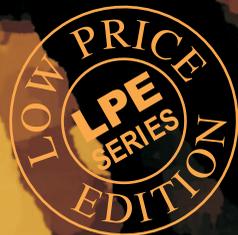


The Principles
and Art of Cure
by

HOMOEOPATHY

Herbert A. Roberts, MD



The Principles and Art of Cure by Homoeopathy

A MODERN TEXTBOOK

With Word Index

by

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Study of Remedies by Comparison.*

Third Edition



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THIS WORK IS DEDICATED
TO ALL SEEKERS AFTER TRUTH IN HEALING
OF EVERY AGE AND RACE

PUBLISHER'S NOTE TO THIRD EDITION

It is stimulating and encouraging to present the third edition of “The Principles and Art of Cure by Homoeopathy– A modern text book with word index” by Herbert A. Roberts.

Every moment, each object and subject in this world is undergoing change/s, even if minute and unobservable. And books are no exception.

The changes in the third edition are as follows:

- Inclusion of the word index keeping in view the convenience of homoeopaths whether an undergraduate, research scholar or a teacher as well as layman so that they may catch hold of the required topic at a glance.
- The name of the medicines have been abbreviated as per the medicine list of Synthesis Repertory of Frederick Schroyens to maintain uniformity.
- Special marking on the questions given at the end of some of the chapters will immensely help easy visualisation for mental exercise.
- Reformatting of the treatise has been done for smooth and pleasurable reading along with cent per cent grasp of the principles and art of homoeopathy.

Kuldeep Jain
MD, B. Jain Publishers

PREFACE

THE first question asked of us who profess to uphold Hahnemann's teaching is this : What is Homoeopathy ? Why is Homoeopathy preferable to other methods of medical practice ?

How shall we answer it ? Is it true that we can answer it by saying : Homoeopathy is a system of medicine ? The thoughtful, conscientious homoeopathic physician will feel that a more comprehensive answer must be given, an answer that will appeal to the sense of logic of the questioner.

We believe that Homoeopathy has no standing if it cannot be definitely proven that it stands firmly upon the basis of fundamental natural laws. In this book the author has tried to show the "logical reasonableness of homoeopathy", as Carroll Dunham termed it.

Here an attempt has been made to co-relate the principles that govern the Homoeopathic methods of healing with those principles and laws that govern all life : i.e. motion, growth, development. No one realizes more than the author that these efforts are imperfect and incomplete, but if they serve to inspire further research along the lines of the fundamental oneness of Homoeopathy with Universal Law, his object will have been attained.

To Sir J. C. Bose, R. A. Millikan, A. H. Compton and others, the author is indebted for the use of material, the fruit of their labours.

In one group of chapters, the student of homoeopathic philosophy will note that few original thoughts have been incorporated; he will be able to trace the source of many of these thoughts, and even paragraphs, to Hahnemannian students who

have put into clear, concise phrases the teaching that best reaches the novice, and that appeals to the seasoned homoeopath as the best testimony that could be offered. Many of the choicest bits of homoeopathic philosophy are scattered through homoeopathic literature, and it is to gather these into compact form, and so place the best thought upon homoeopathic philosophy in accessible place for student and physician alike, that this work has been attempted.

The author of this book has spent many fruitful hours in searching the printed records left by many stalwarts in the homoeopathic vanguard, and not only have the printed works of individual authors been closely scanned for the material found here, but old volumes of homoeopathic magazines long since out of print have yielded valuable material.

It has been our experience of several years that when the principles of Hahnemannian homoeopathy have been set before the student in a manner that appeals to his sense of logic, he readily grasps it and is able to incorporate it into practical application. It has been our aim in this book so to set forth the principles underlying the practice of Hahnemannian homoeopathy that they could be grasped and made of practical application in the healing art.

