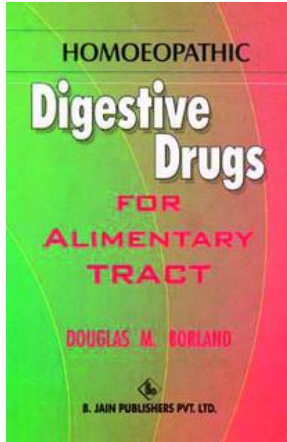


Douglas M. Borland Digestive Drugs

Leseprobe

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von [Douglas M. Borland](#)



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Digestive Drugs

By Dr. D. M. Borland

The following lectures on Digestive Drugs were given by Dr. D. M. Borland at the London Homoeopathic Hospital in 1940.

In approaching the subject, Dr. Borland took the drugs possessing a definite affinity for the digestive tract in their symptomatology, and picked out the outstanding distinguishing points between them. The notes contain much valuable detail born of personal experience, and manifest a wide knowledge of the subject.

AESCULUS

"FROM the digestive angle, *Aesculus* is indicated usually in the rather older patient, the oldish man, who is beginning to break down a little. He is always rather heavy and dull, and there is a good deal of generous venous congestion, slightly congested veins, very often slightly dilated capillaries which are very obvious, and the patient is dull, heavy, and rather depressed. In most instances you will get a history that the patient has been quite a good liver; he has done himself pretty well and his digestion is beginning to give out.

The *Aesculus* patient usually complains a good deal of heartburn, with troublesome acid eructation. And the eructation is fairly typical; it is a very nasty, bitter, greasy type of eructation. He also tells you that very often after a decent meal, with that eructation he begins to gulp up little mouthfuls of sourish food.

Then, always you will get a complaint of fullness and discomfort immediately after a meal, sometimes amounting to actual pain, usually of a burning character, and this discomfort often continues right along to the second meal, which for a time gives him some relief.

On occasion you will get the story of this fullness and eructation going on to actual vomiting, the patient gulping up small quantities, mouthfuls, of food, which are sour or bitter, and of his going on doing this till his stomach is empty, when he feels very much more comfortable.

The next thing about this *Aesculus* patient is that with this general venous state, and with the general feeling of fullness in the abdomen, on examination you will always find a certain amount of hepatic enlargement. Associated with this, they often complain of backache, an aching pain in the back with a good deal of stiffness, and particularly they complain of difficulty in getting up out of a chair.

being sure when to give it, and, merely for the local condition, it is most disappointing.

It is one of the fascinations, but one of the trials, of homoeopathy, that one case of duodenal ulcer responds to *Anacardium* but the next one does not—it is one of the things that keeps up one's interest in the work. One can get a fairly definite picture of the *Anacardium* make-up, and link it on to the typical diagnostic symptoms of pyloric or duodenal ulcer.

The first thing about *Anacardium* patients is that they are always intensely irritable, bad-tempered, liable to curse and swear; but, and this is a diagnostic point for *Anacardium*, they are cowardly. If anyone stands up to their cursing, they simply crumple up, and have got no stuffing at all. It is obvious and very different from the *Nux* and *Hepar* make-up.

The next thing about them is that they suffer from an extreme feeling of indecision. They worry about things, they cannot make up their minds, and this worry and nervous fret is liable to bring on an attack of pain. Another point is that any excitement is also liable to produce an attack of abdominal pain.

Then, again from the prescribing point of view, it is helpful to remember that most of these *Anacardium* patients have a blunting of all their senses. Their sense of hearing is blunted. Their sense of smell is either blunted or disturbed. It is sometimes very acute for particular smells, and they sometimes have a nasty odour in the nose, but often the sense of smell is blunted.

The next thing that is a help in your drug selection is that these patients are rather insensitive to their surroundings. They do not fuss about things, untidiness does not worry them in any way. This is important because so many of the other drugs run exactly the opposite way.

Another symptom of which *Anacardium* patients complain is that they are liable to get sudden attacks of very profuse salivation. And not infrequently these patients have a rather offensive odour from the breath.

Usually they are moderately thirsty. But any cold food or drink—cold drink particularly—is liable to bring on an attack of acute pain. Another point is that *Anacardium* patients are all particularly aggravated by soup, which is liable to produce a very acute heartburn.

