

My Experience as a Student of Homœopathic Materia Medica.

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Some ten or twelve years ago I was a total stranger to Homœopathy. My first experience with Materia Medica was anything but pleasant and encouraging. In fact, I felt much as a man would if suddenly dropped into the midst of a vast, unfamiliar wilderness, without roads or paths, or even a compass, for a guide. Turn which way I would, there was nothing but a seemingly unsurmountable mass of symptoms, symptoms, symptoms of a bewildering sameness in character and expression. There was nothing definite nor distinct to which to hold, no roads leading to a given point, nothing to indicate the direction of my travel; only a purposeless jumping from place to place.

I yet recall the first lecture on Aconite. The teacher told that:

This drug has nine special centers of action upon the human body, through the cerebro-spinal system. It produces hyperæmia, congestion, and inflammation, of five of these centers, paralysis of the remaining four, with general fever and intense pain, anywhere in the body.

Then followed some suggestions as to the disease for which this medicine would be suitable, such as rhinitis, pharyngitis, laryngitis, bronchitis, pleuritis, pneumonitis, meningitis, metritis, cystitis, hepatitis, enteritis, and inflammatory fevers, generally, etc., etc.

I left the class feeling that I had learned something valuable, and would try to fix these congestions, inflammations, and 'itis, in mind.

Next day, there was a lecture on Belladonna. It was asserted that:

This drug has twelve special centers of action through the cerebro-spinal system. It produces hyperæmia, congestion, and inflammation; of about five of these centers, paralysis of

four or five, stimulation of one or two, besides high temperature and intense pain.

Then followed, as before, some suggestions for its use in disease, and to my astonishment, there was a repetition of nearly the same diseases I had heard mentioned for Aconite: hyperæmia, congestion, and inflammation, with the same 'itis recited the day previous.

I left the class somewhat bewildered and confused, wondering how I was to know when to use Aconite and when to use Belladonna; they apparently produced about the same symptoms and were used for the same diseases.

Then followed a lecture on Bryonia, with a repetition of nearly the same story:

Four centers of action through the cerebro-spinal system, congestion and inflammation, pains and fevers, with a long string of bronchitis, pneumonitis, pleuritis, etc., etc.

And so, day after day, more remedies were added, more centers of action, more congestion and inflammation, fevers and pain, and more confusion and perplexity in my own mind.

I began to doubt the sincerity and value of the entire instruction; could see no sense nor meaning to it, and was about ready to give it up.

If all these medicines produce so nearly the same symptoms, and are suitable for so nearly the same diseases, why use so many? Would not one or two, or a few, serve just as well? If they are all useful, there must be a better way of studying these remedies: some points by which we may learn to know one from the other: some certainty that in a particular case Bryonia is the only remedy, for which Aconite or Belladonna would not serve.

In this frame of mind I turned to my text-books on Homœopathic Materia Medica, hoping that they would clear the subject for me, but even there disappointment met me.

The smaller books present the subject in about the same form I was hearing it in the class-room, and the larger ones, such as Cowperthwaite, Hering's Condensed, and Allen's

Handbook, as you know, record the provings in tabulated symptoms on the various parts of the body, from the head down to the feet.

This form of study may be profitable and necessary to the advanced student, but is anything but encouraging for the beginner. Truly, it gave me a somewhat different idea of the medicines, but left me more than ever confused and bewildered.

I could not see how I could possibly remember all these symptoms of the mind, the head, the eyes, the ears, the nose, and the throat, nor this long string of chest and heart, stomach and liver and bowel symptoms, so very similar in the various remedies; to say nothing of all the other symptoms: of sexual organs, male and female; extremities, bones and skin, etc.

I thought my memory pretty good, compared to those of other students; such had been my experience in the past; but Homœopathic Materia Medica was evidently too much for me. The fact that the subject was entirely new to me may have occasioned some of the difficulty in mastering it, yet I was sincere in my search for this new knowledge. If there really was something of value in Homœopathy, something superior to the old way of using medicines, I was willing to dig for it, and to study harder than ever, if need be.

The manner in which the subject was presented to us made it uninteresting, and difficult to grasp. After all, perhaps the trouble was not so much with my brain and memory as with a faulty system of teaching.

In one lecture we were told that Homœopathy is a system of Medicine based on the phrase "*Similia similibus curantur*," supposed to mean that a medicine will cure the same kind of symptoms in the sick that it would produce in the healthy person when taken for the purpose of proving; and that the medicines used are milder and less poisonous than those of the Old School.

• This was truth, so far as it goes, but the essentials of real Homeopathy were omitted.

