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Sepia, a study

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PHARMACOGNOSY

The source of this remedy provides a most intriguing example of the relation between the nature and behaviour of the plant or animal from which the remedy is obtained and the nature and characteristics of the individual patient for whom it is therapeutically indicated.

The remedy *Sepia* is, of course, a potentization of the liquid found in the ink sac of the cuttlefish, *Sepia officinalis*. The common cuttlefish or squid is found in the N.E. Atlantic, Mediterranean, North Sea and English Channel. It was observed and described by Aristotle 22 centuries ago.

Next to the common octopus, it is the best known cephalopod in the world. It is a mollusc, lying midway between the nautilus with a shell and ninety tentacles and the octopus with its enormous eyes and extremely lengthy tentacles to the number of eight. The cuttlefish has eight short tentacles and a pair of longer ones. When the tentacles are extended the over-all length is about three feet.

The secretion in the ink sac of the cuttlefish is of its very essence and nature. Its main constituent is melanin, a brown pigment containing up to 3·24 per cent of sulphur compounds. Calcium and magnesium are also present. It has been suggested that the ink sac of the cephalopod is analogous to the gall bladder in the vertebrates. Bile, gall and biliousness are synonymous with black depression in the human. Depression is a prominent feature of the *Sepia* state. Of all the cephalopods, cuttlefish have the largest supply of ink for their size and are the most ready to use it.

Like all of its class the *Sepia* is very intelligent. It may at times be the picture of immobile inertia but it can flash into instant activity should occasion arise, either to grab its prey or to escape from danger. The *Sepia* subject, for all her appearance of apathy, is not dull or stupid—just utterly weary and worn and sad. Moreover the readiness to flash back into activity and sociability is there lying latent. A smile can often be elicited from the most apathetic Parkinsonian *Sepia* countenance.

Again, we are told that in addition to their more abundant ink supply cuttlefish also have a greater power of changing colour than other cephalopods, surpassing even the famed chameleon in the speed and variety of their colour changes. Moreover the cuttlefish are more apt to bite than octopuses and will readily take a bite at a finger. "Moods" are typical of the *Sepia* subject, tears may alternate with fits of petulant anger. Like the colour changes in the cuttlefish emotional responses may be provoked very readily by annoyance, contradiction, noise, bright light, odours, in fact any strong stimulus or irritation.

Perhaps the most characteristic feature of the *Sepia* depression is a desire to escape—"if only one could get away from it all". This urge to escape is remarkably exemplified in the cuttlefish in two ways. Ages before man discovered

jet-propulsion cephalopods were jetting through primæval seas. This power of jetting rapidly through the water and actually out of the water is vividly described by Thor Heyerdal in *The Voyage of the Kon-Tiki*, when he and his companions had a front-seat view of the phenomenon. To quote, "Young squids continued to come aboard. One sunny morning we all saw a glittering shoal of something which shot up out of the water and flew through the air like large rain-drops, while the sea boiled with pursuing dolphins (the brilliantly coloured tropical fish, dorado). At first we took it for a shoal of flying fish. But when they came near and some of them sailed over the raft at a height of four or five feet, one ran straight into Bengt's chest and fell slap on the deck. It was a small squid. It was thus shewn that young squids can escape their pursuers by taking to the air. They pump water through themselves till they get up terrific speed, and then steer up at an angle from the surface by unfolding their side pieces of skin like wings. They make a glider flight over the waves as far as their speed can carry them. We often saw them sailing along (air borne) for fifty to sixty yards."

But this desire for protection and escape is also manifested by the cuttlefish in another way. It has developed a highly effective method of camouflage, not only by rapidly changing colour but also by emptying its ink bag into the surrounding water, thus laying a species of smoke screen under cover of which it can become virtually invisible and proceed to make good its escape. The *Sepia* subject finds some relief by active movement, may even indulge in solo dancing in the privacy of her own apartment, but more often lapses into depression, becoming enveloped in a stygian gloom of her own manufacture, seeking therein escape from the overwhelming boredom and oppression of her circumstances.

Another interesting fact about the cuttlefish is that although it is an extroverted oyster and has dispensed with an external shell it has beneath its skin the remains of its remote ancestor's shell, namely a hard core of bone. This is the white boat-shaped cuttle-bone often found lying in quantities on the sea shore in certain latitudes. It is to be noted that the *Sepia* patient beneath the guise of apparent apathy and inertia has nevertheless a hard core of will and determination and desire to get well.

