

COUGH

BY GEO. C. FOSTER, N.D., D.O., F.F.S.C., N.T.A.

At this time of the year coughs are very prevalent and the knowledge of their idiosyncrasies is helpful in eliminating this distressing phenomena. I feel, therefore, a Refresher Course on their peculiarities would be opportune at this moment. In the majority of cases a cough is a symptom of disease of the larynx, trachea, bronchial tubes, lungs or pleura. Less frequently it is due to disease of the nasopharynx, and still more infrequently it is a result of hysteria and disease and irritation in organs not forming a part of the respiratory apparatus. If not caused by disease of the respiratory apparatus, it is often called a "reflex cough". Why I do not know, because cough is always a "reflex" action. One can obtain valuable diagnostic help from the character of the cough.

Sometimes a cough is caused by hysteria and may be a subconscious effort to attract attention.

Dry Cough.—Cough without expectoration or with the occasional expulsion of a small pellet of mucus is caused by the first stage of acute bronchitis, pulmonary phthisis, bronchial asthma, pertussis, epidemic influenza, and acute pneumonia; pleurisy, diseases of the nasopharynx and larynx, inhalation of irritating fumes or dust; elongated uvula or enlarged lingual tonsil; foreign bodies; and "reflex" or extra-respiratory conditions. A single, slight, dry cough, frequently repeated, is the "hacking" cough premonitory of pulmonary phthisis.

Loose Cough.—Cough with expectoration occurs in the later stages of acute bronchitis, pertussis, pneumonia, pulmonary phthisis, bronchial asthma, bronchiectasis and pulmonary gangrene.

Paroxysmal Cough.—Coughs coming in fits or paroxysms is most characteristically seen in pertussis. It also occurs in conditions attended with increased secretion, continuing until the bronchial tubes are cleared, as in second stage of acute bronchitis, and the softening stage of phthisis. A paroxysmal cough with a considerable interval between the seizures may be due to abscess of the lung, bronchiectasis and phthisical or gangrenous cavities. Under such circumstances large quantities are expectorated in a short time, the cough ceasing when the cavity is emptied and recurring when it refills. A somewhat significant fact in these cases is that the coughing fit is precipitated by change of position. The inference is that a cavity exists, the contents of which are permitted by the changed posture to flow into the bronchial tubes and thus initiate the paroxysm. Enlargement of the bronchial tubes, mediastinal tumour, and other extra-respiratory lesions will produce a paroxysmal but dry cough. A coughing fit terminating in vomiting is of some importance as a symptom in pertussis and pulmonary phthisis.

Laryngeal Cough.—A dry cough, variously described as "croupy," hoarse, ringing, brassy or metallic in character is that caused by laryngeal irritation, either direct or transferred. A certain amount of clinical experience is necessary to enable one to appreciate the fine shades of difference between the designated qualities; but the distinctions are real, although elusive in description.

The conditions which may be indicated by a laryngeal cough are spasm of the larynx, laryngitis, tuberculous or syphilitic ulceration of the larynx, inhalation of dust particles in certain occupations, impacted foreign body in larynx, food particles entering the larynx in pharyngeal paralysis, elongated uvula, or enlarged tonsils. The monotonous, croaking, nervous cough of hysteria and the barking cough of puberty are pharyngeal in character. A brassy, metallic cough arises from irritation of the recur-

rent laryngeal branch of the pneumo-gastric nerve by the pressure of thoracic aneurism, cancer of the œsophagus, enlarged bronchial tubes, and mediastinal tumour.

Suppressed Cough.—A voluntary effort to suppress a cough is usually a sign that the act of coughing is particularly painful or exhausting, as in pleural inflammations (especially diaphragmatic pleurisy), pneumonia, pleurodynia, acute peritonitis, and abdominal rheumatism. A child with developed pertussis will vainly endeavour to restrain the paroxysm because of the discomfort experienced. Patients with acute coryza and bronchitis often complain that coughing is painful, either because of substernal soreness in the early stages, or intensification of pain in the inflamed accessory nasal sinuses during the latter part of the disease.

