

QUICK TERMINOLOGY NOTES FOR NEWBIES!

Homeopathic Materia Medica are dictionaries of homeopathic remedy pictures, giving detailed indications for their uses from the provings.

A Proving involves the testing of a substance on a group of healthy volunteers for its effects. The symptoms are recorded and compared to produce the information which defines that particular remedy. The symptoms for each remedy are discovered primarily through 'provings.' Each homeopathic remedy has its unique symptom expression and these symptom profiles are recorded in the homeopathic 'materia medica.'

After taking and recording a patient's case the homeopath analyzes the symptoms and compare them with known remedies in the materia medica. The goal is to find a remedy that best covers or matches the patient's whole picture including their mental, emotional and physical symptoms.

There are currently some 5000+ remedies listed in the homeopathic materia medica. This list is continually being added to as new medicines are 'proved' for their therapeutic potential on groups of healthy humans.

Familiarity with the keynote symptoms of at least two hundred (500?) of these remedies constitutes the basis of a good professional homeopathic practice.

Homeopaths are constantly adding to their knowledge base by increasing the numbers of remedies with which they are familiar, and also by adding important symptoms from patients who have been helped with that remedy.

Studying the Materia Medica-- Advice from the Summer School

by Julian Winston

One of the big questions students always ask, when confronted with the sheer size of the homeopathic materia medica, is "how do I study this?"

Back in 1987, **Jacques Imberechts, MD**, was one of the teachers at the NCH Summer school. One day he discussed a methodology for studying a remedy. This is it:

Pick a remedy you want to learn about.

- ✓ On Monday, read about the remedy in the introduction (the narrative) in Clarke's Dictionary of Materia Medica.
- ✓ On Tuesday, read the remedy in a Materia Medica such as Boericke or Phatak.
- ✓ On Wednesday, read it in a narrative Materia Medica like Kent's work.
- ✓ On Thursday, read it in Hahnemann's Materia Medica Pura or the materia medica that is in The Chronic Diseases.
- ✓ On Friday, read it in Hering's Guiding Symptoms On Saturday read it in another Materia Medica-- Allen's Encyclopedia, Nash's Leaders, Dunham's Lectures, Farrington's Lectures.
- ✓ On Sunday, write down all you know about this remedy.
What you write is what will remain with you.

A few years later, **Andre Saine, ND**, talked about the methodology he suggests:

- ✓ Learn one remedy in depth. (He usually starts his classes with Lycopodium.)
- ✓ When you have learned that remedy, then go to another. Contrast and compare them, i. e., that one is right sided, this one left sided. That has an aggravation from xxxx, this has an aggravation from xxx. etc.

In this way, you are learning the materia medica by contrasting and comparing.

Andre says that when you've learned about 10 remedies this way, the next 90 take the about the same amount of time to learn because you are looking at contrasts not at detail.

You read a new remedy and can say, "It is similar to remedy "x" in the time modalities, but like remedy "y" in the cravings." So when you are presented with a case, you have that information readily available. And then, learning the next bunch of remedies is even faster.

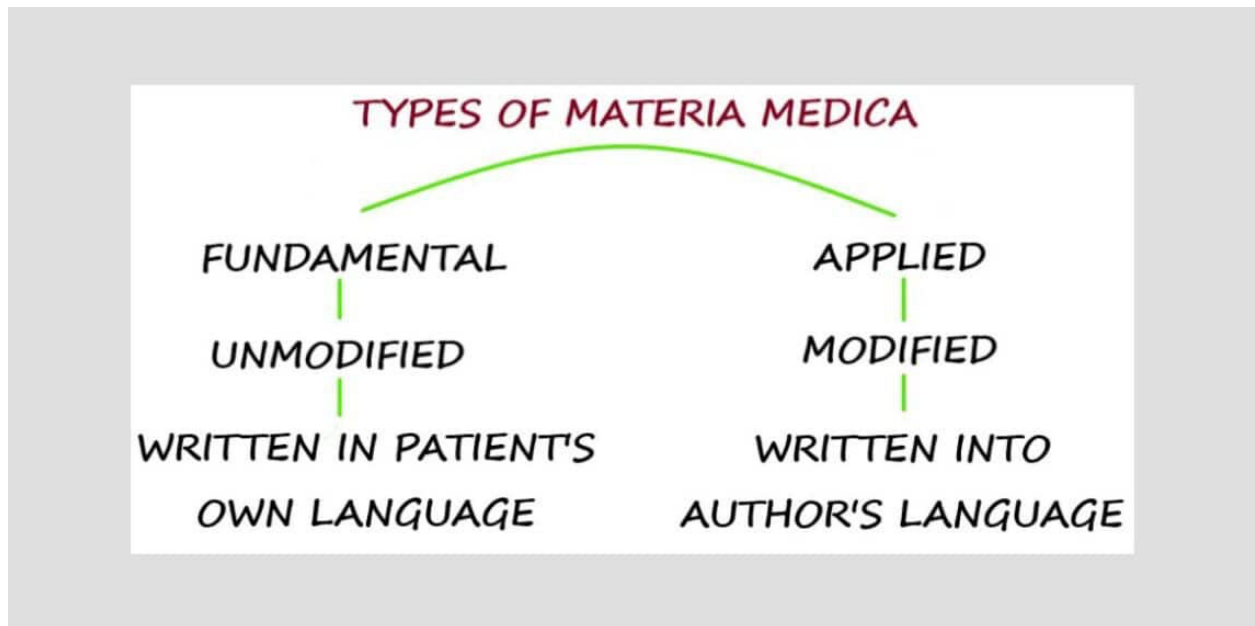
It is about seeing the underlying characteristics of them.

Steve Messer, ND taught the concepts of materia medica in an interesting way. He had the class read the materia medica of a remedy, say Nux Vomica, in Boericke's Materia Medica. He then asked the class (remember, these are practitioners) "For what conditions would you prescribe this? When the list is written, he then asks, "Why THIS remedy and not another?" The class immediately begins to see the unique nature of the remedy based upon the modalities i.e., the headache comes on after a night of drinking, etc.

Remember Kent's dictum: "Memorizers have no perception." You do not want to memorize. You want to understand.

How to study Materia Medica by Eugenio Candegabe

<https://hpathy.com/homeopathy-papers/how-to-study-materia-medica/>



From the beginning of homeopathic practice, the first obstacle the physician encounters is the impossibility of applying knowledge acquired in materia medica to each specific clinical case.

What actually happens is that studying each medicine according to allopathic clinical criteria learnt at the orthodox school of medicine, each pathogenesis in pure materia medica, and even in known [clinical materia medica](#), produces a profuse catalogue of symptoms which it is impossible to remember or learn by heart and much less to understand in essence.

This is the reason why the fundamental condition for undertaking the study of materia medica is that of being clearly informed of the fundamental concepts of the doctrine.

Concepts of Pathogenesis

Pathogenic illness is no more than the surfacing of a symptomatology latent in a human being, caused by a medicine to which a certain person is particularity sensitive, which implies an individual, personal manner of falling ill, conditioned by a dynamic pathological constitutional disposition.

The detailed study of the Organon reveals this fact to us: though in aphorisms 32 and 33 Hahnemann states that the medicine administered in the pathogenesis at any time and in any circumstance has an absolute and unrestricted power to modify the physiological balance of a healthy person, in 36 and 38 he adds that “No medicine proved in a healthy person can show in one and the same subject all the subjective and functional alterations which it is capable of evincing in other subjects having a different constitution and

temperament” and “although the symptoms made manifest depend on the medicinal substance used, it is necessary for the subject to have a special predisposition to make such symptoms appear.”

This is the only reason why symptomatology revealed in pathogenesis is curiously similar to individual symptoms preceding and accompanying illness. Homeopathy is possible precisely thanks to this similarity, which thus reveals the universal harmony existing between a human being, his natural illness, and its medicine or pathogenic illness.

Kent

Kent in his fourth lecture states: “A physician is supposed to be an expert in an illness as a result of having seen the symptoms of many different cases and, therefore, he is in a position to call forth the image of the illness. When he is perfectly familiar with the image of those illnesses of the human race, he will be in a position to study the materia medica and all the imitations of the miasms found in the medicines. There is no miasma in the human race which does not have its own imitation in a medicine. The animal kingdom contains within itself the images of illnesses and the plant and mineral kingdoms likewise, and if man were familiar with the substances of these three kingdoms, he could treat the entire human race.”

That is to say that for Kent it is not sufficient to know the medicines even in their smallest detail; it is necessary to be familiar with humanity, in the deepest interior, that is, in the affective and emotional values, there where the most exquisite individuality resides, and only then will it be possible to recognize the sick person in the pathogenesis. Because for Kent, “Science is knowledge. The application of knowledge is the Art.”

The patho-biography

In spite of the organic roots of our medical genesis, any homeopath must be now far from considering illness purely as a material process of organic alteration. The integration of this illness in its anatomico-clinical aspect in the patient as a person enables us to discover the morbid dynamics underlying the pathological process. The “patho-biographical” case history assumes particular interest as it involves the entire psychic, emotional, affective life of the patient, his cravings, frustrations, achievements, anxiety to succeed, his perspectives. His patho-biographical past is no more than the process of psycho-physical adaptation of the individual to his circumstances and where physiopathological alterations are no more than the objective expression and the ultimate result of such adaptation.

Like many other aphorisms, 153 seems to be the key to the secret of an accurate prescription: “The most noticeable, singular, extraordinary and peculiar symptoms. Because it is precisely these symptoms which must correspond to the very similar symptoms on the list of the medicine selected.”

