

# RHEUMATISM

413

By  
Dr. W. KARO

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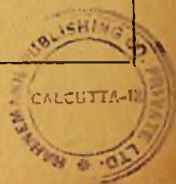
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By

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*"Urinary and Prostatic Troubles"*

*"Selected Help in Children's Diseases"*

*"Diseases of the Skin"*

*"Selected Help in Diseases of the Respiratory System, Chest, etc."*

*"Homœopathy in Women's Diseases"*

*"Diseases of the Male Genital Organs"*

LONDON

HOMŒOPATHIC PUBLISHING CO.

13 BEDFORD SQUARE, W.C.1



## PREFACE

THE medical practitioner has cases of rheumatism coming to him every day. Social and medical statistics prove "rheumatism" to be the most debilitating disease of our time ; indeed the sick funds of the insurance companies disclose a terrible picture of the devastation brought about by the disorders in the social sphere of hygiene classified under " Rheumatic ".

I would stress the point that medical knowledge of the causation of rheumatism is very incomplete. Many attempts have been made to differentiate in an exact manner between its manifold types. That method may be successful, but the homœopathic doctor will still be successful in treating the individual and his symptoms.

In this condensed treatise I put stress upon the dietetic and hygienic measures which will prevent rheumatic developments and deal practically with the types of disorder generally met, and the treatment and remedies, so that families may be helped in their homes.

The larger text books such as *The Vade Mecum*, Raue's *Special Pathology* and Dr. Rabe's paper (quoted) should be consulted for further detail, while Dr. Roberts' *Rheumatic Remedies* has 234 pages containing all the remedies for all modalities, sensations and locations of the disease. Dr. Tyler's *Pointers No. 4* gives the drugs and their symptoms applicable to rheumatism, both in children and adults in extended form.

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London

1942

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## CHAPTER I

### WHAT DOES RHEUMATISM MEAN ?

MANY medical men would have difficulty in defining "Rheumatism", but it is associated in the public mind with painful movements shifting about the body, associated with a damp locality and atmosphere.

The word itself is of Greek derivation and means "running" or "flowing". The old physicians being of opinion that there was an evil acrid fluid, originating in the brain, which propagated disease throughout the body. Rheuma in such a case was liable to change its location and affect one site, or organ, after another without cause or reason.

We know rheumatism to be associated with exposure to damp and cold and we call those affections of a painful inflammatory nature affecting the joints and muscles and nerves, together with their sheaths and aponeuroses, which arrive as it were spontaneously and independent of injury, rheumatic affections. This restriction of the term is generally recognized, but, while there is a definite micro-organism, the pneumococcus, which will turn a cold on the lungs into pneumonia, no bacillus or micro-organism has been discovered which will turn a cold, or exposure to a damp draught, at one time into a stiff neck and at another to inflammation of a great nerve like the sciatic, or to the gradual distortion of joints as in arthritis. Rheumatism is probably a mixed infection of septic origin within the body, but there are many theories.

Number one states that all rheumatic diseases are allergic.

Number two is the theory of Dr. Hay, that rheumatism and arthritis are only one symptom of the disturbed chemical balance, due to wrong nourishment and overloading of the body with waste matter.

There can be no doubt that many chronic diseases are called rheumatic, although their course and nature does

not agree with this name ; this applies especially to many nervous complaints.

Acute rheumatic fever, for instance, is certainly an infectious disease, though its bacillus has not yet been found. Gout, characterized by similar symptoms, such as intense pain and malformations of the joints, etc. is an entirely different condition, due to an increased accumulation of uric acid in the blood, resulting in the deposit of uric acid crystals in the cartilages of the joints and other parts of the body.

The course of rheumatic complaints may show the greatest varieties. There are differences graduating from slight pains and stiffness, disappearing after a few days, to serious manifestations in the joints, accompanied by most painful contractions and distortions, continuing over months or even years. In Gout there are (added) deposits of crystals in the joint. In arthritis there is (in time) complete absorption of the ligaments, lining and periosteum of the joint. They can hardly be the same disease? One common factor about all rheumatic complaints is that they never break down to suppuration. "Rheuma" is more in the nature of a toxin or chemical poisoning.

Owing to the increasing frequency of the rheumatic diseases and their devastating influence on the national welfare the governments of nearly all civilized countries have set up special committees to investigate the causes and nature of rheumatism in order to find the best way of dealing with the problem.

As a result of these investigations the Ministry of Health recognizes the following varieties of rheumatism according to their clinical symptoms :

1. Rheumatic fever or acute rheumatism.
2. Subacute rheumatism.
3. Muscular rheumatism.
4. Lumbago.
5. Sciatica and brachial neuritis.
6. Rheumatoid arthritis.
7. Osteoarthritis.
8. Gout.
9. Various chronic joint changes.

Homœopathy has always considered rheumatism as a unity and a single problem; but from the treatment point of view I should prefer to deal separately with the following conditions :

1. Rheumatic fever.
2. Fibrositis (Muscular rheumatism, neuritis).
3. Arthritis deformans (Chronic rheumatism of the joints).
4. Gout.

## CHAPTER II

### RHEUMATIC FEVER (ACUTE RHEUMATISM)

ACUTE rheumatic fever (acute articular rheumatism) is an infectious, non-contagious disease of unknown origin. External causes such as colds, damp, poor dwellings, deficient nourishment, etc., are predisposing factors.

