

## NOSES, SINUSES AND THROATS

By a Homœopathic Physician.

When you have a pain in the face (no! not in the neck that will be considered later) the most likely cause is teeth. The nerve by which all sensations or feeling are recorded records pain from teeth as well, and so one may have the pain of a decayed tooth in the face or even in the head. Pain up the side of the forehead is often from a tooth.

So, if you have a decayed tooth or even if you cannot see any decay consult the dentist. He will be only too glad to "pass the buck" to the doctor if he finds all the teeth sound (he may suspect a root abscess, e.g. and that may require an X-ray to reveal it exactly). Often the patient suspects the wrong tooth so, don't be too dogmatic and tell the dentist he MUST be mistaken. The customer is not always right.

But, having found the teeth "not guilty," then, one must consider the nose and its cavities (the so called accessory sinuses). The nose is a weird organ not only in its outward configuration and that in all truth can be weird enough. "There are noses and noses as all of you know, there are noses go up and go downwards, just so." One can tell the old pugilist's nose (if it has not been restored by the modern facial surgeon) by its crookedness usually due to fracture of the bones of the nose. There is the Wellington, nose beloved of the social climber as the hall mark of breeding! and indeed there are thirty six different kinds of noses listed in one dictionary. In another the nose is defined as 'member of face or head serving as the organ of smell! and yet none of these definitions really cover what the nose really is. It is NOT essentially the organ of smell though it does fulfil that function (the area of smell is only about the size of a threepenny bit) but an organ of respiration for the express purpose of warming up the air breathed to an even temperature so that, when taken

into the bronchial tubes, it will not chill the lining of these. This is important and underlines the advice that one should breathe through the nose particularly in cold air though one may point out that even warm air is modified to the same even temperature, in other words, the nose makes 'a climate' for inspired air. That is one reason why the use of strong sprays and lotions should be avoided as, if the lining is injured or destroyed, then this means of heating the air one breathes is impaired.

Now the diseases of the nose are legion but the chief of them all is catarrh, a condition in which the lining 'weeps' as it does in the common cold which is an acute catarrh. It is usually the result of infection by germs which causes swelling and, of course, any rough treatment can do the same. The discharge may be thick or thin, clear or yellow or greenish yellow as when a cold thickens up that stage which, in a cold, one wishes to avoid at all costs. Influenza, measles and so forth can cause the same effects.

Now the nose is connected up by a series of small tubes with hollow cavities. 1, in the face bones called the antra, 2, in the bones of the forehead the frontal, ethmoid, the sphenoid sinuses the two latter being made up of a number of cells (a cell is of course, a small closed room as those who fall foul of the law know too well). These are lined with "ciliated" mucous membrane, as is the nose except for the exit or the smell area, i.e. having small hairs which are in constant motion swirling the air around to heat it or cool it as the case may be and carrying in the 'slip' any particles of dust e.g. into the nose and out at the tip! So sniffing up lotions e.g. is sniffing up in the wrong direction. The natural flow of the cilia is outwards so, in addition to warming the air, the nasal mechanism cleanses it as well. In addition to serving as conditioning chambers, these cavities, according to Nature's law of economy, lighten the bones of the face and head, and so make it easier for man to look up and not down as many animals do.

The general treatment of diseases affecting the nose are those mentioned under the Common Cold but others may come into the picture. One hint for acute inflammation of the tip of the nose usually due to infection of the hair follicles inside the nose is *Causticum*.

Atrophic rhinitis (*ozæna*) where the lining membrane shrinks and there is a foul odour (not observed by the patient fortunately for sense of smell is lost) may respond sometimes to *Aurum* but it is more likely that a constitutional remedy will be required.

Pain in the bones of the face so typical of Sinusitis is often covered by *Merc*, by *Kali Sulph* (aches in warm room) and *Pulsatilla* all of which have the typical thick purulent nasal discharge. Frontal sinusitis in its earliest stage is covered exactly by *Kali Iod*, as anyone who has seen the effects of large doses in people who are sensitive to this drug will agree. There is pain and swelling at the root of the nose more often described under *Kali Bic*. but *Kali Bic*. is more often indicated in a less acute stage with typical stringy plugs of mucus and aching felt beneath the eyes as well as over the eyebrows. The neuralgias which may follow the inflammation of the sinuses may require *Spigelia*, *Sanguinaria* (brilliant red cheeks) and, if as often is the case, there is marked periodicity the pain recurring every day at the same time, usually forenoon then in come *China*, *China Sulph*. and *Cedron*, all of which have a clock-like periodicity. In our experience *China Sulph*. is most often successful. Here seems to come in the Sulph element, for Sulph usually spells "Pus" be it *Calc Sulph*, *Hep Sulph*, *Kali Sulph*. But there is something in the salts not always present in the constituents.

