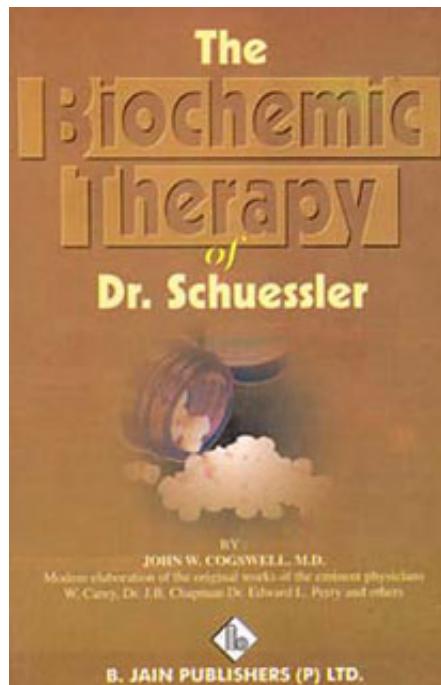


John W. Cogswell

The Biochemic Therapy of Dr. Schuessler

Reading excerpt

[The Biochemic Therapy of Dr. Schuessler](#)
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Publisher: B. Jain



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LABOR AND PREGNANCY

The normal physiological process of pregnancy and labor add a very definite burden to the metabolic processes of the body, with a consequent rise in the daily requirements of the mineral salts and greatly increased excretion of mineral salts. This increase must be met by an increased intake of minerals, which are often not sufficiently abundant in the diet and therefore these salts must be supplied independent of the food.

Added to this physiological strain is that of the stress of the modern life with its drain on the nervous system, resulting in exhaustion of the nerve tissues even before the onset of pregnancy. We thus, find that what should be a natural function of life becomes often a critical period of a woman's life, with anxiety, and sometimes many miserable months of suffering culminating in an unnaturally difficult and dangerous labor.

Much of this added strain and danger may be prevented by intelligent analysis of the disturbances in the mineral salt balance, as they arise, and the supply of those found to be imbalanced before the malfunction has developed very far. Thus, the patient may be brought to the termination of her pregnancy in good mental and physical condition to undergo the labor. Labor will be normal only, if all the factors entering into its progress are normal. The muscular tissues must be normal and the nerve supply of contractile impulses must arise from a normal nervous system, otherwise irregularities in the contractions will inevitably occur. One of the most common causes of dystocia in modern women is the occurrence of weak, irregular labor pains resulting from an exhausted state of the nervous system with a deficiency in *Kali-p.*

One of the scourges of womanhood in the performance of her greatest act of functional activity, bearing a child, is the ever threatening possibility of puerperal infection, or child-bed fever. , The best means of preventing child-bed fever, aside from the use

of the strictest aseptic technique in the conduct and management of labor and puerperium, is the maintenance of normal mineral salt balance in the mother's tissues, throughout the period of pregnancy, thus rendering them more nearly immune to the invasion of pathogenic bacteria which cannot live and propagate in physiologically balanced solutions of the mineral salts as they are found in the fluids and tissues of the body when in a state of health.

The development of the child prior to its birth depends on the nutrition and mineral salts supply furnished to it through the blood stream of the mother.

If pathology of the diseases complicating pregnancy is carefully studied, there will be evidences of mineral salt disturbances as a causative factor in each one and the treatment in such cases will be clearly defined. The mineral salts have a definite field in the management of cases of pregnancy and their careful selection and administration will be rewarded by the absence of complication, and with a patient approaching her labor with a tranquil mind and a healthy body well prepared to pass through this strenuous event and to bear her child with a minimum of discomfort and danger.

Therapeutics: **Kalium phosphoricum:** Weak, annoying, ineffectual labor pains. Rigid os, patient is restless, tearful and intolerant of her pains. To induce the regular onset of labor pains after show. False labor pains. Puerperal mania. Threatened miscarriage in nervous subjects. Puerperal fever. Mastitis with suppuration when the pus is brownish, dirty-looking with an offensive odor in adynamic patients. The frequency of the dose of *Kali-p.* depends on the condition for which it is used.

Ferrum phosphoricum: Hemorrhage of bright red blood from the uterus. Morning sickness with vomiting of undigested food. After-pairis, severe and long lasting. Rigid os, with a flushed face, restless, anxious and impatient. Metritis, first stage, also mastitis with breast swollen, red and painful. So-called milk fever. Five celloids (tablets) every hour.

