DIGESTIVE DRUGS*

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Last week you asked me if I would take up some of the digestive drugs, at least gastro-intestinal upsets, and, somewhat rashly, I said I would. But if you just think for a moment what you were asking, you will realise that in your ordinary practice about 80 per cent of your patients come in with digestive troubles. In other words you are asking me to cover about 80 per cent of the materia medica! When I looked into the matter I wondered whether it would be better to try and cut it up into things like acute gastritis, and gastric and duodenal ulcers, and colitis, and I discovered that even trying to divide it that way it was going to run into half the materia medica. So I thought the only way to attempt to do anything of the kind was to take the drugs which have a definite affinity for the digestive tract in their symptomatology, and to go through these and try to pick out the outstanding, distinguishing points between them, because anything short of that, I am afraid, is going to be quite useless practically. If I am going to attempt this it will take pretty well the rest of the session, so is that what you want me to do? Because, if so, it is going to be very hard work for me, and very hard work for you.

Well, if one approaches the subject from that angle, I think the only way one can cover it completely is by running through the materia medica in alphabetical order and picking out the drugs one has to include, and possibly as we go along stressing the ones that are more commonly used—but that merely means that they are the drugs that are more commonly used in practice generally. But if you stick to the ordinary drugs that you are prescribing every day you find that you are not getting awfully satisfactory results in your digestive cases, and it is obvious you require a larger group from which to select in order to cover these digestive cases than merely the ordinary ten, or twenty, or thirty drugs which you are prescribing every day.

Aesculus: Taking these drugs up in alphabetical order, the first I want to touch on is Aesculus. From the digestive angle, where Aesculus is indicated is usually in the rather older patient, the oldish man, who is beginning to break down a little. He is always rather heavy and dull, and you get the impression that there is a good deal of general venous congestion, slightly congested veins, very often slightly dilated capillaries which are very obvious, and the patient is dull, heavy, and rather depressed. In most instances you will get a history that the patient has been quite a good liver, in other words, he has done himself pretty well all his days, and his digestion is beginning to give out.

The aesculus patient usually complain a good deal of heart-burn, with

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pretty troublesome acid eructation. And the eructation is pretty typical; it is a very nasty, bitter, greasy sort of eructation. He also tells you very often that, after a decent meal, with that eructation he begins to gulp up little mouthfuls of sourish food.

Then, always you will get a complaint of fullness and discomfort immediately after a meal, sometimes amounting to actual pain, usually of a burning character, and this discomfort very often continues right along to the second meal which for a time gives him some relief.

On occasion you will get the story of this fullness and eructation going on to actual vomiting, the patient gulping up small quantities, mouthfuls, of food, which are sour, or bitter, and of his going on doing this till his stomach is empty, when he feels very much more comfortable.

The next thing about this aesculus patient is that with this general venous state, and with the general feeling of fullness in the abdomen, on examination you will always find a certain amount of hepatic enlargement. Associated with this, these aesculus patients mostly complain of a good deal of backache, a sort of aching pain in the back with a good deal of stiffness, and particularly they complain of difficulty in getting up out of a chair. You have seen the congested old man in the club very often, a typical picture sitting back in an easy chair, and you have seen him struggling up out of his chair and holding his back—well that is typical of Aesculus.

As a rule the appetite is not good. They complain of a general lack of appetite, but usually there is a considerable amount of thirst.

These aesculus patients always suffer from constipation, and with their constipation they are liable to get attacks of very painful haemorrhoids, a feeling as if the rectum were full of sharp little sticks, and extreme pain on attempting to defaecate.

They are always sensitive to pressure on the abdomen, or any tight clothing, and they always feel at their worst in the mornings when they wake. And if, as they very often do, they have an after-lunch nap, they wake feeling more bloated, more congested, and they have more eructation. They are also always sensitive to hot, stuffy atmospheres.

It is most important to get a knowledge of your drug as a whole and not to prescribe on a few well-known characteristics. For instance, the lachesis patient has very much the same sort of temperature reactions as the aesculus patient, very much the same venous congestion, very much the same distension, and also the marked aggravation after sleep; and yet mentally the two types are poles apart. Aesculus has the dull lethargy of the venous patient, who is just heavy, and sluggish, and wants to sit back in his chair; while Lachesis has all the mental activity, acute loquacity, and suspicion, which immediately makes you realise that you are dealing with a different type altogether.

Aesculus is rather the picture that one tends to associate with the man who has done himself very well all his life, he is getting on in years, getting

on to the seventies, and he is beginning to go to pieces. Very often you will get a history that during later years he has had very troublesome rheumatic pains, which tend to wander about from one place to another, and they are pretty sharp in character. It is the kind of patient who normally gets a dose of Sulphur from most of us, and we are rather worried and disappointed because he does not respond as a sulphur patient should do. It is not really the patient's fault; it is ours.

