

PHYSIOTHERAPY AND THE HOMOEOPATHIC PHYSICIAN

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A modern homoeopathic physician cannot well afford to limit himself to merely prescribing a remedy or some other form of internal medication, if he wants to keep his practice and obtain a fair compensation from it.

People now-a-days expect more than just a 'little medicine' or a prescription when consulting a doctor at his office. Besides a physical check-up and some laboratory tests they expect diet instructions and some kind of physical treatments. If the doctor does not know anything about these 'new things' they may go to an osteopath, chiropractor or some other physiotherapist, and the doctor is losing not only a patient but the opportunity to demonstrate the superior value of homoeopathic medicine in the treatment of disease.

This situation may be regrettable from the standpoint of the old time homoeopath, particularly as he expected the remedy to do almost everything except major surgery. But we live under changed conditions and have to face the situation as it is, particularly if we practise in a large city and treat chronic diseases.

In discussing this subject the question naturally arises: Is there a sound anatomical and physiological base in the human constitution for physical therapy? Do these treatments actually have a therapeutic value or have they only a psychological effect, making the patient think he is getting something for his money; and do simple physical treatments interfere with the action of potentized medicine?

Attempting to answer these questions intelligently and rationally from the standpoint of a homoeopathic physician, it is first necessary to accept the axiomatic truth that man is primarily and essentially a 'vital living organism,' and second, that he is also a perfect 'physical mechanism' hence there is a vital motive living plane, and also a physical or mechanical one in every human being.

The vital power or the 'life force' furnishes the body with the motive impulse, the energy or the 'spark of life' which animates and keeps the physical machinery going, and controls all the life or vital functions of the body; the same as the electrical energy from the battery furnishes the 'life spark' to the motor in an automobile; but without clean gas, perfect machinery and an absolutely well balanced automobile it will not function normally or operate smoothly on the road.

The human body is also a perfect machine, designed and constructed on correct engineering principles. Every part and every organ is so constructed and inter-related to other parts and organs that there is no friction

or irritation between them in a normal healthy body, and the machine runs so smoothly that the person is not conscious of organs or parts; but when a person becomes aware of organs or parts of the body then there is something wrong that needs the attention of a physician, because this delicately adjusted machinery of the body is abused and misused more than any other fine machine that man handles or cares for.

Civilized man is not very thoughtful about the need and care of his body. He violates practically every law of health and hygiene in his modes and habits of living. He eats and drinks whatever he likes without the slightest regard for the quality of the food or whether it contains the elements the body needs for proper nutrition. His drinks are either bad 'concoctions'—too hot or too cold—or they contain drugs or alcoholic stimulants. He turns his nose, throat and lungs into a chimney for burning up tons of tobacco every year, and he breathes air polluted with smoke, carbon monoxide and other poisonous gases. In his daily work he is subjected to hardships of all kinds, to undue strain, to jars and to physical punishment. His occupation may require abnormal posture and distortion of the body, and he is exposed to dangers, to accidents and injuries of varying degrees and severity in these times of speed and machinery.

It is therefore no wonder that the body becomes autotoxic and that the delicate balance and adjustment between structures and organs may become disturbed. This will affect the normal functioning and cause toxic absorption, local pressure or reflex disorders. The bony frame may get out of 'plumb,' parts and organs may become displaced and lose their inter-related functioning ability, there may be pressure on nerves and sensitive tissues from muscular spasm causing pain and others symptoms.

The effect of undue physical strain or injury, whether apparently slight or severe, that the body is not able to release or readjust without help, may cause lasting and deleterious effect upon health; hence small injuries and physical defects should never be overlooked or neglected. The physician should be able to detect even slight deviation from the normal. His hands and fingers should be trained and so sensitive that they can detect even slight spastic condition of a muscle or a group of muscles; he should detect abnormal 'pull' or strain on the pelvic girdle and the spine; he should be able to discover spasm and irritation to internal organs and tissues; and he should understand correctly the pathological meaning of all reflex symptoms, whether to external structures or internal organs.

