

# Douglas M. Borland

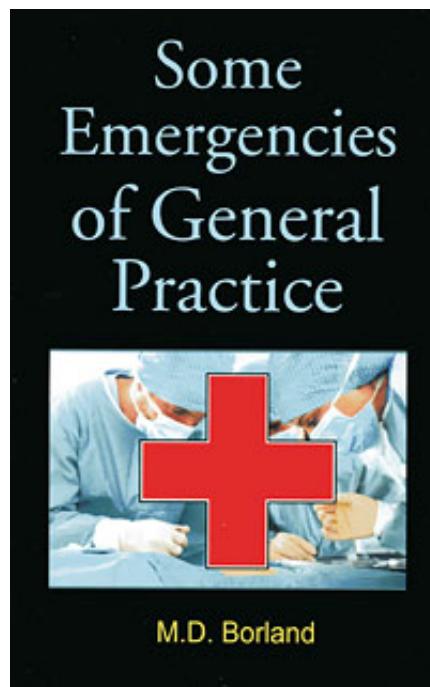
## Some Emergencies of General Practice

Extrait du livre

[Some Emergencies of General Practice](#)

de [Douglas M. Borland](#)

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## PAIN KILLERS

The next problem I want to touch on is the patient suffering from acute pain.

Pain killers are a little difficult to systematize, and I thought probably the most helpful way would be to consider the cases of acute pain which one meets with in general practice, and these I think one can classify to a certain extent. One gets acute neuralgias, acute inflammation of one of the serous membranes, and acute colic. I think that more or less covers the ordinary conditions one meets with in general practice.

To tackle these from the homoeopathic standpoint is not very difficult. If one considers the acute neuralgias from the prescribing point of view one takes the character of the pain and the circumstances which make it better or worse, and to a lesser extent its situation. It is on these that one mainly prescribes: in other words, on the character of the pain and the modalities. It is exactly the same as regards serous inflammations; again it is partly on the situation but much more on the character of the pain and the circumstances which modify it that one prescribes. With colic equally; and it does not matter whether it be gallstone, intestinal or renal colic, one pays a little attention to the situation but very much more to the character of the pain and what modifies it.

Working on these lines it is possible to take up the three groups and give the indications for the leading drugs which you must have at your finger ends.

But before taking these up in detail I should like to touch on another very painful condition commonly met with in general practice, namely ACUTE EARACHE.

### Acute Earache

If you go to a patient who is suffering from violent earache, acute stabbing pains in the ear, and tenderness over the mastoid region, when you first look at it from the homoeopathic standpoint you are completely lost. After a little

experience you find that these cases are very satisfactory, you get your relief astonishingly quickly, and often a case which you expect would require incision of the membrane within the next few hours quickly subsides and the patient is comfortable when you go back in the evening. That is the sort of thing you should be able to do in these acute conditions.

In cases of acute otitis with violent pains all round the mastoid region there are three or four drugs I want to consider.

Supposing you take the case which has come on very suddenly, with a history of the patient having been out in a very cold north-east wind, he is intensely restless, the pains are very violent, usually burning in character. He is irritable, a bit scared, with all the signs of a rising temperature, and extreme tenderness to touch. With that history after a few doses of *Aconite* the acute inflammatory process which is just starting will have entirely disappeared. That is the type that one hopes for, and which one sees very often in winter.

You will get another case — usually in children — where there is not the same definite history of chill, although that may be present, but where the pain is even more intense and where the patient is practically beside himself with pain, will not stay still, is as cross and as irritable as can be, again with extreme tenderness, and you get the impression that nothing that the friends do satisfies him. You give him a few doses of *Chamomilla* and again the whole inflammatory process will rapidly subside.

The next case has gone a little further; there is much more tenderness over the mastoid region, possibly a little bulging, and the ear begins to look a little more prominent on the affected side. The external ear is very red, often much redder than on the opposite side. There are very acute stabbing pains running into the ear, the condition is a little comforted by hot applications, and the patient is extremely sorry for himself, miserable, wanting to be comforted, probably a little

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