

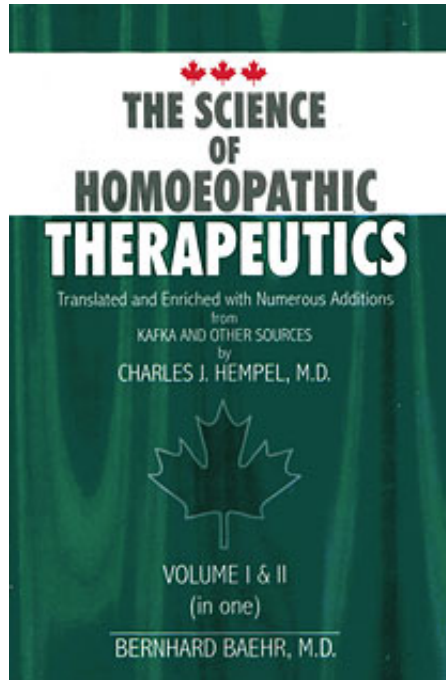
Bernhard Baehr

The Science of Homoeopathic Therapeutics

Leseprobe

[The Science of Homoeopathic Therapeutics](#)

von [Bernhard Baehr](#)



<http://www.narayana-verlag.de/b1112>

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FIRST SECTION.

Diseases of the Brain, the Spinal Cord, and the Nervous System Generally.

A. DISEASES OF THE BRAIN.

Hyperaemia of the Brain and its Membranes.

EVEN up to a recent period, doubts have been entertained whether a true hyperaemia of the contents of the skull is possible or not, and a number of reasons were well calculated to favor such doubts. Recent physiological experiments, however, have shown satisfactorily that the volume of blood within the skull may differ, and we will refrain from taking sides in this purely pathological question, except so far as to pronounce in favor of the opinion according to which hyperaemia of the brain is not only possible but likewise of frequent occurrence.

By hyperaemia of the brain we understand a condition of this organ where the cerebral vessels contain more blood than the normal quantity. This abnormal increase of the volume of blood may be occasioned by three different causes. In the first place, the flow of blood from the brain being normal, a larger quantity of blood returns to the brain. In the next place, the flow of blood from the brain may be abnormally diminished, whereas it may be returned *m* a normal quantity. Finally, the cause may be located in the brain itself, the cerebral parenchyma may become atrophied or softened, or the capillaries of the brain may become enlarged.

Hyperaemia of the brain is either confined to a limited locality, or extends throughout the whole organ. It will scarcely ever be found possible to establish, during the life of the patient, a sure diagnosis regarding the special seat and the extent of the hyperaemia, for the reason that congestions of limited extent frequently excite much more striking Symptoms than more extensive congestions. So far as Therapeutics is concerned, such a diagnosis is

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scarcely ever of much importance. Even a post-mortem inspection does not always show hyperaemia with absolute certainty, since a sanguineous engorgement is often supposed to exist where there is not any, and, on the other hand, localized or apparently not very marked stagnations are often overlooked. In this respect the meningeal membranes are very apt to lead one into error. On the contrary, the post-mortem signs become much more apparent in consequence of a frequent recurrence of the congestion, since this causes a dilatation of the vessels. By this means the vessels of the meningeal membranes are made to look like varicose veins, having a strongly marked Serpentine course, while the substance of the brain, on its cut surface, exhibits more or less numerous bloody points, and even assumes a reddish tint. It often happens that the most unmistakable signs of a high degree of cerebral hyperaemia have been present during life, without any corresponding alterations being discovered after death.

The most important terminations of cerebral hyperaemia, which impart to it a higher significance in practice, are: Sudden death from paralysis of the brain in consequence of excessive pressure of the blood; dilatation of the vessels, especially the capillaries, by which the tendency to congestion is increased; exudation and extra vasation.

