

DIOSCOREA VILLOSA

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Dioscorea Villosa, or wild yam, (Dioscoreaceae).

GENERAL ACTION: *Dioscorea* acts electively on the *digestive tract* and the *sensory nervous system*. On the digestive tract, it produces nausea, stomach acidity, diarrhea and mostly a plexus solaris irritation leading to severe *paroxysmal spasms*, involving other viscera: gallbladder, uterus, ureters, and certain mixed sensitive nerves, e.g. the sciatic.

INDIVIDUAL CHARACTERISTICS:

(a) *Modalities*: Worse: leaning forward, lying down, early morning (diarrhea). Ameliorated: BENDING BACKWARD, extension, motion, walking in the open air and strong pressure.

(b) *Causality*: Abuse of tea, excess food, onanism.

(c) *Sensations*: Grinding pains, radiating to distant parts, limbs; acute intolerable pains; sharp, cutting-twisting, griping and paroxysmal on top of continuous pains; cease suddenly, then start in different places; periodical.

(d) *Guiding symptoms*: In conversation, uses improper words. Chorea in patients having pollutions. Vertigo, drawing backwards, with tendency to go to the right. Vise-like pains in temples, like a hoop or band. *Copious eructation* with hiccough, which alleviates the pressure pains in stomach. Painful heaviness in stomach worse after meals. SEVERE COLICS as if the intestines were twisted by a hand, better moving, *worse leaning forward*, lying down, *better standing straight* or LEANING BACK. Paroxysmal colics, coming back every few minutes. Borborygms, copious flatus. Tenesmus and urging to urinate with little results. Pains shooting from the liver to the right nipple. *Morning diarrhea*. Painful piles like a bunch of cherries with viscid anal discharge. Darting pains from anus to liver. Indigestion from overripe cheese, raw fruits, pastry and tea. Sternal pains radiating to both arms. Erections persisting all night. POLLUTIONS when dreaming of women followed by weakness in the knees. Cold, relaxed sexual organs; offensive sweat from genitals. Violent dysmenorrhea, alternating with severe pains and *cramps in the flexor tendons of fingers and toes*. Sciatica with burning pains and numbness: pains occur by moving the limbs or rising from lying, better lying quietly. *Sensation of hamstrings being too short*. Agitated sleep from 2 a.m. on; wakes up at 4 a.m. with a dry mouth and dizziness.

(e) *Clinical correspondences*: *Nervous system*: *Paroxysmal pains*: chorea; dizziness; headaches.

Eyes: Blepharo-conjunctivitis.

G.I.: Odontalgia. Acid Dyspepsia; pyrosis (pregnancy). *Aerophagia*; *gastralgia*; *gastro-intestinal flatulence*; ENTERALGIA; *spastic colon*; *diarrhea*

(a.m.); tenesmus; cholera infantum; hemorrhoids. *Hepatic colics.*

Respiratory: Cough.

Cardiac: Angina pectoris (Burnett.)

G.U.: *Renal colic*; urethral spasms. *Pollutions.* Ovaralgia; dysmenor-rhea.

Extremities: Rheumatism; gonalgia; sciatica.

Skin: Acne. Felons; paronychia.

(f) *Compare*: Aesc; bell; Bry; Cham; Chin; COLOC; Collins; Hep; MAG-P; MAG-C; Nit-Ac; Nux-v; Phos; Podo; Rhus-t; Sars; Sil; Sul; Thuj.

Antidoted by: Camph; Cham.

CLINICAL CASES

I

Mrs. D.M., a 49-year-old white woman, married, 2 children, consulted me on April 29, 1959, complaining of a chest pain of three weeks duration, retrosternal and at the third right intercostal border of the sternum, deep in. She has been a smoker for over 20 years, averaging a pack a day. She felt that smoking had something to do with her pain so she cut it down to 10 daily, but without definite improvement; a week ago she stopped altogether. With this chest pain, there is a "raw feeling" in that area, worse coughing, better hot drinks, and straightening up her shoulders. There is also pain in the back, like a pleurisy pain, just opposite the chest pain. She has been coughing and raising mucus. Menstruations have been irregular the last few months, with swelling of the breasts before. In spite of a fair sleep, she is unrefreshed in the morning.

