

THE STUDY OF MATERIA MEDICA*

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The study of materia medica has been constantly under discussion ever since the days of Hahnemann. So much has been said and written on the subject that more might seem superfluous. Yet materia medica still remains a stumbling block to the homoeopathic graduate as well as to the allopath who desires to improve his knowledge of therapeutics. It is also a source of discouragement to many a student who matriculates in a homoeopathic college. While he may have little difficulty with anatomy, chemistry, bacteriology or even pharmacology, he dreads the hour in materia medica and is apt to have some trouble in absorbing enough of drug pathogenesis to pass his examination. Even after he gets into practice, we are apt to find him stumbling along, obtaining mediocre results with his homoeopathic remedies and turning to unhomoeopathic measures for the relief of some of his patients.

The homoeopathic materia medica is a record of the effects of active medicinal substances upon healthy human beings, known technically as provings; the toxic or lethal effects of drugs, and so-called clinical symptoms. Symptoms derived from provings are termed pathogenetic, and represent the true image of the morbid states the drug will cure. Data obtained from cases of poisoning, including tissue changes or gross pathology, round out the picture by adding those conditions which for good and sufficient reasons cannot be developed in provings. Clinical symptoms are those which have not been observed in the provers but have been cured a sufficient number of times to establish their dependability; as for instance, the well-known indication for Phosphorus, originating with Lippe, "cold water is vomited as soon as it becomes warm in the stomach". This material—the result of 135 years of experiment and clinical observation by hundreds of homoeopathic physicians, is contained in the ten volumes of Allen's *Encyclopedia of Pure Materia Medica*; and in the same number of volumes of Hering's *Guiding Symptoms*. Numerous additions have been made since these monumental works were published many years ago. They are to be found in a number of smaller books and pamphlets, or scattered through homoeopathic periodicals and society transactions. The human brain could not retain more than a fraction of this enormous accumulation of data.

Even in the early years when Hahnemann's *Materia Medica Pura* was the principal textbook on the pathogenesis of homoeopathic remedies, the acquisition of an adequate knowledge of materia medica required hours of study and close application and few there were who attained it. Many who examined this large work of two volumes, when they found that 1231 symptoms are recorded therein for Arsenicum, 1658 for Lycopodium and 1969

* Read before the Pan-American Homoeopathic Congress, October, 1940.

for Sulphur, not to mention the long lists of indications for Nux vomica, Sepia, Natrum mur. and other great polychrests, threw up their hands in despair. No wonder then that we hear the cry on every side that the homoeopathic materia medica must be simplified and condensed; that it is cluttered with hundreds of redundant and spurious symptoms and that the chaff should be separated from the wheat.

Richard Hughes of Brighton, England, was one of the foremost champions in the movement to revise the materia medica. His persistent and untiring efforts resulted in the appointment by the British Homoeopathic Association and the American Institute of Homoeopathy, of a joint committee to undertake the work. This committee completed its task in 1878 by the publication of the *Cyclopedia of Drug Pathogenesis*, which is supposed to embrace only genuine symptoms of provings upon healthy human subjects, freed from all irrelevant and untrustworthy matter. But the demand for further revision still persists.

There is no denying that a number of useless or spurious symptomatic indications have crept into the works of Allen and Hering, and that a thorough reproof of homoeopathic remedies by experts and well trained observers is most desirable. But this is not an immediate necessity. The masters of homoeopathic prescribing have done an enormous amount of constructive work in collating and arranging the symptomatology of homoeopathic remedies and in culling from the long lists of pathogenetic and clinical data those which are most useful to the prescriber.

We now have a number of excellent textbooks on materia medica and therapeutics from which the student may obtain all that is necessary for a correct knowledge of the genius of his remedies and their application in the treatment of the sick. We now have several indexes or repertories which not only contain exhaustive lists of remedial indications, but indicate by markings or special type their relative importance in prescribing. Hering's *Condensed Materia Medica*, Farrington's *Clinical Materia Medica*, Cowperthwaite's works, Pierce's *Plain Talks on Materia Medica* and others contain all the knowledge necessary for success in every day practice. There are numerous smaller treatises such as Nash's *Leaders in Homoeopathic Therapeutics*, Allen's *Keynotes*, Boger's *Synoptic Key*; Bell on *Diarrhoea*, and Norton's *Diseases of the Eye*. While the *Encyclopedia* and *Guiding Symptoms* are useful for reference or more extended study, the others mentioned provide an introduction to the materia medica, more definite clinical application or the indications in some special field of therapeutics.

