

THE MOLLUSCS

MUREX AND SEPIA

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SEPIA

The medicinal history of *Sepia*, i.e., *succus Sepiae*, the dark brown contents of the ink sac of the cuttlefish, begins with a curious observation made by Hahnemann. One of his patients, a painter, was suffering from a cachectic condition which did not yield to any remedies, nor to the diet prescribed. Hahnemann noticed that his patient used to hold the sepia brush between his lips when he was painting, and this made him suspect that the cachectic condition, refractory to all his efforts, might be due to the action of the sepia ink. This idea prompted Hahnemann to undertake, with the help of some friends, provings of *succus Sepiae*. The result were the 1,242 symptoms recorded in the 1st edition of "Chronic Diseases" (1828), pt. 3, 118-207, and the 1655 symptoms in the 2nd edition (1839), pt. 5, 169-259. This symptomatology convinced Hahnemann of that intrinsic systemic action of *Sepia* which he considered to be the hallmark of antipsoric remedies. It is indeed remarkable that *Sepia* is one of the very few organic substances to which Hahnemann assigned this rank, while the vast majority of his antipsoric remedies, to which he devoted the 'Chronic Diseases', are inorganic substances.

The only reference to any previous use of the ink of *Sepia* I can find is a remark³ that Soranus is said to have used the ink for alopecia. In view of this, it may be anticipated that "intense falling out of hair" is a marked symptom in Hahnemann's proving. The use of the muscle flesh (which in Mediterranean countries has served and sometimes still serves as a food), of the eggs, and of the so-called *ossa sepiae* through the ages need not

concern us here, as this has no bearing on the medicinal actions of the peculiar product of the cuttlefish, its so-called ink.

The obvious significance of the melanin pigment in the life of *Sepia* suggests an association, more or less speculatively, with its actions on the human organism. The cuttlefish expels the ink, leaving a dark cloud behind, when it is pursued by its predators; indeed, it is said that the turbid cloud assumes at first the shape of a cuttlefish so as to confound the pursuer even more. Imaginative thinking in analogies on the lines of "signatura rerum" might associate this retreat under a dark cloud with the mood of the *Sepia* patient whose irritable depression and indifference to familiar surroundings suggests "living under a cloud", and aversion to social contact and occupation. Such leaps of the imagination are, of course, alien to homœopathic thinking, attractive though they may be to less discursive and scientific minds. The idea does, however, lose some of its strangeness when one considers the role of the intermediary melanin pigment in the life-processes of *Sepia* on the one hand, and in certain physiological and pathological conditions of the human organism. The cuttlefish excels in its faculty of rapidly changing its coloration in adapting itself to dark and light surroundings by central nervous impulses; the massive secretion of melanin into the ink sac and its expulsion under stress is part and parcel of its prominent feature, the adaptive use of pigments. It is not yet ascertained whether the melanin of *Sepia* is of the same chemical constitution as the melanin in the cells of the stratum germinativum of the human skin. We have, however, good reasons to assume that the melanin of *Sepia* can interfere in those processes which involve alterations and anomalies in the pigmentation of the human skin. In Hahnemann's proving we find: "*Yellow spots in the face and a yellow saddle across the upper part of the cheeks and the nose.*" This observation, among so great a number of others in the proving, might be overlooked, were it not for the corroboration by experience over some 130 years; the *yellow-brown pigmentation in spots and patches*, particularly of the face, has again and again proved to be a valuable indication for the use of *Sepia*.