To Hahnemann, Boenninghausen, Hering, Joslin, Lippe, Fincke, Carroll Dunham, P. P. Wells, A. R. Morgan, T. F. Allen, H. C. Allen, J. H. Allen, James Tyler Kent, Stuart Close, C. M. Boger, and others; and to the members of the International Hahnemannian Association, who by precept and example have stimulated thought, the author is deeply indebted for the source of material. If any profit from this book, let him remember the hosts of people healed by these physicians who staked their whole method of practice on the fundamental laws of healing, and be encouraged thereby in the knowledge that to him also is the same power, and in exactly the same degree in which he employs these fundamental laws.

Derby, Conn.

H.A. ROBERTS.

January 10th, 1936.

PREFACE TO THE SECOND EDITION

OUT of the strain and stress and havoc and horror of this present world conflict comes the call for a new edition of this book. The remainder of the former edition having been destroyed during the attacks on London, this call for a new edition is a small part of the answer of the democracies to the attempt to enslave and dominate all free peoples. It epitomizes the struggle to perpetuate the ideals for which the democracies stand—the opportunity to develop and express individuality in every way consonant with the good of the whole.

We believe that in the course of time and by the action of natural laws, the world will be cured of its present evils and will go on to greater health of all its parts.

Natural law is immutable. We judge by finite measurements, but our convictions relate our finite perspective to ultimate—and infinite—acceptance of these laws, which will right the equilibrium in the individual, the nation, and the world.

This edition is more than a reprint; chapters of importance have been added particularly on the endocrine glands, on the release of atomic energy by potentization, and some dangers in modern medication; but few changes have been made in the original chapters of the text.

Derby, Conn.
1942.

H.A. ROBERTS.

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CHAPTER XXIII

DISEASE CLASSIFICATION : PSORA (CONTINUED)

PSORA has numerous sensations of vertigo. These are of many kinds and accompany all kinds of motion, and are often induced or aggravated by emotional disturbances. Hahnemann speaks of the vertigos of psora as being many and peculiar, brought on by walking, motion, looking up quickly, rising from sitting or lying; bilious vertigo, floating, from digestive disturbances, with specks before the eyes; desire to keep quiet by lying down, which >. In this desire to lie down and > by lying down we have the outstanding characteristic of the whole underlying condition.

There are sharp, severe, paroxysmal headaches which come on in the morning, increase as the sun rises and > when the sun goes down. These are usually frontal, temporal or parietal. The headaches with red face, throbbing, > by rest, quiet and sleep and > by hot applications are psoric.

The bilious nausea and vomiting, coming on at regular intervals, > from rest, quiet and sleep, are psoric.

The characteristic desire to lie down and be quiet is manifested in feverish children, who desire only to be let alone.

Psoric manifestations may be a link in almost all disease conditions, and they are always > by heat.

Psora alone never causes structural changes, and the psoric head is normal in size and contour. The hair is lustreless and do dry that it cannot be combed without wetting the comb. The hair

falls out after an illness. It becomes grey too early, or white in spots; it breaks and the ends split. The skin and scalp appear unclean, and there is much itching dandruff and dry eruptions on the scalp, either papular or eczematous, which itch. These eruptions are < in the open air, < evenings; > by scratching, but burning and smarting follow the scratching. These eruptions do not suppurate but dry down and become dead scales.

There are many eye symptoms, but since there are no structural changes under this uncomplicated stigma, we find no pathological changes. The symptoms all have to do with the functional relationships and are closely related to emotional disturbances. The psoric eye is intolerant of daylight or sunlight, and the symptoms are < in the morning, from the rising of the sun to the zenith, and > by heat. There are spots before the eyes; this is a characteristic manifestation of this miasm, or stigma.

Ptosis of the lids is never psoric, but syphilitic. Red lids are a combination of the psoric and syphilitic in the tubercular diathesis.

The ear troubles, like the eye troubles, are functional or nervous. The appearance of the ear is normal; the ear is small or medium in size, and never transparent in appearance. There is no moisture in or about the ear, as with the other miasm. The auditory canal is dry and scaly. We rarely find an abscessed condition in the psoric ear. Since this stigma has such marked nervous reflexes, we expect to find the characteristic oversensitiveness to sounds.