Anacardium: The next drug we come to is Anacardium. Well, you all know that Anacardium is one of the routine medicines for pyloric or duodenal ulcers. But, unfortunately, from the homoeopathic standpoint that does not help you awfully much in knowing when to give it, and merely for the local condition you will find it horribly disappointing. It is one of the fascinations, but one of trials, of Homoeopathy that one case of duodenal ulcer responds to Anacardium but the next one does not; it is one of the things that keeps up one's interest in the work.

I think one can get a fairly definite picture of the anacardium make-up, and link it on to the typical, diagnostic symptoms of their pyloric or duodenal ulcer.

The first thing about anacardium patients is that they are always intensely irritable, bad tempered, liable to curse and swear; but, and this is a diagnostic point for Anacardium, they are cowardly. If anyone stands up to their cursing they simply crumple up, and they have got no stuffing at all. You see it is immediately very different from your nux and hepar make-up.

The next thing about them is they suffer from a horrible feeling of indecision. They worry about things, they cannot make up their minds, and this worry and nervous fret is very liable to bring on an attack of pain. Another point that is useful is that any excitement is also liable to produce an attack of abdominal pain.

Then, again from the prescribing point of view, a point which is helpful is that most of these anacardium patients have a blunting of all their senses. Their sense of hearing is blunted. Their sense of smell is either blunted or disturbed. It is sometimes very acute for particular smells, they sometimes have a nasty odour in the nose, but very often the sense of smell is blunted.

The next thing that is a help in your drug selection is that these patients are rather insensitive to their surroundings. They do not fuss about things, untidiness does not worry them in any way. I want to stress this rather, because so many of the other drugs run exactly the opposite way.

Another symptom of which anacardium patients complain is that they are liable to get sudden attacks of very profuse salivation. And not infrequently these patients have a rather offensive odour from the breath.

Usually these patients are moderately thirsty. But any cold food or drink —cold drink particularly—is liable to bring on an attack of acute pain. Another point that is sometimes helpful in your anacardium diagnosis is that

they are all particularly aggravated by soup, which is liable to produce a very acute heartburn.

Anacardium patients often complain of a feeling of nausea in the morning on getting up. They very often get a return of this feeling of nausea when they begin to get hungry, and it is usually relieved by food. They also complain of a good deal of gurgling in the abdomen, rather than of actual distension. You often get the story that they have a sensation of a hard plug pressed into the epigastrium; this becomes steadily more acute, then they get a gurgle and the pain begins to subside.

As a rule, while these patients are eating they are fairly comfortable, and their comfort may last anything up to a couple of hours after a meal, then their pain begins to return. And it is usually a blunt pain.

These anacardium patients are always chilly. They are very sensitive to a cold draught. They are not at all keen on being out of doors; and yet there is one oddity about them and that is that they get an astonishing amount of relief from exposure to the heat of the sun.

Then, as regards their bowel action. You always get rather an urgent call to stool in anacardium, very often an urgent desire with inability to expel the stool, or else a good deal of difficulty and yet the stool is quite soft. As regards the actual appearance of the stool, the typical anacardium stool is a pale, colourless, almost bileless stool. But not infrequently in Anacardium you get typical tarry stools, associated with a leaking ulcer.

Considering their local abdominal pain, one finds it is usually better for warm food, although any kind of food will relieve it with the exception of cold things.

So you see every duodenal ulcer does not ask for anacardium, and it is only when you get the additional anacardium symptoms that your anacardium does good.

Arsenicum: You may get indications for Arsenicum in a variety of pathological conditions; you may get indications for it in an acute gastritis, an acute gastro-enteritis, a gastric ulcer, or a gastric carcinoma. But it does not matter a rap what the pathological condition is, unless you get the other Arsenicum indications the drug is not going to help you. For instance you may get an acute gastro-enteritis, with vomiting and diarrhoea, as the result of food poisoning which calls for Arsenicum; not all such cases, however, call for it, and unless the other Arsenic indications are present Arsenic will not do any good. For instance one essential symptom in these arsenicum cases is an intense burning pain, whether the lesion be in the stomach or the bowel. These burning pains are relieved by either external heat applied to the abdomen, or by taking mildly warm fluids; and they are definitely aggravated by cold.

Turning now to the general make-up of the arsenic patient, you always have an extremely distressed patient who is very anxious, very worried, very much afraid. The patient is always restless, always thirsty, and the craving

is for cold drinks as the mouth is burning hot. Any vomit is again burning hot, and scalds the throat. And yet if the patient takes a cold drink it will increase the abdominal pain. The patient himself is always chilly.

Then there are one or two points which are useful to remember. Suppose you have an arsenicum gastritis, the patient will complain of intense burning pain in the stomach, may vomit up a little fluid, may vomit up a quantity of fluid, and the fluid may be anything from mucus to bile or blood, but it is always associated with the same burning character of pain, and the same extreme sensitiveness of the stomach to pressure. If you are dealing with a case of that sort, there is one thing to remember, and that is that the arsenic gastritis is particularly aggravated by milk. So, whatever you do, do not put that arsenic patient on to a milk diet. The best plan with your arsenic cases is to put them on to water, nothing else, for forty-eight hours. They do stand glucose quite well; they do not like sweet things, so they rather jib at it, but they stand it quite well. There is an odd thing in this connection. In children one occasionally sees an arsenic gastritis in which the patient seems to be singularly tolerant of sweetened, condensed milk, although they cannot tolerate ordinary milk. I cannot explain why this is so, but in practice you will find it is the case.

