

**Grace Stevens**



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## Inhalt / Content

1920 - Headaches

1926 - Ceanothus Americanus

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"This affliction, which has been called the commonest of all symptoms, is associated with almost every form of disease. Very often it is THE symptom most complained of - the only one the patient asks to have relieved, and he rather resents the searching inquiry which must be made in order to find out the condition of his system and discover the cause of the pain.

If, however, we are to treat this condition intelligently we must look carefully for the cause.

In his work on "Differential Diagnosis," Dr. Richard Cabot gives fifteen causes for headache and leaves beside a large place of those of unknown origin.

His list includes: 1. Fatigue, bad air and hunger; 2. Constipation and indigestion; 3. Alcohol; 4. Eyestrain and intrinsic diseases of the eye; 5. Infectious disease - at onset; 6. Menstruation; 7. Psychoneuroses; 8. Nephritis; 9. Meningitis; 10. Sinusitis; 11. Trigeminal neuralgias; 12, Indurative; 13. Migraine; 14. Brain Tumor; 15. Syphilitic periostitis.

Cause number 12, "Indurative," Dr. Cabot places in quotation marks. He refers to the statement of Edinger, who had extensive experience in the Neurological Institute at Frankfurt am Main, and who calls this the most common form of headache.

Edinger says it is characterized by painful induration near the insertion of muscles at the occiput, nodular points, as if something were deposited there. The pain may be only occipital or it may extend over the head, but it disappeared when these nodules are removed by massage.

The location of the pain sometimes helps in diagnosing the cause. Inflammations of the antrum or frontal sinus cause pain over the affected cavity. The pain of syphilitic periostitis corresponds to the position of the lesion.

Migraine is unilateral and trigeminal neuralgia has a characteristic distribution. But pain due to other causes, notably brain tumor and nephritis, may be one-sided at first, and so be mistaken for ordinary migraine.

In some cases the time of occurrence is worthy of note. In frontal sinus disease the pain often begins each day at a certain hour, lasts for a time and disappears. A case of my own had a very marked aggravation beginning almost exactly at 3 p. m. and Belladonna brought relief.

Headaches due to syphilis, uraemia and brain tumor are often worse at night.

In doubtful cases the following tests should be made:

1. Thorough examination of the eyes for eyestrain or glaucoma.
2. Temperature record - to see if there is infection.
3. Blood pressure measurements - high pressure suggests brain tumor or nephritis.
4. Urine analysis for sugar, albumen or acetone.
5. Palpation of the insertion of nape muscles to the occiput.
6. Examination of the nose and its accessory sinuses.

Knowledge of the cause does not always help in the choice of the remedy, but it may help very much, and in any case it will lead to correct adjuvant treatment.

Most of us are alive to the danger of eyestrain, but often the patient is already wearing glasses and assures us that the eyes have been carefully examined. Even so, it often pays to have them re-examined as in the following case:

Miss D., a trained nurse, had at intervals of two to six weeks very severe pain, usually in and over the right eye. The pain began on waking, increasing during the day. It was intense and boring in character - much worse lying down, so that she had to sit up in bed. The pain caused vomiting which brought very temporary relief. Any food caused vomiting almost immediately.

Sanguinaria can. relieved the attack but the headache returned at varying intervals.

The patient said she had always had headaches, but after her graduation, fifteen years ago, they became of the character above described. For four years she endured them, working often twenty-four to thirty-six hours without food. Finally she had glasses which relieved somewhat but did not cure.

I sent her to an oculist who found her eyes extremely hypermetropic, and her glasses badly fitted. Since having the change of glasses the patient has improved steadily, with only an occasional slight headache which yields readily to Sanguinaria can.

Another case of eyestrain: Miss C., corrected examination papers all one evening, wearing bifocal glasses instead of the properly fitted reading glasses to which she was accustomed. The next morning she woke with a splitting headache, eyes aching and burning, and nausea which was better by eating.

