Case Management of the Influenza and Pneumonia Patient with Homeopathy During the COVID-19 Pandemic

André Saine, N.D.
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Introduction

In the current COVID-19 epidemic, homeopaths from around the world are being called upon to treat patients with influenza and pneumonia. Homeopathy has a well-established record of dealing with such patients in a very safe, cost-effective and effective way.

One of the main goals of this webinar is give a step-by-step description of the methodology of homeopathy in patients with influenza and pneumonia, including what you should know before examining such patients, what needs to be specifically investigated in each patient, how to value the symptoms of each individual patient, how to choose the most appropriate homeopathic remedy and its potency, how to administer the remedy, how to assess the patient's response to the prescribed remedy, how to

follow-up each patient, and what hygienic measures and natural approaches can be used to complement the homeopathic treatment.

In other webinars, I have already presented a brief overview of the success of homeopathy in times of epidemics and specifically review the clinical outcomes and their implications from the perspective of evidence-based medicine of the homeopathic treatment of the patients with influenza and pneumonia (a similar presentation to the one that was presented on March 18 during the American Institute of Homeopathy webinar on the COVID-19 epidemic and on March 28 during a webinar sponsored by the Canadian Academy of Homeopathy).

I will also discuss the latest thoughts on homeoprophylaxis and the genius epidemicus specifically related to the current COVID-19 epidemic.

This webinar could also be a great introduction to clinicians who are not familiar with homeopathy and its methodology. I am reminded here of Dr. Jean-Pierre Tessier, an allopath of fame, who had the courage to put homeopathy on trial in his department of a Parisian hospital with patients, first with cholera, and then with pneumonia. With self-taught instructions on how to practice homeopathy, he was able to save 23 lives out of 100 patients with pneumonia that were lost in other departments of the same hospital at the same time.

Physicians who practice homeopathy have been almost completely barred throughout the world from treating hospitalized COVID-19 patients, despite the fact that the conventional approach has not been able to offer effective and safe prophylaxis and treatment.

The great majority of patients who are put on ventilators don’t survive.

Ventilators may be harmful according to this NYC intensivist:
https://vimeo.com/402537849?fbclid=IwAR0rjwd25qRBfiIQ-bVWLt7pNnojAvA-3C_ArIswVtQBqPemC2baCH6pDdg

Incidentally, during the 2014 Ebola epidemic the WHO concluded, "It is ethical to offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention."[i]

Has not the time come for governments, health agencies and physicians to seriously consider opening the door to homeopathy, as morbidity and mortality from influenza and pneumonia could be dramatically lessened by the simple application of homeopathy in the current COVID-19 epidemic?

If we take Italy, one the hardest hit countries, as of April 3, 119,827 cases with confirmed COVID-19 had been reported, of which 14,681 persons have died (a 12.25% mortality rate of all confirmed cases), with 4,068 or 34% still remaining in a serious or critical condition.

The fact that only 19,758 (16%) have so far recovered and 85,388 or 71% are still actively ill shows that recovery can be long and difficult.

A New York City anesthesiologist, whose husband intubates Covid-19 patients stated that only 20% of patients get extubated in private hospitals and none in public hospitals. This 20% difference between private and public hospitals is explained as being greatly due to the lack of health care givers, personal attention given to each patient and general expertise in the art of keeping an intubated patients alive in public hospitals.

She said that out of 251 hospitalized patients with Covid-19 in her hospital, 90% are ventilated and 75% are transferred to the ICU.

It is known that homeopathy can greatly speed up the recovery time without leaving patients weakened by the treatment.

For instance, homeopathy was found beneficial when it was used as an adjunct treatment in recent clinical trials during epidemics of two severe viral diseases, that is in a dengue hemorrhagic fever epidemic, hospital stay was decreased by 2 days,[ii] and in acute encephalitis syndrome/Japanese encephalitis epidemic, mortality was 14.8% with

adjunctive homeopathy versus 29.8% without homeopathy.[iii] In neither of the trials, adverse effects from homeopathy were observed.

Aside from the current COVID-19 epidemic, the knowledge on how to properly manage influenza and pneumonia patients with homeopathy would save a great number of lives every year by its systematic application on an ongoing basis in every hospital, community clinic and village in the world.

Close to one million children under the age of five years die every year from pneumonia—more than AIDS, malaria and tuberculosis combined, and which accounts for 18% of all deaths of children under five years old worldwide. This doesn't need to be so, as even the most severe cases of pneumonia recover quickly and gently under homeopathic treatment.

Historical evidence of the extraordinary success of homeopathy in times of epidemics: A brief overview

Likely the most compelling evidence for the effectiveness homeopathy is found in its extensive records in times of epidemics.

The homeopathic literature is very rich in reports on the results obtained in the homeopathic treatment during times of epidemics, as close to 10,000 references have so far been found.

The main finding in a review of this vast literature is that the results obtained by homeopathy during epidemics *consistently* reveal an *extremely low mortality rate*.

This observation holds true regardless of the physician, the time, the place or the type of epidemic disease, including diseases that are known to have very high mortality rates, such as cholera, smallpox, diphtheria, typhoid fever, yellow fever and pneumonia.

I will now present a few striking examples to illustrate this constancy of astonishingly low mortality rates.

It is well recognized that infectious diseases have often made more casualties among armies than combat and have thus shaped the destiny of nations more than any other factor.

Napoleon left France in June 1812 to conquer Russia with 600,000 soldiers, and only 3,000 of these were still alive one year later.

It is estimated that he lost close to 220,000 soldiers solely to epidemic typhus.

In 1813 in his second attempt to conquer Russia, Napoleon retreated with his army to the city of Leipzig where he was surrounded by the Allied armies and where the largest battle in European soil would occur prior to WWI, what became known as the Battle of the Nations.

Incidentally, Dr. Samuel Hahnemann, the founder of homeopathy, was living in Leipzig during its siege in the fall of 1813.

Typhus became thus epidemic in Leipzig and every physician was obliged by the authorities to be in charge of a makeshift hospital to treat its population infested with epidemic typhus.

In general, mortality from typhus tends to exceed 15%, but can be much higher, even up to 100% in a famished and stressed population, as it was the case in Leipzig during its siege.

In his makeshift hospital, Hahnemann treated 183 such cases without losing a single case, “while the mortality under the ordinary treatment was considerable.” He wrote, “Of 183 patients whom I treated for this affection in Leipzig, I did not lose one, which excited a great sensation among members of the Russian Government then occupying Dresden, but was taken no notice of by the medical authorities [of Germany].”

When cholera entered Europe for the first time in 1831, Hahnemann predicted which remedies would be indicated for the different stages of the disease. His predictions turned out to be true and millions of people benefitted from his advice, as in all parts of the world that were visited by cholera in the succeeding decades and where homeopathy was applied, homeopathy came out with flying colors by decreasing the death rate from an average of about 50% down to 1-2%.

In a well-documented epidemic of cholera that occurred in Cincinnati in 1849, two homeopathic physicians published daily in the public press the outcome of their treatment, which brought national attention.

By the end of the epidemic, they had treated 2,646 cases with 35 deaths, a mortality rate of 1.3%, while, “allopathy has lost, according to the report of the Board of Health, nearly one half of their cases.”

These truly extraordinary results were obtained despite the facts that a fair number of patients were in a deep state of collapse, as well as many others who had been mismanaged by practitioners of the conventional school of medicine.

A third example: During the middle part of the nineteenth-century, a most virulent form of scarlet fever, known as malignant scarlet fever, affected many communities in the Eastern part of America, where it became the leading cause of death among children.

In Carlisle, Pennsylvania, the homeopathic physician Adolph Lippe reported having treated in 1849 over 150 cases of malignant scarlet fever without a single death, while the death rate under conventional medicine was over 90 percent and “the survivors were crippled for life.“

Such results are truly extraordinary considering the fact that malignant or septic scarlet fever is the most severe and usually fatal form of scarlet fever where infection becomes overwhelming, leading to septicemia, circulatory collapse, shock and total organ failure, with some patients being described as “rotting alive.”

The fourth example is about an epidemic of malignant diphtheria that affected large communities on the Eastern seashore of the United States between 1859 and 1862. Three homeopathic physicians in Philadelphia reported having treated close to 300 of fully developed cases of malignant diphtheria without a single death in the winter of 1860, while the mortality under conventional medicine was over 50%.

The least we can say is that these few examples of the extraordinary results obtained by homeopathy in times of epidemics are powerful illustrations of a remark made by Nobel Laureate Sir Ernest Rutherford: “If your experiment needs statistics, you ought to have done a better experiment.”

Let’s now focus on the current COVID-19 epidemic, a flu-like illness that is precisely the subject of this webinar.

When people die from the flu or flu-like illnesses, 98% of these die from pneumonia.

Despite all the advances made in conventional medicine, pneumonia remains today a major cause of morbidity and mortality even in developed countries.

Globally, pneumonia kills nearly 1 million children younger than 5 years old each year—more than AIDS, malaria and tuberculosis combined.

The World Health Organization estimates that in developing countries 1 in 3 children die from or associated with acute respiratory tract infections.

We will therefore focus our attention on the outcome of the comparative treatment of the pneumonia patient.

All cohorts of 5 or more cases that could be found in the conventional and homeopathic literature on the outcome of patients with pneumonia in a mixed population of ambulatory and hospitalized care during the same period of time and in the same parts of the world have been tabulated here:

Comparative Mortality from Community-acquired Pneumonia (CAP) under PAA, Expectancy, CCC, Homeotherapeutics and Genuine Hahnemannian Homeopathy

Treatment	Number of patients	Number of recoveries	Survival Rate (%)	Number of deaths	Mortality Rate (%)
Pre-antibiotic allopathy (PAA)	148,345	112,272	75.7	36,073	24.3
Expectancy	379	299	78.8	80	21.1
Current Conventional Care (CCC) (limited to CAP)	33,148	28,607	86.3	4,541	13.7
Homeotherapeutics	25,208	24,343	96.6	865	3.4
Genuine hahnemannian	960	956	99.6	4	0.4

homeopathy					

Now let's look at the odds of surviving community-acquired pneumonia under PAA, CCC, homeotherapeutics and genuine Hahnemannian homeopathy.

Odds of Surviving Community-acquired Pneumonia (CAP) under PAA, CCC, Homeotherapeutics and Genuine Hahnemannian Homeopathy	
Pre-antibiotic allopathy (PAA)	3:1 ($P < 0.0001$)
Current conventional care (CCC) (limited to only community-acquired pneumonia)	6:1 ($P < 0.0001$)
Homeotherapeutics	28:1 ($P < 0.0001$)
Genuine Hahnemannian homeopathy	239:1 ($P < 0.0001$)

Now let's look specifically at the 1918-1920 influenza pandemic, also known as the Spanish flu and that was associated with an estimated 50-100 million deaths worldwide.

An estimated 675,000 Americans or 0.7 percent of the U.S. population died from influenza during this pandemic, ten times as many as in WWI and was even more deadly than the American casualties in World War I, World War II, Korea, and Vietnam combined. An estimated 43,000 servicepersons mobilized for WWI died from influenza or half of the American soldiers who died in Europe during WWI.

This table shows a comparison of the results reported by homeopathic physicians during the fall and winter of 1918-1919 with only one of the large statistical reports for the U.S. armed forces, namely the one with the lowest reported mortality rate, that is 5.8%, which represents the mortality rate from the combined effects of influenza and pneumonia (CIP) under conventional medical care for the entire U.S. armed forces during the fall of 1918.

Comparative Mortality from the Combined Effects of Influenza and Pneumonia (CIP) under Conventional Medical Care and Homeopathy during the 1918-1920 Influenza Pandemic (NIP)					
	Number of	**Number of**	**Surviva**	**Number of**	**Case**

Treatment	Patients	Recoveries	l Rate (%)	Deaths	Mortality Rate (%)
Conventional medical care—the entire U.S. armed forces during the fall of 1918	688,869	649,138	94.2	39,731	5.8
Homeopathy—the general U.S. population during the fall and winter of 1918-1919	66,092	65,677	99.3	445	0.7 (or 8 times less than with PAA)

Now if we look at pregnant women, which was the segment of the population that was most affected during the Spanish flu, the difference is even more striking:

Comparative Mortality from the Combined Effects of Influenza and Pneumonia (CIP) under Conventional Medical Care and Homeopathy during the 1918-1920 Influenza Pandemic in Pregnant Women					
Treatment	**Number of pregnant women with CIP**	**Number of pregnant women recovered from CIP**	**Percentage of pregnant women who developed pneumonia**	**Number of deaths**	**Mortality rate from CIP (%)**
Conventional medical care	1,561	1,093	51% (717 out of 1,410)	468	30%
Homeopathy	2,848	2,827	5.7% (161 out of 2,832)	21	0.7%

And let's now look at the odds of pregnant women for *not* developing pneumonia under conventional medical care versus homeopathy:

Comparative odds for Pregnant Women for *Not* Developing Pneumonia during the NIP	
Conventional medical care	1:1 ($P < 0.0001$)
Homeopathy	17:1 ($P < 0.0001$)

Now let's look at the odds of surviving the combined effects of influenza and pneumonia (CIP) under conventional medical care and homeopathy during the 1918-1920 influenza pandemic (NIP) in three different population, namely the U.S. Armed Forces, in the general U.S. population and in pregnant women:

Odds of Surviving the Combined Effects of Influenza and Pneumonia (CIP) under Conventional Medical Care and Homeopathy during the 1918-1920 Influenza Pandemic (NIP) in the U.S. Armed Forces, in the General U.S. Population and in Pregnant Women	
Conventional medical care in the U.S. Armed Forces	16:1 ($P < 0.0001$)
Homeopathy in the general population	148:1 ($P < 0.0001$)
Conventional medical care in pregnant women	2:1 ($P < 0.0001$)
Homeopathy in pregnant women	135:1 ($P < 0.0001$)

When all the confounding factors are examined, including expectancy, the results obtained by genuine homeopathy in the treatment of the pneumonia patient demonstrate that:

1. The robust epidemiological and observational evidence clearly establishes cause and effect between the homeopathic treatment and the recovery of health and saving of lives.

2. The results obtained by homeopathy during epidemics cannot be explained by the placebo effect.

3. The treatment effect of homeopathy is positive.

4. The magnitude of the treatment effect of homeopathy is remarkable.

5. Homeopathy greatly shortens the duration of the disease and the recovery time without leaving patients weakened by the treatment.

6. Out of 100 cases with pneumonia, homeopathy saved 21 more lives than allopathy during the PAA era. Today conventional treatment is better than it was before the antibiotic era, but homeopathy would still save an additional 10 lives.

7. Homeopathy offers the safest and best outcomes ever demonstrated by any system of medicine for patients with pneumonia and therefore would receive the highest possible recommendation of any intervention for these patients in the perspective of evidence-based medicine (1A/strong recommendation with high-quality evidence).

This strong recommendation for homeopathy would have the following implications:

1. Since society values the saving of life more highly than any other outcome, homeopathy should be the treatment of choice for people with infectious diseases.

2. Patients with CIP should request genuine homeopathic treatment.

3. Clinicians should offer genuine homeopathic treatment to patients with CIP.

4. Policy makers should ensure that homeopathy is adopted as a standard treatment for this population of patients.

Before concluding, let me say a brief word on homeoprophylaxis, which is based on 200 years of experience of using homeopathic remedies for the prevention of disease during epidemic.

I will illustrate this point with two brief examples. In 1974-75, there was a major epidemic of meningococcal meningitis that devastated Brazil. Around 250,000 became ill, more than 11,000 died and over 75,000 people were left with permanent brain damage.

In one city, 18,000 children were given one dose of a homeopathic remedy once as a preventive measure. The incidence of meningitis was 7 times less in the group that received homeoprophylaxis.

In 2007, Cuba was in a midst of an epidemic of Leptospirosis. In three high-risk regions with a combined population of 2.4 million persons, 2.1 millions received one or two doses of homeoprophylaxis and the incidence of Leptospirosis was significantly diminished, down by 84% in the treated group.

Homeoprophylaxis is known to be safe, effective and cost-effective.

In conclusion for this historical segment

Infectious diseases can greatly shape civilizations and redirect history.

There will always be epidemics and humanity will always be susceptible to them.

Every epidemic is unique and homeopathy is always ready to face such uniqueness, regardless of its newest or severity.

Harvey Farrington, one of the pillars of the American school of homeopathy said on this point, “The fact that the homeopath takes cognizance of symptoms per se, whether indicative of any known disease or not, enables him to correct the condition before definite disease results; and still more important, he is able to combat new diseases that have never been heard of before. … Pneumonia if taken in its inception may sometimes be aborted. Influenza, or the epidemic later called ‘flu’ which created such havoc among the soldiers in the United States camps and in the army overseas, was treated symptomatically with surprising success by the homeopathic physicians, while others were absolutely impotent because they did not know what caused the infection nor did anyone understand the pathology.”

All flu-like illnesses can evolve into pneumonia, which becomes by far the main cause of mortality from these illnesses, as close to 98% of persons dying from these flu-like illnesses is from pneumonia.

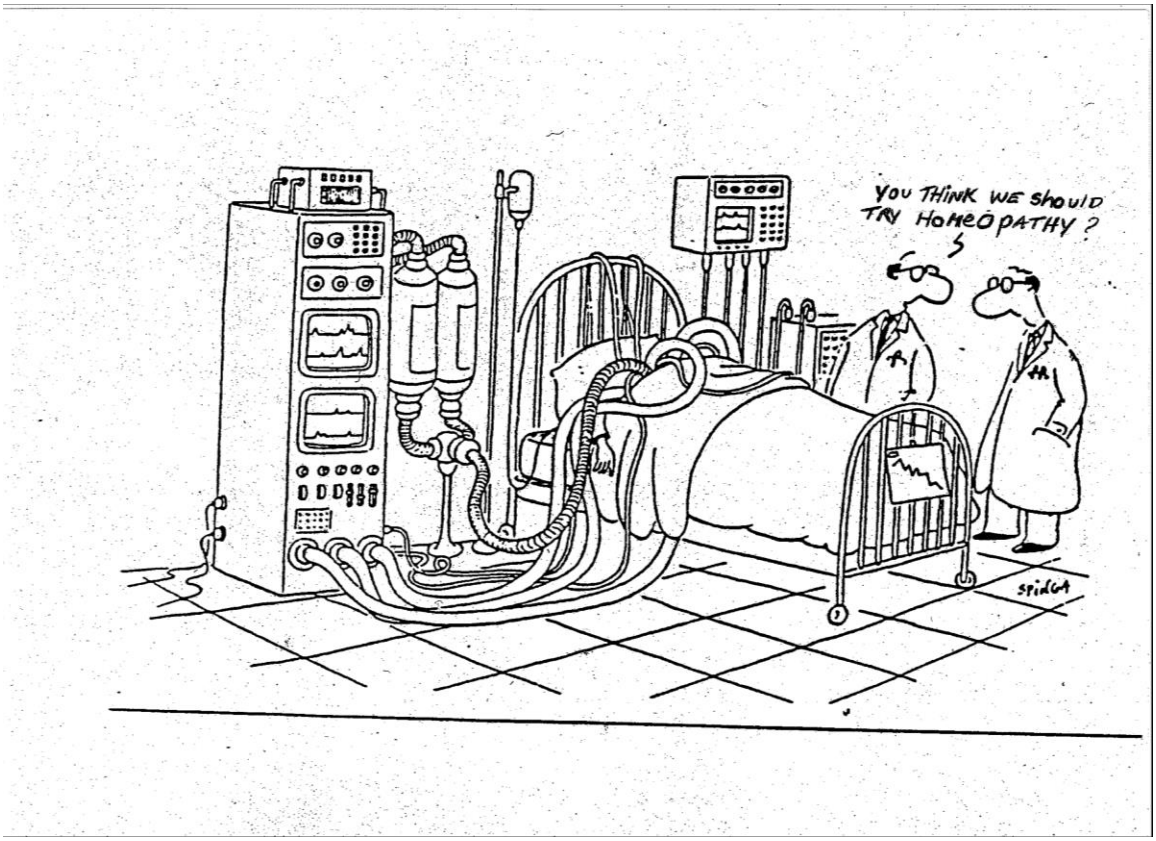
The current COVID-19 epidemic is a flu-like illness that severely affects the older and immunocompromised segments of our population.

