THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION

DR. R. M. LE HUNTE COOPER, M.D., B.S. (DURH.).

Mr. President and Gentlemen :

I think that no more important subject could have been chosen for discussion at this Congress than this one of gastric and duodenal ulceration, not only because these conditions are far more prevalent than the lay mind has any conception of, but because their treatment by the two medical schools shows such marked contrast both in method and results.

There has been of late an increased desire on the part of our body as a whole, stimulated by Dr. Weir, to attract the attention of those who practise on the old lines, with a view to convincing them of the undoubted superiority of our methods, and so compelling them by sheer weight of facts to join our ranks, even though this more often than not involves considerable difficulties to them, owing to the complete upheaval such a change necessarily causes in an allopathic practice, the *clientele* of which is accustomed to heavy dosing with full-flavored, bright-colored mixtures, administered in maximum quantities.

In the case of threatened and developed gastric and intestinal ulceration, overwhelming evidence in our favor may be found by anyone who likes to prove for himself the efficacy of the homœopathic prescription.

The old methods, based as they are on prolonged rest, and the most careful dieting, helped or hindered, as the case may be, by the old "sheet anchor," bismuth in various forms, are tedious in the extreme, and involve very great waste of time, and considerable dissatisfaction from those who, after a prolonged course on those lines, are told that, in spite of the "sheet anchor," the ship will have to be unloaded of its cargo ; in other words, that they will have to be opened up, and the ulcer or ulcers removed.

Every physician living, to whatever school of thought

he may belong, cannot but regard the resort to operation in these cases as a most regrettable confession of failure.

I do not, of course, refer to those cases in which through long neglect or too late resort to treatment, scar tissue has formed permanent constrictions or adhesions, occluding the orifices of the stomach. In these we have an invaluable ally in the knife, without which ultimate recovery would be impossible, and we must all give our unstinted praise to those responsible for the great advances which have been made in this line of surgery. Loops of intestine can be joined together, and resected portions of intestine united with a certainty of success, banishing almost entirely the former dangers from this particular type of operation. Surgeons have full reason for pride on this score, but they cannot remove an ulcer from the gastro-intestinal tract without a secret feeling that, if the physician had done his work properly in the first place, their help would not have been needed, and a realization that they are only removing a manifestation of the disease and not the disease itself.

The question that naturally arises is, why did ulceration take place in the first instance? It is rare for any purely local irritative or abrasive cause to be found, as is the case in ulcerations affecting the surface of the body.

The individuals who suffer in this way have eaten the same foods as their friends and relations, yet they alone have been attacked. This points unerringly to something deeper at work, and the surgeon must admit that his mechanical removal of the ulcer or short-circuiting leaves untouched the original factors responsible for the derangement of the nutritive and salutary forces, without which ulceration would have been impossible.

The only scientic way of dealing with these factors is by stimulating the recuperative powers of the system, and for this purpose we all know from experience, over and over again confirmed, that we have an ally of enormous potential value in homœopathy. We must not fail to give

recognition to "rest" and "dieting" as valuable adjuvants, but the body reacts to the correct homœopathic remedy so effectively that we can justifiably give them a secondary place, and our doing so is significant of the faith we have in our remedies, which long use has shown to rest on the solid rock of proved results.

I have been asked to read this paper with a view to recording some of my own experiences, but I feel its chief value will lie in inducing a discussion which will bring to light the collective experiences of others, resulting in a mass of irrefutable testimony of the efficacy of Hahnemann's teachings when applied to those diseases.

I will begin with two cases of simple gastric ulceration in its acute form.

On January 27, 1918, I was called, at 4 a.m., to see Mrs. B., a lady of 48, who had suddenly vomited blood that morning without any warning, except some previous sore, dragging feeling in the stomach. Her family were in the greatest state of alarm and consternation, as they said she was bleeding to death, and emphasized their remarks by pointing to a large pool of dark clotted blood on the floor, which to all appearances amounted to not less than two paints.

I say "to all appearances," for when hæmorrhage is spread over a fairly wide area like this, one's impression of the amount tends to be somewhat exaggerated. The blood was undoubtedly of gastric origin, having been vomited, and with no evidence, past or present, of lung trouble or cough.

Beyond some slight gastric tenderness, local symptoms were absent and there was a complete freedom from pain.

As treatment I adopted complete rest with abstinence from food for some hours, and gave *Hamamelis* 3 in liquid form, two-hourly.

