

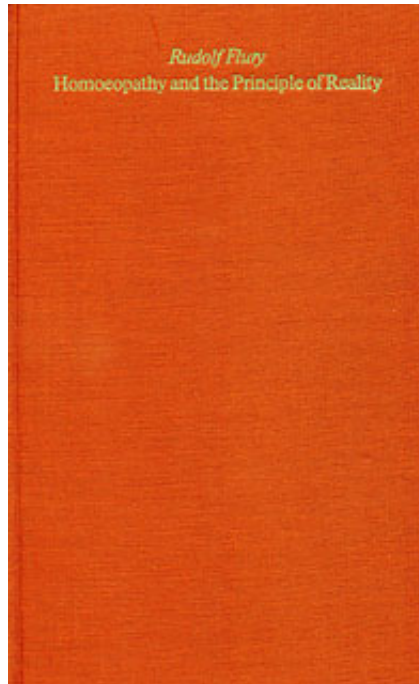
Rudolf Flury

Homoeopathy and the Principle of Reality

Leseprobe

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von [Rudolf Flury](#)



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The lady from Gstaad

A Lady came to me from Gstaad, complaining of a terrible pain in the abdominal wall. "Can you show me where?" I asked. "There", she said and showed me. It started on the median line, between navel and thorax, and from about 5 cm below the costal arch it continued in a band to the inguinal region. Since when? "Three weeks now." You have got shingles, I said, was there no eruption? "Not even a pimple", she said, "I kept looking, and I went to see my doctor and he said the same thing, but he, too, did not see anything." I did not see anything either. Then I took the whole history: when was it better, when worse, when did it start - no eruptions, as you said - what in particular happened before it started, did you have a cold, a touch of flu, a sore throat? Did you have a fall? Nothing at all. Triggering factor zero, then. Then the usual modalities: Is it better when you put something warm on it, or something cool? Nothing. Mornings, evenings? "Always the same. It just hurts and it is gradually getting me down. The medicine the doctor has given me does not agree with me." Next, is it better with this kind of weather or any other? Nothing. On movement, when resting, sitting down, lying down, Nothing. And then I finally hit on something. I asked: Do you have to loosen your clothes, the waistband of your skirt, etc.? And then she said: "Oh yes, I always have to keep things off it, I cannot bear anything on it." How about it if I run my finger over it, very gently? "Oh anything but that. Please don't." Now let us do a test, I said, and pushed firmly with both hands, and then she said: "That is comfortable, that is good." *Light touch aggravates, strong pressure ameliorates.* Excellent symptoms relating to touch which were not in Kent, but I did have them on one of my cards. A good rubric, with about 47 remedies. That gave us something. But I could not give her 47 remedies, and with just one symptom I was adrift, and could only give what was listed on the card as a class 3 remedy. I absolutely had to have another determiner, and this I found as

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follows: I asked: *How* does it hurt? Less experienced patients will say: It just hurts. I then say: What would you say about the pain, what would you compare it with? This was not an experienced patient, and she did not get my drift, sometimes patients are embarrassed, and if it is not working at all one makes some very cautious suggestions. Is it a sharp, darting pain - careful, now - or is it more of a searing pain? Careful! Do not say: It is a sharp, darting pain, is it? The automatic answer will be: Yes, it is sharp, darting. Does it burn? Yes, it burns. Is it searing? Yes, it is searing. You'll get anything from your patients with that tone of voice. Put your question more like this: What would you call the pain - let's see, what would you call it, burning perhaps? "Yes, burning, it is like a burn, that describes it well." I then asked the lady something which one should not do at all: Is it as if one got scalded with hot water? And then she said: "Yes, that's it! Now you have got it right." And this is the tone of voice one likes to hear. "Now you have got it right. It is as if I had scalded myself and then it sings afterwards." Singing - that is a local expression, a mixture of burning and soreness, which cannot be compared with anything else. As if I had got a burn. Here we have an "as if.

An "as if - terms like these may well be used in honour of those who have invented them. "As if was Allen's invention. Allen was one of the *patres minores*. We have four *patres majores* - patriarchs - and a good dozen *patres minores* such as Allen, who gathered the data for his great encyclopaedia with untiring patience. Like the ten volumes of Hering, this is one of the foundations of homoeopathy. "As if, what does it mean? Look at the chart, - "as if is underlined under sensations. You will remember that we are categorizing. The signs deriving from provings and clinical results are categorized according to movement, because movement is a property of chaos, and we have established that disease is chaotic. There is a *beginning* to movement, its *course*, its *time*, *place* and then its *effect*, all this forms part of movement. We have differentiated the effects in-

