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A Brief Study Course in Homoeopathy

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Contents

On First Attempting to Prescribe Homoeopathically

Before discussing the problems of actual homoeopathic practice, let me describe some of the difficulties in the ordinary practice of medicine which led me to an interest in homoeopathy. When I was student at Columbia Medical School, I was much disappointed at the paucity of therapeutic information. There was pathology and bacteriology galore, and fascinating drill in diagnosis, but being a woman, and therefore a practical soul, I hankered after the means of cure. Most of what we were taught in therapeutics was hygiene, nursing procedures, diet, hydrotherapy, etc. A large proportion of my class, who had intended to go into general medicine, took up surgery or other specialities because in those fields there was something definite to do for the patients. From medical school I went the Bellevue Hospital for two years´ rotating internship, and there again I met the prevailing therapeutic nihilism. Our chief of service was a wizard at diagnosis, but I always felt that an autopsy was fully as acceptable as a cure, and much more frequent.

One class of patients in the hospital particularly distressed me - those who had abundant subjective symptoms and on whom the diagnostic and laboratory pronouncement was, ´There is nothing wrong with you.´ I remember one patient saying, ´Well, doctor, I may be perfectly well, but *I* know I am sick.´ And then there were the chronics, not only those with marked pathology, but lifelong sufferers from ´indigestion´ or migraine who had been passed around from doctor to doctor with nothing but temporary relief.

Two other problems puzzled me particularly, besides the apparently functional cases and the chronics. One of these was the patient with a classically recognizable disease who did not respond to the usual ´specific´ treatment for that disease. For instance, a young sailor with a severe malaria which no amount of quinine influenced in the least, to the consternation of all. The other matter which set me thinking was the wide variety of types of a single disease. I used to wonder why the pneumonia in one bed, who was such a strapping specimen and who had come down suddenly at midnight on the date of admission, was in such mortal terror of dying by noon the next day (which I may add, he did, to the surprise of all of us); and why the besotted-looking fellow in the next bed lay on the affected side with his hand under his chest, motionless, gulping two or three glasses of water at long intervals, complaining of the light

and snapping your head off when spoken to; and why the pneumonia on the other side of the ward thrashed about so incessantly, especially in the evening, calling for cold milk. Now I know that although these three had the same disease, and received the same treatment, each would have responded to a different remedy - one to Aconite, one to Bryonia and the last to Rhus Tox. My puzzles, then, were the apparently functional cases, the chronics, the patients who did not respond to the classical treatment of a clearly marked disease, and the varied types classified and treated according to one diagnosis.

My initiation into homoeopathy began in Vienna. After working at the Allgemeine Krankenhaus in the usual way, I was apprenticed for nine months to a homoeopathic physician in Geneva where I studied, literally, from twelve to sixteen hours a day. Before he was willing to take me as a pupil he gave me a stiff examination in ordinary medicine, including anatomy, fractures, surgical diagnosis, pathology, bacteriology and chemistry, and gave me slides to diagnose under the microscope. He then asked certain questions as to what I thought life was about, why I went into practice of medicine, what were the chief duties of a physician and so on. These questions perplexed me, as I did not then understand their bearing on the philosophy of homoeopathy. He then asked a leading question to see if I already had any background of homoeopathy: ´What do homoeopaths give for rheumatism?´ Having read somewhat in homoeopathic literature I answered that homoeopaths do not give a remedy for rheumatism or for any disease name or diagnosis, although, of course, that certain remedies were more frequently indicated in rheumatic conditions. I said that they give a remedy on the symptoms of the patient who has the disease, in other words on the reaction of the individual to any given entity. This indeed defines one of the fundamental differences between the homoeopathic approach and that of conventional medicine.

Until the physician´s mind has encompassed the differences between the viewpoints of ordinary medical training and homoeopathy, he cannot even begin to prescribe homoeopathically. Let me enumerate for clarity wherein these differences lie. First, he must grasp the principle of *individualization*. Modern medicine lays a good foundation for this through its interest in endocrinology and psychiatry, but except for obvious glandular imbalances, it offers as yet no therapy commensurate with the refinements of differentiation. What does individualization mean to the homoeopath and how does he arrive at it? It involves a subsidiary and new method of case-taking.

After you have the classical medical history, elicited largely by asking questions, you can often make a diagnosis but rarely can you make a homoeopathic prescription. For the latter you need to know the mental state of your patient, and what the homoeopaths call his ´generals´. These are the things which apply to the patient as a whole - his reaction to heat and cold, wet and dry weather and storms, motion, position, food, etc. You need to know how these same factors affect the specific complaints of your patient, in other words the ´modalities´ of his particular symptoms - whether his headache as better from hot or cold applications, from motion or rest, from lying or walking, from pressure, or food, and at what time of day it is worse. `Modalities´, in other words, mean aggravations or ameliorations of specific symptoms, just as ´generals´ mean aggravations and ameliorations of the patient as a whole.

There is a fourth type of thing you must know about your patient in order to prescribe homoeopathically, and that is his rare, peculiar or characteristic *particular* symptoms. These often appear trivial idiosyncrasies to the patient, things that he has always had, or that no doctor to whom he has told them has ever been interested in. These often serve as keynotes to guide you to a remedy. But of what use is all this additional information about your patient? How does this picture of his personality aid you? You have individualized, but of what use is such differentiation, if you have only a standard treatment for the condition that you have diagnosed?

This leads to the second great difference between homoeopathy and conventional medicine. The law on which homoeopathy is based, or if you prefer, the hypothesis, is to be found in the statement of Hippocrates, *´similia similibus curentur´*, which Hahnemann revived and amplified. Hahnemann came to apply this law and made the first so-called ´proving´ of quinine. A ´proving´, in the homoeopathic sense, is experimenting with a drug in minute doses on a relatively healthy human being. The record of symptoms so produced, on a large number of provers if different ages and sexes, constitutes the basis of our homoeopathic materia medica. The object of proving a remedy is to delineate the remedy personality.

Each of our remedies is to us a living individual, like a friend whom one recognizes whenever seen, not only by his grand characteristics but also by his mannerisms und tricks. We now have on the one hand the remedy personalities, and on the other hand the picture of our patient in his present state. It follows, if like cures, that we must match pictures and fit the personality of a remedy to our patient, administer it, and watch the results. After one has grasped this ingenious theory and learned to put it into practice, it remains only to see it work. Being a natural sceptic, I was slow to believe the evidence of my senses. Could the astonishing improvements and cures have been coincidence, or suggestion, or faulty diagnosis?

There are certain controls which one can use. Put the patient on the proper regimen, including diet, etc., and see what that alone does for his condition. Then give placebo, with your best manner. In my experience, in nine cases out of ten, the patient will report no progress. When they are discouraged by this unsuccessful first prescription, give them the remedy you have chosen the simillimum. If you feel reasonably certain that the remedy picture fit your patient, and you have the simillimum, in most cases you will see a swift and beautiful result.

But these are not the only possible methods of control. There are laws of remedy action which are contrary to anything you could expect in an untreated case. When you see these, you know that your remedy is taking hold. There were formulated by Constantine Hering, one of the pioneers of homoeopathy in the United States, and are as follows: The curative remedy acts from *within outward*, from *above downward*, and *in the reverse order of the appearance of the symptoms*. Take as an illustration a case of rheumatic fever in which, after the customary salicylate dosing, the joints appear to have cleared up but a heart condition develops. Give such a patient the similar remedy and he will complain that his joints are worse again, but *he himself* feels better, and you find that his heart is clearing up. You explain to him that the remedy is working *from within outward*; the more vital organ, the heart, is getting well first, and the peripheral organs, the joints, are again involved. Give him nothing but placebo. Shortly he will tell you that his shoulders and wrists are clearing up but that the pain is now in his knees or ankles. Again you see the law of cure in action, *from above downward*, and you wait. You observe that his symptoms are disappearing *in the reverse order of their appearance*, the heart condition, which came last, going first. If you trust your remedy under these conditions, your patient will make a real recovery without the annoying recurrences. If, on the contrary, you found that the joints in the upper extremities became involved, you would know you were on the wrong track and had not found the simillimum.

One of the knottiest problems for the beginner is the different concept of pathology and bacteriology. Homoeopaths accept the facts of these branches of medicine. The difference lies in the interpretation. Pathology is an end result of some morbid process. The homoeopath is not nearly as interested in the diseased tonsil, the haemorrhoid, the ovarian cyst, the cancer, the tapeworm or the psoriasis, as he is in the constitutional dyscrasia behind these. He is not eager to remove the ultimates of disease at once, but rather to cure the underlying cause. In the course of this cure the ultimate will often disappear, as in the case of diseased cervical glands or fibroids. If not, it can be removed when it has become merely a foreign body, and when the constitution is so changed that it will not ultimate itself in further pathology in a

more deep-seated organ.

Similarly, one is taught to consider that bacteria cause disease. The homoeopath is more interested in the individual´s susceptibility than in the bacteria themselves. Instead of poisoning the invading organism, the homoeopath prefers to stimulate the body to make itself uninhabitable for that organism, and he does this by means of the similar remedy. To give another instance, instead of killing off head lice with delphinum and leaving the patient susceptible to further invasions, the homoeopath gives a chronic constitutional remedy which removes the susceptibility, and the lice seek better pasturage.

A fourth stumbling-block for the medical mind is the question of suppression. Discharges and eruptions are ordinarily classed with pathology as something to be eliminated by local measures, using chemical applications to stop any discharge from nose, cervix or bowel, or any skin eruption. The homoeopath holds that this is suppression, and not cure, that these outward manifestations are not primarily local but an expression of deep disease, in other words that the body is trying to throw off impurities. They have watched the incidence of more deep-seated troubles following such ´suppression´. The chronic constitutional homoeopathic remedy, given to a case which has been treated in this way, will often bring back the original eruption or discharge; with this there is concomitant relief of recent grave symptoms and an ultimate clearing up from *within* of the original discharge or eruption.

Let me illustrate with a case from my practice. A woman of forty-five came to me for suicidal depression, for which she could give no emotional cause. She dated her mental symptoms definitely from the time when she had had a foul, lumpy, green leucorrhoea ´cured´ by local vaginal applications, a few months before. I gave her a dose of Sepia, a remedy made from cuttlefish ink, on her mental symptoms. A week later she returned exuberant, all the depression for which she had been doctored being gone, and said, ´By the way, doctor, I have that awful discharge back again just as it was before.´ I was delighted, warned her against suppressing it a second time, and gave placebo. The discharge then lessened and improved in character and she continued, as her husband said, a changed woman. So much for the fundamental differences.

Another problem which confronted me was whether the homoeopathic remedy could influence definite chronic pathology. A girl of nineteen came to me for severe intermenstrual bleeding. On examination I found a nodular fibroid bigger than my fist. A well-known New York specialist had diagnosed it and advised merely general health measures, as he did not want to X-ray so young a girl. Her chronic case worked out on mental and general symptoms to Phosphorus, which happens to be one of the main remedies useful in fibroids. Three months after I gave her this, I sent her to be checked up by the same specialist. He was amazed at the decrease in size of the fibroid and asked her what she had been doing. Six months later he pronounced her normal and sanctioned her marrying.

A further difficulty I experienced was in believing the current statement that homoeopathic remedies can do no harm. *They can*!

Another problem one meets frequently in general practice is that of prophylaxis. Strict homoeopaths believe that vaccines and inoculations are harmful. It took considerable experience for me to be convinced that the chronic constitutional remedy is the best prophylaxis.

The Meaning of Homoeopathy

The four fundamentals of homoeopathy, as stated by its founder Hahnemann in his *Organon*, may be briefly put as follows:

1) The proving on healthy persons of substances to be used as medicines.
2) The selection and administration of remedies thus proved according to the Law of Similar.
3) The single remedy.
4) The minimum dose.

Granting that these are the four fundamental tenets of homoeopathy, the question of its status then arises. Is it a system of medicine? Is it a purely sectarian term? Is it a therapeutic specialty? In order to answer this question of status we must get down to simple facts to see, not only how homoeopathy differs from orthodox medicine, but also what they have in common.

We always like to begin with a common basis. What is the object of all conscientious physicians? We would answer, categorically: to cure the sick, to prevent others from becoming ill, and to raise the standard of health in all people. How does modern medicine try to accomplish this? First, by finding out what normality is, through the study of anatomy, physiology, physiological chemistry and so on. Second, by finding out what the varieties of ill health are. Modern medicine emphazises the fact that many disturbances of health are due to psychic or sociological causative factors. Aside from these it searches for anatomical or physiological changes in the sick person and classifies these changes, when found, under some disease nomenclature. This search is called diagnosis, and modern medicine feels that the possibility of cure depends, in large measure, on the certainty of diagnosis. It defines as pathology the organic structural changes due to ill health which it finds before of after death. It finds that many ´diseases´ are accompanied by some variety of bacteria which it considers to be one of the causative factors. In short, modern medicine feels that it must find out all the ´facts´ that fit in with its own concept of disease.

To all of this the homoeopath subscribes, but he feels that it is only the beginning of what he must learn about his patient. The spontaneous, characteristic things that each patient longs to tell, be they very general or minutely particular, are of special interest to the homoeopath, for they individualize the case, bringing out that particular patient´s reaction to the ´disease´ he suffers from. The busy modern doctor feels he does not need to know these salient points, as to him they are not signposts but merely clutter.

At this point modern medicine is ready to try to cure the disease it has diagnosed. What laws of cure does it follows? First, the commonsense principle of rectifying anything mechanically wrong and instituting appropriate hygiene, diet and so on. When it comes to the prescription of actual drugs, those that are given are not uniformly governed by any one law. The intent is to give them on a physiological basis, which means that they are experimented with in laboratories in crude dosage, and mainly on animals. It is more or less expected, by analogy, that what slows the heart in the frog, rabbit or dog will do so in the human.

In addition to laboratory data on animals, many drugs are tried out empirically on patients and pass into general usage in accordance with their success. A few forms of therapy are aimed at the individual as a whole, taken as a type - for instance, endocrine therapy, but the majority of modern drugs are given for a definite physiological effect on one organ or function of the body. They are thus given with no regard to the varying individualities of the patient who may have that organ or function disordered, as for example in the use of cholagogues, digitalis, diuretics and so on. A large part of modern therapy is not even aimed at physiological alteration (the drugs being given according to the law of contraries), nor at chemical antidoting (such as alkalis for acid stomach), but is frankly and only palliative, as in the various analgesics for headaches or neuralgias. Most modern drugging, in short, is aimed at specific symptoms and makes no attempt to get back to the constitutional cause of the disease. The success of this type of therapy is necessarily uneven. Furthermore, much of it is actually suppressive. It is an interesting fact that many cases of apparent cure prove to be those in

which the drug given on a physiological or symptomatic basis was, unknown to the prescriber, a similar, in the homoeopathic sense, to the case in hand.

It should be clearly stated that homoeopaths need the accepted scientific training and the procedures of diagnosis and laboratory data. Their special technique begins at the moment of starting therapy, although they bring to this crisis of cure an broader philosophy of illness and a special knowledge of each individual patient.

Homoeopathic therapy is based on the hypothesis, ancient as Hippocrates, that like cures like (*similia similibus curentur*). The persistent and enlightened practice of homoeopathy can prove that this principle is a basic law of nature. It must also be demonstrable by laboratory technique, but the systematic working out of this has not as yet been done, mainly because homoeopaths are so beguiled by the practical application of it that they have not given suitable attention to the laboratory end.

We have sketched modern medicine´s approach and attitude and have shown up to what point homoeopathy occurs. It is also appropriate to give briefly here the main points of difference between the two. These are developed more fully in the rest of the course.

1) That there is a natural law of cure - like cures like.

2) That the basis of therapy is a *vital* rather than a *physiological* one. That is, the vital force must be stimulated to cure the patient and only so can he be really cured, and that any other drug therapy is palliative or suppressive.

3) That the single remedy at a time is all that is needed. This follows from statement (1), because there cannot be two things most similar to another. The single remedy has the further advantage that when one thing is given one can evaluate its action, if four are given you cannot know which helped, or in what proportion.

4) That a minimum dose is essential. This is based on the Arndt-Schultz law that small doses stimulate, medium doses paralyze and large doses kill. In other words, that the action of small and very large doses of the same substance on living matter is opposite. Under this heading comes the whole potency question; this is considered by many to the be greatest snag in homoeopathy but is, together with the Law of Similars, the key to the whole matter.

5) That the materia medica must, because of the Law of Similars, be composed of the results of remedy experimentation with small doses on relatively healthy humans, that is to say, ´provings´.

