

PRACTICAL PUBLICATIONS

**HOW TO
GET YOUR PATIENTS
TO SHOW YOU THEIR
STRANGE, RARE AND
PECULIAR
SYMPTOMS**



by Stephen Myles Davidson, D.O.

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Published by :

PRACTICAL PUBLICATIONS
1303 West Bethany Home Road
Phoenix, AZ 85013

In AZ (602) 246-8977
In USA 800 359-7772

"THIS BOOK IS NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE."

This book contains general information only. It does not contain specific medical advice. It is not a substitute for a patient consulting with his or her own physician regarding particular symptoms and appropriate treatment.

Dedicated to the all those brave Homeopathic adventures, charting new directions for our better health.

Welcome to How to Get Your Patients to Show You Their Strange, Rare and Peculiar Symptoms.

No longer do you need to wait and watch what happens when you give a remedy. You will know you are on the right track because you have *rubric-tested* the case. You will be more confident in your remedy choices. This course will teach you how to use the small rubrics to develop reliable physical diagnostic tests, confirm your remedy choices and differentiate between several remedy choices.

This is Part Two of the three-part learning program from the original presentation I made in Dayton, Ohio to the joint meeting of the American Institute of Homeopathy and the Ohio/Southern/Michigan Homeopathic Medical Societies. Use this lecture to reinforce the ideas as you listen to the tape.

I hope you enjoy this entire learning program and find the ideas helpful. David Fabrey, M.D., Ohio Homeopathic Medical Society President, introduces the speaker. He read from an introduction the speaker helpfully provided.

The Author

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Dr. Fabrey's Introduction

1

I am very happy to introduce our next speaker, who is Arizona's foremost homeopathic physician. He champions the homeopathic cause in the legislature, in the courts and in the press.

One of the original members of the Homeopathic Board of Medical Examiners in Arizona, only our speaker today remains. When I asked him why the governor repeatedly appointed him to the board, he told me it was because he is Arizona's foremost homeopathic physician.

Later, I learned the truth. Our next speaker remains the board's secretary because he is the only homeopathic doctor in the state of Arizona who can type . . . with both hands.

Our next topic is "How to Get Your Patients to Show You Their Strange, Rare and Peculiar Symptoms." So join me in welcoming our next speaker, visiting us all the way from Phoenix, Arizona, Dr. Stephen Myles Davidson.

LIFE SO LIKE A GLASS OF TEA 2

Thank you very much, David. That was a very nice introduction. Although he didn't read it word for word the way that I wrote it, you get the general idea that I like to type.

This afternoon, I am going to speak to you about one of the most maligned aspects of our homeopathic literature. We call them strange. We call them rare. We label them peculiar. We often ignore them. They are our small rubrics in *Kent's Repertory*. However small they may be, these small rubrics contain a gold mine of diagnostic and therapeutic information. We can use this information to discover the key disturbance in our patients' bodies.

Let's first look at how noxious agents disturb the vital force. Consider how drops of tea cloud a glass of water. Like the tea drops, a noxious agent creates a pattern of symptoms. The pattern has a characteristic footprint that our small rubrics identify. Later, I will show you how you can fashion therapeutic tools from the words of these small rubrics. The process will help you make the diagnosis more quickly, and your patients will get well more quickly.

Let's take a glass of water. The glass is like the human body. You can see it. You can feel it. You know it's there.

Inside the glass is water. Now you can't tell the water is there except by how the environment reacts to it. You see the boundaries. You can see where the air and water mix, that line where the light reflects off the water.

The water is like the vital force. Although you can't see the vital force in your patients, you can discover how it operates. You watch how the patients act, dress and interact with their environment. By observing these external manifestations, you come to know more about their invisible, alive and powerful living principle: the vital force.

Through their life's journey, what happens to our patients? They get distortions in their vital forces — pollutions, if you will.

To illustrate this idea of pollutions in the body's vital force, let us drop some tea into our water. We see that the tea drop creates a pattern, polluting and discoloring the water. We see a central core where the tea drop concentrates. As the tea drops disperses, we see a distinctive little pattern, out in the periphery. Each time we release a drop of tea into water, we get not only a central, concentrated core but also a unique pattern in the periphery.

