

This outline was prepared by Julian Winston for the students of the Wellington College of Homeopathy. It was printed in the USA in *Homeopathy Today*. It was taken from the 5th edition, translated by Dudgeon (1893), with additions (where needed) by Boericke (1922) from the 6th edition, and cross referenced with the Kunzli translation of the 6th.

When substantial changes were made between the 5th edition of 1833 and the 6th edition of 1842, the 5th will be in *italic* type and the 6th will be in plain type. An asterisk (*) indicates a footnote well worth reading.

Outline - Part One:

1. [Basic postulates about disease and healing](#)
2. [The concept of vital force and its relation to disease](#)
3. [The need for provings \(determine the nature of medicine\)](#)
4. [The principle of similars](#)
5. [How it works](#)
6. [Philosophy of the system of homeopathy](#)
7. [Summary of all that has been said so far](#)
8. [Acute and chronic diseases](#)
9. [Case-taking](#)
10. [Epidemic diseases](#)
11. [Chronic diseases](#)
12. [Effects of the remedies](#)
13. [Conducting provings](#)
14. [Formation of the materia medica](#)
15. [Application of medicine to the disease](#)
16. [The one-sided case](#)

Basic postulates about disease and what Healing is about. (Paragraphs 1 - 9)

[Return to the Outline](#)

1. The physician's only mission is to cure the sick; it is not to speculate on the nature of disease.*
2. The ideal cure is rapid, gentle, permanent and removes the whole disease in the shortest, least harmful way, according to easily comprehensible principles.
3. If the physician understands what is curable in disease, and understands what is curative in medicines, and understands how to apply the medicines (according to well defined principles) to the disease, and knows how to remove conditions which prevent the patient from getting well, he is a true physician.
4. The need to recognise and remove the maintaining causes.
5. Pay attention to the exciting cause AND the fundamental cause (which is usually a chronic disease) including the patient's character, activities, way of life, habits, etc.
6. There is no need for metaphysical speculation. Diseases are the totality of the perceptible symptoms *
7. To cure, you only need to treat the totality [NOT symptomatic palliation; a single symptom is not the disease] *

8. If the symptoms are removed, the disease is eradicated.
9. The physician want to make people healthy so they can use their body to get on with the higher purposes of their existence.

The concept of vital force and its relation to disease (10 - 18)

[Return to the Outline](#)

10. Without the vital spirit (force), the organism is dead.
11. In diseases, it is the vital force that is deranged. *
12. The vital force produces the disease THEREFORE if the vital force is cured, the disease is cured. [how it does so is of no concern to the physician]
13. Diseases are not peculiar or distinct entities. It is absurd to think so. Only materialistic minds think so. It is this thinking that has pushed conventional medicine along, making it mischievous (an art of darkness), incapable of healing.
14. Everything morbid is curable.
15. The diseased vital force and the symptoms of the disease are the same.
16. Since diseases are, therefore, spirit-like, you need spirit-like medicines to be effective against them.
17. The physician only needs to eliminate the totality of symptoms, which will remove the inner alteration.
18. The TOTALITY is the only guide to the remedy.

The need for provings (determine the nature of medicine) (19 - 21)

[Return to the Outline](#)

19. Medicines cannot cure unless they can cause derangement
20. The power of medicines can be discovered only by their effects-- not by reason.
21. Symptoms of provings are the only way of learning their power. Pure experiment will reveal nothing. Remedies cure only because of their ability to alter human health by causing characteristic symptoms.

The principle of similars (22 - 27)

[Return to the Outline](#)

22. The curative powers of medicines exist only because they can produce symptoms in the healthy and remove them from the sick. Medicines can be similar or opposite to the disease.

Which to use is revealed by experience. [description of allopathic medicine]

23. But experience shows that anti-pathic drugs don't cure; the symptoms return with renewed intensity.

24. Therefore homoeopathy is the system of choice.

25. This can be learned by pure experiment [not the kind of experiment which is conducted by the regular physician, which is like looking into a kaleidoscope] *

26. A weaker dynamic affliction is extinguished by a stronger IF it is similar in nature.

27. Curative powers depend upon the symptoms they produce being similar to the symptoms of the disease, but stronger.

How It Works (attempt) rewritten in the 6th. (28 - 29)

[Return to the Outline](#)

28. Scientific explanations of how it works are of little importance, there is no value in attempting one. Nevertheless...