Clinical observations have taught us that, in many cases, the microbes (either pneumococci, streptococci or staphylococci), if it be these causing the disease, are primarily located in other parts of the system (tonsils, teeth, nose, ears, in the deep veins of the shanks, etc.). In these cases rheumatism is as a rule not due to an embolism conveying the bacilli themselves, but to the toxins of the germs, the rheumatic fever thus being rather an anaphylactic reaction of the system.

In some rare cases rheumatic fever is due to the direct embolic invasion of the bacteria into the joints. These exceptional cases always show the clinical symptoms of a very serious pyæmia.

On the whole rheumatic fever is more common among men than women; it is most frequent between the age of 15 and 35; with progressive age the disease becomes rarer. The majority of cases occur during the cold season and in spring.

Acute rheumatic fever differs from many other infectious diseases through the fact that it attacks the same patient

several times, leaving behind an increased disposition to further attacks.

*Symptoms.*—The disease usually starts slowly. A certain stiffness and drawing in the limbs, shivering, tonsillitis, pharyngitis, disorders of the urine and feverish conditions are the first symptoms. Suddenly the acute attack sets in affecting one or more of the larger joints, as knee, wrist or ankles. In a few hours the skin over the joints becomes red and œdematous, hot, swollen and extremely painful and the affected joints become enlarged, due to serous exudation into their cavities.

There is always high temperature, profuse perspiration giving no relief, intense thirst, diminished urine containing a large amount of sediment. The symptoms are characterized by their variation. As a rule the joints affected at first are the first to show improvement and *vice versa*. We see relapses occur in the same joint which has been free of pain for a few days. Acute rheumatic fever is characterized by its tendency to spread over several joints.

In cases without any complication the pains diminish after a fortnight, with temperature going back to normal, and increasing urine. The joints remain stiff for at least three to four weeks.

A very dangerous form of acute rheumatic fever is the so-called hyperpyretic arthritis or cerebral rheumatism. These cases are characterized by excessive high temperature, coupled with cerebral symptoms, such as delirium, great excitement, convulsions and cyanosis; many of these cases are fatal.

Patients who have suffered from acute rheumatism several times, show less alarming subsequent symptoms as a rule; on the other hand, if the disease continues for a longer period, it is often accompanied by complications.

The most common complication is heart trouble, even occurring in otherwise light cases of rheumatic fever. These sub-acute cases are extremely dangerous and are marked by lighter pains, fever and temperature, but they frequently attack the heart, especially in children.

It is therefore of the greatest importance to make an exact and regular examination of the heart. These heart troubles are caused by the toxins of the infection. The

most common cardiac disease is inflammation of the heart-valves. In slight cases the valves can recover, but in the majority of cases the heart affection is permanent.

In other cases pericarditis or even pleurisy or peritonitis develops. As a rule the skin of these patients is affected too. Rashes, erythemata, even hæmorrhagic exudations are not uncommon.

Cases of acute rheumatism, in which complications develop, are always serious, while patients without complications usually show improvement daily, yet rarely recover before the sixth week. In some cases atrophy of the muscles or temporary psychic disorders result.

The diagnosis of an acute rheumatic fever is simple because of the clarity of the symptoms and signs, but a subacute attack may be difficult to detect. In some exceptional cases the differential diagnosis between rheumatic fever and an acute attack of gout may be difficult.

Gout is more common with elderly patients. It starts, as a rule, with digestive disorders and afflicts only one joint, especially the big toe or thumb. The diseased joint gets reddened and swollen; the pains are much more violent, even if the patient does not move at all, but they decrease usually in the morning, contrary to a case of rheumatic fever in which the pain is constant.

#### *Treatment.*

A. Homœopathic treatment. The homœopathic treatment of acute rheumatic fever is very satisfactory:

*Aconitum* 3x is the drug for the first few days, characterized by high temperature, thirst, anxiety, restlessness, aggravated during night; it should be followed by *Chininum sulphuricum* 3x or *Ferrum phosphoricum* 6x, as soon as perspiration sets in.

Our most important remedies are *Bryonia*, *Phytolacca* and *Rhus toxicodendron*.

*Bryonia* 3x, or even lower, is the drug for cases where the skin covering the swollen joints is hot, reddened and inflamed. The pains are stitching, aggravated by movement and dry cold, by slight touch, but better by strong pressure and local application of heat. Profuse yellowish sweat, giving no relief, excessive thirst, constipation, irritable and angry temper, serious headaches

and tendency to bleeding from the nose complete the drug picture. *Bryonia* should always be alternated with *Calcarea carbonica* 6x.

*Phytolacca* 2x is indicated in cases where the tonsils, pharynx, the bowels or heart are affected. The pains in the joints and nerves are always tearing.

*Rhus toxicodendron* 3x-20x is indicated in nervous, restless patients with wandering pains, their rheumatic fever is always either due to wet, or aggravated by it as well as by rest; the joints are swollen, but the skin covering them is neither reddened nor hot. The pains are located in the ligaments, tendons and capsules rather than in the joints themselves.

*Salicylic acid* 3x (better replaced by plants containing it, such as *Spiræa ulmaris* 1x, *Salix purpurea* 1x, *Sambucus nigra* 3x or *Stellaria media* 2x) is the drug for cases characterized by neuralgias, buzzing in the ears, visual disorders, digestive troubles, urticaria, pains in the limbs, joints and muscles, profuse sweat, diminished urine, albuminuria and palpitation of the heart.

*Formica acidum* is indicated in patients characterized by congestion, chilliness, heat, sweats without any relief, physical and psychical weakness and exhaustion, aggravation by wet, cold bathing, cold weather and movement, though the patients have a strong desire for movement as in the *Bryonia* cases the pains are better with pressure. The joints are reddened and swollen, extremely sensitive to touch.

