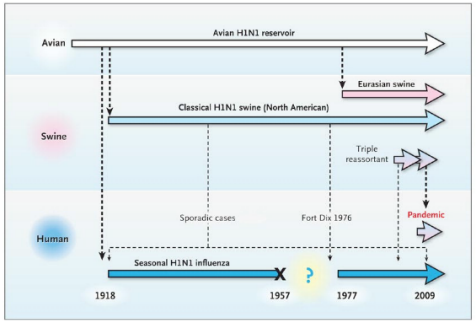
Influenza

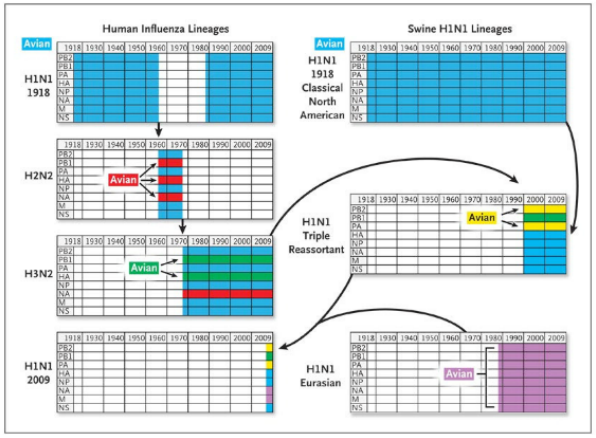
1



Historical Perspective — Emergence of Influenza A (H1N1) Viruses

Shanta M. Zimmer, M.D., and Donald S. Burke, M.D.
N Engl J Med 2009; 361:279-285 | July 16, 2009 | DOI: 10.1056/NEJMra0904322

2

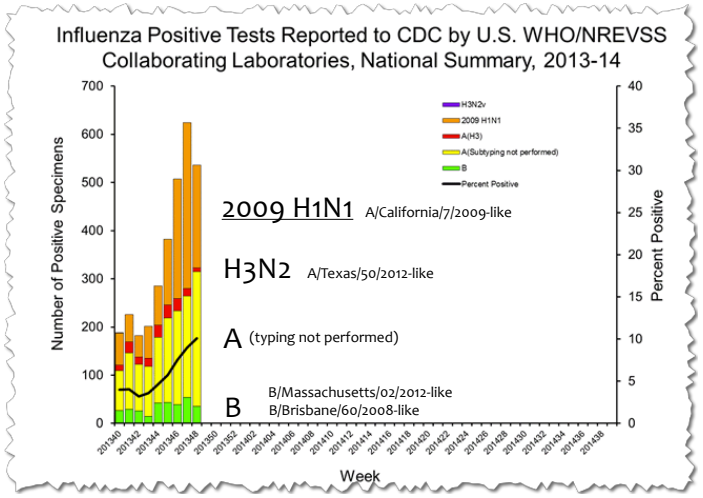


Historical Perspective — Emergence of Influenza A (H1N1) Viruses

Shanta M. Zimmer, M.D., and Donald S. Burke, M.D.
N Engl J Med 2009; 361:279-285 | July 16, 2009 | DOI: 10.1056/NEJMra0904322

