

PRIMARY & SECONDARY REACTIONS ^{*}

the significance of the sequence of symptoms

It is evident from the nature of an increasing number of articles appearing in many of our most popular journals, that homœopaths in general are quite disposed to theoretical speculation which cannot receive confirmation through experience – which do not lend themselves to experimental verification. The present topic has not escaped the focus of such untestable speculation. It was with disappointment that I recently read, in a homœopathic journal, yet another misrepresentation of the facts regarding this topic and its significance in understanding both health and disease. It seems therefore appropriate that I attempt to present the facts of this matter before the reader in a similar forum.

This elusive yet superbly simple concept which Hahnemann carefully observed and clearly described even from the very beginning of his medical practice, when fully appreciated, forms a real cornerstone for understanding the finer aspects of our materia medica (medicinal diseases), and in particular its clinical application according to *Similia*. Even so, it took many years for me to even begin to appreciate the significance of this concept, only *after* which I began to discern between the important and not so important symptoms found listed in the volumes of materia medica; to discern the true and distinguishing characteristics of a medicine from the surrounding obscurity of too numerous, even contradictory symptoms.

Let us follow Hahnemann's comments in chronological order that we may better see the evolution of *his* meaning on this subject and then perhaps better appreciate its real significance in practice. From as early as 1796, Hahnemann writes:¹

“Most medicines have more than one action; the first a *direct* action, which gradually changes into the second (which I call the indirect secondary action). The latter is generally a state exactly the opposite of the former.* In this way most vegetable substances act.”

* Opium may serve as an example. A fearless elevation of spirit, a sensation of strength and high courage, and imaginative gaiety, are part of the direct primary action of a moderate dose on the system: but after the lapse of eight or twelve hours an opposite state sets in, the indirect secondary action; there ensue relaxation, dejection, diffidence, peevishness, loss of memory, discomfort, fear.

Keep in mind it is only in this essay that Hahnemann first publishes his conviction of the principle of *similia similibus* (1796 is therefore to be regarded as the year of the birth of Homœopathy as a systematic approach to therapeutics), and wherein he stresses the need for a rational and methodical collection of the pure specific effects of medicines in forming the foundation stone of materia medica. In Hahnemann's *On The Effects of Coffee...* we read:²

“In order to understand this proposition, we must take into consideration the fact that all medicines produce in the body conditions the opposite of one another. *Their commencing action (primary action)* is the direct opposite of their *secondary action*, that is, of the state they leave behind in the body when their primary action has ceased ...”

Two years later, in his *Medicine of Experience*, Hahnemann writes:³

“In the action of simple medicines on the healthy human body there occur in the first place phenomena and symptoms, which may be termed the *positive* disease, to be expected from the specific action of the medicinal substance, or its positive primary (first and principle) effect.”

* Earlier version of this article appeared in the Australian Journal of Homœopathic Medicine, 1995, 4/1:16-29

1 *Essay on a new Principle for Ascertaining the Curative Powers of Drugs*, 1796, in HLW266

2 *On The Effects Of Coffee From Original Observations*, 1803, in HLW393

3 *The Medicine of Experience*, 1805, in HLW453-54

“When this is past, there ensues, in hardly appreciable transitions,* the exact opposite of the first process (especially in the case of vegetable medicines), there occur the exact opposite (negative) symptoms constituting the secondary action.”

* “So that in this transition stage symptoms of the first order still alternate with symptoms of the second, until the second order attains the ascendancy and appears pure and unmixed.”

Hahnemann's terminology evolved from *direct action* to *positive* or *primary action*, and from *indirect secondary* to *negative* or simply the *secondary* action. Yet again, in his letter ... *the Great Necessity of a Regeneration of Medicine*, we read:⁴

“In the course of these investigations and observations, which occupied many years, I made the new and important discovery, that medicines in acting on the healthy body, exhibit two modes of action and two series of symptoms entirely opposite one to another, the *first* immediately or soon after their ingestion (or shortly after contact with the sentient living fibre of any part of the body) — and the *second*, the very opposite, soon after the disappearance of the first; — that, moreover, when the medicines correspond to the case of disease before us in regard to these first, primary (medicinal) symptoms ... then, and then only will a *permanent* cure result.”

From his *Organon of Medicine*, even in its final edition, Hahnemann again clearly emphasises:⁵

“Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action* ... To its action our vital force endeavours to oppose its own energy ... an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*.”

Within his *Organon* (§§ 63-68), Hahnemann describes the initial & subsequent effects of a medicine as *primary* and *secondary* actions respectively, explaining that the primary (1°) action is principally due to the medicine acting on the vital force, whilst the secondary (2°) action is to be seen as an opposing re-action of the vital force (*counteraction*) to the effects of that initial action (§64). I prefer to call both phases re-actions, since any visible action on the living organism, attributable to any stimulus (medicine, etc.) can only ever be a re-action of the living organism. Striking a cadaver, for example, will not produce an inflammatory reaction – no heat, swelling, pain, etc. Similarly, the potency or toxicity of a substance is only observable as a response of the organism to which it is administered. Hence, the 1° action of a medicine can only be a 1° re-action; a reaction of the living organism to the direct effects of that medicine on a susceptible host.⁶

