

## Rheumatism.

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ROBERTS says that the immediate pathological cause of rheumatic fever is the presence in the blood of a morbid material generated within the system in consequence of some derangement of the nutritive and eliminating processes, and that this is believed to consist of lactic acid. But it is doubtful if this acid can be detected in the blood. My own belief is that we do not know that the cause is, and that it would be more honest to say so.

The ordinary exciting cause is, we know, exposure to wet and cold, one or both together. Errors in diet or suppression of menses are sometimes followed with the development of rheumatism.

It sometimes follows after scarlatina.

It seems to be hereditary.

Climate and season have considerable influence, changeable climate being the worst.

Injury or straining of a joint or joints may develop it in persons predisposed to it.

*Symptoms of Acute Variety.*—After exposure to cold, and cold and damp combined, the patient is seized with chill or rigor, more or less severe, followed by fever, and after a time, longer or shorter, some joint, becomes painful, with redness, swelling, heat and extreme tenderness. There is febrile excitement, pulse rapid and hard, skin dry and hot, or may be bathed in profuse sour or acid-smelling sweat, which, however, often gives no relief. Tongue coated, appetite gone, but thirst generally increased (not always), bowels constipated, urine usually scanty and dark-colored, sometimes smelling badly, and sometimes clear; at other times there are copious deposits.

The inflammation is seldom confined to one joint; but

unless arrested by appropriate treatment and specially if treated with scattering or so-called discutient local applications, travels from joint to joint, until it extends all over the body. In travelling from one joint to another it frequently leaves the one first attacked entirely when it attacks the second ; sometimes not. It sometimes attacks the feet and ankles and travels upward ; at other times it begins above and travels downward.

It sometimes goes cross-wise ; first one ankle, then the other ; one knee then the other or even changing on every other day from one to the other and back again.

Unless interfered with by treatment its duration may be from one to four or six weeks, and then run into the sub-acute variety or get well.

If under appropriate treatment the disease is overcome, or if treatment has had no influence upon it and it has spent its force the inflammatory symptoms, both constitutional and local, subside and a return of health takes place. Oftener, however, even if the recovery is complete so far as the constitutional symptoms are concerned, the patient is liable to suffer more or less from pain and soreness in the affected joints, specially in a change of weather to damp and cold. In my experience under strictly homœopathic treatment, heart complications, or rather an extension of the disease to the heart, rarely occurs. It sometimes will, however, but so far with me has been entirely amenable to treatment, and I have never had a patient left with valvular disease that was discoverable. I have seen many cases, on the other hand, that have suffered from rheumatism of the heart when treated by local applications to the diseased joints ; and I believe that a large proportion of valvular disease of the heart is caused by such treatment.

When the heart is attacked the patient usually suffers

pain and a sensation of tightness in the chest in the region of the heart. The pain is sometimes not so great, but rather a sensation of discomfort, with more or less dyspnoea.

The stethoscope reveals friction or rubbing sounds, and if the trouble continues unrelieved, of course on account of effused fluid, the heart-sounds are weakened, and percussion sounds are dull in proportion to the amount of fluid. This is, of course, in pericarditis. If the endocardium is implicated the heart-sounds are altered so that we get systolic or diastolic murmurs. These sounds are due in the first place (in pericarditis) to the pouring out of lymph and serum upon the surface of the pericardium; the latter (endocarditis) upon the secretion of plastic lymph or fibrinous coagula upon the valves of the heart. When the cardiac substance is involved, there is great irregularity and extreme feebleness of the heart, which may lead to sudden and fatal collapse.

The pleura may be attacked, and resembles acute pleurisy. In short, it may attack any serous membrane in the body—peritoneum, meninges, etc.

This is about the course of acute articular rheumatism, but, like all other diseases, it is found to present symptoms not laid down in the books in many cases.

In the sub-acute variety which generally follows the acute, it seems to me that it bears about the same relation to the acute that the distant mutterings of the thunder, and occasional flashes of the lightning, and the continued lowering clouds do to the terrible storm that has just passed. We are liable to have less violent storms right along for a while after the big storm. The dry weather is over. The symptoms are similar to those of the acute attack, but less violent. The most trifling exposure may

bring on an attack. I think this is all that is necessary to say in this connection.

There are any number of other subdivisions of this subject, but they are, in the main, simple deviations, greater or less, from what has already been said, and can be read up in the many text-books. In passing I will give a few moments' attention to rheumatic arthritis and then pass on to the therapeutics. This is a form of inflammation of the joints accompanied with but little febrile disturbance and distinguished from gout and rheumatism by its progressive character, by the peculiar morbid changes which it induces, and by the absence of any known morbid state of the blood. It is a chronic disease, with rare exceptions. In the *chronic* variety a single joint is generally attacked. It swells and is tender; not much fever generally; after a little rest or treatment, the swelling and pain subside, and it is thought to be all over, but in a short time the disease attacks another joint, or even the same one. After two or three attacks, the capsular ligament becomes greatly thickened, irregular proliferations forming, while the formerly increased synovia is much diminished. The disease, if unchecked, travels over the whole body, attacking every joint, which becomes greatly enlarged, deformed and distorted. The ligaments contract, drawing the fingers into the most grotesque shapes, also the lower limbs in every joint. Even the ligament of the cervical vertebræ and the neck is drawn and fixed to one side or the other; and this goes on, if uninterfered with, until the patient is drawn all out of shape and rendered so helpless that he can neither move nor even feed himself. As a rule the hands become crippled before the lower extremities. There is no trace of any deposit of urate of soda, such as is found in gout, in the enlarged joints.

