognize them more easily in their patients. For years, for half a lifetime, they had been "proving" drug after drug, and suffering its effects in their own minds and bodies.

Naturally, they had less difficulty in recognizing a personally-experienced drug-picture in a patient.

It had been branded on their memories by suffering.

Every personal suffering makes the doctor better able to recognize, sympathize with and help such suffering in another.

The greatest ability to help is achieved ever at the greatest cost.

No great work has ever been done without great effort and great self-sacrifice.

Homoeopathy is no art for the lazy and the dullard.

But our Immensely wider range of medicines is compensated by fuller repertories.

And the problem is, how to use them to best effect.

And here the amount of time and labor involved in finding the remedy by means of the repertory may be Immensely lightened if we realize the **grading of symptoms** ; that is, their relative value. This is the key.

Even in laboriously "working out" a case by aid of the repertory, the three hours' dreary plodding — with often doubtful results — of the uninitiated, resolves itself into ten or fifteen minutes' work for the practised physician.

Or, where he knows his remedies, and has gained experience and confidence, it is often no matter of working out at all He may spot the remedy at a glance, and a few questions prove that he has got it.

Typical *Sulphur*, *Calcarea*, *Sepia* patients can hardly be missed. This makes heavy outpatient work possible.

Hahnemann speaks — and we are apt to talk glibly of the **totality of the symptoms**. What do we mean by this ?

Does it mean that every little symptom, and every symptom dependent on some gross pathological lesion, has to be covered ?

Endless work, with poor results.

You do not recognize your friends by counting up their fingers and toes, but by things personal to themselves only of all mankind.

Their totality, as it appeals to you, lies in sex, stature, coloring, voice, expression, mind ; not in what is common to men, but in what differentiates.

In the same way a drug picture, to be complete, does not consist of strings of little symptoms, but of broad outlines of mental and peculiar symptoms ; peculiar, that is, to one drug, and distinguishing it from all others.

As **Hahnemann** puts it, "The symptoms which determine the choice of the remedy are mostly peculiar to that remedy, and of marked similitude to those of the disease."

Hosts of symptoms are common to a thousand drugs, and therefore diagnostic of none. If you give undue prominence to these, you might as well toss for the remedy.

"Each medicine differs in effect from all others".

It is the differences, not the correspondences that concern us.

Hahnemann says of indefinite symptoms, loss of appetite, of sleep, weakness, etc., that they are useless, as "common to every drug, and to almost every disease."

Hahnemann says, "In comparing the disease-symptoms with lists of symptoms of proved drugs, the more prominent and peculiar (characteristic) features of the case are specially *and almost exclusively* to be taken.

These should bear the closest similitude to the symptoms of the desired medicine, if it is to cure."

And again, "The state of the patient's mind and temperament is often of the most decisive Importance in the selection of the remedy."

And again, **Hahnemann** speaks of "*the totality of the characteristic symptoms* "

Let us realize then, that the **totality** means the **characteristic totality**, and cease counting fingers and toes.

Kent was one of those who went back to **Hahnemann**, and did great work.

Here is what **Kent** wrote to me in **1912** :

"The methods you use are hard and arduous, and differ decidedly from mine. You do an enormously greater amount of work than I do in my cases.

"When looking over a list of symptoms, first discover **3, 4, 5, or 6**, or as many symptoms as exist that are 'strange,-rare and peculiar.'

"These are the highest generals, because 'strange, rare and peculiar' must apply to the patient himself.

"When you have settled on **3 or 4 or 6** remedies that have those first generals, then find out which of them is most like the rest of the patient's symptoms, common and particular.

"When you have taken a case on paper you must settle the symptoms that **cannot** be omitted, in *each individual*.

"Do not expect a remedy that has the generals must have all the little symptoms. It is a waste of time to run out all the little symptoms, if the remedy has the generals.

"Get *the strong, strange, peculiar symptoms*, and then **see to it that there are no generals in the case that oppose or contradict.**

"If you see the keynotes of Arsenicum see that the patient is chilly, fearful, restless, weak, pale, must have the pictures on the wall hung straight — and Ars. will cure.