*Benzoicum acidum* 3x is the remedy for the small joints and knuckles; the disease, as a rule, starts in the lower parts of the body, wandering upwards, causing profuse perspiration at night; aggravation by rest and during the night.

*Mercurius solubilis* 6x shows the same modalities: profuse, yellowish sweat without relief, aggravation by draught, damp and cold weather. The joints are reddened, swollen, very painful; fever is not very high, urine diminished, greenish and of an unpleasant smell, containing albumen and epithelium.

*Arnica* 3x is the drug for patients feeling knocked out;

their joints are painful ; aggravated in wet and cold weather and by movement.

*Apis 6x* is the drug of choice, where heart and kidneys are involved too. The skin over the joints is rather œdematous, the affected parts are always stiff and very sensitive to pressure. The pains are burning, pricking, aggravated by the slightest movement and heat.

*Chamomilla 2x* is indicated for restless patients with spasmodic pains, aggravated to such a degree that the patient must walk about. The reddening of one side of the face is characteristic.

*Colchicum 3x*. The affected joints are extremely sensitive to touch and there is a tendency to diarrhœa and urinary disorders.

*Pulsatilla 3x*. The pains are quickly moving over different parts of the body. Anæmic girls, feeling better in cold than in hot weather or surroundings are responding especially well to the drug.

Cases where the heart is affected require :

*Cactus 1x*. The patient feels pressing pain in the heart, coupled with formication in the left arm.

*Kalmia 1x*. Pulse is irregular, the pain in the heart is quickly changing, aggravated through the slightest movement.

*Spigelia 2x*. Irregular pulse and pains in the left side of the head.

*Lachesis 15x* for cyanotic patients, who are worse when asleep.

B. Dietetic treatment. During the first few days only fruit juices, milk, butter-milk, Kephir and herbal teas are allowed ; later on a pure vegetarian diet should be given. Spirits, tobacco, coffee and other stimulants are forbidden. The bowels must be cleansed daily by enemas and the function of the kidneys should be increased by drinking Adinolan tea and barley water.

C. Accessory measures. The patient should lie between soft, light blankets and wear a flannel nightgown, open in front for its whole length. That will make it easy to dry him gently and swiftly from time to time and prevent

the patient lying in a bath of his own perspiration. He should remain in bed for at least three weeks after the temperature has gone down to normal. Cases with heart affections should stay in bed for as long as three months.

The affected limbs should be wrapped up in cotton wool, a cradle posed over them to protect the limbs against the weight of the bedclothes; the joints can be painted with Gaultheria oil, methyl-salicylate, ichthyol, calendula, arnica, or Orka skin ointment to relieve the pain.

The majority of patients have a craving for anykind of heat-treatment, but there are some rare cases, who feel relief under the application of cold compresses.

Finally a few words about rheumatic fever during childhood. It is always a serious disease, very liable to attack the heart. Rheumatic fever during infancy differs in many respects from the course taken in adults. I have thoroughly dealt with this important problem in my booklet, *Selected Help in Children's Diseases*. Referring to it I will only underline the fact, that the so-called "growing pains" are often the only symptom of the rheumatic condition. Medical advice should be taken to prevent the development of heart troubles.

### CHAPTER III

#### MUSCULAR RHEUMATISM (MYALGIA, FIBROSITIS), NEURITIS

THE so-called muscular rheumatism is the most frequent ailment amongst all diseases of the muscles. It is characterized by dull, slight or violent tearing pains in one or more muscles with sudden agonizing cramps, when the affected muscles are moved. The pains are always associated with stiffness, diminished flexibility or even complete paralysis. Hard nodules can often be felt in the affected parts. Slight pressure diminishes the pain in some cases, but increases the trouble in others. Some patients have a sensation of coldness in the affected region.

Muscular rheumatism develops as a rule without high temperature. It is either acute, continuing for a short time only, or chronic. It may be restricted to one muscle only, or it may spread from one group of muscles to another.

The fibrous attachments, aponeuroses and the fascial planes of the muscles take part in the disease, so do the fibrous sheaths of nerves, particularly of the sciatic nerve.

The duration of the disease varies from a few hours up to months or even years. In these latter cases there are always intervals without pains.

In serious chronic cases the disease results in chronic swelling of the affected parts, the so-called rheumatic callosity. Muscular rheumatism is a constitutional affection and usually a complaint of later life. It is especially associated with habitual exposure to cold and damp, hence frequent among outdoor workers. It is also common with people debilitated by overwork or depression.

Certain poisons introduced into or produced within the body, e.g. lead poisoning, sepsis, syphilis, etc., are often coupled with symptoms of muscular rheumatism. The most common cause is septic conditions in the body, particularly defective teeth with decayed cavities or with abscesses at their roots, or infected tonsils, infectious processes in the intestines, due to chronic constipation, or septic processes in the veins or sinuses.

Muscular rheumatism is greatly influenced by changes of temperature to which the patient is exposed, for example, when undressing in a cold room. This form of rheumatism, though not directly dangerous to life, tends to lower the health and render the patient more vulnerable to other diseases. It is very depressing.

Rheumatic inflammation of special muscles interferes with the function of vital organs, for instance, rheumatism of the eye muscles causes iritis, of the heart muscles (myocarditis) it causes palpitation of the heart; we find rapidity and feebleness of the pulse with a tendency to dilatation of the heart. When the muscles of the intestine are affected, spasms and abdominal colics are observed.

