

Cupr. Met. came to my mind. "In the lower part of the chest, in the region of the xiphoid appendix there is a spasmodic condition which is very troublesome. It seems to be at times a constriction so severe that he thinks he will die and at other times a feeling as if he were transfixed with a knife from the xiphoid appendix to back."

I gave her a dose of Cuprum Met. 30 which cured the whole trouble within an hour.

MONO MOHON GHOSE
Agartala.

REMEDIES AND TREATMENT DURING MENOPAUSE

H. A. NEISWANDER, M.D.

The climacteric, or menopause, which usually occurs in most women between the ages of 45 and 50, but occasionally between the ages of 40 and 55, or, if post-operative, may occur any time after puberty in early life, usually calls for a certain line of treatment. Although remedies which are very useful in various types of conditions, such as the polycrasts, are often the particular ones to be used, yet we are inclined to use a special group of remedies during this period of female life. The leading symptoms encountered are delayed and irregular menstruation, profuse menstruation or hemorrhage, hot flashes, attacks of weakness, general nervous aches and pains, a vaginal discharge, hypertension and a general neurosis. To any or all of the above symptoms is usually added a general fear. Soreness and lumps in the breasts are also symptoms which are frequently noted at this period of life. These conditions are all largely treated by our contemporary Regular Physicians with use of barbiturates, estrogens and surgery. Our predecessors

in Homœopathy treated these conditions with a wonderful degree of efficiency and success.

The aborigines knew of certain plants to relieve the distress of women's diseases. Through the centuries the results of their use have made their usefulness apparent in selected cases. Today's needs include many methods and drugs.

The multiplicity of life of these modern times has added to these increased needs. Many women are of necessity placed in a position to bear the burdens of others; the added strain and shock have apparently made their own complaints very difficult to relieve. They often have hidden worries, which they seem unable to talk over with anyone. The past year I have seen a number of such cases. The outstanding emotional and mental symptoms have been quite similar, inability to fix the attention, listlessness, confusion, constant desire to sit or lie, prostration on awaking, uneasiness of mind and body, discouragement and aversion to mental work, fear of their disease, sensation as if their thoughts vanished, always troubled, trying to remember something but cannot, anxiety on attempting to talk in company, anxiety on attempting to talk in a crowd, difficulty in grasping ideas and coördinating thought, mute, despairing. In the physical plane there is a strained pain in the ovarian region; dark, bloody discharge, uterine hemorrhage, with a sense of pressure in the uterus. All these patients should be thoroughly examined in order to assure them that you understand the case.

Mrs. W. T., age 45, taught school a number of years. She is rather obese, is the mother of one son 11 years old. Normally is very active. She is now depressed, worries about her family, worries about her work, hidden worries which can only be elicited with a great deal of effort and then only with a great deal of reluctance on her part. Has constant fear of disease. Exhausted, tired out, wants to lie down, and does so a great deal. She is always aggravated

in a crowd. *Latrodectus* gave her such relief that she made a fifty-mile trip to have it repeated.

Mrs. G., an active, robust, congenial, sympathetic and ambitious farmer's wife, the mother of 4 children, enjoyed her home life immensely for 25 years. But when she reached the age of her menopause, calamity struck her and she had hidden worries galore, though she had very little to say about any of her family even after careful questioning. Three members of her family were practically out of her life so far as her conversation was concerned, the home now consisting of herself, her husband and an infant grandson. She became quite seclusive, prostrated, nervous and depressed. Her worries remained hidden as she would not speak of them. Several remedies were given her which gave her some relief but *Latrodectus* was the remedy which helped her immensely.

Miss S., age 50, always robust and active, quite obese, during an acute attack of apparent virus infection, developed an acute pain, tenderness and apparent firmness in the left lower quadrant of her abdomen. She had much flatulence, also pain in her arms. *Latrodectus* was given and 10 hours later a copious black stool was passed and relief was experienced.

