

ESSENCE OF MATERIA MEDICA

by
GEORGE VITHOULKAS

Author of

- Additions of Kent's Repertory of the Homoeopathic Materia Medica
- Materia Medica Viva (12 Vols.)
- Talks on Classical Homoeopathy
- The Science of Homeopathy



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Publisher's Note to the Second Revised Edition

This book “Essentials of Materia Medica” can be considered as a sequel to the appendix of Prof. George Vithoukas’s popular book: “Homoeopathy = Medicine of the New Man”. In this second revised edition, we have tried our level best that the book is free of all errors, as well as the index of remedies added in the previous edition has been included.

The book is the compilation of various homoeopathic medicines according to the clinical experience of the author, Prof. George Vithoukas, and proves to be an ‘illuminant’ enlightening the readers with the knowledge of homoeopathic materia medica and a better understanding of the remedies. The book gives an innovative insight to the reader to grasp the medicine from the core and relating it to the presenting picture of a case in hand.

We would like to thank Dr Krutik Shah for his sincere efforts and trying his best to make the subject as complete as possible.

We hope that this book, like always, will prove to be useful for the aspiring physicians to excel in their clinical practice, especially at the bedside.

We wish all the readers a happy reading and welcome their suggestions, if any.

Manish Jain
B Jain Publishers Pvt. Ltd.

Publisher's Note to the Second Edition

The “Essence of Materia Medica” had to be published, in a hurry, as soon as possible after the first Indian edition of George Vithoulkas’s popular book: “Homoeopathy = Medicine of the New Man” came out, since it was a sort of a sequel to its appendix, wherein the essences of four homoeopathic polychrests - Nux-v., Lyc., Nat-m, and Phos. were printed. So the bare text appeared in the first edition.

This second edition has been prepared with the text freed from the errors that the first one carried and an index of remedies added. It is expected that this index will facilitate understanding of the fine differences in the symptomatology of the remedies answering the same rubric in the repertory, thus help pick up the right remedy for the case in hand.

In the text, abbreviations instead of the full names of the remedies has been uniformly used for the sake of uniformity and brevity. The List of “Remedies and their abbreviations” abbreviation H. Barthel’s SYNTHETIC REPERTORY has been adhered to for this purpose.

It will be evident to the reader that GV has drawn heavily from Kent, mainly his lectures on “Homoeopathic Materia Medica” and his “Repertory”—the two of his famous trio. While, acknowledging these quotes, GV takes the trouble to point out where his own experience differed from that of the great Master.

Further in order to understand GV, it would be necessary to have access to his own Opus magnum: “Science of Homoeopathy”,

whose pages may further throw light on his explanations and speculations as to how or why a remedy was chosen, etc.

The treatment of the fiftyone remedies in this volume is an illustration of what is meant by carrying the Materia Medica in one's head for use at the bedside! It is hoped in this improved edition, this book will prove on befitting companion to the author's other work which Dr. BILL GRAY of USA has called "a landmark Work" and help further comprehension of the "seemingly miraculous method" of cure!

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AETHUSA CYNAPIUM

(*aeth.*)

The Chronic Type

- Individuals who feel apart.
- Strong emotions but do not express them easily.
- Moved to tears but do not actually cry—emotions felt inside (Unlike Ignatia—moved to tears but constricted at throat so doesn't cry).
- Own emotional world—very intense.
- Live happily by themselves, but also enjoy company.
- Talk to themselves.

Sleep

- Intensity comes out in sleep—sleepwalks.
- Deep sleep on either left or right side.
- Salivate during sleep.
- “FEAR of closing eyes lest should never wake.”—Kent. < darkness—do not like darkness—fear will not wake up again. Feel as if suffocating from darkness—have to open window, (Lachesis, Grindelia).
- Cannot control the breathing—have to get up, (Ignatia—fear will never sleep again).
- Fear of not waking up after an operation.

Extra Notes

- Crazy for animals, cats and dogs etc—look after them with unnatural passion.
- Talk to animals when don't talk to people.
- Great irritability.