The following types of muscular rheumatism are important.

1. Lumbago. Here the muscles of the loins and their tendons are involved. Lumbago is especially apt to occur in the back muscles after people have been exposed to strain, or through injury probably leading to a tear in the muscle fibres. The pains in such case are largely due to violent spasms of the surrounding muscle. In other cases lumbago attacks gouty patients and the attacks take the place of an ordinary attack of gout.

An attack of lumbago may occur alone, or be coupled with rheumatism in other parts at the time. It usually comes on as a seizure in one or both sides of the small muscles of the back. It is of severe cutting or stabbing character, greatly aggravated by movement of the body, especially in attempting to rise, or in taking a deep breath, or when coughing or sneezing. The suffering can be so intense that it is apt to suggest the existence of an inflammation or a colic in some of the neighbouring organs, such as the kidneys, bowels, etc., but the absence of the symptoms characteristic of these complaints or of any great constitutional disturbance beyond the pain renders the diagnosis clear.

The attack is generally of short duration, but may occasionally continue for a long period in a less acute form, leaving a feeling of stiffness behind which seriously interferes with locomotion and the earning of a living.

2. Stiff neck or torticollis. This is generally of sudden onset. Here the muscles at the nape of the neck are affected. Care must be taken not to overlook deep-seated causes of the stiffness of the neck, such as retro-pharyngeal abscesses, cervical caries or enlarged cervical glands. The attack passes off in a few days.

3. Muscular rheumatism in the back of the skull, or in the region of the shoulder blades is variously called cephalodynia, scapulodynia, omodynia or dorsodynia. Pains of the most varied nature accompany these muscular affections.

4. Pleurodynia comprises the condition, where the intercostal muscles or other muscles attached to the ribs are affected. This affection is, as a rule, unilateral and causes severe pains when the affected muscles are being brought into action, e.g. when coughing or breathing

deeply. The differential diagnosis between pleurisy or intercostal neuralgia may be difficult in some cases.

5. Rheumatism of the abdominal muscles which gives rise to symptoms such as colics or constipation makes the differential diagnosis between abdominal disorders difficult.

6. Rheumatism of the extremities.

### Treatment.

A. Homœopathic treatment.

1. Drugs indicated on general symptoms.

*Arnica* in cases where rheumatism is due to a strain or rupture in the muscles.

*Kalium carbonicum* in cases characterized by sharp, wandering pains in the back.

*Ranunculus bulbosus* is the drug of choice for asthenic patients, very sensitive to colds; the muscular pains are coupled with itching rashes, diarrhœa or disorders of the liver.

*Rhododendron* is the drug for patients who feel the change of weather in advance, their pains worsen before gales and thunderstorm.

*Rhus toxicodendron* the drug for cases caused through coldness and wetness, intensified by rest and during the night.

*Tartarus emeticus* in cases associated with bronchitis.

2. Drugs especially chosen for the affected muscles in question.

Head. *Gelsemium 2x*.

Face. *Aconitum 3x*.

Temples. *Cedron 3x* (right side), *Spigelia 3x* (left side), *Pulsatilla*, *Veratrum album* (livid, cold skin).

Neck. *Belladonna 3x-6x* (reddened face), *Dulcamara 2x*, *Glonoin 6x* (after a hair cut), *Cedron 3x*, *Kalium iodatum 2x*.

Chest and Shoulders. *Bryonia 3x*, *Ranunculus 3x* (herpes), *Mezereum* (sensation of coldness, worse at night), *Staphisagria* (right shoulder), *Ferrum metallicum 6x* (left shoulder), *Ferrum aceticum* (right side), *Sanguinaria* (right side), *Magnesium carbonicum*.

Back. *Cimicifuga 2x*, *Colchicum 3x*, *Mercurius solubilis* (aggravation during the night).

Loins (Lumbago). *Nux vomica*, *Nux moschata*, *Tartarus emeticus*, *Causticum*, *Rhus toxicodendron*.

Extremities. *Pulsatilla*, *Rhus*, *Causticum*, *China*, *Gelsemium*, *Cimicifuga*, *Chelidonium*, *Zincum*.

B. Dietetic treatment. According to Dr. Hay rheumatism is nothing else but a symptom of disproportion in the chemistry of the body, a disordered acid—alkali balance. This disorder leads to the elimination of slags into those regions, where the bloodstream is slowest, namely the fibrous tissues of the muscles, especially those round the joints. If we can prevent the forming of those slags by keeping the patient on the right diet, we should thus soon have him free of rheumatism.

A lacto-vegetarian diet gives the best preventive nourishment: vegetable broths, cooked greens, raw vegetable salads, fresh fruits, milk or butter-milk, All-Bran, cheese and potatoes should be the principal food. If the patient cannot do without meat, he should never eat meat together with potatoes or other starchy food, but take them at separate meals.

The bowels should be cleansed daily by an enema during the attack.

C. Accessory measures. In acute cases of rheumatism we should try to increase the perspiration by giving large quantities of hot beverages (herbal teas such as Adinolan tea, milk and soft drinks), and by external applications such as hot baths, hot compresses, rubbing in of hot oil, etc. In subacute or chronic cases massage or diathermy should be tried. Ironing is another very simple, but most successful and efficacious method: a compress of many thicknesses should be soaked with hot water, wrung out and applied to the painful area; then use a smooth hot iron in order to dry the soaked compress. The patient feels at once relieved and will surely ask for a repetition of this simple procedure if the pain reappears.

