

DISCUSSION ON ASIAN INFLUENZA AT THE FACULTY OF HOMŒOPATHY

DECEMBER 5TH, 1957

Dr. D. M. FOUBISTER: Mr. President, Ladies and Gentlemen—before considering the present epidemic of influenza it is of interest to review the background. Generations of experience has demonstrated that constitutional homœopathic prescribing tends to raise the general level of health and in so doing almost invariably raises the resistance of the individual being treated to colds and influenza. To be effective, however, this must be individual and may take time. It is not practicable as a method of raising the resistance of a community immediately prior to or during an epidemic of influenza. Another method has been extensively used for this purpose, to find the epidemic remedy—the remedy indicated in the majority of cases—and give it to those liable to exposure. This has been practised ever since Hahnemann discovered in 1819 that a child he was treating for a trivial complaint with *Belladonna* escaped scarlet fever when other members of the household were suffering from a virulent form of this infection.

Gelsemium has been given as a prophylactic in epidemics of influenza because of its general resemblance to influenza and the fact that it has been the most commonly indicated remedy in many epidemics. Nosodes have also been used in prophylaxis: for instance *Diphtherinum* 200 appeared to be highly effective in preventing the spread of diphtheria when it was a common disease. *Influenzinum* (prepared from Spanish influenza) combined with *Bacillinum* in the 30th or 200th potency, a dose monthly in the winter time, has also been extensively used, as advocated by Dr. Charles Wheeler, to prevent colds and influenza. No statistical evidence is available of its efficacy and all one can say is that for many years it has been very popular.

Potentized vaccines of influenza virus A and B have been

available recently but there is no record of their being used to any extent in prophylaxis. In anticipation of the spread of Asian influenza to Britain, Messrs. Nelson & Co. obtained through the World Health Organization a formalin killed culture of the new virus and potentized it. Through the efforts of the British Homœopathic Association it was fairly widely publicized that a potentized vaccine was available and it has been extensively used, especially as the orthodox vaccine was not ready in sufficient quantities in time and prophylaxis by Homœopathy is inexpensive. Different strains of viruses are liable to present themselves in influenza epidemics and it remains to be seen whether this potentized vaccine will be as effective in future as it appears to have been in the first wave of this pandemic in Britain, or whether other measures will be better, such as vaccines of new strains, or combined vaccines of old and new.

In response to a circular sent out to members of the Faculty I received replies from four doctors and out of 98 persons receiving an oral vaccine six developed influenza. Perhaps it is of interest to note that in 36 of these cases reported on by Dr. Fraser Kerr none developed influenza, and in this series all were given *Influenzinum Asian* 200, seven doses each—four doses night and morning and the other three doses at weekly intervals.

The remedies most commonly associated with epidemics of influenza have been found effective in the curative treatment of the present one.

In the pandemic of influenza after the first world war fifty-seven doctors practising Homœopathy in various parts of the United States of America took part in a statistical survey of the results in the second highly lethal wave of the disease when the overall mortality rate was high, and in over 17,000 cases treated by Homœopathy the average mortality was 0.3 per cent.

Orthodox treatment has improved since then in that chemotherapeutic agents are available with which to deal with secondary infection, but several deaths occurred in the present epidemic due mainly to hæmolytic staphylococcus aureus. From the viewpoint of those experienced in homœopathic treat-

ment the ideal treatment of influenza is homœopathic with chemotherapy in reserve, but it should never be required in any case treated early and correctly by Homœopathy.

The CHAIRMAN: Now, as you have heard from Dr. Foubister, we have been interested in the prophylaxis in this particular epidemic of influenza and I am going to ask Mr. Everitt to give us an account of what has been done in organizing prophylaxis.

MR. EVERITT: As a result of the Press Conference which the British Homœopathic Association organized in the middle of September, and which was very well reported by the Press, the total number of doses distributed throughout the country, through the normal pharmaceutical supply organization, may be described as highly satisfactory; but because they were sent out via the normal machinery, wholesale channels and so forth, a number of users are unknown, so no statistics could be obtained from these. However, the British Homœopathic Association got out a form which they sent to known Industrial concerns who had put their staffs on to this dosage, and this afternoon the Secretary of the B.H.A. has given me a preliminary survey of the results. It has been a little difficult to collect these, also you will appreciate that they have not been controlled by a medical man, and that some of these factories or other organizations, although they have been very pleased with the results and have written in to say so, have found the filling up of these forms a little difficult, have perhaps put it off and left it, and so on. Some forms are still dribbling in, consequently we cannot give anything more at the moment than a preliminary survey.