Anacardium patients often complain of a feeling of nausea in the morning on getting up. They often get a return of this when they begin to get hungry, and it is usually relieved by food. They also

There is an odd thing in this connection. In children one occasionally sees an *Arsenicum* gastritis in which the patient seems to be singularly tolerant of sweetened, condensed milk, although they cannot tolerate ordinary milk. I cannot explain why this is so, but in practice it is the case.

Owing to its periodicity *Arsenicum* is often helpful in treating recurring bilious attacks.

Arsenicum patients with gastro-intestinal upsets feel so awful, so ill, and they are so afraid, that they get a definite craving for stimulants of all kinds—alcohol, coffee, tea, anything that may stimulate them—and all stimulants aggravate their pains. Mostly they have an aversion to food of any kind, and a particular loathing of anything fatty or greasy.

In *Arsenicum* cases the stools are very varied—acute watery diarrhoea with just little flecks of mucus in it, acute bile-laden stools, absolutely clay-coloured stools associated with an acute hepatitis, or a tarry stool associated with a gastric ulcer or a gastric carcinoma.

AURUM METALLICUM

INDICATIONS for *Aurum* occur in the typical malignant stomach.

There are one or two very definite indications which point to such a case. *Aurum* is indicated for the patient who has realised that he is up against a malignancy, or at least a very serious illness, and he is very hopeless about the outcome of it.

The patient is singularly obstinate and does not always carry out instructions; he gets an idea into his head, either that it is no good his doing anything, or that something of which he has heard or read is going to cure him, and it is very difficult to persuade him otherwise.

As far as the appearance of the patient goes, many of these *Aurum* patients have, or have had, a definite cardiac lesion of some kind and are quite liable to have a good deal of colour, very often the sort of mitral flush associated with the cardiac lesion. Add to that the symptom that all these *Aurum* patients have a definite desire for air; they want plenty of fresh air circulating about them.

They get flushed and hot and when they are feeling particularly depressed, heavy and miserable, are very often helped for the time being by bathing, or by sponging the face and neck, in cold water.

cold milk, which seems to comfort the stomach. On occasion in these attacks of acute gastritis, the *Rhus tox.* patients complain of a feeling of intense hunger, though they get sudden attacks of vomiting after taking any food.

There is another group of conditions in which one gets definite indications for *Rhus tox.*: acute inflammatory conditions in the abdomen. The commonest of these are acute appendicitis and acute generalised peritonitis. Acute dysentery is also common.

In the acute inflammatory abdominal condition, the abdomen is extremely sensitive to touch, the pains are pretty violent, and you will find the patients lying with the legs drawn up in order to relieve abdominal pressure. Most of the acute inflammatory conditions in the abdomen tend to be on the right side.

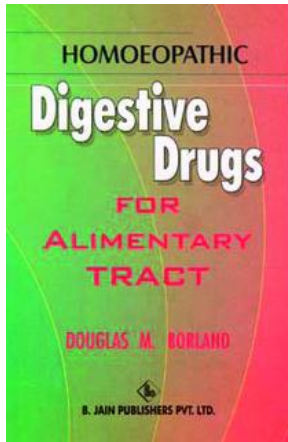
Not infrequently, you get indications for *Rhus tox.* in an appendicitis which is associated with a good deal of liver disturbance, either a cholecystitis or just a general congested liver with a degree of jaundice. In a typical *Rhus tox.* case of dysentery, there is the most violent tenesmus before and after stool, with acute abdominal colicky pains and the passage of bloody mucous stools.

You will occasionally see indications for *Rhus tox.* in typhoid. There are two stages at which this may occur. First, when the patients are having very violent, copious, watery stools, associated with a degree of tenesmus. Second, where there is complete incontinence—here, you are even more likely to observe *Rhus tox.* indications.

In both cases, the stools are much more frequent at night and much less frequent during the day. It is interesting to note that although one ordinarily associates *Rhus tox.* with bowel upsets which are accompanied by violent tenesmus and extreme straining at stool, in typhoid indications for *Rhus tox.* are much more likely to show themselves accompanied by complete incontinence.

In order to clinch a *Rhus tox.* diagnosis, there must be the general *Rhus tox.* modalities. The patients are always extremely tired. They are very despondent, and may be actually weepy. There is always a fairly marked anxious mental restlessness, and the patients may feel that they really want to die.

They nearly always complain of a feeling of general chilliness, and their discomforts are relieved by external warmth. In all their conditions, they complain of a degree of general stiffness, particularly after they have been still for a little time.



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