It is important to remember that in the preface to the Repertory, Kent gives us precise instructions on its use. These instructions recommend that “after having completed the repertorizing, the resulting medicines must be compared with the materia medica to assess which one our patient seems most similar to.” This is what Hahnemann had in mind when he referred to one of the fundamental premises of the true physician, in his § 3: “If (a physician) also knows how to adapt in a convenient manner the most appropriate medicine, according to its *modus operandi*, to the case before him.” And it is quite clear that the similarity referred to by Kent, the *modus operandi* of Hahnemann, lies in the genius of the medicine which must be homeopathically similar to the genius or psycho-biological attitude of the patient. Now, just what is this similarity between patient and his remedy or more explicitly, what is this genius of the medicine which, notwithstanding the many times it is used, is still not fully understood? The “genius” is the way of being, the way of living, the attitude which arises from a medication at any moment, it is the vital reactivity of the ideal being which survives in the medication confronted by the circumstances in which each ideal subject is born, lives and dies. Hahnemann approaches this subject in § 5 of the Organon: “The most important points of the case history of chronic illness are useful to the physician as they place him in a capacity in which he can discover the fundamental cause, which generally is due to a chronic miasm. Moral and intellectual character, occupation, way of living, etc. must be taken into account.”

The value of symptoms

In other words, Hahnemann and Kent inform us – and we fully agree – that symptoms have no value in themselves but a mere relative value in that they make up a part of the characteristic, evident, and particular entirety. Like any vital phenomenon, each symptom has a meaning, an intention and an aim. It has meaning, as an expression, a personal and singular meaning of a personal experience, the way of being of a person; an intention – inner tension – which translates a peculiar mode of action for the achievement of an aim or a singular solution to an existential conflict. But the symptom as a literary expression or written word in the repertory, has no more value than a dead letter unless it stands for the idea of an attitude, a special mode of living and acting. It is a grave mistake to expect the symptom or algebraic sum of symptoms to be a sufficient and indispensable condition for a correct prescription. Kent pointed this out when in a similar situation he told a disciple: You have registered a whole series of symptoms, that is true, but you do not have a case. And to have a case, it is necessary for the series of symptoms for which a remedy is chosen to function in the same manner in which the remedy functions.

“The sum of all symptoms and conditions of each individual case of illness must be the only indication, the sole guide, to lead us to the selection of the remedy”, Hahnemann stated in § 18.

It is these “conditions of each individual case” which must prevail in the selection of the medicine according to its mode of action, following the words of Hahnemann. This way of acting, that is, the “genius of the remedy”, is certainly expressed in the symptoms, but it is above them, conferring a particular value and meaning which is different for each

remedy and which is what in the last instance we must investigate and understand in each patient individually, in order to attempt a correct diagnosis.

This fundamental premise, the genius of the remedy, is the basis of the clinical contributions of the great masters of homeopathy. The reason for the symptoms is given by the human being who lives with them. No doubt this experience gathered on the innumerable cases of Pulsatilla treated by the great masters is what has contributed to the “genius” of Pulsatilla

Hahnemann confirms this affirmation in section 122 of § 213 of the Organon: “Thus, Aconite rarely or never produces a quick and permanent cure when the patients humour is quiet, even-tempered and smooth, neither does Nux vomica when the character is soft or phlegmatic, nor Pulsatilla when it is happy, gay and obstinate, etc.” In other words, it is experience, based on concrete observation, which has allowed homeopathic physicians, living alongside their patients, and “feeling” as they do, to become familiar with the lauded “genius of the remedy”.

The minimum symptom of maximum value

If we leave aside this dynamic meaning of individual entirety, it may be dangerous to study a medicine through the repertory. The temptation of believing that two remedies are similar because they have a practically identical group of characteristic symptoms can lead us to confusion. For example, the resentment, aversion to company and consolation, anger with moral grief, affection and constant return to the past of Natrum muriaticum do not have the same “genius” as in Lycopodium. If frustration and consequent repression constitute the clue to resentment, a definitive symptom of Natrum muriaticum, want of self-confidence constitutes the essence of the personality of Lycopodium. Natrum muriaticum is resentful because he is not loved, Lycopodium because he is not taken into consideration. Natrum muriaticum keeps away from people out of vengeance, out of spitefulness, Lycopodium so that his weakness is not discovered. Natrum muriaticum feels aggravated by consolation in view of untimely gratification of the love asked for and denied. For Lycopodium consolation is offensive to his pride. The anger with moral grief of Natrum muriaticum suffered in silence, like his pain, explain his emotional blockage, fixed in the past in constant ruminating and a song to a long-lost love; in Lycopodium these three symptoms reflect the aggression to his self-worship and genuflectory personality in an open competitive battle. The tone of Natrum mur. is discovered in the bitterness which abounds in the depth of his vital attitude; the tone of Lycopodium is discovered in the shade of impotence which lies in the depth of his ego and which makes him cry when praised. There is no similarity between the resentment of Natrum muriaticum. and the resentment of Lycopodium as neither is there similarity between the desire for solitude of Natrum muriaticum. and that of Lycopodium. We can never state that two remedies have a similar personality because their symptoms are similar, just as we could not say that two paths lead to the same port only because they cross at some point.

The minimum symptom with a maximum value of *Calcarea carbonica* for example, “fear, apathy and obstinacy” assumes a value when one perceives in such a symptom, the calculating, paused, slow thought process which *Calcarea* uses to solve his conflict faced by vital frustrations, as soon as we are in a position to see that his metaphysical fears are his answer to the reasoned manipulation of aggression. Everything in *Calcarea* falls under the scrutiny of his thought process, for there he feels secure and self-assured; his fears are magical: solitude, darkness, ghosts, fear something will happen, fear of the future and of illness, consequences of the horror felt of his own aggression which is projected into the outside world. Upset by horrible things, bad news, cruelty, sad stories, he talks only of criminals, fire and rats.

It is these “conditions” of the symptoms which inform us of the “modus operandi of the remedies”, and which give the physician a “capability of discovering the fundamental cause, which is generally due to a chronic miasm.” This redundancy in § 3, 5 and 18 protects us from dangerous abstract speculations regarding symptoms. “The examination of an individual case of illness”, says Hahnemann in his § 83, “merely requires of the physician absence of prejudice, and perfect senses, attention paid to observation and accuracy in tracing the case history of the illness”. “But it is also true, on the other hand”, § 98 adds “that in all illnesses, especially in those of a chronic nature, the investigation of the complete and true case, with its peculiarities, requires special earnest attention, tact, knowledge of human nature, caution in completing the investigation and patience to an unending degree! It is this knowledge of human nature which we must achieve as we stated at the beginning, through our own caring personality.

The miasmatic meaning of symptoms

We referred earlier to the relative value of symptoms subject to a considerable extent to the conditions or modalities under which the Symptom or group of Symptoms appear. The fundamental cause which is discovered in the pathobiographical case history of the patient who consults us defines a singular attitude which determines the selection of a remedy as close as possible in its way of acting. This relative value is conditioned as we have seen by its meaning, its intention and its aim. Being the expression of a vital phenomenon, a Symptom is as variable, dynamic and three-dimensional as the space in which we live. If any patient is tri-miasmatic in substance, the label of psoric, sycotic or syphilitic merely expresses a certain vital tendency. The group of symptoms of a patient will converge on that same tendency with an equally relative, dynamic and variable meaning.

Aversion to company in a *Lycopodium* patient can be predominantly psoric when fear of competition prevails; sycotic when it is the means of hiding his weakness in order to reassure him of his strength for the achievement of success; or decidedly syphilitic when invaded by weariness of life, total failure or indifference to everything.

The “sympathetic” symptom, extreme compassion and affection for others, is predominantly psoric in *Phosphorus* as a manifestation of his love with a universal meaning and hypersensitivity to all outside manifestations. It is psoro-syphilitic in *Nitric*

acid laden with tremendous bitterness, vengeance, hate, which does not admit apologies, with a tremendous destructive feeling which feeds his anxiety of conscience. The ulcer with sharply cut edges with outbreaks of granular tissue structure is a clear somatic image of this miasmatic coloring. But above all, the affliction of Lycopodium for others is sycotic when his overprotection for others is laden with a hidden desire for personal satisfaction and vanity.

From a miasmatic point of view, it is also “the idea of a vital activity”, of a way of living or of acting, the vital life meaning which is discovered by means of the patho-biographic case history of the patient, the meaning of his present attitude, the search for a particular achievement. In short, what our patient wants from life is that which in the last instance will give meaning and value to his symptoms, by underlining some, discarding others, according to whether or not they point to the idea, meaning, Intention and objective proposed. This is what makes for the sense of variability, what breaks all frames of reference, what qualifies the human soul or psyche.

It is only in this manner that we will understand, for example, that conscientiousness about trifles, improvement through occupation, and intolerance to contradiction – symptoms which seem strictly sycotic – are not enough to offer us the image of a remedy. They must be referred to the fundamental cause, its substantial genesis, which will qualify its homeopathicity according to its “mood”, its way of acting. And we will see in this way that indifference towards everything will be in the pseudo-psoric substance of this psychotic Sepia. Or that the tremendous want of self-confidence, with timidity, fear of failure, modesty, will offer the tubercular base of this sycotic Silicea or that hypertrophy of the Id, the irritability, the anxiety of conscience with its obsessive ritualistic behavior will be the “genes” of the psychosis of Thuja. And we will understand, finally, that confronted by the first three present sycotic symptoms, the differential diagnosis will be determined by the patient’s patho-biographical case history where we will find the fundamental cause and the way of acting of the syphilitic indifference of Sepia, the timidity and psoric fear of Silicea and the sycotic emotional perversion of Thuja.

In other words, it is the idea, the meaning, the intention, the search, which will give the psoric, sycotic or syphilitic nuance to a given case. The psycho-patho-biographical case history including hereditary and family background, previous illnesses, vaccinations, therapeutic suppressions, etc, will inform us of the miasmatic predominance in the patient from past diseases up to the present. But it will be, above all, his vital psychological attitude, his program and intentions in life, which will give us the information we require regarding prevalence of one or another miasm at present.

