

sicians be willing to search for the gate of the new mysteries?

The time between Cos and Cöthen has come to an end. The new age is at hand.

One of the greatest of Hahnemann's disciples, the American physician J. T. Kent, published in 1900 a book, "Lectures on Homœopathic Philosophy". In the very first chapter he describes the discrepancy between the homœopathic art of healing and the science of medicine of his time. He says: "The doctrine of the vital force is not admitted by the teachers of physiology and therefore the homœopath sees that true physiology is not yet taught, for without the vital force . . . there can be no cause and no relation between cause and effect." He continues:

"The real sick man is prior to the sick body—and we must conclude that the sick man must be somewhere in the portion which is not left behind. That which is carried away is primary and that which is left behind is ultimate We must, to be scientific homœopaths, recognize that the muscles, the nerves, the ligaments and the other parts of man's frame are a picture, and manifest to the intelligent physician the internal man. Both the dead and the living body are to be considered, not from the body to life, but from the life to the body."

—*Homœopathy*, April 1955

CORONARY THROMBOSIS

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An attack of Coronary Thrombosis is justly dreaded by the average middleaged man upon whom the blow is apt to fall when he is at the height of his powers, and when his duties and responsibilities are most heavy.

It may come as a bolt from the blue, out of a clear sky of perfect health, or there may have been pain in the chest

on walking, for months or years previously, particularly against a cold wind, or uphill, or after a full meal.

The symptoms of a coronary thrombosis attack are a persistent pain below the breast-bone sometimes spreading to the left arm and hand, to the left side of neck or throat or to the solar plexus region. The pain is severe and the patient may feel he is at grips with death. There is often much flatulent eructation, coldness and sweating.

What has happened is a blockage in the flow of blood through one of the coronary arteries—vessels which carry blood to nourish the actual muscle wall of the heart. The heart must go on beating, but an area of its muscle now lacks blood supply and this causes pain. A similar pain in the forearm would be caused if we put a tourniquet round the upper arm and continued to work the hand muscles.

The piece of heart muscle so deprived softens and inflames and it takes about six weeks before enough blood has filtered through collateral arteries to regenerate the affected muscle.

Why does the coronary artery become so drastically blocked? We don't quite know all the answers to this question. There are three factors. 1. The condition of the inner artery wall: it may develop rough spots, "atheroma", which favour clotting of the blood on their surface. 2. An increased tendency of the blood to clot. 3. Spasm of the arteries which will narrow their calibre.

Unsuitable diet, especially an excess of fat, has been blamed for atheroma, but not proved in humans. Increased clotting may be aggravated by infections and other run-down states of health—spasm of small arteries may be brought on by general nervous strain and tension, and by excess of tobacco.

What can we do if a heart attack occurs? The first thing is to call the doctor and obey his instruction. Rest in bed will be necessary for four or six weeks in a bad attack. Sudden movements are unwise but cautious movement on

to a bedside commode is usually preferable to balancing precariously on a bed pan.

It is a great advantage to have homœopathic treatment from the outset. This rapidly moderates the pain as a rule but even the homœopathic doctor has sometimes to give morphine if the pain is too great to bear. The homœopathic remedy also combats the shock of the attack and raises the patient's blood pressure from the dangerous low level to which it sometimes falls.

Nowadays the doctors usually give anticoagulant drugs with the object of diminishing further clotting and so preventing secondary attacks. One such drug is dicoumarol, derived from our *Melilotus* (sweet clover). Its use in the doses used by allopathic doctors is not without risk unless great care is taken to keep below a dose which might cause haemorrhages. Students of homœopathy will know how long bleeding and cerebral congestion *Melilotus* can cause. Homœopathic treatment is much safer than anticoagulants and in my opinion more efficacious. Let us now consider a few possible remedies.

Aconite might be needed at the onset especially if there is fear, mental and physical tension and a very sudden onset, perhaps from fright or chill. It is of more value in angina or spasmodic attacks however, than in true coronary thrombosis. If *Aconite* is acting, the patient will feel easier in a few minutes. If not consider one of the following.

Arsenic album. This great remedy is the one most frequently indicated, but the grand generals of *Arsenicum* must be present. These are fear, mental and physical restlessness and anguish, thirst for frequent sips, chilliness but the severe chest pain is burning in nature, an onset of the attack and an aggravation of the symptoms between midnight and 2 a.m., pallor, weakness, and often vomiting.

Any available potency of *Arsenic* should be given to cases like this by dissolving a few granules in a tumbler of water and giving a teaspoonful every 15 minutes. Dr.

Borland has pointed out the frequent need for another remedy to follow the *Arsenic* within about six hours in order to prevent relapses. The selection of this complementary remedy is based on the patient's constitutional peculiarities and especially on any symptoms which now appear. For instance the case needing *Sulphur* would become warm and have flushes, the *Phosphorus* case would develop the great thirst for cold drinks and the aggravation from lying on the left side which is characteristic of that remedy; the *Kali carb.* case would complain of stitching pains and persistent fear of being left alone, and aggravation from lying on the right side.

Another commonly indicated remedy in coronary thrombosis is *Carbo veg.* Here the patient is collapsed, pale, cold, clammy and panting for air. He wants a stream of moving air about him, objects to any clothing near the neck, and complains of abdominal distension. Not only the distension but also the breathing, is greatly relieved by passing wind either up or down, and aggravated by any food or drink.

Antimonium tartrate may be required when the patient rapidly becomes bluish and dropsical, and when the bronchial tubes fill up with fluid which he can't expectorate; when the patient is worse in a stuffy room and when the tongue has a dirty white fur.

Another remedy which is not so often thought of as it should be, for it has caused agonising pain in the left chest, is *Oxalic acid*. The pains shoot up to the left collar bone or down to the stomach; the patient is exhausted and the legs feel numb or paralysed; he is pale but the extremities have a mottled bluish appearance. A strange symptom is the that *Oxalic acid* patient feels worse when thinking of his pain, i.e. his mind can be temporarily diverted from it.

Cactus grandiflorus has often helped coronary attacks when the vice-like gripping pain compressing the chest was the prominent symptom. The pain gets tighter and tighter, and he feels he must die, until *Cactus* is given.

Latrodectus mactans, the poison spider, is another good remedy when the pains are severe in the left arm, lancinating and radiating extensively from the heart, and extorting cries. There is numbness of the left arm and a rapid feeble pulse with general coldness.

Finally I shall just mention the snake poison *Lachesis*, *Naja*, and *Crotalus*. These remedies should be considered when the patient is much worse after sleep or on falling asleep, intolerant of constriction, very sensitive to touch over the heart and throat, worse from heat, worse lying on the left side, disturbed by the weight of the bedclothes, aggravated by the cessation of discharges, (hence at the menopause), and ameliorated by their reappearance.

Borland suggests *Lachesis* when the pains are constricting and *Naja* when they are sharper and stitching; *Crotalus horridus* when there is sepsis of haemorrhages or bruising.

In spite of the best prescribing some cases will die, either at once from a massive obstruction or gradually over a few days. But it should be remembered that many make excellent recoveries and can even lead active lives after an attack without angina supervening.

Others develop pain in the chest on exertion and this can be helped by careful constitutional homœopathic treatment with deep acting remedies like *Sulphur*, *Calcarea*, *Lycopodium*, *Syphilinum*, *Dysentery co.*, *Natrum mur.*, *Bryonia*, *Crataegus*, and many others according to the classical indications.

Although coronary thrombosis is a grave condition, the outlook for an attack is not nearly so black as at one time it was thought.

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