- P.M.T.—tremendous build up, headache, feel rotten two days before and days 1 and 2, then relax and libido increases immediately after menses.
- Fear of losing a loved one is unbearable.
- Sudden redness in face with a wild look, and drawing feeling in face before or during menopause.
- Deep furrows in face in sick cases—look near death, look very old.
- Eruption on tip of nose, or between nostrils, or even in nostrils—recurrent (eczema or herpes etc.)
- < HEAT, ESPECIALLY SUMMER.
- Yellowish leucorrhoea which stains linen.
- Distension of abdomen when irritated, or if eat more than usual —sometimes have to induce vomiting to >.
- Craves cheese, FARINACEOUS food, salt.
- Averse : fruits.

AGARICUS MUSCARIUS

(agar.)

The Mental/Emotional Picture

- Anxiety about health—will drive you crazy with it (Nit. ac, Ars, Phos, Kali ars.)
- Don't necessarily have the physical symptoms of Agaricus.
- Find something to suffer about: become anxious about some little thing, then it builds up and they become pessimistic. Finally, they don't want to live and go to doctor—the doctor's slightest suggestions are blown up in their minds, e.g. if doctor suggests a mammography they will have a fear of cancer for the rest of their lives.
- They cry ++ and are anxious and drive you mad.
- Sometimes ANXIETY state changes to a tremendous EUPHORIA, which they recognise is not quite healthy despite the euphoria, and so revert to anxiety.
- Out of the body experiences — feel well when come out of the body (Cann. ind. find it a terrifying experience).
- An element of spookiness about these people.
- Think about dead people.
- Can't sleep in certain beds because they look like coffins, or can't have sex in certain beds for this reason.
- Fear of cancer, but don't think they are going to die. They are always meeting or hearing of people who have cancer, like to help dying people.
- Aversion to eggs.
- Desires salt + nil else especially.
- < HEAT
- Hypochondriacal anxiety.

AGNUS CASTUS

(agn.)

Agnus castus is a remedy which I believe will be increasingly needed in our modern societies, especially by the younger generation. It is indicated after a lot of abuses common among young people—sexual excesses, the use of psychoactive drugs, loss of sleep, sporadic nutrition, etc. Such people have been easily excitable, and engaged in many of these activities very intensely over a relatively brief period of time. Then they become pale, anaemic, low in energy, absent-minded etc.

Eventually these people begin to realize that their whole constitution is breaking down. They develop the fear that within a few years or a few months they are going to die. They feel they have over-exerted and dissipated their life energies to the point that their whole system has become rotten.

Such people reach a stage in which they are unable to concentrate any more on their studies, their daily tasks etc. They experience sexual impotency, and they become very preoccupied with this problem. They become convinced that they are about to have a nervous breakdown, or that their vital organs are about to collapse.

This concern becomes so great in *Agnus castus* that these people develop an anxiety about health which is almost hypochondriacal.

- voluptuous fantasies without erection, and finally into complete loss of sexual desire.

It also happens that the *Agnus castus* patient breaks down in another way: he sometimes feels that he is worthless, that he is absolutely useless in the world. And then, at other times, he feels

that he is a very great man, that he is something quite special. These states then alternate with each other.

Women also may need *Agnus castus*. In such a case, we at first find a woman full of lasciviousness, almost hysterical in her desire for sex, Eventually, however she becomes absolutely frigid, completely lacking in sexual interest.

Agnus castus patients tend to appear pale, anaemic, fatigued anxious and lacking in courage. They have dilated pupils and sensitivity to light. Their stomachs are easily disordered. If food is the least bit heavy, they will suffer from eating it.

Often there is a sense of inner trembling and coldness — an inner chill. This occurs even though the body itself may feel warm. There is a kind of relaxation of internal organs, and one may see prolapsus and a feeling of weakness in the abdominal area. This is not so much a pressing down sensation, but a weakness. This same weakness can lead also to a Silica-like constipation: the stools come out in pieces, and they sometimes recede.

Sometimes *Agnus castus* is indicated in nursing women whose milk has stopped flowing.

ALUMINA

(*alum.*)

Alumina is a unique remedy often under-appreciated by beginning prescribers. It is characterised by DELAYED ACTION both internally on the mental plane, and externally on the central and peripheral nervous systems. The idea is SLOWNESS of function followed eventually by PARALYSIS. There is a very slow onset. The patient may not realise that anything is wrong for a long time; she may feel a vague “heaviness” in the legs about which she doesn’t complain until it has developed into locomotor ataxia.

