

THE HOMŒOPATHIC TREATMENT OF COMMON LIVER AND GALL-BLADDER DISORDERS

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MADAME PRESIDENT, LADIES AND GENTLEMEN,

The object of this paper is to study the common disorders of the liver and gall-bladder.

Orthodox Medicine follows a specific analytic approach; the particular organ is singled out from the rest of the body and an attempt is made to define different diseases residing in it. Homœopathy on the other hand follows the approach of wholeness. By correlating the patient with the prover a total physico-mental picture is arrived at. In this, the organic pathological condition of one particular organ is included and, indeed, in some cases, it forms the basis for the prescription of the simillimum.

The Common Liver and Gall-bladder Disorders

The common hepatic and biliary disorders I shall deal with are: cirrhosis of the liver, infective jaundice and cholelithiasis. The last one is usually considered a disease apart from the liver but I have found that many patients who suffer from gallstones require one of the homœopathic liver remedies and I have also noticed other signs which point to involvement of the liver in cases of cholelithiasis. There seems to be a common constitutional ground for the diseases of the liver and of gallstones. After having outlined the main clinical features of the three common disorders I shall consider the underlying constitutional factors.

So far as *cirrhosis of the liver* is concerned it is impossible to correlate different aetiological factors with different organic pathological pictures. Lichtman defines cirrhosis as a "chronic diffuse hepatic inflammation" in which there is "proliferation of the parenchyma with con-

nective tissue replacement of destroyed areas".* He states that cirrhosis may be produced by different agents, is "not a single disease but that there are many entirely different processes which eventuate in the same anatomical picture".† The agents responsible for producing cirrhosis may be of a toxic or infectious nature, or an obstruction of the bile flow may be the cause of cirrhosis. Even cardiac failure, by producing congestion of the liver, can lead to the same anatomical picture. A relevant case will be quoted later.

Infective hepatitis is probably a virus disease. It is accompanied by general malaise, by various digestive symptoms, by jaundice in most cases, often by acholic stools and sometimes by marked cerebral symptoms such as coma, delirium and convulsions. The liver is enlarged and tender and, as tests show, fails in its functions, especially digestion of fat. Most cases recover but relapse is possible. The diet should be rich in carbohydrates and low in fat; most authors also insist on a high amount of protein (which is considered to act as protection against further damage). The absorption of Vitamin A from the intestines is disturbed.‡ Hence some authors prescribe this vitamin.

Gallstone production depends on the presence of several factors: the first one is an inflammation of the gall-bladder. This interferes with the emptying of this organ and leads to stasis of bile. In addition the inflammatory exudate forms the nucleus for stones. Bacillary invasion is often secondary. The second factor is the presence of cholesterol which is partly endogenous, partly exogenous. Thirdly, stasis of bile is produced by obesity and sedentary habits. The question arises; does the presence of gallstones necessarily give rise to symptoms?

J. Bauer points out that 95 per cent. of cases of gall-

* *Diseases of the Liver, Gallbladder and Bile Ducts*, London, Henry Kington, 1949, p. 561.

† *Ibid.*, p. 561.

‡ A. D. Harris and T. Moore, "Vitamin A in Infective Hepatitis", *Brit. Med. J.*, April 26th, 1947.

stones have no symptoms, the remaining 5 per cent. are liable to colics or dyspepsia and these are patients with a hypersensitivity of the vegetative nervous system.* This fact does not seem to me sufficiently known. It appears that many cases of gallstones, discovered by routine examination or after the occurrence of some discomfort in the upper abdomen, are immediately subjected to cholecystectomy. I have found that gallstones can be left in many cases and, even if symptoms are present, patients can be relieved of them without operation. On the other hand I shall quote an example—not a rare occurrence in my experience—of a patient who still experienced considerable pain in the right hypochondrium after the gall-bladder and the stones had been removed. Lichtman supports this view. He says: “. . . the presence of gallstones in the gall-bladder, *per se*, does not constitute a valid indication for cholecystectomy. It is recognized that in the majority of instances gallstones are ‘silent’.” Even if abdominal symptoms are present, he does not attribute them to the presence of gallstones, even if these can be demonstrated in the particular patient. He says: “The demonstration of gallstones in subjects with symptoms of gastric distress or discomfort in the upper abdomen does not necessarily imply that they form the pathological basis for the symptoms. Indeed the burden of proof rests with the physician to rule out every other possible cause.”†

His figures, so far as incidence of gall-bladder disease is concerned, are as follows: “Recent figures would indicate that slightly more than one-half of adults past thirty years of age have abnormal gall-bladders and approximately one-fifth have gall-stones.”‡ It is obvious, therefore, that not all gall-bladders showing pathological changes should be operated on.

* *Konstitutionelle Disposition zu Inneren Krankheiten*. 3rd Edition, Berlin, Springer, 1924, p. 548.

† *Diseases of the Liver, Gallbladder and Bile Ducts*, p. 1012.

‡ *Ibid.*, p. 1013.

Lichtman quotes a mortality figure of 12·8 per cent. for cases of cholecystectomy where stones have been present. § In my own practice I abandon homœopathic and diet treatment and advise surgery only if the colics persist or the gall-bladder dyspepsia remains. Complications such as obstructive jaundice and persistent pyrexia ask for special considerations, of course.

To judge the importance of the liver it is valuable to summarize its main functions. Lichtman mentions the following: (1) formation and excretion of bile; (2) assistance in metabolism of carbohydrates, protein and fat; (3) detoxication and inactivation of metabolic waste and foreign materials; (4) larder or storage of surplus nutrient materials; (5) assistance in blood formation and coagulation; (6) "sluice" or blood depot function; (7) formation of lymph; (8) regeneration of tissue in the liver itself; (9) regulation of water and electrolyte metabolism; (10) miscellaneous functions. This summary points to the many clinical pictures arising from liver disorder. The liver can be conceived as one of the great centres of metabolism. It suffers from constitutional disturbances which also affect other parts of the body. These disturbances are interesting to the homœopathic physician, as his own approach is also largely constitutional. I shall now summarize what Orthodox Medicine has to say about the constitution of liver and gall-bladder disorders and then give an account of the homœopathic view. This will be followed by a quotation of cases of liver and gall-bladder diseases treated homœopathically.