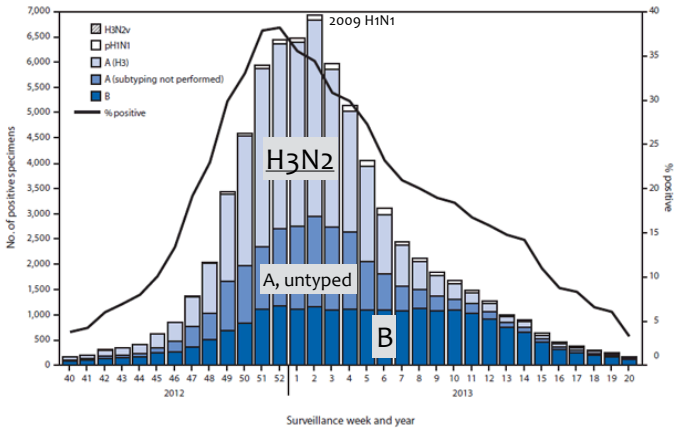
3

http://www.cdc.gov/flu/



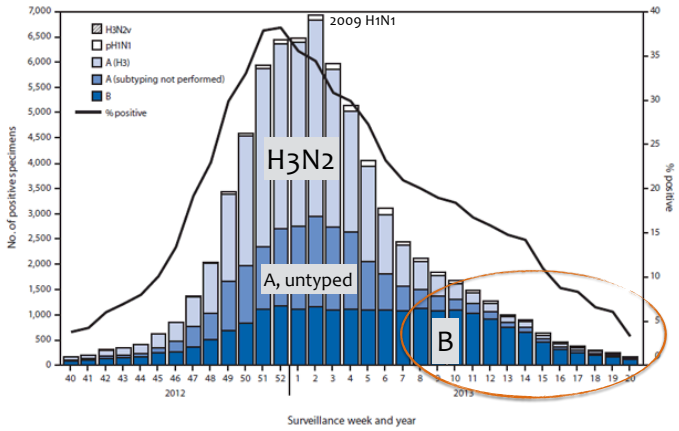
4

2012-2013 season



5

2012-2013 season

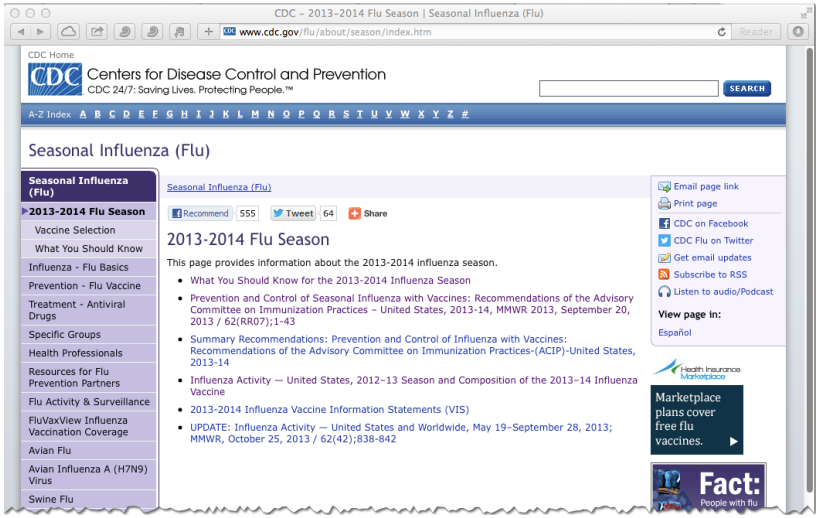


6

www.who.int/topics/influenza/

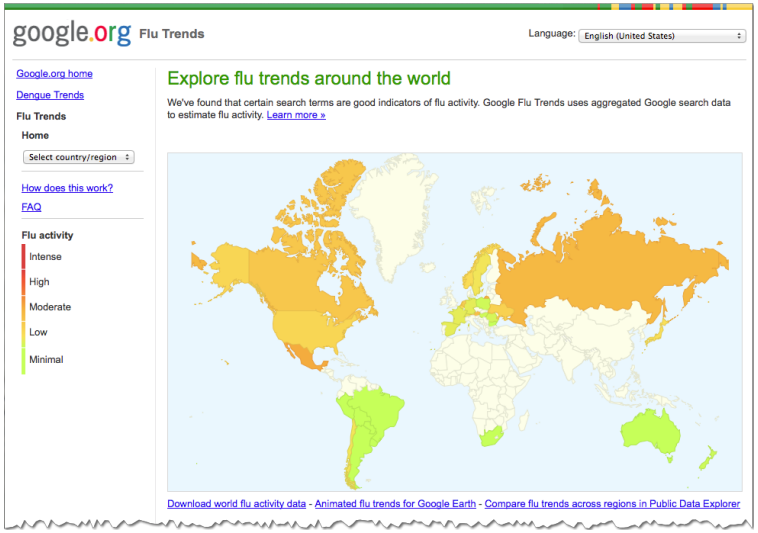
7

www.cdc.gov/flu/about/season

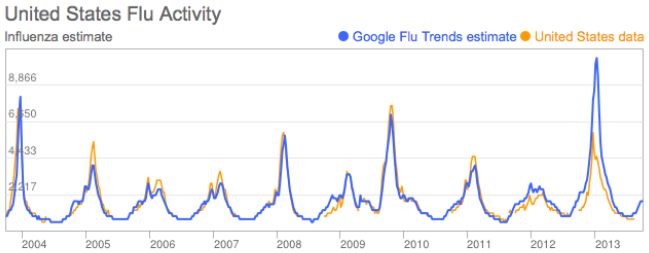


8

http://www.google.org/flutrends

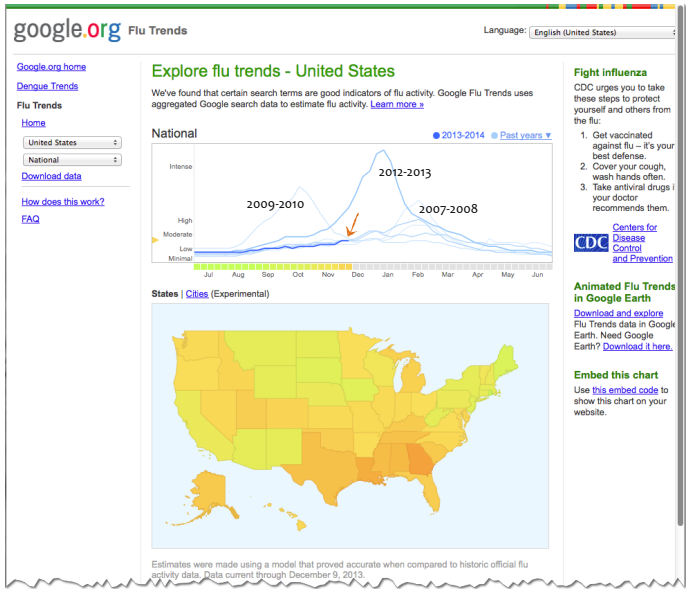


9

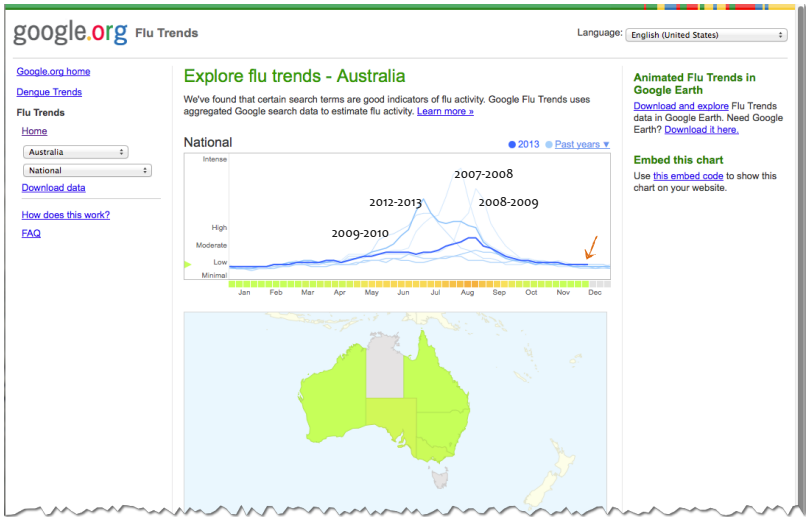


United States: Influenza-like illness (ILI) data provided publicly by the U.S. Centers for Disease Control.

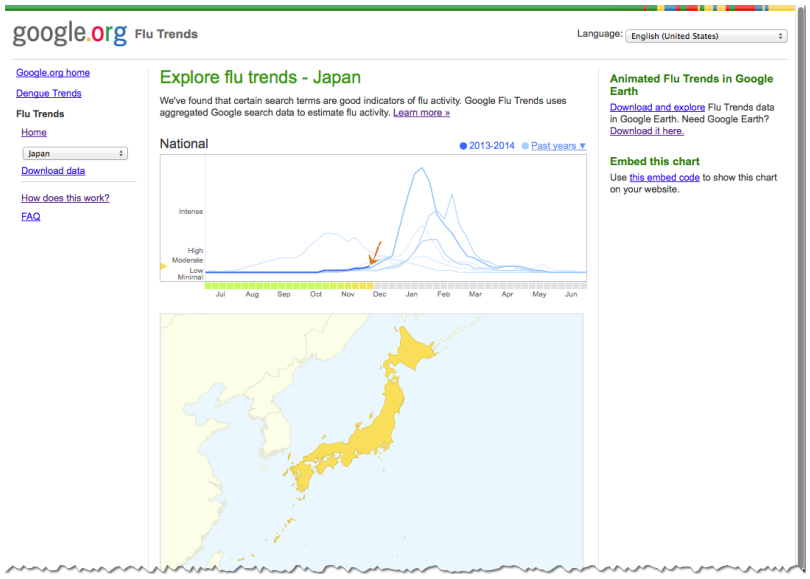
10



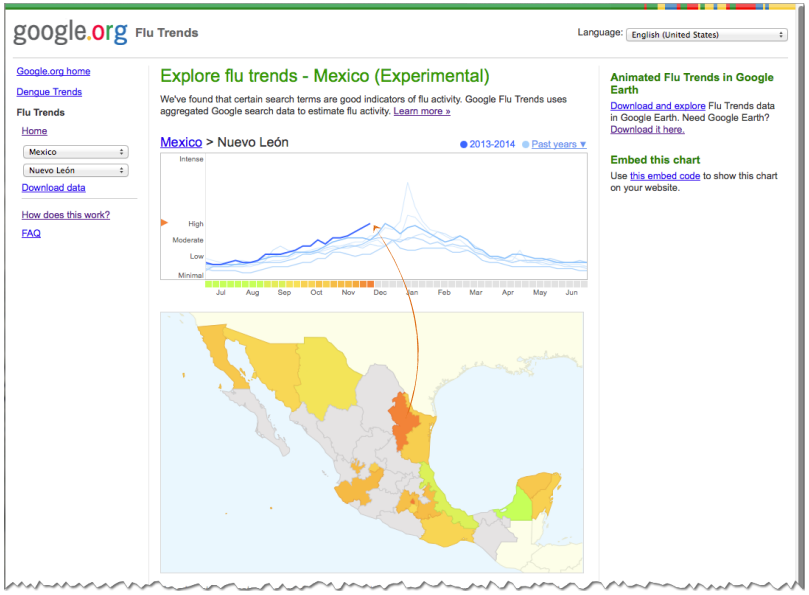
11



12



13



14

Vaccines to prevent influenza in healthy adults

Jefferson T, Di Pietrantonj C, Rivetti A, Bawazeer GA, Al-Ansary LA, Ferroni E

Published Online: June 4, 2013

Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only influenza A and B, which represent about 10% of all circulating viruses. Each year, the World Health Organization recommends which viral strains should be included in vaccinations for the forthcoming season.