When I saw her *nine hours later* I found her very much better, with but little of the faintness previously experien-

ced. She had ventured to take a little Benger's food and had suffered no ill-effects. The temperature was normal and there had been no futher signs of bleeding.

Next day, i.e., within as brief a period as thirty hours after the hæmorrhage, she was well enough to get up and wash, and beyond some natural weakness, and a somewhat coated tongue, she showed astonishingly little sign of the past storm.

I am well aware it may be said that I was risking too much in allowing her out of bed so soon, with the ulceration obviously still present, and I admit that in spite of the potency of our remedies, this censure would have been justified, but I can plead "not guilty," as she got up against my orders.

I was none the less pleased to find no ill-effects resulting, and that she showed astonishingly little evidence of her attack, except some very natural weakness. *Ac. phen.* 3, three-hourly, was now prescribed.

The following day (January 29) she greeted me with the information that she had been "bombed out of bed" in the night, meaning by this that she had risen from bed when awoke by an air raid, but beyond some evidence of nerve strain no ill-effects had resulted, and no return of the bleeding could be detected then, or subsequently, by the appearance of the evacuations.

She had taken *Chamomilla* previously provided for these emergencies, and she again thanked me then, as on former occasions, for the great relief it gave her.

I may here digress to record the fact that I found this remedy of the greatest use during the air raids, and was able to lessen the anticipation of coming raids and the deleterious effects of those present with it.

In the latter part of the following day (January 30) she awoke with palpitations and shivering "in the knees and all over," which she said reminded her of her attack of hæmorrhage, but no evidence was forthcoming confirming

her fears, and no change was made in *Ac. phen.,* which she continued to take three-hourly.

After a few more days of liquid nourishment, light solid was commenced with no ill-effects, and she left town for a change to the country a fortnight later.

I am in touch with this patient from time to time, and she has never shown any sign of a return of the trouble, i.e., for the last ten years.

My giving of *Ac. phen.,* in this case may call for a little explanation. I had for many years been especially interested in the action of this remedy, the more so from a case of chronic poisoning which I traced to a carbolic nasal spray prescribed by a wellknown consultant for a lady, without any word of caution, and which she had used daily over a period of years, together with a carbolic tooth powder, which case I published in the *Homœopathic World.*

It showed gastro-enteritic symptoms associated with neurasthenia in an intensely aggravated form, and I considered it doubly indicated in this case in consequence of the nervous strain the patient had been subjected to during the air raids.

On April 14, 1913, I was consulted on behalf of a Mrs. A. D., a lady, aged 28, two and a half months pregnant, who had suffered from some form of shock a week previously. Gastric pains and dyspeptic symptoms had existed for some time, but they had latterly assumed an acute form, and she was now presenting alarming symptoms, diagnosed by her local medical attendant as due to gastric ulceration, and which treatment on the old lines had failed to relieve.

On visiting her I found that the pain experienced was of an intensely "screwing" character, spreading outward from a point the size of a shilling below the ensiform cartilage, but not felt through to the back. Food of any kind even though liquid and peptonized, excited this pain within five minutes of its ingestion, though temporary relief was felt during the actual meal.

Relief was also experienced when lying on the back,

but this posture induced a sensation of a hard lump dropping backward in the stomach region.

< of the pain was produced by lying on the side, as well as in prone and upright position. Great distress was felt from distension of the stomach which it was difficult to relieve by eructating flatulence, and of course epigastric tenderness was marked.

Though there was no vomiting to reveal hæmatemesis, and the evidence of any actual passage of blood by the bowel was indefinite, the symptoms, by their intensity and duration, pointed to rapidly advancing acute gastritis, on the point of, if not actually, ulcerating, and it was clear from the increasing severity of the symptoms that unless medical help of a scientific and specific character could be applied without delay, intensive hæmorrhagic ulceration was only a matter of a few hours.

It cannot be denied that a continuance of the old methods, with their attendant delay and very probable ultimate resort to operation, would have been fraught with great danger in this case, in view of the co-existing pregnancy. Thanks, however, to homœopathy applied in the form of a solution of *Kali bichrom.* 30, given every three hours, relief to the main symptoms followed in a few hours, and the patient's existence became bearable. The intensity of the pain became rapidly relieved, and in the course of a day or two it changed to a more "drawing" character, with a tendency now to pass through to the back.