*The Hepatic-Biliary Constitution according to Orthodox
Medicine*

A relation between the liver and the rest of the body—the liver being the centre—has been assumed since the time of Hippocrates. Two of his four temperaments, the melancholic and the choleric, were considered to be pro-

§ *Diseases of the Liver, Gallbladder and Bile Ducts*, p. 1097.

duced by an excess of black and yellow bile respectively. Although modern Orthodox Medicine has given up this classification, Homœopathy, as we shall see, has revealed the existence of similar connections between liver and certain psychological characteristics.

A modern study of the constitution of man has shown that disposition to liver diseases goes hand-in-hand with dispositions to other physical but also to certain psychological disorders. J. Bauer mentions the "temperament bilieux" and the "terrine hepatique", i.e. a tendency to different forms of liver disease such as hepatitis, cholelithiasis, cirrhosis and xanthelasma. In addition people who belong to this type have a tendency to bradycardia, neuromuscular hypersensitivity, apathy and indecision. He further mentions hypochondriac depression, migraine, sleepiness after food, hypersensitivity to cold, low temperature, dyspepsia, constipation, haemorrhoids, tendency to pruritus and urticaria, epistaxis, rheumatic complaints, intermittent and orthostatic albuminuria, urobilinuria, hypazoturia, alimentary glycosuria as characteristics of this constitutional type. He describes these people as muscular, not obese, hairy, black haired with dark skin, intelligent, passionate, ambitious, but also obstinate and quotes the following examples: Alexander the Great, Caesar, Brutus, Mohammed, Peter the Great, Napoleon I.*

Cholelithiasis is related to gout, rheumatism, adiposis, diabetes, migraine, bronchial asthma, tuberculosis, heart disease and atheromatosis.†

Gall-stones are particularly frequent in patients suffering from mental disease including neurasthenics. The "cholemie familiale" is associated with gall-stone formation.‡

It will be our task to compare this picture of the "tem-

* *Konstitutionelle Disposition zu Inneren Krankheiten*. 3rd Edition. Berlin, Springer, 1924, p. 538.

† *Ibid.*, p. 544.

‡ *Ibid.*, p. 545.

perament bilieux" with the homœopathic drug pictures in which liver pathology plays a prominent part.

Apart from the common constitutional ground, medical science has found an inter-relationship between the liver and certain other organs: up to 90 per cent. of cases of hyperthyroidism show some impairment, usually slight or moderate, of liver function.§

Bauer points out that during menstruation and pregnancy a woman is particularly liable to cholelithiasis. During pregnancy one finds hypercholaemia and during menstruation hyperaemia with swelling of the liver. Other connections between liver damage and endocrine disorder are atrophy of the testes in cases of liver damage, of the thyroid gland and testicles in cases of cirrhosis of the liver.

The Homœopathic View on Liver and Gall-bladder Disorders

The homœopathic prescriber attempts to relate the disturbance of the single organ with the totality of the patient's physico-mental make-up. We have in the preceding part of the paper discussed how orthodox medicine also incorporates the liver disturbance in a general constitutional picture.

Let us compare these pictures with those of the homœopathic prescriber. As already mentioned, the agents which affect the liver are very numerous, hence a great many drugs are at our disposal in the treatment of liver damage. This damage may be of a toxic nature, causing degeneration of the parenchyma or irritating, leading to inflammation (cirrhosis). But as mentioned before, no clear division between degenerative and inflammatory processes is possible once cirrhosis is established. In order to arrive at a picture which corresponds to the whole make-up of patients not suffering from the most severe form of liver damage—such as necrosis and atrophy—we shall

§ S. S. Lichtman, *Diseases of the Liver, Gallbladder and Bile Ducts*, p. 788.

select those drugs which are characterized by other general and mental symptoms often found in our cases.

I will choose as examples, first, two inorganic elements which I have found very useful in the treatment of liver diseases.

1. *Phosphorus*

This drug produces severe toxic changes in the liver leading to jaundice. The liver becomes enlarged and undergoes fatty degeneration, in chronic cases interstitial hepatitis and cirrhosis can develop, when the liver becomes hard. Other vital organs also suffer degeneration through phosphorus, the heart and the kidneys in particular. The blood shows destruction of erythrocytes and inhibition of coagulation, leading to bleeding. The patient has numerous digestive disturbances, the stools are pale, there is flatulence, want of appetite from fullness in the gullet and craving for cold drinks. He often vomits. The psychological picture of the *phosphorus* patient is well known; great sensitivity, lively imagination but also apathy and indifference, fears and anguish. He is better for warmth. I shall quote a few cases later where phosphorus was one of the indicated remedies.

2. *Mercurius*

Here, too, the liver is swollen and painful; it may be hard and jaundice may be present. The pain is often sharp or pressing and the patient cannot lie on the right side. He complains of a bitter taste, thirst and has little appetite. He desires sweets and bread and butter. This appears to be a good instinct, as we found that carbohydrates are indicated in the diet. The desire for beer, typical of *mercurius* is, on the other hand, unfortunate for the patient as the consumption of alcohol leads to "an imbalance between caloric intake and supply of accessory food factors", this being the cause of the liver lesions.* Beer in particular produces fatty degeneration of the liver. *Mercurius* patients dislike wine and brandy and also coffee,

* Best, Hartroft, Ridout, *Brit. Med. J.*, November 5th, 1949.

again showing a healthy instinct with regard to what is beneficial in liver diseases. They also dislike meat. Milk protein has to take the place of meat.

The whole of the alimentary canal is affected in the *Mercurius* patient. The tongue is furred and flabby. Salivation, nausea, vomiting, tenesmus and diarrhoea with colic are present. The patient is irritable, choleric (note the wisdom of the language) or a hypochondriac (the liver lies in the hypochondrium), he may even be suicidal, his outlook on life is jaundiced.

I shall now describe some inorganic salts which I have found of use in cases of liver diseases. They are composed of the ammonium, magnesium, sodium, carbon and sulphur ions. I shall confine myself to a description of the local symptoms of the liver and the alimentary canal.

3. *Ammonium muriaticum*

The liver is swollen, there is stitching and burning pain, there may be jaundice, the bowels are inclined to be constipated, stools are dry, often slimy. There is salivation.

