

experience with cases presenting special problems will cause the writer to include other drugs than those mentioned. No prophecy will be indulged in. However, that may be, I am sure that in the event such an exigency does occur, the homœopathic materia medica, with its wealth of reliable pathogens will prove equal to the emergency. Equipped with the above time-tested medicines one can approach the clinical test of the treatment of the syphilitic patient with a sense of confidence which will be transmitted to the patient.

—*The British Homœopathic Journal*, April, 1947.

### EXPLAINING HOW THE HOMOEOPATHS SCIENTIFICALLY "PROVE" THEIR REMEDIES

By E. PETRIE HOYLE, M.D.

I owe my life on at least two occasions when operated on by Old School colleagues, and on one of those occasions I was given extreme unction before I had been in hospital more than one hour (at Paris in 1918—War work—when poisoned through handling four lung gangrene cases of French soldiers) so you know well that I was considered as at death's door (by this haste), this being so, I have the greatest kindness in my heart for all Old School men.

At another time, one titled Old School man, who "X-rayed my lungs" on my return to England after my empyæma affair, he, knowing that I was a Homœopathic doctor, refused a fee, saying, most kindly, "Dog

does not eat dog," therefore, again, I have another debt of gratitude towards all Old School men !

I think that some explanation is due our Allopathic colleagues to show just how we Homœopaths, collect laboriously all our specific drug information, for our own use, and which we are glad to offer you, hoping that some will read, mark, and inwardly digest.

When we print some 84 pages of "symptoms" belonging to the remedy of Pulsatilla Nigricans which is one of our most important "Polycrests" (a term I will explain soon), in our Materia Medica see Hering's—Guiding Symptoms—(Vols. X) finding this drug in Vol. VIII, pp. 574, the Old School may be staggered at such an array of "drug Symptoms" for one remedy. They may think this is impossible—fantastic—may be rubbish. It is therefore necessary to explain in some detail to these astounded brethren just how we have arrived at all this information ! A detailed account of this work may also interest some laity, who have so much at stake.

In passing I must tell you that the late Dr. Timothy Field Allen, in his "Encyclopædia of Pure Materia Medica" (in Vols. X), see Vol. VIII, pp. 205, has 37 pages devoted to this Pulsatilla Nigricans, so allowing for differences in type, it shows that these two large Materia Medicas are about equal in information, though displayed rather differently.

Being a day's journey from a large Homœopathic Library I cannot quote the date this remedy was first used by us, but as Hahnemann, himself, gave us most of the symptoms, you may consider that it was

introduced into our works between 1796 and 1820, which is a respectable age, and, never to have been changed one iota, proves what a solid foundation it has in our estimate, or we would have dropped it P.D.Q. I think that the above two works are out of print, but I should judge that they can both be found in the British Museum Library, and most certainly in the library of the British Homœopathic Association at 43, Russell Square, W.C.1.

A "Polycrest" in Homœopathic language is "a remedy of very many uses," and this one, *Pulsa. Nig.*, is probably used in every Homœopath's everyday prescribing. I allude to this "Polycrest" feature in my article on "First Steps in Homœopathy". In my New Zealand experiences, when, as a novice, I feared that I was becoming too "Pulsatilla minded."

Let me refer you British Medicos to a purely British Homœopathic *Materia Medica*, and remember, that its compiler passed through exactly the same medical schools as yourself, and therefore is to be credited as a man equal-to-any-of-you in learning and training.

I draw your attention to a work-desk *Materia Medica* of the late Dr. John H. Clarke of London, (3 Vols.), published by the Homœopathic Publishing Co., London, where you will find 20 condensed pages given to this drug. All our oldest works on *Materia Medica* (Hering, Allen and others) are exactly correct to-day as when they first saw light, which certainly "points a moral," and such old works are infinitely dearer in price to-day, if obtainable.

Now as to the way we "prove" our remedies.

Supposing there are collected from 30 to 50 "provers or experimentors." First, they are all volunteers for the work (or they were up to this date). You will find that some women are included as far as possible, as both sexes will search the truth. It is easy to understand why this should be so. Indeed, it is found that some remedies stand out as "female" remedies, in that they do not provide many, if any, symptoms in the male species. This is lucky for females, that there are such remedies—for them. You see this point? Both sexes are absolutely necessary for our provings.

The person in charge of this "experiment" is the sole one who knows what remedy is to be tested. Another good point. Of course such "head" is always a Medical man.