The causes of cerebral hyperaemia are various and important in a practical point of view, since in most cases they determine the selection of the suitable remedy. These causes are of two kinds, causes which affect the brain directly, and indirect causes, by which, through the Operation of influences that are partially unknown to us, the brain becomes involved in an affection more or less remote from the brain. Among the direct causes affecting the brain, the most prominent are: Concussions of the head by a fall, blow, etc., continued, persevering and excessive mental exertions, emotional excitement, exposure to excessive heat of the sun (insolation, coup-de-soleil) or to artificial heat, likewise to excessive cold, more particularly if the influence of cold is suddenly succeeded by the action of intense heat. In the second category we may range, according to circumstances, almost all kinds of febrile affections, since almost all of them may be associated with cerebral hyperaemia; in this place we will content ourselves with mentioning pathological processes where cerebral congestions are almost always present; they are: Erysipelas of the face, angina, parotitis, inflammatory affections of the eyes and ears, irregularities of the teething process.

Among the more or less chronic affections that may be mentioned in this connection as causal circumstances, the most prominent in the list of those that impede the flow of blood from the brain are: Defects of the right heart, emphysema, tumors on the neck; in the list of those that occasion a general increase in the impulse of the circulation: Anomalies of the left ventricle, suppression of habitual losses of blood, (menses, piles.) In this last category we likewise range, without doing any great violence to the natural order, the cerebral hyperaemias occasioned by the abuse of alcohol or of other narcotic substances, such as Opium. Without doubt, there likewise exists a tendency to cerebral congestions, in which case they may take place without having been excited by any perceptible pathological alteration. This tendency is identical with the so-called apoplectic habitus, but cannot be recognized with any certainty, *a priori*, by definite diagnostic signs, but has to be determined in most cases, *a posteriori*, by the actual fact; it is a certain fact that it is not alone indicated by a thickset frame and a short, thick neck. On the other hand, the idea of a probable occurrence of cerebral hyperaemia suggests itself, *a priori*, in the case of individuals who, while consuming quantities of nourishing food, do not take bodily exercise in a corresponding ratio, and in whom this mode of living develops a condition that may be justly termed plethora. We have already stated in a former paragraph that the frequent repetition of attacks of hyperaemia leads to a dilatation of the vessels, which increases the disposition to renewed attacks.

Generally speaking, the prognosis in this affection is favorable, since a fatal result need not be apprehended unless some other complicating affection should supervene. In one respect it depends upon the age of the patient. Whereas, in persons of middle age, the danger is not very serious; it is, on the contrary, much greater in the case of children and old people. In the case of children, death takes place very frequently in consequence of the cerebral paralysis occasioned by the hyperaemia; in old people, the vessels are generally so fragile that they readily tear, and their contents become effused upon the brain. The apparent violence of the hyperaemia is no adequate criterium of the danger caused by it. On the other hand, the more frequently the congestion occurs, the more dangerous it becomes. Where it depends upon pre-existing derangements, the prognosis depends almost exclusively upon the character of these derangements.

The Symptoms by which hyperaemia manifests itself vary proba-

bly according as one or the other locality of the brain is the seat of the affection, and according as the pressure upon the brain is more or less violent.

The head feels heavy, confused, or as if encircled by a tight band; the headache, which is scarcely ever wanting, is almost always throbbing, and is aggravated by stooping, unusual exercise and every mental effort. Buzzing in the ears, sensitiveness of the eyes, even seeing of sparks and obscuration of sight, are generally present. Vertigo is seldom wanting; if arising from anaemia, a characteristic sign of this kind of vertigo is to become aggravated by stooping, but more especially by looking up, by which, for that matter, any other complaint in the head is made worse. Generally the patient feels drowsy, without, however, being able to sleep, or else the sleep is anxious, disturbed, full of dreams. The patient feels very languid, and his gait is rendered insecure by a want of firmness of the lower limbs. The pulse may continue normal, and, if the congestion sets in as an idiopathic disease, febrile phenomena are entirely absent.

This mildest form is combined in other cases with a prevailing disturbance in the emotive sphere, characterized by constant restlessness and gloomy ideas; sleep is disturbed by anxious dreams, which, in the more violent cases, do not even entirely disappear while the patient is awake; they even assume the character of hallucinations, and, if the trouble continues without being checked, a permanent mental derangement will not unfrequently result. Palpitation of the heart, ill-humor, distrust, total Indisposition to work, fitful mood, are almost always present. This form of hyperaemia mostly befalls individuals who, while indulging in good cheer, take little bodily exercise, but perform a large amount of mental labor. The foregoing Symptoms are almost characteristic of hypersemia consequent upon suppression of certain forms of haemorrhage.

