



Efficacy Of Homoeopathic Prescription In Haemorrhagic Complaints

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Abstract :

Homeopathy is one of the most popular holistic systems of medicine. Drug selection is based on the theory of individualization and similarity of symptoms using a holistic approach. Only in this way can a state of complete health be restored by removing all the signs and symptoms from which the patient is suffering. The goal of homeopathy is not only to treat bleeding, but also to address its underlying cause and individual susceptibility. When it comes to therapeutic medication, several remedies are available for the treatment of bleeding, which can be selected based on the cause, sensations and modalities of the problem.

Keywords: Bleeding, Haemorrhagic Complaints, Homeopathy, Homoeopathic Pharmacy

Introduction:

In the current revolution of the modern age of higher antibiotics, it gives immediate results to the suffering humanity in various diseases with the gift of many side effects.

Homeopathy takes two steps forward simply, Medicine in minute doses without side effects.

As homeopaths, we believe that the true cause of chronic disease is in the patient himself. So we treat the patient and not the disease. Although the causes of chronic diseases are many from a materialistic point of view, if a person is not susceptible to such a disease, he does not suffer from it. This predisposition is due to the dynamic influence of the miasma. We cannot select the most similar remedy unless we understand these phenomena of the underlying miasma. True assimilation is always based on an existing underlying miasma.

Beyond this Hahnemann idea of quick, gentle, and permanent restoration of health, on easy-to-understand principles, the highest ideal treatment can be achieved.

With this in mind, the present study will be conducted to outline a clear picture in the subjects. He tries to understand the scientific approach.

The topic that was chosen and is being questioned has become the most common disease that affects the common man living especially in metropolitan cities. The rapid change in business philosophy, urbanization, the high increase in demands and high expectations of productivity bring a heavy burden on every level of human psychology (mind, body, spirit, soul). The struggle for existence applies; the difference today is only in interpersonal relationships. The constant pressure to always lead and perform at the best level, and if not; the fall with frustration and depression led to the opening of the main causative factor of the disease, which affects the body to such an extent that the next generations to come are victims of this struggle. This affected at the gene level to cause morbid changes.

Today's modern medicine has also recognized that the mind plays an important role in the causes of disease in addition to mental illness (psychiatry), which Dr. S. Hahnemann said already 200 years ago. At that time, he classified mental illnesses and emphasized the mental disposition and its condition when choosing a drug.

The disease that falls under Hemorrhagic disorders also falls under psychosomatic disease, and therefore it is necessary to treat it with both psychotherapy and medication.

Bleeding or bleeding are alarming symptoms for doctors and patients; it becomes a high priority even if the bleeding from any part of the body is small. If we look at the etiopathogenesis of bleeding, its huge domain and importance lies in stopping or arresting the bleeding. Homeopathic Materia Medica is full of drugs that have a direct or indirect indication for bleeding, and the application of homeopathy in acute and chronic hemorrhagic problems remains a question for doctors.

Hemorrhagic complications have high mortality and morbidity along with high medical costs. There has not been an adequate amount of homeopathic research using different methodologies and interventions for hemorrhagic disorders and homeopathic treatment applications. Homeopathic Materia Medica is full of symptoms of hemorrhagic diathesis, bleeding tendency, acute and chronic bleeding.

Review of Literature:

Bleeding:

Leakage of blood from a ruptured vessel; can be either external or internal. Blood from the artery is bright red in color and comes in a stream; that from the vein is dark red and comes in a steady stream. In addition to the obvious flow of blood from a wound or body opening, massive bleeding can be detected by other symptoms such as restlessness, cold and clammy skin, thirst, an increased and thready pulse, rapid and shallow breathing, and a drop in blood pressure. . If the bleeding continues unchecked, the patient may complain of blurred vision, ringing in the ears, or extreme weakness.

TYPES OF BLEEDING

- AMOUNT OF LOSS -- LESS/RESULTING
- ACUTE/CHRONIC
- ARTERIAL/VENOUS/CAPILLARY/MIXED
- LOCALIZED/DIFFUSED
- EXTERNAL/INTERNAL
- OVER/OCCULT
- Bleeding from the artery is bright red in color and escapes from the end of the vessel closest to the heart in spurts synchronous with the heartbeat.
- Bleeding from a vein is darker in color; the flow is constant, the bleeding is from the distal end of the vessel.
- Capillary bleeding is a general discharge from the raw surface.