6) That disease is not an actual entity, but a name given for classification purposes to manifestations of departures from normality in individuals.

7) That individualization is essential, i.e. that no two people are exactly alike in sickness or in health, and that while even homoeopaths must classify, they draw vastly finer distinctions. For example, to ordinary medicine there is but one disease pneumonia, though with several sub-types - broncho-, lobar, viral and others; to homoeopathy there are as many types as there are remedy symptom pictures. Any remedy in the homoeopathic materia medica may be called for in pneumonia, although only rarely will one outside of the thirty or forty in frequent use be needed. Theoretically there should be as many types of pneumonia as there are people who have it, but owing to the small number of proved remedies compared to the substances that might be proved, there can only be as many pneumonia types to date as we have remedies for. Homoeopaths, in other words, classify pneumonias as Aconite, Bryonia, Gelsemium, Phosphorus, Tartar Emetic pneumonias, to name but a few.

8) That suppression is one of the greatest dangers in medicine.

9) That chronic disease is a constitutional matter, and that this has a philosophical bearing of

inestimable importance on prescribing. One cannot practise true homoeopathy without a concept of chronic disease.

Having given the main points of contact and difference between homoeopathy and regular medicine, we can now return to our earlier question concerning the status of homoeopathy. It is not a sectarian term, although even a slight study of its history will often show how it has been necessary for it to be considered one, both by its opponents and its adherents. It is a therapeutic specialty and, as such, is more easily grasped by the modern student, but *it is much more than that*. ´System of medicine´ is a term which conveys little to my mind; it sounds like somebody´s textbook of treatise on one of the minor ´opathies´.

Homoeopathy is not a ´opathy´; it is the first part of them, the ´homoeo´, the similarity, which we must bear in mind. It is a method of cure according to law, based, as all great things are, on a far-reaching philosophy. *It is the central core of medicine*, whether recognized or not, and is thoroughly compatible with the best of modern medicine.

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The Epitome of Homoeopathic Philosophy

Homoeopathic philosophy may be divided into three sections: the theoretical, dealing with how and why remedies act, which is so abstruse that it is best be dealt with by the more advances student; the didactic, meaning the rules and tenets; and the practical, which comprises the art of applying the results and following through the subsequent prescriptions to cure.

Let us first take a bird´s eye view of the didactic aspect. Health, to the homoeopath, is a state of harmony between the parts of the body, as well as between the person as a whole and the cosmos. In real health the as yet unexplained life force in each person is vigorous. It is usually spoken of as the vital force, which in disease is the true curative power. The object of giving the similar remedy is to stimulate the vital force. The object of hygiene and mechanical intervention is to clear the path of obstructions. No remedy can cure disease - it can only at best enable the vital force to function properly again.

Disease, to the homoeopath, is a state of disharmony involving at least three different factors: some morbific influence; the susceptibility of the person affected; and the individuality of the patient modifying the form that the disease takes. Homoeopaths don not try to cure the morbific influence - they try to cure the patient himself. In order to cure the patient the most similar remedy must be given.

Symptoms, to the homoeopath, are the language of the body expressing its disharmony and calling for the similar remedy. For prescribing one must take into consideration the totality of symptoms. These include: the mental symptoms; the ´generals´, predicated of the patient as a whole, which include his reaction to meteorological conditions, time, bodily functions, food, etc.; the particulars, predicated of any part of the patient, and the ´modalities´ of these (that is, what aggravates or ameliorates them), and especially such particulars as are ´rare, strange or peculiar´; the causative factors, such as ailments form grief, wetting, riding in a cold wind, suppression of menses, etc.; and the pathological symptoms, including the elective affinity of

the remedy for certain tissues or organs.

Homoeopathy regards acute disease as an eliminative explosion, which, if handled in the proper homoeopathy manner, leaves the body in a healthier condition. This does no mean that the acute disease should be allowed to run its course; if the symptoms are met at its inception by the simillimum, the disease will be aborted and still the economy will be purified. No acute case under homoeopathic treatment from the beginning should die prematurely, and there should be no permanent sequelae. Acute epidemic diseases often call for one or two epidemic remedies which vary as the disease shifts geographically. In this connection the epidemic remedy is an admirable prophylactic, although the chronic constitutional remedy is always the best prophylactic. Sequelae following acute diseases are not strictly speaking part of the acute trouble, but are flare-ups of chronic disease aroused by the acute condition.

Chronic disease is not self-limited and shows no tendency to ultimate recovery if untreated. This is the unique sphere of homoeopathy. Practically every person has some symptoms of latent chronic disease, and to the homoeopath chronic diseases form the basis of susceptibility. By taking the totality of the symptoms from birth onwards, a deep-acting, chronic constitutional remedy can be chosen which will aid in fending off future acute disease, and also remove many inherited and acquired encumbrances to the vital force.

Hahnemann divided chronic diseases into three main categories or ´miasms´ - psora, syphilis and sycosis. These may appear singly or in combination with each other, as well as with drug disease engrafted by improper treatment. This matter of the miasms is the most difficult and moot question in homoeopathy, but the fundamental thesis of the importance of chronic disease in general is essential.

Having prescribed for chronic disease, if you have given the true simillimum, the symptoms are cured in accordance with Hering´s three laws of direction: (1) from within outward, (2) from above downward, and (3) in the reverse order of their appearance. This is never the case in chronic disease untreated by homoeopathy; therefore when it is observed one can be sure that it is the remedy which is curing and that the correct remedy has been found.

Hering´s laws are so important that we will give an example. A rheumatic fever case, where the joint symptoms have disappeared and the heart is affected, receives the simillimum. The heart improves, pains return in the shoulders and elbows, these disappear and the knees and ankles are involved, these in turn pass off and the patient entirely recovers. The symptoms went from within outward (heart to joints), from above downward (shoulders to knees), and in the reverse order of their appearance (heart to limbs, instead of limbs to heart). If the symptoms do not go in this order, the remedy is wrong. When a patient on a chronic remedy develops a different symptom, search back in your record or question him rigorously to determine whether this is the recurrence of an old symptom - a good sign, in which case no further remedy should be given. If it is not an old symptom, search the pathogenesis of the remedy given. If the symptom appears in the proving, give nothing; if it does not, the choice of the remedy must be revised.

These laws of cure may or may not apply in acute disease, although usually they do not. If the picture of a chronic disease includes a suppression, especially if the suppression is due to crude drugging, the chronic remedy will sometimes restore the original discharge or eruption, in accordance with the third law of cure. The percentage of cases in which this return from the original channel occurs is relatively low. With good prescribing, however, some exteriorization takes place, even though this may only be a diarrhoea or coryza. One of the times when the practitioner most needs a thoroughly knowledge of homoeopathic philosophy is when, after chronic prescribing, he is faced with such a disease having more or less acute symptoms. He must then decide whether this is a return of an old trouble in its original form, or a compensatory vent, or a new acute disturbance, or an aggravation. If it is the first he

should wait and give placebo, explaining the process to sustain the patient´s morale. If it is the second he should attempt to do the same. If, on the or hand, it is the third, or if the second is too annoying the patient, or even dangerous, one should prescribe an acute remedy in low potency (the thirtieth or even the twelfth, and surely not above the two hundredth). After this episode the action of the chronic remedy may not even have been disturbed. Often the acute remedy required will be found among the acute complements of the chronic remedy. If, in the fourth case, the disturbance is merely an increase in one of the patient´s complaints, or is found under the pathogenesis of the indicated chronic remedy, it can be classed as an aggravation and should receive no medicine other than placebo, unless dangerous as above. If it is so serious as to threaten life, owing to the chronic remedy having been given in too high a potency, an antidote may be in order. The great point is not to mix up your case and spoil it by giving unnecessary remedies.

In addition to acute and chronic diseases there are, of course, diseases due to drugging or to bad hygiene. There are also diseases which have finally resulted in pathology calling for surgery, as well as troubles that are primarily surgical, such as foreign bodies, fractures, extra-uterine pregnancy, etc.

A word should be said here about pathology and surgery. From the homoeopathic standpoint much of pathology is protective - abscesses, ulcers and tumours are an effort on the part of the vital force at localization and extrusion. Such pathology should not be removed by surgery until *after* the sick constitution which produced such pathology has been cured. Often in the course of cure the pathology will shrink or be absorbed. If not, it remains as a foreign body and is a subject for surgery. Its removal before the cure of the constitution simply means that, balked at that outlet, the vital force will seek another one, either by recurrence in the same form or by more deep-seated trouble. As to surgery, some orthodox homoeopaths hold that any surgery which is not merely a mechanical adjustment (such as ventral suspension of the uterus) is a definite bar to cure; the idea being that in the unravelling of the disease it gets back to where the knot was cut by surgery and can go no further. It requires the keenest judgement to decide when a case has gone too far to be relieved by remedies, and hence that emergency surgery is indicated in a crisis. The homoeopathic remedy should always be resumed after the surgery.

In any of these classes of disease when the patient has been wrongly treated, one should include the symptoms before the incorrect treatment - in other words the original symptoms - in the totality.

Having glimpsed the didactic aspect, we must run over practical philosophy. The unique law which is the basis of all homoeopathy, as already stated, is *similia similibus curentur*. Ho we arrive at this equation, the actual studying of remedies and patients, is covered in subsequent chapters. The actual handling of a case after the first remedy has been selected is the more difficult part of homoeopathy. First is the necessity of giving the single remedy. This precludes the use of compound tablets, alternation of remedies, or unhomoeopathic adjuvants such as cathartics and analgesics. In a case where the miasms are mixed it may not be possible to cover the totality with one remedy. In such a case, observe which miasm is, so to speak, on top, and prescribe for the totality of symptoms of *that* miasm; when these symptoms have been cleared away, the layer beneath - representing, perhaps, another miasm - may be prescribed for, again by a single remedy. Sometimes the remedy indicated may be one which has power over all the miasms, as for instance, Nitric Acid. The term ´single remedy´ does not imply that only one remedy should be used throughout a case, although that is the desideratum, but rather that only one remedy should be used at a time. It cannot be too often stated that one must not give a remedy lightly nor change it frequently. In acute diseases the concept of one single remedy at a time still holds good, although the remedy may have to be changed as the case develops. In this case some of our master prescribers state that the

original remedy may be indicated again at the close of the cycle to complete the case. Further details on the single remedy are covered in the chapter on prescribing.

Next in importance to the selection of the single remedy is the question of dosage. The classic rule is that of `the minimum dose´. We prefer the term ´the optimum potency´, meaning the potency on a plane most similar to that of the patient at the moment of question. Hahnemann´s original choice of the word ´minimum´ served two purposes - first, to discourage the enormous crude drugging of his time, and secondly, to point out that the high potencies have a different action from crude drugs. The potency issue is discussed later in the book.

The question of repeating the dose is the next in importance. As a simple rule for beginners, high potencies should be given in one dose with placebo; the low potencies, 30c and under, may need repetition. After giving the single dose of the single similar remedy the student *must watch and wait*. The duration of action of remedies and the factors influencing this are also discussed later. The general rule is to give nothing more than placebo while improvement continues, in other words as long as the patient himself feels increasingly better, regardless of the accentuation of certain symptoms. The beginner must learn not to try to make a good thing better by repetition, as this defeats itself. According to the case, the potency and the remedy, the need for repetition may occur within a few hours in acute disease (or a few minutes in desperate cases) to weeks, months and even a year or more in chronic cases, although waiting is perhaps the most difficult lesson for the eager homoeopath. He must wait with knowledge, or valuable time will be wasted. How is he to know whether the remedy is the right one or is still acting? In acute cases the general wellbeing of the patient should be apparent from within a few moments to two or three days. In chronic cases it can vary from a few hours to sometimes several weeks, and indeed may only be apparent after the second dose. In chronic cases Hering´s laws of cure, already mentioned, will show you whether you are on the right track. It is at this point, while watching the action of your remedy, that you must understand the subject of homoeopathic aggravation.

An aggravation is not necessary to improvement, but often occurs even with master prescribers. The usual cause of severe aggravation is an error in the potency, or the presence of marked pathology. Aggravations are of two kinds, disease aggravations and remedy aggravations. The first of these is merely the natural progress of the disease and does not concern us here. The remedy aggravation is a sort of house-cleaning, and is indicative of the prognosis of the case. It has about twelve recognizable forms, which are discussed later. Due allowance for aggravation must be made before considering repetition of the dose. A general rule is that even during aggravation the patient, as a whole, in himself, feels better.

The subject of the second and subsequent prescriptions, one of the most important in the whole of homoeopathic philosophy, will be better understood in connection with prescribing, also discussed later.

Another vital point in homoeopathic philosophy is that of suppression. The causes of suppression are dependent on so many factors; the results of suppression untreated are dire and frequently unrecognized, and the results of those treated are so brilliant, that a complete chapter is devoted to this subject.

To present homoeopathic philosophy lucidly and logically to a novice is well nigh impossible. The student is urged to read and re-read the appended list of books.

Bibliography

The Principles and Practice of Homoeopathy, Herbert A. Roberts
The Principles and Practice of Homoeopathy, C. E. Wheeler
Textbook of Homoeopathy, Otto Leeser
The Simile in Medicine, Linn J. Boyd

Grundlagen der Heilkunde, Otto Leeser
Lectures on Homoeopathic Philosophy, James Tyler Kent
The Genius Of Homoeopathy, Stuart Close
The Organon of the Art of Healing, Samuel Hahnemann
Homoeopathy: The Science of Therapeutics, Carroll Dunham
Manual of Pharmacodynamics, Richard Hughes

Know the Patient

A great deal of information which is not needed in ordinary medicine is essential for a good homoeopathic prescription. The homoeopath must know his patient, spiritually, emotionally, mentally, physically and sociologically. He must give as much time as he needs to acquiring this knowledge. In a chronic case he must prescribe nothing but placebo until he has it. In an acute case he must know these same factors in so far as they affect the acute condition.

Let us suppose that a new patient arrives to consult a homoeopath. What is the procedure?

1) The physician must be receptive, like a photographic plate ready to receive the image of the patient. He must clear his mind of other preoccupations and of previous opinions about the patient. He must be tranquil and cordial, after the first greeting and question, ´What brings you to see me?´, or `Tell me what it is that troubles you´, he must be silent.

2) The physician must allow the patient to tell his own story in his own way. Questions or interruptions of any sort derail the patient at this stage, and may cause the doctor to lose essential information.

3) The physician must observe from the moment the patient enters. The office should be so arranged that the light falls on the patient. The main points to be noted are:
(i) The personality of the patient.
(ii) His apparent state of mind, both in himself and in relation to the doctor (whether depressed, shy, suspicious, secretive, afraid, ashamed, or whatever).
(iii) His apparent physical status (signs of disease in gait, complexion, difficulty in breathing).
(iv) Traits of character as shown in dress, cleanliness, neatness, pride, etc.

4) The physician must record every item which seems important to him, in the words of the patient, both in what the patient says and in what he himself observes. He should do this in a column at the left of his paper, leaving at least an inch blank between the items to be subsequently filled in as the patient reverts to that subject or, later, when the physician raises questions about it. He may prefer to put facts pertaining to history on one sheet or in one column, those pertaining to actual physical symptoms in another, and mentals in a third, but this requires experience and adeptness. It is safer for the beginner to list them all as they come, and sort them later in the working out of the case.

5) When the patient has come to a full stop the physician may say, ´What else?´, and by waiting may often elicit much additional and valuable information. If the patient is reticent or gives only brief and objective data, and the physician is unable to persuade him to give more, this passive method may have to be abandoned in favour of active questioning. The object is to drain the patient dry of what he knows of himself. If the patient is loquacious, time may necessitate the prevention of irrelevancies, and here the utmost tact is needed to keep him on the main track and yet not lose important sidelights.

6) A few remarks by the physician may be in order when the patient is through with his story, relating to the aid that can be given through our remedies and the necessity for special knowledge of the patient as a whole and the many details ordinarily overlooked. This reassures the patient and enlists his co-operation in answering the often rather intimate

questions which must follow.

7) The data needed for an ordinary medical history may hardly have been touched on up to this point, and should not be inquired into even yet. If by this time the consultation period is over, provided that the patient is not in acute pain or distress, or has not come from a long distance, a subsequent appointment should be made for the next day if possible. The patient should be definitely told that the physician must do a complete physical examination and the necessary routine laboratory tests at the next visit. Instructions for bringing a 24-hour urine specimen should then be given. This makes the patient realize that in addition to the interest in all details of the case, the physician is also going to be thoroughly scientific.