It entirely ceased in five days, and the digestion became to all intents and purposes perfect, the slight nausea which was present from time to time being obviously due to the pregnancy.

She went to term and successfully delivered, and, as I am closely in touch with her family to this day, I can vouch for the fact that she has never had any recurrence of the trouble; that is to say, for fifteen years.

The foregoing very ordinary cases, treated in a more or less ordinary way, can have little interest for you gentle-

men, but I record them as part testimony of the power we have in immediately quenching the fire of acute ulcerative gastric inflammation. It would be of little value if I confined my remarks to what might be described as "routine practice," if it could be allowed that the homœopath could ever descend to anything so sordid as routine.

The delightful fascination of our art, lies, to my mind, mainly in its untrammelled freedom, and our complete independence of former teaching, except of course of our great founder, who, in his very pronouncement of the homœopathic law, gave us a boundless freedom, full to overflowing with infinite possibilities.

Some special value attaches to some of the following chronic cases, in that I had opportunities for observing them over periods of very many years and can show clearly the effects of treatment, as to duration and permanence of results.

My advice was sought in December, 1915, on account of a Mr. M., an old gentleman, aged 80, living in Hampshire, with a history of past gastric trouble, and now diagnosed to be suffering from gastric ulcer, which old school methods, with strict dieting, had failed to relieve. He was passing blood in the stools, definitely shown by melæna, and was suffering from considerable pain in the stomach. Pending my visiting him, and to relieve the immediate symptoms, I prescribed *Kali bichromicum* 3 ter die i. c., and gave directions for the food to be peptonized, but otherwise made no alteration in the diet. I visited him a few days later, on December 24, 1915, and found the hæmorrhage had ceased since taking the *Kali bichromicum*. His long white beard and somewhat wasted body made him look more than 80, though his face was not sunken at all. He was lying half over on the left side groaning with pain and complaining bitterly, and described the pains as coming in spasms "gripping him like claws", with a good deal of flatulence passed downward. Occasionally the flatulence would burst upward from the stomach, as though from sudden patency of the

previously tightly closed œsophageal opening. The area of pain extended all over the epigastrium, with ill-defined resistance and tenderness on palpation, but without any evidence of tumour formation. I prescribed *Ver. vir.* 3 for the immediate and subsequent relief of pain, and as a specific constitutional remedy, *Pæonia of.* 3, one powder daily, to be commenced the following day.

On December 27, 1915 (three days later) I received a report to the effect that his condition had improved, and that the pain was less severe.

On December 29 (two days later) he vomited some bile, but without any trace of blood, and the motions were no longer black. I made no change in the remedy except to reduce the frequency of the doses to one every other day, and successive reports recorded steady improvement, but as the tendency to bilious vomiting continued, I prescribed on January 6, 1916. *Bryonia* 3 every day.

Progressive improvement followed, without any change of remedy, though I lengthened the frequency of the doses, and *he had so far recovered that I was able to cease treatment on February* 3, 1916, i.e., *six weaks after I visited him on December* 24, 1915. *He was free then from pain, his digestion was good, and he was able to resume his work of teaching painting. Eight months later* I learnt that he was in wonderful trim, walking two to three miles easily, and eating solid food, including ham, chicken, scones, etc.

Considering his age, I think you will agree that six weeks represented a very rapid recovery, especially when prolonged treatment based on other principles had so signally failed previously. His health continued very good after this, and he continued his work, only occasionally requiring medicinal help for minor gastric disturbance, and he finally passed away peacefully from old age in 1919 *without any sign whatever of a return of gastric ulceration.*

The remedy mainly responsible for the cure of this case was *Pæonia officinalis,* and a few remarks on this drug will not come amiss. Prior to treating this case I had been

investigating the action of this remedy on the gastric sphere when administered in arborivital doses of the Tr. This case served to convince me that it acted well in the repeated potentized form, though perhaps not so dramatically.

I will now give a case illustrating its action when given in unit arborivital doses.