## NEURITIS

This disorder is associated with intense pain, limitation of movement in the part affected and loss of power and function.

When the rheumatic process affects the fibrous sheaths of the nerves, we are confronted with the clinical symptoms of neuritis. The most important and common of these conditions is the affection of the sciatic nerve (Sciatica).

Sciatica is characterized by severe and sometimes agonising pain, extending along the great sciatic nerve, which emerges from the pelvis and runs down the back of the thigh. The pain usually starts behind the hip joint. The most painful points are where the nerve emerges from the pelvis at the lower line of the buttock and about the knee and ankle joints. The pains are often coupled with a sensation of numbness throughout the whole thigh. In serious cases of sciatica all movement of the extremity and particularly stooping forward or bending the hip with the knee straight aggravates the pain, thus the patient inevitably becomes bedridden.

This is such an important matter to the individual in the home as to need emphasis. The story of so many of these cases is similar. They have been gradually complaining of stiffness of the trunk of the body and restriction of movement, with sharp pain along the back of the thigh and the outside of the calf and ankle. There may be a painful spot close to the sacrum where the sciatic nerve comes out of the pelvis but there is never any redness of the skin to draw the patients' attention. In the early stages pain is intermittent, it commences mildly in the thigh or calf and grows worse by the end of the day with a feeling of cramp in the leg affected. This state of affairs must often be endured by a business man or worker for some time. It is not yet severe enough to make him lie up. But at some later period after strenuous exertion the pain becomes so bad and movement so excruciating as to compel it. Many cases howl with pain on the least movement in an acute sciatica.

What is happening? In lumbago it is the sheaths of the muscles of the lower back which are affected, and of course their nerve endings in the fibres, but in sciatica a huge nerve trunk, the size of a thumb, composed of thick strands of nerve-"wires" which distribute power and function to all the muscles of the leg, has become gummed-up in the sheath in which it slides. That is why

movement in both these disorders is so agonising when in an acutely inflamed state.

This can be clearly proved in sciatica. If the lower leg is first flexed and then the thigh flexed upon the abdomen (with the patient in bed) little or no pain is experienced (comparatively) on movement because the stretching and tension on the trunk of the nerve is relaxed. It is in fact the patients' position of choice.

This acute stage is not the time to talk to the patient about diet. The pain is so severe that sleep is out of the question and a few nights of it may drive the patient frantic. It frequently sets up neuralgias in other parts of the body, and is often coincident with arthritis and its pains.

If you are called upon to treat such a case do not temporize. Wrap the whole limb in a series of hot anti-phlogistine poultices covered with cotton wool and give the patient a sleeping draught to make sure of quiet and rest at night. Then you may start the homœopathic drugs which will be effective. It may take a week or a fortnight before movement is bearable but, however long it may be, an acute sciatica always gets well. Trying to get about too soon always retards the healing process. The inflammatory process needs considerable time for repair. If this is not given loss of power and of movement will inevitably be the penalty, for in almost all these cases the muscles have been made to work too long by will-power against the physiological warnings and chemical and nervous debilities. In severe cases where the acute attack is delayed until late the muscles have been already overtaxed and they will waste. Power in the leg may be severely restricted thereafter.

When the acute attack has subsided there is time and opportunity to examine the patient thoroughly. There may be a septic focus in the teeth, throat, stomach, bowel or rectum, and there may be more serious reasons. He has had an acute attack of sciatica beyond doubt, but why? Whatever the cause this patient has neglected repeated warnings which the sciatic nerve has been giving him! The obvious lesson is that the patient should have taken the warnings to heart, and received medical advice in time.

To differentiate the diagnosis between sciatica and other diseases may at times be difficult. A most careful examination by an experienced physician can exclude other ailments which are sometimes accompanied by similar clinical symptoms, such as locomotor ataxy, tumours of the abdomen and pelvic cavity, etc. The patient, feeling a pain down the leg in these cases only knows that something is wrong, but he does not know what causes his pain and where the disease, to which it is due, is located. The disease is not necessarily situated in that part of the body in which the pain is felt; for instance a violent pain in the sciatic nerve is sometimes a symptom of inflammation of the hip or of a tumour in the rectum which is pressing on the nerve-trunk. Hence the importance of a thorough medical examination, the more so, as most of the cases can be cured by expert treatment in their first stage, whereas neglected and chronic cases are often incurable.

All patients suffering from sciatica or other neuralgias should follow the same dietetic and hygienic rules as patients suffering from muscular rheumatism.

The homœopathic treatment of sciatica gives very good results.

In acute cases *Iodum* 4x alternating with *Aconitum* 3x alleviates the pains almost at once.

*Colocynthis* 3x is the remedy for violent pain in the evening and during night, better by doubling up, by strong pressure, but the least movement aggravates the pain, especially in the evening.

*Rhus toxicodendron* 3x is the drug for those patients whose pains are relieved when walking. These patients cannot keep still, their pains are intolerable during the night making sleep impossible. Patients feel worse, when the weather is cold and damp, they suffer from stiffness of the muscles, diminished when walking.

*Rhus* should always be alternated with *Cinnabaris* 3x.

*Nux vomica* 4x. The attacks usually occur in the morning, aggravation by cold and movement, better by warmth and keeping quiet.

*Cuprum aceticum* 4x or *Cuprum arsenicosum* 6x is the drug for cases characterized by cramps in the shanks.

*Arnica* 3x after too much exertion.

*Hepar sulphuris* 6x when the pain is relieved by uncovering the leg.

