

THE  
**HAHNEMANNIAN GLEANINGS**

*with which is incorporated the*  
**INDIAN HOMŒOPATHIC REPORTER.**

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VOLUME III.

JULY, 1932.

No. 6

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**How to Study Homœopathic Materia Medica.**

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The term Materia Medica, as a technical phrase, means "material which has medicinal properties, or which is used in medicine." In its applied sense it refers to the science which treats of the substances and agencies used in the practice of Medicine. This being its general significance, it is clear that "Homœopathic Materia Medica" signifies something more than, and something different from this. It means a special Materia Medica. Not that the materials differ in any way from those included in ordinary Materia Medica, but the method made use of in studying these materials and the sources of the Homœopathist's knowledge concerning them as well as the manner of employing that knowledge, constitute a vast difference between what is understood as the Homœopathic and the ordinary Materia Medica. To exemplify this difference our attention is called to the fact that in the present-day text books on the ordinary Materia Medica there is to be found an elaborate classification of drugs (Materiae) according to their more marked or special sphere of action. For instance, medicinal substances are grouped as stimulants, depressants, sedatives, hypnotics, astringents, nervines, emetics etc. Much is said about physiological action and "toxicology." It is to be noted that the sources of knowledge concerning drug action are mainly (a) experiments upon animals

(the frog, rabbit and dog being most frequently used); (b) effects of over-dosing or poisoning in man; and (c) therapeutic effects or the condition observed after the administration of drugs to sick people.

While these sources of knowledge are undeniably useful, they are, by many, and for easily demonstrable reasons, considered to be most inadequate in view of the vital importance of accurate, reliable knowledge pertaining to the action of substances administered to sick people with the intention of curing them of their maladies or relieving their sufferings when cure is not possible. In studying ordinary *Materia Medica* the so-called regular physician of to-day follows the methods in vogue ages ago. His main reliance is on empiricism or "clinical experience." In recent years the tendency has been to drop the terms empiricism and clinical experience and to substitute the term "physiological action" which, though intended to be more comprehensive and to include the results of laboratory experiments, evidently has for a foundation, and retains with a firm grasp, the same *Materiae*. A *Materia Medica* founded on clinical experience must indeed be difficult of construction among those with whom polypharmacy is the rule and this rule has been unquestionably in force for many generations.

Let us glance at the foundation on which our *Materia Medica* rests. *Homœopathic Materia Medica* includes the records of the effects of drugs administered experimentally to animals; the effects of drugs taken accidentally or purposely in toxic doses (poisoning); the effects of drugs in large doses, administered to sick people (overdosing); occasionally the effects of ordinary doses in cases of prolonged illness where it is assured to be possible to differentiate drug effects from disease symptoms, and lastly and chiefly of the effects of drugs in large and

small doses when taken voluntarily by people in health for the express purpose of noting these effects, i.e. what we technically denominate as "provings." The chief sources of knowledge indeed, upon which Homœopathy places its reliance are "provings" and "poisonings". These form the very backbone of Homœopathic Materia Medica ; in fact, the greater part of the structure itself. Simple, uncomplicated effects of drugs upon healthy human beings are regarded by Homœopathists to be the only reliable source of knowledge concerning the substances to be employed in healing the sick. No theories, no deductions, no traditions, no empiricism, no clinical experience are, by the Homœopathist's creed, admitted as worthy of reliance in furnishing the physician's armamentarium. No system of therapeutics ever had so rich and fruitful and reliable a Materia Medica. No system, or "school" of medicine, therefore, ever had as indisputable and logical a right to the title "rational" or "scientific" as has the Homœopathic, because no system or "School" ever had a Materia Medica constructed so consistently in accord with the truly scientific spirit, which demand facts—uncontrovertible, ever demonstrable facts—as the sole foundations on which safely to build.

The vast store of knowledge concerning pure drug effects which has accumulated during the past century has been presented to us in three chief forms. (1) That of the simple narrative, the story being told in the "day books" of the provers or by the observer of the experiment as in Hughe's Pharmacodynamics and Cyclopaedia of Drug Pathogenesis ; (2) in the detached form of the well known anatomical scheme inaugurated by Hahnemann and followed by most of his successors as in the "Materia Medica Pura", "Allen's Encyclopaedia," etc. and (3) in the familiar form of the "Repertory," wherein

are arranged for rapid reference, the drugs having a given disease-symptom in common.