A Mrs. J., a caretaker, aged 42, of medium dark complexion, spare habit, and cheerful disposition, came to me on March 7, 1905, with a history of "stomach trouble" seven years before, and occasional indigestion since, this having become more intense for the last three weeks. Burning and constricting pains had developed and vomiting had occurred on several occasions the previous week. Recently also she had brought up bright blood, often as much as a teacupful at a time. Motions very dark, at times black. She had been subject to diarrhœa in the past, and for the last three to four days she had had as many as five or six actions in the day. The pains had latterly tended to "jump through her laterally from right to left", and considerable flatulent distension had existed for sometime. Hot flushes and faintness accompanied the pains, and she had actually fainted on occasions. Last week her hands had turned black and cold, and she was dyspnœic on ascending the stairs. Tongue white coated with clammy taste. Examination elicited marked tenderness over the epigastrium, especially to the left of the median line, but the stomach was not dilated, and there was no evidence of tumour formation. I restricted her to liquid diet and gave *Pœonia* ø Tr. A.

March 14, 1905 (a week later), *better in every way. Retching had stopped, diarrhœa not nearly* so *marked,* though not quite stopped. Melæna had been present on three occasions, but not for the past three days. *Has retained her food much better* (e.g. two new laid eggs yesterday); before this, retching had invariably followed the taking of food. The anorexia continued till yesterday, when a distinct inclination for food returned. She had only vomited

blood two or three times, and then very little, and only what she described as "the color of it". Has felt very faint at times, and actually fainted the day after she saw me. *The former pains has now diminished to a mere discomfort in the pit of the stomach, and the flatulence is less.* There was obviously no need for more remedies, so I contented myself with directing her to come in a week's time, on March 21. She then declared herself stronger, and especially better the previous two days, though she had had some bad indigestion towards evening, with pain in front of the chest and epigastrium at times "like so many knives", at others of a dull character. She had vomited twice, *but without blood and the motions had been lighter in color,* though still loose. The tendency is for the bowels to act after taking food. *There is now no pain after food,* which she still takes in liquid form. There had been no fainting that week. *Pœonia* of. Tr. A.

(To be continued)

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given in the repertory for this symptom, but in a case of mine *Cocculus* was the remedy. Taste of food unbearable and like spoiled eggs. Bread tastes dry and bitter or craving for bread. Nostrils dilate in expiration. Vomiting without nausea. Red face during the chill.

There are those who think that a patient must be anemic in order to need iron. This is not necessary at all. Iron is also a good remedy for gastro-intestinal troubles, for colds and varicose veins when no anemia accompanies them. In vomiting of pregnancy it is often the only remedy that helps.

—*The Layman Speaks, November, 1953.*

THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION

DR. R. M. LE HUNTE COOPER, M.D., B.S. (DURH), LONDON.

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March 28 (a week later), an interesting reaction followed this dose; she said she had been bad all the week. The night she took the dose she felt very hot, then very cold, then very hot again, everything became soaked with perspiration, and she added forcefulness to the picture by saying that "steam came out of the fingers", at the time asserting that she had never experienced anything like it before. She had vomited, but without blood, twice, and not for the last five days. Bowels now acted daily, *the motions being formed and normal in color and never black.* For three days after the dose there had been more stomach pains, but these had now quite gone. At first after the dose the urine was very thick and dark, but it is now quite clear and light in color. *Following the dose she also felt giddy with an inclination to fall forward,* till two days ago, but not now, and there is now no discomfort at all after food. When I repeated the dose on April 4 (a fortnight after the

last one), it is an interesting fact that *for the three ensuing days she noticed that the motions were very black*, "as black as they had ever been", but since then they had been normal, and there had been no other evidence of hæmorrhage, and no recurrence of vomiting.

I need not weary you with further details, except to note that I varied the next dose, given a fortnight later, by giving *Pæonia tenuifolia* Tr. A. and that the report following this was *that the periods had returned after an absence of three years*. This was especially interesting in view of the pæonies belonging to the "ranunculaceæ", the same order as the pulsatilla, and the strong resemblance which I noted between the leaves of this particular pæony and those of the pulsatilla, and which had led me to wonder whether there might not be a similarity of remedial action between them. This resemblance will be seen in the lantern slides.

After this she never looked back, *she never had any return of the trouble, and she is in excellent health today, no less than twenty-three years after the above illness.*

I had intended to introduce here a most important case illustrating the action of *Orn. um. pæonia*, and *Anacardium*, which I observed from 1908 to 1921, but reluctantly abandoned this owing to lack of time, and contented myself with giving you another which even more forcibly brings into contrast the treatment of the two schools.

