

## RHEUMATISM

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Roberts says that the immediate pathological cause of rheumatic fever is the presence in the blood of a morbid material generated within the system in consequence of some derangement of the nutritive and eliminating processes, and that this is believed to consist of lactic acid. But it is doubtful if this acid can be detected in the blood. My own belief is that we do not know what the cause is, and that it would be more honest to say so.

The ordinary exciting cause is, we know, exposure to wet and cold, one or both together. Errors in diet or suppression of menses are sometimes followed with the development of rheumatism.

It sometimes follows after scarlatina. It seems to be hereditary. Climate and season have considerable influence, changeable climate being the worst.

Injury or straining of a joint or joints may develop it in persons predisposed to it.

*Symptoms of Acute Variety:* After exposure to cold, and cold and damp conjoined, the patient is seized with chill or rigor, more or less severe, followed by fever, and after a time, longer or shorter, some joint, becomes painful, with redness, swelling, heat and extreme tenderness. There is febrile excitement, pulse rapid and hard skin dry and hot, or may be bathed in profuse sour or acid-smelling sweat, which, however, often gives no relief. *Tongue coated, appetite gone, but thirst generally increased (not always), bowels constipated, urine usually scanty and dark-coloured, sometimes smelling badly, and sometimes clear; at other times there are copious deposits.*

The inflammation is seldom confined to one joint; but unless arrested by appropriate treatment and specially if treated with scattering or so-called discutient local applications, travels from joint to joint, until it extends all over the body. In travelling from one joint to another it frequently leaves the one first attacked entirely when it attacks the second; sometimes not. It sometimes attacks the feet and ankles and travels upward; at other times it begins above and travels downward.

It sometimes goes cross-wise; first one ankle, then the other; one knee then the other or even changing on every other day from one to the other and back again.

Unless interfered with by treatment its duration may be from one to four or six weeks, and then run into the sub-acute variety or get well.

If under appropriate treatment the disease is overcome, or if treatment has had no influence upon it and has spent its force the inflammatory symptoms, both constitutional and local, subside and a return of health takes place. Oftener, however, even if the recovery is complete so far as the constitutional symptoms are concerned, the patient is liable to suffer more or less

from pain and soreness in the affected joints, specially in a change of weather to damp and cold.

In my experience under strictly homoeopathic treatment, heart complications, or rather an extension of the disease to the heart, rarely occurs. It sometimes, will, however, but so far with me has been entirely amenable to treatment, and I have never had a patient left with valvular disease that was discoverable. I have seen many cases, on the other hand, that have suffered from rheumatism of the heart when treated by local applications to the diseased joints; and I believe that a large proportion of valvular disease of the heart is caused by such treatment.

When the heart is attacked the patient usually suffers pain and a sensation of tightness in the chest in the region of the heart. The pain is sometimes not so great, but rather a sensation of discomfort, with more or less dyspnoea.

The stethoscope reveals friction or rubbing sounds, and if the trouble continues unrelieved, of course on account of effused fluid, the heart-sounds are weakened, and percussion sounds are dull in proportion to the amount of fluid. This is, of course, in pericarditis. If the endocardium is implicated the heart-sounds are altered so that we get systolic or diastolic murmurs. These sounds are due in the first place (in pericarditis) to the pouring out of lymph and serum upon the surface of the pericardium; the latter (endocarditis) upon the secretion of plastic lymph or fibrinous coagula upon the valves of the heart. When the cardiac substance is involved, there is great irregularity and extreme feebleness of the heart, which may lead to sudden and fatal collapse.

The pleura may be attacked, and resembles acute pleurisy. In short, it may attack any serous membrane in the body—peritoneum, meninges, etc.

This is about the course of acute articular rheumatism, but, like all other diseases, it is found to present symptoms not laid down in the books in many cases.

In the sub-acute variety which generally follows the acute, it seems to me that it bears about the same relation to the acute that the distant mutterings of the thunder, and occasional flashes of the lightning, and the continued lowering clouds do to the terrible storm that has just passed. We are liable to have less violent storms right along for a while after the big storm. The dry weather is over. The symptoms are similar to those of the acute attack, but less violent. The most trifling exposure may bring on an attack. I think this is all that is necessary to say in this connection.

