

stitutions—hot or cold, dark or light, fat or thin, active or indolent. In fact, this constitution only reveals itself when a person falls ill. If we say, as Oemisch is supposed to have said, that one can manage to do without the repertory more and more as one learns to think and act in constitutional terms, then constitution must be taken to mean the ordinary concept of a physical constitution and temperament. And this would lead to the idea that one can use the repertory to classify patients as definitely as one identifies a plant.

Of course, it is sometimes possible to identify a “*Calcium carbonicum* type” or a “*Pulsatilla* type” by their more external characteristics, but in the majority of cases the first hint of the remedy is given by single, well differentiated symptoms. These we cannot all have in our head, ready to come up when required. However well we may be versed in the method of classical homœopathy, and perhaps this may be described as a “constitutional” approach, we shall still need a repertory, an index for our materia medica. And indeed we may be using this index all the more frequently as we gain experience with the method.

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## Constitutional types

### *An evaluation of this concept in relation to homœopathic prescribing*

D. M. FOUBISTER, BSC, MB, CHB, DCH, FFHOM

Hahnemann observed that when *Pulsatilla* was indicated on what he termed corporeal symptoms, a specially good effect could be expected when certain mental and emotional changes had taken place since the illness began, and he described the type of patient likely to produce such changes.<sup>1</sup> He also noted that *Nux vomica* when so indicated had a particularly beneficial influence on certain types of patient.<sup>2</sup> Other medicines have subsequently been found to act in this

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way, including *Arsenicum alb.*, *Calc. carb.*, *Sepia*. That is to say that a number of medicines used in homœopathic practice have been discovered to act specially well on certain types, or rather groups, of human beings, when other indications are also present. These drugs having a facet or facets in this way related to human types are to be found almost exclusively among the polychrests, and for this reason, although they are comparatively few, they are of importance out of all proportion to their numbers.

In introducing the materia medica, it is natural that the polychrests, including those linked to constitutional types, receive much attention and a false impression may be engendered that in prescribing for chronic disease the patient must be “typed”, and that the appropriate remedy is the one related to that type. For example, Kent goes much further than Hahnemann in dealing with *Pulsatilla*.<sup>3</sup> He says, “The *Pulsatilla* patient is an interesting one, found in any household where there are plenty of young girls. She is tearful, plethoric, and has little credit for being sick from her appearance: yet she is most nervous, fidgety, changeable, easily led, and easily persuaded. While she is mild, gentle and tearful, yet she is remarkably irritable, not in the sense of pugnacity but easily irritated, extremely touchy, always feels slighted or fears she will be slighted; sensible to every social influence, melancholia, sadness, weeping, despair, religious despair. Fanatical, full of notions and whims; imaginative; extremely excitable. She imagines the company of the opposite sex is a dangerous thing to cultivate, that it is dangerous to do certain things well established in human society as good for the human race. These imaginations belong to eating as well as thinking. They imagine that milk is not good to drink, so they will not take it. They imagine that certain articles of diet are not good for the human race. Aversion to marriage is a strong symptom.”

In his lecture on *Sulphur*<sup>4</sup> Kent says, “The *Sulphur* patient is a lean lank hungry, dyspeptic fellow with round shoulders, yet many times it is given to fat rotund well fed people.” He goes on to say, “There is another class of patient in whom we see a *Sulphur* appearance in the face; dirty, shrivelled, red-faced people. The skin seems to be easily affected by atmosphere. He becomes red in the face from riding in the air both in very cold and in damp weather. He has a delicate thin skin, blushing on the slightest occasion, always red and dirty-looking no matter how much he washes it. If it be a child the mother has to wash the face often, but it always looks as if it had been perfunctorily washed.” Kent then quotes Hering who described the *Sulphur* patient as the ragged philosopher, and gives another picture of *Sulphur* types.

Dr Tyler<sup>5</sup> writes: “It is imperative to get a true realization of *Sepia*, one of our most important remedies in chronic diseases.” Dr Tyler goes on, “I am told that Dr Gibson Miller, the great prescriber, used to say that if he might have only one drug, he would choose *Sepia*. And *Sepia* has made some wonderful cures, when the unit dose has been left to act over several months, goitre—insanity—rheumatoid arthritis, etc.” Now how to spot *Sepia* . . . “*Sepia* has been called the washerwoman’s remedy and not without cause. Picture her—the sallow, tired mother of a large family, on ‘washing day’. She is perspiring profusely: pouring under the arms. She cannot be shut in, because of the heat and the stuffiness which makes her feel faint—yet the cold wind that rushes in at the open window is

almost unbearable. Her back aches fearfully. She want to press it—to support it (*Nat. mur.*). She feels she must sit down, or cross her legs, as her whole inside seems to be dragging down, and coming out of her. She simply must sit down to keep it in (*Lil. tig.*).