29. The artificial disease of the remedy overpowers the weaker natural disease. When the force of the artificial disease is spent, the body returns to normal health. This is a most probable explanation.

Lays out the philosophy of the system (30 - 69)

[Return to the Outline](#)

30. The human body is more disposed to let its state of health be altered by drugs than by nature.

31. Disease agents do not affect everyone. We fall ill only when susceptible. [SUSCEPTIBILITY]

32. Medicinal agents can affect all people.

33. The body is, therefore, more susceptible to medicinal forces.

34. The artificial disease does not only have to be stronger, but it has to be most similar. [the vital principle is instinctive, unreasoning, and without memory]. Nature cannot cure an old disease by adding a new dissimilar one.

35. Consider when two dissimilar diseases meet in the same person [examples are given in paragraphs 36-40].

36. Old diseases keep away new dissimilar diseases.

37. Chronic diseases are not affected by non-homoeopathic treatment.

38. New, stronger diseases can suppress old disease but will never remove it.

39. Allopathic treatment suppresses the disease, then the chronic disease returns when the medication is withdrawn.

40. New diseases can join older diseases and become complex. Neither removes the other.

41. Heavy drugging with allopathic medicines leads to an artificial drug disease and makes it into

a chronic problem.

42. Two dissimilar diseases can exist in the body at the same time.
43. But when two similar diseases meet we can observe how cure takes place.
44. Two similar diseases cannot suspend, ward off, or exist at the same time.
45. Two similar diseases will destroy each other in the organism.
46. Examples of the above.
47. It should be convincingly clear that this is how to cure according to natural law.
48. Dissimilar diseases don't cure.
49. Nature is poor in remedial homoeopathic diseases, so we do not notice them often.
50. And those that can cure, bring other problems, often because the dose cannot be controlled.
51. But the physician has many medicines available.

52 - 56 have been totally re-written in the 6th edition

52. By looking at nature, the physician will learn to treat only by homoeopathy.

52. there are two methods: allopathic and homoeopathic. Each opposes the other. To practice both at the whim of the patient, is criminal.

53. Mild cures can happen ONLY through homoeopathy. It should be the first mode of employing medicines.

53. True, gentle cures, can only be homoeopathic.

54. The homoeopathic way is the only one.

54. Allopathic practice is based on conjecture. ***55. The 2nd mode is allopathic***

55. The only reason people stuck by allopathy is that it afforded palliative relief. ***56. The 3rd mode is anti-pathic or palliative.***

56. Patients were deceived by quick improvement, but this method is fundamentally harmful.

57. Examples of treating a single symptom with a contrary remedy.

58. Why anti-pathic is bad. Directed against a single symptom: a short amelioration followed by a long aggravation.

59. Examples of injurious effect of anti-pathic medicine.

60. Increasing doses of a palliative medicine never cures.

61. Physicians (if they had been capable of reflecting upon the sad results) should see the result of applying contrary medicines and understand that the homoeopathic way is better and the only way to cure.

62. The reason palliation is dangerous is explained in paragraphs 63-69.

63. The primary action of the medicine and the secondary reaction of the vital force or counter reaction).

64 Explanation of primary and secondary reactions.

65. Examples of primary and secondary effects as stated in paragraph 64.

66 In a healthy body, one does not notice the secondary reaction to homoeopathic doses, but the primary action of some of these remedies is perceptible to a good observer.