It will be seen therefore that if you look after the common cold the sinuses will look after themselves. But, once let a sinus infection get to the purulent stage then it may be the perfect devil to get rid of, surgeons or no surgeons. Often the final cure is only achieved by a 'holiday' or by the constitutional remedy! Finally, learn

to blow your nose properly. Not grasping your nose firmly and closing both nostrils, all that will happen then will be to force infected droplets into your Eustachian tubes under pressure and, very soon thereafter, you will have an inflammation of your ear, for, contrary to the usual belief, 'colds' don't often come in by the outer ear but surreptitiously via the nose and throat. Blow like the navy one, nostril at a time not, like him, "upon the desert air" but, into a handkerchief, a paper one if you have one, and burn it! You may freeze a germ to 20 below zero and only immobilise it; you won't kill it. But few germs can resist heat and none at all if heated for long enough. So to the stake with them! The only good germs are dead ones and those which feed on our waste products.

There are few infections of the nose which do not extend more or less to the throat via the pharynx—that part of the throat which you see right in front if you look, but do not look too often! It is a very bad habit. Like the black girl who looked into the throat and found it was red; So it should be but she didn't know: and very few people know what they should see. The number of folks who peering too far inside find the 'taste buds' at the back of the tongue and immediately think, What's this growing? are legion. Don't be too curious and don't study your tongue every morning. A thick night means a thick tongue but you needn't see the tongue to tell you that you have had a thick night. So to sore throats, tonsils and adenoids and you will immediately ask what are tonsils and adenoids for? Unless for the employment of surgeons. These organs composed of what is called lymphoid tissue are the first line of defence against infection. If healthy, they perform this function just as the gland, which may come up in the armpit after you have pricked your finger, is the first line of defence against 'blood poisoning.' That is alright as long as the tonsils and adenoids are healthy but, if they are infected (like a clogged filter) and cannot perform their function then they are better removed and

so with very large tonsils which impede the air way, and very large adenoids which press on the entrance to the Eustachian tube (which connects the back of the nose with the ear cavity). But treatment can and does preserve healthy tonsils. A tonsillitis will pass (the infection having been confined to them alone) and, having done a good job of work, will be ready for the next emergency. *Baryta Carb* is the great remedy for large flabby tonsils which enlarge with every cold but it is often forgotten. *Tuberculinum* is another and not to be despised. At any rate sore throat is not always *Mercurius* as most home prescribers think. It is much more likely to be *Belladonna* in children or *Lachesis* in the very sensitive throat with aggravation from warm drinks. *Phytolacca* the nondescript throat with aching limbs, so often confused with 'flu, or *Sulphur* for the throat which looks "streptococcal." What the streptococcal look is is difficult to explain but, when you see it, you will not mistake it. It is often the throat which is worse empty swallowing, worse solids, and, yet, better warm drinks unlike *Lachesis*. For the throat which the patient says "can positively swallow nothing" and the swelling does not warrant this, that is *Nitric Acid*.

Once again it is wise to get in early, for if the inflammation of the tonsils is not checked early then it may go on to suppuration around the tonsil in other words form a small abscess the so-called "quinsy." That is "a brute" and may require opening surgically, though very often it will break on its own but oh! the relief: It has to be experienced to be appreciated. Quinsy is more likely to form around a tonsil which has been inflamed before and rarely comes with a first acute attack. *Hepar Sulph low* may "hurry on" the breaking of the abscess. Early enough *high* it may abort it. Diphtheria is, of course, a specific infection of the tonsil and throat by one germ the deadly K.L.B. (Klebs Loeffler's Bacillus). Immunisation, which may be regarded as homœopathic in principle, does protect against infection or modifies it and one cannot see why

some Homœopaths oppose it. *Merc Cyanatus* is 'the similar' in many cases and, with or without serum, does modify the ill effects of the poison which can cause paralysis, e.g., of the eyes so that the eye does not contract with change of distance (accommodation) and of the palate. Diphtheria is a very deadly infection and anything which can modify its effects or prevent its spread should be encouraged.

Another infection of the mouth and throat is the so-called "trench" mouth or Vincent's angina another virus infection and which has its origin mostly in the gums. The condition looks like *Mercury* but one rarely finds *Merc* effective. *Phosphorus* seems more often indicated particularly when the gums and ulcers bleed when touched. *Nitric Acid* helps when there are stinging pricking pains. Pemicillin has acquired a great reputation in this condition but it does fail one believes because of the patient's lack of 'vital reaction' and it is in people who are 'run down' that the infection so often appears.

So if there is one specific for disease it is "good reaction," i.e., the ability to throw off or to combat infection. Homœopathy may not kill germs but it does encourage the natural forces to do so. One believes that homœopathy acts on the immunological system chiefly and so stimulates this 'vital reaction.'

Sometimes the germs are so abundant that the natural reaction is not sufficient to deal with the infection. Here it may be necessary to 'tolle causam' as Hahnemann advised and kill it or remove it, but natural reaction is necessary to bring the infected organ back to normality and the patient back to health. And again your homœopathic stimulus is required.

—*Health Through Homœopathy, December, 1947.*