FLATULENCY*

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Every doctor knows the meaning of that word, and with most of us it creates anxiety and uncertainty regarding treatment. For the sake of orderly discussion, I will divide the subject into: (1) Acute flatulency, (2) Chronic flatulency.

Under the acute, I will make two sub-divisions: serious and non-serious.

When a doctor enters a sick room, the facial expression of his patient will usually denote the seriousness and the necessity of immediate help. On the other hand, the non-serious will be manifested by hysteria and unfounded fear. This latter is usually of nervous origin, and although they may raise volumes of gas, the patient will not succumb to such an attack.

The serious acute condition is, therefore, our main concern and demands our immediate attention. On entering the sick room, and these cases are always such that you will be called to attend them in their office or at their home, they will present a desperate picture of gasping, of mucous wheezing, clutching at the throat, stooping forward and holding the stomach region: striking symptoms which are also associated with coronary thrombosis. When you see a case of this type, avoid a mistake made by many doctors. Do not jump for your medical bag and proceed with therapy before you have questioned the patient or the attendants. You must ask about the onset; you must ask how it started, suddenly or gradually; whether there was a known cause for the condition; you must listen to the heart, feel the pulse and quickly make percussion over the stomach and abdomen to verify the presence of gas, in order to differentiate acute flatulency from an acute heart attack, because the treatment is very different.

You will notice that in discussing this subject, I am not following a text-book outline. Those are available for your reading at leisure; I am giving you my personal experience in these cases in exchange for discussion of your own personal experience with patients.

For the treatment of such acute attacks, one must get busy at once. I prefer to start with my homoeopathic remedy before I give any palliative. Aconite is usually the remedy for an acute onset; it has the acute pain, nervous excitation and fear. I prepare this in water and give a few drops on the tongue every three to five minutes, perhaps while I am obtaining more complete history. Bell, is a frequently indicated remedy; Nux vom. another. Then you may apply such palliative remedies as seem indicated. The tincture of Cardamom Comp., one teaspoonful as it is, followed

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* Read before the Bureau of Materia Medica, California State Homoeopathic Medical Society, Los Angeles, May 16, 1940.

by a few sips of water is very good. Some digestive tablet that contains soda, papyotin and charcoal; essence of pepperment in hot water or on a little sugar; aromatic spirits of ammonia; a mixture of: a tablespoon dose of vinegar in a glass of water, add about five grains of baking soda; this should be taken while in the fizzling stage, or a teaspoonful dose of epsom salts. By this time you will have had opportunity to get the patient into a definitely relaxed position, usually lying, and orders should have been given for a hot water bottle or an electric pad or hot stupes to the abdomen. Possibly some osteopathic manipulation to the back directed particularly to the stomach area, the region between the shoulder blades.

After you have had a short time to observe the results of the treatment so far employed, and satisfactory results have not been obtained, it might be advisable to order an enema, as relaxing the rectal sphincter may break the spasm affecting the upper digestive area, most often the pyloric valve of the stomach. A most effective enema is made by using a cup of molasses and a cup of milk, given with a high colon tube. In warming these ingredients, one must be careful that the mixture does not curdle. The enema must be retained for some time so that it will percolate higher and so stimulate the peristaltic wave.

Heart stimulants or narcoties are seldom indicated, except on borderline cases of heart involvement.

CHRONIC FLATULENCY

Most chronic cases of flatulency come to the doctor with their diagnosis already made. I do not consider it good therapy or curative therapy to use the much publicized alkalization by Alkazane, Alcaroid, Paxomax, Cal Bis Ma., etc. The aforementioned drugs may give relief, and when these patients come to you, their thoughts are entirely concerned with relief and not cure. If you cannot convince your patient that it is a wiser plan to proceed on the curative route, and you should find it necessary to temporize with such palliatives, you must bear in mind that it will be more difficult to find the true similimum. By all means try to select your remedy at once. I would rather advise to take a chance on having a patient leave you occasionally by prescribing your homoeopathic remedy only, as the permanent relief and cure will be definitely more rapid. I find that Kent lists over 100 remedies for flatulency, which indicates that almost any remedy of the materia medica can be employed when the totality of symptoms agree. There is, however, a smaller group which we most frequently employ, such as: Lyc., Carbo veg., Kali carb., Colch., Ign., Arg. nit., Platina, Nat. phos., Kali phos., etc.