Authors of this review assessed all trials that compared vaccinated people with unvaccinated people. The combined results of these trials showed that under ideal conditions (vaccine completely matching circulating viral configuration) 33 healthy adults need to be vaccinated to avoid one set of influenza symptoms. In average conditions (partially matching vaccine) 100 people need to be vaccinated to avoid one set of influenza symptoms. Vaccine use did not affect the number of people hospitalised or working days lost but caused one case of Guillian-Barré syndrome (a major neurological condition leading to paralysis) for every one million vaccinations. Fifteen of the 36 trials were funded by vaccine companies and four had no funding declaration. Our results may be an optimistic estimate because company-sponsored influenza vaccines trials tend to produce results favorable to their products and some of the evidence comes from trials carried out in ideal viral circulation and matching conditions and because the harms evidence base is limited..

15

Vaccines for preventing seasonal influenza and its complications in people aged 65 or older

Jefferson T, Di Pietrantonj C, Al-Ansary LA, Ferroni E, Thorning S, Thomas RE

Published Online: February 17, 2010

Influenza vaccination of elderly individuals is recommended worldwide as people aged 65 and older are at a higher risk of complications, hospitalisations and deaths from influenza. This review looked at evidence from experimental and non-experimental studies carried out over 40 years of influenza vaccination. We included 75 studies. These were grouped first according to study design and then the setting (community or long-term care facilities). The results are mostly based on non-experimental (observational) studies, which are at greater risk of bias, as not many good quality trials were available. Trivalent inactivated vaccines are the most commonly used influenza vaccines. Due to the poor quality of the available evidence, any conclusions regarding the effects of influenza vaccines for people aged 65 years or older cannot be drawn. The public health safety profile of the vaccines appears to be acceptable.

16

Vaccines for preventing influenza in healthy children

Jefferson T, Rivetti A, Di Pietrantonj C, Demicheli V, Ferroni E

Published Online: August 15, 2012

Children (< 16 years old) and the elderly (above 65 years old) are the two age groups that appear to have the most complications following an influenza infection. Influenza has a viral origin and often results in an acute respiratory illness affecting the lower or upper parts of the respiratory tract, or both. Viruses are mainly of two subtypes (A or B) and spread periodically during the autumn-winter months. However, many other viruses can also cause respiratory tract illnesses.

Diffusion and severity of the disease could be very different during different epidemics. Efforts to contain epidemic diffusion rely mainly on widespread vaccination. Recent policy from several internationally-recognised institutions, recommend immunisation of healthy children between 6 and 23 months of age (together with their contacts) as a public health measure.

The review authors found that in children aged from two years, nasal spray vaccines made from weakened influenza viruses were better at preventing illness caused by the influenza virus than injected vaccines made from the killed virus. Neither type was particularly good at preventing 'flu-like illness' caused by other types of viruses. In children under the age of two, the efficacy of inactivated vaccine was similar to placebo. It was not possible to analyse the safety of vaccines from the studies due to the lack of standardisation in the information given, but very little information was found on the safety of inactivated vaccines, the most commonly used vaccine in young children.

17

Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions

Thomas RE, Jefferson T, Lasserson TJ

Published Online: July 23, 2013

Older individuals in long-term care institutions (LTCIs) at risk of influenza may be infected by their healthcare workers. There are no accurate data on rates of laboratory-proven influenza in healthcare workers. Vaccinating healthcare workers against influenza may reduce infections acquired from this source. Because the signs and symptoms of influenza are similar to those of many other respiratory illnesses, it is important in studies testing the effects of influenza vaccination to prove by laboratory tests which are highly accurate whether residents in LTCIs actually have influenza or another respiratory illness.

Three randomised controlled trials (RCTs) (5896 participants) provided outcome data meeting our criteria. For risk of bias: randomisation was at low risk in two trials and unclear in one; allocation concealment and blinding in all three trials was unclear; incomplete outcome data in one trial was at low risk and in two at high risk; selective reporting all three trials was at low risk; performance bias (incomplete influenza vaccination of healthcare workers in the intervention arms) in all three trials was at high risk. No studies reported on adverse events. Vaccinating healthcare workers who care for those aged 60 or over in LTCIs showed no effect on laboratory-proven influenza or complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract illness) in those aged 60 or over resident in LTCIs.

This review did not find information on other interventions used in conjunction with vaccinating healthcare workers (hand-washing, face masks, early detection of laboratory-proven influenza, quarantine, avoiding new admissions, prompt use of antivirals and asking healthcare workers with an influenza-like illness not to work.

There is no evidence that only vaccinating healthcare workers prevents laboratory-proven influenza or its complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract infection) in individuals aged 60 or over in LTCIs and thus no evidence to mandate compulsory vaccination of healthcare workers. Other interventions, such as hand-washing, masks, early detection of influenza with nasal swabs, antivirals, quarantine, restricting visitors and asking healthcare workers with an influenza-like illness not to attend work, might protect individuals over 60 in LTCIs. High-quality randomised controlled trials testing combinations of these interventions are needed.

18

Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren[1,2,3]

Mitsuyoshi Urashima, Takaaki Segawa, Minoru Okazaki, Mana Kurihara, Yasuyuki Wada, and Hiroyuki Ida

Author Affiliations

Author Notes

Abstract

Background: To our knowledge, no rigorously designed clinical trials have evaluated the relation between vitamin D and physician–diagnosed seasonal influenza.

Objective: We investigated the effect of vitamin D supplements on the incidence of seasonal influenza A in schoolchildren.