To be able to recognize these abnormal conditions it is absolutely essential that the physician have a thorough knowledge of the normal anatomical structures and functions of the body as a whole and in part; otherwise he may be misled very badly in his diagnosis and treatment of reflex symptoms and disorders, because none are more difficult to interpret correctly than reflex symptoms.

This line of reasoning may seem elementary and unnecessary to the

physician who understands the place and value of physiotherapy in modern therapeutics, but he may not appreciate the full value of the internal remedy in all cases needing physical treatment; and the doctor understanding and depending upon the remedy alone may not be familiar with the value of physical treatments and may have only a scant knowledge of the numerous reflex functional disorders that can be corrected by these treatments; hence the object of this paper is to get these two extreme opposites together and help them to understand better the position a homoeopathic physician occupies in modern society today. If he does not know something about physical treatments many patients whom he could help, more than an osteopath or a chiropractor or a naturopath, will get away from him.

Many good homoeopathic physicians usually have a wrong impression about physical treatments, feeling that they interfere with the action of the internal remedy and are worthless and useless.

Based on the foregoing discussion and aided by a personal experience extending over a period of many years, the writer does not hesitate to state emphatically that physical treatments have a definite therapeutic value in the treatment of a great variety of obscure and difficult physical disorders and diseases; that they are harmless when properly understood and applied; and that the *simpler ones* do not interfere with the action of the homoeopathic remedy, but add materially to the 'curative equipment' of the homoeopathic physician. They will enable him to understand, relieve and correct conditions and reflex symptoms which may otherwise go unrelieved and cause much suffering and misery to the patient.

It is only natural and logical to assume that disorders of the body caused by autotoxaemias, physical strain and injuries should be treated and corrected physically; hence physical treatments fill an important place in the armamentarium of a modern homoeopathic physician. Malposition of the bony frame can be readily adjusted. Displacement of organs and soft parts can be corrected. Superficial and deep-seated pain can be relieved readily and promptly. The circulation in capillaries and lymph channels can be accelerated, and superficial or deep-seated congestion relieved. Spasm of ligaments and muscles can be released and abnormal nerve reflexes corrected. The functions of the eliminating organs, such as the skin, the lungs, the kidneys and the bowels can be stimulated and increased materially.

The foregoing does not imply that the homoeopathic remedy should be dispensed with in cases needing physical treatments. On the contrary, the properly selected remedy is indispensable and complements the action of the physical treatment. The treatment releases and corrects abnormal physical conditions, and the remedy relieves general reflex tension of the patient. Such nerve tension quite often interferes with the function of life on the vital plane, inhibiting normal flow of blood to the diseased part, and the healing impulse to cells and tissues; hence the remedy promotes healing and makes the patient feel better generally. The remedy acts on the plane of life or

'motive impulse,' and the treatment acts on the plane of the physical machinery.

Under the heading of physiotherapy may be included all treatments applied to a patient not strictly medicinal or surgical. This system consists of several groups and modalities within each group, each one having a different object and function in therapeutics. Some of these treatments are manual and some mechanical, and some are a mixture of both.

The most commonly used ones are: manual therapy, which includes osteopathy, chiropractics, massage and medical gymnastics; hydrotherapy, which includes all forms of compresses, baths and other water treatments; electrotherapy, which includes many modalities and uses of electrical energy; heliotherapy, which includes various modalities of light and heat rays; mechanotherapy, including all kinds of machine treatments; colonic therapy, in which is included colonic irrigation and other physical treatment of the rectum and colon. To this should also be added a new group—that of modern food therapy.

It would be impractical to discuss all groups and modalities of physiotherapy in a paper of this kind because for one thing some of them are very complicated and require expensive equipment and expert skill and knowledge to handle successfully; but a few of the simpler modalities the averagely trained homoeopathic physician could use successfully and profitably in his office practice. Of these the writer wishes to mention the manual modalities which are not too difficult to master and apply. As it is now, the osteopath, chiropractor and masseur are the only ones who seem to know how to use their bare hands for therapeutic purposes. If a physician could overcome his aversion and disregard for this form of treatment and be willing to learn to use his hands a little more skillfully he would be surprised to realize what bare hands can do in correcting and relieving many physical disorders.

