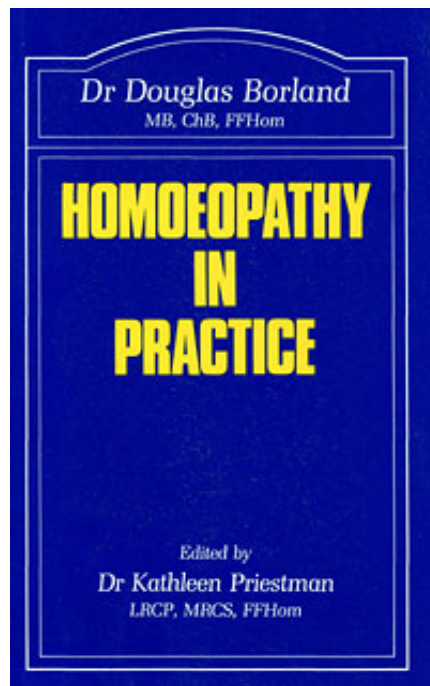


# Douglas M. Borland Homoeopathy in practice

Leseprobe

[Homoeopathy in practice](#)  
von [Douglas M. Borland](#)



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## Chapter 5

### *Heart Conditions*

The simplest way to group cardiac emergencies from a remedy point of view is to look at them under three headings: 1) Acute cardiac failure, 2) Gradual cardiac failure with a tendency to dilatation, and 3) Acute cardiac angina.

#### **ACUTE CARDIAC FAILURE**

For acute cardiac failure, most cases require one of four remedies. These are Arsenicum Alb., Antimony Tart., Carbo Veg. and Oxalic Acid. There are various points which help in the selection of these individual remedies and it is not difficult to distinguish between them.

##### **Arsenicum Album**

Arsenicum Alb. patients demonstrate the typical Arsenicum Alb. mental distress, with extreme fear, extreme anxiety, and mental and physical restlessness. They have constant thirst, with a desire for small sips of cold water.

The main complaint is a feeling of extreme cardiac pressure, a feeling of great weight or constriction of the chest. At the same time the patients feel as if they cannot get enough air into the lungs and that they are going to die.

As a rule Arsenicum Alb. patients are cold, they feel cold, though they may complain of some burning pain in the chest.

In appearance they always look extremely anxious. They are grey, their lips are rather pale, maybe a little cyanotic, and they are very dangerously ill. They often have a peculiar pinched, wrinkled, grey appearance.

As a rule there is a history that the attack has developed quite suddenly, and the response to Arsenicum Alb. should be equally quick. The first response is a diminution of the patient's mental anxiety and

extreme fear, the restlessness begins to subside, and they begin to feel a little warmer.

Arsenicum Alb. seems to act very much like a temporary cardiac stimulant, and in the majority of these cases it is necessary to repeat the dose frequently and to give it in a high potency.

There is a very important practical point in connection with these cases. A patient has responded well to Arsenicum Alb., his condition has improved and then in 3, 4 or 6 hours he has a relapse. If Arsenicum Alb. is repeated the patient does not improve a second time. To avoid this it is necessary to prescribe a second remedy within 4-6 hours of the primary collapse, while the patient is still responding to the Arsenicum Alb. This should prevent the secondary collapse. This seems to be one of the very few instances which appears to ride right across the dictum that so long as the patient is improving, continue with the same remedy. In these acute Arsenicum Alb. cases, if the patient improves, a second remedy needs to be prescribed within 2-3 hours.

The remedies which frequently follow Arsenicum Alb. in the reactive stage are Phosphorus or Sulphur, but that is by no means constant. One can easily picture that grey, pinched, anxious Arsenicum Alb. patient responding, getting a little warmer, a little less grey, a little less pinched and drawn, a little less anxious and restless and becoming a typical Phosphorus patient. Equally one can see them going to the other extreme, where they are too hot, with irregular waves of heat and cold, tending to push the blankets off, with air hunger and requiring Sulphur.

These are the two commonest remedies, but one other that can be helpful following Arsenicum Alb. is Carbo Veg. Here the air hunger persists and the patient has to sit up to get comfortable, he has troublesome flatulence, the extremities are very cold, but the thirst is subsiding. The patient is slightly cyanosed, perspiring and has a craving for fresh air, moving fresh air, and asks to be fanned. With these symptoms Carbo Veg. is indicated.

#### **Antimonium Tartrate**

Antimonium Tart, patients present a somewhat similar picture to Arsenicum Alb., but there are clear points of difference. Antimonium Tart, have a greater tendency towards cyanosis than Arsenicum Alb. This may involve the whole of the extremities or it may be confined to the nails.

