André Saine
Seminar Homeopathy, Vol. II: The Method

Reading excerpt

Seminar Homeopathy, Vol. II: The Method
of André Saine
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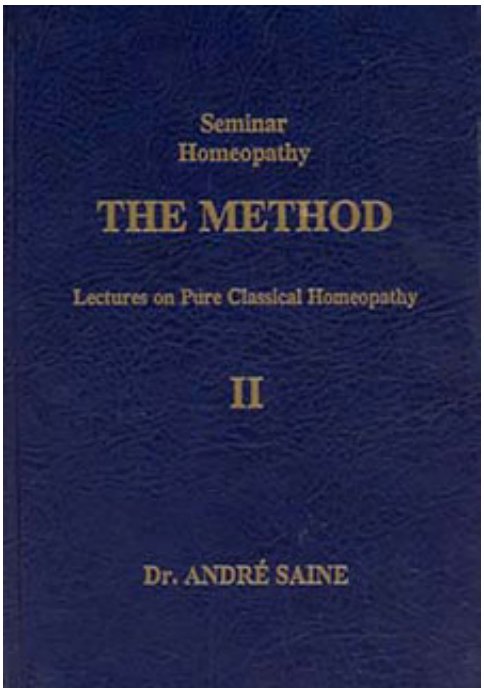

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CASE OF FEAR GOING DOWN STAIRS

Lippe once had this case of a woman were he could not find the remedy and made her come back several times. So once Lippe got up to leave the office and the lady said, 'could you wait for me to help me to go down the stairs?' And Lippe said 'What?'
'I am afraid to go down the stairs, I am afraid to fall'. Then he knew: this is *Borax.* The key can be anywhere. The scheme of just four from Hering is very limited. If you can't find it in this square you have to look elsewhere. The key can be anywhere, generals, locals, mentals - everywhere. If a school says 'pay attention to local symptoms only' or another one 'pay attention to mental symptoms only' it is like saying to Sherlock Holmes: just pay attention to certain clues, but not to others. You think Sherlock Holmes would accept that? He would say, I want to be free. When dealing with a crime I want to be able to look at everything, past, present, tomorrow, the relation in the world, everything. The same goes for you, you don't limit yourself, you look at the whole reality, the totality, but only the characteristic symptoms, the clues, will lead you to the remedy, not the things that are common. The keynotes of a case can be anywhere. I gave you some of the important aspects you have to investigate.

Value the characteristics. I would suggest to value them from 0 to 5. First we valued the symptoms by intensity (0 to 4), now by its characteristic (0 to 5). A symptom with a value of

0 is very common. In the repertory it will be a large rubric.
1 is common; perhaps the patient is rather impatient.
2 slightly characteristic.
3 moderately characteristic.
4 very characteristic.
5 extraordinary, very rare, extremely characteristic.

Sometimes the characteristic may be parallel to the intensity of value you have given. For example, a symptom having an intensity value of 1 will very seldom be very characteristic because it is not very intense. But if a symptom is extraordinary intense (only wants to eat meat) it is also 'extraordinary characteristic'. The more intense, the more likely the characteristic will go up to. If somebody desires meat (2), must eat meat almost every day otherwise he suffers from it, what would you give in terms of characteristic value? I

would probably give a 3 in terms of characteristics. If somebody says he must have meat at every meal it would be more of a 4. If he says I only want to eat meat at every meal it is an intensity of 4 and a characteristic value of 5. This would be extraordinary; it is beyond everything you would consider. If somebody says his desire of chocolate has a value of 2, you would make the characteristic value 4 or 5 because it is a rare, unusual food to want, even if not wanting it every day, but highly characteristic for this person. You have to judge here.

C: THE HIERARCHY OF A SYMPTOM

We have given the symptom a value for intensity and a characteristic value. Now we give value to the symptom in terms of hierarchy. Not all symptoms have the same value in terms of from which aspect of the organism they come from. They always come from the organism as a whole, but at which level do they express. Where the symptom is located will differentiate the value of the symptom. A local symptom compared to a physical general symptom compared to a mental symptom will have different values.

In terms of hierarchy a symptom will be:

0: if it is local, or what Kent calls a particular.
1: if it is a physical general.
2: if it a mental/emotional symptom or aetiology

HOW OTHERS USED THE VALUE OF HIERARCHY

Boenninghausen is said to have been a legendary prescriber. I have studied his cases and doubt it, but I will still give him the credit of having been a legendary prescriber. He was definitely one of the favourite students of Hahnemann and closest in terms of personal exchange with Hahnemann. It is said that Boenninghausen would use a local symptom to identify the remedy a person needed.
Let's say somebody had arthritis in the right elbow: Boenninghausen would look under 'right elbow, pain, worse from change of weather' and from those remedies he would also look which remedy had the physical general and mental symptoms of the patient. Boenninghausen used to start with the local symptom. He wanted to make sure that the person had the local symptom, specifically that right elbow. He went from local to general. In the local symptoms he would go with the scheme Hering also mentions (when location, sensation, modalities and concomitants were very clear). I know that Hahnemann worked liked this quite a lot. He would try to get a very clear symptom of the patient, like drawing pain in the right knee, worse on waking in the morning together with irritability. This constitutes a whole

symptom and \s often enough to prescribe a remedy, if the rest of the case is well checked whether it is covered by the remedy.
Boenninghausen and Hahnemann wrote different things, but in practice they quite often started with a clear local symptom and confirmed it with the physical general en mental symptoms. I looked at the journals and it is incredible, how well they worked with very few symptoms.
Jahr was another homeopath close to Hahnemann. When Hahnemann moved to Paris Jahr also moved to Paris. He wrote extensively on homeopathy and did some quite good work one a certain level, although it was not the highest level. He used many different strategies during many years of practice, for example:

First strategy: characteristic symptom and concomitants

He would start with the characteristic symptom, wherever it in the case would be: local, physical general or mental. He would pay a lot of attention to the concomitants. Jahr often said: if you have a physical disease, it often is the mental symptom that differentiates the case. If you have a mental disease, it may be the physical concomitants differentiating the case. He started with the characteristic symptom and find out which remedies covered it.
Let's say he had four characteristic symptoms. He would look into the Materia Medica and find four remedies, covering these four characteristic symptoms very well. For example: weeps easily, offended easily, angers easily; desire milk. He next looked which of the four remedies would best cover the totality of the common symptoms of the case.

Second strategy: combination of common symptoms

Sometimes, he says, you don't have enough characteristic symptoms in a case. Which remedy has the combination of these common problems? The combination makes a characteristic. For example if a patient has easy caries of the teeth, there are lots of remedies. If the patient has a tendency for styes, there are lots of remedies. But which remedy has a lot of caries and a lot of styes? SepiaJahr says sometimes the combination of common symptoms makes it characteristic.

Third strategy: best known remedies for pathology

The third strategy would be to start with the pathology of the patient. If the patient had hepatitis he would ask which remedy is commonly known to have hepatitis? When there are no characteristic symptoms, of all the remedies known to have hepatitis, which one fits best the common symptoms of the patient? Or, which remedy with hepatitis fits 'a thin, bald male patient'.

Fourth strategy: aetiology, causation, temperament

Another thing Jahr would say: in acute disease aetiology has the highest value. I would say generally, in disease, causation has the highest value, I do not know why he says 'in acute disease'. Jahr says in chronic disease causation is less important, but not to be neglected. In chronic disease he says, all the susceptibility the person experienced since the infancy would demonstrate the susceptibility to disease. If there have been lots of sore throats, measles, etc., you would consider it because this would be 'a susceptibility'.

He also would take into account difference of temperament between childhood and present day disposition. He would go to the past and ask about common diseases the patient had and temperament as child.

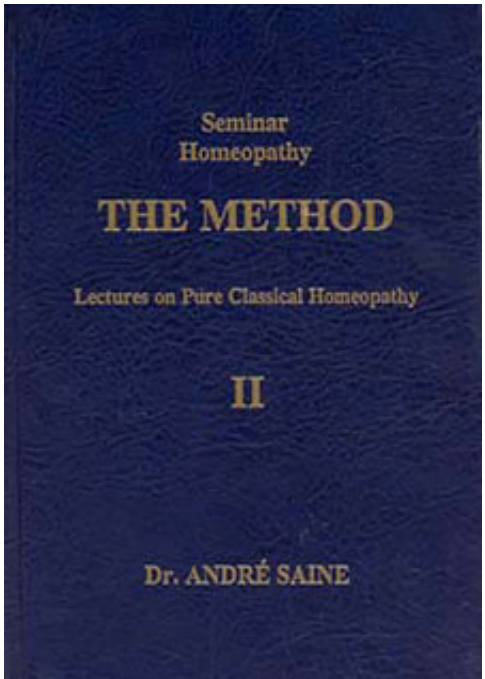
Fifth strategy: acute curative remedies

If he did not have any peculiar symptom in the case he would find out to which acute remed(y)ies this person had reacted positively n the past. It actually is a good strategy to know to which acute remedies your patient responded successfully in the past. If patient says when I was a baby I did very well on Bell., if you don't have any clues in the case later on, you want a remedy being complementary to Bell. In these cases you look into the childhood to find clues.

In physical affections the mental indication decides the selection of the remedy. In all psychical disorders the physical symptoms will help you decide when two or more remedies with regard to the psychological symptoms appear to suit the case equally.

Sixth strategy: most commonly given remedy

Say you have three remedies possibly indicated in a certain case and they seem to have almost equal value. They cover the case well and you don't know which one to give. You always choose the remedy that is most commonly associated with that sort of pathology or is most commonly given for this kind of problem. You have a case of acute renal colic with vomiting, you get four remedies lets say: Canth., Serb., Nux-v. and Oci., and you don't know how to differentiate, because all of them have extreme pain, are wringing hands and vomit. You do not know which remedy to give. You should give Oci. because it is most commonly related to this kind of situation. It is what Jahr says and by experience I can say it works best if you have to choose out of four and choose the one most commonly given in that kind of situation.



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