Owing to its periodicity, you will often find Arsenic helpful in treating recurring bilious attacks.

Another thing about the arsenic patient is that with their gastro-intestinal upsets they feel so awful, so ill, and they are so afraid, that they get a definite craving for stimulants of all kinds, alcohol, coffee, tea, anything that they think will stimulate them, and all stimulants aggravate their pains. Mostly they have an aversion to food of any kind, the mere thought of it makes them sick, and they have a particular loathing of anything fatty or greasy.

Then, as far as their stools are concerned, you may get anything in Arsenicum—acute watery diarrhoea with just little flecks of mucus in it; acute bile laden stools, absolutely clay coloured stools associated with an acute hepatitis, or a tarry stool associated with a gastric ulcer or a gastric carcinoma.

Argentum nit.: The condition I tend to associate with Argentum nit. is the typical flatulent dyspepsia. You do get Argentum nit. indicated in definite gastric ulcer, but it is always a gastric ulcer which is associated with intense flatulence, a feeling of acute distension, and the other Argentum nit. symptoms that I will mention in a moment.

Whenever you get indications for Argentum nit. you will get the nervous make-up—the typical anticipation neurosis which one commonly associates with Argentum nit. in all its complaints. Not infrequently Argentum nit. is indicated in people who have been overworking, getting overtired, and whose digestion is giving out in consequence. And in these patients, as a rule, you will be given the history that the first sign they get of becoming overtired is a sense of brain fag and the development of headache, coming on usually at the end of a day's work. And with that brain fag they always get the feeling

that they will not be able to carry on with their work, that they are going to have a nervous breakdown, or that they are going to have a gastric or duodenal ulcer.

These patients always have a marked sensitiveness to heat in any form, particularly closed rooms, a stuffy atmosphere of any kind, when they are seedy they develop an acute sensitiveness to any crowded place, a roomful of people, a theatre, a church, in fact a crowd of people anywhere.

All their digestive upsets are liable to be brought on, or made very much worse, from anticipating any important engagement which they have to keep. One of their most troublesome complaints is a feeling of intense abdominal distension, with violent efforts to bring up wind which they cannot expel; and then after the effort has stopped the wind gurgles up on its own account. Very often you will hear the statement that when the pain is very acute, and when they feel they are full to bursting point, they get marked relief from very dilute alcohol. It seems to break the wind, and the patient immediately becomes very much more comfortable.

In their acute digestive upsets they develop an extreme desire for cold foods, cold drinks, iced foods, and as they have a definite desire for sweet things in any form you find these argentum nit. people with a strong desire for ice cream. The cold foods and cold drinks seem to relieve their abdominal pain, but, as a rule, ice cream makes them worse. They are very fond of sweets, and sweets always tend to increase their digestive difficulty. The appetite is usually fairly good, and these patients have a marked desire for something with a taste—strong tasting, pungent food.

Very often you will get a history that the pains develop immediately after the patients have taken any food. They continue getting worse for about an hour, and then there is vomiting, with relief. You will sometimes get the statement that the pain does not usually develop until about half an hour after a meal, and then becomes steadily worse until the patient is sick. As a rule the pain starts right in the middle of the epigastrium and tends to spread from there round towards the left side of the abdomen under the left ribs. In their acute gastritis, or their gastric ulceration, they do get a good deal of vomiting, and the vomit may be blood streaked or definite coffee grounds.

These patients often suffer from pretty acute nausea, and occasionally you come across an argentum nit. patient who tells you that a sour drink will relieve the nausea, although as a rule the argentum nit. gastric upsets are made much worse by sour fluids or sour food.

These argentum nit. patients also frequently give you a history of a chronic, very troublesome diarrhoea. And associated with that there is a very useful point to remember as regards the appearance of the tongue. Where you are dealing with a disturbance which is mainly of the upper digestive tract the typical argentum nit. tongue is a rather pale, flabby tongue, which is somewhat dry. But where you are dealing with much chronic bowel irrita-

(*Continued on page 244*)

whether attempted as above or carefully studied; on the other hand rational supplementary treatment must not be neglected.

Briefly, for streamline, regional prescribing in skin diseases with relationship to the gastro-intestinal tract, the following thoughts in résumé may he helpful:

(1) Take a detailed history.
(2) Observe the patient carefully for constitutional type.
(3) Classify the lesion type, and note the distribution of the rash.
(4) Consider the local pathology.

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DIGESTIVE DRUGS

(*Continued from page 240*)

tion the tongue is liable to become smoother, redder, and looks rather as if the papillae had been flattened out. It is still dry, and the mouth is still hot, but the appearance is quite different from what you see in the acute gastric upsets.

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