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Some remarks concerning homeopathic symptoms

Within the lack of a consensus regarding most of homeopathic theory and practice, there's a feature of absolute agreement: our essential working tool are symptoms. Clinical interview is designed as to harvest the patient's symptoms. The effects of potentially medicinal substances are assessed through the symptoms they elicit in healthy provers. The choice of the most suitable remedy for a particular case is grounded on the comparison of the patient's symptoms and pathogenetic symptoms.

Yet, our clinical and teaching experience taught us that it's quite difficult to interpret symptoms. Since Hahnemann's times, it is axiomatic that the symptoms of the highest value are those that individualize the patients, the so-called "rare, peculiar and characteristic symptoms".

What is it so hard to grasp? To Biomedicine, the value of symptoms is clear-cut: symptoms are valuable as they point to their underlying pathological cause. No problem here. To Homeopathy, as mentioned above, the most valuable symptoms are, on the opposite, those to point to the patient's uniqueness. Now things are not so clear. What does "individualization" precisely mean?

It seems we have inherited Boenninghausen's worries. Aware that Hahnemann hadn't set criteria to define a symptom as characteristic, he launched a prize-question to solve the problem. As he received absolutely no answers, he felt he had the duty to provide a solution, which he did by invoking a medieval classic notion: Quis? Quid? Ubi? Quibus auxiliis? Cur? Quomodo? Quando? - Who? What? Where? Under what circumstances? Why? How? When? (BOENNINGHAUSEN, 1999).

Thus, a symptom was to be qualified regarding its localization, sensations, modalities of amelioration and aggravation, and concomitant features.

The problem seemed to be basically solved1 until James T. Kent entered the homeopathic scene. His new proposals were extremely seductive and elicited a true revolution in homeopathic thinking. Grounded on his peculiar anthropologic framework - which drew heavily from Immanuel Swedenborg's ideas - Kent reduced the whole of human experience to the powers of understanding and will. The necessary consequence was the hermeneutic priority of mental symptoms.

As an example, Boenninghausen might have taken into account "conscientious, at twilight, sitting amelio-rates, accompanied by palpitations". Kent would have picked merely "conscientious", if it were an essential character trait of the patient's.

This approach leads, once again, to the same age-old question: when may we be sure that "conscientious" is a "symptom"? Is it a trait that ought to disappear, as all symptoms are according to Hahnemann? If it's the symptom of some disease: what would be such disease? How can we know if someone is "pathologically conscientious"?

This mode of reflection applies to each and every characteristic rubric in the repertories: "sympathetic", "dictatorial", "docile" etc., and to most general rubrics, especially desires and aversions and the modalities of amelioration and aggravation.

All issues above are very far from being perfectly elucidated, as every practicing homeopath knows, and are the cause of heated debate in any homeopathic community. Paraphrasing a well-known joke, "Two homeopaths, three different opinions concerning the value of a given symptom".

Moreover, the lack of sound criteria to establish what a homeopathic symptom is may constitute the main cause of the prevalence of subjectivity when symptoms and remedies are to be selected. It seems that the building up of the Inbegriff - the minimal semiologic picture that holographically represents the patient as a whole (HAHNEMANN, 1995 #17) - will always remain a hostage of the arbitrary preferences of each homeopathic practitioner.

"Intuition" is even more controversial than the status of the homeopathic symptom. Moreover, "intuition" cannot be taught nor learned. No instructor aims to teach intuition. What the 21st century homeopath looks for is to teach and practice a scientific medicine, grounded on sound knowledge and ruled by precise technical principles.

Grounded on these considerations, we led a series of debates at Escola de Homeopatia in order to try to establish consensual bases concerning the value of symptoms in Homeopathy and objective criteria to define a symptom as "characteristic".

To our general amazement - even more surprising as participants were all very experienced practitioners - it was immediately evident that no two physicians shared the same notion regarding what it is that individualizes patients. Obviously, everybody had some vague hunches,

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but no one was able to formulate them in objective terms.

Yet, this led to a first positive result: the polisemy of the term "symptom" became evident to everyone. Homeopathy - and any other kind of Medicine - has no reason to be able to account for all its epistemological dilemmas. An extensive bibliographical survey showed that no single homeopathic author has ever been able to evade some degree of subjectivity concerning the value of symptoms2. This is the reason why we searched also in non homeopathic sources for methodological and theoretical tools that may help us to build a univocal meaning for the term "homeopathic symptom".

The symptom according to Hahnemann

Hahnemann established a clear-cut demarcation between "healthy states" and "diseased states". The aim of Therapeutics was to heal acute and chronic diseases, turning them into perfect health (HAHNEMANN, 1995, #1).3

How can the physician distinguish between health and disease? Exclusively through symptoms: manifestations available to sense-perception (the patient's, his/her friends and relatives', the doctor's).