To recap, so far, we have examined a broad classification of medicinal effects into two distinct groups according to their relative time of appearance (earlier or later) from the time of exposure. This can be schematically represented as follows:

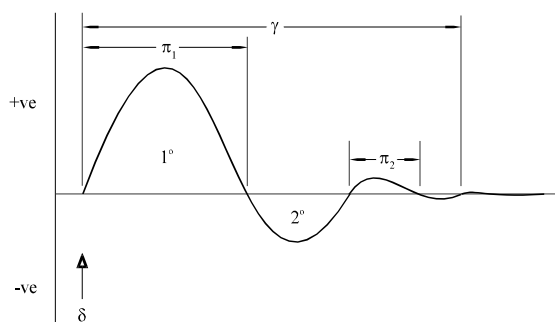


Figure 1

Schematic representation of medicinal re-action into a normal primary (1°) / secondary (2°) dose response curve. Whilst the entire duration (γ) of the effects of a medicinal dose (δ) includes both primary & secondary responses, properly, the "duration of action" as it is termed relates only to the primary phase of this response (π_1), wherein also the characteristic symptoms reside. Note the possible rebound effect, depending on dose size, with a return of proving symptoms (π_2) without further dosing. The nature of this effect shall reflect the original symptoms although in a milder form (lower wave width, amplitude etc.). Note also that the pace, duration, and intensity of both the primary and secondary reactions are reflected in the shape of this dose response sample curve, and are determined by the stimulus dose-strength relative to the organism.

4 Extract from a Letter to a Physician of High Standing on the Great Necessity of a Regeneration of Medicine, 1808, in HLW518

5 *Organon*, §63

6 *Organon*, §10 and footnote

Hahnemann provides many simple examples of such 1° / 2° effects:⁷

“A hand bathed in hot water is at first much warmer than the other hand that has not been so treated (primary action); but when it is withdrawn from the hot water and again thoroughly dried, it becomes in a short time cold, and at length much colder than the other (secondary action). A person heated by violent exercise (primary action) is afterwards affected with chilliness and shivering (secondary action). ... An arm that has been kept long in very cold water is at first much paler and colder (primary action) than the other; but removed from the cold water and dried, it subsequently becomes not only warmer than the other, but even hot, red and inflamed (secondary action, reaction of the vital force). Excessive vivacity follows the use of strong coffee (primary action), but sluggishness and drowsiness remain for a long time afterwards (reaction, secondary action), if this be not always again removed for a short time by imbibing fresh supplies of coffee (palliative). After the profound stupefied sleep caused by opium (primary action), the following night will be all the more sleepless (reaction, secondary action). After the constipation produced by opium (primary action), diarrhoea ensues (secondary action); and after purgation with medicines that irritate the bowels, constipation of several days' duration ensues (secondary action). ...”

This basic primary/secondary dose-response curve as seen in Figure 1 can be modified to accommodate variations in dose. The shape of the curve, its gradient, as well as the area under it, must reflect the response of the susceptible organism. For example, Hahnemann repeatedly states that the smallness of dose of a homœopathic medicine, both in proving and in treatment, obviates the phenomenon of a 2° action. We read:

“In those older prescriptions of the often dangerous effects of medicines ingested in excessively large doses we notice certain states that were produced, not at the commencement, but towards the termination of these sad events, and which were of an exactly opposite nature to those that first appeared. These symptoms, the very reverse of the *primary action* (§63) or proper action of the medicines on the vital force, are the reaction of the vital force of the organism, its *secondary action* (§§62–67), of which, however, there is seldom or hardly ever the least trace from experiments with moderate doses on healthy bodies, and from small doses none whatever. In the homœopathic curative operation the living organism reacts from these only so much as is requisite to raise the health again to the normal healthy state (§67).”⁸

“... in experiments with moderate doses of medicine on healthy bodies, we observe only their primary action, *i.e.*, those symptoms wherewith the medicine deranges the health of the human being and develops in him a morbid state of longer or shorter duration.”⁹

The following diagram (Figure 2) illustrates the expected shallow gradient primary curve with little or no secondary reaction following the administration of such a small dose referred to by Hahnemann:

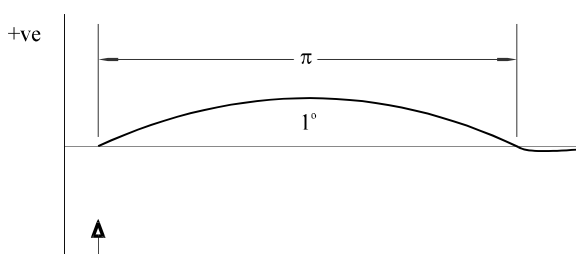


Figure 2

Dose-response curve of a moderate dose (δ) of medicine. Note the relative low gradient or "flatness" of the primary curve (π) and the absence of a significant secondary reaction phase due to the mildness of the primary action phase. This model applies both to the medicinal effects obtained in provings as well as in the in treatment of disease.