to sensations, functional and organic effects, and among the sensations "as if has been emphasized. Observing an "as if is a major achievement for the patient, whilst a modality is a lesser achievement. The patient accomplishes a great deal if he is able to establish a comparison for a sensation he has. It is more than if he just says that it burns - to perceive a burning sensation is a low level of sensory performance, for this belongs to the functions of the tactile senses. There are heat sensors in the skin, and these convey the relevant sensation to me by the simplest route. But when I say, it is *as if I had suffered a burn*, I am involving higher sensory functions, what the Ancients called the *sensus internus*. *It burns*, that is *sensus externus simplex*. It is as if I had suffered a burn, as if I had burned myself - that is an accomplishment one might almost call poetic; at this moment the patient is a little bit within the sphere of poetry. He compares a sensation he has with something he experienced on a previous occasion. He has been burnt before. Now *memory* is involved. Then he envisages something else, whatever it is that has burned him, and that involves the *imagination*. The whole thing adds up to the forming of a *concept*. All these higher functions are involved. Sensory function can go no further, it has reached the end. It stops at the finished phenomenon, with a complete concept made up of *sensus externus* and *sensus internus*. Memory, imagination, instinct and phenomenon are combined. Higher than that we cannot go. The "as if represents a major achievement of sensory function, and this is why it is emphasized.

There are many things we can catch with an *as if*, and very few with general sensations. The patient says: That's a sharp, darting pain. Well, where does one not get a sharp, darting pain. Pack it in, with your repertory, if you find in it a rubric "sharp, darting pain". That means at least 170 remedies, and it is better to leave it. When a patient complains of a headache and says there is pressure, - well, I ask you - let us look in Kent, there are 270 remedies for "pressure in the head". You always get pressure in

the head. One then says: yes, of course there is pressure, but tell me more, what kind of pressure? If the patient becomes specific, and adds an "as if: I feel pressure there, just there, as if from a peg or a plug, then I have the sensation "as if pressing with a plug". If he says there is pressure pushing inwards from both temples, they are under pressure as if in a vice - that beautiful *Natrum muriaticum* symptom - if you get that, then you have it made. Pressure, pressing apart, bursting sensation, my skull is bursting. The sensation of a band, too, is much more than mere pressure. I feel pressure in the head, as if my hat were too tight, as if there were a band around my head, etc. So if you have an "as if, you have something to hold onto. But - do not squeeze it out of the patient by asking: Is it a pressure as if your hat were too tight? That will not get you anywhere, these things have to come to you.

In the case of the lady from Gstaad, then, we had an "as if and a combined tactile modality made up from light touch aggravates, strong pressure ameliorates. Kent does not have such a rubric, it does not come from a prover, one has to put two and two together for oneself, and we are allowed to do that, we are allowed to make combinations, because the provings as such are multiple. These are *permitted* mathematics. It is permitted to take things from one prover and add those from another prover. The provings started in 1790. In Hahnemann's day there were twelve people who did provings, later provings were repeated. In Vienna, for example, all kinds of things were re-proved. From 1830 onwards, provings became more and more infrequent, and clinical results were getting into the materia medica to such an extent that one can say it was an absolute flood. In the end there were as many clinical symptoms as proving symptoms. Hahnemann was no longer doing provings at that time, and he did not include his clinical results in his last editions of *Materia Medica Pura* and *Chronic Diseases*. That came later, in subsequent editions. Let us draw a line on the chart from "Signs" to Proving and another to Clinical Results, to signify that the

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materia medica consists of these two elements. The remedy I found from the two cards in my repertory - "as if burnt" and the tactile modalities "light touch aggravates", "strong pressure ameliorates" - was definitely China, it stood out clearly.⁴ The lady from Gstaad was symptom-free within a week.

The Bärenwirtin

The landlady of a "Bear Inn" in the Seeland district came to see me because she was childless. Married for seven years, everything normal for her husband as well as herself. For six years the good woman had been going to see a gynaecologist in Biel, and for six years she had been swallowing oestrogens, but still there were no children. Turn her upside down if I liked, but symptoms there were none. I therefore took the card for "Female sterility" to see what the class 3 remedies were. I gave her Sepia. Nothing. She came back and I gave her Borax. Again nothing. Oddly enough she returned, with Bernese persistence, and it looked as if she was prepared to come and see me for six years as well. At last she said, quite in passing "My husband says, do tell the doctor you always have such rotten bad breath in the mornings, can't anything be done about it?" Yes, I said, something can be done about that, and took out the card for "Offensive breath in the mornings"⁵ This gave about half a dozen remedies, including Aurum as a class 3 remedy. Aurum was also emphasized on the Sterility card,⁶ and so she was given Aurum, with the result that she had only one more period.

This is another instance of concomitance. It had nothing to do with her sterility that she had bad breath in the mornings.

4 Dr Flury's Practical Repertory, Touch: Touch agg., pressure amel., No 197. - Sensation: burned, No 430.

5 Dr. Flury's Practical Repertory, Mouth: Foetor ex ore, morning, No 813.

6 Dr Flury's Practical Repertory, Feminine: Sterilitas, No 963.

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Concomitance means a symptom present at the same time in another region. What was its significance in this particular case? Sterility as such - if you look at the chart - is a highly undifferentiated organic symptom. The other symptom contained a sensation, a location, and the modality "in the mornings". If she had not said "in the mornings" things would have been much more difficult. She gave me a good modality for her halitosis, and this led to the determination of Aurum in this case.

