

A simple guide for domestic use

*The*  
**COMMON**  
**Cold**

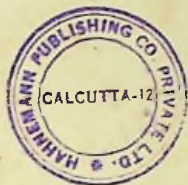
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**INFLUENZA & HAY FEVER**

*by*  
**DR. P. H. SHARP**

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# THE COMMON COLD

Influenza and Hay-Fever

By

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## PREFACE

It has been said that Japheth once remarked to Noah that cruising in unseasonable weather would not be so unpleasant if only the physicians could find a remedy for the common cold. Be that as it may, the problem is one of long standing. This search for the philosopher's stone—"The Common Remedy for the Common Cold"—is the pursuit of a mirage; for the common cold acting on the uncommon individual produces a variable chain of events. The individual approach to the problem, however, is rational and should be capable of producing good results. The individual does not look at the problem largely; his attitude is simple, he says, in effect, "What is the best remedy for my cold?" and sometimes he finds it either by experiment or by advice. His

remedy may be simple or fantastic; an old wives' remedy or a highly scientific one; but such as it is he sticks to it, and rightly, because it produces the result he has asked for. Many people, however, have not found the remedy which suits them, and after trying remedy upon remedy, have come to the conclusion that the cold will take its course, and hope dismally that it will do so as soon as possible.

The aim of this book is to introduce some sort of system into the choice of a remedy for the individual cold, and enable the unfortunate possessor of that cold to cure it as quickly and with as little discomfort and inconvenience as possible. The remedies discussed are Homœopathic, and Homœopathic remedies are individual remedies; it should be possible for the sufferer reading the characteristics and symptoms pertaining to a particular remedy to say

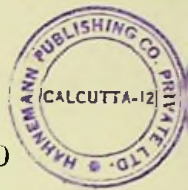
“ That is my remedy ” with the same certainty that, in a cloak-room, he would say “ That is my hat. ”

By including chapters on Influenza and Hay Fever it is hoped to deal with the common affections of the mucous membranes of the upper air passages as a compact unit. Probably not one person in a hundred consults a doctor about a cold and this book is primarily intended for those members of the general public who suffer from colds and who wish to do something constructive about it. An apology for carrying coals to Newcastle is offered to any Homœopathic practitioner who may light upon it, and to the non-Homœopathic practitioner who fails to avoid it the hint is offered that his own cold might be used as a testing-ground before rejecting the suggestions offered.

The remedies mentioned should be obtained from a PURELY



HOMŒOPATHIC CHEMIST  
who can be relied on to supply  
them in their correct state and  
strength or potency.



## THE COMMON COLD

### DEFINITIONS—CLASSIFI- CATIONS—TYPES

**I**F we are to study successfully the treatment of colds, we must first have a clear basic definition of what a cold is; we must assign it certain limits, so as not to stray beyond the borders of our inquiry into associated conditions which develop from, or follow on colds. For, clearly, the more successfully we deal with the cold, the less likely are its sequelae to develop.

First, then, what is a cold? Briefly it is a catarrhal inflammation of the mucous membrane of the upper air passages. It is caused by a variety of micro-organisms and is infective.

It may affect one part of the mucous membrane more than another, varying with the causative organism and the individual sus-

ceptibility of the sufferer. It may be given different technical names, according to the part principally affected; for instance, Rhinitis when the nose is principally affected (the Greek termination "itis" means inflammation); Sinusitis, when the accessory sinuses are affected; Laryngitis when the throat is affected. From the throat the infection may spread to the wind-pipe when it is called Tracheitis, then to the branches of the wind-pipe when it is called Bronchitis, to the smaller branches when it is called Bronchiolitis, and finally to the air spaces of the lung when it becomes pneumonia. In all these conditions the common factor is the inflammation of the mucous membrane. In this book, however, we stop short at the throat, merely noting the possible consequences of the unchecked cold.

The sequence of events varies

greatly with the individual. Some people begin with a shiver, a headache and a dry throat, then comes sneezing and running at the nose and eyes and a feeling of feverishness. Later comes stuffiness in the nose due to the swelling of the mucous membrane, and possibly some deafness due to the membrane swelling in the Eustachian tube. As the cold develops the secretions from the nose thicken and the stuffy feeling increases. In a few days, if all goes well the secretions dry up, the head clears, and all is well again. Frequently, however, the whole process starts again, and may continue thus for several weeks—in other words the battle against the micro-organisms has only been partly won, or else the battle against one type of micro-organism having been won, the recovering but enfeebled mucous membrane is attacked by another type.

This is only one sequence of the simple cold; the order of the symptoms varies greatly. In some people the sneeze is the first sign that anything is wrong, in others the sore throat comes first and may be the sole symptom for the first day or two. Some people feel feverish from the start while others may go right through their cold without feeling feverish at all, although in all probability there is some slight rise of temperature. Generally speaking the cold which begins with a shivering fit is the cold which runs the temperature.

As will be seen from the above description the classification of a simple acute cold is not a matter requiring a plethora of scientific terms. The sufferer has no difficulty in appreciating the location and type of his malady, and describes it as a cold in the nose, or a cold in the throat or as a running cold or a 'stuffy cold, and the

description conveys its meaning adequately.

The term "simple cold" is used here to include its two subtypes, the "relapsing cold" which is a series of colds with intervals of amelioration between them, and the "feverish cold" which is merely a cold with a noticeable rise of temperature. This latter is frequently referred to as an influenza-cold, but it would be better to avoid the use of this term altogether if we are to avoid confusion of thought and confusion of treatment. One either has Influenza or one has a cold, and an attack of Influenza is unmistakable from the beginning; it does not gradually introduce itself into a cold. Of course it is possible for Influenza to supervene on a cold, but in that case we are dealing first with a cold and then with influenza, each as separate entities. Influenza and Hay fever will each

be dealt with in separate chapters although each has much in common with a cold.

The Chronic Cold presents certain features which warrant its being considered apart from the simple acute cold. When one has had a sufficient number of relapsing colds, or of seasons of colds, the mucous membranes of the nose may become greatly thickened, which thickening may spread to the pharynx and the Eustachian tubes. This thickened membrane has much less vitality and power of resistance than a normal membrane, and its unfortunate possessor is practically never free of cold symptoms of one kind or another, his breathing is obstructed and he tends to breathe through the mouth; his hearing may become diminished through the swelling of the orifices of the Eustachian tubes, and his sense of smell may be impaired; nasal polypi may also

occur. The mucous membrane may also become atrophied, giving rise to the purulent discharge known as ozoena, in which condition the sense of smell is lost. These last two conditions may be regarded as separate entities, but will be regarded in this book as developing from chronic colds and their treatment will be dealt with in the chapter devoted to the treatment of chronic colds. It will be seen from the above that the outstanding feature of colds is not their commonness, but their individuality and it is for this reason that Homœopathy, dealing as it does with the individual response to an ailment, presents the ideal approach to their treatment.

## CATCHING COLD

IT is not proposed, in this chapter, to give instructions in the art of catching cold; such



instructions would be superfluous and would not be gratefully received; but an examination of the mechanism of cold-catching, both from the general and individual point of view, reveals certain points of interest which have frequently been buried or glossed over. If we can form a logical picture of the chain of events, it may help us to understand the reasons underlying our precautions against cold, and enable us the better to select our individual remedies. Let us then examine the problem from the general point of view.

The basic cause of a cold is infection by micro-organisms of one type or another or more than one type simultaneously. But these micro-organisms, or some of them, are with us all the time in the air we breathe, indoors or out of doors. Why then do we not catch cold all the time? The reason comes under two headings,

one connected with the micro-organisms, the other with ourselves.

The micro-organisms do not present the same characteristics all the year round, or even from year to year. They adapt themselves to their surroundings and climate and, in doing so, become either more or less harmful to us. The principal reason however lies with ourselves. Under favourable circumstances our vitality and defence mechanisms enable us to attack and destroy the invading organisms and prevent them from multiplying to such a degree that they cause symptoms to arise. This battle is going on all the time, but it is only when the fight is beginning to go against us that our overworked defence mechanism presents us with symptoms.

Although it is customary and convenient to regard illnesses as pitched battles between ourselves and the micro-organisms, sub-

consciously endowing either side with the strategies and defences of armies, it should be realised that the aim of the micro-organism is not in itself hostile; it is looking for a suitable place in which to reside and bring up a family. Some micro-organisms are actually beneficial to us, such as the lactic acid bacillus, which tends to keep down the growth of other and harmful organisms. We therefore tolerate them and set up no defence mechanisms against them; in a sense they are tenants who pay their rent. Against the harmful micro-organisms, on the other hand, we proceed as we would against undesirable tenants: we evict them and try to render our body an undesirable and unattractive residence for their successors.

But how; in the first place, to resume the convenient battle metaphor, do we lower our defences so as to be invaded? By

far the most common way is sitting in a draught—a draught being a current of colder air playing on *part* of the body. Many people who can go straight from a warm room for a brisk walk in the cold air without catching cold succumb surprisingly easily to the effects of a draught. The same result is achieved by sitting next to a window on a cold day even when draughts are excluded, and there may be other parts of the room where the heating is uneven: in this connection most readers will remember the Gas Companies' advertisements of some years ago showing "Mr. Therm" banishing the "chill-spots" of a house. But why should sitting in a draught, sometimes for a very few minutes, cause a cold, when a walk in the open air so often fails to do so? This question is more often asked than answered, but an explanation which fits the known facts may be adventured. As warm-blooded

creatures, we maintain in health a normal fixed temperature of 98.4 deg. F. To enable us to do this we possess a heat-regulating mechanism. The exact situation of this highly complex system is still under discussion and does not concern us here; however, it is concerned with maintaining the body temperature as a whole and is more apt to respond to a chilling of the whole surface of the body than of a part of it. Consequently the draught may throw this mechanism sufficiently out of gear for the time being to lower our vital resistance to the attacks of the ever-present micro-organisms. The main reaction of heat production in the body is associated with oxidisation or the burning up of foodstuffs to produce energy and the greater part of this is done by the muscles. Consequently when walking briskly we counteract the cold air by using our muscles to produce heat.

