

Roy / Lage-Roy Homeopathic Guide for Travelers

Reading excerpt
[Homeopathic Guide for Travelers](#)
of [Roy / Lage-Roy](#)
Publisher: North Atlantic Books



<http://www.narayana-verlag.com/b11028>

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Hepatitis

Hepatitis means "inflammation of the liver"; the yellow coloring of the skin (jaundice) is only a symptom of the disease. Hepatitis can be caused by worms, yellow fever, malaria, general sepsis, phosphorus poisoning, snake poison, brain injury, acute atrophy of the liver, gallstones, or emotional stress.

In hepatitis A, the beginning is acute. In hepatitis B (serum hepatitis), the disease is usually more serious. Otherwise, both are similar.

Hepatitis A has an incubation period of 15 to 40 days. Infection is seldom transmitted through blood or serum.

Hepatitis B has an incubation period of 40 to 160 days and can be transmitted through blood, nonsterile syringes, or sexual contact.

Course of the Disease

The prodromal stage (two days to three weeks) usually begins with a rapid rise in body temperature to about 102 ° Fahrenheit (39° Celsius) with chills, headache, nausea, sometimes vomiting, generally diarrhea, rarely constipation, and flatulence. Some symptoms are similar to a common cold. There are stomachaches, loss of appetite, and aversion to alcohol, nicotine,

and fried or fatty foods. There is itchiness and occasionally a rash. The liver and spleen can be hard and enlarged. Joint and muscle pains can dominate the picture, making one think of rheumatism or arthritis. The fever often disappears after one or two days. Occasionally there is a second fever for another couple of days. In ten to twenty percent of the cases there is no fever at all, and one thinks it is simply an upset stomach.

There is no jaundice in about fifty percent of all hepatitis cases. Often the disease is diagnosed as the flu or an intestinal infection and not treated correctly. For this reason *a strong aversion to fat should make you suspicious*. At the end of the prodromal phase many patients feel healthy and think the "flu" or their "intestinal infection" is over.

But now *the jaundice or full phase* begins, lasting two to eight weeks. At first the white of the eyes becomes yellow to yellow-green. The skin can itch in the evenings. In many cases, the jaundice ends after a few days. The liver remains enlarged for two to three weeks. The spleen is also enlarged in twenty to thirty percent of the cases. In about twenty-five percent of the cases there is bradycardia, an abnormally slow heartbeat. Because of the presence of bile in the urine, the patient's urine samples are brown, with yellow foam when shaken. The stools are light and clay colored; occasionally they may be gray for a few days. The amount of urine is reduced during this phase.

The *post-jaundice phase*, lasting four weeks, is marked by a sudden excretion of copious urine. The yellow skin becomes paler, and the appetite returns. The stools take on a darker color, and the urine becomes lighter. The intolerance to fatty foods usually remains. The most dangerous time is at the end of the second phase and the beginning of the third phase. The patient often feels so much better that he doesn't follow the necessary precautions. He wants to eat and live normally. This increases the danger of a relapse. When there is a relapse, the jaundice

comes on again even more severely, the liver becomes harder, and the general condition is worse than ever. The relapse usually lasts longer than the original sickness (three to six months and more). Relapses can occur even months after recovery. Various complications of the liver may arise, including chronic inflammation of the liver, liver cirrhosis, and acute yellow atrophy of the liver.

Hepatitis can occur in a number of forms:

1. In the *abortive form*, the patient experiences a few days of jaundice with minimal complaints.
2. A form without symptoms occurs primarily in children. The presence of hepatitis can be established only by laboratory tests. But the absence of jaundice does not mean that the course of the disease has been a light one.
3. During the *malignant form*, the jaundice becomes more and more intense. The liver's toxicity rises, and there is fetor hepaticus (the bad odor to the breath that is a sign of liver failure), together with twitching and an increasing clouding of consciousness, which ends in coma hepaticum. This form occurs primarily in elderly patients, especially in hepatitis B (serum hepatitis).
4. The *cholestatic form* is marked by signs of impedance of the gallbladder: intense itching, severe jaundice, disappearance of the urobilinogens from the urine, increase of alkaline phosphatase and cholesterol. Post-hepatitis syndrome can develop from fear, whereby the liver is not inflamed. Tiredness, sleeplessness, digestive disturbances, and an intolerance for fat result. Rarely, this takes the form of post-hepatic hyperbilirubinemia, with signs of sub icterus and an increase of the indirect bilirubins in the blood without bilirubinuria and disturbance of the liver.

Homeopathic Protection

Generally, protection against hepatitis A is enough for tourists. A double dose of HEPATITIS A NOSODE 200 works for about six months. For those who come in contact with blood or serum infected by hepatitis B (nurses, doctors, and so forth) an additional double dose of HEPATITIS B NOSODE 200 is recommended.

Nutrition and Care

Bed rest and diet are critical. Depending on the intensity of the illness and fever, the patient should fast completely or maintain a very light, fat-free diet. Starchy foods, fat, meat, eggs, and milk should be completely avoided as long as the jaundice is present. Especially valuable are sour and sweet-sour fruits and watery vegetables (such as zucchini, pumpkin, and especially ripe or unripe papaya); later, fat-free natural yogurt can be introduced. Ripe papaya can be eaten as a raw fruit, or the unripe fruit may be cooked like a vegetable and eaten with rice. Other juicy, ripe fruits are also good. Water and herbal teas are helpful drinks.

Homeopathic Treatment

The basis of homeopathic treatment for hepatitis is not the classification into virus A or B, but the course the disease is taking. The symptoms and other signs will tell us what we have to deal with. The homeopathic treatment of hepatitis is complex and as with all diseases has to be evaluated individually.

You can help yourself or others with the following two remedies in simpler cases and when you have no other choice. If the symptoms match closely, they will help to cure faster; otherwise, the case will at least be milder.

CHELIDONIUM

Symptoms indicating this medicine include thirst for warm drinks and/or pain below the right shoulder blade arising from the liver.

Dosage: Give five drops of CHELIDONIUM mother tincture up to 3x in half a cup of warm water three times a day. Follow the same rules for potency selection as with OKOUBAKA (see "Diarrhea," page 103).

CARDUUS MARIANUS

The indication for this medicine is that the patient feels better lying on her right side.

Dosage: Give five drops of mother tincture up to 3x three times a day in half a cup of water.

The more complex homeopathic treatments of hepatitis are discussed below. The dosage for all of the following remedies for hepatitis is one dose of the 200th potency every two to six hours, depending on the severity of the illness.

The most important remedies during the beginning stages of hepatitis are ACONITE, FERRUM PHOSPHORICUM, BELLADONNA, MERCURIUS SOLUBILIS, BRYONIA, and GELSEMIUM.

ACONITE

Give ACONITE at the onset when there is a sudden high inflammatory fever and intolerable shooting pains near the liver. There is pressure and contraction in the region of the liver and difficulty in breathing. The patient moans and thrashes about. He has a headache and fear of death. Cold water generally brings relief. ACONITE is particularly indicated when the symptoms result primarily from getting cold or from having cold feet.



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Remedies for Health and Safety

168 pages, pb
publication 2010



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