Homeopathy is always ready to face new epidemics and it shall rise up to the present challenge of the COVID-19 epidemic.

The epidemiological evidence clearly shows that *homeopathy* discloses *a very consistent and strong prophylactic and therapeutic effect and real-world, long-term effectiveness, while is at the same time safe and cost-effective*, and should therefore play a major role in the public health systems.

Finally, the take home message I want to leave the audience with is that *no one should ever die from pneumonia under proper homeopathic treatment*, regardless of the severity of the case, the age of the patient or any associated comorbidity, as after forty years of homeopathic practice and having treated over 250 cases with pneumonia with perfect success, despite the fact that a great number of these were on their deathbed*, whether the implicated microorganism was viral, bacterial or fungal, and regardless of the severity of the illness, the underlying complications such as immune deficiency, heart failure, kidney failure, lung cancer or meningitis, or the age of the patient, as in centenarians left for dying without anymore treatment, or in patients infected with resistant microorganisms.*

The answer to this question seems to be clear on to whether homeopathy should be tried in these dire times.



And as usual, I will now leave this part of my presentation with the great genius behind homeopathy, Hahnemann:

“How insignificant and ridiculous is mere theoretical skepticism in opposition to this unerring, infallible experimental proof!”

Why we should knock at every door to request clinical and prophylaxis trials with homeopathy

For reasons already mentioned above and others mentioned below, everyone in a strategic position should request governments and health agencies to begin as soon as possible clinical and prophylaxis trials with homeopathy. We need to knock on as many potential doors as we can with the hope that at some point someone will listen and realize the great reasonableness of our request, which should be emphasized is for the sake of all. Our arguments for this request are very strong and indisputable:

1- Our two-hundred-year record in epidemics is extraordinary and has never been seriously disputed in two over centuries.

2- In the current Covid pandemic, our preliminary results are beyond all expectations, except for the ones who really understand the potential of homeopathy in epidemics and would be surprised that people in severe and even critical stages have recover fairly quickly, gently and with little efforts.

3- This epidemic is here to stay and recurrence SARS-CoV-19 epidemics will keep occurring around the world for many more years.

4- This pandemic is carrying a very mortality rate, especially in the elderly segment of our societies and is creating great havoc in people social life and every economy of the world.

5- No one can predict the long-term health effects of this pandemic on the population, such an 11% mortality *within the first year* in the ones who have been hospitalized and have survived community-acquired pneumonia.[iv]

6- During the 2014 Ebola epidemic the WHO concluded, “It is ethical to offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention.”[v]

7- By adding homeopathy as an adjunct to conventional medicine, patients, clinicians, conventional medicine and society as a whole have nothing to lose, but to the contrary have everything to gain, if we obtain the same success, as the ones that have already been obtained.

8- When homeopathy was previously added as an adjunct treatment in recent clinical trials during epidemics of two severe viral diseases, it was found to be clearly beneficial. For instance, hospital stay was decreased by 2 days when homeopathy was added to the treatment of patients during a dengue hemorrhagic fever epidemic,[vi] and mortality was 14.8% with adjunctive homeopathy versus 29.8% without homeopathy during an

epidemic of acute encephalitis syndrome/Japanese encephalitis epidemic.[vii] In neither of the trials, adverse effects from homeopathy were observed.

It would be difficult to understand why persons in their right mind would say no to such indisputable arguments.

The COVID-19 Epidemic—The Perfect Storm

A) High reproductive number

At an average of 3.28,[viii] the reproduction number (R0) of COVID-19 is quite higher than the seasonal flu at 1.28.[ix]

And is similar to the Spanish flu with estimates of 1.2-3.0 for non-confined populations.[x]

Virologists have followed virus traveling around the world in 24h on the wings of world travelers. Infected persons with SARS-Cov-2 have now been found in nearly every country of the world (205 as of this morning).

Likely SARS-CoV-2 is here to stay and will continue to be transmitted from human to human until general herd natural immunity has been attained.

There are many folds more carriers of the virus than the number of individuals who have tested positive for SARS-CoV-2.[xi]

B) Asymptomatic and pre-symptomatic viral spreaders

A large percentage of infected people remains asymptomatic: As of February 20, tests of most of the 3,711 people aboard the *Diamond Princess* confirmed that 634, or 17 percent, had the virus; 328 of the 634 or 51% of confirmed cases did not have symptoms at the time of diagnosis.[xii]

It is now thought that 25% of all infected persons will continue to remain asymptomatic.[xiii]

Viral shedding and viral load are greater in asymptomatic persons. In seven of 24 passengers who had just flown in from Israel tested positive for coronavirus. Four of

those had no symptoms, and the viral load from the asymptomatic patients was higher than the viral load from the three patients who did have symptoms.[xiv]

A person can shed the virus for over a month,[xv] and a proportion of recovered patients have remained virus carriers.[xvi]

A study posted lately by Belgian and Dutch researchers shows that between 48% and 66% of the 91 people in the Singapore cluster contracted the infection from someone who was pre-symptomatic. Of the 135 people in the Tianjin cluster, between 62% and 77% caught it from someone who was pre-symptomatic. [xvii]

Canadian, Dutch and Singaporean researchers looked at the same outbreaks in Tianjin and Singapore and found that infection was transmitted on average 2.55 days and 2.89 days before symptom onset respectively in each location.[xviii]

The fact that asymptomatic persons shed the virus,[xix] it is quite **different than the 2003 SARS epidemic, as only symptomatic persons were then infectious.**

Therefore to test for fever when people land in a country or before they enter a conference room as a screening method as it was until recently to identify infected persons is like using a colander to contain a watery soup.

Average incubation period of COVID-19 is around 6.4 days, but can range from 0-24 days.[xx]

The mean incubation period was 7.1 (6.13, 8.25) days for Singapore and 9 (7.92, 10.2) days for Tianjin. Both datasets had shorter incubation periods for earlier-occurring cases. Shorter serial intervals lead to lower estimates of R0, which suggest that half of all secondary infections should be prevented to control spread.[xxi] (The serial interval, in the epidemiology of communicable infectious diseases, refers to the time between successive cases in a chain of transmission.)

Once symptoms of respiratory distress make their appearance, the downhill course can quite rapid. Physicians must therefore be on the alert.

The median time from first symptom to dyspnea is 5.0 days, to hospital admission 7.0 days, and to ARDS 8.0 days. [xxii]

There is some evidence that COVID-19 can manifest itself in a biphasic mode: which means that a person develop a mild illness, followed by signs of recovery, but then worsen suddenly and dramatically into a more severe or later stage of the disease.

China and Japan have reported cases in which patients see their symptoms subside and are discharged from hospitals with two successive negative tests—only to test positive for the coronavirus again, which affects up to 14% of the patients.[xxiii]

It is not clear if these are cases of biphasic phase of the virus, re-infection or due the lack of sensitivity and specificity of the RT-PCR.

If it is biphasic, where the virus lurks around undetected before recurring, the medical community will be in big trouble.

If you put SARS-CoV-2 in aerosol form and keep it in the air, the half-life is several hours. If you drop it on a metal surface or cardboard, it could survive about a day and up to 72 hours, although the infectivity decreases with time[xxiv]

FDA has recently approved a two-minute antibody test (by Cellex) to identify people who were infected but remained asymptomatic.[xxv] Also, RayBiotech has recently come out with an IgG and IgM 10-minute test that can use a drop of blood from a finger prick.[xxvi]

C) Poor sensitivity of RT-PCR

Another problem is that the diagnosis for SARS-CoV-2 infection is currently largely based on RT-PCR, and unfortunately it is unreliable because of a high rate of false negative and some false positive results especially in places that perform this test in large numbers.

The RT-PCR test is not very sensitive, as study gave a sensitivity level of 59% and another at 71% (30-40% of false negative), (with 21% of false positive).[xxvii,xxviii]

Of 1014 patients with COVID-19, 601 had positive and 413 had negative RT-PCR results with a positive rate of 59% (601/1014) (95% confidence interval [CI], 56%—62%).[xxix]

Of 601 patients with positive RT-PCR results, 97% (580/601) had positive chest CT scans. Of 413 patients with negative RT-PCR result, 75% (308/413) had positive chest CT scans.[xxx]

Therefore, the low sensitivity of RT-PCR implies that a large number of infected persons, particularly the asymptomatic persons, will not be identified quickly which means that given the highly contagious nature of the virus, they carry a risk of infecting a larger population.

Further, the turnaround time of the RT-PCR is typically 72 hours. It is difficult to contain people who are waiting for their results. In NYC I was told that the turnaround for the PCR test is about 7 days.

D) Duration of the COVID-19 illness

The time from symptom onset to recovery ranged from 12 to 32 days.[xxxi]

These non-specific signs and symptoms of mild illness early in the clinical course of 2019-nCoV infection may be indistinguishable clinically from many other common infectious diseases, particularly during the winter respiratory virus season. In addition, the timing of our case patient's progression to pneumonia on day 9 of illness is consistent with later onset of dyspnea (at a median of 8 days from onset) reported in a recent publication.[xxxii]

The median duration of hospitalization was 12.0 days (mean, 12.8). [xxxiii]

From illness onset, the median time to discharge was 22 days, and the average time to death was 18.5 days.[xxxiv]

The median time delay of 13.8 days from illness onset to death should be considered when estimating the case fatality risk of this novel virus.[xxxv]

During hospital admission, most of the patients received a diagnosis of pneumonia from a physician (91.1%), followed by ARDS (3.4%) and shock (1.1%). [xxxvi]

E) Virulence of SARS-CoV-2

This pandemic will likely be the most virulent of all times.

As of this morning there were 1,130,575 confirmed cases worldwide; of these 60,124 had died, or 5.3%, and with 836,372 active cases or 74% of the confirmed cases waiting for their fate.

If the mortality rate remains at 5.3%, this pandemic will be twice as deadly as the Spanish flu, which had a mortality rate of 2.5%.

However, so far in Italy, one of the hardest hit countries, at least 12% of the confirmed cases have died, while another 72% still wait for their fate.

Coronavirus epidemics have carried in the past a quite high mortality rate.

For instance, the 2003 outbreak of severe acute respiratory syndrome (SARS) had a case fatality rate of around 9.6% (8098 cases and 774 deaths) in 29 countries, (mortality rate was 6.6 in China and 16.4 outside of China while Middle East respiratory syndrome (MERS or camel flu) killed 34% of people with the illness between 2012 and 2019 (2494 cases and 858 deaths).[xxxvii]

About 80% of infected persons are asymptomatic or have a mild case, about 15% have a severe illness and 5% are critical and about 50-100% of these die (a 3.5% death rate).[xxxviii]

This first preliminary description of outcomes among patients with COVID-19 in the United States indicates that fatality was highest in persons aged ≥85, ranging from 10% to 27%, followed by 3% to 11% among persons aged 65–84 years, 1% to 3% among persons aged 55-64 years, <1% among persons aged 20–54 years, and no fatalities among persons aged ≤19 years.[xxxix]

The virus can establish infection in the lungs where it produces tissue injury well before producing symptoms, including dry cough and fever that occur later on.[xl]

An infected person can develop fibrositis with or without consolidation of the lung, which is ultimately the cause of respiratory failure and death, and can remained asymptomatic until later in the disease process.[xli]

It is thought that persons, especially the older ones, who survived the later stage of lung fibrositis will remain handicapped with fibrotic lung tissues.

The lesions usually start in the peripheral lung zones close to the pleura, as single or multifocal ground glass opacities. Only when the lesions become more intense or expand do patients develop symptoms. Often, the first symptom is a dry cough. Most patients recover. However, some experience disease progression and their lungs contain large areas of consolidations, at which point there is severe loss of function leading to respiratory failure.[xlii]

Further, a recent study showed that renal damage was caused by virus and antiviral drugs.[xliii]

F) Beware of being overpromised about a soon-to-come SARS-Cov-2 vaccine, as four vaccines for SARS failed to be safe

Some of the experiments previously done on SARS suggested that when animals developed antibodies and then were given the virus, they had greater lung injury due to the presence of the antibodies.[xliv]

The first known SARS epidemic occurred in 26 countries from November 2002 to July 2003 and resulted in 8,000 cases, especially within health care setting. There is still no vaccine to protect against the SARS-CoV. The WHO stipulates about such a vaccine, “None. Experimental vaccines are under development.”[xlv]

However, the results of at least four SARS-CoV vaccine experimentations in humans were published between 2006 and 2008, therefore 3-5 years later.[xlvi] As of 2020, there is

no cure or protective vaccine for SARS or MERS that has been shown to be both safe and effective in humans, despite the fact that it was a priority for governments and public health agencies around the world.

The effort to develop vaccines was hampered by the occurrence in the initial preclinical trial of an immunopathogenic-type lung disease among animals given a vaccine and challenged with infectious SARS-CoV, reminiscent of reaction to prior trials with respiratory syncytial virus vaccines, and an "enhanced disease among infected animals vaccinated earlier with a coronavirus vaccine," And followed with the conclusion: "This combined experience provides concern for trials with SARS-CoV vaccines in humans. Clinical trials with SARS coronavirus vaccines have been conducted and reported to induce antibody responses and to be ''safe'' [29,30]. However, the evidence for safety is for a short period of observation. The concern arising from the present report is for an immunopathologic reaction occurring among vaccinated individuals on exposure to infectious SARS-CoV, the basis for developing a vaccine for SARS. Additional safety concerns relate to effectiveness and safety against antigenic variants of SARS-CoV and for safety of vaccinated persons exposed to other coronaviruses, particularly those of the type 2 group."[xlvii]

There are four other coronaviruses in circulation that regularly infect humans, with symptoms typical of a common cold.[xlviii]

"Because of well documented severity of the respiratory disease among infants given an inactivated RSV vaccine and subsequently infected with RSV that is considered to be attributable to a Th2-type immunopathologic reaction and a large number of studies in the Balb/c mouse model that have described and elucidated many components of the immunopathologic reaction to RSV vaccines, the similarity to the SARS-CoV vaccine evaluations in Balb/c mice supports caution for clinical vaccine trials with SARS-CoV vaccines in humans."[xlix]

A recent editorial in *Science* stated worries about underpromising and overdelivering a SARS-CoV-2 vaccine, "This is not just fixing a plane while it's flying—it's fixing a plane that's flying while its blueprints are still being drawn. … As for vaccines, we know so little about SARS-CoV-2. Developing a vaccine could take at least a year and a half—as

many experts have suggested—or maybe won't happen at all. Fortunately, a clinical trial for a vaccine is already underway in the United States, but the public must be told that these early vaccines may not work or be safe—that this vaccine is only being tested for safety, not efficacy, at this point. "

"Scientists involved in COVID-19 research know these caveats. But the general public—who are agonizing over how long this pandemic will last, how it will affect the economy, and whether they and their loved ones will be safe—are looking for hope wherever they can find it. If science can deliver answers, public trust in science could increase substantially (the high point for trust in science in the United States was at the end of World War II). But if the scientific community contributes to building up hope in the fight against COVID-19, but then doesn't deliver, the consequences for science could be dire, especially if politicians continue to amplify the false hope irresponsibly. … And I worry about lasting damage if science overpromises.
Let's underpromise. Let's overdeliver. "[l]

Finally beware that since 2005, dozens of previously unknown bat CoVs have been identified and there are no currently approved antiviral treatments or vaccines for the many known human CoV infections, including HCoV-NL63, HCoV-HKU1, SARS-CoV, MERS-CoV and the current SARS-CoV-2.[li]

G) Are we on the verge of changing paradigms?

Are we on the verge of changing paradigms, in the way we treat our environment and our fellow animal species, and about the prevention of disease and the way medicine is practiced?

Even though, China reported that 3,300 of their people died from COVID-19, which was enough to lock down the country, there are 5,000 people who die daily in China from heart disease with lesser alarm.[lii]

Since 1975, we have entered the age of emerging plagues.

More than 30 new epidemic diseases carrying high morbidity and mortality have since emerged, starting with Lyme's disease in Lyme CT in 1975.

Just the AIDS epidemic has carried away 25 millions people worldwide.

More than 25% of the adult population in Africa is currently HIV positive.

People may be living longer, but there are sicker and more vulnerable to infectious diseases.

The *age-adjusted* annual mortality rate for pneumonia/influenza has steadily been rising over the last few decades in the US.

In 1979, it was 11.2 (per 100,000 persons per year), in 1998, it was 13.2, in 2011, it was 15.7, and pneumonia consistently accounts for the overwhelming majority of deaths between the two.[liii,liv]

Epidemics may shape civilizations and redirect history, but man in its handling of animal vectors are the ones who actually shape epidemics.

Michael Greger presents a startling perspective on the history of recent pandemics and the key role animals played as the vectors of origin of virulent strains of microorganisms:

Pandemics: History & Prevention
https://nutritionfacts.org/video/pandemics-history-prevention/?utm_source=NutritionFacts.org&utm_campaign=71b00b9d14-RSS_VIDEO_DAILY&utm_medium=email&utm_term=0_40f9e497d1-71b00b9d14-24239297&mc_cid=71b00b9d14&mc_eid=7308e31e34

He pointed out that the WHO had asked governments and health agencies to combat factory-farming.

In a 2007 editorial of the *American Journal of Public Health*, it was stated, "It is time for humans to remove their heads from the sand, and recognize the risk to themselves that can arise from their maltreatment of other species."[lv]

As an aside reminder, the origin of the NIP, the most deadly pandemic in modern times, was in Haskell County, Kansas in early January 1918, an area with a small population but with much farming of poultry and hogs, and only three hundred miles west of Fort Riley (or Camp Funston) to which it provided its raised animals for consumption.[lvi] From Fort Riley, US army troops spread the virus throughout the USA and then to the world.

Complicating factors

Aged persons with co-morbidities such as cancer, immune-deficiencies, heart disease, kidney disease, diabetes, hypertension, etc. or at higher risk of going into the critical stage and of dying.