This distribution reminds us of our general vital force disturbances and their identifying characteristics. We identify these disturbance types by the remedies we use to counteract them.

In a general way, all our remedies can affect the heart, the lungs, the stomach or any other system. We only differentiate the disturbances by their modalities and their strange, rare and peculiar symptoms — their footprint. As the tea disperses through the water in its characteristic pattern, so the noxious agent disperses through the vital force. To track that footprint, we

must ask our patients questions totally unrelated to their central pathology.

As we add more drops of tea to the water, the water becomes more and more clouded. Each drop leaves its particular footprint in the periphery. Through our patients' lives, more and more noxious agents distort the vital force, adding more symptoms to an already burdened mechanism.

Eventually, toward the end of life, our patients' vital forces become very polluted and they suffer chronic degenerations. They have lost their free will. It's as if some noxious agent has taken over their life forces, subverting the patients' vitalities for its own uses.

Now, our patients are no longer what they set out to be. Chronic degenerative diseases, such as Alzheimer's, show us how badly these noxious agents have eroded our patients's freedom, vitality, and joie de vivre. Like the tea in our example, the noxious agent's pollution so overwhelms their vital forces that our patients function on a less-than-human level.

Our foremost homeopathic researchers now tell us that one out of every three people have one of these severe, chronic disturbances within their vital force. So, if you look to the left and that person looks OK, and you look to the right and that person looks OK, guess what? You're it.

You need homeopathy to help rid your body of these noxious agents, to return your vital force to pristine clarity.

STRANGE, RARE AND PECULIAR 5

You are one matter and your patients are another. How do we find out these strange, rare and peculiar keys about our patients so we can determine the remedy?

Sometimes we are lucky. The patients come to the office and tell us exactly what we need to know. Otherwise we must closely observe everything we can about those patients and how they interact with the environment.

Why, luckily, just the other day, I had a patient who told me exactly what I needed to know to crack his case. He said, "Doctor, I get this terrible frontal headache. The only way I get relief is to stand on my head and sip water through a nasal gastric tube."

Now, I am sure you are thinking exactly what I am. That is a familiar strange, rare and peculiar symptom. Of course, we find it in *Kent's Repertory* page 157, Chapter HEAD.

HEAD

PAIN, forehead

smoking, from: Calad., caust., ferr-i

sneezing: Apis, arn., echi, nat-m., sabad.

standing, while: Agar, alum., ars., calc-

ac., canth., chin., ham., kali-c., mag-c.,

merc., phel., Puls, ran-b., rheum,

sang., spig., spong., staph., tab., tarax.

amel: Calc., iris, teucr.



standing, on your head, while drinking nasogastric tube, from, amel: craniodipsia yogafera ng.

In Latin, that means "head drinking water from a nasogastric tube while in a yoga-bearing position." This is one rubric Kent left out. There, you can see his hand pointing to the appropriate rubric in this beyond-the-grave edition of *Kent's Repertory*. (Note: This example is *pure fiction*.)

It's exhilarating when a patient gives us such a precise clue. Generally, though, we must struggle to elicit the symptoms and signs we need to solve our tough cases. To solve the clinical puzzles, we observe our patients' physical features, action and reactions to the environment and unexpected responses to their illnesses. Before introducing the new idea of rubric testing, let's look at some ways we already use our observation powers and small rubric knowledge.

A mother brings a little baby to the office. The baby is whining, clinging and wants to be carried and held. It has a little fever. As you look at the baby's face, you notice that one side is pale and the other side is not so pale. You think to yourself, "That is pretty strange sympathetic pathophysiology."

Looking at page 360 of *Kent's Repertory*, Chapter FACE, you see,

FACE
DISCOLORATION

one-sided: Acon., am., bell., *cham.*,
coloc., ign., ip., *mosch.*,
nux-v., tab., verat

Among the main remedies, *yōu* see Chamomilla and Moschus, second degree.

Looking more closely at baby, you really notice the discrepancy is facial color. By golly, one side of the face is really red, while the other side is really pale. Bingo, you've got a strange, rare and peculiar symptom to complete the case.