*Pulsatilla* 6x when the pain is accompanied by shivering fits and the typical mental symptoms are present.

*Magnesia phosphorica* 4x-6x when the pain is relieved by warmth.

*Ginseng* 3x is the drug for chronic cases, characterized by stiffness of the legs and diminished sexual power.

*Gnaphalium* 3x is a very important drug, when the pains are coupled with the sensation of deafness, aggravated by movements, with a tendency to diarrhoea and dysmenorrhœa.

In acute cases all patients should be kept in bed and hot compresses as suggested or leeches or blisters applied to the affected leg which should be warmly cased up.

In chronic cases occasional doses of *Sulphur* 30x, or even higher are advisable. So is the external application of Sulphur. A flannel bandage dusted with Sulphur powder on the inner side applied to the affected limb.

Violent pain in the feet may be caused by weak arches or neuralgia of the nerves of the feet. When the former is the reason, an arch supporter should be worn in the shoes, whereas in the latter case turpentine compresses (two teaspoonfuls of oil of turpentine and a quarter pint of industrial spirit to one pint of water) and the above mentioned homœopathic drugs are to be taken.

Neuritis apart from sciatica is not uncommon, many peripheral nerves can be affected, such as the brachial nerves giving rise to pains in the shoulder girdle, spreading down the inner side of the arm. In many cases the affection extends symmetrically, the symptoms gradually increasing up to the ends of the extremities. The term for these diseases is polyneuritis. Some of these cases are due to insufficient supply of vitamins, but the majority is due to chronic poisons such as arsenic, lead, nicotine, mercury or to infectious diseases such as diphtheria, typhoid fever, gonorrhœa, syphilis, etc. In other cases diseases of the metabolism, such as diabetes mellitus, may be responsible.

As a rule the patients make a cold responsible for the onset of the disease. General malaise, fever, swelling of the spleen or albuminuria are the first symptoms, followed by pain and paraesthesias in the affected nerves.

The treatment of these conditions must take account of the cause in the individual case, but the pain is severe, and the sleeplessness due to it, must be appropriately met.

We should combine the homœopathic treatment with local applications, such as blisters, lukewarm ablutions of solutions of *Arnica*, *Calendula*, *Hypericum*, *Ruta* or *Rhus* tinctures, or the application of leeches.

If the diseased parts are reddened, hot and sensitive to touch, or if there are cramp-like colic attacks, *Belladonna* 2x-3x is indicated.

*Arsenicum* 6x is the remedy for subacute cases, characterized by nightly unrest, burning pains, aggravated by cold, better by warmth.

In cases, characterized by the tendency to insensibility, drugs such as *Plumbum*, *Secale*, *Silica*, *Cocculus*, *Glonoin* or *Petroleum*, or *Carbolicum acidum* should be considered.

Neuritis is a very painful condition calling for the greatest sympathy and attention.

## CHAPTER IV

### ARTHRITIS DEFORMANS

#### (CHRONIC RHEUMATISM OF THE JOINTS)

ARTHRITIS DEFORMANS or chronic rheumatism of the joints is characterized by changes in the synovial membranes, the surrounding tissues, the cartilages and the bones of the joints.

As a rule the disease develops slowly and progressively, resulting in stiffening and deforming the joints. In

modern point of view arthritis deformans is only one symptom of the constitutional rheumatic disease of the patient. It is more common in women than in men and begins usually before middle life is reached. Septic spots in the teeth, tonsils or other parts of the body are in the majority of cases responsible for the onset.

As a rule the disease begins with a moderate rise of temperature, attacks of shivering, followed by pains and swelling in one or more joints ; frequently the small joints such as the fingers or toes are the first affected.

The swelling may subside, but tends to recur and increase, deforming the tissues. Short attacks with a rise of temperature and malaise occur with increasing frequency, more joints becoming afflicted, until in the course of time most of the joints in the body may be more or less involved. Continued thickening of the textures is found round the joints which become fusiform in shape, and considerable deformity results. "The muscles of the affected limbs become atrophied and the wasted limbs contrast strikingly with the abnormally swollen joints." The general changes are, firstly, swelling in the tissues around the joint, then inflammation of the synovial membrane with collection of fluid in the joint, the patient feels a creaking and pain in the joint on movement. Finally, the articular cartilages disintegrate, thin out, split up and become eventually absorbed, leaving thus the ends of the bones exposed. The bony surfaces now brought into contact become hard and polished and bony outgrowths are developed on their grating edges. Complete locking of the joint may make movement impossible. When movement is still possible, it is always coupled with grating much as in a case of a fractured bone. As a rule the patients do not feel any pain in this period of the disease. X-ray examination demonstrates the pathological changes in the joints very distinctly. The synovial membrane and cartilages are seen to be absorbed.

### *Treatment.*

The rational treatment of arthritis deformans must take into account the whole organism as well as the pathological local conditions.

Cure is impossible in the later period of the disease, when the cartilages or the bones of the joints are destroyed. Treatment must come early.

The homœopath has to consider such drugs as act on the metabolism and the hormone glands regulating it.

*Causticum*, *Kalium bichromicum*, *Kalium carbonicum* and *Lycopodium* should be first considered.\* These drugs act not only on the constitution, but also on the mucous membranes of the pharynx and the tonsils as well as on the teeth. It is here that the infectious spots are so often responsible.

The local treatment of the teeth and pharynx is best supported by *Kalium carbonicum*, *Lycopodium* and *Causticum*.

*Lycopodium* is especially indicated in rheumatic patients suffering from frequently occurring relapses of dental pyorrhœa and decaying teeth.