Strange as it may appear on first sight to approach an under-

standing of the actions of *Sepia*-melanin from the peculiar phenomenon of pigmentation, it leads to conceptions remarkably suited to obtain a coherent picture from the mass of seemingly disconnected symptoms. The said changes of pigmentation are subject to neuro-hormonal control, and particularly to that functional cycle in which the steroids of the adrenal and sex glands, in their reciprocal relationship to proteohormones of the pituitary, have a prominent role. The chloasma uterinum of old is an instance of the imbalance of the gonadal hormones. During and especially at the end of pregnancy fluctuations in the degree of skin pigmentation are conspicuous, the localized excesses usually receding after parturition. At the climacteric phase, when the oestrogen production subsides and the gonadotropic hormones of the pituitary are no longer inhibited, the yellow-brown spots and patches are often seen in a certain type of women, but anomalies of pigmentation may occur as signs of hormonal imbalance at any other phase. Although all these instances are on the border-line of normal and abnormal occurrences, they are apt to throw some light on the constitutional background of the actions of *Sepia*.

The generalized bronze-brown pigmentation due to insufficiency of the adrenal glands is of far more pathological consequence, though there, too, we have degrees, from mild forms of so-called Addisonism to outright Addison's disease. One will, of course, not parallel the extreme insufficiency of the adrenals with the symptomatology of *Sepia*, but a comparison of the latter with the relative insufficiency in Addisonism is very revealing. All the characteristics of that syndrome, hyperpigmentation, hypotonus, and adynamy, reduced blood circulation and tendency to lowered body temperature, mental depression impairing concentration and pursuit of ordinary occupation,—all, though in a minor key, are well represented in the drug picture of *Sepia*. This must not be understood so as to justify a statement that *Sepia* acts *on* the adrenal glands, or *on* the pituitary for that matter, but rather *via* this hormonal part-system which is functionally integrated with diencephalic and cortical centres. Observations strongly suggest that *Sepia* can intervene in this particular control system, but at what point or points

this may happen cannot be answered definitely, indeed, it may well vary for different preparations of *Sepia*. Thus the primary action of low potencies might alter the hormonal balance, while that of higher potencies might interfere at nervous control centres; the trend of the actions would, however, be the same, owing to the interrelation of the functional cycle affected.

As to the mode of action, we would be in a better position if the active principles were definitely known. The melanin of *Sepia* ink is a high polymer, the comparatively big particles are held in a fine suspension; they are insoluble in water and in alcohol. It is therefore unlikely that melanin as such would be responsible for the actions on the human organism. We have to assume rather that degradation products or precursors accompanying melanin, or liberated in its preparation, constitute the active principles.

One of the oxidizing enzymes involved in this process is tyrosinase which occurs widely in plants and animals. Tyrosinase, a copper (Cu++)-containing protein, has been found in the walls of the ink sac of *Sepia*. One or two more enzymes, as yet unknown, seem to play a part in the formation of melanin. In some preparations of *Sepia* ink we have, by chromatographic analysis, found a compound which shows phenolic and indole reactions, but most preparations have so far eluded chemical analysis. Thus nothing definite can so far be said with regard to the active substance. It is therefore not yet possible to submit a biochemical hypothesis on how *Sepia* intervenes in the pituitary-adrenal sex hormone system. For the time being we take it as a working hypothesis, well suited to give a co-ordinated picture of the known symptomatology of *Sepia*.

Several re-provings of *Sepia* have been done:

Robinson, *Br. J. of Hom.*, 25, 331, 1867. only one of the seven provers had the 12th potency, the others took the 30th, or infinitesimal doses.

Berridge, *N. Am. J. of Hom.*, 20, 69, and 22, 193, 1871, and *N. E. Med. Gaz.*, 9, 402. Five provers, infinitesimal doses only. *Am. Inst. of Hom. in Transact. Am. Inst. Hom.*, 1875, 5 and 177 ff. 26 provers, of whom six with 3rd trit., the others 30th or infinitesimal potencies.

Krüger, *Bibl. hom.*, 1878, p. 235.

It cannot be said that these re-provings have contributed many relevant symptoms, but they have corroborated some of the earlier observations. It is no small measure that we owe the selection of symptoms and modalities that form our present drug picture to the extensive use of *Sepia* for well over one hundred years. The main features have been well brought out before it was possible to see and interpret them from our present aspect of a distinct hormonal imbalance.