The most striking aspect of the mental picture is the great SLOWNESS of mind. She is slow to comprehend things, then slow in figuring out how to proceed to accomplish her task, and slow in its execution.

The slowness of mind results in a peculiar kind of confusion which is unique to Alumina. The ideas are very vague, and hazy, like undefined shadows. You may see a patient who has difficulty in swallowing. But when you ask her to describe the trouble, she becomes halting and indecisive. She thinks a long time, tries this word and that, struggling to find the correct word to describe what she is feeling. This difficulty in expressing what is happening is so peculiar to Alumina that it is like a keynote symptom. This is the type of patient whose descriptions are so vague that you may prescribe many remedies before realising that you have never really had a case to work from; once you recognise this peculiar kind of vagueness and confusion, then you will give *Alumina* and witness a good effect.

With time this confusion progresses to another peculiar mental state : when she talks, she thinks that someone else is talking. Or, even more strangely, the patient may say that she cannot hear except through the ears of someone else. This can be tricky, however, because the patient will not volunteer this information. This is the kind of symptom you must elicit by direct questioning. You may suspect Alumina on the basis of other symptoms so you ask about this symptom directly, and the patient says, “Oh yes, now that you mention it.”

By this stage of pathology, the patient comes to the conclusion that he or she is going insane. This is not actually a fear of insanity: it is more of an objective conclusion. It is a kind of confirmation of what was previously suspected. Alumina is not a prominent remedy for fear of insanity. In fact, if the patient displays a lot of fear of insanity, one would tend to turn away from *Alumina* .

Finally, the patient falls into a deep sense of despair. She feels, “nobody can help me”. “Why am I not getting better”? She feels this over relatively minor ailments, and she goes from doctor to doctor trying to solve the problem; when she sees that no-one can help, then she falls into a despair of recovery. The Arsenicum despair of recovery arises from a tremendous fear of death. In Alumina, however, the despair is very deep, and it is real. She is very sick! The mental plane is confused, she is losing her identity. This can be an early symptomatology of schizophrenia.

It is important to remember that this progression from slowness of mind, to confusion, to loss of identity and despair of recovery, occurs very slowly and eventually the nervous system demonstrates degeneration as well. This is a process seen in broken down constitutions — whether by age or by frequent diseases; it is commonly prescribed in senile patients.

Next we consider the emotional plane. Alumina has a great sense of being hurried inside. Kent stresses this symptom greatly in his

Materia Medica, yet Alumina is listed only in ordinary type in the Repertory. What Kent means to say, then, is that this is a sense that the patient cannot do things fast enough; she feels there is such a DELAYED ACTION in functioning that everything happening in the external world seems to move too slowly. This is the basis for the symptoms : “Times passes too slowly”. Even though an external observer would see the Alumina patient as being very slow, she feels inside that time is passing too slowly. A half an hour seems to be a whole day.

As the emotional pathology progresses, this sense of being hurried leads to apprehension that she won't be able to finish everything in time. She tries her best, but she is so slow that she cannot actually finish, and this causes her to be apprehensive. At the very extreme of this state, she suffers from a pervasive fear that something bad will happen — an accident, a misfortune.

This process eventually progresses into depression, with suicidal impulses. Alumina has suicidal impulses upon viewing a knife. or seeing blood. Platina, Arsenicum and Mercury are other remedies having a similar symptom, but they mostly have the impulse to kill others. Alumina has the impulse to kill himself or herself.

The Alumina depression can best be described as a “gloominess”. There tis no light. She complains to the doctor, but in a non-burdensome way. She does not wail and moan and cling to the prescriber. She merely reports her symptoms in a heavy but non-nagging manner. She has the appearance of being RESIGNED to her condition. It has come on over such a long time and so insidiously that she has resigned herself to her condition.

This resignation, coupled with the vagueness and slowness of mind, sometimes gives the patient the appearance of merely “going through the motions”. You may observe her a bit and come to the conclusion that she has not really come of her own motivation. She seems to be feeling, “Why did I come here after all?” But then she opens up a bit and begins working with you.

The theme of DELAYED ACTION pervades the physical plane thoroughly. There is a slowing of function at first; this progresses to weakness of muscles, and eventually to a kind of paralysis.

