LECTURE 26: The examination of the patient (continued)

- It is important to avoid getting confused by two disease images that may exist in the body at the same time.
- A chronic patient, for instance, may be suffering from an acute disease and the physician on being called may think that it is necessary to take the totality of the symptoms; but if he should do that in an acute disease, mixing both chronic and acute symptoms together, he will become confused and will not find the right remedy.
- The two things must be separated.
- The group of symptoms that constitutes the image and appearance of the acute miasm must now be prescribed for.

- The chronic symptoms will not, of course, be present when the acute miasm is running, because the latter suppresses or suspends the chronic symptoms, but the diligent physician, not knowing this is so, might wrongly gather together all the symptoms that the patient has had in a life time.
- Again, on the other hand, in gathering together the chronic symptoms for a prescription it is sufficient to mention merely that the patient has had typhoid or measles or other acute miasms.
- Such diseases are not a part of the chronic miasm.
- The symptoms of the acute attack were separate and by themselves.

- You must realize that the effort to prescribe for two distinct miasms will result in error.
- If you practice in the western part of this country you will often get confused cases, a sample of which would be about as follows:
- A patient has been suffering from intermittent fever, and has been treated with medicines, Quinine, Arsenic and low potencies of this and that drug, until the case has been complicated.
- You learn that the symptoms now are different from what they were in the beginning, that there has been a transformation scene.
- You prescribe for them, as they are now, regarding it as a species of malaria; you prescribe for them with a view to antidoting all the drugs that he has had, and your remedy brings about a surprise; it opens out the case in a wonderful manner.
- The patient up to this time was unable to give you anything descriptive of the original state of his malaria, but he comes back in the course of a week or two and says:

- "Doctor, I am now as I was in the beginning."
- "Well, what are your symptoms now?"
- And you will find out that one evening he has a 5
 o'clock chill with its accompanying symptoms that last
 him a good portion of the night, and then he has a
 well day, and then next forenoon he has an 11 o'clock
 chill and then a well day.
- If you examine each one of these states, you will find that the two chills begin in a different place, and the beat of each begins in a different place, and the symptoms of the two attacks are totally different.

- Such a thing will seem unlikely to one who has never seen it, but one who has lived in the west and practiced accurately will see such things, unknown to those who have practiced what is called Quinine Homoeopathy.
- A correct prescription will disentangle these two malarial miasms and show that two exist in the body at the same time, each having conditions quite different from the other.
- These two can co-exist and have their own times and expressions without interfering with each other to any great extent.
- The big doses of quinine will complicate them and cause a general clouding of things, so helter-skelter and disorderly that nobody can tell anything about it.

- If in such a case you were to attempt to prescribe a remedy that had both these groups you would fail to cure.
- Select the worst one, and let the other one alone, entirely ignoring it.
- It is a bad policy to give one remedy for one and another for the other.
- Single out the worst one and cover it carefully with a remedy, and you will find it disappear and the other one comes on, just as if the patient had not a remedy at all.

- Now do not be in too great a hurry about removing the second one.
- You will find that after one has been removed the patient will improve, and the one that has remained will become more and .more apparent from day to day; then prescribe for it.

- This illustrates the doctrine of not prescribing for an acute and chronic trouble together.
- Never prescribe for any two conditions, unless they be complicated.
- Only chronic diseases can be complicated with each other.
- The acute is never complicated with the chronic; the acute suppresses the chronic and they never become complex.

- Of course, the allopaths will tell you about the sequelae of measles scarlet fever, etc., but they know nothing about it, and their pathology teaches them nothing which is true concerning it.
- That which comes out after all self-limiting diseases have run their course is not due to the disease itself; the sequelae of measles are not due to measles, the sequelae of scarlet fever are not due to scarlet fever, but to a prior state of the patient.
- A psoric disorder may come after scarlet fever or measles, and must be treated as psora.

- These sequelae, regardless of the disease which stirs them up, are psoric and crop out at the weakest time, which is the convalescent period.
- The better the acute disease is treated, the less likely there are to be any sequelae.
- If measles and scarlet fever are, treated properly we have very little trouble afterwards.

- Sequelae should always be charged up to a great extent to the physician.
- Of course, you will find now and then some constitutions extremely psoric; almost in a condition of advanced decay, and for malignant scarlet fever in such a patient it is difficult to find a proper remedy, and then the very best physician in the world may make a mistake; yet with good treatment in ordinary cases you should not expect sequelae, such as sore eyes, running ears, etc.

