Influenza
http://www.google.org/flutrends
Vaccines to prevent influenza in healthy adults

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 nose). 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) 30 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 Guillain-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.
Vaccines for preventing influenza in healthy children
Jefferson T, Rhee J, Derrington G, Demetruk V, Ferron E

Published Online: August 10, 2012

Children (6–18 years) and the elderly (above 65 years) 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 and B) and spread periodically during the autumn-winter months. However, many viruses can also cause respiratory tract illnesses.

Diffusion and severity of the disease could vary during different epidemics. This can cause dramatic variations in worldwide vaccination requirements. A recent policy change from the government of the United States that required all schools to vaccinate their students against influenza was particularly good at preventing influenza illness caused by the influenza virus, which was rarely caused by the virus than expected. Vaccines made from the killed virus, the most commonly used vaccine in young children.

Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions
Thomas RE, Jefferson T, Lawson TJ

Published Online: July 23, 2013

Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions. There are no accurate data on rates of laboratory-confirmed influenza in healthcare workers. Vaccinating healthcare workers against influenza may reduce influenza acquired from this source. Because the signs and symptoms of influenza are similar to those of many other respiratory illnesses, it is important to study these effects of influenza vaccination to prove by laboratory tests which are highly accurate estimates of the incidence and severity of influenza in healthcare workers.

Three randomized controlled trials (RCTs) (1095 participants) provided outcome data meeting our criteria. For risk of bias, randomization was at low risk in two trials and unclear in one; allocation concealment and blinding in all three trials was unclear. Incorporating outcome data in one trial was at low risk and in two at low risk with selective reporting in all three trials was at low risk. No studies reported adverse events. Vaccinating healthcare workers who care for those aged 60 or over in LTCs showed no effect on laboratory-confirmed influenza complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract infection) in those aged 60 or over resident in LTCs.

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

There is no evidence that only vaccinating healthcare workers prevents laboratory-confirmed influenza or its complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract infection) in individuals aged 60 or over in LTCs and 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 vaccinating healthcare workers with an influenza-like illness not-to-work, might protect individuals aged 60 or over in LTCs. High quality randomised controlled trials testing combinations of these interventions are needed.
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)

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_
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


§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 ...
§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.

§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.

§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.

§102

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

Genus Epidemicus
the Genus Remedy of (this particular) Epidemic
487 patients were recruited by 149 general practitioners (mostly non-homeopaths) 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 - 53% 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=0.03).

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.
Gelsemium sempervirens
Eupatorium perfoliatum

Sensation / Description
Pace
Locality
Modalities
Concomitants

Upper Respiratory
Nose / coryza
Cough
Fever

Headache
Body aches
Discomfort of skin

[PACE IS NOT REMITTENT]
Aconite at first signs of fever?

[FEVER] REMITTENT: (48)

May Palliate fever - do not address the fundamental disease process
Upper Respiratory
Nose / coryza
Cough
Fever

Headache
Body aches
Discomfort of skin

Coryza
nature of coryza
- color
- texture
- bland / acrid, excoriating

Remittent

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

#### Worse
- Heat.
- Touch.
- Night, Sunset to Sunrise.
- Summer.
- Cool weather.
- Jarring.

#### Better
- Motion.
- Cool air.
- Open air.
- Face - Tight pain at zygoma.
- Mouth - Salivation.
- Neck.

### Bryonia alba
#### 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.
- Occasional tears.
- Lower lids twitch.

#### Nose
- Red, swollen.
- Coryza; descending, profuse, acid, hot; watery discharge eth, cool air;
- with salivation and dyspnoea.
- Tightness at the root of the nose.
- Cold, greenish, irritating, discharge from nose.
- Burning, Provoking in nose and sinuses.
- Violent sneezing.

### Rhus toxicodendron (Toxicodendron radicans)
#### Kali iodatum

### Sanguinaria canadensis

### (Stychnos) Nux-vomica

### Spigelia anthelmia

### Kali bichromicum

### Kali iodatum

### Arsenicum album

---

**Phatak, Materia Medica**

57

58

59

60
(Strychnos) Nux-vomica

Celseium sempivirens

Gelsemium

61

Baptisia tinctoria

Pyrogenium

Arnica montana

Septic states

62

Sticta (Lobaria) pulmonaria

(compare, Sanguinaria)

63

Phatak - Materia Medica

Sticta (Lobaria) pulmonaria

64
irascible
despondent
lassitude
rheumatic
catarrh
incessant
profuse
copious

(Carapichea) ipecacuanha
Bronchospasm (wheezing/asthma)
Nausea, vomiting
Spasms
Sanguinaria canadensis

Bronchitis, Pneumonia, prolonged Respiratory complaints following Influenza

Antimonium tartaricum

Carbo vegetabilis

Phosphorus

Tuberculinum aviare / avis

Influenzal bronchitis