4. *Magnesium muriaticum*

The picture is that of chronic liver disease, the liver being enlarged, causing pain, worse by movement and by lying on the right side. The patient curls up in bed. The stools are the same as with *Ammonium muriaticum*. There is flatulence, distention of the abdomen and there may be ascites and œdema, both the result of cirrhosis.

5. *Natrum muriaticum*

Of the total picture of this well-known and important drug I quote: fullness of the liver with stitching and tearing pains, worse after eating, better as digestion advances; jaundice with drowsiness; aversion to meat, bread and coffee; the same longing for beer which we found in *Mercury* and the desire for farinaceous foods, for sour things and salt, oysters, fish and milk. The stools are similar to those mentioned under the two previous drug pictures. The patient is also irritable and depressed as we found to be characteristic of the other drugs, he does not

want sympathy. *Natrum muriaticum* has a reputation for helping in cases of the after-effects of malaria which is characterized—amongst other symptoms—by liver enlargement. There is also an interesting relationship with hyperthyroidism for which *Natrum muriaticum* is often helpful.

6. *Natrum sulphuricum*

We find the same enlargement and swelling of the liver as in the previous drugs. The right hypochondrium is sensitive to touch—the patient cannot bear tight clothes above the waist. On taking a deep breath he complains of stitching pain, but in contrast to *Magnesia muriaticum* and *Mercury* he prefers to lie on the right side. There is vomiting, first of sour material, then of bile. He is sensitive to wet weather and dampness, even sea air. His bowels move irregularly, there may be chronic constipation, hard nodular stools, or diarrhoea with a great deal of flatulence. The mood is melancholic, the black bile in his blood may drive him to suicide.

7. *Magnesium carbonicum*

Here the indurated and swollen liver gives a sensation of fullness. The stools may be hard and dry, but may also be loose, in which case they are sour. There is intolerance of milk and aversion to meat which we found before. We also meet again here the desire for acid food. There is a good deal of flatulence and dyspepsia. The patient is as sensitive to noise as the *Natrum muriaticum* patient, the sourness is similar to that of *Calc. carb.*

I shall now deal with some of the liver remedies derived from the vegetable kingdom.

8. *Podophyllum*

This drug has been likened to *Mercury*. It produces congestion and enlargement of the liver and has the reputation of stimulating the secretion of bile. The patient wants to rub his liver, his stools are loose and offensive and so is his breath. There is a great deal of flatulence, he suffers from hæmorrhoidal soreness. He is restless, depressed and anxious.

(To be continued)

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9. *Ptelea trifoliata*

This remedy is specially related to the liver which is congested, swollen and very tender. The patient has to lie on the right side, he complains of tiredness and great irritability. There is a dull headache. A peculiar symptom is: breath burns in the nostrils. I have used *Ptelea* with success on its indications for liver diseases.

10. *Carduus marianus*

Another liver remedy, characterized by congestion; this expresses itself further through the formation of hæmorrhoids and varicose veins. There may be ascites and gall-stones. The tongue is white, only the margins may be red; the patient is tired but sleepless; he may be jaundiced. I have found *Carduus marianus* not only valuable in cases of gall-stones, but also where the gall-bladder and the stones have been removed but the patient still complains of fullness and pain in the right hypochondrium.

11. *China*

We find here a hard and swollen liver, very sensitive to pressure—there may be gall-stones obstructing the biliary ducts. All complaints, including the pains, are periodic. The patient is often anaemic and cachectic which may be the result of mercury poisoning or of fever, the liver being affected as part of a general disturbance of the metabolism. The patient feels the desire to eat, may be ravenous, but is often easily satisfied and may feel full-up after a few mouthfuls. Flatulence is very prevalent, fruit especially disagrees and he suffers abdominal colic especially regularly at night when his mind is wide awake, not allowing him

to sleep. He perspires easily, the circulation is disturbed; we find cold hands and feet, but also flushes of heat, especially affecting his face, with throbbing carotids, to be followed by paleness.

The relationship of *China* to the liver is used in a test for liver function. Quinine sulphate is given to a fasting patient. In patients suffering from liver damage Tanret's reagent reacts positively. It is interesting that positive results are also obtained in cholecystitis.*

12. *Chelidonium*

This liver remedy has as characteristics the typical gall-bladder pain which is situated in the right upper abdomen and radiates to the right shoulder blade, but may also appear in the right side of the chest. The patient is sensitive to the pressure of clothes. The irregularity of circulation manifests itself in the right foot being colder than the left. The tongue is yellow, showing the impressions of the teeth. There is nausea, flatulence, vomiting and abdominal colic. As with several of the other drugs the stools may be constipated, are often grey or clay-coloured, lacking in bile, or loose. *Chelidonium* has been likened to *Mercurius dulcis*, the patient showing the same mental outlook.

13. *Bryonia*

This drug is similar to *Chelidonium*. The liver is also inflamed, especially the right lobe; it lies like a load in the hypochondrium. Every breath, every movement hurts, the pain is stitching or burning and may be accompanied by nausea and retching. The patient may bring up bile. He prefers to lie on the right side, he is thirsty, suffers from abdominal distension. He may be constipated or may suffer from diarrhoea which is worse for movement. As ætiological factors in these cases, anger and fright and also exposure to cold have to be mentioned. The patient

* Pallardo, Sem. Med. 54, 721.

shows the temperament of the livery and bilious constitution.

14. *Belladonna*

The picture here is that of very acute inflammation, intolerance of pressure or jar, inability to lie on the right side, thirst, retching and vomiting of bile. The patient bends double. I have not seen the acute type of hepatitis which would call for *Belladonna*, the mental picture seems to me to be not typical of the liver constitution. There is too much restlessness and excitation although the opposites, indifference and apathy, do occur.

15. *Berberis*

This is another typical liver remedy. It combines the characteristics of being useful in stone formations in the bile ducts and in the urinary tract. In either case it is a case of colloidal substances, secreted in a state of fine dispersion, precipitated as gravel or stone. The liver is sensitive to pressure, the pain shoots into the region of the left shoulder and scapula whereas in *Chelidonium*, it is the right one. The *Berberis* patient shows apathy, melancholy, weepiness. He is unable to perform intellectual work. He will probably himself tell the doctor that he feels "liverish".