On October 18, 1927, Mrs. H., aged 32, whose circumstances necessitated her doing a good deal of household work, came to me in great distress, owing to the number of ineffective operations she had had on the stomach and duodenum for recurrent ulcers, and the necessity for yet another one, without which she was informed her life would be in danger. Digestive trouble had commenced five years before with general debility and lassitude, and the diagnosis of peptic ulcer was made with the help of the x-rays. Gastroenterostomy was performed and a suspicious appendix re-

moved at the same time, the other organs being found to be healthy. Though she made a fairly quick recovery, she said she obtained little ultimate benefit, and as she felt very ill, a year later a second x-ray examination was carried out by another surgeon, who arrived at the conclusion that the first operation had been faulty in making the "stoma" in a position which allowed of too quick emptying of the stomach. This same surgeon then operated, and was said to have found "grave adhesions and ulcerations" which he respectively freed and removed. The patient, however, felt no better after this operation than after the first, so a gastro-enterectomy was performed, at which an ulcerated portion of the intestine, the length of a finger, was removed but alas! with no better results so far as the patients's general health was concerned, as she felt no better in any way.

It is not to be wondered at that she had an acute dread of the now proposed fourth operation, and that she took a very despairing view of her future. Her symptoms were those of flatulent dyspepsia, with violent attacks of burning pain, suggestive of the presence of "boiling lead" in the stomach, and which luke-warm tea had a peculiar power of <. A gnawing pain was experienced in the back, < on waking, going off on dressing, but returning later in the day, with extreme lassitude, rendering it impossible for her to carry on any household duties, and at times a ravenous appetite, which it was difficult to appease. The bowels acted daily, cascara being taken only once a month or so, and the motions were formed, except when milk was taken. This had the extraordinary effect of causing a bright-red diarrhœa. One can realize from this what a great difficulty she had with her diet, which had to consist of light solids. I would like it to be specially noted that in the subsequent treatment *I made no change in this diet, and at no time put her on to liquid nourishment.* You will see by the lantern slide the appearance of the abdomen, and the scars of the operations. I found general tenderness over the pyloric end of the stomach, rising to acute tenderness about two

inches below the ensiform cartilage, near the upper extremity of the main operation scar. The stomach was not unduly dilated, and there was no evidence of proptosis. It was surprising that in spite of the disorganization of the gastric apparatus, the system was able to assimilate at any rate some of the food passed on, as shown by there being no marked emaciation.

I prescribed *Ac. phen.* 30 in doses given every third day, and saw her a fortnight later, on November 1, 1927, when I found that an interesting development had taken place; all the "boiling lead" had left the stomach, burning at the outlets of the bowel and bladder having replaced that felt in the stomach, it being obvious that the system had been ridding itself of acid in this way. The bowels had now become more constipated, only acting every third day without a laxative, and she had again felt a peculiar sensation of "wriggling under the right shoulder blade" which she had experienced prior to the second operation. However, the main fact was that *she had no attacks of any kind since our last interview,* which considering that they had been of almost daily recurrence before, was sufficiently significant. The same remedy was continued, and a fortnight later, on November 15, she expressed herself as *very much better.* Occasionally flatulence is present, but some days she is quite free from this. She has felt "splendid" the last two days. Backache is less, though it became severe after breakfast on the 9th inst., with an attack as though the stomach was "torn open and protruding from a wound". There was now, however, no burning in the stomach, and *she had actually been able to wash some clothes;* an unthinkable thing before. The wriggling under the right shoulder blade is only felt occasionally now, and she has more energy, and is less irritated by her children. She said also that if, before she came to me, she had had an attack like that on the 9th, it would have lasted ten to fourteen days, whereas she got over this one in two days.

There is no time for further detailed description of this

case, except to say that the constipation, which seemed to be an initial aggravation of the remedy, soon passed off, and that the remedy was continued with progressive improvement. Later on, some retroversion and dysmenia was rectified by *Sepia*, which also helped the general neurasthenic symptoms. When I saw her in July, 1928, her condition was as follows: *Except for an occasional slight sore feeling across the epigastrium, all gastric symptoms had vanished. It was difficult to feel any tenderness over the pyloric area now, even with deep pressure. She could do a whole day's work at home without fatigue, and had lost all the constant weary feeling she had before.* A peculiar, though significant, sign of improvement was that though formerly she could not walk in slippers, i.e., in low heels, without pains in the back necessitating her sitting down, this now no longer affected the muscles of her back, and her hair which had become grey during her illness was now regaining its natural colour at the roots. Finally, she declared that *"she did not remember ever feeling so well in her whole life as she did now"* (these were her actual words taken down at the time).

