

Papaver somniferum L.

'Among the remedies which it has pleased Almighty God to give to man to relieve his sufferings, none is so universal and so efficacious as opium.'

Thomas Sydenham, 1680.

Common name: Opium poppy

Family: Papaveraceae

The poppy family is a relatively small one mainly of herbaceous annuals or perennials. They produce a milky, narcotic, or acrid juice, which is white in *Papaver somniferum*, yellow in *Chelidonium majus*, and red in *Sanguinaria canadensis*.

Distribution and Habitat: Native to the temperate and subtropical regions of the Northern hemisphere. Grows well in sunny situations on shallow loamy or chalky soils, rich in nitrogen compounds.

Botanical Description: Erect herbaceous annual 60cm – 1.25m tall. Leaves large, wavy, unequally toothed. Flowers four petalled, large, terminal, solitary, drooping in bud, varying in colour from pure white to lilac with pink to reddish purple markings. Capsules ovoid, glabrous turning woody, seeds numerous, minute and kidney shaped. The milky latex Opium is extracted by making an incision in the unripe seed capsule with a sharp instrument and the soft exudate is scraped off within 24 hours.

Chemical constituents: Opium contains some 30 alkaloids, which are largely combined with the organic acid meconic acid. It also contains sugars, salts (e.g. sulphates), albuminous substances, colouring matters and water. The principal alkaloids are morphine, codeine, thebaine, noscapine, narceine and papaverine. Heroin does not occur naturally but is the acetylated form of morphine. (Evans, 1989.)

Endorphins are natural morphine-like substances found in the brain and neuronal receptors for these substances have been identified. Narcotics stimulate these receptors. The appreciation of satisfaction and pleasure is thought to be the normal function of the natural morphine-like system in the brain. It is interesting that activation of this euphoriant system is provoked by stress and seems that appreciation of pain can be suppressed briefly if a life-threatening situation arises. "The mechanism allows evasive action to be taken even if the individual is injured and would otherwise be immobilized by pain. Such a system would have an obvious survival value and opiate drugs artificially activate the system. It is certainly curious that many plants contain drugs which can specifically activate receptors in mammalian tissue. The occurrence of opium alkaloids in poppy heads is a classic example of this extraordinary phenomenon." (Lewis, 1981.)

Acupuncture has also been found to increase the production of endorphins. "Morphine has been found to be relatively ineffective against various forms of experimental pain in man,

probably because it acts chiefly against pain which has emotional significance for the patient and less on other pain." (Laurence, 1973.)

Toxicity: Produces mental confusion, thirst, languor and somnolence, deep but slow respiration, flushed, moist skin and contracted pupils becoming at length almost invisible. Among after-effects may be dermatitis, headache, constipation and retention of urine. People taking over 10 grains daily become sallow, emaciated, have constricted pupils, low globulin level, lowered vitality, dry skin and tongue, foul breath and susceptibility to respiratory affections; at length there is hardening of the blood vessels, loss of appetite, impaired digestion and liver function and chronic constipation. The addict becomes indifferent to and unable to perform work, his euphoria is temporary and is followed by depression, melancholy and occasionally mania. (Morton, 1977.)

History: *Papaver somniferum*, means "poppy that brings sleep" and Opion is Greek for poppy juice and was best known as a source of powerful narcotic drugs. Fossil evidence of opium seeds was found in the Swiss foreland region dating back to 6000 BC, but the earliest written records of the efficacy of this plant in bringing about sleep and ending pain were found on Sumerian clay tablets dating to 4500 BC. The Greeks, who saw it as a symbol of sleep and dreams, celebrated the poppy in all their art forms, depicting it on coins, vessels, jewellery and figurines. since sleep was regarded by this culture as the greatest healer. The seeds were eaten regularly by athletes training for the Olympic games and its use in confectionery and baking to flavour cakes and bread dates back to the ancient Egyptians. Hellenic mythology indicates that the poppy was dedicated to Nyx (goddess of night), to Thanatos (god of death), to his brother Hypnos (god of sleep) and to the son of Hypnos, Morpheus (god of dreams).

