

## **Editorial for the month of April and May**

### **Homoeopathic Treatment of Cardiac Arrest**

Cardiac arrest is defined as sudden failure of the heart resulting in inadequate cerebral circulation. Cardiac standstill is responsible for majority of the cases, the other mechanism being ventricular fibrillation and electro mechanical dissociation. In my experience, the most common cause of cardiac arrest is myocardial infarction, or severe pulmonary embolism, or any case of severe arrhythmia in presence of chronic obstruction to the circulation. These are some of the very common causes that I have seen in my practice. I also came across, though rarely, a few cases of Hyperkalemia and Hyperkalemia producing what is known as 'cardiac arrest'.

Cardiac arrest patients should be diagnosed at a very early stage. Such patients should not be diagnosed at a very late stage. The earliest symptom is absence of pulsation in the carotid, or absence of pulsation in the temporal artery, or absence of pulsation in the femoral artery, or when the consciousness is affected. The late stage is when you cannot record the blood pressure, the pupils are dilated and the patient goes in severe convulsions. I am not talking about extreme cases where hospitalization or treatment in the I.C.U is required. The milder forms can easily be treated with homoeopathy. Of course, certain precautions must be taken and nursing care should be done. The most important thing is to put the patient in supine position on a firm surface, such as wooden board on the floor. You should try and give the patient cardiac massage, where you strike the left upper chest forcibly with your fist and this can restart the heart, if the arrest is due to asystole. The basic C.P.R. should always be maintained, i.e. where airway is cleared, the breathing is made effective and the circulation restored. Now let us see which homoeopathic medicines have been extremely useful to me for the above condition and I will tell you some important hints.

My first remedy of course will be **Arsenic Album**. Now, what will you see in a patient who requires Arsenic Album. Nervousness, anxiousness and restlessness with agonizing fear of death, this observation of the patient's state of mind is extremely important. Restlessness is characterized by changing the places continually and the patient has extreme fear of being left alone. Sometimes only moaning is seen in the patient. If you examine the patient systematically from head to foot, you will observe that any cold air or draft of air coming on the head is extremely intolerable to the patient. This is very important to observe. The head may feel slightly heavy. The scalp may be sometimes sensitive to touch. The eyes are either sunken or protruding, eyelids may look a little edematous and the nose looks extremely pointed. There is a very nice symptom of Arsenic and that is sometimes the person feels dyspnea, especially in the nose. So he may complain of difficulty in breathing and this is basically focused around the nose. The face may look pale, anxious, sunken, haggard or even hippocratic. The lips appear little blackish and the tongue is bluish-white, or it looks very red, but in general it is a dry tongue. The person may grind the teeth in the unconscious state or he may bite the glass while drinking. There is also lispings. The saliva can be bloody, the throat is slightly swollen. This is important if the patient is a little conscious and he cannot bear the smell or sight or thought of food and there is unquenchable thirst for ice cold water but it

distresses the stomach and the patient cannot digest it. This is very common. There is a sign of gastritis if Arsenic is the remedy. This is very important to know in short. The stools will be on the loose side and there can be ascites if there is right ventricular failure. The urine will be scanty, and a lot of albumin is seen in the urine. The patient will have shortness of breath and will be unable to lie down and he feels very comfortable sitting up. His discomfort in respiration is worse even by turning in the bed. Most of the symptoms of Arsenic are worst at night, after 12:00 a.m. There is severe palpitation with anguish. Any slightest cause will increase the palpitation. The palpitations are worse when he lies on the back. If at all there is chest pain it goes to the neck and occipital area, but with severe anxiety and lots of fainting spells. Another very important clinical hint that I have observed in Arsenic is that the pulse is usually more rapid in the morning. Arsenic Album is used in all affections which lasts for a long time which explains the hopelessness that takes possession of the patient. The patient always feels that he never will be cured and that it is useless to take the medicine. There is an anxiety and fear of death that aggravates between mid night and 2:00 a.m. in the morning. The patient becomes restless and despite his worn-out condition he must move. He must change places in the bed. Sometimes if he can, he gets up and sits on the chair, which he soon leaves for the bed. The patient who needs Arsenic is oppressed by the least movement and the dyspnea is exasperating between midnight and 3:00 a.m. in the morning. The patient has swollen eye-lids, looks edematous, especially the lower eye-lids, the skin appears pale and waxy and there is localized or generalized edema.

