

Lawrence M. Stanton

1920 - Here and There in *Materia Medica*

"This paper is a rambling one and to that extent at least, does not belies its title. If the one or two cases here included, belong appropriately to Clinical Medicine, they are not therefore out of place in this bureau, for they are drug pictures quite as much as they are clinical experiences.

The following slender case would be of little interest, were it not for an infrequent symptom it presents and the unusual remedy that cured it. A sore throat that was neither worse nor better by swallowing and was not aggravated either by hot or cold drinks, but was particularly painful when talking or on any motion of the tongue, so that the patient desisted from such practice as much as possible. It had persisted a number of days and was most annoying for so slight an ailment. The remedy was *Ambra grisea*. Another throat symptom of this drug, and one that I do not find in the repertory, though in the *Materia Medica*, is pain in the fauces between the acts of swallowing, but not on swallowing.

A child suffered from frequent colic, ran an irregular temperature, was generally sick, and upon investigation it was discovered that she had a very marked case of pin-worms. The colic doubled her up, and she would press on the abdomen for relief - a typical Colocynth colic. But her remedy was *Stannum*, which has a similar colic, and which has the worms which Colocynth has not. *Stannum* at once relieved the suffering and in a short time cured the worms. To say that Colocynth colic is an idiopathic one and that that of *Stannum* was, in the present case at least, reflex, will perhaps distinguish the one from the other. This, however, is not implying that Colocynth might not cure worms because it lacks the pathology of worms, whatever that may be. Given a symptomatological picture sufficiently inclusive, it probably might.

A facial neuralgia, more or less troublesome for a month, had become severe and of daily recurrence during the past week. Almost clock-like it would appear at ten every morning, would increase until early afternoon and as gradually decrease till evening, when it would entirely disappear. The pain was right-sided; supraorbital, in the eye, in the face and teeth. In the eye especially it was burning, like a ball of fire, otherwise it was not describable, except that she was frantic with it. Flickering or confusion of vision. A very marked symptom was the patient's subjective coldness. In a warm room, with couch drawn to an open fire, herself covered with blankets and eiderdown - yet she could not get warm.

Nat. mur., chiefly on account of the ten a. m. appearance of the attack, and *Stannum* because of the crescendo-diminuendo character of the pain, did not help.

Under *Aranea diadema* the next paroxysm was less severe and, though the patient had some lingering pain for another few days, it was really the last attack she suffered. The first feeling of relief was that of the icy coldness giving way to a pleasant sense of warmth.

The Aranea picture in the case is this:

The *periodicity* of the attacks, recurring daily with almost clock-like regularity. (Cedron).

Great *subjective coldness*.

The burning of the face, more especially the eye, which was like a ball of fire.

Flickering of confusion of vision.

For my own benefit I recently made a study of *Xanthoxylum* and was impressed by some quite unusual symptoms. These gathered from various portions of the proving, I have tabulated, adding a few comparisons, and think they may be of general interest.

Pains are radiating in character (Berb., Diosc., Mag. phos.), notably those of the ovaries which extend to the hips, back and thighs.

Many of its pains are accompanied by a catching of breath or the desire to take a long breath. Some of these are: Severe momentary pains in the region of the heart, making her catch her breath and turn pale; shooting pains in the right ovarian region, making her catch her breath; a cough, with desire to take a long breath; oppression of the chest with desire to take a deep inspiration; thought she could not get air enough into her lungs; in dysmenorrhoeal pains the patient is awakened from sleep by suffocation.

The headache and other pains are accompanied by a red face.

Some pains come and go gradually, like Stannum, Platinum and others.

Sensations are pricking and peppery, the later reminding of Capsicum. With the peppery sensation on the tongue, in the mouth and throat, wants to open her mouth to let in cool air.

Numbness is marked, especially on the left side, though many pains are right-sided.

Numbness of whole left side, including the head and face.

In paralysis, when attempting to walk, seems as if the floor were soft, like wool. *Alumina* in tabes has a sensation, on stepping, as if the sole of the foot were soft and swollen.

Xanthoxylum has markedly benefitted a neurasthenic patient with the following symptoms: Heat and redness of the face toward evening, lasting through the night; frequent headache with redness of the face; gastric crises of vomiting, accompanied by flushed face; great dryness and burning of the mouth and tongue at night; weakness and numbness of the lower extremities; a sensation in the soles of the feet, when walking, as if stepping on something soft. The more usual remedies, with indication like these for *Xanthoxylum*, had, of course, first been given.