The trouble is much more dangerous if it sets in as an acute affection, and, although very violent at first, continues to increase in intensity until it terminates in death. In such cases the face looks dark-red, the eyes are injected, the vessels of the head and neck pulsate violently, the pupils are almost always contracted, the organs of all the senses are very sensitive, the headache is maddening. Furibond delirium is apt to supervene. This type is most prominent in hyperaemia occasioned by sunstroke, and, not unfrequently, is an accompaniment of mental derangement.

Not very unfrequently the above-described Symptoms are sud-

denly succeeded by all the signs of apoplexy, regarding which the diagnosis cannot be established with any positive certainty until the proportionally rapid course and the sudden disappearance of the Symptoms of paralysis have satisfied one that no extravasation of blood can have taken place, since the fluid could not have been reabsorbed so soon. In this category belong most likely all the cases that are said to have been cured so rapidly. Cerebral hyperaemia may likewise, though erroneously, be supposed to exist during an epileptic attack; here the course of the attack alone gives us perfect certainty concerning its true nature.

Among children hyperaemia is an almost habitual accompaniment of all febrile affections, and not unfrequently conceals the Symptoms of the true primary affection, for the reason that the course of the hyperaemia is marked by the more violent Symptoms. In every considerable congestion convulsions of one or the other kind almost always supervene ; they are accompanied by drowsiness even to sopor, delirium, excessive restlessness and anxiety, and vomiting is almost always present. However threatening such a condition may seem at first sight in almost every case, yet it passes off speedily and without leaving a trace behind, so that the hyperaemia seldom lasts longer than thirty-six hours, and generally abates already after the lapse of twelve hours.

Treatment.

Belladonna.—Among all the remedies of our *Materia Medica* there is not one which, in its physiological action upon the organism, reproduces the Image of cerebral hyperaemia in all its degrees and forms as completely as Belladonna. It is of importance to refer to the many evidences of Belladonna-poisoning where a post-mortem examination reveals a more or less considerable sanguineous engorgement in the vessels of the brain. If nowhere else, it is certainly in cerebral hyperaemia that Belladonna is calculated to show the correctness of the homoeopathic method of cure, since, in most, especially uncomplicated cases of this affection it affords relief with wonderful rapidity. It would be useless to detail, in this place, a list of the principal Symptoms of this drug, for the reason that their vast number and physiological differences render it necessary that the provings of this drug should be subjected to a special and most careful study. However, it may be of importance to place ,a few more general points of view more prominently before the reader. As regards temperaments, the sanguine temperament is more especially adapted to our drug. Plethoric

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constitutions, disposed to rush of blood, together with a nervous System, endowed with a high degree of sensitiveness, likewise childhood and the female organism, constitute the more special sphere of action for Belladonna. The greater the tendency to cerebral congestions, and the more frequently the patient has been attacked by them, the more Belladonna will be found suitable. Hence, it will be found particularly useful in the more important periods of development of the body, during dentition and the period of pubescence, but likewise during the critical period. The more the congestion sets in like an independent disease, the more surely it will yield to Belladonna ; by which proposition is not to be understood that, if the congestion depends upon other primary affections, such as angina or scarlatina, for which Belladonna is the truly homoeopathic remedy, such affections impair the homoeopathicity of our drug to the symptomatic congestion. Having thus indicated, in a few leading traits, the general views that determine the selection of Belladonna as the remedial agent in the case, we do not mean to convey the impression that other temperaments and constitutions are not likewise accessible to the action of Belladonna; such a teaching would be in direct antagonism to the experience of our practitioners. Among the special Symptoms, we quote more particularly the delirium which, in the case of Belladonna, is generally furibond, and the characteristic excessive sensitiveness of the organs of sense. Contraction of the pupils does not counter-indicate Belladonna, dilatation of the pupils not being a constant effect of this drug, although much more common than the opposite. Pallor of the face, or even deficient redness, are more reliable counter-indications. Where there is doubt whether Aconite or Belladonna should be given, I have always found that a disposition to perspire constitutes, caeteris paribus, a valuable indication in favor of the latter drug.