The poppy is mentioned by almost every major writer of Greek and Roman antiquity including Aristotle, Virgil, and Pliny the elder. Hippocrates, the famed Greek physician advocated poppy wine as a medicine.

The Swiss chemist Paracelsus in the sixteenth century helped popularise it when he created a tincture of opium with alcohol, which he called laudanum. (Joyce, 1994.)

The Assyrians used the analgesic properties of poppy to treat eye disorders and in suppositories for the treatment of intestinal diseases. (Duke et al, 1973.)

Despite the early knowledge of opium being addictive, Avicenna, the Arab physician and philosopher, died of opium intoxication in Persia in 1037 and Thomas De Quincey in his confessions of an English Opium eater gives the addict's view: "Thou hast the keys of Paradise, O just, subtle, and mighty opium!" (Dejeu, 1975.)

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Illustration of the plant drawn from a dried specimen and from colour plates in the herbarium of the Natural History Museum (London) by Vilma Bharatan BSc LCH. She practises in North London.

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REVIEWS

FREDERIK SCHROYENS

1001 SMALL REMEDIES

Homœopathic Book Publishers, London, 1995. ISBN 0
9522744-18. 1504 pages, hardback. Price £85.00.

Reviewed by Robin Logan

This book is an 'inside-out Repertory' in the form of Agrawal's *Materia Medica of the Human Mind* and anyone who has found that book useful will love this one. It is not exactly a *Materia Medica* but rather the extraction of the symptoms of 1001 remedies from the *Synthesis 5 Repertory*. Unlike Agrawal's book, this one is not just 'Mind' symptoms – it includes all the physicals and generals. The 150 largest remedies are presented in the form of unique symptoms only. To do otherwise would turn this single book into several volumes.

For anyone who has not used this sort of book, I can highly recommend it. Even as a computer user with the ability to do remedy extractions in a few seconds, it is very useful having the whole lot in book form on your desk. It is also an invaluable teaching tool.

The book is solidly bound and attractively presented. There is a useful index of remedy names and synonyms and a well thought of innovation of annotations indicating the number of remedies in each rubric, e.g. 'Homesickness - 51'.

All in all a lovely book that would have saved us many hours of Repertory trawling in the days before computers!

RIMA HANDLEY.

HOMŒOPATHY FOR EMOTIONAL HEALTH

Thorsons publishers, 1995, 224 pages, soft cover, £7.99.
Reviewed by Shirley Riley RSHom

They say you can't judge a book by its cover but anyone who feels drawn to pick this off the bookshelf because of its pleasing jacket will not be disappointed.

The book is divided into three parts, 'Homœopathy and the emotions', 'Help is at Hand', and 'Materia Medica'. The first part looks at how our emotions affect our lives and how an imbalance or suppression of our emotions can lead to disharmony within the body, resulting in emotional or physical problems. Rima explains how homœopathy can be used to redress the balance and bring the vital force back to a healthy state, describing in layman's terms how homœopathy works, how to choose the right remedy using remedy pictures, what remedies are made from, selecting the right potency, and how long to expect to wait before seeing a result.

Part two considers different emotional states and there are eight chapters under their individual headings of 'Depression and Suicidal Thoughts', 'Anxiety Phobias and Obsessions', 'The Effects of Child Abuse', 'Eating Disorders', 'Grief and Loss', 'Sleeplessness', 'Anger, Impatience and Violent Thoughts', and 'Breakdown or Breakthrough'.

Each chapter starts with an analysis of that emotion and some of the possible scenarios which could put a person into

that particular emotional state. This is accompanied by possibly a dozen remedies with a paragraph on each showing how to differentiate between them and select the most appropriate.

