

ARTERIOSCLEROSIS

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Arteriosclerosis is a very frequent disease of the old age, especially in men. There are multiple causes for it. One of the most common of these causes is the overloading of the blood with uric acid, a fact easily neglected too much by the practitioner. Owing to the overloading of the blood with uric acid, the blood becomes viscid, colloid. So the heart has to do more work which is resulting in its enlargement. In the same way, the walls of the arteries are also overworked owing to the viscosity of the blood; the blood vessels become dilated, especially in the chest and in the heart itself. If the disease progresses, these dilations become very large, the intima of the blood vessels becomes damaged and encrusted with salts, very liable to rupture from slight injuries, and so producing a fatal haemorrhage.

The progress of the arteriosclerosis depends on its localization. So we have to differentiate between different types, according to the sclerosis of the heart-vessels, of the aorta, of the kidney-arteries, of the brain, etc. In the majority of cases, the arteriosclerosis is localized in the arteries of the heart, accompanied by enlargement of the heart and by hypertonia. Such patients suffer from dull pains and pressure behind the sternum or from pains in the heart itself, furthermore from attacks of giddiness and unconsciousness. Such attacks frequently occur accompanied by oppressiveness and anguish, dyspnoea and loss of memory. During walking sometimes the paroxysms of pains is getting so violent and severe, that the patient must stop to overcome the dyspnoea and pain. All these patients have a very distinct hypertrophy of the heart; in the majority of cases the cardiac sounds are clear, the pulse is irregular and the blood pressure very high. In many cases there is an enlargement of the liver due to the decompensation of the heart.

The dyspnoea will be extremely great in patients who suffer from sclerosis of the aorta resulting in an aneurysm. In most of these cases the heart sounds are very sharp, and there is a remarkable disparity between the right and the left pulses radialis and of the carotids, due to a stricture of the inosculation of these vessels into the aorta. These patients suffer from very severe attacks of angina pectoris, owing to the affection of the heart itself, especially of the coronary arteries. Here we always find a distinct dilatation of the heart. All these symptoms vary according to the anatomical condition of the patient. We have to differentiate between acute, subacute and chronic cases.

The acute cases are characterized by most severe constricting pain in the chest, radiating from the region of the heart to the left shoulder and down to the left arm; cardiac oppression and immediate death.

In the less severe cases the disease extends over some weeks of improve-

ment alternating with aggravation; if no attack of angina pectoris takes place, the pulse may be quite normal, but in most of the cases it is irregular and accelerated. If the disease progresses, there will be congestion of the lungs resulting in oedema of the various organs, oliguria; in some cases patients die very suddenly.

The symptoms of the chronic cases vary very much. Some patients suffer only from a light dyspnoea, other patients have pains behind the sternum radiating into the left arm; these pains get worse when the patients walk and improve as soon as they lie down. If the disease progresses, the patient loses his appetite, his skin gets livid and dry, his physical strength disappears, attacks of dyspnoea increase and the pulse is very slow and durus.

In cases where the vessels of the kidneys are involved, there will be a non-function of the kidneys, resulting either in a polyuria (nephrosclerosis) or in an anuria, if the non-function starts very suddenly. The condition of the urine itself corresponds to the special affection of the kidney. There may be cylinders of any kind, albuminuria, blood cells, etc. in other cases the urine may be without any pathological condition.

In patients suffering from arteriosclerosis of the brain, the symptoms are entirely different. In less serious cases the only symptoms are an alteration of the patient's psyche; in other cases there are symptoms of neurasthenia, such as headache especially in the forehead, insomnia, exhaustion after slight mental or physical strain, excessive sensibility with regard to noises, disorders of vision and loss of memory, vertigo, dyspepsia, etc. Some of these symptoms, especially vertigo, prognosticate a haemorrhage of the brain vessels; they frequently occur between the ages of 40 and 60.

In cases of arteriosclerosis of the lower extremities we find very characteristic symptoms. All these patients suffer from intermittent limping. As long as they keep quiet they have not much trouble from their lower extremities; in walking, however, they suffer from spasms resulting in such a severe pain, that they are forced to stop.

Another very dangerous symptom of the arteriosclerosis is the gangrene of the extremities; we find that symptom especially in old patients, most of them also suffering from diabetes mellitus.

The diagnosis of the arteriosclerosis is very easy. The most important symptoms are the hardness of the arteries, irregularity of the pulse, dilatation of the heart and the condition of the urine.

The following three cases will explain my statement:

(1) Mrs. F. M., 67 years of age, suffered for many years from all sorts of symptoms, especially from tightness in the chest, dyspnoea; she does not feel well generally, has frequent attacks of anguish, weeping, uneasiness, headache, giddiness, pain in practically every limb. Sleeps restlessly, has nightmares; very constipated; itching of the skin.