Getting the feet wet and remaining in damp clothing are frequently given as causes of cold-catching; certainly sitting about with wet feet or in damp clothing for any length of time are excellent ways of catching cold, but it is not noticed that the farm labourer is more prone to colds than his more sheltered brother, while many people claim that in spite of the rigours of winter campaigning, the soldier is less prone to colds than the civilian—in this latter connection, however, soldiers have been known to observe that they caught a cold at the beginning of the campaign and retained it to the end. It is clear, then, that so long as we maintain our circulation, wet clothes or no wet clothes, we are less likely to catch cold; thus when we sleep in a damp bed we are catching our heat-regulating mechanism off its guard at a time when our circulation is

damped down and our vitality is at its lowest.

Apart from the above causes of cold incidental to and well-nigh inseparable from a normal way of living there are other causes which might be grouped under the heading of carelessness, or which at least show lack of forethought. We all know the man who assures us that he wears no under-clothing winter or summer, whose force of example is frequently marred by the possession of a red and dripping nose in winter; he is at least consistent, which cannot be said of the individual who changes into light summery clothes at the first sign of spring in a climate which is notoriously changeable. The old precept "Ne'er cast a clout till May is out" may err on the side of dull caution and, in our youth, is apt to attain tyrannical proportions, but it possesses the elements of reason; it should perhaps be

explained that the "May" referred to is the blossom and not the month. Plastering down the hair with water and then going out into the cold air can lead to a cold since the evaporation of this water draws heat from the scalp—again a *local* loss of heat as in the case of sitting in a draught. Going out immediately after a hot bath or after washing the hair is a form of folly avoided by most people, but which merits a passing reference.

We now come to the much-disputed question of cold baths, both indoor and outdoor, which may usefully be considered here as forming a link between the general and the individual causes of cold-catching.

The cold tub is an institution which one is apt to associate with the old school tie and the Poona club and like most institutions it has its abuses as well as its uses.

For the right type of individual.



the hearty ruddy-complexioned man of obviously good circulation there is possibly no better means of invigoration than a quick cold plunge, followed by a brisk rough towelling; but the slavish following of this example by the individual with a poor circulation will lead to a constant succession of colds; his skin is cold to start with. the cold bath makes it colder and the rub down frequently fails to improve, let alone restore, his circulation, and what is a tonic for the one is merely a shock for the other. It is sometimes said that what one can do with impunity at the age of forty, one cannot do without risk at sixty; and, no doubt, this is true in the main. although the number of greybeards taking their winter plunge in the Serpentine tends to shake one's faith in the validity of this argument. Again it is claimed that one is less likely to catch cold after bathing in salt water than

after bathing in fresh water, and superficial observation in the absence of statistics seems to bear this out. It is difficult to see why this should be so: the physical factors appear to be identical, there is the same cooling of the surface of the body and the same mechanisms are employed in restoring the circulation, nevertheless, if we assume the premise, the salt content of the water must make some difference, in which connection it may be noted that salt is one of the remedies used homoeopathically in the treatment of colds. We may also consider in this connection the present-day practice of chlorination of public baths and bathing pools. While this is a measure of protection against the spread of general infection, it appears to cause an increased tendency to cold-catching. This may be more apparent than real: chlorine certainly irritates the mucous membrane of the

nose and throat and causes over secretion of this membrane, but a running nose is not conclusive evidence of a cold. However, it is obvious that an irritated membrane is more liable to pick up infection than a normally functioning membrane.

It should be obvious that this matter of cold bathing is more a matter of hardiness than of cleanliness, since it is as easy, nay, easier, to be clean with hot water as with cold, although the hot bather is not greeted with a fanfare of trumpets. While hardiness may be acquired, and frequently is in our school days, our hold on it is precarious, and the hardy individual is generally one who is born so, and should be devoutly thankful for, rather than boastful of it.

This brings us to consider the type of person who is relatively immune from colds and his opposite. The two main factors which

determine the type are skin and circulation. The person with a good circulation is one whose heat-regulating mechanism functions smoothly all the time and restores quickly the balance after any heat-loss or even while much heat-loss is taking place, and all this irrespective of whether that person is consciously co-operating by muscular exercise or not. Such a person rarely feels cold or catches cold, and quite a moderate indoor temperature causes him to complain that the room is stuffy. His unfortunate counterpart, on the other hand, is the possessor of a heat-regulating mechanism which is barely adequate at the best of times, and which fails to respond to the emergency conditions of draughts and the like. He looks cold and feels cold and frequently complains that his extremities are dead. Frequently, however, he has one compensating factor; he often has an oily skin which

enables him to minimise heat-loss from the surface of his body. Thus the first type of individual generates and loses more heat and feels warm, while the second type produces and loses less heat and feels cold. No doubt most of us have childhood memories of having our chests rubbed with camphorated oil at night; it was one of those rituals passed on from the previous generation, but the oil certainly minimised heat-loss during the night, and it should be noted that camphor is one of the principal early remedies used in the Homœopathic treatment of colds. Apart from all considerations of skin and circulation some people are apt to catch a cold more easily in a well-heated room than in the open air, and it will be noted that they usually catch it in someone else's well-heated room rather than their own. The reason for this is not far to seek; all rooms have a certain amount of dust, and

dust is inseparable from micro-organisms; and whilst we have built up a certain immunity against the micro-organisms in our own dust, we tend to be vulnerable to the strain in someone else's house. In much the same way we fall an easier prey to the organisms sprayed gratuitously upon us by the care-free sneezer than to the more passive organisms circulating in the air around us; these organisms seem to have an added virulence as also do the organisms we catch from our household pets when they catch cold. Having then considered the various ways of catching cold, from the general point of view to the individual, and from the unavoidable to the frankly foolish way, it will be our task in the next chapter to consider the various ways of avoiding a cold.

## AVOIDING A COLD

It is necessary to realise in considering the avoidance of colds that we cannot spend the entire day in devising and maintaining a welter of precautions if we are to lead a normal existence; they must be, so far as possible, adequate to the majority of circumstances and self maintaining. Briefly, we should make it our policy to start the day with our circulation at its best, to maintain it at an adequate level, and to restore it as soon as it falls below that adequate level. Moralists never cease to stress the importance of starting the day in the right frame of mind, and it will not come amiss to consider for once how to start the day in the right state of body. Except in the height of summer we rise from a moderately warm bed and project ourselves into an atmosphere, relatively less warm and that state

of circulation which maintained us in a condition of adequate comfort in bed is no longer sufficient for the new circumstances. Our heat-regulating mechanism at once reacts to improve the circulation, but a little conscious help from ourselves will not come amiss, particularly in the case of those torpid people who greet the day slowly. The aggressively healthy individual will start his day with a cold bath and achieve simultaneously a warm glow and a topic of conversation for the breakfast table. He, however, is not in need of our advice, and we may leave him to his satisfaction. For the less Spartan of us a few simple exercises of the arm-swinging and knee-bending type, and then a brisk rub down after our ablutions should suffice to bring us to the breakfast table, less exuberantly perhaps, but with an adequate circulation. A rub-down with spirit has been recom-



mended and it will certainly produce a glow; whether it will maintain it is another matter as it tends to remove the oily secretions of the skin which do so much to prevent heat loss. Conversely a light rub with olive oil has been recommended, but for most of us a brisk rub with a moderately rough towel will suffice without these adjuvants.

So much for the start of the day; now how are we going to maintain our circulation at an adequate level? The answer to this mainly consists of a discussion of clothing and underclothing in particular. In this matter of clothing a great deal depends on what we have been brought up to wear, as many a back-to-nature experimenter has found to his cost. The story is told of the white man who observed a Red Indian in the depths of winter picking his way in the snow wearing nothing but a blanket: on being questioned as to

how he kept warm he said to the white man. "You wear nothing on your face." "No," replied the latter, "I have always had my face uncovered."

"Exactly. me all face." retorted the Indian.

We, however, have been brought up to wear clothes from the days when these matters were not under our own control and most of us have learned, in the process, what suits us and what does not. Nevertheless, we are rather apt to take things for granted, and it may be well, especially for those of us who are prone to catch cold, to consider what we expect of our clothing and how it fulfils these functions. In the winter our object is to keep warm and prevent too great and, too sudden a loss of heat.

Firstly then in winter, into what sort of clothes are we going to put our warmed bodies with a reason-

able chance of keeping them warm and preventing heat-loss.

Most people would say that woollen underclothing should be the rational basis of winter wear, and now that the old days of prickly underwear are behind us most people can wear wool next to the skin without discomfort. Vegetable fabrics have been frequently urged as being better on the whole than woollen, but their heat-retaining qualities are not as great as those of wool, which as an animal product, at least starts with some natural oil content, and moreover consists of hairs, each of which has a hollow space running down the middle of it which renders it a much better heat-insulator than a solid filament would be.

Outdoor clothing should also mainly consist of woollen fibres and should not be too heavy, and no clothing should be too tight anywhere as this tends to restrict

local circulation which is precisely what we are trying to avoid. A word in season about waistcoats may be inserted here with some profit; it is the general custom to make these garments with a woollen material in front and a thin silk, art silk or even cottony material at the back; but for many people the back is the weak spot in their armour against catching colds, and such people should have their waistcoats made with a woollen back.

In summer the clothing next to the skin should be more loosely fitting than in winter and should be of such a nature as to facilitate the gradual evaporation of perspiration from the surface of the body, and so avoid a rapid local cooling which might throw the heat-regulating mechanism out of gear. For this purpose flannel and cellular wear such as Aertex are the most suitable and silk and linen the least suitable. A lot will

depend on what we are doing; if we propose to take a gentle stroll in the sun, silk and linen will be adequate, whereas if we propose to indulge in strenuous exercise the question of perspiration and rapid cooling must be taken into account.

It should hardly be necessary to stress the importance of guarding against the chill of evening after a hot day, but a considerable number of enthusiastic sight-seeing tourists seem quite surprised to find that they have caught cold after going from the hot sun and spending half an hour or more inspecting a particularly cold castle or abbey.