Part three is a *Materia Medica* of 21 leading remedies with a Coulter-like portrait of the character of the remedy and a list of General and Characteristic Physical Symptoms, Modalities, and possible causations, e.g. *Natrum muriaticum* from grief or *Sepia* in times of hormonal change.

At the back of the book is a chart of the same 21 remedies giving a 'Quick Key to the Main Symptoms'. There is also a detailed index, a list of suggested reading (homœopathic and other), addresses of societies, homœopathic suppliers and teaching colleges.

I found this book to be extremely user-friendly, finding a much needed gap on library shelves and offering the public a safe alternative to the prescription pad drugs which are so common today. Reasonably priced, it would make an ideal present for family or friends, and I am sure that my copy will be borrowed and appreciated by those patients who always want to know a bit more about these funny little white pills that just 'make me feel better'.

RUDOLF VERSPOOR AND PATRICIA LYNN SMITH

HOMŒOPATHY RENEWED: CURE AND
PREVENTION OF CHRONIC ILLNESS; AN
INDIVIDUALISED SEQUENTIAL APPROACH TO
HOMŒOPATHY

134 pages paperback. Publishers details & price: unknown.
Reviewed by Ian Watson

This book was written by a homœopath based in Canada, and sets out to describe a technique called sequential therapy. The term was apparently coined by a Swiss homœopath named Dr. Jean Elmiger, from whom the author learned the technique. Due acknowledgement is given to Dr. Elmiger throughout the book, and mention is made of his original work entitled *La Médecine Retrouvée* (Medicine Rediscovered) which seems to be the main source of inspiration for this present book.

The basic premise of the work seems to be that traditional homœopathy struggles these days to cure many chronic diseases, owing to the prevalence of allopathic drugs, vaccinations and "chronic stresses of life in the fast lane". The author describes himself as possessing a classical homœopathic training and bent, but he has found through his own and Dr. Elmiger's experience that sometimes the classical techniques are inadequate to bring about a cure in every chronic case, particularly those with a complex history involving multiple traumas and stresses. It is these cases in which sequential therapy has been found to be effective where traditional methods have failed.

I get the impression that the author has (or fears that he will) come in for some criticism from his classical colleagues, as the first half of the book takes great pains to justify the sequential prescribing technique, with an abundance of

quotations from sources both modern and historic. I was flattered even to find a paragraph quoted from my own book (*A Guide to the Methodologies of Homœopathy*) tucked in amongst quotations from such homœopathic giants as Close, Foubister, Eizayaga, Whitmont and Sankaran. The remainder of the book goes on to describe what the technique involves, and includes a dozen case examples to illustrate the idea.

So what, then, is sequential therapy? Well, the basic idea is that the solution to chronic cases lies in the application of the principle of aetiology, together with identifying and neutralising every potential blockage to the action of the similimum. It is suggested that in practice there exists a 'repertory of shocks' which apply to virtually everyone to a greater or lesser extent. These include birth traumas; childhood illnesses not properly dealt with; vaccines; traumatic life events, both emotional and physical; prolonged use of drugs; and serious diseases e.g. tuberculosis, venereal disease or malaria. The author emphasises that *time* is a crucial factor which has largely been overlooked in standard homœopathic practice, and that it is essential both to identify and to treat each shock or trauma that has occurred in a person's life *in a strict chronological order*. I quote: "Treatment with sequential therapy proceeds, as the name suggests, in sequential fashion, but in the exact reverse order of the occurrence of the shocks..... the most recent trauma is treated first, then the second most recent, etc., up to the birth trauma, and even traumas suffered by one or both parents at the time of conception or the mother during gestation."

And that, in a nutshell, is sequential therapy. It involves taking a detailed case history and determining the nature and exact sequence of all shocks and traumas that have occurred in a person's life, including the gestation period. Remedies are then given in reverse order which are known clinically to be capable of neutralising the effects of each trauma. I am unsure how much time is allowed to elapse between each prescription, but my impression is that it ranges from as little as a day or two up to a month or longer, depending on the severity of the shock being treated, and on the potencies being used.

