

REMEDY RELATIONSHIPS AND THEIR RELATIVE VALUE IN HOMŒOPATHIC THERAPEUTICS

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As Homœopathic potentisation or dynamisation belongs to Dr. Hahnemann, so also is this drug relationship in our Science. It is the fruit of his long experience. Drug relationship is the legacy of his hard labour, made easy, and kept ready for us to utilise in managing the incurable diseases, in abating the aggravation of a remedy and in effecting a cure in chronic cases.

After him, many stalwarts in Homœopathy have done a lot of work along the line of complementary remedies. Boenninghausen, Hering, Clarke, Gibson Miller, Allen, Kent, Guernsey, Lippe and Knerr are some worth mentioning here. But all excepting a few have written here and there in the form of simple statements and stray remarks about remedies in the middle of their drug pictures. The relationships of remedies are strewn in all the *Materia Medica*s. The reason for their various relationships is not well explained.

Dr. Farrington gives certain reasons with which we are to satisfy ourselves.

The relationship of one remedy to the other can be either Family origin, concordant, complementary, antidotal, catalytic or inimical.

Let us discuss them in the order mentioned above.

1. *Relation of family origin*: Remedies are derived from vegetables, minerals, animals, disease products and glands; they are known as vegetable kingdom, mineral kingdom, animal kingdom, nosodes and sarcodes. Again under each kingdom they are grouped according to their distinctive family origin, with the specific botanical, zoological and chemical family names as the case may be.

When drugs belong to the same family, they must of necessity, have a similar action. Take for example, the Ophidians from the animal kingdom—*Lachesis*, *Naja*, *Crot. horr.* The trait of the family will run through in all these remedies. All of the ophidia cause choking or constrictive sensation, coming from irritation of the pneumogastric. All of them have dyspnoea and heart symptoms.

Let us take up another example from vegetable kingdom: say—*Ranunculaceae*: *Aconite*, *Cim*; *Clem*, *Helleb*, *Pulsatilla* etc., belong to this order. As a whole, the order seems to be characterised by its acidity and some of its members are slightly narcotic.

We shall now go to the mineral kingdom: *Iodine*, *Bromine*, *Fluorine* and *Chlorine* are the chemical elements grouped as *Halogens*. They all

act upon the larynx and bronchial tubes and in fact upon the mucus membranes generally.

So, generally when drugs belong to the same family, they must, of necessity, have a similar action. This resemblance through relationship is sometimes so nearly identical, that these drugs do not follow each other well. Take for example, Ignatia and Nux v. Both come from the same order of plants. They do not follow each other well and they do not antidote each other.

2. *Concordant relationship*: These are remedies which originate from sources widely differing in kind (vegetable, animal and mineral kingdom) but closely resembling each other in their actions; in other words, drugs which present marked similarities in action though dissimilar in origin are said to be concordant. It is also known as analogue.

It is generally believed that there should be a remedy in each of the three kingdoms for every complaint.

Drugs which hold a concordant relation may follow each other well. Thus, we are slowly stepping into the complementary relationship. Let me give some examples of concordant remedies before I go to the other relationships:

Allium c—Phos	Phytolacca—Mercurius ¹
Ipecac—Cup. met	Podophyllum—Plumbum met ²
Aloe soc—Sulphur	Mezereum—Mercurius.

3. *Complementary relation*: Some medicines cure recurring complaints once or twice but not afterwards, or in other cases, they start the improvement in the patient's health, but they go thus far, and no further, but others there are that are ready to take up from where the predecessors have left and carry on the improvement till complete cure is accomplished. These latter remedies hold a complementary relation to the former. In other words, one drug completes a cure of the other, but in itself unable to effect a complete cure; such a relationship exists between Belladonna and Calc. carb. Complementaries can be divided as common sequences, related by symptomatology, related by the common occurrence in nature, related by chemical constituents, acute complements of chronic remedies and chronic complements of acute remedies.

Few examples of each of the groups said above on complementaries may add up to the knowledge of understanding them well:

(a) Common sequences : Sul—Calc—Lycopod;
Sulph—Sars—Sepia;
Sulph—Mercur—Thuja;
Colocyn—Staphis—Causticum.

¹ According to W. Boericke their relation is inimical. According to Knerr, Clarke and others their relation is antiodotal.

² We know of no authority giving this relation—Ed.

- (b) Symptomatology : Bell—Merc—Bell;
Bry—Rhus t—Bryonia
- (c) Common occurrence in nature : Ars—Phos.

This relationship requires more detailed discussion. Arsenicum—a metal and Phosphorus—an element belongs to the mineral kingdom. These two remedies are identical both chemically and medicinally. Substances of similar crystalline structure have similar medicinal effects—a fact borrowed from chemistry. These substances often replace each other in chemistry. Arsenicum is isomorphous with Phosphorus. So, each complement the other well. Phosphorus and Arsenicum are continually placed in contrast in the Physician's mind and it is often difficult for him to decide which he shall give.

(d) Complements related by chemical constituents: Pulsatilla, though of vegetable origin; is believed to contain Iron (Ferrum), and hence its curative value in promoting the menstrual flow and curing the case of chlorosis—anaemia due to menstrual disorders in ladies. Similarly, it is believed that Spongia and Badiaga of animal kingdom to contain Iodine. So, these remedies complement each other well. Dr. Elizabeth Wright says that quantitative chemical analysis should be done on all our vegetable remedies.

Pulsatilla contains Kali sulph

Belladonna contains Mag. phos.

