

AETIOLOGICAL (CAUSATIONAL) ASPECTS OF HOMŒOPATHIC MATERIA MEDICA

RICHARD HUGHES MEMORIAL LECTURE, 1958

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It is with considerable diffidence that I read this paper to you this evening. I cannot lay claim to ought in the way of erudition, either classical or philosophical, and still less in the matter of science.

The task of trying to keep abreast of modern scientific discovery seems a wellnigh hopeless one. The vast halls of science appear to be furnished with endless tables on which are set out a positive nightmare of jigsaw puzzles. Moreover, the bits and pieces which compose these puzzles accumulate with such alarming rapidity in ever-mounting piles that the prospects of fitting them together and arriving at a clear-cut picture seem to recede ever farther and farther into the haze of uncertainty that surrounds each subject.

However, it is some consolation to realize that the experts themselves are constantly at variance and all most honestly, with one sweet voice, exclaim how little they really do know with certainty and finality.

Even as great an authority as Sir Frederick Gowland Hopkins, Nobel Prizeman and pioneer of knowledge relating to vitamins, is recorded as saying in his wise old age, "All that I have ever learned about vitamins has taught me what I don't know about vitamins. A vitamin is a unit by which we should measure our ignorance. Every new food factor which is discovered is a reminder of those which we haven't discovered."

Learning is not necessarily knowing; more often what we learn reveals what we still have to learn, namely how abysmal in fact is our ignorance. A weekly perusal of even one such journal as the *Lancet* provides ample evidence of this cheering, humbling and, in a sense, consoling state of affairs.

Richard Hughes, like Samuel Hahnemann, was a rebel. He was not content to just swallow whole or accept without question what he found in the existing homœopathic literature, and more especially the various volumes dealing with homœopathic materia medica.

One gathers that it was his feeling that down the decades the materia medica had accumulated a great deal of dead wood. He doubted the validity and the reliability of a good deal of the matter recorded as "provings". On ploughing somewhat wearily through pages and pages of such material one is forced to share his feelings, and to wonder just how much of the recorded matter deserves recognition as *bona fide* drug effects of real worth in the task of remedy-selection.

When, however, one envisages the possibility, or even the desirability,

of pruning the dead wood from this widely branching tree one is forced to realize that the task would be wellnigh impossible.

Who is to say what must be cut and what left? How, indeed, could this be decided in any conclusive and satisfactory way? Such a task might perhaps be attempted in relation to a particular remedy by a laborious enquiry into which symptoms found in the materia medica have actually been shown in clinical practice to be reliable as guides to prescribing. This enquiry would have to cover a very wide range of experience in several countries.

But what a task, in connection with only one remedy! And what of all the rest? Not very practical politics, alas. In one respect, however, it might be reasonable to bring the arrangement of the materia medica more into line with modern thought and teaching. When I was a student, histology, anatomy, physiology, pathology and so on were all taught in watertight compartments. Since then, and most wisely and rightly, the swing has been towards correlation of all these branches in relation to one another and to the body as a whole, and to classification of function and symptom by physiological system rather than by anatomical location.

It would, therefore, probably be more acceptable to the modern trained mind to find the various symptoms in the materia medica listed as far as possible under systems rather than, as in the past, by anatomical sites.

Even anatomically it seems somewhat absurd to find one section labelled "stomach" and a separate one "abdomen". If the stomach isn't in the abdomen, where is it? It is aesthetically unattractive also to arrive at the anus and immediately hark back to the air-passages.

In the study of the materia medica it is of primary importance to penetrate into and perceive *the inner personality of the remedy*. This is revealed not only by lists of symptoms experienced by those taking part in planned provings. The origin, background, habit of life, manner of growth, everything to do with the natural history of the remedy in its crude state, are full of meaning in relation to its individual personality. These should be recorded and studied from the dynamic angle.