Not all menopausal cases are given *Latrodectus*, but when it fits the symptomatology it should be exhibited.

Mrs. W. G., age 45, very active and alert and always very busy, is a telephone operator. Gave history of irregular menstruation with profuse metrorrhagia. She had an electrocauterization of cervix for an endocervicitis and was given estrogen and later vitamine K, all of which did her apparently no good. A careful physical examination revealed no abnormalities of her body, except her sensitive uterus and cervix, the cervix bleeding easily and readily after a careful bimanual examination. Her bleeding was profuse and at times would continue several weeks at a time. She remained in bed one and/or two weeks at these times on account of the severity of the flow. After

due study of her case she was given *Silicea* 200 which controlled her bleeding and in a few days was back at work. All this occurred over a year ago and since this time she returns occasionally for her remedy.

Some of these cases in menopause need a pessary for support and if so they are fitted and supplied with same. Should they have a fibroid or a tumor mass which I know that I cannot relieve with the indicated remedy, they are advised to have surgery for same and then are given their remedy to hasten their well-being. Any support which will add to the comfort and well-being of these patients in connection with their remedy should be granted. The remedy however is still selected according to the totality of their symptoms.

DISCUSSION

DR. W. E. JACKSON [Brea, California]: The results that are gotten when the proper homœopathic remedy is prescribed in these cases are really startling in many instances. I don't think there is anything more startling than the control of menopausal disturbances.

Speaking of the pessaries for support when the uterus is very heavy and dropping and causing considerable disturbance, I have found that most of the commercial pessaries have been very disappointing. I have used, more than anything else and increasingly more all the time when such things are necessary, the occlusive diaphragm. It is a ring that is rubber-covered, the ring being a spring in nature, preferably a flat spring, not round. In that diaphragm I cut anywhere from three to six holes for drainage. This is inserted, and I find it better than all other kinds that I have tried for patients. It is more comfortable, it is lighter, and it is something they can handle themselves, when they are properly instructed.

DR. C. P. BRYANT [Seattle, Washington]: Dr. Neiswander has brought out a remedy that I might have found by careful repertorial working. I have read so much recently of the evil effects and after-effects of the estrogens, and especially the finding that according to our allopathic friends they are carcinogenic, that I was glad to have that brought out.

DR. JACKSON: I don't believe we are supposed to speak twice on the same paper, but in regard to the estrogens it is my opinion that the reason the old school considers the estrogens carcinogenic is because they actually use the same idea that is usually used by allopaths: If a little is good, more is better.

The fact that estrogens are carcinogenic, which I will admit, when given in greater quantities, should give us an exceedingly big lead.

DR. NEISWANDER (*Closing*): I appreciate this discussion. In my experience I have found that a great many of these cases, who have had a lot of estrogens, so many, many times require either venom or spider poison, or something of the sort. If you give them the right remedy they nearly all will respond.

—*The Homœopathic Recorder, October, 1950.*

THE HOMŒOPATHIC TREATMENT OF SKIN DISEASES

A CLINICAL PAPER

ALVA BENJAMIN, M.B., CH.M., F.F.HOM.

MR. PRESIDENT AND COLLEAGUES,

May I first of all express my sense of the honour bestowed on me by being asked to read a paper to you at this Congress, attended not only by my own nationals, but by many distinguished colleagues from the Continent and America.

Before such a gathering I cannot presume to pose as a teacher, nor will I try to produce an exhaustive, and I hope not an exhausting treatise on the homœopathic treatment of skin diseases. I will rather confine myself to giving an indication of how we have been in the habit of approaching these cases at the Royal London Homœopathic Hospital during the twenty odd years I have been privileged to be in charge of the dermatological department. I also want to keep in mind the possibility that some non-homœopathic colleagues may by some stroke of fortune be tempted to read the transactions of this Congress and to learn how differently we approach our patients from the accepted allopathic attitude.

May I first of all remind you what a very important organ of the body the skin really is because of its various