Attending only to the miasmatic conception, the criteria according to which a Symptom is in itself psoric, sycotic or syphilitic without taking into consideration the entire symptomatic context, and above all that of the human being suffering from such Symptoms, is what leads to erroneous conceptions and, in the last instance, to therapeutic failures. The secret lies in the fact that any frame of reference is in itself

rigid, but in application must be elastic, variable, conditioned to the dynamics of the symptom in vital function.

It is not sufficient, therefore, to study the symptoms of the miasm in activity, to ensure a correct diagnosis, if these symptoms and signs are not referred to the fundamental cause in the patho-biographical case history. Therefore, I believe that the study of each medicine by means of the pure materia medica, of clinical materia medica and of repertories according to an analytic or miasmatic criteria constitutes frames of reference which are too rigid and unreal, being convinced that the more perfect instrument has its limitations where the art begins, according to Kent – that is, grasping the essentials. And the essentials of a human being, the paramount work of life, are like life itself: dynamic, variable, with an important quota of mystery and wonder.

Materia medica

On a certain occasion a patient said to me: “I adore homeopathy, doctor, because it is the medicine closest to life. And if I had to give “E.T.” something as a keepsake of his stay in this world, I would give him a book of homeopathic materia medica; because in it all of humanity is described in its pains, its happiness, its failures, its ambitions, its anxieties, illnesses, miseries and qualities; that is to say the drama and mystery of life itself.”

Each remedy may be studied as an ideal being. Symptoms are not information to be analytically memorized, but an expression of the personal and specific manner in which the ideal personality which is the core of each remedy suffers existential anxiety, takes pleasure in achievements and lives the plenitude of existence.

But each remedy is not ‘the being in itself, but rather each human being suffers and carries the cross of his remedy like a sign, like a particular mode of pathology, and like a mistaken way of calming his existential suffering which prevents him from achieving the transcendental aims in life as Hahnemann wished in his § 9.

Will and understanding

Kent explains in his third lecture on philosophy that “From a more internal point of view, will and understanding form a unity inside man, secondly the vital force which is immaterial and lastly the body which is material. In this manner the will directs from the most intimate part through the vital force towards the outside, the material substance, which is in any and all cells, directing them. There is no cell which lacks its own will and understanding, its soul substance, the vital force, and its material substance.”

Therefore, when we study a remedy we must do so considering that each of the symptoms which constitute its pathogenesis, are not isolated, accidental facts, which must be memorized but, on the contrary, must be understood within the indivisible entirety of that ideal being which they represent.

Kent continues in his first lecture: "Therefore, the sole obligation of a physician is to place the interior economy in order, that is, will and understanding jointly." The changes in the tissues refer to the body and are the effects of the illness, strictly speaking.

Therefore, when we study a remedy we must do so as if it were a person, discovering firstly, through the mental Symptoms, its way of being, and of acting out its addictions, its feelings, in short all that which constitutes its temperament and character, all that I mentioned earlier as the genius of the remedy. We must study its mental Symptoms, thinking just what they represent, what they mean for this individual, understanding the meaning of a Symptom as a function of others, and under what inter-relation one same symptom acquires a different meaning for each remedy. After this we will study the general symptoms, those referred to the individual in his entirety as a function of the environment. But we will try to remember only those that are most noticeable as a result of his desires and aversions regarding food, climatic variables, position, hour, schedule, etc. Thirdly we will fix our attention on localized symptoms, not only as an expression of the pathology, which is important, but above all with its most singular modalities, as these give the peculiar nature to the symptom.

The remedy must thus be considered as the truest imitation of the illness which disturbs the entire self and therefore must be studied as a sick person. Of these three groups of symptoms, mental symptoms revealing the disturbance of "will and understanding" are those most characteristic of each remedy, and effectively represent what is most substantial and effective in the human being. We must always follow this order pointed out by Kent in his prologue to the Repertory: mentals, generals, and particulars.

The first great difficulty a physician runs into, on starting his homeopathic practice, as I have said, is the incapacity of applying knowledge acquired in materia medica to each particular case. The study of pathogenesis becomes hard work which, although it offers us, as a result of a considerable effort, a catalogue of symptoms which is more or less complete, is insufficient to allow us to understand its essence, that is, that which we refer to as the genius of the remedy.

Nevertheless, after some time, orderly and conscientious practice of repertorizing has revealed to me an unsuspected volume of information. Indeed, it is there that one discovers symptoms of remedies which one was not aware of before. One finds that frequently several cover a group of symptoms; one finds the similarities and differences in the presence or absence of other symptoms; in short, the repertorizing allows us to compare and perform the diagnosis supported by sound and accurate knowledge.

In 1963 I had in mind studying remedies by means of Kent's Repertory. Just as in an ideal sick person, the four hundred and sixty symptoms of Lycopodium appear from A to Z, appearing necessarily in alphabetical order. Many of them confirm what is learnt in materia medica, some are absolutely novel and others remind one of symptoms found in Lycopodium patients which were not related to the remedy simply because they did not appear in the texts within one's reach.

Nevertheless, taken into consideration in isolation, they extended my knowledge objectively, but nothing more. Whereas, on observing them in full, as delicate notes of a strange symphony I was able to perceive the main theme, around which all the symptoms added up obediently, in logical sequence. I was then in a position to understand in its full breadth, the words of my teacher, when he states almost literally: "The mental symptom is an antechamber of the clinical case history. The individual attitude reveals the singular solution given by a human being to the conflict between the biological psycho-physical wealth and its circumstance. It is here that mental symptoms acquire greater relevance, surfacing beyond the individual's singular way of handling himself when confronted with his psycho-biological and pathobiographical conflict."

This new, recreated, materia medica makes possible a comparative study of symptoms, interrelating them with a true logical and homeopathic meaning which offers a clear understanding of the mental picture of the remedy instead of its difficult, and almost "dead" memorization, with no understanding. In this way I learnt, as I will repeat further on, that each Symptom has a meaning, an intention, and a purpose, but that these suppositions are only personally experienced when taken in their entirety and that, from a homeopathic point of view, what is referred to as the attitude or genius of the remedy is expressed, not by the symptom, but by its inter-relational dynamics.

Conclusion

In this way, for the first time, the image of the remedy appears through Kent's Repertory. In a second step, in a summary which is no doubt quite extensive, he tries to synthesize as much as possible the symptomatology revealed, to facilitate its understanding and essential knowledge. A third stage consists of the drafting of a frame of reference, an abstract of abstracts where the symptoms are coded in numerical form to express the fundamental dynamics of the remedy. This stage is the one which has proved the most difficult without any doubt, and running the risk of not innovating and sometimes with a strict literality verging on plagiarism, I have been guided by the accurate concepts of Dr Paschero in works on the same subject. Lastly, as a fourth stage, I have undertaken the study of comparative materia medica which justifies the title of this work. By repertorizing, as if dealing with an ideal sick person, the 30 or 40 symptoms established in the frame of reference, the remedies make their appearance, thus allowing a comparative study. Previously, however, 5 or 10 symptoms have been extracted from those 30 or 40 symptoms according to each case, and have been grouped under the subtitle Minimum Characteristic Syndrome. I have initiated the repertorization only with medicines which cover at least 50% and have set aside the rest. In some cases, as an exception, I have included some remedies I have thought of interest, with a lower percentage than that established.

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of English translation or grammar, but has not attempted the task of changing the Spanish-oriented thought structures into native English patterns, because to do so would lose the tone of Dr Candegabe's own individual presentation.

About the author: Eugenio Candegabe

Dr. Eugenio Federico Candegabe is Argentina's foremost exponent of Kentian Homeopathy. He was born on 28 July 1924, and qualified in medicine at the University of Buenos Aires in 1949. In 1954 he went on to study under Dr. Tomas Pablo Paschero, with whom he subsequently worked closely. He is a founding member of the Escuela Meodica Homeopática Argentina "Dr. Tomas Pablo Paschero" (E.M.H.A.), where he has been nominated for Professor Emeritus.

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by Eugenio Candegabe



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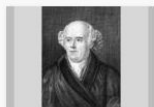
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Different approaches in study of materia medica

Dr Chandan

Aim : To identify the different approaches of study of Materia Medica

Introduction :

Dr Christian Friedrich Samuel Hahnemann has explaining about Materia Medica in aphorism 143 that is “ If we have thus tested on the healthy individual a considerable number of simple medicines and carefully and faithfully registered all the disease elements and symptoms they are capable of developing as artificial disease-producers, then only have we a true materia medica – a collection of real, pure, reliable¹ modes of action of simple medicinal substances, a volume of the book of nature, wherein is recorded a considerable array of the peculiar changes of the health and symptoms ascertained to belong to each of the powerful medicines, as they were revealed to the attention of the observer, in which the likeness of the (homoeopathic) disease elements of many natural diseases to be hereafter cured by them are present, which, in a word, contain artificial morbid states, that furnish for the similar natural morbid states the only true, homoeopathic, that is to say, specific, therapeutic instruments for effecting their certain and permanent cure”.

During the study of Materia Medica many Authors have written various types of it, according to their own understanding or fashion, different view points and ideas in order to make the drug easily comprehensible.