Many drugs can increase the risks of developing pneumonia by up to 2.7 times, such as antipsychotic drugs, anticholinergic drugs, opioid analgesics, hypnotics and sedatives, antidepressants, gabapentin and pregablin, proton pump inhibitors, immunosuppressing and chemotherapeutic agents, ACE inhibitors and angiotensin blockers, ibuprofen and acetaminophen (Tylenol), or a combination of all of the above.[lvii]

For instance, several studies have reported that SARS-CoV-2 exploits the same membrane-bound angiotensin-converting enzyme 2 (ACE2) as SARS-CoV to gain access to its target cells.[lviii]

Patients who take ACE-inhibitors could be in grave danger of renal damage: S
A recent study showed that ACE2 is highly expressed in the mouth and tongue, facilitating viral entry in the host. In normal human lungs, ACE2 is expressed in lower lungs on type I and II alveolar epithelial cells. After infection, SARS-CoV-2 entry starts with the binding of the spike glycoprotein expressed on the viral envelope to ACE2 on the alveolar surface.[lix]

SARS-CoV and SARS-CoV-2 both use the same keyhole to enter cells, the ACE2 receptor. There's an abundance of this receptor in cells in the lower lung, which may explain the high incidence of pneumonia and bronchitis in those with severe COVID-19 infection. A recent study showed that ACE2 is also highly expressed in the mouth and tongue, granting the virus easy access to a new host. ACE2 receptor abundance goes down in the elderly in all these tissues, but, counter-intuitively, this might place them at a greater risk of severe illness.
This is because the ACE2 enzyme is an important regulator of the immune response, especially inflammation. It protects mice against acute lung injury triggered by sepsis. And a 2014 study found that the ACE2 enzyme offers protection against lethal avian

influenza. A fall in ACE2 activity in the elderly is partly to blame for humans' poorer ability to put the brakes on our inflammatory response as we age.[lx]

ACE inhibitors and angiotensin receptor blockers increase expression of ACE2 of epithelial cells in the lung, and SARS-CoV-2 can thus better enter these cells via ACE2 receptors.[lxi]

But also the elderly population who received their annual or biannual flu vaccines may be at higher risk of going into the severe or critical stages of COVID-19.
In a rare double blind study with vaccines conducted in Japan for an influenza vaccine it was found that the outcome of children who received the trivalent inactivated influenza vaccine (TIV) were compared with children who had received a placebo. Over the following 9 months, TIV recipients had a 4.4 increase risk of virologically-confirmed non-influenza infections. The authors concluded, "Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses."[lxii]

Children in Guinea-Bissau who received a H1N1-vaccine became more susceptible to unrelated infections.[lxiii]

Influenza vaccinees have a significantly higher ($p<0.01$) susceptibility to coronaviruses when compared to unvaccinated individuals [lxiv]

I don't want to be a party pooper if newly-developed vaccine would be mandated, as the Vaccine Adverse Event Reporting System (VAERS) database was examined for the rate of spontaneous abortion and stillbirth in women who received one versus two flu vaccines during a season. The ones who were vaccinated twice during an influenza season had 11.4 more fetal loss compared to the women who were only vaccinated once during a flu season. The author of this study concluded, "Thus, a synergistic fetal toxicity likely resulted from the administration of both the pandemic (A-H1N1) and seasonal influenza vaccines during the 2009/2010 season."[lxv]

A case-control study was conducted over two influenza seasons (2010–2011 and 2011–2012) to determine if receipt of vaccine containing pH1N1 antigen was associated with spontaneous abortion. The overall adjusted odds ratio in the 1–28 days was 1.3 among not vaccinated women. Among the vaccinated women the overall adjusted odds ratio of fetal loss was 7.7. This effect was observed during these two successive influenza seasons.[lxvi]

Many other possible adverse events can follow influenza vaccination. For instance, Pandemrix, an influenza vaccine, has been known to be a precipitating factor for narcolepsy. The incidence of narcolepsy was 25 times higher compared with the time period prior to its introduction after the clinical and laboratory features of the recipient versus non-recipient children had been reviewed.[lxvii]

Fifty-four percent of US children has one of 20 chronic illnesses,[lxviii] and 23.5 to 50 millions Americans have autoimmune diseases.[lxix] Autoimmune phenomena such as arthralgia, myalgia, myocarditis, pericarditis, as well as diseases of unclear etiology such as fibromyalgia and chronic fatigue syndrome, occur in higher frequencies after vaccine administration. Additionally, well-defined autoimmune diseases, for instance immune-mediated myopathies, SLE, RA, Sjögren's syndrome, multiple sclerosis, acute disseminated encephalomyelitis, transverse myelitis, inflammatory bowel diseases, have all been linked to various vaccines exposure. The most common vaccines to be related to ASIA syndrome are those directed to influenza virus, HPV, HBV, diphtheria-tetanus-pertussis, MMR and BCG.[lxx]

A 2011 study found an increase in two inflammatory markers, C-reactive protein (CRP) and tumor necrosis factor-alpha, in pregnant women who were given a seasonal flu vaccine that didn't contain thimerosal or aluminum.[lxxi] Increases in these inflammatory markers indicate a significant level of inflammation, which, in the study, was identified during the first two days following vaccination. There is good reason to be alarmed by these findings, as a 2014 study of more than 1.2 million pregnant women found that elevations in CRP were associated with a 43% greater risk of having a child with autism.[lxxii]

It is not all bad news, as there is some good news

Patients who recover from COVID-19 may develop natural immunity for life.

For a little time, the earth will get a break from a great part of the industrial and transport generated pollution.

Hopefully, some people may reflect on how to better live their lives, and take better responsibility for their health and their environment, and the ones of our fellows animal species.

Facts to know about epidemics in general and influenza epidemic in particular

Isolation clearly limits the transmission of the virus, but the virus is now out there and isolation will be sustainable for limited periods of time in different populations?

Most people who will eventually come out of isolation and travelers will likely come across the virus until herd immunity has been established.

SARS-CoV-2 could also mutated in a more or less virulent form and come visit out communities again, like a seasonal influenza.

Courses of epidemics are not predictable

No two epidemics look alike.

No one can really predict an epidemic, as many factors can make an epidemic milder or more severe, such as R0, mutation of the pathogen, weather, calamities (i.e., war) and can therefore wax and wane.

It can manifest itself in recurrent waves, until most people have come in contact with the virus and develop natural immunity.

There were essentially four waves during the NIP, spring/summer of 1918, fall of 1918, winter/spring of 1919 and winter/spring of 1920. The second wave, in the fall of 1918, was the most severe wave. The third wave, in the winter of 1919, was the second most deadly wave.

In 2007, the U.S. Department of Homeland Security projected that the U.S. population may be directed to remain in their homes under self-quarantine for up to 90 days *per wave* of any upcoming pandemic.[lxxiii]

Laboratory

Many tests can have prognostic value (including D-dimer, LDH, CRP, platelets, etc) but some of the cheapest tests are some of the most reliable tests, such as the neutrophil/lymphocyte ratio, ESR, and serum albumin. Increasing N/L ratio or ESR or decreasing serum albumin level would indicate worsening of a patient's condition.

"ESR was identified as the most powerful factor to predict disease progression of COVID-19 patients."[lxxiv]

For people with ARDS, oxygen saturation index is crucial to follow the state of the lungs.

Our experience so far

My experience from reading all the clinical reports I could find from the conventional and homeopathic literature and contacts with colleagues from around the world the different manifestations of COVID-19 are getting clearer all the time.

I have treated closed to 40 cases with flu-like illness in different continents in the last 8 weeks, including many with the typical COVID-19 syndrome and of which 8 were COVID-19 positive.

Overall, 60% of the cases have responded to Bry. The rest, especially the ones who have developed pneumonia have responded to other remedies: Ars., Puls., Lyc., Sulph., Lach., Samb., Nat-m., Op., etc)

Bryonia seems to be so far the best remedy for prevention, and to address the early symptoms of CV-19: dry cough, fever, fatigue, muscle aches, chest oppression, SOB, etc.

However in the last state when the O2 saturation index (OSI) drops below 94% we have to be very alert, as it signals a difficult period for both the patient and the clinician, as very rarely new symptoms make their appearance with the exception of the common

symptoms of desaturation, that is increasing SOB, labored breathing and slow but progressive asphyxia.

Once the OSI drops below the mid 80s the clinicians must be extremely alert by keeping a very good eye on their patient.

Often time they can be apyretic or ever hypothermic in this stage.

Patients are as rule calm in this period because of the state of stupor associated with a slow and progressive asphyxia. They can be sleepy, lethargic or even in a stupor. I am aware that Ammonium carbonicum has failed in four out of four patients in this state. However, in a lesser advance state Ammonium carbonicum was found to be effective.

Pneumonia-like symptom in an aged patient with lymphoma patient who had similar symptoms a few months back when she was diagnosed with pneumonia: weakness, great SOB with difficulty talking, cough without expectoration. Responded slowly but surely to her chronic remedy: Sulphur

O2 saturation was 92% at rest and within one hour of Sulphur CM it was at 96 and 3 hours later it was at 99%.

However, the SOB relapse about a week later, which was controlled with Bryonia and became much better when her chronic remedy was given, that is Conium maculatum.

March 19, 10.30PM: Two elderly patients 87 and 82: sudden SOB, fever and weakness worse from any exertion; all began earlier in the day. Bry. 200D, one dose at 10.30PM and one dose on waking >>> 90% better the next morning, mild relapse in the afternoon, Bry. 200D was repeated right away for two more doses. Both 100% better by evening.

Young surgeon with Covid-19 positive RT-PCR: Developed fever, SOB, severe HA, intense body pain, … and symptoms that he had with prior febrile condition: recurrence of low back pain with the need to stretch, water taste bad and nightmares. So far responded partially to Nat-m., likely his chronic remedy.

Surgeon: SOB, weakness, anxiety: better right away (within one hour) with one dose of her chronic remedy: Ars.

Student: Sore throat, weakness, fever, SOB …. Better right away with her chronic remedy: Ars.

Colleague with much travelling and going from Gelsemium as a prophylaxis to Bryonia as therapeutic: Mild coryza followed by mild sore throat extending to the ears and worse on swallowing on Fri. March 20, followed by unusual feelings in the lungs, SOB on exertion, a general sense of tiredness and weakness and then diffused pain throughout both lungs worse with every breath. Bry. 200D. Within two hours the lung pain was 60% better and the SOB was not apparent as no exertion had been done. The remedy was repeated about twice a day and the colleague 98% better within 3 days.

Another colleague: Since the beginning of February, I have made 9 international flights, twice through San Francisco airport, 3 times through Chicago airport, twice through Paris, plus two train trips between Paris and Brussels, plus buses and subways in Paris. I came back on March 17 and I've been home ever since. I didn't go shopping at all, I ordered everything. But I'll tell you a little bit about it:

I've brought masks and gloves everywhere I've been in the airports. I disinfected the shelves, screens and armrests all over the planes and trains. But it's almost impossible that I didn't come into contact with the coronavirus, especially since my job is to teach manual therapy to health care professionals and in each group there were front-line doctors and active practicing physiotherapists. I travel with a kit of about 75 remedies. So in Paris, I spoke with a woman doctor who also does homeopathy and the brother of a friend who is also a doctor and a homeopath. We thought that Gelsemium could be a good prophylactic remedy. I was already taking it once a week. I gave it to all my interns. But we had also seen Bryonia.

Let's just say that the first week in Paris, March 3-10, apart from one night when I felt tired, achy and hotheaded, it went well. That evening I took up Gelsemium again and the next day I was fine. On the 10th I went to Brussels, and there again I was fine except for

a couple of times when I felt more tired, achy and intermittent heat, Gelsemium helped, but you can see it was coming back. Once the first week, 2 or 3 times the second week.

I changed my plane ticket to come back on March 17 (I was supposed to stay until April 7). The morning of my departure, I woke up at 5:30 with a strong pain in my left chest, which radiated into my shoulder and deltoid, definitely worse with movement and better lying on the painful side. Impossible to take a deep breath; even at half lung capacity. Stabbing pain on inspiration. But not too much fatigue. I'll take Bryonia. I finish my suitcase, go downstairs to take the Uber, which never came. I had to walk 2 km on cobblestone streets to get to Brussels station where my train was leaving from. I walked quickly, in the cold, in the rain at 6 o'clock in the morning, a taxi passed by, it didn't want to pick me up. Belgium had just closed everything. So I walked to the train and I didn't feel any pain doing it. My train was cancelled, the stress increased. Luckily, I was able to find another train that would take me to CDG airport in time (there was only one left). But later, on the train to CDG, the pain of inspiration came back. Bryonia again. And since (March 17th), until this morning, nothing.

But this morning I had to do an online banking transaction and at the same time I took the opportunity to see what was happening with my TFSA. And then I had a shock: my investment fund lost 20%! I wasn't doing well at all. Then I talked to my brother, who is a high-ranking officer in the Canadian army, who told me that he's stockpiling because he thinks there will probably be shortages here and there, of certain products, etc. (Especially since we import a lot from the United States and they're not doing well at all). So now my stress is increasing. And the pain comes back in the rib cage at the level of the 4th rib, toward the left scapula, and extending through the chest with each breath. I hurry to order things online, and the stress increases. I've had groceries delivered 5 times since my arrival on March 17th (8 days ago). Still!! My freezers (3) are overflowing and I have no more room on the shelves. So I look in the directory at "Fear poverty" and "Fear of starving" and Bryonia is there, underlined in both headings !!! So I took Bryonia again.

I didn't have a fever, I don't have any aches and pains. The chest pain is gone. My stress is a little decreased, but I can't say it's over. I'm going to take your advice and get more sleep.

From Italy: The onset can be acute and sudden (for example with high fever, or with significant dyspnea or exhaustion preceding the fever, or also with chest pain simulating heart attack), as well as gradual with moderate fever and mild respiratory symptoms for 2-8 days

From Southern France: Beryllium works quickly!

Manuscript – Homeopathic Clinical Features of 14 patients in COVID-19 outbreaks in China-20200317

Homeopathic symptoms of 14 cases from 5 clusters were reported. 18 common symptoms with a minimal frequency of 3 were screened out from 60 selected rubrics from all the cases. The common symptoms constituted two sets of homeopathic symptom pictures, indicating Bryonia alba and Gelsemium. They were indicated in 3 and 8 cases out of the 14 cases respectively.

1) I received an article about 14 cases that had been treated homeopathically in China (I have to check if I am allowed to publish it here): 8 times Gels. was effective, 3 times Bry. – details will follow.

From Germany: According to the feedback from around 30 homeopaths in the past 14-21 days, the predominant remedy for the current epidemic in our country (which includes 2019 nCoV and influenza) is Gels, followed by Bryonia and Eup-per.

Fred Schmitt MD from France: "I just received a message from Italians, they treat hundreds of persons with Bryonia and Arsenicum quite quickly. And the main remedy at this stage in France, seems Bryonia." Fred

On April 8, Fred Schmitt wrote: Two colleagues (Dr Peyronnet, Dr Fabrikant) and I total almost 20 cases with a very quick response to Hyosciamus. Of course we need more time and more cases, but as the effect is quite astonishing it seems important to us to communicate with you this preliminary reports.

On April 12: “Here is the follow up of the monastery. As I said already four members was promptly cured with Bryonia. A fifth member made an odd reaction to Bryonia (initially better, but when climbing severe aggravation), she went on hospital (nothing bad) and was incredibly well with Hyosciamus 1mk (to that day, she's well). A sixth member get sick (mainly diarrhea, quite strong) she took Bryonia with no effect, and she doesn't want any more treatment.

“I advocate to the others members (nine persons) Bryonia 12, liquid, one cap morning and evening, and given the promiscuity of the monastery, it seems that the prophylaxis is efficient because nobody became ill (and the abbot of the monastery, 86 years old, is quite fragile - stomach cancer, chemotherapy, and now leukaemia) as it is fifteen days since the onset of the first case.

“A member of the Belgium forum, gave to my suggestion, to one hundred patients, even simillimum, Bryonia or Crot-h, with good issue with all, I asked her statistics more precisely.

“Dr Jean Lansmanne gave Falco per to 15 patients with good results.”

So far Prof. Gerhard Resch has treated several light cases of COVID-19 and one severe case. In all cases he has seen good effects after Lobelia purpurescens.

He also gave the remedy as prophylaxis to some patients that had been in contact with COVID-19 patients, none of them got ill.

Resch assumes that Lob-p. is suitable for light as well as for severe cases of COVID-19.

In Clarke’s Materia medica the remedy can be studied best (see scan below).
In answer to the question which symptoms he found particularly indicative to Lob.-p he said:
Massive chill, but without shivering; Clarke: „Deadly chill without shivering, but overpowering the system“
Great weakness – here he also cited Clarke: „Acts very like Bapt. in low typhoid conditions!“

Great thirst and total loss of appetite (Clarke: „Great thirst, loss of appetite“)
Impending lung failure
Stupor

Mag. Robert Muntz (Remedia) is offering now remedies connected with coronavirus epidemics. Among them is Lobelia purpurescens. When I asked him from where is this idea, he told that probably Dr. Resch came up with it.

I looked at it in rubrics in Complete Dynamics and in Clark's Dictionary of Materia Medica.
Lobelia purpurascens looks very well for the case of the colleague in Italy and 3 others she treated: vertigo with nausea, chilliness, soreness, weariness, sleepiness, drowsiness, the tightness of chest, pneumonia, dryness and burning sensation in respiratory tract and throat, external burning, headache during influenza in forehead and occiput, intense thirst without an appetite, changed taste in the mouth (bitter in her case, in the picture of Lob-p is mercury taste), rumbling noise in the abdomen, pain in eyes with heavy eyelids, aggravation by movement.

Missing symptoms are anosmia [not really, see lower] and diarrhea, but it's a very small remedy, only 300 rubrics chapters Rectum and Stool completely empty still. The colleague had white-coated tongue, in the rubrics is the white tongue (probably in sense of pale tongue).

I like very much your idea of Franz that there is only one remedy of the genus and that this remedy fitting the deep pathology of the epidemic is valid also for the initial stages of the disease. It is supported also by Piere Schmidt notions as well as S. Hahnemann.

I've started to test Lobelia purpurescens. One lady took it yesterday afternoon. She had very bad dry cough with burning after the cough, soreness, pains all over the body, bones and muscles. This soreness was alternating with periods of relief when she could stand up. Yesterday afternoon she started to use every hour a teaspoon of dilution of Lob-p. 200 C. Till evening she lost all soreness, still some cough. She feels 40% better now.

Pascale Jenaer from Belgium had also a case of Lob-pur:
Hello Vladimir,
patient very well this morning with lob purp!!
yesterday she has taken it 4 times, no other remedy only a feeling of hypotension has to sit if standing, and still arthritis of hip that was there before, but better no more horrible headache, no more little dry cough, and energy, when not moving, is normal I come back when having time to write it in details biz p

Other lady used Antimonium arsenicosum 30 C. In one day her dry cough and pain in chest disappeared. These two remedies I'm now testing.

Probably all influenzas are now in the same picture as Hahnemann says—predominant disease shapes all other similar diseases.

I think we should find one best remedy as a real deep genus. Then we could easily convey it to public. The big variety of remedies homeopaths all over the world are offering means probably it's a small remedy, not well known, otherwise, it would be clear. As Jan Scholten says, unknown picture requires an unknown remedy.

Could you test also these remedies? It's not necessary to have corona positive patients. Probably all influenzas now will be responding to the best remedy.

Results from the American Institute of Homeopathy database (as of Thursday March 27)
The data collection tool was launched on 3.22.20. Since that time, 102 homeopaths from around the world have been granted access. The majority of contributors so far are from the U.S. To date, 34 cases have been submitted of varying quality.

When one isolates confirmed and suspected exposure COVID-19 cases, there are 10 cases with a positive result and several where the result is still unknown. I believe all but two are from the U.S. In 50% of those cases, Bryonia was most helpful/curative. (I know of at least six more Bryonia cases in this category, taken by a reliable source, that will be added soon as well.)

When one looks at all cases (including suspected, confirmed, and possible COVID-19) submitted with a positive result (excluding a few cases where many remedies were given in alteration), we now have 29 cases. Bryonia and Arsenicum alb make up ~50% of the successful prescriptions.

Caveat: "Nothing in this report should be taken as a suggestion that Bryonia is a genus epidemicus remedy or the remedy for every case seen in practice. We will need much more data before any conclusions can be reached. Please keep taking good cases and report your results without bias or speculation."

In addendum 1, you will find an interesting report from a French contributor and one from the Italians.

Additionally, there are new reports from Austria and France that the little known remedy Lobelia purpurescens is showing promise. Addendum 2 provides a description of this hard to find remedy – taken from Clarke's dictionary.
That is this week's report. Thanks to all from around the world who are contributing to this effort.

Addendum 1: We received these useful reports from France and Italy and wanted to share it.
From France (physician contributing to the project**):**
"I have news from a colleague that works in a nursing home with 120 people. He can do PCR test. Since one week, all the residents catch the C19 (proved). My colleague gave to all of them before Camphora 1M, so with no success. However, the previous week many cases developed diarrhea on one of the three floor of the center and all recovered under Camphora 1M.

All residents to which he gave Bryonia immediately at the onset of the disease didn't get a severe form or die. All to which he gave Antimonium tart or Ammonium carb get very sick or died. Some now are in a critical situation, and he gave to all of them, Bryonia, we are waiting for the results.

It's a very interesting case because, we are sure of the diagnosis for

120 people, we can say that, for them, Camphora didn't have a protective effect, and that Bryonia did work for most of them. He will make his own statistics.

To that day this nursing home is quite an interesting situation because the physician is an homeopath and he have to his disposal PCR tests.

Additional symptoms from the French colleagues:
They get worse at an incredible speed in a few hours

I'm very struck by their major asthenia and their tranquility despite asphyxia, no anguish or agitation.

Often nothing to auscultation, great silence in 2/3 of the lungs fields, they breathe with the high, supraclavicular or intercostal pulling and desaturation, many under O2.

It is often said that fatigue is a common sign, but in these cases it is not a banal sign, they are in a state of lethargy, incredible drowsiness, cannot open their eyes. And it happens all of a sudden.

