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APPENDICITIS

FROM A HOMEOPATHIC PHYSICIAN'S
POINT OF VIEW

BY

JOHN HENRY CLARKE, M.D.

(Reprinted from the *Homeopathic World*)
With additions.

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PREFACE.

HAVING been requested to reprint my article on Appendicitis which appeared in the *Homeopathic World* of March, 1905, for separate publication, I have revised it for this purpose. The subject is one of great practical importance; and until some homeopathic physician or surgeon of greater experience in cases of this kind than I can boast shall deal with it as fully as it deserves, I trust this pamphlet may prove of some service.

JOHN HENRY CLARKE.

8, BOLTON STREET, W.
March, 1905.

APPENDICITIS FROM A HOMEOPATHIC
PHYSICIAN'S POINT OF VIEW.

THE recent illness of H.R.H. Princess Victoria has again brought the subject of appendicitis prominently before the public notice, and the publishers of the *Homeopathic World* have often been asked of late if there is not a homeopathic work on the subject. There is none, so far as I am aware, and therefore I propose to say something about appendicitis from a homeopathic point of view.

Appendicitis is a new name for an old complaint. Under the name "typhlitis" and "perityphlitis" it has long been recognised. "Typhlon" is the Greek name for the "cæcum, or "blind gut," into which the small intestine enters and which forms the commencement of the large intestine. It is situated at the right side of the lower part of the body. The large intestine passes up the right side of the body, across the upper part of the body and down its left side, ending as the rectum and anus.

The cæcum was apparently named the "blind gut" because its lower part forms a kind of *cul de sac*, terminated by a little worm-like body, which has an inlet but no outlet otherwise. This is the "verruiform appendix," and inflammation originating in this structure is termed "appendicitis." The term is a mongrel one, "appendix" being Latin and "itis" Greek; but in these days of decadent classic lore we have to put up with this kind of thing. The developments of modern surgery, and the more accurate classifications of modern pathology, demanded a new term, and "appendicitis" will have to do. I say the developments of modern surgery, because it is the facility and safety with which modern surgeons are able to open the abdominal cavity and see what is taking place, that has added so much to our knowledge of this and all other abdominal diseases.

What are the function or functions of the appendix? No one knows—many have guessed; and the guess to which I incline to attach most importance is that the appendix discharges an eliminative function; this view maintains that as the intestinal canal is the great eliminator of waste products the vermiform appendix takes on the part of eliminating blood poisons of many descriptions. Sometimes these poisons—so the theory runs—are too irritating for the organ to throw them off without itself becoming irritated and inflamed. If this inflammation or irritation goes beyond a certain point, suppuration, abscess or ulceration takes place, which involves to a greater or less extent the cæcum itself and the surrounding tissues. Here we have a fully developed case of “appendicitis,” “typhlitis,” and “perityphlitis”—typhlitis being inflammation of the cæcum, and “perityphlitis” being inflammation of the peritoneal covering of the cæcum. In former days “typhlitis,” or inflammation of the cæcum, included what is now known as appendicitis. Among the poisons which, judging by my own experience, have proved most prolific as causes of appendicitis, the two most important are influenza and vaccinia. An epidemic of influenza is generally followed by a great increase in the number of appendicitis cases; and an epidemic of vaccination (or, in other words, a small-pox scare) is a sure forerunner of an outbreak of appendicitis.

I have mentioned only one of the guesses as to the function of the appendix. One of the other guesses is that the appendix is a useless and dangerous survival which will be absent altogether in a higher stage of evolution, its only function at present being to catch cherry-stones, pins, and such-like undesirable objects which only give trouble when they get inside. Against this theory there is the fact that foreign bodies are only found in a small minority of cases operated on; and in many post-mortem examinations foreign bodies have been found in appendices without setting up irritation at all.

SYMPTOMS AND DIAGNOSIS.

Leaving now all questions of hypothesis I will pass on to consider the symptoms of the affection. The first symptom to draw attention to the trouble is a pain in the right side of the body low down, but not only is there pain but there is tenderness as well. When the patient is

lying down, if a line is drawn from the most prominent portion of the hip bone on the right side to the lowest point of the abdomen in the centre, this line will cross the area where the pain is felt, and the central point of the line will correspond to the most painful and tender part. This pain and tenderness may continue for weeks and even months without causing any great amount of inconvenience or constitutional disturbance. On the other hand, it may get rapidly worse and be attended with fever, sometimes high fever, and great disturbance of the digestive functions. If uncontrolled, the inflammation may spread to other organs and prove fatal by the intensity of the inflammation, by suppuration and bursting of the abscess into the abdominal cavity, or by ulceration and perforation of the gut. On the other hand, the abscess may find a way for itself and discharge outwards through the abdominal wall, or some other way, and perfect recovery may result.