Inability to Cough.—If the diaphragm is paralysed, either from disease of the nervous system or because of overstretching by ascites or abdominal growths, coughing becomes difficult or impossible. Sinking in of the epigastrium during inspiration is, in the absence of laryngeal obstruction, indicative of diaphragmatic paralysis.

An oncoming inability to cough if it occurs in the later stages of pulmonary disease attended with profuse secretion, is a bad omen, especially if the retained material can be heard rattling in the tubes. It is indicative of extreme prostration, and is found with pulmonary phthisis, lobar and broncho-pneumonia, chronic bronchitis and pulmonary œdema.

Winter Cough.—A cough which disappears in the summer and returns with the advent of cold weather is usually due to chronic bronchitis, but may be significant of a very chronic form of pulmonary phthisis.

Summary of the Causes of Cough.—From the diagnostic point of view the causes of cough may be divided into two classes: (a) Direct or respiratory causes, embracing the diseases of the larynx, bronchi, lungs, and pleura, to which

the majority of coughs will be found due; and (b) indirect, reflex, transferred or non-respiratory causes, including all others. In general, although with some exceptions, non-respiratory coughs are persistent, spasmodic, dry, afebrile without pulmonary physical signs and without impairment of the general health.

INDIRECT AND UNUSUAL CAUSES: 1. *Nasal Cavities*.—

The various forms of rhinitis (hypertrophic, atropic, and vasomotor) spurs, and deviations of the septum, nasal polypi, and irritation of dry crusts may be responsible for cough. In such cases sensitive areas are found by the probe, irritation of which produces cough and the application of local Naturopathic remedies will often relieve it.

2. *Pharynx*.—Postnasal adenoid or lymphoid growths and the collection of thick mucus in the same locality, acute or chronic pharyngitis (follicular, atrophic, or hypertrophic), lepto-thrix, papillomata, elongated uvula, and paralysis of the palate or pharynx may give rise to cough. In children a cough coming on at night during recumbency may be due to a trickling of a free mucous secretion into the larynx from the postnasal space, or to enlarged tonsils or long uvula touching the pharyngeal walls.

3. *Tongue*.—Enlargement of the lingual tonsil, which lies in the space between the root of the tongue and the epiglottis (the glosso-epiglottic fossa), is the cause of a number of reported cases of obstinate cough, the cough disappearing when the swelling was reduced.

4. *Ear*.—By the auriculo-temporal branch of the Vth nerve an irritation may be conveyed which will cause cough, as in that which results from probing or syringing of the ear, or from the presence of impacted wax or foreign bodies.

5. *Miscellaneous Causes*.—Cough may signify pressure effects from bronchiectasis, mediastinal tumour, or abscess, thoracic aneurism, or caries of the dorsal vertebræ. It is a not infrequent symptom of cardiac disease, such as dila-

tion, hypertrophy, and valvular lesions. "Stomach cough" is found at times in the subjects of chronic gastric catarrh, due most probably to the low grade of accompanying pharyngitis.

"Liver cough" may occur as a symptom of enlarged liver in consequence of pressure against the diaphragm, or in connection with hepatic abscess, hydatids (taenia echinococcus), gallstones, peri-hepatitis, and subphrenic abscess, presumably from irritation or involvement of the diaphragmatic pleura. An enlarged or inflamed spleen may for similar reasons give rise to cough.

Habitual cough may be incidental to occupations which involve the inhalation of dust or irritating fumes, and is not infrequent in *excessive tobacco smokers*. (Nicotinic acid pulv. 10m will clear smokers' cough).

—To be Continued

Homoeopathic Treatment of

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By Dr. Fortier Bernoville, M.D.

(Translated from French by

Dr. Rajkumar Mukherjee, M.A., L.H.M.S.)

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PAGES 158

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(Continued from page 305)

There are many ways of treating a cough and the under-mentioned remedies may be of help only as a general indication.

