also indicated in catarrhal conditions of the urethra whether they be gonorrheal or non-gonorrheal, acute or chronic.

The choice of a nosode or remedy should be the result of taking the case thoroughly, repertorizing the case for possible remedy choices. If the majority of your choices fall into one of the nosode groups, that nosode would be his choice to use first.

Extending this principle further, if there is no outstanding group of remedies which would decide the choice of a particular nosode, he starts the case off with Poly Bowel (Bach) formerly called P.B.V. This is the broadest of all the nosodes since it was made from all the nonlactose fermenting bowel organisms excepting the Sycotic (Paterson).

In cases of chronic disease which present symptoms demanding active treatment such as extensive eczema with intense itching or a rheumatoid arthritis with acute pain, it is practical and often beneficial to combine the action of the bowel nosode with a complementary homœopathic remedy. The nosode may be given in 1M potency for four nights, and concurrently given a daily dose of the related remedy during the day in a lower potency. He has found this has a remarkable effect in the treatment of chronic diseases.....

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EPIGASTRIC PAIN AND ITS HOMŒOPATHIC TREATMENT

DR. H. LUNA CASTRO, M.D.

From the aggregate of symptoms and lesions, from the functional and psychical states of the patient, the clinician deduces his pathological diagnosis and his therapeutic indications.

DR. HIGINIO G. PEREZ : *Clinical Propedeutics*, 1916.

Epigastric pain is a symptom of the highest importance in gastric semeiology which appears in different diseases of the

digestive apparatus and annexes. It is a viscerosensory reflex with characteristics and radiations, timing, rhythm, periodicity and modalities that must be known and appraised in all their details.

From the therapeutic point of view, before making a prescription for the epigastric pain symptom, it is indispensable to make a diagnosis which allows us to determine with precision the original cause of this "symptom," in order that the curative results may answer to a right prescription of cause and not of effect.

One must not forget that patients react to pain in very different ways and always according to their own sensibilities and temperaments.

In reference to the interpretation of the pain symptom, one has above all, to discard dissemblers, hysterics and toxicomaniacs.

Epigastric pain must be classified into acute and chronic from the clinical point of view.

In acute epigastric pain one must take into account : 1) the manner of its beginning, 2) duration, 3) peculiar character of the pain, 4) intensity, 5) localization, 6) irradiation and reflex points, 7) conditions which calm or make the pain worse, 8) relation with other symptoms and 9) seriousness of the clinical situation.

The causes which bring about a painful crisis in the epigastric region are very different and for their immediate diagnosis a very keen clinical criterion is necessary in order to determine if this pain, which generally is situated at the level of the xiphoid appendix or periumbilical zones sometimes spreading to the right side, left hypochondrium or pelviabdominal zones, is the cause or effect of functional alterations or lesions that do not precisely belong exclusively to diseases of the stomach.

The patient always complains of epigastric pain and in his painful crisis can very seldom determine the irradiations that it produces on him ; therefore, the physician is obliged to investigate in order to establish the differential diagnosis and prognosis of each individual case.

The most frequent causes which produce acute epigastric pain are : emotional shocks, acute gastritis of diverse etiology, vesicular colic due to cholecystitis or cholelithiasis, cholangitis and cholecystitis, congestive hepatitis and hepatic abscess, acute appendicitis, enterocolitis, stomach ulcer with perforation, hernia of the esophageal hiatus, strangulated epigastric hernia, intestinal occlusion, acute pancreatitis, coronary thrombosis, abdominal angina, aneurysm of the abdominal aorta, subphrenic abscess, accute lobar pneumonia, tabes dorsalis, Addison's disease, Henoch's purpura and neuralgias of parietal origin.

In cases of chronic epigastric pain, one has to follow the same technique as in acute cases in establishing the differential pathological diagnosis which allows the physician to formulate the right prescription for each case using all the means that modern medical science advises, such as functional proofs, investigation of gastric juice, duodenal sounding, X-ray photographs of the stomach and gall bladder, examination of the feces, etc., etc. Besides, one must not forget, in the same manner as in acute epigastric pain, to consider the beginning, duration, character, localization, etc., etc., of the chronic pain.

The most frequent causes of chronic epigastric pain are : hyper-and hypotonic dyspepsias, hyperchlorhydrias, aerophagias, ptosis and gastroenteroptosis, gastritis and chronic gastroduodenitis, duodenal ulcer and those of the lesser and greater curvature of the stomach, stenosis, carcinomas, diaphragmatic hernia, cholangitis, biliary lithiasis, cholecystitis, renal lithiasis, leukemia, hepatic cirrhosis, splenomegaly, coliphagias, neoplastic lesions of the colon, pleurisy, tabes dorsalis, dorsolumbar spondylitis and epigastric pains of neuropathic origin.