8) The physician should now take up each item that he has noted on paper and get the patient to tell him more about it. When the patient has exhausted all that he can tell about each item the physician should bring out the ´modalities´. If, for instance, the item is pain in the stomach and the patient volunteers that it is burning, and has no relation to meals and no radiation, the physician must find what aggravates or ameliorates it, what time it occurs, its concomitants and its relation to mental states, if any. When each item has been modified in this way and noted down, the physician must run through the list and see which of the possible mentals, generals, particulars and modalities have not been mentioned, and question the patient about each of these.

9) All questions that the physician asks must be put so that the patient cannot reply with a simple `Yes´ or `No´, but must think before answering. The physician must be careful never to suggest an answer by the form of his question, and must guard against questioning for the symptoms of a particular remedy which may have come to his mind. If he has seen a fairly definite remedy picture in the patient´s story and wishes to clinch it, he must take special care not to lead this patient into the answer he desires, and may even suggest the opposite, and watch the reaction.

10) When the physician has covered the fields outlined above in detail, according to a systematic outline, which the novice should have before him during the interview and which the master will know by heart (a suggested one is given below), he must make sure that he has questioned the patient on every system and function. If not, some important detail, which might prove to be a keynote suggesting the study of one or more remedies, may well be missed.

11) The mental symptoms and characteristics of the patient (which are the most important, if strongly marked) should usually be elicited last, when the patient´s confidence has been more fully gained. Especial tact and insight on the part of the physician are needed to evaluate the emotional causes of disease. For instance, few patients would know that ailments from mortification might be the most important symptom in their case, or that suppression of their sex needs or anger might rank as a leading cause in their illness.

12) At the close of the interview the patient must be made to feel that the physician is deeply interested in his case, and that he will spend the hours needed to thoroughly study (or ´repertorize´) the case. Also, that the special method of homoeopathy can bring not only relief but a fundamental improvement in the whole constitution, which will tend to ward off subsequent illness and increase the powers and wellbeing of the patient. A thorough physical examination plus routine laboratory work, or any extra tests suggested by the history, must be done on every new patient and at least once a year on established patients. Patients must be instructed as to why they should not use other drugs during homoeopathy treatment, what the dangers of suppression are, when they should report back, and what they may expect as the immediate results of the treatment. One other point which may be valuable is to get the version of the immediate family or close friends. This is sometimes dangerous, as nervous patients hate to know that they are being talked over. However, the wise physician can take

much contradictory evidence and arrive at a more just and sympathetic evaluation of the case.

By this time the physician should have a remarkably accurate picture of the patient in all his phases, subjective, objective and pathological. From this totality of symptoms he can, by correctly evaluating the symptoms as we will show, derive a true image of the patient and the appropriate remedy.

Outline for Taking the Case

A. The patient´s story

B. Modalities as applied to each of the patient´s symptoms, in the following order

1) *Causes*.
2) *Prodrome, onset, pace, sequence, duration*.
3) *Character, location, laterality, extension and radiation of pain or sensations*.
4) *Concomitants and alternations*.
5) *Aggravation or amelioration*.
a) Time (hour, day, night, before or after midnight); periodicity; seasons; moon phases.
b) Temperature and weather: chilly or warm-blooded usually, chilly or warm-blooded in present illness; wet, dry, cold or hot weather; weather changes; storm or thunderstorm (before, during or after); hot sun, wind, fog, snow, open air, warm room, changes from one to other, stuffy or crowded places, drafts, warmth of bed, heat of radiators, uncovering.
c) Bathing: hot, cold or sea; local applications: hot, cold, wet or dry.
d) Rest or motion: slow or rapid, ascending or descending, turning in bed, exertion, walking, on first motion, after moving awhile, while moving, after moving; car and seasickness.
e) Position: standing, sitting, (knees crossed, rising from sitting), stooping (rising from stooping), lying (on painful side, back, right or left side, abdomen, head high or low, rising from lying), leaning head backward, forward, sideways, closing or opening eyes; any unusual position such as knee/chest.
f) External stimuli: touch, hard or light, pressure, rubbing, constriction, as of clothing, jar, riding, stepping, light, noise, music, conversation, odours.
g) Eating: in general (before, during, after, hot or cold food or drink), swallowing (solids, liquid, empty), acids, fats, salt, salty food, starches, sugar and sweets, green vegetables, milk, eggs, meat, fish, oysters, onions, beer, liquor, wine, coffee, tea, tobacco, drugs, etc.
h) Thirst: quantity, frequency, hot, cold or iced, sours, bitters, etc.
i) Sleep: in general (before, during, on falling asleep, in first sleep, after, on waking).
j) Menses: before, during, after, or suppressed.
k) Sweat: hot or cold, foot-sweat, partial or suppressed.
l) Other discharges: bleeding, coryza, diarrhoea, vomitus, urine, emissions, leucorrhoea; suppression of same.
m) Coition: continence, masturbation.
n) Emotions: anger, grief, mortification, fear, shock, consolation, apprehension of crowds, anticipation; suppressions of same.
6) *Strange, rare and peculiar symptoms*.

C. The patient as a whole: Physical Generals

7) The *constitutional type* of the patient (endocrinologico-homoeopathic correspondences, lack or excess of vital heat, lack of reaction, sensitiveness).
8) Ailments from *emotions* (see also Mental Generals, below): *suppressions* (emotions; discharges such as menses, sweat, leucorrhoea, catarrh, diarrhoea, etc.; eruptions; diseases such as malaria, rheumatic fever, exanthems, syphilis, gonorrhoea, etc.; pathology, such as haemorrhoids, fistulae, ulcers, tonsils, tumours, other surgical conditions, etc.); from *exposure* to cold, wet, hot sun, etc.; from *mechanical* conditions, such as overeating, injury, etc.
9) *Menses*: Date of establishment, regularity (early or late), duration, colour, consistency,

odour, amount, clots, membrane, pain (modalities of), concomitants, aggravation or amelioration before, during or after (both physically and mentally); menopause (symptoms of).
10) *Other discharges* (see also Modalities, 5k above). Cause, colour, consistency, odour, acrid or bland, symptoms from suppression of, symptoms alternating with, hot or cold, partial discharges as of sweat, laterality, better or worse from discharges (before, during or after).
11) *Sleep*. Better or worse from, position in, aggravation after; difficulty in getting to sleep, waking frequently or early, at what hour; somnambulism, talking in sleep; dreams (see also Mental Generals, below), restless during.
12) *Restlessness, prostration, weakness, trembling, chill, fever*, etc.
13) *Aggravations* and *ameliorations* applying to the patient as a whole (see 5a-5n, above).
14) *Objective symptoms* such as redness of orifices or superfluous hair, applying to the patient as a whole.
15) *Pathology* which applies to the patient as a whole, such as tendency to tumours, wens, cysts, polyps, warts, moles; individual and family tendency to certain diseases, or weakness of specific organs or tissues (also related to (7) above and to physical examination), frequency of catching cold.

D. The patient as a whole: Mental Generals
16) *Will*: Loves, hates and emotions (suicidal, loathing of life; lasciviousness, revulsion to sex, sexual perversions; fears; greed, eating, money, emotionality, smoking, drinking, drugs; dreams; homicidal tendencies, desire or aversion to company, contrariness, depression, loquacity, weeping, laughing, impatience, conscientiousness).
17) *Understanding*, Delusions, delirium, hallucinations, mental confusion, loss of time sense.
18) *Intellect*. Memory, concentration, mistakes in writing and speaking.

E. Quick review of the condition of every system and organ, beginning with the head and following the order of Kent´s Repertory

F. Past history of the patient in seven-year periods

G. Family history

H. Physical examination and laboratory tests

Reading List
Case-taking, G. B. Stearns.
How to Take the Case, E. B. Nash.

Know the Remedies

Theoretically any substance or force may become a homoeopathic remedy. In a large number of instances, varying degrees of potentization are necessary to bring out the remedial powers of substances which are physiologically inert in the crude state. At present no complete list of all homoeopathic remedies exist. At a rough guess, some two or three thousand remedies are in use and new ones are continually being developed. Only a relatively small number are thoroughly proved according to the Hahnemannian standard.

The remedies in accepted use are divided for convenience into certain groups as follows:

1) Mineral remedies, including elements, metals, compounds, salts, etc.

2) Vegetable remedies.

3) Animal remedies.

4) The nosodes, which are remedies derived from morbid tissues and secretions.

5) Sarcodes, which are remedies prepared from healthy animal tissues or organs, and include remedies derived from altered tissues and secretions such as Uric Acid and Thyroidine. This also includes endocrine remedies.

6) Imponderabilia, which include positive and negative magnetic forces, electricity, and sun force.

The information about these remedies is obtained from the following sources: from provings, which means experimentation on the relatively healthy human; from toxicology, which contributes the extreme symptoms, and in part the pathology; from experimentation on animals, organs and tissues in the laboratory; from clinical verification of symptoms by cure; from the clinical appearance of remedy symptoms during medication; and from human pathology which has been cured. The main classical source of the knowledge of remedies is, of course, the proving. The subject of the making of correct provings and their standardization is an important one, but it does not belong within this course.

We then come to actual methods for acquiring and retaining the general picture and detailed knowledge of this multitude of remedies. This is no simple task, as anyone reading the proving of a polychrest such as Calcarea Carbonica will realize. No mind can retain such a mass of symptoms, often seemingly unrelated and contradictory. *One must learn how to study a remedy*.

The most important task in the study of a remedy is to get the feel of it. Since the essence of homoeopathy is individualization, and since each well-proved remedy has a definite personality, the student must get acquainted with the different remedies in the materia medica as if they were friends. He must be able to recognize them from partial expressions, even when he cannot see the whole picture, as he would recognize a well-known person in a group across the room. Experts in prescribing are so saturated with the remedies that they can often choose them intuitively, and although this is dangerous to the beginner it should be the goal of all.

We suggest the following plan for systematic remedy study:

For those who do not contact humans in this way, and indeed for all at first, the study of a remedy must begin with a knowledge of its mentals. The innermost element of man is the most important, and the psychic characteristics and peculiarities of each remedy must be thoroughly mastered. You would not conceive of giving Sulphur as a chronic remedy to a woman in whose linen closet the towels and napery were tied neatly with rose-coloured ribbon. You would not give Phosphorus to one who was abnormally modest, or Arsenicum Album to a sloven. Unfortunately, many of our remedies do not have a fully-developed proving of mental symptoms, but where these exist they are of prime importance.

Many more remedies have clearly marked modalities - in other words, aggravation from or amelioration by meteorological conditions and such things as motion, heat, jar, touch, position, classes of foods or special substances. The marked desires, aversions, aggravations and ameliorations should become etched upon the mind of the student, both those which affect the personality as a whole and those, often agreeing but sometimes contradictory, which modify the affected part.

Of particular importance in the knowledge of materia medica, and often difficult to find in books, are the causations of disease that are typical of the different remedies. These may be mental or general. The student should pay particular attention to the symptoms of ailments from emotion, such as: mortification in Staphysagria; anger in Chamomilla, Colocynth or Nux vomica; grief in Ignatia; fright in Aconite; as well as to aliments from injury, as in Arnica or

Natrum Sulph. Ailments from suppressed discharges are of paramount importance, whether they be from mucous membranes, such as leucorrhoea, diarrhoea, etc., or from the skin, as in the case of perspiration or eruptions, or from operations which close nature´s vents, as on fistulae or haemorrhoids. The fourth important variety of causation is the one due to chilling of various kinds, non-mechanical dietary indiscretions, and so on, these being applicable more frequently in acute diseases.

When the student has mastered these various points about a remedy, he should then study the localities of the body to which the remedy especially applies, making a chart of a figure with the vulnerable points of the remedy suitably drawn in. In this connection he would do well to make a diagram of the tongue - its condition is often characteristic and gives valuable hints for prescribing. He may also make drawings of different parts of the body, such as the eyes, representing the various conditions in those organs cured by the remedy. These schemata aid memory by visualization. Not only should the organs influenced by a remedy be learned, but also the tissues - for instance that Bryonia is suitable to inflammation of serous membranes, whereas Belladonna is rarely so.

The student should then pick out from among the welter of particular symptoms those which are ´strange, rare and peculiar´, the so-called ´keynotes´ of the remedy, and have these at his fingertips as signposts to point the way to further study. In this connection he should pick out similes from literature, such as the analogy between the precocious Lycopodium child and Paul Dombey as well as expressive epithets such as ´mince-pie fiend´ (Carbo Veg.), the ´human barometer´ (Rhus Tox.), ´gloomy Gus´ (Natrum Carb.), the ´false, ragged philosopher´ (Sulphur), and others.

He should pay especial attention to the pictures of acute disease in chronic remedies, and to the different types of chronic personality in each remedy.

He should get clearly in his mind the important details relating to the bodily functions such as menstruation, pregnancy, digestion, sleep, and excretion, whether by skin, bowels or urinary tract.

He should make a remedy clock - a diagram showing the time of general aggravation and special aggravations of the remedy in question.

Picking out the alternating conditions and the concomitant conditions, and keeping them clearly in mind, is a great help, although rarely done. The second ed of Kent´s *Repertory* has a separate heading for alternations, which, in the third edition, are sprinkled throughout the book. It will be very helpful to the beginner to make a note of the main contradictions in symptoms in each remedy, and to think through why this should be so.

By this time the student will be in a position to note, without danger of being unduly influenced by pathology, the different ´diseases´ in which the remedy under study is especially useful; and after thoroughly mastering the polychrests he should go back and compare their action in each of the diseases. Very little has been written about comparisons between the physiological action of drugs and their homoeopathic action, but in the study of each remedy its pharmacology and uses in conventional medicine should be studied and compared. Useful hints and analogies are often forthcoming.

The student should correlate the homoeopathic remedy picture with endocrinology, metabolic tests and morphology.

Study one polychrest each week, beginning with relatively easy ones such as Aconite, Belladonna or Bryonia; and then, when the habit of assimilating the remedy is acquired, tackle the essential remedies, such as Sulphur, Calcarea Carbonica, Silica and Phosphorus.

Each remedy should be studied in at least ten different books, so as to allow for the refractions

of the personalities of the different authors. No human being sees all the aspects of another individual or remedy. A composite picture is necessary for completeness. We recommend the following books for study, in the order mentioned:

1) Kent´s *Materia Medica*; though informal in style, it gives a compelling and permeating picture of remedies.
2) Nash´s *Leaders*; a dangerous book if used alone, but stimulating and comprehensive.
3) Allen´s *Keynotes*; in a class with the above.
4) Clarke´s *Dictionary of Materia Medica*; not the symptoms of the provings themselves, but the ´characteristics´ which give interesting varied information and sparse salient features.
5) Hering´s *Guiding Symptoms*, with special attention to the symptoms with heavy and double heavy marks. This is the most solid and practicable of all our materia medica, although it does not give the picturesque individuality of the remedies as Kent does.
6) Dunham´s *Lectures on Materia Medica*; very lucid.
7) Hahnemann´s *Materia Medica Pura*; the prime source of the subject, placed late on the list because of the mass of symptoms.
8) Teste´s *Materia Medica*, giving suggestive groupings of the remedies; a unique book.
9) Allen´s *Encyclopedia of the Materia Medica*; difficult reading because of the mass of material, but invaluable.
10) Jahr´s *Manual*, which has many symptoms not to be found elsewhere.

When the nosodes are studied, H. C. Allen´s *Materia Medica of the Nosodes* should be added, and for unusual remedies Kent´s *Lesser Writings*, Hale´s *New Remedies* and Anshutz´s *New, Old and Forgotten Remedies*. For those who read German, Stauffer´s *Homöopathische Arzneimittellehre* is a classic.

The student should also read Farrington´s *Clinical Materia Medica*, even though it is confusing, and Hughes´ *Manual*, or better, his *Cyclopedia of Drug Pathogenesy*, Cowperthwaite´s *Materia Medica*, Pierce´s *Plain Talks on Materia Medica with Comparisons*, Woodbury´s little *Materia Medica for Nurses*, Rabe´s *Therapeutics*, and Boger´s *Synoptic Key*.

Before finishing this study, the student would do well to outline the emergency uses of each of the remedies and commit them to memory.

As a check to his study he can take the Kent *Repertory* and seek the rubrics in which the remedy he is studying appears in the third (highest) degree.

If the student will follow this outline and get the habit of recognizing remedy types on public transport, at meetings or wherever he may be, his knowledge will be solid and broad, and his time will be saved.

