

DR. SUTHERLAND: It probably is.

DR. HUBBARD: Certainly!

DR. GARCIA: That is my experience. I know an Italian physician wrote recently a book, and the tale, the story, was funny. He said that the mosquito has nothing to do with malaria. I know there are very good experiences about that problem and I don't believe him, but he says that the occurrence of malaria depends more on the conditions of the soil, and of the weather, temperature and altitude, and he puts the mosquito aside.

Well, when you have a case of malaria—I suppose many of you have not in many years had to face a case of malaria—perhaps you are in front of another type of disease which in tropical countries is different.

I know that Hering—and, of course, every homœopath knows it—lived for years in Brazil, and Brazil is a very malarial country. I wanted to know the experience of Hering. When the feverish accesses are very intense and the remedies have failed he does not hesitate to give quinine "but there must be in mind the fear for the future in the development of secondary sickness" he adds judiciously; and for the pernicious form he advises: "One gram of quinine sulphate and 9 grams of lactose. Triturate for an hour. Give in doses of 0.50 cgrs., one each two hours."

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SIMPLE BLADDER TROUBLES

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I. *Bed wetting (incontinence of Urine)* is a frequent and troublesome disorder of children, characterised by partial or complete loss of power to retain the urine. It is not a naughtiness, as many parents believe, but a real disease. In some patients it is nothing but a symptom of a general neurasthenia, running in families, as the parents, brothers or sisters of the child have been suffering from the same disease. In other cases, again, the incontinence is only a symptom of epilepsy; in these cases the incontinence occurs only in long intervals during night. In other cases

Wetting is due to a real inflammation of the bladder or of the kidneys. The most common form is the so-called *enuresis nocturna*, that means that the incontinence occurs at night only; in rarer cases the child has an almost incessant urging to pass urine, which, if not responded, results in a painless, involuntary discharge of the urine. If the child be troubled with a cough, the disorder is much increased, as during each attack the urine escapes. Bed-wetting is most common in children of 3 or 4 to 14 or 16 years of age, but it occurs also in adults.

HOMOEOPATHIC REMEDIES

Causticum 6x should be given in chronic cases especially when the incontinence occurs only during the first sleep, it is especially indicated in children with chronic inflammation of the tonsils, itching of the skin, perspiration on the genitals and inflammation of the eyelids, these patients complain of seeing a green halo around the candle flame.

Chloral 6x—12x suits patients, suffering from wetting in the later part of the night only; it occurs even, if the children have urinated during the night and drunk no water.

Equisetum 2x especially indicated in girls, when there cannot be found any cause except the habit.

Ferrum metallicum 6, is the drug for anæmic children with pale face; with flushes from excitement or pain. It is especially indicated when there is incontinence during the day, wetting the clothes.

Kreosotum 6x, suitable to patients with profuse, diluted urine, especially indicated in children who are very difficult to be wakened out of sleep.

Tuberculinum 30, to be given once a week, works sometimes wonders, even in patients where there is no history of tuberculosis.

Other nosodes such as *Scarlatinum* or *Morbillinum* should be given, if the incontinence had developed after a severe attack of scarlet fever or measles.

Accessory Treatment.—Our aim should always be to deal with the cause of the disease: a thorough examination should disclose whether there is any surgical disease in the urinary organs, such as stone, or a phimosis, the urine should be examined especially for coli-bacilli; or excessive acidity. The stools should be examined for thread-worms and last but not least adenoids must be treated.

The patient should be given fluid (plain water, fruit juices, herbal tea, milk) freely in the early part of the day, but none after 5 p.m.

The mother or nurse should see to it, that the child fully empties his bladder before going to bed. If the child has wetting during his early sleep, he should be taken up after 2 hours and later on again, when the parents retire to rest.

The foot of the patient's bed must be raised 9 or 12 inches. No heavy blankets, the bed ought to be hard, no pillows; the child should not lie on his back; this can be prevented by fixing an empty cotton-reel so that on turning on his back the reel presses into the muscles. Great care should be taken to improve the general health of the child by giving much open-air exercises, hydrotherapy such as sponging the lower part of the back with hot water at bedtime, ablutions with cold water every morning and massage.

Corporal punishment is the worst thing the parents can do. Instead the child should be encouraged and all kinds of psychotherapy should be given.

A lacto-vegetarian diet should be given, but liquid food, especially milk and cream, must be restricted, condiments are forbidden.

II. *Acute Inflammation of the bladder (Cystitis).*

Acute inflammation of the bladder is one of the most painful conditions. Its alarming symptoms are familiar to everybody: Dull, cutting, or even colicky pains in the lower parts of the abdomen, radiating to the perineum, to the testicles or to the urethra, aggravated by pressure,

permanent urging to urinate, especially during the night, making sleep impossible, overshadow the whole symptom-picture. The urine itself is either purulent or bloody, its quantity diminished. Some cases are due to a cold or to cold or irritating beverages such as unfermented beer or unripe wine. The majority of cases, however, is due to an infection of the urinary canal by bacteria. These bacteria may be introduced by a catheter or they may reach the bladder with the blood-stream, e.g., in cases of tuberculosis or of colon-bacteria. Acute cystitis may develop in cases of gonorrhoea, typhoid fever, pneumonia or other infectious diseases or it may be due to a direct infection from a neighbouring organ, such as the rectum, the ovaries or the prostate.

Patients suffering from acute cystitis should keep to their beds. Hot fomentations, hot hip-baths, hot beverages, such as milk, herbal teas or barley-water should be given freely; spirits are forbidden.

Atropin sulph. 3x, *Belladonna* 3x, *Hyoscyamus* 3x, *Chamomilla* 2x, *Magnesium phosph.* 4x, or *Petroselinum* 3x in frequent doses are the best drugs to relieve the most alarming symptoms. They should be followed by:

Acidum benzoicum 2x, in cases characterised by foul smelling urine, incontinence, especially in rheumatic patients or in patients suffering from respiratory disorders.

Berberis 7x, is the drug for chilly patients with disorders of the liver or gout, suffering from bladder-pains, radiating to the kidneys.

Cantharis 6x, burning pains in the bladder, permanent urging to urinate, convulsions, irritation of the sexual organs, thirst, but aversion to drinks.

Colchicum 3x, especially indicated in rheumatic gouty patients with diarrhoea and bloody urine, the pains are aggravated at night and by touch.

Dulcamara 3x in cases due to a cold.

III. *Acute Retention of Urine.*

Acute stoppage of urine is a common symptom in elderly men suffering from prostatic troubles. On the other hand it occurs in women where it is often due to tumours of the womb or the ovaries. In other instances it may be a purely nervous condition, following a fright, an excitement, leading to spasms of the bladder. Such spasms attack either the muscle that expels the urine or the muscle that constricts the bladder's mouth. In the former case the patient cannot retain his urine, in the latter case the patient is unable to pass his urine. The most alarming symptoms develop. Restlessly these patients move about, trying to get rid of the urine, but everything is in vain. Most violent colicky pains, cold wet perspiration covering the head, rapid, weak pulse, constant urging to stool, even vomiting complete the symptom-picture.

In contradiction to these alarming cases there are patients with a paralysed bladder without any subjective symptom. These patients are unable to pass the urine, but they have no pain at all. The bladder may be distended to such a degree that it fills up nearly the whole abdomen, but the patient has no sensation at all.

All these cases require the most careful medical attendance, which cannot be dealt with in this article, neither can I discuss the many diagnostic or therapeutic measures regarding *chronic* disorders of the bladder. They are mostly a symptom of organic diseases of the kidneys or of the genital organs, which may be reviewed in a following article.