

THE UNDEVELOPED PICTURE*

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The successive sicknesses of one individual bear enough resemblance to clearly show that each human entity reacts to disturbances in its own particular way. Ordinarily the connection is not self observed, for of all things bodily afflictions are soonest forgotten. Again the very violence of acute disease tends to obscure the deeper lying manifestations which best portray the dyscratic outcroppings which are the more helpful of all to the prescriber. After an acute disease explosion these submerged symptoms again slowly emerge from their hiding, finally showing themselves to be part and parcel of a deeply imbedded miasm which can only be eradicated by the most careful prescribing. He who fails to realise this will always be curing but never cure. In his aimless wandering about amongst symptoms he will only add confusion to the picture, the more so because he failed to make the right start.

Much as we need our acute remedies the prescriber uses them less as he grows in his work. He realises that acute excitations of the vital economy may be menacing enough to demand theft employment, but at the same time expects to shortly follow them with others of deeper action. This is somewhat reminiscent of certain allopathic practices, but entails none of their baneful after-effects; on the contrary it clears the ground, bringing into stronger relief the indications for the succeeding remedy.

The finding of and giving the proper antipsoric has quite a few limitations. The anamnesis may be unavailable, the status praesens may have few and obscure symptoms or be loaded down with a multitude of trivialities taxing the ingenuity of the examiner at every step and unless he is a man of accurate habits of observation he is almost sure to fail in making correct deductions. Not all physicians have built up sufficiently their deductive and reasoning powers and must perforce be shown the actual and close correspondence between the clinical and pathogenetic pictures. Such realists rarely make homeopaths of the first rank, largely because of the type of their previous education which has not been of a nature to amuse their powers of imagination, for in actual practice there is always some-thing to be inferred in every clinical case.

Repeated translations and transcriptions of the materia medica texts have almost insensibly altered the finer shades of meaning so essential to a correct understanding of the various remedies. This is not for the best as each record should be much more than just a bald outline of facts stripped of their vital setting, for it is this that constitutes the living appeal, as it were, and builds up the ground colour of disease pictures, be they clinical or pathogenetic. The older men were much concerned over the sifting process of symptom verification, thereby showing themselves fully alive to the uncertain-ties of symptom production. Hahnemann himself, although he had through long application acquired the ability to grasp the essence of each prover's statements, spoke of Nanning's symptom factory, even while admitting many of the latter's observations to his own compilation. We now know them to have the highest value.

Personally I feel it a mistake to use only educated provers be-cause some of the most virile and expressive relations come from minds of rather mediocre equipment, be they patients or provers. A spontaneous expression unmodified by definition is always the most valuable. This is especially striking in the homoeopathic treatment of infants and children where self-interpretation is almost wholly absent.

What then should be our attitude in general toward disease? If we visualise it as a disturbance of the normal vibratory rate of the human entity, starting in the vital force, that compact of energy which rules our well being, the conclusion is inevitable that each

separate sickness which we must suffer must also bear the stamp of the whole and must be regarded and treated as such, i.e., from the central to the more external, from above downward and in the reverse order of its appearance; the first shall be last and the last first, here also.

Whether we realise it or not, we are externalised thought and thought habits are the surest guides to the indicated remedy. In our thoughts lies the first and most fertile source of our every attitude; they colour the meaning of every symptom, just as intonation governs the meaning of words, more so in some languages than others.

The original *Materia Medica Pura* of Hahnemann contains but relatively few conditions of aggravation and amelioration, leaving us to infer that originally they were used much less than now, although Bönninghausen was quick to add this helpful factor to our working knowledge of the remedies. Hahnemann himself evidently depended upon combined symptom expression for his guide and when clear and distinct it rarely needs the help of the modalities.

One more point: the primary elements of a given clinical picture are ordinarily not found in the same combination in the pure pathogenesis, but must be pieced together from the symptoms contained in several provings, which means that no one person can possibly show the whole clinical picture of any one disease nor can he exhibit all the phases of action of any one drug, but either complex will contain within its scope some of the essentials of the distress under which it labours.

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DISCUSSION

Dr. Grimmer: This paper is one that brings us great light on the basic principles of our school. There is not much to discuss except to confirm what the doctor brought out clearly, and what Hahnemann and the true disciples brought out expressing the necessity for the mental states as being paramount over all others in the guidance to the selection of our remedies. That is what the doctor is trying to bring out. If we get the spirit, the mental picture that is only to be read between the lines, any other remedies have not been sufficiently proved in that one individual, or one proving is not sufficient.

We need provings and reprovings over a wider group to develop these remedies of ours and then we will be able to make even better prescriptions.

Another point which I liked very much, and which every man out in practice finds, the longer he is out the less attention he pays to the acute explosions. He depends on the deep action. At times the severity of the acute case may compel you to palliate and carry them over, but in the deep constitutional remedies of which the doctor has given you the key, you will find lie the secret of real cure.

Dr. Roberts: I was very much interested in Dr. Boger's idea that only part of the symptomatology is expressed in one individual, and not the total. It seems to me there is a very great truth that we must bear in mind.

Dr. Boger: There isn't much to say in closing. I might quote one case to you which will show you how important the analysis of this undeveloped picture sometimes is. Not long ago I was sent for to see a patient who had a strange sensation in the back of her head and very pronounced incoordination and nausea. She habitually carries a very high blood pressure, in the neighbourhood of 230. There is no repertory that I know of that you can group into and find the rubric "incoordination." There may be one, but if I hadn't had the repertory at hand to find that at once, I would have been in a bad fix because a patient in that state is rarely in shape to give much information. Fortunately, I had my rubric ready and

gave her a single dose of Nux vomica 180. In less than an hour a sweat set in and she was relieved.

She had recurrence in a week and another dose of Nux vomica set her right and since then she has only had mild recurrence. She is gradually passing from that phase of the matter. What the next will be, I don't know, and you don't, nor anybody else.