Finally, as regards our daily work, winter and summer, when this takes place indoors. It is not given to all of us to choose or arrange our surroundings, but certain desiderata should be borne in mind: ventilation should be good and draughts should be

avoided and the temperature of the room should be evenly maintained and evenly distributed, and the air should not be too dry as this would lead to the drying of our mucous membranes and increase our susceptibility to colds; a bowl of water placed before electric or gas fires is the general way of keeping some moisture in the air. It should be our aim when sitting or standing for long periods in the same place to keep our feet as warm and dry as possible, and to do this we should see that they are warm and dry to start with; those of us who have worn Wellingtons have found that if we start with warm feet they will keep warm for a long time, whereas if we start with cold feet, they remain cold even in a warm room. If the floor of the room in which we work is of a cold material, mats of wood or fibre will help to keep the feet warm in the absence of more

luxurious fittings. Having, then, taken such precautions as we may, without coddling, we can regard such colds as we do catch as the slings and arrows of outrageous fortune, without feeling that a cold awaits us round every corner.

### “ CURES ”—FAVOURITE AND FANTASTIC

Before proceeding to our main theme of the systematic treatment of colds, let us first consider the remedies, both favourite and fantastic, which at present take the place of such treatment in order that we may see whether or not our system of Homœopathic treatment has anything better to offer. These remedies, or shall we say means of treatment, may be considered under three headings, namely:—

(a) Those designed to avert the cold.

(b) Those designed to cure the existing cold; that is, the acute attack.

(c) Those designed to prevent relapses which, if continued, might proceed to the stage of chronic cold.

It should be stressed that whatever we think of these means of treatment, they are persisted in because they appear to the sufferer to provide the best means known to him of alleviating his distress, and it would be idle to criticise them if we have nothing better to offer in their place.

The most expensive and probably the least effective way of avoiding cold is to "winter abroad." No doubt certain cases of severe bronchial asthma derive benefit from wintering in a drier climate, but the avoider of colds is often apt to find that the cold has got to his destination before him, since colds are no respecters of climates. However, no great



harm is done; hoteliers benefit abroad and the over-anxious valetudinarian's friends at home achieve some measure of relief. Proceeding to less sybaritic means of treatment we come next to preventive inoculations. These are derived from several different organisms all of which tend to cause colds. So far as one can judge this treatment achieves a certain measure of success, especially as some attempt is made to avoid rigid standardisation, as, for example, in the provision of a "Public Schools anti-catarth vaccine;" and at least one firm of manufacturing chemists produces for doctors a vaccine based on the micro-organisms cultured in his own neighbourhood. The system still suffers from a certain unavoidable rigidity and cold epidemics occur presenting characteristics quite outside the scope of the existing vaccine; in betting parlance.

“ the odds are not good enough.” Certain proprietary medicines are advertised from time to time as affording immunity from colds, and no doubt they all, in varying measure, can claim some success since their continued sale must, to some extent, depend on results. Some years ago, in fact, one such firm even offered an insurance policy with their product which entitled the purchaser to some monetary compensation should he catch cold within a specified time after having completed the course of treatment. Assuming that this insurance was undertaken by an ordinary insurance company, one is not disposed to envy the company's actuary his task of assessing the risk.

Again one may consider that the odds are not good enough, for the medicine which suits Mr. A. does not necessarily suit Mr. B. to whom he, no doubt, recommends it, and moreover, it may not even

succeed with Mr. A himself when the next epidemic comes along.

Next we come to the medicated lozenge whose name is legion. Most of these are directed towards preventing a cold, or cutting it short or ameliorating the symptoms, and accomplishes, more or less, the two first of these aims by making the upper air passages a less attractive breeding ground for micro-organisms. Probably the simplest of these is a tablet of Potassium Chlorate which not only acts directly on the micro-organisms, but, being excreted by the saliva, continues its work for some time. Practically all of these lozenges do help materially within their designed scope, but for the most part they are palliatives and from the point of view of prevention frequently fall short of their object.

On the Continent many people take a daily glass of Yoghourt or sour milk and consider that this

helps them to avoid colds, and it certainly may help as the Lactic Acid Bacillus is inimical to many other bacteria while being harmless to man. Various tablets, solutions and powders containing lactic acid bacilli are marketed both as cold preventives and as cold cures. Even the carrying of talismans has not died out as an attempted means of warding off colds, and indeed, may be taking on a new lease of life in a semi-scientific guise, as witness the wearing of iodine lockets. Like the Pomander of Shakespeare's day and the nosegay which used to be placed on the judge's bench to ward off infection they have their supporters and their detractors, but in the absence of any real data it is impossible to discuss seriously their merits or demerits.

It should, however, be pointed out that not all of these things which appeal primarily to the superstitious are devoid of a

scientific basis: the author remembers purchasing some years ago in a very old-fashioned chemist's shop a necklace to be worn as a cure for neuralgia. It appeared to consist of a single string of small brown beads from which was suspended a cardboard medallion embossed with a replica of some saint, whom hagiologists would no doubt accurately place as being the appropriate patron saint for the treatment of the complaint. On examination, however, the beads proved to be seeds of an irritant nature and the neuralgia was thus being treated by counter-irritation. Next let us consider the methods of treatment adopted by those who, in spite of all care, have achieved colds. Some—a very few—consult their doctor, and in due course get rid of their cold, although the doctor would not claim too great a share in the cure. Most, however, would not: they would say that they

know how to cure their own cold, meaning, actually, that they know how to endure it with reasonable fortitude until it chooses to depart. Some go further and complain bitterly that the doctor considers it beneath his dignity to treat a little thing like a common cold. This is hardly fair to the doctor, who, incidentally, by reason of his contacts, is more exposed to the infection than any of his patients. He is aware that the patient for all practical purposes knows just as much about colds as he himself does, and that the "cold cures" which the patient buys are, with minor differences, identical with those in his pharmacopœa, whilst as regards advice he would be merely telling the patient what he already knows.

The means adopted by the majority of people in the treatment of their colds are less fantastic and less varied than those adopted in their attempts to avoid

catching cold and for the most part they are directed towards keeping the body warm and setting up a perspiration. Some take a hot mustard bath and retire to bed with hot-water bottles, while others content themselves with a mustard foot bath. Mustard being a rubifacient helps to maintain the peripheral circulation, but whether or not it has any additional therapeutic action when administered in this way is debatable; homœopathically, however, black mustard is used in the treatment of coryza and cough. Some, again, take hot onion gruel with the same object in view of restoring body heat and setting up perspiration and again it may be pointed out that onion (*Allium Cepa*) is used homœopathically in the treatment of colds. Children are given a hot lemon drink, to which the adult adds Aspirin and whisky; the latter possibly to improve the peripheral circula-

tion; possibly for less scientific reasons. As regards diet most people are agreed that it should be heat-maintaining, easily digested, rich in salts and sparing in fats, and the variety of ways by which they achieve these objectives is not of any great importance, although once more it may be indicated that salt (*Natrum Muriaticum*) is one of the homœopathic remedies used in treating colds. The medicines used by the majority of sufferers vary more in name than in constitution or effect. Their name is legion and for the most part are directed to maintaining the circulation promoting perspiration, encouraging expectoration and relieving congestion of the mucous membrane.

Some forty or so years ago it was possible to buy, in practically every chemist's shop or village store in the North of England a remedy called, simply, "Composition," which appeared to embrace



all the present-day cold cures and a good many more besides. The exact constitution of this remedy was a secret, and its taste and effect were startling; enough to say that a teaspoonful would keep one in a warm glow and gentle perspiration during a three-hour journey in an unheated railway carriage. It will thus be seen that all these treatments and remedies, old and new, are directed to the same laudable ends, and on the whole, achieve them pretty well, but for all that, they *treat* a cold, they do not cure it. The ideal remedy is one which enables the sufferer to awaken in the morning free of all the cold symptoms which were so distressing the night before, and so far Homœopathy offers the only approach to such a remedy.

The means adopted to prevent relapses, or to treat such relapses when they are passing on to the stage of chronic colds, follow for

the most part those adopted in the attempted avoidance of colds. They consist of "remedies," running away from the cold, and the building up of body resistance or a combination of all three. The "remedies" are for the most part a repetition of those which failed to avert the cold in the first place, including the inoculations; the building-up consists of making up for lost meals with the addition of a general tonic, and the running away usually takes the form of a visit to a spa or the seaside. Certainly the causal organisms seem less potent at the seaside, while the sulphur and salt springs of the spas suit the constitutional needs of many patients, but a great deal of time is taken up in the treatment and many patients tend to relapse if they return to their natural habitat before the arrival of the finer weather.

There is nothing fundamentally illogical in the adoption of any of

these treatments by the sufferer faced by the dilemma of "Cure or Endure," which is only a dilemma at all when the cure is so uncertain and lengthy, and criticism would be out of place had we not something better to offer. What, then, has Homœopathy to offer in the treatment of the cold and allied complaints? Certainly not a specific to cure the "Common Cold," but equally certainly a remedy, which, chosen with care according to the symptoms and characteristics of the particular individual, will cut short and cure in a remarkably short space of time that individual's particular and peculiar cold. Further, it is possible Homœopathically to check at the outset the tendency to relapse, or if the sufferer has already passed to the stage of chronic colds, to bring him back to the stage where a cold is an incident to be dealt with quickly and efficaciously.

Let us then consider in the succeeding chapters on treatment how this promise is to be made good.

## TREATMENT OF THE ACUTE COLD

In any treatment of colds the rule holds good, "The earlier the treatment, the better the result." In treating a cold Homœopathically there is another rule, "The closer the symptoms approximate to the drug used, the better the result."

Thus, the earliest recognition of the very first symptoms becomes a matter of great importance and may make all the difference between a clean-cut cure and a ragged cure. To the person who takes his colds lightly this may not seem easy and may even seem hypochondriacal, but the real connoisseur of colds, who is the principal object of our concern,

develops almost a sixth sense in identifying these early symptoms. It should be stressed that the leading signs and symptoms should be sufficient to enable one to choose the appropriate Homœopathic remedy which need not correspond in every particular, but when two or more drugs appear roughly to fit the same leading features, a survey of the minor symptoms will enable one to differentiate and choose the appropriate remedy with more exactitude.

