

## THE GENIUS OF OUR MATERIA MEDICA

By C. M. BOGER, M.D., Parkersburg, W. Va.

When Hahnemann saw Cinchona Bark cause symptoms like those of the ague, for which it was being given, it impressed him so greatly that Hippocrates' note about some cures being made with similarly acting drugs came to mind, and he wondered whether Paracelsus' insistence upon the paramount value of similars did not rest upon a general law. To clear this point he ransacked literature for incidental cures so made, as well as started experiments of his own for the purpose of discovering pure drug effects, which could in turn be tried out upon the sick. The world knows the result. Rooted in the philosophy of Bacon, he and his disciples began the building of a new materia medica and coincidentally formulated the canons of the "Organon"; each process helping the other until they both reached a high degree of excellence. Thus it came about that homoeopathy was born as a perfected system of universal application, in spite of the fact that many of its parts had from time to time been separately set forth; as when Paracelsus declared that all drugs act potentially only.

They used the most natural forms, of expression, making the paragraphs of the Organon models of concise reasoning, while the symptoms of the Materia Medica Pura are reproductions of rare native simplicity. This is in itself a tower of strength, because it constantly holds before the prescriber a natural picture whose elements must reappear in the sick.

In comparing two such images it is self-evident that the outlines (regions) must be similar and the general colouring (conditions) quite alike, but above all the motive (mentality and sensation) must bear the closest resemblance. Confusion in any one of these throws just that much uncertainty into the outcome. Essential peculiarities do not necessarily belong to any particular one of these spheres, for the investigator can only obtain what is available, although he may project the known harmoniously into the obscure, and when the doubtful field is one in which the otherwise well-indicated remedy is known to be very active, it may well be taken as an affirmative indication both therapeutically and diagnostically. As a method this involves great risks, because it not only necessitates a profound knowledge of the natural ramifications of disease, but also implies an equal grasp of the finer extensions of drug action.

Every picture has a motive or central idea, which controls the meaning of the whole. The careful observer tries to find this governing factor first of all, for he knows that it colours the whole scheme and its detection will simplify matters. If there is a multiplicity of detail, the learner is discouraged and soon lost. Indeed, does not simplicity teach the highest form of art? This is an universal lesson, which applies with great force to the study of materia medica and therapy.

Most symptoms come on in groups, and as all are alike the product of vital reaction, resemblances are bound to appear. These may be very strong, as in the case of Lachesis and diphtheria, Mercury and syphilis, etc., a feature that has caused a few drugs to be looked upon as being specific for their corresponding diseases. This is nevertheless a dangerous generalisation which encourages slovenly prescribing, even from a diagnostic standpoint.

These group-effects also show a selective action upon particular and associated organs, whose interdependent symptoms may in turn aid in elucidating the choice of a curative remedy, as well as in clearing up the diagnosis; but they often lack the individuality of the apparently less related concomitants whose importance grows as they seem to lose connection with the affected part. This is especially true where the deeply rooted miasms are concerned. On the other hand, the symptoms and modalities of

the affected part are of more commanding importance in very acute affections and the early stages of disease.

It is too bad that our journals and books speak of disease in what can only be styled "an appallingly stilted medicology," telling us much less than the patient, with his plain Anglo-Saxon does. He does not need this jargon of strange sounds to tell us that he is really sick, while we close our own minds to the actual realities of sickness every time we think of his illness in an exclusively pathological light. If he is full of words it is hardly likely that his talk will interest us very much; his loquacity and its character will be the point at issue. If he be reticent, the reasons therefore must be discovered. It is a case of *finding the mental attitude*. In the absence of this, the prescriber is severely handicapped. But you will say, "What is to be done when this is of necessity absent."

*The physical attitude* comes next. What does the patient do? Does he walk up and down the room rike Aconite or Arsenic, or does he lie very still in bed like Bryonia or Colchicum? etc., etc. It is then a question of watching him and *seeing what is to be seen*.

The time when his distress comes on or is worse is the next great and often decisive factor, as when it returns at a fixed hour like China-sul. or Cedron, or shortly after midnight as in Rhus-t. and Arsenic, etc.

I have so far not said anything about sensations because all of the above factors are the visible results of the patient's feelings and serve to interpret his *sensations* most thoroughly. The wide latitude covered by our sensations is really remarkable and is only limited by the imagination. Sensation plays us many a trick, so that we are continually trying to place our hand upon it, define its character and find out its movements. If this *elusiveness* is excessive we think strongly of Iguana, which by the same sign cures many a nervous feeling that it has never yet produced.