SPECIFIC TYPES

- Bruising or ecchymosis.
- Extravasation of blood / outpouring of blood into areolar tissues that become swampy
- Hematemesis and melena
- Hemoptysis
- Hematuria
- Epistaxis

CLASSIFICATION OF SURGICAL BLEEDING

- Bleeding was classified as —
- 1-Primary, occurring at the time of injury
- 2-Reactionary, or within 24 hours of the accident, during the reaction phase
- 3-secondary, occurring in a later period and caused by incorrect application of the ligature or septic condition of the wound. With severe bleeding, such as the division of a large artery, the patient may collapse and death may follow from syncope.

Bleeding, types and causes

Recognizing types of bleeding

Arterial bleeding

Arterial bleeding is recognized as bright red blood, spurting as a stream that rises and falls in time with the pulse. It may become watery with prolonged bleeding and when intravenous fluids other than blood are administered.

Venous bleeding

Venous bleeding is a darker red, steady and profuse flow. The color darkens even further due to excessive oxygen desaturation when blood loss is severe or with respiratory depression or obstruction. Blood loss is particularly rapid when large veins such as the common femoral or jugular are opened.

Venous bleeding can be under increased pressure as in asphyxia or from ruptured varicose veins. The pressure in the portal vein is high enough to cause rapid blood loss, especially in portal hypertension with esophageal varices. Bleeding from the pulmonary artery is dark red (venous blood) at about 30 mmHg (4 kPa), while bleeding from the pulmonary veins is bright red (oxygenated).

Capillary bleeding

Capillary bleeding is bright red, often rapid, watery. If it continues for many hours, blood loss can be severe, as in hemophilia.

Primary bleeding

Primary bleeding occurs at the time of injury or surgery.

Reactive bleeding

Reactive bleeding may follow the primary bleeding within 24 hours (usually 4–6 hours) and is primarily caused by rolling ("slipping") of the ligature, dislodgement of the clot, or cessation of reflex vasospasm. Precipitating circumstances are: (1) rise in blood pressure and refilling of the venous system after recovery from shock; and (2) restlessness, coughing, and vomiting that increase venous pressure (eg, reactive venous bleeding within hours of thyroidectomy).

Venous haemorrhage, whether primary or reactionary, The skill of even an experienced surgeon, as it can be exceedingly difficult to bring under control. Penetrating wounds involving major veins in the thigh or groin are potentially fatal because bleeding can follow removal of a first aid dressing that has apparently stopped the bleeding (butcher's thigh).

Secondary bleeding

Secondary bleeding occurs after 7-14 days and is caused by infection and peeling of part of the artery wall. Predisposing factors are drainage tube pressure, bone fragment, ligation in the infected area, or cancer. It is also a complication of arterial surgery and amputations.

It is heralded by "warning" bleeding, which are bright red spots on the bandage, followed by sudden, heavy bleeding that can be fatal. In the case of a peptic ulcer, a warning hematemesis may appear, which is a dangerous signal that is unwise to ignore. In advanced cancer, erosion of a major vessel (e.g. carotid or uterine) by a locally ulcerating growth becomes a way of mercifully ending the patient's suffering.

Secondary bleeding is prone to occur in anorectal wounds, such as after hemorrhoidectomy.

External bleeding

External bleeding is visible, exposed bleeding.

Internal bleeding

Internal bleeding is invisible, hidden bleeding. Internal bleeding can be hidden, as in a ruptured spleen or liver, a fractured femur, a ruptured ectopic pregnancy, or bleeding in the brain. Hidden

bleeding may appear as in hematemesis or melena from a bleeding peptic ulcer, as in hematuria from a ruptured kidney, or through the vagina in accidental uterine bleeding in pregnancy.

Measurement of acute blood loss

The assessment and management of blood loss must be related to the pre-existing volume of circulating blood, which can be derived from the patient's weight:

- infant 80–85 ml/kg;
- adult 65—75 ml/kg.

Causes

Bleeding occurs as a result of a traumatic injury, an underlying medical condition, or a combination.

Traumatic injury

Traumatic bleeding is caused by some type of injury. There are different types of wounds that can cause traumatic bleeding. These include: • Abrasion - also called an abrasion, is caused by the lateral impact of a foreign object on the skin and usually does not penetrate the epidermis.

- Excoriation – like abrasion, is caused by mechanical destruction of the skin, although it usually has an underlying medical cause
- Hematoma – caused by damage to a blood vessel, which subsequently causes blood to collect under the skin.
- Laceration – An irregular wound caused by a blunt impact to the soft tissue overlying the hard tissue or a tear, such as during childbirth. In some cases it can also be used to describe a cut.
- Incision – a cut into body tissue or an organ, such as with a scalpel, made during surgery.
- Puncture wound – caused by an object that has penetrated the skin and underlying layers, such as a nail, needle or knife
- Contusion – Also known as a bruise, this is a blunt injury that damages the tissue below the surface of the skin.
- Crushing injuries – caused by great or extreme force applied over a period of time. The extent of a crushing injury may not be apparent immediately.
- Ballistic trauma – caused by a firearm such as a firearm. This may include two external wounds (entry and exit) and a continuous wound between them

Formula

Pathophysiology

Bleeding typically occurs when the mucosa is eroded and blood vessels are exposed and subsequently rupture.

