

Edwin Moses Hale



Edwin Moses Hale (1829-1899)

1867 - A pathogenetic and clinical contribution to the history of Cubebs

"When the pathogenesis of this medicine appeared in the *Hahnemannian Monthly*, I was much interested and gratified; but my gratification was mixed with regret that the original provings were not published also. To my mind the pathogenesis of a medicine should not be published unless it is prefaced by the daily records of the provers. When we arrange the symptoms obtained by each prover, after the arbitrary method we have adopted, we lose sight of the sequential order in which those symptoms appear; their connection one with the other is broken up, and we miss the natural history of the effects of the drug.

If we were to adopt this same arbitrary method, in the study of disease, and arrange the symptoms of such a malady as scarlatina after this plan, we should be utterly unable to give the student any idea of the etiology of scarlet fever, or of any disease whatever. The natural order in which the symptoms appear would be broken up, and the last symptoms mingled in confusion with the first. Medicines when proved upon the healthy organism tend to develop a series of symptoms which resemble the series of symptoms which occur in natural diseases. It is this resemblance of drug effects to disease, not only in symptoms, but in the order in which such symptoms appear, that makes a medicine Homoeopathic to natural maladies.

There are many things concerning the action of Cubebs that we would like to know, but which we cannot learn from the *resume* of its symptoms.

We would like to know, for instance, at what period during a proving the mental symptoms of "shamelessness and wantonness" appeared, and with what other symptoms they were connected. It is highly probable that such symptoms were coincident with the irritation of the genital organs, which appears so prominently as an effect of the drug; but there is nothing in the *resume* which would teach the student this connection.

We would like to know, also, whether the *urinary* symptoms of the medicine appeared before, during, or after the appearance of the symptoms relating to the sexual organs.

Did constipation occur *before* the diarrhoea or dysentery, or after the occurrence of those conditions?

All these important questions, more important to the Homoeopathician than to the adherent of any other school, will only be solved when we have the original proving before us.

It should be deeply and forever regretted by our school that the pathogeneses which Hahnemann gave us, and which we all admit are a most priceless legacy, are not attended by the original records of the provers who conducted their experiments under the direction of his master mind.

Were I not well acquainted with the general sphere of action of Cubebs, and the natural history of its effects in large doses, as illustrated by the many cases which have come under my observation, of maltreatment with that drug in Allopathic hands, I should be at a loss where and when to prescribe it. As it is, I have prescribed Cubebs with excellent curative results, for many years, and solely upon indications based upon the symptoms I have observed in cases of over-dosing, the result of Allopathic medication.

I have cured with Cubebs many cases of leucorrhoea; irritation of the uterus and ovaries; catarrh of the bladder, dysuria, and renal disorder; and am gratified to find that the symptoms in the pathogenesis are very similar, often identical, with those which occurred in the cases I have cured.

I think I can add to the pathogenetic and clinical history of the medicine, by the narration of its use in a certain case, and the reason which led me to prescribe it.

Nearly two years ago, while reading Beck's *Materia Medica*, in his mention of Cubebs, he stated that he had observed in many instances, where the medicine had been continued for a considerable time in large doses, that it *caused symptoms similar to those occurring in femoral hernia*. He does not say that it actually causes the descent of the intestine through the femoral ring, but he evidently meant to imply that the medicine caused symptoms similar to those which *precede* the occurrence of that accident. These symptoms may be described as sensations of *weight, pressure, and pain*, in the region of the femoral ring, through which the femoral vessels pass on their way out of the abdomen to the extremity. The anatomy of this region is familiar to every physician, and need not be further mentioned.

Some time after my notice of this pathogenetic effect of Cubebs, I had under treatment a lady who complained chiefly of the symptoms above mentioned, to such an extent that I feared the actual occurrence sooner or later of a descent of the intestine. The downward pressure, pain and weight occurred principally after walking, riding, lifting, and especially before and during the menstrual period. There were no other symptoms about the case worthy of mention, as the patient was quite healthy in other respects.

After patiently searching the *Materia Medica*, I failed to find the symptoms of any drug corresponding with those of my patient. I tried *Nux vomica*, *Lycopodium*, Sulphuric acid, and *Belladonna*, because they had proved useful in cases of inguinal hernia, but they failed to produce any amendment.

At this juncture the Cubebs occurred to me, as a possibly useful remedy for the annoying symptoms. I accordingly prepared the second centesimal trituration, from such of the crude drug as I was able to procure, and gave the patient a grain three times a day, beginning a week or so before the menstrual period, at which time she usually suffered most. The menses appeared one day before the time, (probably a pathogenetic effect,) and attended by but little of the pressure in the femoral region. The medicine was prescribed but once a day during the next month, during which time the symptoms did not return, nor did they occur at the next menstrual period. Nearly ten years have now elapsed, and upon inquiry I am informed that no recurrence of those peculiar symptoms has been noticed. I think the symptoms above mentioned can be safely added to the pathogenesis of cubebs, not only to the abdominal or intestinal symptoms, but to those which are concomitants of the menses. The appearance of the menses "one day too soon" may also be added. I will add, in conclusion, that I cannot find in the published pathogenesis any symptoms which can be referred to the femoral region."

(Edwin M. Hale, A pathogenetic and clinical contribution to the history of Cubebs, *The Hahnemannian Monthly* vol. 2 (1867), p. 421-423)