Lest some volunteer provers fancy they are bound to obtain a series of symptoms, they are all warned that a varying percentage of the bottles, powders, pills (the number is never stated) when given out, contain nothing but sugar of milk, or alcohol, depending whether powders, pills, tablets, or liquids are to be taken by the provers. Such are called "Control Blanks." This, at one fell swoop does away with any and all chance of "imagination" that symptoms must follow. Nobody will chance being classed as a fool, by recording an array of symptoms, when he or she has been taking nothing but dilute alcohol, or sugar of milk, in one form or another. You can see this protective point also?

All our provings are approached in a very careful and earnest spirit, by every prover. It could not be otherwise, as they all know that the "unknown drug" to be tested, may cause some or much bodily discomfort, or actual pain. If such symptoms get too bad, the "test" may be stopped, and a few doses of Spirits of Camphor, will usually end the discomfort at once. Camphor will destroy nearly all our remedies, so this is why such must never be kept near our medicines. As soon as any prover has "had enough" or the test is finished, all reports are collected by the controller, and he sets to work to classify same, for his report to the Society, under which he is working.

All provers are known only by number, and certainly every bottle handed out for the test, is also known and marked by a number, the key to which is secret to the controller.

(To be continued).

*Just Out !*

*Just Out !!*

## THERAPEUTIC HINTS

— OF —

DR. W. YOUNAN, M.B., C.M. (EDIN.)

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## EXPLAINING HOW THE HOMOEOPATHS SCIENTIFICALLY "PROVE" THEIR REMEDIES

*(Continued from page 434)*

There is another safeguard for the provers. The first tests of any new drug, or one which is known to be poisonous in the crude state, are first made with what we call "medium high" potencies, and such provers are most carefully checked, and even told when to stop, if at all "too" susceptible. Thus are the provers safeguarded. It is found that some provers, actually taking a real specimen of the drug don't get any symptoms. These are classed as "non-susceptibles" to the drug being tested.

Prior to every test, all provers are examined by appointed Medical men, several times, if considered necessary. It is hard to find a crowd of provers who are all absolutely in normal health, so each prover who is not normal, has such ailments or conditions recorded on his (her) "proving sheet." Very often it is noted that this or that existing abnormality is forthwith cured after a short or extended use of the "secret drug." These are tabulated as "clinical cures." If such "cures" occur often enough under like conditions, in successive tests, they are eventually entered as established "clinical effects" of that particular remedy, and are recorded with the symptoms of what the drug actually produces, and can cure. But many such verifications are required before these "cures" see print.

In order to complete the full scope of any drugs

action, the "ultimate-gross-lesions" produced from the annals of accidental or intentional poisonings are all incorporated faithfully amongst the drugs full powers. Hahnemann himself instituted this. No prover is expected to furnish grave or gross lesions, but such full records are necessary to know what we can rely on in grave illness.

In succeeding generations of such provings, since Hahnemann started his work publicly in 1796, though he had tested things privately for many years before, we have simply verified and re-verified certain facts, ever recurring, in our tests on human beings, with drugs unknown to the provers at time of tests, so there must be eventually a basis of certainty, for our daily reference and certain guide, at bedside or in consulting room. We consider that we now have arrived at a certain guide, but we all make allowances for the limits of every medical man in prescribing. No individual can claim perfection in medicine, any more than in golf or bridge.

Can your (Old School) drug experiments show anything like this extended and scientific work and results? Are not many of your drugs changing in "fashion" yearly, and many being found too dangerous?

Old school works of reference have hosts of medical compounds, most of them intricate chemical formulæ, with wonderful names, many patented for somebody's profit, and these are set forth to be used on "broad diagnosis," without the slightest reference to the personal modifications of any diagnosis.

A great many of such new medicines have been tested on guinea pigs, monkeys, etc. and dogs, their dosages being gauged on what the weight of those animals could stand, and later, to be calculated by the body-weights of human patients. Such wild guesses all come from the hermit-laboratory-worker, who passes his guesses on to the Medicos, but such doses are ready for any prescriber to experiment with on any unfortunate patient. Such tests on guinea-pigs and monkeys are "legitimate-in-your-medicine" and nobody can kick! Laboratory workers are a profession unto themselves, and practically know nothing about bed-side or consulting room work.

Are you all of one mind as to the ingredients of any one prescription? Some years I bought a book of "Formulæ" as used by the many schools and hospitals in Great Britain, and it was most surprising to study the very great differing drug-amounts in the prescriptions, rigorously imposed, or advocated, by the Dispensaries of your various London Hospitals. I think I can remember that no two hospital prescriptions were ever alike in quantities, and such were to be given for classified diagnoses, as set forth in that rather expensive book.