More than 90% of bleeding occurs anteriorly and originates in Little's area, where

Kiesselbach's plexus forms on the septum. Kiesselbach's plexus is where vessels from both the ICA (anterior and posterior ethmoidal arteries) and ECA (sphenopalatine and branches of the internal maxillary arteries) converge. These capillary or venous hemorrhages provide constant mucus, rather than the profuse pumping of blood seen from an arterial origin. Anterior bleeding can also come from the front of the inferior turbinate.

Posterior bleeding occurs further in the nasal cavity, is usually more profuse and is often of arterial origin (e.g. from the branches of the sphenopalatine artery in the posterior nasal cavity or nasopharynx). A posterior source presents a greater risk of airway compromise, blood aspiration, and greater difficulty in controlling bleeding.

Etiology

The causes of epistaxis can be divided into local causes (eg, trauma, mucosal irritation, septal abnormalities, inflammatory diseases, tumors), systemic causes (eg, blood dyscrasia, arteriosclerosis, hereditary hemorrhagic telangiectasia), and idiopathic causes. The most common cause is local trauma, followed by facial trauma, foreign bodies, nasal or sinus infections, and prolonged inhalation of dry air. Children usually suffer from epistaxis due to local irritation or a recent upper respiratory infection (URI).

Trauma

Self-inflicted trauma from repeated nasal plucking can cause ulceration of the anterior septal mucosa and bleeding. This scenario is often seen in young children. Nasal foreign bodies that cause local trauma (eg, nasogastric and nasotracheal tubes) may be responsible for rare cases of epistaxis.

Acute trauma to the face and nose usually results in epistaxis. If the bleeding is from a minor mucosal laceration, it is usually limited. However, extensive facial trauma can lead to severe bleeding requiring nasal packing. In these patients, delayed epistaxis may signal the presence of a traumatic aneurysm.

Patients undergoing nasal surgery should be warned about the possibility of epistaxis.

As with a nose injury, bleeding can range from minor (due to a mucosal laceration) to severe (due to cutting a large vessel).

Dry weather

Low humidity can lead to irritation of mucous membranes. Epistaxis is more common in dry climates and during cold weather due to dehumidification of the nasal mucosa by home heating systems.

Hypertension

The relationship between hypertension and epistaxis is often misunderstood.

Patients with epistaxis often have elevated blood pressure.

Epistaxis is more common in hypertensive patients, possibly due to vascular fragility due to long-term disease.

However, hypertension is rarely a direct cause of epistaxis. More often, epistaxis and associated anxiety cause an acute increase in blood pressure.

Therefore, therapy should focus on controlling bleeding and reducing anxiety as the primary means of lowering blood pressure.

A study by Sarhan and Algarni, which included 40 epistaxis patients and 40 controls, reported that the number of epistaxis attacks was higher in patients with a history of hypertension, but the investigators were unable to determine whether there was a definite association between epistaxis and high blood pressure. However, they found that control of epistaxis was more difficult in hypertensives; patients whose systolic blood pressure was higher at presentation tended to require treatment with packing, balloon devices, or cautery.

Hematemesis and melena

Definition

Hematemesis is the vomiting of blood, either light or altered blood (so-called coffee grounds vomit), due to the action of acid on the blood. Melena is the passage of black tarry stools. Terryne's is characteristic and distinguishes melena from the passage of black stools due to dietary substances, including iron ingestion. Haematemesis occurs from a point usually not distal to the duodenum, but melena may occur not only from a proximal site of bleeding but rarely from a small bowel cause.

Incidence

Hematemesis and melena are a common and important symptom complex that presents either as acute catastrophic disease or electively with prolonged minor bleeding. Patients with this condition place great demands on hospital beds.

Importance

Patients with hematemesis and melena require hospitalization. The condition has a high mortality rate and requires a systematic approach to the initial resuscitation process, diagnostic method and therapeutic program. The overall management of this condition has been revolutionized by the introduction of new endoscopic techniques to control bleeding.

Causes of hematemesis

As a cause of hematemesis, it is necessary to rule out swallowing blood, e.g. from the site of bleeding in the fasting space.