Ruta graveolens brought prompt relief.

A woman of forty came to me complaining of too profuse and frequent menstruation. Among other symptoms she had sick headache before or during the period. She had never worn glasses, but examination proved her need of them, and they helped very much to relieve the headaches which called for Sepia.

Mrs. A. had very severe headaches at menstrual period with nausea, vomiting and diarrhoea. The headaches were much worse from exertion and she fainted if she stood too long. The menstrual flow was profuse and dark.

Bovista relieved.

Miss L. P., college student in second year, had frequent very severe headaches, one-sided, in temple and vertex, aggravated by light, motion or cool air; better from bandaging head and eyes warmly and lying on painful side. Very sleepy during headache. Much gurgling of gas in bowels.

Sepia in ascending potencies relieved the headaches almost entirely, and the patient graduated from college much stronger than when she entered.

I think her headaches were due to poison from fatigue.

An interesting case in which the head was only a danger signal is the following:

Mrs. H. came to me June 30, 1917. She was fifty years old and had two children.

She was tall and very stout. No menstrual period for one year. For about a year she had had pain in the occiput - a pounding - worse from lying down at night. Woke in the morning with the pounding. She had also a sharp pain coming frequently and lasting a few minutes. Breath short on climbing stairs. Thirst considerable. Appetite good. Mouth dry and bitter taste in a.m. Blood pressure systolic 200. Heart negative. Urine, 24 hours' amount, two quarts; specific gravity 1010. A trace of albumen. Some granular and hyaline casts.

Lachesis m.

A week later she reported marked improvement in the head and in general feeling. The blood pressure soon dropped to 160. After six weeks the remedy had to be repeated, but the head has remained comfortable most of the time since.

One cause of headache of which Dr. Cabot does not speak, but which certainly should be considered, is anaphylaxis.

The following case illustrates:

Miss F. had frequent severe headaches associated with other distressing symptoms. She had discovered that coffee would cause them, but skin tests with various proteins showed reactions to beef and chocolate as well, and she found by experience that even a small amount of these foods would produce a headache.

The attacks were as follows:

About eight or nine hours after taking coffee or chocolate or beef, she would have a chill followed by fever and intense pain in the eyes, as if they were being pushed out of their sockets. Often there was nausea and retching, although the stomach seemed quite empty. With all this came an overwhelming drowsiness, so that she would sleep heavily, but the headache often lasted for thirty-six hours. About the time I began studying the case there developed a stiffness of fingers and some other joints, which was evidently worse from acids.

The aggravation from beef and coffee and also from acids led me to give Causticum 200, which was followed by a very marked aggravation of headache, stiffness, etc., and then by relief.

At the present time the patient can take coffee, chocolate or beef in moderate amounts and at not too frequent intervals without having any headache or other toxic symptoms"

(Grace Stevens, M. D., Northampton, Mass., Headaches, The Homoeopathic Recorder vol. 35 (1920), p. 497-500. Read before the annual meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.)

### **1926 - Ceanothus Americanus**

"Ceanothus Americanus, also called New Jersey Tea or Red Root, belongs to the Rhamnaceae or Buckthorn family of shrubs or trees of bitterish and astringent properties. It is found from Canada to the Gulf and west to and beyond the Rocky Mountains. In this particular branch of the family the flowers have no petals, but the calyx and flower stems are colored like petals. They are white, crowded in a dense, slender peduncled cluster. The shrub itself is from one to two feet high above the dark red root. The ovate finely serrate leaves were formerly used as substitute for tea.

Hering quotes an old school authority who says that the very bark of the root is astringent and recommends it in aphthous sore mouth and throat accompanied scarlet fever.

The preparations used by our school are dilutions of a tincture made from the fresh leaves.

Very little has been written about the remedy, but J. C. Burnett published a fragmentary proving and some clinical cases have been reported.