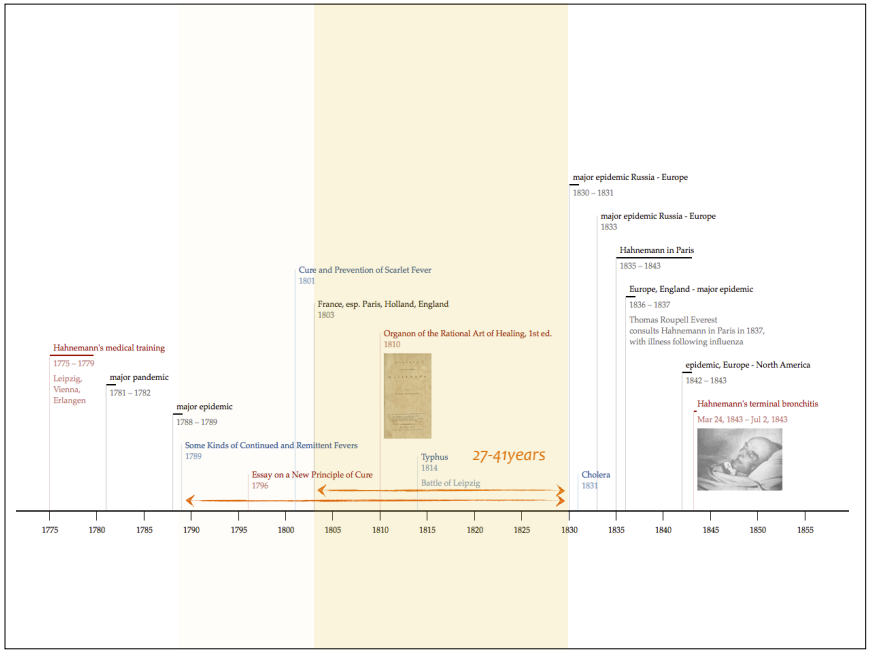
Design: From December 2008 through March 2009, we conducted a randomized, double-blind, placebo-controlled trial comparing vitamin D_3 supplements (1200 IU/d) with placebo in schoolchildren. The primary outcome was the incidence of influenza A, diagnosed with influenza antigen testing with a nasopharyngeal swab specimen.

Results: Influenza A occurred in 18 of 167 (10.8%) children in the vitamin D_3 group compared with 31 of 167 (18.6%) children in the placebo group [relative risk (RR), 0.58; 95% CI: 0.34, 0.99; $P = 0.04$]. The reduction in influenza A was more prominent in children who had not been taking other vitamin D supplements (RR: 0.36; 95% CI: 0.17, 0.79; $P = 0.006$) and who started nursery school after age 3 y (RR: 0.36; 95% CI: 0.17, 0.78; $P = 0.005$). In children with a previous diagnosis of asthma, asthma attacks as a secondary outcome occurred in 2 children receiving vitamin D_3 compared with 12 children receiving placebo (RR: 0.17; 95% CI: 0.04, 0.73; $P = 0.006$).

Conclusion: This study suggests that vitamin D_3 supplementation during the winter may reduce the incidence of influenza A, especially in specific subgroups of schoolchildren. This trial was registered at https://center.umin.ac.jp as UMIN000001373.

Received December 17, 2009.
Accepted February 11, 2010.

19



20

In the month of April there prevailed an influenza essentially different from that which had been observed five years previously.

I know not if the studies that were made of it at that time were correct, or if I am mistaken in my appreciation of the disease. I shall therefore only draw attention to one single point of dissimilarity and leave to my readers the trouble of comparing the others.

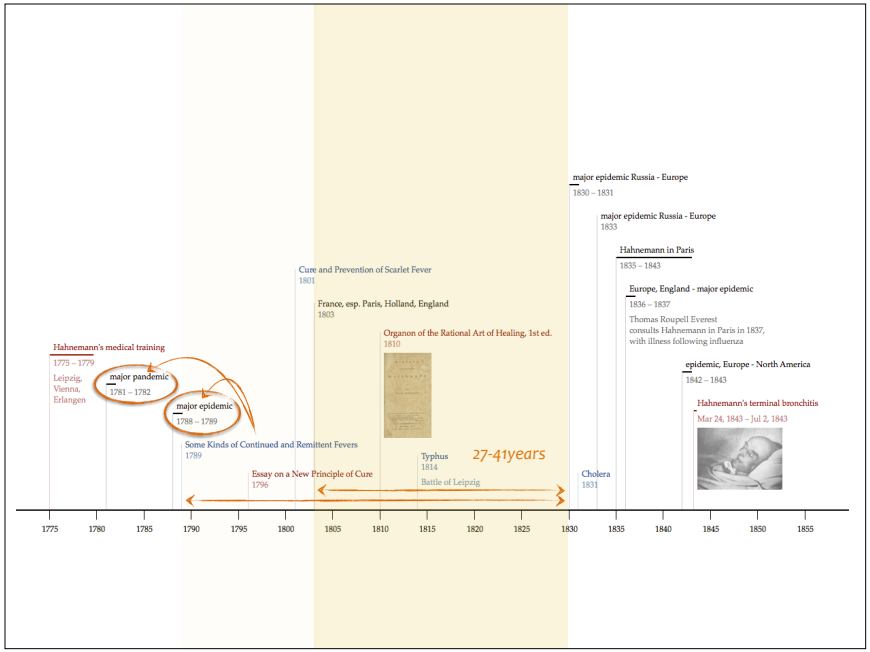
In the epidemic of 1782 there was scarcely a third or even a fourth of the inhabitants who were not attacked by a fever presenting all the symptoms of a catarrho-rheumatic fever, though it only lasted seven days. In general they were all affected in the same degree; though there was not danger except to debilitated subjects, to old people, and those suffering from pulmonary consumption.

In the influenza of the present year, on the contrary, nine-tenths scarcely had anything more than slight traces of the malady, without fever; the other tenth, on the contrary, were attacked by fever, and danger was imminent. Patients who had none of the febrile symptoms did not usually seek advice, and were not considered to be affected by the epidemic. It was difficult to observe them, and their symptoms were not perceived by unobservant medical men.

...

Some Kinds of Continued and Remittent Fevers
Hufeland's Journal der practischen Arzneykunde. Vol. v. 1798 (written 1789)

21



22

When the influenza endemic in Siberia comes among us, as it does occasionally, when the hot stage has already commenced, camphor is of service, only as a palliative certainly, but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent but ever increasing doses, dissolved in water as above described.

It does not shorten the duration of the disease, but renders it much milder, and hence it conducts the disease innocuously to its termination.

Materia Medica Pura, Camphora

(Cinnamonium) camphora

23

When the influenza endemic in Siberia comes among us, as it does occasionally, when the hot stage has already commenced, camphor is of service, only as a palliative certainly, but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent but ever increasing doses, dissolved in water as above described.

It does not shorten the duration of the disease, but renders it much milder, and hence it conducts the disease innocuously to its termination.

Materia Medica Pura, Camphora

(Cinnamonium) camphora

24

When the influenza endemic in Siberia comes among us, as it does occasionally, when the hot stage has already commenced, camphor is of service, only as a palliative certainly, but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent but ever increasing doses, dissolved in water as above described.

It does not shorten the duration of the disease, but renders it much milder, and hence it conducts the disease innocuously to its termination.

(On the other hand, nux vomica, in a single dose, and that the smallest possible, will often remove the disease homoeopathically in a few hours.)