He agrees with me that the most astonishing symptom that many have already observed before, is this tranquility, an abnormal tranquility [Crot-h.]

This morning I try to research in all materia medica and repertories this symptom to finally conclude that it could really be one of Bryonia
Mind; quiet; disposition; fever heat, during:
BRY., Ferr-p., GELS

Here is my repertorisation, hydrocyanic acid can be also a good challenger. Fred

From Italy:

The symptomatic categories that we (the Italians) have highlighted in the reports are the following, in order of frequency:

1 GREAT WEAKNESS.
FEBRUARY 2.
3 COUGH (INITIAL) DRY.
4 RESPIRATORY DIFFICULTY.
5 OPPRESSION_CONSTRATION_THE PAIN
6 PAIN HEAD.
7 FEAR_LARGE CONCERNS_ ANXIETY
8 BONE MUSCULAR PAIN
9 INITIAL INAPPETENCE
10 INITIAL SORE THROAT
11 FLAMED NOSE
12 DIFFICULTY IN THE MENTAL EFFORT
13 CONGESTION_OCULAR INFLAMMATION
14 LACK OF OLFATTO_GUSTO
15 SWEAT
16 RETURN OF REMOVED
17 EVOLVENT PULMONARY INFLAMMATION IN BILATERAL INTERSTITIAL POLMONITE (HEPATIZATION)

The possibility of being able to define, in an epidemic, a single overall symptomatic picture of the disease is not obvious.
In this case, the operation was possible.
Symptoms 1 to 5, fever + weakness + pulmonary involvement (dry cough and / or difficulty breathing and / or chest pain) are usually always present and associated.

Symptoms 1 to 12 would seem to define the overall image of the COVID-19 disease in this Italian epidemic in the period of time considered, since each of these symptoms may appear prodromal, in the onset and in the state phase. Some persist in convalescence. Normally, in a single course, all or at least 80% of them are present.

Less frequent symptoms 13-16 would belong to individual patient groups.
Symptom 17 corresponds to the pulmonary complication of the disease.
The degree and relevance of each symptom depends on the individual patient.

They seem favorable prognostic signs: the secretory productivity to the bronchi and nose, the well channeled alvo, the recovery of strength, the disappearance of the headache, the regularity of breathing and the disappearance of thoracic symptoms, the return of appetite, the ability to activity mental and employment. These are fairly general symptoms.

During the recovery phase, there is often a slight weakness. As long as it does not disappear, observation must continue because in some cases a recovery of symptoms has been observed.

Continuing the observation in a much higher number of cases, some typical forms of this disease could perhaps be characterized.

Even in the same country, the disease can take on particular symptomatic and course characteristics in different places.

In any case, a general symptomatic picture of a disease is only a reference model and never completely coincides with the specific picture observable in a single patient.

SECOND STEP (STUDY OF THE CHARACTERISTIC SYMPTOMS OF DISEASE)
Each of the symptomatic categories highlighted in this disease has presented some peculiar characteristics, shown here in (indicative) order of frequency.

1 GREAT WEAKNESS.
The weakness appears very marked and characteristically> lying down, often urgently ("must lie down", "is often lying down"), not when sitting or in other positions. Also referred to as tiredness or prostration. <with effort and in the first movements. It can> or not with moderate movement.
It is frequently accompanied by drowsiness during the day. Sometimes to sought immobility [Bry]. Frequently residual in convalescence.

In various irregular ways, when it is typically biphasic, an apparent remission is followed by an apparent remission which is followed after 2-6 days by a feverish recovery with respiratory involvement.

At its onset, the fever can be both moderate and prolonged (2-7 days), and high and lasting from 1 to 4 days, except in complications.

In the second phase it can be elevated or weak and generally lasts 3-4 days, accompanied by respiratory symptoms.

Sometimes there is a "feeling of having a fever", like an internal heat, without its objectification.

It can be accompanied by internal cold with need to cover [ArsA], and by chills.

3 COUGH (INITIAL) DRY.
Typically in single strokes or in short sequences, it does not continue. The single cough, often in a state of pain, is often painful. [Bry] It tends to become little or moderately productive. The expectoration of transparent mucus is not particularly difficult, and is common only in the second phase.

4 RESPIRATORY DIFFICULTY.
Referred to as breathlessness, from light to air hunger. <to deep breathing.

5 OPPRESSION_CONSTRATION_THE PAIN
Common is a feeling in the chest, which can vary in the individual person during the course, "like a stone on top", "like a hand that squeezes from behind", "like a corset", etc. Rarely but suggestively it can be intense pain, but it can manifest the whole range of intensity until it is hardly felt. <speaking, <after effort.

6 PAIN HEAD.
The whole head is usually affected. The symptom is annoying. It can be accompanied by a sense of confusion or dullness. More common in the early stages, but not exclusive of them. [Gels]

7 FEAR_LARGE CONCERNS_ ANXIETY

The symptom is peculiar, as observed even in people who have no propensity for it. It is generally associated with thoracic and respiratory sensations.
Other times, even if it can be considered induced by the circumstances, it still constitutes a significant symptom data. [Gels, ArsA, Ph, etc.]

8 BONE MUSCULAR PAIN
Not very characteristic, typical of flu syndromes. [EupP] Most often they affect the legs.

9 INITIAL INAPPETENCE
Not very characteristic, typical of the flu highs. Sometimes associated with nausea, rarely with vomiting. The recovery of appetite that is observed in the recovery phase seems a positive prognostic sign.

10 INITIAL SORE THROAT.
Most of the time in the early stages. Common, often associated with dry cough. The throat is dry. [Bry]

11 FLAMED NOSE
Any rhinitis is non-productive or unproductive. It can occur at the beginning. Sometimes it occurs at the end of the course in the resolution phase, and then it can be a little productive.

12 DIFFICULTY IN THE MENTAL EFFORT
Aspecific. Especially but not only if there is headache. The resumption of activities that require mental effort is a good prognostic indicator. [Ph, PhAc]

13 CONGESTION_OCULAR INFLAMMATION
Often associated with cephalic congestion.

14 LACK OF OLFATTO_GUSTO
Uncommon but characteristic in a small number of patients, it tends to persist in convalescence.

15 SWEAT

Not peculiar. Generally it is little or absent, in other trivial, in a couple of cases profuse.

16 RETURN OF REMOVED

When the experience of illness deeply touched the individual, in some cases feelings of life emerged in the form of images, dreams, or even ancient symptoms.

17 PULMONARY INFLAMMATION THAT MAY EVOLVE IN BILATERAL INTERSTITIAL POLMONITE (HEPATIZATION)

Lung congestion or inflammation gives subjective symptoms (already seen) and can threaten to evolve into pulmonary hepatization [Ph, then Lyc]. The cases observed do not concern the stages of pneumonia with significant respiratory failure and respiratory failure.

Italian Working Group

The common symptomatology, but peculiar to COVID-19

Among patients with pneumonia caused by SARS-CoV-2 (novel coronavirus pneumonia or Wuhan pneumonia), fever was the most common symptom, followed by cough. Bilateral lung involvement with ground-glass opacity was the most common finding from computed tomography images of the chest.[lxxv] (11 February 2020)

62 patients admitted to hospital with laboratory confirmed SARS-Cov-2 infection. Data were collected from 10 January 2020 to 26 January 2020.

Pneumonia 61 (98)
Fever 48 (77)
Cough 50 (81)
Expectoration 35 (56)
Myalgia or fatigue 32 (52)
Headache 21 (34) [lxxvi]

Fever 50 (100)
Chill or rigors 37 (74)
Cough 31 (62)
Myalgia 27 (54)
Malaise 25 (50)

Running nose 12 (24)
Sore throat 10 (20)
Shortness of breath 10 (20)
Anorexia 10 (20)
Headache 10 (20)
Diarrhea 5 (10)
Dizziness 6 (12) [lxxvii]
Rash 20%[lxxviii]

Of the 88 COVID-19 patients, 20.5% developed skin manifestations. Eight of the 18 (44%) had skin eruptions at symptom onset, and the rest after hospitalization. Fourteen (78%) had red rashes, three had widespread urticaria, and one had chickenpox-like vesicles. The most commonly affected area was the trunk. Itching was mild or absent, and lesions usually healed up in a few days. Most importantly, skin manifestations did not correlate with disease severity.
These skin manifestations "are similar to cutaneous involvement occurring during common viral infections."[lxxix]

Characteristic symptoms of COVID-19
Roughly 1 in 10 presented not with flu-like symptoms but with diarrhea and nausea.[lxxx]

Dry cough with great weakness, oppression of breathing and variable temperature.

Characteristic lung lesions: diffused, multifocal fibrositis affecting the periphery of the lungs first and appearing on radio-imaging as ground glass opacities.

Loss of sense of smell and taste:
"Almost everybody who is hospitalized has this same story," said Dr. Marco Metra, chief of the cardiology department at the main hospital in Brescia, where 700 of 1,200 inpatients have the coronavirus. "You ask about the patient's wife or husband. And the patient says, 'My wife has just lost her smell and taste but otherwise she is well.' So she is likely infected, and she is spreading it with a very mild form."[lxxxi]

"Hendrik Streeck, a German virologist from the University of Bonn who went from house to house in the country's Heinsberg district to interview coronavirus patients, has said in interviews that at least two-thirds of the more than 100 he talked to with mild disease reported experiencing loss of smell and taste lasting several days." [lxxxii]

"Another physician who studied a cluster of coronavirus patients in Germany said in an email that roughly half of the patients had experienced a smell or taste disorder, and that the sensory loss usually presented after the first symptoms of respiratory illness, but could be used to distinguish people who should be tested."[lxxxiii]

In South Korea, where testing has been widespread, 30% of 2,000 patients who tested positive experienced loss of sense of smell as their major presenting symptom (these were mild cases).

On March 22, the American Academy of Otolaryngology posted information on its website saying that mounting anecdotal evidence indicates that lost or reduced sense of smell and loss of taste are significant symptoms associated with Covid-19, and that they have been seen in patients who ultimately tested positive with no other symptoms.[lxxxiv]

Homeoprophylaxis

It is too early to be certain about a genius epidemicus.
Several candidates:
1- Bryonia

2- Beryllium

3- Lobelia purpurescens

Others: Ars., Gels.
And for later stage: Carbn-o., Carb-v., Ant-t., Op., Hyos.

My choice is for Bryonia for all stages of Covid, with the exception perhaps of the later stage, as well as prevention for the following reasons:

a) More cases with the flu-like symptoms and Covid positive have responded clearly to Bryonia in my practice than any other remedy in the last 2 months over three continents.

b) This very commonly indicated flu remedy tends to readily move quickly into pneumonia.

c) It is one of the remedies that has the characteristic symptom of loss of smell and taste during influenza.

d) In a retiring home in France with 120 pensioners, in which 10 persons have already died of ARDS (not all had been tested positive for SARS-Cov-2 from lack of testing availability), Bryonia was given to 15 persons who had begun to develop febrile symptoms and have since remained in relatively stable state the rest of the week.

e) In a monastery in France, Bryonia was used to assuage the early symptoms of the disease and for prevention with great success:
Dr. Schmitt reports: “I have been in charge of a monastic congregation of about fifteen people since the beginning of the Covid. They've been closing their doors for two weeks.

“Unfortunately a 21-year-old resident returned to the monastery just
before the lockdown but he was already infected. A few days later he developed: fever, fatigue, aches, respiratory oppression. I'm aware of it on day 3.

“I informed the emergency home surveillance care. He began taking Bryonia 12CH (the only dynamization available at this point) liquid dose. 24 hours later he is well, without any symptom. I advise him to continue taking Bryonia once a day, until the 7th day.

“Two days later, a 75-year-old resident developed fever, fatigue, diarrhea.
Bryonia 12CH, liquid dose. He is clearly better in 48 hours. He continued once a day for 7 days.

“Then a 61-year-old resident developed fever, fatigue, flu like symptom. Bryonia 12CH, liquid dose, and he is clearly better in 24 hours.

“A 62-year-old resident: fever, general malaise, fatigue, diarrhea, nausea. Byronia 12CH liquid dose, better but nausea persists, Bryonia 30CH liquid dose, he is clearly better in 24H.

“I asked all the other asymptomatic residents to take Bryonia 12CH, liquid dose, a cup morning and evening for 5 days.

“It's an interesting experience in more ways than one:

“You find that I haven't individualized. Based on the notion of the genius epidemicus, I gave without asking any questions other than the usual medical evaluation, the advice to call the emergency services if necessary, etc... the same remedy effectively.

“We'll be able to see if Bryonia works on all the residents.

“I opted to give after the disappearance of all symptoms, one daily intake until the 7th day (counting from the onset of symptoms) to avoid relapses. We'll see if this strategy pays off.

“I'll keep you informed of what's next.” Dr. Fred Schmitt

However there might be other strategies, such:

A strategy I recommended for the staffs of a hospital:
I recommended Bry. 200C as a preventative to everyone who is normally quite thirsty, Gelsemium 200C to people who tends to not be too thirsty, and Ars. 200C to nervous and chilly persons.

Time will tell.

People continually exposed in their work can repeat the remedy every 5 days and q4h as soon as they would develop symptoms, and then contact your homeopathic practitioners, otherwise one a week during the peek of the epidemic should be sufficient.

It should work, not perfect, but quite well to limit the number of new cases or the severity of the new cases.

Three severe cases of Covid

Here are three severe Covid positive cases that should interest any clinician who has any experience with treating such cases. The first two cases are persons of the more susceptible age group with co-morbidities who presented diffused pneumonia and were hospitalized. There are good examples of Bryonia cases. The course of the disease was clearly reversed by taking the homeopathic remedy.

In the third case, the patient was quite sick for 10 days before the remedy was taken and major signs of recovery were manifest by the 18th hour after the first dose was given.

1- (Case 1) The first case is a hospitalized patient in which signs of recovery are dose-related to repetition of the homeopathic remedy. A university professor of medicine reached out to me after two of her closed emergency room colleagues and also faculty members had died of Covid. She called me to ask if I could help her with some cases of severe Covid.

Woman 70 y.o. consultation by telephone only.
Covid 19 + under quarantine in a hospital since March 22.
Symptoms started in Saudia Arabia on March 15 after getting cold with nasal congestion started coughing severe and dry on March 16 she had dry mouth, sore throat, thirst, dry throat which did not get better with drinking water (normal tap water room temp)
On March 22 quarantined test +, high BP under control with medication.
She had 2 focal pneumonia bilat in lungs.
Cough dry, sore throat, fatigue, fever 37.2 C. Movement involunraty wants to lie down, SOB +3
No fear anxiety but very low energy (1/10), fatigue +3, aphteous lesion (white) in palatinum pain on right shoulder and arm somehow eye irrigation (bilat)
She tends to accumulate money does not like hot does not wear collar craves for fish, green veggy.
Likes bonny red meat but does not like red meat poultry.

Likes acidic food and hot spicy food.

Unresponsive to allopathic med-plaquenil and other antivirals.

21 March started Bry 30C 3 dose every 5 min

22 March 4 doses every 4h

23 March 2 doses morning just before sleeping

24 March 1 dose at night

nausea and vomiting only 1 time

25 March 1 dose at night

nausea, bad taste of water, aversion all food, fatigue

26 March **200C** Bry morning and night

27 March 1 dose at noon

28 March 1 dose at 3pm

29 March 1 dose

30 March no dose

Physical symptoms mostly got better. Coughing stopped, no fever at all, feels better.

CT: show no progression of pneumonia. Doctors impressed as some other corona patients at the same state died and some others went into the ICU.

Today it is 30 March, morning pain in throat when swallowing (diminished afternoon but still exists).

Aversion to food – when food comes in her room she disgusts but forces herself to eat.

Fatigue better but still persist although she started walking in room. Feels better now when she walks.

Energy (6/10).

No SOB.

She craves lemons (and sour things)

No pain on shoulder, pain on right arm diminished

She said she is pale and tongue whitish (most probably she has been like this since beginning and now she realises as she satrted walking and looking at mirror but still lying down but does not sleep. Feels better now when she walk a bit but as she is old she goes back after a while. She feels thirsty but reluctant to drink much (drinks 1 or 2 glasses a day -- because water tastes not tasty (bad taste)

Some homeopaths adviced me to stop Bry and continue with Lyc 200 but I am not sure

.

I see and feel Bry 200C still works...
Water not tasty can also be Nat M as indicated in your last webinar
taste loss can be Bry, Bell, swallowing pain bry, sour drinks but not lemon also Bry.

What is your advice?

A: Stay on Bryonia until for sure the patient stops responding. Give her Bryonia 200C every 2-3 hours for about 4-5 doses and follow up to see if she feels better.

Try to monitor the oxygen saturation index at rest and after a mild exertion. If Bryonia is the correct remedy the saturation index will increase during this interval of time.

You can also monitor the heart rate, the temperature and the respiratory rate.

Look at her tongue before and after this repetition of the remedy, and see if it changes.

See if now or when she used to be in her chronic state before the infection and since the infection, if she is chilly, normal temperature or tends to be too warm in bed. If too warm, ask her how often she sticks her feet out of the blankets.

Give me some news as soon as possible.

Yes, you can send me more cases.

March 31:
Following up with the case; I am very happy to see how she responded to Bryonia today.

I gave her Bryonia 200C every 3h (5 times) today and she sounds more energetic on the phone now.

02 saturation was 92% in the morning and after repeated doses at midnight 95% and 96% but measured at rest only (tomorrow will measure after mild exertion also)

The whitish color on tongue disappeared at the end of the day and turned to pinkish red (I assume normal) after repeated Bry.

The old lady is in another hospital and doctors are unfortunately not very cooperative so I am taking the case with the consent of the patient and the family. The old lady is using the oxymeter herself but could not tell me the HR or resp rate (but I counted approx. respiration while talking and it is around 22-24/min and this is at the end of the day)

No fever today. Feeling normal warmth in bed today after repeated doses. She said she sticks her feet out of blanket yesterday night and she felt too warm in bed but today normal warmth and her feet is not out of blanket.

Will keep you posted

Do I continue Bry 200C with same frequency and for how long?

A: Continue Bry. 200C every three at first and then four hours and five hours until much, much better, as relapses are not unusual in pneumonia cases if the remedy is stopped too early.

Keep me in touch and I will continue to support you.

April 5:
S: Still on Bry 200C four times a day and doing very well.

O2 sat is 97-98 nowadays.

She had a burning sensation of her soles and hot feet for 2 nights (days normal) yesterday.

So I continue the same, I suppose.

A: Good. Stay at four times a day.

Make sure you have the higher potencies of Bryonia at hand.

April 6:
Good news!

Her Covid-19 test turned negative today. So she is transferred to an intermediate care hospital to be under surveillance a couple of days more before she is sent back home. She is energetic today. Conveying her appreciation and gratitude to you.

This is all for today, my thanks to you.

A: Good news.

Make sure she continues taking Bryonia 200C three times a day for another 7-10 days. If at any time she feels any symptoms of a relapse even the mildest one, tell her to take the Bry. 200C every hour for three doses and then to call you.

Make sure she continues to monitor her oxygen saturation index as desaturation can happen without any sign.

Also make sure she has the higher potencies of Bry. on hand.

April 8,
I will follow up the case as you indicated and let you know. She is discharged from the hospital today and is very happy.
Is 1M OK for higher potencies of Bry or you prefer higher ones?

A: Bryonia 1M will be just fine.