P.E. revealed a well-nourished woman, with graying hair, gaining weight recently, now 125 lbs. Height 61½ inches. B.P. 145/92. Pulse 74, regular. No lymph nodes anywhere. No objective signs on auscultation. Breasts appeared normal. The abdomen was soft; liver and spleen not palpable. GU showed no pathology. Reflexes were slightly hyperactive.

Blood count revealed a marked secondary anemia: Hemoglobin 9.5 gm = 66%, CI 1.00, RBC 3,340,000, WBC 5,350. Polys 44%, lymphs 42%, eos 2%, basophiles 1%, monos 3%, stabs 4%. Platelets normal. Urinalysis; within normal limits. Sputum culture: normal flora.

X-rays of the chest: There was a slight thickening of the lower right interlobar pleura and slight tenting of the diaphragm at the pleural line. The bronchovascular markings of both lungs were within normal range of density and the hilar nodes were not enlarged. Heart and aorta were normal in appearance. There was a shallow left scoliosis of the cervicodorsal spine with the apex of the curve at the 4th vertebra and a similar curvature to the right centered at the 6th. Small spurs were present on the margins of the dorsal bodies.

Diagnosis: Angina. R *Arsenicum album* 30., b.i.d. for 4 days. Feosol, t.i.d.

April 30th. Slight amelioration. Had a short nosebleed on the right side. Chest pains woke her up one night after heavy work the day before. *Tuberculinum* 1M., one dose, May 12th.

Better for a few days, but chest pains recurring. She observed that she was better when busy, and worse thinking about her ailments. On that clue, I gave *Oxalic acid* 30.

May 21st. Pains are much subdued, she said. Continuation of the remedy.

May 29th. Better. Pains only when tired, seem to be more superficial. Slight rash on the chest and neck. Continuation of the remedy. X-ray of the chest showed a considerable improvement since the last examination of April 29, 1959.

June 9th. Nosebleed at the onset of the menses, and headache at the end of it. Chest pains almost every day, but moderate, extending to the right and axilla. *Arsenicum album* 12. daily.

June 18th. Better for 5 days; then woke up with sore throat, hoarseness, nausea; pains now in the whole chest, worse between 1-2 a.m., yellow-green expectoration; sinus headaches, better warm application. Cough worse lying down. She was sure she had pleurisy. *Phosphorus* 200., one dose. Sputum culture: Gram positive cocci, hyphae, fusiform bacilli and a normal flora.

July 2nd. Much improved in every way, but some "gas" pains in chest, better belching.

July 17th. Worse for the last few days, more conscious of her chest pains and a heavy feeling in the chest. Depressed. Pain also under the right shoulder blade. *Chelidonium* 200. gave almost immediate relief, and an occasional dose kept her in fair shape until October, 1959.

October 29th. Chest pains, worse breathing deep; pains in left shoulder and thumb; frequent headaches. A few aphthae on the palate. *Sulfur* 200., one dose.

Nov. 30th. Much better for 10 days. At Thanks giving had severe headaches on vertex and pains on left neck and arm together with the old chest pains. *Sulfur* 1M., one dose.

Jan. 7th, 1960. Pains more constant if less acute in right chest, extending to arm; worse before and during menses, when tired. More cough. She noticed that by BENDING BACKWARDS the neck and shoulders, she gets definite relief. *Dioscorea villosa* 30., b.i.d. for 5 days. X-rays show no change since the last.

Feb. 18th. Aggravation for the first 10 days, pains very sharp, extending to right axilla and shoulder, then pains have COMPLETELY DISAPPEARED.

March 4th. Much improved in every way. Chest free of pains for the first time in a year. Continuation of the remedy.

April 14th. Felt fine, has been very active. Some pains around the right shoulder blade, mild. *Dioscorea* 30.

Comments: This case exemplifies the necessity of observing the patient

closely and eliciting the peculiarities. The keynote: BETTER BY BENDING BACKWARD was expressed at the first interview, but overlooked. *Dioscorea* given then might have saved a lot of time.

