

H.P. Krishna Kumar

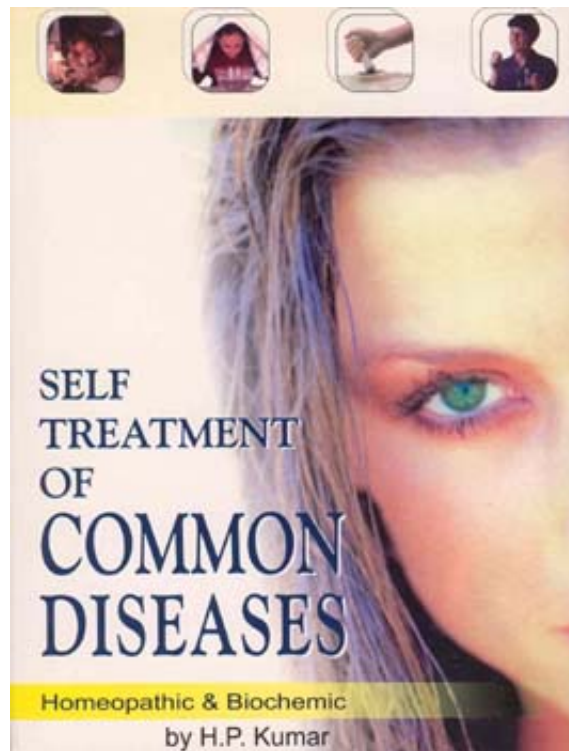
Self Treatment of common Diseases

Leseprobe

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von [H.P. Krishna Kumar](#)

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heat or cold, from eating or drinking, from change in weather or change in position, are often general symptoms.

In order to arrive at a truly individualized, characteristic picture of the patient, the homoeopathic physician looks for those strange, rare, and peculiar symptoms that set one case apart from all other superficially similar cases. Such strange, rare, and peculiar symptoms may be unusual in themselves. For example, characteristic of the remedy *Thuja*, is the patient's fixed idea that she is very delicate, that she is made of glass, and that she will break. Or, the symptom may be strange because it is contrary to what one would expect, such as the *Ignatia* symptom of inflamed, throbbing, hot body parts that are not painful when handled and are often ameliorated by pressure. Strange, rare, and peculiar symptoms may be generals (including mentals) or particulars, by their very nature they can never be common, and they are generally given more weight than other symptoms of the same class.

Finally, all symptoms must be graded. Each class of symptoms, the general, the common, and the particular, are assigned first, second, or third grade, according to the degree to which they are marked, the first grade, being the most marked. Similarly, the symptoms of the remedies have been graded according to the incidence of their appearance among provers: those that appear in the majority of provers are of the first grade; those that are seen in few provers are second grade; and those that occur in only an isolated case or two, but are still sufficiently marked to qualify as genuine symptoms, are assigned the third grade.

This classification and grading of symptoms helps the homoeopath to assign relative weights to the patient's complaints, just as the symptoms are weighted in the provings of the remedies, so that the most accurate match can be made between the picture of the patient and

that of the proper remedy.

TAKING THE CASE



DOCTOR WITH THE PATIENT

The philosophy of Homoeopathy holds that it is only through the symptoms that the physician can know his patient's disease. Allopathic medicine attaches considerable significance to the results of laboratory tests. Accordingly, the allopathic physician is guided in diagnosis and in treatment by these objective findings. Present day homoeopaths do attach more importance to pathological laboratory tests as compared to their predecessors. However, the laboratory results cannot by themselves guide the homoeopathic physician in prescribing, since the proving of homoeopathic remedies do not record these biochemical and pathological correlates of diseased states.

While taking a case, the homoeopathic physician relies on those things that are apparent to the senses, either through the verbal report of the patient and his attendants, or through direct observation of the diseased conditions which are reflected in the patient's altered mental and emotional states, changes in sensation, or perceptible alterations in the function and appearance of parts of the body. Today's homoeopaths not only stress the importance of

a complete physical examination, but also attach equal importance to the patient's subjective sensations, his mental state, everything that characterises the patient as a whole, and as an individual.