Before we come to consider what homeopathy has to say about the treatment of appendicitis, it may be well, at the outset, to get rid of the notion that a diagnosis of appendicitis necessarily means an operation. Sir Frederick Treves has told us (Cavendish Lecture—*British Medical Journal*, June 28, 1903), that "the greater proportion of cases of appendicitis recover spontaneously, and it is probable that the general mortality of the disease—if examples of all grades be included—is not above 5 per cent."

From this it follows that appendicitis is not a disease which need occasion panic. The cases in which operation is urgent are a very small minority, and the scope afforded for utilising the remedial action of drugs is very great. But the curative uses of drugs are only available to those who know how to use them on the homeopathic principle. For homeopathy, appendicitis has no terrors, and only a very small minority of the cases under homeopathic treatment require surgical interference.

Perhaps the best way of illustrating the power of homeopathy will be to take a few cases from actual practice. The first case I will relate occurred before the word "appendicitis" had been generally applied to these cases. I am not aware of the date on which the word first appeared in print, but it has no place in the *Century Dictionary*, which was copyrighted in 1889. The case I am going to relate occurred in 1887.

CASE I.

Master E. S., aged 10, fair, had been ill for some days when I saw him first on September 7, 1887. The particular illness for which I was summoned began, two days before, with pains low down in the abdomen, and frequent desire to pass water. The temperature had been up to 103. The boy was liable to "bilious attacks," of which he had one once a year. Previous to the onset of the pains, he had had vomiting and diarrhea, which were taken for one of his ordinary bilious attacks.

I found him with a temperature of 102.2, pulse 120, abdomen tender all over, especially tender in right groin. Legs drawn up; the least movement makes him wince. Hot fomentations relieve. Tongue white; rather thirsty. Bowels not moved for two days; urine loaded with lithates, contains some phosphates, no albumen. Liquid diet was prescribed, and *Bryonia* and *Merc. cor.* given every hour alternately. Hot fomentations to the body were ordered.

Sept. 8th.—Temperature 100.2. Pulse 108. Slept very well. Is drowsy during the day. Tongue whitish; no sickness; likes barley-water best. Bowels not moved, though there has been some effort. Passes flatus. Body still tender, tenderness being greatest in right groin. Pain is always present, but is not acute unless he moves. Lies with feet drawn up, but there is no anxiety on his face; his expression is brighter. *Repeat.*

Sept. 9th.—Better generally. Temperature 99.6. Pulse 96. Slept well. Still complains of much pain and tenderness. Still retches if he takes anything except beef tea. *Has frequent desire for stool.* This gave him much pain, and he passed one or two small, hard lumps. *Nux vomica* was now given instead of *Bryonia*, *Merc. cor.* 6 being continued in alternation. The symptoms italicised indicated *Nux.*

Sept. 10th.—Good night. Had a good stool, without pain or difficulty, the previous night. Temp. 98.8. Pulse 96. Tenderness has left the whole abdomen, except the right iliac region, and there it is less than it was. Tongue rather dirty. Still objects to milk, but has a desire for a bit of tongue. *Repeat* medicines. Omit fomentations.

Sept. 11th.—Temp. 98.4. Pulse 84. Only a little tenderness left in right iliac region. Can sit up in bed a little. Tongue clean; appetite better; no sickness; bowels not moved. Slept well. *Repeat.*

Sept. 12th.—Temp. 101.6. Pulse 96. This rise of temperature was apparently occasioned by a nervous upset; otherwise he was about the same. There was still right iliac tenderness and some dulness to percussion in that region. *Recipe: Opium 3, Merc. sol. 6* every alternate two hours.

Sept. 13th.—Temp. 98.4. Pulse 68. Slept well; appetite returning. Tongue rather dirty; breath offensive; bowels not moved. Had profuse perspiration the previous afternoon. *Repeat.*

Sept. 15th.—Up and dressed. Doing well. No pain left. Tongue clean. Bowels open. Appetite good. *Recipe: China 1x and Merc. sol. 6* every two hours in alternation.

Sept. 19th.—Apparently quite as well as usual. Has no bleeding from the gums, though the upper gums look tender. *Repeat.*

This was the last visit I paid to the patient. He was a very delicate boy, his mother having been consumptive for years before his birth and having died a few years after it. The boy's finger-nails were like paper. He was very susceptible to colds. Naturally he was very fond of meat.

CASE II.

I will now give a more recent case, which occurred in a boy of fifteen—H. R.

When I saw him on May 2, 1903, he had been ill for a week. The first two days he had violent headache with aversion to light; he had vomited all night the night before I saw him. Five and half years before he had had an attack of appendicitis. Tongue dirty; bowels open; tenderness in right iliac region. Lies with knees drawn up. Temp. 100. *Recipe: Lachesis 30* every two hours.