"Or the keynotes look like *Pulsatilla*. See to it that she is **not** Chilly, likes windows open, wants cool air, to walk in open air, is better from motion, thirstiest, tearful, gentle.

"The trouble with keynotes is that they are abused. They are often characteristic symptoms.

But *if keynotes are taken as final and the generals do not conform*, then will come the failures."

Among ways of finding the remedy is the elaborate repertory way, which yields excellent results in the majority of cases,

By working through the case on mental and general symptoms, with due regard to their relative importance one gets the remedy, provided *it had have been* : (a) well proved ; (b) well represented in the repertory, which is the case with a very large but, of course, limited number of drugs.

It means labor, but less and less as one gains experience. It means grit.

But, unless you are careful not to take such symptoms too easily, it will lead you every time to well proved drugs, well represented in the repertory — the "polychrests."

But what about the valuable remedies, only half-proved, and even so, inadequately represented in the repertory ?

You may need one or other of these only once in half-a dozen years, but when you do need it, nothing will take its place.

Accidental poisonings have supplied the data regarding some of these drugs. Or again, serpent bites or insect stings.

They may appear in only **one** rubric in the whole repertory — but there in black type.

Take heed to any rare, black-type remedy that has the salient symptoms of a patient. Go straight to materia medica and see whether it does not perhaps fit

the case through and through. A remedy so learnt is never forgotten. You have one more arrow in your quiver to speed at suffering and disease.

Here is an instance. A case of melancholia, with an insane *fear of insanity*. *Pulsatilla* more or less came through, as did *Ignatia*, but she got steadily worse. She was smileless, sat apart, neglected everything, could neither eat nor sleep, lost color and flesh, thought of nothing but her **terror**.

Mancinella covered the case and quickly cured. *Mancinella* does not appear more than a couple of times in the repertory, but it stands in black type for her one overwhelming mental symptom — fear of insanity.

She got two or three doses only, at long intervals for slight threatenings of relapse that melted away, since when she has been well for a dozen years.

Latrodectus mactans for angina pectoris is another such ill-proved, ill-represented remedy.

Black type in the one rubric, "*Pain, heart, extending down left arm,*" should send you straight to materia medica to find the most perfect picture of that terrible condition.

And it works.

Many drugs can be got only by reading and studying their genus.

One of the veterans used to lay down his own law. "*Read a drug a day, and two on Sundays.*"

But mark or underline, as you read, the strong, rare and characteristic symptoms of each drug.

You can afterwards easily run through your markings and get a drug-picture that will stick to you.

In reading any drug note also : Its **local** actions.

The **tissues** and **organs** it especially affects. (Burnett, following Rademacher, made great use of organ remedies, as well as the polychrests).

Also, its *peculiar sensations*, mental and physical.

In **Clarke's** Dictionary special stress is laid on these, in the remarks that preface every drug.

Nash's Leaders, Allen's Keynotes, Boger's synopsis, are all based on drug characteristics, and these books are immensely helpful.

If you have **Allen's Cyclopaedia** you can do happy and useful reading even here, provided that you run through his **black type symptoms**, and his symptoms in *Italics*.

You get an extraordinary insight into remedies this way. And even in the ordinary type you may find strange symptoms ; underline them.

Where in a case there is a strongly marked mental symptom which you feel must be retched. you may lighten your work *by using that as an eliminating symptom*. And, in going through the rubrics of the other symptoms, record only those that have this mental symptom.

In the many cases where you have to work solidly through the marked symptoms of the patient, from mentals to generals, in their order of importance, you may, in my experience, lighten your labor thus : —

Remembering that general symptoms, reactions to temperature and whether, to foods, to environment generally, must be very definitely marked in the patient to be used at all, and that, if so marked and definite, they should correspond in importance of type with the drugs in their rubrics : —

Therefore, in strong, general symptoms, it is generally enough to write down only the drugs in black type and italics.

And this is really, even in long rubrics, not such a terrible task.

There is a limit to the amount of work one can put into It case.

And, as a matter of fact, the more you put in, in a heavy mechanical, painstaking way, the more you are likely to be landed with a big choice of remedies, and the less likely, you are to find the one.

Homoeopathy has to be mixed with brains.

