

## Therapeutics of Angina Pectoris.

FRANCOIS CARTIER, Paris, France.

(Translated by W. A. Dewey, M.D.)

Breast angina is divided into True Angina and False Angina. The true anginas are due chiefly to arterio-sclerosis, affecting the coronary arteries, or, according to another theory, to a neuralgia or a neuritis of the cardiac plexus. The attacks come in the daytime following some effort, as walking against the wind, etc. They are short and intense. The false anginas occur rather at night; they are prolonged and due to a multiplicity of causes, the suppression of which leads to the cure of the trouble (abuse of tobacco, abuse of tea, neuropathic troubles of the hysterical, of arthritics, of neuraesthenics, epileptics, diabetics, etc.).

Everyone agrees upon the usefulness during the respiratory attacks of *Nitrate of Amyl*, especially of nitro-glycerine which acts less speedily. *Nitrate of Amyl*, lowers instantly the arterial tension, dilates the capillaries, produces a rush of blood to the head and immediately relieves. Thus many of the anginous carry an ampoule of *Nitrate of Amyl* in their pockets. At the moment of the paroxysm we have in Homœopathy, *Hydrocyanic Acid 3x*, a dose every quarter of an hour, or *Glonine 3x* in the same conditions. The homœopathic interest lies in the treatment outside of the paroxysm.

If they are false anginas and one cannot remove the cause (tobacco, lead poisoning, alcoholism, etc.), *Spigelia 6* can remove and even cause the attacks to disappear, especially when diurnal, because *Spigelia* in its materia medica has aggravation corresponding to the course of the sun. The provings of Hahnemann reveal many other virtues aside from its action as a vermifuge. Violence is the predominating note of the action of *Spigelia*. The pain is intense everywhere, especially on the left side. In the provings we find "sensation as if the heart were compressed or squeezed with the hand, as if everything was

too tight in the chest, like something tearing in the part." *Lilium tigrinum* is much indicated in females (see its *Materia Medica*). *Moschus* if one suspects that the trouble is purely nervous, hysteria, etc. *Magnesia phosphorica* is the remedy for neuralgia in the system of Schussler. In true anginas *Spigelia* is still indicated for its calming effect, but it does not act immediately upon the tissues.

In the comparative study of *Spigelia* and *Tabacum* we see clearly that the two remedies function differently. *Tabacum* acts slowly in pathological lesions; *Spigelia* acts rapidly like *Aconite* upon the nerves of the heart and kills through the nervous centers. The pathogenesis of *Tabacum* is very interesting.

The circulatory system furnishes well-known arguments for condemning tobacco. Its effects on the heart and vessels are doubted. There is at first evident marks of irritation by poisoning, and finally a generalized fibrous degeneration of the heart and vessels, similar, but in a less degree than the intoxication by alcohol and lead. In advanced cases, there is a marked arterio sclerosis especially of the coronary arteries.

The first stage, that of extreme irritation, is seen often in young smokers of cigarettes, and is characterized by palpitations, by irregularity and by tachycardia. The following stages seems to be especially vaso-motor: the intoxication produces a vaso constriction of the capillaries. Frequently is noted pain in the precordial region, of an anginous character probably due to a spasm of the coronary vessels. Syncope and a retardation of the two ventricles are not rare; they are associated with a pulse that is small and at the same time tense, chill and paleness of the extremities. The third stage is characterized by attacks simulating true angina pectoris and is very likely due to an established arterio sclerosis of the coronary arteries. In this stage is seen also attacks of fainting arising from the same cause as in bradycardia. This bradycardia or slowness of the pulse is due to the cardiac obstacle that hinders the passage of the cardiac impulsion through the "Fascicle of His" in the auriculo-ventricular system. In certain condi-

tions of poisoning, only one out of two or three auricular impulses reach the ventricles (Dolbey). Special studies have been made in France and they have proved that tobacco smoke can produce a hypertension of one or several degrees sometime; but in grave cases tobacco becomes a depressor of the heart, and cases are cited where the pulse has fallen to 48 or 34.

In our Homœopathic school, Cowperthwaite, in his *materia medica*, advises *Tabacum* in angina pectoris; the pains radiate to the sternum and especially to the left side, extending to the left arm with nausea, fainting, and I would add, "cold perspiration." Cowperthwaite gives as indication "intermittent heart of the aged." Clarke gives: "angina pectoris; sudden precordial anguish; general coldness, fainting, nausea." Hale in his diseases of the heart does not give *Tabacum* in his list of remedies. Sieffert in his book, "Formulaire de therapeutique positive," advises *Tabacum* in angina pectoris, especially from abuse of tobacco. Jousset, senior, many times cured cases of angina pectoris in arterio-sclerotic people with *Tabacum* in the third trituration. On the whole, *Tabacum* in angina pectoris is not as often advised in our school, as, for example, *Spigelia* and other remedies. Is not the clinical experience favorable? However, no substance reproduces more precisely the phenomena of angina pectoris with coronaritis. Without any doubt, *Spigelia* has not in its toxicology the characteristic of sclerosis of the coronary arteries such as is present in *Tabacum*. There are probably many points to elucidate upon this question. In the first place, the question of angina pectoris is in itself very complex.