Experience has shown that *Sepia* is, by preference, a women's remedy, that the female sex organs and functions are prominent in its sphere of actions. In gynaecological disorders, *Sepia* is indeed of first rank. A great number of its symptoms point to a relative deficiency or insufficiency of oestrogens. Such hypofunction has, however, to be appraised in its close interrelation with the cortico-adrenal hormones of the same steroid type, and both these endocrine glands in their reciprocal relation to the pituitary secretion of various proteohormones, particularly the gonadotropins and corticotropins of the anterior lobe and the intermedin (melanocyte-stimulating hormone) of the pars intermedia. The *Sepia* syndrome strongly suggests a hypoadrenia in respect of the mineralo- and glucocorticoids, and a preponderance of adrenal androgen owing to the low level of female sex hormones. In the actions of *Sepia* such hormonal imbalance can, of course, only manifest itself in slight deviations from normal conditions, but the "constitutional trend" of *Sepia* becomes clearer from this aspects.

The general symptoms of *Sepia* correspond strikingly to those of Addisonism. There is the lack of strength and endurance, the weakness of the circulation, the low body temperature and sensitiveness to cold, decline of sexual desire, with irregular, mostly depressed menses, want of appetite, with dyspepsia, and last, not least, the lethargy, indifference, and mental depression with great irritability. Hyperpigmentation, probably due to increased discharge of intermedin, has been mentioned before. Whether those signs of Addisonism which are amenable to measurement, viz. reduction of blood volume, lowering of blood

pressure, low sodium content of the blood, are within the range of actions of *Sepia*, cannot be said, as no such measurements have been made in the provings, but a relative insufficiency of the adrenals is recognizable by the said symptoms and signs without recourse to those measurements.

Symptoms of weakness, exhaustion, weariness, tiredness, and faintness are numerous in the provings of *Sepia*. Weakness of the legs may be pronounced, and attacks of sudden prostration occur. By themselves these would not be distinctive, but together with symptoms of feeble circulation, chilliness, lowered tone in the sexual and digestive sphere, and particularly in association with that mental attitude which, in general terms, may be described as irritable depression, indifference, and loss of social contact, the lack of bodily strength and endurance constitutes a significant part of the syndrome of *Sepia*. The *Sepia* patient is *averse to exercise, to the usual occupation*, as for instance household duties; everything is an effort; but the peculiar feature is that *strong exercise*, which rouses the circulation, for instance a brisk walk, *may temporarily improve the condition*. This peculiarity, though, is not so much apparent from the provings, but is an observation derived from pertinent cases. *Chilliness and sensitivity to cold, relief from local application of warmth*, point to the feeble, uneven circulation; but this, too, is qualified by contrasting symptoms: *transient heat in parts, and outbreak of profuse or localized sweating*. *Attacks of flushes of heat*, as if hot water were poured on one, with redness of the face, sweat of the whole body, and anxiety, without thirst," and several similar descriptions given in the provings point clearly to the ascending flushes associated with a recession of oestrogens, and commonly manifest of the menopause. They are often accompanied by palpitations, anxiety and faintness. In these crises *Sepia* is of great value. Heat may be felt temporarily also in the hands, while the feet are cold and moist, or reversely the feet may be hot, and the hands cold and moist; but such alternation should not be emphasized as an indication until more evidence is forthcoming from case histories; the provings do not substantiate it. The statement that the sweating, be it general or confined to the

feet, axillae, or around the male genitalia, is sour or offensive, should be considered with similar reservations; neither the provings nor casuistics lend themselves to such generalizations. It is in line with the general trend of the *Sepia* patient that perspiration is elicited by slight exertion or mental alteration.

