

DID THE REMEDY SAVE HIM? —

DR. R. S. FARIS, M.D.

A young man eighteen years of age called at my office on August 14, 1937, complaining of severe pain across the abdomen since the preceding morning. The night before that he had eaten some peaches and he thought the pain was due to that. He admitted that he had taken a little laxative to try to get rid of the pain. He first tried a tablespoonful of Epsom salts and since that did not get rid of either his peaches or his pain he repeated the dose in three hours. The pain persisting, he next tried a couple of alophen pills and later for good measure he topped it off with an ex-lax. In all he took six doses of cathartic and what surprised him was that he still had his pain. He had experienced right much nausea with the pain.

On examination his abdomen was found to be very rigid, especially over the McBurney area. Temperature at this time was 96.8 and pulse rate 88. A diagnosis of acute appendicitis was made and immediate operation was advised and was performed later in the day. After he was placed on the operating table and ether anaesthetic started, he proceeded to have ether convulsions and it was with difficulty that he was held on the table. The ether was discontinued at once and replaced with epival, which not only controlled the convulsions but permitted the surgeon to proceed with the operation. A McBurney incision was made and in attempting to liberate the appendix colon odour was noted. The appendix was post-caecal and densely adherent and had ruptured. It was removed with much difficulty and drainage was provided.

In my home town we do not have any homoeopathic surgeons so we are dependent on the 'old school' for this type of service; consequently we do not have complete control of the medical side of the case as we would like to have. We are allowed to prescribe whatever we wish but they do the same.

At this time I gave him *Cicuta virosa* 200, a powder on his tongue every two hours. In addition to my medicine these were his orders:

Elevate head three notches.

Morph 1/6 q. 4 h.p.r.n.

500 c.c. normal saline in vein.

CO² and Oxygen inhalation 9 hr.

Edwenil 4 c.c. q. 8 h.

Prostigmin.

He had a fair night but next day his abdomen was quite hard. He vomited dark green material.

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On the 16th, which was his second day, the edwenil was reduced to 2 c.c. q. 8 h. and he was started on Echinacea on pellets 4 q. hourly, discontinuing the Cicuta.

On the 17th he did not look so good and his colour was bad. He was unable to urinate.

On the 18th his fever went to 105.6°. Had ileus. Everything taken into his stomach came right back. A Wangenstein tube was inserted in his nose. The surgeon was greatly worried. A careful study was again made of the whole case and it looked like Aconite was the remedy he needed. It was given in the 200th and was repeated every three hours. Usually I do not repeat a potency but where so many things were being given to him and so much being done, I felt that it was better to repeat the powders until he showed some improvement, and this came the next day when his abdomen was softer, temperature was lower and he passed some faecal material and also expelled some gas. From here the improvement was gradual and consistent. After the patient was out of danger the surgeon said, "Well, that boy owes his life to these little powders because he certainly looked as if he were going to die before he got them."

On account of the drainage the wound had to be left open so it gradually closed in from the bottom; it took about two months to drain out and heal completely.

I have seen him recently and he looked as good as new.

DISCUSSION

Dr. Grimmer: That is a very interesting paper. I would like to ask the doctor what the indications were on which he gave Aconite.

Dr. Faris: Do you want that answered now?

Dr. Moore: Answer it right away.

Dr. Faris: He had anxiety of mind, restlessness, and his face was red.

Dr. Grimmer: Good!

Dr. Faris: The anxious expression of the face was plainly visible. He had convulsions, was thirsty, nausea and vomiting of the green material, which comes in under Aconite, I think. The umbilical region was hard, urination was scanty, and for a time there was retention of the urine. He complained quite a bit, too, of pressure around the heart, of an anxious, oppressed, distressed feeling. Then the last thing, too, that helped me to decide was the rapidity, the quickness, with which that fever came up. At first there was very little fever, but when it did develop, it shot right up there to 105½ almost at once. Taking that whole picture together, we thought it led to Aconite.

Dr. Grimmer: That presents a beautiful case, and the result was justified.

Dr. Farrington: I am inclined to believe that that remedy saved the case.

Dr. Woodbury: That is the answer.

Dr. Farrington: And undoubtedly all of us have had a number of similar experiences. I have a case that is quite similar. A woman about thirty years old was taken with terrific pains similar to those Dr. Faris' patient had. Unfortunately, I did not diagnose the case properly and let it go too long. Finally, she was hurried to the hospital and operated on. There was a large abscess in the region of the appendix. The appendix had slipped off, leaving a hole in the caecum, and there was small particle of faeces in the peritoneal cavity. She stood the operation rather well, but an hour or two afterward began to sink. This was quite evident. She came out of the anaesthetic quickly, but showed mental confusion and a growing weakness. She could hardly move her hands, and she spoke in a whisper. What to do?

There was one little symptom, like those we often meet that Providence seems to send to us, that saved that woman's life. In spite of her rather drowsy condition, she continually complained of burning of the soles of the feet. I gave her Sulphur, and she showed improvement in five minutes and, which is rather unusual in such cases, that woman gradually came back to life. She made an uneventful recovery, although due to an excessive drainage, there was a stovepipe drain in the middle of the abdomen, surrounded by several cigarette drains, and another drain through the fundus of the vagina.

Dr. Hayes: I think Dr. Faris has shown remarkable acumen in prescribing Aconite in the face of all the pathology that was there. I wonder whether there was any pathology in that case that could be definitely linked to Aconite, to the nature of Aconite, or whether the Aconite syndrome was the result of some secondary effect.

Dr. Faris: I hardly know how to answer that last question. Aconite seems to have that tenseness or induration around the umbilicus, which certainly he had, and the pathological conditions causing that, so there may have been a hook-up between that pathology and Aconite, but I selected that principally on the symptoms that I could see. He was in such physical condition, so low down physically, that we couldn't get so awfully much from questioning. It was mostly from what we could see there, the record, the history, and knowing what had gone before.

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