The shape of the psoric face is that of an inverted pyramid, but the face and head do not perspire as does the syphilitic condition. Perspiration is characteristic also of the tubercular diathesis, but this is because of the syphilitic admixture with the psoric. The lips are red, often red to bluish, parched and dry. The usual feverish face in the psoric patient is red and hot and shining. There are the characteristic dry itching pimples and simple acne. The skin is naturally dry, with an unwashed appearance. Rushes of blood to the face or burning of hands or feet are psoric, as are hot flushes at the climacteric.

In the nose also we find the oversensitiveness to odours; unusual odours awaken him from sleep; he cannot sleep where there are strong doors; perfumes make him feel ill and faint. There are painful boils or pimples on the septum, but no malignant manifestations.

Lupus of the nose is a manifestation of the combined stigmata, and closely allied to tuberculosis.

Sordes about the mouth are psoric manifestations. There is swelling and burning about the lips rather than fissures. There is thrush and stomatitis in the mouth. The psoric patient has many taste perversions; there is a bad taste in the mouth; or it may be sweet, bitter or sour; there is a regurgitation of the taste of foods; these patients are very sensitive to taste. While all the miasms, or stigmata, have many perversions of taste, psora is the only one which manifests the symptom of burnt taste.

Psora is always hungry; this miasm has desires and longings for many and various things. They are hungry even with the stomach full; they are never satisfied even while eating. They crave sweets, acids, sour things; in fevers they crave indigestible things. They long for travel, yet they are weak and debilitated; they long for things the system is wanting; they long for certain things; yet after gestation they loath the things they have craved. Before bilious attacks they crave sweets, but the attack is not caused by the sweets they consume; rather the craving is a forerunner of the attack, a prodromal symptom.

There is a weak, gone feeling in the stomach in the middle of the forenoon; hunger at night also is a prominent symptom. These patients lack the power of assimilation, which is undoubtedly the cause of the continual craving, and is closely related to the characteristic gnawing in the stomach with sensations of heat and cold. There is a repugnance to boiled foods; they crave fried and highly seasoned foods, meats and greasy foods, but these do not suit. Meats stimulate the psoric patient and arouse the underlying condition to activity. In fevers they have an aversion to sweets and

crave acids. The sense of fullness, gas, bloating, etc., are markedly psoric traits, and they are accompanied by heartburn and waterbrash. Most of the aggravations of psora occur after eating.

The cravings and longings are basic phenomena of great therapeutic value. A comparison of the desire of the stigmatic influences is of much help in selecting the remedy: psora desires hot foods; syphilis prefers cold food; sycosis wants the food either hot or cold. Psora desires meats, but the combination of psora and syphilis, in the tubercular diathesis, has an aversion to meats.

With the bloating of the psoric patient, he cannot endure the slightest touch on the abdomen; he fears even the slightest contact.

While pure psora does not produce any structural changes, psora does produce functional changes; these are manifest in the chest condition by the anaemic manifestations that have their effect on the duty of furnishing oxygen for the red blood cells. The emotional reaction of psora hampers the natural functions to such an extent that the functions are disturbed and the oxygen circulation feels the lack of the vitalizing influence.

The coughs of psora are dry, teasing, spasmodic and annoying. The expectoration is usually mucous, scanty, tasteless. The salty and sweetish taste of the expectoration are dependable indications of the combined psoric and syphilitic taints.

In the heart there are functional disturbances with violent rushes of blood to the chest, and a sensation of weakness, goneness or fullness about the heart. The sensation as of a band is psoric. This miasm, or stigma, manifests its reflex relationship of gastric or uterine irritations by marked palpitations or sensations as of hammering about the heart. With the heart symptoms there is always anxiety and fear on the part of the patient. The psoric patient always fears that he will die from heart trouble; but the psoric patient is the chronic who lives long and produces income for the physician, for he is the victim of so many unpleasant sensations

that he requires much attention, and his habit of fixing his attention upon one or more organs as being the cause of his discomfort demands constant attendance from the physician. He does have many uncomfortable sensations, such as sharp cutting neuralgic pains about the heart. These patients think they are about to die and want to lie down and keep quiet, but there is no danger; it is the sycotic and syphilitic heart patients who die, and then suddenly and without warning. The psoric heart conditions are very much influenced by strong emotions, joy, grief, fear, and so on. These conditions are < eating and drinking; there are palpitations and eructations of large amounts of gas; sometimes the pulsations of the heart will shake the whole body. The psoric patient is always conscious of his heart conditions, and it is he who is constantly taking his own pulse.