There are four remedies to be thought of in the first twenty-four hours of a cold: Camphor, Aconite, Ferrum Phosphoricum and Baptisia, and of these Aconite is pre-eminent, while Ferrum Phosphoricum and Baptisia are, so to speak, its differential satellites. The one predominating symptom of Camphor is chilliness without other accompanying symptoms. The patient simply cannot get warm, but the other cold symp-

toms have not developed; consequently Camphor may be regarded as an earlier remedy than Aconite and of more limited application. One pill of 1<sup>x</sup> strength taken every half hour for the first four hours may cause one to believe that the cold has been a false alarm. But with other symptoms supervening Camphor is no longer the remedy of choice and we must now think of Aconite.

In the land of colds Aconite may be regarded as the apostle of Homœopathy. One might go further and say that more people take Aconite for colds than know the name of Homœopathy, and time and again one encounters the patient who, on being prescribed Aconite, says, "But that's the medicine that used to clear up my colds when I was a child." Why the lesson has to be re-learned in adult life remains a complete mystery. The clinical picture of Aconite is the acute cold as we all know

it—sudden onset from exposure to cold, fever, anxiety, restlessness, sore throat and running nose.

If one had to stand or fall by one remedy in the early stages of a cold, that remedy would undoubtedly be Aconite, and if one pill of 3<sup>x</sup> strength be taken each hour, it will soon be evident that the cold is not destined to last. Ferrum Phosphoricum in the same strength may be given where the main symptoms of Aconite predominate, but where the anxiety and restlessness are absent; while Baptisia 3<sup>x</sup> is sometimes more suitable for elderly people in whom there are the added symptoms of chill on the stomach.

Should a cold have lasted more than two days owing to lack of treatment or owing to incomplete success of the remedies used we must widen our search and consider using one of the following: Gelsemium, Arsenicum, Sin-

apis Nigra, Mercurius, Nux Vomica, Pulsatilla, Sanguinaria Canadensis, Allium Cepa, Euphrasia, Natrum Muriaticum, Ipecacuanha, Kali Iodatum, and Quillaya. Gelsemium frequently reduces the fever which has failed to respond to Aconite. It may also be used as an early remedy and as a remedy for influenza and particularly for relapsing colds and influenzas.

It suits well the type of cold brought on by warm relaxing weather. The leading symptoms are full feeling in the head, pulsating in the neck, chills running up the spine, hot fever and drowsiness; dropping of the upper eyelids may also be noticed. Dose : one pill 3<sup>x</sup> strength hourly. *Arsenicum* suits the type of cold in which all the symptoms are ameliorated by warmth. There is a thin water discharge from the nose which excoriates the upper lip, sneezing gives no relief and



there is thirst, sleeplessness and headache. Dose: one pill 3c strength every two hours.

*Sinapis Nigra* is similar to Arsenicum, but there is dryness in the nose and no discharge. Dose: one pill 3<sup>x</sup> strength every two hours.

*Mercurius* suits the type of cold portrayed so ably by "Punch" artists towards the end of the last century; the heavy cold with red swollen, shiny nose pouring mucous, heavy sneezing, aching limbs, and a desire to be left alone. Dose: one pill 3c strength every two hours.

*Nux Vomica* is for the dry cold where the nose is blocked. The patient is irritable and the symptoms are worse after meals. The slightest movement sets up shivering. Symptoms are worse in the open air. Dose one pill 6c strength every two hours.

*Pulsatilla*, on the other hand, suits the type of cold which is

better in the open air. There is a discharge of thick yellow mucous, worse on entering a warm room and the lips tend to peel and chap. The patient tends to be lachrymose and likes sympathy. Pulsatilla and Nux Vomica may be regarded as opposite pictures. Dose: one pill 3<sup>x</sup> strength every two hours.

*Sanguinaria Canadensis*; the characteristics here are stinging and tickling in the nose with much swelling of the mucous membrane of the throat and nose, dryness of the lips. The patient is irritable and depressed. Dose one pill 3<sup>x</sup> strength every two hours.

*Allium Cepa* gives a picture of streaming eyes and nose, but while the nasal discharge is excoriating, the lachrymal discharge is bland. There is a tearing cough especially from inhaling cold air, although the patient feels better in the open

air. Dose: one pill 3<sup>x</sup> strength every two hours.

*Euphrasia* also gives a picture of nasal and lachrymal discharge, but in direct contrast to *Allium Cepa* the nasal discharge is bland while the lachrymal discharge is excoriating. There is a hard cough which is better when lying down. Dose: one pill 3<sup>x</sup> strength every two hours.

*Natrum Muriaticum* is the Schussler remedy for colds. Watery discharges and watery vesicles round the mouth and nose are the principal indications. There is loss of taste and a feeling of dryness at the back of the nose. This is also one of the remedies which reduce the tendency to catch colds. Dose: one pill of 6c strength every two hours.

*Ipecacuanha* is good for the colds which start in the nose and spread rapidly to the chest. A leading characteristic is violent shivering and chattering of the

teeth, but the principal characteristic is the profound nausea which accompanies the cold. Dose: one pill of 6c strength every two hours.

*Kali Iodatum* is suitable for the heavy watery cold with watery, smarting eyes and alternating periods of heat and chill. There are sudden sweats and then hot dry periods. The distinguishing feature is the heavy headache over the eyes due to the infection of the frontal sinuses. Dose: one pill 12c strength every two hours.

*Quillaya* is not often used in this country, but is useful for the cold which starts with a very acute sore throat. It should be given early in the cold. Dose one pill 6c strength every two hours.

Finally there are some acute colds which clear up quite well, leaving insignificant, but annoying symptoms behind. There are three remedies which will clear

these symptoms: *Tuberculinum*, *Sulphur* and *Calcarea*.

*Tuberculinum* suits people with a family history of T.B. The patient is always tired and suffers from wandering pains in the joints. Dose: one pill or powder of 200c strength.

*Sulphur* is useful when the thin trickle from the nose persists, and exertion brings on stuffiness in the nose. Dose: one pill 30c strength a day.

*Calcarea* is suitable for those cases in which the crusts in the nose persist and the nose clogs up in the night, and there is a continued tendency to break into a perspiration. Dose: one pill 30c strength a day.

## TREATMENT OF THE CHRONIC COLD

It will be remembered that the chronic cold is the state arrived at when, following a long succession

of acute infections, the mucous membrane has become devitalised and has become, or is becoming, hypertrophied or atrophied. As a result some of the symptoms of a cold are ever present and fresh colds arrive with monotonous regularity and on the slightest provocation. The remedy we choose has now a double task to perform: it must deal with the acute attacks and at the same time restore some measure of vitality to the affected mucous membrane in order that this latter may once more play its part in defence against the invading organisms. Moreover, we must look ahead and endeavour to select a remedy which will so modify the patient's constitution as to reduce his tendency to catch cold. Sometimes, in a particular case, it may be possible to select one remedy which will arrest the acute attack, clear up the residual symptoms and render the patient less liable

to catch cold. In other cases it may be necessary to tackle each of these aspects separately and change the remedy as the circumstances alter. It will not be surprising then to find some of the remedies described under all three headings as being used in the treatment of the acute cold, the chronic cold and the tendency to catch cold. Some modification of strength and dosage will be noticed under the different headings and when a remedy is being considered for the treatment of the tendency to catch cold, more attention will be paid to the constitutional make-up of the patient than to the cold symptoms.

The remedies which prove most efficacious in the Homœopathic treatment of the chronic cold are: Natrum Muriaticum, Mercurius, Hydrastis, Calcarea, Dulcamara, Sulphur, Iodium, Drosera, and Belladonna. Of these, the first two Natrum Muriaticum and Mercur

ius have been discussed in the chapter on Acute Colds and the symptom index is the same, but in treating the chronic cold the dosage in each case should be one pill of 6c strength every four hours.

*Hydrastis* suits the cold which has settled in the back of the nose. There is a constant desire to blow and clear the nose. The mucous is thick and yellow and difficult to dislodge. The nose, particularly at the back, feels raw and painful. The tongue is yellow and furred. A tendency to deafness, if present, will confirm the need for *Hydrastis*. Dose: one pill 6c strength every four hours.

*Calcarea* suits dry coryza with sore nostrils. Frequently the nose is dry and clogged at night and moist and free during the day. There may be cracked lips and ulcers at the corners of the mouth. Cold air does not agree with this



type. Dose : one pill 6c strength every four hours.

*Dulcamara* is indicated in the type of cold which takes on a fresh lease of life when the weather changes, particularly from warm to cold. There is watering of the eyes and nose, a sore throat, stiff neck and rheumatic pains in the back and limbs. Cold air starts an attack of sneezing. Dose: one pill of 6c strength every four hours.

*Sulphur* suits the type of cold in which the frontal sinuses get blocked up and then release their contents suddenly. Consequently there are periods of great dryness, dry sneezing and then an abundant discharge of thick yellow mucous. There is a heavy pain over the eyebrows which is partially relieved by the discharge of mucous. There is a tendency to nose bleeding and some loss of smell. The symptoms generally are better during movement, although sudden movement of the

head momentarily increases the headache. Dose: one pill 6c strength every four hours.

*Iodium*. Here again there is loss of smell. The cold is dry, tending to become fluent in the open air. There is some fever and a throbbing headache. The leading characteristic of the fluent discharge is its hotness. The pulse is rapid and the symptoms are worse on sitting down after slight exercise, and are worse from heat. Dose: one pill of 12c strength every four hours.

*Drosera* suits the type of cold in which there is a dry sensation at the back of the throat followed by a dry cough. There is frequent sneezing, generally of the dry type and darting pains in the eyes.

The cough following the cold is the principal indication. Dose: one pill of 6c strength every four hours.

*Belladonna* is the remedy par excellence for the red, hot, dry.

suppressed cold. The throat is red, hot and dry. The eyes feel hot and dry. The face is often red and hot and the patient feels hot and excited generally. Dose : one pill 6c strength every four hours.