Materia Medica is, in itself, a science, a branch of knowledge quite apart from other sciences. Knowledge of drug pathogenesis is by itself neither Homœopathic, nor allopathic, nor Eclectic. Drug-action, the disease producing power of drugs, obeys no therapeutic law or rule. There is no Homœopathic physiology, no Homœopathic anatomy, no Homœopathic pathology. Our right to use the distinctive phrase, "Homœopathic Materia Medica" lies in the fact that Hahnemann, the Father of Homœopathy, was the first to systematically study the effects of drugs on the healthy human organism and to insist that this study is an absolute prerequisite to intelligent and rational therapeutics. The Homœopathic Materia Medica is entitled to the use of its distinctive adjective, not because the drugs included in it are employed in practice according to the Homœopathic law—and let neither our own writers nor those of any opposite school fail to keep this in mind—but because solely through the scientific and painstaking labor and investigations of the founder of Homœopathy and of his followers, our thorough and exhaustive record of drug pathogenesis were brought into existence. The fact that medicines (drugs) are primarily and essentially disease-producing substances is too frequently lost sight of. Drugs, each after its manner, act in a specific way to alter the state of health, to produce an abnormal condition. They make a healthy person "sick" and a "sick" person "sicker," when employed in quantities large enough to produce their legitimate effects. It is a peculiar utilization of this disease-producing power of drugs that is the characteristic feature of Homœopathy.

It has been said that "Death borders upon our birth,"

that we begin to die when we are born. With equal propriety it might be said that our Materia Medica education begins in childhood, ay, with our birth, but there is a distinct epoch in which occurs the phenomenon that we recognize as death, so there is a distinct period when one's study of Materia Medica begins.

This latter distinctive period should be and, now we are glad to say, is required to come only after a sufficient preliminary education.

From the student's stand point for the study of Materia Medica and its comprehension our advice to students would be that with the aid of a preceptor whom they look up to they adopt a College whose Materia Medica professor has ideas and employs methods that appeal most strongly to their minds. Then to devote themselves studiously to his lectures and instructions, do collateral reading in only the one text book that he prefers, and then work assiduously in harmony with that teacher, whether all he says do, or do not coincide with their views.

Without a thorough and perfect knowledge of Homœopathic Materia Medica the Homœopathic law of cure is a shadow without substance.

The study of Materia Medica should therefore receive our best attention. But how are we to proceed with its study? My remarks will be upon the Subject fundamental to our sectarian existence, how to teach, how to study, and how to improve and perpetuate our Materia Medica. The Homœopathic Materia Medica is a faithful record of symptoms resembling the symptoms of maladies. It is an image—a true life-like picture of the sicknesses of the human race.

A disease is represented by a group of such symptoms. So every medicine possesses its peculiar symptoms corres-

ponding to some malady or some group of maladies. It should be our constant endeavour to study the symptoms peculiar to every remedy, just as we study the symptoms of a disease. The simple knowledge only that one has fever, cholera, diphtheria, or any other disease, does not constitute a proper examination of a disease. So the simple knowledge that a medicine is febrifuge, diaphoretic, diuretic, sedative, etc. does not constitute a definite and perfect knowledge of its nature and properties. The examination or diagnosis of a malady is nothing but a minute and careful study of the general and particular changes, internal and external, in the person who is ill. It is, therefore, apparent that the study of *Materia Medica* signifies the thorough mastering of all the general and particular morbid symptoms produced by medicines. When examining a sick person we should observe the changes in his mental state, in his feelings and emotions, in his bodily sensations, and in his organs and other parts of body. So also in studying a remedy we must have a clear and definite knowledge of the morbid mental symptoms, intellectual, emotional and moral, bodily disordered functions and conditions of particular parts of the body and the organs themselves, peculiar to each remedy.

In order to have a clear knowledge of every medicine we divide its symptoms into two classes, general symptoms and particular symptoms.