The differential diagnosis of each one of these functional alterations or visceral lesions being established one has to take into account, besides the psychic state of the patient, the characteristics and modalities of the pain whether precocious, dilatory, ultra dilatory, permanent, rhythmic, discontinuous, intermittent, with or without vomiting, prandial and postprandial, pain without relation to the time of feeding, improvement, aggravations, etc., etc., in order to prescribe the correct dietetic, pharmacological, physical or surgical regime.

From the genuine Hahnemannian point of view, we have in the Homœopathic Materia Medica, a very wide arsenal of remedies for acute or chronic epigastric pain, which allow us to reach the therapeutic ideal of morbid individuality and to obtain a quick, mild and lasting cure. (*Cito, tuto et jucunde.*)

According to my own experience I will mention the most frequently indicated remedies :

Colocynthis—Epigastric pain most intense and excruciating of spasmodic form and discontinuous type which appears after a violent emotion, a crisis of annoyance or indignation. In the same way this crisis can be originated by the ingestion of unripe fruits or very highly seasoned food. The pains are very intense and rending which obliges the patient to bend forward and press in upon the abdomen upon which he feels better. The pain is almost always propagated to the periumbilical and pelvic regions, becomes worse towards the left side ; sometimes it is accompanied by nausea and vomiting with yellow greenish mucosity of a bitter taste. Constant sensitivity in the epigastrium which becomes worse to the touch. Diarrhœa with mucous or bloody stools, produced whenever the patient drinks water or eats food.

A distended and painful abdomen, aereophagia and flatulence with aggravation due to feculent food. From its action upon the solar plexus, lumbo-abdominal region and sacrum, *Colocynthis* is indicative in pelvic neuritis along with epigastric and umbilical irradiations.

In chronic cases : pains with a sensation of oppression as of stones or nippers in the stomach and which shows improvement upon pressing. Cramping pains which are propagated to the lower extremities.

AGGRAVATION—Through annoyances, violent emotions and farinaceous foods.

IMPROVEMENT—By pressure, warmth and by bending forward.

CLINICAL INDEX—Gastritis, gastrointestinal crisis of emotive origin. Cholangitis. Calculous and obstructive cholecystitis. Hyper-or hypotonic dyspepsias, aereophagias, flatulency through abuse of farinaceous food. Colitis and enterocolitis among

children and adults due to transgression in the diet. Appendicular colic with epigastric reflex.

Magnesia Phosphorica—Violent, spasmodic, discontinuous pains which are spreading from the epigastrium to the abdomen, right flank and back. Very intense pains located upon the transverse colon compel the patient to bend double, relieved by strong pressure or massage, likewise with hot applications.

Diffuse meteorism whether widespread or localized to the right colon, expulsion of belchings and gases that do not produce relief. Persistent hiccough with retchings day and night. Thirst for cold drinks; muscular contractions in different parts of the body; cramps in the lower extremities.

AGGRAVATION—Right side, at night, through cold and too much touching.

IMPROVEMENT—Through pressure, by bending forward and by frictions.

CLINICAL INDEX—Vesicular colic due to cholecystitis, cholangitis, cholelithiasis, widespread flatulence, appendicular colic with a very intense epigastric pain of cramping form. Hyperacid colopathy, fermentative dyspepsia. Dysenteriform colitis and enterocolitis.

Cuprum Metallicum—Spasmodic, continuous epigastralgia preceded by hiccough and abdominal spasms, dark choleraic diarrhœa, bloody with tenesmus and great emaciation. Nausea with vomiting that is improved upon drinking cold water. Intense metallic taste in the mouth, paralysis of the tongue. When the patient drinks water there is gurgling. A tense, sensitive to touch or contracted abdomen, paroxysmal; violent pains with cramps of the stomach and abdomen.

Excruciating colic with stercoraceous vomitus, epigastric and umbilical pain in the form of cramps. In the course of choleriform gastroenteritis when there are intense pains and cramps.

AGGRAVATION—By vomit and pressure.

IMPROVEMENT—Through drinking cold water and transpiration.

CLINICAL INDEX—Acute gastritis. Abdominal neuritis. Choleriform gastroenteritis. Spasms of the diaphragm with sudden blows to the thorax and abdomen. Hiccough with a sharp

inspiratory sound. Spasm of the glottis. Epigastralgia with intestinal occlusion.

Belladonna—Red mouth, purple color of the tongue, inextinguishable thirst for cold water. Loss of appetite with aversion to meat and milk. Nausea and vomiting when finishing eating. Empty retching with constrictive spasmodic pains in the epigastrium which spread to the dorsolumbar region. Uncontrollable vomiting, great epigastric and abdominal sensitivity which any pressure makes worse, and the bed clothes and spreads are unbearable, the patient leans backward checking breathing in order to feel improvement and is obliged to walk slowly or stop his march for fear of feeling worse. Epigastric and hypogastric burning, great sensitivity to touch and movement. Hiccough. Anxiety.