We look on the next page, page 362. There, we find out that chamomilla is the most likely to cover the case generally and the strange, rare and peculiar symptom specifically.

FACE

DISCOLORATION, red

one-sided: Acon., ant-t, *arz.*, bell, cann-s.,
cham., *chel.*, coloc., *ign.*, ip., *mosch.*, *nux-x.*,
puls., rheum, sulph

one pale the other red: Acet-ac., *acon.*,
 caps., *Cham.*, *cina.*, Ip., *lach.*, *mosch.*,
nux-v., *puls.*, rheum, sulph

The pathophysiology of the patient created this strange blood circulation in the face. We observe the circulatory anomaly in the patient and, having considered the entire case, decide upon a remedy.

Sometimes patients' disturbed physiologies make them do strange things under normal circumstances. When we see how they act, we find a rubric that describes that action. For example, a patient has a severe fever, perhaps during an attack of gastroenteritis. He tells you, "I get a thirst for cold water with ice in it. After I

drink the cold water I feel fine. But, in just a few minutes, I throw it up."

How many of you know the remedy already? If you thought "Phosphorus," you were right. As we see in *Kent's Repertory*, Chapter STOMACH, page 532,

STOMACH
VOMITING.

drinking after : *Acon.*, *alum.*, *Ant-c.*, *ant-t.*, . . .

soon as water becomes warm in stomach:

Chlf., ***Phos.***, ***pyrog.***

Phosphorus is there in bold type (third degree).

So the patient's disturbance creates a craving in the patient. He satisfies the craving and something strange, rare and peculiar happens. We see how the patient acts and discover a rubric to match that action.

How about pregnant ladies, those gentle mothers-to-be?

They tell you that when they get up in the morning, they feel terrible. "All I want for breakfast is a puke. Even the smell of eggs makes me want to throw up."

How many of you have either experienced this symptom or seen it in your practice? It is a very common yet strange symptom. The noxious agents so disturb the patient's sensorium that this unusual pathology results. In *Kent's Repertory* on Chapter STOMACH, page 533,

STOMACH
VOMITING.

eggs, after: *Ferr.*, *ferr-m.*, sulph.
smell of : *Colch.*

Here, we see only one remedy, *Colchicum*, in italic type (second degree).

Sometimes, our patients' pathology makes them want to have strange things done to them — the unexpected responses in vital force disturbances. For example, we expect a feverish patient to be thirsty and want to be uncovered. But some feverish patients are thirstless. Instead of wanting water during their fever as we would expect, they want the windows open and a fan blowing on them. How strange and unexpected that fever symptom is. We find that symptom in *Kent's Repertory* page 1287, Chapter FEVER.

FEVER
EXTERNAL heat.

desire to be fanned in place of thirst
during the heat : *Carb-v.*

A strange, rare and peculiar symptom created by a Carbo Veg-like disturbance.

Let's explore this fever example a little further. When the patient is hot, he naturally wants to be uncovered. When the patient chills, he wants to be covered. What if your feverish patient wants to be covered during the

fever and uncovered during the chill? Isn't that a paradox in pathophysiology? On page 1275 in *Kent's Repertory*, Chapter CHILL, a small rubric leads the way.

CHILL

UNCOVERED, wants to be, with cold, dry
skin, but desire to be covered with heat
and sweat: *Camph.*

Only Camphora has that characteristic symptom.

By observing our patients and how they act in different environments, we find these strange, rare and peculiar symptoms. Set apart from the run-of-the-mill symptoms, these footprint symptoms exist on the margins of the patients' disturbed physiology.

How else can we find these strange, rare and peculiar symptoms?

We discover characteristic clues by reading voluminously — everything that has been written before — by talking to today's masters, and sharing with others at conventions. Over time, we gather clues and diagnostic devices that help us find that remedy footprint more quickly.

Let me tell you, however, a lot of clues and tricks are hiding right in *Kent's Repertory*. You need only open your eyes of understanding a little bit more to see the diagnostic tools you can fashion from the small rubrics.