Psora alone produces more marked anasarca and dropsical conditions than sycosis. The sycotic patient succumbs before the dropsical conditions becomes marked; but the union of these two stigmata produces these conditions in a marked degree.

The abdomen feels full after eating; there is much distension, < in the morning. The muscles are flabby, and all abdominal pains are > by heat.

The diarrhoeas of psora are often induced by overeating. The patient is always hungry and eats beyond his capacity and upsets his digestive powers. This overeating often produces a colic and watery diarrhoea, usually in the morning. These diarrhoeas fit the symptomatology of such remedies as *Aloe*, *Podophyllum*, and *Sulphur*, among others.

In the tubercular diathesis there is also the morning < of the diarrhoea, and the tubercular condition shows its psoric parentage by the < from cold.

Psora has a spasmodic offensive and painless diarrhoea which usual > the suffering, but it is not a persistent diarrhoea; it comes on from emissions or from preparations for an unusual event; after taking cold; < by cold; > hot drinks or heat in general.

There is a stubborn, marked, persistent constipation, with small, hard, difficult stools and no desire for stool; or there may be alternation of the constipation and diarrhoea. With the constipation there are frequently accompanying troubles in other parts of the organism, or seemingly unrelated symptoms which are actually concomitants.

Psora is not only the mother of all diseases, but it is the psoric element which gives the valuable concomitant symptoms and furnishes the modalities and sensations which are a true expression of their suffering. The psoric patients suffer considerably, probably much more than in the other stigmata, and with less apparent cause.

In children afflicted with this underlying condition we find retention of the urine whenever the body gets chilled, and this condition arises in old people also. An opposite indication of the psoric stigma is the involuntary urination when sneezing, coughing or laughing. There is smarting and burning on urination, but not from pathological causes.

Many symptoms of this stigma are reflected in the sexual sphere, especially in women. In other words, these are functional disturbances closely related to the emotions, and dysmenorrhoea, amenorrhoea, and many other conditions result. Hahnemann tells us that grief or sorrow, such as that caused by an unhappy marriage, will produce more serious and distressing symptoms in the psoric patient than the most unfavourable surroundings or real hardships. It can be seen that there would be a marked reaction on the functions which are so closely related to the nervous system.

The psoric skin is dry, rough, dirty or unhealthy appearing. In fact, the classic psoric remedy is *Sulph.*, although it is not to be thought that *Sulph.* will cure all cases nor is it limited in its range of applicability to psoric conditions; but if there is any one remedy which we may limit by saying that it is the picture of a stigma, we may truly say that psora and *Sulph.* are so like each other, in many

instances, that each typifies the other. In appearance, the psoric patients are the “great unwashed”; bathing is unwelcome and < the roughness of the skin and the irritability.

In all psoric conditions, itching is a persistent symptom. There is very little suppuration; there may be a few vesicles or a papular manifestation. Psoric eruptions are not noticeable by their colour, but by the roughness of the skin. Unless there is marked inflammation they are the same colour as the skin. With the dry skin, there is a decided tendency for fine, thin scales; the eruptions dry down and scale off.

Erysipelatous manifestations are a combination of psora and sycosis.

If there is any syphilitic taint in combination with the psoric base, the patients are very apt to be susceptible to impetigo, for this is the soil in which impetigo flourishes; without these united taints a patient will not become infected with impetigo.

The psoric patient has the symptom of coldness associated with even slight ailments; with headaches there is a deadly coldness that is almost worse than the headache itself, and this is much < by continued effort and > by lying down where it is warm and quiet.