Gnawing, pungent, twisting. drawing, epigastric pains which last day and night, with abdominal burning and heat that are propagated from one side to the other of the pelvis and hypochondrium. The epigastric pain appears and disappears suddenly.

AGGRAVATION—Through touch, movement, noise, lying down and at midnight.

IMPROVEMENT—By heart, repose, being half erect and without any pressure upon the body.

CLINICAL INDEX—Acute gastritis. Duodenitis and periduodenitis. Spasms of the diaphragm. Vesicular colic. Acute cholangitis. Cholecystitis and cholelithiasis with or without peritoneal propagation. Epigastralgia. Acute or chronic appendicitis. Colitis. Rectocolitis with association of acute gastritis. Metroperitonitis and acute ovaritis.

Cocculus Indicus—Marked repugnance to food. The patient craves cold drinks, especially beer. Bitter or metallic taste of the mouth with offensive belchings of air. Hiccough with spasms of the diaphragm. Nausea and dizziness which leads to syncope. Nausea, vomiting and vertigo from riding in a car, airplane or boat with unilateral cephalalgia, cramps of the epigastrium. Spasmodic colic with shooting pains. Great abdominal distention with an epigastric sensation of emptiness which alternates with constrictive and oppressive pain that obstructs the breathing.

Spasmodic colic which appears at midnight ; the release of

gases does not relieve the epigastric pain which becomes worse upon coughing. Pains with rupture of the inguinal rings.

AGGRAVATION—By eating, drinking, smoking, in open air, riding in a car and after emotional upsets.

CLINICAL INDEX—Dyspepsia due to fermentation. Acute dilatation of the stomach. Diaphragmatic, umbilical and inguinal hernia. Epigastralgia of a spasmodic form. Acute gastritis with vertigo and instability. Nervous dyspepsia. Spasms of the transverse colon. Dyspepsia of intestinal fermentation. Sea-sickness on a boat and in a car.

Chelidonium Majus—Hepatovesicular troubles, bitter taste in the mouth, tongue with teeth imprints. Epigastric pain which spreads to the right scapula. Sharp pain in the epigastrium with anxiety and oppression. The epigastric pain is propagated to the umbilical region, the abdomen feels contracted as if it were tied with ropes or quite hard and distended.

AGGRAVATION—On the right side, through movement and change of weather and in the morning.

IMPROVEMENT—The patient feels temporarily better after eating, by pressure and hot drinks.

CLINICAL INDEX—Obstructive jaundice. Cholangitis. Cholecystitis and cholelithiasis. Catarrhal gastritis. Epigastralgia due to intestinal fermentation. Acute hepatitis. Reflex dyspepsia due to chronic cholecystitis, colitis and constipation through hepatic insufficiency. Toxic, autotoxic and gravidic jaundice. Lithiasic and catarrhal jaundice. Familial cholemia. Hepatic congestion and hepatitis. Vesicular dyskinesia.

China Officinalis—Great debility due to loss of vital fluids. Bitter taste in the mouth. The food has a salty taste. Sensation of hunger and thirst for cold water. Epigastric pain with sensation of weight and fullness after eating the very least quantity of food. Slow digestion with great distention of the stomach. The patient can not bear drinking. Pains that go across the epigastrium. Bitter belchings with regurgitation of food that do not produce improvement. The epigastric pain spreads to the right with great abdominal tympanism and relief is found on leaning forward. Pain in the gall bladder region which radiates to the epigastrium and colic due to lithiasis or inflam-

mation of the biliary ducts that extends over the epigastrium. Duodenal pain. Hiccough. Epigastric and abdominal distention which becomes better with movement.

AGGRAVATION—After eating food, fruit, drinking beer, at night, through the slightest touching and on every third day.

IMPROVEMENT—By leaning forward, intense pressure, in the open air and through warmth.

CLINICAL INDEX—Anorexia. Gastroenteroptosis in weakened, anemic subjects or after malaria. Gastric atony. Acute dilatation of the stomach. Nervous and reflected dyspepsias of hepatovesicular origin. Acute and chronic gastritis. Reflected genital dyspepsia. Cholecystitis and cholelithiasis. Obstructive jaundice. Cholecystoatony.

Dioscorea Villosa—A dry mouth with bitter taste in the morning; a coated tongue without thirst. Epigastric pain which is propagated to the sternum and arms. Colic with great distention of the stomach and abdomen; pyrosis; regurgitation; sour, bitter or insipid belchings that produce no improvement. The epigastric pain is paroxysmal, intermittent radiating to the abdomen and becomes better upon leaning backward or resting on the back.

