PAIN KILLERS

The next problem I want to touch on is the patient suffering from acute pain.

Pain killers are a little difficult to systematize, and I thought probably the most helpful way would be to consider the cases of acute pain which one meets with in general practice, and these I think one can classify to a certain extent. One gets acute neuralgias, acute inflammation of one of the serous membranes, and acute colic. I think that more or less covers the ordinary conditions one meets with in general practice.

To tackle these from the homoeopathic standpoint is not very difficult. If one considers the acute neuralgias from the prescribing point of view one takes the character of the pain and the circumstances which make it better or worse, and to a lesser extent its situation. It is on these that one mainly prescribes: in other words on the character of the pain and the modalities. It is exactly the same as regards serous inflammations; again it is partly on the situation but much more on the character of the pain and the circumstances which modify it that one prescribes. With colic equally; and it does not matter whether it be gallstone, intestinal or renal colic, one pays a little attention to the situation but very much more to the character of the pain and what modifies it.

Working on these lines it is possible to take up the three groups and give the indications for the leading drugs which you must have at your finger ends.

But before taking these up in detail I should like to touch on another very painful condition commonly met with in general practice, namely, ACUTE EARACHE.

ACUTE EARACHE

If you go to a patient who is suffering from violent earache, acute stabbing pain in the ear, and tenderness over the mastoid region, when you first look at it from the homoeopathic standpoint you are completely lost. After a little experience you find that these cases are very satisfactory, you get you relief astonishingly quickly, and often a case which a you except would require incision of the membrane, within the next few hours quickly subsides and the patient is comfortable when you to back in the evening. This is the sort of thing you should be able to do in these acute conditions.

In cases of acute otitis with violent pains all round the mastoid region there are three or four drugs I want to consider.

Supposing you take the case which has come on very suddenly, with a history of the patient having been out in a very cold north-east wind, he is intensely restless, the pains are very violent, usually burning in character. He is irritable, a bit scared, with all the signs of a rising temperature, and extreme tenderness to touch. With that history after a few doses of ACONITE the acute inflammatory process which is just staring will have entirely disappeared. That it is the type that one hopes for, and which one sees very often in winter.

You will get another case-usually in children-where there is not the same definite history of chill, although that may be present, but where the pain is even more intense and where the patient is practically beside himself with pain, will not stay still, is as cross and as irritable as can be, again with extreme tenderness, and you get the impression that nothing that the friends do satisfies him. You give him a few doses of the CHAMOMILLA and again the whole inflammatory process will rapidly subside.

The next case has gone a little further; there is much more tenderness over the mastoid region, possibly a little bulging, and the ear begins to look a little more prominent on the affected side. The external ear is very red, often much redder than on the opposite side. There are very acute stabbing pains running into the ear, the condition is a little comforted by hot applications, and the patient is extremely sorry for himself, miserable, wanting to be comforted, probably a little tearful, but without the irritability of Chamomilla and CAPSICUM almost always clears it up.

In addition to the three drugs which I have considered, one always has in mind the

possibility of a Pulsatilla child requiring a dose of Pulsatilla for the condition. And also one not infrequently sees as case giving indications for Mercury or Hepar sulph., but these I have no time to do more than mention.

Then to go on to typical acute neuralgias, facial neuralgias, or acute sciaticas, or things of that sort where you want to get immediate relief. Again you can use pretty well routine methods for relieving these cases.

Let us consider the acute facial neuralgias, for these conditions. It does not really matter which branch of the nerve is involved, you take a case a like that, with violent pain coming in sharp stabs, or twinges of pain running up the course of the nerve, coming on from any movement of the muscles of the face, very much aggravated by any draught of air, with extreme superficial tenderness over the effected nerve, which is much more comfortable from warmth, applied warmth, and also from firm supporting pressure. That case, particularly when it involves involves the right side, almost always responds to MAG. PHOS - nine out of ten will so respond. Incidentally this dose not apply to dental neuralgia, these are much more difficult and they run to quite a number of different drugs.

If you have the same condition, with practically the same symptoms, the same modalities, affecting the left side, it generally responds to COLOCYNTH.

The side usually determines the choice, but occasionally either drug may relieve neuralgias involving the opposite side.