The principal remedies used in correcting the tendency to catch cold are: Calcarea, Natrum Muriaticum, Mercurius, Sulphur, Carbo Vegetabilis and Agaricus.

It will be noticed that two of these have been mentioned both in the treatment of acute colds and of chronic colds; namely Natrum Muriaticum and Mercurius, whilst a further two, Sulphur and Calcarea, have been mentioned in the treatment of chronic colds. All six drugs, however, will be described again, but this time with particular reference to the type of individual rather than with reference to the cold symptoms.

It will be clear that the patient whose acute cold symptoms and chronic cold symptoms yield to

either *Natrum Muriaticum* or to *Mercurius* and whose personal make-up suits the clinical picture of one of these two drugs has found a remedy beyond price.

*Natrum Muriaticum* suits the ill-nourished, chilly type of patient who is especially cold at the knees, who frequently suffers from a deep crack in the middle of the lower lip. Moroseness, irritability and a rather tearful disposition are to be found. There are throbbing headaches with the zigzag lights characteristic of migraine, but it is wise to withhold the remedy during the course of these headaches as it may intensify them for the time being, and substitute *Bryonia* 3<sup>x</sup> strength, one pill every hour until the headache passes; we are here considering *Natrum Muriaticum* from the point of view of altering the patient's constitution, and not from that of relieving the symptoms of the moment. The patient

tends to shun company, likes salt dishes and dislikes fat. Dose: one pill of 30c strength each day for one month, preferably on retiring.

*Mercurius* suits the bilious, rheumatic patient with cold hands and feet, with flabby tongue and spongy gums which bleed easily. The breath is generally foul and the teeth are often loose in their sockets. There is a great tendency to suppuration, particularly of the tonsils. The patient is thirsty and there is profuse salivation. The tongue tends to show the imprint of the teeth at its edges. Trembling of the hands is often to be noticed. Dose: one pill of 30c strength each day for one month on retiring.

*Calcarea* suits the fat, flabby, fair type of patient with moist, cold hands. This patient is weary, weak and breathless and sweats profusely, although cold. Cramps and cold patches are characteristic and they can occur anywhere

on the body surface. The skin is pale and waxy, mind and body are torpid, and the patient has frightful dreams. Dose: one pill of 30c strength each day on retiring for one month.

*Sulphur* suits the rather untidy patient with coarse, lustreless hair, who likes fat and cannot tolerate tight clothing. The patient usually has very red lips and nostrils and red-rimmed eyelids. There is a tendency to skin irritation and skin complaints appear easily. Hot patches can occur on the body, in which respect the patient contrasts with the *Calcarea* patient. The general appearance of this type is so protean that it would be misleading to say more than that the *Sulphur* patient is generally the lean, hungry, stooping shouldered individual—he may, in fact, be quite the opposite, and consequently the other indications must be studied the more carefully.

Dose: one pill of 30c strength daily on retiring for one month.

*Carbo Vegetabilis* suits the type of patient of low vitality who appears rather pallid and bluish of complexion. The circulatory system is poor, the digestion is poor and is made worse by the patient's craving for all the wrong kinds of food. The hands and feet tend to be cold, blue and puffy and the veins of the limbs, particularly the legs, feel full. There is giddiness and sometimes fainting on rising and a great desire for fresh air, and there are frequent headaches at the back of the head. Frequently it will be found that the patient attributes this state of affairs to some illness or accident in the past, and is convinced that prior to this all was well. Dose: one pill of 30c strength daily on retiring for one month.

*Agaricus* also suits the patient of poor circulation, but in this case it is associated with redness and

itching, chilblains and frostbite, and the parts affected are hot, swollen and red. There are sudden convulsive coughing fits and jerking and twitching of the muscles is very noticeable; in fact, *Agaricus* is one of the best known remedies for Chorea. Sneezing follows the coughs so rapidly that the same expulsive spasm seems to be responsible for both cough and sneeze. The chilblains of *Agaricus* are more painful when the limbs are cold, thus contrasting with the chilblains of *Pulsatilla* which hurt more when the limbs get hot. Dose: one pill of 30c strength daily on retiring for one month.

It is convenient in this chapter to consider two of the possible later developments of the Chronic Cold, namely *Nasal Polypus* and *Ozœna*.

When the mucous membrane of the nose becomes hypertrophied part of it may become prolonged



into a pedunculated mass which hangs in the nostril or into the back of the throat. Such masses are called polypi and they may cause considerable discomfort and can obstruct the breathing, particularly during sleep, causing the patient to waken with a feeling of suffocation. It has been customary to remove these by operation, but where the predisposing condition continues to exist, there is always a tendency to recurrence. This predisposing condition of chronic hypertrophic rhinitis can be treated successfully by homœopathic means with the result that the smaller, less pedunculated polypi disappear, while the larger, longer polypi may become detached and are passed. Even in cases where a polypus has been removed surgically it is well to guard against recurrence by this treatment.

The principal homœopathic remedies used in the treatment of

nasal polypi are: Teucrium, Thuja, Phosphorus, Calcarea and Lemna Minor, and of these Teucrium is best suited to the mucous polypus in the early stages: Thuja to the harder more warty polypus: Phosphorus to the polypus which bleeds readily, and Calcarea and Lemna Minor to the polypus of later stage which is accompanied by ozæna. The tendency to ulcerated nostrils should lead one to choose Calcarea rather than Lemna Minor, whilst aggravation of the symptoms in damp weather would tend to indicate the choice of Lemna Minor. In each case the dose should be one pill of 6c strength every four hours.

When Chronic Atrophic Rhinitis supervenes on a chronic cold, a condition known as Ozoena may occur. The mucous membrane of the nose becomes thin and loses its normal functions. Crusts form upon it and there is a foetid stinking discharge of which the patient

alone is unaware since his sense of smell is lost. The Homœopathic remedies for this condition are Aurum, Kali Bichromicum, Kali Carbonicum, Hydrastis, Calcarea, and Lemna Minor. The last two are most useful when polypi are or have been present.

*Aurum* is especially suitable when caries of the nasal bones accompanies the complaint.

*Kali Bichromicum* is useful when the discharge is very thick and tenacious, while *Kali Carbonicum* should be used when the discharge is thin and profuse, and finally *Hydrastis* is more suitable when the discharge is streaked with blood and the nose feels raw and itching. In each case the dose should be one pill of 6c strength every four hours.

## INFLUENZA

It has become the fashion of recent years to speak of Colds,

Influenza-colds and Influenza as though they were progressively severe stages of the same malady, but this is far from being the case, although in so far as the mucous membranes of the throat and nose are involved they possess many similar symptoms.

The confusion arises in the first place from the invention of the misleading term "Influenza-cold," which forms a spurious link between Colds and Influenza: whereas actually the so-called Influenza-cold is merely a severe cold with more fever than usual. This confusion is further augmented by the fact that it is impossible to form a clear-cut picture of Influenza to which all cases conform, and some of the cases with little fever might, at their commencement, be mistaken for a severe cold.

This epidemic disease has been a visitor to Western Europe for very many years: in fact its name,

which means "The Influence," comes from the astrologers who ascribed the disease to the influence of the stars. Of recent years it has been a constant visitor once a year and frequently twice a year, but prior to the Russian influenza of the winter of 1889-1890 there was no noteworthy outbreak for some forty years so far as the records inform us.

There is no doubt that the infection is airborne, although it is conveyed from person to person as well, particularly by the sneezer in crowded places, in which case also it is only too obviously and unpleasantly airborne.

The lightning-like rapidity with which the disease spreads in affected cities, where literally hundreds have been attacked during the first day of an epidemic, is striking evidence of this airborne characteristic, whilst a survey of the great epidemic of 1889-

1890 affords still more striking confirmation.

The disease appeared in Russia towards the end of 1889 and by the new year had swept over the whole of Western Europe and the British Isles, and had even reached the United States, while a few months later it had got as far as India, Africa, Australia and New Zealand.

In 1892, Pfeifer discovered in the sputum of Influenza patients the bacillus which has since been generally regarded as the cause of the disease, although other organisms, notably the Streptococcus, the Staphylococcus and the Pneumococcus are also found, but are regarded as secondary infections attacking the weakened system.

Although it is customary to consider Influenza as of three main types, the simple febrile type, the respiratory type and the gastro-intestinal type, it will

make for clarity to regard the febrile type as the true Influenza and look upon the respiratory and gastro-intestinal symptoms as extensions of the field of the Influenza when they occur at the same time as the febrile symptoms, and as complications when they occur later. We may thus be able to form a common picture of the leading symptoms which nearly fits all cases of Influenza and in which the main variations are those of the balance of these symptoms. One of the most curious things about Influenza is that although the clinical picture varies so greatly from one epidemic to another, in the vast majority of cases neither the patient nor the doctor has the slightest doubt as to the diagnosis, and the prominent features, however they may vary in strength and balance, which lead to this feeling of certainty are the sudden onset of the disease, the sudden

and great weakness, high fever of short duration, great depression and local pains. Of these the first two are the most constant, and although many attacks reveal themselves when the patient awakens in the morning, nearly every sufferer will have had the experience of starting the day feeling perfectly well and then suddenly realising that he has Influenza, while those who remember the Spanish Influenza which visited the British Isles during the first European war, will recollect the sudden appalling weakness which accompanied this attack and caused many people to collapse in the street. The other symptoms vary very considerably; the temperature may rise sharply to 103 degrees or 104 degrees and subside as suddenly in anything from one to three days or may persist at a lower level particularly if respiratory or



gastro-intestinal symptoms are present, and in some cases there is little or no disturbance of the temperature. Again, there may be no depression and no local pains, and some people pass through an attack of Influenza in a somnolent state of comfortable unwellness, but depression either during or after the attack is very common and has often been regarded by coroners as the cause of an otherwise inexplicable suicide. The local pains which are a less constant concomitant are generally of the type described in the phrase "aching in every joint of the body." The skin is generally hot and dry, and there are generally profuse perspirations during the fever and less profuse perspirations during the period of weakness following the fever. The tongue is furred to a varying extent and almost invariably the fauces and tonsils are red.