Kalium muriaticum: Puerperal fever. Mastitis, second stage with engorgement of the breasts before pus has formed. Vomiting of white phlegm with white coated tongue. Five celloids every two hours.

Calcarea phosphorica: Weakness and mal-assimilation during pregnancy. Weariness in all limbs during pregnancy. Soreness in sacroiliac articulation. Burning pains, hardness and soreness in mammae, which feel enlarged. Spoiled milk, salty and bluish, which the child refuses to take. Weakness after prolonged nursing. To prevent rickets in nurslings. Five celloids four times a day.

Magnesium phosphoricum: Spasmodic labor pains with cramps in legs and excessive expulsive efforts. Puerperal convulsions. Rigid os, pains weak and short. Five celloids every half to one -hour in hot water.

Calcarea sulphurica: Mastitis when pus continues to drain, when nursing. To clear up pus. Five celloids four times a day.

Calcarea fluorica: When the pains are weak and contractions insufficient due to lack of tone in muscles, in cases where there has existed prolapsus of the uterus. Miscarriage, flooding to tone-up the contractile power of uterus. Agalactia. Knots and kernels in breasts, if of stony hardness. Five celloids (tablets) four times a day.

Natrium muriaticum: Morning sickness with frothy, watery phlegm and tiny bubbles along the edges of the tongue. Milk watery and bluish.

Natrium phosphoricum: Morning sickness with vomiting of sour mucus. Acidity of the stomach. Five celloids every two hours.

Natrium sulphuricum: Vomiting in pregnancy of bilious matter, with a bitter taste in the mouth and yellow, creamy

coating on the base of the tongue. Phlegmar ba dolens. Five celloids every two hours.

Silicea terra: In mastitis, when pus formation has started to hasten suppuration. Ulceration of nipples. Chronic mastitis with hard lumps in the breasts. Breasts extremely sensitive to cold. Cracked nipples, which are exquisitely sensitive to touch. Cannot allow child to nurse on account of pain in the nipples. Five celloids four times a day.

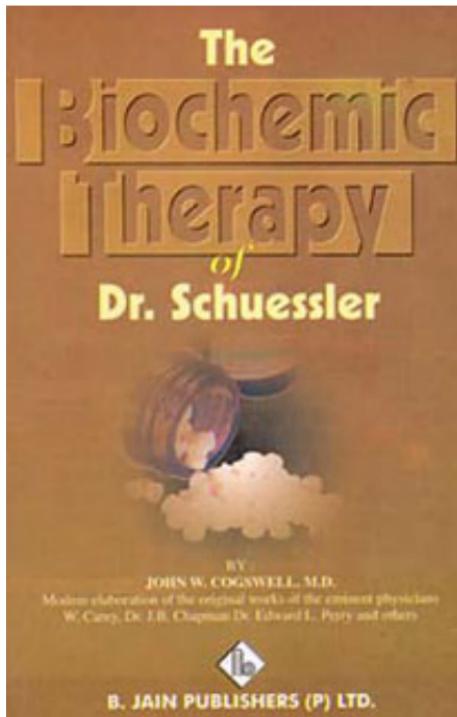
LARYNGITIS

Definition: Inflammation of the mucous membrane of the larynx, the symptoms being produced largely due to involvement of vocal cords.

Etiology: Laryngitis is usually caused by extension of inflammation from the nose and throat, being preceded by the symptoms of common cold. It may, however, be the initial point of infection in cases which are predisposed to laryngeal diseases by reason of chronic strains on vocal cords. The larynx is also the location of secondary infections including constitutional diseases such as tuberculosis and syphilis.

Description: The first noticeable symptom of laryngitis is usually hoarseness, dryness of the mucous membranes with a feeling of roughness in the vocal cords and desire to clear the throat to cough. If the condition becomes chronic by reason of repeated attacks of acute laryngitis or because of the effects of too much use of voice or the irritation of excessive smoking or the use of alcohol, there will be a chronic cough with raising of thick stringy mucus from the larynx.

Therapeutics: Ferrum phosphoricum: Painful hoarseness in speakers and singers due to strain on the vocal cords or



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464 pages, pb
publication 2003



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