Materia Medica Pura, Camphora

(Stychnos) Nux-vomica

25

(Cinnamonium) camphora

(Stychnos) Nux-vomica

26

[GENERALS] INFLUENZA: (125) Acon. aesc. all-c. ant-ar. ant-i. ant-t. apis arn. ars. ars-i. ars-s-r. arum-d. asc-c. asc-t. aven. bapt. Bell. Brom. bry. calc. camph. camph-br. canch. capp-crc. carb-ac. carb-v. card-m. caust. cent. cham. chel. chin. Chinin-s. cimic. Cinnb. cupr. cupr-ar. cycl. des-ac. dioxi. diphtox. dros. dulc. erio. ery-a. Eucal. eug. Eup-per. euph. euphr. ferr-p. Gels. glon. glyc. Graph. gymno. haff. influ. iod. ip. kali-bi. kali-c. kali-i. kali-s. Kreos. lach. lob-c. lob-p. lob-s. lyc. Lycpr. menth. MERC. merc-c. merc-k-i. Nat-n. nat-s. Nat-sal. Nux-v. oci-sa. oscilloc. oxyg. phel. phos. phyt. podo. Psor. puls. pyrog. rad-br. rhus-r. Rhus-t. rumx. sabad. sal-ac. salin. salol. Sang. sangin-n. sanic. sarcol-ac. sarr. seneg. Sil. silphu. spig. spong. squil. stict. still. stram. stry-xyz. sul-i. sulo-ac. Sulph. Thymul. trios. Tub. tub-a. vario. Verat. verat-v. wye. yers. ziz. + (9)

camphor is of service, only as a palliative certainly,
but an invaluable palliative, seeing that the disease is one of short duration

It does not shorten the duration of the disease, but renders it much milder …

27

§100
In the investigation of the symptom complex of epidemic or sporadic diseases, it makes no difference if something similar has ever appeared before under the same or any other name …

28

§73
...
Since every case of disease in a given epidemic has the same origin, the disease puts all those who have fallen ill into the same kind of disease process.

29

§102
To be sure, all those afflicted by the epidemic at that time have the same disease, flowing from one and the same source.

However, the entire extent of such an epidemic disease and the totality of its symptoms
...
cannot be perceived in a single patient,

but can only be completely abstracted and gathered [inferred] from the sufferings of several patients of different bodily constitutions.

30

§101
It may well be that the physician does not get a perception of the complete image of the epidemic disease with the first case he encounters since each such collective disease only brings the complex of its symptoms to the light of day with the closer observation of several cases.

Meanwhile, the carefully investigating physician can often come so close to the true state, even with the first or second patient, that he becomes alive to the characteristic image of the disease, and then finds a fitting, homeopathically commensurate remedy for it.

31

§102
Upon recording the symptoms of several cases of this kind, the sketch of the disease image becomes more and more complete -

32

§102
Upon recording the symptoms of several cases of this kind, the sketch of the disease image becomes more and more complete -

not larger and more verbose, but more characteristic, more encompassing of the peculiarity of this collective disease.

33

§102
Upon recording the symptoms of several cases of this kind, the sketch of the disease image becomes more and more complete -

not larger and more verbose, but more characteristic, more encompassing of the peculiarity of this collective disease.

On one hand, the general signs (e.g. , loss of appetite, sleeplessness) obtain their own narrower determinations.

34

§102
Upon recording the symptoms of several cases of this kind, the sketch of the disease image becomes more and more complete -

not larger and more verbose, but more characteristic, more encompassing of the peculiarity of this collective disease.

On one hand, the general signs (e.g. , loss of appetite, sleeplessness) obtain their own narrower determinations.

On the other hand, the more marked, particular, and (at least in this connection) rarer symptoms, belonging to only a few diseases, emerge and form what is characteristic for this epidemic.

35

Genus Epidemicus

the Genus Remedy of (this particular) Epidemic

36

Why a Duck ?

37

Why a Duck ?

Oscillococcinum (Anas barbare hepar et carduus extractum)

38

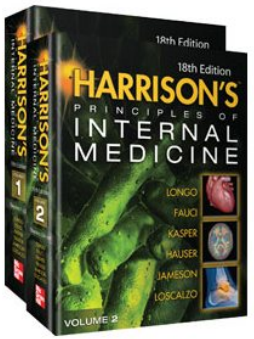
487 patients were recruited by 149 general practitioners (mostly non-homoeopaths) in the Rhone-Alpes region of France during the influenza epidemic of January-February 1987.
Entry criteria were: rectal temperature of 38°C (100.4 F) or above, and at least two of the following symptoms: headache, stiffness, lumbar or articular pain and shivers. The first manifestations had to have occurred less than 24 hours before entry. Patients with immune deficiency, local infection, or who had been immunized against influenza were excluded.
Diagnosis was purely clinical, although the A H1N1 influenza virus was subsequently identified as being responsible for the epidemic. Patients were randomly assigned to active Oscillococcinum (237 patients) or identical placebo (241 patients), 5 doses at 12 hour intervals. Recovery was defined as temperature less than 37.5°C (99.5 F), with complete resolution of the 5 cardinal symptoms.

Results
After 48 hours, 17% of the active treatment group had fully recovered, compared to 10% of the placebo group. This difference was statistically significant (p=0.03, X2 test). Further analysis showed that the effect of Oscillococcinum peaked at 36 hours, when 40% of recoveries were attributable to the treatment. It was most effective in younger patients - 68% of recoveries within 48 hours in the under-30's were due to treatment; and when the illness was relatively mild - 52% of the recoveries from illnesses classified mild or moderate were due to treatment. Patients on active treatment used significantly less other treatment for pain and fever (50% v 41%, p=0.04), they also judged the active treatment more efficacious than placebo (61% v 49% p=0.02).

The Lancet commented favorably on the trial, remarking that the authors were restrained in their discussion, and describing the difference between placebo and active treatment as 'respectable'. The Lancet's report was 'quadruple-blind' mentioning only at the very end that the treatment was homoeopathic.

Ferley JP, Zmirou D, D'Adhemar D, Balducci F.
A controlled evaluation of a homoeopathic preparation in influenza-like syndromes.
Br J Clin Pharmac (1989) 27, 329-335.

39



http://www.youtube.com/watch?v=ixxNFnQbQgo
(computer audio)

