

(4) Pathology also warns us that it is dangerous to attempt to cure certain conditions of disease, e.g. advanced phthisis or deeply seated abscesses or where foreign bodies are encysted near vital organs.

Thus we can assess the necessity of Disease-Diagnosis under the following heads:

1. To know what is curable in our patient.
2. To assess his symptoms for prescribing.
3. To separate the symptoms ultimating from his disease from those that characterise his fight against it.
4. To decide on ancillary therapy.
5. In the interest of public health.
6. To maintain the reputation of Homœopathy by showing the non-homœopathic physician that we do not disregard his values but "go one better."

B. K. S.

BRYONIA ALBA*

WILLIAM GUTMAN, M.D.

Introductory Remarks

The Hahnemannian anatomical scheme is still the best method to record the symptoms of a proving. From this raw material evolves gradually, through addition of clinical symptoms and observations, the drug picture. However, also in this second stage the drug picture remains a more or less unrelated accumulation of facts.

The aim of a future materia medica should be to conform with the principle of unity which underlies Homœopathy, by adding to the tenets of the single remedy, as a therapeutic unity, and the single dosage in prescribing, the presentation of a remedy as an integrated entity. In such a presentation all facts are organically interrelated,

*From the Foundation for Homœopathic Research, Inc., New York.

conforming with the actual unity of the mineral or plant from which the remedy is derived and the unity of the individual to which it is applied.

For an attempt in this direction of drug presentation we choose one of the best known polychrests, *Bryonia alba*, to serve as an example.

Bryonia is not only one of the most thoroughly proved and reproved remedies of our materia medica, but also one of the most often used polychrests. While attempting to explain from the well-known symptomatology and from what we know about the plant the reason for its extraordinary importance, we shall try to gain a deeper insight into the inner life force of the White Bryony.

Each organism, whether human, animal or plant, has its *characteristic rhythm* and energy of action; the same holds true for pathological processes. *Bryonia* symptoms develop gradually and get worse steadily with a certain energy and persistency of action. Some days ahead of the actual outbreak of disease, prodromal symptoms are felt. In the course of the disease the patient feels at first worse in the morning, but as the disease progresses the patient develops a gradual aggravation of his complaints until the daily peak is reached late in the evening. The symptoms never change quickly but proceed slowly from organ to organ, from one part of the body to another. The principal organ in which the pathological process settles is reached gradually.

Aggravation from any movement and dryness of the mucous membranes are *key symptoms* of the remedy. Consequently, rest and everything which prevents movements, such as pressure, lying on the painful side, have an ameliorating effect. The *Bryonia* patient is worse in the morning, after waking and when rising, because he starts then to move. He is worse from eating, and since eating means chewing, swallowing, movements of the digestive tract, this modality also may be an expression

of the all-pervading grand characteristic, "worse from any motion."

The general aggravation from external heat is explainable by its drying effect on the mucous membranes; besides, suppression of perspiration, when overheated, brings on many *Bryonia* symptoms. Hence the indication, "complaints from being suddenly chilled when overheated."

The dryness of the mucous membranes evokes the desire for large quantities of water, which can be taken only at great intervals, probably because of the decreased absorptive function of the dried-up mucous membranes.

The main *field of action* of *Bryonia* is logically the anatomical system which has to do with motion. *Bryonia* attacks selectively the mechanism which throughout the body suspends the organs and permits them at the same time to move, to glide inside their walls and against each other—the system of double sheaths, all built basically on the same anatomical pattern, such as meninges, pleura, peritoneum, synovia and bursae, tendon- and nervesheaths and the interstitial connective tissue. The *toxicological effect* of *Bryonia* leads through inflammation of these tissues to prevention of motion, ending in the attachment of the organs to their surrounding tissues through the formation of adhesions.

Irritation and inflammation of the serosa are usually marked by sharp, stabbing pains, which are the characteristic *expression of pain* of the *Bryonia* case.

The *pathological process* related to *Bryonia* is fibrinous inflammation. Here again we perceive the basic character of the drug, fibrinous inflammation being a kind of "dry" inflammation with little serum exudation, leading to deposits of fibrin impeding motion and finally to adhesions which abolish motion altogether.

Prevention of movement, of the free flow of secretions and discharges underlies likewise the *etiological factors* which are known to provoke the mentioned pathological

conditions: checking of perspiration, of the menstrual flow, of milk-secretion, of exanthemata. Anger and its suppression are known as etiological factors of syndromes calling for *Bryonia*. Suppressed resentment and hostility are now considered as of etiological importance in rheumatoid arthritis which often exhibits the typical *Bryonia* symptoms. The effect of anger and its repression, preventing bile flow, are well known. *Bryonia* has produced in animals bile stasis with subsequent degeneration of liver cells. Also, in the *emotional sphere*, a process of inhibition of the free flow, of the moving of emotions is indicative of the action of *Bryonia*.

