

*Homeopathy Today*

“A Bad Case of Hiccups”

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Homeopathy not only deals effectively with common and well-understood maladies, but with the rare and annoying. I recently took on a case of uncontrollable hiccups in an elderly man that demonstrates the efficiency of the law of cure.

Cecil Patterson is a 93 year-old psychologist whose daughter contacted me about his condition. He had been suffering most of the previous month from non-stop hiccups. Originally, he hiccupped for 12 days straight. He was given the drug Thorazine, though it was not evident that it helped. The hiccups did subside after twelve days, but were back within a week. This episode had been continuous for eight days when I was consulted. Thorazine had provided no relief this time, and had been discontinued.

The hiccups themselves were unremarkable. They were moderate and continuous, ceasing while he ate or slept. The etiology and concomitant symptoms, however, were very helpful.

The hiccups started three days into a weeklong family reunion, to which Cecil had been looking forward very much. According to his daughter, he had not shown any particular anxiety or emotion leading up to the reunion, but she knew that he was excited about it.

Then, with the onset of each of the episodes, Cecil had experienced profound prostration of mind and body. This prostration built slowly over the first few days of the first episode. It remained severe for three days, and then passed, though the hiccups continued. The second episode was accompanied by a shorter period of similar fatigue. An active and independent man of 93, he found himself unable to even get out of a chair to use the bathroom or feed himself. He lost all interest in the news and other intellectual pursuits in which he is typically interested.

He was not restless, irritable, complaining, or in pain. He was, as his daughter put it, “Blank. All he wants to do is sleep.” He was averse to company, wanting to be left entirely alone. He was chilly and desired to be covered, which was not normal for him.

Cecil’s color remained normal, except for a brief episode of pallor in which he turned quite white. He had a moderate appetite, and his GI and bowel function were not affected. He experienced no respiratory distress.

I prescribed *Gelsemium* 30C, three pellets to be taken three times per day for two days or until the hiccups resolved. *Gelsemium* is characterized by intense physical and mental prostration, and by ailments from excitement or anticipation. From Allen's Keynotes: "Complete relaxation and prostration of the whole muscular system," and, "Desire to be quiet, to be let alone; does not wish to speak or have anyone near [him], even if the person be silent." Also: "Bad effect of...exciting news." The chill with desire for covering, and absence of other characteristic symptoms differentiated *Gelsemium* from other leading remedies.

Cecil's daughter reported back in 48 hours that the hiccups had subsided after the first dose of the remedy, and she had already discontinued its use after about a day and a half. After a week of relief he began to hiccup again. The hiccups did not respond to *Gelsemium* 30C this time, so another daughter recommended magnesium. After four days without relief, I suggested *Gelsemium* 200C, and a single dose again put an end to the episode. He has had one brief episode since then, but it went away on its own within a short period of time.

As is often the case, it wasn't the presenting complaint itself that led to the choice of the remedy. In this case it was the concomitant prostration and possible aggravation from excitement, for which *Gelsemium* was the best fit. Other remedies that I considered for this case were *Opium*, *Arsenicum album*, *Nux moschata*, and *Carbo vegetabilis*.

*Opium* has prostration and sleepiness, but tends to be warm and desires to remove covers.

*Arsenicum album* has chilliness and great prostration, but it is a restless and anxious prostration. CP was not at all restless.

*Nux moschata* has profound sleepiness, absence of mental activity, and chill. However, the mental state tends to be changeable from one extreme to the other, which was not CP's case. *Nux moschata* also tends to have the keynote dryness of the mouth and abdominal distension following meals, both of which were not present in this case.

Finally, *Carbo vegetabilis*, while having the leading symptoms of collapse and coldness, also tends to include abdominal distension after meals, as well as respiratory depression with blue skin tone from decreased oxygen intake (hence the characteristic "desires to be fanned"). Neither of these was present.

Once again, the choice of the appropriate homeopathic remedy based on the entire presentation of the disease resulted in a rapid and permanent resolution of the complaint.

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(Cecil Patterson)