2- (Case 4).
April 7: 69 Female YH, COPD and diabetes patient

Covid + CT bilateral diffuse pneumonia. Quarantined in hospital. Treated with anti viral and antibiotics she had diarrhea now 2 times/day relief after stool. Heartburn (maybe due to medication?)
Fever 38.3C. Undulating fever (ups and downs every 5-6h) with chills, shivering then fever sets in. Headache during fever (similar to sinusitis pain maxillary-frontal) used paracetamol.
Skin warm.
Perspiration mainly on her head, neck and in the axillae. During fever desires to drink much water than diminishes. Drinks warm water (she has been always afraid to get sick she has been drinking warm water since 10y)
Sore throat stinging burning pain and tickling (she also has gastro-esophageal reflux!). She used to have sore throat with colds. Throat and mouth dry drinking in sips.
Tongue white.
Eyes reddish at the onset 10 days ago.
Lumbar pain (she has had herniated L4-L5 disc before, but 10 days ago at the onset of Covid 19 she had severe lumbar pain extending down her right leg with numbness in feet/toes.
Symptoms agg. at night late from 2 am she is mostly feverish at this time
Coughing started dry turned to whitish easy to expectorate. Since yesterday and today mixed with blood but still easy to expectorate. No chest oppression but coughing is painful. Coughing as if it comes from deep (maybe alveolar infiltration??).
O2 sat 88
Resp 28/min
Pulse 92 min
No appetite since 5 days.
BP dropped down to 110/ 55
Taste sensation disturbed
Physical energy 6/10
No fears, no restlessness, no anxiety, no panic, no tension.
Generally wants to lie down last 2 days want to sit only shortly.
Prostration fatigue since 10 days, does not want to move because of weakness (no pain described with movement)

A: Bryonia 200C two doses one hour apart and every two hours until much better.

April 10: It is 9 pm here, but I will send her a remedy tonight after I get your advices, as hours count for this patient.
Yesterday she forgot to take her anti hypertensive pills, so today even with pills BP rose to 170/90
Heartburn after eating—the epigastric pain projects to her back, sleeping amel this pain
She has some allergic problems with cucumber, tomato (new info). She thinks that this is due to fresh cucumber, tomato.
Agg. with eggs and banana.
Heaviness feeling head
Pallor gone in face now pinkish as before
SOB 5/10
Due to hypertension she is in a sort of panic and anxious (tension)
Sleeping good but still wants to sleep+
Weakness +
02 sat 88-89
Resp 30/min
Pulse 88/min
Coughing 3-4/10 little expectoration phlegm pinkish yellow
Thirstiness +++ and drinks a lot (no sips). No appetite
Progression at CT pneumonia is worsening. Medical team is planning a plasmapheresis soon.
Neutrophils are increasing. This means neutrophil/lymphocyte ratio is increasing
Leukocyte count 11,120
LDH is increasing
PLT count decrease to 208,000 but rose to N today
D-dimer was very high yesterday today normalized
Ferritin has been elevated at 124 for the last two days
CRP was very high 2 days ago and since yesterday it dropped down to 8.34
Tons of allopathic drugs given to her: pantaprazol, steroids, favipravir, tocilizumab, perindopril-amlodipin, insulin-metformin, avil, Gaviscon
She is currently taking Bry 200C every 3 h.

A: April 10 at 10.30PM: If she has access to the higher potencies, give her Bryonia 1M every 30 minutes for 4 doses and check her status. If she doesn't access to the higher potencies of Bryonia have her take Bryonia 200 every 20 minutes for 6 doses.

April 11 at 1.20 AM (less than three hours later): I gave 200C (we had only 30C and 200C) every 20 min. for a total of 6 doses
Better!!
She is calm
No coughing no expectoration in the last 2 h.
No SOB.
No thirst: dinks much less.
Energy 7
She had generalized itching in skin that I forgot to tell you but also better so no itching.
Pulse 82 O2 sat 93 BP 135/62

Continue 200C BRY? less frequent

A: April 11 at 2.34PM: You need to go up the potency if she has access to let's say the 1M. Always have her take two doses before bed and then again two doses in the morning every day even after 7-10 days of full recovery. If at any time, the symptoms are returning tell her to then take three doses of Bryonia 1M one hour apart. Beware to always take two doses in the evening before bed (1 or two hours apart) and the same in the morning every day until 7-10 days after she has fully recovered.

April 11, 11.26PM: Following your advice with Bry 1 M after 4 doses (2 morning 2 before sleep)
SOB better than yesterday dry rare cough, slight lumbar pain, She says as if the lungs do not inflate enough. Weakness 5/10. She had 02 sat 84 in the morning so needed some O2 but 88-90 before sleep

Continuing the same dosing?

A: We are going to accelerate her recovery as long as she doesn't aggravate with two does of Bryonia 1M, one hour apart at night before bed, two doses in the morning after

waking one hour apart, two doses one hour hour apart four hour after the last dose in the morning, two doses one apart after the last dose in the afternoon and end again with two doses one hour apart before bed.

Please give me some news by tomorrow and report on the saturation index and blood chemistry.

3- New York City emergency room nurse, 41 years old: Her hospital department had inappropriate personal protective equipment for their personnel for three days, despite dealing with a great number of Covid patients. 9 of the 12 nurses on her team were diagnosed with Covid in the same week.
E.B. first experienced HA on March 24.
On March 25: sneezing, HA and watery eyes.
March 26: Watery eyes, red eyes, blurry vision, extreme dizziness on rising. T.: 99.9˚F
March 27: She was tested for SARS-Cov-2 and was sent home.
March 28: Tested returned positive for SARS-Cov-2.
Aching “like crazy.”
Diarrhea each time she ate.
March 31: Because of diabetes her physician prescribes azythromycin for 5 days.
On Friday April 3: Her symptoms were narrated to me by another nurse.
She was experiencing “horrible SOB”. She can't ascend upstairs.
She was told by her physicians to go to the ER (as a patient), but she refused, as she knew she would get worse there.
SOB +++, worse stooping, walking, ascending stairs+++, and talking.
Extreme weakness from the slightest exertion; too weak to walk. Can't get out of bed anymore. She is really scared. Her doctor insists again that she goes to the ER, but she refuses again. She said she knew something was really wrong when she couldn’t get a reading of he blood pressure while standing; it was 90/50 when sitting and 124/72 supine. Pulse 109 supine after having rested.
Hot flashes at night as soon as would lie down and had to uncover her feet as they were burning.
Upper back pain worse turning in bed and lying down.
No chills and no sweat.

Sulphur 200C was prescribed, which she ordered with the help of her friend nurse from Amazon.
On April 7 at 2PM the remedy arrived as remained as bad as ever and she took her first dose of Sulphur 200K and three more doses for the rest of the day.
April 8: She woke up feeling much, much better. She was able to walk, descend and ascend stairs almost like normal. She cleaned her apartment and cooked on that day.
April 10: She felt 98% recovered. Her energy was up at 9.5 out of 10 (it was 5 at rest during the previous 10 days, but it would drop down to 0-1 from the slightest exertion. She was told to continue Sulphur 200K bid for two weeks. If at any times she would experience any flu-like symptoms, she was told to take Sulphur 200K every hour for three doses and call me, and to order Sulphur 1M. She said that she doesn't want to go back to the ER because the working conditions are not safe there.

Here is our first case in which Carboneum oxygenisatum was prescribed:
Fred Rérolle wrote on April 10 from Lyon, France: “I can confirm that the severe forms of covid-19 that I have unfortunately had in older people have presented a picture very similar to the MM of Carboneum oxygenisatum.

“It is still too early, but I am happy to be able to give you the beginnings of the first results on a patient who has been seriously affected since at least March 23 and who was managed to stay alive but without stable results, forcing us to switch from one remedy to another with a saturation which remained low between 83-(87% under Carb-v.) under O2, an oscillating fever and severe breathing difficulties.

“Under Carboneum oxygenisatum 200 and then 1M since the evening of April 8: the saturation rose quickly to 90, 93% and remains stable, no fever and very good clinical improvement on auscultation. The whole team finds him transformed, rejuvenated! To be followed but after many failures and deaths I regain hope.”

Beware that provings can occur with homeoprophylaxis:
The case of Frank who develop the symptoms of diarrhea of COVID-19. He recovered with his chronic remedy (Sulphur). His wife decided afterward to give him Bryonia 200 weekly for prevention. The first dose knocked him right out. He had to go to sleep in the middle of the afternoon until the next morning. The second dose was given a week later

about one hour before his regular bedtime. It knocked him out again. He had to go to sleep right away and slept close to 10 hours.

Somewhere in China they were able to give 4-5% (about 300,000 out of 7 million people!) prevention with Gels 30: the first week once a day, then once a week. 4-5% took at least one dose. I do not know how they managed to do this!
No sick people recorded.

In that area of China the Corona incidence was relatively low.
Now new people are coming to this area of China, and the incidence is rising. They now give Gels and Bry as a prevention.

In another Chinese area out of 600.000 people 50% got Gels. No sick people recorded.

They treated several patients with Corona, generally mild or medium ill. Most of them got Gels, then Bry, then Eup-per: in one day they started to recover, in 3 days they were healthy.

Clinical approach

Now that the table is set and we understand the importance of this subject for the public, let's now look at the practical aspect and examine case management of the **patient** with influenza and pneumonia.

What message is implied in this last sentence:

First we are talking about treating the induvidual patient with influenza and pneumonia and not treating influenza or pneumonia.

Second the word "patient" is singular to emphasize individualized treatment.

The key to success in homeopathy is strict individualization

Here is a text by W.L. Templeton about individualization of the influenza patient:

The Homeopathic Treatment of Influenza by W. Lees Templeton, Esq., M. D.

“It is essential when considering the treatment of any disease by homeopathic methods to realize that the symptoms upon which a choice is made are not always those upon which the diagnosis depends.

One would say that probably the safer course is to proceed first with the diagnosis and having elicited facts objective and subjective which lead one to a diagnosis to begin again (though with greater practice the two stages are invariably combined and sorted out in the prescriber's mind) and to take the patient's symptoms in greater detail and with full attention to what we call modalities for often it is the modality which will decide the choice.

To take a simple example that of thirst.

The homeopathic prescriber is not satisfied with simple description that thirst is present. He will wish to know whether there is a desire for cold drinks, acid drinks, warm or sweet, if in sips often or for copious amounts given frequently and so forth.

If the symptom is one of pain, headache or otherwise he will wish to know the type of pain, aching, sharp, throbbing, burning, etc., the exact site, its distribution and extension, whether eased by heat, dry and moist, whether relieved by rest, pressure or movement, whether aggravated at any particular time of day and so forth.

Out of this welter and multitude of symptoms and modalities there will emerge with practice a composite picture of, e. g., the patient who is essentially better when at rest, usually Bryonia, the patient who is essentially better for movement often Rhus toxicodendron and so forth.

Occasionally the symptoms are scanty and ill—defined except for one or two which are peculiar, seeming to disregard all the known laws of physiology and nerve distribution. Then it is that the choice is made on the peculiar symptom after a study of the Repertory which is our compendium of all symptoms arranged according to and in order of their importance, beginning with mentals and going right through the various systems of the body. Thus it is comparatively easy to trace your symptoms and the corresponding remedy.

Reference to a materia medica may follow in order to confirm in its entirety the choice and so to its administration.

The application of this method is the same whatever the disease and so in the following description of the treatment of Influenza it must be presumed that the ordinary examination and the diagnosis have already been made.

He would indeed be a bold man who would attempt to cover in a short paper such as this anything like an adequate account of the homeopathic treatment of influenza.

The time allotted might indeed suffice to cover the treatment by orthodox methods, but then, the treatment by orthodox methods once the diagnosis is made is more or less routine, and that is the first point I wish to make: that the homeopathic treatment of influenza (as in any other disease) is not routine but essentially individualistic; not, as might be understood or rather misunderstood, according to the individual prescriber, but according to the individual patient! That is to say, no two patients with influenza need necessarily receive the same drug treatment, but that will be obvious as we go along.

On the other hand, it is true that most epidemics do run true to type not only in the symptomatology, but also in the drug picture, which it shows to the homeopath.

There is often a ‘remedy epidemicus’ which will cover the majority of the cases seen, though there will be many cases which do not fit into that average picture and will require a different remedy because they have different symptoms, though suffering, as far as one can tell, from the same disease.

This generalization is true of all disease when viewed from the homeopathic angle.

The method I have chosen in discussing the subject of treatment of flu may seem to you too simple or too elementary for this learned assembly, but in order that one should not approach the subject in any biased manner or with preconceived ideas even as to drugs, I have taken to—day for the purpose of this discussion the experience of my partner, Dr. Russell, and myself of a recent mild epidemic and without prejudice for, up till a week or

so ago, neither of us had any idea as to the proportion of cases treated by one drug or the other.

I have taken 100 cases at random from one epidemic; there were others, and fortunately one was able also to consider a number of others treated allopathically during the same period under review.

I wish also to say that one has tried to eliminate various acute cases seen during the same period which did not seem to be true influenzas, and one may have indeed excluded some which were, though the outstanding symptoms were perhaps a tonsillitis or some manifestation which one felt might not be justly termed influenza.

In our 100 cases, the following were the drugs used:

Gelsemium..... In 36 Cases.
Bryonia.....,, 15,,
Sulphur.....,, 10,,
Rhus tox....., 7,,
Eupatorium.....,, 7,,
Carbo veg.....,, 2,,
Pyrogen.....,, 2,,
Kali carb.....,, 2,,
Ars. alb.....,, 2,,
Phytolacca.....,, 2,,
Belladonna.....,, 5,,

and Lach., Phos., Terebinth, Nat. mur., Nat. sulph., Nux vom., Nit. ac., Baptisia, Kali nit. and China in one case each.

Now I believe this will give us quite a satisfactory cross—section of the homeopathic treatment of influenza as any other. It is founded on fact, not theory, and no other ancillary treatment was given to these cases.

I fully realize that the epidemic was mild, but that would not affect our methods nor our choice of drugs and, I hope, would not affect our results!" Templeton

Step one—Case Taking

All the symptoms, objective and subjective, that made their appearance since the onset of illness must first be gathered. Here we are talking about energy, chills, temperature, sweat, pain, cough, sputum, respiration, complexion, thirst, appetite, taste, smell, pulse, moods, sensitivities, disposition and behavior, tongue, sleep, HA, nausea, vomiting, diarrhea, nosebleed, etc.

As a rule it is better to also know the chronic case or remedy of the patient, as in about 50% of the cases the acute remedy is the same as the chronic remedy of the person, particularly when cases reach the pneumonia stage. In this current epidemic we don't have enough experience to know an approximative percentage of people who developed pneumonia will require their chronic remedy.

Step two—Case analysis

Here you must ask yourself the question: "What is most peculiar in this case with influenza or pneumonia?"

You then assemble all the most characteristic symptoms of the disease, and arrange them in a hierarchy.

You have then created the genius of the disease. You now need to find in the materia medica the remedy whose genius is most similar to the one of the disease of the patient.

You may first need to repertorize the case to find out which remedies need to be studied first.

Be ready to prescribe with certainty any remedy in our MM, as long as there is a clear correspondence of geniuses. Forget about recipes from well-know and well-intended teachers, as the last words come to the principle of similarity, and not from what people say.

I have treated over the years cover 250 cases with pneumonia and the remedies that I have prescribed most also correspond pretty much to the ones that can be found in the literature.

In order of importance, Phosphorus comes on top of the list, followed closely by Sulphur and Bryonia, and then Lycopodium, Kali carbonicum, Belladonna, Antimonium tartaricum, Aconite, Carbo vegetailis, Ipecac, Chelidonium and Ferrum phosphoricum.

The other remedies that have been less often indicated in a descending order of frequency are Cannabis indica, Arsenicum album, Calcarea carbonica, Kali bichromicum, Veratrum viride, Spongia, Digitalis, Hepar sulphuricum, Gelsemium, Pulsatilla, Silica, Ferrum metallicum, Sanguinaria, Chamomilla, Lobellia, Ammonium carbonicum, Squilla, Opium, Crotalus horridus, Hyoscyamus, Stramonium and Cuprum metallicum.

But in this epidemic, I predict we will have to call other remedies, perhaps not so commonly used in the typical case of pneumonia, as it was the case with Cuprum metallicum for late-stage cases of pneumonia during the NIP.

Beware that some of the above list of remedies are commonly indicated chronic remedies. This mean it has always better to have the chronic case in order to prescribe with certainty. For instance, the Phosphorus patients will most likely need no other remedy than Phosphorus if they develop pneumonia.

But you still need to verify that all the characteristic aspects of Phosphorus are present. And remember the key importance of the *sine qua non* symptoms. Therefore a case whose thirst would be diminished during the acute state of sickness is unlikely to be a Phosphorus case. Or if you have all the indications for Phosphorus and you find out that the patient is drinking warm teas for comfort the case is unlikely to be a Phosphorus case.

Once you have the gut feeling for a remedy that matches the genius of the disease, you need to administer this remedy in an optimal posology.

Optimal posology means an optimal potency, optimal repetition and optimal way of administering the remedy for an optimal recovery in terms of rapidity, gentleness, completeness and durability.

This means that the posology must be individualized in each patient at each visit.

Therefore at each visit, the potency, repetition and way of administering the remedy must be individualized and adapted to the current circumstances and state of the patient.

It has been clinically demonstrated that the higher the potency, the faster is the recovery of the patient.

In his 1864 essay *On the Use of High Potencies in the Treatment of the Sick*, Dr. Carroll Dunham of New York summarized the experiments conducted in a Vienna hospital over a 10-year period, which tried to determine the most efficacious potency of homeopathic remedies.

Drs. Wurmb, Caspar and Eidherr treated all patients with pneumonia with the thirtieth decimal dilution for the first three years, then using the sixth for three years, and for the remaining four years with the fifteenth decimal dilution.

They measured the seat of infiltration, the time it took for resolution to begin and the resolution to be complete, and the length of hospitalization and convalescence.

Time of hospitalization of patient with pneumonia at the Leopoldstadt Hospital hospital in Vienna from 1850-1859

Group	Potency used	Number of patients	Total time of hospitalization	Average time of hospitalization per patient
Group 1 1850-1852	30 decimal	55	680	12.4
Group 2 1853-55	6 decimal	31	606	19.5
Group 3 1856-1859	15 decimal	54	795	14.7

But we have had since more experience with posology. In severe cases do not hesitate to use high potency and repeated them often.

I will often begin the case with a 200 potency and continue unto the 10M potency. Rarely a 50M will be needed to complete the course of treatment.

But in this epidemic, we may need to develop new strategies, particularly in the ARDS cases.

The remedy is usually administered in water, a pellet of the remedy is put in about 4-10 ounces of water, the water is stirred or succussed vigorously before each dose, a teaspoon to a tablespoon is given as a dose, and depending on the severity and ascendency of the disease, it could be given every 10, 20, 30, 60 or 120 minutes, and always before bedtime, as exacerbations can occur during sleep.

Follow-up should be done within 10 minutes to one hour in the more severe cases and in a few hours in less severe cases.

I always make sure the patient repeat the remedy before sleep, and if they get up at night to urinate, they could also repeat the remedy, especially in more severe cases.

Further, patients are told if at any time they would see any sign of a relapse to repeat the remedy immediately and to continue it at quick intervals, let's say every 10, 20 or 30 minutes or one hour until they begin feeling much better.

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

1- Heart rate

2- Temperature

3- Respiratory rate (and shortness of breath)

4- Oxygen saturation index

5- Pain

6- Energy

7- Coughing

8- Expectoration

9- Any particular symptom of the patient, such as thirst, anxiety, disposition, etc.

The remedy is repeated less often as the patient is improving. It would be a mistake to stop treatment when the patient shows the first sign of recovery, as relapse are insidious or could happen during sleep and the patient would then be in a worse state and you would have lost a lot of time in the recovery of the patient for no good reason.

The patient is thus followed until complete resolution of the symptoms, and the remedy can be continued after recovery to prevent a relapse.

Beware that there might be a change of picture during the course of treatment, which would require a change of remedy.

There are four stages in pneumonia, which consists of:

1- Inflammation

2- Consolidation

3- Resolution

4- Convalescence

If you begin treatment with the first stage remedy when the patient is at the end of the first stage and about to enter into the second stage, the patient will quickly enter into the second stage and require a different remedy, preferably a complementary remedy.

Hygienic measures and adjunctive natural approaches

Rest, avoidance of stress, fresh air or avoidance of keeping the patient in a room with staled air, and hydration of the febrile patient are necessary hygienic measures to assure a quick recovery.

When patients experiences pain I recommend that they drink two glasses of water within one hour, and as a rule the pain decrease and patient feels bettet.

Adjunctive natural approaches can also be used in conjunction with genuine homeopathy to speed up the healing process and the full recovery of the patient.

