

WHOOPING COUGH AND ITS HOMŒO & BIOCHEMIC TREATMENT

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This prevails mostly among the children in epidemic form. It is infectious and generally appears as an epidemic and we seldom find an instance of a person suffering a second time from an attack. It first attacks general catarrh of the respiratory organ and is accompanied with nervous debility. Laryngeal spasm is its characteristic symptom. This disease mostly becomes fatal, when attacks are repeated though light.

Bacteria: Though it has a specific organism it has been found by culture by Koplick from the small bacilli seen from the mucus discharged. This organism has minute rods with deeply stained rounded ends which is diplococcalike. Culture was also previously made by Afanasiëff. It causes an inflammation of the mucous membranes of the larynx and trachea and the toxin of the virus from the mucous membranes influences the nerves of the superior larynx and the pneumogastric.

Infection and Infectivity: Infection of this disease does not spread very widely but it apparently spreads directly by breath. It may also spread by atmosphere and through infective clothing, bedding, curtains etc. It has been seen from my experience that it lasts about 5/6 weeks, but if the patient takes proper care of his clothing, bedding etc., by disinfecting them from the commencement of the catarrh, and, if proper homœo medical care is taken, such cases are either cured within 2 weeks or are aborted. The patient should be advised to use one room in the day and another room with an equable atmosphere of 65°F temperature at night. Rooms should be kept well ventilated.

Predisposing causes: In this disease, persons of all ages may be attacked. It is seen that whooping cough is mostly epidemical and it prevails generally between the

ages of one and ten years. Children are generally affected and children under one and a half years suffer much and their cases sometime become serious and fatal. Girls are more susceptible than boys.

This disease is not always complicated with measles, scarlatina, small-pox etc., but complication with these makes it dangerous. In my experience I have seen that rickety, ill-nourished children are far less able to resist the pulmonary and other complications. Whooping cough is seen during winter, autumn and early spring.

Incubation and Stages of Whooping Cough: Thirteen days was found by Dr. Murchison in one case to be the exact period (Trans. Clin. Soc. Vol. xi p. 243 et. seq.).

This disease can be divided into 3 stages (1) Prodromal (2) Paroxysmal and (3) Defervescence.

Prodromal Stage: It in all lasts about 7/10 days and is often acute having all the characteristic of severe cold with respiratory disturbances and catarrh of its mucous membranes. Sometimes febrile stage commences with symptoms of an ordinary catarrh attended by fever with pain in the chest. In the beginning, its characteristics cannot be observed. Its character can be diagnosed by the bouts of cough or any tendency of frequent coughing at night with a vomiting tendency together with whoop-sound and sometimes it can be seen as epidemic. Such type of coughing will gradually be more severe with increased frequency.

Paroxysmal and its Complications: In this stage, it is seen that one attack of cough with the whoop sound is followed by a second one, even sometimes by a third so as to make it more serious than the prodromal stage. It varies during the day and night within limits. The patient can feel the attack coming even when he is engaged with any kind of work, and as soon as the spasms come the patient's face shows great anxiety. This attack also comes in a series and usual appearances of asphyxia arise. The patient's face becomes a horrible sight, puffy eyelids,

deeply congested eyes, stiff neck with full congested veins, and at the close of the paroxysm there is a whistling "hoop" or "crowing" sound due to spasmodic closure of the glottis. Expectorant mucous is seen. During this attack physical signs in the chest are complicated. But after recovery severe complications are very few. The whoop sound during the inspiration cannot be heard through the stethoscope but rhonchi may be audible. If there is any rhonchus sound heard, this may be the point of diagnosis, where the history shows the characteristic attack of coughing and night disturbances.

Emphysema occurs slightly forward to the sternum by lifting the soft walled chest of the child patient. The tongue becomes abraded and sometimes ulcerated and swelled. Alimentary canal becomes full of mucous, with looseness of bowels. Emphysema and Pneumonic causes when the finest capillaries and tubes are inflamed.

Catarrhal inflammation of the bronchial tube can be seen present and the small tubes are gradually affected by giving sonoro-sibilant rhonchi inspiration taken to refill them constituting the "hoop". There may be a grave condition by giving rise to pulmonary attack and collapse. In the high mortality of whooping cough the patient is constitutionally weak as being a rickety, ill-nourished one, and may be attacked with Broncho-Pneumonia. In children brain trouble (congestion), spasms and even sometimes hydrocephalus occur in this disease. Lobar pneumonia may sometimes happen. Even sometimes a pleuritic patient has been seen in the form of pneumonia with or without effusion.