Where you get an orbital neuralgia, with much more sharp stinging pains, "as if a red hot needle were stuck into it" is a very common description in these cases, and the pains tending to radiate out over the course the nerve, in the majority of cases, you get relief from SPIGELIA.

There is one very useful point about Spigelia, and that is that you sometimes get the statement that, in spite of the burning character of the pain, after it has been touched there is a strange cold sensation in the affected area. That is Spigelia and Spigelia alone.

These are three drugs which I find much the most useful in a routine way for facial neuralgias.

As a rule I use high potencies, but I do not like to go too high because sometimes in these very painful conditions the very high potency aggravates the pain for the time being, for ten minutes or so, and thus unnecessary suffering, so in these cases with acute pain I seldom go higher than a 30th potency. POST-HERPETIC NEURALGIAS

There is another group of condition of the same type, the post- herpetic neuralgias, which are sometimes very troublesome. You know the ordinary shingles neuralgia where the patient comes with acute burning pain along the course of the intercostal nerve and gives a history that he has had a small crop of shingles, very often so slight that he paid little or no attention to it. Well, if you can get the same modalities as you got in the facial neuralgias under Mag. phos. that remedy with often relive. Much more commonly you find that these post-herpetic cases respond to RANUNCULUS. The particular features for this drugs are the history of herpes, the very sharp shooting pains extending along the course of the intercostal nerve, that the painful area is very sensitive to touch, that the pain is induced or aggravated by it, and you may get the statement that the patients is extremely conscious of any weather change because it will cause a return of the neuralgia again. Well, that type of case responds in almost every instance to Ranunculus.

You will get a few of these cases which have not responded to Ranunculus, with much the same distributions of pain, and the same modalities, but without the marked aggravation in wet weather. where the affected area is extremely sensitive to any cold draught, particularly sensitive to any bathing with cold water, and where the pain are likely to be very troublesome at night, and with a marked hyperaesthesia over the affected area. And these cases usually respond to MEZEREUM.

SCIATICA

Then you get another type of neuralgia-the sciaticas. And there again you can get helpful leads. In cases of sciatica, pure sciatica, in which I can get no indications at all but the ordinary classical symptoms of sciatica, that is to say, acute pain down the sciatic nerve, which is aggravated by any movement, is very sensitive to cold, more comfortable if kept quite and warm, then it depends which leg is involved what drug I give. If it is a right sided sciatica I give MAG. PHOS., but if it is a left sided I give COLOCYNTH. And you would be astonished how often one gets almost immediate relief from either Mag. phos. or Colocynth.

Some sciatica patients are frightfully uncomfortable the longer they keep still, they have got to start moving, and there are two drugs which seem to cover the majority of these cases. If the patient is warm-blooded, and the sciatic pains tend to be more troublesome when warm, particularly warmth of bed, and rather better when moving about, in the majority of instances one gets relief from KALI IOD.

If on the other hand, you have very much the same modalities with a chilly patient, particularly if he is sensitive to damp as well as cold, and again more comfortable when moving about, RHUS will clear the majority of such cases. Then there are one two odd indications which sometimes help you in a sciatica where you can get no other distinguishing symptoms. For instance, if you get a sciatica which has, associated with the acute sciatic pain, marked numbness, there are two drugs which cover most of your cases. One is GNAPHALIUM, which has this sensation of numbness associated with the pain and tenderness over the sciatic nerve more marked than any other drug in the Materia Medica.

The second drug which has this numbness associated with pain and tenderness of the sciatic nerve is PLUMBUM, and the main indication which suggests this remedy is that I have never seen a sciatica giving indications for Plumbum which was not associated with extreme, constipation as well as the pain and numbness. ACUTE COLIC

