THE LANGUAGE OF DISEASE*

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The language of disease, like any other, must be learned. Through many thousands of years medicine has been trying to understand disease by its own methods, taking little note of the language in which disease expresses itself. The distressed vital force uses the oldest and most universal language in the world, the sign language. Next in importance for expression, is the symptom language. All the signs of disease expressed externally we find by observation of the so-called objective symptoms. Disease expresses itself also subjectively, the so-called subjective ,symptoms, which must be obtained from the patient. This is often very difficult. All too often the homeopath expects to be guided chiefly by the subjective, almost entirely neglecting the objective signs. All great prescribers are intuitively dose observers of the sign language of disease. These two dialects, as it were, of disease, are the ones on whom we depend for our symptom picture of morbid action. As patients present themselves it is the first duty of the physician to observe them closely, noting the facial expression, manner, mode of action, habits, and all external manifestations. This often gives the key to the whole case without asking a single question. One comes in with a slouchy gait, he is unkempt, his remedy is, apt to be Sulphur. Another is all primped up, a dude, his hair combed just so, he, likely, is an Arsenicum patient. The mild, gentle patient, well mannered, often weeping on telling his troubles is frequently the Pulsatilla type. Note the patient's actions, manner of speech, slow, rapid, evasive, measured terms, nervous, or what not. All these we must lean to observe and note down as beginners. Later, as experience is acquired, it becomes automatic and it is no longer necessary to record every little observation. The lively, nervous patient, especially if a women, if often Phosphorus. The variable patient, showing all kinds of contradictions suggests Ignatia; the loquacious, Lachesis. The loquacity of senile degeneration does, however, not usually need this remedy, and so on through the whole chapter.

If the physician can get at the patient's mode of thinking, his involuntary ideas, he can build up a picture of his mental process. This is often difficult. The psychoanalyst takes hours and weeks to do it, the physician rarely has so much time at his disposal. To uncover these subconscious mental trends ask if the patient dreams much and the nature of his dreams, of business, excitement, fire, emotional or erotic things, etc.; what he thinks about in his quiet moments, when his mind is unoccupied, drifting thoughts as they are sometimes called. Some drift momentarily, from one thing to another, with no definite ideas. Are the thought processes slow or rapid? The strength of mind is a great factor. These symptom pictures can usually be put into two categories, states of exaltation or excitement, and states of depression. All disease pictures one or the other and it is quite important to make up your mind to which class the patient belongs. All remedies are primarily either depressive or exaltative in nature. One rarely thinks of Aconite in a depressive state except, perhaps, in acute collapse, or of Phosphoric acid in a state of excitement. The division of all remedies into these two broad classes is of immeasurable help in prescribing.

It now behoves us to examine the rest of the patient's body. Often I have done all the above only to discover on close examination of the body something to upset my whole conclusion, an immense wart, a tendency to discoloration, etc., etc. Such observations often put an entirely new interpretation on the symptom picture obtained up to this point.

Again, the conclusion may be radically changed by finding that he had an operation years before, since which he has never been well. This may mean that the symptoms are reflex and may give us still another point of view. Recently a young man came to me, as nearly hysterical as a man can be, with exalted, hysterical ideas. The symptom picture came after an operation. The irritation from the operation excited an unstable nervous system and

brought to the surface an hysterical condition latent in the system before the operation. ln other words the operation was the exciting cause of the presented condition. An exciting cause uncovers the underlying strata, often lying dormant for years, and is an important part of the symptom picture. A fall downstairs, an automobile accident, great grief may bring to the surface this basic strata. One can not unravel such a complicated case without taking into consideration all exciting causes and what they ultimately reveal.

