

**AND SO FROM COMMON COLD TO INFLUENZA**

BY A HOMŒOPATHIC PHYSICIAN

Again it is a strange fact that, whereas most people are ashamed to admit to a cold most, on the other hand, take a delight in boasting that they have just had 'flu and yet, whereas the cold may take weeks to clear, a 'flu may only last a few days. Wherein the attraction? Something in a name and 'flu bears the hall mark of diagnosis whereas well, a cold is just a beastly cold common as its name!

And now to return to the common cold: one has been asked must we wait until we get a cold? Cannot we have some treatment to protect us against it. Such as a vaccine? Well, of course, and there is no doubt that cold vaccines do work given according to the Homœopathic law, i.e., one dose wait for reaction and do not give another until or if a cold results. But vaccine therapy is of course a rather crude homœopathy and one would prefer to give e.g., Tuberculinum one of the strongest indications for which is 'constantly taking colds' particularly if there should be even a remote Tb. history in the family. That is where Tuberculinum does come in.

Recently the orthodox school has begun to consider the use of a vaccine prepared by the French school for the protection even of those who are engaged in nursing tubercular patients a scheme which has been in force in Sweden for many years. The use of our Tuberculinums should be considered and would be free of most of the suggested disadvantages of what is called the B.C.G. vaccine mentioned above.

And so back to Influenzas. The cause: a virus or viruses for only some epidemics give the same virus and one hears that there are now two viruses A and B, both blamed for influenza. But this would explain what every Homœopath knows that each epidemic has usually its own "remedy epidemicus" the remedy which seems to cover

most cases that year and that year only : so we are entitled to say that there may be influenzas and not one influenza only.

When now is a cold only a common cold and not influenza. It is not always easy to say. More frequently than not 'flu comes on more gradually than a cold and that will become of more importance when we come to treatment, for some drugs as we have seen in talking of the common cold act best when the onset is sudden and others when it is more gradual. When there is fever it is more likely to be 'flu. When there is aching all over it is more likely to be 'flu. When the headache is mostly at the back of the head it is more likely to be 'flu than a common cold. The condition which may cause most confusion is a tonsillitis, a true tonsillitis where there is headache and general aching and that will be decided by the appearance of the throat. If it shows the usual follicular spots on both tonsils then it is not likely to be a true 'flu. Here one thinks of remedies: and aching with throat to me spells Phytolacca but we will return to that when we consider throats by themselves.

Influenza usually means fever, headache, aching limbs, especially in the back, and running nose, dry throat, and cough. So even the fact that one has nose, throat, and chest affected almost simultaneously would make one think of 'flu and not a common cold though there are, of course, many exceptions to the rule. 'Flu lays one out and often fairly quickly but, if one enquires, then one does find very often that the patient hasn't been quite up to the mark for some days. Then, of course, if there is 'flu about and 'flu is news when the common cold is not, for 'flu is very infectious that helps with diagnosis. You may remember that the link between the virus of the ferret and the human 'flu was established "when the ferret sneezed," and next day the doctor in the lab was down with true 'flu. The virus can be collected from the human nose transferred to the ferret who develops, if not 'flu, at least a temperature

and, as I say, when the ferret sneezed it gave it back to its master!

To the Homœopath 'flu spells Gelsemium, for that drug has the classical picture sneezing, heavy eyes, violent headache (at the back), aching back and limbs, slow pulse but the guiding symptom is thirstlessness. That must be present. The relief from movement is not marked though the patient is restless. "Feels he must move." But, if he is restless and better for movement then, in comes Rhus Tox. If he aches but lies quite still, is worse for moving and is violently thirsty for big cold drinks then Bryonia must be given. Of course, there are many remedies which may be indicated but these three are the chief. Aching bones might lead to Eupatorium perfoliatum especially if the patient complained that breathing in cold air hurt his chest. This is a peculiar symptom but a good one.

Arnica is another which has all the aching but it is of the bruised variety. Baptisia is another but that usually has tummy symptoms even diarrhoea, foul smelling as are all the excretions of Baptisia and a higher temperature of the 104° sort. Pyrogen has all the aching but there is the typical discrepancy between temperature and pulse and it may work both ways:—The pulse out of proportion to the temperatures either too slow for the temperature (like Gelsemium) or much too rapid and that is more typical.

But it is the complications of Influenza which are most serious. Influenzal pneumonia was the cause of most of the deaths in 1918 a virulent type if ever there was. The lungs filled up with fluid and the patients died by the thousands. One of our doctors had no deaths when using Bryonia and that in the tincture. Here one cannot advise one drug or the other. Each case must be treated on its merits. If one gets the epidemic remedy then one is in clover. Most react well and time is left for the "oddities." If one gets in early then serious complications may be avoided. The gastric type has been referred to when talking of Baptisia. Here mental symptoms may be of the

greatest value in making a choice. The high temperature often leads to delirium and when the special features, *e.g.* of *Baptisia* they should not be missed. These are that "the limbs are scattered about the bed." When present this symptom as a guide to *Baptisia* is a winner. One case called to mind had a pneumonia following 'flu, was jaundiced (another complication of 'flu) but on the fact that she "could not join her legs to her body" *Baptisia* was given with very satisfactory results. So treatment must not be routine.

Weakness after 'flu so-called, post influenzal debility is not a thing to be laughed at. It may lead to all sorts of mental states which may persist for years, so the value, in old standing complaints, of asking for a history. When one gets the story, "not well since 'flu" then in comes the nosode *Influenzinum*. This also is a winner when this history is given. But in the post influenzal state there is often acute depression more like the symptoms of Phosphoric Acid not used often enough. *Psorinum* is frequently advised but one should not forget the old Homœopathic tonic *Arsenicum Iod.* beloved of many of the old Homœopathic physicians but, too often neglected. The weakness, mental and physical, the loss of appetite, are all covered by this remedy. In women, palpitation is very often complained of and they imagine they have all sorts of complaints but it is a real complaint, a debilitated heart, really a poisoned heart; *Ignatia* seems to fit the occasion and the highly strung nervous irritable state will frequently be the guide: with frequently the symptom:—"feels as if she cannot get a deep enough breath." In this connection one should not forget the male—*Ignatia*—*Nux Vomica*—for the debilitated man is against very very edgy and difficult to "put up with."

*China* is another remedy often forgotten in convalescence but it has all the weakness the tiredness, and the chilliness.

How to avoid 'flu means avoiding your friends who have it, and no one with 'flu is really a friend at that

moment. But it is terribly infectious, and the best thing to do to avoid offence is to send your friend your "remedy epidemicus" if you know it, or recommend a doctor who may.

So boast not of 'flu. It may be lurking round the corner and it is one of the diseases which neither M & B nor Penicillin can do anything for. That too, is worth remembering as is also the fact that Gelsemium frequently can and does.

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### A COOK'S TOUR IN OPHTHALMOLOGY

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(Continued from page 268)

Dr. W. R. McCRAE wished to add his quota of praise to Dr. Scular for his excellent paper. There were three drugs which Dr. Scular mentioned which were of very special interest to us. They were secale, naphthalene and dinitrophenol. We had a good knowledge of the first, but of the other two we had much to learn to fill in our detailed knowledge. The homœopath of course could not carry his proving to the extent of creating pathological conditions and so such observations as others can give are pre-eminently important. When we are able to collect the picture of a drug from good provings we can build in the details of a possible pathological condition such as Dr. Scular describes and in this way the remedy may be the more accurately selected in suitable cases. In such a manner we should be more certain of success in our treatment of such very difficult conditions. A very interesting point concerning the treatment of eye conditions was the large number of acute states which presented outstanding