The valuable modality "*better in open air*" applies to the flushes of heat and the congestive headaches which accompany or rather follow them. Numerous and multifarious headaches are recorded in the provings, and in one form or another are very common complaints of *Sepia* patients; but there is no peculiar kind, well enough defined by its modalities, which by itself would suggest *Sepia* before other remedies. The headache may be semi-lateral, of the migrain type, but an often alleged preference of *Sepia* for the left side is not borne out by the provings or by clinical experience.

The psychic attitude of *Sepia* is on the whole under a negative sign. Depression is described by the provers in so many ways: "*Great sadness and frequent attacks of weeping which she can scarcely suppress. Very sad with unusual lassitude. Sad and gloomy mood, when walking in the open air. Melancholy, particularly in the morning, during menses.*" It is quite common for a *Sepia* patient to weep when she reports her symptoms; but this "being easy on tears" is not of the kind one usually associates with *Pulsatilla* patients. The depression of *Sepia* does not yield easily to well-meant suggestions and encouragement, but gives vent rather to irritation. The *Sepia* patient is *averse to and irritated by interference from outside. Aversion to company. Wishes to be alone and lie with closed eyes. Irritable, very easily offended. Excited and angry over every trifle. Fretful and out of humour for all occupation. Nerves very sensitive to the least noise.*" This "irritable depression" is similar to that encountered in the syndrome of *Natrum muriaticum*. When choosing the remedy in a particular case, differentiation between these two is, on this account, not so easy; but to call them "complementary" remedies appears to be a misnomer. When dealing, on an earlier occasion,⁴ with *Natrum mur.*, I pointed out the similarity of its symptoms of "irritable depression" with those of Addisonism, and hypothe-

tically suggested its mode of action via the adrenal cortex. The same considerations apply to the drug actions of *Sepia*. The *Sepia* patient does not respond to the ordinary demands of life, or responds with irritation, anger, vexation and 'neurotic outbursts'; she appears capricious. "*Very indifferent towards everything and apathetic. Indolent mood.*" Indifference even to the family, to those "loved best", is a well-known feature in *Sepia* patients, though not found in the provings. The underlying insufficiencies, frequently arising in the sexual sphere, are mostly not conscious, hence the symptoms appear to the patient (and ordinarily to those near her) "without cause." "*So gloomy, she felt as if she could weep over everything, without cause.*" Anxiety towards evening, and various unmotivated fears are also recorded in the provings, but they do not add distinctive features to the picture.

Both under the physical and under the psychological aspect, the failing strength and endurance, and the introvert temperament, depression with irritability, show that the *Sepia* patient is not up to the demands made by her (for mostly it is a woman) environment. It seems a moot point to argue whether undue stress or the hormonal imbalance is the primary cause; for obviously they interact in a vicious circle. Facial expression and behaviour, the heavy, drooping eyelids, show the marks of overstrain; the one or other sign in the outer appearance, especially on the skin, gives a clue to that kind of hormonal imbalance which we associate with *Sepia*. By such signs the remedy not seldom suggests itself at instant observation, before the patient has narrated her symptoms. The yellow-brown spots telling of the hormonal disorder have been mentioned before, they are, of course, not present in every case of *Sepia*, but if they are found supply a strong clue. Some further hints may be obtained from the skin. This is well known to be greatly influenced by the hormonal formula of the individual. In our instance, the preponderance of androgens over oestrogens goes a long way in explaining certain features in the outer appearance of the *Sepia* patient. The growth and distribution of coarse hair, the sebaceous glands and the keratinization of the skin are conspicuously influenced by the actual ratio

between oestrogens and androgens, which include the androgens of the adrenal cortex. What was known through the ages of the influence of sex on the skin can be stated thus in terms of modern endocrinology: Androgens promote keratinization of the stratum corneum and of the orifices of the pilo-sebaceous follicles; they stimulate the activity of the sebaceous glands; oestrogens have the reverse effect. Excess of androgens (in the female derived from the adrenal cortex) thus conditions seborrhœic kind of alopecia, acne, and seborrhœic eruptions. On the other hand, androgens stimulate the growth of course hair in the face (beard), on the trunk and limbs; an excess of androgens has some masculinizing effect on women, manifesting itself in polytrichosis (hirsuties) and a somewhat sallow and coarse appearance of the skin. These conditions arise mainly at and after the climacteric phase, less frequently in adolescent girls, but may occur whenever the production of oestrogens is low. It is one of those anomalies which are improved during pregnancy (from the third month onwards), because then the titre of circulating oestrogens normally rises.