The first report covers ten relatively large users who between them have a total of 1,600 staff or persons. Of the 1,600 *in toto*, 1,100 took the nosode and of those 12.6 per cent. took the flu. (I will have something to say about that percentage later on). Of the remaining 500 who did not take the nosode, 15.5 per cent. took the flu. That is the summary of these 1,600 workers, spread over the country.

Those figures are very much spoilt by one or two results which I suspect would not have been as bad as they are, had

they not been entirely in the hands of the laity. Had they a doctor there who understood Homœopathy, perhaps this particularly bad one would not have been as bad as it is: it is an old people's home where of 63 of those old people 53 took the nosode of which 43 per cent. took the flu; and of those who did not take the nosode 80 per cent. took the flu.*

Well, Sir, that I think is the statistical answer in which you are interested. But if one is looking for something more interesting and encouraging one has only to read the letters which have come in with these returns. From one or two very big organizations, whose names are very well known in this country, the letters have been most gratifying. I have four or five such here, but will just read an extract from one: "In the opinion of the General Manager the nosode was entirely successful. Absenteeism reduced from 15 per cent. at the time of taking to the normal 5 per cent. by the following Monday. The only cases of Asian Flu were those who were infected before taking the nosode."

I think one might attend on the B.H.A. later, Sir, to see if they have any better results from their research.

DR. MITCHELL: In our part of the country the epidemic lasted seven weeks. It could be divided into two phases, the first of which lasted for three weeks and then began to merge into the second which had pretty well replaced the first by the end of the fourth week.

In the first phase the victims were practically all children, and the symptoms kept very uniform. Sudden onset was one

* The figures from this old people's home it is felt should be omitted from the over-all percentage calculations, because when the dosage was applied for very late, on October 2nd, it was stated at the time that the epidemic had already reached them and that many were already down with influenza, consequently many were doubtlessly dosed when they were already infected.

If these figures be omitted, then the overall percentage covering 1,027 persons who took the nosode would be reduced to 8.3 per cent. (as against the 12.6 per cent. stated above) who succumbed to the infection after prophylactic dosage. This compares with 15.5 per cent. who took influenza but no nosode.

of the most outstanding things, temperatures were usually high—103 to 104, there was great restlessness, sometimes delirium, pains in eyes, laryngitis, tracheitis, aching of back and limbs, and occasionally, but very rarely, some gastro-enteritis.

In the second phase adult cases outnumbered those of children and the symptomatology became less uniform. There were many more cases of gastro-enteritis, and it was during this phase that some bronchial and pneumonic complications arose. An interesting thing about these complications was that they occurred more frequently in people who had been treated with antibiotics from the beginning of the illness than in those who had had only homœopathic treatment. It may be explained that our present assistant has not been long with us and does not yet use Homœopathy. He treated all his cases with sigma-mycin or aureomycin, and he noted complications before my partner and I did.

In the first phase we found *Belladonna* to be quite definitely the epidemic remedy. It brought about an immediate drop in temperature so that most cases were normal in twelve hours with no recurrence. In the second phase *Belladonna* was occasionally, but rarely, indicated and the remedies we found most useful were *Phosphorus*, *Arsenicum album* and *Merc. sol.*, and very occasionally *Gelsemium*. As already, implied some homœopathic cases developed complications but these cleared up satisfactorily on homœopathic remedies, notably *Sulphur*.

Regarding our experience with the nosode, it is unfortunate that neither my partner nor our assistant kept records of the cases they immunized in this way. Had they done so our group of nosode cases would have been more than doubled. As it is, the figures I quote represent my own cases plus the small number of theirs which could be verified afterwards. This group of immunized persons numbered 243. Twenty-seven of these subsequently developed flu which gives a failure percentage of 11.1.