The weakness in Alumina applies peripherally. Just as we see when the patient is struggling so hard to express herself but simply cannot find the right word, she wills herself to function on the plane, but the response is delayed. The characteristic Alumina constipation is the prime example. Here is Kent's description : "Now, so great is the straining to pass a soft stool that you will sometimes hear a patient describe the state as follows : When sitting upon the seat she must wait a long time, though there is fullness and she has gone many days without stool; she has the consciousness that she should pass a stool and is conscious of the fullness in the rectum, yet she will sit a long time and finally will undertake to help herself by pressing down violently with the abdominal muscles, straining vigorously, yet conscious that very little effort is made by the rectum itself. She will continue to strain, covered with copious sweat, hanging on to the seat, if there be any place to hang on to, and will pull and work as if in labour, and at last is able to expel a soft stool, yet with the sensation that more stool remains."

The same thing is seen in the bladder. It takes a long time to get the urine started. In the oesophagus, there is the sensation that food is stuck, that it cannot go down.

The paresis which characterises Alumina is focussed primarily in the legs. The concept of the Alumina loss of identity applies even in this area. The extremities seem to go their own way; they cannot be controlled no matter how hard the patient tries. Thus, we see locomotor ataxia — a clumsy, aimless wobbling of the legs. The same is true of the bladder and rectum — loss of control.

Often a sensation of numbness affects the parts before the onset of the weakness. In particular, there is numbness of the soles of the feet. This typifies the delayed conduction of nerve impulses from

the periphery to the brain. As with *Cocculus*, *Alumina* displays delayed reflexes upon being pricked with a pin.

There is in *Alumina* a peculiar kind of vertigo which is frequently observed in neurological cases—vertigo upon closing the eyes. Upon closing the eyes, a patient who is standing will tend to fall over. This again is undoubtedly due to the fact that sensory stimuli from the periphery take too long to provide reliable information to maintain proper balance.

In this way, it is possible to study each system of *Alumina* and virtually predict what symptoms are seen in the provings. Once the essential themes are understood, the rest falls into place. For example, what kinds of symptoms might be expected in the sexual sphere? There is weakness and loss of control in *Alumina*, hence the sexual sphere displays diminished desire and, in the male, incomplete or absent erection when there is desire. The genitals are relaxed.

Alumina is known to be one of the main remedies for recurrent colds. How can we explain this? Undoubtedly, it is a relative paralysis of the nerves supplying the mucous membranes. This results in inadequate circulation, or sluggish response of the circulation, along with dryness of the membranes. Since the usual mechanisms whereby the defense mechanism protects against colds have been compromised, the patient becomes susceptible to colds. Basically, this weakness in reactive power is also the basis for pathology in other remedies having colds; *Tuberculinum*, *Sulphur*, *Graphites*, *Silica*, *Mercury*.

Some other characteristic physical symptoms : dimness of vision, probably due to weakness of eye muscles. The skin is extremely dry. There is itching without eruption. There are dry crusts on the skin eruptions, dry thick crusts in the nose, and dry granular crusts in the throat. There are catarrhal discharges from all membranes; nasal, urethral, vaginal and easy suppression of discharge which

then become recurrent. (There may be one-sided paralysis—usually on the right side.)

Alumina has a definite time aggravation in the morning. She may then gradually improve during the day, or she may remain low all day. However, there is then a marked amelioration in the evening, once the sun has gone down (Medorrhinum, Lycopodium).

Another striking characteristic in Alumina is aggravation from potatoes. There may also be intolerance to other starchy foods, wine, pepper and salt.

The idea of SLOWNESS PROGRESSING INTO PARALYSIS typifies the kind of response which can be expected once Alumina is administered. To be certain of the response it is necessary to wait quite a long time with this remedy. This is especially true when there are organic changes involved. It takes a long time to cure the results of disease, just as it took a long time to develop.

ARGENTUM NITRICUM

(*arg-n.*)

The central idea of the Arg. nit. patient is a person who has a weakness on the mental sphere which is most obvious when a challenge appears. This is a mental weakness accompanied by an emotional state of excitability and nervousness and impulsiveness. His mental faculties are weak while his feelings are over-strong. Such a combination produces a person who is ready to act on any idea which happens to flit through his mind, no matter how ridiculous it may be.