In cases of acute colic, renal hepatic, or intestinal, one can give quick relief by fairly snapshot prescribing. When you go to such a case and know that morphia and atropin will relive the spasm, it is very tempting to us them. If you cannot get your homoeopathic drug in a snapshot way I think you are bound to give the patient relief with your hypodermic. To my mind the disadvantages of this procedure are twofold. First, there is the disadvantage that after such relief, it is necessary to begin to treat that case now masked, if not actually complicated, by the action of the morphia. Secondly, there is always the danger that in an acute case of this kind the morphia may conceal the development of surgical emergency which in consequence may be missed. Suppose you have a hepatic colic, it is quite likely due to a stone pressing down into the bile ducts, which may perforate. If morphia has been used it is quite possible-one has seen it happen-that owing to the sedative, indications of the perforation are not detected for hours afterwards. The clinical picture is masked, and you are exposing the patient to a very grave risk. So if there is a method of dealing with these colics apart from morphia I think it is wise to use it. But, as I say, you are only justified in using it if you are getting relief, because these conditions are so painful that it is not fair to let the patient suffer merely because you would prefer using a homoeopathic drug to a sedative. Fortunately the indications in these colics are usually pretty definite.

If you have a case of a first attack of colic, whether it be hepatic or renal, it is a very devastating experience for the patient and he is usually terrified. The pains are usually extreme and nearly drive the patient crazy, and if, in addition, the patient feels frightfully cold, very anxious, faint whenever he sits up or stands up, and yet cannot bear the room being hot, ACONITE will usually give relief within a couple of minutes.

You will seldom get indications for Aconite in repeated attacks. The patients somehow begin to realize that although the condition is frightfully painful it is not mortal, so the mental anxiety necessary for the administration of Aconite is not present, and without that mental anxiety Aconite does not seem to act.

Another case having repeated attacks, each short in duration, developing quite suddenly, stopping as suddenly, associated with a feeling of fullness in the epigastrium, and where the attacks are induced, or very much aggravated, by any fluids, and accompanied by flushing of the face, dilated pupils and a full bounding pulse, BELLADONNA relieves them almost immediately.

Consider another patient who has had liver symptoms for some time, just vague discomfort, slight fullness in the right hypochondrium, a good deal of flatulence, intolerance of fats, and who is losing condition, becoming sallow and slightly yellow. He develops an acute hepatic colic, with violent shoot of pain going right through to the back, particularly to the angle of the right scapula, which subside and leave a constant ache in the hepatic region, and then he gets another violent colicky attack. These attacks are relieved by very hot applications, or the drinking of water as hot as it can be swallowed, CHELIDONIUM relieves these attacks in the most astonishing way.

In these case X-rays usually reveal a number of gallstones. And, in contrast with what happens with morphia and atropine treatment, subsequent X-rays after Chelidonium has been given frequently shows that one or more of these gallstones have passed almost painlessly. So with Chelidonium you are well under way with your treatment of the gallstones, whereas with morphia and atropine you merely relieve the acute attack of pain. In other words, you have already taken a long step in the treatment of the patient towards clearing the condition altogether. That is one point to be said in favour of your homoeopathic treatment rather than the merely sedative relief.

There are quite a number of other drugs for these colics, some of them hepatic, some renal, and same intestinal, and they all have their own individual points which are very easy to pick up at the beside. If one memorizes them in this way it is astonishing the east of your work in acute cases. You see I am not giving you the full description of these drugs, I am picking out only the points which apply to this type of case. That is how you have to do it in practice, but you must remember that these drugs I am giving you for these conditions are the common ones, and that every now and then you meet a case which appears to call for one of these drugs and yet the patient dose not respond. There ar certain homoeopathic physicians who sometimes call me out in consultation for acute cases and I know perfectly well before I leave my room that it is no use my thinking of these drugs as they will already have been given, and what I have to get is something that is not common but our of the way. I remember seeing a case of gallstone colic with one of our very good physicians. It was an elderly woman, and she had that typical Chelidonium picture. Of course she had had Chelidonium already, but without benefit. The doctor said, "I dont understand this case at all: I think she must have a malignant liver." I asked why, and he said. "Because she has all the Chelidonium indications and she does not respond." That is the sort of odd case you will meet with. so if that should happen to be your first one do not think therefore that Homoeopathy does not work: you will find that as time goes on you get more and more cases that do work and the exceptions are fewer and fewer. As a matter of fact that particular case responded to a dose of one of the Snake Poisons, but I have never seen another case that had a Snake Poison for that condition, and one gave it purely because she had already had her Chelidonium; had I seen the case in the first instance I should certainly have given Chelidonium. In spite of the odd cases it is worth while getting these ordinary drugs at your finger ends so that when cases crop up you can prescribe easily on the few indications of the acute condition as presented to you.