Unfortunately I slipped up badly by not realizing till it was too late that I had not kept a record which would, at

the end of the epidemic, have shown the total number of flu cases in our practice. Lacking this data it is impossible to arrive at an accurate "control" percentage for the purpose of comparison. We have, however, a complete record of all new calls received from patients during the past year. By subtracting the number of new calls received during the seven weeks which preceded the epidemic from those received during the seven weeks the flu was raging we can reach an estimate of the number of new calls due to influenza cases. If from this figure we subtract the twenty-seven cases which occurred in the immunized group we shall have an estimate of the number of new calls attributable to cases of influenza in non-immunized people. This number was found to represent 15.4 per cent. of the whole practice.

It will be obvious that during an epidemic there are bound to be many more instances of a single call representing more than one case of illness than would occur during a non-epidemic period. I think you will agree therefore that the percentage arrived at in the way I have described must be a *very* conservative one. Nevertheless I think that 11.1 of nosode-immunized people compares very favourably with 15.4 per cent. of non-immunized persons.

Of the 243 immunized people 131 had been contacts before receiving the nosode. In some of the 27 failures the illness developed within twelve hours of taking the first dose. The average interval between the first dose and the onset of flu was six days. I myself was a victim, and in my case the illness developed 31 days after starting the nosode. There were some moderately severe cases amongst the immunized group but most were very mild. In my own case, for example, I escaped with only one and a half days in bed. On the afternoon of the second day—though certainly not feeling a 100 per cent.—I was able to take a surgery, and the following day I recommenced visiting.

An interesting thing about the nosode was the number of people who volunteered the information that after each dose they developed transitory symptoms, e.g. shivering up the back and/or aching in the limbs. I myself experienced a feeling of

slight malaise for a day or so after each dose. Perhaps that was psychological!

DR. O'HANLON: The following is a brief resume concerning Dr. Priestman's patients and my own.

The number of patients receiving the homœopathic vaccine was 183, 23 of these developed Asian flu—that is 12 per cent. All were mild cases. Quite a number had not had the full course of the vaccine, but it is impossible to say how many.

We gave the vaccine to two small schools; one of 16 pupils and one of 15 pupils. Also 15 mothers had the vaccine and 13 fathers. Two had flu mildly. The only father who refused the vaccine had it badly.

We treated in all about 70 cases.

The characteristic symptoms were the very sudden onset of high temperature, 103-104; slight headache, mostly occipital; dry, harsh cough; slight nausea and sore throat. Only two had had colds, both adults.

Four had complications, persistent pyrexia, possibly patches of bronchopneumonia, but clinically N.A.D. Two had acute sinusitis. One child had a recurrence.

The remedies most used were *Baptisia*, *Belladonna*, *Bryonia*, *Ferrum phos.*, *Gelsemium*, *Pulsatilla*, *Phosphorus*, and *Sulphur*.

Six had *Baptisia*, three needed no other remedy, the three others had *Colocynth*, *Phosphorus*, or *Lycopodium* to clear symptoms.

Four had *Belladonna* and needed nothing else.

Six had *Bryonia*, three also needing *Phosphorus* to clear coughs.

Eight had *Ferrum phos.* only.

Six had *Gelsemium*, three requiring *Kali carb.*, *Phos.*, or *Pyrogen* after.

One had *Lachesis*.

Eighteen had *Phosphorus*, seven needing other remedies, to clear coughs. One had *Kali sulph.* for asthma, and two had aureomycin for persistent pyrexia.

Seven had *Pulsatilla*, one following with *Drosera* for a cough, one *Medorrhinum* for asthma, and one aureomycin.

Five had *Sulphur* only.

I had one boy who kept complaining that his fingers felt thin. I could not find this symptom under any remedy. If anyone has met it, I would be grateful to know.

DR. RAESIDE (reporting also on behalf of Dr. Blackie): It was not possible to make statistics about the nosode because a very large number of patients had already taken it before they told us, probably many had taken it without reporting to us, and we also gave a large number of patients the nosode, but all in all it was not possible to get proper statistics. There was no question that the nosode was effective, because many patients had a reaction from each dose, sometimes quite a marked reaction, so that I actually told them not to take any more when they got a bad reaction.