The list of causes of hematemesis and melena is long (Table 1, "Common causes of hematemesis and melena"). Common causes are:

- peptic ulcer (ie gastric or duodenal ulcer)
- esophageal varices
- gastritis or duodenitis.

Homeopathy for BLEEDING

Secal.

This remedy answers passive, painless, dark, offensive bleeding in thin emaciated women, with tingling and tingling in the limbs, coldness on the surface of the body, and desire to be uncovered. It is characterized by a slow discharge, dark, thin and persistent and worse from motion. *Carbo vegetabilis* has permanent passive bleeding; the skin is cold and bluish, the pulse is rapid and weak; patient wants to be fanned, burning pains across sacrum and lower spine; persistent nosebleed with sunken face. Death seems near, and its nearness is indicated by *Carbo. Arsenicum*. Persistent bleeding of a low type, burning pains and irritability, a very useful remedy in habitual epistaxis, also in China. *Lachesis*.

Epistaxis in menopause.

Trillium.

There is no better remedy for active and passive bleeding than *Trillium*. Dr.

Hale and Burt believe they will surpass *Sabina*, *Secale*, and *Hamamelis*. *Cartier* recommends its use for nosebleeds. It is especially suitable for bright red or dark and clotted flow in women who flow after each delivery. There is a weak feeling in the epigastrium, coldness in the limbs and a weak pulse. Acute bleeding, bleeding from fibroids or after heavy exertion. Tincture on cotton wool applied to the part is most useful to stop bleeding from the teeth or in epistaxis, especially in growing children. A characteristic sign of uterine bleeding is a feeling as if the thighs would separate, loosened by a tight bandage around the body. *Cinnamomum*. Bleeding from slight causes, as from a wrong step, coming on suddenly, profuse, and of a bright red color.

Sabine.

Sabina is characterized by a bright red clotted flow, worse from motion, with pains extending from the pubic hair to the sacrum and down the thighs. It is especially useful in protracted uterine bleeding and after abortion or childbirth. They are painful labor-like pains in the abdomen. *Erigeron* is similar, but associated with irritation of the bladder and anus, the flow comes in fits and starts, a sudden gush, then stops; lumpy dark flow. Some doctors consider *Erigeron* to be almost specific for all forms of bleeding. *Erigeron* often controls debilitating menstrual bleeding attacks. It is also great after a miscarriage, here the bleeding has a bright red color. *Crocus* corresponds to passive overload and is especially suitable for nervous hysterics. The hemorrhages are dark, tenacious, black, tarry blood, worse on any motion, and especially profuse.

Ipecac.

One of our best remedies for bleeding incipient phthisis and here

Bayes recommends a dilution of 1 to 3; the blood is bright red from any part and is accompanied by nausea. Hematemesis. The surface of the body may be cold and covered with a cold sweat. *Acalypha Indica*. According to Dr. Arthur Clifton of England, no remedy equals *Acalypha* in haemoptysis; comes with an effusion after an attack of dry cough; the breath is rapid and the blood is clear.

Sanguinaria.

Metrorrhagia at climax, bright red, clotted offensive flow. *Vinca minor* is also a useful remedy for post-menopausal bleeding.

Hamamelis.

Dr. Dyce Brown considers Hamamelis one of the best remedies for uterine bleeding in general, and clinical experience has abundantly confirmed its use not only here, but in bleeding from any part of the body, especially from the lungs, where it is of great value. It best corresponds to passive venous bleeding, which is certainly one of our most effective remedies here. It is useful in epistaxis, with tension and pressure in the glabella. The blood is usually dark. Pulsatilla. Passive epistaxis and epistaxis replacing menstruation.

Mercury. Nose bleeding; the blood coagulates, is dark, clotted, and profuse. Arnica. In addition to its use in traumatic bleeding, it is very useful in nosebleeds in growing children.

Mochna.

Farrington says that one can hardly do without Cinchona in bleeding. The blood is dark and coagulated from any orifice of the body; the flow is profuse, so profuse as to bleed and cause faintness and ringing in the ears; and it is characteristic that the patient wants to be fanned. It is especially useful for antenatal and postnatal bleeding. Ferrum metallicum suits anemic patients with dropsy, but the bleeding is bright red mixed with coagulum and spurts. So it stands between Cinchona and Ipecac. With Ferrum, there is a lot of facial redness.

Aconite.

Acute haemorrhage requires Aconite when there is anxiety and fever and profuse bright red flow. Millefolium has the same bright red flow, but no anxiety or fever, and this remedy is most useful in active bleeding from the nose, lungs, or bowels of mechanical origin; epistaxis. It is a more active bleeding than that required by Hamamelis. It also corresponds to bleeding in typhoid fever with tympanitis. Cactus. Bleeding with heavy palpitations.