On examining the patient I found a very remarkable dilatation of the

heart, heart sounds clear, but very weak, blood pressure 200, pulse very hardened, both wrists swollen, deposits of uric acid in the knuckles. Polyuria, in the urine many crystals of uric acid. I diagnosed arteriosclerosis, due to the overloading of the blood with uric acid. I gave her *Podophyllum* 6x trit. alternately with *Natrum sulph.* 2x, each medicament twice daily. During the first few days there was a distinct aggravation of all symptoms, but after a couple of days the patient improved; after three weeks the enlargement of the heart decreased to a very marked degree. I gave now *Lycopodium* 30, one dose every week and every other day one dose *Nux vomica* 12x. During the next three months the patient recovered, all pains were gone; the heart was in good condition without any signs of enlargement, pulse very strong and regular. Blood pressure 160. Knuckles and wrists regained their normal size. In fact I had obtained a perfect cure.

(2) Mrs. L. W., 62 years of age, suffered for over 5 years from dull pains in the sternum, behind it and in the heart; attacks from giddiness and unconsciousness; these attacks occurred nearly every day for several minutes. During the last eight months attacks of anguish, dyspnoea, especially after meals, and weakness of memory. When walking, she has to stop on account of the pains in the chest. On examining the patient I found a very pronounced enlargement of both ventricles of the heart; the heart sounds clear, pulse irregular, rapid, durus, blood pressure 230. The aorta also enlarged; the first sound not clear, the second one very strong. Liver enlarged. The patient has violent pains in different parts of her body, especially in both great toes, involved by old gouty knots.

The medical history and the examination of the patient gave me a very definite idea for the treatment. There was no doubt, that the arteriosclerosis of these patients was due (1) to the overloading of the blood with uric acid, (2) to the weakness of the heart. The blood was overloaded with uric acid. There would be no doubt at all regarding the gouty pains and deposits and the enlargement of the heart. We know that gout is a disease of metabolism, due to the uric acid. The uric acid, as I have already mentioned in the beginning of this paper, makes the blood viscid, colloid. This viscid, colloid blood circulates slower than the healthy blood through heart and arteries and so partially it adheres to the walls of the arteries instead of passing through evenly. The adherent blood irritates the walls of the arteries, being constitutionally very delicate. These irritations get worse and worse as well as the mechanical irritation of the adhesions, which are aggravated by the uric acid. The irritation of the walls of the arteries results in an inflammation. If this inflammatory process would progress, the walls of the arteries would finally be destroyed. Like in many other cases nature itself gives protection; nature cures the inflammation by cicatrizing. Gradually these cicatrices become chalky and so the arteriosclerosis results. Consequently arteriosclerosis is not the primary disease, but is only a defence of nature. If there were no calcification of the arteries, most of the patients, suffering from uric acid,

would die due to the progressive inflammation of the walls of the arteries, resulting in rupture, like in the cases of apoplexy. These facts have to be considered by the practitioner treating such patients. He has to purify the blood and to roborate the heart. As in the first case, I gave also this patient *Podophyllum* and *Lycopodium*. In order to purify the blood quicker, I applied three leeches twice a week. The patient improved a great deal in about three weeks. Now the patient got *Mercurius solubilis* 6x trit. and *Digitalis* 4x, alternately twice a day. In about four months all symptoms and pains were gone. Blood pressure 160, the enlargement of the heart a great deal diminished. The patient feels quite a new person, she is able to do her housework, sleeps well, can walk without any pain.

(3) Mr. H. V., 67 years of age, suffers from arteriosclerosis for 10 years. Blood pressure 210, pulse very hard, irregular, dyspnoea, severe pains in the lower extremities, intermittent limping. Since one year Raynaud's gangrene of the toes of the left foot; the whole foot was cyanotic, cold, the toes very much swollen, oedematous, very painful; the patient cannot sleep, general condition very bad, no appetite. Polyuric, but neither sugar nor albumin in the urine; some bloodcells, many uric acid crystals. Considering the condition of the toes I started the treatment with *Allium cepa* 1x and *Cuprum arsenicosum* 4x alternately twice daily with a prompt effect. The patient slept in the first night without any pain. As the objective condition of the toes was not improved during the first week, I prescribed *Secale* 3x twice daily and *Cuprum arsenicosum* 10x one dose every other day. After two months' treatment the toes were without any pathological condition, blood pressure 190, pulse much better, dyspnoea diminished, general condition of the patient very much improved. During the next four months the patient took *Kreosotum* 6x twice daily, and weekly one dose *Lycopodium* 30. Under that treatment the blood pressure diminished till 160, general condition very good. The patient, having been ill for ten years, is now free from any pain and fit for his usual work again.

These three cases are an example of the homoeopathic treatment of the arteriosclerosis. Of course there are many other medicaments, suitable for such cases. I mention only *Antimonium arsenicum*, *Arnica*, *Aurum iodatum*, *Baryum carbonicum*, *Capsella bursa pastoris*, *Lolium temulentum*, especially in cases of giddiness and vertigo; *Plumbum iodatum* and last but not least *Allium sativum*. All these and many other drugs may be suitable for patients, suffering from arteriosclerosis, according to the symptoms of the special case. We must always remember, that *Homoeopathy* never deals with an anatomical condition, but with a patient and therefore only that drug will be helpful which will cover the symptoms of the patient.

In conclusion I should like to emphasize that the homoeopath, knowing the exact character of the arteriosclerosis, ought to be much more successful by treating his patients than the allopath.

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