The outstanding conditions covered by the drug are enlargement and inflammation of the spleen and general left-sided symptoms. The symptoms show deep-seated pain and feeling of fullness in the left hypochondrium with inability to lie on that side, or in some cases, to lie down at all. In the case I shall report later the pain was also very severe on lying on the right side on account of the weight of the enlarged spleen. The mental condition is one of

depression with fear of permanent disability. There is right-sided headache with pain in the splenic region (my case had left-sided headache). The intestinal tract shows diarrhoea. The female sexual organs may have a profuse thick, yellow leucorrhoea or early and profuse menses, but all these ailments are only accompaniments of the splenitis, and the pain in the left hypochondrium will be the guiding symptom to the remedy. In acute cases there is chilliness down the back, with loss of appetite and nervous excitement.

Dr. Erastus E. Case in his "Clinical Experiences" gives the following case:

Hypochondriacal; thinks she can never be any better.

Anorexia; nausea after eating.

Raises bloody or brown mucus from the pharynx in the morning.

Passes large amount of inoffensive flatus.

Enlargement of the spleen.

Soreness, weight and full sensation of left hypochondrium; cannot lie on left side.

Smarting sensation of skin over the spleen.

I have one case of my own to report. Miss A. H., age 55, English housemaid. In past years has been treated at different times for haemorrhoids, eczema of face, menorrhagia at menopause, with uterine fibroid and some rheumatism of right shoulder and right knee.

For some months during winter and spring of 1925, she has not been as strong as usual, and has grown thin, but on the whole has responded well to remedies. One symptom - shortness of breath on ascending - was complained of in April, and continued more or less. Heart sounds were normal, except that the aortic second sound was a little snappy. In July, 1925, there was painless enlargement of the cervical and other lymphatic glands. Early in August there developed severe pain in the left hypochondrium, and a physician who was called in my absence diagnosed pleurisy but could not understand why the pain was worse lying on the painful side. On my return home early in September I found the spleen very much enlarged and inflamed, so that the patient could not lie on either side.

An examination of blood showed:

Haemoglobin 62 per cent.

Red Cells 3,864,000.

White Cells 50,800, of which 90 per cent were small leucocytes; 7.5 per cent polymorphonuclears.

The diagnosis of lymphatic leukaemia was unmistakable and the prognosis hopeless.

However, with rest, nourishing diet, sunshine, Natrum muriaticum 45 m. for a remedy there was a very slow gain in comfort and strength, but no diminution in the size of the spleen.

About the middle of October the pain and tenderness in the spleen returned. *Ceanothus Americanus* 30x was given, four doses at two hour intervals. Relief began after the first dose and was complete for three days. A slight return of the pain yielded to one dose of the remedy, and the patient gained steadily for four months. All tenderness left the spleen, although it remained large, and the patient could lie on either side. A left-sided headache disappeared.

There was gain in flesh and strength, so that the patient could easily walk half a mile. The enlarged glands almost disappeared.

The blood showed marked improvement, as follows:

On September 30 the leucocytes were 93,600;

On December 11 there were 30,600;

On February 18 there were 14,200;

and in the same time the haemoglobin increased from 44 per cent to 74 per cent.

How much of this general improvement was due to the Ceanothus, it is of course impossible to say. The thirtieth potency was given two weeks after Natrum muriaticum 45 m., which had seemingly caused some gain. However, there is no doubt that Ceanothus removed the pain and tenderness in the spleen.

Later, when the symptoms of the disease - enlarged glands, growth of spleen, and increase of leucocytes - returned with renewed force, I gave Ceanothus 30x again with no result, but a severe pain in the left axilla, extending to the chest on deep inspiration, yielded to the 1000<sup>th</sup> potency."

(Grace Stevens, M.D., Northampton, Mass., Ceanothus Americanus, Its use in a case of lymphatic leukaemia, Read before the annual meeting of the International Hahnemannian Association, Philadelphia, July 1926, The Homoeopathic Recorder vol. 41 (1926), p. 407-410)