

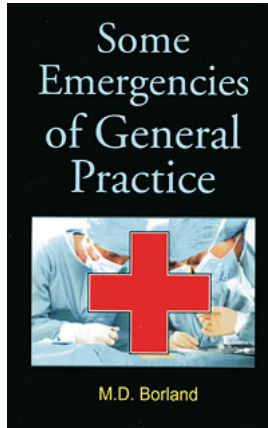
Douglas M. Borland

Some Emergencies of General Practice

Leseprobe

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SOME EMERGENCIES OF GENERAL PRACTICE *

It would seem that for most of us life comes in phases. For our generation there was the period before the First World War, then the phase of the war, followed by the period between the wars, and then the phase of the Second World War. These are common to all, but there are also phases peculiar to each of us. I am now looking back over the period when I was actively engaged in the work of the Hospital and the teaching carried on there. Thinking of my early days and the difficulties then confronting me I wondered if in any way I could help those starting out on the same road. As a result, I am tempted to offer you this paper on some of the emergencies confronting the beginner in homoeopathic general practice.

I think emergencies are one of one's greatest difficulties when beginning to practise Homoeopathy. In an acute emergency one has to do something immediately; we cannot spend time hunting for a drug.

All these emergency cases fall roughly into two main groups — the patient who is dying, and the patient who is in great pain. You sometimes get the two combined. There is a third problem — Is the case medical or surgical? — and that is always at the back of one's mind. Here it is your general medical skill that comes in; in the other two types it is a question of homoeopathic knowledge. So it is the dangerous case and the case of acute pain that I want to consider here.

In the first instance you will find that the matching of acute pain is much the more difficult; the cases of acute danger are much easier to tackle. The dangerous cases usually resolve themselves into a question of cardiac failure in one form or another, I think from the homoeopathic standpoint

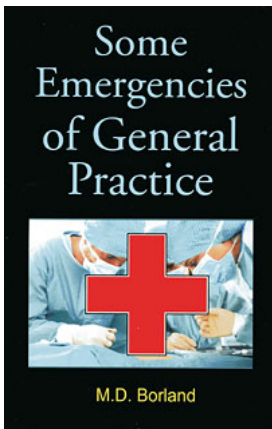
* Reproduced from The *British Homoeopathic Journal*, March 1946

to *Arsenic* within a quarter of an hour the patient is not an *Arsenic* one. The first response that you ought to get is a diminution of the patient's mental anxiety and extreme fear; the restlessness beginning to subside, and he begins to feel a little warmer.

In these cases my experience has been that you are wise to administer the highest potency of *Arsenic* you have with you, and as I now carry all remedies up to the *cm*. I always give *cms.* of *Arsenic*. But whatever potency you have with you, use the highest, because this is the kind of case that will die very rapidly and you gain more by giving whatever potency you have than by wasting time going home to get a higher one. The *Arsenic* seems to act very much like a temporary cardiac stimulant, and I find that in the majority of these cases you have to repeat the dose, certainly to begin with, about every 15 minutes.

The next thing is that very often one sees a case of that sort which responds perfectly well, the patient is better, everyone feels he is getting over it, and then in three, or four, or six hours the symptoms begin to come back, the patient no longer responds to *Arsenic*, collapses and dies. That was my experience at one time. Then it began to dawn on me that I had given another drug during the reactive period I could have carried these cases on. I found that when this was done the patients did not get the secondary collapse and were thv.s saved. To achieve this result you have to give your secondary drug within four to six hours of the primary collapse while the patient is still responding to the *Arsenic*, otherwise you are in great danger of having a secondary collapse which you cannot combat. So remember that this is one of the ver/ few instances in which one appears to ride right across the dictum that so long as the patient is improving one carries on with the same drug. In these acute cases if you have set up a reaction at all you have got to take advantage of it, otherwise the patient will sink again.

The drugs which as a rule I have found these *Arsenic* cases go on to in the reactive stage are *Phosphorus* or *Sulphur*, but that is by no means constant. You can quite see that



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