The meaning of potency ; the relative value of high and low, and the true *modus operandi* of medicines in potency, upon the human organism were not mentioned.

The reasons for using the single remedy, for alternations, or for two or more in combination, were never presented.

The Organon of Homeopathy was not taught, only mentioned as "too old and out of date."

This kind of teaching was like the study of Hamlet with "Hamlet" left out. To me, it lacked sense and aim. Yet I continued, and a while later was introduced to Dr. Allen's "Keynotes of Materia Medica."

This book presents a far more delightful manner of studying a remedy. The temperament and color basis gave me something to which to hold, something definite that I could see and understand. I enjoyed reading these little keynote "sketches," and would apply them to people and to patients, at every opportunity.

I soon found, however, that the plan as laid out in the book would not work in all cases.

Pulsatilla would not cure all the blond, fleshy, mild, and tearful women of their ailments, nor Sepia the dark, irritable, lean and scrawny ones. Again I was "up in the air."

This does not imply that there is no virtue in the keynote-study, nor in Allen's little book. On the contrary, it is a good little collection of valuable symptoms, but useful only to the advanced student who knows how to place these keynotes in their proper relation to the remedy as a whole. They surely are incomplete, and misleading to the beginner.

The temperament and color idea is unquestionably of small value, because, although it may be true that a remedy will act better in a certain type of patients, yet it cannot produce changes in color nor in temperaments.

Next I tried the "card-system" of keynotes, introduced by some of the older homeopaths. This "system" of studying

Materia Medica may have some merit, and may be useful to students having nothing else to study, but even so, it is too much of "memorystuffing" to be of lasting value. As is well known, things merely memorized may slip away, and be forgotten when they are most needed, whereas subjects which we understand will always remain as part of our knowledge.

In the old days when little else than Materia Medica was required of the homœopathic physician, it might have been possible to memorize all the "keynotes" and provings in such a way that they would remain in the mind, and be useful in prescribing. In our day, the student has so many other subjects to master that he can devote only a small portion of his time to Materia Medica.

As the human mind seeks tangible things to "hold to," it is only natural that the student of Materia Medica forms the habit of associating remedies with diseases, and thus becomes, in our day, a "pathological prescriber" in the earlier days he might have turned into a "keynote prescriber."

Thus the study progressed for three years and a half of my student course: no interest aroused, no grasp of the subject, no insight into real Homœopathy. It was only after circumstances brought me into Prof. Kent's class, at old Hahnemann College, that a brighter and better day dawned upon my study of Materia Medica and Homœopathy.

You who have heard him teach or have read his books know that he has evolved his own system in teaching Materia Medica, entirely different from anything else I ever have seen or heard, for this subject.

Although it is true that many good homœopathic physicians criticise this method of teaching, and even some students do not like it, one who earnestly seeks to know and to understand Homœopathy will certainly enjoy and appreciate it. I surely did, and in four months I had learned more of Materia Medica than in the previous four years.

This study does not directly tax the memory, but appeals

to the imagination and the understanding, and converts Materia Medica study into a pleasant "pastime."

It was a real pleasure to listen to these "character sketches" of the various remedies, each one standing out, clear and distinct from all the others.

The remedy is presented in such a way that you perceive it as a whole. There are the strong, basic features, standing out as the skeleton framework of a building, with the curves, and shadings, and smaller parts inserted just where they belong.

The leading characteristics, the generalities that apply to the prover, or to the patient, as a unit; the modalities clearly emphasized; and the particulars and the keynotes, all take their own places.

It was no longer a matter of hyperæmia, congestion, and inflammation, but a study of character: modalities, colors, and shades. I began to see some sense and order in Homœopathy. I began to learn when to use Aconite, and when to use Belladonna, even in diseases of the same name, in the same "itis."

Of course this kind of study may not interest the student, who is seeking the easy things and the "tricks," who studies Medicine as he would a trade or a business, for its commercial value only. But to the seeker of truth, the student of logic and principles, one who is satisfied with nothing less than the best, it certainly is a great study.

Only a genius could devise this method of teaching, plain and easily comprehended, its arrangement and plan strictly scientific, and in accord with the laws of Homœopathy. It reveals a masterly grasp of the entire subject, and evinces a profound study of man and of life, in health and in sickness.

To every logical mind is evident that the whole is greater than the part; that as disease deranges man in his inner being, in his life-forces, therefore must a remedy first be considered in its effect upon the inner life, and upon the entire man; from that to the parts and the details.

The symptoms of a remedy, or of a patient, are divided into two main classes: *generals and particulars*, those each, into *common and peculiar*.