67. These TRUTHS explain why homoeopathy is good. [long footnote condemning those of the "mongrel sect" who claim to be homoeopaths but use palliation to avoid looking for the correct remedy] *

68. In homoeopathy, experience shows that a small dose of medicine will extinguish the natural disease.

69. Exactly the opposite happens in anti-pathic treatment. The disease becomes worse when the palliation wears off.

70: Summary of all that has been said so far

[Return to the Outline](#)

71. All diseases are groups of symptoms that can be cured by similar remedies. There are three points for curing: investigate the disease, investigate the remedies, learn how to employ them. (see Para. 3)

Acute and Chronic diseases (72 - 81)

[Return to the Outline](#)

- 72. Diseases--definition of acute and chronic.
- 73. Discussion of acute disease.
- 74. The worst Chronic diseases are produced by unskilled physicians using allopathic medicines.
- 75. These diseases are the most incurable.
- 76. Homoeopathy can cure natural diseases. The debilitations of allopathic care can only be removed over time by the vital force itself (with treatment of any miasm that is in the background).
- 77. Some diseases are called "chronic" but are not-- addictions and indispositions. Remove the cause and remove the disease.
- 78. Real chronic diseases arise from the chronic miasms.
- 79. Syphilis and sycosis.
- 80-81. psora (read **Chronic Diseases**, published in 1828)

Case-taking (How to elicit the information) (82 - 104)

[Return to the Outline](#)

- 82. In trying to cure these diseases, the case is to be conducted carefully
- 83. Requisites for understanding the picture of the disease: Freedom from prejudice and sound sense. The individualising examination of a case of disease (general directions).
- 84. Patient talks. Physician keeps quiet. Do not interrupt. Write it all down.
- 85. Start a new line for every symptom.
- 86. When patient finishes, ask for particulars.
- 87. Don't ask "yes" or "no" questions.
- 88. Ask about other parts of the body not mentioned.
- 89. The physician should then ask more special detailed questions.
- 90. The physician notes what he observes in the patient.
- 91. In chronic cases, understand what the symptoms are before the medicines were taken. Ask to discontinue to see the real disease.
- 92. In diseases of rapid course (acute) forget the other medicines. Do what you can to sort it out.
- 93. See what the friends say about the patient.
- 94. In cases of Chronic Disease, ask about habits, diet, and domestic situation to be able to remove the maintaining causes.
- 95. In cases of Chronic Disease, the most minute peculiarities are attended to.

96. Some patients might exaggerate their symptoms.
97. Others have false modesty and allege that their symptoms are of no consequence.
98. Attach credence to the patient's own expressions.
99. Acute diseases are of short duration and easy to treat. There is less to inquire into and are often spontaneously detailed.

Epidemic diseases (100 - 102)

[Return to the Outline](#)

100. Investigating epidemic diseases.
101. It takes time to see the totality of the epidemic disease.
102. You see the characteristics of the disease through several patients.

Chronic diseases (103 - 104)

[Return to the Outline](#)

103. Chronic disease must be carefully investigated. You must see the totality of the patient.
104. Once the totality is sketched, the most difficult part is done. The physician has a picture of the disease. To see the effect of the medicine, just ask how the patient is, and cross out the symptoms that have been cured.

The effects of the remedies (105 - 120)

[Return to the Outline](#)

105. The second point is to know the remedies.
106. The pathological effects of several medicines must be known, so we can select among them.
107. You can't learn much about the effects of medicines by giving them to sick people, because the symptoms of the medicine will be mixed up with the symptoms of the natural disease
108. You must do provings to find out the medicinal effects.
109. I was the first to suggest this method.
110. All those who have seen the effect of poisons could have never understood that the morbid lesions were simply the clues to the curative powers of the drugs. It can't be learned by a priori speculation, nor by the senses.
111. I have observed pure effects of the medicines-- without any reference to therapeutic object-- and they produce certain, reliable disease symptoms, each according to its own peculiar

character.

112. Dangerous effects are seen at the termination of symptoms when given in large doses. This recalls the primary actions (Para. 63) and secondary action (Para. 62-7). The human organism reacts as much as is needed to raise the health to a normal healthy state.

113. The only exception is narcotic medicines, where the secondary action produces greater irritation and sensitivity.

114. With the exception of the narcotics, we observe the primary action when given in moderate doses to healthy people.

115. Certain symptoms which are opposite are not secondary but, rather, alternating actions

116. Some symptoms are produced frequently, and others rarely or in few persons.

117. The rarely produced symptoms are idiosyncrasies-- the substances produce seemingly no impression in others. But when used homoeopathically they can heal ALL individuals.

118. Every medicine has a unique action.

119. Each substance cannot be confused with another.

120. Therefore, all medicines must be carefully distinguished from each other, so the physician can choose the correct remedy.