Generally, following the acute stage of fever, the state of the patient may be described as weak but comfortable with a tendency to relapse if too much is attempted too soon.

The respiratory symptoms which may accompany or follow the above are those characteristic of bronchitis or of pneumonia, while the gastro-intestinal symptoms are abdominal pain, diarrhœa, vomiting and sometimes jaundice, and what may appear to be relapses of so-called Gastric Influenza are sometimes due to a low form of paratyphoid infection.

The sequelæ of Influenza are many and consist mainly of local inflammation of almost any part of the body and are much more serious than the Influenza itself, consequently the treatment of Influenza whether by Homœopathic or any other means is directed in the main

towards gaining a clear-cut recovery from the attack and avoiding the occurrence of any of these sequelae.

TREATMENT.—On one point all are agreed, that the proper place to treat Influenza is in bed; even the patient supports this point of view and in most cases it is inevitable owing to the weakness accompanying the attack, while in those cases where the patient manages to keep going, the experience is far from pleasant and nothing has been gained thereby. Hot-water bottles should be provided and the diet should be light, little and often during the fever and should be more fluid than solid. Owing to the unpleasant sweats which often accompany the disease, the patient often expresses a desire for a bath, but this desire should be discouraged and sponging in bed should be substituted. Probably more relapses and complications

are due to the bath and the journey to and from the bath than to any other cause. Later, when the fever has abated and the tongue is clean again, the appetite should be tempted and the patient encouraged to take plenty of nourishment, in which task as a rule he co-operates most heartily. So much then is common ground and also common sense, and constitutes the general management of the disease; but when we come to the medical treatment the Homœopathic approach to the problem differs very considerably from that of the allopathic school. The generally accepted treatment consists of Ammoniated Tincture of Quinine or Aspirin or Sodium Salicylate during the attack and tonics during the convalescence and often for some time afterwards. In effect this means making the attack as tolerable as possible and then

building up the constitution afterwards, which is as sound a line of treatment as one could wish if nothing better can be offered, and always provided that the tonics do actually build up the constitution in a reasonable space of time.

What then has Homœopathy to offer as an improvement on this line of treatment? In the first place it aims at cutting short the attack and ameliorating the symptoms right from the start without the ups and downs which are common to most treatments; secondly the build up of the system begins with the treatment of the disease in its initial stages and not at the beginning of the convalescence; and thirdly it aims at defending the system against relapses or nipping relapses in the bud, should they occur.

Although the individual make-up of the patient affects the re-

actions of that patient to the disease, this is less noticeable in Influenza than in most diseases, and we frequently find the clinical picture to be that of the prevailing epidemic varying very little as between one patient and another, but varying very widely as between one epidemic and another, and we frequently find an epidemic spoken of in terms of the appropriate drug as a Mercurius epidemic or a Dulcamara epidemic. It is from this angle, then, that the remedies to be discussed should be mainly regarded.

The principal remedies used in the Homœopathic treatment of Influenza are:—Arsenicum. Baptisia, Dulcamara Eupatorium Perfoliatum, Aconite Gelsemium. Rhus Toxicodendron, Sabadilla, Nux Vomica, Phytolacca. China, Sticta and Influenzinum.

*Arsenicum* is claimed by some to cover more types of Influenza

than any other remedy; others give *Baptisia* pride of place. The key symptoms indicating *Arsenicum* are restlessness, prostration, burning feeling relieved by heat and the copious watery secretions which excoriate the upper lip. The eyes look and feel hot and watery and the tears excoriate the cheeks. Whether or not *Arsenicum* holds first place in the treatment of Influenza, there is no doubt at all that it is pre-eminent in the prevention of the disease, and if taken regularly during an epidemic it will enable one to remain free of the infection although associating daily with those who have caught the complaint.

Dose: For prevention, one pill 3c strength twice daily. For treatment of the attack, one pill 3c strength every two hours.

*Baptisia*, as has been said, is the favourite remedy of many for the typical Influenza attack.

corresponding as it does with most of the features common to all Influenzas. There is the sudden onset, the great prostration, the coated tongue, sore throat and foul breath and the feeling of aching all over. It is particularly suitable also for the gastro-intestinal type with colicky pains, vomiting and diarrhœa, and it suits elderly patients very well.

Dose : One pill of 3c strength every two hours.

*Influenzinum*, the nosode of the disease is sometimes given in place of Baptisia on the same indications. This tends to support the claims of Baptisia for pride of place in the treatment of Influenza. Dose : One pill of 3c strength every three hours.

*Dulcamara* is given when the throat is very sore and the cough hurts. It suits the epidemic which comes on in cold damp weather and is useful for re-



lapses which occur as the result of cold damp weather. Dose: One pill of 6c strength every two hours.

*Eupatorium Perfoliatum.* The prominent feature here is the great soreness and aching of the whole body. There is a shattering cough which hurts the head and chest. There is some biliousness and small vomiting. Dose: One pill of 3<sup>x</sup> strength every two hours.

*Aconite* sometimes suits children where the indications are chilliness, sudden fever, great restlessness and anxiety, but in adults it does not tend to reduce the fever quickly. Dose: One pill 3c strength every two hours.

*Gelsemium* suits the Influenza of mild winters. The body feels tired and heavy, the eyelids feel heavy and generally droop. There is a "crowning" headache which seems to fit over the head like a cap, and there is considerable hoarseness and sore throat. Dose:

One pill of 3c strength every two hours.

*Rhus Toxicodendron* suits the gastro-intestinal type of Influenza, as does *Baptisia*; but the striking feature here is the rheumatic character of the bone pains which are better on movement, and as a consequence restlessness is a prominent feature also. Dose: One pill of 3c strength every two hours.

*Sabadilla*. Excessive sneezing shaking the whole body is the leading feature here. The throat is swollen and hurts when saliva is swallowed, and there are shiverings and goose-flesh chills. Dose: One pill of 3c strength every two hours.

*Nux Vomica* suits the case in which shivering and chilliness predominate. The slightest draught sets up a shiver and no amount of applied warmth seems to help the patient. The characteristic attitude of the patient in bed is with arms clasped to the

body and knees drawn up in an attempt to keep what little heat he has. Dose: One pill of 6c strength every three hours.

*Phytolacca* is suitable when the throat is inflamed and spotty and the glands are hard and tender to the touch. Dose: One pill of 3c strength every hour.

*China* suits the case in which headache, giddiness and ringing noises in the ears predominate. The complexion is pale and there is great weakness. Dose: One pill of 6c strength every three hours.

*Sticta*. Here the incessant racking cough is the most noticeable symptom and the great depression is sometimes associated with hysteria. Dose: One pill of 6c strength every three hours.

It will be seen that our two great remedies are Arsenicum and Baptisia and that one or other of them fits the overall picture most closely. The indications given here for the other remedies show the special

features which come into prominence over and above the general symptoms.

The relapses of Influenza generally consist more of a feeling of imperfect recovery than of a return of real Influenza symptoms although occasionally they resemble attacks of Influenza in miniature. The remedies used Homœopathically to treat relapsing Influenza are Gelsemium, China, Pulsatilla. Sulphur and Phosphorus.

*Gelsemium* is used in those cases in which the relapse most nearly resembles a fresh attack of the disease. There is generally a slight rise of temperature which occurs after a period of apparent recovery, although the patient has never actually got to the stage of feeling well and strong again: he has been neither well nor ill and now he thinks he is in for another attack. The limbs feel weak and heavy, the eyelids droop and the

patient has flushes and chills. Dose: One pill of 30c strength daily on retiring.

*China* suits the patient whom the disease has left anæmic and pale. He feels giddy on getting up and is very sensitive to cold air. A striking feature is that the patient feels better and worse on alternate days. Dose: One pill of 30c strength daily on retiring.

*Pulsatilla*. Here the disease has left the patient morose and fretful. He feels better out of doors but feels impelled to go slowly. He sweats profusely in the morning and feels a lot worse in the warmth of a closed room. Dose: One pill of 6c strength morning and night.

*Sulphur*. In this case the patient is worse in the open air and catches cold easily, especially after a bath. He sleeps badly and has bad dreams, and is drowsy by day. Dose: One pill of 30c strength daily on retiring.

*Phosphorus* is used when the

patient seems unable to regain strength. The throat remains sore and the voice goes, particularly in the evening. Dose: One pill of 6c strength morning and night.

## HAY FEVER

It would be well in discussing Hay Fever to start by describing the symptoms, concerning which there is no doubt whatever. They consist of a severe catarrh with much sneezing, congestion and watering of the eyes, stuffy obstructed breathing and sometimes a rise of temperature. The complaint is seasonal and, unlike an acute cold, may go on for a considerable time without abatement or remissions.

It is necessary, however, in discussing the complaint itself, to pause and consider the limits of our inquiry. The basic factor in Hay Fever (or Hay Asthma or Pollen Asthma, to use two of its

synonyms) is the abnormal sensitivity of the individual affected to which is added the stimulus which starts the attack; and it is this sensitivity which links hay fever with the Toxic Ideopathies on the one hand and the Allergies on the other, and since the boundaries between the three groups of ailments are ill-defined, some rigidity of scope will be necessary to avoid straying too far afield.

In its narrowest form, the term "Hay Fever" implies the chain of symptoms which occur in the appropriate individual when the causal stimulus<sup>s</sup> is the pollen of grasses, and this form occurs roughly between the middle of May and the middle of July.

In a less narrow form we may also include the pollen of the compositae as a causal stimulus, and in this case the attack comes on in the autumn. In its widest sense, within the scope of this inquiry, it may include as causes orris root.

dust, moulds, feathers, the scurf of horses or household pets, or even soap flakes.

Homœopathically these distinctions need not frighten us, since we shall be treating the individual patient according to his own characteristics and symptoms, irrespective of the causal stimulus which has provoked the attack, and, moreover, we should more confidently expect success from a system which treats of just those individual characteristics which go to the making of a "sensitive" patient.

The usual treatment of Hay Fever may be considered under three main headings:—Escape, local treatment, and desensitization.