A general symptom is one that relates to the patient as a unit; it may be thus expressed by the patient: "I am irritable," "I am sad," "I am restless," "I am cold," "I am hot," "I want sweets," or "I dislike this or that."

A general may relate to the innermost of man; his loves and hates; or to his intellect (the understanding); or to his sex-nature, which is next in importance; or to his appetites, as expressed in his desires and aversions for foods; or it may relate to his response to heat and cold, to the effect of air, of motion, etc.

A general symptom may be common or peculiar. The more peculiar it is and the nearer it relates to the innermost of man, the higher its value in prescribing.

A particular symptom is one that relates to a part of the body: the head, the heart, the lungs, the stomach, the bowels, etc.

It may be expressed thus; "I have a headache, pain in the heart, a stomach-ache," etc.

Whether it be of much or of slight value in selecting the remedy depends upon how peculiar or common it is.

For instance: stitching pain in the chest is a common symptom in pleurisy, hence would be of small value in selecting the remedy for this disease, but if the pain were *better from pressure; or from cold applications; or from deep inspirations; that would be peculiar* and of some value in selecting the remedy.

A common symptom is one common or natural to a disease: as thirst in fever; pain in inflamed parts. It is of slight value in prescribing.

A peculiar symptom is one *rare, unusual, standing out prominently amongst other symptoms*: as *absence of thirst in fever; intense thirst for cold water during chill; pain in head*

ameliorated by cold, while body is so chilly that the patient would sit over a register or beside a fire.

A peculiar symptom is of the highest value in selecting the remedy, because it eliminates all remedies not having this symptom.

This value, however, is modified by the extent of the symptom's relation to the patient: whether it relates to the whole or to only a part.

ACONITE CHARACTERISTICS

Now let us outline a few ACONITE conditions, according to this method, and you may judge, if you please, whether it is superior to the hyperæmia - congestion - inflammation - method, or the pathological method.

The first thing to be noted is that ACONITE is a remedy of *sudden onset and short action*; the complaints come suddenly, act for a short time, and may leave as suddenly as they appeared.

Next we notice its *violence of action*, and consequently its usefulness in *strong, robust people*, when they become *suddenly ill after exposure to dry, cold wind*, or similar influence.

It acts best in *cold dry climates, during the winter season*.

Suppose a strong, healthy person, who had been exposed to a cold, dry wind, while thinly clad, or become chilled after perspiring freely, should be taken with a *violent chill within a few hours after the exposure*. Following this, appear *high fever, dry heat, accompanied by deeply flushed face, intense thirst, and dry hacking cough with sharp pain in the chest*.

There will be a call for a doctor immediately. The first things the doctor will notice are the *intense restlessness, fear and anxiety* in the patient. You can read fear and anxiety in every line of his face. *He thinks he is going to die, and that before the next morning*.

He is also exceedingly selfish: "I am very sick and will die if you do not do something for me right away." He de-

mands much sympathy and the family stand around, feeling as fearful as he. You observe his *flushed face, the high, full pulse, high temperature*, and from further examination find the lungs congested; friction sounds over the painful area; restricted, shallow respiration; all evident signs of a beginning pleuropneumonia.

Now you place on his tongue a powder of Aconite, any potency from the thirtieth, upward, and dissolve another powder in a few teaspoonfuls of water. You direct a teaspoonful to be given every half-hour, for a few doses, also that he be given all the cold water he wants, and have quite around him.

You will find that in a few hours the storm will begin to go down, the turmoil settles into peace and quiet, and the patient sleeps. When you call, the next day, the temperature is lower, the pulse is less rapid, respiration is better, he has less pain and less congestion. But you will most especially notice his freedom from fear and anxiety. The patient will look at you with a calm expression, saying: "I am better."

This was an Aconite case, pure and simple; any other remedy would have been harmful.

Keep in mind that it is the sudden onset, the fear of death, the anxiety and the restlessness that make it an Aconite case; not the hyperæmia, congestion, and inflammation, nor the fever. These symptoms are found in all cases of a similar affection and cannot form the basis of the prescription.

Is this not a better way of using Aconite than to use it for all fevers, and in tincture or in 2x or 3x potency? The former is scientific and explicit, the latter, routine and guess-work.

A child has been out-doors, playing, on a *clear, cold, winter* day. The child is *apparently well when going to bed*, but after sleeping a few hours, usually *before midnight*, it will *waken suddenly with a hoarse, croupy cough, and choking*.

There will be a hurry-call for the doctor, and when reaching the bed-side he finds a robust, healthy-appearing

little "chap" sitting up in bed, *struggling for breath*. His face expresses extreme *fear and anxiety*. His cough is hoarse, croupy, and choky, while doctor and mother feel the fear and anxiety in the air.