The various approaches to the study of Materia Medica are as follows:

- ANATOMICAL SCHEMATIC METHOD
- KEYNOTE METHOD
- PICTURE TYPE OF STUDY
- COMPARTIVE METHOD
- THERAPEUTIC METHOD
- PHYSIOLOGICAL METHOD
- GROUP STUDY METHOD
- STUDY ON THE BASIS OF PROVING

- STUDY ON THE BASIS OF CLINICAL MATERIA MEDICA
- STUDY ON THE BASIS OF REPERTORY
- STUDY ON THE BASIS OF PAINTING OR DRAWING
- AUDIO-VISUAL SEMINAR METHOD
- COMPUTER SOFTWARE METHOD
- STUDY ON THE BASIS OF HERBARIUM SHEETS,SLIDES OF PLANTS ETC
- BIOCHEMIC WAY OF STUDY
- POETRY TYPE OF STUDY
- METHOD OF COMBINED STUDY
- STUDY ON THE BASIS OF MIASMS
- STUDY ON THE BASIS OF SURFACE MARKING OF SYPTOMS

Anatomical Study

First Time In Homoeopathy Dr. Hahnemann Has Studied Homoeopathic Drugs In This Way. After Proving, He Collected And Arranged All Symptoms Organ Wise From Head To Foot. This Is Called Anatomical Schematic Presentation. It Is A Very Systematic Way Of Studying Materia Medica From Which We Can Understand The Whole Remedy In A Very Simple Manner. Here Each Drug Is Studied Organ Wise. This Method Is Later Followed By Dr. William Boericke.

- Schematic (Anatomical) Homoeopathic Materia Medica are
 - Materia Medica Pura – Dr. Hahnemann
 - A Dictionary Of Practical Materia Medica – Dr. Clarke
 - Textbook Of Materia Medica – Dr. Lippe
 - Encyclopedia Of Pure Materia Medica – Dr. T. F. Allen
 - Hand Book Of Materia Medica Of Homoeopathic Therapeutics – Dr. T. F. Allen
 - The Guiding Symptoms Of Our Materia Medica – Dr. Hering

KEYNOTE TYPE OF METHOD :

In This Type Of Study One Can Understand The Characteristic Symptoms Of Each Drug. In This Method We Can Study Peculiar Striking And Very Much Important Symptoms.

- Keynote type of materia medica are
 - Key Note Of Leading Remedies – Dr. H. C. Allen

- A Primer Of Materia Medica – Dr. T. F. Allen
- Characteristic Materia Medica – Dr. Burt
- Key Note And Red Line Symptoms Of Materia Medica – Dr. Lippe

PICTURE APPROACH :

In This Type Of Method One Can Understand And Grasp The Knowledge About Drug Very Easily Because Drug Symptoms Are Presented Through The Picture, By This Materia Medica Becomes Very Much Comprehensive And Easy To Study. Here The Pathogenesis Of Drug Is Presented In A Synthesized Manner So That The Personality Of The Drug Becomes Distinct And Clear And Aims At Holistic Approach Of Describing .

- Picture Type Of Materia Medica are
- Homoeopathic Drug picture – Dr. M. L. Tyler
- Lectures of Materia Medica with New Remedies – Dr. J. T. Kent
- Homoeopathic Materia Medica of Graphical Drug Pictures – Dr. Pulford.

THE COMPARATIVE STUDY :

Symptom Level – General Or Particular. Common Or Uncommon.Organ Level – Many Remedies Have Action Over The Same Organ example Bryonia, Chelidonium And Lycopodium Have Their Action On Liver. Disease Level – While Applying The Drugs Therapeutically, The Disease Condition Becomes A Source Of Comparison. Action Level – Symptoms Are The Same But The Remedial Action Is Different. Or Action Of Remedies Is Almost The Same But Symptoms Have Different Modalities. E.G. Ambra Grisea Is An Depressing Irritant As From Tobacco. Gelsemium Has Paralytic Catarrhal Congestion Like Am-c Or Zinc.Typological Level – Here The Comparison Is Made At The Constitutional Level. E.G. Lean, Thin Constitution Of Calc phos, Phos Or Sil.

- Comparative Materia Medica :
- The Comparative Materia Medica – Dr. E. A. Farrington
- Comparative Materia Medica – Dr. Gross
- Leaders In Homoeopathic Therapeutics – Dr. E. B. Nash
- A Regimen Of Comparative Materia Medica Dr.J.G.Malcom

THERAPEUTIC METHOD OF STUDY:

Here Is Propensity Of Some Drugs In Terms Of Their Action Towards Some Specific Organs As Well As Some Specific Diseases. For Example, A Continuous Fever Such As In Enteric Fever Is Covered

By Bryonia, Baptisia Etc. Hence They Are Popular As Typhoid Remedies.

- Therapeutic type of Materia Medica
- Homoeopathic Therapeutics By Dr. Lilienthal
- Practical Homoeopathic Therapeutics – Dr. Dewey

PHYSIOLOGICAL APPROACH:

In This Type We Can Study The Drug By Observing Physiological Actions Of A Particular Drug On Healthy Human Being. This Is Very Basic And Helps To Understand Any Remedy In A Very Simple Manner.

- Materia Medica of Physiological Action :
- A Manual Of Pharmacodynamics – Dr. Hughes
- Physiological Materia Medica – Dr. William Burt

GROUP STUDY APPROACH:

In This Type Of Materia Medica,the Drugs Are Grouped Together Based On Certain Criteria Like The Family Of Origin,the Position Of A Mineral In The Periodic Table & Their Common As Well As Differentiating Features Are Described.

- Group study Approaches
- Haemorrhages Of Dark Decomposed Blood,
- Foetid Discharges,
- Increased Excitability Of Nervous System Etc

STUDY ON BASIS OF PROVING :

In This Method , We Study The Symptoms In Order Of Their Appearance During The Drug Proving With The Name And Number Of Provers Who Experience It.In This Method, Evolution Of The Disease Picture Becomes Clear Under The Action Of The Given Drug.

Also The Duration Of Each Symptom Produced In The Prover Is Ascertained.

- STUDY ON BASIS OF PROVING
- Materia Medica Pura By Hahnemann.S
- Condensed Material Medica By Hering.C

STUDY BASED ON THE BASIS OF CLINICAL MATERIA MEDICA:

Clinical Materia Medica Provides a Source Of information Required In Clinical Practice Like, Clinical Application Or Therapeutic Utility, Characteristics With Clinical Cases, Causation Of , Pathogenesis, Relationship Of Medicines, Etc.

It Helps Easy Selection Of Medicine In Clinical Practice.

- STUDY BASED ON THE BASIS OF CLINICAL MATERIA MEDICA
- A Dictionary Of Practical Material Medica By J.H
- Pocket Manual Of Homoeopathic Materia Medica By W
- A Clinical Materia Medica By Farrington.E.A
- Special Pathology And Therapeutic Hints By Raue.C.G

STUDY ON THE BASIS OF REPERTORY:

Repertory Is The Index Of The Symptoms From The Materia Medica. Repertory Simplifies And Strengthens Our Selection Of Medicine With Its Relative Importance To Gradation.

It Makes The Studying Of Materia Medica Extremely Interesting And Reveals More And More About The Unknown Symptoms And Lowers The Burden Of Memorising The Full Pathogenesis Of Each Medicine.

- STUDY ON THE BASIS OF REPERTORY are
- Repertory Of The Homoeopathic Materia Medica And A Word Index By J.T.Kent.
- Boenninghausen's Characteristic And Repertory By Boger.C.M
- Repertory Of Hering's Guiding Symptoms Of Our Materia Medica By Knerr,calvin .B
- Synthetic Repertory By Barthel
- Synthesis Repertorium By Schroyens.F

STUDY ON THE BASIS OF PAINTINGS OR DRAWINGS :

In this method study the materia medica on the basis painting or drawing the whole picture on the basis we have study the materia medica

- STUDY ON THE BASIS OF PAINTINGS OR DRAWINGS :
- Expressive Drug Pictures Of Materia Medica By Chauhan.R.K
- Illustrated Cum Rhymed Materia Medica By Khera.A

▪ **AUDIO VISUAL APPROACH:**

Power Point Presentation

Seminar Which We Do Take In Colleges.

COMPUTER SOFTWARE METHOD:

It Makes The Study Of Materia Medica Very Easy And Comprehensive. There Is No Need To Collect A Number Of Books On Materia Medica As Everything Is In The Reach Of A Button. Some Softwares Which Shows Live Materia Medica Which Shows Pictures And Live Expression Of Symptoms Of A Particular Drug

- **COMPUTER SOFTWARE METHOD**
- Homopath Classic By Jawar Shah
- Polycrests Of Dolphin Cybernetic System Pvt.Ltd
- Radar

STUDY ON THE BASIS OF HERBARIUM SHEETS SLIDES OF PLANTS

It Provides Information Regarding The Physical Appearance Of Drug In Its Natural State. Sometimes It Follows The Rule Doctrine Of Signature.

Examples

- Thuja Is A Common Garden Conifer, It Has Resinous Callosities Resembling Oozing Along Its Stem Warts
- Viscum Album Is Parasitic Plant And Is Used In Cancer

BIOCHEMIC WAY OF STUDY:

Here We Can Study The Action Of Medicine At The Molecular Level.

This Is According To Biochemic Theory which Was Given By Dr Wilhelm Heinrich Schuessler. According To Biochemic Theory, Health May Be Considered To State Characterised By Normal Cell Metamorphosis And Disease Is The Result Of Disturbance Of Molecular Motion Of One Of The Inorganic Tissue Salts.

The Idea Upon Which Biochemic Therapeutics Is Based Is The Physiological Fact That Both The Structure And Vitality Of The Organs Of The Body Are Dependent Upon Certain Necessary Quantities Of Its Inorganic Constituents.

EXAMPLES

- The Twelve Tissue Remedies Of Schuessler By Boreicke.W And Dewey W.E
- The Biochemic System Of Medicine By Carey.G.W

POETRY TYPE OF STUDY:

In these Books , Drugs Are Described In A Poem Fashion In The Form Of Stanza.

Example:

- A Song Of Symptoms By Patersimilas
- Illustrated Cum Rhymed Material Medica By Khera.A

STUDY ON THE BASIS OF MENTAL STATE:

Homoeopathy Gives Prime Importance To Mental State And Disposition Along With Physical Symptoms .Almost Every Medicine Has Its Own Mental State Along With Physical Symptoms.