We are told that "cuttlefish are animals which shamefully neglect their young". This item of information lines up with the strange indifference to dear ones, children, wife, husband, which is so often a noticeable feature of the *Sepia* state.

A final observation—in its shape and form the cuttlefish bears an extremely suggestive resemblance to the human uterus and its appendages. And it is an established clinical fact that as a remedy *Sepia* has a special relation to the female pelvic organs.

PHARMACOLOGY

The main tissue affinity of *Sepia* is with the endocrine glands resulting in hormonal imbalance of the adrenocortico-gonadal-pituitary system. Relative adrenal insufficiency is associated with preponderance of androgens over œstrogens.

This results in widespread loss of tone and general weakness with induced inertia of both mind and muscle. The pelvic tissues and organs are specially affected, as is also the circulation. In the latter case the hypotonia leads to stasis, congestions and hypoxia of tissues.

Preponderance of androgens conduces to excessive pigmentation, hirsuties, and seborrhœic skin eruptions, alopecia and acne.

PHYSIOGNOMY

The appearance of the *Sepia* patient may be described as sallow, sessile, sweating and sagging. Weak, trembly, she is obviously worn out and on the verge of tears or an hysterical outburst. The eyelids appear heavy and drooping.

The face looks doughy and devoid of sharp lines and angles, wearing an expression of apathy and a browned-off look. Pallor like that of the "wax of old church candles" may be set off by dark crescents below the eyes.

In stature the type is apt to be either tall and angular or puffy, pale, with a tendency to portliness.

Pigmentation is common, a saddle of brown discoloration across the bridge of the nose or freckles. Patchy pigmentation may be present on the cheeks or scattered all over the body.

A crack may be seen in the middle of the lip, as is often present in connection with *Drosera* or *Natrum muriaticum*.

The posture is not merely sagging but one leg is apt to be crossed over the other, as the result of a feeling of pelvic weakness and insecurity.

Discharges are thick, bland and copious.

PSYCHOLOGY

The emotional attributes already mentioned result in a sad, silent, solitary individual entirely lacking in zest.

There is a desire to get away from people, but at the same time a dread of complete solitude. Although utterly apathetic and indifferent towards everything and everyone, nears and dears included, there is still a latent capacity for reaction to contradiction and frustrations, an ability to take offence and become argumentative, a tendency to restlessness and irritability.

Tears are not far below the surface, tears from sadness, tears when telling symptoms, tears from consolation or attempts thereat, even tears without any obvious cause.

Feels desperate, losing control, "must hold on to herself or will scream", just can't cope; wants to get away from it all and have a little peace.

There is a desire to be occupied but is too tired to make any effort, to meet strangers, to get on with the chores. There may possibly be an urge to repeatedly perform some futile act. Fear is often a prominent feature—fear of "some intangible evil"—fear of incurable disease—fear of going crazy.

Odd sensations abound, as if "ribs were broken and sticking into the flesh", as if "a strap the width of a hand were drawn tightly round the waist", as if "a knife were being thrust into the top of the left lung", as if "a mouse was running round the lower limbs", to give a few examples.

PHYSIOLOGY

Sepia is a decidedly chilly remedy as would be expected with a circulation in such a hypotonic state. Feet and hands feel cold, especially feet, with a sensation as if "standing in cold water up to the ankles". Sometimes the hands feel hot with cold feet or vice versa.

There may be patchy coldness, e.g. a sensation like "an icy cold hand pressing between the shoulder-blades". Although so chilly, becomes faint in a hot, stuffy room, which intensifies the already existing hypoxic condition of the tissues.

Appetite varies from one extreme to the other, canine hunger or, perhaps,

complete anorexia. There may be a craving for vinegar, pickles, spicy things, sweets, wine. This may be associated with a dislike of meat, fat and milk. There may be actual intolerance to fats, milk, bread and acids. Even the smell of food may be repugnant.

Sleep is most unsatisfactory. Although sleepy during the day and in the evening, there is difficulty in getting off to sleep at night. There is a tendency to frequent waking, to waking early and staying awake for a long time; wakes finally unrefreshed and feeling as if had not had sufficient sleep. Bodily distress of various types or anxious frightening dreams may seriously interfere with sleep, and result in restless tossing around in bed.