BIO-CHEMISTRY

Fer. phos.—is indicated in all first stages of coughs, where there are the following conditions: cough short, sharp, acute, with pain and soreness of the chest, and an absence of expectoration. Cough through tickling of the throat, and irritation of the bronchi. Hard dry cough with soreness from cold, with of course no expectoration.

Kali mur.—where cough is loud and noisy, or stomach cough with white or dirty white coating on the tongue and the same colour expectoration, this being thick and tenacious. Can be used with advantage alternating with *Mag. phos.* Also of use in croup where the patient has protrusion of the eyes with the above tongue symptoms.

Kali phos.—Cough from irritation of the trachea, invariably of nervous origin, and a feeling of soreness in the throat region. Phlegm salty, yellow and thick.

Kali sulph.—Cough where the phlegm is slimy, yellow or watery. Patient is always worse in a warm stuffy room, in the evening and better in the cool or open air. Sputum ropy, and slips down back of throat. Invaluable in croup, where patient complains of tired feeling in throat.

Calc. fluor.—Cough with tickling in throat from elongation of the uvula and/or mucus dropping from the posterior nares. Cough with expectoration of tiny pieces of yellow lumpy-looking sputa smelling badly.

Calc. phos.—Cough with albuminous expectoration like white of egg with sore chest, and feeling of suffocation, better lying down. Hoarseness and pain in lower left lung.

Calc. sulph.—Cough with purulent and sanious sputa and hectic fever. Empyema with pus forming in the lungs or pleural cavity. Expectoration of thick lumpy white—yellow or pus-like phlegm.

Mag. phos.—Invaluable in WHOOPING COUGH alternating with *Kali. mur.* and other coughs of a spasmodic nature. Relieved by hot drinks. Paroxysms of coughing without expectoration. Asthmatic oppression of chest, with difficulty lying down.

Nat. mur.—Cough with expectoration salty and watery, and excess secretion of eyes and nose. Patient also complains of dryness of mucous membranes, and constipation.

Nat. sulph.—Cough with a very lethargic feeling; mucus mixed with pus; thick, ropy, and yellow green in colour. Feeling he must exert pressure on chest to relieve soreness. Constant desire to take deep breath. Worse music, and, lying on left side. Better dry weather, pressure, changing position.

Silica.—Cough with thick yellow-green profuse expectoration of sweetish greasy taste. Sputa has offensive odour. Worse lying down or first thing in the morning.

HOMOEOPATHY. In General.

Aconite.—Cough with great feeling of anxiety, fear of death. Restlessness. Tendency to start. Fever present. Pains intolerable. Music unbearable, makes one sad. Fullness in the head with heavy, hot, bursting undulating sensation. Sensation as if hair were stood on end. Face hot, flushed and swollen. One cheek hot the other pale. On rising face becomes deathly pale, or becomes dizzy. Constant pressure in left chest, oppressed breathing with least exertion. Hoarse, dry, croupy cough, with loud laboured breathing. Cough worse at night and after midnight.

Allium cepa.—Hoarseness. Hacking cough on inspiring cold air. Tickling in larynx. Sensation as if larynx is torn. Oppressed breathing from pressure in middle of

chest. Constriction in region of epiglottis. Pain extending to ear.

General indications.—Burning in nose, mouth, throat, bladder and skin. Sensation of glowing heat in various parts of body. Catarrhal headache mostly in forehead, worse in warm room towards evening. Eyes sensitive to light with smarting lachrymation.

Alumen.—Hæmoptysis, great weakness of chest, difficult to expel mucus. Copious rosy morning expectoration. ASTHMA. Mucous membrane in throat red and swollen. Tickling in throat. Enlarged tonsils.

Ammon. carb.—Hoarseness. Cough beginning at 3 a.m. daily with dyspnoea, palpitation, burning in chest. Worse ascending. Chest feels tired. Emphysema. Much oppression in breathing, worse after any effort, and entering warm room. ASTHENIC PNEUMONIA. Slow laboured breathing, with bubbling sound.

PULMONARY OEDEMA.

Antim. tart.—Hoarseness. Great rattling in chest, but very little expectoration. Burning sensation in chest which ascends to throat. Rapid, short, difficult breathing, must sit up. Cough excited by eating, better lying on right side.