Moreover there are physical features, mental attributes, and both general and particular modalities, all of which may be highly characteristic of the individual remedy and should be given due prominence in its materia medica picture.

A distinction moreover has to be made between actual drug-induced symptoms and constitutional characteristics which are associated with one or another remedy.

Another most relevant feature of the materia medica picture of a drug is its affinity with one or another type of tissue or with this or that organ. The study of the tissue affinities of a remedy will do much to elucidate its *modus operandi* and make its symptomatology understandable.

The more one can learn about the capacity of a drug to call forth specific dynamic responses in the body, the more meaningful do the signs

and symptoms recorded under the drug become. It is especially in listing these that one would plead for an arrangement by systems where possible—Respiratory, Alimentary, Cardio-vascular, Lymphatic and Glandular, Nervous, Genital, Urinary, Locomotor, Cutaneous.

No subdivisions, of course, are perfect and some ambiguity and overlapping is unavoidable. In any case it is the study of the remedy as a whole, as it is likewise the investigation of the patient as a whole, that is so essential for accurate and effective homœopathic prescribing.

In seeking for a line to follow in preparing a paper on the homœopathic materia medica I thought it might be interesting to study *the relation of the materia medica to ætiology*.

A very short acquaintance with the wealth, or welter, of material presented convinces one that much of its content cannot have been the outcome of planned provings. This is especially the case in the matter of ætiology. Constitutional characteristics, tendencies and liabilities are inherited, not created by taking drugs. Experience has shown that in a great many cases there is a close association between a given remedy and constitutional types.

Causal factors related to disease are independent of drug provings, yet throughout the materia medica there are constant references to the relationship between individual remedies and various ætiological disease factors, thermal, meteorological, bacteriological, physical, psychological, and so on.

Obviously, therefore, much of the content of the materia medica, and of the most valuable content, is the legacy of clinical experience and observation. Case notes not only provide indisputable proof of the efficacy of homœotherapeutics, they also furnish much helpful guidance in prescribing. This is especially so in the field of ætiology.

It is, of course, true that one human being differs from another, differs indeed from every other, babies not being factory-made standardized products picked off a conveyor belt. It is also true, however, that both human beings and the illnesses to which they are liable do show certain similarities which allow of a measure of grouping both as to causation and as to response to treatment.

Experience gained in dealing with certain types of persons and more or less well-defined disease syndromes can thus be applied when handling comparable individuals and similar disease states. Where this not so the task of finding a completely unique remedy for each separate case of sickness would be an impossible one from the word go.

The value of applied clinical experience was early realized by the first physician to practise Homœopathy, Samuel Hahnemann himself. In the *Materia Medica Pura* chapter dealing with *Nux vomica* we find the following remarks:

“Some practical instructions may be of use, *deduced from the results of the careful experience of many years.*

“Among these may be mentioned, that it is more frequently required by

those persons who are of an anxious, zealous, fiery, hot temperament, or of a malicious, wicked, irascible disposition.

"It has been found that this medicine, administered some hours before bedtime, acts more gently than when given at other times of the day; but there are exceptions to this rule in cases of urgent necessity.

"Its administration in the morning on an empty stomach is attended with the most inconvenience in very sensitive persons, for it displays its most frequent and most severe symptoms immediately after waking in the morning.

"We should do wrong to give it immediately after a meal if we can avoid doing so, and hence also no mental labour, no meditations or declamations no reading or writing should be engaged in immediately after taking it.

"The evil consequences arising from drinking much coffee and wine, especially when the usual mode of life is a sedentary one in close rooms, and those affections caused by prolonged mental labour, find their remedy in this seed.

"Serious ailments from catching cold are often removed by it."

All this and more in similar vein is obviously the fruit of carefully recorded clinical experience. There is indeed much of importance in the H.M.M. beside the vast volume of symptoms recorded as having been induced in provers.

Much of this has a bearing on and relation to ætiology, the causation of disease.

For instance, the constitutional characteristics associated with a remedy must exist independently of planned provings.

