

## HOMŒOPATHY AND THE GALL BLADDER

DR. W. L. BALFOUR

Recently, a patient brought me cordial greetings from a man whom I have not seen for close on twenty years, because he has remained in good health and has had no further need of my services. He was one of the cures which gladden the heart. Not so long before he consulted me, he was operated on for gall stones. The surgeon removed the gall bladder at the same time, as it was so diseased that he did not think it wise to leave it. The patient was dismissed in due course with the assurance that he would be all right now.

For a time, all went well and then, to his horror, he began to grow gall stones again. Since his gall bladder had been removed, he had to find a new place for their cultivation, so he grew them in the common bile duct. This tube is formed by the junction of the duct from each lobe of the liver and conveys the bile to the duodenum. The gall bladder rises from the common bile duct, somewhat like a pear on a stalk and is a reservoir to store up and thicken the bile.

This patient, like a good many people who have had one operation, wanted no more surgery. I would once have regarded such obstinacy as criminal but now I know that a good many operations, which the surgeon says are necessary, can be avoided. The knife is not always inevitable in abdominal troubles. He turned to homœopathy and, at the age of 76, is in excellent health.

### Thoughts of Past Cases

This case set me thinking about the cases which have yielded to homœopathic treatment, not only cases of gall stones but those wherein the gall bladder was the seat of inflammation. To remove gall stones does not necessarily remove the tendency to grow them. True, the patient often does remain in biliary comfort for the rest of his life but homœopathic treatment is much pleasanter than an operation, apart from improving the general health, which it always does.

The presence of gall stones is very common and many people are quite unaware that they harbour them in the gall bladder. Gall stones are undoubtedly much more common in

women, and we used to be told in our student days that to be "fair, fat and forty" was the type in which to expect their presence, a dictum which was too sweeping. Men can grow gall stones also and I have known them occur in the lean and swarthy ones of both sexes.

Gall stones may cause no symptoms whatsoever, and many owners of them suffer from nothing more than flatulence and inability to digest fatty foods. There may be sudden attacks of pain which temporarily root the patient to the spot and which are relieved by bringing up wind. The pain can be felt far over on the left side so that the heart may be at first under suspicion. I have known a patient to be gripped with such a commanding pain that thrombosis was considered to be the trouble.

#### **Intense Pains**

The pain of biliary colic, when the stone is gripped by the muscular fibres of the duct, can be really dreadful. I do not refer to the occasional stab of pain which some people get and, as one man said, "It's gone before I have time to yelp", a very good description which, incidentally, makes the homœopath think of LYCOPODIUM. But the real, genuine biliary colic, when the whole world is made of dreadful pain, is only known to those who have experienced it.

I do not know whether the agony of renal colic caused by a stone in the kidney is worse than that of gall stones, but I am inclined to think it is. This decision in favour of renal colic may be due to prejudice, however, as I had a stone in my kidney.

To try to compare the two sets of pain reminds us of Charles Haddon Spurgeon's assessment of the torture of rheumatism and gout. "If you put your hand into a vice and let a man squeeze it as hard as he can, that is rheumatism. If he can squeeze it a little harder, that is gout!"

I think it would be quite impossible to convince any fervid allopathic doctor of the speed with which biliary colic can be relieved, when the homœopath finds the exact medicine which is demanded by the patient's symptoms,

**Dramatic Relief**

I remember getting an S.O.S. from a new patient who was in agony. One single dose of CHELIDONIUM 10m restored everything to normal in two minutes. It was not a matter of a bruised sensation being left or general weakness because of the intense suffering. She felt perfectly well in every way and the cure made just as big an impression on her as did the pain. This was her first experience of homœopathy, but not her last as other members of the household forsook allopathy.

It is not always easy to hit the one special medicine which the patient needs, so that relief is not so speedy and spectacular, as several doses of a similar remedy may be needed to bring peace. But the action of the simillimum is something the patient or the doctor can never forget. One homœopathic doctor recorded how he was summoned to the bedside of a lady who only knew that he was the nearest available doctor.

He did not attempt to explain that he followed the doctrines of Samuel Hahnemann but promptly put one dose of ACONITE on her tongue. The result was doubly dramatic. Relief was immediate and she never again suffered one twinge of pain in her life. Her sufferings demanded ACONITE.

But a patient who is felled with the pain cannot always, or will not, answer questions so that we may have to rely on our observation or the stories of relatives. In such cases, there are few who can always hit the mark first shot. All some patients know is that they have dreadful pain and they want immediate relief, which the physician is only too anxious to afford, but he must try to find the one key that fits the lock.

There are a number of medicines which bear well deserved reputations for cutting short an attack of colic, but the right one must be found and that speedily. BELLADONNA, COLOCYNTH, MAG. PHOS., BERBERIS, CHAMOMILLA, DIOSCOREA, CHIONANTHUS, etc. have all done grand work according to indications. As always, the problem is to choose the correct remedy.