Sweats are brought on by only slight exertion, are profuse and often preceded by flushes of heat—as if "hot water were poured over her". Cold sweats are common in armpits and on the feet and may be malodorous. Profuse sweating may occur at night on head, chest, back and thighs. The sweats are not accompanied by thirst.

With regard to *modalities* there is aggravation in dull cloudy weather, also before thunder. Worse also when sitting still, before the menstrual period, and when vexed or emotionally upset. The worst times are in the forenoon and at dusk.

The *Sepia* subject, if not too exhausted to make the effort, gets relief from violent movement, especially in the open air; enjoys facing the wind; feels better when warm in bed and from taking food. Better also after sleep, even a short nap, from hard, firm pressure, and during the afternoon.

PATHOLOGY

The marked debility and lassitude of *Sepia* is not due to inherent laziness or indolence, far from it. It is the result of prolonged strain and of having had, finally, to admit defeat, perhaps subconsciously, and give up the unequal struggle.

Is easily tired to the point of prostration by quite trifling cause. The condition is often accompanied by considerable distress of body, throbbings, pulsations, bursting feelings, sensations of emptiness or hollowness, easy "pins and needles", cramps or jerkings in muscles.

Pains and flushes tend to spread from below upwards. Pains vary in type and site, and are usually relieved by warmth.

Owing to the inefficiency of the circulation sensations of giddiness are liable to occur in the morning, when walking, or on movement of the arms. This may be accompanied by a feeling as if "something was rolling around inside the skull".

Headache is of severe type, often unilateral, with darting, tearing, throbbing or shooting pains, shooting upwards or outwards. The head tends to jerk backward and forward with the pain. Light, noise, movement, thunder all aggravate the pain, but it is relieved after a prolonged sleep. Vigorous exercise out of doors also gives relief.

Another type of *Sepia* headache is associated with extreme anorexia, and even the smell of cooking causes a deathly nausea.

The remedy is also effective at times in facial neuralgia associated with pregnancy, which is relieved by contact of cold air or when out of doors.

Sensitivity of the scalp to touch, patchy alopecia, itchy eruptions, usually dry, on vertex or occiput, are also mentioned.

The *Eye* symptoms of *Sepia* are worse in the morning and in the evening. Some

relief is obtained by rubbing the eyes, by pressing the lids together, by bathing with cold water.

Mentioned are a sensation of grit in the eye, burning as if "eyes were balls of fire", lachrymation, sudden vanishing of sight, and fiery sparks, zigzags, flickerings seen before the eyes, this latter a symptom shared with *Natrum muriaticum*.

The *Respiratory System* has some *Sepia* symptoms. There is a tendency to take cold easily. Dry coryza may supervene; the nostrils become sore with internal ulceration and crust formation. Large green plugs may be discharged from the nose. The organ may be swollen and inflamed, especially at the tip. Olfactory sense may be acute or lost. Violent epistaxis may occur, especially during the menstrual period.

Sepia has a hacking cough, worse on waking and also from bedtime to midnight. The cough is accompanied by retching and vomiting, and often by a desire for food. Sputum is variable, may be profuse, is mucoid, and may be blood-streaked.

Various discomforts or pains in the chest are relieved by pressure of the hands on the thorax.

In the *Alimentary System* *Sepia* has some rather peculiar symptoms. One is a complaint of a horrible sinking, all-gone, empty feeling in the epigastrium, associated with faintness, often brought on by trifling cause. It may be induced by the kneeling posture in church, or by such effort as "doing the wash". It is not relieved by taking food.

On the other hand a sensation of nausea present on waking is often better after eating something or taking a hot drink.

The *Sepia* patient may complain of "acidity", of "something alive moving about in the belly", of stitches in the left hypochondrium, of aching or shooting pains in the hepatic region (associated with congestion of the liver).

Stools tend to be dry, hard and inadequate, and defæcation is slow and difficult, even with a soft stool. There is often a complaint of a sensation of fulness or of a ball in the rectum, and this is not relieved by the passage of a stool. Stitching pains in the rectum shoot upwards. Rectal prolapse may be present from loss of tone in the anal sphincter muscles. Bleeding piles, anal warts, diarrhœa from taking milk are also mentioned.

The *Cardio-vascular System* is, of course, affected by the *Sepia* hypotonus, manifesting irregularities of the circulation, throbbings, pulsations, one part hot, another part icy cold, hot flushes with sudden faintness and prostration, and various "queer feelings". The hot flushes start on the trunk, surge upwards towards the head, are accompanied by a feeling of apprehension and end in profuse perspiration.

