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CLASSIFICATION OF REMEDIES,

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The most eminent men in the profession have at all times felt the necessity of arranging the Materia Medica systematically. This necessity arose from the daily-increasing assemblage of facts exclusively appealing to the memory, and it became necessary to systematize these facts in order to aid the memory and facilitate the selection of the remedy in a given case of disease. The mode and manner of such systematic classification of drugs depended in a great measure upon the views entertained in respect to drug-action in general, on the comprehension of the law governing the relation existing between the drug and the disease, and on the adaptation of one or the other (Pathological) school in Therapeutics. In proportion to the correctness of the views and opinions of the various originators of the different attempts to classify remedies, were these classifications advantageous to the profession and capable of affording aid in the accomplishment of the original object. The physicians of the common school, who were ever anxious to press every case of disease

and all the changed and abnormal diseased conditions into a pathological livery, systematized the Materia Medica accordingly; and the more diffused their views of pathological conditions were, the more manifold were the classes under which the known remedies were arranged. In fact the Pathological picture-book of each succeeding school served for the foundation of a systematized Materia Medica. For inflammatory diseases, the antiphlogistic apparatus was brought into requisition; if it was the object of the school to imitate nature or the natural crisis, and if that crisis was thought to consist in sweat, the sudorifics were summoned to make the attack on the disease. When the kidneys were considered the tardy organ, their sluggish or suppressed action was held responsible for the disarrangement of the economy of life, and diuretics were marshalled to aid nature to restore the lost equilibrium; or one by one of the various agents were called into action, according to the notion of the physician, and he would summon a drasticum, or a nervinicum, or a tonicum, or an excitans, an irritans, a febrifugum, an ecbolicum, a hæmostaticum, a resolvens, a sternutatorium, an antiscorbuticum, an anthelminticum, an emeticum, a purgans, a narcoticum, an absorbentium, an adstringens, an antispasmodicum, an emoliens, or an expectorans, &c., &c., to perform some specific duty in some one or more of the rebellious provinces of the organism.

As Homœopathists, we avoid all useless bandying of theories; we do not stop to define the nature of disease; we are fully satisfied when we give a simple definition of disease under a very simple formula, and we say "diseases are dynamic and virtual alterations of health;" this formula contains within itself the programme of an immense revolution in the domain of medical philosophy. Our definition of disease is very different from that of the allopathic or physiological or eclectic school; our law of cure not only differs from theirs, but is well defined, not based on vague empiricism; and in like manner it behooves us to seek and find for ourselves a classification of remedies. And in this particular

point, as well as in all other points, we find that a reconciliation between Allopathy and Homœopathy is forever out of the question. It is evident that while the various schools, acknowledging various laws of cure and various definitions of diseases, can have nothing in common, we cannot accept any of the previously-offered methods of classifying remedies.

The above propositions will be best understood by giving a short practical illustration.

If we look, for instance, at the sudorifics of the old school, it will appear very evident that a classification of that kind must be perfectly useless to us; and in like manner must all the other classifications prove to be so. We are made to understand that a sudorific—or, what is synonymous, a diaphoretic—causes perspiration by acting as an excitant. With our definition of disease, with our law of cure, we cannot be made to believe that it is ever our calling to *make* a sick person sweat. Suppose we are called upon to cure a patient who principally complains of sweating; according to our law of cure we must administer a remedy causing a similar effect on the healthy person—a so-called sudorific. We learn from the common classification of the common school that Eupatorium, Tart. em., Ipecac., Opium, Xanthoxylum, &c., are diaphoretics. What help is that to us? How can we reconcile our law of cure with the common-school classification of remedies, as we do not learn any thing definite about the different actions of the diaphoretics—as we do not learn which one of the sweat-producing drugs will be applicable in this our individual case? Were we to abandon our principles, our law of cure, and were we anxious to reconcile our school with one or all of the other schools, we would either have to administer one or the other of the diaphoretics, and one after another, till we accidentally relieve by the one or the other, or else mix a goodly number of them up and administer this mixture at hap-hazard. However great our anxiety may be to invent such a conciliating-amalgamation patent, our patient will most likely continue to sweat under this mixed practice. Our own school alone gives us light on the subject; and we

turn our backs on the sudorifics that *were*, and, true to our own simple but ever true principles and practical rules, we begin to examine our patient a little more closely. Our first question might probably be as to the locality of the perspiration—*Where* do you sweat: all over the body, or only on certain parts, and on what parts? We are informed that the patient sweats all over the body except on the head, and we mark as corresponding remedies: Rhus tox., Sambucus, Bellad., Sepia, Merc. viv., Nux vom., and Thuy.; we consider these remedies related under this condition. We next learn that the perspiration is very debilitating; and among the remedies marked above, on account of their similar locality, again Sambucus, Merc. viv., Sepia, and Nux vom. As it is a characteristic symptom of Rhus and Thuya that the perspiration caused by them is not debilitating, they are left out. Having learned what the *locality* and the *kind* of perspiration the patient has, we now also learn the *condition*. The perspiration, as to *time*, is worse at night, and conditionally worse before going to sleep and after awaking. After the last twice-marked remedies we mark again Merc. v., Sepia, and Sambucus. And when we finally learn that the perspiration begins in the face; that when the patient falls asleep the perspiration ceases and a dry heat sets in, we will not hesitate for one moment, and we cure the patient, according to his individual symptoms and under the law of the similars, with Sambucus. In the case here stated we would derive no benefit from the generalizing classification of the pathological school, nor from the generalizing classification of remedies of any other school; we must individualize as to locality, kind, condition, and combination. And if we have classified our remedies in all these directions and according to all possible individualities, we may well discard the generalizing attempt of the other schools to classify remedies,—discard them not only in this particular, but altogether.

And the source from which we derive this individualizing knowledge of drug-actions, enabling us to apply them for the cure of the sick, and our law of cure, is our Materia Medica,

based on the provings of remedies on the healthy. The knowledge of drug-action includes a knowledge of the relation of drugs one to the other; and as they are related, so do we classify them. The common school, in common with their excrescence, the eclectic, classify according to their generalizing propensity; and, to return to the above illustration, they know only sudorifics. *We* know them as we know other remedies, and classify them in a similar manner. This similarity and relationship can be manifold, and remedies can be similar and relative, as they similarly affect the mind or certain parts (organs and tissues) of the body; or as to the kind of pain they produce; or as to the direction the pains take in the body, from one side to the other, or from the lower to the upper part of the body, &c.; or as to the conditions (heat, cold, rest, motions, time of the day, seasons, &c.) as to the combinations, &c. And we may carry on these individualizing subdivisions almost *ad infinitum;* and in fact the more we individualize, the better can we apply our law of cure. And such an effort to classify our remedies has been made by Dr. Von Bœnninghausen in his Therapeutic Pocket-Book; and this work indeed suggests the only useful manner in which a classification of remedies can be made. It may and will be said that such a classification is not "*scientific*," because not in harmony with the notions of the physiological school. If it is the sole object of the physician to heal the sick, such a classification, nevertheless, will offer the only available means to accomplish that object; all other classifications, based on generalizing principles, must fail to aid us in our ultimate object, which is to facilitate by a classification of remedies the finding of the curative remedy applicable under the law of cure.