To hand out powders of *Phosphorus* in potency to a group of people would not be likely to produce a bunch of red-headed artists, of athletic build, affectionate disposition, manifesting a penchant for enthusiasms of transient duration.

The administration of a number of doses of *Sulphur* to a group of men would not necessarily increase the census of hobos and club bores.

Experience down the decades has linked certain remedies with corresponding constitutional types and characteristics. Care is needed to distinguish in the records between features of this nature and symptoms which have been observed as the direct result of drug-proving, whether planned or accidental.

This is not always too easy as the drug-induced symptoms are sometimes in the nature of constitutional characteristics laid bare or intensified.

Nevertheless these constitutional features are of great ætiological significance because of their relation to the phenomenon of *Disease-proneness*.

Individuals of a certain constitutional make-up reveal a liability to certain definite types of disorder, a susceptibility to disease which differs from that of others differently constituted. This is important because of the therapeutic link which exists between constitutional type and an individual

remedy. This is a remedy which possesses affinity with the inherent weak spots in the constitutional make-up, and in consequence is able both to cause and to correct disorders related thereto.

For this reason the associations between drug and human types as recorded in the materia medica in relation to physical, psychological and metabolic characteristics are of great ætiological significance and may be used as a valuable guide in the matter of remedy-selection.

See examples of constitutional types associated with individual remedies:

Belladonna

One authority describes the *Belladonna* type of individual as "robust, plethoric, tending to become utterly prostrate when ill".

Farrington has this to say: "*Belladonna* seems to be best suited to persons of a plethoric habit who are subject to congestions, especially to the head more than any other part of the body, who are rather fleshy and phlegmatic, something akin to *Calcarea ostrearum*, without the pallor of that remedy. They are pleasant and jolly enough when well, but become exceedingly irritable and overbearing when sick. This pleasant sociability which tends to make them so companionable, seems to be converted into the opposite condition when they are afflicted by illness."

Allen quotes *Belladonna* as being "adapted to bilious, lymphatic, plethoric constitutions; persons who are lively and entertaining when well, but violent and often delirious when sick".

He further describes the *Belladonna* subject thus: "Women and children with light hair and blue eyes, fine complexion, delicate skin, sensitive, nervous, quick in movement with snapping eyes."

Kent says the remedy is "especially suitable to plethoric, vigorous individuals and intellectual people".

To quote Leaser: "The person specially amenable to the influence of *Belladonna* is quickly reacting, highly strung, sensitive, of sanguine temperament. Aggravation of his symptoms from light, noise, jarring and sudden movements expresses only the same thing."

Like the plant itself this type of individual possesses the liability to sudden violent activity, especially in the realm of the circulation. Over-reaction resulting from hypersensitivity occurs in connection with the whole of the nervous system, autonomic, central and peripheral.

Consequently there is a proneness to disorders ushered in with suddenness and great violence, associated with blazing visage, bounding pulses, burning skin, bellicosity in the mental sphere, and a tendency to high fever, delirium and convulsions.

Bryonia

This plant, *Bryonia alba* of Europe, *Bryonia dioica* of Britain, is quite dissimilar from *Belladonna*. It shuns the public gaze, climbing quietly in its

hedgerow and clinging fixedly to any support with its ingeniously contrived double-coil tendrils, which afford the maximum assurance of stability and security.

Allen describes the *Bryonia* individual as "irritable, inclined to be vehement and angry; of dark complexion, with dark or black hair and firm muscular fibre; dry, nervous, slender".

In health the *Bryonia* subject is persistent, pigheaded, choleric, bursting with plans and activity but afraid of poverty and fearful about the future. Like the plant itself, he thus manifests a deep-rooted desire for security, stability and support.

The proneness here is to inflammatory conditions, especially of epithelial surfaces (mucous tending to dryness, synovial or serous with effusion) and of fibrous issues in muscles and around joints. The conditions are characterized by a desire for complete immobility, pain being increased by any movement.