There are one or two other drugs that I can touch on which you will find very helpful in these colics.

For instance, BERBERIS, which is extremely useful in colics whether renal or gallstone. The outstanding point about the Berberis colic, no matter its situation, is that from one centre the pain radiates in all directions. Suppose you have a renal colic-and when Berberis is indicated I think it is more commonly on the left side than the right-you will find that where you get indications for Berberis the colicky pain starting in the renal region, or in the course of the ureter, there is one centre of acute pain, and from that centre the pain radiates in all directions. If you have a hepatic colic you get the centre intensity in the gallbladder, and from there that pain radiates in all directions, it goes through to the back, into the chest, into the abdomen. That is the outstanding point about these Berberis colics.

In addition to that, where you are dealing with a renal colic you almost always get an acute urging to urinate, and a good deal of pain on urination. Where you are dealing with a biliary colic, it is usually accompanied by a very marked aggravation from any movement, this is present to a slight extent in the renal colics, but it is not so marked; and in both the patient is very distresses, and has a pale, earthy looking complexion. The pallor, I think, is more marked

in the renal cases, and where there has been a previous gallstone colic you may get a jaundiced tinge in the hepatic cases.

It is a very useful drug, and I do not know any other which has the extent of radiation of pain that you get in Berberis. It is surprising widespread the area of tenderness can be which is associated with a Berberis colic, so much so that in gallstone attacks you get so much tenderness and resistance that you are very afraid of a perforated gallbladder, you get such a resistant right upper rectus, and you may be very suspicious of a peri- renal abscess in the renal cases, again because of the extreme resistance of the muscles on the side of the abdomen.

In a Berberis renal case the urine is as a rule rather suggestive. More commonly it is not blood-stained, but contains a quantity of greyish-white deposit which may be pure pus, but mostly contains pus and a quantity of amorphous material usually phosphates, sometimes urates. Although it is a very dirty looking urine it is surprisingly inoffensive.

There are two drugs drugs which one always thinks of for colics of any kind, and they are COLOCYNTH and MAG. PHOS. It does not matter where the colic is; when you have an acute abdominal colic of any kind one always thinks of the possibility of either Colocynth or Mag. phos. Both remedies are often useful for colic in any area, uterine, intestinal, bile ducts, or renal-it does not matter which it is. The point about these drugs is the they are almost identical, that always in their colics the pain is very extreme, and the patients are doubled up with pain. In both cases the pains are relieved by external pressure, and by heat. In Mag. phos. there is rather more relief from rubbing than there is in Colocynth, which prefers steady, hard pressure.

The next thing about them is that their colics are intermitting. The patients get spasms of pain which come up to a head and then subside.

There are one or two distinguishing which help you to choose between Colocynth and Mag. phos. With Colocynth, in the attacks of colic you always find the intensely irritable. He is frightfully impatient, wants something done at once, wants immediate relief, and is liable to be violently angry if the relief is not forthcoming. In Mag. phos. there is not the same degree of irritability, and the patient is distraught because of the intensity of the pain rather than violently angry.

Another point that sometimes helps in your selection is that Colocynth tends to have a slightly coated tongue, particularly if it is the digestive tract is upset, whereas when Mag. phos is indicated it usually is clean.

Both these drugs have a marked aggravation from cold, a little more marked in Mag. phos. than in Colocynth. For instance, Mag. phos. is exceedingly sensitive to a draught on the area, whereas Colocynth, though it likes hot applications, is not so extremely sensitive to cold air in its neighbourhood.

Another distinguishing point between the two is that in Colocynth there is apt to be a tendency to giddiness, particularly on turning more especially to the left, but this is not present in Mag. phos.

Where you have a report that the colic-and I think this applies much more commonly to uterine than to intestinal colic-has followed on an attack of anger it is almost certainly Colocynth you require.

If the colic is the result of over-indulgence in cheese it is Colocynth indicated, not Mag. Phos. If the pain is the result of exposure to cold, either a dysmenorrhoea or an abdominal colic, it is much more likely to be Mag. phos. than Colocynth.