The Evaluation of Symptoms

The evaluation of symptoms is perhaps the most important part of the homoeopathic technique, and to the beginner, one of the most difficult. Certain propositions in relation to it are axiomatic. Owing to the terminology of modern medicine and the training that patients have received from non-homoeopathic physicians, the emphasis which the patient himself places upon symptoms is often entirely misleading. The homoeopath must separate diagnosis and common symptoms (that is, symptoms which are common to any patient suffering from a certain complaint, such as vomiting in a gastro-intestinal case). These *common* symptoms are valueless from the point of view of homoeopathic prescribing, unless qualified by modalities. The homoeopath must discriminate between the relatively worthless common symptom, which may often be the patient´s chief complaint, and the precious, minor, subjective

symptoms which the patient will inadvertently bring out. The patient may complain of some pain or inconvenience that is relatively irrelevant, and not even be aware of grave and helpful symptoms that are plain to the physician.

On the other hand, just because the homoeopath knows that mental symptoms are most important, he should not hunt in the haystack for a tiny mental with which to open the case. *The symptoms should have the same importance, the same weight or mass, in the patient´s case as is assigned to them in the symptom hierarchy*. Take for example a woman who complains of indigestion and admits to overpowering fears - the fear, being a mental, outranks the stomach symptoms; but if this woman had violent pain in the stomach and an unimportant fear, the pain, being a much greater factor in the case, would outrank the fear.

A third axiom is that all rubrics used, or rather symptoms taken to be matched with rubrics, must be really true of the patient, and reliable.

Another is that three or more similar particulars make a general. For instance, if the patient has burning in the head, the stomach, the feet and the skin, the general rubric BURNING is applicable; whereas, if he has burning in the stomach only, it is a particular, or symptom of the part.

If a valuable general cannot be found in the repertory, as stated by the patient, it may be found under the opposite rubric, as, ´cold weather ameliorates´. This is found in the repertory under ´warm air aggravates´. ´Better in summer´ is found under ´winter aggravates´. This, again, brings up the nice problem of the interpretation of the patient´s words and their translation into terms of the rubrics. Only a knowledge of the exact meaning of words and sufficient psychology to divine what the patient means by what he says, and a thorough acquaintance with every rubric in the repertory, will enable the homoeopath to evaluate the symptoms.

If care and ingenuity are taken it is not only justifiable, but sometimes necessary, to combine rubrics in order to get the exact meaning. There are two ways of combining - by adding all the remedies in the two or more rubrics, especially when the rubrics are small, or by taking only the remedies which appear in all the rubrics taken, which increases the grading of the remedies. An example of rubrics which may be combined by this latter method is: menses acrid, early, bright red and clotted.

Opinions diverge on the proper place of pathology and also on objective symptoms (such as redness of the orifices). In the Kentian method these are placed relatively low, whereas the Boger method, as given in his little *General Analysis*, stresses the pathological generals, as opposed to diagnostic pathology. Stearns favours stressing the objective symptoms, as he feels that these cannot mislead.

There are several kinds of pathology. Disease diagnoses appear here and there in the repertory as, for example, scarlet fever, septicaemia, chorea, apoplexy, etc. Other conditions which are pathological, and yet are symptoms or signs rather than diseases, are found, such as convulsions, dropsy, cyanosis, haemorrhage, etc. There is a third class of pathology, the importance of which consists in the bodily tendency to produce such changes, such as warts, polypi, fibroid tumours, etc. These are the most important of the pathological rubrics, as they indicate the tendency of the whole constitution. A rubric such as empyema, which is found under chest, is a pathological particular and therefore less important, although it may be of great interest in that case to see what remedies have had the power to cause and to cure this condition.

The schema of the importance of symptoms, according to Kent, is:

Mentals: will, understanding, intellect.
Physical generals: time, temperature, weather, position, motion, external stimuli, eating,

drinking, sleep, clothing and bathing.
Particulars: strange, rare and peculiar, and the modalities of the particulars. For details see ´Know the Patient´.

In the Kent method, after taking the complete case, the physician selects any outstanding mentals, grading them in the order given above. He will of course add such mentals as he himself perceives in the patient or as a cause of the ailment. There may be from one (or indeed none) to six or seven marked mentals. The physician then takes the chief generals in the case, ranking them in the order given above. The mentals plus the generals will give him a working basis for the selection of a chronic remedy. When he has repertorized these symptoms down to about five remedies he should then rank the particulars and see how the five remedies cover these. Then he must take these five remedies and study them in the materia medica, in order to select the one most similar to the case. It is obvious that this method proceeds from generals to particulars, and that no special attention is paid to pathology.

In the Boger method, fewer symptoms are used and special stress is put on pathological generals. For instance, if the case presents several excoriating discharges the rubric ACRIDITY, in Boger´s *General Analysis*, would be taken; if the patient complaints of marked dryness of mouth, rectum, skin, etc., the general, DRYNESS, would be used. In this method the mentals are prominent and take first place, as in the Kent method.

Stearns takes not more than five or six symptoms, of which one is mental, one pathological, one objective and two are physical generals.

Boericke divides symptoms into basic and determinative classes, the basic being the common - diagnostic and pathologic, and the determinative the subjective - modalities and generals. Boericke, like Margaret Tyler, advocates the use of certain large general rubrics, such as lack of vital heat, as eliminative symptoms. Some Kentians consider this dangerous.

It is hoped that the student will not be confused by this variance of method among the masters, and it is strongly recommended that each beginner should master the Kentian technique first, the other variants being short cuts to suit different types of minds.

As soon as the case is taken and the physician sits down to study it, he will find it useful to run down the list of symptoms and mark with ´M´ opposite the mentals, ´G´ opposite the generals, ´PATH´ opposite the pathology, ´P´ opposite the particulars, and ´O´ for objectives. This should be done in the left-hand margin and should be in coloured ink. For further clarity he may underline any peculiar symptoms in red. The symptoms to be actually used for repertorizing should be written down on a new sheet in order of their importance. If the Kent method is being used, the symptoms may then be transcribed onto special blank repertory sheets, which greatly simplify repertorizing.

After the beginner has listed his symptoms according to their importance he should reconsider them, checking mentally his symptom list with his impression of the patient, to see if any elements of the case are placed too high or too low; for on the correct evaluation of the symptoms depends the possibility of finding the most similar remedy, which will lead to cure.

The Crux of Homoeopathy - The Mental Symptoms

One of the prime tenets of homoeopathy is the importance of spiritual factors: ´From within outward, from above downward´. In accordance with this principle the mental symptoms are of the greatest import. This does not mean that some non-prominent peculiarity of the mind should outrank a flagrant general symptom. If the mental symptoms do not speak unmistakably for themselves, the true homoeopath should realize that in this individual the

trouble is centred on a more outward and physical plane, at least for the moment. On the other hand, many aberrations may not at first strike the mind of a physician who is being consulted for a definite pain in some locality, and these may be of such a nature that the patient himself is unconscious of them. Every expert homoeopath must also be a good psychologist. He must read the character of the patient and scent out the failings and warped attitudes which may be at the root of many bona fide bodily ailments.

Granted that the patient presents symptoms in the sphere of the mind, and that the doctor places a high value on them, how is he to use them in repertorizing his case? Let us take up first the problem of the usefulness of these features in acute conditions. We are all awake to the importance of the intense fear of the Aconite patient, of the irritability and fault-finding of the accountant who needs Nux Vomica, of the irascibility of the Chamomilla baby, of the pitiful gentleness and craving for sympathy of those who need Pulsatilla, even though their normal state is critical and dry-eyed. What is more difficult to perceive is the guidance given to us in acute conditions by what we are accustomed to think of as the chronic mental symptoms of a remedy. Who has not heard the loquacity of a Lachesis angina? or been startled by the abruptness of a girl needing Natrum Mur. after an unfortunate love affair? For the best success in prescribing, acute mentals should never be disregarded. They will often be the deciding factor between two remedies, both of whose modalities fit reasonably well.

In chronic cases, the realm of psychological traits is far richer and more suggestive. The physician knows the temperaments of his remedies, and in clear cases can fit them on mentals alone with beautiful precision to the patients before him, although the majority of mankind are more complicated than this. From some remark that they let fall, from some comment of the family, from some ill-concealed uneasiness or characteristic reaction to a skilful question, from something which crops up during the physical examination, the discriminating homoeopath can select his remedy almost with certainty. However, many states of mind require interpretation - is the patient before you silent and uncommunicative because he is a brooding introvert, or because he is timid, or has he a laugh up his sleeve? Such a decision may make the difference between studying Natrum Mur., Pulsatilla or Lachesis. Or is this same individual reserved because of some hidden mortification which may call of Staphysagria, or through a haughty pride of the Platinum variety, or is he one of the ´stiff-necked´ people needing a limbering dose of Lycopodium? If, on the other hand, your patient is excessively communicative, is it the loquacity of Lachesis or Calcarea Phosphorica, is it the hypochondriasis of Ignatia, or the egoistical philosophical garrulity of Sulphur?

If the mental symptoms you see does not appear in the repertory, even under any of its synonyms, what then? You must be very sure that your choice of so important a rubric is correct. Often your patients will not confide in you, do what you will, and yet you may know that their lack of reaction or other symptoms is due to psychic causes. These are the ones you must feel out and sense and often give the remedy for, without making them aware either that they have such psychic causes or that you know it. Do not forget the unspoken influence of sex difficulties: your Conium, your Origanum, your Lycopodium or your Apis. In handling any case where the patient has a marked character defect, be it jealousy, vengeance, temper, obstinacy or what not, use that as a symptom and your chronic remedy will often change the life of the whole family. Above all, remember the grading of the mentals: first, those having to do with the love of life; next, such as affect the creative instinct and love of other human beings; thirdly, those which pertain to traits of character, to desires and aversions; and fourthly, those concerning emotions which are thwarted or suppressed.

Do not led your patients mislead you. Have infinite patience, tact and intuition, and study over and over again the section on Mind in Kent´s *Repertory*. Then your patients, homoeopathy and you yourself will be rewarded.

Strange, Rare and Peculiar Symptoms

One important stumbling block in homoeopathy is the ´strange, rare and peculiar´ symptom. What is such a symptom, may it be both a general and a particular, does it affect the evaluation, and is it equivalent to a keynote?

A ´strange, rare and peculiar´ symptom may be of two kinds. It may be a symptom which is weird, fantastic, unheard-of, rarely found - such as `Sensation in a non-pregnant woman of something alive, jumping about in the abdomen´, or `Sensation of the whole body being brittle´. The second class is that of symptoms which though not fantastic in themselves are unusual, unexpected and even contrary to what you could rationally predicate in a given condition. For instance, ´Laughs and sings when in pain´; ´Thirst for cold during chilly stage only, with no thirst during fever´. This latter type, as is evident from these two examples, is peculiar because of the juxtapositions; it is the concomitance that is queer - ´laughter with pain´, ´thirst with chill´.

Such a symptom can be a mental, a general or a particular; in the nature of things it cannot be a common symptom. As an example of such a mental, take ´Sensation as if she were double in bed´, or ´Constantly washing the hands´. As a typical strange general, take the well-known Camphor symptom, `Desires heat during the hot stages and cold during the cold stages´, or `Thirsty with aversion to water´; as a rare particular take ´Empty sensation inside the head´, or ´Blueness of the nails during chill´, or ´Temporary blindness which passes off as the headache develops´ or ´Epistaxis brought on by washing the face with cold water.´

A ´strange, rare and peculiar´ general, such as ´Chilly but aggravated from heat´, outranks other ordinary generals of the same class, unless there is a general which runs through so many particulars that it is the leading feature of the case. For instance, the case has `Suicidal on waking´; ´Restless when he wakes in the morning´. Here it is the aggravation on waking in the morning, which is the most marked symptom, and for repertorizing purposes it outranks even the mentals - suicidal impulses - because these are modifiers of the patient´s state on waking rather than his constant condition. Among particular symptoms, also, you give preference to the ´strange, rare and peculiar´ ones. Angina pectoris with pain extending up into the occiput would take preference over heart pain extending down the arm, because the former is more strange and unusual. The strange mental symptoms may often be of less value than the peculiar generals or particulars. This is especially true in neurasthenic cases, which often invent and embroider symptoms. In the realm of mentals, especially, we must be sure that a symptom is authentic. Some homoeopaths claim that in mental cases it is safer to repertorize by strange and prominent generals and particulars, and to consider the myriad mental symptoms only as a part of the general picture, when choosing from among the few remedies that come out highest from the repertory study. As a rule, then, select the generals and the particulars which are most peculiar, provided always that they are prominent features of the case.

`Strange, rare and peculiar´ symptoms often become keynotes, although not all keynotes are strange symptoms. For instance, ´Hunger at 11 a.m.´ is a keynote of Sulphur but it is not a ´Strange, rare and peculiar´ symptom; the same with the 4-8 p.m. aggravation of Lycopodium. But a keynote which is also a peculiar symptom is the well-known aggravation from downward motion of Borax, or ´The more you belch the more you have to belch´ of Ignatia, or the peculiar symptom which is also a keynote of Calc. Carb., Aluminium and Nitric Acid - ´Craves indigestible things like chalk, earth, and slate pencils.´

The individualization which is so essential a part of homoeopathy is greatly helped by the understanding and use of ´strange, rare and peculiar´ symptoms. Hahnemann himself especially stressed this point. It is needless to say that if strange symptoms found under only a

couple of remedies are permitted to predominate, they may mislead the student. For instance, we had a patient who kept telling us that his twitching was worse during eating and when he sat down at the dining table. This symptom is to be found in the Kent *Repertory* under only one remedy, Plumbum, which was not at all the remedy for the whole of this case.

These strange symptoms are often difficult to elicit, as patients feel ashamed of telling anything so peculiar, so inconsequential or absurd; and yet they will crop up, especially in simple people. Above all where they are generals they prove of enormous value as *parts* of the totality of the symptoms.

Repertorizing

As no one person can carry all the symptoms of all the remedies in his mind, a concordance or index is needed. We term such a symptom index a repertory. There are about half a hundred of these, general or special, based on different systems of studying the case. The most vital ones to know are the basic ones of the two main methods - Kent´s *Repertory* and Boenninghausen´s *Therapeutic Pocket Book.*

The Kent Repertory: Its Construction

The Kent *Repertory* is a compilation of materia medica, some earlier repertories (such as Lippe´s), and clinical symptoms that have been verified. In order to search successfully in the Kent *Repertory* for the symptoms of your case, as evaluated in accordance with the preceding chapter, you must be thoroughly familiar with the plan of the book, its rationale, and also its inconsistencies.

The plan of the book is to work from generals to particulars, a general rubric first in most instances. The book is based on anatomical divisions, with certain exceptions such as the first section on MIND; the last one, GENERALITIES; discharges, such as STOOL, SWEAT, URINE, and EXPECTORATION, which appear as separate sections next to the anatomical region producing them; and certain general conditions, such as VERTIGO, COUGH, SLEEP, CHILL, and FEVER, which are also separate. Under each anatomical section the rubrics run in alphabetical order regardless of whether they are pathology, sensation, modalities or objective symptoms (such as ´bores head in pillow´), in the following order: time, circumstances in alphabetical order, extensions (the point *from* which a symptom extends is the one under which it will be found, not the point *to* which it extends), location with *its* time, circumstance and extension modifiers, and lastly, sensation with its modifiers. For instance, the main section HEAD is anatomical, but under that will *not* find an anatomical section for occiput - you must look under the sensation in the occiput, as for instance, Coldness or Pain, occiput, in.

Note that certain anatomical regions have no corresponding section in this repertory; for instance, neck, which is found under THROAT, EXTERNAL THROAT, and BACK. EXTERNAL THROAT contains the rubrics pertaining to the anterior neck, such as goitre, glands, torticollis, etc., and BACK contains nape and posterior cervical region. Furthermore, lungs, heart, aorta, axillary glands, breast and milk appear under CHEST; head sinuses are divided between NOSE and FACE; salivary glands are found under FACE instead of THROAT; lips under FACE instead of under MOUTH; oesophagus is found under STOMACH; and liver under ABDOMEN. There is no section for the circulatory, glandular or nervous systems, as this book is not based on systems (which Boericke´s *Repertory* is, in part), but the parts of these systems are found scattered throughout the book under allied anatomical headings. Many symptoms which one would expect to find under the nervous system appear under GENERALITIES, as they indicate a tendency of the whole organism, such as ANALGESIA,

CHOREA, CONVULSIONS, PARALYSIS, TREMBLING. Twitching of the parts appears under the anatomical part, such as FACE, EXTREMITIES. Nervous symptoms having to do with the spine appear under BACK, such as OPISTHOTONOS. Meningitis appears in two places, under HEAD, INFLAMMATION, meninges of, and BACK, INFLAMMATION, cord, membranes of.