*Escape.*—For the leisured classes the most pleasant way of avoiding the complaint is to go on a cruise during the pollen cloud period or to go to the southern hemisphere where the seasons are



reversed. Comment on this form of "treatment" would be superfluous.

*Local Treatment* — Medically this consists of rendering the mucous membrane of the nose temporarily less sensitive to the pollens or other stimuli. Some spray the nose with a 4 per cent. solution of cocaine, which is fairly effective but tends to reduce the vitality of the tissues and may lead to addiction if carried on for too long. Others instil an oily solution of ephedrine into the nose which reduces the congestion of the blood vessels for the time being. Perhaps the best of these local applications consists of  $\frac{1}{2}$  per cent. solution of quinine (Binz' solution) sprayed into the nose. Surgically the mucous membrane of the nose may be cauterised to render it less sensitive. This does not always stop the sneezing but it often interferes with its normal functions.

*Desensitization.*—This consists of dilute extracts of the pollen to which the patient is sensitive being subcutaneously injected, the unit being a dilution of one in 1,000,000. Increasing doses of the solution are injected at intervals of three or four days commencing, if possible, two or three weeks before the expected attack. Both in its guiding principle and in its dosages this treatment approximates to Homœopathy and many successes are claimed for it, but it has two disadvantages: either a stock solution is used which only suits those cases sensitive to the common grasses, or else a series of tests must be carried out to discover to what pollen or pollens or other substances the patient is sensitive; and as the number of these substances is already large and is still being added to, there is always the possibility of enduring tests for, say, a hundred substances only to find that the unknown

hundred and first is the offender.

It may be said with some truth that the Homœopathic treatment of hay fever is a process of desensitization, but with the additional advantages of making the remedy fit the patient instead of the opposite process, and of not leaving a percentage of patients outside the pale.

The principal remedies used in the Homœopathic treatment of hay fever are: — Arsenicum Iodatum, Iodium, Arsenicum Iodatum, Chininum Arsenicosum, Euphrasia, Allium Cepa, Ambrosia Artemisifolia, Arum Triphyllum, Naphthalin, Sabadilla and Gelsemium.

*Arsenicum* suits the type of case in which irritation precedes the sneezing and remains unrelieved after the sneezing. As in the case of colds, a thin watery discharge excoriating the upper lip is a prominent characteristic. The symptoms are worse at night and from

every change of the weather. Thirst and restlessness are noticeable characteristics. Dose: One pill of the 3c strength every two hours.

*Iodium*.—Here the eyes and nose feel dry and smart, and the sneezing is more noticeable in the evening. The coryza tends to be dry indoors, tending to become fluid in the open air. Dose: One pill of the 3c strength every two hours.

*Arsenicum Iodatum*.—Here, as one would expect from a combination of the two previous remedies, the discharge is thicker, but is still excoriating. The throat is dry and burning and there is a tendency to asthmatic breathing. This remedy is frequently successful in warding off an attack. Dose: One pill of the 3c strength every two hours during an attack, and one pill of similar strength morning and night as a prophylactic.

*Chininum Arsenicosum*.—Here

in addition to the sneezing and excoriating coryza of Arsenicum there is intense photophobia, giddiness and ringing noises in the ears. There is also a tendency to nose-bleeding. Dose: One pill of the 3c strength every two hours.

*Euphrasia.* — The sneezing in this case is bland, while the lachrymation is excoriating. There is a hard laryngeal cough which is better when lying down. Dose: One pill of the 3c strength every two hours.

*Allium Cepa.* — Again we have streaming eyes and nose as a characteristic, but in this case the nasal discharge is excoriating while the lachrymation is bland. There is a tearing cough and the patient feels hot and thirsty. The symptoms are worse indoors, especially in a warm room. Dose: One pill of the 3c strength every two hours.

*Sabadilla.* — Coupled with the sneezing and lachrymation we

have in this case a severe frontal headache and the margins of the eyelids are red and slightly swollen. The face looks mottled with, sometimes, a spotted eruption. Dose: One pill of the 6c strength every two hours.

*Arum Triphyllum*.—Here the throat and nose are raw from frequent sneezing; the eyes appear watery all the time but there is no profuse lachrymation. The principal distinguishing feature is a terrific pain over the root of the nose. Dose: One pill of the 3c strength every two hours.

It will be realised that the chief causal stimuli of hay fever vary somewhat in different countries, and it is accordingly not surprising to find some remedies valued more highly in one country than in another, although all must be borne in mind in our search for the remedy of choice.

There are two remedies which are rated more highly in the

United States than in this country — *Ambrosia artemisifolia*, which particularly suits the early grass pollen type of hay fever; and *Naphthalin*, which is more applicable to cases in which there is a tendency to asthma. The dose in each case is: One pill of the 3c strength every two hours.

*Gelsemium* suits some of the spring cases, but more of the summer cases. The sneezing comes on in violent spasms and the eyes feel hot and full, and the eyelids feel heavy and droop. The throat feels dry and burning and swallowing is difficult and sometimes causes shooting pains in the ears. This remedy has been known to cure horse - asthma. Dose : One pill of the 3c strength every two hours.

When a patient complains that his hay fever lasts from March to August without a break, it may be assumed that there is another factor at work, and this factor is

generally the presence of a gouty tendency. In these cases *Psorinum* may be given, followed, if necessary, by the appropriate remedy indicated by the remaining symptoms. Dose of *Psorinum*: One powder of the 30c strength morning and night for a few days.







## MATERIA MEDICA

The following key letters are used to indicate the complaints in which the remedies are used:—

- A.—Acute colds.
- B.—Chronic colds.
- B<sup>1</sup>.—Predisposition to colds.
- C.—Polypus.
- D.—Ozoena.
- E.—Influenza.
- F.—Hay fever.

A brief synopsis of the leading symptoms indicating each drug is given, together with the dosages in each category.

**ACONITE (A. E.).**—Sudden onset of symptoms following exposure to cold. Fever, anxiety, restlessness, sore throat, running nose and dry skin.

*Dose (A.):* One pill of 3<sup>x</sup> strength every hour.

*(E.):* One pill of 3c strength every two hours.

**AGARICUS (B<sup>1</sup>).**—Poor circulation. redness and itching of affected parts. Chilblains and frost bites. Convulsive coughing fits and jerking and twitching of the muscles. Coughing and sneezing almost simultaneously. Chilblains more painful when the limbs are cold (opp. of Pulsatilla).

*Dose*: One pill of 30c strength daily on retiring.

**ALLIUM CEPA** (A. F.).—Streaming eyes and nose. Nasal discharge excoriating; lachrymation bland (opp. of Euphrasia). Tearing cough, patient feels hot and thirsty.

*Dose* (A.): One pill 3<sup>x</sup> strength every two hours.

(F.): One pill 3c strength every two hours.

**AMBROSIA ARTEMISIFOLIA** (F.).—Suits the early grass pollen type of hay fever, particularly in America.

*Dose*: One pill of 3c strength every two hours.

**ARSENICUM** (A. E. F.).—Thirst fever, restlessness and headache. Thin watery nasal discharge which excoriates the upper lip. Symptoms better from warmth. Sneezing brings no relief.

*Dose* for A. E. and F.: One pill of 3c strength every two hours. As a prophylactic during an Influenza epidemic, one pill of 3c strength morning and night.

**ARSENICUM IODATUM** (F.).—Sneezing with excoriating discharge. Dry burning throat and a tendency to asthmatic breathing. The discharge is thicker than in the case of Arsenicum.

*Dose*: One pill of 3c strength every two hours. As a prophylactic, one pill of 3c strength morning and night.

ARUM TRIFOLIATUM (F.).—Throat and nose raw from frequent sneezing. Terrific pain at the root of the nose. Watery eyes, but no profuse lachrymation.

*Dose*: One pill of 3c strength every two hours.

AURUM (D.).—Used in the treatment of Ozoena when there is caries of the nasal bones.

*Dose*: One pill of 6c strength every four hours.

BAPTISIA (A. E.).—Catarrh, sore throat. Dull red face, besotted appearance. Diarrhœa and vomiting, especially in elderly patients.

*Dose* (A.): One pill of 3<sup>x</sup> strength every hour.

(E.): One pill 3c strength every two hours.

BELLADONNA (B.).—For the red, hot, dry, suppressed cold. Throat red, hot and dry. Eyes feel hot and dry. Patient feels hot and excited.

*Dose*: One pill of 6c strength every four hours.

CALCAREA (A. B. B<sup>1</sup>. C. D.).—Dry coryza with sore nostrils. Nose dry and clogged by night, and moist and free during the day. Cracked lips and ulcers at the corner of the mouth. Patient fat, flabby, fair type with moist cold hands; weary, weak and breathless and subject to cramps and cold

patches. Cold air does not agree with the patient or his symptoms.

*Dose* (A.): (To clear up a lingering cold) one pill of 30c strength daily.

(B.): One pill of 6c strength every four hours.

(B<sup>1</sup>.): One pill of 30c strength daily.

(C.): One pill of 6c strength every four hours.

(D.): One pill of 6c strength every four hours.

CAMPHOR (A.).—Great coldness. Patient cannot get warm. Earliest cold remedy, other symptoms not yet being present.

*Dose*: One pill of 1<sup>x</sup> strength every half-hour.

NOTE.—This remedy should be kept in a different place from the other homœopathic remedies as it antidotes practically all of them and can affect them adversely by its proximity, even in a bottle.

CARBO VEGETABILIS (B<sup>1</sup>.).—For patient of low vitality, pallid, bluish complexion. Circulation poor. Digestion poor. Hands and feet cold, blue and puffy. Veins, particularly those of the legs, feel full. Patient has giddiness and fainting and craves fresh air.

*Dose*: One pill of 30c strength daily.

CHINA (E.).—Suitable for relapsing Influenza. Patient pale, anæmic and

giddy on getting up. Patient feels better and worse on alternate days.

*Dose:* One pill of 30c strength daily.

CHININUM ARSENICOSUM (F).—Sneezing and excoriating coryza. Intense photophobia. Giddiness and ringing noises in the ears.