40

Gelsemium sempirvirens

Eupatorium perfoliatum

41

Pace

Sensation / Description

Locality

Modalities

Concomitants

42

Upper Respiratory

Nose / coryza

Cough

Fever

43

Upper Respiratory

Nose / coryza

Cough

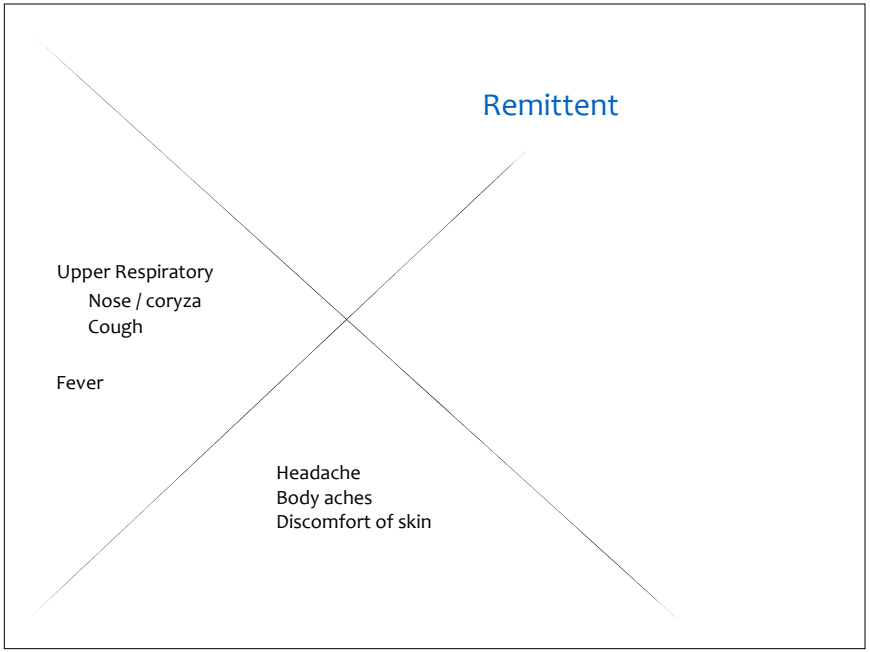
Fever

Headache

Body aches

Discomfort of skin

44



45

[GENERALS] INFLUENZA: (125) ~~Acon.~~ aesc. all-c. ant-ar. ant-i. ant-t. apis arn. ars. ars-i. ars-s-r. arum-d. asc-c. asc-t. aven. bapt. ~~Bell.~~ Brom. bry. calc. camph. camph-br. canch. capp-crc. carb-ac. carb-v. card-m. caust. cent. cham. chel. chin. Chinin-s. cimic. Cinnb. cupr. cupr-ar. cycl. des-ac. dioxi. diphtox. dros. dulc. erio. ery-a. Eucal. eug. Eup-per. euph. euphr. ferr-p. Gels. glon. glyc. Graph. gymno. haff. influ. iod. ip. kali-bi. kali-c. kali-i. kali-s. Kreos. lach. lob-c. lob-p. lob-s. lyc. Lycpr. menth. MERC. merc-c. merc-k-i. Nat-n. nat-s. Nat-sal. Nux-v. oci-sa. oscilloc. oxyg. phel. phos. phyt. podo. Psor. puls. pyrog. rad-br. rhus-r. Rhus-t. rumx. sabad. sal-ac. salin. salol. Sang. sangin-n. sanic. sarcol-ac. sarr. seneg. Sil. silphu. spig. spong. squil. stict. still. stram. stry-xyz. sul-i. sulo-ac. Sulph. Thymul. trios. Tub. tub-a. vario. Verat. verat-v. wye. yers. ziz. + (9)

Pace is not Remitting

46

[FEVER] REMITTENT: (48)
~~ACON~~. ant-c. Ant-t. arn. ARS. ars-s-f. bapt. ~~BELL~~. bol-la. BRY. CHAM. chin. Chinin-s. cina Cocc. coff. coloc. Crot-h. eup-per. ferr. ferr-p. GELS. hyos. ign. Ip. Lach. lept. Lyc. mag-c. mag-s. MERC. mur-ac. Nat-s. nit-ac. Nux-v. Nyct. ph-ac. phos. Podo. polyp-p. puls. rhus-t. sep. stram. Sulph. tarax. tub. verat. + (10)

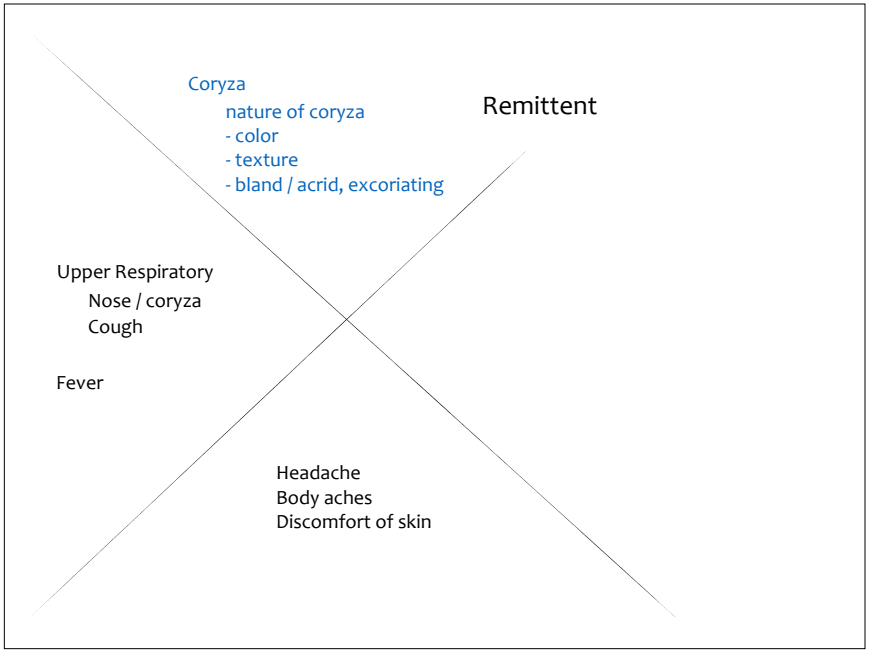
<u>May</u> Palliate fever -
do not address the fundamental disease process

47

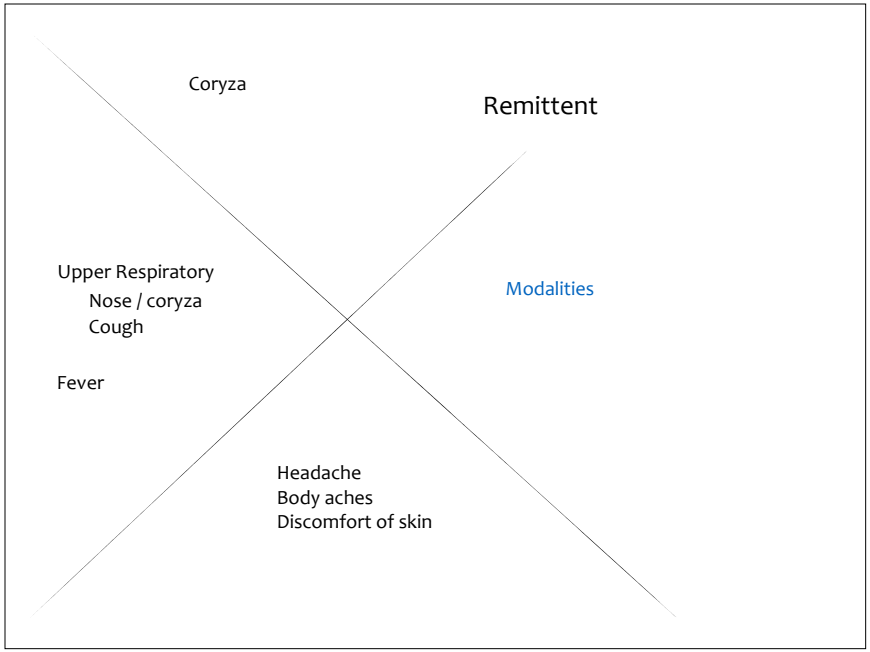
[FEVER] REMITTENT: (48)
~~ACON~~. ant-c. Ant-t. arn. ARS. ars-s-f. bapt. BELL. bol-la. BRY. CHAM. chin. Chinin-s. cina Cocc. coff. coloc. Crot-h. eup-per. ferr. ferr-p. GELS. hyos. ign. Ip. Lach. lept. Lyc. mag-c. mag-s. MERC. mur-ac. Nat-s. nit-ac. Nux-v. Nyct. ph-ac. phos. Podo. polyp-p. puls. rhus-t. sep. stram. Sulph. tarax. tub. verat. + (10)

Aconite at first signs of fever ?