There are any number of other subdivisions of this subject, but they are, in the main, simple deviations greater or less, from what has already been said, and can be read up in the many text-books. In passing I will give a few moments' attention to rheumatic arthritis and then pass on to the therapeutics. This is a form of inflammation of the joints accompanied with but little febrile disturbance and distinguished from gout and rheumatism by its progressive character, by the peculiar morbid changes which it induces, and

by the absence of any known morbid state of the blood. It is a chronic disease, with rare exceptions. In the *chronic* variety a single joint is generally attacked. It swells and is tender; not much fever generally; after a little rest or treatment, the swelling and pain subside, and it is thought to be all over, but in a short time the disease attacks another joint, or even the same one. After two or three attacks, the capsular ligament becomes greatly thickened, irregular proliferations forming, while the formerly increased synovia is much diminished. The disease, if unchecked, travels over the whole body, attacking every joint, which becomes greatly enlarged, deformed and distorted. The *ligaments contract, drawing the fingers into the most grotesque shapes*, also the lower limbs in every joint. Even the ligament of the cervical vertebrae and the neck is drawn and fixed to one side or the other; and this goes on, if uninterfered with, until the patient is drawn all out of shape and rendered so helpless that he can neither move nor even feed himself. As a rule the hands become crippled before the lower extremities. There is no trace of any deposit of urate of soda, such as is found in gout, in the enlarged joints.

*The marked structural changes and deformities distinguish this disease from the ordinary chronic rheumatism. Rheumatoid arthritis is not considered hereditary. Gout is. Attacks both men and women, but women oftencst, and it may occur at any age.*

#### THERAPEUTICS

"I have (says Raue) preferred to annex the necessary hints to the end of the chapter on the different forms of rheumatism, because it is not the pathological form that indicates the special remedy; any one remedy may be in either form; but it is the peculiarity of the individual case which points out the corresponding remedy;" and, now, as we shall have to say something about heart troubles while giving these indications, and have already said something about them in the description of rheumatism, we will again quote Rauc. After giving a description of the different valvular diseases of the heart he says:

"The treatment of all these different valvular affections has to be adapted to each single case, and it is not the diseased valve which points to any particular remedy, but the individual symptoms, by which the whole morbid process manifests itself."

These truths may be applied in homoeopathic practice generally.

Aconite is a capital remedy in the beginning of acute articular rheumatism, and is indicated when the attack has been brought on by exposure to dry cold air, when there is synocal fever and restlessness, great thirst, dry hot skin, scanty, red urine, stitching pains in the chest, hindering respiration, great agitation of the heart, with anxiety. The affected joint is hot, pale, or red, and swollen; does not want it to be touched or covered. The patient makes bitter complaints and loud outcries, with weeping and despairing outcries, tossed about in agony. This remedy will accomplish wonders when

these symptoms are present, and they are generally found in the beginning of the disease.

**Bryonia:** If the swelling is not confined to the joints, but faint red streaks run out in different directions. The patient is still restless, but the least movement aggravates fearfully. There is loss of appetite, white tongue, generally great thirst for large quantity of cold water, exceptionally no thirst at all; constipation, stools hard and dry, as if burned; pleuritic stitches and difficult breathing, fever, or sour sweats. Irritable and easily angered. This remedy may be used when these symptoms present in either the acute or chronic variety. It is often found specially efficacious in pleurodynia, omodynia, lumbago and in muscular rheumatism in general.

**Rhus tox.:** When rheumatism seems to have been brought on by getting wet when overheated or sweating, or by exposure to wet, damp, or rainy weather, by bathing or straining. There are drawing and tearing pains in the fibrous tissues, joints, or sheaths of nerves, feeling of lameness or formication, with or without redness and swelling. It is better from continued motion, dry, warm weather and warm applications, worse at rest and on beginning to move, and in wet cold weather. Rhus is oftenest used in chronic forms of rheumatism of any variety.

Dulcamara, Pulsatilla, Nux mos., Rhododendron and Veratrum alb. are also remedies that rank with Rhus tox. for rheumatism that comes on from getting wet or in damp, cold weather.

Dulcamara comes in more particularly when the weather suddenly changes to damp and cold, or it gets worse on any little exposure to cold, or change of temperature to cold, also when rheumatism follows the suppression of a cutaneous eruption, or when chronic forms alternate with diarrhoea (also Abrotanum), when after a cold the neck is stiff, back painful, loins lame.

**Pulsatilla:** If brought on particularly by getting the feet wet, or from protracted wet weather. It is preeminently indicated if the disease travels from joint to joint until all the joints are involved. There is generally redness (pale or rose-coloured), swelling and extreme sensitiveness to jars; loss of appetite, bad taste, coated tongue, little or no thirst; likes all his food cold; chilliness with the pains; generally worse in evening and night and warm room, better moving moderately, in the fresh air and uncovering the parts.

**Veratrum alb.:** Rheumatic pains, renewed by damp cold weather; electric jerks in the affected parts; sometimes delirious from violence of the pain. Worse from heat of the bed, better from rising and walking about.

