

## NOT TOMORROW BUT THE NEXT DAY

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A reader of *Homæopathy* has taken me to task for my recent articles because she thinks they have become too technical and serious.

Thinking over her remarks I am resolved to remove the soft impeachment by writing from time to time an essay on some aspect of the subject of more general interest. If these articles appear to be scrappy we will blame my gentle critic.

The heading of this article is a phrase familiar to me since childhood when there was a treat in store. In those impatient far off days time was apt to drag on leaden feet and I would help it on by saying to myself : "Not tomorrow but the next day"; somehow it seemed to bring the desired day nearer.

I sometimes think of this when I ask a patient : Does time tend to pass too slowly for you ?

### A Leading Question

Of itself it is not a good question to ask a patient for it is a leading question and people try to answer leading questions by giving, in the Irish fashion, the answer they think the doctor wants. As a mental symptom it is of more value if the information is volunteered. Then one can think of GLONOINE, CANNABIS INDICA, ALUMINA, ARGENTUM NIT., NUX VOMICA or MEDORRHINUM, the six remedies for which the symptom is a valuable pointer.

Incidentally, the opposite symptom ; Does time pass too quickly is covered by COCCULUS, SULPHUR or THUJA, but it is a less valuable symptom in the hurly-burly of modern living. Most doctors exhibit this symptom some time or other in the wintertime.

One of the few poems of mine ever to reach the cold finality of a published anthology was a *Ballad of the Times* in which occurs this passage :

We work against the clock  
From morn till night

From dewy eve till morn.  
Oh ! what a tyranny is time !  
Time is not money.  
From the day we're born  
Until the day we die—  
Most like in harness at the end—  
Too late we realise  
That time is not our friend  
No time to eat  
No time to sleep  
No time to think  
Time never is upon the doctor's side.  
Can we do nothing then to stem that tide ?  
Except this definition  
Time is measured duration  
Let us alter that !  
Time is modern damnation !

#### **Rest and Be Thankful**

In my mind I keep a pleasant picture of a call I once had to Carrick Castle, that tiny village on the shores of Loch Goil. To reach it one travels up Loch Lomondside to Arrochar, then up to the top of Rest and Be Thankful, then away to the left for ten miles down a country track.

On my way I passed a cottage whose whitewashed front was buttered with sunshine from the westering sun. On a bench outside sat an old couple with a large white bowl between them. They appeared to be shelling peas. Two hours later on my return journey they were still sitting there, and Rest and Be Thankful seemed an appropriate name for the place and I thought what a good prescription it would make for our modern living.

Where else but in homœopathy could one find a prescription that takes into account the passage of time ? That is why the mental attitude of the patient is important and the good homœopathic prescriber must consider both the mental as well as the physical climate in which the patient lives.

A further example of this occurs in the so-called pusilla-

nimous remedies, LYCOPODIUM, KALI IODUM, ANTIMONY CRUD., CHAMOMILLA. Pusillanimous means mean spirited and I suppose LYCOPODIUM, the miser's remedy, is the best example of the type.

Another good mental pointer to a remedy, if it can be got from a patient without offence, are the little group of suspicious and jealous remedies. These are LACHESIS, PULSATILLA, HYOSCYAMUS, NUX VOMICA and STRAMONIUM.

While on the subject of the time factor, it is an undoubted fact that NUX VOMICA acts better on a patient when given at night while IGNATIA and BELLIS have a better chance of doing good when given in the morning. BELLIS PERENNIS, the common daisy, is a neglected remedy which should be used more for muscular soreness and is almost specific for sudden chills in people who have got overheated.

The time aggravation of a particular group of symptoms also matters when choosing a prescription. Most prescribers know that patients requiring ARSENICUM have a time aggravation 1 to 2 a.m.; requiring KALI CARB., 2 to 3 a.m.; NATRUM SULPH., 4 to 5 a.m. while LACHESIS types are worse on wakening and LYCOPODIUM types are worse mid-morning and late afternoon. These are small points but important.

#### Relationship of Remedies

Before leaving the time factor let me mention a valuable little booklet called Dr. R. Gibson Miller's *Relationship of Remedies*. This booklet lists tables of remedies that follow well after the chosen remedy, also antidotes to the chosen remedy, and, in my opinion, most important of all, the booklet gives the approximate duration for which a remedy will continue to act on the body. From this booklet one can learn that ARNICA is a short acting remedy of six to ten days duration while CALCIUM CARBONATE is a deep acting remedy lasting sixty days.

I said earlier in this article that the good prescriber must take into account the mental as well as the physical climate in which the patient lives. I often think the physical environment of the patient is something completely neglected by modern medicine. It was not so in the old days for Dr. Kent in his *Lectures on Homœopathic Materia Medica* often refers to this point,

For instance, under GELSEMIUM he begins his lecture as follows : "If you will observe the weather conditions in sharp climates such as Minnesota, Massachusetts and Canada, you will find that the cold spells are very intense, and that people when exposed, come down with complaints very rapidly and violently. That is the way the BELLADONNA and ACONITE cases come on, but GELSEMIUM complaints do not come from such causes or appear that way."

#### Subtle Pointers

Some day modern medicine will take into account these subtle points in prescribing, but only when medicine realises that patients are individuals and not merely receptacles for medicine. That time will not be tomorrow or the next day for the modern tendency is to give the patient as much medicine as he can stand and not the minimum amount to do him good.

In the *Sunday Post* of May 12, 1957, occurs this paragraph : "This week, doctors in Britain will, it is estimated, dish out a record 350,000 prescriptions for pheno-barbitone." Apart from the fact that such mass medication must be bad for the majority of the patients, it is certainly bad for the art of medicine when no distinction is made in the various types of people receiving these universal "panaceas".

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