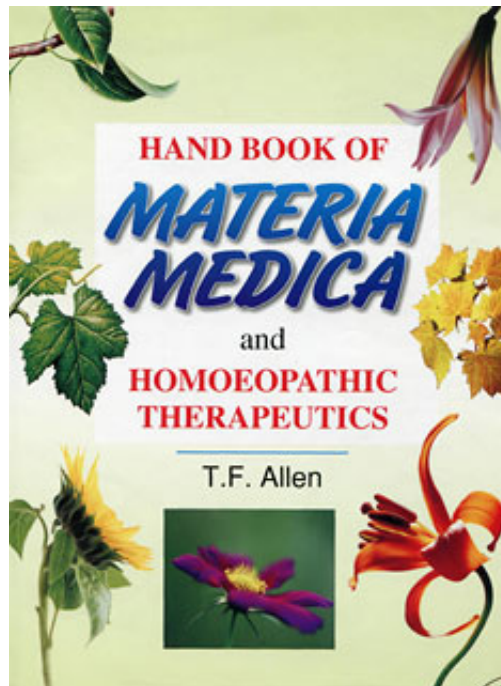


# Timothy Field Allen Handbook of Materia Medica & Homoeopathic Therapeutics

Leseprobe

[Handbook of Materia Medica & Homoeopathic Therapeutics](#)  
von [Timothy Field Allen](#)



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# PREFACE.

THE preparation of this Handbook was commenced immediately after the completion JL of the Encyclopedia, and in accordance with a desire, strongly and unanimously expressed by a number of prominent physicians at a dinner\* given by the publishers to the Author of that work, to possess a condensed volume for ready reference. The first labor undertaken was to correct the errors and supply the omissions which to some extent marred the Encyclopedia; this work proved to be gigantic, involving, as it did, a review of nearly every symptom in comparison with the originals; the whole Encyclopedia could, almost as well, have been re-cast.

To this revised material have been added most of the provings and many cases of poisoning which have accumulated during the past ten years, omitting only such as seemed to rest upon a doubtful basis or which would not be of any practical value. A number of drugs included in the Encyclopedia have been omitted in the Handbook by reason of their inutility or unreliability (for example, the provings of Mure and Houatt), since scarcely any of them have been found valuable; all of Houatt's contributions have been thrown aside on account of their inherent improbability: the "Lacs" have been left to Dr. Swan's announced *Materia Medica* of the Nosodes, to which also Hydrophobinum, Syphilinum, *et cetera*, have been referred. This procedure has been forced upon the Author by the necessity to provide the profession with a working handbook; but should the work find so much favor that a new edition be called for, the wishes of the profession generally would be considered in adding some of the drugs that have been omitted; especially if these shall have proved themselves reliable. The material thus selected has been condensed in accordance with a system uniformly adhered to, omitting nothing important and avoiding repetition.

The following example will serve to illustrate the method employed.

Under Agaricus, as condensed .

Vertex.—Stitches; itching. Tearing; lancinating, to 1. ear. *Aching*; morning; morning, > after rising; at night; > open air; pulsating, with despair bordering on rage.

Same not condensed:

Stitches in vertex. Itching stitches in vertex. Tearing in vertex. Lancinating tearing in vertex, extending to left ear. *Aching in vertex*. Aching in vertex in morning. Aching in vertex in morning, relieved after rising. Aching in vertex at night. Aching in vertex, relieved in open air. Pulsating pain in vertex, with despair bordering on rage.



drugs taken for experiment, symptoms which would have arisen spontaneously or which were "suggestions" of a mind watching for such effects. There is no doubt that many if not most symptoms have been observed in only one or two persons as the effect of a drug, and that many of these would fail of confirmation by repeated experiment, *but* after all these allowances have been made there remains a good and true pathogenesis sufficient for a working materia medica and capable of justifying itself by un failing results when put to the test of homoeopathic therapeutics. Numerous provings, each consisting of but a single observation, even the result of but a single dose, appeal to our knowledge of the effects of analogous drugs as genuine; they must be utilized, their symptoms guide us unerringly to the saving of life, and they cannot be discarded. We acknowledge the lack of accuracy in observation, the failure of confirmation required for scientific accuracy; we are cognizant of the absolute necessity of rebuilding the whole symptomatology from the very foundation, but during the years, or rather, generations which will elapse till this be done, we must cure the sick as best we may, and use sometimes doubtful material to accomplish our results. During this interim we must endeavor to keep separate the *probably* pure pathogenesis and the merely clinical history of each drug, for by doing this our pathogenesis will undergo a slow regeneration, good observations will replace the bad and our therapeutics will rest upon an ever-increasingly strong foundation.

