

## **SOME RANDOM NOTES ON CARDIOLOGY**

**I was wondering what to write and then suddenly I thought how successfully I recently handled a case of Congestive cardiac failure in reliance hospital Bombay.**

**The patient I treated was an old man with uncontrolled diabetes, Diabetic Nephropathy, Cardiac arrest and Congestive Cardiac Failure.**

**The patient was admitted in Intensive care unit with full workout of allopathic medicines, despite this the patient was not better symptomatically. hence, I was invited to jointly treat the case.**

**The whole case was successfully treated with use of multiple remedies, one at a time example Opium, Adonitidin and Antim sulph auratum. Within 1 month the patient got discharge with amelioration of all his complaints.**

**So, let us understand some common remedies in cardiology and how I identify them in my hospital practice.**

### **Arsenic album**

**In the Arsenic case, you have the typical Arsenic mental distress accompanied by restlessness, fear and anxiety ,**

**with a constant thirst, desire for small sips of ice-cold water.**

**So far as the actual local symptoms are concerned the main complaint is of a feeling of extreme cardiac pressure, a sensation of great weight on, or constriction of, the chest, as if the patient cannot get enough breath in worse walking rapidly, and a fear that he is just going to die.**

**The patients as a rule are chilly, the only concomitant I confirm is burning pain in the chest.**

**In appearance, they always look extremely anxious, distressed and haggard, the face is discoloured grey, lips are pale and cyanotic, and they always give an impression of being very ill and critical. They often have a peculiar pinched, wrinkled appearance.**

**As a rule, these patients will ring you in middle of the night complaining of sudden and severe cardiac complaints.**

**Remember Arsenic is one remedy**

**If you do not get a response to Arsenic within a quarter of an hour the patient is not an Arsenic one.**

**The first response that you that you will see after the first dose is reduction of the patient's mental anxiety and extreme fear; the restlessness and the chilliness.**

**I always start with 1M potency of Arsenic.**

**But whatever potency you have with you, use the highest, because this is the kind of case that will die very rapidly.**

**The Arsenic in acute cases like infarction, cardiac failure needs to be repeated very frequently.**

**Very frequently cases that respond very well to Arsenic develop recurrence of their symptoms and then the patient no longer responds to Arsenic, finally the patient collapses and dies that was my experience at one time. Then it began to dawn on me that if I had given complementary drug during the reactive period I could have carried these cases on.**

**To achieve this result you have to give complementary drug within four to six hours after the cardiac symptoms are ameliorated and the patient is still responding to the Arsenic, otherwise you are in great danger of having a severe relapse leading to collapse which one cannot combat.**

**The complementary drugs which I have found to Arsenic is Phosphorus or Sulphur, but that is not always the rule.**

**Either you will see that grey, pinched, anxious Arsenic patient responding, getting a little warmer, less pinched and drawn, not so anxious or restless, with a little more colour, and becoming a typical Phosphorous type or you will 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, still with air hunger and going on to Sulphur.

## **ANT-TART**

The Antimony tart resembles Arsenic a lot at physically level but mentally they are quite different.

In Antimony tart. there is a more tendency towards cyanosis than in Arsenic, you never see a patient needing Antimony tart., the cyanosis is seen in the finger nails, extending over the whole of the hands, and the feet.

Whereas anxiety is more marked in Arsenic than in Antimony tart. The patient needing Ant-tart are more depressed and hopeless very rarely they are restless.

Pallor is more marked in Arsenic than Ant-tart. Again, there is no thirst in fact anything to drink seems to increase the feeling of distress.

Another contrast is that the Antimony tart. patient is very much aggravated by heat, and especially by any stuffiness in the atmosphere.

But there is one point to remember here as a contrast between Antimony tart. and Carbo veg.: The Antimony tart. patients do not like a stream of air circulating round them; they want the room fresh, but they like it still. In most

**Antimony tart. patients there is a very early tendency to oedema of the lower extremities.**

**Another keynote which helps in identifying Antimony tart is that they have a thickly coated tongue --it is a thick white coat - and a rather sticky, uncomfortable mouth.**

**They have a feeling of fullness in the chest much more than the sensation of acute oppression found in Arsenic.**

**On auscultation, generalised, rales in the lower parts of the lungs on both sides.**

**To complement the action of Ant-tart, I frequently use Lycopodium.**

## **CARBO – VEG**

**The Carbo veg. patients usually presents with all the symptoms of collapse.**

**They have the cold sweaty skin, are mentally dull, rather foggy in their outlook with not a very clear idea of where they are or what is going to happen to them.**

**There is intense air hunger, and, in spite of their icy cold, extremities, they want the fan blowing on them; they cannot bear the bedclothes around the neck and they feel**

**much better with blow of air from air condition or fan or oxygen is given to them**

**They are very much paler than the Antimony tart. patients, the lips tend to be pale rather than cyanotic.**

**Abdomen is greatly distended especially upper abdomen, associated with a good deal of flatulence.**

**Like the Antimony tart. patients, any attempt to eat or drink tends to increase the distress, and they have none of the Arsenic thirst.**

**Another important keynote is as if the legs were just lumps of lead.**

**Stop Carbo-veg immediately when you get the patient responding by less sweat, body becomes warmer, distension becoming less, etc.**

**This is the right time to start a deeper remedy. Instead of giving a higher potency of Carbo-veg.**

**In most of these cases the drug that follows best has been Sulphur, although Kali carb. should always be considered.**