Most of the remedies mentioned are homœopathic liver and gall-bladder remedies although they are used for other conditions too, such as *Natrum muriaticum*. I want to conclude this list with a summary of two polychrests which are useful in liver disease apart from their use in other conditions. The first of these is:

16. *Lycopodium*

The patient feels as if a cord in the liver region prevented him from stretching or standing upright. This part is sore as from a blow and he does not want it touched. There is a good deal of flatulence which is an early sign of cirrhosis. He may be jaundiced, likes warm drinks and sweet food like the *Mercurius* patient, but in his case

sweet food does agree with him. Milk, on the other hand, causes aggravation, as we have found in *Magnesium muriaticum*.

The last drug I want to deal with, also a polychrest and indicated in many different conditions, is:

17. *Nur vomica*

The patient has acute or chronic swelling and congestion of the liver. Flatulence is marked, like the *Lycopodium* patient he cannot bear the pressure of clothes. Similar to *Chelidonium*, the pain goes to the right shoulder. His temperament is that of an irritable and choleric person. He has overdone eating and drinking, has taken also too much coffee and laxatives. Now food nauseates him; he complains of a dull headache and is constipated.

The seventeen liver and gall-bladder remedies show great similarity so far as the local hepatic and biliary condition is concerned and also in respect of the mental characteristics. We can conceive a common type of "liverishness" and "biliousness" quite similar to the bilious constitution described by the authors belonging to the orthodox school. Only modalities differ within that group of remedies and allow the homœopathic prescriber to differentiate between them.

CASE ILLUSTRATIONS

I shall illustrate by the quotation of cases from my practice how the various remedies mentioned find their uses in the different conditions of disorder of the liver and gall-bladder. We saw that orthodox medicine distinguished the diagnosis of the various inflammatory and degenerative conditions although the pathological picture may be indistinguishable.

Simple Enlargement of the Liver

Case 1. Ian M., aet. 3. Speech very indistinct, jealous of baby brother, cries from frustration, frequent colds which develop into bronchitis, regular bed-wetter. On examination, post-nasal catarrh and liver enlarged by two fingers' breadth. Was given *Lycopodium* 3 t.d.s. for

several weeks on May 3rd, 1943. On June 9th, 1943: not jealous now, very sweet with baby and no catarrh, seems much more eager to learn new words—bed-wetting continues. No remedy given. On July 27th, 1943: more nasal catarrh, not jealous, no bed-wetting, but very impatient and contradictory. *Lyc.* 6 t.d.s. This prescription was repeated after three months, the potency raised to a 30th (single dose) on February 9th, 1944, with very good effect. The enlargement of the liver has disappeared and the child has developed into a normal boy.

Indications for Choice of Remedy

Lycopodium. Combination of enlargement of liver, post-nasal catarrh, impatience, irritability.

Infective Hepatitis

Case 2. Miss E.M., aet. 43. History of attacks of cholecystitis in 1942. Gall-bladder region was found tender in 1945. Complained then of attacks of vomiting and discomfort in right upper abdomen, responding to *China*. July 3rd, 1949, lethargy, nausea. Tongue white, right hypochondrium tender. Urine: urobilinogen +.

Mag. mur. 3 t.d.s.

This attack cleared up, the patient left London but came back on August 5th, 1949, because she had felt pain in the abdomen and had vomited. The urine was normal, the liver not enlarged, *Calc. c.* 30 was prescribed. She made a slow recovery.

This case was diagnosed as a mild form of infective hepatitis. The whole course was not observed, as the patient came to London only for two consultations. The attacks in 1942 and 1945 point to gall-bladder dyspepsia, liver and gall-bladder were thus both affected although at different times and the patient showed a combined constitutional weakness.

Indications for Choice of Remedies

China. Combination of flatulence, desire for sweets, chilliness, tenderness of gall-bladder area.

Mag. mur. Nausea at sight of food, lethargy, depression, leucorrhoea, dragging pain during menses.

Calc. carb. Leucorrhoea before and after menses, frequent urge to stool during menses, cramping pain in abdomen during menses. History of liver disorder.

Case 3. Miss A.L., aet. 22. November 6th, 1943, the last four days feeling of heat followed by chilliness, backache, headache, vomiting and nausea, loose stools with slight abdominal pain, temperature 100-101, pulse 110. Liver tender, slightly enlarged: *Merc. s.* 3. November 7th, 1943: feeling a little better, *Merc. s.* 30. November 12th, 1943: more nausea, *Nat. s.* 6x. November 15th, 1943: pronounced jaundice, *Phos.* 3. November 19th, 1943: nausea less, more pronounced jaundice, yellow vaginal discharge, *Puls.* 3.

This was followed by improvement, tiredness persisted for some time, the other symptoms went gradually. *Pulsatilla* was repeated in a 30th potency on February 4th, 1944, in a 1m potency on August 21st, 1944. On September 25th, 1944, *Pulsatilla* was given again in a 30th potency because of more headaches and nausea, better for open air. A month later a single dose of a 200th potency was given. She kept well for two years, when more nausea and headache, better for open air, led to the prescription of *Puls.* 200 (one dose). This patient was helped by *Mercury* and *Phosphorus* which were given on pathological grounds, but required *Pulsatilla* which was her constitutional remedy for a cure.

Indications for Choice of Remedies

Merc. s. Alternate feeling of heat and chilliness, loose stool with abdominal pain. Had been in contact with cases of dysentery. Tenderness of liver.

Nat. sulph. Nausea after eating of vegetables (aggravation from vegetables). Tenderness of liver.

Phos. Tenderness of liver, jaundice.

Puls. Nausea, yellow vaginal discharge. Nausea, headache better in open air.

Infective Hepatitis leading to Cirrhosis of Liver

Case 4. Mr. R.B., aet. 57. January, 1945, first attack of jaundice, admission to a hospital for two months, put on non-fatty diet. Jaundice went after two months. May: second attack of jaundice. June, 1945: oedema of legs, ascites. Cirrhosis of liver diagnosed. High protein diet; much worse. Tappings of abdomen from end of July every three to five days. September: third attack of jaundice.