- Pine – Feelings Of Guilt, Unworthiness
- Red Chestnut – Fear For Others
- Rock Rose – Extreme Fear, Nightmares
- Rock Water – Self Punishment, Rigidity
- Scleranthus – Indecision, Inability To Choose, Balance
- Star Of Bethlehem – Shock, Trauma, Accidents
- Sweet Chestnut- Extreme Anguish, Despair

Books: Bach Flower Therapy By Mechthild Scheffer

METHOD OF COMBINED STUDY:

In This Type We Can Study A Particular Drug From Various Angles At A Time.

- Anatomical Schematic Presentation
- Comparison Of Symptoms
- Physiological Action
- Keynote Symptoms
- Picture Type Of Study

- Therapeutic Application

STUDY ON BASIS OF MIASMS:

There Are Mainly Three Miasms Psora , Sycosis And Syphilis

Medicine Can Be Studied By Dividing Its Symptoms Under Different Miasms.

In This Way We Can Easily Distinguish Different Symptoms According To Miasms.

It Helps To Find Out Miasmatic Tendency Of Chronic Cases And Hence Constitutional Medicine.

STUDY ON THE BASIS OF SURFACE MARKING OF SYMPTOMS :

This Is A New Concept Of Studying Materia Medica.In This Method, Different Color Dots Are Marked On The Body Surface To Denote The Location And Gradation Of Symptoms Covered By The Particular Drug .In This Way We Can Easily Frame A Picture Or Get An Impression In Our Mind About The Drug Regarding Which Part Of Body Is Most Affected By It And In Which Intensity It Is Affected.

Examples: Surface Marking Of Keynotes Dr.Azad Rai

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- All In One Homoeopathic Materia Medica By Dr.Niranjana Mohanty
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Dr Chandan

PG Scholar

Organon of Medicine and Homoeopathic philosophy

Government Homoeopathic medical college and, Hospital Bangalore

Methods of studying Materia Medica.

By Julia M. Green, M. D.

Presented by Sylvain Cazalet

(Read before I. H. A., Bureau of Materia, Medica, June 1946.)

One might almost say that each doctor has his own method of studying materia medica so that methods are legion. If this be true, it surely confirms once more the statement that homœopathy is intensely individualistic. Let each one have his own method, go at it his own way ; the chief thing is that he goes at it and pursues it eternally through professional life.

In a search for golden threads running through several different methods of study, let us try to list those most generally used :

The first homœopathic doctors were hard students and most diligent symptom chasers. They made the provings ; their minds compassed any quantity of minute detail ; their noses were in their records of symptoms ; they were able to distinguish between remedies by careful comparisons ; their success depended on memorizing detail and this required long study of each case treated. They were the pioneers upon whom much depended. All honor to them !

Perhaps the next distinct method came when classes were formed for the study of materia medica. The lecture method became the usual one. Many professors have left, us treasures in lecture form. Of course the personality of the teacher enters in largely to help impress characteristics of remedies on the student's mind. We think of Dunham, Farrington, Allen, Kent, as names connected with the lecture form in the classroom. This method is very good for beginners, an acquaintance at the start with remedy characteristics. Also it becomes valuable for reference in after



JULIA M. GREEN, M.D.
Necrologist and Member of Committee for Combined
Bureau A.I.H. and I.H.A. 1938 Meeting

Dr Julia M. Green

years.

Then there is a study of remedies by classes, for instance, chemical groups, botanical families, nosode grouping, reptile and insect remedies, etc. This becomes valuable after the student's introduction to the remedies singly. It will help the older practitioner to decide between remedies most similar to the case in hand.



Your truly
Carroll Dunham

Dr Carrol Dunham



HERBERT A. ROBERTS, M.D.
Chairman Board of Editors, *The Homœopathic Recorder*.

Dr H. A. Roberts

Like this last method is the one by comparisons based on symptomatology. Several teachers have found this fascinating and very useful -Hering. Boger, Kent, Roberts has given us good samples of such study. It comes to the mature student better than to the beginner unless the student's mind follows such a method naturally from the start in homœopathy.

Another useful task is to investigate and absorb the prefaces to symptom lists in Hering's *Guiding Symptoms*, for instance, in-Clarke's *Dictionary* and, if one likes to get close to original provers, in Allen's *Encyclopædia*.

Another method bringing satisfactory reward to those whose-minds follow such sequence well, is the search through the provings-or through several kinds of materia medica for the general symptoms of the drug being studied, with a comparison of emphasis by different provers. This is to be

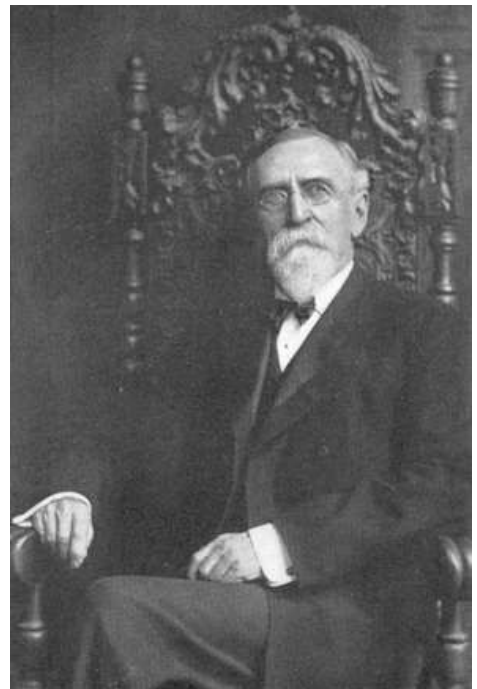
followed by a pursuit of particulars the same way. Such study gives one a deep sense of the roots of our materia medica and a new confidence in homœopathy. One cannot easily forget the general symptoms after hunting them out in this fashion.

Then there are rich gems of materia medica knowledge to be found in perusing the repertory. The habit of thumbing through parts of Kent's Repertory, for instance, during scarce idle moments is an excellent habit. One acquires new slants on old remedy friends from finding these in a list where their appearance is real news, or finding a grading for a symptom which one did not know before. Or, hunting for a peculiar symptom, one finds it in a repertory list belonging to a drug never before associated with such a symptom. Or reportorial analysis of a case brings for study a small group of remedies with new lights on them often unsuspected even after many long years in homœopathic practice.

Finally, what can be more interesting as a method of discovering gold nuggets of materia medica than to go through the files of old medical magazines full of such treasures ? Volumes of homœopathic literature, so-called. ***The Homœopathic Physician, The Medical Advance, The Homœopathician*** are full of wisdom ; and, of course, ***The Homœopathic Recorder***. Dr. Woodbury no doubt could name a much longer list.



Dr A. C. Cowperthwaite

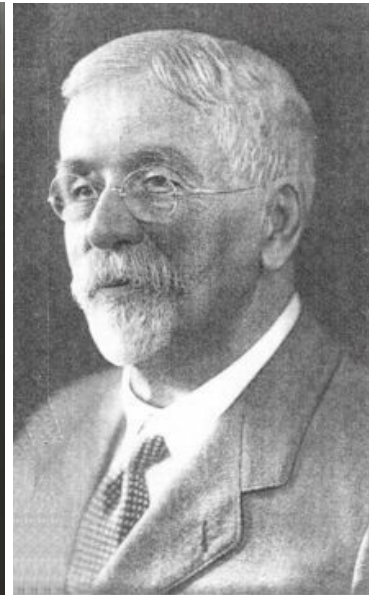


Dr E. B. Nash

The beginner in homœopathy generally has Hering's *Condensed Materia Medica*, *Cowperthwaite's Text-Book*, *Nash's Leaders*, Allen's Primer, Boericke's *Materia Medica*. In my early days he would have Hughes' *Pharmacodynamics*, too, and possibly Hering's Handbook (misnomer that it is !) These lend themselves to study by symptom lists, but not so much to a comprehensive knowledge of characteristics. To do more than "symptom matching" one must go to the large materia medica and learn how to pick out characteristics and also how to work from generals to particulars. From a confusing mass of intricate detail one must become familiar with picking out the character of the drug studied. It is there that materia medica study grows fascinating and the use of it in practice richly rewarding.



Dr E. E. Case



C. M. BOGER M. D.

Dr C. M. Boger

Too rapid growth of practice for the beginner is a pity, for the young doctor needs some time each day on philosophy and two hours on materia medica. The seasoned physician needs one hour daily. How many of us get it ? I venture to say that Dr. Erastus E. Case did and perhaps Dr. C. M. Boger. Dr. H. A. Roberts may, too, in the early morning hours.

Anyway, the study of materia medica is almost half the armamentarium of the homœopathic physician.

Washington, D. C.

DISCUSSION.

Dr. Lucy Clark. I think it was Dr. Rood who told me the worst thing that a young doctor starting out could do would be to marry a wealthy woman (or a wealthy husband too, I suppose). She said they needed to work hard and start with very few patients the first month out. That would be all right and one could study well and learn well, and that was the stuff that stuck with you through the years. I was interested in hearing Dr. Green mention that too.

Dr. Farrington. I cannot keep still with a subject like that before us. Although I lectured on materia medica consecutively for only twenty years, I have been teaching it ever since, on the floor of conventions and by writing. Naturally different teachers follow different methods, but there are certain general rules that should be observed, rules which will help the beginner. An outline of the general characteristics should be given first ; then enough of the particulars to give a picture of the



Dr H. Farrington

remedy. We do not have to have a large number of particular indications in our minds. In fact it is impossible for any mind to encompass the whole pathogenesis, even that of a master prescriber. The essential thing is the genius of the remedy. In teaching, especially at Dunham and Hering colleges, I began with the characteristic generals, as for instance in Pulsatilla, with its aggravation from heat and relief from gentle motion, its aggravation in the evening, etc. Then I gave a number of the particulars that are affected by these generals, to fill out the picture of the remedy, emphasizing those that are most characteristic. When writing the Extension Course several years ago, I placed the important generals above the text something like Boger does in his Synoptic Key, although his presentation was more brief than mine, principally because I intended to write an advanced course, using the general synopsis as a basis or text. The texts of the lessons are word pictures of the remedy. At the end seven essential characteristics are given. It is a strange thing that in

formulating these paragraphs which might be called "Tabloid Materia Medica," in nearly every instance and without definite intention on my part, they worked out to seven ; in the science of correspondence, seven signifies complete. Take Aconite for an example :

1. Intense anxiety, Fear, restlessness and tossing about.
2. Sudden, violent acute conditions, due to fright, shock, cold, dry winds ; getting chilled while sweating.
3. Hyperpyrexia with burning thirst, hot dry skin and rapid, bounding pulse.
4. Profuse arterial hæmorrhages.
5. Numbness and tingling of affected parts.
6. Congestions and inflammations with sweating, redness and burning.
7. Amelioration from warmth and after sweating.