If, provoked by any of the etiological factors mentioned above, an individual develops a pathological condition as described before in one part or the other of the general field of the *Bryonia* action, this individual will exhibit a characteristic *behavior*. The patient will more or less strenuously avoid motions of the affected part and, the more he is affected as a whole, any kind of motion. He holds on everywhere to secure a safe position, to find security from pain.

This general trend unfolds identically in the *mental sphere*. The patient does not want to be moved mentally either, when in distress. He resents being spoken to, and being obliged to answer; he wants to be left undisturbed; visitors are unwelcome. He is disinclined to do things; thinking becomes an effort, and in fevers a sluggish state of mind develops, slowing down and inhibiting the movement of thoughts. The need to be constantly on the watch not to move or to be moved brings about an irritable disposition. Actual disturbance provokes angry reactions. The patient will resist and resent any attempt to change the position of rest which he seeks physically and mentally and which he will try to secure instinctively by all means.

It is the *sphere of the subconscious* which in attitudes, dreams and delirious states, repeating the basic pattern,

reveals the clue to the various aspects of the *Bryonia* picture. We find here proving symptoms and clinically confirmed symptoms such as "Needless anxiety," "Apprehension about the future," "Great sense of insecurity with mental depression and apprehension of future," "Fear of poverty," "Dreams all night vividly of anxious and careful attention to his business," "In his dreams he is occupied with household affairs," "Delirious chattering of business to be done," "Irrational talk of his business," "Dream of being pursued and wanting to escape," "Imagines in the delirium that strangers are around, and wants to go home." In the picture language of the subconscious, we find here the fundamental character of *Bryonia* revealed: the instinctive search for security. When the person in the dream wants to escape, he seeks security; when he worries about the future and whether he will be able to make a living, he strives for security. Business and household affairs occupy the subconscious in dreams and delirium as expression of the ever-present anxious urge to secure the economic position, to secure stability; if the person in his delirium wants to go home, the home which means shelter, protection, then it is again another expression of this instinctive search for security. Everywhere in physical, mental, subconscious symptoms, the *Bryonia* personality exhibits the same basic pattern: it looks for a safe position, it wants to hold on to something, it strives persistently for a state of stability and rest, opposing any change of position, holding on to the painful part of the body, or to the position in bed, or the position in business, always concerned with the one thing which underlies all the various symptomatic expressions of *Bryonia*: the search for security.

The typical *Bryonia* personality as we meet it in daily life is not the artist or scientist or philosopher, the explorer of beauty and the unknown, who disregards the material basis of his existence to reach out into lofty heights. It is the business man, the insurance man, the stock broker, the

man without much imagination, but with much calculation, a "dry fellow," sober, reliable, methodical, tenacious, weighing his steps, carefully driving into the ground stake after stake on which to fasten his web, concerned in everything he does with safety, stability, security. Whenever the safe basis is lacking, such a personality becomes irritable, angry, anxious, depressed, always on the lookout for something which promises a hold to provide stability and security. *Bryonia* corresponds to a widespread, fundamental attitude, to be found in any profession or walk of life, which is particularly characteristic of the type that we may call the "economic man." No wonder that it became one of the most frequently used polychrests of our materia medica.

Everyday practice furnishes ample material for exemplification of the curative effect of *Bryonia* and two typical cases will suffice as illustration:

A couple, old patients of mine, keep a set of homœopathic medicines at home for acute ills, such as imminent colds. I advised the routine use of *Aconite* for a beginning cold. One day the husband told me: "You know, doctor, you advised us to take *Aconite* as the first remedy at the beginning of a cold, it always helped my wife, but has always failed me. Once, I tried *Bryonia*, it helped right away, and since I am using it regularly and never develop a cold." His wife is a very lively person, reacting quickly and full of varied interests. He is a deliberate, sober, tenacious, hard-working investment broker. Experimenting, he found the drug belonging to his type.

One day I was urgently summoned to his house. I found him in a shaking chill, teeth chattering, complaining about intense sharp pain in the left lower abdomen, worse from the slightest motion. Temperature was high, the pulse near one hundred, the abdomen hard as a board with extreme tenderness in the lower left region. Since he suffered from diverticulitis, it was obvious that a perforation of an inflamed diverticulum was threatening, if it had not already taken place. I telephoned immediately for the surgeon and gave in the meantime a dose of *Bryonia* 200. Within a few minutes the chill stopped and after a short time the patient said: "Doctor, I feel so much better now." The surgeon arrived 15 minutes after I had called, found a changed situation and decided to wait. We waited, and in a few days, the patient was well on his way to complete recovery. An X-ray picture taken much later showed a walled off perforation.