Many simple water treatments and compresses can be used not only in an office practice but very beneficially in acute cases at the bedside if the doctor understands how and where they should be applied. In the office various modalities of heat lamps, particularly infrared, are very helpful in relieving deep-seated congestion and pain.

The physical modality that has given the writer more help and satisfaction in the treatment of a great variety of chronic diseases during the last ten years is that of *colonic irrigation*. This modality is comparatively new and has only been in use the last 12-15 years. Of course some form of colonic irrigations have been used for many years, but the equipments were primitive and clumsy, hence difficult to operate successfully. As a result the treatment fell into disuse and was finally abandoned altogether.

About 10-15 years ago a physiotherapist from New York City—O. Boto Schellberg—conceived a new idea in colonic therapy and constructed an irrigation table which embodied new and radical departure from old methods. Although Mr. Schellberg was only a physiotherapist yet he was a thorough

student of the human body and knew not only the anatomy but the physiology thoroughly. After 30 years practice as a physiotherapist he became particularly interested in the eliminating function of the large intestine in relation to disease and found he could impress distal and unrelated diseases very favourably by emptying the entire colon, particularly the caecum and ascending colon. This led him to invent his colonic irrigation table and although other and improved colonic irrigation equipments have followed the Schellberg table, yet to him belongs the credit of placing colonic irrigations on a sound and scientific base.

To appreciate the full therapeutic value of modern colonic irrigations it is essential that the physician should not only have a clear conception of the anatomical structure of the digestive system but should also understand and be able to interpret correctly reflex symptoms arising from the large intestines.

Assuming that the physician is thoroughly familiar with the anatomical construction and physiological function of the digestive system, the writer will not take up time and space for a review of this subject, except that part of the digestive tract under discussion in this paper—the large intestine.

As we all know the digestive tract consists of a long tube, beginning at the mouth and ending in the anus. The last 5 feet of this tube comprise the section called the large intestines. These begin down in the right iliac region of the abdomen, extending up under the liver into the right hypocondrium where they make a turn to the left extending across the abdomen into the left hypocondrium; there they make another turn and pass down in the left side of the abdomen into the left iliac region where they turn to the right forming a curve resembling the letter S, ending in the rectum and anus.

The large intestines are divided into the following sections: the caecum, the colon, the rectum and the anus. The caecum consists of a blind pouch in the right ileum about $2\frac{1}{2}$ inches long and of the same width. Attached on the right or posterior side is the vermiform appendix, and near the upper and inner border the small intestines enter into it through the ileocaecal valve. This valve is so constructed that the contents in the small intestines may pass through it into the large, but nothing can pass back into the small from the large intestines. Just above this point the colon begins. This is divided into the ascending, transverse, and descending colon and sigmoid flexure. The sigmoid flexure is very changable as to its position, but the lower end passes into the median line of the abdomen slightly above the pubic bones, and continues in the rectum passing down behind the bladder ending in the anus. The large intestines are about 5 feet long and $2\frac{1}{2}$ inches wide, except the lower end of the rectum is tapered into the anus. The rectum is from 5 to 7 inches long, and is a straight tube, the anus is about $1\frac{1}{2}$ inches. This is provided with two circular bands of muscles, one at the upper and one at the lower end, called the internal and external sphincters. These control the 'output' of the contents from the bowels.

Anatomically the large intestines are constructed in the same way as

the rest of the alimentary tract, of four coats—the serous, muscular, sub-mucous and mucous. The muscular coat of the large intestines is somewhat different from the rest of the tube, particularly the longitudinal fibres. These are formed into three strong muscular bands in the walls, somewhat shorter than the other coats, causing the pouchy appearance of the large intestines. Both the circular and longitudinal bands of the muscular coats are heavier and stronger than the rest of the tube.

No digestive glands of importance are found in the large intestines but numerous mucous glands and some absorption 'ducts' are scattered throughout its entire length.