Conducting provings (121 - 142)

[Return to the Outline](#)

121. Strong substances produce effects in small doses, weak substances produce effects in larger doses, and the mildest must be tested on very sensitive people.

122. The medicines used in provings must be pure and well known.

123. They must be taken in a pure form.

124. They should not be mixed with other substances.

125. The diet of the provers should be strictly regulated and simple. No stimulating drinks.

[footnote giving specific restrictions]

126. The prover must be trustworthy and devote himself to observation. He must be in good health and intelligent enough to be able to describe sensations accurately.

127. The provings should be done by both sexes.

128. Provers should take 4-6 globules of the 30th daily for several days.

129. If effects are slight, then take a few more globules. Start with a small dose and increase daily.

130. If the first dose produces symptoms, then the experimenter can learn the order of succession of the symptoms-- which is useful to learn the primary and alternating actions. The duration of action can be found only after a comparison of several experiments.

131. If you have to give the medicine for several days, you can't learn about the order of symptoms. One dose might act curatively of symptoms caused by the previous dose. Record these symptoms in brackets until further experiments show if they are secondary action or alternating action.

132. But if you are just interested in symptoms and not in the order, give it every day.

133. You must learn the exact character of the symptoms--the modalities are most important

134. Not all symptoms will be seen in one person.
135. The whole picture of the remedy can be understood through a study of all the provings. The substance is thoroughly proved when no new symptoms are seen.
136. Although only certain people are susceptible to remedies when healthy, ALL people are susceptible to the simillimum when sick.
137. With mild doses in sensitive people, the primary effects can be observed. But excessively large doses will lead to a mixture of primary and secondary effects in "hurried confusion."
138. All symptoms during a proving are symptoms of the medicine even though the prover may have experienced them before.
139. The prover must note all details and the physician should question the exact circumstances.
140. If the person can't write, he should talk to the physician every day.
141. The best provings are done by the physician upon himself. Experience shows that continued provings lead to robust health.
142. In practice, judgement is always needed to separate the symptoms of the remedy from the symptoms of the malady.

The formation of the materia medica (143 - 145)

[Return to the Outline](#)

143. If we collect all the symptoms produced, we have a true materia medica.
144. Nothing conjectural, imaginary, or mere assertion should be included in the book.
145. If the symptoms are accurately stated, we now have a curative substance for every disease.

The application of the medicine to the disease (146 - 171)

[Return to the Outline](#)

146. The third point concerns the use of the medicines. The physician must be judicious in his use of these agents.
147. The most similar must be used.

[the following two paragraphs were re-written in the 6th edition; although the explanation changes, the content is the same]

148. An explanation of how homoeopathy probably works.

149. Acute diseases can respond quickly, but chronic diseases take longer to treat.

150. Trivial symptoms of short duration are indispositions and can be cured by diet and regimen.
151. More violent sufferings will provide, upon investigation, a complete picture of the disease.
152. The numerous striking symptoms will lead to a homoeopathic remedy.
153. The striking, singular, uncommon, and peculiar signs and symptoms are the most important. The general symptoms are observed in every disease and from almost every drug.
154. If the striking symptoms of the medicine match those of the disease, and the disease is not