A man, 48 years old, came to the office with the following complaints: In the morning upon rising, he experienced suddenly a stabbing pain at the nape of the neck, during the day he sometimes has pains in the lower left abdomen, better from pressure; he has been constipated for some time; besides, as a chronic condition he has a lumbago with sharp shooting pains on the right side of the lumbar region, much aggravated on coughing. The pains are all better from holding and pressing the affected part. His mental symptoms show a choleric character. He further reveals that he had a contract with a firm which promised some security but this contract was suddenly cancelled, and he is now greatly worried and constantly plagued by fears of the future. *Bryonia* 200., 1 dose. When he came in two weeks later, he told me that all his complaints had disappeared overnight. Asked whether he still worried and whether his business situation had changed for the better, he said: "No, doctor, it's just the same. I think I am very frivolous, but I can't help it, I do not worry any more." Later I sent him a bill at a considerably reduced rate, which he was in a position to pay. I had to send reminders for two years, although, as I heard, his financial situation had greatly improved. Finally, he paid, cutting down on one item, and adding a protest against the remainders.

This is the typical *Bryonia* case: Of choleric temperament, full of sharp pains, worried about his security, he holds on to his back, he holds on to his abdomen, he holds on to his pocketbook.

From proving, pathology and clinic we turn now to nature to study the plant, *Bryonia alba*. In many respects, *Bryonia* has outstanding features. It grows in wet places near fences and hedges and anchors, with a branched root which reaches the length of two feet and a weight of six pounds, securely in the ground. The fresh root—containing in its very acrid juice of nauseating odor the active material, an alkaloid, *bryonicin*, and two glycosides, *bryonin* and *bryonidin*—is used for the preparation of the remedy. From this big root new stems shoot out (the Greek name *Bryonia* means "shooting out") up to 13 feet in height, revealing an astonishing biological energy of growth hidden in the root. The stems, like the root, are succulent, the many leaves have hairs on their surface. The function of the hairs is to protect the plants against

excessive evaporation. This is essential because of the great number of leaves which need much water and because of their extraordinarily great total surface which exposes the leaves to loss of water through evaporation. The preference of the plant for wet places shows its great biological *thirst*, also evidenced by its tendency to drain and to *dry* out its environment with great energy to serve its own needs.

The succulent long stems are not able to hold the plant erect; here we are reminded again of the *Bryonia* effect in the human body, where the erect position, the attempt to sit up, brings about faintness, nausea and general aggravation, and where the muscles particularly affected are those of the nape and of the lumbar region, which are the main support when assuming the upright position. In order to reach a favorable and stable position, *Bryonia* develops numerous spiral tendrils that have a firmness of grasp which only few other plants, all of the same family of the cucurbitaceae, possess. These tendrils shoot out from the stems, and develop on their ends cells very sensitive to touch; this also is a *Bryonia* characteristic as a remedy. As soon as these ends come in contact with a rough surface they coil around several times to secure a very firm hold. In order to make this hold still more secure and persistent, two more coils are formed, each one curving in the opposite direction of the neighboring coil, all of them in connection with the elastic, spiral-shaped tendril shooting forth from the stem—an admirable construction, ideally suited to suspend the plant and to attach it to its surroundings. With its great root firmly anchored, the plant grasps persistently, so to speak, with hundreds of tendrils for other stems or the stakes of a fence; spreading its web of foliage from stem to stem, from stake to stake, holding on everywhere with extraordinary firmness, so that it cannot be moved and is able to retain a favorable position, once it is reached, stable and secure.

Bryonia, whether perceived as proving picture, or disease process, or as personality type, or as a plant, everywhere expresses the common denominator of all its forms of appearance and symptoms, the search for stability, the search for security.

—*The Homœopathic Recorder*, April 1952

A COMPLETED PROVING OF BUTYRIC ACID WITH CLINICAL CONFIRMATION

BY WILLIAM B. GRIGGS, M.D.

In presenting a proving of a drug done according to the method of Hahnemann, I feel rather apologetic because of the fact that when I scan the recent homœopathic literature I realize that I am alone in this particular type of work; but this has been my real hobby for over forty years, and the only excuse I have for doing it is the fact that I have gathered valuable information not in the orthodox materia medica. My proven remedies are the tools I use to help restore the sick to health.

Furthermore, when brought face to face with the fact that in our materia medica I can find no positive curative remedies in the treatment of cancer, tuberculosis, diabetic coma, acute leukaemia, etc., I feel as though I must start to seek for new remedies which may help in these types of cases, for I believe there is an antidote for every morbid poison, and the wise architect of the universe, I believe, has so ordained it.

Therefore, in my meager and humble way I have worked, mostly alone, but in a logical manner to find the curative effects of some basic substance not in the orthodox materia medica. I may say also that I have met with many adverse criticisms where they were least to be expected, but the