

me think of Medorrhinum. And he was also worse during the day. These two put together were "bankers" for Medorrhinum. But I had already given Tub. Bov. and I had read somewhere. nosodes do not follow well. I thought over the matter but decided to give Med. and gave a dose of 1m. After this the improvement was satisfactory. Here I might recall that Nash has said somewhere that he does not much believe in incompatibility. He would give the drug if the drug is indicated, does not matter what he has given before. Here in my case also Med. acted quite well without any untoward result.

GALLSTONES

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The formation of gallstones is the effect of a constitutional disease of middle age, more frequent in women than in men. The formation of the stones is, as a rule, the outcome of an inflammation of the gall-ducts, which interferes with the normal flow of the bile. The stones vary in size from mere sand to a hen's egg, and in number, from one or two to several hundred.

Stones in the gall-bladder itself do not necessarily produce any subjective symptoms at all. It is only when the stones move, especially when they enter the narrow bile-ducts, that the patient is suddenly seized with an agonising colic which radiates from the liver downwards to the thighs and is often accompanied by vomiting jaundice, cold perspiration and collapse.

In such serious cases we give *Atropin* 3x, ten drops in hot tea every 15 minutes, if necessary. At the same time we apply fomentation to the seat of pain, or, if possible, we place the patient in a hot bath or give an enema with warm camomile tea.

Instead of *Atropin* there are many other drugs at our disposal. The most important are :—

Colocynthis 2x for patients suffering from very piercing pains, better by heat and doubling up.

Iris versicolor 2x, when the liver is very sensitive to the slightest touch, accompanied by vomiting of gall and acid, and severe headache.

Magnesium phosph. 3x in cases with severe cramps, flatulence, constipation, when the patient likes cold drinks, feels better by heat and worse by cold.

Berberis vulgaris 2x, when there are agonising pains in the region of the kidneys, diarrhoea and flatulence.

Chamomilla 2x in cases of vomiting, flatulence, and evil smelling stools.

China 3x in patients characterised by extreme weakness, diarrhoea alternating with constipation, profuse perspiration at night, and piles.

Carduus Marianus gives, in many cases, immediate relief; it has the reputation of preventing the further formation of stones.

Calcarea carb. 30 in repeated doses relieves the pains of biliary colic in some patients. Some practitioners recommend bicarbonate of soda. They give one teaspoonful to one pint of lukewarm water.

The proper homœopathic treatment, coupled with the right diet, is the only way to cure these patients. As a rule, a lacto-vegetarian diet, should be given, with plenty of fresh fruit, cream cheese, Allbran and molasses. All alcoholic beverages should be forbidden. If the patient is constipated he should take liquid paraffin half an hour before each meal, and should drink plenty of fresh water between meals. Further, he should take two tablespoonful of walnut oil on an empty stomach. Patients suffering from overwork, worry, and an indoor life need plenty of exercise in the open air.

The homœopathic drug should be selected according to the whole constitution of the patient, though there are some

drugs with a specific action on the liver, such as *Quassia*, *Lycopodium*, *Bryonia*, *Carduus Mar.*, *Natrum Sulph.*, *Taraxacum*, etc. It is, of course, quite impossible to give a full account of the numerous drugs which the homœopath has at his disposal: they must be studied in our homœopathic text books. I restrict myself to the statement: that our rule, "Let like be cured by like," must always be our guide.

There are only very few patients who cannot be cured without an operation. These are patients whose gallstones are very hard, so that they cannot be reduced in size by homœopathic drugs. I remember only three patients who did not react to homœopathic treatment during six months. These patients did very well after the operation; they could be discharged from the clinic after a fortnight. To prevent a relapse or recurrence, I gave *Chelidonium 3x*, *Cholesterinum 6x*, and *Lycopodium 12x*, each drug to be taken twice a day for six consecutive weeks. Not one of these patients experienced another attack of biliary colic.

—Homœopathy, Jan. 1953

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