Surely, gentlemen, this one case alone, without any others, is sufficient evidence of the incomparable superiority of homœopathic treatment in these cases. The patient, though previously suffering from constantly recurring pyloric, duodenal and jejunal ulceration, associated with severe derangement of the vital powers, was *during the whole treatment enabled to continue with her household duties, and to take solid food, unpeptonized or otherwise specially treated, without operations, stomach washing, repeated bismuth x-ray photographs, gastric or duodenal feeding tubes, prolonged rest in bed with massage, and all the hundred and one irksome measures, without many, or most, of which it is generally thought impossible to effect a cure, or even relief.* Added to this, think of the enormous collective saving of time to the community, on these cases alone,

which would be effected by a universal adoption by the whole profession of Hahnemann's philosophy.

DUODENAL ULCERATION.

The above brief notes must suffice for ulceration of the stomach, and I will now turn to what I consider the far more important condition of duodenal ulceration.

My special interest in this subject dates from an autopsy I made on a soldier in the army who died suddenly from a perforating duodenal ulcer, without, I was informed any premonitory symptoms. I am fairly convinced now that he *had* such symptoms, but that they were so slight that he attributed them to ordinary indigestion, and being loath to appear before a medical officer predisposed to regard every man subjectively indisposed as a malingerer, he had carried on with his work, quite likely aggravating the trouble by wearing his belt too tight when marching and at drill.

I do not believe that ulceration, or even pre-ulcerative inflammation can occur in this part of the intestines without the presence of symptoms constituting a danger signal, but they are often so slight that they may be disregarded by an individual working at high pressure and with his mind occupied by matters of weight and importance. And it is just this type that is so prone to the disease.

Although we physicians have an important sphere in curing disease when it has become manifest in a severe form, I consider we have a far greater and more important field in preventing disease from reaching this stage, by so countering the earliest premonitory symptoms of deranged health that the graver and more lethal forms of nameable disease have no possibility of developing. In this, again, homœopathy far transcends the older methods, which are inclined to overlook these slight derangements, regarded by us as all-important, till something big has appeared on the scene which may be dignified by a diagnosis of one of the many named diseases.

The earliest stage of the disease with which we are

now dealing is one of congestion and simple inflammation in the neighbourhood of the outlet of the stomach, which for convenience I would call "*pyloro-duodenitis*", as more closely indicating the area usually involved than "duodenitis".

I have for very many years been greatly impressed by the close association between this condition and neurasthenia, though I am unaware of anyone else calling attention to this. It is not so very surprising, considering the nerves supplying this area are derived from the neighbouring solar plexus of the sympathetic, that conditions of shock and nerve strain should manifest themselves by derangement of region.

We are familiar with the extraordinary, and at first sight inexplicable, association of ulceration in this region with burns involving extensive areas of the skin, but if one regards as a reasonable explanation of this "*nervous shock reflected to this area resulting in trophic derangement and ulceration*", it will not be a matter of much surprise if other forms of nerve derangement, though more slow in action, have a similar resulting influence.

I have found pyloro-duodenitis far more closely associated with neurasthenia than is gastritis, and it is interesting to note in this connection that it is just this area which is the seat of election in the gastro-enteritic sphere for ulceration following burns. The actual area involved is that lying between the pylorus and Vater's ampulla, which, as you know, is the depression in the inner posterior wall of the descending portion of the duodenum into which the ductus communis choledochus and pancreatic duct enter. Fortunately for everyone concerned, and especially for us as homœopaths, the symptoms of inflammation attacking this area are remarkably definite and clear-cut, and constitute a danger signal which should always be watched for and immediately acted upon when present. The all-important and most vital of these symptoms is < before food and > after food. I think the cause of this symptom is depen-

dent on the patency of the pyloric opening, which tightly closes when food is introduced into the stomach, thus preventing irritating excretions from trickling on to the inflamed area, but the symptom is all-important to us, apart from its cause, by reason of its indicative value. I have found this symptom so uniformly present in all cases I have dealt with, that I am convinced that it is impossible for this condition to exist without this symptom, though it may be less marked in some cases than others, and consequently in an early stage may easily be overlooked by the patient himself. It is impossible to doubt that the soldier whose case I have mentioned had this symptom some time before actual ulceration took place, and that all trouble could have been averted and his life saved, if he had then had a few doses of the indicated homœopathic remedy, even with little or no alternation is his diet. I make this latter statement as to diet from having myself so often trusted to the indicated, unassisted by altered diet, in order to prove conclusively, to my own satisfaction, that it was the remedy alone and not the adjuvant dietetic and other measures which was responsible for the cure.