In Hahnemann's proving of *Sepia*, "*intense falling out of the hair*" and "*much scurf on the head*" point to the seborrhœic condition of the scalp. Unfortunately it is not stated whether the prover was male or female. As in the latter the syndrome is less common, the evidence for a *Sepia* effect would be stronger. The same tendency can be inferred from such symptoms of the proving as "the epidermis peels off in large and small, mostly roundish spots, particularly on the hands and fingers; the skin of the palm of the hand peels off; long-lasting scurf on the chin." In short, we have before us what in modern dermatology is termed pityriasis simplex. The current opinion is that dandruff is caused by spores (pityrosporon), but only when the terrain is predisposed by the preponderance of androgens. From this simple pityriasis the advanced forms develop when the sebaceous glands become more involved, various bacteria thrive on the sebum, and cause local inflammation. Thus pityriasis steatoides arises, followed by acne with or without comedones, and the various eruptions around the follicles seborrhœic dermatitis. In the provings of *Sepia* mani-

fold eruptions are recorded, pimples, pustules, and herpetiform spots. Experience has shown that particularly the figurate, and especially the *annular forms of seborrhæic eruptions* are good indications for the use of *Sepia*. (This does not, however, apply to herpes tonsurans (*Sycosis barbae*), a very different thing.) *Itching*, often mentioned in the provings, may accompany the eruptions; it *changes to burning after scratching*. In juvenile acne of girls, menstrual disorders would strengthen the case for *Sepia*.

One cannot expect, of course, to find any gross signs of a masculinizing effect in the provings of *Sepia*. Yet from experience a type of woman has been found particularly susceptible to the action of *Sepia* that shows certain masculine traits. Tall, slim, dark-haired women of an angular build, with narrow hips, of sallow complexion, with coarse hair on the upper lip and in other parts of the face, of the trunk or limbs—that is how the type (by no means obligatory in all cases) may be described for the sake of illustrating the constitutional trend of the female *Sepia* patient.

Low muscular tone and feeble circulation are general characteristics of *Sepia*, but manifest themselves particularly in signs and symptoms from the pelvic organs, where they tend to produce venous congestion which in turn aggravates the symptoms; there again a vicious circle arises which accounts for the chronicity of so many disorders. The pelvic syndrome of *Sepia* is well established; foremost is the *sensation of "bearing down", of pressure downward as if everything would fall out; she must cross the thighs in order to prevent the protrusion of the vagina*. In outright prolapse of the vagina and uterus, but also of the rectum, *Sepia* has been used to great advantage. Symptoms of other dislocations of a lax and congested uterus, too, not seldom yield to *Sepia*. *Leucorrhœa* is present in almost all such cases, *usually yellow or yellow-greenish, irritating acrid, and sometimes offensive, causing soreness of the parts*; but slimy, milky, and slightly sanguineous leucorrhœa are also described. On examination erosion of the cervix uteri and great tenderness to touch are frequently found. In such a condition outright aversion to sexual intercourse may well

supervene in the frequently existing frigidity of a *Sepia* patient. The sensation of weight and pressure is sometimes described as from a ball or plug either in the rectum or in the vagina. The provings record contractive pains there. Upward shooting pains in the rectum or vagina are also mentioned. Downward pressure and dislocation may involve the bladder with tension and a frequent urge to micturition. Protruding, oozing, or bleeding hæmorrhoids and hard, knotty stools covered with mucus would indicate *Sepia* only in conjunction with other and more distinctive symptoms and modalities. The low muscular tone explains "stool, though scanty and not hard, is expelled with much straining. Anomalies of the menstrual period are quite common with *Sepia* patients. In general the menses are scanty and too late, but the provings record scanty and antedated menses as well. Some provers experienced reappearance of the menses that had been suppressed for several months; this may be considered as a kind of curative action of *Sepia*. *Sepia* is recommended when the menses fail to reappear after weaning.