Modern medicine tells us that migraine has as its under-lying cause emotional disturbances. In other words, this is a verification of Hahnemann’s teaching on the disturbances roused in the psoric patient by grief, sorrow or other harrowing emotions.

It kills the psoric patient to stand still; he must walk instead of standing, even if he is on his feet but a brief time. He may stand if he can lean against anything sufficiently to take the weight off his feet. This is not because of structural changes; it is because of his natural desire to rest, with his characteristic restlessness. Weakness of the ankle joints is a sure indication of the presence of a syphilitic taint in combination with the psoric stigma.

CHAPTER XXIV

PSORA OR DEFICIENCY ?

CRITICISM of Hahnemann's psora theory has raged for a century. It is not feasible to follow minutely Hahnemann's line of reasoning that led to his declaration of the psora theory, but we have his own statement that it took years to classify what he came to term the psoric miasm. Enough has been written to show that his reasoning in this respect was sound, and as far as it went, clear. It is not strange that in the light of modern knowledge new arguments have arisen to assail this theory. Let us examine it in the light of present-day knowledge.

We have considered the general symptomatology forming the psoric group. Now let us turn to Boenninghausen's list of antipsoric remedies, and try to prove our problem along the same lines we should employ were we to prove a problem in arithmetic. This list, comprising fifty remedies, was published in Hahnemann's time, and has been used with remarkable success in the so-called psoric conditions from that time forward:

<i>Agar.</i>	<i>Bar-c.</i>	<i>Caust.</i>
<i>Alumina</i>	<i>Bell.</i>	<i>Clem.</i>
<i>Am-c.</i>	<i>Bor-ac.</i>	<i>Coloc.</i>
<i>Am-m.</i>	<i>Bov.</i>	<i>Con.</i>
<i>Anac.</i>	<i>Calc.</i>	<i>Dig.</i>
<i>Ars.</i>	<i>Carb-an.</i>	<i>Dulc.</i>
<i>Aur.</i>	<i>Carb-v.</i>	<i>Euph.</i>

<i>Graph.</i>	<i>Mez.</i>	<i>Sars.</i>
<i>Guaj.</i>	<i>Mur-a.</i>	<i>Seneg.</i>
<i>Hep.</i>	<i>Nat-c.</i>	<i>Sep.</i>
<i>Iod.</i>	<i>Nat-m.</i>	<i>Sil.</i>
<i>Kali-c.</i>	<i>Nit-ac.</i>	<i>Stann.</i>
<i>Kali-n.</i>	<i>Petr.</i>	<i>Strontium</i>
<i>Lyc.</i>	<i>Ph-ac.</i>	<i>Sul-ac.</i>
<i>Mag-c.</i>	<i>Phos.</i>	<i>Sulph.</i>
<i>Mag-m.</i>	<i>Plat.</i>	<i>Zinc.</i>
<i>Mang.</i>	<i>Rhod.</i>	

Sixteen of the remedies listed belong definitely to the vegetable group, one definitely to the animal group; of the remaining thirty-three remedies, comprising the chemical elements or inorganic substances, or combined from these elements or substances (or reduced to almost elemental consideration, as the *Carbo's*) we find only three (*Baryta, Plat. and Aur.*) that appear in the range of chemical elements higher by atomic weight than those essential to the construction of the human body. The three remedies having their source in the higher-than-body construction elements may be considered as falling into the antisyphilitic class, and we may reasonably question their adaptability to the antipsoric condition when unmixed with a venereal taint.

Let us set aside for the time these three which seem to us questionably allocated to this group, and proceed with our hypothesis.

Some thirty elements, more or less, have been ascertained by different investigators as appearing in the human body. It has been definitely established that many of these are absolutely essential to physical construction. Iodine, number 53 of the elements, is regarded as the highest in atomic weight; and as we have pointed out, only the three that we have questioned appear in the antipsoric list beyond iodine.

The following list of elements appearing in the human body has been compiled from several sources. It is notable that not all these elements have been assigned constructive roles, in the eyes of investigators; or rather, their presence in the body structure has not been determined. Nevertheless, all these come within the first fifty-three elements, as determined by atomic weight.