The administration of either a large single dose, or of multiple doses within a short space of time (resulting in a summation of effects - similar to temporal summation of an electrical action potential) is illustrated in Figure 3:

⁷ *Organon*, §65

⁸ *Organon*, §112

⁹ *Organon*, §114

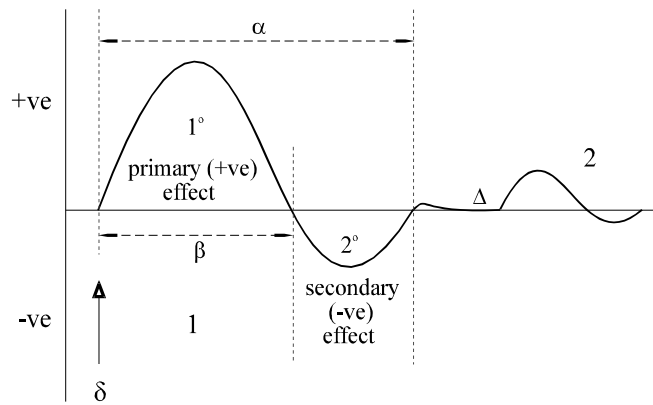


Figure 3

Temporal summation of 2 successive doses within the initial primary phase (π_1). Note the proportionately larger 2° response when compared to Fig.1. This example illustrates the rebound effect with consecutive periods of primary action (π_2, π_3) with ever-decreasing amplitude. This effect is similar to that of an elastic body, e.g., a piece of spring-steel, which, when bent and released, rebounds back & forth until it stops. The steeper the gradient (dx/dy) on the primary curve, the greater the rebound.

This phenomenon of dose temporal summation has already been carefully observed by Hahnemann, who says:¹⁰

“But it happens, moreover, that a number of the smallest globules given ... in quick succession accumulate in the organism into a kind of excessively large dose ...”

But what is the significance of distinguishing 1° from 2° effects? After all, is it not true that if a symptom follows the application of a medicine (or other stimulus), whether initially or later, then this reaction must be attributed to the medicine as part of its pathogenesis, and must therefore be of consideration in homœopathic prescribing? In this respect, amongst other notables, the views of JT Kent, and RE Dudgeon on this very subject have been recorded in their *Lectures on Homœopathic Materia Medica* and *Lectures on the Theory and Practice of Homœopathy* respectively. Under Opium, Kent states:¹¹

“It is generally supposed that in these opposite conditions one is primary and the other is secondary. This is true, e.g., those exhibiting stupor and painlessness will go into a state of increased sensibility, inquietude, anxiety, and irritability, and also one who has a state of increased sensibility first will have a docile state following ... This has been debated over as the primary and secondary actions. What is the action in one is the reaction in another, but all the effects of the drug, and all the actions that follow are the symptoms of the remedy.”

Dudgeon, expresses similar views to Kent, whilst attaching an elaborate criticism of Hahnemann's views on this matter. From his very detailed (but erroneous) conclusions we read:

“For many years Hahnemann's disciples accepted unquestioningly his division of symptoms into primary and secondary, curative or reactive, and alternating, especially as Hahnemann at first professed to found his therapeutic law upon these several kinds of actions. One of the earliest of his disciples to enter the field against this division of symptoms was Dr. Hering of Philadelphia ...”¹²

“It is not only unscientific but absolutely false to call such contradictory symptoms either primary or secondary or alternating actions of the medicine.”¹³

Carroll Dunham¹⁴ describes his own reservations of such division of symptoms into primary & secondary according to the schema of Hahnemann, providing examples of the practical difficulties

¹⁰ *Organon*, 5th Edition, §246, footnote

¹¹ *Lectures on Homœopathic Materia Medica*, second edition, 1911, Indian impression, 1975, S.Dey & Co., p.747

¹² *Lectures on the Theory & Practice of Homœopathy*, 1853, 1987 Indian edition, B.Jain, New Delhi, p.222

¹³ *ibid.*, p.236

¹⁴ *Homœopathy, The Science of Therapeutics*, A Collection of Papers elucidating and Illustrating the Principles of Homœopathy (1862-1870), Indian edition, 1973, Haren & Brother, Calcutta, pp.112-135

associated with such division. Indeed, Hahnemann does admit of difficulties in the classification of medicinal effects in this way:¹⁵

“The internal operations in diseases are manifested only by the visible changes, the sufferings and the symptoms, whereby alone our life betrays the inward disturbance; so that in no given case can we ascertain which of the morbid symptoms are caused by the primary action of the morbid agent, which by the reaction of the vital force for its own relief. Both are inextricably mixed up together before our eyes, and only present to us an outwardly reflected picture of the entire internal malady, for the fruitless efforts of unassisted vitality to terminate the sufferings are themselves sufferings of the whole organism.”

Although, in its context, it will be seen that Hahnemann is trying to impress the reader more with the fact that disease is the sum total of all observable effects following the administration of a medicine – a totality of signs and symptoms – rather than suggest that such classification into primary/secondary is not an advantage.