It is a little puzzling to most of us, or has been until we have given the matter some thought, to understand the apparent contradictions of our *materia medica*, and to men of the other school they are a stumbling block to a belief in homoeopathy. That a drug should be at the same time "good for" diarrhoea and constipation; that the same drug that causes a dry, hacking cough will also give us a loose one, with profuse expectoration; that the mucus produced by some drug should be almost as typically sweet or salt, or should have a watery expectoration as well as a thick and viscid one; that under one and the same drug we find during labor a rigid, unyielding os uteri and an os that is atonic and relaxed - all such facts seem strange, though they are not inexplicable. They argue no inconsistency of drug action, but instead a variability in the reaction the drug has established, though really one cannot speak of action apart from reaction. Cause and effect may be definite and fixed in the realm of matter, but effect must vary a great deal when the human organism is the body acted upon.

The chemical doctor may do all very well with an antacid for a sour stomach, and the professor of physiology may prove a definite reaction when he stimulates a frog's heart with the electric current, but they will be woefully disappointed if they expect such singleness of result from the finer reactions in dynamics. How would one behave under another's circumstances? Would I yield or resist if your temptation were mine? What special bit of foolishness would you be guilty of if your house were burning up or your ship were sinking? All such questions are pertinent to our consideration and mean that there is little telling, short of the event, what will result when something happens. Some incident will cause one person to become hot and bathed in profuse perspiration, while his neighbor's face will blanch and he

will have a nervous chill. An ordeal will produce diarrhoea (forty movements in a day a patient tells me), while another's bowels will be tied up under like provocation. It is all a matter of individual reaction. Of course, therefore, the drug provings that constitute our *materia medica* will be full of these paradoxes.

These drug symptoms of opposite nature in no way detract from that drug's individuality. Indeed they enhance and enrich it, for not merely do they interpret action, measurable only by the scope of reaction, but through this apparent inconsistency of symptoms run those constant peculiarities and modalities of the drug which give it its identity, and are the more striking because of repeated emphasis.

A further thought suggests itself in regard to this personal equation in reaction, and that is, why may there not be a great difference in racial, as well as in individual, reaction, and a different drug picture obtainable according to whether drug provings are made on the Mongolian, Ethiopian, Malayan, or Caucasian. On the African we know already how well certain remedies act, even though the particular racial indications for them are as yet scanty.

Germane to this matter of individuality, is one connected with drug proving. While the symptoms evoked in the majority of provers constitute, as they must, the backbone of that drug's symptomatology, yet those manifested by a few provers, or only by a single one, must also be considered. The fact that some provers only develop certain symptoms, shows a particular susceptibility on the part of these, and probably, therefore, the greater value of such symptoms. They should not be thrown out of the proving, as they often are, because of infrequent verification.

It may be stated that the more sensitive the prover, the more individual (though of less frequent occurrence) are his or her symptoms, and consequently the greater their relative value. I believe such symptoms are the most precious records of our *materia medica*, and that upon their judicious choice our loftiest work is accomplished.

Is there such as an epidemic of a drug? Or more clearly, if less briefly, in the treatment of diseases do we encounter from time to time an epidemic need of some one drug for their cure?

I am not speaking of the epidemic remedy for an epidemic disease, say *Gelsemium* for influenza, which is quite another matter and has been frequently discussed by this Association. That is the case of an epidemic disease of so definite a type, that some one remedy is indicated in the majority of cases.

The proposition here is, the opposite of this, so far as a definite epidemic goes. In this instance, the epidemic impulse, if it can be so stated, does not appear strong enough to focus in some particular disease, but disperses, instead, in various diseases and complaints. In doing so the epidemic impetus, it is imaginable, passes to these divers maladies with a definite group of symptoms, and one can hardly fail to recognize its recurrence. I am sure everyone has had the experience of a succession of patients, within a short time of each other, variously afflicted, but presenting symptoms of some one drug, and has been convinced that this was more than a coincidence. It is this recurrent syndrome in a heterogenous lot of diseases at about the same time that makes the occurrence seem an epidemic one. I recently had, each within a short time of the other, a number of vertigos, gastric disturbances, a case of neurasthenia and one of angina pectoris - all having marked symptoms of *Tabacum* and all of them decidedly helped or cured by this remedy.

It is hard to account for, or adequately to express, such a phenomenon, but it would appear that whatever the force that makes for disease, and whether of the environment or within the human organism, when it manifests itself epidemically it does so in one of two ways. Either we may have a true epidemic disease, or the epidemic impulse may run through a number of diseases at about the same time, with certain constant symptoms, and such a recurrent

syndrome may point to one and the same remedy for its cure. In the latter case, I think we might not appropriately speak of an epidemic of that drug."

(Lawrence M. Stanton, M. D., New York, Here and there in *Materia medica*. Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920. *The Homoeopathic Recorder* vol. 35 (1920), p. 385-390)