May 4th.—Pain much less. Slept well. Temp. 99.4. Pulse 64, irregular. He felt his heart give two big beats. Has a cough which hurts the abdomen. Lies with knees up. Tongue dirty; breath very offensive last night. Not very thirsty. Cæcal region still tender. *Repeat.*

May 6th.—Very much better. Can move well and bear pressure well. Bowels acting regularly without trouble. Tongue clearer. *Repeat.*

From this time on, the recovery was rapid and uneventful.

This patient had, in a general way, an enormous appetite, and ate his food rapidly. It was apparently from indigestible and undigested food that this attack arose. It was difficult to keep his appetite within bounds during the illness. *Lachesis* was the only remedy required throughout. It was indicated by the pain in the right iliac region, by the excessive tenderness. Some of the actual symptoms caused by *Lachesis* are: "Tearing and cutting pains in right side of abdomen." "Painful distension; flatulence; can bear no pressure; surface nerves sensitive." The vomiting, irregular appetite, and feverish condition also indicated this remedy.

These are examples of how homeopathy can cut short acute attacks of appendicitis when inflammation has been actually developed. I need scarcely say that in all cases careful diet is a matter of the first importance. From the onset of pain with fever all solid diet should be stopped. Milk also should be taken with care, and never undiluted. Beef tea, meat-essences, barley-water, thin gruel, and water if the patient likes it. Hot fomentations are useful in many cases, and lime-water compresses are also sometimes of great help in allaying inflammatory action. But these are only adjuncts to the action of remedies which are the most potent means the homeopath has for rectifying the trouble. In the first case, *Bryonia*, *Mercurius cor.* and *Mercurius solubilis* were the main remedies given; in the second *Lachesis* alone was required. Other remedies which are often in request are the following:—

Iris tenax and *Iris versicolor*. Both these remedies are closely related by their symptoms to an attack of appendicitis. The former, which was proved by Dr. George Wigg, set up the following symptoms: "Cutting in abdomen, more severe right than left"; "Fearful pain in ileo-cæcal region"; "Pressure in ileo-cæcal region causes deathly sensation at stomach-pit"; "For fourteen days there was a painful spot over ileo-cæcal region, as if an ulcer, the size of a shilling, might be inside"; "Hot applications relieve the pain in the bowels."

I shall give later on examples of the action of *Iris tenax* in curing cases of appendix troubles. Both Irises cause gastric disturbances and diarrhea or constipation like those which accompany the trouble, so that these remedies may be relied on in a large proportion of cases.

Arsenicum is another remedy often called for. It has

a specific action in the ileo-cæcal region and it produces inflammation of a low type. The cases which call for this remedy will generally have some of the characteristic symptoms to guide—*anxiety, red tongue and thirst for little and often, restlessness, and debility.*

• *Apis* is very like the serpent venom *Lachesis* in its action. It is related to the right groin; it has also excessive tenderness like *Lachesis*. Swelling, burning pains, and stinging pains. A sensation as if something would break when straining at stool—these symptoms would be sufficient to single out *Apis* in preference to *Lachesis*, if present in a case. Moreover, *Apis* has a specific action on the right ovary, and it is a well-known fact that in many cases of appendicitis in women the right ovary is involved in the inflammatory action: and *vice versa* when the right ovary is inflamed the appendix is often inflamed as well. This remedy, *Apis*, is especially important in cases occurring in women. When the superficial tenderness is present the indication for it will be very strong. Case IV., reported below, illustrates these points.

Bryonia will be called for when the symptoms are characterised by *aggravation from the least movement.*

Rhus, on the other hand, will be needed when the patient cannot endure to be still, but must be constantly shifting his position.

These are a few of the remedies most commonly needed, but homeopathy is by no means limited to these in its choice. In any case, some strong characteristic symptom may point to any remedy in the materia medica.

THREATENED APPENDICITIS.

I will now give two cases to show what homeopathy can do in the way of *preventing* the development of appendicitis when threatened.

Many cases of appendicitis which call for sudden surgical aid might never have come to that at all if the patients had been properly treated by homeopathy from the outset.

CASE III.

Miss E. G., about 30, of very gouty forbears, whom I had treated some time before for chronic headaches, came to me on July 19, 1904, complaining of a pain in

the abdomen which she had had for a fortnight. The pain came in spasms. The bowels were upset, and she had diarrhea. The pain was in the ileo-cæcal region, which was tender to pressure (but it was not *superficial* tenderness—*i.e.*, tenderness to slight touch which distinguishes *Lachesis*, *Apis*, and some other remedies).
Recipe: Iris tenax 30, twenty-four powders, one four times a day. The patient was instructed to avoid all fatigue or exertion and to be extremely careful in her diet.

