

**A NEW SIMILIA. FIRST  
PRINCIPLES OF  
HOMOEOPATHIC  
THERAPEUTICS**

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A new similia. First principles of homoeopathic therapeutics by A. W. Woodward

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**A. W. WOODWARD**

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A NEW SIMILIA.

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FIRST PRINCIPLES  
OF  
HOMŒOPATHIC THERAPEUTICS,

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## PREFACE.

The object of this essay, is to direct attention into a new path of investigation concerning the action of drugs upon the healthy.

We have reason to believe that further experiments in the manner indicated, will furnish a new method of studying the law of similars, that will prove a valuable auxiliary to our drug pathogenesis.

That further knowledge of drug action is wanting, besides what we now possess, experience demonstrates to every one, for we find disease is always a complex problem, involving not only local disturbance, but constitutional sympathies of varying character and degree, therefore we must have some means of discriminating between remedies which produce similar local phenomena. By our present light, this cannot be done with certainty as we have no definite knowledge of concomitant drug effects.

Again while the onset of disease is at one time violent and rapid, and at another insidious and slow; and while in some cases its immediate effects are most disastrous, in others, they will be of less moment than are the remote consequences. For these reasons we have need to know precisely what are the primary and what are the secondary effects of our remedies, and if we can find these, we shall have a ready key to the similimum.

We believe that this method of proving will not only indicate clearly these important particulars, but will also de-

termine the dual action of drugs in all their contradictions, besides giving by the succession of organs disturbed, *the concomitants* so much needed by differentiation.

Some may object to the inference, that the succession of organs disturbed in the proving, gives evidence of the adaptation of a drug to a like combination of disturbances in disease. The only answer that can be made is, that experience only can prove the fallacy of the assumption. And another question may be raised with reason. What warrant have you in assuming that because Arsenic produced nausea followed by neuralgic pains in head, and these were followed by formication; therefore it can be curative in violent gastritis, with agony of mind and hippocratic countenance? Or it may be to gangrenous erysipelas with thirst, and sopor, as concomitants?

We admit the absence of direct evidence in symptoms produced, of necessity the symptoms developed from a single dose are trival, and we must give them a broad interpretation, co-extensive with those found in our full provings. We are seeking now, not for pathological similarity, but for the attending disturbances; and experience will verify our claim and the justice of the assumption.

This work has been prosecuted far enough to establish the correctness of the theory, and experience has brought many confirmations of its usefulness, therefore I no longer hesitate giving the idea to the profession that all may unite in its development, which is too great and important for any one body of men to pursue successfully alone.

A. W. WOODWARD.

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# A NEW SIMILIA.

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## INTRODUCTION.

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No one will deny that disease is a cumulative process, soon involving by sympathy various organs and functions. Then it must be, theoretically considered, a combined picture of pathological lesion, plus the special sympathetic disturbances attending. Hence our therapeutic efforts will often prove unavailing until we can discover a remedy which is a similitum, not only to the local lesion, but to all the symptoms in the order of their relative importance.

While our drug pathogenesis is greatly superior to empiricism, the practical application of remedies is greatly embarrassed by the failure of our provings to give the combination and subordination of symptoms peculiar to and characteristic of each drug. We may find the key-note symptoms of the disease and adapt the remedy precisely, and yet we fail too often in effecting a cure, because we cannot estimate correctly the attending symptoms which govern the success of the remedy.

With such uncertainties before us, should we be content with so partial a grasp of the law of similars? Shall we be satisfied to know no more of our remedies in their

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grand totality than simply the individual and isolated symptoms produced thereby? As well might we judge of a tree by the color and shape of its leaf, which bears no relation to the grandeur, strength, and proportions of the tree itself. No. If the law "*similia*" is true in general, and has so often guided to the cure of disease by such slight resemblances, it must also be true that a drug will be radically curative only when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epi-phenomena, which modify and prevent a favorable result, and to which the drug is not Homœopathic.

Theoretically there is nothing new in this proposition, as every student of Hahnemann knows. But practically it has been, and is still, the great problem of the best minds in our profession—how we may arrive at this broader knowledge of our remedies?

It is evident this desideratum cannot be attained by the methods generally pursued heretofore, and it would, therefore, be well if we returned to that first advised by Hahnemann, *i. e.* "*proving*s made upon the healthy body by a single dose," taken in sufficient quantity (not toxic) to produce disturbance of the entire economy. It will not require "a full dose" to produce such results in selected subjects, and it will be found that in many cases drug effects appreciable to the educated observer will appear at intervals for several days after taking.