one of long standing, it will be removed by the first dose, without "considerable disturbance."
155. The other symptoms of the disease ("which are very numerous") are not part of the case and are not "called into play."
156. If the patients are very sensitive they MIGHT produce a "trifling" new symptom. (it is impossible that the disease and the remedy cover each other like identical triangles) but this symptom is not perceptible in patients not "excessively delicate."
157. But in certain cases [6th ed. when the dose is not sufficiently small .], there might be an aggravation for the first hour or so. This is nothing but the medicinal disease exceeding the strength of the original disease.
158. This "aggravation" is a sign that the remedy was correctly chosen.
159. The smaller the dose [6th ed. in the treatment of acute diseases] the less the aggravation
160. The dose can't ever be made small enough to not relieve, so any dose, if not the smallest possible, will produce an aggravation.
161. During chronic treatment, there may also be an aggravation, but not as immediate [6th ed. in chronic diseases where the smallest dose is dynamized between doses (LM) aggravations appear at the end when the cure is almost quite finished]
162. Since we don't know ALL medicines, we often have to give the one which is closest.
163. If we do, we can't expect a complete cure. We might see new symptoms which are not part of the disease, but of the medicine.
164. A small number of symptoms is no obstacle to cure IF the symptoms are peculiarly distinctive (characteristic).
165. If you prescribe on non-characteristic symptoms, and can find no remedy more appropriate, the physician cannot "promise himself any immediately favourable result."
166. These cases are rare, since we know more and more remedies. When they do happen, the selection of a subsequent, more accurate remedy is needed.
167. So in acute diseases, if the wrong remedy is given, and you see new symptoms in the case, give the correct (new) remedy now seen.
168. Give the best remedy, re-study the case, give the best remedy. [zig-zag] (because we don't know all the remedies)
169. If two remedies are close, give the closest one. Do not give the other without re-examining the case-- because the case may change and there might be a more appropriate selection. [6th ed. never give two remedies together]
170. When re-examining a case, if the next best remedy is clearly indicated, give it.
171. In non-venereal diseases (psora) we often need several remedies to cure-- each chosen [after the completion of the action of the previous remedy] and selected on the symptoms remaining.

The one-sided case (172 - 184)

[Return to the Outline](#)

172. A similar difficulty occurs when there are too few symptoms. These cases deserve our careful attention.
173. There are certain chronic diseases that have few symptoms. These are "one sided" cases.
174. The complaint may be internal or external (local maladies).
175. In the first kind it might just be the lack of discernment on the part of the practitioner.
176. Still, there might be just one or two symptoms after a well taken case.
177. In these VERY RARE cases, we should give the remedy that is homoeopathically indicated.
178. Sometimes, this will cure the case-- especially if the symptoms are characteristic
179. More frequently, the medicine will cover the case only partially.
180. This leads to a new array of symptoms, some of the disease itself, which have never before

been noticed.

181. These new symptoms, while they might owe their origin to the remedy, are the symptoms of the disease - and we should direct further treatments accordingly.

182. The imperfect selection of the remedy, in these cases, opens the case to the discovery of the more accurate remedy.

183. When the first dose ceases action, the second remedy can be selected.

184. Keep taking the case after each new remedy until recovery is complete.

[17. Local diseases](#)

[18. Introduction to the treatment of chronic disease](#)

[19. Mental Diseases](#)

[20. Intermittent diseases](#)

[21. How to use the remedies](#)

[22. The medicines](#)

[23. Administering the remedies](#)

[24. More on dosages and allied practices](#)

Local diseases (185 - 203)

[Return to the Outline](#)

185. Local maladies appear on external parts of the body. That they stand alone is absurd.

186. Problems which are "local" and have been produced from without have great effect on the whole living organism. When mechanical aid is needed, then surgery is required (setting bones, bringing skin together, extracting foreign objects, etc.) but the whole living organism requires dynamic aid to accomplish the work of healing.

187. But "local" manifestations that are not produced by external injury have their source within the body. To see them and treat them as external is as absurd as it is pernicious.

188. It is absurd to think that living organisms know nothing of these external problems.

189. All external maladies (except injuries) come about as a result of an internal diseased state.

190. All treatments, therefore, must be directed against the whole.

191. This is confirmed through experience.

192. All changes, not just the local affliction, must be taken into account when determining the remedy.

193. When the dose is taken, the general morbid state of the body is cured, and with it, the local affliction-- which was an inseparable part of the whole disease.

194. In local diseases it is of no use to apply remedies locally for the topical affliction, even if it is the same remedy that is used internally. If the vital force was not competent to restore full health, then the acute disease was a manifestation of latent psora which has now burst forth.

195. To cure such cases (which are not rare), give the anti-psoric remedy after the acute stage has subsided. This is all that is required in non-venereal cases.

196. It might seem that cure would be hastened by the application of the remedy locally as well as internally.

197. This should not be done. In diseases where there is a local affliction, the application of the remedy to the surface may annihilate the local symptoms before the internal disease, and this may seem to be a cure but isn't.