Fortunately, only a comparatively small number of the owners of gall stones do suffer from attacks of colic. Nevertheless, the patient should have homœopathic treatment as I believe that gall stones can often be dissolved away. I know that in

many cases, the patient is permanently freed from symptoms. A patient may be urged to have an operation as the continued presence of stones in the gall bladder may act as an irritant and malignancy could thereby ensue, but so many folks do have stones and carry them to their grave without knowing anything about them.

#### **Dangers of Inflammation**

The gall bladder itself may become acutely or chronically inflamed and that can be another story. Cholecystitis is the official name. Acute cholecystitis will certainly yield to the right medicine, but if the inflammation continues unchecked, gangrene of the gall bladder may set in, just like a bad case of appendicitis.

A well known American homœopath developed acute inflammation of his gall bladder which a colleague treated with apparent success. He went away for a holiday and the gall bladder blazed up again.

Fortunately, in the distant town where he was, there was a homœopathic doctor an old but a very good one, who was promptly summoned by telephone. The gall bladder by now was very septic and the patient was having rigors so badly that he asked his son to sit on him to stop the terrible shaking. As the old doctor entered the room, he said, "That is LACHESIS. If I had not seen you, I would have given you HEPAR". LACHESIS cured the patient. Only two drugs want to be held as they shake so in a chill. The other is GELSEMIUM.

#### **Surgery Sometimes Vital**

I have seen cholecystitis settle down under the action of homœopathic medicines, and one physician cured a case with GRAPHITES. But operation may be vitally necessary because the inflammation of the gall bladder is so far advanced by the time that the homœopath gets the patient. And there have been cases wherein such a kink was found at operation that no homœopathic remedy could have saved the day.

A patient of mine was born with a kink and medicine could only do so much. It is like appendicitis. Many cases can be cured by homœopathy, but the organ is sometimes found

to have a kink or to be found so bound down that surgical interference is absolutely necessary.

A number of patients think that they cannot have gall stones because they are not jaundiced. This is not so. A patient of mine arrived in this world with the typical yellow discoloration of jaundice.

Jaundice only occurs when the bile cannot pass down the bile duct, which may be blocked by a stone, etc. In spite of the obstruction, the liver machinery continues to manufacture bile which gets into the blood and causes jaundice. Of course, there are many other causes of jaundice. I remember a clever and cheerful surgeon whose normal hilarity was damped down with jaundice, which took a long time to disappear.

If I had known about CHELIDONIUM then, I am sure he would have taken a dose. Like some other high-up surgeons and physicians whom I have known, he was not at all averse to hear about other forms of treatment in private, though he would have roundly condemned them in public. I have even known them to come by stealth, like Nicodemus, and to keep as quiet about the new doctrine as he did; even though they benefited by the treatment.

#### **A Digression**

As I write, I think of one particular method of treatment greatly praised by some American doctors for the infallible removal of gall stones, which I have not recommended since I began to use homœopathy, why, I do not exactly know. Here, I may be permitted a garrulous digression. Many years ago, I had the job of writing two weekly articles on medical matters for a group of newspapers. I could not preach homœopathy, of course, since medical articles must not disturb the tender consciences of any advertiser in the papers, nor offend the majority of the constant readers. As one editor said, "We keep a shop". The window of the shop was made of the best and thickest allopathic plate glass!

However, the virtues of healthy foods were constantly upheld and various simple therapeutic measures consistently set

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and *Lycopodium* was indicated. The sleeplessness improved, nose and throat cleared, ears subsided, and about one month later he had mumps which ran its usual course and cleared normally. Murmur never cleared but is very much less pronounced and the child at present is living a normal life.

CASE II.—C. C., girl, age 6, white. Had congested nose and throat, pus cells in urine, temperature. *Diphtherinum* was given and her condition was nearly cleared 2 days later.

CASE III.—B. E., boy, age 12, white. Had a congested throat with a post-nasal discharge. *Diphtherinum* 10M for 1 day took care of the condition.

CASE IV.—M. H., boy, age 8, white. Subject to colds. severely congested nose and throat which *Diphtherinum* 1M cleared rapidly without the usual complications.

CASE V.—R. R., boy, age 10, white. Otitis media, stomach distress and a congested nose and throat. For him, *Diphtherinum* was the only medication needed.

CASE VI.—C. B., boy, age 6, white. Had mumps and lost weight following colds. He had a severely congested throat, a harsh respiratory murmur in right chest and a right otitis media. *Diphtherinum* 50M was the principal remedy used.

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forth. I had to answer scores of letters every week from readers who sought advice about their various ailments.

I outlined the procedure to a number of readers how they might perchance say goodbye to their gall stones and one result was really amazing. One lady in England wrote to me with great glee that, in five days, she passed one hundred and ninety-nine gall stones with never a twinge of pain. She evidently steeled herself to the rather grisly task of collecting them and put them into a jar where they are, I presume, to this day.

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