This would include water-only fasting[1] the febrile patient. As a rule, as long as the fever persists recovery will be speeded up if the patient is fasted.

I would like here to point out that Hahnemann wrote the *Organon of Medicine* and not the Organon of Homeopathy, as homeopathy is one of the many aspects in the vast field of medicine. Understandingly, Hahnemann encouraged the use of lifestyle and preventive medicine throughout his work, psychotherapeutics (par. 17), electrotherapy (par. 286), magnetic energy (par. 287), manual therapy (par. 288-290) and finally hydrotherapy (par. 291).

In this last paragraph on hydrotherapy, Hahnemann points out that hydrotherapy can be a useful adjuvant, in the restoration of health in acute and chronic affections, and especially during the convalescence period.

The underlying principle of hydrotherapy is simple: the healing of tissues is directly proportional to the amount of blood flow. The greater is the blood flow in and out of a diseased organ, the greater the defense, the detoxification, the nourishment and the restoration of this tissue, and therefore the greater is the healing process.

Hahnemann was right. If we look at statistics on hydrotherapy and pneumonia they are the closest to the ones obtained by genuine Hahnemannian homeopathy.

Treatment	Number of Patients	Number of Recoveries	Survival Rate (%)	Number of Deaths	Mortality Rate (%)
Homeotherapeutics	25,216	24,350	96.6	866	3.4
Genuine Hahnemannian Homeopathy	960	956	99.6	4	0.4
Hydrotherapy	568	559	98.4	9	1.6

And this is the genius of naturopathic medicine that will make use of different modality in the same patient in order to obtain a synergetic effect. Thus by combining genuine

[1] See Essentials in Therapeutic Fasting (a 6-hour webinar on the fundamentals of water-only fasting) at https://www.purehomeopathy.org/product/essentials-in-therapeutic-fasting-2016/

homeopathy with hygienic measures, hydrotherapy, as well as other approaches such as magnetic energy, the outcome should even be more dramatic in terms of the ease and speed of recovery.

Also when people become hypothermic, lets say below 37˚C or 98.6˚F and more particularly below 36.5 and even more urgently below 36.0˚C, it becomes important to warm up the patient with hot water bottles, heat lamps and extra blankets, especially if the extremities are cold and the patient is sinking. For clinicians who know how to properly handle hydrotherapy, this is very easily achieved by using warm towels over any parts of the body, but specifically the back or the chest and abdomen, which are followed by what is called a heating compress.[lxxxv]

Heating compress could be extremely beneficial to enhance defense during a febrile disease, as simple as wet socks, especially when the patients is going to sleep.[lxxxvi]

The principles and practice of hydrotherapy are well explained in *Lectures on Naturopathic Hydrotherapy*,[lxxxvii] the textbook used in naturopathic medical college.

Prognosis of the homeopathic treatment of the patient with influenza and pneumonia

A rapid and complete recovery of health and without side-effects should be expected in 100% of cases of influenza and pneumonia patients under homeopathic treatment, regardless of the degree of difficulty, when the treatment is based on the totality of the acute and chronic symptom pictures, an optimal posology and proper case management, which would include proper hygienic and adjuvant care, and the right conditions are met, i.e., readily accessible range of remedies and potencies, patient compliance, health conducive environment, low stress, etc.

The patient should begin to improve soon after taking the simillimum and the patient is followed closely to insure that the recovery is steady and without any relapse.

Since I began practice, I have seen patients with pneumonia with all types of severity, such infants or young children with life-threatening viral pneumonia that were in an oxygen tent, a 99 year old women who were on her deathbed, patients with lung cancer, a weak and emaciated patient who had an acute exacerbation of chronic Aspergillus pneumonia of 4 year duration, patients with heart and/or kidney failure, patients with

cystic fibrosis, an AIDS patient who was dying PCC pneumonia and cryptococcal meningitis, etc.

P. P. Wells who was well-known to have mastered homeopathy through many long years of assiduous study and who had a busy practice in Brooklyn reported a 0% mortality rate in close to 500 cases in the first 43 years of his practice.

The response has always been uniform, that is, as soon as a remedy with a high degree of similarity is given there is a healing response, which if it is kept up will lead the patient to a quick and complete recovery.

Recovery is not only prompt, but often patients will mentioned afterward that they feel better than at any other time in their life they can remember.

It would actually be hard to imagine having a pneumonia patient die under genuine homeopathy, as long as a skilled physician remains at the bedside.

Let me cite you a couple of these cases.

1- A 2 year-old boy with viral pneumonia, who is unresponsive to treatment and is lifeless in an oxygen tent with a respiratory rate of 90 per minute for the last 3 ½ days.

2- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia, cryptococcal meningitis, and liver and kidney failure, and is on very toxic anti-fungal medications and antibiotics, 80 mg of prednisone and morphine.

3- A 71 year-old woman with stage IV B-cell non-Hodgkin lymphoma who developed multi-lobar pneumonia with complete exhaustion, a resting respiratory rate varying at between 23-35 and extreme dyspnea.

Conclusion

All evidence so far reviewed shows that:

1- Mortality in pneumonia patients is very low under homeopathic treatment, better than with any other system of medicine.

2- Recovery is prompt and complete, and without side-effect.

3- The totality of the symptoms of the acute and chronic disease pictures is the base for treatment.

4- The single remedy that is most similar to the totality of the characteristic symptoms, that is known as the genius of disease, must be prescribed in an optimal posology.

5- It is very pertinent to address the subject of pneumonia, as it is endemic all the time all over the world.

Pneumonia is a common illness affecting approximately 450 million people a year around the world and killing 4 million people or 7% of the world yearly total.[lxxxviii,lxxxix]

An estimated 1.4 million children under the age of five years die every year from pneumonia—more than AIDS, malaria and tuberculosis combined, and accounting for 18% of all deaths of children under five years old worldwide. In the United States alone, community-acquired pneumonia affects 5.6 million people per year, and ranks 6th among leading causes of death.

One in every 25 Americans will die of pneumonia.

In 2009, there were approximately 1.86 million emergency department encounters for pneumonia in the United States.

In 2011, pneumonia was the second-most common reason for hospitalization in the U.S., with approximately 1.1 million stays.

Antibiotic resistance is found in all pathogens associated with community-acquired pneumonia, which has considerable long-term effects on quality of life.

The age-adjusted annual mortality for combined influenza and pneumonia has been steadily rising over the last few decades. It increased 9 percent from 2012 to 2013.

As a result, pneumonia is the third most frequent cause of hospitalizations (births are first, and heart disease is second)

Between 2009-2014 in the UK, the mortality rate from community-acquired pneumonia was 13.2%. (Daniel, Priya, et al. "Mortality reduction in adult community-acquired pneumonia in the UK (2009–2014): results from the British Thoracic Society audit programme." *Thorax* (2016): thoraxjnl-2016.)

Case fatality rate health-care acquired pneumonia is around 50% in the first 2 months and 90% within the first year of discharge. (Yalçınsoy, Murat, et al. "Case fatality rate related to nosocomial and ventilator-associated pneumonia in an ICU: a single-centre retrospective cohort study." *Wiener klinische Wochenschrift* 128.3-4 (2016): 95-101.)

The mean hospital charge for CAP is $25,218, while it jumps to $65,292 for patients with HAP, and peaked at $150,841 for patients with VAP. (Kollef, Marin H., et al. "Epidemiology and outcomes of health-care–associated pneumonia: results from a large US database of culture-positive pneumonia." *Chest* 128.6 (2005): 3854-3862.)

Epilogue

We need to get the message across that homeopathy offers the most effective, safe, lifesaving, debility-saving and cost-saving health care system for patients with pneumonia, with all type of severity, including the ones who are on their deathbed in an intensive unit.

Extra points to maintain and optimize health

Eating and sleeping well, exercise daily, getting regular sun on your skin and seek and cultivate mental and emotional poise.

Join Dr. Michael Gregger on April 8, 2020, for a webinar on *How Not to Die in a Pandemic*
What is the best thing we can do to keep ourselves and our families safe from the coronavirus?
https://nutritionfacts.org/2020/03/26/how-not-to-die-in-a-pandemic-webinar-coming-up/

Why you should care about your diet
https://nutritionfacts.org/introduction/

Taking personal responsibility for your health
https://nutritionfacts.org/introduction/

How not to die
https://nutritionfacts.org/book/

The power of a vegan diet with wholesome food

https://www.youtube.com/watch?v=eZWzNfOpbCQ

Nutritional yeast beta-glucans appears to have immune-strengthening effects, at least in children, and those under physical or mental stress.
https://nutritionfacts.org/video/best-food-to-counter-stress-induced-immune-suppression/

Chlorella for people who exercise can also boost immune function:
https://nutritionfacts.org/video/preserving-athlete-immunity-with-chlorella-2/

People should keep exercise, even the ones who are bedridden:
Exercise That Prolongs Your Life by Stephan Esser MD
https://www.youtube.com/watch?v=UtMCiG2TGIg&t=2136s

Make sure rooms are well ventilated.
See: **https://vimeo.com/402577241**

Management of the febrile patient
Fever is beneficial for survival and its suppression tends to be detrimental.
Increase blood circulation during fever with hydrotherapy.

Why it is not a good idea to use NSAIDs and antipyretics (and perhaps antitussives[xc])
Here we are dealing with the confrontation of two major paradigms regarding health and health care.

On the one hand, the body is made of molecules and medicine attempts to manipulate at best it can to manage symptoms with pharmaceuticals. You have a fever, let's suppress it. You will be more comfortable. You have a cough, let's suppress it. You will sleep better. Etc.

On the other hand, we have a dynamic paradigm, which is based on the understanding that health is a spontaneous process, as the living organism is in a constant state of self-regulating, self-organizing, self-defending and self-repairing. When this process is harmonious there is health.

This attempt to maintain balance is a normal, spontaneous and positive dynamic state. It is not a fixed state, but is the fluctuating quality of an organism that is constantly trying to adapt to its environment and other conditions of life.

However, this state of balance and harmony that is health is natural and spontaneous as long as the conditions necessary for life and the needs of the individual are met.

When the inner or outer environments are degraded, the conditions necessary for life are degraded, the vital process is stressed trying to maintain a state of equilibrium, symptoms of discomfort appear, the organism is gradually exhausted and life eventually becomes extinguished.

Disease is therefore a deviation from the state of equilibrium, which is associated with a state of well-being and harmony.

Disease is therefore not a separate entity from the living being, but a state of imbalance of the latter.

The concepts of resisting to disease or of catching a disease, such as the flu for instance, are therefore false.

Disease is in fact a dynamic process in which the force that drives life continually tries to adapt to forces, influences and conditions that are contrary to life.

The living being is therefore not resisting disease, but rather trying to adapt to the conditions that are unfavorable to life and are the real causes of disease.

Symptoms that appear during fever are viewed as an attempt of adaptation. The role of the physician is not to suppress such attempts of the living organism to restore health, but to support it by using influences and forces of nature that are known to trigger and support the healing process.

In a recent study, the average body temperature of hospitalized patients with severe COVID-19 36.5˚C, which was perhaps due to **antipyretics or** immunosuppression.[xci]

Example: "After receiving medication, his body temperature reduced from 39.0 to 36.4°C. However, his cough, dyspnea, and fatigue did not improve."[xcii]

In 2019, on the advice of the National Agency for the Safety of Medicines and Health Products, French health workers have been told not to treat patients with fever or infections with ibuprofen.[xciii]

Paul Little, professor at the University of Southampton, has reviewed the relevant medical literature on the use of NSAID and viral infections and reported that there was "no evidence relating specifically to people with covid-19," but that there was "reasonable evidence of a link between NSAIDs and both respiratory and cardiovascular adverse effects," and therefore caution was the best policy. "Pending further research, a pragmatic and cautionary approach would be for the public to avoid these plausible harms. Regular NSAID use should probably not be recommended as the first line option for managing the symptoms of covid-19," he said.[xciv]

"Researchers at the Centre for Evidence-Based Medicine in Oxford have opened up another avenue for debate, however, by questioning the traditional advice of using over-the-counter pills to lower a fever in those with acute respiratory illness in an analysis published on 19 March. They said that the benefits of fever should not be overlooked. 'Fever is common and is a good prognostic sign in acutely unwell patients with infection, associated with higher rates of survival.'

"They concluded: 'The current evidence does not support routine antipyretic administration to treat fever in acute respiratory infections and covid-19,' adding that the rapid and widespread purchase of antipyretic medication over-the-counter has led to temporary shortages."[xcv]

In vitro studies demonstrated that both ASA and acetaminophen decreased the interferon-induced antiviral responses of cultured mammalian cells. We have

demonstrated that exposing young mice to antipyretics results in transient increases in viral virulence, as judged by time-dependent increases in mortality.[xcvi]

Influenza infected subjects who received antipyretics were sick on average 3.5 days longer than those not receiving such treatment.[xcvii]

This systematic review and meta-analysis has shown that antipyretic treatment increases the risk of mortality in animal models of influenza infection.[xcviii]

Our objective was to evaluate the impact of antipyretic therapy strategies on the outcomes of critically ill patients.

Between December, 2002 and September, 2003, 572 patients were screened, of whom 82 met criteria for enrolment. Forty-four patients were randomized to the aggressive group and 38 patients were randomized to the permissive group for a total of 961 and 751 ICU days, respectively. There were 131 infections in the aggressive group and 85 infections in the permissive group (4 6 vs. 3 2 infections per patient, p 0.26). There were seven deaths in the aggressive group and only one death in the permissive group (p 0.06, Fisher Exact Test). The study was stopped after the first interim analysis due to the mortality difference, related to the issues of waiver of consent and the mandate for minimal risk.

Conclusions: Aggressively treating fever in critically ill patients may lead to a higher mortality rate. The present study was stopped prematurely when an interim analysis showed an alarming trend towards increased mortality in the group treated aggressively for a temperature of 38.5°C. The study demonstrated a trend towards an increased rate of infection in the aggressive group. There was a seemingly paradoxical decrease in systemic inflammatory response syndrome score in the permissive group (who were allowed to remain febrile). This may indicate the body's ability to respond to an inflammatory state while being stimulated by the febrile response. Despite this statistically significant difference, the clinical significance remains unknown. This study demonstrated that an aggressive approach of treating fever in critically ill patients trended toward a higher mortality rate. The increased mortality of patients who received aggressive antipyretic treatment lead to early study termination due to ethical considerations.[xcix]

We found that treatment with non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen independently increased 28-day mortality for septic patients (adjusted odds ratio: NSAIDs: 2.61, P = 0.028, acetaminophen: 2.05, P = 0.01) but Application of physical cooling did not associate with mortality in either group. These findings suggest that fever and antipyretics may have different biological or clinical or both implications for patients with and without sepsis.[c]

Antipyretic treatment has been suspected as a enhancing factor for the influenzal encephalitis/ encephalopathy, especially in Reye's syndrome, based on epidemiological data [5-7, 18, 20], and the restraint of aspirin treatment for influenza patients resulted in a sharp decline of Reye's syndrome in the U.S.A.
We here demonstrate that antipyretic treatment aggravated the hematogenous spread of the influenza virus to the CNS in chicks.[ci]

The first case treated in the USA: Treatment during this time was largely supportive. For symptom management, the patient received, as needed, antipyretic therapy consisting of 650 mg of acetaminophen every 4 hours and 600 mg of ibuprofen every 6 hours. He also received 600 mg of guaifenesin for his continued cough and approximately 6 liters of normal saline over the first 6 days of hospitalization. [cii]

Despite the clear evidence of the advantages of fever, the WHO[ciii] and Mayo Clinic still recommend anti-febrile medications in patients affected with viral infections, “Fever reducers. You or your child may also take over-the-counter medications such as acetaminophen (Tylenol, others), ibuprofen (Advil, Children's Motrin, others) or naproxen (Aleve) to help relieve the fever that accompanies measles.”[civ]

Acetaminophen is also termed paracetamol and *N*-acetyl-*p*-aminophenol (AAP or APAP). More than 70% of the population in western countries has taken acetaminophen at least once, and a relevant percentage takes the drug chronically as a mild pain reliever and antipyretic.15 Acetaminophen is used to treat pain and fever and it has become one of the most popular OTC non-narcotic analgesic agents. For example, this compound has been taken at least once by >85% of children under the age of 91

months in the UK.15 In the US, approximately 79% of the general population regularly takes acetaminophen, including more than 35% of pregnant women.[cv]

The effects of aspirin and paracetamol on mortality due to influenza B infection were investigated in neonatal and weanling mice and in *in vitro* studies, which demonstrated that both aspirin and paracetamol caused a dose-dependent reduction in interferon-induced anti-viral responses. [cvi]

To give an idea on how careful people taking NSAIDm recent researches have showed that mothers who take acetaminophen or ibuprofen during pregnancy, even for just one day, can lead to infertility in their offspring.[cvii,cviii]

Acetaminophen produces neurotoxic effects on rat brain neurons both *in vitro* and *in vivo*, its use during pregnancy is associated with teratogenic defects in testicular function and the gastrointestinal tract, and there is increased incidence of asthma in maternally exposed and postnatally exposed children.[cix]

Acetominophen is converted to the very toxic metabolite *N*-acetyl-*p*- benzoquinone imine (NAPQI; Figure 2), which can cause oxidative damage to proteins, nucleic acids, amino acids, and lipids, in addition to increased mitochondrial and cellular damage and death. [cx]

In this study, we have demonstrated that children exposed prenatally to acetaminophen in the second and third trimesters are at increased risk of multiple behavioral difficulties, including hyperactivity and conduct problems.
Children exposed to acetaminophen prenatally are at increased risk of multiple behavioral difficulties, and the associations do not appear to be explained by unmeasured behavioral or social factors linked to acetaminophen use insofar as they are not observed for postnatal or partner's acetaminophen use. Maternal prenatal acetaminophen use at 18 (n = 4415; 53%) and 32 weeks of pregnancy (n = 3381; 42%) was associated with higher odds of having conduct problems (risk ratio [RR], 1.42; 95% CI, 1.25-1.62) and hyperactivity symptoms (RR, 1.31; 95% CI, 1.16-1.49), while maternal acetaminophen use at 32 weeks was also associated with higher odds of having

emotional symptoms (RR, 1.29; 95% CI, 1.09-1.53) and total difficulties (RR, 1.46; 95% CI, 1.21-1.77).[cxi]

Paracetamol has been postulated to cause a diverse range of embryo–fetal and neonatal adverse effects, dependent on dose, duration of treatment and the trimester of exposure.[cxii]

Together, these nine studies suggest an increased risk of adverse neurodevelopmental outcomes following prenatal APAP exposure. [cxiii]
A recent systematic review suggests that there is an association between prenatal exposure to paracetamol and an increased risk of neurodevelopmental disorders such as ADHD, HKD Hyperkinetic Disorder and ASD.[cxiv]

Acetaminophen (APAP) ranks at the top of the list of medications taken prenatally, as pregnant women have easy access to this over-the-counter medication, which in any case is generally recommended by physicians to treat fever and pain in and out of pregnancy. “Insights on an increased risk for pregnancy complications such as miscarriage, stillbirth, preterm birth or fetal malformations upon APAP exposure are rather ambiguous. However, emerging evidence arising from human trials clearly reveals a significant correlation between APAP use during pregnancy and an increased risk for the development of asthma in children later in life.”[cxv]

Respected physicians consider that the connection of acetaminophen with asthma has been proven beyond a reasonable doubt. Dr McBride, Professor of Pediatrics at Department of Pediatrics, Northeast Ohio Medical University, Rootstown, Ohio summarizes the evidence for the acetaminophen asthma findings : “There remains a possibility that confounding variables might explain some or all of the association between acetaminophen and asthma. For this reason we need further studies. At present, however, I need further studies not to prove that acetaminophen is dangerous but, rather, to prove that it is safe. Until such evidence is forthcoming, I will recommend avoidance of acetaminophen by all children with asthma or those at risk for asthma and will work to make patients, parents, and primary care providers aware of the possibility that acetaminophen is detrimental to children with asthma.”[cxvi]

Since *all children* may be at risk from asthma, Dr McBride is in effect saying that acetaminophen is contraindicated for the treatment of *any* children.