In these cases *Kalium carbonicum* alone is usually incapable of dealing effectively with the inflammation of the pharynx and tonsils. These *Lycopodium* cases are characterized by tendency to flatulence, heartburn, liver and gall bladder affections, spasms in the rectum and tendency to formation of stones in the kidneys. *Lycopodium* is almost the *Sulphur* of this constitution.

According to Rademacher the drugs *Cuprum* and *Chelidonium* given alternately, or *Cuprum* and *Solidago* or *Colchicum* can cure the rheumatic condition in its early period. *Kalium iodatum* is very suitable in early cases.

Others correspond to *Calcarea fluorica*, *Silica*, *Kalium sulphuratum*, *Calcarea phosphorica* or *Formicum acidum*. Another category requires *Argentum*, *Sepia*, *Phosphorus* or *Benzoicum acidum*.

*Hedera helix* is another very valuable drug as at first proved by Dr. Mezger; owing to its contents of Iodine it has special relations to the thyroid gland and to all mucous membranes, especially to the pharynx. Like *Kalium carbonicum* its key symptoms are improvement by

\* According to Dr. Mezger, *Allg. Hom. Zeit.* 1935, p. 293.

movement and aggravation in the morning. It improves the appetite and strengthens the whole constitution.

In cases complicated by heart affections drugs such as *Spigelia*, *Kalmia*, *Colchicum*, *Benzoicum acidum* or *Abrotanum* should be tried.

*Petroleum* or *Sulphur* is especially indicated in arthritis of the knee.

*Ichthyolum 2x* for cases of arthritis during the change of life (recommended by Dr. Wapler).

The dietetic treatment must be adapted to the constitution of the patient. In general a lacto-vegetarian diet with plenty of uncooked food should be the rule.

As regards local treatment X-ray examination is valuable in discovering the indication for the different kinds of treatment: Radiant heat, vibration and hot air baths are very useful. The active hyperæmia induced by hot air favours restoration of movement and alleviates pain, but where there is pronounced destruction of bone and cartilages full restoration of a joint is impossible.

Systematic exercises of the joint tend to prevent atrophy of the adjacent muscles, and Bier's passive hyperæmia induced by the temporary use of an elastic bandage has the same results. Should an X-ray photograph show the presence of bone splinters in the joint, interfering with free movement, their removal is indicated. Sometimes the breaking down of adhesions by osteopathic treatment is necessary and of use.

Treatment in health resorts such as Bath, Buxton, Droitwich or Harrogate has often proved helpful particularly when combined with gentle massage and the medicated waters.

I regret to say that no specific cure for this most distressing painful and serious disease has yet been found.



## CHAPTER V

## GOUT

ALTHOUGH gout is not really a rheumatic disease its symptoms, especially during the periods without acute attacks, resemble those of the rheumatic ailments, making a diagnosis sometimes rather difficult. That is the reason for including a short review of gout in this booklet.

In gout the most important physiological fact is the disorder in the elimination of the uric acid. With a vegetarian diet elimination of uric acid is individually almost constant, but increases immediately when the healthy individual eats meat. In gouty patients the elimination of uric acid is always less and retarded. Owing to this retention gout is characterized by deposits of urate of soda in the joints and other parts of the body.

We differentiate between acute and chronic gout.

An acute attack of gout usually appears without any warning. The patient is awakened during the night by a most violent pain in the great toe or in the thumb, accompanied by shivering and high temperature. The affected part is swollen and deeply reddened, the skin, covering it tense and glistening. The patient is restless, extremely irritable, thirsty, constipated. The urine is diminished, scanty and dark in colour with a great quantity of deposits, consisting chiefly of urates. After the attack passes off the patient feels quite well, but the attacks may recur each night for a week and generally come several times within a year. In the earlier recurrences the same joints are again affected. Later on others become involved until, in advanced cases, scarcely any joint escapes and the disease becomes chronic and the joints distorted.

In this period of the disease the attacks are usually less painful, but the well-known chalk-stones or "tophi" are now formed round the affected joints.

We find such deposits most commonly on the hands or feet, but they are found not only in the joints, but in all other parts of the body, on the tendons, under the skin, on the peritoneum, in the sclerotic coat of the eyes and especially on the cartilages of the ears.

Chronic gout is usually accompanied with disorders of the heart, the arteries, the liver and especially the kidneys ; here a variety of urinary stones are formed.

In the majority of cases the gouty patients come from a gouty family. It used to be said that only rich men had gout. Faulty mode of life, abundant, heavily digestible nourishment, especially fat, meat and fish, rich food as spiced liver, kidneys, calf's sweetbread or meat juices are predisposing factors. So is over indulgence in spirits, wine and tobacco.

Intellectual work increases the tendency to gout, hence the disease is more frequent in men than in women.

The diagnosis of gout can easily be ascertained by the blood-test : if the blood contains more than 4 mg. per cent uric acid, the diagnosis is certain, but we cannot depend on this test in cases of Bright's disease, cancer or leucæmia.

#### *Treatment.*

Experience in the first world war has taught us that restriction in the nourishment is able to cure or at least to improve the majority of gout cases provided they are not too deep seated. This does not apply to the gout of debilitated people or to gout due to chronic lead poisoning.

During acute attacks the restriction of food is easy, as here the appetite is missing and the patient is agreeable to it.

In general brown bread, spinach, pod plants and mushrooms are forbidden, while eggs, milk, cheese, cucumbers, salads, white bread, carrots, onions and fresh fruits are advisable. The diet must be adapted to the special constitution of the patient.