After the food has been masticated, the digestion begins in the mouth and continues through the stomach, the duodenum and small intestines until it reaches the ileum—the last section. In this part of the small intestines the digestion is finished and the digestive product is absorbed through the villi and carried by the blood and lymph channels to every cell of the body, where the assimilation takes place. That part of the meal which cannot be digested enters the large intestines through the ileocaecal valve.

Practically no digestion takes place in the large intestines, but some of the digestive ferments from the small intestines may have been carried along with the residue, and may continue to act on the 'mass', passing through the caecum and ascending colon, hence some absorption of digested food remnants is taking place and bacterial products generated in the intestines may also be absorbed into the blood stream.

However, the main function of the large intestine is to control and eliminate the residue of a meal after it has passed through the digestive process. This is accomplished by the function of peristalsis. The presence of the residue in the large intestine excites the sensory nerve plates in the mucous lining. This irritation is transmitted by sensory nerves to nerve cells in the spine. The nerve cells respond by sending a motor impulse through motor nerves to the walls of the intestines, causing the longitudinal and circular muscles to contract and relax in alternating sections. In this manner the contents are propelled onward and outward through the rectum; when the peristaltic wave touches the anus the sphincters relax, permitting the stool to pass out.

All the food man eats cannot be digested. Vegetable fibres, cellulose and other elements cannot be entirely broken down by the digestive process. These elements make up the bulk of the contents in the large intestine and serve a different purpose in the digestive function. They make up the bulk or the roughage needed to give the muscles of the intestines something to work on, hence are useful in aiding the propulsive function. But they may also become suitable culture media for bacteria, particularly as some undigested sugars, fats and protein are carried along from the small intestines. Hence they not only serve a natural function but may become a source of

dangerous bacterial absorption when retained too long in the intestines.

In a normally functioning and healthy elementary tract the residue of a meal should not be retained in the large intestines over 24 hours from the time it was taken into the body as food. For this reason a person eating three good meals a day should have from 2 to 3 normal bowel evacuations daily. Of course this statement is naturally modified somewhat by the nature of the food and the size of the meal, but generally it is correct, because if retained longer it becomes a prolific source for bacterial action and absorption.

The digestion of food is not only a chemical, physical and physiological process but psychological factors may modify the digestive functions profoundly. For this reason the digestive and eliminating function in a civilized person today is hardly ever absolutely normal. The food is also so refined demineralized and processed, and so loaded with sugar and other condiments that not enough bulk or roughage is present in the average meal to excite the sensory nerves to reflex peristaltic movements. The universal habit of adding heavy doses of salt or irritating condiments to the food as well as the habit of taking laxatives and drugs will in time over-irritate the sensory nerves, hence when the residue of a meal of bland food enters the large intestines the presence of this mass may not excite the dormant sensory nerves at all; consequently no peristaltic motions take place. Emotions may also affect the eliminating function profoundly and can either stimulate, retard or inhibit it entirely for the time being. Hence, instead of eliminating the residue in 24 hours it may remain 48 to 72 hours or even longer.

Much misunderstanding seems to exist relative to this eliminating function. Some people think that one small bowel movement a day may be sufficient to maintain the colon clean and empty. Even some physicians seem to share this opinion and advise their patients as to this fact. When a physician has given *colonic irrigations* for a number of years he knows what a sad mistake this conception is. In the writer's experience a patient may stay on a fruit and vegetable juice diet for two weeks with an irrigation every day and more old faecal matter, mucous and debris may be eliminated at the end of the two weeks than at the start. Some of this mass may even have remained in the crevices or convolutions for weeks or months.

What happens to the contents in the meantime? Several things may happen. If the bacteria present break down the mass, there may be fermentation and putrefaction. The toxins from this process may be absorbed into the blood and carried to any part of the body. If the colon bacilli or other pathogenic bacteria are present, the toxin may cause inflammatory processes in any organ or joint of the body, and this would be particularly aggravated if there is much protein residue in the bowel contents.

If on the other hand the residue becomes dry and hard we may have impaction of the rectum and lower sigmoid causing pressure on neighbouring structures. Such pressure may impede the circulation in the walls of the

rectum and adjacent organs causing vital depletion of these structures besides causing reflex symptoms to distal parts of the body.