Similar or allied rubrics often appear in two or more different places, as for instance: Dysmenorrhoea under GENITALIA, FEMALE, Menses, painful; ABDOMEN, PAIN, cramping, bearing down, cutting, menses, during; ABDOMEN, PAIN, hypogastrium, in, menses, during; and ABDOMEN, PAIN, menses, during.

It must be noted that many rubrics which appear as particulars under the proper anatomical sections or main headings also appear in the last section, GENERALITIES, in their relation to the body as a whole. For instance, under GENERALITIES, MENSES, comes aggravation or amelioration of the whole person before, during and after menses, while under GENITALIA, FEMALE appears the type and circumstances of the menses, or, so to speak, the particulars. Similarly under GENERALITIES, PERSPIRATION, appears amelioration or aggravation of the body as a whole from sweat, whereas under the section PERSPIRATION are given the quality, occurrence and modalities of the discharge itself. Sweat of any special part is found under the anatomical section in which the part is located, such as ABDOMEN, PERSPIRATION on. Perspiration of the scalp is not under HEAD, scalp, perspiration of, but under HEAD, PERSPIRATION, scalp of. General amelioration by, or distress from, the act of eating appears under GENERALITIES, EATING; and under GENERALITIES, FOOD, are the aggravations and ameliorations from the different articles of food, but under the section STOMACH, aversions and desires for special articles of food appear.

Pathological diagnoses are found frequently in GENERALITIES and occasionally as headings under other sections, but more often as subheadings under the condition involved. For instance, pleurisy is found und CHEST, INFLAMMATION, pleura of, and appendicitis under ABDOMEN, INFLAMMATION, appendicitis. On the other hand, empyema is found under CHEST, EMPYEMA, directly, and goitre under EXTERNAL THROAT, GOITRE. Certain pathological states which are symptoms rather than diseases, such as chorea, convulsions, cyanosis, dropsy, etc. appear under GENERALITIES. Objective symptoms are scattered all through the book and are often small unclassified rubrics, such as brittle nails or gestures under MIND, biting under MIND, and red lips under FACE, DISCOLORATION, red lips.

The Kent Repertory: Its Use

This repertory is built to work the cases from general symptoms to particular symptoms. We have already mentioned the evaluation of symptoms in Kent´s method of grading, MENTALS being the most important, and GENERALS next. Most chronic cases and many acute ones can be worked out by the *Repertory* on the MENTALS and GENERALS alone to within three to five remedies. The beginner should take at least eight of these symptoms, although experts often solve the case on three or five. The beginner must be very sure that these MENTALS and GENERALS are really true of the patient, and that he has not warped the symptom in translating the patient´s colloquial expressions into the language of the rubrics. Moreover, a symptom must have the same mass or importance in the patient´s case as is assigned to it in the symptom hierarchy. If an important symptom cannot be found in the *Repertory,* it can often be found under an synonymous rubric. It is to be understood that the headings under GENERALITIES which are not pathological and not marked ´ameliorated by´, or otherwise explained, and which are not sensations or conditions, mean ´aggravation from´. For example, EATING, before, means worse before eating, COITION, after, means aggravated after coition. Many of the ameliorations are omitted and you must look for them under aggravation of their opposites. For instance, there is no ´better in summer´; this is considered equivalent to ´worse in winter´. Sometimes two or more rubrics must be combined in order to be equivalent to a

given symptom. If the rubrics are very small, it may be wise to add all the remedies. If at least one of the rubrics is large and the others of fair size, only such remedies as run through all the component rubrics of this symptom should be taken. Certain symptoms have so large a group of remedies that they are almost useless, except as eliminating symptoms. Such a one is cold-bloodedness of the patient, which appears under GENERALITIES, HEAT, lack of vital, and would serve to eliminate any markedly hot-blooded remedies which had otherwise come through the generals high in a given case.

The student will recall that the common symptoms, or the unqualified big, main rubrics such as SADNESS, VOMITING, etc., are of little or no use in repertorizing, and that among both GENERALS and PARTICULARS, a strange, rare and peculiar symptom ranks high. A strange, rare and peculiar general would be `During cold stage craves cold´, or `During hot stage craves heat´, as in Camphor; a strange, rare and peculiar particular would be `Thirst for ice water during chill´ (Eupatorium Perf.).

We have said that the beginner should locate in the *Repertory* his eight or more main GENERALS, and chart the remedies appearing under each of these, putting 3 for the bold face (heavy black type), 2 for italics and 1 for roman (plain type). This being done for all the symptoms chosen, the remedies appearing in more than half the rubrics are listed with their fractions, the numerator of the fraction being the numerical totality of the remedy grades, and the denominator being the number of symptoms in which the remedy appears.

Now the PARTICULARS come into play, beginning with the most peculiar ones, and care should be taken not to use rubrics that are too small. In fact, it is safer to use a more general, medium-sized rubric than the more exact particular rubric. The occurrence of these particulars in the few remedies which have stood highest in the GENERALS, and in these only, being taken, you can now see which few remedies are fairly similar to the GENERALS of your case, and which few of those most resemble the PARTICULARS of the case. Add the particular to the general fraction and reduce your list to the three to five remedies which stand highest n their grand total. If one remedy totals 16/7 and another 15/8, the former is to be preferred. As you have taken your symptoms in the strict order of their importance according to the Kentian schema, your first two or three symptoms should appear in the remedies that come high, and where they do not the remedy should be looked on with suspicion. It is to be remembered that certain remedies, like Sulphur, Calc. Carb., Nux Vomica, Pulsatilla, almost always come out high numerically, because they have been so thoroughly proved. Unless the beginner discounts this and bases his final judgement on materia medica, and especially the mentals and type of the patient, he will prescribe these well-proved polychrests too often. Conversely, it must not be forgotten that some remedies, like Tuberculinum, have but a fragmentary part of their proving in the *Repertory*. Only a little more than five hundred remedies are mentioned in the *Repertory*, and very few of the nosodes and double salts are adequately stressed. When the remedies have been reduced numerically to three or five, these must then be read in the materia medica, especially their MENTALS, and the original case as taken reviewed and compared to each of the remedies. The miasmatic relationship of the patient, and also of the remedies that come out high, must be considered. For future reference in treating the case, in acute as well as chronic prescribing, a list should be made on the patient´s chart of the constitutional remedies which come high, of the nosodes which most nearly apply, and of the acute remedies ranking highest. These, or complements of them, will often be found to fit any illness of that patient in the future, unless an epidemic remedy be called for.

Ideally, each symptom should be stated on the repertorizing record in the words of the patient in the symptom column, restated in the exactly corresponding rubric in the rubric column, noting the page where this is found.

The Boenninghausen Repertory: Its Construction

Boenninghausen´s *Therapeutic Pocket Book*, one of the earliest repertories, is based largely on Hahnemann´s *Materia Medica Pura*, and the idea of it was approved by Hahnemann himself. The book falls into seven distinct parts. Although each of these is complete in itself, ´yet each one gives but one portion of a symptom, which can be completed only in one or several other parts´. For example, the seat of pain is found in the second section, the kind of pain in the third, the aggravation or amelioration according to time or circumstances in the sixth, and the necessary concomitants in the various sections. The seven sections are: 1) The Mind and Disposition; 2) Parts if the Body and Organs; 3) Sensations and Complaints in alphabetical order, in general and then specially, of the glands, of the bones, and of the skin and exterior parts; 4) Sleep and Dreams; 5) Fevers with Chill, Circulation and Sweat (the 2nd, 4th and 5th sections have concomitants); 6) Aggravations and Ameliorations from time and circumstances; 7) Relationship of Remedies. In section (7) under each drug the previous section headings, (1) through (6) are given, and under each of these the remedies applying in that section which are related to the particular remedy in question. At the end of each remedy there is a list of other related remedies plus the antidotes.

The Boenninghausen Repertory: Its Use

This repertory is based on GENERALS much more even than the Kent. The rubrics in the different sections dealing with the different aspects of one symptom are used to eliminate all remedies except those that run through them all. This is a swifter, easier method than the Kent, but too general, and a great many symptoms cannot be found in it at all. Also, there are very few rubrics under MIND - only seven pages out of 482. Boger´s *General Analysis* is based on this repertory, and his unique method of working cases by it is also deserving of study.

The Boericke Repertory

The Kent repertory in its present form is unwieldly for the physician to carry with him to the bedside. Neither the Boenninghausen nor Kent repertories have any materia medica. Two books which combine materia medica and repertory are handy in the pocket or medical bag. One of these is Boger´s *Synoptic Key*, of which his *General Analysis* is an abridged form, and the other is Boericke´s *Materia Medica within Repertory*. The Boericke repertory resembles the Kent rather than the Boenninghausen, although Boericke has reclassified some of the anatomical sections. For instance, vertigo appears under HEAD; sinuses are grouped together under NOSE; lips are under MOUTH instead of FACE; tongue has a section to itself, as have gums; oesophagus is under THROAT instead of STOMACH; foods that disagree are in STOMACH with the cravings and aversions; rectum and stool are under ABDOMEN; all the URINARY SYSTEM is together under that heading; breasts are rightly classed under the FEMALE SEXUAL SYSTEM; there is an admirable section on PREGNANCY, LABOUR and LACTATION; after GENITALIA comes the section on the CIRCULATORY SYSTEM, including pulse; then come the LOCOMOTOR SYSTEM, including extremities, gait, neck, inflammatory rheumatism and arthritis, back and axillae; then comes RESPIRATORY SYSTEM, including lungs, cough, expectoration, larynx, voice and respiration; following this is the SKIN. The FEVER section includes chill and sweat, the exanthemata and various fevers such as influenza, typhoid, malaria. The NERVOUS SYSTEM follows and includes epilepsy, paralysis, sleep, dreams, weakness, convulsions, goitre, sea-sickness, neuralgia, sciatica, spine, meningitis, etc. The GENERALITIES section is much reduced and contains mainly diseases, tissues, poisonings, suppressions (under CHECKED discharges), glandular affections including mumps, goitre, a very interesting section on COMPLAINTS from winds, damp places, sudden, gradual, injuries, prophylactics, and tumours. This section has been relieved

of much displaced matter and has added to it a great deal of interesting and valuable material. The last section is MODALITIES, first aggravations and then ameliorations; time under these appears in alphabetical order under morning, night, periodicity, etc, instead of altogether at the beginning of the section, as in Kent.

Under all extensive headings, such as HEADACHE, appear definite captions in the following order: Cause, Type, Location, Character of Pain, Concomitants, Modalities, i.e., Aggravations and Ameliorations.

This book is a clinical rather than a symptomatological index and has many technical terms as main headings. A tremendous number of remedies are given in the materia medica section, and well given, with plentiful mentals. Owing to its small size, a great many symptoms have had to be omitted from the repertory. Its pretentions are not great but its usefulness within its sphere is tremendous.

This provides a bird´s eye view of three of the most useable general repertories. It is strongly advised that every student should master the Kent method, as it will reward familiarity more than any other. To the advanced student should be added that many strange and peculiar symptoms cannot be found in these three repertories, and must be searched for in Gentry´s *Concordance*, Knerr´s *Repertory*, Lippe, Jahr, or some of the special repertories.

These different methods of repertorizing will appeal to different types of mind and will also be suitable for different types of cases; the Boger method suiting those with much pathology and few other symptoms; the Kent method suiting those with marked mentals and an intricate anamnesis; the Boenninghausen method suiting conditions with acute pains and clear-cut modalities - cases without subtleties.

I would however reiterate: *Study the Kent method first last, and all the time*.

Potency Selection

After thoroughly digesting the preceding sections of this Brief Course, and doing wide collateral reading and studying, one should be able to select the most similar remedy. The most similar remedy, however, does not become the simillimum until the potency is adjusted to the plane of the individual during his or her illness at the time of prescribing. Our philosophy teaches us that pathology, and even bacteria, are the ultimates of disease, and that the true cause is far deeper and less material than these. In order to truly wipe out the cause of a so-called disease, one must administer the remedy on or near the plane of the cause. It follows that for mental distresses and disease of manifestly psychic origin the high potencies (10M and upward) would be employed, other things being equal; and that for grossly material conditions, such as marked organic and pathological changes, the lower or medium potencies would be selected. In general, functional diseases - where the symptoms are subjective or physiological, and where the vital force is labile - respond well to high potencies; and the organic conditions respond well to lower ones. It makes some difference whether the conditions are acute or chronic. For instance, diphtheria has marked pathology, as does pneumonia, yet the pathology is recent and swift in pace and the high potencies are suitable.

In general, acute diseases respond well to high potencies, especially of acute remedies. High potencies of deep-acting chronic remedies, when these are indicated in an acute condition, may be dangerous. Certain acute crises based on chronic trouble, such as cardiac asthma, would have to be treated with medium or low potencies, because the high potency could stir up more than the vital force could cope with in the face of the advanced chronic pathology.

In chronic prescribing it is a safe rule to begin with the 200^{th} centesimal, unless this is dangerous because of the nature of the remedy, the degree of the pathology or the depth of the

miasm. One great object in starting at the 200th in chronic cases is that you then have an ascending series of potencies to use as the treatment progresses. The Kentian ideal is to exhaust the action of one potency (see the section on ´Repetition´, below) and then to step up to the next, exhausting that, and so on to the highest known potency of that remedy if no change of remedy is indicated. Hahnemann defines the highest suitable potency as that one which will produce a very slight aggravation of the symptoms in any given case. In my experience you can usually use the highest known potency of the true simillimum and still get action, although at times action will cease with, say, the CM potency. When the top of the series has been exhausted and yet the same remedy is still called for, you begin again at the 200th and repeat the ascending series.

Series of homoeopathic potencies have been made by many famous people, either by hand, as in the case of the Jenichen potencies, or by various machines. As a general rule it is best to stick to the potencies made by one person as you go up the series in any one case, as for instance Kent´s 200c, 1M, 10M, 50M, CM. On the other hand, if a jolt is needed, although the same remedy is called for, a change from, say, the Skinner to the Fincke potencies may whip up the case. For those who understand rhythms and cycles it may be well, after a patient has been through an ascending series of a remedy from one source, to change to one of the irregular potencies of the same remedy from another source. For instance, we have seen Skinner´s Lycopodium 2M beneficial instead of Kent´s 1M, or Fincke´s 43M in place of a 50M. This change seems to start a new rhythm or cycle - it is as though the vital force became bored with the first system and responded with a renewed spurt to the alteration of potency (This is advanced doctrine).

In acute and desperate ill cases, where the fight for life is active, the high potencies are indicated. Where the desperate illness is the terminal stage of a chronic disease, the very high potencies will induce euthanasia. In chronically incurable cases, unless the vitality is very good and the pathology no yet too extreme, low or medium potencies are suitable. Here the deep-acting simillimum must usually be avoided and a palliative remedy given. If such a palliative is not too searching a remedy, for example Sanguinaria, Rumex or Pulsatilla, it may be given even to incurable patients in a fairly high potency.

One snag is the problem of potency selection in acute disease incident to chronic treatment. Patients long under correct chronic prescribing show fewer and fewer acute diseases; in other words, their susceptibility is eradicated. However, explosions of latent psora do occur sometimes, particularly when the general vigour is increased by the proper chronic remedy, as a sort of vent or effort on the part of the vital force toward house-cleaning. The first problem for the prescriber in this connection is to determine whether the acute symptoms arising during chronic treatment are an aggravation following the remedy; and if so, whether they are an aggravation due to reactive curative power of the body, or else a remedy aggravation due to oversensitivity or to a wrong potency. If either of these should be the case and the aggravation is no too severe, no remedy should be given - merely placebo. If the aggravation threatens life or is unbearably painful, and may therefore have to be antidoted, or for some social reason is particularly intolerable for the moment, an acute remedy may be given in the medium-low potencies, preferably the 30th or 200th; this will probably not interfere with the action of the chronic remedy. In acute exacerbations or explosions of active chronic disease you can often give the acute complement or cognate of your chronic remedy. In this case too the chronic remedy may continue to act undisturbed. In very severe acute diseases during the course of chronic treatment it will sometimes be better to give the acute remedy high. After the acute condition has subsided take the chronic case, which will then often show a new picture. The new prescription takes into account the original chronic symptoms but lay more stress on the recent developments.

In many conditions with marked tissue change, such as adhesions or chronic cardiac

decompensation, very low potencies, even tinctures, may be useful. Potencies as low as the 12^{th} or even the 6^{th} are occasionally invaluable in single dosage in such grave conditions as tuberculosis, where even a 30^{th} or a 200^{th} of such a remedy as Phosphorus or Silicea might set the economy on the downgrade.