But **Hahnemann** discovered, as we all discover sooner or later, that there are cases where the most careful symptom-covering does not carry us through. Patient improves again and again, but health is not re-established.

In a simple pneumonia you cover the symptoms and abort the case ; or, if it is more advanced, you carry it through with a minimum of distress, to early resolution.

Whereas other cases, even of such an acute disease as pneumonia, hang fire.
Why is this ?

Does not our experience teach us that there are patients that cannot throw off even a pneumonia without one of **Hahnemann's** "antipsorics" — *Sulphur, Lycopodium, Calcarea* — or where there is a T. B. history *Tuberculinum*.

Much more is the case with chronic disease ; that is to say, with those who, year in year out, are ailing ; who improve only to slip back.

Hahnemann got to work on this problem, and evolved from it his **Chronic Diseases**.

I doubt, if any of us pay enough attention to this part of **Hahnemann's** work and teaching.

We are apt to be more than content when the miracle works in simple cases, and to classify the rest as old chronics, as if thereby all has been said.

Not so with the wise old healer. He had not been content with old school medicine. He was not content with homoeopathy if in some cases, it failed to completely restore patient.

"For years he had been employed, day and night to discover why such homoeopathic remedies as were then known did not effect a true cure of certain chronic miasmatic disease."

He says, "All chronic miasmatic diseases are so inveterate, after they have become developed in the system, that unless thoroughly cured by art, they continue to increase in intensity till death.

They never disappear of themselves, are never diminished, much less conquered by vigorous constitution, regular mode. of life, strictest diet.

"All chronic diseases, "he says", are based upon fixed chronic miasms, which enable their parasitical ramifications to spread through the human organism, and to grow without end".

"The chronic miasms are semi-vital, morbid miasms of a parasitical nature."

And he says that, in his opinion "miasmatic infection, in acute as well as in chronic disease, takes place in a moment, provided the moment is favourable to the contagious influence."

For "miasms," read "micro-organism" and see how **Hahnemann** was on the spot **100** years ago, ("The **Chronic Diseases**" was published in **1828**).

Hahnemann realized, then, that there are life — long conditions following some acute disease of long ago, even of centuries ago, that may have to be taken into account in prescribing.

He worked on three of these : syphilis. sycosis or gonorrhoea, and psora. (The last much derided by those who have never taken the trouble to understand it, but coming into its own now as "scientific," so I am told, in Germany.)

These diseases he met with remedies, homoeopathic to their manifestations and symptoms, the greatest number to the most widespread, hydra-headed, **Psora**.

His sycotic remedies were *Thuja* alternately with *Nitric acid*.

Alternately ? What ?

Did **Hahnemann** himself alternate ?

Yes, when symptoms changed. And observe ! *alternately*, with **Hahnemann**, never meant alternate sips from two tumblers at a few hours' interval all day, because the physician cannot make up his mind which is best indicated.

These are **Hahnemann's** directions in alternating : —

"Gonorrhoea may be cured in the most thorough and durable way by the internal administration of a few globules of *Thuja 30*, which must be allowed to act from **15** to **40** days. After that time, give an equally small dose of *Nitric acid*, letting it act during an equally long period."

And here we have, since **Hahnemann's** day, another magnificent weapon — *Medorrhinum or Gonorrhinum*.

And in **Kent's** repertory there is a little rubric, "**Gonorrhoea**," with some other remedies that have been found useful in that disease where symptoms agree.

Such remedies as *Medorrhinum*, *Syphilinum*, *Tuberculinum* are on **Hahnemann's** own lines, who used *Psorinum* for Psora, and who recognised variola, or inoculations by variola, as curative in conditions — ophthalmia, deafness, dysentery — such as are often the sequelae. he says, of small-pox. (**Hahnemann** says, by the way, that small-pox will extinguish the less virulent cowpox, while cow-pox will lessen the virulence and danger of small-pox).

Hahnemann's great remedy for syphilis is *Mercury*. He found the 30th potency to act better than the lower ones, but if several doses were needed the lower potencies might be employed.

Syphilis, uncomplicated and untreated, and in the primary stage. "In 50 years" practice he had never failed to cure with the smallest dose of the best mercurial preparation." Of course, the mercuries for syphilis are pure homoeopathy. Their symptoms are often indistinguishable. The one has been mistaken for the other.