Let me give you an example. In India, there lived a very famous homeopathic physician, one well-known for his diagnostic acumen. At that time, the country suffered from a polio epidemic. Third-world countries often have epidemics of diseases we rarely see in the Western World. The remedy epidemicus for that polio epidemic was Gelsemium.

A younger homeopathic physician was having no luck helping a baby, however. The Gelsemium just wasn't working. So the younger homeopath called in the older, wiser doctor. He came into the baby's room. This was in the days when doctors made. . . ah . . . let's see . . . What is that term now? . . . home visits? . . . house care? . . . I got it! It is house calls. House calls, that's it. I almost forgot that ancient concept.

Doctors used to make house calls. Back then, they had a doc-in-thè-box on every corner.

So, the old homeopath visits with the baby a while. He looks at the child, picks him up and cuddles him. The baby starts screaming. So, the old doctor puts the baby back in his little bed, takes out some pellets, pops them into the baby's mouth and departs.

The next day baby is almost well. What pellets did the wise old homeopathic doctor prescribe? There wasn't much to look at in this child. The old homeopath stimulated this patient's disturbance **by consoling him**. The baby's displeasure revealed the correct remedy. He interacted with that vital force to get a response. He knēw the key rubric containing the right remedy would be found under "consolation aggravates" in *Kent's Repertory* page 16, Chapter MIND.

MIND

Consolation agg: Arn., ars., bell., cact.,
calc., calc-p., cham., chin., hell, Ign.,
kali-c., lil-t., lyc., merc., Nat-m., nit-ac.,
nux-v., plat., Sep., Sil, staph., tarent.,
thuj.

He knew that the key remedy in this rubric was the one he could successfully prescribe: Natrum Mur.

Let's look at another example of rubric testing from a Belgian master. Now deceased, this man was one of Dr. Schroyens' teachers. Dr. Schroyens, a master homeopath in his own right, worked with the group

that developed the RADAR program, a computerized repertory aid.

If this Belgian master had a depressed patient, even a suicidally depressed patient, he would use this rubric test to differentiate between possible remedies. With the patient seated before him, he would take the patient's ankle, straighten the leg, and rub the skin just below the knee. If the patient were sore at the spot he rubbed, he gave the patient Aurum Metallicum. Now where did he get that idea?

Here we find in *Kent's Repertory*, page 1076, Chapter EXTREMITIES,

EXTREMITIES

PAIN, leg.

tibia: *Agar*, *anac.*, *anag.*, *arg-m.*, *ars.*,
 morning: *Agar*
 night: *Aur.*, *kali-i.*, *ph-ac.*, *phyt.*, *Rhus-t.* . .

crossing limbs: *Rhus-t.*
 damp weather: *Dulc.*, *mez.*, *phyt.*, *verat.*
 elevating leg amel.: *Aur.*, *bar-c.*
 extending the leg, when: *Aur*

The rubric "pain in the leg, extending the leg when," contains one remedy — Aurum Metallicum.

In other words, this man looked at the rubrics and figured out how he could fashion a diagnostic test from them. Both the Belgian and Indian masters used their repertory knowledge to create a diagnostic test. The test results clued them into the correct remedy.

From my practice, I offer you this example. Sometimes, I get a patient who is severely constipated, usually a young child. This type of child saves up the stool for God knows what. He or she may have one bowel movement a week. The movement is often so large it stretches the imagination. To test for a remedy, I will reach behind and gently rub the back of the child's neck. If the child wiggles with discomfort, I will give him this remedy — Alumina.

Why? When you turn the head to the left, you contract the left back of the neck muscles. If those neck muscles are sore, that means this test is positive. Where did I get this idea? In *Kent's Repertory* page 901, Chapter BACK, we find

BACK

PAIN, cervical region

touch, from: Chin., *nux-v.*

turning head: (See Moving): Acon., ...

to left: *Alum.*, *ant-c.*

We find under "Pain in the cervical region when turning the head to the left", two remedies: Alumina and Antimonium-crudum.

This cervical muscle soreness test may also be positive for Antimonium-crudum with patients who have headaches from disordered digestion. By using a small rubric, a strange, rare and peculiar symptom, I created a confirmatory physical diagnostic test for children with large stools who go infrequently — Alumina.