II

Mr. I.T.G., a 26-year-old, dynamic, high-strung, ambitious tycoon, married, 2 children, was examined November 12, 1959. His main complaint was persistent dyspepsia for six months. G.I. series taken early was negative. He was given phenobarbital and an ulcer diet, but was not helped. Persisting symptoms: postprandial pains, often gnawing in character in the epigastric region, often also *under the right rib margin; worse slouching* in a chair, when nervous and upset; worse from highly seasoned foods, fats, fried food, waking him up around 2 a.m. *Better from sitting straight* squaring his shoulders or *leaning backwards*, also much better during vacation time. Most of the time it is a malaise, a nagging discomfort mixed with a distended feeling that "gets on his nerves." Constipated all his life, but even worse since this disease started. Frequent headaches from strain or associated with frequent, recurrent nasal catarrhs. He has stopped all alcohol for the last 2 months because worse from it. Even a milk diet (1½ qt. daily) and all kinds of vitamins failed to straighten him out.

P.E. revealed a well-built, well-nourished 6-footer, brunette, weighing 166 lbs. B.P. 115/70 in the right arm, 110/68 in the left. Pulse regular, 74. Tongue thickly coated at the base. (smokes at least pack of cigarettes a day). Halitosis of a bitter-acid character. Fine varicosities over the liver area. The abdomen was rather tense with a decided tenderness to palpation in the epigastric and gallbladder areas. The spastic descending colon was easily palpable. The rest of the examination was non-contributory.

I suggested a bland diet with milk restricted to one cup daily used in the cooling; to cut down on the smoking and to stop all medication including vitamins, and I gave him *Nux vomica* 6., 4 granules b.i.d.

Repertorization of the case brought out: *Dioscorea; Nitric acid; Nux vomica; Sepia.*

Nov. 24th. Patient was a little better, particularly when busy and on the go, and decidedly *worse when slouching in chair*, looking at T.V. *Dioscorea* 30., b.i.d. for five days.

Dec. 8th. Weight 164. "Did you give me a laxative, Doctor?" were his first words, "My bowels have been moving daily, for the first time since I can remember." Five days after starting this new medicine, patient felt worse, hot, nervous, could not go to sleep and felt very tired in the morning; this aggravation lasted three days and since he has been improving remarkably. Still some gnawing pains 2-3 hours after eating. Continuation of the remedy.

Dec. 22nd. Weight 162. Sleeps all night; digestion fine. Continuation of the remedy.

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tion, both in acute and chronic cases. Usually, however, the power of resistance will be found to be stronger in acute than in chronic diseases and hence the former will often require comparatively lower potencies for a cure than the latter.

In acute diseases also, the more severe the attack, the greater is the loss of resisting power and the higher will be the potency required.

It is the susceptibility (of the individual) that serves as a guide in the choice of potencies. But to determine the degree of susceptibility that varies in different persons and at times in the same person is *an art*, the mastery of which calls for profound intelligence and extensive experience and comprehensive study. Upto a certain extent, we can assess from the general condition and severity of the acute disease and as a general rule we may say that a violent and severe attack will require a high potency to effect smooth cure.

A chronic disease, which means a continuous loss of resisting power, whether mild or severe, will, as a rule require high potency and less repetition. The absence of violence or severity of symptoms in a case, especially of a chronic case, does not imply less susceptibility, as some persons otherwise enjoying good health are peculiarly susceptible to certain drugs.

To conclude, it may be said that to obtain gratifying results from the similimum, we must use potencies from the lowest to the highest taking Individual's susceptibility in view in each case.

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Jan. 19, 1960. Weight 162 lbs. Had been worse around the first of the year because of the celebrations. Pains in gallbladder region, better bending back *Dioscorea* 30., b.i.d. for five days.

Feb. 18th. Weight 165 lbs. "My health is terrific now. I sleep all night and have a daily b.m.; never felt so good," he said.

March 24th. Still fine. Continuation of the remedy.

April 30th. Fine. No complaints.

Comment—Here is a definite confirmation in a peptic ulcer candidate of the healing action of *Dioscorea* with this peculiar keynote: *better leaning backward, worse stooping or bending forward.*

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