Francoise

A lady came to see me from Lausanne. Her name was Françoise and she was very much a Frenchwoman, though in fact she was Swiss. Her father came from the French part of Switzerland, her mother from the Tessin. So there arrived this "typical Frenchwoman", beautifully turned out, elegant like a fashion magazine, 30 years of age, saying: "I suffer from abdominal pains." Let me have a look at your abdomen, then, and show me where the problem is. She gave a description and it was all in the region roughly of the descending colon. What did it feel like? She swamped me with a flood of sensations. "I have the feeling there is a big black pudding in my abdomen there." A wonderful "as if, but unfortunately not to be found in Kent. "Up there on the left, at the top of the black pudding, it makes croaking noises like a frog pond." I could not find that symptom either, and she produced another dozen or so of these sensations. She had had her intestinal tract X-rayed, Holzkecht, spastic colon, etc. When did it start? "I was as fit as a fiddle until six years ago when I had the right ovary removed because of a large cyst. Since then I have not been well." That is something - ovary removed, sounds vaguely like a climacteric condition. The next question was inevitably: How are the periods? "Much sparser since the operation, but good and regular." And the tummyache, the colon, how was that

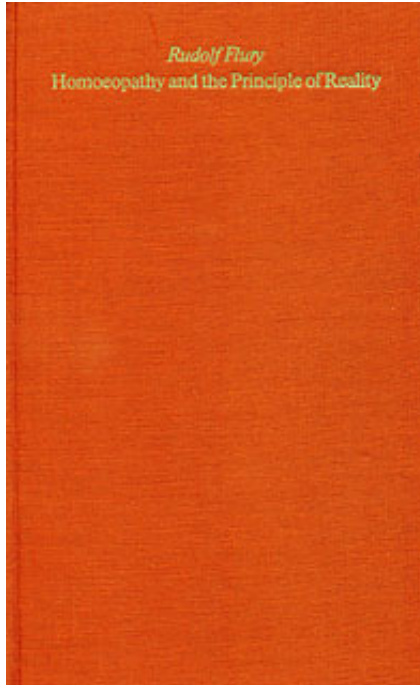
when she had her periods? "Much worse," she said, "but it is odd, a fortnight after the first day of a period it is terrible, it is really bad then. I feel my ovulation in the colon." I had a nice collection of remedies under "Ovulation"⁷, with Calcarea, Borax and Sepia strongly emphasized, and Tuberculin in class 2. Could it be Tuberculin? Was there tuberculosis in her family? "Yes, an aunt of mine had severe tuberculosis." I made a mental note that Tuberculin might be indicated at some stage. Calcarea? Definitely not. Sepia? We always consider the typology a bit; was her type, her build, her character, that of Sepia? With Sepia one thinks of a big belly, indifferent, a bit uptight, eccentric - but this lady was the exact opposite in every respect. Now I would have to ask her about her sex life. No interest, she said, since the operation. With this, the natural question was: how are you getting on with your husband? "Perfectly alright," she told me, "for his sake I pretend I enjoy it." In total opposition to the typology, then, this was a real Sepia, with sexual aversion and aggravation during ovulation. Last week she telephoned to say she had had no pain or discomfort at all with her last ovulation. A beautiful Sepia case, engendering a certain humility with regard to our typological instincts. One's typology rests on the fact that in course of time one has a certain pigeonhole in one's mind for a particular type. When one sees a person one might say to oneself: She is like that Lachesis, and she is like that Sepia I have seen before. But this can get us in trouble when we come face to face with quite a different variety of person. Swiss people from the Tessin and from the French areas are really quite different from the German Swiss, and at that point the system may fail us.

A brief review of the case. At the top left on the chart, Location is given. We rarely get anything very individual from the location. But hardly have I said that, when a case comes

⁷ Dr Flury's Practical Repertory, Menstruation: Ovulation agg, No 125.

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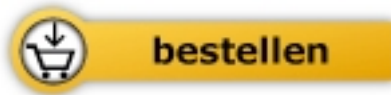
up where everything may be determined by the location. Generally speaking, however, the location does not get us far. Firstly there was the time symptom of ovulation. Time and rhythm are underlined on the chart. Why rhythm? We get our rhythms, our biorhythms, from things much bigger than ourselves, from the sun, the moon and the stars. Ovulation is a rhythm depending on the moon. If we have a rhythmic pattern - say, a seven-day rhythm for migraine - we can be a hundred percent-certain that we may ignore all sensations and modalities. With migraine they do not count for much, anyway. In the present case, we have first of all a periodic time symptom, which ranks high, and in addition a high-ranking instinctual symptom, again exactly what we said before, concerning "as ifs". Further than that we cannot go. A high-level concept based on the *sensus internus*, which in addition relates to the life sphere. Those two symptoms led to Sepia.



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