Although the case for acetaminophen being a cause of autism and attention de cit with hyperactivity may not be as strong as the case for asthma, the severe asthma risk combined with the risks of autism and attention de cit with hyperactivity are so severe that we as a society should maintain a degree of caution with acetaminophen given the proven overall toxicity due to accidental overdose of the drug, and the availability of ibuprofen or abstaining from treatment as alternatives. [cxvii]

We examined if neonatal paracetamol exposure could affect the development of the brain, manifested as adult behavior and cognitive de cits, as well as changes in the response to paracetamol. [cxviii]

Exposure to and presence of paracetamol during a critical period of brain development can induce long-lasting effects on cognitive function and alter the adult response to paracetamol in mice. [cxix]

In conclusion, this study shows that one of the most commonly used pharmaceutical drugs, paracetamol, can act as a developmental neurotoxic agent, affecting cognitive function and altering adult responsiveness to paracetamol and thereby its antianxiolytic and analgesic effect. These results are supported by several recent studies with other compounds, both pharmaceutics and environmental pollutants, with similar mechanistic action and must therefore be taken seriously. **[cxx]**

In a Spanish study, prenatal acetaminophen exposure was associated with a greater number of autism spectrum symptoms in males and showed adverse effects on attention-related outcomes for both genders. “These associations seem to be dependent on the frequency of exposure.”[cxxi] Similarly, maternal use of acetaminophen in pregnancy was associated with ASD with hyperkinetic symptoms only, suggesting that acetaminophen exposure during the early phase of fetal life may specifically impact this hyperactive behavioral phenotype.[cxxii]

This ecological analysis identified country-level correlations between indicators of prenatal and perinatal paracetamol exposure and autism/ASD. State level correlation was also identified for the indicator of perinatal paracetamol exposure and autism/ASD. Like all ecological analyses, these data cannot provide strong evidence of causality. However, biologic plausibility is provided by a growing body of experimental and clinical evidence linking paracetamol metabolism to pathways shown to be important in autism and related developmental abnormalities. Taken together, these ecological findings and mechanistic evidence suggest the need for formal study of the role of paracetamol in autism. [cxxiii]

In a randomised trial in Lambaréné, Gabon, 50 children with P falciparum malaria were treated with intravenous quinine, and received either mechanical antipyresis alone, or in combination with paracetamol. Paracetamol, although potentially hepatotoxic, is widely available, and has become the antipyretic drug of choice for children with malaria.[cxxiv]

Parasite clearance time was significantly prolonged in patients who received paracetamol with a difference of 16 h (8–24 h; p=0·004). These data suggest that paracetamol has no antipyretic benefits over mechanical antipyresis alone in P falciparum malaria. Moreover, paracetamol prolongs parasite clearance time, possibly by decreased production of TNF and oxygen radicals. (despite the fact that all patients received mechanical cooling which is recommended by the WHO recommends fanning, tepid sponging, and cooling blankets as mechanical measures for fever control. So both had the same effects on lowering temperature)[cxxv]

Our data suggest, as others have argued,[cxxvi] that the benefits from paracetamol have been exaggerated.[cxxvii]

We have shown that paracetamol has a significant influence on PCT. Parasite clearance was slower in children treated with the drug (75 h) than in those receiving mechanical antipyresis only (59 h).[cxxviii]

TNF has an important antiparasitic role in malaria,10,13 possibly owing to the production of oxygen radicals, which are thought to be part of the distal arm of the immune cascade [cxxix]

The following results were better in the placebo group (p <.05): time to total scrabbing 5.6 days (SD 2.5) versus 6.7 days (SD 2.3) in the acetaminophen group, and itching on day 4 in the placebo group (symptom score 2.9 [SD 0.20] vs 2.2 (SD 0.26]). These results provide evidence that acetaminophen does not alleviate symptoms in children with varicella and may prolong illness. And may be It is tempting to conclude that the children treated with acetaminophen shed virus for a longer period because viral shedding ends when the lesions are dry and crusted [cxxx]

In humans, observational studies have shown a positive correlation between febrile temperature during bacteraemia and survival, and hypothermia as a manifestation of sepsis is a negative predictor of outcome. [cxxxi]

Temperature elevation is also associated with a wide range of immunological effects relevant to the host defence against influenza infection.40–43 These include a greater proliferative response of lymphocytes, and increased production and activity of cytokines such as interferon. Whether reducing the physiological fever with antipyretics modifies these immunological responses, and thereby influences clinical outcomes, remains uncertain [cxxxii]

The degree of temperature sensitivity is also a characteristic that determines virulence, such that strains with a shut-off temperature of 38°C or lower cause mild symptoms, whereas influenza strains with a shut-off temperature of 39°C or more cause severe symptoms.34 As a result, it is likely that antipyretic use leads to a reduction of the physiological febrile response which would otherwise inhibit replication. Furthermore, it suggests that the most virulent strains are those most liable to thrive with antipyretic use, as the high shut-off temperature may not be reached or sustained if an antipyretic is used and thus the virus will replicate without temperature-induced inhibition. [cxxxiii]

However, both these studies reported an increased risk of mortality with antipyretic use, of between 1.5 and 1.8-fold, consistent with our calculated pooled estimate of risk. In conclusion, this systematic review and meta-analysis has shown an increased mortality rate in animals treated with antipyretics during infection with influenza A or B, with no informative randomized placebo-controlled trials in humans [cxxxiv]

This is suggested by the recent study which showed that the reduction in antibody response to vaccination with paracetamol treatment occurred in children with or without febrile responses. [cxxxv]

In vitro studies were also undertaken which demonstrated that both aspirin and paracetamol caused a dose-dependent reduction in interferon-induced antiviral responses. [cxxxvi]

However, it is of interest that Crocker *et al.* reported that both aspirin and paracetamol decreased the interferon-induced antiviral responses of cultured mammalian cells [cxxxvii]

The first is that human-tropic influenza viruses replicate in the upper respiratory tract at 33–37°C and that most naturally occurring influenza A strains that infect humans are temperature-sensitive, with inhibition of replication at high temperatures within the physiological range of 38–41°C.[cxxxviii]

There was a striking correlation between antipyretic therapy and duration of illness in subjects infected with influenza A and *Shigella sonnei*, In studies involving experimental infections with both influenza A and *S. sonnei*, subjects treated with antipyretic agents were ill significantly longer than those not receiving antipyretics. Moreover, in subjects infected experimentally with influenza A and *S. sonnei*, there was a highly statistically significant positive correlation between the number of doses of antipyretic agents received and the duration of the illness (Figure 1, $p<0.001$) Influenza A-infected subjects who received antipyretic agents during their illness were sick, on average, 3.5 days longer than those not receiving antipyretic agents (8.8 ± 2.3 days vs 5.3 ± 3.0 day, $p<0.001$) *S. sonnei*-infected subjects also exhibited a striking prolongation of illness in association with antipyretic therapy (4.6 ± 2.1 days for those receiving antipyretics vs 1.9 ± 1.6 days for those not receiving antipyretics, $p<0.001$).[cxxxix]

A twofold increased risk of mortality was found with aspirin treatment in animal models of S pneumoniae infection. No relevant human studies were identified.[cxl]

No randomized placebo-controlled trials of antipyretic use in influenza infection in humans reported data on mortality. We suggest that randomized placebo-controlled trials of the effect of antipyretic use on the risk of mortality with human influenza infection are required.[cxli]

An increased risk of mortality in animals was reported in studies of aspirin, paracetamol and diclofenac.[cxlii]

Autism and acetaminophen

Autism and autism spectrum disorders are enigmatic conditions that have their origins in the interaction of genes and environmental factors. In this hypothesis, genes statistically associated with autism are emphasized to be important in inflammation and in innate immune pathways, including pathways for susceptibility to asthma. The role of acetaminophen (paracetamol) in an increased risk for asthma is described and a possible similar link to an increased risk for autism is suggested. [cxliii]

Activation of liver Kupfer cells (phagocytic macrophages of the liver) by acetaminophen metabolites have been shown to activate cytokines and alter innate immunity in liver injury [cxliv]

NIH researchers: Both asthma and autism have had a similar apparent rise in the number of cases since approximately 1980, over the past 30 years, and in both disorders these have been repeatedly referred to as “epidemics”.[cxlv]

In disease prevalence curves of both autism and asthma in the US, the sharp rise in cases began in approximately 1980. In the period from 1980 to 1990 there were two slight downturns in the slope of the curves, after 1982 and after 1986. Both curves continue markedly upward after 1988 into the 1990s [cxlvi]

In addition, there are similar slight downturns in slopes of the curves at the same times from independent and geographically disparate studies in both asthma and autism including; hospitalizations75, autism cases in Minnesota76, autism in north east London77, and autism in an urban area in Sweden [cxlvii]

Four significant events related to acetaminophen use occurred between 1980 and 1990. The first was the CDC caution in 1980 concerning the relationship of aspirin to the risk of Reyes Syndrome which was followed by a public and professional warning by the United States Surgeon General regarding a possible Reyes Syndrome-aspirin association79. These cautions against the use of aspirin as a fever reducer in children were largely responsible for the replacement of aspirin by acetaminophen as a pediatric antipyretic80. [cxlviii]

In 1982 and again in 1986 there were product tampering cases where acetaminophen tablets were laced with cyanide resulting in eight deaths. Acetaminophen sales collapsed after each tampering event, but recovered in less than a year in each case81-83. These dates roughly correspond to the slight downturns in asthma and autism cases mentioned above. [cxlix]

There is strong epidemiological evidence that acetaminophen use in late pregnancy and/or in the first year of life increases the risk of subsequently acquiring childhood asthma and related allergic disorders. This may be due to direct effects on immunological pathways or secondary effects such as through alterations in blood serotonin, glutathione, or transsulfuration. Fever has been shown to have a modifying effect on behaviors in autism, and acetaminophen is widely used to treat childhood fever as well as symptoms associated with childhood infections and childhood vaccines. Acetaminophen use has been shown to be associated with autism in a preliminary study. [cl]

It is proposed that widespread use of acetaminophen in late pregnancy or early childhood may significantly alter subtle immune processes, through direct or indirect mechanisms, increasing the risk for autism.[cli]

Most importantly, acetaminophen use in the first year of life has been strongly associated with a later increased risk of asthma, and related phenotypes of asthma58. This association was recently found to have a dose dependent risk of childhood asthma, rhinoconjuctivitis, and ezcema in children aged 6-7 years, in a large multinational study.[clii]

Moreover, increased risk of asthma due to acetaminophen use in late pregnancy has also been shown.[cliii]

Importantly, acetaminophen use after MMR vaccination has recently been associated with autism in a small case controlled study.[cliv]

Moreover, acetaminophen affects glutathione levels as well as pathways involved in transsulfuration. Glutathione metabolism is fundamental to many biological processes and alterations in glutathione homeostasis are implicated in numerous human diseases including immune and inflammatory disorders.[clv]

Acetaminophen has been used as an analgesic for more than a hundred years, but its mechanism of action has remained elusive. Recently, it has been shown that acetaminophen produces analgesia by the activation of the brain endocannabinoid receptor CB1 through its para-aminophenol (p-aminophenol) metabolite. The objective of this study was to determine whether p-aminophenol could be toxic for in vitro developing mouse cortical neurons as a first step in establishing a link between acetaminophen use and neuronal apoptosis. We exposed developing mouse cortical neurons to various concentrations of drugs for 24 hr in vitro. Acetaminophen itself was not toxic to developing mouse cortical neurons at therapeutic concentrations of 10–250 lg／ml. However, concentrations of p-aminophenol from 1 to 100 lg／ml produced significant ($p < 0.05$) loss of mouse cortical neuron viability at 24 hr compared to the controls.[clvi]

We have previously found that acetaminophen use at age 12–18 months increased the odds of autism in our sample by more than eight times, and by more than 20 times when considering only children who experienced normal development followed by a regression in development.[clvii]

It appears that the marked increase in the rate of autism, asthma, and attention de cit with hyperactivity throughout much of the world may be largely caused by the marked increase in the use of acetaminophen in genetically and/or metabolically susceptible children, and the use of acetaminophen by pregnant women.[clviii]

The wide range of factors associated with the induction of autism is invariably linked with either inflammation or oxidative stress. “The use of acetaminophen in babies and young children may be much more strongly associated with autism than its use during pregnancy, perhaps because of well-known deficiencies in the metabolic breakdown of pharmaceuticals during early development. Thus, one explanation for the increased prevalence of autism is that increased exposure to acetaminophen, exacerbated by inflammation and oxidative stress, is neurotoxic in babies and small children. This view mandates extreme urgency in probing the long-term effects of acetaminophen use in babies and the possibility that many cases of infantile autism may actually be induced by acetaminophen exposure shortly after birth.”[clix]

Acetaminophen use after measles-mumps-rubella vaccination was significantly associated with autistic disorder when considering children 5 years of age or less (OR 6.11) and when considering only children who had post-vaccination sequelae (OR 8.23). Children who used acetaminophen at age 12 to 18 months were more than eight times as likely to be in the autism disorder group when all children were considered.[clx]

A double-blind, placebo-controlled trial was conducted to study the effects of over-the-counter analgesic/antipyretic medications on virus shedding, immune response, and clinical status in the common cold. Use of aspirin and acetaminophen was associated with suppression of serum neutralizing antibody response ($P < .05$ vs. placebo) and increased nasal symptoms and signs *(P*< .05 vs. placebo). A concomitant rise in circulating monocytes suggested that the suppression of antibody response may be mediated through drug effects on monocytes and/or mononuclear phagocytes, There were no significant differences in viral shedding among the four groups, but a trend toward longer duration of virus shedding was observed in the aspirin and acetaminophen groups. In our present study, aspirin and acetaminophen were significantly associated with suppression of the serum neutralizing antibody response to the study challenge virus, RV2. If widely used over-the-counter medications significantly suppress immune function, there may be a real risk of increasing the severity of infection. there was evidence in our study that aspirin and acetaminophen might adversely influence clinical status. These two drugs were associated with increased turbinate edema and nasal obstruction in comparison with placebo. Aspirin, acetaminophen, and ibuprofen did not significantly increase virus shedding in comparison with placebo, but as shown in table

2, duration ofshedding in the aspirin and acetaminophen groups tended to be slightly longer *(P* = .34). Duration of shedding was also associated with an attenuated antibody response *(P* = .038). The rise in the number of circulating monocytes in the three active treatment groups contrasted with a fall in the placebo group. the higher levels of circulating monocytes were significantly related to suppressed antibody response and the absence of cervical adenitis.[clxi]

The present results of both histological and immunohistochemical examinations on the CNS of mice were consistent with those of our previous reports in which the virus invaded the brain stem after replicating in the respiratory mucosa
On the other hand, in chicks, antipyretic treatments before and after inoculation of the influenza virus definitely enhanced the neuropathogenicity of the virus. The chicks inoculated with the virus without antipyretic treatment developed no lesions and showed no antigen in the CNS. DFS enhanced the neuropathogenicity more than did ASA.[clxii]

Statistically, the analysis between NSAIDs use and mortality risk was powered to demonstrate a 2-fold risk among adults and a 4-fold risk among children at a 95% confidence level. Second, we were not able to analyze encephalopathy mortality, as there were only 14 pediatric encephalitis cases; perhaps the association of NSAIDs with mortality in the setting of influenza is specific to encephalopathy mortality.[clxiii]

Most substances used in over-the-counter pain killer and anti-inflammatory which would be commonly used during fever have mutagenic properties.[clxiv,clxv]

Reports of severe acute encephalitis/encephalopathy during influenza seasons have recently increased in Japan.

The1997 to 2001 influenza A epidemics in Japan were markedly neurovirulent, and many children died of influenza-associated encephalitis/encephalopathy We studied 20 patients with influenza-associated encephalitis/encephalopathy during the last four influenza seasons.
Nopatientshadbeenpreviouslyinoculatedwithinfluenzavaccine.Antipyreticswere used in 16 patients before the onset of encephalopathy. Although all patients were treated intensively, 5 patients died and 8 had neurologic sequelae.[clxvi]

Despite intensive care including resuscitation and assisted ventilation, 5 patients died, 8 had residual neurologic sequelae, and the other 7 recovered completely.
Of the 8 patients who had neurologic sequelae, two became bedridden, 6 had epilepsy, and all had mental retardation. Of the 5 patients who died, 3 died after a rapid, fulminant course (5, 6, and 44 hours from the onset of neurologic symptoms, respectively), and the other 2 died after being in a chronic brain death state for 2 and 6months, respectively. All 5 deceased patients had hepatic dysfunction and disseminated intravascular coagulation. With regard to the use of antipyretics, all 5 deceased patients were given antipyretics, 3 having taken diclofenac sodium, 1 sulpyrine and acetaminophen, and the other acetaminophen and mefenamic acid. Among the deceased patients, none had received acetaminophen only. Six of the 8 patients with residual neurologic sequelae had taken antipyretics (ie, 2 diclofenac sodium and 4 acetaminophen). Five of the 7 patients who fully recovered had taken antipyretics (ie, 3 diclofenac sodium and 2 acetaminophen).

All five who died and 6 of the eight who had neurological sequelae had been treated with antipyretics. The authors concluded, “Although the precise relationship between the use of antipyretics and the severity of encephalopathy remains unknown, we must pay attention when using antipyretics during an influenza season. … the use of the antipyretics should be reconsidered, as in the cases of Reye’s syndrome and aspirin. This might be one of the reasons why influenza-associated encephalitis/encephalopathy occurs mainly in Japan.”[clxvii]

The genius epidemicus

This term “genius epidemicus” is used to identify the peculiar characteristic manifestation of an epidemic disease, which tends to be related to local circumstances, such as the season, the weather, (telluric activities, electric, magnetic, astrologic influences?), the type of persons being affected, etc., but most importantly, it is the value of this concept in homeopathy, which is related to the fact that most cases in a specific epidemic in a particular locality will be cured by one or a few remedies.

History of the term “genius epidemicus”

Let’s us begin with a bit of history of this term.

First, there are two spellings for the same idea, namely, genius and genus epidemicus. The genius is a bit common in the homeopathic literature (53% vs 47%). Genius is almost uniquely used by medical historians

Hering seems to have introduced the term “genus” into homeopathy, which he used in 1860, but in 1872 he did an extensive study of the concept and then used instead the term genius. However, many who followed Hering after 1860 used also the term “genus,” including McNeil, Eaton, etc., and the HANP, but Lippe and Dunham used genius.

Genus denotes the genera or group in the classification system of plants or animals.

While genius denoted more the very essence, innate nature, identity or prevailing character of an epidemic.

Perhaps we should look at history for guiding us on which term to use.

The concept of genius epidemicus originated with Hippocrates (books of epidemics) and was taken up again by Paracelsus (1493-1541) who pointed out to the need to find the *specific* remedy for each epidemic. He wrote, “If you cannot find the specific remedy for every epidemic, all your endeavor to cure is in vain.”

About 150 years later comes Thomas Sydenham (1624-1689), also known as the English Hippocrates, who revived the concept and has since remained alive in the homeopathic practice.

“Sydenham had already established the fact that disease, in a succession of years show a certain change, which appeared to him as though governed by some law. He ascribed to each year, or other period of time, its special constitution, or *genius epidemicus;* and in this term he included even the etiogical factor by which diseases are produced, and this in turn to give way to others when a new *genius* had developed. He showed that a given disease presented a different character in different years, and would be accompanied by variable phenomena and dangers.”

Hahnemann described the concept clearly in his writings without using the expression genius epidemicus. However, Aegidi related a conversation he had with Hahnemann when he was visiting him in 1831, in which Hahnemann used the term genius epidemicus (see lower).

Underlying the practical concept of the genius epidemicus is the working hypothesis that *the same cause must be followed by like effects,* unless there are other stronger influences at play such “psora.”

Actually this concept applies to a practice you already know, which is the almost specific remedy for very specific etiology:

For instance, if we look at the effect of trauma: Arnica
But also there could be another Bellis perrennis, Hypericum, Ruta, Symphytum, Conium, Helleborus, and many, many other

If we look at the chronic effect of trauma now we have a large number of remedies, depending of the part of the body affected or tissues, i.e., bone, ligaments, glands, eye, etc.