November 15th, 1945: homœopathic treatment started. Liver was hard and enlarged, a great deal of ascites was present. *Phos. 6* t.d.s. November 22nd, 1945; tapping after nine days, "only 11 pints". November 28th, 1945: abdomen not swollen, no tapping necessary. Still on *Phos. 6*. January 9th, 1946: slight jaundice. *Phos. 30*. January 17th, 1946: urine; bilirubin, urobilinogen +. February 6th, 1946: urobilinogen —.

Up to March 7th, 1946, very well, then again jaundice. *Lyc. 30* and *6*, later *Phos. 6* were tried, at the end of March *Chelidonium 3* when the abdomen became distended and the jaundice was still present. April 3rd, 1946: ascites again present which increased slowly in spite of *Arsen. alb. 3*, *Digitalis 3*, *30*, *Phos. 6*, *Apis 3* and *3x*. In August, 1946, he was deeply jaundiced again and required tapping: 20 pints were withdrawn. *Carduus mar. 3* was tried on August 14th, 1946, but tapping became necessary again and he died in hospital in January, 1947. This case is an example of infective hepatitis developing into cirrhosis, the patient suffering from recurrent attacks which manifested themselves by the appearance of jaundice. Homœopathic medicine produced marked temporary improvement.

Indications for Choice of Remedies

Phos. Thirsty for cold drinks, desires ice-cream, savoury dishes, chilly. Hard swelling of liver with ascites, history of jaundice, bleeding from left nostril.

Lyc. Pink deposit in urine preceding jaundice. Jaundice after mortification.

Chelid. Jaundice with swelling of liver, gurgling inside abdomen. Desires spicy food, desires warm drinks.

Arsen. Anxiety, lack of resistance, ascites.

Digitalis. Nosebleeding, jaundice from congestion in liver. Slow pulse (56 per min).

Apis. Diuretic, to reduce ascites.

Carduus mar. Liver remedy, ascites.

Cholecystitis with Gall-stones

Case 5. Miss D.R., aet. 38. November, 1942, first very severe attack of gall-stone colic, four months later second attack. February 21st, 1943: third attack. December, 1942, X-ray examination had shown gall-stones, cholecystectomy had been advised.

February 23rd, 1943: homœopathic treatment started. Liver and gall-bladder region tender, no jaundice present. Desire for sweets, worse for damp weather, easily frightened. *China* 3x.

Several attacks in February and March, had to go on very strict diet, was given *Pulsatilla* 3, on March 24th, 1943, *China* 3 was repeated, gall-bladder region not tender now. No further attacks of gall-stones were reported although contact with patient maintained for some time.

Indications for Choice of Remedies

China. Desires sweets, sensitive to damp weather, chilly, gall-stones.

Puls. Pain in abdomen after rich food, depression better after crying and fear of dark.

Pain after Cholecystectomy

I have seen a fair number of these cases; in some of them the attacks of pain were as severe as they had been before the operation. I do not believe that the surgeons left stones behind in the ducts, as these patients had been operated on by first-class experts. I think the pain was due to cholangitis, and I also believe that the liver in general was affected.

Case 6. Mrs. G.M.B., aet. 51. On July 17th, 1944, twenty-one gall-stones and gall-bladder removed.

April 30th, 1945; heartburn, very constipated, perspires easily, desires sweets and fish. *China* 3 t.d.s. Better for several months. September, 1945, almost constant pain in right upper abdomen, but relieved after enema. October 24th, 1945, still aching in right upper abdomen. *Nat. mur.* 3 t.d.s. Better for several months.

November 14th, 1945, attacks of pain in right upper abdomen. Indigestion after cheese, *Ptelea* 3 t.d.s. December 5th, 1945, liver still tender, January 3rd, 1946, feeling well.

Indications for Choice of Remedies

China. Desires sweets, heartburn after eating, profuse perspiration. Chilly. History of gall-stones.

Nat. mur. Pain in right hypochondrium and constipation.

Ptelea. Indigestion after cheese, liver disorder.

The homœopathic treatment was successful here in overcoming the symptoms which had remained after operation. In similar cases I have found other hepatic remedies useful, e.g., *Carduus mar.*, *Chelidonium*, *Lycopodium*, *Podophyllum* and *Nux vomica*. The indications for these remedies were given under the respective headings in the previous part of the paper.

CONCLUSION

It has been impossible to give a complete picture of different views on the pathology of the liver and gall-bladder in the time available. In giving an account of the Orthodox Medical point of view I stressed the constitutional aspect which has attracted marked attention in the field of liver and gall-bladder disorders. This aspect is of fundamental importance in Homœopathy although the picture of the constitution differs in details from that accepted by Orthodox Medicine. To the homœopathic pres-

criber the drug picture represents the picture of the constitution, especially if this drug picture includes mental and general signs and symptoms. I have given a summary of several drug pictures, stressing the pathology of liver and gall-bladder with the typical modalities and the outstanding mental characteristics. The list of these remedies is far from complete, as is the account I have given of each one. I shall be very interested to hear your comments and very grateful to receive information from you, which will fill the many gaps which I have left.

(To be continued)

DR. HAHNEMANN AND HIS CONTRIBUTIONS*

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Homœopathy holds a special position among various systems of medicines in the world. It is now practised in most of the countries of the universe, but in certain places it holds a unique position. People are very fond of this medicine because of its great efficacy, although it is used in minute doses. Homœopathic medicines are most palatable to children and they relish its pills because of sweetness and minuteness. The world is celebrating today the bicentennial birth of Dr. Hahnemann, the discoverer of this wonderful system of medicine.

Homœopathy was discovered in the latter part of the 18th century. In Europe, there was chaos and confusion in every sphere of life. Allopathy was in its infant state and had not developed properly. The Art of medicine was in the hands of lay and untrained practitioners and there were no basic principles of medical therapy in those days.

* English version of the Hindi Broadcast on 10-4-55 from New Delhi.

chilliness, increased flow of saliva. Better for sun-bathing.

Carbo. veg. 6. Pressure in the stomach, distress and tightness in the abdomen, better after eructation and passing of wind, burning pains; aversion to fat and fat pork.

Ignatia 6. Nervous patients with changeable moods, improved from eating. Constipation and ineffectual urging.