A mild fast according to Dr. Guelpa should be tried and in all cases a supervised restricted diet is beneficial. High living and indolence must be ended.

The bowels must be cleansed daily by an enema during the attack. Turkish baths may be given to accelerate the elimination of the uric acid by sweating with massage.

Homœopathic drugs, supplementing the dietetic care are very valuable.

*Aconitum* 3x in acute cases, frequent doses in hot water, alleviates and shortens the attack. Its key symptoms

are high temperature, anxiety, restlessness, burning pains and acute inflammation of the affected part.

*Apis* 3x. Pale œdematous swelling, intensive sensitiveness and burning pain.

*Belladonna* 3x. Redness and heat of the affected part, congestion to the head, dryness.

*Bryonia* 3x. Great thirst, aggravation by the slightest movement.

*Cantharis* 4x. Burning, pricking pains, excitement, pain when swallowing, pale face, especially indicated in cases coupled with disorders of the urinary organs and sexual irritations.

*Cimicifuga* 4x, aggravation by cold, especially suitable to women with menstrual disorders and stiffness of the joints.

*Colchicum* 3x. One of the most popular drugs, acting on the elimination of uric acid and strengthening the heart, especially indicated in cases accompanied by indigestion, vomiting. Key symptom: aggravation of all symptoms by smelling cooked meals.

*Mercurius solubilis* 6x. Aggravation during night and by heat; perspiration giving no relief.

In chronic cases:

*Abrotanum* 2x in cases of gout of the fingers and the knuckles, aggravation by cold.

*Kalium iodatum* 3x in scrofulous patients with respiratory disorders, weakness, trembling, loss of appetite alternating with bulimia.

*Ledum* 2x. Key symptom: aggravation by bed-warmth, numbness of the diseased joint, sensitiveness to wetness.

*Solidago*  $\phi$ -1x in cases of gout coupled with gouty eczema.

Finally the Orka Gout Remedy. This is a very useful combination of *Colchicum*, *Urtica urens*, *Iodium*, *Lithium carbonicum* and *Belladonna* in low potencies.

## CONCLUSION

SUMMARIZING and concluding this short treatise, I would say that scientific endeavours to split up rheumatism into different clinical diseases are of small essential help to the practitioner.

Homœopathy always in contradistinction to the official medicine, has conceived rheumatism in all its different types as a single disease and as one problem.

The old separation of general diseases from local diseases is not essential from the homœopathic point of view, because the homœopath examines each local symptom in its relation to the constitution, disposition and the condition of the patient's surroundings.

If we regard the rheumatic patient from this aspect we will find the following symptoms are common to all of them, regardless of the great variety of clinical pictures.\*

1. The character of the pains, being generally drawing and tearing.

2. Their localization on all parts where there are joints, ligaments or stronger nervous plexus.

3. The (often) rapidly changing and periodic affliction of the painful spots.

4. The extraordinary sensitiveness of the patients to wind and weather.

5. The painful stiffness of the afflicted joints and limbs.

6. Disorders of the sweat glands (either increased or diminished perspiration).

7. Improvement of the symptoms by dry heat.

8. Aggravation usually during night.

These symptoms and complaints occur, as Dr. Rabe points out, in acute and in chronic processes; they are

\* Dr. Rabe, "Rheuma als Symptom", *Allg. Hom. Zeit.* 1935.

decisive for the differentiation between rheuma and gout. The rheumatic patient feels better with dry heat, the gouty patient with cold, cool compresses and by movement.

These eight points in the symptoms give us the clue to the indicated homœopathic drug. The successful treatment of rheumatism must be based entirely on the personality, its history as well as all the symptoms.

Remember, there is no specific remedy for rheumatism but there is an effective therapy, based on the individuality of the patient.

Our law: "Let like be cured by like" will make us master of the disease.

I wish to add a last word now about these painful and serious conditions described commonly as rheumatics. We do right in treating the symptoms of the sufferers from them by the principle of "Like cures Like" but a sound belief in homœopathic treatment does not absolve the careful physician from an obligation to use all the means at his disposal for physical examination. I have stated my own belief that the basis of some, at least, of these rheumatic affections is, if not caused, kept alight by septic foci in the body.

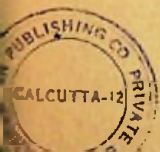
It is the physician's business to overlook nothing. Therefore every chronic rheumatic patient should have his throat and nasal and mouth cavities searched for septic pouches and cracks, and for teeth which are unsound. But do not neglect other possibilities, those particularly which are near the seat of trouble. In sciatica and hip troubles the rectum should be examined with a rectoscope for fissures or septic inside piles and if found they must be treated. In lumbago the kidneys and bladder should be investigated. An old and unsuspected gleet, a phimosis, an ulceration of the umbilicus, sores between the fingers and toes, cracks in lips and gums, an infected eczema in the lower fold of skin under the breasts—any or all these may be the continuing cause of the "rheuma" which is fouling the blood and lymph system of the sufferer. The discovery of such a focus of infection may go far towards curing the disease. In women tears of the cervix which become ulcerated, of cracks in the perineal region, and vaginal discharges, may be a source of infection.

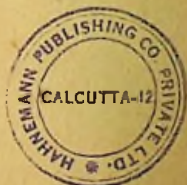
Any moist cracked mucous surface which is open to outside infection must be suspect. Many patients have areas of the kind without knowing it. This discovery and successful treatment may help psychologically also to a feeling of cure in these difficult and obscure rheumatic cases.











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