

INFLUENZA

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It is usually during epidemics that most people are aware of the devastating effects of Influenza. During the Spanish influenza epidemic of 1917-18 millions of people were afflicted, and now during the Asiatic influenza epidemic we have a repetition of millions suffering again. Fortunately we are told the Asian influenza is not nearly as bad as the Spanish influenza. The primary concern of each individual is how can he best avoid getting the disease. When he gets sick then his main concern is how soon can he be cured. Our plan tonight is to tell you what precautions you should take to avoid getting ill, and what can be done for you should you get sick.

Most all physicians advise patients to take the following precautions: avoid crowds during times of an epidemic, do not dissipate your energies—in fact learn to rest before you get tired, eat wholesome food and avoid rich foods, avoid bad weather and dress warmly. If you are unfortunate and get sick you can either be treated by a physician of the dominant school of medicine, or by a homœopathic physician. The standard treatment of the dominant school of medicine, and I quote from *Influenza 1957* a booklet prepared by Wyeth Laboratories in cooperation with the U.S. Public Health Service, “is symptomatic with analgesic drugs such as aspirin and, if necessary, codeine to ease the discomfort and the aches; and general measures to reduce fever.” To continue quoting: “although penicillin and the sulfonamides have no direct effect upon the disease, they are used to combat the secondary bacterial invaders which may follow. Since pneumococci and streptococci are frequent secondary invaders, penicillin is most often the drug of choice. Indiscriminate administration of antibiotics should be avoided and use should be withheld until definitely needed. When antibiotics are administered, the danger of development of resistant staphylococci should be kept in mind.”

This then is the method of treatment of a physician of the dominant school of medicine.

Let us compare this with the treatment prescribed by the homœopathic physician. All physicians note symptoms, this we are all aware of, but the homœopathic physician is trained to be more precise in noting symptoms. In Influenza the cardinal symptoms of the disease are: severe weakness, cough, severe pains, and accompanying symptoms or coryza (running nose), sore throat, headache and perspiration. Comparing these symptoms to those of the 1917-18 epidemic we find that weakness is not so pronounced or so exhausting. However, the cough, pains, and perspiration are by far more pronounced. The characteristic cyanosis (blueness) of Influenza seems to be less pronounced. In general the most annoying discomfort seems to come from the persistent cough which is worse at night, the exhausting profuse perspiration, usually a cold sweat, and the severe generalized pains which in many instances seem to persist for a week or ten days after the acute condition has subsided.

Influenza is very democratic. It has an equal affinity for both male and female, has no age limit, and attacks all races. Fortunately it is also a self-limiting disease, unless complications should set in.

At this time we have purposely avoided mentioning the complications or deaths caused by Influenza because fortunately they have been few. We may, however, mention here that the disease may attack any part of the body, including the nervous system. By far, and of greater interest, is the fact that this disease leaves the patient with a deep seated miasm. In this respect it is somewhat similar to Psora, Tuberculosis, Syphilis, and Sycosis. Now a miasm is a resulting stain left by disease. It is a condition that exists in the patient due to a previous diseased condition and lies dormant within the patient. In Influenza the miasm is the most persistent as well as the most difficult to eradicate from the human body. This fact is borne out by our personal experience of many years. The Influenza miasm usually accompanies and complicates many chronic diseases and makes its presence in most acute cases forming a

very close tie with Staphylococcus and Streptococcus infection. Now that we have presented a preliminary discussion of the nature of Influenza let us proceed to the treatment of this disease by the homœopathic physician.

When Dr. Ferrara and I worked with Dr. Guy Beckley Stearns he had Ehrhart and Karl, of Chicago, run up potencies of Influenza, Pneumococcus types 1, 2, 3, and Streptococcus Hemolyticus. We also used *Influenzin Meningitis*, a potency made from a spinal puncture by Dr. Griggs of Philadelphia. Today we have approximately a dozen different types of Influenza nosodes and they are used in different situations, dependent upon symptoms and diagnosis. At this point let me explain what a nosode is. A nosode is a remedy made from a diseased condition. It may be a smear, a scab, pus, or any bodily discharge which is potentized and made into a homœopathic remedy.