These are two of the most useful drugs in the Materia Medica for colics, and it is surprising the relief you can get, even in cases of intestinal obstruction, from the administration of Colocynth or Mag. phos. I have seen cases of intestinal carcinoma with partial obstruction in which the patients were suffering from intense recurring colicky pain coming to a head and then subsiding, where Mag. Phos. has given the most astonishing relief. Less commonly kin

such cases where there has been marked irritability in addition to the local symptoms. Colocynth has also done wonders. Very often one or other of these drugs has kept a patient in a surprising degree of comfort till death supervened. In these malignant colics I never go high: a 30th potency is sufficient. In an ordinary acute colic, say dysmenorrhoea, I give a 10m and the relief is almost immediate, and the same applies to intestinal colics.

There is another drug which is very useful as a contrast to these two, and it has very much the same sort of pain, a very violent, spasmodic colic coming on quite suddenly, rising up to a head, then subsiding, and that is DIOSCOREA.

Dioscorea has the same relief from applied heat, and it is sometimes more comfortable for firm pressure, but, in contradistinction to the other two drugs, instead of the patients being doubled up with pain they are hyper-extended; you find them bending back as far as possible. And the only drug I know which has that violent abdominal colic which does get relief from extreme extention is Dioscorea. I have been is useful in gallbladder attacks, in a few intestinal colics, and in a case of violent dysmenorrhoea. I have never tried it in a renal case. Where you get that extreme extension of the spine you can give Dioscorea every time without asking any further questions.

There is one other drug I want to mention because one tends to forget it as colic medicine, and that is IPECACUANHA. Ipecac. is one of the most useful colic drugs we have, and the indications for it are very clear and definite.

The character of the pain described in Ipecac. is much more cutting than the acute spasmodic pain occurring in most other drugs. But the outstanding feature of Ipecac. is the feeling of intense nausea which develops with each spasms of pain. Accompanying that nausea is the other Ipecac. characteristic that in spite of that feeling of deathly sickness the patient has a clean tongue. You will see quite a number of adolescent girls who get most violent dysmenorrhoea, they are rather warm-blooded people, and with the spasms of pain they very often describe it as cutting pain in the lower abdomen-they get hot and sweaty and deadly sick so that they cannot stand up and any movement makes them worse. They have a perfectly clean tongue and a normal temperature, and very often Ipecac. will stop the attack, and even the tendency to dysmenorrhoea altogether. It is one of the very useful drugs and, as I say, one of the ones one tends to overlook.

I have seen several cases of renal colic, associated with the same intense nausea, which have responded to Ipecac. but I think that is more rare: it is more commonly in uterine cases that you get indications for it.

There are three drugs I always tend to associate in my own mind for colics. Lycopodium, Raphanus, and Opium, the reason being that in all three the colic is accompanied by violent abdominal flatulence. It is always in intestinal colic in which I expect to find indications for one or other of these drugs. It may be associated with a gallbladder disturbance, and if so it is much more likely to be Lycopodium than either of the other two.

In all three there is a tendency for the flatulence to be stuck in various pockets in the abdomen, that is to say, you get irregular areas of distension. In all three you are likely to get indications in post-operative abdominal distensions, semi- paralytic conditions of the bowel. Where you have definite paralytic conditions like paralytic ileus following abdominal section you are more likely to get indication for Raphanus and Opium than for Lycopodium, but if the paralytic condition happens to be ore in the region of the caecum the indications are probably for Lycopodium rather than for the other two.

That is the general picture, and there are none or two distinguishing points which help you. For instance, in LYCOPODIUM the colicky pain is likely to start on the right side of the abdomen, down towards the right iliac fossa, and spread over to the left side, whereas in the other two it remains more or less localized in the one definite area.

In Lycopodium you are very liable to get a late afternoon period of extreme distress, the ordinary 4 to 8 p.m. aggravation of Lycopodium. There is likely to be very much more rumbling and gurgling in the abdomen in Lycopodium, and there is more tendency to eructation, whereas in the other two the patients does not seem to get the wind up to the same extent. Where

there is eructation the patients usually complain of a very sour taste in Lycopodium cases.