The marked structural changes and deformities distin-

guish this disease from the ordinary chronic rheumatism. Rheumatoid arthritis is not considered hereditary Gout is. Attacks both men and women, but women oftenest, and it may occur at any age.

#### THERAPEUTICS.

"I have (says Raue) preferred to annex the necessary hints to the end of the chapter on the different forms of rheumatism, because it is not the pathological form that indicates the special remedy; any one remedy may be in either form; but it is the peculiarity of the individual case which points out the corresponding remedy;" and, now, as we shall have to say something about heart troubles while giving these indications, and have already said something about them in the description of rheumatism, we will again quote Raue. After giving a description of the different valvular diseases of the heart he says:

"The *treatment* of all these different valvular affections has to be adapted to each single case, and it is not the diseased valve which points to any particular remedy, but the individual symptoms, by which the whole morbid process manifests itself."

These truths may be applied to homœopathic practice generally.

*Acónite* is a capital remedy in the beginning of acute articular rheumatism, and is indicated when the attack has been brought on by exposure to dry cold air, when there is synocal fever and restlessness, great thirst, dry hot skin, scanty, red urine, stitching pains in the chest, hindering respiration, great agitation of the heart, with anxiety. The affected joint is hot, pale, or red, and swollen; does not want it to be touched or covered. The patient makes bitter complaints and loud outcries, with weeping and despairing outcries, tossed about in agony.

This remedy will accomplish wonders when these symptoms are present, and they are generally found in the beginning of the disease.

*Bryonia*—If the swelling is not confined to the joints, but faint red streaks run out in different directions. The patient is still restless, but the least movement aggravates fearfully. There is loss of appetite, white tongue, generally great thirst for large quantity of cold water; exceptionally no thirst at all; constipation, stools hard and dry, as if burned; pleuritic stitches and difficult breathing, fever, or sour sweats. Irritable and easily angered. This remedy may be used when these symptoms present in either the acute or chronic variety. It is often found specially efficacious in pleurodynia, omodynia, lumbago and in muscular rheumatism in general.

*Rhus tox.*—When rheumatism seems to have been brought on by getting wet when overheated or sweating, or by exposure to wet, damp, or rainy weather, by bathing or straining. There are drawing and tearing pains in the fibrous tissues, joints, or sheaths of nerves, feeling of lameness or formication, with or without redness and swelling. It is better from continued motion, dry, warm weather and warm applications, worse at rest and on beginning to move, and in wet, cold weather. *Rhus* is oftenest used in chronic forms of rheumatism of any variety.

*Dulcamara*, *Pulsatilla*, *Nux mos.*, *Rhodo.* and *Veratrum cbl.* are also remedies that rank with *Rhus* for rheumatism that comes on from getting wet or in damp, cold weather.

*Dulcamara* comes in more particularly when the weather suddenly changes to damp and cold, or it gets worse on any little exposure to cold, or change of temperature to cold, also when rheumatism follows the suppression of a cutaneous eruption, or when chronic forms alternate

with diarrhoea (also abrotanum), when after a cold the neck is stiff, back painful, loins lame.

*Pulsatilla*—If brought on particularly by getting the feet wet, or from protracted wet weather. It is pre-eminently indicated if the disease travels from joint to joint until all the joints are involved. There is generally redness (pale or rose-colored), swelling and extreme sensitiveness to jars; loss of appetite, bad taste, coated tongue, little or no thirst; likes all his food cold; chilliness with the pains; generally worse in evening and night and warm room, better moving moderately, in the fresh air and uncovering the parts.

( to be continued )

—American Homœopathist.

## On the Border land of "Insanity".

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Towards the middle of March 1931, I was called in to attend a patient,—a girl of 15, not married till then. She was suffering, the father said, from Jaundice. When I went to see her I found that she was suffering from Chlorosis. She gave me a history of delayed and painful menstruation—the more the flow the worse the suffering. Temperature was always subnormal, pulse thready but quick and the heart fluttering. Her face was greenish yellow. I told the father that she was suffering from Chlorosis and the best medicine for her would be the most suitable groom. This the girl resented and said that she was not at all willing to marry. She frankly said to me that to marry was the most dangerous thing for a young girl. She quoted a sloka from the Bhagabat Geeta and most erroneously explained it to me to prove what she had