So there was a regular standard difference in opinions as to what was right for a measles, a tonsillitis, a bronchitis, etc., etc. These prescriptions were not based on any fact! If Johnny took a bus over Waterloo Bridge and turned in a hospital there, and Sister Anne took a Gower Street 'bus, each would get quite a different prescription for cough, cold or



plain belly-ache, all according to "the book," and with some strong drugs, at that.

This book of "formulæ" was an eye-opener. Of all those "formulæ" for any given diagnosis, but one mixture could be right and what of all the other hospital dispensaries in London?

The Homœopaths prescribe on factual symptoms, using some one drug which has produced exactly the same symptoms in healthy provers! I assure you that there is less chance of error by following this plan. Also, the patient stands a better chance. Do you see this point?

It is one thing to test drugs on animals and quite another matter to test drugs on human beings, because what is poison for a human, may be a healthy salad for some animals, and even vice versa. But the chief point to observe herein, is that in testing on human beings far more than half the information learned in such tests are "subjective symptoms and sensations," only to be learned by the power of speech. When in your consulting room or at a bed-side, are not far more than half the symptoms complained of always subjective? To us these are always of importance in confirming or actually indicating the choice of remedy. Believe it or not, so why bother about testing on animals?

To substantiate the importance of the "Subjective or Sensations-as-if" as being a direct aid in prescribing, I would name a very good reference work, compiled by a very old friend of mine, titled, "Dictionary of the Sensations—As if," by the late Dr. J. W. Ward,

for many years the head of our profession on the Pacific Coast of U. S. The work is dated 1939. It has 1,627 pages, and is divided in two parts, the Pathogenetic and the Clinical. I don't ask anyone to prescribe on a single "subjective symptom" or a "Sensation-as-if", (it has been done), but, if you can follow up such a "Sensation-as-if," that one indication will generally lead you to the correct remedy, found, on further comparison of the patient's many symptoms. When you turn to your Materia Medica, to study the one drug named in the "Sensation-as-if" you will find other clear indications confirming your selection. It will come easier after every trial.

I have before me Lippincotts "Quick Reference Book" 9th Edition compiled for your profession. I bought it in 1934 (the book is getting "old," you may say).

I know that such works have to be brought up to date every 3 to 5 years, which in itself, is not a very encouraging thought. All this rapid change indicates that you cannot be using a "solid-fact-medicine" or there would not be the necessity of such "bringing-up-to-date." Our very old works on Materia Medica are far more expensive now, than when printed some 50 to 100 years ago, which also proves "something." Do you see this point?

Having just written a short article on "First Steps in Homoeopathy" and about "Common Colds" for *Health through Homoeopathy*, I looked up several remedies named in that article, and to be found in Lippincotts, and happened to find only two such,

which both our schools seem to have listed in common, these are Pulsatilla and Gelsemium.

What first strikes me on looking at the pages in Lippincotts is the great prominence given to the "toxic actions" of most drugs in your schools, proving that in your dosage you always have this fear of "toxicity" in mind, "flirting with danger" (as it were), whilst in Homœopathic prescribing, this is the last thing we have to think of or consider. Herein lies a certain and valuable safety margin, for Homœopathy, and our patients.

Let us first consider our Gelsemium Semper-virens, called by you, "Gelsemii Fluid extractum" or "Tinctura." (I cannot quote you a page, as Lippincotts has no paging, relying on alphabetical arrangement in all sections). Your dosage, as suggested to the Profession, is given as one or two drops (of strongest tincture, mind you) every four hours, gradually increased up to 5, 10 or 15 drops—with the following "warning" quote—"Discontinue if double vision occurs" (which to us suggests an injurious overdose.) We Homœopaths rely on getting the required "stimulation to Nature" when using the 3x, 6x or 30th centesimal potencies, or even higher in the scale of dilution. These are Homœopathic dosages of proven utility and success, or we would never continue to advise such.

For your use of this drug, it is classed simply as a "nerve sedative, anti-neuralgic" with the warning—"contra-indicated if the heart is weak." But Lippincott gives one other authority :—"Dr. Starr gives ten drops

(remember, this is a very strong tincture, E.P.H.) every three hours, increased by one drop at each dose, until the patient perceives a heaviness of the upper eyelids and a difficulty in opening the eyes," still quoting: "This dose may be continued for several days". We would expect a radical and serious drug proving or drug disease to occur with any such dosing (consider our successful fractional doses!) Further, your men are cautioned "to weigh the 'danger' of a hidden heart weakness" (or else-what?) I think Lippincott claims sales of excess of 250,000 copies sold to your profession, so many must be guided by it.