I am also unsure as to why certain remedies for neutralising emotional shocks are chosen in preference to others - grief and loss for example seems to be routinely treated with *Natrum muriaticum*, whereas if I were to be given only one remedy to use in this context, personally I would probably have chosen *Ignatia*. The fact that a fair degree of routine prescribing creeps into the technique is probably one reason why the author is liable to be scorned by the homœopathic establishment. For my own part, I see no reason why the principle of sequential therapy cannot be applied more individually, so that remedies are matched at least to some degree to the experience of the individual patient.

There are a few other modifications of the technique which are worth mentioning. Dr. Elmiger apparently found that the higher the potency, the greater the ability of the remedy to travel back in time. Therefore the treatment should commence with lower potencies for the most recent shocks, and work up the potency scale for the more distant traumas. This is an interesting concept which would be worthy of research - personally I feel that individualisation also over-rules this factor, although it might still prove to be a useful rule of thumb. Another premise given in the book is that "the first shock of any kind is the most serious for the body... In the case of vaccinations... it is sufficient to treat the initial vaccination of any type." This again, is an interesting idea that perhaps one day we will have the technology to confirm or refute.

Several things occurred to me whilst preparing this review. The first was that sequential therapy is not a new idea to many British homœopaths - the famous Canon Upcher case in *Clarke's Prescriber* (pp 55-58) is a fine example of the technique (interestingly the good Canon used *mother tinctures* rather than high potencies to neutralise distant traumas, with dramatically good effect). Secondly, I couldn't help wondering whether this is an idea whose time has come, knowing that the technique described in this book is remarkably similar to that employed by the late Lisa Monk, whom I know has inspired a number of contemporary practitioners to practice in a similar fashion. I heard Lisa describe how she would identify the significant traumas in a person's life and prescribe for them *during the interview* whilst the experience was fresh in the person's mind. She was confident that a great deal of healing could take place from this method in an incredibly short space of time, and my own very limited experience of prescribing in this way suggests that she was definitely on to something.

A section in the book describes how the technique can also be applied to treating the miasms, and this again bears more than a passing resemblance to the techniques taught in the UK by Pritam Singh in recent years. When diverse individuals across the world suddenly appear to be reaching similar or identical conclusions totally independently of one another, that suggests to me that these ideas ought to be shared and considered open-mindedly by all of us concerned with enhancing our results in practice. If Rudolf Verspoor's book succeeds in bringing these ideas to the attention of a wider audience then I feel it will have served its purpose. It is not the easiest homœopathic book to read, and I would recommend it more as a basis for stimulating ideas and research for those with an open mind, rather than as a how-to-do-it manual.

COLIN B LESSELL

THE INFINITESIMAL DOSE
THE SCIENTIFIC ROOTS OF HOMŒOPATHY

C.W. Daniel, 1994, 128 pages, soft cover, £9.95.

Reviewed by Jazz Rasool

I am always enthusiastic about any book that enters the market claiming to explain the mechanics of homœopathy for a student audience. Lessell certainly does present a model that holds water but I do have some reservations about recommending it to students.

The first few chapters are easy going but then the learning curve becomes exponential as Lessell enters the physics behind the biochemistry of remedies. Supposedly for clarity and completeness the author provides a hefty splash of maths to substantiate the pharmacological workings of remedies. I felt, though, as I persevered with reading the book that I was picking up an insight into some subtler points about the workings of remedies.

Lessell claims that remedies work primarily through the respective constituent atoms of the water in a remedy electronically remembering the original drug. The imprinted water molecules enter the blood stream via the mouth and digestive system. The molecules then bind on to appropriate proteins in/on cells and this either activates the protein or prevents other molecules from activating it. In this way the biochemistry of cells is shifted and a change in health occurs. Not exactly a revolutionary model but plausible.

Lessell implies that, since the level of reaction is determined by the level of protein activation, the number of available