From this brief outline of the possibilities of potency it will be seen that in general we uphold the use of the high potencies. The question of potency is the most moot point in all homoeopathy, and even today many strict homoeopaths are low potency prescribers. These follow Hughes and are more pathological in their prescribing. The strict Kentians, almost without exception, are preponderantly high potency.

The degree of susceptibility of your patient also influences potency selection. Certain persons are oversensitive, often owing to improper homoeopathic treatment, and will prove any remedy you give them. They therefore require medium-low potencies. Other patients are very sluggish, often as a result of much allopathic drugging. These will often take a very high potency to get any action at all, or they may need a low potency repeated every few hours until a favourable reaction sets in. A third type of patient is the feeble one, where the vital force can easily be overwhelmed. Repetition is the greatest danger here. Robust but acutely ill patients will stand repetition of high potencies until a favourable reaction commences, although the ideal is the single dose. Children take high potencies particularly well, and in general the very aged required medium potencies, except in the case of euthanasia. Some individuals have idiosyncrasies in respect of having potencies of certain substances. Some degree of idiosyncrasy to a remedy must be present or the patient will not be sensitive enough to be cured, but where this is extreme the rule of medium potencies should be preferred.

Where patients have been poisoned by a crude substance it is not in general advisable to give that substance in very high potency, but better to give an antidotal substance high. For instance, patients formerly doses with calomel were not relieved by high potencies of Mercurius but may have been by Hepar Sulph. On the other hand exceptions to this occur, as in the case of chronic susceptibility to ivy poisoning, where Rhus Tox. CM may eradicate the tendency. If not, a deeper antipsoric in accordance with the totality of the symptoms is indicated. Certain remedies are noted for their power to restore order after chronic poisoning with crude drugs, such as Natrum Mur. after the misuse of quinine or silver nitrate. When accurately chosen, the very low potencies, such as 3x and 6x, can be very dangerous. This may be mainly due to the repetition that is customary in low potency prescribing.

Great care must be taken in potency selection of certain very deep-acting remedies in serious chronic cases. For instance, Kali Carb. in gout; Sulphur, Silica, Tuberculinum or Phosphorus in tuberculosis; Psorinum in asthma; and Arsenicum Alb. and Lachesis in many conditions. These remedies should be carried in the 30^{th} potency even by those who give almost entirely the higher degree.

Repetition

The single remedy is the third member of the essential homoeopathic trilogy. The reason for this is obvious; only one remedy can be the most similar at any given time to the condition of any given patient. If the prescriber is unable to decide between two remedies, he has not identified the totality of the symptoms, or else the remedies he has chosen are merely superficially akin to fragments or aspects of the case. Furthermore, the simillimum is a personality with a rhythm - one might almost say a permeating aura of its own - and in the fleeting instant of its administration it takes complete possession of the patient, thereby buoying up the vital force so that it can carry on the restorative process. To have two or more remedies would be to introduce two separate rhythms, partial and disharmonious factors.

Moreover, if more than one remedy is used, the prescriber cannot know which element was curative and one source of future guidance is thereby obscured. Lastly, since only one remedy can possibly be proved at a time, so only can one remedy cure at a given moment. Some homoeopaths do give mixed prescriptions when in doubt, but this is merely prescribing symptomatically, one remedy for one symptom or organ, and another for another. Each of these, if homoeopathically chosen, may wipe out the fragmentary illness at which it was aimed. But that which is profound, total and primal, of which all these several symptoms are but manifestations, will remain untouched and simply crop out through other channels as subsequent symptoms. Other half-hearted homoeopaths, and even some with a wide knowledge of the materia medica but a relatively feeble grasp of the philosophy, alternate remedies. This practice cannot be too strongly condemned, as it seesaws the patient into temporary improvements without real progress. Many French homoeopaths give a main deep-acting remedy and one or more so-called drainage remedies with it - the chronic remedy in high potency and the drainage remedies in low potency, the idea being that the drainage remedy opens up an outlet for the exodus of the disease. These drainage remedies aim at the production of a discharge or the stimulation of the secretory organs. This is a recent variant and does not appear in Hahnemann, the old masters or Kent.

The subject of the intercurrent remedy may well be mentioned her. Many pure Kentians hold that there is no such thing, and that when, after a series of potencies of the same remedy a new one is called for to stir up or develop the case, this is not an intercurrent remedy but rather the simillimum at that moment.

There is some division of practice as to whether the single remedy should be given on one or more doses. High potentists favour the single dose, although two, three or more doses of a high potency may be given at short intervals - every four, eight or twelve hours - especially in very acute cases with fever, as the increased metabolism appears to ´eat up´ the remedy fast. In slow diseases such as typhoid, high potencies may also be repeated close together, but in every instance *it is an absolute rule that when favourable reaction sets in, the administration of the remedy must cease*. So long as improvement is visible in the patient himself the remedy should not be repeated. Not only is there no need of ´more of a good thing´, but repeating a remedy which is still acting successfully defeats itself and actually hinders cure. Very occasionally, however, we have found that when a certain potency is aiding to some extent, a higher potency of the same remedy will lift the case to speedier cure. In this connection it is of interest to mention the theory of double dosage promulgated by Gordon of Edinburgh. Gordon gives his remedy in two doses, eight hours apart, the first dose of a lower and the second of a higher potency of the same remedy - for example, Phosphorus 200c at bedtime and Phosphorus 1M on rising. Some of the masters use a lower potency after a higher one and claim good results. This seems in accord with the order of the progress of disease, from within and above, outward and downward. This latter method has been even less used than the former, and we have no statistics as to whether the cases would have done as well or better on the lower potency originally.

Another method of multiple dosage, which almost amounts to divided single doses, is that of plussing. Plussing means dissolving your dose in a third of a glass of water, taking two teaspoonfuls, throwing away most of the rest, adding water up to the original quantity, stirring, succussing and again taking two teaspoonfuls of the second dose, and so on. This process raises the potency very slightly between each of the doses, giving a somewhat wider range of plane, and is particularly indicated in stubborn and refractory cases. If very low potencies are used in ordinary acute illness, repeated doses are necessary in most cases until improvement sets in, For instance, a decompensated cardiac case calling for Crataegus might need two drops of tincture in water night and morning for a week. Where there is more pathology than vitality, this might open the case better than a single high dose of Crataegus,

although the latter might follow later. According to low potency prescribers Bryonia 3x should be given as pellets or in water, at intervals of one to four hours according to the pace of the case, in acute cases calling for Bryonia. We would wholeheartedly advocate a single dose of Bryonia high under the same conditions. So much for the administration of the first dose or doses prior to the setting in of a favourable reaction.

Next comes the problem of when to prescribe again. The rule here is: *never repeat or change the remedy while the patient himself is improving*. When improvement has apparently ceased in acute diseases you may need to repeat the same remedy in the same or a higher potency; or, if your remedy was not a true simillimum, you may need another remedy to round out the cure. You must be sure that the cessation of improvement is not due to an emotional, mechanical or hygienic cause, or merely to the aggravation or outcropping of single symptoms. In chronic work you should wait some time, from three or four days to two or three weeks or more, because the vital force has cycles even on the upward grade, and true curative action must not be interrupted until it is certain that the reactive power is exhausted. Kent admirably stresses this in his injunction to ´watch and wait´.

As to the intervals between repetition of prescriptions, this may vary from a few minutes to a year or more, and is entirely dependent on the general amelioration of the patient. When you have had true improvement and if, particularly in chronic cases, you have observed the working of Hering´s law of cure, sit tight. More cases are bungled by too frequent repetition than by anything else. In this connection it is of course necessary to know which are the long-acting remedies, although we have known of the good effect of Bryonia 30c, one dose, continuing for two years in a chronic condition. Every student should own the little pamphlet by R. Gibson Miller on *The relationship of Remedies*. This gives approximate durations of action, but the only true guide to the duration of action of a remedy in a given potency on any patient is the cessation of that patient´s general sense of wellbeing. In general, if you are a good prescriber, one dose, single or divided as above, should cope with brief diseases, to be followed at the termination of the disease with a chronic remedy to set the economy in order. If a change of remedy is indicated in acute disease, there will be a reversion to the primary remedy towards the close of the disease.

The subject of the second prescription and of aggravation is taken up in the next chapter. It remains only to mention the place of placebo in prescribing. A famous doctor said that ´Sac. Lac. is the second best remedy." Patients who understand homoeopathy deeply may often be content with a single dose at long intervals without placebo, but it is good policy to give even these persons a single powder of placebo at every visit. Most patients require medicine often, not only so that they feel something is being done but also that they may have powders for emergencies, and it is both honourable and indeed necessary to give plentiful placebo. It is wise to train patients to take placebo powders or pellets which are similar in appearance to the actual remedies, and not to give them tempting brown, pink or green blank tablets.

Complicated as these elementary rules may sound, they are but the beginning of homoeopathic wisdom. Every student should own and read at least once a year Kent´s *Lectures on Homoeopathic Philosophy*. He should also be conversant with the writings of Stuart Close, Gibson Miller and John Weir, as well as with the *Lectures on Therapeutics* by Dunham and by Joslin and, of course, with that keystone of our art, Hahnemann´s *Organon*.

Aggravation

Having learned how to select the remedy and the potency, and in how many doses to give it, the next step is to know how to watch your case. The homoeopath must be able to determine whether the remedy is acting at all, and if so, whether favourably, and what prognosis may be

expected. He must know how to determine the length of action of his remedy in aching individual case; in short, having started the journey to cure, he must be sure he is in the right train and that he knows when and where to change.

Two things above all help in these decisions and both are determined by careful observation based on seeing the patient, for what the patient will tell you is often misleading. The first signpost to guide you is the aggravation. A discussion of this is best given in Chapters 34 and 35 in Kent´s *Lectures on Homoeopathic Philosophy*, from which I have taken much of what follows.

The types of aggravation which may be observed are:

1) A prolonged aggravation with subsequent decline. This means either that the patient is incurable or that he has been overwhelmed by the turmoil ensuing on too high a potency. This usually occurs in cases of marked pathology, where the patient´s vitality is nevertheless able to emit symptoms. In our discussion of the second prescription we take up what to do in such exigencies, but the doctor must be sure, before resorting to a second prescription, that he truly has an aggravation of the first and not the second type.

2) This second type is a long aggravation followed by slow improvement. It indicates a serious case on the border of incurability, but caught just in time.

3) The third type of aggravation is quick, brief and vigorous, followed by speedy relief of the patient. This type is much to be desired. It is a sign that the improvement will be of long duration and that any structural changes are in non-vital organs. Abscesses and suppurating glands appear at times in these cases as part of the aggravation. This is a good sign and should not be interfered within.

4) The fourth type is where there is practically no observable aggravation and yet the patient reovers steadily. This is the ideal. It shows that there is no great organic disease and that the potency chosen exactly fitted the case, especially if during recovery the symptoms follow Hering´s laws, discussed later.

5) The fifth type is where brief amelioration comes first and aggravation afterwards. This can mean that your remedy was only palliative and did not touch the true constitutional state of the patient, or that the patient was incurable, or yet again that some deeper miasmatic remedy is needed - like a mordant to enable the indicated remedy (or dye, to follow our simile through) to take hold. For example, a Silica case of ours would be markedly ameliorated for a week or ten days and then slip back, nor did a change of potency hold longer. However, Tuberculinum took hold and kept it, and after that other remedies were effective.

6) Another type of aggravation is where the symptoms that develop turn out to be a proving of the remedy. This may be an idiosyncrasy to the particular remedy on the part of your patient, or else the patient may be an oversensitive person who proves everything that is given to him. These patients need the medium-low potencies and are often incurable.

7) Another apparent form of aggravation is where the new symptoms appear after the administration of a remedy. This suggests that the prescription was incorrect. We will deal with this under the second prescription.

8) There is a type of aggravation in which the individual symptoms stand out clearer while the patient himself feels better. This is often followed by old symptoms reappearing in the reverse order of their coming (Hering´s laws of cure). This is highly favourable. The direction of the reappearing symptoms must be noted. If they go wrongly, i.e., from without inward, it is dangerous; if from within outward, is favourable.

Another variant is a too short relief of symptoms without any special aggravation. This is very

similar to the fifth type of aggravation and causes the prescriber to cast about for a miasmatic remedy.

Sometimes there is a full amelioration of symptoms without any special relief of the patient himself. This shows that the case is open only to palliation and that the vital force cannot make the grade to cure.

An unnecessarily severe aggravation will be caused by too high or too low a potency. A well-chosen potency will give, as above, either no aggravation or else a quick short one. Too prolonged an aggravation may be caused by giving too low a potency, or by repeating. In the aggravations after high potencies, such as CM in curable cases, the patient feels distinctly better even during the aggravation, as it is the characteristic symptoms and not the disease of the patient which are aggravated.

A very feeble vitality may not be able to throw out an aggravation. Such a case must be given a single dose of a really high potency and watched for the minutest signs. On the other hand, a strong vitality may have marked tissue changes which will produce a violent aggravation, so that the physician must bear in mind the two factors - the vitality of the whole and the pathological changes - and balance these carefully in his choice of potency.

If there is no aggravation in cases of vigorous vitality it is probable that your remedy was only partially similar. The ideal cases of recovery without perceptible aggravation are usually not those with especially marked vitality. In acute diseases, an amelioration without a slight initial aggravation often means that your remedy is not deep enough and that another dose of it will probably be needed.

The Second Prescription

Kent defines the second prescription as ´the one after the one that has acted´. This means that a bungling prescriber may have given four or five remedies and that the sixth, if it really takes hold, should therefore be classed as the first prescription. Granted that your remedy was well chosen and has acted, according to the above observations on aggravation, *let it alone*. ´Watch and wait´. Before making any second prescription *re-study the case*. According to Kent, there are three possibilities for the second prescription: either *repetition*, *antidoting* or *complementing*.

The prime indication for the second prescription to be a *repetition* is the return of the original symptoms of the patient. They have been better, with or without aggravation, and they tell you (and you observe) that the original symptoms have reappeared, whether identical, less severe or more severe than at first. This calls for repetition in the same potency after you are sure that the symptoms have returned to stay. It should be added that if the patient returns telling you that their general sense of wellbeing has come to a standstill, but that their original symptoms have not yet returned, you should wait. Improvement often goes in cycles and the good work will begin again of itself. Even if they tell you that they themselves feel worse, wait and watch for the return of the original symptoms before repeating. Moreover, even if the symptoms change, but the patient feels and seems still improved, do not change your remedy. It would be chasing will-of-the-wisps to do so and you would ruin your case. While wellbeing increases, wait; when it comes to a standstill, wait. If the general state is worse and the symptoms have changed, then consider a new second prescription, as follows.

The prime indication for a change of remedy in the second prescription is where new symptoms crop up after your first prescription, without amelioration in the general wellbeing of the patient, and then remain. This means that the first prescription was unfavourable and that you must antidote it. The selection of this antidotal second prescription is based on the

original symptoms plus the new symptoms, with more emphasis on the new ones. The second prescription then, should wipe out the new symptoms and modify the old.

The prime indication for a change to a complementary remedy is where your first prescription, especially in acute diseases or if it was not a deep-acting remedy, does not seem to have fathomed the case. Here a complementary remedy will take deeper hold. Belladonna may have been the simillimum in an acute throat, for instance, but after the acute attack passed a chaser was needed to prevent recurrence and eradicate predisposition. If the symptoms agree, your second prescription would be the chronic complement of Belladonna, which is Calc. Carb.

There is another indication - which goes deep into the philosophy - for a change of remedy in your second prescription, which is likely to be a remedy from a different miasmatic group. This will entail a change on the plan of treatment consequent upon the cropping-up of a different miasm, after the first prescription has cleared away the miasm which was originally at the top of the case.

The subject of the second prescription has been for me the most difficult in homoeopathy. Every beginner should read and re-read his Kent´s *Philosophy*, re-study his cases, and above all ´watch and wait´.

Remedy Relationships

The subject of the relationship is one of the most fascinating in homoeopathy. Long before Hahnemann, Paracelsus wrote much of the Doctrine of Signatures and the old herbalists determined the uses of their remedies partly from suggested signs. A vast amount of work on the relationship of remedies to each other, rather than to symptoms, has been done by such homoeopaths as Boenninghausen, Hering, Clarke, Gibson Miller, the Allens, Kent, Guernsey and Lippe. Most of this work has been along one main line, that of complementary remedies; in other words, those remedies which carry on or complete must successfully the action of other given remedies. The following are among the best sources in the literature. No homoeopathic practitioner should be without Gibson Miller´s little pamphlet, *The Relationship of Remedies*. When your case has repertorized out to three of four remedies and it seems evident that no simillimum will unravel the whole condition, and if at the moment it is impossible to decide which of two to give first, Miller´s tables will often indicate the one that follows the other to better advantage. The fourth volume of Clarke´s *Dictionary*, the *Clinical Repertory*, contains the same type of tables and material on a greater number of remedies, although I feel that Gibson Miller has pruned wisely. (See also Olds´ `Complementary Remedies´ in the *Homoeopathic Recorder* for April 1928, page 205). There are very suggestive groupings of remedies by Teste in his *Materia Medica*, although unfortunately he does not explain how he arrived at them.