One interesting statistical result was that in a place where the hypodermic vaccine was available there was not enough to go round and a patient of ours, a keen homœopath, said his little section of staff of some three or four would do without it. They took the homœopathic nosode in place of the vaccine, and he said that neither himself nor his staff had influenza but among the others there was quite a lot of influenza.

The remedies which we found most useful were *Bryonia*, which was often given in alternation with *Influenzinum As.*, used therapeutically as well as prophylactically. Other remedies were *Gelsemium*, *Phosphorus*, *Baptisia* and *Ferrum phos.*

I would like to mention some cases. One very striking type of case which I found was in young people who began their disease very dramatically with a high temperature, 103 or 104, and had very classic *Bryonia* symptoms—wanting to be in the dark, having a cough, complaining of headache and so on, and I found that the ones who perspired profusely in the first 24 hours were virtually over the disease in 48 hours. We had a patient who had a paroxysmal cough, causing him to faint every time he had a paroxysm, and he responded dramatically to *Cuprum met.* 10m.

Of the complications of influenza, there were not terribly many, but pneumonia and bronchitis were relatively common, one or two patients going quite a long time and having to have

their remedies changed, and very few had to have antibiotics. There was also a case of tonsillitis following on after flu and another patient had cystitis following an apparently typical flu.

DR. J. C. MCKILLOP: We had in hospital here what you might call a minor epidemic of influenza. We had some 178 of the nursing and domestic staff at risk and of that number 30 did not have prophylactic treatment. The remaining 148 had prophylactic treatment. The number who developed influenza were 15. Of these all had prophylactic treatment. I think I might perhaps add to these six cases who had influenza at home, and who also had prophylactic treatment. Of those who did not have any prophylactic treatment we had three in the ward and there were two at home.

With regard to the details of the epidemic, all cases were relatively mild, although they were characterized by a rapid onset. In some cases in private, in fact, the onset was so sudden that the patient collapsed at work and had to be taken home. We did not have any cases quite as sudden as that in the hospital but most of them did develop a temperature and the symptoms very quickly.

The symptoms were very consistent all through and consisted of the sudden onset of high temperature, between 103 and 104, malaise, lassitude, weakness, general body pains, often pains in the neck and headache, nausea, anorexia, sore throat. They were generally flushed and their throats were congested, and there was a certain amount of tracheitis and laryngitis. There was usually a hard dry cough.

All the cases were extremely consistent. All followed the same pattern, with minor differences.

The remedies that I found most useful were *Gelsemium*, *Belladonna*, *Bryonia*, *Phosphorus* and *Rhus tox.* Of these *Gelsemium* was the most effective in these cases; *Belladonna* next. The cases were all relatively mild. There were no serious complications. That accounted for the epidemic in the hospital here, and of the 44 cases in private you could write exactly the same. It has been called Asian Influenza but as far as my observations went it followed the typical pattern of an influenza "A" epidemic.

DR. KENNEDY: I am very sorry but I have only four cases with use of the nosode. One was in a household where a case of a typical "flu" had occurred and nobody else in the household fell ill with the disease. Four weeks have now elapsed. The other household is myself and my wife, who have so far escaped and the fourth case is our dispenser who has also remained free—but each time interestingly enough, that she took the potentized nosode she complained of intense headache for the following day, and she is not subject to headaches at all. I do not think there is any doubt it was an Influenza virus "A" which was taken in the 30th potency that caused it. The headache was very intense and was present in the morning when she woke up and it lasted the whole of the Sunday—fortunately she was fit enough for work on the Monday morning. No other symptoms were noted.

In our practice I am afraid there was little opportunity to give the virus. Patients come only if they are ill, and in those circumstances, if they are ill with flu, the nosode was not the treatment of choice—if one accepts the comparison with the Mustard Gas Provings carried out during the war. Here the nosode was active, if given before exposure, in reducing the severity of the burns, but was ineffective in treating it after exposure. Here the homœopathically indicated remedy accelerated healing.

I have only had opportunity of confirming the Virus "A" Asian infection in four instances, but there has been a high incidence of disease, with similar symptom-pictures—and it is presumed that they are cases of influenza—but I have always found sporadic cases, similar to the first phase, among children especially, and they have always been classed as pyrexias of uncertain origin.