Aching and weakness in the small of the back (lumbosacral region) are commonly associated with pelvic disorders of *Sepia*. Experience has emphasized two modalities which have not, however, been brought out strongly in the provings: *a pain as if the small of the back were breaking*, and *relief from pressure and support*, for instance by a cushion while sitting or lying. In rheumatic-arthritis conditions, *Sepia* is not distinguished by characteristic symptoms and modalities. In the author's experience one of the climacteric troubles in which *Sepia* proves helpful is a peculiar, but by no means rare affection of the knees: there is a doughy swelling, and the pains are worse on descending a stair.

Low muscular tone with tendency to ptosis are also shown by symptoms from the abdomen: *a sinking feeling, a sensation of emptiness induces to eat, but is not relieved by eating*. Many symptoms of loss of a appetite and dyspepsia are associated with this atonic condition, and it should be remembered that a similar syndrome commonly occurs in Addisonism. Even the few symptoms to be mentioned in this context should not be

considered as strong points for the selection of *Sepia*: a *desire for vinegar*, recorded in the provings, has been extended to include other acids as well; an *aversion to meat* is noted by provers, but *aversion* especially to pork and *to fat* appears to have been inferred from clinical observations. It is of interest that aversion to fat is a common symptom in Addisonism. *Diarrhœa after partaking of milk* is said to apply particularly to children, but corroboration from case reports seems to be missing. *Sepia* has been advocated for hyperemesis gravidarum. Symptoms of nausea and vomiting, particularly in the morning before breakfast, are given in the provings. "*The sight of food or the mere thought of eating causes nausea.*"

Copious deposits in the urine have been noted by some provers; to judge from the descriptions they consisted mainly of uric acid; "urine thick, slimy, and very offensive depositing a yellowish, pasty sediment the next morning. Turbid urine with red-sandy sediment. Turbid, clay-like urine with reddish deposit on the wall of the vessel." This increased excretion of urates has probably been taken as evidence for associating *Sepia* with arthritic conditions. This view is, however, without support from the present-day knowledge of metabolism. If the increase of urates in the urine should prove at all significant for *Sepia*—for practical purposes it is too common to be of selective value—it could be readily reconciled with the hormonal background of *Sepia* as outlined above. It is known that the adrenocorticotrophic hormone (ACTH) increases the excretion of uric acid. The discharge of ACTH is stimulated in response to a deficiency of glucocorticosteroids and mineralocorticosteroids; the relation of ACTH to androgens is, however, not reciprocal: ACTH stimulates the discharge of androgens, but the discharge of ACTH is not inhibited by a rise of circulating androgens. Increased activity of ACTH with its metabolic effects, of which increased excretion of uric acid is one, would thus conform to that imbalance of hormones which we assumed as a rationale for the actions of *Sepia*.

The provings have assembled such a vast number of mostly subjective symptoms that every organ and organ system seems to be affected by *Sepia*. The use of the remedy accord-