There are several classes of complementary relationships, and a word of explanation about the practical application of each is in order. A plain complementary remedy, such as those listed immediately below, is related (i) by symptomatology, (ii) sometimes, as in the case of Arsenicum Alb. - Phosphorus, by occurrence in nature, and (iii) sometimes by constituents, for example Badiaga - Iodum. In explaining this type of complementary remedy it may be said that ideally ´one remedy, one dose´ should cure; but most cases are so mixed, so confused by miasms or by drugging, that one must track against the wind, using more than one remedy. Some of the main complementary relationships of this type are as follows:

Antimonium Tart. - Ipecac.
Apis - Natrum Mur.
Argentum Nit. - Natrum Mur.

Arsenicum Alb. - Phosphorus
Baryta Carb. - Dulcamara
Berberis vulg. - Lycopodium
Bryonia - Rhus Tox.
Calc. Carb - Rhus Tox.
Chamomilla - Magnesium Carb.
China - Ferrum
Conium - Baryta Mur.
Cuprum - Calc. Carb.
Iodum - Lycopodium
Lachesis -Lycopodium, Nitric Acid
Medorrhinum - Sulphur
Mezereum - Mercurius
Natrum Sulph. - Thuja
Opium - Plumbum
Petroleum - Sepia
Phosphorus - Carbo Veg., Arsenicum Alb.
Pulsatilla - Kalium Sulph.
Sabina - Thuja
Stannum - Pulsatilla

A more specialized class of complementary remedies is the *acute* complements of chronic remedies or the *chronic* complement of acute remedies, according to whether your patient is first seen as an acute or chronic case. For instance, an acute Belladonna throat may need the chronic complement Calc. Carb. to prevent recurrence and finish off the case; or a chronic Natrum Mur. case may develop an acute cold which will call for its acute complement, Bryonia. One of the confusing points is that a chronic remedy may have more than one acute complement. For example, Natrum Mur. has Bryonia, Ignatia and Apis; Lycopodium has Rhus Tox., Chelidonium and Pulsatilla, and sometimes Iodum. Some of the best known examples, putting the acutes first, are:

Aconite - Sulphur
Arsenicum Alb. - Thuja
Bacillinum - Calc. Phos.
Belladonna - Calc. Carb.
Bryonia - Aluminium, Natrum Mur.
Colocynth - Staphysagria
Hepar Sulph. - Silica
Nux Vomica - Sepia
Pulsatilla - Silica

The third type of complementary remedies is the one on which the least work has been done, most of the data being found sprinkled around in Kent´s *Materia Medica*. These are remedies *in series*; for instance: Calc. Carb. - Lycopodium - Sulphur. (Note that all three of these are chronic remedies. They must be used in this order and not in the opposite one.) Other examples are: Ignatia - Natrum Mur. - Sepia; Pulsatilla - Silica - Fluoric Acid; Arsenicum Alb. - Thuja - Tarentula; Allium Cepa - Phosphorus - Sulphur; Aconite - Spongia - Hepar Sulph.

Of course, only a few examples from among those listed in the suggested study books have been given here. The reader will notice that for the most part the nosodes have been omitted, as have the tissue salts; also, certain notable remedies, like Kali Carb., for which many complements have been suggested but where none seems wholly satisfactory.

In the above sources certain remedies are listed as *incompatible*. This does not only mean that the remedies cannot be given together - for no two remedies are ever given together by the true Hahnemannian homoeopath - but it means that they must not follow each other without either an intervening remedy or else considerable time. Some of these are as follows:

Aconite - Acetic Acid.
Ammonium Carb. - Lachesis
Apis - Rhus Tox.
Aur. Mur. Natr. - Coffea
Belladonna - Dulcamara
Calc. Carb. *after* Kali Bich. or Nitric Acid, and *before* Baryta Carb. or Sulphur
Causticum - Phosphorus
Chamomilla - Nux Vomica, Zinc
Cocculus - Coffea
Ferrum *after* Digitalis
Ignatia - Coffea, Nux Vomica, Tabacum
Lachesis - Dulcamara, Psorinum
Ledum - China
Lycopodium *after* Sulphur
Mercurius - Silica
Phosphorus - Causticum
Psorinum - Sepia
Rhus Tox. - Apis
Sepia - Lachesis

The subject of *remedy analogues* in the animal, vegetable and mineral kingdoms has been very little studied and offers a fruitful field. (Some prescribers hold that there should theoretically be a remedy in each of the three kingdoms for every ill.) Examples of these are: Ignatia is the vegetable analogue of Natrum Mur., Phytolacca of Mercury.

The relationships of remedies according to their chemical constituents is a highly interesting and also undeveloped subject. It illuminates relationships - for instance, Pulsatilla contains Kali Sulph., Belladonna has much Magnesia Phos., Allium Cepa and Lycopodium contain Sulphur. Quantitative chemical analyses should be done on all our vegetable remedies. Among the animal remedies, Badiaga and Spongia contain Iodine.

The botanical relationships of the vegetable remedies are also very suggestive. These are to be found in Clarke´s *Clinical Repertory*. The student would do well to familiarize himself with the better-known remedies in this group, a few of which are given here:

BERBERIDACEAE: Berberis, Caulophyllum, Podophyllum

LOGANIACEAE: Brucea, Curare, Gelsemium, Hoang Nan, Ignatia, Nux Vomica, Spigelia, Upas

MELANTHACEAE: Colchicum, Helonias, Sabadilla, Veratrum Album, Yucca

RANUNCULACEAE: Aconite, Actea Racemosa (Cimicifuga), Actea Spicata, Adonis, Aquilegia Vulgaris, Caltha palustre, Clematis, Helleborus, Hepatica, Hydrastis, Paeonia, Pulsatilla, Ranunculus Bulbosus, Ranunculus Sceleratus, Staphysagria

RUBIACEAE: Cahinca, China, Coffea, Galium, Ipecacuanha, Mitchella, Rubia Tinctorum

SOLANACEAE: Belladonna, Capsicum, Duboisin, Dulcamara, Hyoscyamus, Lycopersicum (tomato), Mandragora, Pichi, Solanums (potato, etc.), Stramonium, Tabacum

Some of the therapeutic snags in connection with the relationship of remedies are taken up in

the following chapter on the dangers of homoeopathic prescribing.

The Dangers of Homoeopathic Prescribing

The greatest danger for any homoeopath is that he or she shall not be truly Hahnemannian. Mongrelism defeats not only the doctor and the patient but also the cause of homoeopathy. The specific pitfalls most frequently met are as follows:

1) The physician does not bear in his mind his homoeopathic philosophy.

2) He fails to take a complete enough case from which to deduce the true remedy. He omits the mentals, or the profoundly important generals, or fails to elicit the modalities of the particular symptoms.

3) He lacks patience. Having given the remedy, he forgets that he must *wait* and *watch*. He repeats the remedy, in unwise zeal, before the definite slump comes after the improvement which has followed his remedy - more of a good thing does not mean a better thing in homoeopathic prescribing.

4) He fails to look for the action of Hering´s three Laws of Cure: that the remedy works *from within outward, from above downward*, and *in the reverse order of the occurrence of the symptoms*. (This never happens except under the action of the curative remedy).

5) He omits to make use of the ´second-best remedy´- Sac. Lac. Thereby he sometimes loses the patient´s confidence, especially in those who are accustomed to taking much medicine.

6) He fails to make sure that the patient has actually taken the remedy. (Whenever possible, always administer the dose yourself.) Or he fails to find out what other remedies the patient may be taking, or what dietic interferences there are. The physician must be cognizant of the substances which interfere with the action of our different remedies, such as coffee with Nux Vomica or acids with Aconite.

7) He does not search out the psychological and sociological deterrents to cure, and teach the patient how to evade and overcome these.

8) He sometimes does not recognize soon enough when the remedy is *not* working, and is then often too busy to revise the case and try again to find the most similar remedy.

9) He permits himself to give minor remedies for trivial or temporary ailments incident to chronic treatment, when Sac. Lac. or sensible adjuvants such as hydrotherapy would suffice.

10) He changes the remedy because of the outcropping of other symptoms without discriminating between: (i) aggravation symptoms; (ii) symptoms due to idiosyncrasy; (iii) symptoms returning under the chronic remedy (symptoms which the patient may not recall ever having had before); (iv) actual new symptoms which occur because the remedy was only partially similar; and finally (v) symptoms of some discharge - such as coryza, leucorrhoea or perspiration - which represent a curative vent and are due to the action of the remedy.

11) He gives the wrong potency of the right remedy. (If you are sure of the remedy, it is well to try another potency, or, first, three doses of the original potency at two or four hour intervals.) Always instruct the patient to stop taking the remedy as soon as appreciable amelioration sets in, and to switch to the ´second´ remedy, i.e. Sac. Lac.

12) He give too high a potency in an incurable case, or in one with marked pathological changes, and so induces an aggravation with which the vital force cannot cope. (If he has done this and the patient is going downhill, he must antidote.)

13) He gives a profound constitutional remedy to a case which is too sick to stand it and

which should merely have a related palliative remedy. For instance, in incipient tuberculosis it is dangerous to give Sulphur, Silica or Phosphorus, at least in high potency. A single dose of the 30^{th} is as high as he should venture. If the case is far gone in tuberculosis these remedies must not be given, but rather a palliative for the most distressing symptoms, such as Rumex, Sanguinaria, Pulsatilla or Senega.

14) He must remember that certain remedies are dangerous to mishandle. For instance: Kali Carb., especially in cases of advanced arthritis; Silica, where an abscess, if suppuration were brought on, would break out in a dangerous location such as in the lungs; some of the nosodes, like Psorinum in deeply psoric cases, say of asthma, may induce a terrific aggravation; Lachesis, whose improper repetition may engraft a permanent unfavourable mental state on the patient. Arsenicum Album is another dangerous remedy. When apparently indicated in the last stages of an acute disease, say pneumonia, it may hasten demise (although it will make the death tranquil), but it will not rally the patient as one might expect. In the terminal stages of chronic disease, where cure is impossible, it will sometimes bring the patient back long enough to sign a will or see the family, and will ultimately induce a peaceful death.

15) He will often be surprised to find that certain symptoms or groups of symptoms are relieved by his remedy, and yet the patient feels worse or develops more deep-seated trouble. In this case, the prescribing has been superficial and suppressive. Suppression is perhaps the greatest danger of ordinary medicine from the point of view of homoeopathic philosophy, and the deep homoeopath must be constantly on his guard not to produce suppression with his remedies. If he has given an acute remedy for an apparently superficial trouble, which is relieved but where the patient also feels badly, he should do the chronic case at one, and the deep-acting remedy will put the matter right.

16) He may give remedies in the wrong order, or inimical remedies in succession, thereby aggravating the patient and mixing up the case.

Throughout his practice the physician must sell the idea of homoeopathy with brief but helpful explanations to the patient in order to ensure his or her co-operation. He must have the character to sit tight when he knows what he is doing, and not spoil the case by unnecessary and harmful prescribing. Above all, he must consider each patient as an opportunity for service not only to the individual and the community, but also to homoeopathy and the human race.

Pathological Prescribing

Few things are more stimulating than to have our own pet prejudices successfully attacked. One fundamental principle drilled into every good Kentian homoeopathic student is that one must nor prescribe pathologically. For the allopath to adopt this point of view is one of the most difficult obstacles to acquiring homoeopathy. By dint of much repetition it finally becomes ingrained. We realize that it is the patient and his individual reaction to the so-called disease for whom we must prescribe. We realize that pathology is an ultimate, an exteriorization, a protective out-throwing, an excrescence, or disease on the part of the organism.

Our tendency is, then, to throw pathology overboard and to disregard all such symptoms and organic facts that we class under this head. If we do not take great care we find we are not succeeding as we should, that we are giving remedies on functional symptoms only, and that these remedies do not have the power to produce, and so cure, the given pathology. We may stop a haemorrhage from a fibroid uterus with a remedy which does not in its nature have the ability to produce fibroids. This will be suppression. We may relieve pain and fever in a case

of pleuritic exudate with a lightweight remedy, but we will not cause resorption of the exudate by such treatment. So, little by little, our own experience, as well as that of many master prescribers, will bring it home to us that *pathology is to be considered in prescribing* - not as a sole basis, but as an important factor in the totality of the symptoms. We come to see that the pathology also reveals the patient. A tendency to polypi is a valuable symptom. We must know our pathology in all our cases, even in those which have abundant non-pathological symptoms - for diagnostic purposes, to satisfy the patient, to govern our prognosis, and especially to determine our choice of potency and remedy.

A safe rule is to give the low potencies where there is marked organic change, even though a high potency in a vital person, if it is the true simillimum, will often cause great amelioration of the patient and drive the disease faster into or through the pathology. This may alarm or inconvenience the patient, but the true homoeopath will understand the process and explain it to him and his family. It will influence the choice of our remedy in that it will make us give one big enough to cope with the situation; it will teach us when the case is incurable; and warn us away from giving too high a potency in cases where this will cause a severe aggravation from which the economy cannot rally. In incurable and precarious cases of chronic disease, or even in such acute ones as early tuberculosis, it will show when we must eschew the true simillimum and give a palliative remedy, or a less deep-acting remedy, as a preparative for the true simillimum. In those cases (and there are not so many) where the alert homoeopath cannot find subjective symptoms or modalities, he must resort to prescribing on pathology.

Pathology is often also a general, for Kent himself tells us that a condition appearing in three or more particulars ranks as a general. Such symptoms as excessive discharges, which Dr. Boger classes in his *General Analysis* under moistness, may also lead us to the true inner nature of the patient.

There is another type of pathology which Dr. G. B. Stearns classes as objective symptoms - in other words, pathology visible to the eye. This may not only mean unalterable organic tissue change, but also includes such rewarding details as redness of the orifices, fissures, herpes, eruptions, skin discolorations, warts, moles, peculiarities of hair, nails, etc. In children especially, these objective symptoms are often our best guide. Even the strictest Hahnemannian amongst us should give the pathological its due!

The Problem of Suppression

A patient said to me, ´Where can I find literature showing the dangers of suppression? My daughter wants to put ointment on her baby´s scalp eczema and won´t believe me when I tell her it is perilous to do so´. This made me search the literature, which I found very meagre, and hence this attempt to clarify an important problem.

By definition, the term ´suppression´ means that a disease manifestation is caused to disappear before the disease itself is cured. Suppression is one of the most important subjects from the homoeopathic point of view, but one of the least familiar to the ordinary medical mind. In conventional medicine we are continually meeting with examples of suppression; indeed, from our point of view, all that part of conventional medicine which is not subconscious homoeopathy is suppressive. There are various types of suppression.

1) Those which are accidental or natural and not due to medication of any kind, such as suppression of strong emotion due to the unnatural exigencies of our collective living. These are more or less conscious suppressions, although the seriousness of their results is not usually known and the individual takes great pride in thrusting down these emotions.

A second kind of accidental suppression comes from great mental shocks such as mortification or grief.

A third type of natural suppression is in the physical realm, such as where the menses are checked by injudicious bathing, or the lochia stopped after labour by catching cold, or milk suppressed, or perspiration suddenly inhibited by chilling.

Then there is also the suppression of one disease by another, which is so frequently spoken of in the *Organon*. This may take the form of one acute disease held in abeyance by another until the ´cure´ of the second; or it may be an acute disease suspending a chronic until the acute course is run. The reverse of this, where a chronic disease gives a partial or full measure of protection against acute disease, could really be classed as suppression, although it is more usually thought of as immunity.

2) A second type of suppression, most frequent in conventional medicine, is suppression by local applications. This enters into many fields. For instance: coryzas and sinus troubles are suppressed by local applications of antihistamines and other substances; leucorrhoeal and gonorrhoeal discharges by various medicated douches; eruptions, from such acute ones as scabies and impetigo, through to the chronic ones, such as eczema and psoriasis, by various preparations, including corticosteroids. The rashes due to the exanthems, which may also be classed under natural suppressions in some instances, may be driven in by the unwise use of cold packs. Other secretions, such as footsweat are often suppressed by foot powder; conjunctival pus by antibiotic ointments; ulcers by various local dressings, and warts by trichloracetic acid or electrical means. We have further the local suppression of many conditions by different types of irradiation and other such means.