Defervescence: 4/6 weeks after the commencement of whooping cough paroxysms frequency of this attack will be less. Whoop-sound will also be gradually less. After six weeks it will have subsided. Sometimes due to the presence of adenoids in the pharynx it may continue longer. During the period of convalescence convulsive stage and febrile activity gradually disappear. If there is mucous

present in lungs and traces of bronchitis remain those stages should be regarded as chronic.

Diagnosis, Prognosis and Care: It cannot be diagnosed at the onset of this disease i.e., whooping cough. Mostly, children are susceptible to develop this disease. When one is attacked with this disease there may be a possibility of communicating it to other members of the family. As stated above, its typical signs and symptoms found to develop in the Paroxysmal stage are diagnostic points. Lung conditions in all the ages are serious in this disease. In children we find always extensive pulmonary collapse and this is dangerous in patients under one year of age. Emotional and neurotic patients have disease of this type in an aggravated form. Haemorrhage occurs from a vessel connecting the brain and the spinal cord.

The patient should always be kept neat and clean and proper hygienic care should be taken. It would be preferable to use one room in the day and another at night which should be under an equable 65°F temperature. The rooms should be well ventilated. If the patient develops fever he should be confined to bed till recovery. The patient may be advised to go outside for a walk in favourable weather. He should also be advised to do light exercises. Emotional and exciting functions should be avoided.

Diet: In severe cases light digestible food i.e., Barley, Sago, Gruel etc., should be given. When the patient is under recovery he should be allowed to take milk, eggs, fish, bread, fresh fruit etc.

HOMEO & BIOCHEMIC MEDICINES WITH CASE REPORT

ACON. NAP.—Cough in dry cold air, croupy sounds, dyspnoea. In the beginning of cough this remedy acts much where there is burning pain in Larynx.

ANTIM. T.—Full of mucous in the air passage and feeling difficulty of breathing. The lungs are in a paralytic condition. Vomiting tendency will persist. Temporary relief after expectoration. This is used in the first stage of whooping cough.

AMBROSIA ARTEM. —Specially very much useful for an asthmatic patient whose attack comes from 7 p.m. to midnight. Pain in the left chest. Bleeding from nose. There may be watery lachrymation. Eyes red. Specially useful for old men. In Shibpur I have cured two cases with Ambrosia Artem ϕ who had developed the following symptoms :

Asthmatic trouble, with pain in left chest. Aggravation was generally from 10 p.m. to 2 p.m. at night. Eyes were swollen red and discharge of lachrymation was seen. In another case epistaxis with wheezy sound accompanying Asthmatic trouble was seen. The above two cases were brought to me after being treated in Allopathy.

BELL.—During coughing face and eyes become red and dry spasmodic cough may persist. There may be sore throat, sneezing etc. Cough aggravated at night and sometimes convulsions may occur. At the time of coughing pain in Larynx. This remedy is useful in the first stage. But it has also been used in other stages where the face and eyes are red during coughing.

I cured a patient with this medicine who had the eyes and face indications prominent as mentioned above.

BRYONIA—Expectoration will be stringy, brick dust coloured, pain in chest (aggravation in motion and amelioration from pressure), and shooting and pricking sensations. Constipation and sometimes stomach-derangement will occur. This is used in the first stage of Whooping cough.

CINA—Picking and boring at the nose. There may be convulsive troubles during cough. Sneezing comes after paroxysm. Bleeding from nose and mouth may occur. Hot face and pale lips during high fever.

CARBO VEG.—Alternating with veratrum this medicine has marvellous action. After a fit of coughing and bleeding, it can be best used. Alimentary canal ulcerated. Patient wants oxygenated air.

CHELIDONIUM—It has specific symptoms that the patient feels worse in the room than in an open air and it acts on the right sided trouble i.e., in right chest if there is dull, heavy feeling with pain, pulse frequent. This is used in the first stage.

CUPRUM—This is used mostly in convulsive, cramping and nervous stages. This has one best symptom, the patient case become worse taking solid food but relief from cold water and spasms begin from fingers and toes.