1. Hydrogen.	14. Silicon.	27. Cobalt
3. Lithium.	15. Phosphorus.	28. Nickel.
6. Carbon.	16. Sulphur.	29. Copper.
7. Nitrogen.	17. Chlorine	30. Zinc.
8. Oxygen.	19. Potassium.	32. Germanium
9. Fluorine.	20. Calcium.	33. Arsenic.
11. Sodium.	22. Titanium.	35. Bromine.
12. Magnesium.	25. Manganese.	50. Tin.
13. Aluminium.	26. Iron.	53. Iodine.

Morse tells us (*Applied Biochemistry*):

It is seen that no inert element, like Argon, (Argon accompanies air into the lungs as Nitrogen does, but in both cases they play no part in the economy of the body.) occurs in the body; that radioactive elements and those that are undergoing decomposition are lacking; and that with regard to atomic weight, Iodine is the farthest up the scale. Heavy elements, such as Lead, and the noble metals, are not found. Two explanations may be offered:

1. The distribution of the elements in the human organism is an historical matter, representing the period in evolution when only those elements that are of lighter weight than iodine were evolved. This is not probable.

2. The lighter kinds occurring in living things because these elements were relegated to the surface of the earth and were available for the use of the organism as it has undergone evolution. The geologist believes that the heavier elements lie toward the centre of

the earth, since the total weight of the earth demands heavier substances near the centre of the mass.

So in reality we might add to our list Argon (18) and Nitrogen (7) as appearing with some regularity in the body. With our knowledge of the power of the infinitesimals beyond the range of laboratory analysis we dare not say that any element, however small its portion or vague its relationship, "plays no part".

Again, with our knowledge of the disturbing powers of the radio-active elements, we can see definitely why they were not included in construction, for they are essentially destructive. These correspond to the action of the syphilitic taint, and should be classed as anti-syphilitic in action.

However, we are discussing primarily those elements which, in simple form or combined, are essentially constructive, to demonstrate the significance of our hypothesis that *Psora*, and *Deficiency in properly balanced essentials*, are one and the same; or if they are not identical problems, we must admit that here lies a significant key to the problem of psora, and one worthy of deeper study.

Without question there is some essential failure of the system to assimilate the necessary constructive materials that provides the background of the so-called psoric taint; yet we find that emotional or other stress develops the psoric symptomatology even in constitutions that have been sound and healthy. Here we find that our theory of psora as a deficiency of the proper elements is verified. For instance, those chest conditions with many functional symptoms: we are often able to trace these to improper breathing habits, and this again to emotional strain that has broken the habit of rhythm; or perhaps the breathing habit has been normal until the necessity of remaining long hours in close, unaired rooms has forced the system to unnatural and insufficient intake of oxygen.

The greatest asset of the body is that of adaptability, but this in itself, under unnatural or forced conditions, while permitting

life to continue under emergent or hampered conditions, breeds a train of symptoms that Hahnemann described as psoric.

The body elements best known to the student of biochemistry are: Hydrogen, Oxygen, Carbon, Nitrogen, Fluorine, Sodium, Magnesium, Silicon, Phosphorus, Sulphur, Chlorine, Potassium, Calcium, Manganese, Iron, Copper, Zinc, Arsenic and Iodine. Chemists have been able to estimate the percentage of these elements present in the organism, even such small amounts as those of arsenic, with its sixth-decimal proportions in thyroid and brain, and 0.000,001,9 per cent in the liver. It is comparatively easy to define the constructive purposes of many of these elements, such as Calcium; yet there is some purpose aside from that of mere bricks-and-mortar for even the most obvious. Magnesium is found throughout the body, in the lungs, glands, brain, muscles and muscular organs such as the heart. This has been determined with a fair amount of measurable accuracy; yet how do we account for the fact that a Magnesium-free diet sends animals into convulsions? Or that Tin, found in traces in the tongue and brain, is related definitely to the sense of taste? When Cobalt and Nickel, discovered in the pancreas, are lacking, just what influence does this have in the development of diabetes?