Allium cepa and

Lycopodium contain Sulphur.³

(e) Acute complements of chronic and chronic complements of acute remedies: Acute remedy for an apparently superficial trouble may relieve, but temporarily. Again, when the patient feels badly, we should do the chronic treatment at once and the deep acting remedy will set the matter right.

In the same way, when doing a chronic case, acute troubles may crop out, where we may require some acute related remedy to relieve the most distressing symptoms and then again to go to the chronic one.

Examples: Acon; Sulphur. Apis—Natrum mur. Arsenic; Thuja. Ignatia—Nat. mur. Belladon—Calc. Rhus tox—Calc.

4. *Antidotal relation*: The given drug may be by mistake a wrong remedy or the dosage may be excessive or the patient may be hypersensitive or more susceptible to the given drug; where we have to either retard the overaction, resulting in terrible aggravation or to modify its effects simply, but remember, not by suppressing the symptom.

Dr. Farrington, M.D. reports a case of simple cold, in which he gave Nux vomica. Though the cold was better, the patient had severe headache.

³ The sources or grounds of these statements on chemical composition are unknown to us.—Ed.

This, he relieved with a dose of *Coffea cruda*, by modifying the effects of the over dose of *Nux vomica*.

This type of antidote is dynamic in reaction.

At times, we may require to antidote the effects of chemical poisons (cases of Homicide and suicide—may be by accident also) or to counteract a bite of sting by a poisonous snake or an insect.

In this kind of antidote we will have to tackle at more than one plane. Since chemicals have three kinds of reactions 1. Chemical, 2. Mechanical, 3. Dynamical, depending on the nature and quantity of the poison. Say, in the case of Potassium poisons, one should antidote the chemical as well as the dynamic effects of the poison.

As far as the dynamic antidotes are concerned, Camphor antidotes generally any remedy from the vegetable kingdom. *Nux vomica* is another such example. *Hepar sulph* is said to antidote all metal remedies. *Natrum mur* acts as a chemical or as a dynamic antidote according to the quantity of the drug taken (*Arg. nit.*).

5. *Catalytic relationship*: Simply means the intercurrent remedy. When well indicated remedies do not effect an appreciable change, we have to go deep into the case by interpolating the remedies. They give a fillip to a slow acting similitum, removing any pathological obstruction impeding its progress.

Examples: Sulphur; Tuberculinum; Bacillinum; *Laurocerasus*; *Ammon. car.*

6. *Relation of enmity*: Lastly, we have the relation of enmity. Certain drugs although resembling each other apparently will not follow one another with satisfaction. They seem to mix up the case. They are sworn enemies of each other.

Administered one after the other, they create such a confusion in the state of health of the patient that his later condition would be worse than the former.

Examples: *Apis* x *Rhus* *Causticum* x *Phos* *Merc.* x *Silicea*.

Dr. Clarke, M.D. gives two instances in support of drug relationship. In one of his cases, he reports that his patient was being successfully piloted through by the help of *Calc*; when somebody gave *Bryonia*, a drug that is inimical to the action of *Calc*. and the case was irretrievably lost.

Dr. Clarke, M.D. himself had once taken *Natrum mur.* 20 and had been getting vague symptoms of illness, this was easily antidoted by inhaling only one dose of *Nitri-Spiritus-Dulcis*.

Dr. Elizabeth Wright is of the opinion: "When your case has reperforated out to 3 or 4 remedies and it seems evident that no Similitum will unravel the whole condition, and at the moment, it is impossible to decide which of the two to give first, Miller's tables will often indicate that one follows the other to the better advantage than vice-versa."

Now, let us come to the application of this knowledge in our daily

practice, in other words their relative value in Homœopathic therapeutics.

Though it is said one dose, one remedy should cure the case, most cases are so mixed, so confused by miasms, drugging etc., that one must move against the wind, using more than one remedy in proper succession.

The very important role of the second remedy is to prevent many mistakes and save much study. The second prescription may be a repetition of the first, or an antidote or a complementary. The knowledge of this rule is a great time and trouble saver.

A reference to the tables of the related remedies would enable us to select with ease the remedy that is to follow.

Thus, a close acquaintance with the relationship which one drug has with another is a *sine qua non* for determining whether or not a drug may be administered either before or after another.

Dr. Gibson Miller's 'Relationship of remedies' and Knerr's 'Relationship' are the best sources for easy reference and practical use.⁴

I drew your attention already to three cases of eminent authorities in support of the relationship of remedy—2 cases of Dr. Clarke and a case of Dr. Farrington.

Dr. Nash says: "I do not believe in the so-called incompatibles as some do. I should give Causticum after Phosphorus; Silicea after Merc. s. or Rhus tox after Apis, if I found them indicated."

Dr. Farrington says: "the relation of enmity is one that I am unable to explain to you."

Here comes King Solomon to give judgment:

Dr. Kent, M.D. says "Causticum and Phosphorus do not like to work after each other, nor will Apis do well after Rhus tox; How Physicians can make the second prescription without regard to the experience of nearly a century, is more than man can know.....but I am convinced of the necessity of obeying every injunction."

Let us follow the masters.

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⁴ We may add here the following—Clarke's Clinical Repertory and P. Sankaran's The Clinical Relationship of Homœopathic Remedies.—Ed.

⁵ In this Symposium Dr. Sundara Varadhan and Dr. S. P. Koppikkar cast grave doubt on the propriety of giving any importance to the inimical relations, as given in stereotyped way by various authors without giving any reason, explanations, source of information or experience of authorities. They suggest further critical research in the line. Dr. Koppikkar suggests Teste's Materia Medica as essential for all who want any clarification in the line of drug relationships.—Ed.