Nux vomica 6. Constipated patients, all troubles aggravated in the morning, after eating; cutting, burning pains; physical weakness.

Bryonia 6. Feeling of a load or weight in the stomach after meals. Dislike of fat and movement. Bitter taste in mouth and great thirst. Better by pressure. Worse by walking in fresh air, by touch, night and morning. Hard dry stools.

Pulsatilla 6. Pressure and pain in stomach after the lightest meal. No thirst, chilly patients. All symptoms worse by warmth, indoors; better moving in the open air.

These remedies can be taken three-hourly and the interval lengthened as improvements sets in.

—*Health and You, January, 1955*

THE HOMŒOPATHIC TREATMENT OF COMMON LIVER & GALL-BLADDER DISORDERS

DR. E. K. LEDERMANN, L.R.C.P.Ed., M.D. (BERLIN) ETC.

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DISCUSSION

Dr. MACKILLOP thanked Dr. Ledermann for a most interesting paper. He had covered a very wide field in dealing with diseases of the liver and the paper was most comprehensive in that he had touched on quite a number of aspects of liver disease apart from the clinical, for instance, pathological, psychological, and so on. He had also summarized, as was necessary in a paper dealing with

the liver, which was of such great importance in the metabolism of the body and therefore in diseases generally, the functions of the liver. He would ask the meeting to note that the liver had ten functions and the tenth function was miscellaneous. "Miscellaneous" meant that there was a great deal still to learn about the liver and there were a number of functions generally connected with metabolism which we did not yet know about. This was rather curious because it was more than twenty years ago that physiologists considered that they knew practically everything there was to be known about the liver.

Just about that time Minet and Murphy were experimenting with extract of liver in pernicious anæmia. It was an astonishing fact that it was another twenty years before Carroll Faulkers isolated Vitamin B₁₂, which is believed to be the active principle which causes remission in pernicious anæmia, in sprue, steatorrhea, and interstitial anæmias. He was stressing this point to indicate the extreme complexity of the liver physiology. Not only did it take twenty years but during that twenty years selected research teams from Britain, America, and the Continent of Europe were working on the same problem and despite that it took this enormous length of time before this substance was isolated.

When it was isolated another striking fact emerged—that a dose of 0.001 mgs. was physiologically active—and this showed the effect in this particular case of a very small dose. The interest in this subject did not die out because even to-day the actual chemical formula of this substance was not known but one very interesting fact which did emerge from it was that some of the substances contained within it were known. It contained nitrogen, which was a constituent of most biological substances, it contained phosphorus, and it also contained cobalt. This was the first time that cobalt had ever been separated or discovered in any biological substance.

He would probably be asked what this had to do with

the subject of the paper but it was clear that when an organ of such complex physiology became subject to disease stimuli it must produce a range of metabolic disturbances which would not at first be apparent in any gross physical way. It was very likely that the sort of disturbances which would be produced in the first instance would be subjective. The converse would probably be true that certain psychological influences would in all probability affect the liver and therefore affect the general metabolism of the body. That he thought could account for the "temperament bilieux" which Dr. Ledermann mentioned in connection with the orthodox constitutional view of liver disease. Was there any more logical way of dealing clinically with such disease than by giving a homœopathic remedy which had already been proved to produce these symptoms on healthy provers? He could not see that there was anything more logical than that. Again, he did not think the issue should be complicated by trying to find a correspondence between the homœopathic and orthodox approach. There was no correspondence as far as he could see. In fact, he would say that any correspondence between the two was merely fortuitous.

Turning to the clinical aspects of the paper, he thought that Dr. Ledermann made good his claim that liver diseases were part of a wider picture. He could thoroughly agree with that and in practice he found that constitutional remedies such as *Calc. carb.*, *Lycopodium*, *Nux vomica*, were often very much more satisfactory than what were considered the typical liver remedies such as *Chelidonium*. He did not think that cirrhosis of the liver was in itself a very common disease. Certainly he very seldom came across it; the common type he did come across was the type secondary to chronic venous congestion. The relative infrequency of true cirrhosis might be due to better diet (although a lot of people would not agree with that), better hygiene and better environmental conditions generally.

Regarding jaundice, there was a point of interest here which, although not strictly referable to the paper, was a matter of considerable general interest to all homœopaths, and that was that among other types of jaundice beside infective jaundice, was a jaundice produced by chemicals. He mentioned this as a matter of general interest because this type of jaundice was becoming more frequent to-day and there were a considerable number of chemicals capable of producing this effect, for example; chloroform, arsenic, phosphorus, trinitrotoluene, the sulphonamides, some serums, incompatible blood transfusions, to mention but a few.

He agreed with Dr. Ledermann that people might have a gall-bladder full of stones and yet not have symptoms. One frequently came across such cases where although they might have had one attack they could go along for many years and not have any further attack. He would like to know what the role of a surgeon was on that particular matter. One wondered whether it did any harm eventually or whether there was any greater predisposition to malignant disease when stones were left in possession. He had personally never seen any harm come from it. He had also found *Ptelea* a most useful remedy in congestive livers in heart disease. Along with the swollen, tender liver, with the patient lying on the right side, he had usually found that they had pains in the limbs as well. Two remedies which he expected Dr. Ledermann to mention but which he did not were *Calc. carb.* and *Dioscorea*. He would not be without these remedies for dealing with acute renal colics.

Finally, to end on a lighter note, Dr. Ledermann had not produced a bottle of gall-stones. He did not know whether to be glad or sorry about this because looking back over the years to the time when he was first taking an interest in Homœopathy he remembered that getting rid of gall-stones was a very common performance. He remembered looking with considerable awe at a jar which

contained 120 gall-stones which had been evacuated from a patient. The treatment was assisted by frequent doses of *Berberis* and a copious dose of olive oil. He thought there was something a little meretricious in it but he could not help being impressed by this most fascinating demonstration. Times had changed perhaps, but he would be interested to know if other people had been successful in emulating such a performance.