ing to the principle of similarity must however, be discriminative, in close relation to the signs and symptoms of a patient. As these latter are, as a matter of course, comprehended as diagnoses of syndromes of nosological entities, they are, in the first place and as far as feasible, related to particular organs or organ systems. It is then tempting to deal with the symptomatology of a drug in the same manner, so as to arrive at diagnostic types of pathological, and especially anatomical, changes of organs. Such an approach would miss the point, namely to bring out the characteristics of the actions of remedies like *Sepia* which apparently have no direct action on particular effector organs, but exert their influence via hormonal or neural controls. One must therefore be very reluctant to repeat secondary disorders of this or that organ as an indication for the use of *Sepia*, for instance chronic cystitis, enuresis during the first sleep, sequels of chronic gonorrhœa like parametritis, gleet, and others frequently mentioned in books, though without reference to reliable case reports. The symptoms of catarrh of the eyes, nose and air passages recorded in the provings are without distinctive features. Inflammatory conditions have no place of their own in the picture of *Sepia*. A spasmodic cough worse on lying down in the evening has been taken as an indication for the use of *Sepia* in persistent whooping cough, but there is no convincing evidence in the literature so far that the inference is justified. Even more dubious is the alleged "abortion at the fifth month" which has neither been caused nor is known to have been prevented by *Sepia*.

The actions of *Sepia* on the human organism cannot be comprehended in relation to parts of the body, but in relation to the psycho-physical unity and whole of an individual their character and trend are well defined.

Modalities with regard to the time of day are not uniform, aggravation of symptoms both in the morning and forenoon and towards evening and at night are stated.

Dosage: Author's experience mainly with 6x, 6th and 30th.

SEPIA—summary

Succus Sepiæ, the contents of the ink bag of the cuttlefish, *Sepia officinalis*. Mollusca; Cephalopoda.

Hormonal imbalance of the adrenocortico-gonadal-pituitary system: relative adrenal insufficiency, preponderance of androgens over oestrogens.

Constitutional trend and type:

Mostly tall, lean, "angular", dark haired, sallow-complexioned women.

Yellow-brown pigmentation, in spots or saddle across the nose and face.

Tendency to hirsuties.

Seborrhœic tendency (alopecia, acne, pityriasis simplex and steatoides), annular eruptions.

Weakness; overstrained, with attacks of sudden prostration; tired look with drooping eyelids; too tired to be bothered.

Low muscular tone. Ptosis of abdominal, especially of pelvic organs, combined with venous congestion.

Circulation feeble and uneven; chilly and sensitive to cold, but heat in parts (hands or feet), ascending flushes of heat and perspiration.

Lack of sex impulse (frigidity).

Mental depression, easy on tears; irritated by outside interference, easily offended. Aversion to company. Indifference to usual occupation and even to the family.

Particular and guiding symptoms:

"Bearing down" sensation, as if pelvic contents would drop out; must cross thighs to prevent protrusion. (Prolapse of vagina, uterus, or rectum.)

Aching and weakness in the small of the back, as if it were breaking, relieved by pressure and support.

Menses usually scanty; every kind of irregularity.

Leucorrhœa, yellow or milky, irritating, excoriating, offensive. Tenderness of os uteri. (Erosion of cervix uteri).

Sensation of emptiness in epigastrium, feeling hungry, but not relieved by eating. Desire for vinegar. Aversion to meat and fat.

Sight of food or thought of eating causes nausea. (Hyperemesis gravidarum.)

Diarrhœa after milk.

Sensation of a ball or plug in rectum with constipation; stool, even if not hard, expelled with much straining; (protruding, oozing, and bleeding haemorrhoids).

Pain in rectum or in vagina darting upwards.

Generally aggravated by cold, cold draught; better from warmth.

Flushes of heat and congestive headaches better in open air.

Slight exertion aggravates symptoms, but violent exercise may temporarily relieve.

REFERENCES

² *Real-Lexikon d. ges. theor. u. prakt. Homöopathie*, 5, 267.

³ Lesser, O., *Hippokrates*, 1, 4, 256, 1948.

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THE NATURE OF SCIENTIFIC METHODOLOGY

(Continued from Page 114)

It is highly desirable that Research works should be undertaken along this line and top-priority is to be given to it amongst all the items of Homœopathic Research-works. If we do not ignore our cultural heritage the task will not be very difficult but it will repay all our labour and help to establish Homœopathy as a complete system of Medicine comprising both its Science and Art portions.