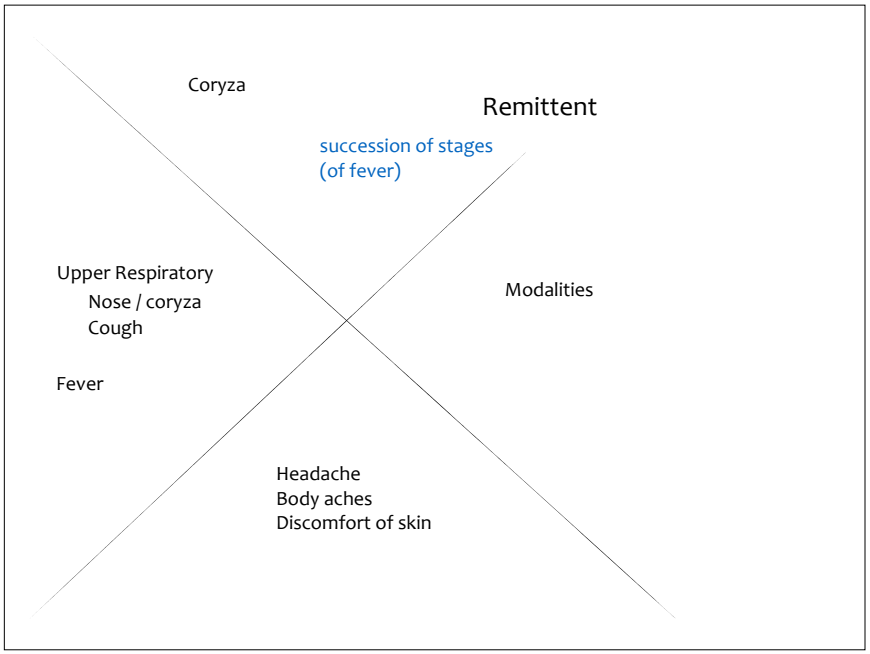
48



49



50



51

FEVER - SUCCESSION of stages - ...

FEVER - SUCCESSION of stages - chill - accompanied by - heat (70): ... ARS ... bry ... RHUS-t ...

FEVER - SUCCESSION of stages - chill - accompanied by - heat - flushes of heat (4): ... ars ...

FEVER - SUCCESSION of stages - chill - accompanied by - heat - External heat (34): ... Ars ... bry ... kali-bi ... NUX-V

FEVER - SUCCESSION of stages - chill - followed by - heat - then perspiration

FEVER - SUCCESSION of stages - chill - followed by - perspiration - intervening heat; without

FEVER - SUCCESSION of stages - chill - accompanied by - perspiration

GENERALS - PERSPIRATION - during - amel. ... Bry ... Gels ...

GENERALS - PERSPIRATION - during - no relief; gives ... Nux-v ...

52

[GENERALS] INFLUENZA: (125) Acon. aesc. all-c. ant-ar. ant-i. ant-t. apis arn. ars. ars-i. ars-s-r. arum-d. asc-c. asc-t. aven. bapt. Bell. Brom. bry. calc. camph. camph-br. canch. capp-crc. carb-ac. carb-v. card-m. caust. cent. cham. chel. chin. Chinin-s. cimic. Cinnb. cupr. cupr-ar. cycl. des-ac. dioxi. diphtox. dros. dulc. erio. ery-a. Eucal. eug. Eup-per. euph. euphr. ferr-p. Gels. glon. glyc. Graph. gymno. haff. influ. iod. ip. kali-bi. kali-c. kali-i. kali-s. Kreos. lach. lob-c. lob-p. lob-s. lyc. Lycpr. menth. MERC. merc-c. merc-k-i. Nat-n. nat-s. Nat-sal. Nux-v. oci-sa. oscilloc. oxyg. phel. phos. phyt. podo. Psor. puls. pyrog. rad-br. rhus-r. Rhus-t. rumx. sabad. sal-ac. salin. salol. Sang. sangin-n. sanic. sarcol-ac. sarr. seneg. Sil. silphu. spig. spong. squil. stict. still. stram. stry-xyz. sul-i. sulo-ac. Sulph. Thymul. trios. Tub. tub-a. vario. Verat. verat-v. wye. yers. ziz. + (9)

[GENERALS] INFLUENZA: (125) Acon. aesc. all-c. ant-ar. ant-i. ant-t. apis arn. ars. ars-i. ars-s-r. arum-d. asc-c. asc-t. aven. bapt. Bell. Brom. bry. calc. camph. camph-br. canch. capp-crc. carb-ac. carb-v. card-m. caust. cent. cham. chel. chin. Chinin-s. cimic. Cinnb. cupr. cupr-ar. cycl. des-ac. dioxi. diphtox. dros. dulc. erio. ery-a. Eucal. eug. Eup-per. euph. euphr. ferr-p. Gels. glon. glyc. Graph. gymno. haff. influ. iod. ip. kali-bi. kali-c. kali-i. kali-s. Kreos. lach. lob-c. lob-p. lob-s. lyc. Lycpr. menth. MERC. merc-c. merc-k-i. Nat-n. nat-s. Nat-sal. Nux-v. oci-sa. oscilloc. oxyg. phel. phos. phyt. podo. Psor. puls. pyrog. rad-br. rhus-r. Rhus-t. rumx. sabad. sal-ac. salin. salol. Sang. sangin-n. sanic. sarcol-ac. sarr. seneg. Sil. silphu. spig. spong. squil. stict. still. stram. stry-xyz. sul-i. sulo-ac. Sulph. Thymul. trios. Tub. tub-a. vario. Verat. verat-v. wye. yers. ziz. + (9)

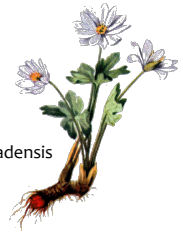
[GENERALS] INFLUENZA: (125) Acon. aesc. all-c. ant-ar. ant-i. ant-t. apis arn. ars. ars-i. ars-s-r. arum-d. asc-c. asc-t. aven. bapt. Bell. Brom. bry. calc. camph. camph-br. canch. capp-crc. carb-ac. carb-v. card-m. caust. cent. cham. chel. chin. Chinin-s. cimic. Cinnb. cupr. cupr-ar. cycl. des-ac. dioxi. diphtox. dros. dulc. erio. ery-a. Eucal. eug. Eup-per. euph. euphr. ferr-p. Gels. glon. glyc. Graph. gymno. haff. influ. iod. ip. kali-bi. kali-c. kali-i. kali-s. Kreos. lach. lob-c. lob-p. lob-s. lyc. Lycpr. menth. MERC. merc-c. merc-k-i. Nat-n. nat-s. Nat-sal. Nux-v. oci-sa. oscilloc. oxyg. phel. phos. phyt. podo. Psor. puls. pyrog. rad-br. rhus-r. Rhus-t. rumx. sabad. sal-ac. salin. salol. Sang. sangin-n. sanic. sarcol-ac. sarr. seneg. Sil. silphu. spig. spong. squil. stict. still. stram. stry-xyz. sul-i. sulo-ac. Sulph. Thymul. trios. Tub. tub-a. vario. Verat. verat-v. wye. yers. ziz. + (9)

Gelsemium sempirvirens

Eupatorium perfoliatum

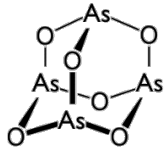
Bryonia alba

Rhus toxicodendron
(Toxicodendron radicans)



Sanguinaria canadensis

(Stychnos) Nux-vomica



Arsenicum album

Spigelia anthelmia

57

Kali bichromicum

Kali iodatum

58

Generalities
Glands are swollen; or atrophied.
Weakness, emaciation - Feels used up.
Discharges are COPIOUS, watery, acrid, salty; thick; green or foul.
Diffused soreness; after pains; of affected part.
Craves motion in open air.
Coldness; of painful part in bones.