Dr. LEDERMANN, in reply, said that he did not want to talk about philosophy this time so he would not go into the relationship between orthodox medicine and Homœopathy. When he read the list of the various functions of the liver, it struck him that there must be many people who got disturbed livers without suffering from hepatitis, cirrhosis or gall-stones, but the trouble was how to diagnose them. Was everybody who woke up feeling tired or who was tired after meals suffering from "liverishness"? In the book he mentioned there were 100 pages giving a list of various tests. He had no facilities to carry them out, and it was expensive to ask a laboratory to do so. It was conceivable that such tests might show a fault in the liver functions in many cases.

It was possible that the prover who took a recognized liver remedy might be found to have a disturbed liver if laboratory tests are used. Those who did proving in Homœopathy and wanted to assess what happened might find the test for liver functions useful. The orthodox physicians did not use them a great deal, in any case there were too many. One had to choose some of the most important ones.

He had not talked about *Calc. carb.* because it was a constitutional remedy, not typical of liver diseases. He did not give it in acute colic. *Dioscorea* was a valuable remedy for a colicky pain which started in a small area in the abdomen and spread to several areas, but he had not used it in gall-stone colics where morphia in allopathic dose was usually required.

Dr. MacKillop mentioned the research on the B₁₂ vitamin. A résumé of it was printed in the *British Medical Journal* of September 17th, 1949. He doubted that a gall-bladder became frequently malignant if the gall-stones were left untouched. As for Dr. MacKillop's last remark with regard to the patient who had *Berberis* and olive oil, he had a suspicion that the "stones" consisted of olive oil. Such "results" have been found to be fallacious when the "stones" were chemically analysed.

Dr. W. LEES TEMPLETON said that if he were to judge by how he thought in the morning as to which diseases he was suffering from it would most certainly be liver disease ! He would thank Dr. Ledermann for his comprehensive survey on liver diseases. Although Dr. Ledermann professed to choose his remedies on the constitutional basis according to his own doctrine of holism, he suspected from his description that the cases were treated on an organic basis. This was not a bad plan in liver diseases. Remedies were often chosen by their local effect on the liver and not as often by constitution. *Natrum sulph.* always came to mind particularly in the melancholic type with suicidal tendency, the distinguishing fact being that the patient lacked courage to do it. *Mag. mur.* was his favourite liver remedy going on very little except perhaps aggravation lying on that side, but, above all, in infective hepatitis. *Phosphorus* was the remedy but it must have, of course, the *Phosphorus* symptoms, with the *Phosphorus* type of vomiting, which he would emphasize was also "appendicitis" vomiting. When Dr. Ledermann referred to the various historical characters said to be suffering from liver disease, he could not quite fit in Cæsar nor Brutus, surely two very different types, and why Napoleon should be accused of having every disease under the sun from epilepsy down to gall-stones he did not know. He did not think *he* was a lethargic gentleman judging by the speed with which he crossed and recrossed Europe !

It struck him as curious that Dr. Ledermann did not

make some reference to the fact that many remedies contained a chlorine element; he thought this was of some consequence. *China*, which Dr. Ledermann mentioned, was frequently given on flatulent symptoms only and not on any direct action on the liver. *Dioscorea* was one of the best colic remedies, the colic in which the patient moved about all over the place, seeking relief but rarely finding it. Typically *Dioscorea* was better for stretching, but the indication was where the patient could find no relief from moving about. He had used *Berberis* for renal conditions more than for liver conditions. *Lycopodium* he found was indicated in gall-bladder dyspepsia rather than for ulcer, whilst contrarily *Nux vomica* he rarely found useful in liver conditions considering that it affected the functions of the stomach more than those of the liver. Liver symptoms here were often secondary to a gastritis.

He could not remember very many cases where he was able to feel an enlarged or tender liver apart from congestive states and secondary carcinomas. He might be deficient at the tips of his fingers but he did not often find livers projecting beneath the costal margin and he thought that one frequently imagined that one felt an edge.

Coming to Dr. Ledermann's cases, the most useful thing he found in such papers as this was why a particular prescriber prescribed a particular drug. That is what one learned from one's colleagues. Dr. Ledermann had mentioned one case, the child with the enlarged liver at 3 years old. He did not know, but he thought this should have had a diagnosis if at all possible. Indeterminate liver enlargement at this age is rare. Dr. Ledermann gave *Lycopodium* for another case but the speaker could not see *Lycopodium* in the picture. He did not know *Lycopodium* was a very jealous remedy. Dr. Ledermann also mentioned *China*, *Mag. mur.*, *Natrum mur.* and *Sulphur* but he did not mention why he gave them. *Pulsatilla* he gave on a general basis: aversion to fat should be a strong indication in liver conditions in which there

was not only an aversion to fat but an aggravation from fat, yet how rarely it was used, he found.

The speaker could remember a patient with cirrhosis of the liver who had fiftyappings in ten years with 100 pints at each tapping. (Dr. Ledermann had mentioned a case with 20 pints.) Homœopathy had, he thought, prolonged life. With regard to dissolving gall-stones he could never quite understand why olive oil was given. Olive oil was a fatty substance and to give it as a treatment did not seem quite reasonable unless as a biliary stimulent.

With regard to Dr. Ledermann's potencies, he noticed that he only gave 3c, rarely a 30. He would like to know why, particularly if he were prescribing on a constitutional basis. 3c t.d.s. did not seem quite a constitutional method of prescribing the indicated drug but he would ask Mr. Ledermann to insert in his paper the particular indications for the remedies he had given, and not leave one to presume what they were. It was the particular indications which one prescriber found useful in choosing his remedies which were of value in such clinical papers as these. A mere recital of drugs was of no value without the individual and distinctive symptoms. Few cases had all the symptoms of the remedy and it was the emphasis on certain symptoms which were such a valuable guide.

Dr. OCTAVIA LEWIN said that she had had very little experience of gall-stones but she remembered when she was working in the out-patients' department a patient coming who had had several bad attacks of gall-stone colic for which she had had a great deal of treatment. The speaker gave her *Chelidonium*, a single dose in high potency. The patient had very few further attacks, one was very much less severe and very much smaller stones were passed. She had always looked upon *Chelidonium* as a great gall-stone remedy. Why was it that some patients had hundreds of stones while others had only a single stone found at post-mortem? She had cured cases like that with *Bryonia*.