(1) The general symptoms of a medicine are those relating to the patient taken as a whole as distinguished from the different parts of his System. Under this head are given the mental symptoms and the general physical symptoms, internal and external sensations pertaining to the body as a whole. Its constitution and temperament are also included under the general symptoms. In short, the general symptoms are those which deal with the

internal nature and external changes in an unhealthy person.

To be conversant with the general symptoms each remedy is to be studied according to this classification :—

GENERAL SYMPTOMS	}	MEMORY—Dullness of memory ; acuteness of memory.
		INTELLECT—Delirium, delusion, dream, hallucination, imagination, fear, anxiety etc. every confusion of understanding.
		EMOTIONS AND } Irritability of temper, dis- FEELINGS OR } like for anything, hanker- WILL } ing after anything, desire for cool breeze, for sweet things, aver- sion to milk, to cold air, etc.
		Physical sensations common all over the body, Numb feeling of the body, burning sensation all over the body etc.
		TEMPERAMENT } Fatty, flabby, plethoric, AND } phlegmatic, tall, dwarfish, CONSTITUTION } tuberculous, scrofulous, nervous, hysterical etc.

The general symptoms of every medicine are of the paramount importance and deserve our whole-hearted attention. To know an individual properly we should study his internal nature—the innermost core of his state—as best as we can and then should we ascertain his physical character. Such is the way we are required to study Homœopathic drugs. Pulsatilla has gentleness and timidity of character. Nux Vomica has irritability etc. So the Puls. patient is gentle and timid, the Nux Vomica patient is always very irritable. Aconite possesses extreme fear, particularly fear of death, despair of recovery. The Aconite patient therefore, must have fearful forebod-

ings of death, despair of recovery etc. It does not matter much if you do not care so much for the action of remedies on the brain, heart, lower extremity, etc. the organs or parts of the body, but in every instance we must have clear ideas of their general symptoms.

Among the general symptoms the mental ones are most important.

Those relating to the memory are not so important as those that relate to the intellect, and those that relate to the intellect are not so important as those that relate to the emotions and feelings—the affections or desires and aversions. Emotions and feelings are the will. That which a sick person wishes belongs to that which he wills, and the things that relate to what he wills are the most important things.

In this way the beginner should form in his mind a clear idea of every remedy. These symptoms being general ones can be found in any kind of disease whatever to which the remedy is adopted. Aconite is useful in fever when fearful forebodings are present; and every Aconite case must have fearful forebodings; it is useful in dysentery or cholera when the same fearful forebodings are present. So also every kind of disease—fever, toothache, constipation, colic or any other disease to which Nux Vomica is suited, irritability of mind must always be present as a prominent and guiding symptom. Occasion has often arisen when only one general symptom has been enough for the selection of the similimum.

Thus without a finite knowledge of the general symptoms of every remedy no body can hope to be a good prescriber.

(2) Particular symptoms of a remedy are those pertaining to the different parts of the body. These are

properly the physical symptoms—the symptoms pertaining to the material organism.

PARTICULAR  
SYMPTOMS

SENSATIONS.—Burning in anus, tickling in throat, stitches in liver, throbbing of temples, etc.

FUNCTIONS OF ORGANS.—Suppression of menses, diabetes or excessive secretion of urine, constipation or no excretion of stool, indigestion of food, deafness or loss of hearing etc.

ORGANS THEMSELVES }  
OR } —Enlargement of li-  
PARTS OF THE BODY } ver, rheumatism  
of any joint, congestion of brain,  
inflammation of lungs, cataract,  
etc.

The particular symptoms of a remedy are next in importance to the generals. All the particular symptoms of a remedy are seldom to be found in every disease, but according to the nature of the disease only those symptoms appear which are peculiar to it. In dysentery the symptoms of dysentery will appear, *i. e.*, those changes in sensations, in functions of organs, and in organs themselves, occur which are peculiar only to dysentery. In rheumatism the symptoms of rheumatism will appear, *i. e.*, those changes in sensations, in functions of organs, and in organs themselves, appear which are peculiar only to it. The general symptoms in every disease will always take the lead in selection.