In such condition the person usually loses the appetite, but as he thinks he must eat to maintain his strength he may continue to stuff in two or three heavy meals daily and perhaps even more. What can we expect as an end result of this condition? Serious and lasting consequences can be expected. Various kinds of physical disorders and diseases may develop either directly or indirectly. There may be colitis of several types, including mucous and spastic, with other inflammatory or degenerative disorders of the large intestines and adjacent structures. Haemorrhoids and even cancer of the rectum as well as fibroid tumours of the uterus and prostatic degenerations may result. Reflexively there may be functional disorders of the liver and gall bladder. In the stomach we have lack of appetite, fermentation, gas generation and many other digestive disorders. In the chest there may be precordial pains and other reflex heart symptoms with respiratory disorder and even asthma.

The absorption of toxins from loaded intestines may cause the patient to lose resistance to colds, to infectious diseases, to catarrh of the throat, nose and sinuses, it may cause rheumatism, neuritis, and it certainly is one of the most prolific factors in causing various kinds of acute and chronic arthritis.

Mentally or emotionally we may have various kinds of neuroses induced and aggravated by this condition. Even a complete mental or emotional breakdown or insanity may be due indirectly to loaded and putrefactive bowels. The famous English surgeon, Sir Wm. Arbuthnot Lane, evidently had good reasons for claiming that he could cure every case of insanity by removing the large intestines. However, this seems rather a too radical treatment and there are simpler and better means by which loaded and putrefactive bowels can be cleaned out.

What shall a good, conscientious homoeopathic physician do with these cases? Shall he just give the indicated remedy and let nature take its course, or shall he do something else besides? A good homoeopathic physician knows that the indicated remedy can do almost next to wonders in some of these cases; but it is exceedingly difficult to find the correct similia in cases of this kind, hence he cannot always depend upon the remedy alone to clean out the clogged up sewage system of the body. Shall he resort to the age-long custom of laxatives and cathartics or to the more or less ineffective enemas? Laxative may cause a *partial emptying of the contents* but it leaves the mucous membrane and sensory nerves of the intestines over-irritated and inflamed, hence it is not a good procedure. Enemas when given carefully and correctly will do some good but the old habit of forcing 2 quarts of water and more into an already overloaded bowel is not only barbarous but decidedly injurious. Gas may be forced upward and if the bowels are full of faecal matter the additional quantity of water may cause

distension of the intestinal wall and permanent injury to the functional ability of this organ. When enemas must be used they should be administered in sections, and only a small quantity at a time, from 8 ounces to a pint. This should be eliminated and another section of a similar amount given. This process may be repeated three or four times until a fairly satisfactory evacuation has been obtained.

If the physician is equipped to administer modern colonic irrigations in his office he has the correct answer to this problem right at his finger tips.

Modern colonic irrigation equipments are entirely different from the old type irrigator and have nothing in common with the so-called high colonic enema. The double tubing has been eliminated and in some of the latest equipments the valve control is so ingenious that the inflow of water or solution and the outflow can be controlled perfectly. Even the Schellberg table had the defect of the inflow and outflow passing through the same tube. In this way after a small amount of water had been injected, the valve was turned and the outflow started carrying gas and faecal matter with it.

The Vattenborg system uses a metal speculum and through this the rectal tube passes, and with the improved valve control this system possesses, the water or solution passes in and out at the same time. The advantage of this arrangement is obvious because one section of the intestine can be cleaned out at a time without the slightest distension or discomfort to the patient as no gas or stool is pushed up into the bowel. A skilled operator is able to manipulate the rectal tube so nicely that he knows exactly where the inner tip of the tube is; and, after having cleaned out one section, the flush valve should be closed for a few minutes permitting the inflowing water to open the gut and the tube may be pushed up gently into the next section, but care should be taken not to inject too much water into the gut while the flush valve is closed. In this way the rectal tube may be passed, not only through the sigmoid but through the descending colon into the transverse colon and even further, depending upon the length of the rectal tube and the skill of the operator, causing the entire large intestines to become thoroughly irrigated. There is no distension, discomfort or other unpleasant symptom arising from these treatments when given carefully and skilfully. However, it may require a daily irrigation for from one to two weeks in stubborn and badly constipated cases.