I find, as did Dr. Mitchell, that we had two phases. The first was delightfully simple, largely children, and if there were adults they usually had the same picture: intensely sudden onset, intensely hot, fever, throbbing frontal headache, almost invariably with pains in the eyes, dry barking cough, usually thirsty, skin dry and burning, complained of very sore throat. And on examination there was little to find except the high

temperature, sometimes an injection of the uvula, and on three occasions in that phase three children had a definite purplish red injection of the handle of the malleus, or even hæmorrhagic spots on the drum. They may or may not complain of pain in that ear: in fact one child had complained of the left ear, which was perfectly normal, but she had this hæmorrhagic spot on the right drum! *Belladonna* was obviously the treatment. *Ferrum phos.* was another possibility, used on only one occasion and that was because of the predominant short dry cough, again with the same sudden onset and hot dry skin. Children were almost a 100 per cent. *Belladonna*.

Among the adults onset was again sudden. They presented the same picture and *Belladonna* was used as a remedy. Others were *Pyrogen* where we had still the sudden onset but a marked aching of the limbs, restlessness, complains that the bed was hard, with the discrepancies of pulse and temperature—either high temperature and normal pulse, or high pulse and normal temperature.

Another possibility was *Bryonia*, where they were irritable, wanted to be left alone, heavy frontal headache which was worse on coughing, a dry cough which made the head immensely painful. We had giddiness when sitting up, and complaint of being very thirsty.

The second phase was unfortunately different from the first. It was a joy to do the visits: it did not matter how many there were, one knew roughly what the treatment was to be. In this phase, however, there was complete chaos, so far as I could find. The patients presented me with anything or nothing. They usually took ill suddenly, often at work, and when I was called there was usually very little to find at all. Other remedies in the particular phase were, I think, still *Bryonia*, *Belladonna*, *Sulphur*—the latter was used, I think, when no other remedy was apparent. They were hot, sweating had a more suffocating cough, fighting for breath, which would awaken them from sleep. They had frontal headache which was worse on stooping. The picture given in Boericke was very like some of these influenzas, which were not *Belladonna* but *Sulphur* seemed to fit. *Phosphorus* has

helped some cases, again with the giddiness, intense chilliness, thirst for large drinks. *Nat. mur.* I found useful in the second part of the epidemic, chosen largely on symptoms—"it will stop any cold which starts with sneezing" (Boericke). In this violent sneezing with profuse nasal catarrh, slight epistaxis of the nose, the 200th potency has helped several. It has helped one case I know which was an influenza virus "A".

With regard to complications, epistaxis occurred in the early phase on three or four occasions. Interestingly enough, these occurred within three days of each other. Another complication was a running ear, a profuse discharge of the ear, a person who had had otitis media as a child. It began suddenly. She was put on to penicillin but the discharge failed to clear after 4 days; within 24 hours of *Causticum* being given the ear had stopped discharging. (I usually find that if a person does not respond to penicillin within four days it is not going to do anything at all. *Causticum* was given on the fact that her own voice echoed round in her head, vibrated like an empty shell, and other peoples' voices also seemed to echo through her head).

One sign, I feel, is rather suggestive of influenza virus infection (and on the three occasions I have taken blood from patients suspected of influenza it has been present), and that is slight œdema of the uvula, with an obliquely running dilated vein on it. On the whole patients complained of a sore throat but there was nothing much to see except the peculiar uvula.

Among the other remedies was *Nux vomica*, because of the intense chilliness—the slightest movement in turning over in bed and they left shivery. There was one case of *Arnica*. The only complaint was she felt worn out as if she had done many days of very heavy work. She was aching, the bed felt hard and she was restless. She picked up very slowly on *Arnica*. *Gelsemium* I have found very rarely, partly, I think, because muscular aches have been absent in my experience, and the onset is too sudden. They have been thirsty, with severe frontal headaches.

Rhus tox. with a dryness of the throat, especially in the morning, which wears off and is better for hot drinks.

Those were the cases.

We had one death under treatment—a man of 69 who was taken ill on Friday and presented the typical *Belladonna* picture. *Belladonna* did nothing whatsoever and he was brought into hospital where it was found he had bilateral bronchial pneumonia involving almost the whole right lung and half of the left. With *Achromycin* he got over that, but developed auricular fibrillation; this was controlled, but he died two days later of uræmia. Blood urea 300 mg. per cent.