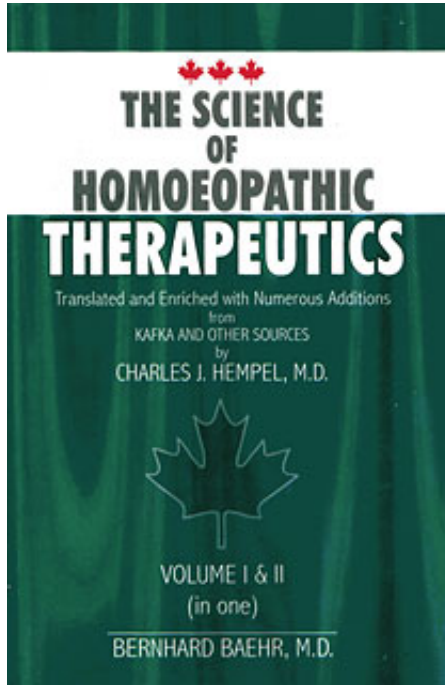
Aconite, in its action upon the organism, is so closely related to *Belladonna* that it is sometimes very difficult to choose between the two agents. I have just now indicated a distinctive sign, that has never deceived me. Practically, we have found that a genuine hyperaemia of the brain does not constitute the true field for the action of Aconite. The case is different where the cerebral hyperaemia is a mere symptom of a disturbance of some other organ; in such a case. the hyperaemia does not contra-indicate Aconite, among whose Symptoms those of cerebral congestion hold a prominent place. According to Hartmann, Aconite is the best remedy for

cerebral congestions that have been caused by violent emotions, such as fright or mortified feelings. This somewhat specific effect may be accounted for by the fact that in such conditions the action of the heart is peculiarly excited, and that Aconite, as we shall show more particularly by-and-by, exerts a remarkably calming influence upon cardiac excitement.

Hyoscyamus and Stramonium, in their relation to the brain, are closely related to both Belladonna and Aconite, especially the former ; we think that it will be sufficient to merely indicate them in this place.

Opium is a more important remedy than either of the two last-mentioned drugs, and its action upon the brain is much more correctly delineated. Judging from the scantiness of our clinical records, it would almost seem as if very little use were made of it in congestion of the brain; yet it deserves special commendation, as any one may see, even from a superficial survey of its pathogenesis. The following Symptoms constitute characteristic indications for the employment of this drug: Continual sopor, with insensibility of all the senses ; dark redness of the face, with paleness and coldness of the rest of the body; slow pulse, slow respiratory movements, stertorous breathing. Such phenomena indeed do not often occur in simple hyperaemia of the brain; they occur more generally in hyperaemia constituting the commencement of more intense affections of the brain.

We must not forget to mention two drugs whose employment as therapeutic agents is limited, in consequence of their being so commonly used as articles of daily consumption, but which acquire importance from the fact that their habitual use is very apt to induce cerebral congestions. These drugs are coffee and tobacco. The effects of coffee upon the brain are much better known than those of tobacco ; nevertheless, the use of tobacco causes, in many individuals, the most obstinate congestions, from which they can only be freed by renouncing their habit, which is supposed to be harmless. This may, likewise, show the necessity that, in the presence of habitual congestions, which we are called upon to remove, the use of such agents should be strictly forbidden. For such congestions as are very apt to attack sensitive individuals, in consequence of some joyful event and which generally last some time, Hartmann recommends a few dessert-spoonfuls of ordinary coffee, provided the patient is not an habitual coffee-drinker, in which case *Coffea cruda* should be given. However, it may be

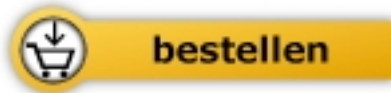


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Volume I & II (in one)

752 Seiten, geb.
erschienen 2004



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