“The worry of the children is more than she can bear. Her *Cham.* baby wants to be picked up and carried, and wails and screams. The quarrels of the penultimate babies, engaged in scratching each other’s eyes out, are more than she can bear. And when her 6-year-old starts drumming with a spoon on a tin pot, she can stand it no more. She snatches the tin pot and hurls it away, and smacks her small son; which does not improve matters. He howls dismally and she *does not care*. Oh how she wants to run away and leave it all and have a little peace. Her head aches. The pain is left sided today: last time it was on the right side, as she remembers dully. She is so jumpy and nervous, she has to hold on to the edge of the wash-tub to prevent herself from screaming. If she could only go away from everybody and everything, and lie down, alone in the dark, and close her eyes! Her husband comes in: she has no smile to greet his. Nothing but dull indifference, and weariness, and suffering. He must leave her alone. She has her work to do. Ptosis, ptosis everywhere. Her whole body dragged down, ‘inside’ and out. Veins—piles—all stagnant and dragging her down. Even her eyelids are too heavy to hold up. If only she could lie down and close them. She knows even ten minutes’ sleep would make her a new woman. But there are the soapsuds—the steam—the stuffiness—the terrors of her restless children, with their noise and fidgeting. Sleep is not for her. Her little *Pulsatilla* maid creeps up, ‘Can’t I help you Mummie?’ but she pushes her off. And the little maid creeps away, weeping: and Mummie feels that she is indifferent to her tears. The dinner is cooking—and the smell of cooking makes her feel deadly sick. The children are hungry and her husband waits for his dinner. She is indifferent. Let them wait. She is irritable—indifferent—apathetic. He looks at her sadly. Her dull face has lost its contour—its bloom—its pleasing lines. Brown bands or blotches are on her forehead and saddlewise across nose and cheekbones. She was a bright and bonny girl when he married her—now she is *Sepia*.”

It is understandable that such descriptions may tend to mislead those not fully trained in homœopathic prescribing.

While such “clinical imagery” as Kent put it, is necessary to introduce the materia medica, he stressed that the only way to grasp the essence of a drug was to read and re-read the provings. It should be remembered too that some of the polychrests have not been found to have links with human types, for example *Rhus tox.* and *Bryonia*, not to mention hundreds of remedies other than the polychrests.

Not all patients then can be fitted into recognized types, and to fit a patient into a type to which he does not belong is obviously a wrong approach. There is also a danger in that prescription of the wrong drug in this category, especially in high potency, may have some effect because the polychrests have a widespread influence on man. Results may be sufficiently good to encourage the practice of fitting or forcing patients into types as a necessary preliminary to constitutional prescribing.

The fact that any one can be fitted into a type, even accurately, does not mean that the remedy for that type is required at any given time. If you were to take a sufficient number of perfectly healthy athletes, there would be representatives of every recognized type, and many who could not be fitted into any known type.

Then consider what might happen if a person who was previously in excellent health, whether belonging to a recognized type or not, became ill. Take first acute conditions, for instance primary pneumonia. Symptoms common to the disease are of lowest value in homœopathic prescribing. It is the individual symptoms, those reflecting the patient's reaction to the illness, which are of almost exclusive importance in selecting the remedy, such as the mode of onset, mental and physical changes which have occurred since pneumonia began, and modalities. One patient is irritable, wants long drinks and dislikes to be disturbed or moved. He may lie on the affected side to try and keep still, as movement aggravates the pain. Another is frightened and restless, worse after midnight and wants sips of warm fluids. *Bryonia* is capable of evoking in health a symptom complex similar to those exhibited by the first patient and *Arsenicum alb.* the second. Homœopathic treatment would consist in giving the first patient *Bryonia* and the second *Arsenicum alb.* To put it in another way, having observed the pattern of response as reflected in the individual symptoms which cannot be explained on a pathological basis, a suitable individual stimulus is administered which is known to be capable of producing that kind of reaction.

This approach is applicable to other acute conditions, although certain acute diseases call for a virtually specific remedy, such as *Arnica montana* for surgical shock and *Ignatia* for acute grief. A limited number of medicines cover the vast majority of patients suffering from some acute illness, for instance, *Drosera*, *Coccus cacti* and *Kali carb.* in the treatment of whooping cough, presumably because there is tendency to react in a limited number of ways to a specific stimulus. It does not matter what type, known or unknown, the patient may have been before the onset of the acute illness; it is the recently developed symptoms on which the prescription is based. Generally speaking it is better to avoid a constitutional medicine previously related to the patient, except sometimes during convalescence, or in the subacute stage, but only if indicated on symptoms present.