The different forms and types of disease are almost numberless. Disease variations may be due to time, season, sidereal influences, meteorological conditions, occupation, location, etc. To match different types of disease to the remedies is the duty of the homeopath and the true homeopathist only is capable and able to meet such a situation. We have haemorrhagic types of disease, haemorrhagic measles, haemorrhagic smallpox, haemorrhagic diphtheria; we have fulminating forms of disease where the patient dies in two or three days or sooner; we have septic types of disease; we have depressive types, and the types of cerebral irritation, in which the patient shows cerebral irritation in any disease he may happen to have. In some patients most acute diseases will take on a particular type; for example mumps will show cerebral irritation and the rest of the picture will conform to the regular type. Let me repeat, it behoves us to observe closely and fit the remedy to the type. Remember that the patient expresses disease, as a unit and not by scattered symptoms here and there. These scattered symptoms serve us best in final differentiation between remedies. In some epidemics we have the. septic type appearing almost at once. This adds to the gravity of the prognosis. I have noted on many occasions that when a certain type of epidemic or disease is prevalent many acute conditions arising in the same locality will bear the same type mark. For instance, a women aborted during a septic type epidemic. She became septic, for no apparent reason other than the above. Rhus tox. was the remedy for the epidemic and Rhus was her remedy. This is often called the genus epidemicus and holds good for varying periods, but is subject to sudden changes. which is its weak point.

PROGRESS OF CURE

As you may well presuppose the progress of cure moves in waves which act and read. After the exhibition of the indicated remedy and the reaction attendant thereon takes place, the reaction subsides and the patient begins slowly to improve. The extent of this improvement depends entirely upon the stored vitality of the patient and is, therefore, of uncertain length. The patient who has much stored vital force and very little obstructive pathology will move steady toward cure. We have all grades and all amounts of vitality. The person with a small amount of vitality and considerable pathological obstruction will progress for a while and then come to a standstill. Now is the critical time in judging. Shall we wait another wave of reaction before giving a remedy. Many who have waited have been our most successful prescribers. I have seen reaction not start for six weeks after giving the remedy, but this is uncommon and a still longer time is extremely rare. Most reaction starts in four to six days; these shorter periods are particularly present in acute diseases. In very acute diseases, such as membranous croup, spasmodic croup, spasm of the larynx; etc., the reaction should occur in a few minutes and we can not afford to wait. In very acute work the reaction should be almost instantaneous.

Always be suspicious of a sudden cessation of symptoms without a reaction. If the patient gets better almost instantly with no sign of a reaction, it amuses the suspicion that the action of the remedy is only palliative. Cases in which reaction occurs within a reasonable length of time and not too suddenly are well shown in the neuralgias. The pain of neuralgia will fade in one, two, three or four hours. As we have said before what is going to happen depends on the inherent vitality of the patient. Evidences of betterment are first seen in the expression of the eyes and face; an appearance of less sickness and more well being, and the patient, without any particular change of symptoms will have some sense of betterment, of well being. "I have just as much pain, but I feel better." Waiting often clarifies the whole picture and disposes of non-essentials. If the patient is nervous and fidgety it usually means that the doctor has been in too much of a hurry and is not a good prescriber. I have prescribed for over five hundred cases of typhoid and practically every

case seen at the beginning has needed only one remedy, one dose. This, of course, is not true when cases are first seen later in the course of disease, but a dear picture usually predominates at the beginning. Baptisia has been said to be a specific for typhoid, but the statement is not true. It will abort the case at the beginning if indicated, but is not a specific by any means. Hahnemann's instruction about Bryonia and Rhus in typhoid still holds good. Often Arsenicum is useful at the beginning. Don't let anyone make you believe that Arsenicum is never indicated in the beginning of this disease. One remedy, one dose, is also true in pneumonia. Give the indicated remedy at the start and you can well afford to wait for the crisis. Watch but don't be frightened. The pneumonia's that die are usually those that have been given digitalis (crude dosage), antipyretics, coal tar products, etc. In typhoid Arnica and Baptisia are indicated once in a while, Arsenicum fairly often, Rhus and Bryonia frequently. These five remedies probably cover over 80 per cent of the cases. Patients should be immobilised to stop their thrashing about. In this way the inflammation of the Peyer's patches is made milder by inaction and the ulceration of the second and third stages and intestinal haemorrhage are avoided. It is a very important point. On the twenty-first day or earlier when the temperature drops, due to the remedy or to the natural course of the disease, don't give a remedy when the temperature drops to subnormal, say 96 1/2 degrees. If you do you will cause a relapse. In my earlier years I mistook this for collapse and gave Carbo vegetabilis. In every case there was a relapse and its consequences of another run of fever. It taught me a lesson and now I give no remedy at this point to interrupt the action of the first remedy or to start up a fresh inflammation. Such cases, left alone, come back to normal in a few days. The well indicated remedy will usually finish up your typhoid cases in ten to fourteen days, about the time you would ordinarily think you had a real typhoid to deal with.