Colonic irrigations may not always cure all kinds of constipation or other forms of colitis, but if persisted in they will clear out old retention products and debris that may have irritated and annoyed the mucous lining of the intestines and adjacent structures for an indefinite time. In this way the tissues of the lining of the intestines and other tissues will have an opportunity to return to normal sensitiveness and if not broken down too badly, to normal functioning.

Of course the physician should know the pathological condition of the intestines before instituting a course of colonic irrigations to assure himself

that nothing contra indicates their safe use. When satisfied on this point and administered with care and skill they are absolutely harmless and do not weaken or remove anything 'vital' from the patient, only faecal matter and old debris.

The use of antiseptics has not proven satisfactory or even desirable in these treatments because it has been found that they have no material destructive effect upon the bacteria present but may injure the mucous membranes of the intestines and even become absorbed into the circulation, hence should not be used in colonic irrigations. The main object of this treatment can be accomplished better and more safely by an abundance of plain water to which at times may be added a mild saponified solution or highly diluted lemon juice. Such alkaline solutions as sodium chloride and sodium bicarbonate should not be used because they may leave the intestinal canal in a hyper-alkaline condition, making it a desirable culture media for the colon bacilli.

The object of this paper is not to describe the complete technique of either colonic irrigations or of any other physical treatment, but mainly to point out the therapeutic value of some of these modalities and the desirability for the homoeopathic physician to familiarize himself with these treatments that he may add them to his medical equipment.

A modern physician, no matter what school of medicine he may practise, cannot afford to ignore the 'health movement' on foot today. This movement has taken great strides the last few years, particularly in large cities, and the tempo is increasing every year. The public is becoming more and more health and food conscious and expect diet instructions and physical treatments rather than medicines or remedies from their physicians.

The homoeopathic profession has been reluctant and slow to impart the knowledge of homoeopathic principles and the difference of action between crude drugs and potentized remedies to the general public, hence people do not understand the difference between these systems of medicine, but measure all medicines by the same yardstick and usually have little or no faith in internal medicine.

The large cities are over-run by lay lecturers on food and health, and these gentlemen draw big crowds of intelligent and thinking people. Physiotherapy is mostly in the hands of non-medically trained men and women, hence if the M.D.s do not want to be 'sitting at the roadside' with nothing to do they had better take notice of what is going on.

Physiotherapy is an important and valuable branch of the science of medicine but so is also modern food science. It has been established beyond reasonable doubt that food has a definite relation to the states of the body known as health and disease, hence a physician cannot ignore this subject much longer but should investigate it so that he may be able to determine what is false and what is true in the conflicting claims of the food experts, and be competent to prescribe correct food in the treatment of the sick. As

it is now, when a physician attempts to prescribe diet it is usually not only faulty but reveals the ignorance of the doctor on the subject and is quite often harmful and ridiculous.

The kind and quantity of food eaten is very important not only in health but more so in sickness, and there must also be a definite ratio between the intake of food and the elimination of food residue if health is to be maintained. If this is not the case discomfort and ultimate disorders and diseases will result. For this reason no modality of physiotherapy is as important, has greater therapeutic value and has a further-reaching effect than that of colonic irrigations. In fact the treatment of all chronic diseases should be started with a series of these treatments and a correction of the patient's diet.

The immediate effect of these treatments is a soothing feeling of relief and a sensation of lightness and buoyancy that cannot be described, only experienced. In fact a person accustomed to carry a heavy load in the lower end of the digestive tract with only a small evacuation daily, does not know what a grand and glorious feeling it is to have this part of his anatomy clean and functioning normally.

The body appreciates it and is grateful for it. The skin becomes clear and the eyes bright. He steps out with a light springy step and faces the world with an assurance as if he owned it. The brain works like a clock, the mind is keen and ideas and thoughts flow swiftly and clearly. He has a friendly smile for everyone, there is a clean, sweet odour emanating from the body and he is liked and successful wherever he goes. This is nature's reward for being clean internally.

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