So then, does it really matter whether an effect is primary or secondary in considering the homœopathic prescription? The answer to this question is a very definite YES! Regardless of the conclusions reached by other authors; despite even the lengthy criticisms by Dudgeon; *discerning the primary effects of a medicine forms an absolute pre-requisite to the proper understanding of pure, specific materia medica* (and its practical application). From Hahnemann's own words we read:

“...the ordinary physician ... as very few besides those just mentioned, as it is only of very few substances that some peculiar (primary) action is known to the ordinary medical school.”¹⁶

“The more moderate, within certain limits, the doses of the medicine used for such experiments are ... so much the more distinctly are the primary effects developed, and only these, which are most worth knowing, occur without any admixture of secondary effects or reactions of the vital force ...”¹⁷

“The more numerous the morbid symptoms the medicine produces in its direct action, corresponding to the symptoms of the disease to be cured, the nearer the artificial disease resembles that sought to be removed, so much more certain to be favourable will the result of its administration be.”¹⁸

Such prominence given by Hahnemann to primary over secondary effects, to the *welcomed* exclusion of the latter (which may be obviated by reducing the dose both in provings and in cures), is further evidenced in his following statements:

“An obvious antagonistic secondary action, however, is, as may readily be conceived, not to be noticed from the action of quite minute homœopathic doses of the deranging agents on the healthy body. A small dose of every one of them certainly produces a primary action that is perceptible to a sufficiently attentive observer; but the living organism employs against it only so much reaction (secondary action) as is necessary for the restoration of the normal condition.”¹⁹

“In homœopathic cures they show us that from the uncommonly small doses of medicine (§§ 275–278) required in this method of treatment, which are just sufficient, by the similarity of their symptoms, to overpower and remove from the sensation of the life principle the similar natural disease, there certainly remains, after the destruction of the latter, at first a certain amount of medicinal disease alone in the organism, but, on account of the extraordinary minuteness of the dose, it is so transient, so slight, and disappears so rapidly of its own accord, that the vital force has no need to employ, against this small artificial derangement of its health, any more considerable reaction than will suffice to elevate its present state of health up to the healthy point—that is, than will suffice to effect complete recovery, for which, after the extinction of the previous morbid derangement but little effort is required (§64, B).”²⁰

¹⁵ *Organon*, Introduction, p.13, in a long footnote to the 4th paragraph of text on p.12

¹⁶ *Organon*, §57

¹⁷ *Organon*, §137

¹⁸ *Essay on a New Principle for Ascertaining the Curative Powers of Drugs*, 1796, in HLW267

¹⁹ *Organon*, §66

²⁰ *Organon*, §68

One can easily see that Hahnemann, in contrast to Dr. Kent, et. al., placed little value on 2° effects in terms of either the collection of proving data on the specific (distinguishing characteristic) effects of medicines, or in the process of effecting a cure. Furthermore, Hahnemann repeatedly equates the primary action of a medicine with its specific (peculiar) action, *i.e.* that which must be known of a medicine and matched with the disease (homœopathically), for the sake of effecting a cure:

“Now, if in the treatment of disease we administer those medicines whose primary symptoms, or those of its positive action, present the greatest similarity to the phenomena of the disease, this is a *positive* or *curative* mode of treatment ...”²¹

“With the exception of these narcotic substances, in experiments with moderate doses of medicine on healthy bodies, we observe only their primary action, *i.e.*, those symptoms wherewith the medicine deranges the health of the human being and develops in him a morbid state of longer or shorter duration.”²²

“... that moreover, when the medicines correspond to the case of disease before us in regard to these first, primary (medicinal) symptoms, ... then, and then only, will a permanent cure result; ...”²³

“There is no case of dynamic disease in the world ... whose symptoms can be met with in great similarity among the positive effects of a medicine, which will not be rapidly and permanently cured by this medicine.”²⁴

This is not to say that all 1° symptoms are characteristic or singular, but that the characteristic, singular or distinguishing symptoms of a medicine shall only be found amongst its 1° symptoms. So, whilst 2° symptoms are indeed part and parcel of the effects of the medicine (or other stimulus - *e.g.*, virus, bacterium, chemical, physical, etc.), and whilst there is no doubt that such symptoms demonstrate the *presence* of disease, *it is only primary symptoms which can reveal the singular, individualising characteristic features of that disease* (natural or medicinal) state. This point is paramount – *distinguishing characteristic symptoms of a remedy are only observed during its primary action*, and it is these very symptoms on which the prescription must be based. Indeed, this holds good to such an extent, that only the most important symptoms of a case need be homœopathically matched with the most distinguished characteristic 1° symptoms of the medicine.^α Hahnemann writes:

“The choice of the medicine is not inappropriate if the chief and most severe symptoms of the disease are covered in a positive manner by the symptoms of the primary action of the medicine, while some of the more moderate and slighter morbid symptoms are so only in a negative (palliative) manner.”²⁵

“It does not follow that a homœopathic medicine has been ill selected for a case of disease because some of the medicinal symptoms are only antipathic to some of the less important and minor symptoms of the disease; if only the others, the stronger, well-marked (characteristic), and peculiar symptoms of the disease are covered and matched by the same medicine with similarity of symptoms—that is to say, overpowered, destroyed and extinguished; the few opposite symptoms also disappear of themselves after the expiry of the term of action of the medicament, without retarding the cure in the least.”²⁶

But how can it be that so much emphasis is placed on the primary symptoms only, and how could Hahnemann's views differ so much from those of pastmasters such as Drs. Hering, Dudgeon, Dunham, Kent, etc? It seems to stem from a confusion or lack of appreciation of Hahnemann's specific meaning, but to illustrate this properly, we must first venture into that other phenomenon of medicinal action which Hahnemann considered a variation of primary action, *viz*:

21 *The Medicine of Experience*, 1805, in HLW454

22 *Organon*, §114

23 *Extract from a Letter to a Physician of High Standing on the Necessity of a Regeneration of Medicine*, 1808, in HLW518

24 *Spirit of the Homœopathic Doctrine of Medicine*, 1833 version, HLW631

25 *The Medicine of Experience*, 1805, HLW475

26 *Organon*, §67 footnote, 2nd paragraph

Alternating symptoms (of a 1° reaction)

Speaking on primary action, Hahnemann states:²⁷

“Among these symptoms, there occur in the case of some medicines not a few which are partially, or under certain conditions directly opposite to other symptoms that have previously or subsequently appeared, but which are not therefore to be regarded as actual *secondary action* ... but which only represent the alternating state of various paroxysms of the primary action; they are termed *alternating actions*.”