Phosphorus

Kent: "The complaints of *Phosphorus* are most likely to arise in the feeble constitutions, such as have been born sick, grown up slender, and grown too rapidly."

Pierce: "The typical *Phosphorus* patient is tall and slender, with white skin; he is weak, inclined to stoop and of a hæmorrhagic diathesis."

Farrington: *Phosphorus* is particularly indicated in "youths, both young men and women, who have grown too rapidly, who have delicate skin, long silky eyelashes and are of easy graceful manners. The mental development is excellent, yet they have not the physique to support this keenness of mind".

Clarke: "The types of constitution in which *Phosphorus* has been found particularly suitable are strongly marked:

1. tall, slender persons, of sanguine temperament, fair skin, blonde or red hair, quick, lively perceptions and sensitive nature;
2. young people who grow too rapidly and are inclined to stoop; chlorotic, anæmic;
3. persons of waxy translucent skin, half anæmic, half jaundiced;
4. tall, slender, narrow-chested, phthisical, with delicate eyelashes and soft hair;
5. tall, slim, dark-haired persons, especially women, disposed to stoop;
6. nervous, weak persons, who like to be magnetized."

Nash stresses the *Phosphorus* type as: "Anxious, of universal restlessness, unable to stand or sit still; averse from being in the dark or left alone; sensitive to thunderstorms."

Additional physical features of the *Phosphorus* type are a tendency to easy blushing and characteristic speech—questions are replied to rapidly with quick eager understanding, or else with quiet deliberation and pausing

for the right choice of words from a desire for accuracy.

The *Phosphorus* subject thus is intelligent, co-operative, over-active, affectionate, attractive, artistic, given to enthusiasms which, however, tend to wane. This latter trait is probably the result of poor physique and a corresponding tendency to easy exhaustion.

There is extreme sensitivity to all impressions, light, colour, odours, music, beauty, touch, confined space, darkness, thunder in the air. This may even extend into the extra-sensory realm with resulting capacity for ecstasy and clairvoyance.

Associated with these constitutional characteristics is a condition of tissue irritability and lack of resistance and stability. This results in a proneness to degenerative states, such as acute atrophy of the liver, easy hæmorrhages, tuberculosis, as also to an excessively labile circulation capable of sudden disturbances of tone or rhythm.

These circulatory disturbances are manifested by bouts of sudden exhaustion, by actual syncope, by sensations of burning.

The lack of resistance and stamina is evidenced by a predisposition to take cold easily with spread to air passages and lungs. A tendency to disturbances of vision and disorders of bone metabolism is also associated with the tissue affinities of *Phosphorus*.

(To be Continued)

—*The Layman Speaks*, Jan., '60

LETTER TO THE EDITOR

(Continued from page 286)

Physicians was not as per the syllabus prescribed by the Government. But how can the authorities of the Royal College of Homœopathic Physicians adopt a course of study as per the syllabus prescribed by the Government at a time when the Government did not prescribe any syllabus at all? To punish the practitioners of the Homœopathic system who have undergone an efficient academic course of four years for the simple reason that they were born some years earlier is injustice unparalleled.

On need not be a saint to realise that the agitation of the students at the Athurashramam College is an instigated one and that they are being made tools. After all what do they lose?

P. A. Ravindranath, Kasaragod

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(Continued from page 266)

Lycopodium

This remedy has very definite constitutional characteristics:

Farrington: "We find *Lycopodium* indicated most frequently in emaciated persons who are muscularly weak; the mind however is well developed. The face readily flushes, the cheeks become red. This is often so in the evening and after eating. As to temperament, the *Lycopodium* patient is rather impatient and irritable, easily getting angry. At other times sadness or tearfulness is well marked. /

When sick such persons are apt to become domineering and rather imperious in manner; or to consider themselves of great importance and those about them of no importance; so they order others about with an angry vehement manner. As to the intellectual part of the mind we find the memory weak."