In the *Urinary System* *Sepia* is associated with tension in the bladder and a sensation of "outward pressure" causing great discomfort. There is frequency of urination as the result of this, often just ineffectual urging, and frequency also at night.

The urine is liable to be highly coloured, offensive, depositing a yellowish pasty sediment, or is turbid with a sediment of red sand. The sediment consists mainly of uric acid or of urates. It tends to adhere to the surface of the chamber-

pot, in contrast to *Lycopodium* with its red sandy deposit which is *non-adherent*.

Lack of tone may result in enuresis, especially in the first part of the night. Urethral warts also may be present.

The *Genital System* provides an important sphere for the usefulness of this remedy, as would be expected from the tendency to œstrogen insufficiency, hypotonus, venous congestion and ptosis.

Disorders of menstruation are common, usually with delayed periods and scanty flow, and great exhaustion is experienced during the period, especially in the morning.

Uterine displacements are accompanied by a typical intense bearing-down sensation as if "everything in the pelvis would be expelled". This is aggravated by standing or walking, causing the sufferer to sit down and cross one thigh over the other for support. There may be actual prolapse of uterus and vagina.

Leucorrhœa is commonly present with a yellow or yellow-greenish, irritating, acrid, and sometimes offensive discharge.

There may be an associated erosion of the cervix uteri and great tenderness on examination. This will intensify the tendency to aversion from intercourse, diminished libido and frigidity being further factors.

Dryness of vagina and vulva may cause distress when walking, and may be associated with severe pruritus.

Disorders of pregnancy may call for this remedy when associated with much nausea and vomiting. In some cases persistent sterility may yield to treatment with *Sepia*.

The *Locomotor System* also is a sphere in which the remedy can prove most useful. Limbs feel heavy and weak, especially the lower limbs; and joints seem weak and unreliable, knees "give out" when walking.

A condition affecting the knees may occur at the menopause, namely a doughy swelling of the joint with pain which is especially aggravated when going down stairs or steps.

The limbs may feel actually sore, bruised and unwieldy, almost paralysed, and are worse after sleep.

Sepia is often indicated in low back pain, especially with the complaint of a pain as if the small of the back was breaking, or as if struck with a hammer. A special feature is that the pain is relieved by firm pressure in the small of the back by a hard cushion or some other means. This postural modality is shared also by *Bryonia*, *Kali carbonicum* and *Natrum muriaticum*.

The *Skin* provides another sphere for the action of *Sepia* in relation to a number of conditions. It is of special value in circinate eruptions, notably those on the scalp, herpes tonsurans, ringworm, which tend to be worse in the spring. This type of eruption on the trunk will more likely yield to *Tuberculinum*.

Eruptions which are vesicular, such as herpes in the region of the mouth and chin, common also in the *Natrum muriaticum* picture.

Also mentioned are acne in puberty, acne rosacea and urticaria in association with menstrual disorders, and eczemas occurring at the menopause. The urticaria is aggravated out of doors and, oddly enough, better in a warm room. It is worse, however, when warm in bed.

Itching is common, changing to burning on scratching. The skin tends to be delicate, with easy ulceration from slight injury. Cracks, horny growths,

papillomata, psoriasis may call for the remedy if other indications are present.

POSOLGY

Sepia is of special service from puberty to the age of 25, and again at the menopause. While in the main a female remedy, it can also be of value in male patients. It is prescribed largely in relation to the characteristic psychosomatic picture. Has proved useful with children who are easily tired and "tiring" to handle.

Sepia and *Lachesis* are said to be incompatible, but *Natrum muriaticum* is often called for in the *Sepia* type of individual.

Silica, a study

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PHARMACOGNOSY

This remedy is an example of a substance apparently inert in the crude state becoming therapeutically active when dematerialized by the processes of trituration, dilution and succussion. Silica is silicon dioxide, occurring in nature in quartz, flint, sandstone and many other minerals. Silicon is, next to oxygen, the most abundant of all the elements in the earth's crust. It is a constituent also of emeralds, aquamarines and the semi-precious stones amethyst, opal and zircon.

The correspondence between the nature and character of the source of the remedy and the characteristics of the type of patient for whom it may be the "similar" is, of course, less obvious with a mineral of this sort than with a plant or animal source. Nevertheless it is of note that silicones which are compounds of silicon are of wide use in modern industry because of their non-reactivity. They are resistant to oxidation and extremely water-repellant. One of the chief characteristics of the *Silica* patient is extreme inertia, lack of response, lack of fire and very poor resistance.