Worse	Better
Heat.	Motion.
Touch.	Cool air.
Night, Sunset to sunrise.	Open air.
Damp.	
Changing weather.	
Jarring.	

Mind
Bad temper, Harsh tempered and cruel.
Irritable, irascible esp. towards his children; his family.
Despondent, Trivial details of life seem insupportable.
Nervous, must walk.

Head
Violent headaches, as if screwed, through sides of head agg. warmth and pressure.
Brain feels enlarged.

Eyes
Puffy, burning, watery; conjunctiva red.
Winking is painful.
Oedema around.
Lower lids twitch.

Nose
Red, swollen.
Coryza; descending, profuse, acrid, hot, watery discharge agg. cool air;
with salivation and dyspnoea.
Tightness at the root of the nose.
Cool, greenish, irritating, discharge from nose.
Burning,throbbing in nose and sinuses.
Violent sneezing.

Kali iodatum
Phatak, *Materia Medica*

Face - Tight pain at zygomae.

Mouth - Salivation.

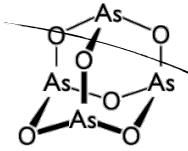
Throat - Dry.

Respiratory
larynx feel raw.
Whistling asthmatic breathing.
Dry bronchitis.
Pneumonia.
Frothy, greenish, soapsuds like expectoration.
Pain from sternum to back.

Neck and back
Small of the back as if in a vise.
Bruised pain in lumbar region agg. sitting bent.

Fever
Chilly in bones; in painful parts.
Heat in evening.
Uncovers then chilly; Alternate heat and chilly.
(FEVER - ALTERNATING with - perspiration [18])
Heat with shudders.
Hot and dry, then drenching sweat,
Profuse night sweats which amel.

59



Arsenicum album

Kali bichromicum

60

(Strychnos) Nux-vomica

Gelsemium sempirvirens

61

Baptisia tinctoria

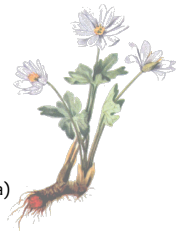
Arnica montana

Septic states

Pyrogenium

62

Sticta (Lobaria) pulmonaria



(compare, Sanguinaria)

63

coryza
bronchial catarrh
nervous and rheumatic disturbances

general feeling of dullness & lassitude,
as if a cold were coming on

Rheumatic, Stiffness

painful dry mucous membranes

worse:
Night
Lying down
Motion
Change of temperature

better:
Free discharges
Open air

Head:
Aches before catarrhal discharge appears
Heaviness in forehead

Eyes:
Burning of eyeles
Soreness of eyeballs on closing lids or turning eyes

Nose:
Pressure or stuffy fullness at root of nose
Constant need to blow nose, but no discharge
Painful dryness of mucous membranes
Coryza which dries up soon,
forming scabs difficult to dislodge

Throat:
Dry; dropping of mucus posteriorly

Sticta (Lobaria) pulmonaria
Phatak - *Materia Medica*

Respiratory:
Tickling high up in pharynx
Incessant dry hacking cough prevents sleep, agg. coughing, inspiration;
towards evening when tired
Air passages numb
Bronchitis
Pain from sternum to spine, agg. motion

Neck, Back:
Sore stiff neck; pains to shoulder
Restless hands and feet
Rheumatism
Cold moist limbs
Profuse [copious] sweat on hands
Chorea-like spasms

Sleep:
Sleeplessness from nervousness; from cough

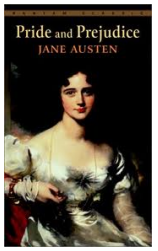
Related:
Sanguinaria

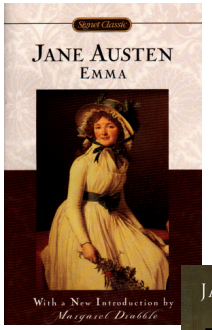
64

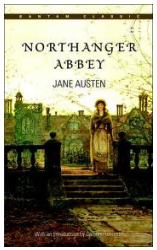
irascible
despondent
lassitude
rheumatic
catarrh
incessant
profuse
copious

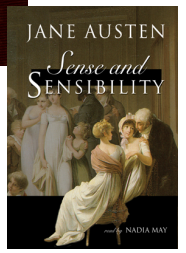
65

irascible
despondent
lassitude
rheumatic
catarrh
incessant
profuse
copious



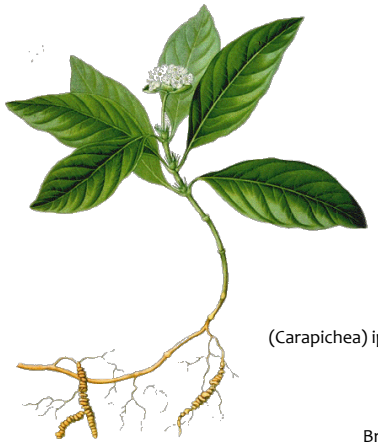






66

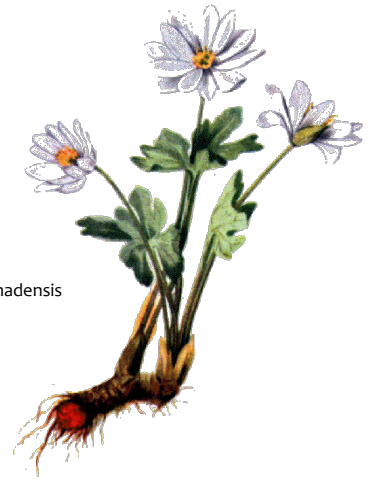
67



(Carapichea) ipecacuanha

Bronchospasm (wheezing/asthma)
Nausea, vomitting
Spasms

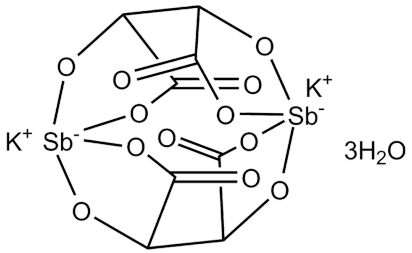
68



Sanguinaria canadensis

Bronchitis, Pneumonia, prolonged Respiratory complaints following Influenza

69



Antimonium tartaricum

Carbo vegetabilis

Phosphorus

70

Tuberculinum aviare / avis

Influenzal bronchitis

71