The patient may be sitting on a balcony and suddenly the idea comes to mind; “What if I were to fall?” This idea sticks in his mind and in his imagination he produces the whole scene of falling to the ground and SEEING HIMSELF CRUSHED FULL OF BLOOD etc. Finally, he becomes overwhelmed with this image until he has the actual impulse to jump in order to see what it would be like. He may even make a move toward the edge, but at this moment he comes to his senses—full of fear. He goes inside and he closes the window.

Another example of this combination of weakness and excitability might be a man working on the pavement in the street who finds himself compelled to work in a particular way. If the pavement is laid out in squares, he finds it necessary to work on every other square, or he finds he must step only on the lines between the squares taking very tiny steps.

A further example : A man walking down a street planning to turn a particular corner suddenly becomes obsessed with the thought that the moment he turns that corner a heavy object will fall on

him. The thought is so powerful that he continues on past that corner and turns at the next one.

Still another image : A woman crossing the street sees a car passing in front of her at a safe distance. She knows the car cannot hit her and indeed it passes in front of her without incident. Then, as she crosses the street she flashes on a whole scenario of what MIGHT have happened if she had crossed the street a moment earlier. The vivid image of the car crushing her jolts her back to her senses.

The Arg. nit. patient becomes temporarily obsessed with such irrational thoughts which possess him for a time and then vanish. A body jerk or sudden movement seems to coincide with the moment the idea leaves.

For example, a man looking from his window sees a child playing in the street. He notices a car which passes the child quite safely. He then starts thinking about what MIGHT have happened had the child been playing in a different part of the street when the car came. He invents a whole horrible scene in his mind and is so carried away by it that he starts down the stairs to the street. As he descends, the idea hits him that he is about to slip and fall. He becomes so overwhelmed by this idea that he is sure it will happen. At this moment, he makes a slightly unusual movement, possibly a jerking motion, and the idea leaves him. He is sane enough to realise that he is constantly tormented by these silly ideas but powerless to stop them.

In Arg. nit. we also find a fear of heights, or a fear of high buildings. The idea behind these two fears is similar : either he will fall from a height, or a building will fall on him as he crosses a street.

For example, a student who has become overtired from too much study sits at his desk and his mind wanders away from his subject. He glances at an electric socket and suddenly wonders : "I wonder what would happen if I put a wire into that socket?" He gets up and finds a wire and starts toward the socket. He comes back to himself with a jerk just as he is about to insert the wire into the socket.

Another patient during an illness becomes absolutely certain that in three hours when the clock strikes a certain hour he will die. He watches the clock in agony. Kent, in the Repertory, under the rubric “Predicts the time of death”, lists Aconite, Arg. nit. Agnus castus also should be included. In each of these remedies the idea is quite different. With Aconite, there is a tremendous, overwhelming fear of death which makes him think he is going to die. With Arg. nit. it is a question of a “fixed idea” that he is going to die at a certain hour.

The Arg. nit. person realises that he is weak mentally. He can easily make a fool of himself in public. In a social situation, an overwhelming fear and anxiety may overtake him. He ask himself, “How shall I ever cope with it? What am I going to do? I shall make such a fool of myself.” This anxiety so overwhelms him that he starts to urinate frequently or possibly diarrhoea occurs. This is a state of very low self-confidence. The idea of appearing in public to give a speech seems impossible. The most characteristic aspect of the fears are their “fixed” nature coupled with superstitious paranoia.

To the rubric “Superstitious”, which lists Conium and Zincum, should be added Arg. nit., Rhus tox and Stramonium.

The mental weakness manifests throughout the body in ways familiar to us as simple aging. The mental weakness is similar to what we see in senile states. The face appears wrinkled and shrivelled and the patient appears older than his or her actual age. This is not like Calc. carb. which may look old with the furrowing of the face, the fine squares. It is not the same as Lycopodium where the body seems to be aging in the upper half. With Arg. nit. it is more of a shrivelled look (Secale, Ambra grisea).

The Arg. nit. patients emotionally are quite easily over-stimulated. Their emotions are quite strong, even to the point of impulsiveness. They can be very impulsive whether in expressing anger or love. Arg. nit. is the leading remedy for impulsiveness.

It is interesting to note that as the weakened nervous system causes a diminishing of mental function, a corresponding over-activity may occur in the circulatory system. Tremendous palpitations can occur which are felt all over the body, especially while lying on the right side. Flushes of heat can also occur. The Arg. nit. type is aggravated by heat. They like fresh air and cold bathing.