There is another class of symptoms which are called modalities. These relate to every conceivable change produced in habits and functions by the influence of time,

place, heat, cold air, sun, water, sleep, etc. in diseased conditions. As for example, the symptoms which appear before, during or after food ; before, during or after stools ; before, during or after menses ; symptoms relieved in open air, by cold, by heat, by sleep, at night, etc. ; symptoms rendered worse during sleep, during the new moon, in the morning or at night, etc., such as fever paroxysm returning more troublesome at 3 a. m., etc. The modalities are also very important symptoms—very useful guides in the selection of the similimum ; they should always be classed with the mental symptoms ; in regard to their usefulness.

Many a great truth has remained dormant, smothered beneath a vast accumulation of mistaken enthusiasm. We may all hesitate to criticize, but we must all recognize the fact, that if our school shall endure and our race derive the full benefit of similia, we must be ready to cut right down through many a treasured belief, and discard much that some of our most zealous workers have left us. And this for Homeopathy. As the training of a child should begin with its birth, so the study of Materia Medica should commence with the matriculation of the student, or earlier, if possible, in the office of his preceptor ; and it can only end with the life work of the individual.

In none of the natural sciences does the horizon widen more rapidly than in the study of drug action, comprising as it does nature's unlimited resources. Only an infinite mind can fully comprehend its possibilities.

I have observed that the students in the class room, those who are in earnest, frequently are divided into two classes. Those who depend entirely upon their memories, and the individual endowment determines the progress of this class. And, second, those who study by induction, as it were, reasoning from a part to a whole, seeking the

whys and the wherefores. The first class take voluminous notes, the second comparatively few.

These men of memory store away symptom after symptom, as didactically taught and burn midnight oil in the very difficult task of trying to remember each particular symptom of each particular remedy, until their poor tired brain cells cry out in rebellion at the Herculean task they are called upon to perform. The subject in all reason is hard enough, still amongst this class we find, very accurate prescribers. But all men are not endowed with their phenomenal memories, and the limitations of a human life would preclude more than a small part being absorbed.

Our second class comprises those students who try to reason out; why, they ask, is Bryonia worse from motion? or why is Laechesis aggravated during or after sleep? Why are Gelsemium, Pulsatilla and Apis thirstless remedies? There must be some reason. Why do these remedies differ from each other in these particular ways? If they can only grasp that reason, the remainder is easy, they think.

Then also this latter group the reasoners, endeavour as a natural sequence of the above reasoning to tie drugs and symptoms to diseases, even the ablest and closest prescriber finds it difficult to do otherwise.

I have particularly stated that to memorise our Materia Medica is next to impossibility. I may also add that to reason it out is equally impossible. This is not the fault underlying the law but of the magnitude of the law.

Let me call our attention to a certain harmony of symptoms that runs through some groups of remedies as an aid to their study. Take some of the metals, such as Arsenic and Mercurus, or the potash group, or Phosphorus,

for example. These are all destructive agents, pure and simple, destroying in their various spheres the blood cells, the mucosa, the bony structures, nervous tissue, etc. They might be termed the destroying angels of our bodies, for as they tear down so again they renew and build up. And as you associate waste, decay, death with structural life, so you can define a certain class of symptoms that are the invariable accompaniment of that process, and which are found in their several pathogeneses.

Again, take such cardiac depressants as Antimony or Digitalis. The student who tries to memorize learns that pallor, coldness of skin and of sweat, great depression, diminished secretions, go with them. The reasoner immediately says, how can a skin be other than clammy, cold and pale, or the bladder and other organs perform their parts when the heart is weakened and peripheral circulation lessened? Certainly you would not get a red skin or increased heat with a diminished blood supply. And he is right, for our symptomatology is based upon the proving, and that begins with the physiological effect. And so both classes pursue somewhat different routes and arrive at the same goal. Our work is to so guide and help both that each will aid the other. Therefore, hard study, but intelligent study, is the true solution for the teacher, and please do not construe this as limited to those who occupy this desk at stated times. The title and the mortar-board do not make the teacher. Every successful practitioner must be both student and teacher. We teach in our daily work; we should teach our associates, in societies, in consultations. And let me say to the post graduate that to have students and to teach students is as much your duty and your privilege as to care your cases; but more than all, we are our own pupils. And as we teach ourselves so we practice. How,

then, shall we impart our knowledge and help our fellows and ourselves? That is the problem!