198. The use of topical applications alone is inadmissible. If you only remove the local symptoms, it is often hard to see the more obscure inner symptoms (which may be slightly characteristic and difficult to see.)

199. If the external symptoms have been removed (by surgery, etc.) the remaining internal symptoms might be too vague to discover the remedy because the external symptoms can no longer be seen.

200. If it hadn't been removed, the remedy of the whole disease would have been found and would have resulted in a perfect cure.

201. The vital force, when expressing a chronic disease keeps the disease on the surface, and therefore not threaten life itself. But since the external manifestation is a part of the general disease, as the disease gets worse the external manifestation gets worse-- so it can still be a substitute.

202. If the external disease is now destroyed, nature will make up the loss by increasing the internal disease. This is incorrectly referred to as being "driven back into the system."

203. Removing the external without treating the internal is a criminal procedure.

Introduction to the treatment of chronic disease (204 - 209)

[Return to the Outline](#)

204. If we exclude all chronic diseases that are caused by unhealthy living (Para. 77) and all medicinal diseases (Para. 74), most of the remainder of chronic diseases, WITHOUT EXCEPTION, are caused by the three miasms, sycosis, syphilis, and a greater proportion, psora.

205. The homoeopath will never treat the primary symptoms, but only cures the underlying miasm. Refer to ***Chronic Diseases***.

206. When taking the chronic case, make a careful investigation if the patient ever had venereal disease. Two miasms might be present, but, frequently, psora is the sole fundamental cause of all chronic disease.

207. Find out what kind of allopathic treatment had been had, to understand how the disease has changed.

208. The patients age, mode of living and diet, occupation, domestic position, social relation, etc. must be taken into consideration, as well as the state of the mind and the disposition.

209. Trace the picture of the disease, and get the patient to tell the most striking and peculiar symptoms.

Mental diseases (210 - 230)

[Return to the Outline](#)

210. All one-sided diseases are psoric. Mental diseases are not a separate class, since in all diseases the mind is altered.

211. The disposition of the patient often determines the selection of the remedy-- because they are often characteristic symptoms which "can least of all remain concealed from the accurately observing physician."
212. The Creator of healing forces also thinks highly of this as all medicines (which he created) affect the mind.
213. We can't cure diseases if we do not observe the disposition and the state of mind.
214. Mental diseases are to be cured the same was as all other diseases.
215. All mental diseases are physical ones, where the physical symptoms are so slight as to make the disease seem to be one-sided.
216. Many physical ailments of an acute character, transform into insanity whereupon the physical symptoms cease.
217. In such cases we must look to the whole phenomenon-- the physical and mental.
218. The symptoms include previous physical symptoms-- which may be learned from friends or relations.
219. Those symptoms will be found to be still present, though obscured.
220. The complete picture of the disease can then be prescribed upon-- usually an anti-psoric remedy.
221. When insanity comes on acutely after a fright, etc., it should not be treated with anti-psorics (although it arises from an inner psoric state bursting forth), but with the other class of proved remedies (Aconite, Belladonna, Stramonium, etc.) until the patient returns to his latent state.
222. But such patients are not cured. They should be "freed completely" by anti-psoric treatment.
223. If this is not done, the patient will have recurring attacks, each brought on by a slighter cause.
224. If it is not certain that the mental disease arose from physical illness rather than from "faults in education, bad practices, corrupt morals, superstition or ignorance", see if it can be improved by "friendly exhortations, consolatory arguments, serious representations, and sensible advice." Real disease will be speedily aggravated by such a course.
225. There are some emotional illnesses that will, if left alone, destroy the physical health.
226. These may be treated, in an early stage, by "displays of confidence, friendly exhortations, sensible advice, and often by well-disguised deception."
227. But the underlying cause is a psoric miasm (which is not fully developed) and must be treated.
228. With mental diseases that come from physical maladies, we must also treat the patient well and "not reproach him for his acts" or use punishment or torture. The only reason coercion is justified is the giving of the remedy-- but it could be given in a drink without the patient's knowledge.
229. The physician and the keeper must always pretend to believe them to be possessed of reason
230. If anti-psorics are used than the case can be cured [confidently assert]

Intermittent diseases (231 - 244)