When you have made your prescription, there is another task which I believe is of still greater importance if you wish to be really successful and helpful to these cases of chronic flatulency. Most of the chronic cases are of very longstanding, have usually had much treatment, and your name will become another one of those doctors the patient has gone to see. I believe this

second task is far more important than the prescribing of your remedy. It is to analyze your case and to determine what is actually the cause. Personally, I am convinced that all flatulency is due to reflex causes. With men it may be work, business worries, financial or family worries, rectal conditions and a few may be from dietary causes. With women it may be from business, work, or unhappy home conditions; more often from real physical causes as uterine conditions, rectal, bladder, postpartum, or varicosities. To illustrate my point, I will cite the case of a very healthy appearing woman of 45, who came to my office asking for some digestive tablets. She did not ask me to prescribe, but inquired whether I had some digestive tablets that she might have a few of. While going to my drug room, I asked a few questions as to the nature of her trouble, and detected some symptoms which eventually led to the discovery of a cancerous tumour of her uterus.

Flatulency, gas in the digestive tract, is there because it has not moved on. Since it has not moved on, there must be a reason for this static condition. Even if it had come from fermentation, it should have been moved on by the peristaltic wave and expelled either per rectum or belched. If that has not occurred, then it is very evidently a case of lack of motive power. If there is a lack of motive power, that means nerve exhaustion, and when there is nerve exhaustion, it is up to the physician to find a cause.

Lay people prescribe Homoeopathy only on symptoms, but we, as physician, have a far greater duty, and that is to determine the nature of the disease.

RECAPITULATION

In comes the patient and says, "Gas".

The Doctor gets a history and says, "Yes".

So starts the story of how to do good work, get good results, and get more patients. When the patient starts to tell his story, it is the proper time to build up your symptomatic history for the indicated remedy. Then you proceed to question the patient regarding their family condition, work, cause for worries and so forth; in other words, find the evidence of an actual nerve drain. When that has been extensively and thoroughly completed, then proceed to examine the patient including direct causes for nerve drain, such as loss of blood through rectal bleeding, catarrhal discharges. A few cases to illustrate this are: In the case of Mr. Rowen, I found blood in the urine; in the case of G. R., spermatozoa were coasistently discovered in the urine; in the case of Mrs. L., profuse pus in the urine; Mrs. Barbaras, severe cervical erosion; Mrs. T., masturbation; a Dementia case, masturbation.

There are several rather easy diagnostic points to determine whether the flatulency may come from nerve weakness or exhaustion -

First, the heart constitutes the easiest diagnostic factor, as you will always find a markedly weakened or deficient first beat.

Second, definitely enlarged stomach, which is easily detected by percus-

sion. It indicates lack of tonicity, not sufficient nerve energy to properly contract it to its normal size.

Third, an ovoid, hard and tense abdomen. This latter condition is itself conclusive of flatulency and also of the cause, which is a lack of nerve energy. It shows that there is a definite stasis in the abdomen, nor sufficient expulsion power for the abdomen to rid itself of the accumulated debris.

When this has been established to your satisfaction, then the next point is to determine the source of the drain of the nervous system and to attempt to correct the real causative factor of the flatulency. These causes are usually of old origin, and therefore difficult to treat, but I find if the patient is taken into your confidence and his condition logically explained, he is more willing to cooperate in your treatment than in anything else. It may therefore be necessary that in order to treat his flatulency, you may have to remove some offending piles; you may have to treat some ulcerated cervix.

It is a well-known law in homoeopathic prescribing that when your indicated remedies fail, you must fall back on one of the psoric remedies, which was evidence that the present ailment was based on a far deeper foundation. To illustrate: I had been treating and prescribing for a diabetic case for several years. I recently prescribed Psorinum which started an old leucorrhoea; a very heavy yellow pus discharge. A fibroid uterus had been removed from this patient about thirty years ago. In another case of exceedingly distressing flatulency, I found a senile vaginitis or kraurosis in which the labia minora had grown together covering the clitoris entirely. Calc. ars. brought on a heavy discharge with an alleviation of the gastric symptoms.

I am especially concerned with making one point in this discussion.

You all know and agree that the pharmaceutical houses are, at present, advertising and flooding the market with synthetic drugs, palliatives, germ killers, in short, soothing dope. Sure, the patients like it and gladly pay for it, especially when told that these drugs are harmless. But remote causes are not sought and removed. The patient is not cured. The symptoms have been relieved, but the cause carries on and life or death may be its heritage.

We, as homoeopaths, have inherited and accepted a sacred duty, 'to cure diseases'. This must be continuously impressed upon our patients—as well as to our own medical brothers—so that we do our real and privileged duty to humanity and sanctify our sworn pledge to "cure the disease, not whitewash its symptoms."

—*Pacific Coast Journal of Homoeopathy*, July, 1940