

# SOME REFLECTIONS ON THE MATERIA MEDICA IN THE LIGHT OF RICHARD HUGHES'S CYCLOPAEDIA OF DRUG PATHOGENESY

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## INTRODUCTION

The provings, together with toxicological reports and a few animal studies, represent the primary source material for the homoeopathic materia medica. The principal collections are first, Hahnemann's writings (the *Materia Medica Pura* and the *Chronic Diseases*) and second, Hughes's *Cyclopaedia*. As is well-known, Hahnemann's compilations, in spite of their unrivalled importance, are extremely indigestible since they consist merely of lists of symptoms arranged in accordance with an anatomical scheme. This makes it impossible to read them in a consecutive manner. Hughes, on the other hand, gives his symptoms in narrative form, which makes them in principle easier to read, though I have to admit that in practice their readability is only relative; they certainly demand a great deal of close attention (see Appendix). Nevertheless, the importance of the *Cyclopaedia* is very great, for it is (at least for readers who know only English) the only readily available major source of original proving material other than Hahnemann's writings. And because it presents this material in narrative form, it is one of the very few places in which we can assess the real bedrock upon which the whole homoeopathic edifice is constructed. I think we must therefore acknowledge the almost unique significance of the *Cyclopaedia*.

## THE CONTENTS OF THE CYCLOPAEDIA

It is possible to classify the medicines into three main groups, though with some overlapping.

(i) Substances of potentially severe toxicity, such as Arsenicum album, Phosphorus, and Mercury. All these are naturally capable of causing serious symptoms and even death if taken in sufficient dosage. For all of them one finds reports of poisonings, including, in fatal cases, *post mortem* findings. These toxicological cases are clear and convincing and there is no real question about the genuineness of the symptoms. The proving symptoms of these substances are also often impressive, which is hardly surprising in view of the heroically large doses taken by many of the provers. In the case of Plumbum, for example, we find a Dr. Spence who began by taking  $\frac{1}{4}$  grain of the acetate three-times a day and gradually increased the dose until at the end of three weeks he was taking no less than 8 grains daily. Not surprisingly, "his symptoms were costiveness, spongy gums, a livid appearance round the incisors, diminished saliva, foetid breath, looseness of teeth with-

out soreness of mouth, and blackened faeces. Neuralgic pains now affected upper and afterwards lower extremities, appetite failed, and an attack of lead colic supervened, with loss of muscular power in limbs. Pulse fell from 80 to 60." Other provers were equally dedicated; Hering, for example, after taking a 'moderate' but unspecified dose of the acetate, lost the hair of his eyebrows and moustache and found difficulty in moving his eyes.

(2) Substances having a well-recognized toxicity, but no appreciable mortality, such as *Lobelia*, *Nux moschata*, *Physostigma*, and *Rhus toxicodendron*. For these, again, we find reports of provings and poisonings, but naturally few or no *post mortem* studies. This group provides some of the most interesting provings, because subjects often took large doses for long periods; devotion to Homoeopathy, often amounting to heroism, is once more frequently in evidence.

(3) Substances of slight or questionable pharmacological activity, such as *Lycopodium*, *Pulsatilla*, and *Sepia*. This is much the most difficult group to assess, since there are, by definition, no cases of poisoning, and one is forced to rely on provings which are often somewhat vague and may well contain many placebo symptoms.

The vagueness of many of the symptom-pictures in all the groups is in general both remarkable and disquieting, and becomes more pronounced as the pharmacological toxicity of the substances diminishes. Although it is possible to make out an overall tendency for each medicine to produce symptoms of certain kinds, relating predominantly to various systems—gastrointestinal, musculoskeletal, central nervous, respiratory, and so on—there is very wide variability and it is by no means easy to recognize substances simply from descriptions of the symptoms they give rise to. At the same time, there is a disconcerting lack of uniformity in the symptoms of different provers taking the same medicine. I could summarize this by saying that there are wide variations *within* the symptoms of each medicine but a relative lack of clear distinctions *among* the various medicines.

#### PRACTICAL IMPLICATIONS

Anyone who reads the *Cyclopaedia* will, I think, agree that whereas the physical, objective, effects of the drugs are fairly definite, the subjective effects are usually inconstant, uncharacteristic, and difficult to evaluate. From the prescribing point of view, therefore, the objective symptoms are much easier to use. It was this fact, no doubt, as well as temperamental bias, that moved men like Hughes and Dudgeon towards 'pathological' prescribing.

Hughes evidently believed that if you read the *Cyclopaedia* diligently you will begin to see in the drug pathogeneses the clinical pictures of various diseases. Unfortunately, I am bound to say that in my experience, though this does occur, it is the exception rather than the rule. For the most part one is swimming in a choppy sea of symptoms with precious little in the

way of diagnostic flotsam and jetsam to hold on to. This seems to me to raise some uncomfortable questions.

If we hope to make Homoeopathy acceptable to our orthodox colleagues we shall have to put our house in order. (I do not want to discuss here the question whether it is necessary for us to make Homoeopathy acceptable in this way, but my conviction is that unless we do so it will cease to exist as part of the National Health Service, and that, I think, would be regrettable.) The Kentian approach, whatever its appeal to some people, is unlikely to lead to any *rapprochement* with orthodoxy. This seems to leave only Hughes's approach, or some version of it, as an alternative. The problem is, however, that the proving symptoms as recorded in the *Cyclopaedia*, though of very great interest and importance, need to be supplemented by new kinds of information.