According to Hahnemann therefore, alternating symptoms are a characteristic form of 1° effect which occurs as a feature of only a relatively small number of medicines within our materia medica, and it is this very feature found amongst such medicines as Ignatia etc., which does not allow for a homœopathic application in diseases which show a progressively increasing state of illness, such that, at the height of their effect, they are seen to be reacting in one way or another (e.g., mania or depression). The disease states for which such a medicine (i.e., one able to produce an alternation of symptoms in its primary phase) will be indicated shall demonstrate a marked vacillation or changeability between two or more apparently different symptoms or symptom groups (e.g., markedly alternating mania and depression).

It would at this point, perhaps, seem that the difference between the 1°/2° symptoms & alternating symptoms, is simply a difference in time-course, which would make it only an academic point of distinction. This becomes especially confusing if we relate this concept to individual symptoms. However, if we think of this model not in terms of 1° / 2° symptoms, but rather, as 1° / 2° *groups of symptoms* then we can understand that within such a *group* may occur specific symptoms which show an alternation or fluctuation between, say, diarrhoea & constipation, or thirst & thirstlessness, chill & fever, etc., showing that, even from the early stages, that medicine elicits a definite group of contradictory symptoms. Such phenomenon which Hahnemann termed *alternating action* (I prefer to call them alternating *symptoms* of a primary reaction), indicates the very character of a medicine, which itself shall need to be homœopathically prescribed for in natural diseases exhibiting a very similar 'contradictoriness' in their symptoms. Hence:²⁸

“There are some medicines (e.g., ignatia, also bryonia and rhus, and sometimes belladonna) whose power of altering man's health consists chiefly in alternating actions — a kind of primary-action symptoms that are in part opposed to each other. ...”

This phenomenon of alternating symptoms of a 1° reaction, is clearly observed in a number of medicines recorded in our source materia medicæ; medicines which display a marked alternation between individual symptoms in their 1° phase of re-action. For example let us look at *Anacardium orientale*, where we clearly evidence a marked alternation of symptoms, as recorded in Hahnemann's *Chronic Diseases*:²⁹

*Anac.*CD126 Contraction of the pupils (aft. 14 h.) [*Lgh.*]

*Anac.*CD128 Great dilatation of the pupils (aft. 13, 14, 19, h.) (alternate action). [*Lgh.*]

*Anac.*CD156 Sometimes he heard so ill with it that he did not notice when anyone noisily opened the door; but often so acutely that he perceived people walking in the ante-room through double doors (aft. 54 h.) [*Br.*]

*Anac.*CD197 In talking, some words are difficult for him to utter, just as if his tongue was too heavy

*Anac.*CD198 His speech is more strong and assured in the afternoon than in the forenoon

*Anac.*CD213 At times, violent hunger, at times, no appetite at all for his meals

*Anac.*CD247 At first, sensation in the scrobiculus cordis as of fasting, then pressure in the stomach the whole day, and (as it were obstructed) passage of flatus from above and below, with lack of appetite

²⁷ *Organon*, §115

²⁸ *Organon*, §251

²⁹ *The Chronic Diseases* (2nd edition, 1835-39), 1980 Indian edition, B.Jain, Delhi, pp. 277-301

- Anac.*CD537 The symptoms always intermit for one or two days, and then again continue for a few days, so that we cannot deny a certain periodicity in their course [*Gr.*]
- Anac.*CD10 In the forenoon, extremely hypochondriac, discouraged and despondent, with awkward, helpless manner; all movements are extremely clumsy and indolent (aft. 3 d.) [*Fz.*]
- Anac.*CD554 He goes through all motions with greater emphasis and stronger energy; the muscles contract more vigorously, but the motions are as if executed with fibres too much strained, or as if there was a lack of moisture in the joints (aft. 1 h.) [*Fz.*]

Figure 4 below illustrates the model of alternating symptoms according to this schema of Hahnemann discussed above:

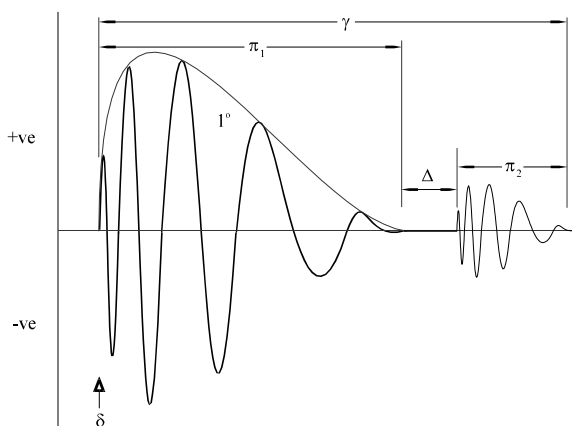


Figure 4

Dose-response curve illustrating alternation of opposite symptoms over time as part of the primary effects (π_1) of a medicinal dose (δ). Note that, depending on the size of the dose, after a greater or lesser delay period (Δ), there may follow a return of proving symptoms (π_2) without further dosing, the nature of which reflect the original symptoms although in a milder form. This "metaphasic" effect may also be observed in the case of the normal $1^\circ/2^\circ$ dose response curve. (see fig.1)