[Return to the Outline](#)

231. Intermittent diseases are those that recur at certain periods and states which alternate at intervals.
232. Alternating diseases are numerous and belong to the class of chronic disease. They are, generally, a manifestation of chronic psora. Read ***Chronic Diseases***.
233. In the typical intermittent disease, the same state returns at fixed periods.
234. The non-febrile intermittent diseases are, mostly, purely psoric and seldom complicated with syphilis, but sometimes they need a small dose of Cinchona to completely extinguish them.
235. In intermittent fevers, when the symptoms alternate, the remedy should produce similar alterations.
236. The best time to give the medicine is soon after the paroxysm.
237. But if the state of no fever is short, give the remedy when perspiration begins to abate.
238. The remedy can be repeated if the symptoms return and have the same picture. If the fever is brought on by marshy districts, then permanent restoration can only be had by getting away from the causative factors.
239. All fevers may be cured with homoeopathic remedies
240. If cure is not possible, it must always be because of the psoric miasm, which must be treated.
241. Epidemics of intermittent fevers are of the nature of chronic diseases. Each epidemic is of a uniform character which will reveal the common totality-- which will lead to the (specific) remedy for all cases.
242. If the person is very weakened, then an anti-psoric remedy would be needed, generally a minute and rarely repeated dose of Sulphur or Hepar sulphuricum in a high potency
243. If a single person is attacked, find the totality and give the remedy. If cure is not complete, give an anti-psoric.
244. Persons who can't be cured by a few doses of cinchona, have psora at the root of the malady, which needs to be treated.

How to use the remedies (245 - 263)

[Return to the Outline](#)

245. We will now talk about how to use remedies and the diet and regimen during their use.

Paragraphs 246 - 248 are totally re-written in the 6th edition

246. The best selected remedies should be repeated at suitable intervals.

246. Don't repeat as long as there is amelioration (in acute disease). In chronic disease this may also be the case at times. But this is rare. If the medicine is well selected, highly potentized, dissolved in water, and given properly (that the degree of each dose is changed), a cure will result. [footnote describing the new method.]

247. Smallest doses may be repeated.

247. The remedy must be changed in potency each time it is given.

248. The dose may be repeated until action is exhausted.

248. How to do it. The instructions for changing the potency each time. Aggravation comes at the

end. Even a one dram vial of alcohol with one globule that is used for olfaction must be succussed 8-10 times before each dose.

249. If new and troublesome symptoms are produced by the remedy, it is not homoeopathic and should be neutralised and/or the next remedy be given immediately to take the place of the improperly selected one.

250. When you see the wrong remedy is given, find and give the right one!

251. Some medicines have alternating actions. If you give one (Ignatia, Bryonia, Rhus tox) and no improvement follows, give it again.

252. If nothing happens after the most suitable remedy is given, there is an obstacle to cure in their mode of life.

253. In acute diseases the first positive changes are usually mental-- a freedom of mind, higher spirits. The opposite is seen in an aggravation.

254. The observing physician will note these changes while the patient might not.

255. If you go through the case point by point and notice no changes in symptoms, but the patient's disposition is better, the medicine might just need more time to act, there might be an obstacle to cure, or the dose was not small enough.

256. If the patient has new symptoms-- signs that the medicine was not correct-- but says he feels good, we must not believe it.

257. Do not make any remedies "your favourites" because you will neglect many others, perhaps better, remedies.

258. If you avoid some remedies because you have bad results with them (through your own fault), remember that ALL remedies are useable when the similarity to the totality is matched and "no paltry prejudices should interfere with this serious choice."

259. Because the doses are so small, anything which has medicinal action must be removed from the diet and regimen.

260. In chronic diseases this is even more important (followed by a list of things to avoid.)

261. The best thing in chronic diseases is to remove the obstacles to recovery, and encourage recreation, exercise, and good food.

262. In acute diseases, the patient should be allowed to eat what he wants.

263. The desires are to be granted within moderate bounds, the room and temperature should be controlled as the patient wishes.