Don't scoff at the idea of curing syphilis with unit doses of *Mercury* in potencies till you have tried.

Here also we have *Syphilinum and Merc. cy.* seems to be by far the most powerful of the mercuries for syphilis in all its manifestations and stages. [The Germans are saying that the "mercuro-cromat" is the most potent of all the mercury preparations for syphilis.]

And **Kent** has quite a longer list, with eight drugs black type, for syphilis. Only the symptoms can decide between them.

In cases of chronic disease, complicated by the three miasms, **Hahnemann** gives the order in which their remedies should be used.

"First we annihilate the psoric miasm by the indicated antipsorics. Then we use the remedies indicated for sycosis.

Lastly, the best mercurial preparation against syphilis.

These different orders of remedies are alternately employed if necessary until the cure is completed.

Leave to each medicine, he says "the necessary time to complete its action."
When we sneak in as it were, a dose of *Syphilinum*, or *Medorrhinum*, or *Tuberculinum*, or whatever it may be, we have a sort of guilty feeling that this is, perhaps, no part of homoeopathy — as taught by **Hahnemann**.

But it is ! **Hahnemann** was very much there before us. Our only doubt was, because we did not know the fullness of our heritage.

As a matter of fact, we are only following in **Hahnemann's** steps when we interpose a dose of *Tuberculinum* where the case hangs fire and where there is a hereditary chain of tuberculosis in persons of T. B. parentage.

Or when we realize that such diseases as malaria leave chronic conditions, especially when complicated with quinine poisoning, and that these can only be successfully met by their appropriate remedies, *Natrum mur*, *Sepia*, *Arsenicum*, etc.

That old malaria will give the casting vote, often among competing remedies.

And here in, in conclusion. I will briefly epitomize for you **Burnett's** brilliant work in another chronic condition that has arisen and has to be recognised, and which he calls **Vaccinosis**.

Compton Burnett's little monograph on **Vaccinosis And Thuja** was written "to establish vaccinosis as form of chronic disease, and *Thuja* as one of its chief remedies."

He contends that in vaccinating you do not make a healthy man more healthy. On the contrary, you establish a diseased state to protect, perhaps for years, from a like disease (small-pox).

Vaccination therefore, is a form of **Homoeoprophylaxis**.

He defines vaccinosis as "that profound and often long-lasting morbid constitutional state engendered by the vaccine virus, euphemistically termed '**Lymph**', but which is, of course, pus."

"The vaccinate is one who suffers from vaccinosis. He may not be ill, but he must be in a subdued morbid state. He has been blighted, or he is no vaccinate"

"Some of the worst cases of my vaccinosis were just those in whom vaccination did not 'take'."

"Not a few persons date their ill health from a so-called unsuccessful vaccination."

"Taking' is the constitutional reaction whereby the organism frees itself ; more or less, from the inserted virus."

"If the person, did not take, and the virus has been absorbed, the taking becomes a chronic process-paresis, neuralgia, cephalalgia, pimples acne, etc. !"

"The less a person 'takes' the more he is likely to suffer from the genuine vaccination disease in its chronic form."

But what about other and more modern forms of homoeoprophylaxis ? vaccines, immunizing, etc.

Are they additions to the health of the healthy ? Or are they new forms of chronic disease that will have to be reckoned with later on ?

Burnett's little book is stuffed with brilliant cases to prove his case for **VACCINOSIS** as a chronic disease, and for *Thuja* its great remedy.

And it works !

Burnett says, "In chronic disease, when the right remedies seemed barred in their action, **Hahnemann** recommended his disciples to interpose.

Sulphur as the great, most-likely antipsoric.

`Most of us have found this a very valuable clinical suggestion.

"Similarly, I have found that vaccinosis frequently, bars the way, and then *Thuja* comes in with simply the beautiful effect of a genuine similimum
"

I think you will agree that one has not fully **taken the case** till one has recorded for every patient vaccinations, especially any bad or unsuccessful ones as well as any personal or family history of tuberculosis, syphilis or gonorrhoea.

Dr. Margaret Lucy Tyler.