Let's relate these examples of rubric testing to the tea drop analogy we discussed earlier. The tea dropped into the water. It initially created an area of central concentration and then spread out to create a unique footprint pattern in the water. Likewise, disturbances in the vital force may affect a person generally. Later, as the disturbance spreads through more and more body systems, it creates a particular footprint. This footprint appears in the periphery of the patient's symptomatology. To accurately identify the disturbance and choose the proper remedy, we must elicit these footprint symptoms. That is how small rubric testing helps.

Sometimes, the patient may not even be aware of these footprint symptoms. I am sure that the baby with polio didn't know consolation would irritate it. I am sure that the depressed patient didn't know about the soreness below the extended knee. I am sure my constipated patients (those stool banks) didn't know about the soreness in the left back sides of their necks. The footprint is there if you know where to find it. The strange, rare and peculiar symptoms have their counterpart symptoms in *Kent's Repertory*. All that remains is for us to turn those words into diagnostic action.

-- --

Let's take a moment, now, to review how we developed the rubric testing theme. We talked about a theory of the vital force. We discussed how the vital force gets disturbed and polluted by noxious agents. We discussed how, in the periphery of these disturbances, you find the identity of that noxious agent.

We talked about how we are already using our knowledge of materia medica and repertory, to find out what these differentiating strange, rare and peculiar symptoms are. Generally, our knowledge is randomly experiential and piecemeal.

Finally, we talked about how we can make diagnostic tests by using the rubrics to stimulate the vital force's disturbance. That reaction reveals the pathology's identity. Now, we can create physical diagnostic tests from the small rubrics to differentiate between remedy choices and actively test or confirm our remedy choices.

This "rubric testing procedure" will save you much time and help you get your patients well more quickly.

How can you use rubric testing?

Use it to develop reliable diagnostic tests.

Find a small rubric that applies to cases for which you have already confirmed the remedy. Suppose you have many *Calcarea* patients. You already know that *calcarea* is the remedy for these patients.

Search *Kent's Repertory* in an area you haven't thought about before. Look for that small, strange, rare and peculiar *calcarea* symptom. Can you create a reliable diagnostic test from the words — turn the head, or push on a rib? Then, test these *calcarea* patients. If the test is positive, you've found a new clue to help confirm your choice of *Calcarea* in another patient.

Use the rubric testing process to distinguish between remedy choices.

Sometimes, your homeopathic analysis points to several possible remedy choices. Look again through the *Repertory*. Picking a small rubric with one of your remedy choices, make a test of it and see if it fits the patient. If not, choose another remedy and make a test with that one. When you have found one that fits, give the patient the remedy and see if it works. Creatively interact with that patient's vital force, challenging it to reveal itself through your rubric testing. With practice, you will fine-tune your tests to make your rubric testing more reliable. *Kent's Repertory* is a fund of knowledge, an endless source of clues and diagnostic tests.

Share Your Knowledge.

The information you gather from rubric testing may be helpful in your office but it is even more helpful if we all share our discoveries. Write articles in our journals. Write letters to publications such as *Homeopathy Today*. By adding a modem to your computer, you can talk to the worldwide homeopathic community through Homeonet.

While increasing our understanding of the remedies and their small rubrics, these rubric tests will help our colleagues and patients everywhere.

Before concluding this presentation, I'd like to share with you one final thought. One of the advantages of doing an experiment and demonstration of this type is this: When all is said and done, you get to enjoy the fruits of your labors.

[Dr. Davidson toasts the audience with his glass of tea.]

Thank you very much.

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Welcome to *How to Get Your Patients to Show You Their Strange, Rare and Peculiar Symptoms*.

No longer do you need to wait and watch what happens when you give a remedy. You will know you are on the right track because you have *rubric-tested* the case. You will be more confident in your remedy choices. This course will teach you how to use the small rubrics to develop reliable physical diagnostic tests, confirm your remedy choices and differentiate between several remedy choices.

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The Author

Who is Dr. Davidson and why is he speaking to us today?

I. Introduction

II. Drops of Tea, pollutions in the vital force

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I. Patient Clues

A. The Patient Speaks - Craniodipsia
yogafera ng.

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