CORALLIUM RUB.—Very useful in the case of spasmodic whooping cough. There is a peculiar "Minute Gun" cough. It has also a symptom that the cough is worse at night than in the day. Post nasal catarrh. It is mostly useful in the third stage of whooping cough.

DROSERIA—Aggravated after midnight. This is a principal remedy which has much action on whooping cough. Hoarseness, trumpet like sound with much trouble of larynx. Constricted chest.

DULCAMARA—In damp cold weather if catarrhal trouble is persisting with copious loose expectoration. It is used in the first stage of whooping cough.

FERRUM PHOS.—In my practice I observed great result from this remedy combined with Kali Mur. A patient aged about 2½ years had the following symptoms :
Tongue white coated, fibrinous expectoration, face red puffed, spasms with febrile symptoms. In the earlier stage Ferrum Phos. was given with much result. After this, Kali Mur. was applied for whitish expectoration with bouts of spasmodic cough. The patient was fully cured.

IPECAC—In the early stage it acts much after Acon. Nap. and sometimes after Nux Vom. where the cough is suffocative. Spasms of glottis and difficult inspiration may be seen. Vomiting tendency will persist with accumulation of mucous in the chest.

KALI MUR.—This medicine gives wonderful result if Ferrum Phos. is used alternately with it. Thick whitish ex-

peccoration, spasmodic cough, vomiting of blood with whooping cough may be present with high temp. Kali Mur. may be used in both the 1st and 2nd stages of whooping cough.

KALI PHOS.—This medicine is generally used where exhaustion with nervousness of coughing is present especially in those who are timid.

KALI SULPH.—Due to coughing the patient will have the trouble of stiffness of neck, with pain in back, chest, and head. There will also be symptoms of yellowish expectoration, stool blackish and offensive.

MERC.—Fits due to cough with hoarseness and discharge from the nostrils. This is used in the first stage of whooping cough.

MAG. PHOS.—Prominent symptom will be whoop sound. This 'hoop' sound will be heard just at the end of coughing, accompanying nervousness. According to Schussler's direction I have used this remedy and got wonderful results. A patient aged 5 years was suffering seriously from whooping cough and was under various doctors. I watched the patient for about half an hour and found cough ends with whoop sound. I at once prescribed Mag. Phos. 3x with the direction as under :

Each dose to be taken with hot water every two hours, and if any severe coughing occurs, at once a dose at that time. The patient was advised to come after 3 days. When the patient came I was astonished with the action of this remedy. The interval of taking this medicine was then increased and the patient was cured within a week.

NUX VOM.—After taking anything whooping cough will start. It increases in the morning and midnight. Vomiting may persist due to coughing. Constipation, suffocation, bleeding from the mouth will be its symptoms. It is used in the first stage of whooping cough.

NATRUM MUR.—This remedy is used on the following symptoms :

Flow of tears with coughing and stingy, frothy mucous.

PULS.—This remedy is used in the first and third stages of whooping cough with the following symptoms :

Bloody discharge from the mucous membranes with tears streaming down the face, and disturbance of bowels.

PHOS.—Painful larynx, aggravated from a change from warm to cold air, cough mixed blood, hard and full pulse. There may be fever. This is used mostly in the third stage of whooping cough.

SPONGIA—This remedy alternating with Drosera was used by me in several obstinate cases of children and I was able to cure as many as six cases with this medicine alternating with Drosera. All the cases were serious with the following signs and symptoms :

The patient had a feeling of suffocation during sleep and wake up from the sleep for this trouble. Had croupy sound. According to Dr. Nash I found sometimes the symptoms : "cough is dry and sibilant or sounds like a saw driven through a pine-board". But most of the cases were worse at night. During cough the "hoop sound with suffocation" just after awaking from sleep was the main symptom, and got very good results in each case. Worse from talking, with hoarseness. Aggravation after midnight.

SULPHUR—It has much action in chronic and neglected cases.

In constantly relapsing cases it often produces good effect. When the above medicines do not act in spite of their symptomatic use, one dose of this medicine may be given.

VERAT. ALB.—In this medicine cold perspiration on the face and forehead very prominent, with emaciation. Excessive thirst, tough or thin mucous, face pale, weak pulse, restlessness, discharges of urine, frequent and involuntary, feet icy cold.