Nash: *Lycopodium* "acts upon persons of keen intellect, but feeble muscular development; lean people, leaning towards lung and liver troubles. The *Lycopodium* subject is sallow, sunken, with premature lines in the face; looks older than he is.

"Children are weak with well-developed heads, but puny, sickly bodies. They are irritable, and when sick awake out of sleep ugly, and kick and scream and push away the nurse or parents.

"These temperament remedies are not always appreciated by those who do not understand the true spirit of this art of healing; but when appreciated the skillful observer can often see the picture of the right remedy in the face and build of his patient before he speaks a word." "A remedy must not only be well proven, but extended clinical use and observation is necessary to develop it and indicate its true sphere of usefulness."

Wheeler: "*Lycopodium* is particularly well adapted to persons in whom the mental powers have, as it were, outrun the physical, where the intellectual faculties and interests count for much, but the bodily strength is deficient, the muscles weak and the fundamental processes (digestion, excretion, etc.) apt to be faulty. There is a feeble body with an active brain that has become overtired.

"Dr. Kent instances Paul Dombey as a *Lycopodium* subject. The *Lyc-*

podium child is usually thin, rather dark with sallow skin. Such a child is sensitive, shy, nervous and a difficult subject to his parents."

The adult is "apt to be a brooding, seditary person, mentally absorbed, physically indifferent. He is a taciturn individual and though he wants to be let alone, he does not want to be entirely alone because of his fear of solitude".

It is evident, therefore, that there is a certain inadequacy in the *Lycopodium* subject, especially in relation to physique and the circulation. With this is associated a temperamental diffidence, a haunting fear of failure under stress, set off to some extent by hyper-conscientiousness and a penchant for meticulous attention to detail.

Like the moss spores from which the remedy is obtained, associated with this apert inertness there is also the capacity for sudden explosions. Tantrums and sudden rages may be touched off by quite trivial annoyance.

The silent, sallow, rather sombre individual may suddenly erupt into brilliant talk or blazing wrath, neither of which are sustained for long.

Moreover the *Lycopodium* subject is liable to chronic disease states or to exacerbations of illness. These are manifestations of the widespread lack of tone in the musculature, not only of the skeletal system but also, and perhaps more especially, of the plain muscle of arterial walls and gut.

Thus there is a proneness to disorders of the liver, to flatulent dyspepsias, to deficient function in various organs—gonads, kidneys, lungs, circulation, skin.

The constitutional characteristics associated with the drug are in this way linked with the ætiology of various chronic disorders as the result of definite predispositions and susceptibilities possessed by the *Lycopodium* individual.

Sepia

Kent suggests that *Sepia* is "suited to tall slim women with narrow pelves and lax fibre and muscle; very tall, narrow, straight from the shoulders all the way down".

Farrington: "*Sepia* is a remedy of inestimable value. It acts especially on the female organism, although it also has an action on the male. It is particularly adapted to delicate women with rather fine skin, sensitive to all impressions, usually with dark hair, although not necessarily so; the face is apt to be sallow".

Allen: *Sepia* is "adapted to persons of dark hair, rigid fibre but mild and easy disposition".

The *Sepia* subject manifests a proneness to sick states, both physical and psychological, which are characterized by versatility of mood, by extreme inertia and sessility (relief, however, by bursts of energetic physical activity), by apathy, by a strong desire to get away and escape from it all, by a tendency to become enveloped in a dark cloud of self-inspired gloom.

Interestingly enough the source of this remedy, *Sepia officinalis*, the squid or cuttle-fish found plentifully in the Mediterranean, is analogous on various counts to the *Sepia* subject.

It possesses a quite remarkable capacity for altering its colour—evidences of alteration in mood; it may remain sessile and quiescent for long periods and then suddenly burst into violent activity; it has a penchant for swift escape and the ability to make a quick get-away; most remarkable of all it is able to surround itself with dense cloud of dark pigment. This is of its own manufacture and is its own very personal trait and characteristic.