But even with these excellent sources of information, many students, especially those who have graduated from an allopathic college, have great difficulty in gaining a proper interpretation of drug pathogenesis.

There is no 'royal road to learning', and certainly no royal road to proficiency in prescribing according to *similia*. But the attainment of the goal may be made easier if the student or practitioner understands and

accepts as his guide, a few simple rules and precepts which constitute the most important fundamentals of homoeopathic practice. They are:

1. A correct knowledge of the materia medica.
2. The proper evaluation of symptoms.
3. The ability to interpret the behaviour of the symptoms following a prescription.
4. The relative value of pathology and diagnosis in the selection of the remedy.
5. A realization of the difference between palliation and cure.

At present we are concerned with the first two of these precepts. A *correct knowledge of the materia medica* does not mean a long list of disconnected symptoms committed to memory. It means the memorizing of those outstanding features which distinguish one drug from another, those which reveal the individuality or the nature of a drug; and which in homoeopathic philosophy are known technically as *characteristics*. These are set forth in the above mentioned textbooks and those who are studiously inclined will be able to assimilate them and apply them in practice. The beginning, however, usually requires the guidance of an experienced physician or teacher.

Many different methods for the study of materia medica have been advocated. Some are too difficult and cumbersome, others are too limited in their scope and lead to routine or keynote prescribing. It is my purpose to present a method adapted to the neophyte and which has proved eminently successful during the past two decades, especially as exemplified by the Homoeopathic Extension Course of Chicago.

There is usually one symptom which stands out most prominently in the pathogenesis of every remedy; one distinctive feature that qualifies practically every case in which that remedy is indicated. Perhaps it is a group of two or three symptoms, or a symptom and its modalities. For instance, the nausea of Ipecac; the stitching pains of Spigelia or Kali carb.; the painful stiffness relieved by continued motion which is so characteristic of Rhus tox.; the irritability and incoordination of reflexes of Nux vom.; the afternoon aggravation of Lycopodium; the burning heat of Sulphur; or the relaxation and weakness of Gelsemium.

To these other cardinal indications may be added: the nausea of Ipecac accompanies the *cough* for which that remedy is indicated and the paroxysm usually ends in vomiting. It frequently accompanies *itching of the skin or diarrhoeic stools*. While nauseated, or during the cough, a *cool sweat* breaks out on the patient's forehead.

The stitching pains of Spigelia occur most often on the *left* side and are worse from touch, motion or making a false step.

The sharp stitches in a kali carb. subject appear when the patient is *quiet or in motion*, and are < by *cold air* and lying on the affected side. They are often accompanied by pain in the lumbar region as though it were

broken, sensation as though the heart was suspended by a thread, sensitiveness to touch of the soles of the feet or a 3 a.m. aggravation of all symptoms.

In addition to stiffness and lameness, the rhus patient suffers from extreme restlessness especially at night, and all symptoms, including the pains, are worse in *cold, wet weather*.

Incoordination of reflex actions in the patient who needs Nux vom. is most often exemplified by *ineffectual urging* to stool. But further observation of the case will reveal that this general condition applies equally to vomiting, micturition, *irregular muscular action anywhere* in the body or to convulsions. Predominance of *gastric and hepatic* symptoms; fitful sleep after midnight and *inability to withstand cold*, complete the picture for this remedy.

To the afternoon exacerbation of *Lycopodium*, the student may add a tendency for complaints to appear on the *right side* of the body; hunger with a feeling of *repletion after a few mouthfuls of food* have been taken; much noisy flatulence; relief from belching and < from both heat and cold; fanning motion of the *alae nasi*.

Having memorized these few salient features, the student may proceed to analyse them and familiarize himself with the conditions under which they occur. He will learn that a *Lycopodium* sore throat affects principally the right tonsil; a coryza, the right nasal passage; a gonitis, the right knee; or an ovaralgia, the right ovary. But he will also note that in each case, the ailment tends to progress *towards the left* or to involve the corresponding part or organ of the left side. Hunger with 'easy satiety' is strongly indicative of *Lycopodium*. But it is often associated with aversion to bread and desire for sweet things, and may waken the patient at night. The stomach fills with gas but is relieved at once by belching. Flatulence in the bowels is most marked below the navel. The apparent contradiction of aggravations from both heat and cold may be easily explained by further investigation. The patient in general is sensitive to cold air and to cold, wet weather; but is better in the open air if it is not too cold. While his headache, his skin symptoms, his pains in muscles and joints are < by the warmth of the bed or getting heated from exercise or exertion, his throat and stomach symptoms are relieved by warm food and drink.