Haemorrhages are suppressed by local astringents such as tannic acid, or by local coagulants such as thromboplastin, or by X-rays. They may also be suppressed by general medication such as calcium lactate and gelatin. This brings up the question as to whether a homoeopathic remedy such as Ceanothus Americanus should be classed as suppressive or curative.

3) Now we come to the conditions suppressed by current internal medication. For instance, malaria, which, if not of the quinine type, is simply suppressed by the massive routine dosage of quinine derivatives. This often results in recurrent neuralgia. In acute rheumatic fever the patient may be overpowered with salicylates, leading to suppression of joint symptoms and the inroads of the disease on the heart; epilepsy and chorea are often driven to cover by saturation with sedatives; and heart disease may be masked by digitalis.

4) Disease is all to frequently suppressed by surgery; the removal of growths, benign or malign, polypi, tonsils, appendices, varicosities, haemorrhoids, fistulae and bone hypertrophies such as turbinates. The trouble here is that modern medicine seeks to remove pathology rather than to cure the underlying causes, not realizing that the ultimates of disease are benign attempts at exteriorization, at protective localization.

5) Most insidious of all are the suppressions by vaccine injections, which are now so prevalent that a child may take seven or eight different kinds in a year. I know a family of seven children of a well-known allopathic physician who were given in one year cold vaccines, diphtheria, scarlet fever, whooping-cough, typhoid, paratyphoid and smallpox, and two of the seven were also given hay fever pollen inoculations.

6) There is the whole question of the suppression of syphilis by antibiotic treatment, which many doctors, even orthodox ones, feel tends to develop later grave nervous tertiaries as well as saddling the patients with drug results.

7) There is another aspect of suppression, which is the suppression of individual symptoms, and this may be done quite effectively by the use of homoeopathic remedies as by

conventional drugs. Never forget that to palliate a curable case is suppression. It will involve you in a continual change of remedies, a sort of ´puss wants a corner´ with the symptoms. It will mask the true fundamental picture of the disease and complicate it to the point where it will be incurable. The degree to which this is done by the general run of homoeopathic practitioners is not realized, and is appalling.

I need not to go into the bad results of these different kinds of suppression. They include asthma, convulsions, paralysis, insanity, tuberculosis and deep diseases of the vital organs. Dr. Stearns gave a paper on *Prodromal Symptoms and Their Importance in Prescribing*. This chapter of mine should be entitled *Prodromal or Prior Suppressions, Their Important in Prescribing*. In every case we must ´cherchez´ not ´la femme´ but ´la suppression.´ Shall we prescribe for the symptoms before the suppression took place? Shall we use the form of suppression as a symptom in our totality? Shall we prescribe mainly for the present post-suppressive syndrome?

We must remember that suppression in any of its forms drives diseases in, masks symptoms, makes protein changes in the form of disease, and blocks the natural exit of the disease. Always leave the golden bridge of your pathological ultimates, as by that route only can the disease return to cure. Disease is the Minotaur in the labyrinth. Theseus, the symptom, must find his way back and out of the labyrinth. Do not cut his cord!

The Management of the Homoeopathic Patient

Our duty as homoeopaths to our patients is great. The first in importance is *to pick the right remedy* and to remove the obstacles to cure. To stop harmful practices, and give placebo if needed to keep them from taking other things. To give them enough understanding of homoeopathic philosophy to co-operate in their cure. To institute proper diet, hygiene, protection and state of mind.

The second is to win the patient´s confidence by what you are - by your profound humanity, by your ability to see them as they could be *whole*. By your painstaking thoroughness in questioning and in examination. By your attitude toward science, using tests when these are harmless and diagnostically helpful.

Many of the most truly homoeopathic doctors object to this on the grounds that they do not need laboratory tests or diagnosis for cure. They often do not need it for the removal of symptoms; in functional cases, not even for cure. But modern patients are very medicine-conscious and will class you as unscientific if you disregard all this. Moreover, your actual prescribing will be improved if you know the pathological tendencies and conditions.

The second act of our homoeopathic drama is, to me, far more difficult; the determination of the time when another remedy is needed. Many homoeopathically well-trained patients can be allowed to ride on a remedy which is helping until they themselves tell you they need another boost. But many will feel neglected and must be seen daily, even when you know you will not change the remedy. If you have a competent nurse on the case, she can often tell whether you are really needed and help to convince the family if you are not.

One of the recurring questions in case management is whether you should tell a patient if he has a serious or fatal disease. A wise man once said, ´When it is time for them to know, they will know and tell *you*. After that you can discuss it with them.´ But for one´s own protection, if one is sure of the diagnosis, a near relative must be told. Human resilience is incredible.

Many suggestible patients are convinced that they have (or will have) diseases which they definitely do not have. No amount of reassurance avails with some, although a simple statement that ´You just don’t have the symptoms of that´, with a little smile, will do wonders.

(Never tell such a patient what the symptoms *are*, though!)

To go back to another reason why homoeopaths need diagnosis. I lost a delightful family as patients because I kept my diagnosis to myself. A cocky boy of eleven returned from boarding school where they had mumps, and his mother phoned me to say that he had it and asked me to come and see him. I said, ´But you aren´t swollen or sore in the mumps gland - the parotid´ ´Oh I have it, though´, said he.

He was a very Phosphorus type of child. He had cervical adenitis. I had worried about the possibility of tuberculosis with him and built him up with remedies. I had actually given him Tuberculinum Bov. 1M but had not told the mother, who was very apprehensive, lest I scare her, knowing I could cope with the conditions. She thought he did not get well quickly enough for mumps, called another doctor who diagnosed tubercular glands, and I lost the family. Since then I write a letter containing the diagnosis to myself, and keep it on file unopened in such cases!

The most difficult cases to manage are the new patients who do not yet understand what they must *not* do: that they must not suppress an eruption or discharge that the homoeopath has been trying to bring out again. Always warn your patients with suppressions in their histories, if a rash or discharge recurs, to do *nothing* and let you know.

Aggravations are not so hard to handle if you warn your patients. Tell them that these may occur and that it will be a good sign if they do.

Another problem is the veteran patient with access to homoeopathic remedies. Give cases of remedies by all means to out-of-towners or inaccessibles with children, but *numbered*, not named, and have them phone you which to give. Be sure there are various bottles of placebo under different names. But even then they will vex you. In one kit that I give out, No. 18 is Sepia. My patient found it so effective for her state of mind that she got to taking it on her own. Maybe we should call in the cases for periodic revision and change the numbers.

One of the worst problems is when the patient has a disease considered to be fatal, for which the prescribed treatment at least prolongs life, and where the disease is *rare* and there are no data of treatment by pure homoeopathy in a large series of cases. For instance, I have a case of chronic myeloid leukaemia in a man of 42. Low-dose X-ray therapy of the spleen is *de rigueur*. He and his friends would not consider omitting it. Nor do I consider myself justified in advising against it, as I would the omission of quinine in malaria, sulfa drugs in pneumonia, etc. I believe *homoeopathy* can help *this* case, for the man comes out clearly to a remedy (Phosphorus) and the case has had suppression enough to give any fatal trouble (psoriasis, sinus, piles, etc.). But am I justified in trying to battle for Phosphorus alone? He has improved on it, although his blood count rises periodically. He is stronger and works more than he should. His postnasal drip has returned, and also an eruption. He then got a sore throat away from New York and a doctor friend gave him a heavy dose of a sulfa drug. He returned looking ghastly. Here is one case surely in which the diagnosis is like a millstone around the neck!

No discussion, however brief, of homoeopathic case management should go without comment on what you may let the patient do while the remedy is working: calendula ointment, echinacea succus, oil of lavender, pinus pumilio salves, hydrotherapy, mullein oil, plantago oil, arnica cerate, postural drainings in ear troubles, normal salt solution as a cathartic and in beginning migraines.

As to the real essence of remedy management, you can read Kent on *The Second Prescribing* and the types of aggravations. Philosophy can be learned from books, but I have yet to see a book or take a course on the thousand and one things that make a doctor a great success with his or her patients. In the end, as in all things, the effective management of the patient is

dependent on how one manages oneself, for we do not teach or learn by what is said, but from what we feel and sense and know and are.

Timing in Prescribing

Every good mechanic knows the importance of timing in the engine of an automobile. If the cylinders do not synchronize there is loss of power. In diplomacy, timing is of the most vital importance. To philosophers as well as to athletics, rhythm, which is really timing, is paramount. A beginner in homoeopathic prescribing may take his case magnificently but have no sense for chronology, for the sequence of cause and event. Always put dates opposite the illnesses, operations or catastrophes in the patient´s history. After a while you get a sixth sense of how one thing follows another; you will see the life of the patient, and even of his forebears and progeny, as an organic whole. Try to connect the ills to which he is heir with seasons, periodicity, time, meteorological phases. Learn to sense how each individual person swings in or out of the master rhythms of the universe.

This same perception of timing applies to the physical examination. It is not sufficient that a man´s heart shows no gross organic disturbances on an electrocardiograph. Using more senses than we give ourselves credit for, one must enter into the rhythm of his pulse, his breathing. We must understand the metabolic rhythms of eating, digestion and elimination, and use such means as will help us determine where in his physiology the lag or the spurt is. We must observe with instruments, with our eyes, ears, nose and fingers the delicate aberration of human functionings. We must realize how a tiny change in phase or current or magnetic field may have an apparently disproportionate counterpart in health and harmony.

When we have somehow pervaded the patient with a sense of the necessity of order and rhythm, we are then ready to come to the giving of our healing agent, the similar remedy. An old professor of mine used to say that curing is like peeling an onion - you must begin at the top layer; and it is a sound principle of homoeopathy that, in an untreated case which requires an acute prescription, the most recent symptoms are the guide to the remedy that you should start with. When you take a chronic case from birth on, you should be able to see what remedy this human being needed as an infant, as a child, at puberty, in young adulthood, in maturity and in old age. At some time in the complete cure of a personality you may work back to the basic remedy or element lacking many years before, but if you give this substance prematurely you will put your timing off. Only the nosodes can be given with profit, either first or intercurrently, as timing regulators. To borrow a botanical analogy, the nosodes are like the genus and the remedy like the species.

The most perilous moment in any homoeopathic cure is that of the second prescription. If you cut in zeal, or panic before your first dose has run its course to the full, you will mix up your case. On the other hand, if you wait too long, you will lose valuable time and may alienate your patient. The expert homoeopath should be able to ´smell` when a repetition, change of potency or another remedy is indicated, and should have the character not be stampeded or misled by the disease, the patient, the family, the consultant, the nurse or the family retainers!

Remember your cardinal principles: Never repeat a remedy when the patient himself is improving. Never change a remedy when the symptoms are following Hering´s law of cure in the reverse order of the symptoms. Never change your remedy when a discharge or eruption follows the administration.

But there is more to timing than just repetition or change. One can almost include potency selection under timing. The patient´s vitality is rhythm, and his pathology or suppressions are obstacles. A homoeopathic cure is something of a steeplechase; clock your remedies and your potencies, and may the best timing win.

The Relation of Diet to Homoeopathic Remedies

Homoeopathy is so rich in remedial agents that its practitioners often tend to rely on their remedies alone, disregarding hygiene and other adjuvants to cure. Especially do they fail to work out diets in detail for their patients. It is essential that they bother to do this for a number of reasons. In the first place, for the *psychological effect* upon the patient. Patients want to feel that every scientific care is being given them, and that the doctor takes flattering pains with them; and secondly they need something to *do*, a call other *active* co-operation on their part. And further, without any remedy of any kind, diet can do wonders for many types of cases.

Let us consider for instance the value, without any remedy, of strict diets in such diseases as: diabetes, nephritis, high blood pressure, renal colic and the uric acid diathesis, arthritis, gallstones and jaundice, gastric and duodenal ulcer, mucous colitis, visceroptosis, constipation, obesity, and last but by no means least, tuberculosis and cancer. Every homoeopathic physician must be grounded in the classic dietary treatments. He must know how to influence acidity, strong urine, asthma and eczema by dietary means.

It is good training for us, and a method of experimental control of our remedies, to start chronic patients who have some one of the above mentioned diagnoses, on diet and regimen plus Sac. Lac. without any remedy, and see how far you can improve their condition. Thus do we learn what scientific commonsense will and will not do. Meanwhile you are getting closer to the patient´s true simillimum, and can give it in prepared ground, with startling and enlightening effect.

Diet can often replace the use of remedies - a valuable help for the homoeopath. Take a patient who has been ´living on´ soda bicarbonate for years. Teach them that soda, chemically alkaline, produces acid physiologically in the stomach, and train them to substitute lemon juice and the citrus fruits in general, and watch. You will be amazed that so simple a means will work so well. Meanwhile the soda intoxication symptoms will pass off, and your case values will begin to be clarified.

From the start the physician must also remove articles of diet and habits of eating which hold the patient back from cure, and which cover the spoor on the trail to a ´totality´, and thus to healthful progress. He learns in this quest the patient´s idiosyncrasies to food. As every homoeopath knows, these are of great help and import. In this connection there is a wise rule: chronic cases should *not* eat to excess that substance which they especially crave, whereas acute patients *may* - and *should* - eat largely of what they crave, if the craving comes on with the illness. The most extraordinary lapses from classical procedure show admirable results when this rule is followed. But be sure that it is a true craving, an unusual circumstance, individualizing the patient´s reaction to the (so-called) acute disease. The craving for and aversions to food in chronics will, of course, give you sound generals for your hierarchy of symptoms. If the remedy is given in chronic cases it will, little by little, enable the patient to assimilate the food he craved, at the same time modifying the craving. For example, I have an Argentum Nitricum patient who craved sugar and was ill from it, and who, under that remedy no longer craves it but can eat it with impunity. Similarly, I have a Calcarea child, who, after Calc. Carb. ceased craving chalk and indigestibles and can assimilate lime from the food.

Several interesting points arise in connection with being made ill by specific articles of food. Try at first to see whether it is a combination of foods which disagree, or just one given element of diet. A wise teacher once told me that almost anyone could eat almost anything if they ate it by itself. Next, in the case of certain acids, try giving cream cheese or cottage cheese with them. For instance, those whom strawberries disagree can often take strawberries if cream cheese is eaten at the same time; and similarly with tomatoes. This also applies to

shellfish in some patients. Beware the combinations of acids and sugars, or starches with meat, in people with delicate digestions. Buttermilk will often so alter the colon´s flora and fauna that putrefaction is regulated and much can be digested which hitherto did not agree. The famous German homoeopath, Dr. Schlegel the elder, told me that if everyone would drink buttermilk the race would profit enormously, and if they would add honey (formic acid) and radishes (which are anti-uric acid), even more trouble would be saved. Remember that onions help to keep blood pressure down (Italians with their garlic and onions rarely have hypertension).

In idiosyncrasies of preference, rather than actual aggravations, ingenuity will save much trouble. Your child or patient who will not take milk may enjoy it if carbonated water is added, of if milk and cream are mixed half-and-half with ginger ale or sarsaparilla. The difference between hot and cold milk may also change the dislike.

Those who need iron, who also claim that cabbage gives them gas, can often take raw cabbage with sour cream dressing. Spinach puréed with egg chopped on it will tempt the anti-green child. Cider and war apples are marvellous for thinning the arthritic patient. Brown sugar, molasses, maple syrup and honey will not harm him in the way that other sweets will. These hints may seem trivial but they work

In addition to buttermilk and lemon juice, there is another sphere where diet aids materially in cleansing the system. White of egg with lemon or orange juice makes a detoxifying liver wash for the bilious. The egg albumen forms albuminates with the toxins which accumulate in the liver. Tea made from red clover blossoms and drunk, two quarts daily, can help the cancer patients and appears to cleanse the system (an old German adjuvant).

Then there is important relationship between certain foods and the best action of our remedies. For example, Aconite and acids do not agree, coffee antidotes the action of Nux Vomica. These relationships are legion and can be found in Clarke´s *Dictionary of Materia Medica* and in many other of our classics, under the separate remedies.

Other theoretical problems of interest come up under this subject. For instance, we use articles of food as remedies. What reaction, if any, may these have on patients sensitive to them, even in the crude, comestible form? And vice versa, can we aid the suitable remedy by giving its unpotentized counterpart as a food simultaneously? Should we not prove the whole range of vegetables, fruits and other foods, so that when we find a patient with an idiosyncrasy to a food we can compare his case with the proving of the offending substance, and see whether it may not fit and aid? These foods should be proved on those with a sensitivity to them.