Let us think of in simple terms. If the 1° reaction of medicine "A" is an intense restless anxiety, then it must follow that when these effects wear off, ^{β} what is left must be an extra-ordinary debility, an exaggerated dullness and stupor, the patient being worn-out by such prolonged, sympathetic nervous system over-stimulation. Similarly, if medicine "B" elicits an overpowering blissful sopor, when its action is expended there must ensue an anxious wakefulness. In both these examples it is not difficult to appreciate that the 2° reactions of the organism following the wearing-off of the specific medicinal effect, are indeed to be expected (in consequence of, and in proportion to the 1° action); the greater or more violent the 1° action, the more obvious are the 2° effects. This proportionality between 1° & 2° effects can be seen by comparing figures 1, 2, 3.

On the other hand, and in direct contrast to its 2° effects, the 1° (peculiar) action of a medicine (or other substance) can neither be precisely predicted nor explained. As Hahnemann has quite rightly stated so long ago:³⁰

"... the only possible way to ascertain their medicinal powers is to observe those changes of health medicines are capable of producing in the healthy organism; for the pure, peculiar powers of medicines available for the cure of disease are to be learned neither by any ingenious *a priori* speculations, nor by the smell, taste or appearance of the drugs, nor by their chemical analysis ..."

After all, why does Aconite produce intense restless anxiety and Opium blissful narcosis? Since a precise knowledge of the primary action of each substance cannot be determined through *a priori* reasoning, it follows that the primary action of each substance is a unique effect of that whole substance, distinguishable from the effect of others.

30 *Organon*, §110

Practical application

In such a case of a *characteristic alternation of symptoms* as in Anacardium, the intensity, frequency, and rate of alternation are directly proportional to the degree of affection. The fact a particular remedy can produce both, say, constipation and diarrhoea, with equal propensity, means that these individual symptoms cannot guide us to that remedy, but that the alternation between these diametrically opposite symptoms, if consistent, is in itself characteristic. With this in mind, as in any case, we must look for those symptoms that preponderate over others; for those symptoms either individually or in groups, which characterise & distinguish a remedy by virtue of their remarkability; for those features that are unchanging, constant. Even though individual symptoms may oscillate in the provings of a particular remedy, the specific character of such alternation, the pace & detail, if consistent, serves as a key for its application.

Let us examine a clear example of a well known remedy. We all know the intense effects of *Belladonna* which produces a furious & violent delirium, with incredible delusions & acute mania; biting, striking, kicking, etc. This is the 'state' of *Belladonna*, the character of *Belladonna* disease which stands foremost in our memory and through which it will be recognised, not during the subsequent, expected, secondary stage when its effects have diminished and the normal physiological reaction displays an opposite state of dullness, confusion, sadness and even quietness and desire to be quiet. Let us now contrast some of the 1° & 2° symptoms listed under *Belladonna* in Hahnemann's *Materia Medica Pura*:

1° Symptoms

Bell.MMP1093 Bodily restlessness; he was compelled to move the whole body hither and thither, especially the hands and feet; he cannot remain long in any position, sometimes he lies, sometimes sits, sometimes stands, and he always changes his position in one way or another.

Bell.MMP1142 Anxiety prevents sleep

Bell.MMP1143 Nocturnal sleeplessness on account of anxiety, with drawing pain in all the limbs

Bell.MMP1189 Tormented by burning thirst and heat in all parts; she longs for drink from time to time, but rejects it when offered to her.

Bell.MMP1311 He readily starts, especially when anyone approaches him.

Bell.MMP1312 By day, great anxiety; she cannot rest anywhere; she feels as if she should run away.

Bell.MMP1314 Very anxious and fearful.

Bell.MMP1400 Great irritability and acuteness of the senses; everything tastes and smells stronger; the sense of touch, the sight, and the hearing are more acute, and the humour is more mobile and the thoughts more active

Bell.MMP1414 Maniacal fury with violence

Bell.MMP1420 Fury; he injures himself and others and strikes about him

2° symptoms

Bell.MMP456 Difficult speech, difficulty of breathing, and great prostration, after the anxiety *

Bell.MMP1116 Attacks of syncope

Bell.MMP1117 Apopleptic state (this followed the 1° epileptic convulsions) *

Bell.MMP1118 He lay for four days, without eating anything and motionless, like a corpse

Bell.MMP1121 Very deep slumber

Bell.MMP1124 Very deep sopor, with subsultus tendinum, pale cold face, cold hands, and hard, rapid pulse

Bell.MMP1173 A sort of coma, with small, weak, irregular pulse

Bell.MMP1195 She is deathly pale, quite lifeless, and cold as snow

Bell.MMP1390 Excessive indifference, for hours; one might take her life, she would not stir.