The epigastric or abdominal pain begins from the fingers of the hands or from the toes of the feet and spreads upward. Abdominal gurgling with gastric distention and gases which are eliminated in an explosive form.

AGGRAVATION—On going to bed, in the afternoon and on leaning forward.

IMPROVEMENT—By pressure, on walking, especially on leaning backward and resting on the back, on remaining erect, through movement, in the open air.

CLINICAL INDEX—Dyspepsia of fermentation. Epigastric pain with irradiations to the gall bladder, duodenum and kidneys. Biliary and renal lithiasis. Atonic and reflex hepatovesicular dyspepsia. Hypochlorydria. Gastric crisis. Dyspepsia of the hysterics. Cholecystitis. Postoperative acute dilatation.

Chamomilla—Nervous children and adults. Dry lips. Mouth with metallic or sweet taste. A coated tongue, yellowish and dry. Pressive epigastric pain with a sensation as of a stone

placed in the stomach ; the patient becomes worse after eating or drinking coffee. Dilatation of the stomach which compresses the costal arches obstructing breathing. Colic that is propagated from the epigastrium to the abdomen and umbilical region, with regurgitation, invading both sides. A distended and painful abdomen, sensitive to the touch ; the pain is propagated to the back and is accompanied with belchings having the taste of rotten eggs.

Aversion to hot drinks. Regurgitation of food with a sour taste in the mouth. Epigastric pain that is propagated to the duodenal region and gall bladder.

AGGRAVATION—By heat, wind, after a quarrel, in the open air, and at night.

IMPROVEMENT—In wet and warm weather.

CLINICAL INDEX—Acute gastritis and gastroduodenal spasms of emotive origin. Infantile and adult dyspepsia of hyperchlorhydric or fermentative form. Colic of the gall bladder. Noncalculous cholecystitis. Spasms of the colon and infantile gastrocolitis.

Lycopodium Clavatum—Melancholic subjects afraid of being alone. Halitosis. Dry tongue, without thirst. Excessive hunger with an aversion to eating meat, bread and farinaceous substances. Pain of pressure in the epigastrium after eating, with a sour taste in the mouth, great distention and fullness even upon eating small quantities of food. A hungry sensation at night. The patient craves sweet food and does not tolerate shellfiish, especially oysters. The food leaves a sour taste in the mouth and produces hyperacidity. Hiccough. Regurgitation and incomplete burning. Belchings which are felt in the pharynx for several hours.

Immediately after taking food the patient feels the stomach and abdomen distended, full of gases and fermentations which oblige him to loosen the clothes. Vomiting of food or bile, slow digestion with epigastric pain and great sensitiveness to touch.

AGGRAVATION—Right side, from 4 to 8 p.m., warm room and bed, hot air.

IMPROVEMENT—Through movement, on belching and ex-

pelling gases, after midnight, on taking hot drinks or hot food, on taking off the clothes.

CLINICAL INDEX—Hyperchlorhydric and fermentative dyspepsia. Atonic and pre-ulcerous dyspepsia. Spasm of the pylorus. Chronic gastritis. Spasmodic colitis. Cancer of the pylorus. Hepatitis. Laënnec's atrophic cirrhosis with predominance of gastro-intestinal symptoms. Cholelithiasis. Obstructive jaundice. Hepatic chloasma of the face and abdomen.

Nux Vomica—Cephalalgia with vertigo and slight loss of consciousness when the patient awakes. Disagreeable, bitter or bad taste in the mouth with loss of appetite ; nausea after eating with bitter belchings and retching. Epigastric pain with distention of the stomach and the sensation of a stone remaining in it for several hours after a meal. Great epigastric sensibility ; pyrosis with flatulence. Sometimes gnawing hunger with a craving for fat, alcohol, chili, etc., which are well tolerated. Difficulty in expelling the gases, impulse to vomit without obtaining it. Sour or very bitter belchings. Hernia of the diaphragm.

AGGRAVATION—In the morning when awakening, after meals, dry weather and intellectual work.

IMPROVEMENT—Through resting, wet weather and at night.

CLINICAL INDEX—Abuse of toxic drugs and alcohol. Anorexia. Atonic and hypotonic dyspepsia. Acute and chronic gastritis of alcoholic origin. Hyperchlorhydric and nervous dyspepsia. Epigastralgia with pyrosis. Nausea and vomits of pregnancy. Hepatic insufficiency. Simple familial cholemia.

And in this way there are other remedies which are indicated for epigastric pain, such as : *Carbo veg., Geranium mac., Asafoetida, Actea spic., Abies nigr., Abies can., Gentiana, Ferrum phosph., Digitalis, Robinia, Secale corn., Thuja occ., Ammonium mur., Condurango, Acetic acid, Yumel, Uranium nitr., Jatropha,* etc., etc.

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