Ledum and Opium. Bleeding drunkards; red, frothy blood. Ivens mentions Bryonia as almost specific in passive epistaxis of young people.

Bovista.

Bovista causes relaxation of the entire capillary system, which of course promotes bleeding. It is therefore useful in epistaxis, and in uterine bleeding, when the uterus is congested; flows between menses from any little overexertion. Farrington states that the flow occurs mostly or only at night or early morning as characteristic. The surface of the body is swollen. Ustilago is another hemorrhagic medicine; the flow is bright red, partly liquid and partly precipitated; minor manipulations such as digital examination cause bleeding. 6th potency is recommended. Thlaspi bursa pastoris has been used successfully for uterine bleeding. Mitchell. Uterine bleeding of bright red blood accompanied by dysuria. Platinum has a dark painless bleeding; clots hard and dark, mixed with liquid blood, come off in a thick tarry mass. It may be accompanied by a feeling as if the body is getting bigger. Painful tenderness and constant pressure in mons veneris and genitals.

DISCUSSION

Homeopathy is an art and a science. Science because it is based on a therapeutic law of nature and it is an art because it takes skill to arrive at totality and obtain the similimum.

The presented case was analyzed in detail. To get an adequate mental picture of the patient. The search was for knowledge of the patient's living space. How a person lived his life gives an idea of a true picture of his mood and mental state. This understanding helps to define the patient's problem area so that we can help them solve the problem and ultimately heal on a physical, mental and emotional level.

Homeopathy helps to make a person happier because it allows them to think better and understand better. He developed a new perspective to look at the same things. The better the view, the better the life, even though the circumstances may be the same and this was indeed observed in this work.

The family is the soil and the patient as an individual is the seed, to know what has grown on what soil, a family history along with the past history of the patient is essential.

It helps to know the miasmatic background, it is related to the filing of the complaint and it is countered with suitable anti-miasmatic means.

Antimiasmatic drugs are strictly given if clearly indicated.

During follow-up along with presenting complaints, the women were interrogated each time about their general physical condition, such as appetite, sleep, and menstruation, to determine the overall health of the patient.

CONCLUSION

In this work, 30 cases of hemorrhagic problems occurring in various diseases were studied and the following conclusion was drawn.

It is the deeper aspect of the totality of symptoms that indicate a proper similimum instead of an overt pathology.

Constitutional treatment based on a summary of symptoms has proven to be the best for treating acute or chronic diseases, and a well-chosen repertoire is essential to achieve the similimum.

In some cases the use of an acute remedy or an antimiasmatic remedy will develop a clear picture indicating a deep-acting remedy.

In a few cases, even when the totality of symptoms points to the correct constitutional remedy, the patient does not respond satisfactorily until a suitable antimiasmatic remedy is given as an intercurrent remedy to overcome the miasmatic block.

Along with the diagnosis of the constitutional remedy, we should assess the patient's receptivity and choose the potency accordingly. In cases where the drug is indicated through the most peculiar and characteristic symptoms in a higher degree of similimum, we should prefer higher potencies.

Common symptoms along with a little similimum at a deeper level should opt for lower to medium potencies.

A study of EFFECTIVENESS OF HOMEOPATHIC PRESCRIPTION IN HEMORRHAGIC COMPLAINTS, A study of 30 patients in the age group of 10-80 years of both sexes and of both religions from rural, urban or semi-urban areas, concluded that homeopathic treatment was effective against various ailments. A homeopathic similimum chosen according to the synthesis repertoire was particularly effective.

The interrogation was conducted according to the format of the case record, followed by a prescription based on the summary of symptoms of each individual case. A centesimal potency was used and doses were selected according to the individual requirements of the case. The homeopathic

medicine was dispensed from the College OPD dispensary. At each subsequent visit, after analyzing all aspects of individual cases, the same drug /no drug/ or another suitable similitum was prescribed based on the patient's condition.

SUMMARY

In this research, an effort was made to show the benefit of studying a particular disorder. This research suggests that we can be perfect in the treatment of patients if we study the individual condition, especially with its various aspects and relation to other diseases, the distinction is easy when we know the development of the symptoms of the disease and compare it with the development of the patient.

In a detailed study of hemorrhagic problems, it was found that

Homeopathic remedies have been extensively tested and proven time and time again for their clinical efficacy. No homeopath can run a clinic without using constitutional homeopathic remedies in appropriate cases and obtaining the most rewarding results in both acute and chronic cases.

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