July 27th.—Much less tenderness. Bowels rather confined. *Repeat.*

July 29th.—On 27th had a very bad headache, with vomiting, the vomit being bright green at first, then very yellow. "*The pain in the side is certainly better.*" On August 4th she received *Arsen.* 30. On August 25th she reported herself as much better. On September 8th by deep pressure a very little tenderness was elicited. In October she went to Biarritz. I gradually relaxed restrictions in exercise and no further developments took place. But for the care taken and the specific homeopathic treatment this case would have gone on to a fully-developed case of appendicitis. As it was, it was arrested at the stage of irritation.

CASE IV.

Miss C., 28, came to me on December 21, 1903, complaining of pain in right iliac region. She had felt it the previous October. About two years before she had been re-vaccinated and had had a bad arm as a result. She suffered from facial neuralgia, occasional bad headaches, was depressed at times and tearful, and was inclined to be hysterical at the monthly periods. She suffered much from backache, and the back was tender to touch on the right side of the lumbar spine. I found the spleen large and a good deal of tenderness in the ileo-cæcal region. This patient was engaged in business and I allowed her to continue her work during the treatment.

Believing that there was a vaccinal element in this case, I first gave a course of *Thuja* 30, with great improvement general and local. This was followed by *Malandrinum* 200. The appendix pain became of less consequence than the general symptoms, and some time later I advised her to take a holiday, which she did—having had no holiday for some years previously. After this she returned much better; but the old neuralgic

symptoms did not depart, and pain in the right side came at times. The pain was always worse after the monthly period. There was also constipation, and the pain in the appendix region was worse before the bowels acted. The superficial tenderness was great.

On June 13, 1904, I prescribed *Apis* 100, three doses to go over the month. This was followed by very great improvement both in the local symptoms and in the constipation. On August 5th she writes: "It is delightful to be able to forget that I have an appendix." Since then there has been no more real trouble.

I am inclined to think that in this case there was an ovarian involvement. This not unfrequently occurs in appendicitis in women; and *Apis*, as I have already pointed out, is a remedy which affects the right ovary as well as the neighbouring organs. *Apis* is also a remedy for the effects of vaccination. In reference to the suspected vaccinal element in this case, I have met with a number of cases in which swelling of the spleen and pain in the ileo-cæcal region have followed sometimes immediately after and sometimes months after vaccination. In these cases the remedies which are antidotal to vaccinosis are absolutely necessary in order to relieve and cure the patients.

CASE V.

Miss V. came to me on March 21, 1900, complaining of pain in the right side, which came on a short time before whilst she was in Paris. The first symptom was depression and irritability. This was followed by severe pain which began in the epigastrium, passed down to the hypogastrium, and then to the right iliac region, which was tender. The pain was severe for two hours, then gradually diminished, and was gone by next morning, but has since recurred. The stool in the morning was natural, in the evening softer, and the pain was worse after it. Pulse 84. Liver and spleen both slightly enlarged. Tenderness in right iliac region, with a raw, bruised feeling. Pain shoots from right to left. *Recipe: Iris v. 12.* half an hour before meals and at bedtime.

June 1904.—Has been better, but for the last week or so there have been reminders of the pain. *Recipe: Iris v. 30.*

July 28th.—Only felt the pain twice since. *Recipe: Iris toxic 12.* Discs ζ ii. one four times a day.

Date 05.01.2017

Sept. 6th.—Very much better. No pain in the side at all. *Recipe*: *Iris tenax* 12, 21 powders, two drops in each, one at bedtime.

After this there was no more trouble in the side, though many of her friends were urging the patient to "have an operation and get rid of it."

From these cases it will be seen that to the homeopathic patient and the homeopathic physician "appendicitis" is not a word to occasion panic.

I may be asked if I never advise operation. Under certain circumstances I certainly should. For instance, I had cured a young lady of a very sharp attack of appendicitis, when, some twelve months later, she sat for a long time with wet boots on, after having been caught in a downpour of rain. This brought on another attack, which was more tedious to get rid of. As she had to earn her living and could not command the necessary conditions for cure; and as she could not afford to run the risk of further attacks whenever she caught a severe chill, I advised her to see Mr. Dudley Wright and take his advice about an operation. This she did, the appendix was removed, and the result of the operation has been eminently satisfactory. Again, if a case has gone on to suppuration and the formation of an abscess, I should certainly advise the evacuation of the pus as soon as this could be done. But at the same time I should give the patient the benefit of homeopathic treatment both during the period of convalescence and afterwards.

Appendicitis is often caused by chronic blood disease—gout among the number—and, operation or no operation, the patient cannot be considered cured until a constitutional change for the better has been brought about. Constitutional homeopathic treatment is the best means of securing this.