All that I have said to the student applies to the teacher and the practitioner. The one who relies upon his memory only is in danger of becoming lost in a maze of symptoms, while the reasoner is forever in doubt; careful study alone can interpret the characteristic, detect the important and explain the reason. It has been stated by an able instructor that the proper interpretation of symptoms is one of the hardest tasks a human mind is asked to perform.

Our text-books are intended to serve a double purpose. "For the student and practitioner" is the usual dedication. A lawyer is not given the code of a State as his primer, or a student of the languages a newspaper for his initial lesson. We must begin right down at the beginning, the botanical, chemical and physiological properties, as a basis for symptomatology. The danger lies in trying to do too much at first. Remember that to the beginner *Materia Medica* is a collection of meaningless sentences.

Study and teach by comparison. Striking contrasts stand out in memory with great distinctness. Nature tells her story by the opposites. The desert illustrates only a monotonous barren waste, the rolling hills and the fertile valleys, the contrasting earth and sky; these paint her scenery; so if you tell of pain, clearly define the different sensations of pain and the remedy for each. If you teach that the pains of *Arnica* are sore, show him that *Bryonia* cuts, that Nitric acid pricks, that *Apis* stings, that *Rhus* aches, that *Belladonna* throbs; let him understand clearly the contrasting differences, and when you can show a well defined reason for the difference, do so. He can associate his *Arnica* with a bruise, be it from an injury, or a blow or a part subjected to harm from too

long pressure, as in a bed sore. What splendid work this drug has done in typhoid and other low conditions with this indiation! Would it not hurt to move a part where dryness of two opposing surfaces, as in pleurisy, occurs, and does not Bryonia produce dryness of serous membranes as its foremost effect, and would such pain be aching and throbbing? No, sharp, cutting, lancinating.

Here or at the bedside, wherever you are, you must teach him to observe—to observe with his eyes, his ears and his nose.

Watch if he notices that some of the patients turn suddenly to see who has entered, and if he concludes that they are not aggravated by motion, or if they control their curiosity until he comes within their view; indicating that it hurts to move or relief by rest, thus at a glance making two great therapeutic differences.

Teach him to watch their positions. Colocynth never lies straight, nor does Dioscorea shut up like a jack-knife. Observe the patient as he approaches the bed. His Arnica cases are fearful. His Chamomilla joyful. His Ignatia resent it, but cry, if he leaves them. He may try a pulse, but his Nux cases will snatch away the wrist. His Pulsatilla let it tearfully linger.

His Laethesis cases are fighting sleep, for they dread the waking, and the Belladonna court the repose that never comes.

His nose, and a well developed and thoroughly trained nose is invaluable, will guide him, even if blindfolded, to each of the seven distinct stinks of Sulphur, Baptisia, Chamomilla or Hepar, Tellurium, Kali or Nit. acid.

And his ears will enable to differentiate between his Bromine, his Spongia and his Cuprum.

Let the patient do the talking; if he refuses, that fact itself is valuable. If you do it, your strong mind will

dominate the weaker one, and you can get any reply you desire, *and the prescriber who so desires fits his cases to his drug, not his drugs to his cases.* Avoid asking leading questions; detect by the visible signs, they are never absent. Some of this may seem elementary, but this ability to study and observe is worth cultivating, and the symptoms obtained are reliable. Exaggeration is the usual accompaniment of suffering. Homœopathy has won much in the care of infants. You never question them, but far too frequently you attack an adult with a fusillade of inquiry.

One of the features of our system of treatment is the stability of its Materia Medica. It is admitted that Homœo. remedies will produce the symptoms which they cure, but it is denied that this fact bears any relation to the cure. It is claimed that they or some of them cure by doing away with the particular germ of infection which is supposed to cause the malady. We are unable to explain just how remedies act in the cure of disease under the law. We are unable to tell why Aconite selects the nervous and circulatory for its sphere of action, why Belladonna acts especially upon the head and brain, Bryonia especially upon the serous and synovial membranes and Podophyllum upon the liver and intestinal tract.

Notwithstanding all this, the fact remains as a fact, undisputed and indisputable that these medicines produce conditions and symptoms similar to those which they are known to cure. Another circumstance I believe to be equally true is that whenever any remedy is found to cure any considerable proportion of a certain diseased condition, it will be found capable of producing a similar condition upon the healthy.