In Hering's "Guiding Symptoms" (vols. X) there are 48 pages of exact symptoms of our Gelsemium uses, under 47 headings of the various regions of the body and "mind," which are arranged so well, that one can turn to any part of the body at once, to find and compare the patient's symptoms with those of the drug "provings," and this same printed arrangement is common with all our remedies, for immediate, easy, and comparative study.

I assert that your dosage is truly dangerous to any patient! With our "fractional doses we are stimulating nature towards repair!" There are many interesting links between Lippincott's "picture" of the "toxic" effects of your Gelsemium, and what our "provings" tell us, only one more of which I will mention here, and which Lippincott has placed in quotation marks, for emphasis, thus: "heaviness of upper eyelids and difficulty in opening the eyes." Turning to Hering's "Guiding Symptoms," Vol: V,

page 371, you will find three pages listing the "eye and eyelids" provings of Gelsemium, whilst on page 391 (same vol.) under "nerve" section, you will find these identical words of our provers "Suddenly inability to raise the eyelid which increases until the eye was shut completely." Here you have Lippincott's "Toxic warning" almost word for word with our drug proving symptom! which to me, is very funny. Somebody must have copied that symptom and failed to give credit, or somebody "proved" it splendidly though accidentally, on some poor devil of a patient.

We introduced this Gelsemium in 1852, so it is "time-honoured," well known and well trusted by us. When Gelsemium is indicated in "menstrual pains" the pains will be cured, if such pains cease as soon as the menstrual flow begins. This is our great "Key-note." This tells the medico, that there were spasms of the cervical muscles, to be cured easily.

Any Homœopathic sophomore student is on to this simple cure; he has had such a case, and I will bet you \$10 that he would cure same with a 3x, 6x or a 30th centesimal. How one must laugh at Lippincott's dosages, and the toxic results to be feared!

This "lesson" will only permit of one more dip into Lippincott's very-big "Quick Reference" work as to your "Pulsatilla Tinctura," but as there are several botanical species of this family, one is left in grave doubt which kind your herbalists, working for your drug firms are supposed to gather, from which to make this all-important remedy. A wrong choice of

plant species makes a whale of difference to some patient!

We, Homœopaths, are emphatic about using the *Pulsatilla Nigricans*. A firm of Homœopathic chemists has told me that the best medicinal plants of this remedy are to be taken from plants grown on soil highly rich in iron, the "atoms" of which may underlie many of its powers; our particular instructions are also emphatic that it must only be gathered just as the plants are in good flower, when its medicinal values are the highest, and one more very important "tip" is that the plants gathered must be crushed and macerated (in dilute alcohol) within the hour of its being gathered, for, if at all wilted, the plants will have lost much of the medicinal powers. Is this precise? Is this exact? explicit? positive? (see the saurus) or simply, just Scientific. Do we seem to you to be in earnest? If any drug be made from dried plants, then God help the patients, for many virtues must have been lost, the resulting tinctures becoming "no class" and worthless for cures. Homœopaths insist on "unwilted plan" specimens being used, as many balsams, colloids, and aromatics must be lost as the plants are dying or dried. (We have a very few "dried" plant remedies, such as the *Ignatia nut*, providing *Ignatia Amara*).

Lippincott advocates as dosages of your *Pulsatilla Tinctura*:—Sig. Thirty drops, in water, t.i.d. for one week before menstrual flow, which is about as raw a prescription as I ever read anywhere. We Homœopaths do cure one sort of menstrual pain with this

remedy (of this later). No instruction is given in Lippincott as to exactly what sort of pains or the type of patient to be benefitted by this *Pulsa. Tinct.* Women can tell their medical man that there are very many "types of pains," and their concomitant discomforts, even, at times, telling their medico, "I can't taste or smell anything," which would be just telling a Homoeopathic doctor she required "*Pulsatilla Nigricans*," and only this remedy. Does this surprise you? This is a "Key Note" (known to every Homoeopathic sophomore), and an indication worth any doctor's attention. (Simple, but undoubtedly "scientific").

*(To be continued).*

## GOLD AND SILVER AS REMEDIES IN DISEASE

BY HAROLD FERGIE WOODS,

M.D. (Brux.), M.R.C.S.(Eng.), L.R.C.P.(Lond.)

The Chairman said that Dr. Fergie Woods did not need any introduction from him. He was one of their elder statesmen, and he was sure he would give the Faculty a most statesmanlike paper. Dr. Paterson would read it for Dr. Fergie Woods.

### GOLD

From the earliest times gold has been the most sought after of all metals, and it has probably been the cause of more avarice and misery than any other single substance.