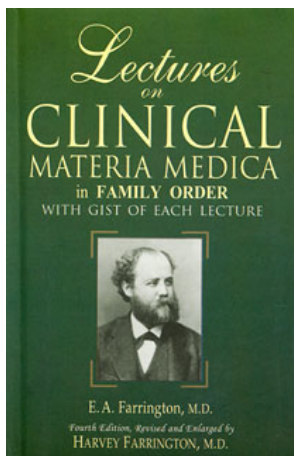


Ernest Albert Farrington Lectures on Clinical Materia Medica

Leseprobe

[Lectures on Clinical Materia Medica](#)

von [Ernest Albert Farrington](#)



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Lecture 1 INTRODUCTORY

TODAY we are to begin our study of Materia Medica. At the outset, it will be necessary to give a rambling review of the subject. Before you begin the study of the details of a science, you must understand the construction of the science or art. Were it not for these underlying laws which string together the Materia Medica into one consistent whole you would have no need for lectures on the subject. The ten volumes of the *Encyclopaedia of Materia Medica*, issued by Dr. Allen of New York, contain over nine thousand pages. These do not include clinical symptoms, which would make several thousand more. Then recollect, each physician discovers something new each year, and so a great mass of knowledge is accumulated by a sort of compound multiplication. You can, therefore, well understand why the student might be started at the idea of attempting to master such a conglomeration. Nor could he master it, were he to attempt to do so by memory alone. Man's mind is composed of more than memory. Memory is the impression made on the mind by a fact. Recollection is another qualification of the mind, which enables one to call up the facts which have been memorized. It is understood that nothing which we take into the memory is ever effaced. It remains there forever. It may be covered with figurative cobwebs and never brought to light, unless the mind is so drilled or so orderly arranged that it may be recalled when occasion requires. The mind should be so drilled and its various faculties so trained that when an external thing occurs similar to an internal fact, *Ce.* a fact

We include all symptoms that we can observe. Then what have we? A mass of symptoms seeming to have no connection at all. They come from a human organism that is all order and perfection, and all the parts of which work in perfect harmony. When even one of these parts is out of order, there must be a certain clue to string these effects together and picture a form of disease, and when you get this form of disease, what have you? A pathological state. I hope that no diploma will be granted to any man in this class who does not study pathology. When you have the changes *in toto* that this substance has made on the system, you have the pathology of the case. You have the totality of the effects on the system. This grand effect of the drug must be in the mind always, qualifying the individual symptoms of the drug. You may express this as you choose. Some call it the genius of the drug; others speak of it as the general action of the drug. This you must have in your mind or the other symptoms are worthless. Did you not do this you would be a mere symptomist, certainly a term of reproach. You must know what the whole drug does or you are able to appreciate any one part of the drug. You can find twenty drugs with precisely the same symptoms. How will you decide between them? Apparently they are all identical, but not in their general action. How is this general action found? By the study of the drug as a whole. But here is a place where physicians may go too precipitately and fall into pathology. They say that as *Belladonna* produces a picture of scarlatina and as *Arsenicum* produces a picture of cholera asiatica, even upto the growths found in the excrement, therefore these substances must be *the* remedies for their respective diseases. *Baptisia* produces a perfect picture of typhoid fever, therefore they say *Baptisia* must be *the* remedy in typhoid.

As we carry out the view I expressed a few minutes ago. when we examine a patient for disease we proceed in exactly the same way as we do in the case of the proving. We note the changes we see and the sensations the patient feels; we look at his tongue, we examine his urine, we put all these together and we make a pathological picture of that man. Suppose you; decide the case to be one of typhoid fever. That must not be valued except by comparison, showing how the present case differs from the general disease. If the genius of the case under treatment suits the genius of *Baptisia*,

KALI BICHROMICUM

TODAY I shall lecture on *Kali bichromicum*, or the *Bichromate of Potash*. You would expect in a drug having the combination of one, to obtain not only the results of potash, which forms the base of the salt, but also the modifying influence of the chromic acid. You will find, therefore, that while there are evident general resemblances to the other *Kalis*, there are decided differences arising from the acid combined with it. *Chromic acid*, as you probably all know, is a highly irritating acid. It is a powerful escharotic, destroying animal tissue very rapidly, and penetrating quickly into the part, and so producing a deep ulcer or sore.

Kali bichromicum is a drug which acts generally, although not exclusively, on fat persons, and fat, chubby children more than on alts. We find that it possesses great virtues in inflammation of mucous surfaces, with tendency to plastic exudation and pseudo-membrane. It attacks mucous membranes, causing at first inflammation of these, violent in character and associated with a great deal of redness and swelling, and at first a production of an excessive amount of mucus, from over-action of the muciparous glands. This excessive mucous secretion is very rapidly turned into a fibrinous exudate; hence there is a tendency to the formation of false membranes.

This character of the exudation on mucous surfaces gives us the well-known characteristic of the *Bichromate of Potash*, discharges copious and stringy. This symptom is true of the coryza, it is true of discharges in pharyngitis and laryngitis, and it is true of the vonv

ness, sleepiness and prostration, etc., and at times, especially if there is gastroenteric, inflammation, there is cold sweat, lowered temperature, pale sunken face, showing that the drug may suit actual collapse and cases of asthenic type.

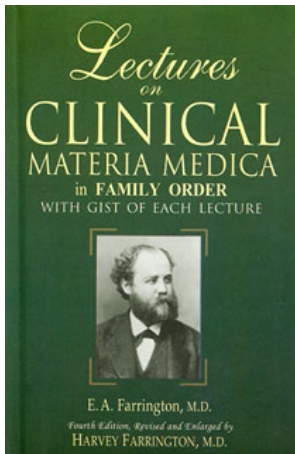
The *Iodide of Mercury* is to be thought of in diphtheria when the membranous deposit is more or less profuse, involving the tonsils and posterior nares. The glands in the neck are swollen. The tongue is coated dirty yellow. There is excessive production of mucus in the throat, causing a great deal of "hawking."

Carbolic acid and *Kali permanganicum* are kindred remedies in diphtheria. Both have putridity well marked, the former associated with burning pains in the mouth to the stomach, or little or no pain, dusky red face, pale about the mouth and nose, rapid sinking of vital forces; the latter with painful throat, soreness of the muscles of the neck.

We find *Kali bichromicum* indicated in forms of inflammation of the throat other than diphtheritic. Thus, it is called for in follicular pharyngitis. The follicles of the throat become hypertrophied and look like little tubercles on the pharyngeal walls. These discharge a white cheesy-like mass, which, when crushed between the fingers, gives forth a fetid, disagreeable odor. These are attended by a feeling of roughness and dryness in the throat, and at times by an accumulation of tenacious mucus. You will find this disease a stubborn one to treat. In addition to *Kali bichromicum*, it will be well enough to remember *Hepar*, *Kali chloricum* (especially when there is a great deal of fetor of the breath) and *Aesculus hippocastanum*, or the horse-chestnut. *Aesculus* resembles *Kali bichromicum* very closely, but lacks the tenacious stringy mucus. There is dry, rough, burning feeling in the throat and pharynx and yet no swelling. The face is sallow and digestion is slow. There is tendency to portal congestion, as shown by deep throbbing in the hypochondrium, and constipation and hemorrhoids.

In other cases you will have *Nux vomica* indicated by well-known symptoms, which I need not here repeat.

Still other cases call for *Secale<pornutum*, which has hawking up of these little follicular exudates; *Sulphur*, *Hepar*, *Ignatia*, *Mercurius iod.*, also *Chimaphila maculata*, which produces swollen tonsils, and tensive pain in the throat on swallowing.



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