The arrangement of a symptomatology for daily work in therapeutics is a matter of the utmost importance. Attempts have been made to construct working materia medicas for homoeopaths on the plan of grouping the symptoms of each prover by themselves, but they fail of ready usefulness and we find ourselves obliged to work on the lines of our great master, Hahnemann. The actual need is a grouping of symptoms under the regions of the body, and under rubrics so that the symptoms of our patients may readily be compared with those of a drug thought to be applicable. We are compelled to prescribe for symptoms, and drug-symptoms must constantly be compared with those of the patient. It is rarely possible to find identity of expression between patient and prover; even the designation of similar pains varies; frequently the peculiar pain of the sick person has never been experienced by any prover in exactly the same locality, but drug-analogies may be followed and a remedy successfully selected. The necessity of looking through the symptoms referred to any locality constantly forces itself upon us. The "Schema" of Hahnemann must then be followed for all ordinary work. For extraordinary symptoms repertories of various sorts are needed; usually Boenninghausen's method can be followed, namely, get the drugs affecting the part, get the drugs causing the particular sensation noted, get the condition's; then turn to the " Schema " and see which of the selected drugs applies best to the patient. Sometimes also we feel the need of some sort of a concordance to hunt up remarkable symptoms.

Systematic study of a drug requires a very different sort of an arrangement; for this the student needs to consult impartially all provings which have been made in good faith, to note the evolution of drug-effects, to compare the day books of the different provers, and to determine, if possible, the true characters of the drug-disease. A full collection of all provings would be most valuable.

In the study of provings or of the "Schema" it should be kept constantly in mind that just as groups of symptoms vary in individuals sick with any definite "disease,-" pathologically considered, so the groupings of symptoms in the provings vary, and it is extremely rare, if indeed it has ever happened, to find the total symptoms of any patient paralleled by those of any prover. While it is even infrequent to get the total of

any patient out of *all* the provers, it is constantly necessary to make up the nearest possible to the total from *several* provers, and it really matters not where the individual symptoms come from, so they be reliable ; even parts of symptoms may be pieced together, a pain here, a locality there, a *condition* from another or from several (the " condition " should dominate the whole), to complete the picture *and the cure*. Hence it follows that in condensing our symptomatology great liberties may be taken, if only the exact meaning be preserved. Liberties have not been taken, after this fashion, in the preparation of this book, but smaller books could readily and safely be made from this by condensing after the above method.

### The Selection of the Remedy.

The first duty of the therapist is to note carefully and completely the various complaints of his patient and add thereto his own observations concerning his condition, that is to say, he must get all of the subjective and objective symptoms. This duty is frequently quite apart from that performed in making a diagnosis and requires quite a different line of investigation; this duty may, indeed, be performed without making a diagnosis, though it is not wise to attempt it. Having " taken the case," one sets about finding the remedy which corresponds most closely to the symptoms. Three things must be done before this *Handbook* is consulted : (1) get a list of the drugs which affect the localities complained of by the patient ; (2) get a list of the drugs which correspond to the sensations, and (3) get the drugs which have the same aggravations and ameliorations. *The importance* of these groups is *inverse* to the order above mentioned; the last is most important. These lists are to be obtained from the " *Pocket-book of Therapeutics*," based on Boenninghausen's work.

Select from these lists those drugs which occur most frequently, compare their symptoms in the Handbook with those of the patient, and select the drug which best covers the case. These directions are simple, easily followed by any one, whether educated or not, and will frequently lead to success. It must, however, be remembered that there are great and important differences in the symptoms of the sick, not only as regards their influence over a diagnosis, but also as regards their importance in influencing the choice of a remedy. It must also be recognized that a thorough knowledge of the peculiarities of a drug may lead to its selection, even if it may have but few of the symptoms of the patient. The above sort of knowledge distinguishes the " professional " from the unprofessional therapist, the leader from the imitator.

In the case of the patient, it may be said that there are comparatively few simple diseases to prescribe for. Most symptom-lists are extremely complicated; in chronic complaints the observation that one organ after another has become involved finishes series of symptoms from new foci, as it were, the lately developed symptoms often overpower and obscure previous affections; in acute diseases the immediate symptoms are complicated by a series of old chronic troubles which, likely as not, have so affected the vitality of the individual that the acute disease has become possible. In the latter case (frequently in scarlatina and the other so-called zymotic diseases), we find our patient unresponsive to the remedy selected for the most numerous and apparently important symptoms, and are compelled to fall back upon a careful analysis of a few chronic troubles.

It seems to be true that an individual, free from inherited and acquired disease, will not be affected by any zymosis whatever, and that a person sick with a zymotic disease will, if freed from the incubus of his chronic complaint, speedily recover. In such a case, then, we may safely say that the *totality* of the symptoms is not to be regarded.

Still we must prescribe very frequently for a few severe and distressing symptoms, and postpone for a time the investigation of the past history and present complications of the malady. This symptom-palliation is usually followed by most practitioners to the exclusion of thorough work in therapeutics, but he who practices it exclusively or even habitually is liable to administer as many different medicines as there are urgent symptoms, and finally -to resort to physiological palliation and become almost wholly empirical in his practice.