Suspecting an arterio-sclerosis of the coronary arteries, the patient should be submitted to a long treatment with the salts of Barium, *Baryta carbonica* or *Baryta muriatica*. These salts are studied fully under arterio sclerosis. If there exists an organic disease of the heart and a weakness of the myocardium, many authors advise *Arsenicum iodatum 8x* immediately after eating, according to Clarke. Pierre Jousset advises the iodide of sodium in a ponderable but small dose, 10 or 20

centigrammes, to be taken twice in a cup of milk. It is a remedy of great value that has given way to the colloidal iodide which diminishes the chances of iodism, but it is my idea that the iodide of sodium is more efficacious.

*Latrodectus mactans* is an acquisition of a date quite recent and is strongly advised by English homœopaths. *Latrodectus mactans* is the scientific name of a small, black spider which inspires a great fear in America of being extremely venomous. (The late Dr. Samuel A. Jous of Ann Arbor, Michigan, wrote much on this remedy. [Note by translator.] The pain of the sting is very acute, followed by an increased and difficult respiration, with fright, anxiety, and fear of death. It is a poison slightly irritant and not leaving infection at the point of its inoculation. Not only does its pathogenesis recall the anguish of angina pectoris, but a number of English physicians attest clinically to the efficacy of *Latrodectus* in anginas of the breast. On this subject arose a characteristic discussion in the English Homœopathic society. Tyler affirms that many cases of angina pectoris have always been cured by single doses of the 6th or the 12th potencies.

One should think of *Kalmia* in angina of tobacco origin. *Cuprum* has showed itself clinically useful. *Cuprum* has a slow pulse and a marked crampy sensation. Dewey mentions *Cimicifuga*. *Aurum* produces a sensation of a weight like a heavy stone upon the sternum, an almost classical symptom of angina pectoris. It can be a fundamental remedy. *Haematoxylon* has also a sensation of the characteristic constriction. Sensation of a weight across the chest.

The hypothesis of a neuritis of the cardiac plexus has not been sufficiently studied by us. When one finds no trace of atheroma and there is no hypertension, and when we can discover no other reasons for angina pectoris, we should think of a neuritis of the cardiac plexus. But the absolute diagnosis of it is impossible to make, and we can only base it on probabilities. *Plumbum* is our great remedy for neuritis, and its value is confirmed by daily experience. *Plumbum* is rarely indicated

in angina, but Ressler calls attention to it. If we find the characteristic of lead—small pulse and dichrotic—we may use it. If we suspicion simply a neuralgia without a neuritis of the cardiac plexus, *Spigelia* comes to our aid as in the classic type of angina.

WHAT MUST BE DONE. Avoid going out in much wind, avoid the sea shore on account of the winds, and riding in automobiles without wind shields. Tobacco must be suppressed; salt should be avoided, and we should watch the taking of a too large quantity of liquid or of soup which dilates the stomach. During the pains injection of morphine are not without danger.

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#### Review.

A HANDY BOOK OF REFERENCE FOR STUDENTS AND GENERAL PRACTITIONERS OF HOMŒOPATHY,—by Dr. George Royal, M. D., M. S., of America, published by Messrs Boericke & Tafel, Philadelphia, 323 pages,—is a truly Homœopathic Treatise in these days of Pseudo-Homœopathy and Mongrelism. Dr. Royal's Books are all rushing to the forefront on account of their practical usefulness, clarity of style and lucid grandeur of presentation. The Book under review consists of two Parts in ten Chapters. "How to study a Symptom"—chap II, "How to study a Drug"—Chap III, and "How to take the Case"—Chap IV, are specially commendable and are of highly practical value. The therapeutic suggestions of remedies with their essential characteristics in the diseases of Heart, Respiratory Organs, in Emaciation, Insomnia, Hæmorrhages and the Female Diseases are truly instructive and have made the Book really valuable. To crown all, the Illustrative Cases cited from his practice by the good Doctor have given the Book its central characteristic, driving home to every mind the prominent traits of each and every remedy under discussion. Perhaps the only drawback that presents itself to the Practitioner is that the Book is too small for the lofty purpose it holds as being a Book of Reference, but it is hoped that the learned Author will see to it in its next Edition which must be drawing nigh. The Book will be very useful to those for whom it is intended. We desire its extensive sale.