

Furthermore, we should always consult with an experienced surgeon in cases where, in spite of the most careful homœopathic treatment, the condition of the patient did not show any sign of improvement, but even became more serious still. I remember such cases where the operation finally cured the patient.

—*Heal Thyself, June, 1947.*

## THE COMMON COLD

BY A HOMŒOPATHIC PHYSICIAN

Everyone, except those who have never had one, will admit that the common cold makes one probably more miserable than even much more serious illnesses probably because one is not sufficiently ill to go to bed and must simply carry on suffering or, that, when one has something more serious, nature kindly as ever, dulls our appreciation of our troubles even if it be only to make us feel that we do not care whether we live or die. But it is true and it is worth remembering that patients who have nearly "crossed the line" and, have recovered, tell us that they were quite peaceful and not at all worried. What seemed to worry them most was the expression upon the faces of their relations, nurses and doctors. So next time be careful how you look and what you say. The lifeless eyes, as they seem, see more than you think!

Now we all wonder:—Why and how did I catch that cold? Another commentator has rightly said that we do not catch colds or anything else *they* catch us! Even now, after much research, we do not know exactly what causes colds. It is believed that it is not due to the usual type of germ which e.g. causes pneumonia or blood poisoning but, to a virus, too small to be seen by the ordinary microscope and too small to be trapped, as are ordinary germs, by a porcelain filter, so, we refer to them as filter

passing viruses. They differ even in size but have certain common characteristics and some are even insect borne like yellow fever. So the common cold is thought to be caused by this type of germ as is influenza, measles, anterior poliomyelitis (infantile paralysis), the distemper of dogs and even the common fever blisters (herpes febrilis). The latter, it is interesting to record, is thought to be the result of such a virus infection at some time or other, may be years before, and is only activated by e.g. a cold. Some people when they go to the seaside are also liable to this simple form of herpes: why we do not know. This "herpes" is quite different from shingles known as "herpes zoster" (from the Greek word meaning belt since the eruption is usually one-sided and often half round the waist).

Susceptibility varies. Some boast that they never catch a cold, others says that they are never free. Both sets are probably not quite accurate. Those who constantly catch colds in many instances have "sinus" infection, which is lit up without any cold, or chronic infection of the tonsils, etc. Those who never catch colds may throw them off so quickly that nothing appears, for, it is only too true that a large per cent. of the population does catch various diseases (even infantile paralysis) which show no signs beyond "not feeling well" yet, when various tests are made, there seems little doubt that they have had the infection and unfortunately have been infectious and so spread it to others who may have it 'badly'. That is the reason why isolation of the first cases of any epidemic should be compulsory. Because the common cold is too common this precaution of isolating oneself with a cold is justified.

The virus is spread by air and so coughing, sneezing and even speaking set the germs free in the atmosphere. This is why surgeons and nursing staffs wear a gauze mask to prevent this air borne infection being spread to wounds, etc. It is not simply "swank" as some think!

The "germ" attacks the lining of the nose chiefly and at any rate, to start with, causes this to swell so you get that awful "stuffed up sensation," the lining then weeps, (you may look as if you are also weeping), this 'mucus,' at first thin, usually thickens up and you have a greenish yellow discharge. The same thing happens with the linings of the sinuses (those cavities inside the face bones and connecting with the nose and, those within the skull). That is the beginning! Unless it is stopped short at this stage other germs, the normal inhabitants of the nose and throat, (remember that not all germs are harmful) find this condition just what they like for enjoying themselves. They love heat and moisture perhaps and then merrily proceed to multiply so, most of the so called complications such as tonsillitis, pharyngitis, (back of throat) and tracheitis (the first part of the air passage) develop, and later may go down further and set up bronchitis and even pneumonia.

Now don't be frightened by all this. If you take precautions none of these may happen: but it does pay to take care and even to nurse a cold, even if it only keeps you from spreading the germs.

What should you do? Get into bed, keep warm but not in a warm stuffy room: keep the windows open, take your food if you want to, and don't fly to whiskey and the aspirin bottle: remember the old adage "Feed a cold and starve a fever;" it is good advice. Don't sneeze except into a handkerchief. Don't wave your handkerchief about when you take it out. When you cough again use your handkerchief. Don't leave your dirty handkerchiefs about: put them in the laundry basket out of the air.

Treatment:—The Homœopathic physician, and the mother who wants to get in early "before the doctor comes," knows of many remedies which if given early can cut the cold short. If the cold has come on suddenly on a cold dry day with a biting wind Aconite is the cure. The nose is dry so is the throat, the cough, if there is one, is hard and tight. If in children, there may be "croup" that

hard dry tracheitis which sounds as if one was "sawing wood." But aconite must be given early! Aconite is good for men and babies, both are easily frightened, and so is Aconite.

If there is much sneezing and running of the eyes, and the discharge from the nose makes the nose and lip sore and raw but the discharge from the eyes is what we call bland (does not make the eyes sore) then remember the effect of onions and give *Allium Cepa*. Even if it goes to the larynx and tears "like a knife," that, too, may require *Allium Cepa*.

If the discharge from the eyes is what is called "excoriating" (making the eyes red and sore) but the nasal discharge is bland, then, *Euphrasia* is the drug.

But if, in contradistinction to Aconite, the cold is caught or, has caught you, in damp weather even muggy weather then other drugs come into the picture.

*Dulcamara* suits the colds in wet but cold weather, from suddenly getting wet or, chilled when heated or sweaty. The nose runs more indoors whereas *Nux Vom* runs more in a cold room or open air. *Gelsemium* is often the drug for colds in warm muggy relaxing weather, has a nasal discharge which makes the nose sore, but comes on gradually as opposed to Aconite which is sudden. *Gels.* will meet more the "fluety" colds with aching limbs.

*Arsenicum Alb* is the remedy most often indicated when the nasal discharge is scanty but burning and takes the very skin off the upper lip. It is a question here of degree. *Allium Cepa* makes the nostril sore. Arsenic the lip, the actual discharge seems to scald and burn where it is in contact. The hot burning "drip" is often Arsenicum. Even sneezing hurts and gives no relief. The Arsenicum patient looks "of all men most miserable." If not aborted early then we get to the "complicated" stage with thick discharge, aching sinuses (in the face bones) and "full" dull headache above the eyes (in the frontal sinus). Here *Kali Iodatum* and *Kali Bichromicum* come in and also *Merc.*

Sol. Kali Iod has "excoriating" nasal discharge, but the outstanding symptoms are pain and aching in the sinuses Kali Bic favours the frontal sinuses and has the typical greenish yellow stringy ropy tough and crusted discharge of all the Kalis. Pain at the "root" of the nose always makes one think of Kali Bic. Merc also favours the sinuses, more often those in the face and has profuse sweating at night and the typical swollen-tooth-marked tongue. One finds that patients who 'run' to Merc are always Merc with colds, so don't forget to spot the Merc tongue.

These are, of course, only guides and, when other symptoms are present, then whichever fits the patient should be given, but once let the cold spread and you will not find it easy to stop the complications. These may be throats, ears or chests. But for the common cold get in early, hit hard, avoid the complications, and use your handkerchief.

—*Health through Homœopathy, October, 1947.*

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