If you are interested watch the pages of the American Institute-Journal. These little write ups will appear as fillers whenever there is space for them. Analyse them and you will find that they are not composed of key-notes as such, and that they include practically no particulars ; only the essential features that mark the nature or genius of the remedy.

Dr. Hubbard. When I was taught materia medica by Pierre-Schmidt, he always made me, in studying a remedy, work out the twelve leading symptoms of which the first one, two or three were mentals, the next three or so were general, then a couple of leading, particulars, and a keynote, if any, that was particularly notable.

He even went so far as to draw pictures in color, of the tongue-of every one of the remedies that has a famous tongue, and put it in a card index. If it was a remedy that affected the eye, I had to draw a picture of the eye. Then he had me make a clock of the remedy. There were infinite methods if you wanted to work hard enough by which you could make these things graphic. Perhaps it would appeal to some of the modern students, to be made to do that kind of thing.

Source : Homœopathic Recorder, April, 1947.

[Main](#)

This is from the introductory lecture in Farrington's Clinical Materia Medica, a transcribed collection of the lectures given at the Hahnemann Medical College in Philadelphia in the 1870's by Constantine Hering's protégé:

"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 that 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 Encyclopedia 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 startled 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, i.e. a fact memorized, at once that external thing awakens into recollection the fact or facts bearing on that subject. This is very apt to be so with our feelings, perhaps more naturally than with our intellects, because the latter require more cultivation. Many of us are so strong emotionally that we may call up an emotion without any evident effort of the will or any direction of the understanding.

Let me give you an example. A man, on one occasion, was driving along a country road, and ran over a dog and horribly mangled the poor animal. This made him feel very sick. The event was apparently forgotten. Several years later he was driving along the same road, never thinking of the incident, until he came to the spot where the accident happened, when immediately the same sensation of sickness occurred. Then the impression which was made on his mind was recalled, and at once awakened the emotions.

Thus must be the intellectual mind of the man who would master the science of medicine. He must see his patient, and when he sees his patient it awakens in his mind the picture of the remedy. This has been termed instinct, but it is not. To do this he must study persistently. You see a physician old in years come into a sick-room. At once he says, this patient needs Sulphur. How did he know that? It was not second sight on his part; but through thirty or forty years' experience he had been studying Sulphur, had been forming in his mind images of Sulphur, and living ideas of Sulphur. The moment he sees these in his patient, that moment he recollects Sulphur. If he had not the idea of that remedy in his mind, he could not see it in his patient.

Now, I ask of you not to try to jump over these years that must pass between the beginning and the ending of the art of medicine, and do not make yourselves prophets before your time."

Guy E. Manning's review taken From the December, 1911 issue of the Pacific Coast Journal of Homeopathy:

LECTURES ON HOMEOPATHIC MATERIA MEDICA.

By JT Kent

Second Edition. Cloth, \$7.00 net; half-morocco, \$8.00 net. Postage, 30 cents. Philadelphia. Boericke & Tafel. 1911.

Nothing since the publication of Farrington's great lectures has appeared in our school that makes such enjoyable reading and gives such clear-cut indications for our medicines as this work of Dr. Kent. Moreover, nowhere else can you find the dry symptomatology so ensouled that each drug stands before you as a distinct personality of incarnate morbid life - one that can be known, recognized and utilized in our work as homeopathic prescribers.

This is the second ***edition***, rewritten, but preserving the original colloquial style of the teacher. It ***gives the symptomatology free from all technicalities in the simple speech of the layman, which, rightly interpreted, is after all the surest guide to the successful selection of the indicated remedy.***

We cordially recommend this book to all students and practitioners, for in the domain of materia medica we must ever be students. The publishers have been singularly fortunate in selecting a light-weight paper, making the volume a pleasure to handle and to read.

Constantine Hering, On the study of Homeopathic Materia Medica

British Journal Of Homeopathy—Vol. II 1844 no. 7

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http://www.wholehealthnow.com/homeopathy_pro/hering_1.html

How Is A Single Medicine To Be Studied?

How can a remedy be studied, if the symptoms are not learned by heart? It can be learned through the same principle as the whole materia medica - by comparison. The symptoms of a medicine are to be read through carefully several times. This should be done from beginning to end, in the first years of study, with the pen always in hand. While reading, one thing or other is always to be particularly attended to.

The First Reading

At first attention should be directed to the organs in which the symptoms occur. It will be at once noted that many organs or tissues are particularly attacked. The organs that show the greatest number of symptoms are to be regarded according to their physiological relationship.

In this, our previous studies are a great assistance, just as every physiological dogma, every hypothesis, even though false, is an aid to the memory. Thus, the ear is said to be the peculiar organ of the osseous system. Therefore, when pains or nodes in the bones occur, I would observe attentively the symptoms of the ear. And, in this manner, many individual symptoms would appear more significant where connections exist.

For instance, between the functions of the skin and kidneys, symptoms occurring in the one system will always call to our mind those of the other - whether those symptoms harmonize with or are opposed to one another. In our comparison, pathology will also be of use, and that will be so whether its theories are true or false.

Thus, where symptoms referable to the liver occur, I would always compare the pains in the right shoulder, and vice versa. Where turbid urine is passed in small quantity, I would pay attention to the symptoms which point to the serous cavities. In doing this, for example, when studying Aurum, a number of symptoms would thereby appear more important, and consequently be more deeply impressed on my mind. And this remedy would occur to my memory not only in cases of effusion into the pericardium, but also in hydrothorax and ascites.

The important observation of Neumann - that diabetes is always preceded by a diminution in the activity of the kidneys - will be often serviceable in our consideration of the medicines. It will, for example, help to confirm the supposition that not much is to be expected from Argentum in cases of diabetes, and that this disease is mentioned in our repertories in connection with silver in this manner: Hahnemann, distrusted the alleged diuretic properties of nitrate of silver. Rather he ascribed to it powers that are exactly the reverse. But as far as I know, he does not adduce a single instance of its efficacy. While studying the symptoms of Phosphoric

acid, we should call to mind the same observation that is also the recorded experience of its efficacy in several cases of milky urine - a kind of diabetes.

In this manner we will see that a large number of the symptoms may be pathologically connected. During the first reading and comparison, the symptoms arrange themselves, as it were, into some sort of definite form. Thus we gain a collective impression of the whole that we retain in the memory, and recall to mind in all cases where the remedy is suitable.

The Second Reading

During a second perusal of the medicine, attention should be directed at the character of the symptoms. The former perusal was but a preparation for this step. The character of the pains in different parts should be compared - all pains or other sensations of the same, or a similar or a nearly related kind, that occur in different parts should be carefully observed. If this is done, it will be found, for example, that burning pains occurring frequently in various parts are not peculiar to Arsenic and Carbo-vegetabilis alone, but they also occur in Phosphoric acid and other substances. The mind will take a comprehensive view of them, and a complete picture of them will be retained.

At the same time, attention must be paid to the parts where these pains principally occur. Thus, we note whether the burning pains are more in the mucous membranes, or in the serous cavities, or in other parts. For instance, the burning pain in the case of Arsenic occurs most frequently internally, in the blood vessels. In the case of Carb. veg. pain is seen more externally, in the skin and joints.

Both substances cause burning in the stomach and bowels, but Arsenic to a greater degree. On the other hand, Carb. veg. causes much more in the breast - and so forth. In every substance where the same description of pain prevails, an attentive examination will show the characteristic features of each.

We will soon discover that certain kinds of pain prevail in certain organs and tissues, e.g., tearing in the muscles, dartings in the chest, cuttings in the abdomen, pressure in the head, compression in the ears, boring in the bones, etc. But this we shall enter into more particularly in another place.

This tends much to assist the memory, both directly and indirectly - the circumstance of an unusual pain occurring in any organ would be the more observed. A number of isolated symptoms are, moreover, more easily remembered in connection - when placed side by side. For example, with respect to Aurum, it produces determination of blood to the head, to the chest, to the eyes; toothache from a similar cause; determination of blood to the legs; and many other symptoms that may be found to be connected with these.

An accordance of many of the symptoms of different organs may often be observed. Thus Caust. has sparks, flickerings, figures, an appearance of gauze before the eyes. Also, it has ringing, whistling; singing, chirping in the ears. On the other hand, Phosph. has points and spots, dark, black, and gray veils before the eyes; loud noises, buzzing, throbbing in the ears

After the moral symptoms have been arranged in groups, they may be easily impressed on the memory by comparing them with the corresponding symptoms of other organs.

Thus anxiety, melancholy, etc., are to be compared with the symptoms of the heart and chest - ora weak, wandering, or obstinate state of mind, is compared with the frequently analogous symptoms of the digestive organs. And so forth.

The Third Reading

At the third reading, the conditions under which the symptoms take place should be noted. This must always be done pen in hand, even though Ruckert's comparative work be employed. Doing it one's self has great advantages, especially at the commencement of the study. One is exercised thereby; and all that has been previously learned is at the same time revised.