In these acute diseases a knowledge of the nature of the morbid process enables the expert to separate the symptoms due to the recent malady from those which are contingent and individual and which must be considered most seriously. In the vast majority of cases the most brilliant cures are made and life actually saved by the selection of a remedy which corresponds to the fewer individual rather than to the more numerous generic symptoms. Herein lies the secret of getting at what is characteristic in the patient.

In chronic diseases the conditions are somewhat different, and as a rule the symptoms are less complicated, but it frequently becomes necessary to exercise great partiality toward a few symptoms to the exclusion- of the many. In most of the chronic maladies which show no tendency to recover, but rather to involve one organ after another, the original symptoms become obscured. For example, in cancer, the tumor, with its destructive metamorphoses, has developed from the underlying cachexia which has determined its manifestations. This secondary development gives rise to new and obtrusive symptoms which may entirely mask the real disease. Consumption develops from the scrofulous habit. The Lithaemic diathesis gives rise to a host of degenerative changes in various organs and tissues which develop new sets of symptoms. In all of these and other similar diseases it becomes our duty to investigate thoroughly the nature of 'the morbid processes, to study the evolution of the malady and separate the symptoms into groups. While it may be true that the absolute totality of all the symptoms would include the original, determining and essential symptoms of the case, yet he who fails to grasp the full significance of all the symptoms will fail to appreciate the overpowering value of the few. It is then necessary to get at what characteristic in the patient in all forms of sickness.

Drugs must be studied in much the same way; provings are to be followed step by step as they develop in the day books of the provers. Unfortunately the earlier provers have given us no day books, and too many of the later disciples have followed their example; but when possible study the originals and note the peculiarities of each drug, observe the predominating sensations, study the conditions under which these sensations appear or are modified, note the organs affected ; this study is to be pursued during quiet hours, and need not be associated with the selection of a remedy for a patient.

In the selection of the remedy it must always be remembered that there is no specific for a " disease," that the symptoms only of the sick are to be treated, and that these symptoms vary in each individual. It may also be recognized that these groups of symptoms, varying so constantly in individuals, are to be met by varying groups of drug symptoms, and that these groups must be made up from different provers. The recognition of this fact determines the arrangement of our symptomatology for practical work in therapeutics"; it seems clear that in no other way can homoeopathy be practiced successfully.

Nothing need be said concerning the size of the dose further than it bears upon the relative value of symptoms. It is contended by some that the order of evolution of symptoms in provers varies with the amount of drug taken, and that this has a bearing

upon the size of dose of the drug to be administered to the sick who suffer from symptoms which appear in a similar way.

It may be said in reply that the practical, experience of the best prescribers negatives such a hypothesis, and it may further be asserted that there is no fixed order of evolution either in prover or patient. Provers vary greatly in their susceptibility to drugs, and any given amount of a drug may be large relatively to the sensitiveness of one prover and small as regards the sensitiveness of another, so that the order of evolution of effects is constantly changing. The same is true of the sick; a dose large for one individual is small for another, and the only guide to the size of dose for any patient is his individual susceptibility to drugs in general or to any particular drug at any particular time. It has been fully established by experience that it matters not (for therapeutics) by what sort of dose an effect has been produced; only let a symptom be reliable, it will be cured by different doses for different people. The amount of drug necessary to produce it varies with the susceptibility of the prover, the amount needed for its removal varies with the susceptibility of the patient.

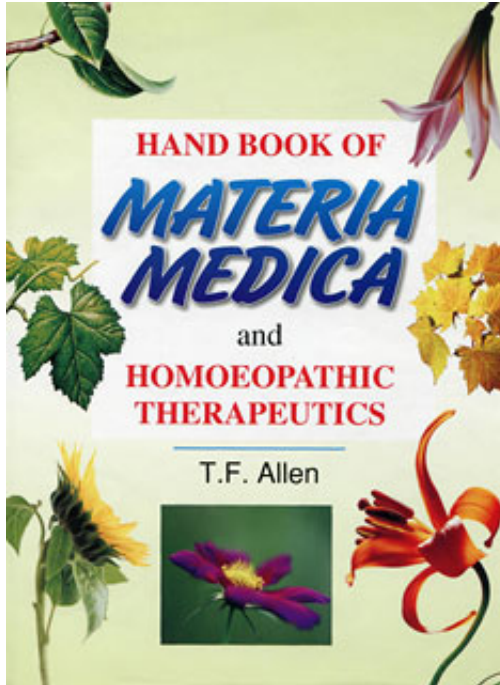
It is confidently hoped that this Handbook will contribute to the more certain application of homoeopathic therapeutics to the symptoms of the sick by the critical examination of which the best results are to be attained.

NEW YORK, April, 1889.

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