The disorders to which the *Sepia* subject is prone are associated with hypo-activity of the endocrine glands, notably, the gonads, leading to both skeletal and circulatory hypotonia. The circulation fluctuates and the moods correspond.

The pelvic organs are also particularly prone to involvement with a marked tendency to prolapse, laxity of ligamentous structure and downward dragging sensations.

It is worthy of note that the squid although appearing somewhat lax and jelly-like has nevertheless beneath its skin a hard core of bone, the remnant of its ancestral shell. The *Sepia* subject also possesses a hard core of will and a desire to keep going, and only becomes sick as the outcome of prolonged adverse stress and strain.

Natrum Muriaticum

There are quite marked constitutional characteristics associated with this remedy as distinct from symptoms recorded in the *materia medica* as caused by planned provings.

Temperamentally the *Natrum mur.* subject is sad, solitary, suffers in silence, resents sympathy, hates fuss, broods on insults and injuries (real or imagined), sulks if offended, dislikes rebuke and interference, swings from one extreme to the other emotionally, pursues new hobbies with enthusiasm and later cools off and loses interest—is a determinedly independent and a decidedly unpredictable individual.

Physically the *Natrum mur.* type is inclined to be scrawny and remain thin despite eating heartily; shows a great fondness for salt and possesses a rather shiny greasy seborrhœic skin.

There is a tendency to feel chilly in patches but great enjoyment of crisp cold sunny frosty weather; very susceptible to sea-air which may affect the sense of well-being either adversely or favourably; there is likely to be almost unquenchable thirst.

Imbalance, oscillation between opposite extremes, alternation of conflicting manifestations both physically and emotionally characterize this type of individual.

There is a proneness to conditions associated with disturbance of electrolytic balance in the body, especially that between sodium and potas-

sium ions. There is a tendency to the development of deprivation or deficiency states—asthenias, anæmias, amenorrhœa, hypotension, hypocortinism.

There is a liability to migraine, psychogenic cardiac irregularities, herpetic eruptions, especially Herpes labialis.

Thus the constitutional make-up of the individual is closely related to the biochemical and biophysical properties of a remedy. Aetiologically this is of significance because the inherent weaknesses and tendencies underlying the disease-proneness are those which will respond to and be helped by the corresponding remedy suitably prescribed.

Many more examples could be cited to provide evidence of the ætiological association between remedies and individual constitutional types. In symptom-producing dosage the drug will reveal the disease-proneness of the particular type. In therapeutic dose the same drug will manifest a curative affinity with those very tissues and functions that are at risk owing to the inherent tendencies and susceptibilities of the individual. Hence the immense value of the constitutional remedy, especially in relation to chronic disease and persistent ill-health.

Another way in which the materia medica is related to ætiology is in the association between individual remedies and *endogenous miasmatic taint*, or toxicosis, whether inherited or acquired.

Hahnemann emphasized the importance of what he called psoric, sycotic and syphilitic miasms as predisposing towards either the development of disease or the persistence of ill-health. The toxic taints which may operate in this way are now known to be numerous and diverse—a state of chronic disorder being traceable to some previous illness in parent or patient, identifiable by laboratory test or inferred by reason of the previous history.

The importance of this is that evidence of one or other toxic factor indicates the employment of a corresponding remedy, and the materia medica is rich in these—antipsorics, antisycotics, antiluetics, nosodes in great variety, such as the *Tuberculinums*, the *Influenzinums*, and so on.

All treatment directed at a local organ or tissue disorder may be of little or only temporary avail unless the toxic element in the ætiology of the illness can be laid bare and the appropriate remedy administered.