It should be observed whether the symptoms take place on the right side or the left. If this has not been done previously, note at what part of the day they occur, when our pathological knowledge will be of great assistance to us. Observe in what attitudes, positions, during what motions, etc., the symptoms occur. Care should be taken not to indulge in vague generalities, such as "aggravation in the evening," "worse on motion," and the like. This is of small use in acquiring knowledge of the medicine, and it is an obstacle in the choice of it as a remedy. What we wish to know is, what symptom is aggravated in the evening or on motion. When possible, this symptom should be noted along with some connecting idea.

Since Hahnemann taught us to distinguish between Bryon. and Rhus. by pointing out their opposite qualities - motion producing aggravation in the one case and rest in the other - it has frequently happened that too much value has been assigned to this circumstance in the choice of Bryonia.

Many other similar remedies are distinguished by possessing a similar pair of opposite properties -
Bell. and Hyosc.; Nux. and Puls.; Chin. and seneg.; Phos. and Nitr.; Sulph. and Con.; Carb. and Dros.. These along with many other substances bear the same relation to each other as Bryon. and Rhus.

Bell. has a far larger number of symptoms that are worse on motion than Bryon. - yet the symptoms that are worse on motion are perfectly distinct. As regards Bell., they occur mostly in the vascular system. With Bryon. they are chiefly to be found in the joints. The symptoms of the respiratory organs with Bryon. are not aggravated by motion. However, those produced by Bell. are decidedly so. One should be careful of coming to a converse conclusion. I mean to say, in the case of a remedy having a number of symptoms that are aggravated by rest, it does not follow that they will be ameliorated by motion, and vice versa. Thus Dulc. has many symptoms that are better on motion, but very few that are worse when at rest.

The Fourth Reading

The remedy may be perused yet a fourth time, with particular attention being paid to the combinations of the symptoms. The student may carefully observe what symptoms follow each other or occur simultaneously. However, the attention must

have been previously directed to this point. When this was not the case, the student should seek to bring these combinations into connection with his former observations.

Care should be taken not to adopt the notion that a remedy can cure groups of symptoms in a patient only if they occur in the order it produces them. A remedy is capable of curing groups of symptoms which it does not produce in the same combination at all - groups whose component parts were observed in a number of different provers, and frequently in quite a different order.

From a pathological point of view, a special study of a medicine which compares it at the same time to different forms of disease may be useful after a thorough knowledge of the symptoms of the medicine has been acquired. Experience teaches us that a number of apparently perfectly different diseases, which are far asunder in pathological works, may still be cured with the same remedy.

It would consequently be necessary to go over almost all diseases in connection with the remedy. This would be a great waste of time, and would not lead to a perfect knowledge of the remedy after all - our pathological systems are very far from being complete enough for this. It would be well, however, to compare the description of individual forms of disease, with many classes of remedies. Thus, for instance, those catarrhs which indicate Mercury and allied medicines are very dissimilar to those in which Arsenic, and medicines of its class, are efficacious.

How Other Medicines Are To Be Connected To This One

After a thorough acquaintance with one or more remedies has been gained in the above manner, the student must then pass on to others. The best course will be to go on next to those most nearly allied.

The study of the second remedy is already somewhat easier. This is partly owing to the practice that has been had in acquiring knowledge of the symptoms, and partly because deviations from the character of the last studied medicine become more vividly impressed upon our mind.

We must, consequently, have a very clear perception of these differences. They must assist us to attain a distinct idea of the peculiarities of the second medicine, as well as to stamp the knowledge of the first more forcibly on our memory.

Therefore we must search for resemblances and observe differences in the more prominent symptoms - and in those that are more easily remembered, rarer, and more striking. As we have called attention above, in the examples of Bryon. and Bell., Caust. and Phosph., Arsen. and Carb. veg., to the fact, that medicines which otherwise present great similarities in their symptoms, are yet widely different in certain respects.

No regard needs to be paid to slight differences, nor even to whole groups of symptoms which one of the medicines has, and the other has not. No attention need be given to the fact that, in one case many symptoms are known, while with the other, very few are. These factors may, however, demand our attention in cases where the different characters of the remedies are thereby marked - as in the case of Bell. compared with Bryon. regarding the morbid symptoms, the effects upon the organs of the senses, the symptoms of the throat, etc.

The differences sometimes lie in the combinations of symptoms, whereby they may present resemblances to perfectly different diseases.

More frequently, and much more clearly, these differences are expressed in the conditions under which the symptoms occur. These are often exactly opposite. Thus the very similar headaches produced by Bell. and Bry. occur in the former in the evening, in the latter in the morning. These differences are sometimes very subtle.

For instance, most of the exacerbations of Acid. Initr. occur in the evening, but those of Acid. mur. are before midnight. Those of Acid. sulph. are after midnight, and those of Acid. phosph. are seen towards the morning. But all the acids present nocturnal aggravations.

Symptoms of an opposite character are rare. But differences in nature are very frequent, as is the case in the gastric symptoms of Bell. and Bry., Bry. and Ant. crud., Ant. crud. and Ipec., etc. Symptoms in opposite situations are more frequent. Thus, similar symptoms are often distinguished by occurring in one case on the right, in another on the left side - as happens with arn. and lach and others.

The catarrhal affections of bell. are distinguished from those of dulc. in that those of the former occur more in the mucous membranes of the head and neck - in the region of the carotids - where those of the latter occur more in the chest and abdomen - in the course of the descending aorta, etc.

Beginners are apt to attend too much to specialties when making these comparisons. This over attention becomes a very laborious task, and is apt to lead to a total abandonment of the study. There is, however, no better way of avoiding this error, and of learning how to make one's self quickly the master of the generalities, than to surmount undauntedly the laboriousness of the beginning.

On a second comparison, the mind is more accustomed to the work. According to the talents and previous acquirements of the student, will it be a longer or shorter time before he comes to be able to complete the comparison of two remedies in a few days. We must caution those who pay too much attention to specialties not to be so very minute, but above all things to seek for points of crystallization. We must point out to those who are disposed to be superficial that important discoveries for practice may be made by a careful comparison.

The comparisons may be very easily made by means of Ruckert's systematic tables. The remedies to be compared are to be sought out in each division, their symptoms carefully read, and the result committed to writing.

A separate column is assigned to each medicine. Those symptoms which both have in common should be written in the middle. When there is only similarity, the sign of similarity should be placed in the middle between them. Where opposites, or well-defined differences exist, they should be distinguished by an interposed arrow, etc.

It cannot be expected that anyone, least of all a beginner, will compare every remedy with every other. The student should select remedies for this purpose that he considers to be analogous, and which are known to possess important properties.

All remedies that are closely related by the source of their derivation, must also be related with respect to their symptoms. All that are chemically allied must be so medicinally. Those possessing similar odors – as are Phosph., Ars., All. sat., Asaf., and Bufo. – must possess resemblances in their symptoms, etc.

The chemical preparations may be arranged in natural families, according to one or other system. Those nearly related are thus compared, e.g., Sulph. and Phosph.; Chlor. and Iod.; the carbons and Graph.; the oxygenous acids, Nitr. ac., Sulph. ac., and Phosph. ac. are compared with each other, and with the hydrogenous acids, Mur. ac., Hydrocyan. ac.

Further, Sil., Alum.; the carbonates of potash, soda, and ammonia; Bar. and Stront.; Calc. and Magn.; the muriates of soda and Am., Bar. and Magn. The acetates of Cupr., Ferr., Plumb., Mang.; the metals Aur., Plat., Stann., Arg., and Zinc. Interesting comparisons may be made between Phos. ac. and Phos.; Sulph. ac. and Sulph.; as also Sulph. and Hep., Hep. and Calc.

Medicines From The Vegetable Kingdom

Among medicines belonging to the vegetable kingdom, those which may be compared as being nearly allied, are:

Anac. and Rhus.

Bryon. and Coloc.

Ind. and Tong.

Op. and Chelid.

Spig. and Menyanth.

Viol. od. and Jac.

Thuya. and Sabin.

Coff., Ipec., Chin.

Colch., Verat., Sabad.

Euphr., Dig., Grat.

Lauroc., Prun. sp., Amyg. am.

Led., Rhod., Nux vom., Ign., Oleand.

Arn., Cham., Cin., Leont.

Asa., Cic., Con., Aet., Phell.

Bell., Caps., Hyosc., Stram., Tab., Verb.

Acon., Clem., Hell., Puls., Staph., Ran. bulb., and Sol.

The cryptogamous plants, Agar. musc., Bov., Lycop., are too remote from each other - and yet their symptoms are much more similar than those of the more nearly related families of Solaneae and Ranunculaceae. Sec. can only be judged from from the cures it has effected - the symptoms of it derived from epidemic diseases are not to be relied on.

It is worthy of observation that the differences of those substances which are allied in their origin lie principally in the conditions of the symptoms; whereas those substances nearly connected by the similarity of their symptoms alone, agree merely in single departments of symptoms, but in others have quite a different character and seat.

Families of substances that are related only in their symptom may be formed from such medicines as may be employed with advantage in succession - or which serve as antidotes to each other. In the present state of homeopathic literature, the

formation of such families is a very hazardous experiment. But they are of much greater practical value than those formed from their natural affinity.

It is perfectly evident that substances that have a similar origin must produce many similar symptoms. Our business should be to search for the differences, in order to avoid confusion. When, however, minerals, plants, and animals, widely different from each other, produce similar groups of symptoms, there must be some deeper reason for this. It must indicate the similarity of the medicinal to the natural diseases.

Such allied medicines are in general the best antidotes of each other. However - as must happen from the rules laid down above - among the metals that form several families, there are antidotes which are never found among those that are nearly connected, but always among those that are widely separated.

Thus it follows that Sel., Ars., and Am.; Plat. and Argent.; Stan. Plumb., Zinc. and Nic.; Ferr. and Mang. do not antidote each other. But the metals Plumb. and Plat.; Ferr. and Ars.; Am. and Merc. do.