There is never the same kind of mental anxiety in Antimonium Tart. They are more exhausted, much more hopeless, more depressed. They

are never quite as restless and never quite so pale as Arsenicum Alb. They are not thirsty, and drinking seems to increase the patient's distress.

Another contrast is that Antimonium Tart, are very much aggravated by heat, and especially by a stuffy atmosphere. As a contrast between Antimonium Tart, and Carbo Veg., Antimonium Tart, patients do not like a stream of air circulating round them; they want the room fresh, but they like the air to be still.

In most of these Antimonium Tart, cases there is an early tendency to oedema of the lower extremities.

Another indication for Antimonium Tart, is that practically all these patients have a very white thickly-coated tongue, with a rather sticky, uncomfortable mouth.

They have a feeling of fullness in the chest, rather than the feeling of acute pressure found in Arsenicum Alb. Frequently, generalised, diffuse rales are present in the lower part of the lungs on both sides.

In contrast to the Arsenicum Alb. patient with collapse after a cardiac crisis, patients responding to Antimonium Tart, will continue to improve without the need of a follow-up remedy as is necessary in Arsenicum Alb.

#### Carbo Vegetabilis

Carbo Veg. patients present the classical picture of collapse. They have the cold clammy skin, are mentally dull and confused, and have no very clear idea of their surroundings or what is happening to them. They have the most intense air hunger, and in spite of their cold clammy extremities want the air blowing on them. They cannot bear to have the bedclothes round their necks and they benefit from oxygen.

They are much paler than the Antimonium Tart, patients; the lips tend to be pale rather than cyanotic.

Like the Antimonium Tart, patients, any attempt to eat or drink tends to increase their distress, and they have none of the Arsenicum Alb. thirst.

An apparent contradiction in Carbo Veg. patients is that, in spite of their desire to be uncovered and their intolerance of the blankets round the upper part of the neck or chest, they complain of ice-cold extremities. They feel as if the legs are just lumps of ice and they cannot get them warm at all.

Once the patient is responding to Carbo Veg. - perspiring less, the surface becoming warmer and the distress less acute - it is wise then to look for a second remedy in case of need, because some Carbo Veg.

patients relapse although many of them make a complete recovery on Carbo Veg. Often when the patient has made some improvement after the administration of Carbo Veg., the follow-up remedy will be found to be Sulphur, although Kali Carb. should always be considered.

**Oxalic Acid**

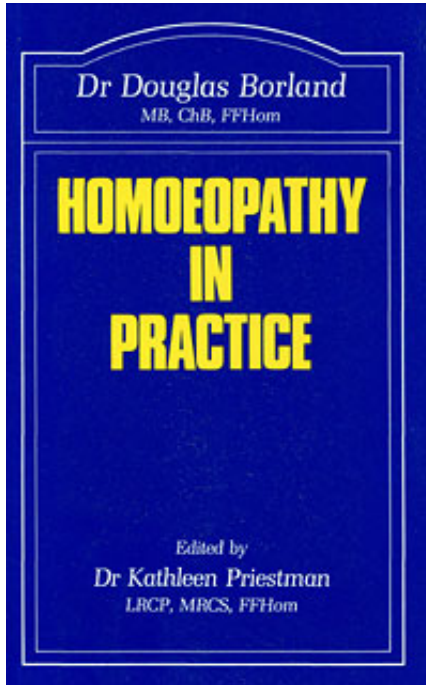
The last of these remedies for acute cardiac failure is Oxalic Acid. Oxalic Acid has one or two very outstanding symptoms which are often met with in cases of collapse, and which are a great help in the selection of the remedy.

First, the patients always complain of a feeling of the most intense exhaustion. Associated with that exhaustion there is usually a sensation of numbness. They very often say that their legs and feet feel numb and paralysed, or they feel as if they had no legs at all.

The skin surface is about as cold and clammy as it is in Carbo Veg. but Oxalic Acid patients have a peculiar mottled cyanosis not present in the other remedies. The fingertips and finger and toe nails will be cyanotic but in addition, the patients have a peculiar mottled appearance of the hands and feet which is quite distinctive to Oxalic Acid. This mottled cyanotic condition also occurs on the face, usually over the malar bones.

These patients, in contrast to Arsenicum Alb., want to keep absolutely still; movement of any kind increases their distress.

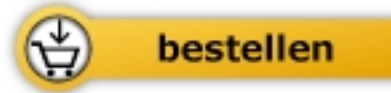
In addition to their general distress, most Oxalic Acid patients complain of sharp pains in the chest. The pain is not typical anginal pain; it is a sharp pricking pain which usually comes through from the back and extends up the left side of the sternum towards the clavicle, or down the left side of the sternum into the epigastrium.



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