The grain of sand is content to drift, subside and settle motionless on the surface of the desert or on the seabed, away beneath the waves of bother and strife. The *Silica* patient just wants to sit around or lie down in apparent unconcern. But if provoked he may blow up over trifles and become quite violent, even as the sand of the desert if stirred up may become a whirl of violence and destructiveness.

PHARMACOLOGY

The tissue affinities of the remedy become apparent when it is potentized. The digestive system is affected, resulting in malabsorption and consequent malnutrition and debility. Connective tissue becomes liable to inflammatory and fibrotic changes and skin to trophic changes and chronic sepsis.

PHYSIOGNOMY

The *Silica* child appears sallow, sickly, shivery, sweaty, suffering, and small for its age. Fontanelles remain unclosed too long. The head seems too large for the body and the belly too prominent. On exertion goes deathly white.

Complexion is fair or dark. Teeth look in good shape. Hands are cold and clammy. Gait is stooping with toes turned in.

In general a thin, sessile, tired-looking individual liable to boils and sores. Agrees to everything that is said and if cross-questioned gets confused and begins to sweat about the head and face—would make a bad witness in a court of law.

Nails often are rough, yellowish and brittle. Articulations appear knob-like.

PSYCHOLOGY

The *Silica* child is self-willed, touchy, cannot bear to be touched or even looked at. Is usually quite intelligent, but shy at parties. An apt description of the type is given by a French woman pædiatrician: "The little *Silica* patient is full of apprehension. He lacks confidence in himself and always thinks that he will be incapable of writing a composition or learning a lesson. The *Silica* subject's lack of self-confidence plays its part in the difficulty he has in fixing his attention. He is too tired to stick to a task which he is anyhow too timid to undertake. With his back to the wall he can be annoyed, can grumble and can get angry."

There is a lack of "go", of "drive", of "grit", of initiative. He is so tired that he just wants to sit around or lie down all the time. Scrupulously conscientious, however, but lacking in application as thoughts tend to wander. May possibly develop an "idée fixe".

Is timid, full of fears, especially a dread of failure from a feeling of incapacity. There is a peculiar fear of pointed objects; this is shared by *Spigelia*. So sensitive and nervous that he starts at every sound, jumps if touched and "comes all over hot". Is easily irritated by trifles and if provoked "goes berserk". This unexpected reaction on the part of such a spineless specimen of humanity is well exemplified by Leon Vannier's description in *Typologie*:

"*Silica* is the remedy of depth for the over-worked individual whose nervous resistance is used up.

"Depressed, the subject becomes faint-hearted, fearful and lacking in self-confidence. The least thing seems a mountain. He has no confidence in himself and is discouraged by the least failure.

"Little by little the subject becomes 'incapable of consecutive thought'. The least mental effort fatigues him. He makes mistakes in speaking. Talking is a burden, he gropes for the right word, and when writing he has the greatest difficulty in expressing his thoughts.

"He lacks even the drive to come to the decision to stop over-working in order to take the complete rest which he needs. One recognizes these patients who, profoundly depressed, are resigned to their physical and mental deterioration and are unwilling to listen to their family's exhortation to lay off and rest.

"Often agitated with an agitation both useless and disorderly, constantly shifting about, he cannot stay put and jumps at the least noise. Thus, while at table, if a knife is dropped or a glass suddenly knocked over he starts to shake and flies into a rage. His nervous system, which he has overstrained and over-taxed for weeks and months, cannot stand anything more and the least thing provokes a veritable crisis which does violent hurt to his poor tired brain. A generalized hyperæsthesia is manifested by exaggerated reflexes. He may be so exhausted that his one desire is to lie down."

Another French author notes that the *Silica* patient lacks serenity, is apt to get unduly worried over having committed some small offence, is in two minds about everything, finds intellectual effort a "pain in the neck".

In many ways the emotional state of the *Silica* patient resembles that of *Sepia*, but there is lacking the hard core of will to recover which characterizes the latter remedy. The *Sepia* subject just can't cope owing to sheer exhaustion; the *Silica* patient has no desire to cope owing to his feeling of utter inability.

The *Silica* picture may be precipitated by experiences which involve serious fright or grave emotional shock.