Bell.MMP1391 Apathy; nothing can make an impression on her; after some days very sensitive cross humour; she has no pleasure in anything

* Note: these symptoms clearly show their 2° sequencing, appearing *after* an earlier (2°) 'hyper-active' state.

Yes, secondary symptoms are the result of taking the medicine – they do indicate disease – but they are not *distinguishing* symptoms, they cannot indicate the specific disease, since similar symptoms will be produced as a 2° reaction to many of the poisonous remedies, and are an expected reaction the (*Bell*) violence and excitation of the organism in the first place. A patient presenting the sluggish, worn-out, even unconscious state shall find their homœopathic remedy in *Belladonna* *only* if the excited, furious, violence immediately *preceded* the present condition. If this was not in the history, then a different medicine must be selected, one known to produce this sluggishness & stupor as its *primary* effect. Therefore, it is the symptoms observed during the primary action of *Belladonna* which distinguish it from other remedies, and which point the way to its specific use.

I would like to illustrate the practical significance of this point. A colleague once telephoned me (1991) concerned over his patient, a 10 year old boy, lying unconscious (for around 15 minutes by that stage) in the school grounds to which he had been called by the guardian. The boy was unresponsive, with spasms of twitching and jerking. I asked about the immediate history, and was told of a preceding eruption of violent anger wherein the boy had threatened and attacked other children & teachers with large branches, after which he jumped out of a window before collapsing. I suggested *Belladonna* which was administered, and within a few seconds, he reported that the boy stirred and became conscious. The prescription was based on the distinguishing characteristics which appeared during the 1° stage; had we considered only the *then* presenting 2° stage symptoms, *Opium* (the wrong remedy) may have been selected instead.

This model of 1° / 2° reaction is applicable to all medicines, but it can be more easily seen in the noxious, narcotic, and strongly stimulant remedies, those with violent or profound effect such as *Aconite*, *Agaricus*, *Belladonna*, *Cannabis*, *Cantharis*, *Coffea*, *Hyoscyamus*, *Ignatia*, *Nux vomica*, *Opium*, *Stramonium*, etc.

1° ↔ 2° symptoms in Disease

The attractive feature of this above model is that it applies equally well to any stimulus upon a reactive organism, not just medicinal, and it helps us to understand the process of naturally occurring, as well as drug-induced disease states.

When a person falls ill with a chronic disease, the more affected they are by their illness, the more frequent, prolonged, and intense are the episodes. As their disease progresses, the perhaps minor affections which appeared at first are added to by symptoms of greater gravity. They become more and more depleted, with hardly a period of remission, and in more or less constant suffering. The opposite pattern occurs in a case of chronic illness which is improving, with decreasing frequency, intensity, & gravity of symptoms, with more definite periods of relief. In the early stages, the nature or character of the disease will be evidenced only whilst the patient is at their worst (during an episode of illness). During their in-between periods of relative health, when they are more comfortable, their peculiar reactions to the irritation of their disease will become less apparent, and they more or less return to their previous state of health. As their disease worsens, with fewer periods of relative health, then the peculiar features of the case will be increasingly apparent.

During these episodes of illness (the period of relapse), we should determine the exact *sequence* of symptoms, from first to last, from beginning to end; taking note to distinguish the characteristic primary symptoms from the after-effects (secondary symptoms), prior to the return to their "normal" state of health (the period of remission). This sequence or progression provides a most essential juxtaposition between symptoms; which was first and which was consequent; which peculiar, which secondary, thus replacing the seeming isolation of individual symptoms (as especially occurs in the language of repertory) with a cohesive image of complete effects. In this way, we obtain a clear knowledge of the individual process of disease (and remedy), of its genius, which must then be matched to a process of medicinal disease action (genius of medicine). It is for this reason, that Hahnemann stresses the following proving procedure:

“... this advantage is gained, that the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions, as also that of the alternating actions, is observed in the most unambiguous manner.”³¹

“If, however, in order to ascertain anything at all, the same medicine must be given to the same person to test for several successive days in ever-increasing doses, we thereby learn, no doubt, the various morbid states this medicine is capable of producing in a general manner, but we do not ascertain their order of succession; ... such symptoms should be inclosed in brackets, to mark their ambiguity, until subsequent purer experiments show whether they are the reaction of the organism and secondary action or an alternating action of this medicine.”³²

The medicinal ‘genius’ may involve a simple (fig. 1) or an alternating (fig. 4) type 1° reaction, in any case, this character must be matched to the ‘genius’ of the natural disease in order for the prescription to be accurate.

Hence it may indeed be appreciated that the time-course or sequence of symptoms (their unfolding) distinguishes the character of the affection, which may well be obscured by a random collection of symptoms for analysis. This holds equally true in both medicinal and natural disease. Consequently, the clear comprehension of the totality of signs & symptoms of a disease (be it natural or artificial {medicinal}) can only be obtained through the consideration of the development of symptoms in the course of time, thereby allowing a proper 1° / 2° perspective.

Unfortunately, whilst Hahnemann clearly emphasised the importance of ascertaining the sequence of symptoms and its significance in uncovering the very ‘genius’ of a remedy, he did not so clearly nor so often record such information in his *Materia Medica Pura* and *Chronic Diseases*, a fact which makes it difficult to form a true image of a medicine’s effects. Indeed, these books must be studied over and over to try and synthesise some semblance of the remedy genius.