*Dose:* One pill of 3c strength every two hours.

DROSERIA (B).—Cough following cold. Frequent sneezing, dry cough and darting pains in the eyes.

*Dose:* One pill of 6c strength every four hours.

DULCAMARA (B. E).—Symptoms worse when the weather changes, particularly from warm to cold. Watering of eyes and nose, sore throat, stiff neck, and rheumatic pains in back and limbs.

*Dose* (B.): One pill of 6c strength every four hours. c

(E.): One pill of 6c strength every two hours.

EUPATORIUM PERFOLIATUM (E).—Great soreness and aching of the whole body. Shattering cough which hurts the head and chest. Sometimes biliousness and vomiting.

*Dose:* One pill of 3<sup>x</sup> strength every two hours.

EUPHRASIA (A. F).—Hard cough, better when lying down. Nasal discharge bland; lachrymation excoriating (opp. of Allium Ceba).

*Dose* (A.): One pill of 3<sup>x</sup> strength every two hours.

(F.): One pill of 3c strength every two hours.

FERRUM PHOSPHORICUM (A.).—Symptoms similar to Aconite but without anxiety and restlessness.

*Dose*: One pill of 3<sup>x</sup> strength every hour.

GELSEMIUM (A. E. F.).—Dry burning throat. Hot fever and drowsiness. Head and eyes feel hot and full. Eyelids droop. Violent spasms of sneezing. Suits colds caught in mild relaxing weather and the late rather than the early type of hay fever, and also relapsing Influenza.

*Dose* (A.): One pill 3<sup>x</sup> strength hourly.

(E.): One pill 30c strength daily.

(F.): One pill 3c strength every two hours.

HYDRASTIS (B. D.).—Cold settled in the back of the nose. Thick yellow mucus difficult to dislodge. Tongue yellow and furred. Nose raw and painful, particularly at the back. Discharge sometimes streaked with blood.

*Dose* (B. and D.): One pill of 6c strength every four hours.

INFLUENZINUM (E.).—Suits a typical attack of Influenza undistinguished by special features.

*Dose*: One pill of 30c strength every three hours.

IODIUM (B. F.).—Eyes and nose feel dry and smart. Sneezing in the evening with hot fluent discharge. Throbbing headache and impairment of sense of smell.

*Dose* (B.): One pill of 12c strength every four hours.

(F.): One pill of 3c strength every two hours.

IPECACUANHA (A.).—Violent shivering and chattering of the teeth. Profound nausea. Cold starts in the nose and spreads to the chest.

*Dose*: One pill of 6c strength every two hours.

KALI BICHROMICUM (D.).—Used in Ozoena when the discharge is very thick and tenacious.

*Dose*: One pill of 6c strength every four hours.

KALI CARBONICUM (D.).—Used in Ozoena when the discharge is thin and profuse.

*Dose*: One pill of 6c strength every four hours.

KALI IODATUM (A.).—Watery smarting eyes. Alternate flushes and chills. Sudden sweats followed by hot dry periods. Heavy headache over the eyes.

*Dose*: One pill of 12c strength every two hours.

LEMNA MINOR (C. D.).—Used in cases of polypus and Ozoena when the symptoms are aggravated in damp weather.

*Dose* (C. and D.): One pill of 6c strength every four hours.

MERCURIUS (A. B. B<sup>1</sup>).—Streaming cold with red swollen nose. Heavy sneezing, aching limbs. Suits the bilious rheumaticky patient with cold hands and feet, flabby tongue, foul breath and spongy gums which bleed easily. There is profuse salivation.

*Dose* (A.): One pill of 3c strength every two hours.

(B): One pill of 6c strength every four hours.

(B<sup>1</sup>): One pill of 30c strength daily.

NAPHTHALIN (F.).—Suitable for cases of hay fever in which there is a tendency to asthma.

*Dose*: One pill of 3c strength every two hours.

NATRUM MURIATICUM (A. B. B<sup>1</sup>).—Watery discharges and watery vesicles round the mouth and nose. Loss of taste and feeling of dryness at the back of the nose. Suits the ill-nourished, chilly patient of morose, irritable and tearful disposition. Throbbing headaches with zig-zag lights resembling migraine, deep crack of the centre of the lower lip, and cold knees are prominent indications.



*Dose* (A.): One pill of 3c strength every two hours.

(B.): One pill of 6c strength every four hours.

(B<sup>1</sup>.): One pill of 30c strength daily.

**NUX VOMICA** (A. E.).—Dry cold with blocked nose. Movement sets up shivering. Worse in the open air and after meals. Patient unable to get warm.

*Dose* (A.): One pill of 6c strength every two hours.

(E.): One pill of 6c strength every three hours.

**PHOSPHORUS** (C.).—Used in the treatment of polypi which bleed easily.

*Dose*: One pill of 6c strength every four hours.

**PHYTOLACCA** (E.).—General influenza symptoms with hard glands tender to the touch. The throat is sore, inflamed and spotty.

*Dose*: One pill of 3c strength every hour.

**PSORINUM** (F.).—Used in cases of hay fever where there is a gouty tendency.

*Dose*: One pill or powder of 30c strength morning and night for a few days followed by the appropriate remedy for the remaining symptoms.

**PULSATILLA** (A.).—Cold better in the open air. Discharge of thick yellow mucus. Chapped peeling lips.

*Dose*: One pill of 3<sup>x</sup> strength every two hours.

QUILLAYA (A).—For the cold, which starts with an acute sore throat. Should be given early in the cold.

*Dose*: One pill of 6c strength every two hours.

RHUS TOXICODENDRON (E).—For gastro-intestinal influenza with rheumatic pains in the bones which are better on movement. Restlessness in bed is a prominent feature.

*Dose*: One pill of 3c strength every two hours.

SABADILLA (E. F.).—Violent sneezing shaking the whole body. Throat swollen, swallowing painful. Shivers and goose-flesh chills. Rims of eyelids red and swollen. Mottled complexion and spotted eruption.

*Dose* (E.): One pill of 3c strength every two hours.

(F.): One pill of 6c strength every two hours.

SANGUINARIA CANADENSIS (A).—Stinging and tickling in the nose, dry lips, and swollen mucous membrane of throat and nose.

*Dose*: One pill of 3<sup>x</sup> strength every two hours.

SINAPIS NIGRA (A).—Symptoms similar to Arsenicum, but there is dryness in the nose and there is no discharge.

*Dose*: One pill of 3<sup>x</sup> strength every two hours.

SULPHUR (A. B. B').—Thin trickle from nose persisting. Exertion brings on stuffiness in nose. Periods of dryness in nose and dry sneezing followed by copious discharge of thick yellow mucus, with occasional slight nose bleeding. Heavy pain over eyebrows partly relieved by discharge of mucus. Patient likes fat, cannot tolerate tight clothing; has red lips and nostrils and red-rimmed eyelids and coarse lustreless hair. Tendency to get skin complaints easily. Hot patches occur on body (opp. of Calcarea).

*Dose* (A.) (lingering cold): One pill of 30c strength daily.

(B.): One pill of 6c strength every four hours.

(B'): One pill of 30c strength daily.

STICTA (E.).—General influenza symptoms with incessant racking cough and deep depression allied to hysteria.

*Dose*: One pill of 3c strength every three hours.

TEUCRIUM (C.).—Used in the early stages of mucous polypus.

*Dose*: One pill of 6c strength every four hours.

THUJA (C.).—Used in the treatment of hard and warty polypi.

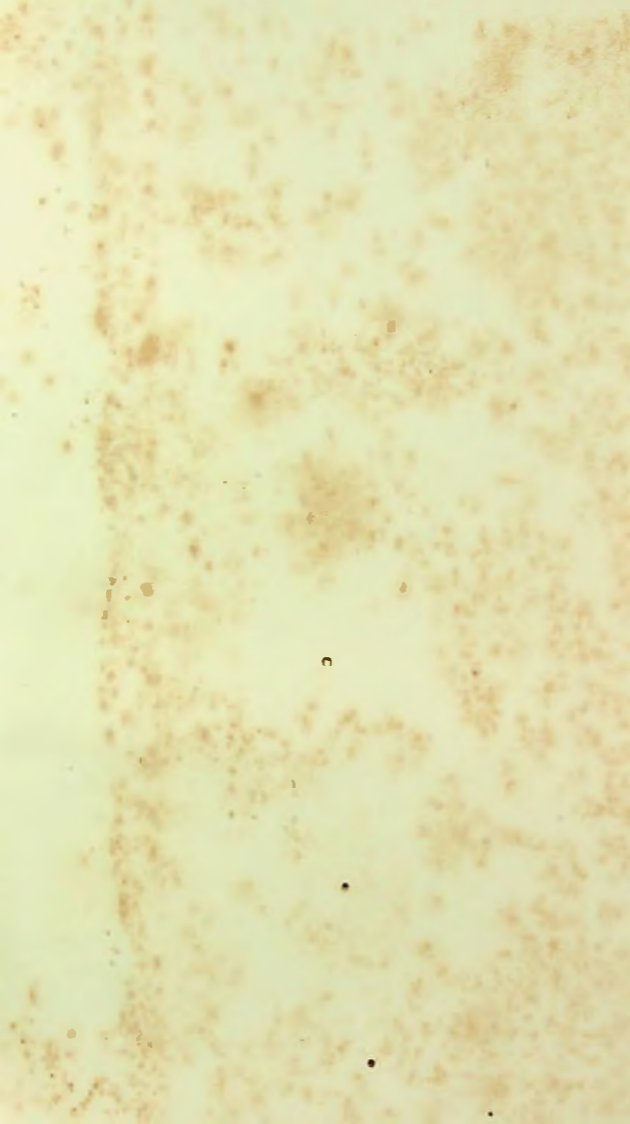
*Dose:* One pill of 6c strength every four hours.

TUBERCULINUM (A).—Used for the lingering cold which does not completely clear up. Suits patients with a family history of T.B. Patient is always tired and suffers from wandering joint pains.

*Dose:* One pill or powder of 200c strength.



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