Physiology and Pathology can be of use in the study of

Materia Medica. Both of these branches are used in the study of remedies now, but only in a general way. They can be applied to the symptomatology to a greater extent than is generally done at present. Every symptom has a meaning and a reason for its presence, in relation both to the disease and to the remedy and the better we understand this meaning and this reason, the better will be our understanding of both disease and medicine.

Many successful Homœopathic prescriptions are made from a purely pathologic stand point. The late Richard Hughes, during one of his visits to America, was requested to see a case that had puzzled the attending physicians. Upon being asked why he would prescribe the remedy named, his reply was, "because it produces the condition."

In studying the new provings of a hitherto unknown remedy, we approach the subject in the same way that we would a new disease or a new patient. We study the symptoms subjective and objective, physical and mental, functional and structural. Many Homœo. physicians and students stop here and content themselves with memorizing symptoms. Those who do this obtain but a very incomplete and imperfect knowledge of the drug action. Complete the study by deducting from the symptoms the pathology of the drug disease; in other words make a diagnosis and the chief symptoms will naturally and inevitably arrange themselves in their proper order and groupings. When the student or practitioner studies any of the olders remedies in the abstract, the circumstances are somewhat different. The provings have been made more or less complete, the sphere of its action, that is the organs and tissues principally affected; has been ascertained; the general character of its action (i. e. if the effect is merely a functional disturbance, or if there are structural changes, and if so of what character

etc.) is determined. In the text books, these are stated as established and acknowledged facts.

Being conversant with the physiology of the parts affected, and the pathological condition induced, we are prepared at once for the general character of the symptoms and often can almost name some of the more specific ones. The well-known action of Ipecac upon the pneumogastric will serve as an illustration. It is a nerve irritant consequently produces disturbance of function rather than structural change. Considering the anatomical distribution of the pneumogastric, its function or physiology and what would naturally result from irritation, the location and general character of the symptoms of Ipecac can be anticipated. And more over, if as Hempel declares, it is a spasmodic irritant, the peculiar kind of vomiting and the special kind of disturbance of respiration it produces can be pretold with a certain degree of precisions.

Again Antimonium Tartaricum acting within the same local sphere, viz, the gastrointestinal and respiratory tract, produces the same general symptoms, but in a different way. Its action upon the mucous surface is inflammatory and consequently the pathology is very different from that of Ipecac. Hence we may expect another kind of vomiting and another kind of respiratory disturbance. The general symptoms are the same, but the details or the special symptoms differ, and if the difference in pathology is remembered, there need be no confusing of symptoms and no prescribing of the one when the other is indicated. The same principle and method may be applied to nearly all the medicines of our Materia Medica. Add to physiology and pathology an understanding of the primary and secondary action of remedies and the action of many substances is easily comprehended

and the meaning of many symptoms becomes wonderfully clear.

Three things : I consider, are essential to the successful practice of homœopathy.

They are the following :—

(1) A comprehensive knowledge of malady, as embraced under the dogma—the totality of the symptoms.

(2) A comprehensive knowledge of drug effects, that can only be obtained by the testing of pure drugs, singly, upon healthy human beings.

(3) An intelligent application of the law, *similia similibus Curantur* which correlates and unites the two like a rainbow of promise.

Homœopathy demands a study of the particular individuality and idiosyncrasies peculiar to the make up of this one person. Every remedy has in itself a certain amount of peculiarities that identifies it as an individual remedy and the patient has also a certain number of peculiarities that identifies him as an individual patient, and so we may be able to fit the remedy to the patient. Comparison, Individualization and Differentiation in the nature of things most similiar are points that must be carefully considered. The substitution of one remedy for another does not do in Homœopathy. The Homœopathic Physician must not only individualize but he must carefully and studiously discriminate between the greater and the less important symptoms, the true and the false. He must individualize things widely dissimilar in one way and get like in other ways. A failure to recognise the underlying idiosyncrasies, of a patient, even in the treatment of acute maladies, may bring on fatal consequences.

We have to learn to read between the lines, for the prominent symptoms to the patient may not be the keynote symptoms to the prescriber.