The medicines (264 - 271)

[Return to the Outline](#)

264. The physician should have pure medicines to use.

265. The physician should see that the patient takes the right medicine (6th ed. prepared by the physician himself.)

266. Animal and vegetable remedies are most perfect in their raw state.

267. Instructions for making extracts.

268. With materials that are not supplied fresh, you must be convinced that they are genuine.

269. Description of potentization [conceptual]

270. Description of making centesimal potencies (6th ed: LM potencies)

271. Description of trituration (6th ed: the physician should do it himself)

Administering the remedies (272 - 279)

[Return to the Outline](#)

272. In no case is it needed to give more than one remedy at a time (6th ed: one globule is OK, but dissolved in water and stirred well will touch many more nerves.)

273. How can one not understand that one remedy at a time is the only way (6th ed: It is absolutely not allowed in homoeopathy to give the patient at one time two different remedies.)

274. Single remedies are proven and have totalities. If you give two you can't evaluate the results.

275. You must control the size of the dose as well.

276. Even if the remedy is homoeopathic it can do harm in too large a dose and more harm the higher the potency. "Too large doses too frequently repeated bring trouble."

277. If the dose is sufficiently small it will have salutary and gentle remedial effect.

278. How small must it be? Theories and speculation are not the answer. Careful observation and accurate experience alone determines this.

279. Experience shows that a selected and highly potentized dose of the homoeopathic remedy can never be too small to overpower a natural disease.

More on dosages and allied practices (mesmerism, baths, etc.) (280 - end)

[Return to the Outline](#)

PARAGRAPHS 280 -294 HAVE BEEN TOTALLY RE-WRITTEN FOR THE 6th EDITION.

280. Materialistic people don't understand this.

280: The dose should be gradually ascending as long as there is general improvement, followed by a mild return of old complaints. This indicates an approaching cure.

281: Everyone, especially in a diseased state, is capable of being influenced by the simillimum. Mere theoretical scepticism is ridiculous.

281. To be convinced, just give the patient placebo and watch him get better at this point

282. The dose can produce aggravation in the parts already affected. The artificial diseases substitutes for the natural disease.

282: If the dose is too large, the first dose produces an aggravation, especially in chronic diseases.

283. The true healing artist prescribes his well selected remedy only in a minute dose. If it is the wrong medicine, the smallness of the dose will prevent injury.

283: The true healing artist prescribes his well selected remedy only in a minute dose to avoid the homoeopathic aggravation. If it is the wrong medicine, the smallness of the dose will prevent injury.

284: The action of the dose does not diminish with quantity. Eight drops are not four times as strong as two drops.

284: The nose and respiratory organs are receptive to the action of the medicines. The whole skin is also adapted to the action of medicinal solutions, especially when used with an internal remedy.

285: *The diminution of the dose is essential, as is the diminishing of the volume, i.e., a single globule.*

285: In very old diseases, the remedy may be rubbed on the back, arms, and extremities, while being given internally.

286: *The greater the quantity of fluid the dose is dissolved in, the better, since it comes into contact with more surface area.*

286: The dynamic forces of mineral magnets, electricity, and galvanism act upon the life principle. We don't know enough about them to use them homoeopathically. The positive, pure actions upon the body have not been tested.

287: *By diluting it further the effect is changed. Each person must judge for himself how to diminish the dose to make them suitable for sensitive patients.*

287: The powers of the magnet for healing purposes is outlined in the Materia Medica Pura.

288. *The actions of the medicines in liquid form are certainly spirit-like in power. (footnote describing the effectiveness of olfaction)*

288: Mesmerism and animal magnetism are also priceless gifts.

289: *Every part of the body that possess the sense of touch is capable of receiving the medicines.*

289: Discussion of positive and negative mesmerism.

290: *The interior of the nose, rectum, and genitals are also sensitive to the medicinal agents.*

290: Advantages of massage in the cases of a chronic invalid.

291: *Even organs which have lost their sense (i.e., sense of smell) will be susceptible to the remedy.*

291: Discussion of hydrotherapy.

292: Even the external parts of the body would be susceptible, especially if the remedy is in liquid form.

293: A reference to Mesmer and the powers of "animal magnetism" and the curative effects of hypnosis.

294: Continued discussion of "positive" and "negative" mesmerism, in light of the vital force.