In Lycopodium you usually have a somewhat emaciated patient with a rather sallow, pale complexion.

There are one or two points that lead you to OPIUM instead of the other tow. In Opium. as I said, there is apt to be a definite area of distention, and the patient may say that he gets a feeling as if everything simply churned up to one point and could not get past it, or as if something were trying to squeeze the intestinal contents past some obstructing band, or as if something were being forced through a very narrow opening.

Another point that leads to the selection of Opium is that with these attacks of colic the Opium patient tends to become very flushed and hot, feels the bed abominably hot, wants to push the blankets off, and after the spasm has subsided tends to become very pale, limp, and often stuporose.

The area of distension in Opium is likely to be in the centre of the abdomen rather than in the right iliac fossa, and it is one of the most commonly indicated drugs in a paralytic ileus.

Another point that sometimes puts you on to Opium is that when the pains are developing up to a head the Opium patients develop an extreme hyperaesthesia to noise. I remember one patient who had a paralytic ileus after an abdominal section and as he was working up to another attack of vomiting he had that hyperaesthesia to noise more marked than I have ever seen it. If the nurse in the room happened to jangle the basin into which he was going to be sick he nearly went off his head and he turned and fairly cursed her. That hyperaesthesia to noise make me think of Opium, and it completely controlled his attack and the whole condition subsided. This hyperaesthesia is worth remembering as it is so different from the sluggish condition induced by the administration of Opium in material doses.

The RAPHANUS type of post-operative colic is again slightly different. Instead of getting the right side of the abdomen distended as in Lycopodium, or the swelling up in the middle as in Opium, in Raphanus you get pockets of wind, a small area coming up in one place, getting quite hard, and then subsiding, followed by fresh area doing exactly the same. These pockets of wind may be in any part of the abdomen. In the acute attacks of pain the patients tend to get a little flushed, but not so flushed as the Opium patients, and they do not have the tendency to eructation that one associates with Lycopodium, in fact they do not seem to be able to get rid of their wind at all either upwards or down wards. But it is these small isolated pockets coming up in irregular areas throughout the abdomen which give you your main lead in Raphanus cases, and I have seen quite a number of them now, post-operative cases, and it is astonishing how quickly after a dose of this remedy the disturbance subsides and the patient begins to pass flatulence quite comfortably.

In post-operative cases I usually give Lycopodium in 200th potency. In Raphanus I always use the 200s, having found this potency worked I have stuck to it. In Opium I usually give a higher potency because these cases are pretty extreme.

There are, of course, endless other drugs which have colic, but I am trying to pick out those most useful in emergencies. There is one other which you ought to know, PODOPHYLLUM. Podophyllum you will find useful in hepatic colic mainly, It is helpful in intestinal colics associated with diarrhoea, I mean with acute diarrhoea, but then you prescribe it much more on the diarrhoea symptoms than on those of the colic. But you do get indication for it in hepatic colics purely on the local symptoms.

I think in these cases where you have Podophyllum indicated in hepatic colic you always have degree of infection of the gallbladder, and one of the first things that makes you think of the possibility of Podophyllum is the fact that the maximum temperature is in the morning and not in the evening. It has a 7 oclock on in the morning peak temperature.

In addition to that, the Podophyllum patients are very miserable and depressed, almost disgusted with life.

There is always a degree of jaundice in the gallbladder cases, and it may be pretty marked.

In the majority of these cases the pain is not definitely localized in the gallbladder area, it s more in the epigastrium as a whole, and tends to spread across from the middle of the epigastrium towards the liver region. The pains are twisting towards the liver region. The pains are twisting in character, and they are much aggravated by taking food.

In these Podophyllum cases when the acute pain has subsided there is a horrible feeling of soreness in the liver region, and you find these patients lying stroking the liver, which gives a great sense of comfort. When I see an infected gallbladder with a morning temperature instead of an evening one I immediately think of Podophyllum. It is astonishing how often one gets his indication, and then you generally see the patients lying in bed stroking the liver region. In every case where the morning temperature and that relief forms stroking have put me on to Podophyllum I have found that the other symptoms fitted in.