Sensation of *burning heat* is a cardinal symptom of Sulphur. It may be *general throughout the body*, but is more often localized in the *vertex*, the *soles* of the feet or between the shoulder blades; or in the form of flashes rising upward from the stomach to the head and face. He suffers intensely from *itching of the skin* or pains in the extremities in a warm room and particularly from the warmth generated by his own body in bed. He wants the doors and windows thrown open or puts his feet out from under the covers to cool them. Yet he shivers and is miserable in cold air.

Weakness is an ever present symptom in the gelsemium case, but differentiating it from the weakness of other remedies the student finds that it is

associated with mental sluggishness and torpor, red face, bruised soreness, and thirstlessness, especially during fever.

Homoeopathy treats the patient, not the disease. Homoeopathicity implies strict individualization which can be attained only by utilizing those peculiarities that distinguish one patient from another or one remedy from those that are similar to it in pathogenetic effects and therapeutic application. By learning first those subjective or objective signs that, irrespective of diagnosis, characterize all cases in which a remedy is indicated, the task of memorizing the particular symptoms is made easier. Let me illustrate with a brief study of Gelsemium.

Weakness and relaxation of the whole muscular system, mental sluggishness, trembling and passive congestions characterize disease conditions calling for Gelsemium. The muscles, especially those of the lower extremities, respond tardily to the will. Although at first the mind may be clear, particularly in slight acute ailments, gradually thinking becomes more difficult, and in more serious conditions, stupor may supervene. The patient answers questions slowly but correctly as if he had difficulty in collecting his thoughts, and lapses again into a deep sleep. (*Arnica, Baptisia, Hyoscyamus*). The face is dusky red and wears a besotted expression.

Weakness and languor are usually the earliest symptoms to appear. The patient feels weary and wants to lie down. This is the prodromal state of practically all gelsemium cases. It may be the forerunner of an ordinary cold in the head or la grippe; it may be the first stage of typhoid fever or malaria. Again it may presage some serious brain or spinal inflammation; or it may indicate an oncoming paralysis, such as a paraplegia due to apoplexy or infantile paralysis. To general relaxation of the muscles in general, is then added weakness, heaviness, bruised soreness and coldness of the lower extremities, at times tingling and numbness or trembling.

The parietic tendency may affect only a small group of muscles, as for instance, those of the eye, causing double vision, blurred or foggy eyesight or drooping of the eyelids; the muscles of the tongue, resulting in thickness of speech; or those of the pharynx with difficulty in swallowing.

Another very important premonitory symptom in Gelsemium ailments is chills running up the back, especially in acute colds and influenza. The fever that accompanies these conditions is not usually high, but it is almost invariably associated with thirstlessness.

Although Gelsemium is one of the most important remedies in ailments *marked by sluggishness, relaxation and torpidity*, it is also suitable in the opposite conditions of oversensitiveness, nervous excitability and hysteria. Here all sorts of nervous symptoms present themselves—hysterical loss of voice; numbness of the tongue; irritability, anxiety, fear; nervous chills so violent that the patient wants to be held so that 'she will not shake so'. Yet the skin is warm. These conditions are often the effects of fright, depressing emotions or bad news. Apprehension at the approach of a thunderstorm; or

most characteristic of all, weakness, faintness or diarrhoea from the anticipation of an ordeal, as of an actor about to go on the stage, a speaker to the rostrum, a student about to go up for an examination.

There are two methods of approach to the study of *materia medica*. One from the symptomatic standpoint; the other from the pathological. Both are useful in gaining a broad view of what a remedy will cure and its symptomatic indications. But gross pathology or the names of diseases are of little value in the selection of a remedy. They are too vague and general. The unusual and peculiar symptoms must be the final arbiters in making a prescription. The symptoms given above are the general characteristics of *Gelsemium*. They may be used as 'pegs' upon which further knowledge concerning more particular symptoms may be hung. To recapitulate, the essential features of this remedy are:

1. Relaxation; weakness; torpor; paralysis.
2. Passive congestions with sensation of heaviness and paralytic weakness.
3. Numbness, tingling or coldness of single parts, or of parts affected.
4. Complaints accompanied by dusky red face, drooping eyelids or profuse urine.
5. Drowsiness and absence of thirst during fever.
6. Ailments from fright, shock or the anticipation of an ordeal.
7. Aggravation from depressing emotions, before a thunderstorm, from motion and in moist warm weather. Amelioration in the open air or from profuse flow of urine.

—*The Homoeopathic Recorder*, June 1941