Dr. LEDERMANN, in reply to Dr. Templeton, said that he did not say that the constitutional approach must cover the whole physico-mental picture. On the contrary, he agreed that so often the patient suffering from one of the liver diseases did not give a very good picture of the general constitution, and he prescribed definitely on pathology then. Whether one would call such a prescription constitutional or not was a matter of argument, but these drugs which affected the liver were constitutional remedies from the point of view of liver constitution. They would help the rest of the body because the liver was such a great centre in the metabolism. Dr. Templeton referred to some of the remedies which he had mentioned himself and then asked about his cases. He had to choose from a great many and if he had gone into details in each, the paper would have been far too long. The little boy who had *Lycopodium* was a most contradictory child and in that respect he thought he was a *Lycopodium* child. He also had catarrh which was typical of *Lycopodium*, flatulence, etc., but he would look up the case again and if the Editor had enough space, he would be pleased to add the information for which Dr. Templeton had asked.

Most of the drugs were dealt with in the early part of the paper and when he said that he gave *Mercurius* he hoped it would have been related to the patient whose symptoms he was mentioning. He could not find many cases in his practice where one drug would carry the patient right through. One often heard of wonderful results resulting from a single prescription, but in his own practice he found that a drug had to be changed as the picture changed before a cure can be effected.

On the potency question he admitted that when he prescribed on pathology and especially drugs such as *Mag. mur.* he preferred a low potency. He did not only associate potency with the type of patients (some people with mental symptoms received 30 to 100). He also associated potency with the drug. In the German homœopathic lite-

rature it would be found that very often they did the same, so that if he gave a remedy on the indication of the liver he gave it in the 3rd or 6th potency. That did not mean that with a 10m or cm there might not be a better result, but he simply had not tried it. When he raised a potency, it was usually because there were general or mental symptoms present. The woman who had *Pulsatilla* was first given a 3 and then she struck him as being a *Pulsatilla* person and he went up to 30, 200 and 1m. One might have struck a better note by starting with cm. High potencies, however, did aggravate and the prescription might have upset the patient.

With regard to Napoleon, this was a quotation from Bauer's book on constitution and it was this work in particular which struck him as interesting. He described these people as thin, black haired, intelligent, passionate, ambitious, and also obstinate, and he thought that Napoleon did come into it. Just before one of his battles he had a gall-stone attack. The speaker thought this was a historic fact. He thought these types of people illustrated what was meant by the liverish type. There was the obese type which had gall-stones. He thought that more than one type of person was affected.

Dr. P. G. QUINTON said that he was very interested in Dr. Ledermann's paper when he was reading the account of temperaments and tendencies to various conditions because he felt that it was a true picture of what was known as psora or chronic autogenous toxæmia which had symptoms which undoubtedly described the psoric patient. Most of these liver remedies definitely came under the psoric group of remedies. Dr. Templeton said that he regarded *Nux vomica* as primarily a stomach remedy but the speaker felt that *Nux vomica* was primarily a liver remedy and that the symptoms were often due to the liver not functioning. A "hangover" was as much liver as stomach. He thought that the two psoric remedies *Lycopodium* and *Nux vomica* were connected in that way.

Dr. Ledermann had brought some very interesting points forward.

In reply to Dr. Templeton, who asked the name of the author of the book from which he had quoted, Dr. LEDERMANN said the author was J. Bauer. He came from Vienna, and lived in U.S.A. now. One of his recent books is called *Constitution and Disease, Applied Constitutional Pathology*.

The discussion of psora involved the danger of becoming philosophical which he had promised himself to avoid. With regard to psora, there was the Hahnemannian view, Dr. Paterson's view, and many others. Dr. Quinton said that psora was auto-toxæmia. He did not doubt that in Hahnemann's list symptoms of auto-toxæmia might occur but there were 46 pages on symptoms of psora. If people were suffering from toxæmia, they would certainly suffer from liver disease or liver impairment because the liver was by far the most important organ in dealing with toxins.

He included in his paper a quotation from Dr. Bauer who considered pathological conditions to be the outcome of the liver constitution. His own view was a little sceptical. Reading French literature one was struck by the tendency to string up different symptoms arising from different parts of the body and calling them the constitution. The French temperament was very philosophical, they tried to find connections which a sceptical observer might not believe. The homœopathic doctors should agree on what they meant by psora. Hahnemann considered it to be a "miasma". Do we follow him interpreting it as a specific infection or does it designate a certain constitution? If the latter alternative is accepted, we have to define this constitution. The danger of introducing the term "constitution" into medicine lies in it often being used too vaguely. Some of the French literature on this subject bears that out.

The PRESIDENT thanked Dr. Ledermann for his paper. She was sorry she could not add anything to the discussion

but Dr. Templeton took all her points. The discussion had been very interesting.

—*The British Homœopathic Journal, April, 1950*

GUNTUR HOMŒOPATHIC ASSOCIATION

Under the auspices of the Guntur District Homœopathic Association Literary Section, two lectures were arranged at Tenali on 6th March, 1955, in the local High School Hall. Dr. B. V. Chelapatirao presided. At the outset Dr. Mukteir Sreerangacheryulu, Secretary of the Association, introduced the lecturers, and conveyed the decision of the Association to arrange Homœopathy lectures, every month. Then Dr. Vemavaraper Venkata Ramana Sarma of East Godavary District, who is an author of many Telugu Homœo books gave a lecture on "Blood pressure and sex" for two hours. After that Dr. C. Sivarama Sastry, M.B., B.S.L.O. spoke on "Eyes and Vision" for two hours. The lecturers terminated with vote of thanks by Dr. M. Sreerangacharyulur, Secretary of the Association.

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The general body of the Guntur District Homœopathic Association met at Tenali in Taluk Board High School building on 6th March 1955. The president of the Association Dr. R. K. Ranga, appealed to the members to consider the proposal of starting a "Sunday School of Homœopathy", thereby giving training to the new entrants and sympathisers of our system. Dr. N. Kodanda Ramayya and Dr. Sreerangacheryulu seconded the motion. These two doctors clarified the suggestion by telling that efficient Homœopathic would partake in the school on every Sunday. After that a resolution was passed. Then the association passed resolutions requesting the Andhra State to publish the "Somayya Committee Report", and expressed deep regret at the demise of the Ex-president of the Association, Dr. Khanduka Sambayya.