The study of the totality of symptoms and signs may suggest the use of *Sulphur*, of *Psorinum*, of *Medorrhinum*, of *Lueticum* to deal with deep-seated disorder in the body. A history of malaria will point to *Natrum muriaticum*. Incidents of severe reaction to vaccination or inoculation will suggest the use of *Thuja*. Former contact with tuberculosis will indicate the employment of one or other of the tuberculin preparations.

Again, a careful observation of the *environmental factors* associated with the onset of the illness will often provide a link with one or the other remedy in the materia medica.

I was very impressed by a paper some years back by Dr. Chand of New Delhi in which he mentioned three patients all of whom were treated

successfully by attention to the causal factor which had initiated the illness.

One was a boy of 9, seriously ill with a nephritic syndrome of some seven months' duration. No relief had been obtained with various treatments, homœopathic included. On careful enquiry into the antecedents it came to light that just before the onset of the illness the patient had been given a cold bath out of doors on three or four occasions, contrary to his usual routine of a warm bath indoors. *Dulcamara* was prescribed and the dropsy began to diminish rapidly after the first dose. The case finally went on to full cure.

Another, a middle-aged European had suffered for three years from diarrhœa and dysentery. He had hardly been free from symptoms, even for forty-eight hours at a time, since the trouble started after a rowing accident. The boat in which he was rowing capsized and he was thrown, all hot and perspiring, into the water, which was quite cold. A dose of *Dulcamara* 200 was sent and a fortnight later Dr. Chand received a letter from the grateful patient informing him that the trouble had ceased, as if by magic or miracle, after taking the solitary powder and that he was fast improving in general health.

A third case was the doctor's own child who recovered from diarrhœa of over twelve months' duration after a single dose of *Thuja* 200. Previous treatment had been both orthodox and homœopathic, which latter in the shape of *Podophyllum* had given short temporary relief on occasion. It was not, however, till the prescribing of the single dose of *Thuja* that, "Diarrhœa ceased, fever abated, urine remained clear after voiding, and the child began to put on flesh, and within the short period of a few weeks, grew plump and strong." The trouble had started soon after vaccination.

It is obviously of very great moment to be aware of the kind of ætiological factors which may point to the use of one or another associated remedy in the materia medica. These may be recent or even in the remote past, but when a definite causal factor can be traced success in treatment can often be achieved by prescribing on this indication. A history or trauma, for instance, will suggest *Arnica* or *Hypericum* or *Bellis perennis*. If it be a head injury associated with concussion *Natrum sulphuricum* will be the choice.

The aftermath of severe fright will, of course, point to *Aconitum*, *Ignatia*, *Opium*, amongst other remedies; the ill-effects of anger to, perhaps, *Chamomilla*, *Colocynthis* or *Nux vomica*; sudden cooling of the head to *Belladonna*; getting the feet wet to *Aconitum* and *Pulsatilla*; getting soaked all over to *Rhus toxicodendron*; and so on—a wide range of associations between causal factor and individual remedy that well repays constant study and awareness.

The search for the similar remedy by the method of symptom-matching is not always easy or even straightforward. There may on the one hand be a disheartening paucity of symptoms to guide the choice or, on the other

hand, there may be such a plethora of complaints as to well-nigh confuse the issue.

Attention to the constitutional elements in the case, the possible toxic factors present, the probable causal agencies recent or remote, will often be of immense help in working out the problem and arriving at a satisfactory plan for treatment.

To sum up: It is suggested that a remedy should be regarded not as a chemical compound, natural or synthetic, capable of controlling symptoms by pharmacological force, that is by interfering with vital function in one way or another. Rather should the remedy be recognized as something possessing life-force and individual personality, therapeutically potent if correctly prepared and suitably employed.

To this end the remedy should be intimately studied in relation to its origin and background, its toxic propensities, its tissue affinities, its affiliated constitutional types as well as in regard to its particular symptoms as noted by planned provings.

The relation of the Homœopathic Materia Medica to the ætiological factor in disease has been briefly reviewed. *(Concluded)*

—*The Layman Speaks, Jan., '60*