Two other deaths were recorded in the practice—the onset and course had been so rapid that they died before medical advice was sought, and were found dead in their bed.

P.S.—Since compiling this paper, a further wave of cases has arisen, and here *Baptisia* was found very useful in two rapidly progressive cases of pneumonia with severe toxæmia—relapsing stupor—"I am alright"—symptom.

Gelsemium has been used—dull apathetic, with aching limbs, thirstlessness and slow pulse, and the mild weather.

Bryonia where the onset is more dramatic than *Gelsemium*, with severe bursting headaches, worse for movement, dry cough with soreness across chest.

Also *Eupatorium perf.* where the aching has been extreme.

My initial impression is that these cases are more ill than either of the two earlier phases and their recovery is slower, and resembling the more classical picture of influenza.

DR. FOUBISTER: I just want to speak about an epidemic in the children's ward with which Dr. Priestman and I had to deal. I mention it because there were two remedies used which have not been spoken of in the discussion.

We found *Phosphorus*, *Ferrum phos.*, *Gelsemium*, and *Baptisia* to be the main remedies. In three children *Antimonium tart.* was indicated by white tongue, distressing vomiting, and capillary bronchitis. To clear up the tickling cough *Asian influenzinum* 30 daily for a few days was apparently effective.

DR. MACCRAE: We had several strains of influenza viruses prepared as potentized nosodes, and have had the opportunity of examining them all. It was interesting to see that this particular "Asian" virus came into a different group than the

others. It was in the fifth group of the electro-physical classification. That was probably the reason why *Gelsemium* was not a frequently indicated remedy—*Gelsemium* being in the sixth group. One of the other viruses was in the sixth groups, and no doubt when that influenzal strain was prevalent *Gelsemium* was a valuable and frequent remedy. We could thus see the logical reason why *Phosphorus*, which is a fifth group remedy, was so useful now. Also we could see why *Belladonna* was so useful, because it was in the neighbouring fourth group. Fifth group patients, when they became acute, were prone to go into the fourth group.

As my practice is chiefly concerned with chronic conditions I did not have much personal experience with this epidemic, and in the hospital my practice was mostly concerned with geriatric cases. It had been noticeable in the wards that old people were not prone to develop influenza.

I had one very enthusiastic homœopathic patient who was forewarned before the epidemic came to London, and he supplied himself with this new potentized virus. He worked in a large catering firm in London, in a very densely populated area. He had 33 employees under his personal care within a radius of a hundred square yards. Thirteen of these employees volunteered to take the virus and none developed influenza. Of the remaining 20, 12 were absent from 7 to 10 days with typical influenza. That was a neat little experiment to show how really effective the nosode was.

I have one rather strong criticism to make about the instructions regarding the prophylactic treatment. A potency of the calibre of 30c when taken by a person who is not suffering from any active disease will have a much longer acting effect than many ever imagined. The duration of the action of a single dose may be from two to three months, and to think that one will develop a better immunity by giving more than one dose is, to my mind, quite wrong, and I think that one is very apt to produce proving symptoms of the remedy if given as often as was recommended. I would not be surprised if many of these patients who had taken the frequent pro-

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needed to do the work. This requires much patience and study on the part of the physician, as well as infinite faith and courage on the patient's part.

Only such patients as have been indoctrinated in homœopathic philosophy and have experienced the great advantages of homœopathic prescribing are conditioned to cooperate with this method of treatment in the face of the numerous palliative medicines confronting him to-day. But present-day palliative treatments may plunge the patient deeper into the mire of despondency and frustration. Homœopathy is the only hope for a real cure for these unfortunate victims.

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DISCUSSION ON ASIAN INFLUENZA

(*Contd. from page 372*)

phylactic doses were classified as having developed influenza when in fact they were only giving a proving of the potency. To support this criticism I would like to draw your attention to the nature of the attacks which afflicted those who took the potentized nosode, and how it differed from those who did not receive the preparation. The "provers" often had a short sharp series of symptoms lasting one or two days. Those afflicted by the illness presented the usual symptoms, and these were often followed by days of post-influenzal distress, taking in all, seldom less than a week.

(*To be continued*)

—*The British Homœopathic Journal, April, '58.*
