

POINTS IN OBSTETRICAL THERAPEUTICS

By C. M. BOGER, M.D., Parkersburg, W. Va.

By the very nature of the case the true homoeopathist detects the very earliest signs of discord in the vital economy, this is as you know the very essence of success in the case of the pregnant woman, for the remedy which is then indicated will most likely be the only one needed during that whole period and will do easily, what at other times, is often most difficult. There are, however, times when the doctor will be suddenly thrown into the breach and be compelled to take care of conditions over which he has had no previous control. In these crises, he must of necessity have a good grasp of our materia medica or fail most ingloriously, for the measures of the old school are often the worst makeshifts if not entirely nugatory.

Whether the prescriber has plenty of time to survey his field or be suddenly called upon to face a critical situation, the fact remains that the pregnant state so profoundly affects the mental sphere that it furnishes the most reliable indications of all and it is his bounden duty to scrutinise the mind with the utmost care. This cannot be overlooked.

If it be persistent morning sickness, the symptom complex will often point to Sepia, which has all the elements of such a condition, including great sensitiveness to odours, just like Colchicum and in just as an intense a degree. If reaction at this stage seems imperfect and the case looks stubborn, Medorrhinum should be carefully looked into for this is very frequently a sycotic manifestation with the symptoms pointing to this or some other antisycotic.

Miscarriage is often a badly managed affair from the homoeopathic standpoint and curettement is resorted to when the correct prescription is really all that is needed to do speedier and much better work. The old guard resorted to Sabina almost empirically for this condition but it does not and cannot fill the whole bill because it is not always indicated, for Viburnum is needed just as often if not a little more frequently, although, as you know, neither one may be the remedy. It is worth noting that Viburnum has more bright red haemorrhage at this time than any other remedy. This is so pronounced that it is the custom of many men to pack thoroughly, give Viburnum and leave the rest to nature. I do not mention this with entire approval, but rather to point out a power of the drug which has not been emphasized enough. The fact that most Viburnum cases also have a large nervous element and sometimes polyuria as accompaniments should not be forgotten. The giving of Arnica after confinement is as old as homoeopathy, but just to state that I do not always consider this to be good practice for the reason that in a majority of cases no remedy whatever is either needed or indicated and when one is called for it is not always Arnica by any means. If we have reason to think that the deeper tissues have suffered most, a single drop of tinct. Bellis perenis will do much more than Arnica and give you a pleasant surprise in the results that follow.

Eclampsia is a condition that most of us would rather not face, nevertheless in Strychnia we have the prince of remedies if spastic fixalis of the thorax marks each spasm, a symptom that is generally present. Then again this drug corresponds to the whole disease picture cause and all, as we understand it. If elimination is perfect and metabolism approximately normal it is doubtful if eclampsia can occur. Strychnia covers closely both of these spheres of action. It is perhaps indulging in commonplace remarks to say anything about Phytolacca and the mammae but let me tell you that the woman who needs this remedy either before, during or after pregnancy and fails to get it, will never be well until she does. She will have indications of some sort, goitre, fibroids, etc. or will be effected with rheumatoid symptoms that refuse to yield to ordinary remedies.

Only by taking the whole of her past history along with the present state and forming a complete picture will the proper indications come out, and the Phytolacca constitution be evident.

DISCUSSION

Carolyn E. Putnam: I should have stated that this patient needed Phytolacca for acute symptoms before labor and that afterwards the state of the breasts still called for Phytolacca.

C. M. Boger: You have to keep Phytolacca up a good while.

A.P. Bowie: I have never used this remedy for eclampsia. I have had only a few cases of it and always stick to the indicated remedy. I have never used Strychnine in the way spoken of and I do not see why the potentized remedy could not be used nor do I see why or how Strychnine is indicated in all such cases. It seems to me to be poor homoeopathy.

C. E. Sayre: We should never forget the occasional necessity of using intravenous normal salt solution, when the kidneys are not acting and there is no elimination. It will get the skin to acting so that the kidneys will be relieved of their burden. Dr. Tomhagan got me to take care of a case of eclampsia for him. He showed me the urine and it was almost solid albumen. I said she must be gotten to a hospital at once. She went into convulsions the next day. It was about the eighth month of gestation. Conditions were desperate. I performed a Caesarean section; there was no secretion of urine at all. We gave her 500 cc of normal salt solution intravenously every two hours. After the operation, she went into another convulsion. Dr. Tomhagan did the prescribing and I did the mechanical part. Following the injection there was some urine but containing no urea. Dr. Mitchell, who analysed it, doubted if it was urine but I know that it came from her bladder. According to the authorities urine is a solution of urea but this had no urea in it. She finally got well, but I believe that she would have died had it not been for the salt injection. I have attended a number of such desperate cases and always make it a rule to consider the normal salt solution. Surgeons are apt to think of these things when physicians do not.

Harry B. Baker: I now have a case in about the sixth month of gestation. She came near aborting at the third month, owing to the top of the uterus being caught under the promitory of the sacrum. She suffered much pain but was relieved by Belladonna. Ten drops in water, teaspoonful every two hours. She said that she had similar troubles at the last two pregnancies and she did not mind the labor so much as the colic and discomfort before. I would like to ask Or. Sayre if he ever tried Isotonic plasma in place of normal salt solution? It is a natural solution full of activities of nature and not dead like the normal salt is.

A voice: What is it?

Harry B. Baker: It is fresh sea water taken out of the ocean well off land and from at least thirty-six feet below the surface to avoid any contamination. Two parts of the sea water are mixed with five parts of a pure spring water, and it is filtered through a porcelain filter. Heating destroys its therapeutic activities and actually renders it toxic. It is practically the same as the plasma of the blood, having all of the elements contained in the blood in the same proportion. The leucocytes will live in it as well as in blood serum,

which they will not do in normal salt solution. It is wonderful in its results in some cases. The dose is from 10cc to 300cc subcutaneously.

H. S. Lrewerlyn: What about its keeping qualities? Can it be kept in condition in places far from the sea?

Harry B. Baker: It must be fresh; it loses its properties after twenty-four hours.

W. S. Hatfield: Dr. Baker's remarks would sound better in Denver because this agent has never been proved. It sounds like an old school expedient to me.

G. G. Starkey: It does not seem any more old school than giving Strychnine as Dr. Boger recommended. I hope that Dr. Boger will tell us why he gives Strychnine in crude form, hypodermically in all such cases as he mentioned.

C. M. Boger: Because Strychnine is homoeopathic to eclampsia.

E. A. Taylor: Eclampsia is a disease; it varies in symptoms in different cases. To what cases of eclampsia do you give Strychnine?

C. M. Boger: I said spasmodic conditions of the chest muscles. I give it hypodermically because rapidity is necessary and that is my custom.

Stuart Close: You recommend one-sixtieth of a grain hypodermically in eclampsia as I heard it?

C. M. Boger: Not necessarily just that.

Stuart Close: very good, we will not take it for a routine measure then.

C. M. Boger: I would like to call attention to the great power of *Bellis perennis* in deep bruises. There is no remedy that will help as much in trouble arising from deep-seated trauma. I give unit doses of the mother tincture, especially after major operations. In ordinary uterine hemorrhages the indicated remedy is all that is needed. In cases of placenta previa a digital examination is absolutely essential to safety.

P. E. Krichbaum: I move that the rules be suspended and that Drs. C. E. Sayre and J. A. Tomhagan be elected Active members. Seconded, carried.