In analyzing blood specimens and sputum specimens we have found that in most every case of Influenza there is a concomittant infection of either Streptococcus or Staphylococcus, or Influenza, and once we isolate the strain of each and determine the potency of each then we prescribe the remedy. This remedy is a potency of Streptococcus, Staphylococcus, and or Influenza. After we remove the infection we get a clearer picture of the nature of the underlying disease that afflicts the patient and his second prescription is in the nature of a constitutional remedy that matches his symptoms and our laboratory tests. In general there are several remedies that are used for the symptoms associated with Influenza. To name a few—*Gelsemium*, for that toxic grippe, *Belladonna*, for that fever and sore red throat, *Natrum Mur*, *Ferrum Phos.*, *Aconite*, *Kali Bichrom.*, *Cuprum Met.*, *Rhus Tox.* In Brief, we might say, the homœopathic physician can prescribe the nosodes to treat the acute condition and then prescribe the constitutional remedy to fortify against further invasion and prevent the development of a miasmatic condition.

You may, at this point, ask the question: "what proof is there that the homœopathic treatment of Influenza is better than the treatment given by physicians of the dominant school

of medicine?" To the best of my recollection, the statistics on the last Influenza epidemic of 1917-18 indicated that the death rate averaged 2½%, while among homœopathic physician the death rate was less than ¼ of 1%. In all fairness to the dominant school we do not expect the death rate during this epidemic to be as high as it was in 1917-18. The nature of the epidemic is somewhat different and medicine has made some advances, we hope.

Permit me, at this point, to theorize a little. In almost all of the literature on Influenza we are told that the disease is caused by a virus. Now this virus is said to have the ability to infect and produce disease, that it causes disease by disrupting the flow of blood of the host cells—a host cell is where the virus lives. Without host cells the virus cannot live. Unfortunately standard non-homœopathic treatment cannot do anything to eliminate the virus nor fortify nor protect the cells from becoming hosts to the virus. To quote from *Influenza 1957*, the booklet I mentioned earlier, "Penicillin and Sulfonamides have no direct effect upon the disease." What is left? Hope and pray that the body is strong enough to weather the storm. How much better is it to prescribe a remedy that theoretically eliminates the virus, fortifies the host cells, and prevents these things we cannot attest to, but we can say with firm conviction that a patient treated homœopathically rarely develops complications, recovers sooner, does not have the after effects that are usual in Influenza. This we can attest to from our practice of many years.

As we mentioned before there are many parts of the body that may be affected by Influenza. In Homœopathy, in order to prevent Influenza from affecting the nervous system, often the Polio type, we prescribe *Lathyrus Sativa*. During an Influenza epidemic a dose of *Influenzin Antitoxin* may help prevent getting the disease, and if the disease is contracted the *Influenzin Antitoxin* lessens the discomfort. A dose of *Influenzin Serum* too may be of help.

Most physicians agree that bed rest, plenty of liquids, and the watchful eye of your physician will be of great help. Another word of advice would be to have home treatment rather than

hospital treatment because Influenza thrives in crowded conditions and close quarters and because resistant staphylococci are an ever present menace in the hospital environment.

We hope and pray that this epidemic never reaches the proportions of the Influenza Epidemic of 1917-18. At that time there were approximately 20 million cases in the United States alone, with approximately 500,000 deaths—that is about 2½%. The homœopaths do not say this as a boast, but the percentage of deaths among their patients was approximately ½ of 1%. Had all cases been treated homœopathically 400,000 lives might have been saved.

In conclusion permit me to emphasize the salient points of this paper:

1. Influenza is with us at all times.
2. Invariably we find it as a trio with Staphylococcus and Streptococcus infection.
3. In treating acute or chronic conditions this trio has to be eliminated prior to giving a constitutional remedy.
4. The most important of all is the fact that Influenza leaves a miasmatic condition, which at best, is very difficult to eliminate.

—*The Layman Speaks, May, 1958.*