Among plants there must be antidotes in each family, and perhaps in each genus. There are, indeed separate parts in every plant and animal, which seems to have a power of neutralizing the effects of the others.

Other homeopathic writers have pointed out a close connection between the two naturally allied substances Nux. and Ign., on the one hand, and the symptomatically allied Puls. - to which may be added Cham., Coff., and Caps. We may, I think, also reckon Ambr. among these.

Another family is Ars., Verat., Ipec., Asar., to which we may add Ferr. and Chin.; perhaps also Staph., and Ac. sulph.. Sulph., Calc., and Lyc. are well known as doing well in succession - to which may be joined Led., and in another point of view, Therid.

One of the most remarkable and beautiful families is Hep., Merc., bell., and Lach. Between these and those allied to Arsen., may be placed Phos. ac. and Carb. veg., and those related to them, as also Cupr., and on another account Aur.

Anyone who has thoroughly made himself master of two or three families, and then from time to time makes a comparison between two remedies which appear to him to be related - and between which he has frequently needed to make a most accurate choice in practice, as for instance, Sulph. and Ferr.; Phos. and Caust.; Ars. and Carb. v.; Bell. and Bry.; Bry. and Rhus.; Rhus. and Dulc., etc. - this homeopathic doctor gradually obtains such an extensive basis of knowledge that all the rest of the remedies are acquired without difficulty.

If a crystal of salt is suspended in a saturated solution of the same salt, the most beautiful crystals collect upon it. So, one who is acquainted with a large number of medicines in the above manner, can thereafter compare every medicine with every other in a very short time - and without many quires of paper. This must happen before our materia medica, which ought to belong to the natural sciences, can be looked upon as one of them.

Studying Materia Medica by Will Taylor MD

I don't think we can hope to commit much Materia Medica to active memory. One of my mentors in medical school, Larry Weed, encouraged us to never memorize anything intentionally. After many years of study I've learnt that the first time I come across something new, I look it up. The second and third time I look it up, it's easier to know where to find it. The fifth and sixth times I look it up, I'm pleased to find that it seems a bit familiar. Eventually the things I need to know daily are easy to recall--and the things I need more rarely are at least easy to find. My goal in studying a remedy is to become *familiar* with it, not to memorize it.

Studying remedies as they come up along the way

I find it most useful to study remedies as they come up as "differentials" in a case. A few years ago I came across Viburnum when working up a case of dysmenorrhea attributed to endometriosis, with cramping pain extending down the thighs; it ended up being a Caulophyllum case, but Viburnum came up on the small-remedies and prominent-remedies weighting of my repertorization. I could have just looked briefly at Viburnum and eliminated it for that case, but taking the time to study it in the context of that case helped me to learn the characteristic aspects of Viburnum, compared with Caulophyllum, Cimicifuga, Lilium tigrinum, Sepia, Trillium, Secale, Ustilago, etc. It enabled me to recognize it and use it effectively in some later cases where otherwise I might have missed it.

First things first

The first thing I like to know about a remedy is where it comes from and what it is. Clarke's Dictionary of Practical Materia Medica is good starting place to look for this. He tells us that this is Viburnum opulus, or Gueldres Rose, a shrub native to Great Britain and Europe. He goes on to tell us that the remedy was introduced by Hale (of Ohio & Michigan) on the basis of its empirical uses by native Americans and the Eclectic physicians, and proved by H.C. Allen in 1881 (also of the American midwest); so this apparently is actually a North American member of the genus Viburnum--probably *V. trilobum*, a species nearly indistinguishable from the European *V. opulus*. Locally, we call it "snowball bush" for its white flower clusters or "highbush cranberry" for its bright red berries in the fall (though it is not a cranberry by any means). It's browsed by deer and moose, and the berries are eaten by partridge (grouse) and cedar waxwings, a beautiful bird of the northern forests.

Other good resources for the sources of botanical remedies include Charles F. Millspaugh's American Medicinal Plants (Millspaugh was a protégé of T.F. Allen of Allen's Encyclopedia of Pure Materia Medica); and M. Grieve's A Modern Herbal; both are available in low-cost paperback versions from Dover Books, though lacking color in the plates. Millspaugh is strongest on the native plants of North America, Grieve on those of Great Britain and Europe.

Close relatives and their similarities

It's helpful to look at closely related remedies. Viburnum prunifolium and Viburnum tinus were described by Hale as well, and are ascribed similar actions though neither has had an adequate proving. These are in the family Caprifoliaceae, along with Sambucus nigra and Sambucus canadensis, the European and North American elderberries. If you've studied Sambucus, you'll recall that it's known for its spasmodic action on smooth muscle, especially on the respiratory tract and gut, and so we might not be surprised to see smooth muscle spasticity in the Viburnums as well.

The related *Viburnum prunifolium* is traditionally called "cramp bark," which should tell us something as well. Often the traditional empirical uses of substances are interesting to us. The Law of Cure tells us that the any truly effective medicinal action is due to the principle of similars--so any truly effective traditional use of *Viburnum* should be due to a fortuitous homoeopathicity. Hale introduced a number of traditional North American medicines to homoeopathic use on this basis; and Alfons Teste, in France, wrote of this at some length as well. The North American *Viburnum* species were traditionally used in "painful spasmodic diseases," particularly in dysmenorrhea, false pains preceding labor, labor after-pains, and threatened miscarriage.

Relative section sizes come next

The next thing I do is to take off my reading glasses and look at the Symptoms sections in Clarke, Boericke and/or Vermeulen's Concordant. The reason for taking off my reading glasses is that I don't want to be bothered with detail--I just want to see the relative sizes of the sections for each body system. I notice that in *Viburnum* there is a pretty big section under the "Head" and the sections on Abdomen, Female Sexual Organs, and Back are pretty big as well.

Putting my reading glasses back on, and scanning these sections, I notice that the head section is mostly about head pain and in fact that the whole remedy is pretty much all about pain. The terms 'cramping' and 'colicky' come up again and again--in the stomach, abdomen, anus, bladder, pelvic organs, chest & heart, back, legs, feet, but especially in the pelvic organs, in the uterus and ovaries, related to the menses and pregnancy. Boericke (Vermeulen) tells us "A general remedy for cramps."

I get the sense that the center of gravity of a *Viburnum* case would most often be gynecological--there's so much about colicky pain in the pelvic organs, it is the largest single section in these texts by a long shot. Boericke tell us "Female symptoms most important ... Spasmodic and congestive affections, dependent upon ovarian or uterine origin."

Now I've got two dimensions of Boenninghausen's "dimensions of a symptom" for the center of gravity of this remedy:

- (1) Locality --head, abdomen, female pelvic organs predominate the picture
- (2) Sensation--spasmodic cramping, colicky pains.

Jumping modalities

Modalities haven't jumped out yet so I go to Phatak's materia medica for these then I go to Hering's materia medica to try and find some more. I find worse fright; sudden jar or misstep and warm room and better for open air and moving about.

Don't be misled

It is important also to not let it the above information mislead you. I recall a *Viburnum* case that presented with asthma as the only present health concern; she was taking oral contraceptives, started in adolescence for severe dysmenorrhea that was now only a distant memory. But she did have "suffocative spells at night"--a symptom in the pathogenesis of *Viburnum*, as well as its botanical cousin *Sambucus*. The most important clue to her case, though, was the description of her adolescent menstrual cramps, now suppressed on hormonal therapy.

Back to the sources and some more reading

For the pure pathogenesis of the remedy (symptoms from the provings), I like to go to the primary sources. Allen's Encyclopedia is the gold-standard, but Viburnum is not included, so I go to my next choice, Hering's Guiding Symptoms. Hering has 8½ pages on Viburnum, and over 1½ pages are gynecological symptoms. I read the whole remedy from start to finish a few times, not with an attempt to memorize anything, but rather to carry on familiarizing myself with the whole picture of the remedy.

Comparing and contrasting

I take one of the strong symptoms next and compare Viburnum with remedies of similar known action using my repertories. I looked up the strong gynecological rubrics for Viburnum including the bearing down pains before and during the menses. I go through each remedy in each of the rubrics, comparing and contrasting how each remedy compares with Viburnum. I continue this process choosing one characteristic or strong symptom after another.

Farrington's Clinical Materia Medica is a jewel at this stage of study. He has two entries for Viburnum comparing with Sepia, Caulophyllum, Cimicifuga (Actea r.), and Secale in pelvic pains. I read the Female section in many different materia medica.

The "Relationships" Sections of the materia medica in are also useful places to go for remedies to study in comparison. Boericke and Clarke suggest comparing Viburnum with Cimicifuga, Caulophyllum, Chamomilla, Sepia, Secale, Gossypium, Lillium tigrinum, Ustilago, Belladonna, Pulsatilla, Sulphur, and Calcarea carbonica. Hering more concisely suggests Cimicifuga and Caulophyllum.

Digested materia medica

Only after I have completed the above process will I go to a heavily-digested materia medica like Margaret Tyler's Homoeopathic Drug Pictures for a "summary description" of the remedy. I expect to find nothing new here, and look simply for a re-statement of the image I'm already forming. If there is unfamiliar material here, it serves as a nudge to go back to the primary sources to check the symptoms again.

I'm now *beginning* to develop an appreciation of the "essence" of Viburnum. I hesitate to even try to put this into words, because each person has to go through the same kind of process that I've just described to gain their own sense of familiarity with a remedy. This is what I ended up concluding: "spasmodic cramps and congestive, colicky pain."

Familiar friends and family

I repeat this process each time Viburnum comes up for consideration in a case; each time this is quicker, and each time I add a new dimension--because maybe in one case the headache symptoms come up concomitant to dysmenorrhea, and maybe in another case it's the asthma symptoms, or the bladder.

And with each case my familiarity with the remedy grows and grows. Just like with all my relatives and friends--especially those who reside in my homeopathic materia medica.