

THE TESTIMONY OF THE CLINIC

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The Testimony of the Clinic by E. B. Nash

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E. B. NASH

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OF THE CLINIC**



E. B. NASH, M. D.

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BY

E. B. NASH, M. D.

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"Leaders in Homoeopathic Materia Medica," "Leaders for the Use of Sulphur," "Leaders in Typhoid," "Leaders in Respiratory Organs," "Regional Leaders," and "How to Take the Case."

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DEDICATION

TO ALL PHYSICIANS OF ALL SCHOOLS OF MEDICINE WHO ARE HONESTLY OPEN TO CONVICTION AS TO THE TRUTH OF
SIMILIA SIMILIBUS CURANTUR

PREFACE

To the Irishman I believe is credited the saying: "The proof of the pudding is the eating of it." So the proof of the truth of the homœopathic system of therapeutics is in the application of it to the cure of the sick. The object of this work, under the title of "Testimony," is to offer such proof.

The three cardinal principles of our art are:

- 1st. The similar remedy.
- 2d. The single remedy.
- 3d. The minimum dose.

To the first, which is embodied in the "*Similia Similibus Curantur*" of the master, all who claim to be homœopathic at all unite in general assent; and yet even here there are some who are ready to claim that the similarity between drug and disease must go on even to pathological tissue changes in order to be able to apply the principle.

If this were true we would be greatly crippled in two ways.

- 1st. We would not (in many cases) be able to apply our remedies early enough to save life.

2d. The provings of drugs would have to be carried to the death or just short of it, to establish its perfect similarity.

Happily it is *not* true as abundant experience has proved.

Every disease has its beginnings, which precede the stage at which so-called pathological changes are in evidence.

Homœopathy meets these conditions in their symptomatology with the remedy corresponding to it in its pathogenesis, and can thus *prevent* the disease going on to pathological manifestations, or *cure* the patient of both the symptomatology and pathology where cure is at all possible. As Hahnemann would say: "The dynamic (spirit-like) force of the disease is met by a like force residing in the drug and conquered."

This truth coupled with the other truth, that the symptoms between drug and disease corresponding, guides to such possible *early* administration of the curative, at once places our system head and shoulders above every other known system of therapeutics.

It deals with the beginnings, or early manifestations of disease, and "nips in the bud" those

processes which lead to that which is possible to recognize by the pathologist *only*.

For instance, we do not have to push the proving of drugs to the actual production of the Klebs-Lœffler bacilli of diphtheria, or the pneumococci of pneumonia before we can use the remedies, when in other respects they cover the symptoms of the patient. This will need no argument, I think. I do not know that any provings of *Bryonia* or *Sulphur* that have produced the effusions in joints or pleura, for which, the other symptoms corresponding, they are so efficacious. So our symptomatology, pathogenetic and clinical, hold their place, and will continue to do so. And right here, "lest we forget," let me say that in the selection of our cases for this work, we have freely used symptoms, clinically observed, as well as those produced in actual proving, for the reason that we believe that repeatedly cured symptoms, especially by potencies, would have appeared if the provings had been extended. This has been proved true in many instances. Such clinical symptoms are as Father Hering used to say born by "breach presentation." Now in regard to our second principle.