A curious feature is a tendency on the part of the *Silica* subject to preoccupation with pins, is afraid of pins, hunts for them, counts them over and over.

PHYSIOLOGY

The thermal reactions of *Silica* are somewhat contradictory. Owing to lability of the circulation extreme chilliness may contrast with apparent warm-bloodedness at times. Though desiring to be loaded with bed-covers at night may go out on an icy day with relatively light clothing.

Chilliness, however, predominates, even moving about in bed may increase the chilly feeling; may complain of being "cold to the marrow"; feet and legs especially liable to feel as cold as ice.

Appetite is poor or nil. The child may eat hair or sand or chew nails. There is a desire for cold food and cold milk, especially mother's milk. Paradoxically the appetite may in some cases be increased and ravenous. Excessive thirst is the rule.

Sleep is disturbed by frightful dreams and there is a liability to sleep-walking, especially at new and full moon.

As would be expected in a subject suffering from serious debility drenching sweats are common, especially on the head and the feet. The foot sweats especially are extremely offensive in odour. The head sweats are mainly on forehead, vertex and neck, in contrast with *Calcareo carbonica* sweats which are mainly occipital, soaking the pillow.

With regard to *Modalities* aggravation is caused by contact with cold air, in cold weather and by change to damp weather from dry, also before and during thunderstorms. In contrast the *Sepia* patient feels worse before a thunderstorm but better when the storm breaks and quite enjoys it.

Silica symptoms are aggravated by pressure, as when lying on the painful part. They are worse during the menstrual period, and tend to be aggravated in the forenoon and also at new and full moon.

In the main, relief is obtained by being warmly wrapped up, by hot applications, when lying down and in the summer.

PATHOLOGY

The *Silica* symptoms appear to be the result not of atonia and hypoxia, as is the case with *Sepia*, but of defective food assimilation with consequent undernourishment, debility and asthenia. Both physical and mental debility are marked; the child is slow in starting to walk; the adult is "tired all the time", takes "cold" very readily, complains of great muscular weariness and is fatigued by the least exertion. This again is in contrast to the *Sepia* patient who feels better and is bucked up by vigorous exercise.

There is a marked tendency to sepsis with thinnish pus of the streptococcal type, sluggish both in onset and in healing, leading to chronicity and fistula formation.

This remedy is particularly rich in peculiar sensations, some sixty of which are mentioned in one text book alone, distributed widely all over the body, and due presumably to the generalized hypersensitivity of nerve endings.

Head symptoms. The *Silica* vertigo is worse on looking up, on closing the eyes and when lying on the left side.

There is a liability to suffer from a sudden rush of blood to the head, especially affecting the right temporal region and the vertex.

The *Silica* headaches are violent, often of chronic type. They are apt to start in the occiput and spread forwards over the whole head to the supra-orbital region, often accompanied by a sensation as if "the head would burst". They are

aggravated by moving the head, by mental exertion, by light, noise and contact of cold air; relief is obtained by wrapping the head warmly, by local heat and also by tight bandaging round the forehead.

Eye symptoms include a sensation of dryness, of "sand" or "splinter" in the eye, profuse lachrymation out of doors, seeing sparks or specks before the eyes, dimness of vision accompanying headache. The remedy may be called for in relation to corneal ulcer, hypopyon, also recurring styes.

Ears. Here the indication for *Silica* will be suppuration of chronic type with thin, offensive, purulent discharge and possibly associated caries of bone in the middle ear or in the mastoid process.

Respiratory System. Nasal symptoms are associated with a chronic type of dry rhinitis, frequent severe bouts of sneezing, intra-nasal itching, alternate fluent and dry coryza, soreness and tenderness of nasal bones, obstinate obstruction.

Silica may be indicated when there are recurrent attacks of tonsillitis with a tendency to quinsy formation. In the more acute forms *Hepar sulph.* and *Mercurius* will call for consideration.

The *Silica* subject is prone to colds involving the air-passages. One type of cough is dry, associated with a tiresome tickle at the level of the supra-sternal notch and often accompanied by hoarseness, possibly aggravated by taking a cold drink or by talking. In more chronic cases the cough is productive, with thick, yellow, purulent sputum which has an offensive odour. The cough is often persistent and fatiguing with suffocative asthmatic spasms. Taking a warm drink gives some relief.