When one realizes that we have at our command remedies of such potency, is it to be wondered at that their combination with dietetic and other measures results in such rapidly curative results? Taking this symptom of "> by food" as our keynote, two remedies stand out as supreme in both provings and results: I refer to *Anacardium* and *Ignatia*. It is interesting that these two are so notably nerve remedies, and one could dilate at some length on the neurasthenic and neurotic symptoms to which they specially relate, but it will suffice here if I give some cases in which one or both of them have established such close affimity for the conditions under discussion that they may well be termed "specific".

On November 2, 1922, a retired officer, aged 38, who had suffered from mild fever and dysentery in the east during the war, followed by a nervous breakdown, necessitating

six months' rest in 1918, came to me complaining that for a year or more he had been much troubled by a sore, tender condition of the stomach which had baffled his family doctor. It affected the region below the ensiform cartilage, was < when the stomach was empty, especially the first thing in the morning, but was > after food. There was no acidity, nausea or vomiting, and the bowels were regular, but the tongue was coated every morning, and he had noticed mucus passing from the bowel for some time. I found marked tenderness in the region complained of, over an area of about half-a-crown, and some tendency to puffiness, but no tenderness over the cæcum. I made no alternation in his diet, which was reasonably light, and prescribed *Annac.* 3 in dailly powders, medicated in thirds.

When I saw him a fortnight later, on November 17, 1922, he was able to report that the discomfort and soreness were much less; they no longer awoke him at 5 a.m. as formerly. The motions, previously semi-solid, were becoming formed, and he had seen no mucus from the bowel. He was still better a fortnight later, with a continuance of the same remedy, the former flatulence was becoming much less, and he stated that *"he had had less discomfort in the stomach than for the past year"*. The tenderness had greatly decreased, and the bowel mucus had not returned. It was not long after this that he was able to report complete freedom from his trouble, and I could find practically no trace of the former tenderness over the duodenal area. I saw him occasionally for some time after this, and verified the fact that the bowel mucus never returned, so that the slight associated colon irritability cleared up with the other symptoms.

This case serves to illustrate the type I am referring to, it being one of "early inflammation affecting the pyloroduodenal area following on nerve strain and neurasthenia". It exemplifies the "danger signals" which I have referred to, and which, if neglected, tend to lead to ulceration, with possible disastrous results to the individual. No advantage

would be gained by my multiplying cases of this sort, as they so closely resemble one another, so I will now pass on to one in which the disease had reached a more advanced stage.

On July 7, 1924, a lady of fair complexion, aged 30, was sent to me with stomach symptoms which I was told had caused much controversy and diversity of opinion amongst the several stomach specialists and gastro-enterologists she had seen, and which had resisted collective and individual treatment based on methods as ordinarily practised. It was significant that there was a past history of a very great mental shock in 1918, which she said had subsequently affected her nervous system for a considerable time. Pain had existed in the stomach region for two years, extending across the epigastrium to both hypochondria and resembling "toothache" with a squeezing sensation ; it would come and go without any apparent reason, though she had noticed that it was specially marked one and a half to two hours after food, and would last any time from ten minutes to three hours. This condition of things would often exist for three weeks, working up to a climax, and then, presumably from stringent dieting, would give her a rest for a week or more from the acute pain, though persistent discomfort would nevertheless continue. The ingestion of food relieved, but only temporarily, and accumulated flatus often caused pain, which eructation relieved. Though no bad taste was complained of, the tongue was always dirty, and had a thick white coat in the morning. Acidity was seldom experienced, and the bowels acted daily, a laxative being seldom required. She said she had consulted everyone she could think of, and her own doctor had finally, emphatically. and euphemistically, declared himself as "completely stumped". I found her to be moderately well nourished, in spite of the stomach disability, her disposition being sensitive and highly strung, with great nervousness in motors; yet she was eminently sensible, and not given to hysteria or hypo-

chondriasis. Neurasthenic symptoms were evident in the complete inability to lead a social life consequent on undue fatigue on the slightest exertion, the heart's action was too readily acceleraed, and she was incapacitated from facing the petty irritations inseparable from modern domestic life.