Arnica.—Use in PLEURODYNIA with the following indications. Violent spasmodic cough, with bruised sore feeling.

Arsen. alb.—Indications similar to *Allium cepa* with lachrymation that does not burn. Pain between shoulders.

Bell.—Hot flushed face with protruding eyes, and feeling of great heat. Acts excellently when alternated with *Aconite*. Dryness in nose, fauces, larynx and trachea. Tickling, short dry cough, worse at night. Respiration oppressed, quick, unequal. Cheyne-Stokes respiration. Hoarse, loss of voice. WHOOPING COUGH with pain in stomach. Stitches in chest when coughing. Dry skin and hot.

Bryonia.—Here again we have dryness of mucous membranes. Soreness in larynx and trachea. Hoarseness worse in open air. Dry hacking cough from irritation in upper trachea. Cough dry at night, "must sit up", worse after eating and drinking with stitches in chest and expectoration of rust coloured sputa.

China.—Influenza with debility. Cannot breathe with head low. Laboured slow respiration, constant choking. Suffocative catarrh, rattling in chest, violent hacking cough after every meal. Asthma worse in damp weather.

Dulcamara.—Cough worse in wet weather, with free expectoration. Cough hoarse, spasmodic as in WHOOPING COUGH. Must cough and try to expel phlegm.

Euphorbia.—Irritated mucous membranes, with breathing oppressed, as if chest were closed. Spasmodic dry cough day and night with ASTHMA. Constant cough with stitches from pit of stomach to sides of chest. CROUP, dry hollow cough. Warm feeling in chest as if hot food had been swallowed.

Euphrasia.—Useful in WHOOPING COUGH where attacks are confined to the day time with profuse lachrymation.

Hyoscyamus.—Suffocating fits—spasms, forced to bend forward. Dry spasmodic cough at night, worse lying down, better sitting up.

Ipecacuanha.—Constant constriction in chest. ASTHMA. Yearly attacks bronchitis. Cough incessant, and violent with every breath. Chest seems full of phlegm, but does not yield to coughing. Bubbling rales. WHOOPING COUGH with nose bleed and from mouth. Patient especially irritable, and full of unreal desires.

Kali bich.—Hoarse voice, worse early evening. Metallic hacking cough. Profuse yellow expectoration very glutinous and sticky, coming in long stringy and very tenacious mass. Catarrhal laryngitis cough that has a brassy sound. Cough with pain in sternum extending to shoulders worse when undressing. Pain at bifurcation of trachea on coughing from mid-sternum to back.

Kali brom.—Spasmodic cough through reflex during pregnancy. Dry fatiguing cough.

Kali carb.—This usually suits a patient with soft pulse, coldness and general depression, and very characteristic stitches, which may be felt in many parts of the body. All pains are sharp and cutting and the following chest conditions are apparent. Cutting pains in chest, worse lying on right side. Hoarseness and loss of voice. Dry, hard cough at 3 a.m. with stitching pains and dryness of pharynx. Acute bronchitis with sensitivity in the chest. Expectoration scanty and tenacious, but increasing in morning after eating. Aggravated right lower chest and lying on painful side. Leaning forward relieves symptoms. Expectoration must be swallowed, cheesy taste, copious and lumpy.

Kreosotum.—Hoarse with pain in larynx. Cough worse evening with efforts to vomit, with pain in chest. Raw burning in chest, pains and oppression. Cough after INFLUENZA. After every cough copious, purulent expectoration.

Lycopodium.—Tickling cough, worse going down hill. Cough deep and hollow. Expectoration, grey, thick, bloody, purulent, salty. *Lycopodium* patient has a sallow earthy complexion, with symptoms running from right to left. Acts especially on right side of body.

These are only a few of the many indicated remedies. Many more may be indicated but at this stage we only wish to cover the salient aspects in this article. It must be remembered when treating homœopathically it depends always on general symptoms and modalities as to the remedy or remedies prescribed.

—Heal Thyself, May 1950.