Alimentary System. Sores at the corners of the mouth may accompany the other symptoms of debility. Sometimes there is the complaint of a sensation as if a hair was lying on the forepart of the tongue. Apical abscess of a tooth causes pain which is aggravated by contact with cold air, but relieved by holding warm water in the mouth. The gums also are very sensitive to cold air or cold water.

Stomach symptoms include much nausea and vomiting, which tend to be worse in the forenoon. Water has a nasty taste and drinking brings on fresh vomiting. There is a disgust for warm dishes and a desire for cold things.

Abdominal pains are accompanied by much tenderness and board-like induration, especially in children. Local applications of heat give relief. Flatus is extremely offensive in odour.

A diarrhœa with frequent foul stools and tendency to become chronic is brought on by dentition in children or by exposure to cold, as when sleeping out on the ground.

Constipation results from rectal atony associated with anal spasms. The stools are apt to be hard and lumpy, and only passed with much difficulty. Much straining is required even with a soft stool and the stool may slip back into the rectum when only partially extruded—"bashful stool". This latter symptom is shared by *Sanicula* and *Thuja*.

Rectal symptoms include very sensitive piles, fissure or fistula in ano, sticking pains in rectum, perianal moisture.

Lymphatic and Glandular System. This is an important *Silica* sphere. With inflammation in the throat or elsewhere involvement of the lymph nodes may

call for the remedy, especially if there is much induration in the enlarged nodes and a tendency to sluggish suppuration.

Tuberculous lymphadenitis with broken down caseating nodes and sinus and ulcer formation, a condition formerly described as scrofula and still quite common in the East, specially affecting the cervical region, is a case in point.

Salivary glands may be similarly involved, especially the parotid. Mastitis also, especially on right side, with hard indurated lumps in breast, sharp stinging pains and tending to formation of abscess and fistulous ulcers.

Urinary System. Chronic suppurative conditions of the urinary tract may call for this remedy, especially if the *Silica* picture of debility is present.

Enuresis is likely to be a concomitant of the other symptoms in a *Silica* child.

Genital System. Irregularities of menstrual function are common, perhaps complete amenorrhœa. There is a tendency to easy uterine bleeding, for instance ante menses from excitement, or between the periods, or in nursing mothers when the child is put to the breast.

Other conditions mentioned under this remedy are hydrosalpinx, pyosalpinx, serous cysts in the vagina, a profuse, acrid, milky leucorrhœa, associated with cutting pains in the region of the umbilicus and tending to flow in gushes.

In keeping with the general weakness and debility there is a tendency to easy abortion or actual sterility.

Locomotor System. Various pains and aches are met with in both upper and lower limbs and in the back from nape to coccyx, associated with almost paralytic weakness, much stiffness and aggravation on first movement and by uncovering, but with much relief from warmth.

The fingers especially become stiff and the finger-tips feel "like paper", a symptom shared by *Antimonium tartaricum*. Parts lain on also easily go numb with sensation of pins and needles. Cramps occur in arms and legs, from deficient circulation, and joints may "give way" when walking or running.

Skin. *Silica* is a most valuable remedy in affections of the skin, especially those of a chronic suppurative nature. Every little scratch tends to become septic. Boils or carbuncles tend to recur. Abscesses form and discharge thin, sanious pus, leading to fistula or sinus formation and showing no tendency to heal.

The remedy may be called for in caries of bone, especially long bones and spine; also with malformation and splitting of the nails.

POSODOGY

The special sphere of *Silica* is in chronic disease, fibrotic or septic. It has proved of value in tuberculosis of lung, skin, bone, abdomen, lymph nodes, but in advanced disease should not be given in too high potency. The remedy possesses an ability to stimulate an absorption of fibrosed and scar tissues. It should, therefore, be avoided in old cases of pulmonary tuberculosis where there may be encapsulated pockets of tubercle bacilli which might be released to cause fresh active disease.

A remarkable feature of *Silica* is its ability to promote the expulsion, exteriorization, of foreign bodies from the tissues. Many are the records of splinters, thorns, pieces of glass, gravel or metal which have been extruded from various parts of the body after the administration of the drug. There are sites

where surgical removal, or attempts thereat, are fraught with considerable risk of adding trauma to trauma, and the extrusion of a foreign body by natural means, aided and abetted by *Silica* in potency, is a preferable procedure, albeit involving some delay.

Silica is the complement and "chronic" of *Pulsatilla*. It may often be preceded or followed by *Natrum muriaticum*. It is quite incompatible with *Mercurius*, and the two remedies should never be given near one another in point of time.





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