You ask the mother how long he has been sick, and she will tell you that he was well this evening, going to bed, but wakened in this condition after a few hours' sleep. In reply to your question as to what he was doing during the day, she says: "He was out, playing rather roughly, without coat or hat, becoming heated before coming in the house."

Here is another ACONITE case. A small powder of ACONITE will cause the child to breathe more easily in a few minutes. The expression of fear will begin to leave the face, and soon he will lie down and sleep peacefully and sweetly.

Consider next a case of diarrhoea or dysentery, during the hot season. You may be called in the early night of a hot summer day, to see a patient, whom you find to be a *robust, full-blooded man*. He sits on a commode, *straining and urging, voiding thin, watery stool or perhaps clear blood*. He has *intense pain in the bowels, is nauseated and may vomit blood*.

He will look at you in agony, and say: "Doctor, this is awful; it came on all suddenly this evening, and I *will surely die before morning* if you do not do something quickly." He is *fearful, anxious, and thirsty for cold water*: he is *suffering intensely*, and his fear and suffering are *felt by all around him*. You may ask him what has happened, and he will say: "Oh nothing; it was a hot day, I was sweating and drank lots of cold water, had my supper, and went to bed feeling all right. Then suddenly I awoke with this pain and diarrhoea, and I simply cannot leave the commode."

Here is another Aconite case, but it is not the diarrhoea, the stool, not the pain that marks it Aconite. It is the sudden onset the fear of death, the anxiety, the restlessness and the fury of it that spells Aconite.

These are general symptoms pertaining to the patient, and the whole is always greater than a part.

A few doses of Aconite of a potency high enough to make an impression, every fifteen minutes, will soon relieve the fear, the straining, and the pain, and he will be able to return to bed.

This small sketch does not exhaust Aconite; it merely illustrates this method of studying a remedy. The method is orderly, plain, and scientific, and this kind of knowledge of remedies is absolutely reliable.

When I look back over my early experience as a student of Homœopathy, which I think is similar to that of all students in our homœopathic colleges, and think of what it might have been, had we been taught, from the start, by competent teachers, involuntarily I have a feeling of sympathy and regret for all the young men and women who are trying to practice Homœopathy without proper training.

What wonder that they become "mongrels," "pathological prescribers," and prescribers of all kinds?

Competition in practice is close, criticism from the "regulars" is constant, and there is the young doctor trying to demonstrate the superiority of a science of which he knows little or nothing.

He must "make good," yet having a poor knowledge of, and less faith in, his remedies, he is driven to other measures that will give some kind of results. Then Homœopathy is considered a failure.

The student's instruction in Materia Medica was unsystematic, unscientific, and uninteresting. The philosophy of Homœopathy is unknown to him; the clinics he attended demonstrated either guess-work or "mongrel" prescribing. What then can be expected? From this failure to train physicians, homœopathy suffers in reputation, people lose faith in it; the "old school" laughs at it, and says it is dead.

Unless we do better in the future, in training for practice, there will be no plausible excuse for Homœopathy to exist as a separate school of Medicine.

Do not misunderstand me. I have no personal grievance,

nor do I find fault with any individual. I am discussing methods, not personalities. I believe every teacher is trying to give, in his teaching, the best his knowledge and his ability afford.

Among all the discoveries of the ages, homœopathy stands out as the greatest, because it brings to man that which is dearest and greatest to him : namely, health.

Man, to-day, is only the sum total of everything good, bad, diseased, in his parents and his ancestors.

Disease is mainly the result of transgressions of laws of life : results accumulated and transmitted from generation to generation, forming "miasms" or constitutional tendencies to physical or mental degeneration, in one or another direction.

Cell-activities, the structure of the body, and of its organs, are only what the inner life of man makes them. This life cannot express itself as it should, in a normal, healthy body, while it is held by the miasmatic poisons, or disease-bonds.

The large army of chronic invalids or semi-invalids round about us exist as ample testimony to this fact.

No crude drugging, external treatment, nor surgery, can liberate the life-force from these bonds of disease.

Only potential remedies, that operate on the same plane as does the life-force, will accomplish this. Homœopathy is the only system of Medicine that offers remedies of this power. But medicines must be used in masterly fashion, and conscientiously, to accomplish the best results. No one can do this without comprehending the fundamental principles of the art, without training in its application.

If our young men and women do not receive this training in the colleges of Homœopathy, if this greatest, grandest of all medical teaching be perverted, and thus lost to generations to come, it will be our fault.

It would be not merely a pity, it would be shame and sin to permit Homœopathy to degenerate, in our hands, into something not worthy of even a name.

The Homœopathician.