*Is there anything else?*

The most promising line of advance, I suggest, is that suggested by Fisher in a recent article.\* We should look at the new information available from modern pharmacology and toxicology and make use of the insights it suggests.

This idea may well be greeted with cries of dismay in some quarters, but I do not think there is any real alternative. If Homoeopathy does not move with the times, it will wither and die.

I think there is a useful analogy between Homoeopathy and another form of unorthodox therapy, Acupuncture. Acupuncture, of course, grew up in China, and in ancient times was underpinned by an elaborate vitalistic theoretical framework. This theoretical structure is unacceptable or even incomprehensible to most Western doctors, a number of whom, however, practise Acupuncture with very good results on an empirical basis. For doctors who adopt this attitude, the way to improve their skill as acupuncturists is not to read books about classical Chinese Acupuncture, since these merely repeat the same old information. Rather, new ideas come from reading modern scientific texts on neurology, which suggest all sorts of possibilities that can then be tried out in practice.

A similar open-minded attitude, I suggest, might give rise to new ideas in Homoeopathy. It is surely an extraordinary state of affairs that present-day Homoeopathy has hardly undergone any significant change or made any real progress since the middle of the last century.

#### ACKNOWLEDGEMENT

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\* Fisher, P.: 'New Toxicology: Lead', *Br. Hom. J.* (1981) 70: 1-10.

## APPENDIX

By way of illustration I append a sample proving of Sulphur from the *Cyclopaedia*.

13 a. GARAY. Jan. 22nd, noon, took 10 gr. of 6x trit. Soon after, loose foetid stool, followed by annoying straining, ulcerative pain in anus on touching it, and long lasting feeling as if diarrhoea would recur; slight l. supra orbital pain, and (15 m.) slight and transient vertigo. On going to bed, rigor and aching in r. vertex, lasting till sleep came, and recurring for an h. on waking. On 23rd, took 20 gr. All d. tickling at back of pbarynx, causing tussiculation; at n. on micturating, violent shock through urethra to above pubes; rigor in bed, 24th. All d. scraping in throat, and cough with expectoration. At noon, aching in l. forehead, and drawing pain in upper teeth, first of l. then of r. side, with sense of swelling and soreness of gums of former; also short rigors, frequently recurring (especially on movement or empty swallowing), with blue nails, pale face, giddy and heavy head, and sense as if humeri were broken; the cold is not removable by heat of fire, and there is sense of draught across abdomen above navel. After coffee, burning in r. cheek and ear, rest of body remaining chilly. In afternoon great sleepiness; at times bruised pain in outer l. tibia, and slight griping in bowels. On going to bed nervous excitement, with recurrence of symptoms of l. upper gum and teeth. Painful chap in middle of upper lip, and troublesome itching all over body save inside of limbs, occurred, and lasted several d. On 29th, feeling well, took at 2 p.m. 40 gr. of 8x trit. Soon after former pains in l. forehead and jaw, with slight griping in bowels, horripilation in both arms, and paralytic pain in l. leg. At 10 p.m. sudden urging to stool, continuing after passing lump of hard faeces, and merging into increasing and long lasting gripings in r. abdomen, with much flatus and itching at anus; compressive pain in glans penis, angle of l. maxilla, and l. and r. auricle near meatus. On 30th and 31st, m., the frontal aching (r. also) and shoots in urethra; at noon, the rigor (first outside of arms, then down back to sacrum, then across abdomen),—it was lessened by warmth, increased by movement, and accompanied by weariness, pale and suffering countenance, and pains as if broken in upper arms, thighs, and legs, shooting in outside of feet. Appetite not impaired. At 3 violent tearing in r. knee and ankle, boring squeezing pain in r. forearm: At 11.30, while sitting, acute shoot in bend of first r. then l. knee, with horripilation at side of chest. Feb. 1st, c., very painful shoots along l. scapula, frequently recurring, and long lasting. On 2nd took 10 gr. of 8x. Immediately after, rigor. On 3rd, in bed at n., attacks in l. shoulder of shooting throbbing pain so severe as to make him cry out. On Feb. 6th, at noon, took 20 gr. of 8x. During d., headache only; at n. and next m. griping in bowels and frequent urination. During 7th annoying paralytic feeling on outside of l. leg. and forearm; at noon, violent drawing along outer side of r. forearm and leg. Hands had for days past felt unusually cold, and lips as if covered with salt. On 9th, much straining at stool, with aching in small of back. On 16th set in itching all over body, desquamation of skin of face, and humid eruption on vertex—small grain like pustules filled with pus, and drying up into honey like scabs ('*achor granulatus*'). These continued till 20th, when he had also roughness of throat and nervous sensation in it, compelling frequent hawking; shooting through pupil deep into l. eye on attempting to read (lasting several d.), and in e. troublesome heat in eye; painful pimple on r. ear, lasting 4 d.; and violent itching in glans penis and mouth of urethra. On 26th several diarrhoeic stools with burning in anus preceded by gripes; much mucus in throat. (These symptoms aggravated by heat.) in e., great burning in anus and urethra, with frequent urging to micturition, and burning at urethral orifice during it. In bed every place appears too hard for his head.

—*The British Homoeopathic Journal*, January 1982