Needless to say, she had had plenty of "x-ray, barium-meal, photography", the conclusion arrived at from this being that ulceration of the stomach was present, owing to "kinking" near the middle of the organ, and it was finally decided that the only hope of obtaining relief lay in operation.

In No. 1 lantern slide, taken in the recumbent position, you will see the stomach "kinking" above referred to, and in Slide 2, taken in the erect position, the proptosis of this organ. Slide 3 shows food still remaining in the upper part of the stomach six hours later, the lower part having emptied rapidly, while the remainder of the meal lies in the terminal coils of the ileum, cæcum, and ascending colon. Slides 4 and 5, at twenty-four hours, when some of the food had reached the rectum, were taken respectively in the upright and recumbent positions, and show proptosis of the colon and the delay in the passage of food through this part of the bowel, the latter being possibly partly a result of the former, while slide 6, at forty-eight hours, emphasizes the colon stagnation.

The diagram now thrown on the screen is a *fractional test report* of a three-hour digestive cycle, undertaken to ascertain the acidity following a starch meal. Briefly, the shaded area represents the limit of free HCl in 80 per cent. of healthy males, the black line shows this patient's free HCl and the dotted line her total acidity. There are three vertical lines to each hour, and the second of these indicates where the meal commenced. The high degree of acidity shown prior to this is of little account as representing the fasting fluid, which varies greatly in normal individuals. It was concluded from this test that as in 67 per cent. of pyloric ulcers the curves appeared above the shaded area,

it gave "indirect evidence against the presence of ulcer, though not ruling it out".

I personally was quite satisfied from the symptoms that, kink or no kink, there was no gastric ulcer, and it mattered not one title or jot whether actual ulceration of the duodenum was, or was not, present, it being abundantly clear that the case was one of pyloro-duodenitis on the point of, if not actually, ulcerating, with concomitant pyloro-spasm to explain the pain. I prescribed *Anacardium* 3 ter die, half hour a. c., and allowed her to take light solid food.

On July 14, 1924 (a week later), she said *the stomach pains were better* though still there, and the tongue continued thickly coated in the morning.

July 21 (a week later), a good deal of flatus was being generated still, but *she felt very well on the whole* and had had *no stomach pain that weak, Nux* 3 was now interposed in intermittent doses, with little benefit, and it was changed again for *Anac.* 30, also in intermittent doses.

On September 12 (a fortnight later), she said she had improved very much, and that her sleep was much better, with much less tendency to wake with flatulence. *She had had no pain and but slight discomfort in the stomach.* It was now two months since the commencement of the treatment, *and during the whole of this time she had not had a single one of her acute attacks of pain.* It can hardly be expected that a case of such severity as this would have an absolutely uninterrupted recovery, especially when, owing to improved strength, the patient began undertaking more and more, and venturing to try foods she would not have dared to take before.

One set-back occurred early in 1926, when I was called to see her owing to a severe attack brought on by overfatigue and worry. It was a recurrence of the characteristic pain, still obviously < when the stomach was empty, and it is a noticeable fact that it yielded at once to *Ignatia* in the third potency, when other remedies proved ineffective. This remedy was of decided service subsequently, especially

under conditions of great strain and shock. She had slight upsets from time to time, and occasional attacks of colds and influenza, but nevertheless she steadily progressed beyond the wildest hopes of herself and family, finally reaching the pinnacle of good health she now enjoys. *She can now eat anything her friends put before her, she spends much time with her children, joining in their games, and organizing her household, which is a very large one involving much strain owing to the necessity for entertaining a large circle of acquaintances on her husband's behalf. She accompanies him frequently to late meetings and entertainments, sometimes not returning until three and four in the morning. She can easily play two rounds of golf without fatigue, and her nerves have improved to such an extent that she can now actually drive her own car through London traffic.*

I ask you, gentlemen, is it possible for anyone, with the testimony of a case like this before him, to be so inconceivably obtuse as to still maintain there is no truth in homœopathy?

—*The Homœopathic Recorder, Jan., 1929.*

AN ADDRESS

DR. S. M. BISWAS

(Read at the First Anniversary of Singbhum Homœopathic Medical College, Jamshedpur, held on the 16th January, 1954)

Hahnemann teaches that each substance as it undergoes the process of gradual attenuation by breaking the molecules into ions (the homœopathic pharmaceutical process) loses its physical properties and gains, on the other hand, the property of becoming super active, gathering the energy liberated through the process of dis-integration into atoms