Then consider a previously healthy person who develops a chronic illness. Although Dr Tyler's *Sepia* patient was a fictitious one intended to describe the *Sepia* type, or the group of patients who have by experience been found to respond well to *Sepia*, it serves well to illustrate the value of a knowledge of drug-sensitive types. Dr Tyler did not say whether the patient could have been classified as previously belonging to one of the known types or not. This in fact does not matter. The position was that the totality of symptoms present were covered by *Sepia* and it so happened that the patient could be recognized as belonging to a group of individuals who respond especially well to *Sepia*. If the patient's symptoms were covered by *Sepia* and the patient could not be placed in the *Sepia* group, *Sepia* would still be the right remedy. When starting to practise homœopathy I was puzzled to find a patient, a young woman, who suffered from chronic sinusitis; her symptoms were completely covered by *Sepia* yet she could

not be fitted into the descriptions of *Sepia* which I had at that time mistakenly believed to form an essential ingredient of the indications for *Sepia* in chronic conditions. *Sepia*, however, cured the patient. (Hahnemann made no reference to constitutional prescribing in his *Chronic Diseases*.) Hahnemann's teaching on case taking<sup>6</sup> was very briefly summarized by Boenninghausen, and this extreme abbreviation was also taught by Hering, who used to put on the blackboard the well-known drawing illustrating the information necessary for a homœopathic prescription, namely, location of tissues, sensation, modalities and concomitants. This may appear at first sight to be diametrically opposed to Kent's teaching of working from generals to particulars, but if one remembers that concomitants mean mentals and generals, with special value placed on recent changes, it will be apparent that the totality of symptoms can be arrived at by either of these approaches. Some cases tend to lend themselves to one approach and some to the other.

Sometimes there are no very clear-cut indications for the remedy in patients previously healthy who have developed chronic disease. In these circumstances, or when apparently well indicated medicines fail to produce satisfactory results, and the onset is associated with some acute episode, the appropriate nosode or other medicine related to the mode of onset may achieve results. It is not by any means always easy to prescribe in this way. For example, a woman may not have been well since parturition. We are then faced with the decision as to whether the prescription needs to be based on physical trauma, the effects of drugs including anaesthetics, emotional disturbance, etc. There is, however, no doubt at all that sometimes the results of such an approach may be dramatic.<sup>7</sup> This means that in some way or other the prescription has effectively dealt with *recent* changes. The type of the patient before the illness, whether belonging to one of the recognized groups or not, seems to be of no practical value in deciding on the prescription.

Some patients seem to be classifiable as belonging to one of the types as far back as one can reasonably ascertain. While all types tend to change in response to acute illness, chronic disease may be met with in such patients without alteration in type, and the whole clinical picture, the recently developed symptom complex included, is covered by the type remedy also.

A woman of 45 complained of migraine of 20 years' duration. She was of the *Sepia* type so far as I could judge all her life and the headaches were also covered by *Sepia*. She was almost completely free from headaches after treatment by *Sepia* given at long intervals. A dose of *Carcinosin*, which is complementary to *Sepia*, completed the cure.

On the other hand there is evidence that most, if not all, people tend to change their constitutional type. Apart from hereditary influences, and if you like, karmic and extra-terrestrial influences, the developing embryo is subjected to many potential hazards including injury, infection, drugs and radiation. At birth there is also injury, perhaps drugs including anaesthetics, and possibly emotional disturbances, when one comes to think of the very close link between mother and infant. There is the likelihood of constitutional changes from one or more of these influences.

Constitutional changes following various infections are discussed by Kent in his *Volume 70, Number 4, October 1981*

lecture on *Baryta carb.*<sup>8</sup> He says “when a child has almost any disease, measles, scarlet fever, mumps, or even a bad cold, or a malarial attack, the development ceases and dwarfishness results, a state in which he was not born but a state he has acquired.” Tyler’s *Sepia* patient represents a not uncommon way in which constitution may change in response to the stress of numerous pregnancies and the bringing up of young children. Another illustration of the fact that constitutional change is the tendency for certain remedies to be more often required at certain phases of life, in childhood, at puberty, at the menopause and in old age. Dr Borland wrote a booklet on *Children’s Types*<sup>9</sup> although he was fully conversant with the treatment of patients of all ages.

*To summarize.* Certain drugs employed in homœopathic practice appear to produce especially good results when given to related constitutional types of patients. Many patients cannot be so classified.

These medicines are very few in number, but as they are to be found almost exclusively among the polychrests they are of great practical importance

In introducing the materia medica, clinical imagery, including descriptions of such types, plays an important part and this is liable to lead to a misunderstanding. There is a danger that the inexperienced may attempt to fit patients into types as a preliminary to constitutional prescribing.

If the totality of symptoms are covered, the correct prescription can almost always be found. If it should happen that the patient can be classified as belonging to a known group or type at the time of the prescription, this could be an additional indication, but it is not a necessity.

Constitution is liable to change from conception onwards, and it does not matter what type (known or unknown) the patient may have been prior to the onset of the illness under consideration.

Finally, a quotation from Dr Douglas Ross:<sup>10</sup> “The ever-present danger is that one narrows down the field of search to the few polychrests whose characteristics are best known. To define a patient as belonging to a certain drug sensitive group is not to say he needs that drug at the moment. The totality of symptoms, indeed the departure from his usual method of reacting to environment, must determine the choice.”

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