In this context, Hahnemann states that he's not interested in discovering the ultimate cause of disease, moreover, that the latter is absolutely unknowable. We'd like to emphasize the following notion: Hahnemann didn't state that the cause of disease was inaccessible due to the state of knowledge at his time. But he said that the "how" and "what" are eternally concealed (ewig verborgnen). (HAHNEMANN, 1995, note to #12).

The same principle applies to remedies: "... the curative essence of remedies isn't recognizable by itself (an sich). (HAHNEMANN, 1995, #20).

In short: to Hahnemann, diseased states may only be distinguished through manifestations perceived by the senses, which represent deviations from the usual condition.

This brings up a problem: how could Hahnemann be so positive when stating that we'll never be able to transcend the plane of sense-perception?

We have a hint. Hahnemann distinguishes between (unknowable) essences and (perceptible, knowable) manifestations. What did Hahnemann's environment had to say about essences, manifestations and knowledge?

Actually, these were the main subjects discussed at the time. And it's Hahnemann himself who provides us with the next clue: the answer lies in Immanuel Kant. (apud HAEHL, 1993).

In his Critique of Pure Reason, Kant states that:

** Things have actual existence in reality.*

** All human knowledge begins by and through experience.*

** Yet, sense-perception (which he calls "intuition") is not enough: "Intuitions without concepts are blind".*

** Human reason is unable to reach realities other than the sensible ones: to know is to know something. Besides the objects of this world, our concepts can't grasp anything: "Concepts without contents are empty".*

** Things as we know them: phenomena.*

** Things as the are in themselves (an Sich4): noumena*

** Thus, knowledge depends on the structure of the human spirit. Spirits built otherwise would know a whole different world.*

This to say: things as we perceive them are not in themselves as we perceive them. If blue lenses covered our eyes, we would perceive everything blue. Sense-perception doesn't elicit any knowledge of things as they are in themselves. This is the reason why, no matter how much experience may advance, it will NEVER allow us to transcend its limits. What does advance is our knowledge of phenomena, but we'll never be able to bridge the gap between phenomena and noumena. No microscope, no telescope will ever bring us any near of things as they are in themselves.

In Kantian terms, a symptom is a phenomenon. As such, it represents all we can know. Hahnemann words.

The symptom in Medicine

Broadly speaking, a symptom is:

** All feelings interpreted as discomfort.*

** All sensations that express a function's alterations.*

** All and every discomfort.*

** The result of disease.*

** Manifestations of organic anatomic injury.*

According to Italian semiotician Umberto Eco, medical symptoms belong to the class of natural inferences, that is to say, the sign as signal. An evident allusion from which deductions may be inferred regarding something that is latent. A surface element that lets us to infer something not immediately evident.

In this context, the sign may be a part, an aspect or manifestation of something that doesn't show itself completely ("the iceberg's tip").

If it is so: who is it that actualizes the significance bond? Charles A. Peirce - one of the founders of modern Semiotics - explains that "Something becomes a sign only when it is interpreted as a signal of something by an interpreter" (apud Chandler, p. 2).

So, although symptoms manifest themselves phenomenally, they also have a meaning, they hide meanings. And the only agency capable of interpreting the meaning of a particular symptom is its author: the patient.

Meanings aren't noumena, but merely reflect the significance that a definite individual ascribes to signs.

This is essential to homeopathic practice: a symptom is not valuable inasmuch it denotes the underlying pathological condition that originated it, but inasmuch it reveals the presence or absence of an individualizing factor.

Individualization

A useful learning technique is to teach students to distinguish between "symptoms of the disease" (as an example, symptoms that allow to diagnose pharyngitis) and "symptoms of the diseased" (the symptoms of the real, actual patient suffering from pharyngitis).

But we need to be wary: students may mistakenly conclude that such a dichotomy is real. Actually, nothing exists that is called "pharyngitis". What only exists is an individual suffering from pharyngitis and who will always express his/her personal "signature". Pharyngitis - and any other pathologic class - is a medical abstraction, a rational construct, a useful fiction.

For instance, let's think of muscular weakness in anemia. Muscular weakness is a common symptom in anemic patients. Moreover, it may very well be the case that the blood lab tests that establish the diagnosis were ordered precisely because the main complain of the patient was muscular weakness. Yet, it's never plain "weakness": it is "weakness at 3 a.m.", "weakness after eating tomatoes" etc. A common symptom, via modalities, becomes less common, even rare - in any case: individualizing. And the finer the modalities, the highest the value of the symptoms as indicator of the patient's individuality.

Categories: Marker symptoms vs. Constitutive symptoms

In the example above we may distinguish two elements: "weakness" and its modality. In other words, the problem we hope to heal and a kind of descriptive element, an adjective. What we expect to heal is "weakness"... what are our expectations concerning "worse at 3 a.m." or "eating tomatoes, aggravates"? Let's make it harder: "weakness, ameliorates at the sea-side". What should happen to this "sea-side amelioration"?

Nothing.

We call the first element "marker symptom" and the second, "constitutive symptom". The former is what marks the patient's clinical evolution. The latter inheres to the patient's individual constitution; it has no explanation besides idiosyncrasy. A constitutive symptom is what expresses the essential nature of the phenomenal manifestation of the individual.