**Rhododendron** like Rhus tox. is worse at night in wet, stormy weather, but especially on the approach of a storm; the pains feel as if in the bones (periosteum), most in forearms and legs; pains move downward even to fingers and toes.

**Nux moschata** has muscular rheumatism from protracted exposure

to cold and damp. Pains are worse from cold damp air and cold wet clothes; better from warmth.

Remember these are the wet-weather remedies. There are others, but these are the leading ones.

Calcarea carb. sometimes comes in where *Rhus tox* fails. Lilienthal says it is "almost a specific for cases contracted by working in the water or a long continuance of it". It is also very valuable in chronic arthritis with swelling of the joints, worse at every change of the weather. Omodynia in right shoulder, or from left shoulder down left arm toward the heart. Lumbago; cold feeling in various points, as gluteal region; on the top of head; cold feet, etc.; crackling and crepitation of the joints.

Calcarea phos.: Every cold causes rheumatic pains in the joints and various parts of the body. Pertains to cold weather; gets well in the spring and returns in the fall. Affects especially those places where bones are joined by symphyses or sutures.

Berberis: Arthritic and rheumatic troubles, urinary, hemorrhoidal, or menstrual complaints; pains in the thighs or across back, lumbar region. Lumbago worse in changes of weather; mostly before heavy winds. (It will be remembered that *Acon.*, *Bry.* and *Caust.* are worse in cold dry air).

In trying to get such an understanding of the remedies for rheumatism as to retain enough of their action in the memory to make them readily available at the bed-side, the two things of prime importance are the location of the trouble and the modalities. I will as far as possible keep this in view in giving indications for the rest of the remedies; and while it is of course impossible to memorize the whole materia medica, yet a practitioner who had not the characteristic symptoms of our remedies at command would present a sorry spectacle at the bed-side. The first hard work of the student of Homoeopathy is to memorize the characteristics. He will even then have had enough work and studying to do in practice if he ever excels as a prescriber.

*Chamomilla* should be thought of in those very painful forms of rheumatism which *Aconite* does not relieve, and in which the allopathic-homoeopath would consider a dose of morphia an absolute necessity, excessive sensitiveness to pains; cannot stand them. Cross, spiteful; can't answer civilly. Location: upper and lower limbs; drawing pains in the muscles; joints sore as if bruised and worn out, no power in hands or feet; wants to move the parts continually (*Rhus tox.*), which are numb and partially paretic. Pains in the periosteum (*Rhod.*, *Phyto.*) with paralytic weakness; hot perspiration, especially about the head; one cheek red and hot, the other pale and cold. Aggravation at night. This remedy, with *Coffea* and *Aconite*, forms a train of remedies for the relief of those very painful cases that is invaluable. *Coffea*, although not mentioned in the works has served me well in those cases where the patients were almost beside themselves with the pain, which seemed insupportable and driving them to despair. All the

senses are fearfully acute; great nervous agitation and restlessness. It follows Aconite or precedes Chamomilla well.

Colchicum I have never seen do much good in rheumatism. Dunham says: "If we look at the symptoms produced by Colchicum we find the rheumatic or gouty symptoms characterised by a debility, a paralytic weakness, very suggestive of an asthenic type of the disease. The fact that allopathic doses of Colchicum have a tendency to turn the active into the asthenic form of the disease furnishes additional evidence of this mode of action of the remedy".

Now it is in precisely this form of asthenic sub-acute disease that Colchicum is truly indicated and does real service. But what of the danger of reducing the patient? None whatever, provided we give doses so small as not to produce physiological effects, etc. These doses, however, must be very small, and, noted as homoeopaths are for giving small doses, many of that school err in these cases in giving doses too large. I do not think it safe to give, in a well-marked Colchicum case, a larger dose than the 15th potency. It acts markedly on periosteum and synovial membranes of the joints, especially small joints; the swelling is generally moderate; pale, red colour; burning, tearing, or jerking pains; shifting; chilliness intermingled with short flushes of heat; dry skin or short-lasting, sudden, and profuse sweats; gastric symptoms; nausea at the smell of cooking meat or food; especially indicated for those acute cases which merge into chronic, or acute attacks in chronic cases. Also in metastasis to the heart. Acid sweat and urine. Pains are worse from evening till morning.

China: Pain in all the limbs; especially in metatarsal bones and phalanges; cannot bear the least contact, as this increases the pains to a fearful height; can't bear to have any one come near lest he should be touched (Arnica); bears hard, steady pressure better than light touch; worse every other day. Pale and weak; bloated. Aggravation from light contact; alternate days; after sickness or other debilitating causes, like loss of blood or other animal fluids.

*(To be continued)*