

## GASTRIC ULCERS

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It would be simple and very pleasing for all concerned if I could say "If you have a gastric ulcer take X and you will be cured". When one looks at the advertisements on I.T.V. there appears to be a cure for almost everything! Indeed when the influenza epidemic was at its height I counted no less than five "cures" given in one evening. If this was not so serious it would be laughable.

How can there be one "cure" for any disease when no two people living are exactly alike? In some respects one person may be very similar to another but it is nonsense for anybody to think there is a universal cure for stomach ulcers or anything else.

In a medical textbook before me the following symptoms of gastric ulcer are given.

"No disease or condition may have on the one hand more characteristic or on the other hand more ill-defined symptoms than gastric ulcer. Taking a typical case we may expect:

1. Pain and tenderness over the epigastric region. The pain is severe and shoots through to the back and is rendered worse by eating or by firm pressure. Mackenzie states that the position of the pain varies with that of the ulcer. When the ulcer is near the cardiac end, the pain is high up in the epigastrium. When in the middle of the stomach, the pain is in mid-epigastrium, and when at the pylorus, the pain is low down in the epigastric area. This pain must be distinguished from cutaneous or muscular hyperalgesia, which sometimes accompanies it, and like the pain is very localized. Both are generally situated in the middle line, but the hyperalgesia may extend further to the left. The upper belly of the left rectus muscle is frequently contracted. When tenderness is severe and persistent, it may indicate a localized acute peritonitis around the ulcer.

2. Vomiting after meals ; this may occur soon after food has been swallowed but more frequently after an hour or longer, the interval being longest (two or three hours) in cases of ulcer at the pylorus. It usually gives temporary relief.

3. Hæmatemesis (vomiting of blood) may be very copious, and occurs in probably more than half the cases. It may be directly fatal, or comparatively slight. Melæna (passage of blood by the bowel) is present in about ten per cent of cases. The quantity of blood may be so small that it is recognizable only by chemical tests. (Occult bleeding.)

4. The appetite remains good, but the patient is afraid to eat lest pain is set up.

5. The tongue is clean, and may be pale and flabby. There is little wasting.

6. There is generally excess of free HCl in the stomach contents (hyperchlorhydria). Increase of the organic acids is rare, but may occur in old-standing cases with dilation or hour-glass constriction."

All these particulars help the physician to diagnose that the patient is suffering from gastric ulcer but what about the cure ? The Homœopath would not have any pointers to the correct remedy because all the symptoms given are about the ulcer and nothing at all is known about the patient who is exhibiting these symptoms.

To form a picture of the patient we must know certain things about him, because I cannot emphasize too strongly that Homœopathy is a precision job and if the case is not taken properly then the similar remedy can never be found.

How is the patient affected by weather and what sort of climate is really intolerable to him ? Does he mind winds—the damp—and can he sit in the sun for any length of time ?

Has he any real aversions or cravings for food ?

Is he thirsty ?

Has he any fears and what are they ?

Is he irritable—stubborn—sensitive, etc., etc. ?

Is his memory good ?

These and many more questions must be answered accurately in order that the PATIENT exhibiting symptoms of

gastric ulcer may be cured—providing, of course, that the patient IS curable.

In this issue Mr. Puddephatt has started a new series called "Sign Posts"—an excellent set of articles which will enable students to memorize the main characteristics of each remedy. If the practitioner really knows his remedies much work can be cut down in finding the similar remedy. I will illustrate what I mean.

One of our patients who suffered from gastric ulcer told us that she always felt worse on waking—in other words she slept into an aggravation. We immediately thought of *Lachesis* and turned it up in the materia medica for study. She proved to be a very clear *Lachesis* patient as she could not bear any constriction of any kind—her clothes had to fit loosely especially round her throat; she could not bear the heat of the sun and always sat in the shade, and any aches and pains that she had were on the left side. Two or three doses of *Lachesis* in a fairly high potency cured this woman of her gastric ulcer.

This brings to mind a young man of between 20 and 30 who had an ulcer and he began by telling us that all the pain came from his right side and moved over to the left. He had noticed that when he had a headache this happened. After taking his case very thoroughly with an unbiased mind (it is fatal to fit a patient to a remedy and ask questions accordingly!) I looked up *Lycopodium*—and sure enough his characteristic symptoms were those of *Lycopodium*; although I had taken down four sheets of notes, about eight lines extracted gave me the clue to the remedy which cured him. He had the typical late afternoon aggravation (worse 4-8 p.m. all the textbooks say); he had to have fresh air and he always had a bloated feeling after a few mouthfuls of food. This patient's gastric ulcer soon cleared up with *Lycopodium* and if my memory serves me well we started with the *m* potency; the second dose was given five weeks after the first and the final dose (the *10m*) was given three months after the second when one or two odd symptoms started to creep back.

The last case is of a middle-aged lady who had had several X-rays and gastric ulcer had been diagnosed a few months

previously. She had taken lots of white powder and had been on a strict diet but this was obviously only palliating because as soon as she let up on either, the pains and discomforts returned in full force.

As her case revealed itself, I thought she might need *Pulsatilla*—she could not bear fats and she loved the open air and liked a lot of fuss made of her. But at this point we found that she had been vaccinated four times—once as a baby, again in her teens when there was a smallpox epidemic in England, and twice within the last six years as she had travelled around quite a bit and vaccination had been compulsory. She told us that often when she was a little younger she used to dream of falling and she loathed the cold, damp weather. Without any hesitation we started her on *Thuja*—a dose of the 30th potency once weekly and at the end of this first period she was much better. A dose of *Thuja m* completely cured this woman—her ulcer disappeared and she felt very fit in every way. She was suffering from the poisons left behind from vaccination and this had ultimated in the gastric ulcer.

So you see the symptoms from the Allopath's textbooks do not help us in any way to cure the PATIENT suffering from the named disease but I would back Homœopathy every time against any other therapy for curing the sick in curable cases and Dr. Kent told us that the most similar remedy is the best palliative in cases which can never be cured.

*Similia Similibus Currentur.*

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