Another very important remedy which I have found very useful is **Carbo-veg**. A typical Carbo-veg patient is flat, usually on the fatter side, sluggish, little lazy and Carbo-veg people are usually old people, one may not see Carbo-veg in young people. A very unique symptom that one may see in such a patient who is in the hospital is that they need excessive fanning, but despite the fanning, the head remains hot. If at all there is any haemorrhage from any organ of the body, it will be dark red oozing. There will be severe weakness, air-hunger and excessive flatulence. These are the few important concomitants that I have seen in the patient. The level of the mind of the patient is extremely slow, there is a lot of indifference that is similar to Acid-phosphoricum. The patient is indolent, lazy and appears slightly stupid. The face is pinched and hippocratic, the face is cold due to cold sweat and there is twitching of the upper lip. There is slight epistaxis from the nose, the pupils do not react to light, i.e. when one throws light on the pupil with a torch the pupils will not show any reaction, there is cold sweat on the forehead, but the head is hot and the extremities are cold. The breath is also cold and the tongue is black, swollen and covered with white-yellow-brown mucous. There is an extremely offensive or horrible smell from the mouth. One can see excessive saliva in a Carbo-veg patient. The abdomen is heavy and full with excessive flatulence, there is a lot of albumin in the urine, but here, instead of scanty urine, sometimes one may find little more urine and this is important. Then, one sees a typical cough which is extremely tormenting, hollow and choking type of cough and with this cough there is easy vomiting. The voice is rough, one may also find a chyne stoke respiration, the extremities are heavy, stiff and almost feels paralyzed. The cough can be very exhausting to the patient, it is a very hard, paroxysmal cough. Either the paroxysms consist of a few coughs or it could be a long paroxysm. The expectoration is usually bloody, which is another important symptom. There could be pulmonary edema on X-ray chest or there could be severe septicemia with heart failure, but the heart failures are almost always accompanied by a stage of shock, this is

very important in a Carbo-veg patient. If one examines the skin of Carbo-veg patients, one can see that they have a tendency to develop bedsores much more easily than anybody else. Another very important hint that I observed is when Carbo-veg patients are in a comatose or unconscious condition due to cardiac asystole one can hear a typical rattling in the throat (in Ant tart one can hear this rattling sound in the chest).

Another remedy which I would like to highlight for the treatment of cardiac arrest is **Digitalis**. In Digitalis patient the most important symptom to look for is slow, weak pulse and the pulse should be little irregular. On examination, the liver has to be enlarged and when there is excessive precordial anxiety with frequent urging to urinate, these are the concomitants that one should look at. The patient of Digitalis resembles Arsenic in many ways because both these remedies are extremely anxious and extremely fearful. This anxiety basically roots from their troubled conscientious. They may complain of frontal headache but the head usually falls down whenever they are sitting or whenever they are walking. The eye and the conjunctiva appears slightly yellowish, the pupils can be little irregular, the eyes can be bluish but the veins are distended in the eyes. The tongue could be blue, clean with nausea and vomiting, or it could be thick, or it could be flabby. The patient usually drinks much and eats little. The liver is enlarged, painful and hard to touch. There is distension of the abdomen and one can find early traces of jaundice in the form of high bilirubin. The breathing is a little slow, and in Digitalis, just like in Ant-tart, the patient cannot expectorate. In case the patient has to expectorate because of the severe congestion, he will only vomit. So this is also important that the patient cannot expectorate and if the patient has to expectorate he will only vomit due to severe congestion. This causes great weakness in the chest, he cannot even bear to talk, he suffocates and he drops to sleep. He talks little bit and he drops to sleep, he talks little bit and he drops to sleep. Such is the type of cardiac weakness one can see in the patients of Digitalis. Any least movement causes severe palpitation in various sorts of arrhythmias in case of Digitalis. The heart will be hypertrophied or dilated, there can be cardiac dropsy and the root cause behind this cardiac problem will be either severe grief or some depression. I repeat, the pulse will be slow, weak and irregular, the skin will be extremely cold to touch and the patient will constantly be in a state of drowsiness.