- It is of the greatest importance in such cases to be able to separate and distinguish one thing from another, so that you may know what you are prescribing for.
- You cannot prescribe an antipsoric in order to prevent sequelae following scarlet fever while the scarlet fever prevails.
- Prescribe first for the acute attack, and the symptoms that belong to it.
- It is well, however, for the physician to know all the symptoms that the patient has of a chronic character, that he may know what to expect, that he may look at the close of the acute attack for the coming out of the old manifestations of psora, although often an entirely new group of symptoms will appear.

- When at the close of scarlet fever troubles come about the ears or dropsical conditions come on; these are not a part of the scarlet fever itself, but of the state of the economy.
- The dropsical condition, or acute Bright's disease, must be associated with the psoric state and the symptoms then will lead you to a constitutional remedy.
- If you have in view simply the Bright's disease, you will make a mistake.
- You will fall into prescribing for ultimates if you have but the name of the trouble in mind, for instance giving Apis, which the books say, is a wonderful remedy for Bright's disease, following scarlet fever.

- It is a great mistake for anyone to fit remedies for complaints or states.
- It is a fatal error for the physician to go on the bedside of a patient with the feeling in his mind that he has had cases similar to, this one, and thinking thus:
- "In the last case I had I gave so and so, therefore I will give it to this one."
- The physician must get such things entirely out of his mind.
- It is a common feature among oculists who profess to be homoeopaths to say:
- "I cured such and such a case with such and such a remedy. I will now give this patient the same remedy."
- I have many times met physicians in consultation who said :
- "I have another patient, Mr. Z or Mr. X, who had a similar state of affairs, just such a disease as this, and I gave him so and so, but it does not work in this case."

- Organon § 100. "With regard to a search after the totality of the symptoms in epidemic and sporadic cases, it is wholly indifferent whether anything similar ever existed before in the world or not, under any name whatever."
- Keep that in your mind, underscore it half a dozen times with red ink, paint it on the wall, put an index finger to it.
- One of the most important things is to keep out of the mind, in an examination of the case, some other case that has appeared to be similar.
- If this is not done the mind will be prejudiced in spite of your best endeavors.
- I have to fight that with every fresh case I come to.
- I have to labour to keep myself from thinking about things I have cured like that before, because it would prejudice my mind.

- The purpose of all this is that you will go away and examine the
 patient with an unprejudiced mind, that you will consider only the
 case before you, that you will have nothing in mind that will
 distract your attention, that you may not think of things that
 preceded it and find out from among them a remedy while
 examining the patient If you are biased in your judgment and
 examine the patient towards a certain remedy, in many instances
 this will prove to be fatal.
- Have no remedy in mind until you have everything that you can get on paper.
- Have it all written down carefully and then if upon examining it in relation to remedies, you are unable to distinguish between three or four, you can go back and re-examine the patient with reference to those three or four remedies.

- That is the only possible time you try to fit a remedy, or image of a remedy, while examining a patient.
- Get all the symptoms first and then commence your analysis in relation to remedies.
- The analysis of a sickness is for the purpose of gathering together that about it which is peculiar, for the peculiar thing relate to remedies.
- Sicknesses have in them that which is peculiar, strange and rare, and the things in sickness that may be wondered at are the things to be compared with those in the remedy that are peculiar.
- Now in order to see that which is wonderful and strange it is necessary for you to have much knowledge of disease and much knowledge of Materia Medica; not so much an extensive knowledge of morbid anatomy, but a knowledge of the symptoms or the language that disease expresses itself.

- "In fact, we ought to regard die pure image of each prevailing disease as a thing that is new and unknown, and study the same from its foundation, if we would really exercise the art of healing."
- A great deal depends upon a physician's ability to perceive what constitutes the miasm.
- If he is dull of perception he will intermingle symptoms that do not belong together.
- Hahnemann seems to have had the most wonderful perception, he seemed to see at a glance.
- Hahnemann was skilful in this respect because he was a hard student of Materia Medica and because he proved his Materia Medica daily.
- He had examined the remedies carefully, he saw them, he felt them, he realized them.

- "We ought never to substitute hypothesis in the room of observation, never regard any case as already known."
- Now we see why it is that it does not make any difference with a physician whether he has seen such diseases before or not.
- The homoeopathic physician is acquainted with the signs and symptoms of the man, and a different disease is only a change in the combination of them, only a change in their manner, form and representation.
- There is order, perfect order, in every sickness that presents itself, and it rests with the physician to find that order.
- The homoeopathic physician need never be taken unawares.