Manganese is an accompaniment of iron in practically all human tissue. Scientists have discovered that Manganese starvation in animals will produce sterility in the male and loss of mother-love in the female; this loss of maternal instinct incites them to refuse attention to their young, who die in a few hours. McCollum tells us: "When to the carefully prepared manganese-free diet is added as little as five-thousandths of 1 per cent of manganese, all the abnormalities described are corrected." Yet Reiman and Minot tell us: "Prolonged feeding of moderate amounts of its ores to dogs failed to produce significant changes in the Manganese content of the blood and tissues or to cause any pathological symptoms."

It is comparatively easy to determine the broader outlines of the constructive duties of these elements and inorganic substances,

but it is the subtle and potential influences (as illustrated by the observations on Manganese) that are most pertinent to our thesis. In other words, it is not the over feeding or gross starvation of any element that provides us with the so-called psoric problem, but the subtle functional disturbance with many sensations. It is in this subtler sphere that we find the connection between the constructive essentials and the so-called antipsoric remedies. Since the so-called psoric conditions are largely functional and react pre-eminently upon the nervous and emotional plane, may we not regard these conditions as a lack of balance in the ability to assimilate, as well as possible starvation of essentials?

In a comparison of the constructive role of these substances (as determined by laboratory technique) with their more subtle manifestations (demonstrated through provings of the homoeopathic potentiations), let us look again at manganese:

Reiman and Minot (*J. Biological Chemistry*) "found it to be present in practically all human tissue, the liver carrying more than any other"; J. H. Clarke (*Dictionary of the Materia Medica*) cites its ability to produce inflammation and fatty degeneration of the liver. We have seen its association with iron in the blood, and homoeopathically, it has its place in anaemic conditions when indicated. We have noted the laboratory observation of the loss of maternal instinct. Clarke gives as the first mental symptom: Peevishness and taciturnity, with concentration in self." Sterility has not been a proven symptom, yet Clarke gives: "Sensation of weakness in (male) genital organs."

Speaking of the necessity for carbohydrates in the diet, McCollum (*Food, Nutrition and Health*) says:

During digestion and absorption through the intestinal walls all of these (forms of carbohydrates) are converted into glucose. Glucose is the one sugar which always occurs in the blood. Although it is present in blood only to the extent of one part per thousand of blood, this sugar is the principal fuel which is burned by the muscles

for providing energy for keeping the body warm and for muscular work.

Carbohydrates are the usual form in which carbon, the element, is found in the system and in which it is ingested. This is the physiological sphere; now let us turn to the role the carbons occupy in the list of antipsoric remedies. In Boenninghausen's list we find *Am-c.*, *Bar-c.*, *Calc-c.*, *Carb-an.*, *Carb-v.*, *Graph.*, *Kali-c.*, *Mag-c.*, *Nat-c.*, *Sep.*; all these have the characteristic carbon influence, even though associated with another element. It may seem strange to the casual student of materia medica to include *Sep.* in this list, but to the homoeopathician *Sep.* is the animal carbon.

In spite of our belief that *Barium* belongs pre-eminently to the antisyphilitic group, *Bar-c.*, bears the family relationship of the carbons, which admits it to the antipsoric, or deficiency, group as well, *Carb-an.*, and *Carb-v.* manifest most markedly the characteristic homoeopathic indications for their use: *burned out* defines the condition in one word. This burned out energy and its end-results of lack of body heat and muscular strength extends even into the mental sphere; and whether it comes from excesses, loss of animal fluids, from emotional, mental or physical stress, it is the red thread that runs all through the proven symptoms of the carbon combinations. This symptomatic thread runs all through the various spheres of action of each individual remedy of the carbon family, mental, moral, and all the varying physical fields in which it is applicable—and in as much as it is found in its physiological form throughout the system, so we find its symptomatology running through every part.

Calcium is an essential of bony structure and is a necessary, small but constant, essential of the blood. The homoeopathic materia medica indicates the *Calcarea* group in “scrofulous” conditions; rickety children; large heads with open fontanelles; and a host of symptoms we have already described in those