Homoeopathy takes into consideration the complex sources of information: the patients, with their failings of perception, their biases, their embarrassed reticence, their inattention to detail, all of it filtered through the medium of their own senses and reasoning as they give the information. A homoeopath should have the highest freedom from prejudice and complete soundness of observation to record faithfully what he observes in the patient. He should never be influenced by his own inclination to treat the disease before him with the same medicine that may have worked in a case previously.

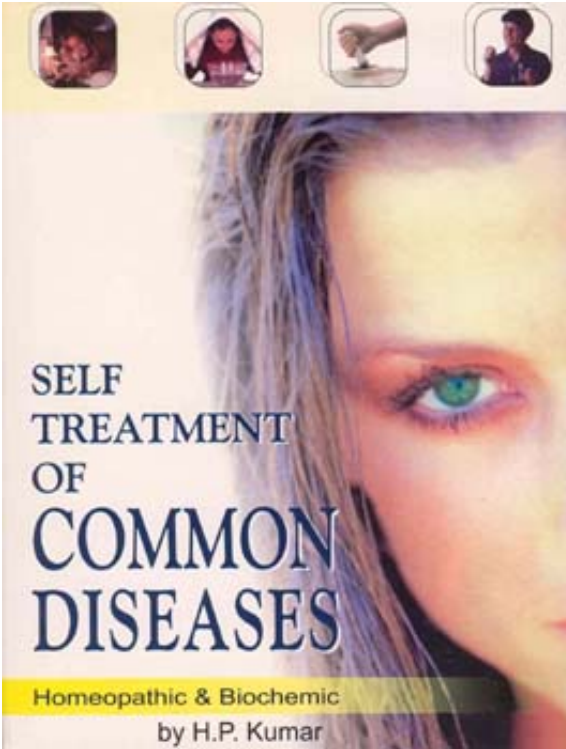
The homoeopath's initial interview with the patient may take one or two hours, in rather sharp contrast to the fifteen minute session in the orthodox specialist's examining room. A homoeopath proceeds to record the patient's complaints in his own words. He employs different strategies in taking the acute case and the chronic case. While dealing with an acute illness, the physician is mainly interested in those things that have changed since the patient became ill. In the chronic case the physician would like to know about everything that has happened to the patient since birth. Acute illness frequently suppresses the chronic symptoms, but once the acute illness is gone, the patient's chronic disease will be seen more clearly, and then it can be prescribed for. Irrespective of the fact as to whether the case is acute or chronic, the physician will place the greatest importance on the symptoms that the patient is currently manifesting, because it is only on the patient's present complaints that the homoeopath can prescribe. The patient's history will indicate how a chronic condition has developed and is likely

to point to a remedy that may be needed when the present symptoms have subsided.

An accurate written record of all the symptoms is made using the patient's own words. The proving of homoeopathic remedies are full of the common language of the provers as they reported their symptoms. The homoeopaths find amazing similarities between the expressions used by their patients and those recorded in the proving. The written record will need to be supplemented with more specific information about each symptom the patient has reported about bodily functions and, very importantly, about his mental state. It would further be necessary to elicit information about how the patient's symptoms are affected by external influences, such as heat, cold, eating, drinking, change of position, movement. The patient will be asked whether the symptoms are predominantly on one side of the body or the other and at what time of day they are worse. In homoeopathy such details are known as modalities and are strongly marked in the symptom images of many of the remedies.

Many of the above mentioned questions may appear to be trivial, but the physician, in constructing a picture of the patient's illness in these terms, is eliciting the very descriptions of symptoms that have been recorded in the proving of various drugs. Very often the seemingly inconsequential details help in the selection of one among a number of possible remedies, all of which are more or less similar to the case, but only one of which bears a striking resemblance to these minute characteristic features.

After eliciting as much information as possible from a close questioning of the patient, the physician proceeds to note his own observations on the patient and then to determine whether these things were present in the patient in his healthy state, **



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