

LACHESIS

A NOTE ON ITS EFFECT ON ENDOGENOUS OBESITY AND OEDEMA OF PELVIC DISTRIBUTION

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It is perhaps in the experience of most physicians to have examined patients who had a peculiar distribution of fat confined mostly round the pelvis, with large nodes and an embarrassing bulge of the hips, extending upwards as far as the umbilicus and downwards into the thighs; the upper half of the body being slim and well-proportioned. But gross fluctuation of this kind of obesity, probably due to intracellular œdema, with the menstrual phases appears rarely to have been noted. The girth at the hips may vary from 3 to 6 inches before and after menstruation.

Three such cases are described. The patients started swelling gradually round the pelvis and thighs from the tenth day before menstruation and reached a maximum size on the first day of menses and then recession of the swelling commenced. The swelling was accompanied by marked premenstrual tension, mainly extreme irritability and depression. As ovulation occurs about the twelfth day of the menstrual cycle, it appears that the whole train of symptoms is intimately associated with it.

1. Miss C. from India, aged 43, complained of extreme irritability which later inclined her to violence, alternating with hysterical outbursts with weeping a week before her menses. There was a gradual increase in size of the hips and thighs commencing ten days before periods. Large numbers of striae atrophicae, purplish in colour, were prominent in the area of the swelling. She had leucorrhœa which was offensive and slightly brownish, migrainous headaches and constipation before her periods which contributed to her premenstrual tension. Quite often she would get crops of boils, purplish in colour, on the nates, which disappeared at the commencement of menses. She had her first menstruation at the age of 12 years, and the cycle

has always been 5/28 with scanty flow for the first two days and a dull sacral ache.

On examination, respiratory, cardiovascular and urinary systems were normal. The subjective or sensory aspect was that she complained of sensitivity round the throat and waist, numbness and a sensation of thickness of the hands on waking in the morning, intolerance to extremes of weather especially when warm, to direct sunlight or proximity to any source of radiant heat like electric or gas fires.

She was given *Lachesis* 30 twice a day for three days on 6-9-51 immediately after her menses. There was a marked improvement both in her mental condition and œdema till November 28th, when she relapsed. *Lachesis* was repeated several times with gratifying effect nearly every six months till June 1952, when no further requests for treatment were received till March 1955. *Lachesis* has been given again several times and has not yet failed to benefit her.

2. MRS. D. from Morocco, aged 31 years, had her first attack of jaundice in 1955 and now for many months she gets yellow discoloration of the sclerae with attacks of indigestion which she described as mild attacks of jaundice for six days prior to her menses. Investigations failed to reveal a stone, but the function of the gall-bladder was greatly impaired. She had swelling round the hips and thighs commencing ten days before her menstruation, with nervous tension and hysterical behaviour relieved at the onset of flow. She had her first menstruation at the age of 11 years and for the last several years her periods have been irregular. They came on at intervals of 15 to 30 days and were slow in starting, the flow ceasing entirely on the second, third and fourth days and then scanty for the fifth, sixth and seventh days with pain in the thighs. Constipation with distension of the abdomen a week before.

On examination she had yellow sclerae, palpable liver with tenderness in the region of the gall-bladder, bulge on the hips and lateral aspect of the thighs and very offensive breath. She was averse to being in direct sunlight or near fires and preferred cold weather. She could not bear anything fitting closely round her neck or waist.

Lachesis 6 thrice daily for six days was given on August 1st, 1957 followed later by *Chelidonium* 3x. By the end of the same month she had no jaundice, her menses appeared on the twenty-seventh day and lasted for three days only, and the premenstrual period was uneventful, without any swelling of the hips or thighs, flatulence or constipation, no offensive breath, and she returned to Morocco cheerful and well.

3. MRS. R. of Cheshire, aged 43, complained of swelling of the hips and lateral aspect of the thighs for the last nine years, worse before menstruation. She was operated for fibroids and cystic ovaries five years back when the uterus and ovaries were removed. Intense flushings followed the operation for which she has been taking ethinyloestradiol daily. The swelling was better lying down and on sea-bathing. On examination she had a prominent bulge of the hips and lateral aspect of the thighs. There was no œdema of the feet, and cardiovascular and renal systems were normal. The œstrogen was stopped and *Sepia* was tried for relieving her of her flushes but failed to produce any improvement. *Lachesis* 6 thrice daily for six days was tried. A month later she felt much better in herself and the hips and thighs were slimmer but not back to normal. She is still under treatment.

The indications for the exhibition of *Lachesis* in the first two cases were obvious, viz. relief of all signs and symptoms at the onset of menses, superficial sensitivity round the throat and waist and discomfort and even oppression in hot weather or when near a source of radiant heat or in direct sunlight. The third case was given *Lachesis* empirically. The central obesity and œdema seem, in good measure, to be due to deviation of function of the pituitary-ovarian axis, but whether *Lachesis* acts on this axis or directly on the œdematous tissues is a moot point.

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