Considering the digestive system, there is a strong desire for sugar and sweets in general, but sugar can disagree, sometimes causing diarrhoea. In addition, there are desires for salt, salty foods and strong cheese. Arg. nit. bloats easily. There is much belching and eructations. The eructations can be continuous and very loud—like cannons. When we have a patient with a strong desire for sugar, a desire for salt who is worse from heat and better from cold, then we must think of Arg. nit. If, in addition, the patient is aggravated by sweets then it is definitely Arg. nit.

The characteristic mental state of Arg. nit. can appear in the sexual sphere as well. He could be emotional and full of feeling but as he begins the sexual act he may be overwhelmed with anxiety, causing his penis to relax. This usually occurs because some silly idea has forced itself on him which he cannot let go of. Often the idea is a fearful one, and it renders him incapable of continuing the love act.

Arg. nit. has ulcers mostly of the cornea and conjunctiva. Before there is an ulcer there can be a redness in a specific spot.

Stitching, raw pains are also characteristic, not only in the eye, but in the throat as well. It is a “splinter like pain” similar to what we see in Nitric acid and Hepar sulph.

ARSENICUM ALBUM

(*ars.*)

Arsenicum is a classic remedy known in its basic outlines to all homoeopaths. Originally proven by Hahnemann himself, *Ars.* has been exhaustively described in every *Materia Medica* since. The classic description in Kent's *Materia Medica* covers all the essentials in both the acute and chronic states : Anxiety, Restlessness, Aggravated by Cold, Worse 1 - 2 p.m. and 1 - 2 a.m., Thirsty for Sips, Periodicity, Alternations of Symptoms, Ulcerations, Burning PAINS. A mere cataloguing of symptoms can be misleading in actual prescribing. However, unless the image is rounded out by an understanding of the essential dynamic process and stages of development of the remedy, particularly in comparison with other similar remedies.

The essential process underlying the Arsenicum pathology is a deep-seated INSECURITY. From this insecurity springs most of the key manifestations known in Arsenicum. This insecurity is not a mere social dynamic, but more essentially a sense of being vulnerable and defenceless in a seemingly hostile universe. This insecurity dominates the Arsenicum personality even from the earliest stages.

Arising from the insecurity is the Arsenicum DEPENDENCY on other people. Of course, Arsenicum is a prominent remedy listed under the rubric "Desires Company". In reality, the Arsenicum person has more than a mere desire for company—it is an actual need for someone to be present, near him. Arsenicum surrounds himself with people because of his insecure sense concerning his health, his unaccountable fear of being alone. The need for company is not necessarily a need for interaction with people,

such as in Phosphorus. Arsenicum needs people nearby, more for reassurance and support than anything else.

The Arsenicum person is very POSSESSIVE—possessive about objects, of money, and especially of people. The Arsenicum person does not easily share a relationship with a give and take dynamic. He is much more selfish, a “taker”. In a relationship, he will give support to another person, but primarily with the expectation of receiving support in return.

It is in this sense that Arsenicum is a selfish remedy. Automatically, he perceives events in the world from a purely personal standpoint. If something happens to someone else, the Arsenicum person will think first of what it means to him. For example, if a car accident occurs, the Phosphorus patient’s heart will automatically go out to the victim, putting himself in the place of the victim. The Arsenicum patient will instantly think to him-self, “Oh, Oh! If that can happen to him, it could happen to me.” He may not think at all of the other person, but only of the implications to himself.

The possessive quality of Arsenicum extends to physical possessions, as well as people. He is miserly, avaricious. He is conscious of saving money and things, always calculating what the returns to him will be. It can occur that he may be generous with his money or possessions, but he is still giving with the expectation of receiving in return, and he will be upset if the returns do not come back to him. The same possessiveness leads to a compulsive collecting nature. If there is anything that he believes might be of some value even some insignificant little item, he will carefully store it somewhere where he will be able to find it easily later.

Next we come to the well known Arsenicum trait of FASTIDIOUSNESS. Here, it is important first to reiterate that in homoeopathy we do not prescribe on the basis of beneficial traits, but only on pathological qualities. Thus, if someone is neat and orderly as a manifestation of an orderly approach to life, this would not be a limitation in constructing the image of the remedy for that person. The same could be said about the perfectionistic