I have recently found in the writings of Alphonse Teste the following statement to this effect:³³

“Hahnemann has collected the pure effects of a hundred drugs, with a perseverance that is above all praise, and often with an acuteness of observation that was peculiar to him. But ... a series of symptoms juxtaposed at random ... does not by any means, exhibit the image of a disease. This is so true, that if we would isolate the symptoms of a most perfectly defined and characteristic malady, typhus, for instance, as has indeed been done until now with all drug-diseases, we should have great difficulty in recognising the original malady.”

“Every disease presents, independently of its mere symptoms, a special mode of development which imparts to it a characteristic distinction from all other diseases, and, in a great measure, gives its symptoms their true meaning. In other words, every disease, whether natural or medicinal, has its own course, its own phases of invasion, growth, condition, decrease and termination, and, in my opinion, it is only by an exact description of these different periods, that it becomes possible to give a true idea of the whole disease.”

It is for these reasons that I always look to the symptoms during a patient's worst times, during the episodes of illness, and especially those (uninfluenced or pure) symptoms which appear prior to beginning any course of medication aimed at relief. I then attempt to trace the course of the illness from its beginning, from first symptom to last, in the order of their appearance. This method will make speedy work of obtaining the essential features of a case, for it is amongst the symptoms at these "worst" times, their onset and course, that we shall discover the peculiar nature of the patient's disease reaction.

The best medicine, according to Hahnemann's own model of chronic disease, is the one which matches the *totality of peculiar symptoms* throughout the patient's history (at each episode) of

³¹ *Organon*, §130

³² *Organon*, §131

³³ The Homeopathic Materia Medica, Arranged Systematically and Practically (1853), Translated from the French by C.J Hempel, 1854, Indian reprint, B.Jain, New Delhi, p.46.

illness. This can be seen as the totality of primary (natural disease) reactions of the patient to various stimuli, the constant character of which, over time, shall betray the peculiar process of their chronic disorder. Now we can begin to make sense of the reason, indeed necessity, for Hahnemann's distinction between 1° (important in prescribing) over 2° symptoms, and how this nicely integrates with the application of his later chronic disease theory into the clinical situation.

In conclusion, the natural sequence, clinical course, or unfolding of the signs and symptoms of an illness directly relate to the character of that illness, to the juxtaposition of its components or fragments. This knowledge of such information for both natural and medicinal disease reveals the individual or characteristic process of that disease and therefore forms an important part of our professional learning. The difficulty facing our profession is to accurately and comprehensively illustrate, with clear words, what is observed clinically in disease. This requires not only excellent observer skills, but an equally good command of language as well as a sense for written communication to others. Nevertheless, the requirement is upon our profession to seek for and record such information in our materia medica. Lastly, and as I have stated elsewhere,³⁴ rather than diluting our repertories by numerous additions, we should concentrate our efforts in removing the non-characteristic symptoms and their representations in rubric form. In this way our repertories will better reflect the significant, individualising (characteristic) symptoms and more easily aid in the search for the most homœopathic remedy.

Notes

appearing in their Greek alphabetical sequence through text

^α Here it is not hard to appreciate that, especially in chronic illness, the main disorder will often lead to secondary or sub-ordinate breakdowns, simply as a result of the continued or increasing anatomical / physiological / emotional strain by the specific disorder on the host's limited resources. These associated affects, even though not necessarily similar or homœopathic to the effects of the medicine employed, will themselves clear up when the main disorder, their driving force, is removed by the medicine homœopathic to that disorder. It is for this reason that clinical symptoms, *i.e.*, symptoms removed in the course of treatment of other symptoms, are not to be relied upon (unless themselves peculiar) as a basis for our materia medica, and certainly cannot replace the solid data of a well conducted and properly controlled proving.

^β The "wearing off" of a medicinal action may occur through A) a mechanism of physiological or other clearance of the substance, *e.g.*, renal, respiratory, or metabolic processes, whereby it is either diluted or otherwise rendered inactive, or B) if the organism becomes more or less rapidly overwhelmed * by the virulence or potency of that substance or the largeness of the dose, losing the use of one or more affected target organs or systems, whereby, even though the action of the medicine is continuing, its effects take on a graver appearance (through greater loss of function, less responsiveness, paralysis, loss of vital functions, approaching death, etc.) or C) if the organism exhausts its energy (or other metabolic) reserves, ("runs out of steam") & becomes too weak to respond, even prior to the effective physiological or other clearance of that substance.

* This explains why, in extreme overdose, when the body is so overwhelmed that it loses the ability to function on a grand scale, that drugs of the same class shall produce similar "generic" effects, as Dunham³⁵ terms it - their specific distinguishing features can therefore only be discernible from more moderate doses, or, when a case presents before the practitioner, the peculiarity of the disease may be discerned by careful questioning regarding the onset and early stages of their illness, prior to the presenting graver stage.

³⁴ Dimitriadis, G.: *Anatomy of The Repertory*, Australian Journal of Homœopathic Medicine, Oct.1994:3;2,69-78
³⁵ *Homœopathy, The Science of Therapeutics*, op.cit., pp.136-155