According to the laws of reaction remedies can remove only what they can also cause. It seems to work both ways, like the wonderfully ingenious argument for the necessity for sin; but every thing must needs have a beginning and it is just about as well to look at things as they start out. It gives a much clearer view of what happens to follow, and saves a lot of mental gymnastics in the form of backward reasoning, helping us to avoid the innumerable pitfalls into which classic school medicine has so ingloriously fallen by sticking to the *aposteriori* road. It is now trying to abandon this method by a flank movement along the windings of Serum creek.

From the study of a real materia medica to the meanderings of a well oiled experimental laboratory is indeed a far cry, but it seems that most minds must perforce darken the glass before they dare to look through it. They strain every inventive faculty of circumvent the open book of nature which writes similitudes everywhere, even leaving a faint trace of them in the doings of the germs which we are so fond of hunting down with infinite patience and the aid of much gold.

In that wonderful record of experiments called Materia Medica the whole gamut of human feeling and emotion is carefully explored, along with some mention of conditions, season and weather, but there is almost complete silence as to the exact hour, the state of the barometer, the direction and nature of the prevailing winds and the position of the most influential heavenly bodies. Bönninghausen's scientific talents enabled him to remedy this defect from one angle, but no one equipped with the necessary astronomical and meteorological knowledge has as yet grappled with the influence of certain elemental forces upon drug effects.

In extenuation it may, perhaps, be admitted that Hahnemann's experiments were made amid the crash of old beliefs, as well as were in themselves entirely heterodox. He cast out the doctrine of signatures as then believed, but in doing so went too far, leaving

us almost no record of the simultaneous natural phenomena. This never can be anything but a mistake, for such things do not simply happen so without any mutual influence whatsoever, and it should be our business to find out all about such matters, regardless of the results obtained or the jeers of a deadening and destructive unbelief.

## DISCUSSION

**G. B. Stearns:** It is very difficult to say much on one of Dr. Boger's papers, but two thoughts come to my mind; one is the difficulty of getting a concise, definite idea of what the main thread or motive of a drug is. To get in a short sentence or in one idea what Dr. Boger calls the genius of a remedy. When it can be done, it is very helpful in comprehending and getting the remedy before one's mind. It then often reflects back a valuable light on diagnosis. I was called to see a case in which the diagnosis had been made of the last stages of general tuberculosis. The symptoms called for Lachesis and because of the remedy required I was not satisfied with the diagnosis and after death found that it was a colon bacillus infection.

The other point is in reference to the far cry from the results of a well appointed laboratory skilfully handled to crude laboratory methods such as are all too frequent. We should be able to apply to the provings what we may learn in the laboratory. Take Kali carb. It was a difficult remedy for me to understand, for a long time, until I obtained from one of the books the fact that potash aids in the oxidation of certain organic substances and increases the amount of urates because of increase in the breaking down of tissues. That helped me a great deal in understanding the essential character of Kali carb. The facts of laboratory investigation fit in or should fit in with the facts that are developed in a good proving and the two combine and fasten the action of the remedy in mind in a concise form and thus contribute to an idea of what Dr. Boger calls the genius of the remedy.

**John Hutchinson:** Dr. Boger calls attention to the truth that in one case the emphasis must be laid upon one part of the totality, while in another case—although the disease might be the same, and the symptoms quite similar—the true reading would require that the emphasis be laid upon quite a different part of the totality. In other words, as I see it, he maintains that the mere number of symptoms, mechanically dug out, is not so important as an insight into the case and the remedy that enables one to put the emphasis into the right place. These are the points that should be taught in our colleges and to our younger prescribers, but seldom are. I have heard a discussion of these finer points in the classroom, but we all have occasion constantly to analyze our cases in much the same manner in our own practice. Belladonna, Aconite, and Arsenic all have a state that may come under the word "anguish," but the anguish of each may be different from that of either of the others, and its rank as a symptom may not occupy the same position under the three remedies, or under even two of them.

**C. M. Boger:** Baryta Carb. has a profound action upon the heart muscle, although pathogenetic heart symptoms are few in number. Should other symptoms point decidedly to Baryta carb. and the heart also be involved, its symptoms would be an affirmative indication as well as tend to enlarge its symptomology of the heart region. In this way we may extend the symptoms of remedies into regions that are but faintly or not at all portrayed in the proving.

In a case of valvular insufficiency which could be traced to suppressed foot sweat, Baryta did not have the sufferer's heart symptoms in its provings, but it did have the others and it cured both the foot sweat and the heart trouble.

In the concluding paragraph of my paper I laid some stress upon the relation of meteorological phenomena to disease. We should know more about the effects of the winds and weather upon the action of remedies and disease.