

Centre for Integrative Medical Training  
In Association with the Centre for Integrative Care &  
The Academic Department, Royal London Hospital for Integrated Medicine



# Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

---

*Strange, Rare & Peculiar Symptoms*

Part 2

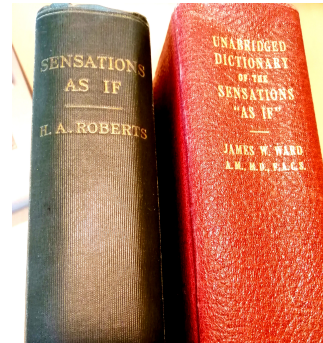
## *Strange, Rare & Peculiar Symptoms*

In this section we are going to discuss the importance of a specific category of symptoms. SRPs are often expressed spontaneously in a consultation but many of them have low diagnostic significance, from a conventional medical standpoint.

These subjective descriptions of the patient's symptomatology are often abstract or metaphorical. Sometimes they are also idiomatic - illustrating a modality of experience that is quite specific to the patient's cultural background.

Such symptoms themselves are often disregarded in conventional medical settings, but they may have high importance in homeopathic practice because they are:

- a) highly individualising, and
- b) subtend a small number of relevant remedies.



### Activity 2.3.1



Listen to this presentation and discussion on *Strange, Rare and Peculiar Symptoms*. <https://youtu.be/tax0csZSV6k>

### Activity 2.3.2



Read this short Opinion Piece from the British Medical Journal on Unexplained Symptoms. (See supplemental materials). The Gaps in Our Knowledge BMJ 2020;368:m161

### SAQ 2.3.1



Write 300 words contrasting the conventional and homeopathic approach to 'unexplained symptoms'. Outline how the homeopathic case taking process accommodates unexplained symptoms. Discuss how the homeopathic view of these symptoms affects the consultation itself.

### Exercise in classifying symptoms

Here is a quick recap of the types of symptoms a patient may give you:

<i>Presenting symptoms:</i>	these are the symptoms that lead the patient to you, they can be of emotional, general or particular nature.
<i>Concomitant symptoms:</i>	these are symptoms accompanying other symptoms, giving an individuality; ie migraines accompanied by diarrhoea
<i>Mind / Emotional symptoms:</i>	relating to the persons intellectual and emotional make-up
<i>General symptoms:</i>	affecting the whole organism, usually preceded by "I feel...cold, flushed, the sun etc..."
<i>Particular symptoms:</i>	relating to one part of the body or an specific organ
<i>Common symptoms:</i>	symptoms that are common to the disease and thus of little prescribing value as they are not individual
<i>Strange, rare &amp; peculiar symptoms:</i>	very unusual symptoms of great importance in finding the remedy

SAQ. 2.3.2



Consider the following 30 symptoms and tag them with a category from the list on Page 2.

Watery discharge from nose in hayfever

Earache extending to throat

Hurried speech

Anxiety before examination

Hypersalivation at night

Sweats when chilled

Weeps alone

Sensation of a lump in the rectum

Bloody urine in cystitis

Heavy periods

Headaches worse for the sun

Warts on foot

Feels much better at the seaside

Palpitations with diarrhoea

Paralysis in patient with MS

SAQ 2.3.2 continued

Feels worse before menses

Tiredness

Sensation as if cold water running down inside leg

Averse to being touched

Dizziness on looking up

Stomach pain better for eating in duodenal ulcer

Thirst with diarrhoea

Coldness of fingers in Raynaud's

Chest pain better for lying on the painful side

Fear of high places

Right sided sore throat better for eating solids

Feels cold but better for cold applications

Cramping pain in the abdomen better after stool

Persistent feeling that someone is walking behind

Sensation that a ligature were tied around the thigh

### Activity 2.3.3



Make a list of any strange, rare & peculiar symptoms that you have encountered in your own clinical practice. If you cannot recall any, look out for them in your clinics over the next two weeks. Your collection of SRPs will form part of an exercise later in the course.

*Further Reading:*

Tomm, K (1988) *Interventive interviewing : Part III. Intending to ask lineal, circular, strategic or reflexive questions?* Family Process vol 27, pp 1-15

Bury, M (2001) *Illness Narratives: fact or fiction?* Sociology of health and Illness, vol. 25 pp 263-85

Mattingly, C. (1998) *Healing Dramas and Clinical Plots: The Narrative Structure of Experience* (Cambridge University Press, Cambridge)

Launer, J. (2019) *Yellow Nose Sign Chapter 26, How Not to be a Doctor.* pp98-101 Publ. Duckworth 9780715653364