Why did we choose the term "constitutive"? Although we are aware that it may suggest some confusion with the French school that focuses on morphologic constitution, we had to stay with it, as it denotes "That which constitutes; essential; indispensable; characteristic; distinctive; part of an organism".5 No other word has the same meaning. Shortly: it's that which belongs to the individual, is peculiar to him/her, is an integral part of him/her - no matter that it only manifests itself under specific circumstances, in our example, anemia.

A child was afraid of the sea. Later in life, he dropped out of college and went to live at the beach. His parents threatened to cut his allowance if he didn't go back to school. He complied. But the walls at his bedroom are full of posters with sea-images. All his notebooks covers are pictures of the sea. Even his computer screensaver and background show pictures of the sea. No wonder that his asthma attacks improve at the sea-side.

How are we to apply these notions into practice? The most suitable remedy ought to be similar to the patient's constitutive symptoms, his/her clinical evolution should be assessed through the marker symptoms. Why? Because the constitutive element, in our example, the sea, means something very special in the deepest recesses of the patient's being. We don't know what it means. But we know that it expresses somehow the context of his authenticity. If the chosen remedy not only makes bronchitis improve but also erases all allusion of the sea, we have strong reasons to suspect that its effect was suppressive instead of curative. This is because the individual lost an aspect of his/herself. What does it remain of the individual if we deprive him/her of his/her personal susceptibilities? Nothing, or almost nothing.

The story above is no fairy tale: it's something that may be found in every patient, provided our anamneses are carefully performed. We don't know - and never will - why this young man is so attached to the image of the sea. In fact, neither he knows. This is because it's a noumenon and as such, inaccessible to our knowing faculties. All we have is a general phenomenon: the attribution of meaning to an object, and different ways of relating to it, equally phenomenal.

Hermeneutic totality

The homeopathic symptom distinguishes itself from other kinds of medical symptoms by its lack of any a priori fixed value. A symptom doesn't become "homeopathic" just because it presents some modalities. "One-sided throbbing headache, light and noise aggravate, lying in the dark ameliorates, accompanied by vertigo and visual hallucinations" is a symptom that presents all of Boenninghausen's requirements. Yet, it's not individualizing: it belongs to the symptomatic picture characteristic of migraine.

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And neither a symptom becomes individualizing just because it is mental, very old and very intense. To be "greedy" is nobody's individualizing characteristic trait, it merely constitutes a way of reacting to a deeper subject, that represents the true susceptibility of the individual. We may not even state a priori that this subject is "money" - he/she may indeed be greedy because he/she loves money. But it may be also due to an idea that money buys love, or protection against future unknown threats. Interpretative possibilities are almost infinite.

The value of any symptom depends exclusively on the interpretation performed by the particular interpreter. The example above, "greedy", is obviously not a desirable character trait. But what must we say about "conscientious"? To be careful when performing a task: is it a symptom? Should it be "healed" in the course of treatment? It may be answered: It should, if it is "excessive", "too intense". Well, there are some professions that demand this kind of skill: air-traffic controllers, neurosurgeons, manipulation of gametes and embryos etc.

There's no way how to evaluate a symptom without its context. This is the true "totality" we deal with, the totality of a text and its context. The value of a symptom depends on the interpretation performed here-and-now by the only agent enabled to do it: the interpreter. In our case, the patient.

Heuristics

It may be objected that a procedure such as the one we advance is more of a craft than technical. It's partly true. Since Aristotle, "There's only science of the generic, there's no science of the particular". But what Homeopathy precisely introduced as a revolution in Medicine is a way of technically approach what is singular and unique. Yes, Homeopathy has a technique, but it ought to be applied as an art or a craft. A craft developed specifically in order to deal with individuals, instead of collections.

In order to grasp a symptom in its full and real meaning, the first we need is a text and a context. The text is the symptom - the complaint patient brings. The context is the individual's larger life-story, which is available through an anamnesis performed according to Hahnemann's guidelines.

The same holds true for proving. Our available materia medica usually doesn't supply the contexts that bring meaning to symptoms. "Aversion to her own children" - what may we infer from a symptom like this, absolutely deprived of its context?

This flaw is the reason why many authors tried to formulate methods to explain the meaning of symptoms: "homeopathic personalities", "Divine attributes" and so. Yet, it is only the prover/patient who can explain what does a definite term or expression mean, elucidating the context and the life experiences where it appears.

Conclusion

Many aspects - practical and theoretical - are still problematic in Homeopathy. This doesn't put into question its efficacy as a therapeutical approach. Yet, they need to be elucidated, in order to establish a dialog with contemporary sciences and culture.

Symptoms are the key-building blocks of the homeopathic epistemologic model. This is the reason why their perspectives, opacities and asymmetries ought to be explored.

In this article we tried to summarize our position, in the hope that it will awake a productive discussion in the homeopathic community.