For the pain of surgical incisions, we know very well the specific indication for Hypericum, but occasionally we will see other remedies such as Staphysagria, particularly in C-section.

For acute grief, Ignatia until proven otherwise, is the specific remedy by there could be other such as Kali phosphoricum, Phosphoric acid, Conium, Gelsemium, etc.

Let’s come back to Hahnemann:
In his 1828 *Chronic Diseases*, Hahnemann says that psora with its innumerable symptoms should be treated as one disease similarly as if it was an epidemic diseases. He then refer to the 1813 typhus epidemic that was raging in Leipzig that was brought by Napoleon’s army that was retreating,

“Thus in the year 1813 one patient would be prostrated with only a few symptoms of this plague, a second patient showed only a few but different ailments, while a third, fourth, etc., would complain of still other ailments belonging to this epidemic disease, while they were, nevertheless, all sick with one and the same pestilential fever, and the entire and complete image of the typhus fever reigning at the time could only be obtained by gathering together the symptoms of all, or at least of many of these patients. Then the one or two remedies, found to be homeopathic, healed the whole epidemic, and therefore showed themselves specifically helpful with every patient, though the one might be suffering from symptoms differing from those of others, and almost all seemed to be suffering from different diseases.”

The concept is similar to a proving, you need many provers to obtain the full picture of a remedy, and you need many sick person during an epidemic to obtain fuller picture of the epidemic disease.

He described the same process in paragraph 101, 241 and 73 in the *Organon*, but still without using the term genius epidemicus:

Paragraph 101:
“Usually the physician does not immediately perceive the complete picture of the epidemic in the first case that he treats, since each collective disease reveals itself in the totality of its signs and symptoms only after several cases have been closely observed. Nevertheless, an observant physician can often only come so close after seeing only one or two patients that he becomes aware of the characteristic picture of the epidemic and can already find its appropriate homeopathlc remedy.” (same paragraph in all six editions of the *Organon*)

Again in paragraph 241:
“Each individual epidemic has its own consistent nature common to all individuals affected. If this is established from the totality of symptoms common to all the patients, it reveals the right homeopathic remedy, the one specific to the epidemic; this remedy almost always helps patients who were fairly healthy before the epidemic and not chronically sick with developed psora.” (5th and 6th edition of the Organon)

In paragraph 73, he wrote, “Then there are *sporadic* acute diseases, which affect a few individuals at a time here and there, acute diseases brought on by harmful meteorological or telluric influences to which only a few people are susceptible at any one time. Bordering on these are the *epidemic* diseases, in which many individuals are affected very similarly from a similar cause. In crowded areas they tend to become *contagious.* These epidemics cause fevers, each with its own characteristics;a and because each case of disease in the same epidemic has the same origin, those affected manifest a similar disease process, which, left to itself, ends either in death or in recovery within a limited time. War, floods, and famine are often the exciting causes or the breeders of such diseases. (fourth, fifth and sixth edition of the Organon).

In 1831, when Aegidi visited Hahnemann who told him: “You will have to treat a number of cases of intermittent fever on the Rhine; please observe whether there also as it does here, *Natrum muriaticum* corresponds to the epidemic constitution and let me know it. If we regard the genius epidemicus we accomplish more quickly and with less trouble the desired end, even in acute diseases, which usually are only efflorescentia of the three chronic ailments."

Aegidi found it so after returning home, he found the epidemical remedy for intermittent fevers was at that time Natrum muriatcum and he cured almost every case with it.

In one case, however, the paroxysms came back again, although Natrum muriaticum had relieved for a while. Hahnemann, being consulted, advised Carbo vegetabilis 30, because this remedy had corresponded to the last year's epidemic constitution, and the relapses in this case might be considered merely as a continuation of the same. It cured at once. In another case where the intermittent paroxysms, one every eight days, had continued for two and a half years, with swelling of spleen and liver, inflammation and edema of the lower extremities, Hahnemann advised Cantharis 30, because two and a half years ago this remedy had been very efficient against the epidemic constitution which prevailed then; and also, because Cantharis has the eight day type of the paroxysms. Cantharis 30 broke the paroxysms; the remaining difficulties were cured by other remedies. (****Annual Record of Homoeopathic Literature 1873: 283)

(Dr. Stuler, in Berlin, collected likewise observations on the effects of Sepia and Spigelia as epidemic remedies, and all this was done ten years before Rademacher's "Erfahrungs Heillehre" was published. (****Annual Record of Homoeopathic Literature 1873: 283)

The same year of Aegidi's visit in 1831, Hahnemann predicted three remedies for the different stages of cholera, namely, Canphora, Veratrum album and Cuprum metallicum and he it was confirmed. However, in later epidemics in other localities, the genius epidemicus would change, sometime to Arsenicum album, Sulphur, etc.

The concept of the genius epidemicus was greatly illustrated, perhaps the most by Rademaker, the contemporary of Hahnemann and avid follower of Paracelsus who gave multiple examples of certain epidemic and the remedy that would cure most of the patients that single year or so.

See Rademaker p. 5-7 and the table of contents.

In later years some prominent authors and physicians advanced the idea that even chronic diseases of the mind were curable in the same manner, i.e., the epidemical remedy for that period, when the person contracted the disease of the mind, will remain to be curative for the case, even if administered years afterwards. (*Medical Era* 1887-5: 361)

The genius epidemicus is in apparent conflict within the homeopathic methodology of strict individualization, which is the fundamental key to success in homeopathy, but in epidemics we can try to individualize the collective disease rather than every single case affected by the epidemic disease. The selection of the remedy must be from *the totality of the epidemic symptoms,* and not from one individual epidemical case.

How shall we proceed to discover the genius epidemicus:
As always through the law of similars.

The German homeopath Wilhelm Stems (in *Die Therapie unserer Zeit* (Therapy of our Time) (1854)) pointed out "clearly and distinctly the process necessary to recognize the

genius epidemicus, and also to discover the specific curative remedy. He wrote, “In every epidemic procure as many cases as possible, analyze and compare all the symptoms and unite them to one grand picture of the disease. After having completed the disease-picture, take your materia medica, and from the symptomatology of the remedies select that one bearing the closest resemblance to the disease-picture, and being a close observer of diseases and a good student of materia medica, your selected remedy will not disappoint you, and will prove to be the epidemical specific remedy.”

Lippe pointed out that the symptoms to pay more attention are the unusual ones for such a diseases: “If we look for a remedy to cure a new epidemic, or rather for the remedy which may prove itself the most curative at the time, it is well to group then such symptoms as are characteristic of this epidemic; and these groups consist, generally, again in symptoms not always present in other epidemics of the same disease. We hereby individualize this epidemic from other ones, and do for the epidemic in general what we again must do in every individual case of it when this new differing group of symptoms is not present.”

Warnings

1- Hahnemann warmed his colleagues of the danger of routine practice regarding the genius epidemicus: "The true physician will be careful to avoid making favorites of certain remedies that he has happened to have found indicated rather often and has had the opportunity of employing with good results. Otherwise, less frequently used remedies that might be more homeopathically suitable and therefore more helpful will often be overlooked.” (Par. 257)

2- Beware that other remedies might appear to be better indicated in a minority of cases, therefore the rule of strict individualization. When the remedies fail to bring favorable results you should start to assemble your cases together. An example of this was occurrence was reported by Boenninghausen:

"The most remarkable phenomenon of this kind was without doubt that of the second half of the wet year 1860, when most of the acute and many of the chronic diseases indicated Lachesis or Apis mellifica, in fact by both of these animal poisons (in the

smallest dose) the most surprising cures were made. At first we were guided by the external appearance of the different eruptions on the skin, and the peculiar sensations of the suffering parts which characterize these drugs; but we afterwards, repeatedly observed even when other remedies appeared more suitable, yet these two drugs manifested the most remarkable and permanent curative powers. Although similar occurrences are not rare, yet in our experience of many years they were never so clear nor continued so long as in the above mentioned period." (Aphorism 169)

Beware that it is not always easy to find one remedy for an entire epidemic and especially during a pandemic, especially at the beginning of an epidemic. Dr. E. A. Farrington of Philadelphia related two such examples.

Two examples

The first one: Some twenty-five years ago there appeared an epidemic of scarlet fever, in the course of which nearly every case that was not promptly cured in the beginning died. The percentage of losses under homœopathic as well as under other systems of treatment was truly frightful. The reason for this was that we had no remedy which covered the symptoms of the epidemic. In a poor family, living in a small street, there were five children sick with this epidemic form of scarlatina. The physician who was called to attend them had lost so many cases under the usual remedies that he thought it useless to have recourse to these. He thought it better to try something new. Arum triphyllum had only been experimented with to a certain degree, but still it had been known to produce certain symptoms which led him to the selection of the drug, which he administered in a low potency. All the cases recovered. It was afterward prescribed in other cases during the same epidemic, with marked success. From that time to this, Arum triphyllum has been looked upon as a valuable drug in as the treatment of diphtheria, malignant forms of scarlet fever, and also other fevers having a typhoid form.

The second one: Some years ago there was an epidemic of spotted fever [meningitis] in this city. During that epidemic many children died, especially in its earlier days. After a while there was discovered a symptom characteristic of the epidemic, and that was intense headache in the occipital region, in the lower part of the back of the head, and in the nape of the neck. The intense headache was manifested in various ways. Children in a stupor would manifest it by turning the head back, so as to relieve the tension on the

membranes of the brain; others, who were conscious, would put their hands to the back of the head, while still others complained of pain in the back of the head, as if the part were alternately opening and closing. That symptom was under Cocculus. There were very few fatal cases after Cocculus was used.

Also the genius epidemicus tends to change from climatic area to another, from the seashore to the mountains.

Beware it has happened that the genius epidemicus of one epidemic may be the same as the one of another epidemic occurring during the same season. (i.e., influenza associated with great headache and vomiting bile and another epidemic associated abdominal cramps and involuntary diarrhea).

For instance, Hering reported,
Paracelsus “narrates that once, while treating a patient with ulcers on the lower extremities, a malignant dysentery broke out and attacked many persons. During this time his noble patient was probably neglected, as people call it, when the physician performs his duties there, where the most danger calls upon his time and strength.

When Hohenheim had found the remedy characteristic of this dysentery, and again returned to his patient with the ulcers, he perceived that the discharge from these ulcers was remarkably similar in color, quality and smell to the evacuations of his dysenteric patients, which he had cured. He therefore prescribed the same remedy for the ulcer and with the same good effect.” (Hering)

Also McNeil wrote in 1889:
“Whooping-cough broke out in my own field of labor. With Gelsemium in less than a week all traces of the disease were removed. By prescribing for the pertussis alone I could not have selected that remedy, for its symptoms of cough, etc., have not been sufficiently developed, but at that time Gelsemium was the epidemic remedy, curing all the diseases, arising from atmospheric causes.”

“Permit me to mention the names of those diseases in which the epidemic remedy has served me. I have already mentioned the epidemic diseases and intermittents, but to

particularize; scarlet fever, measles [despite the fact that Hahnemann considered as fixed epidemic disease] , diphtheria, whooping-cough, erysipelas, typhoid, remittents and intermittents, rheumatism, colic, uterine hemorrhages, pneumonia, bronchitis, coryza, complaints of dentition, diarrhea, entero-colitis, cholera infantum, cholera morbus,. chlorosis, croup, and gonorrhea.

“The two latter, previous to my observance of the epidemic remedy, were the cause of much anxiety and disappointment, for I felt that it was only exceptionally that my prescriptions cured. But, now I treat, them with cheerful confidence, the result of long continued success.”

Eaton wrote, “The observation of the similarity of remedies indicated in different cases of an epidemic of any given disease is interesting and valuable; but it is of more importance to observe the similarity existing between the indications for remedies in cases of different diseases occurring during any given season. Thus a remedy which is found frequently indicated in cases of pneumonia may quite likely be required in cases of typhoid fever, or of meningitis, or of influenza, or even of gastritis occurring at the same time. A recognition of this fact leads one a long way toward a true insight into the art of prescribing homeopathically, and away from the deadly routine of prescribing for the name of the disease. It suggests the phrase "diagnosis of the remedy,,, in contradistinction to diagnosis of the disease.”

Beware that the genius epidemicus can be different within a same town, i.e., a genius for the residence along the river and another genius for the ones on the hill.

Beware that the genius epidemicus may change in the same locality within an epidemic.

Beware that the genius epidimicus may be different for the different stages of an epidemic in the same locality, i.e., with cholera, Camphora for the first stage, Cuprum metallicum for the second stage and finally Veratrum album for the collapse state.

Great advantages of knowing the genius epidemicus

1- Better results cure (in the same locality) in patients in the early or later stage of the disease, especially for newcomers to homeopathy

2- Quickness of cure

3- Greater odds of successful prophylaxis for the ones not yet affected.

My experience on this subject is greatly limited, as my patients are spread over five continents and I don't treat a substantial number of people in any single locality.

The most commonly prescribed flu remedies

Flu remedies Petrie E. Hoyne

(I) Gelsemium sempervirens

(2). Eupatorium perfoliatum

(3). Bryonia alba

(4) Arsenicum album

(5) Veratrum viride

(6) Rhus toxicodendron

(7) Euphrasia

(8) Allium cepa

(9) Baptisia

Templeton

In our 100 cases, the following were the drugs used:

Gelsemium..... In 36 Cases.

Bryonia.....,, 15,,

Sulphur.....,, 10,,

Rhus tox....., 7,,

Eupatorium.....,, 7,,

Carbo veg.....,, 2,,

Pyrogen.....,, 2,,

Kali carb.....,, 2,,

Ars. alb.....,, 2,,

Phytolacca.....,, 2,,

Belladonna.....,, 5,,

and Lach., Phos., Terebinth, Nat. mur., Nat. sulph., Nux vom., Nit. ac., Baptisia, Kali nit. and China in one case each.

Materia medica

The notes on materia medica are provided for the ones who don't own materia medica or repertories. With these notes you should be able to find the correct remedies in 80-90% plus of the influenza and pneumonia cases. These notes are not made to be extensive. They are my notes taken out from ReferenceWorks or from my own experience. It is possible that I may have failed to indicate at times that some of the notes came from other authors, as these notes we were put together very quickly.

You can quickly differentiate the most known remedies through some of the keynotes:

For instance:

Thirsty remedies

Phos., Bry., Eup-per., Ars., Camph.

Phos.: Thirsty for large quantities of ice cold water. You should not prescribe Phos. if the patient likes warm or hot drinks, and even room temperature drinks tends to be distasteful.

Bry.: Can have a large thirst for cold or warm and even hot drinks, but may not drink often because of the effort and motion required to drink.

Eup-per.: Very thirsty before and during chill and fever.

Ars.: Thirsty for cold but typically more for warm drinks and in small sips.

Camphora: Insatiable burning thirst, not quenched by incredible quantities of cold water. Desire to drink without feeling thirsty.

Thirstless remedies

Gels, Ant-t., Puls.

Gelsemium is typically thirstless during all the phases of the flu. Certainly don't prescribe Gels. if the patient is thirstier than usual. Typically the patient has a dry mouth without thirst.

Antimonium tartaricum: flat or bitter taste in the mouth without appetite and thirst, coated tongue, **loss of taste and smell.**

Pulsatilla: dry mouth without thirst in all stages. **Loss of taste and smell.**

Loss of smell and taste with influenza

Am-m., Ant-t., Bry., Mag-m., Puls. Sang.

SMELL; WANTING, lost; influenza, with (6) : am-m., ant-t., bry., mag-m., puls., sang.

SMELL; WANTING, lost; taste, with loss of (11) : amyg-p., ant-t., bry., flor-p., hyos., just., mag-m., nat-m., 2puls., rhod., sang.

TASTE; WANTING; loss of taste; influenza, with (6) : am-m., ant-t., bry., mag-m., puls., sang.

Great prostration

Gels.
Ars.
Bry.
Lobelia purpurescens
Camph.
Eup-per.: especially old people
Phos.
Sarcol-ac.

Locatity, origin and direction of the chills

Gelsemium: Chills up and down the back. Can extend from hands and feet.

Eupatorium perfoliatum: Chills up and down the back.

Bryonia: Can extend from the tips of fingers and toes.

Temperature of the room

Arsenicum album: the warmer the better, i.e., 25˚C (77˚F) and above. Can't tolerate air draft (Nux-v.). Overdresses. Difficulty warming up.

Camphora: The patient is cold (subjectively and objectively) and desires warmth, but prefers to be uncovered. The patient objects to being covered, notwithstanding the objective coldness; throws off all the covering.

Pulsatilla: Des open fresh air, worse warm room, above 21˚C (70˚F); they prefer the room to be 68 or 20C or less..

Appearance

Ars.: Anxious face

Bryonia : The typical Bryonia influenza develops, like the Gelsemium case, over a period of six to twelve hours. And the appearance of Bryonia patients is not unlike that of Gelsemium patients. They give the impression of being rather dull, heavy, slightly congested, with a rather puffy face.

Camphora: The blood seems to have receded from the surface, especially the extremities.

Although they are definitely heavy—looking, they do not have the sleepy appearance that you find in Gelsemium, nor yet the besotted look of the Baptisia patient—something between the two.

Disposition

Ars.: Anxious restlessness. Fear of death and of being alone.

Puls.: Sad and weepy.

Bry.: Wants to be perfectly quiet. He wants to lie down and keep perfectly still, both physically and mentally. Any thing that will disturb makes him very irritable.

Phos.: Desires company and sympathy.

Camph.: Thinks he is going to die. Great anxiety to general apathy.

Gelsemium: dull, sleepy, heavy and do not want to be disturbed.

Lobelia inflata: They want to be left quiet, they do not want to be disturbed. They want to keep as still as they possibly can, and any movement, any exertion, very much increases their sense of respiratory embarrassment, and also the nausea.

Remedies for long lasting weakness after the flu-like illness:

GENERALITIES; WEAKNESS, enervation, exhaustion, prostration, infirmity; influenza, after (26) : 2abrot.8, adon.102, 2ars-i.102, 2ars-s-r.908, 2aven.102, bac.62, carb-ac.102, 2chin.102, 2chin-ar.102, 3**Con.**908, cypr.85, eup-per.102, gels.102, 2iber.102, 2kali-p.908, lac-c.102, lath.102, lob-p.102, macroz.102, 3**Nat-sal.**72, 2phos.908, psor.102, sal-ac.102, sarcol-ac.102, 3**Scut.**908, zinc-o.102

GENERALITIES; CONVALESCENCE, ailments during; influenza, after (11) : alum.908, 2ars-s-r.908, asar.85, 2cadm-s.143, 2carb-v.8, 3**Con.**908, ferr-p.908, kali-p.908, lob-e.908, 2quas.908, 3**Scut.**908

Motion:
Both Gels and Bry. Dislike moving, the first one because of lack of energy and apathy, and the second one because movement aggravates.

Rhus tox. needs to move or change position, but the first movement or change of position aggravates and then the continued movement or after having changed postion ameliorates.

Eup-per is very restless, despite being very prostrated; can't keep still and despite a great desire to move and is not better from motion. Deep hard achings as if in the bones, with sore, bruised feeling all over, back, arms, wrists, legs. Intense aching in the limbs and back as if the bones were broken.
Very restless, cannot keep still, although there is great desire to do so.

Ars. Is very restless from an inner state of anxiety, but the restlessness is present despite great weakness. Motion doesn't help.

Adaxukah: Has the aversion to move because of weakness like Gels., but is better from movement.

Onset

Acon.: Sudden onset

Bell.: Sudden onset

Ferr-p.: Sudden onset

Bryonia type of illness which develops over 12-24 hours or longer.

Gelsemium: Slow and progressive onset.

The better indicated flu remedies for the current COVID-19

Bryonia

In the pandemic influenza of 1918 to 1920 many lives were saved by Bryonia. The Old School methods of treatment were utterly futile, for in many cases the infection in the nose and throat spread so rapidly to the chest, that a bronchopneumonia developed before the physician realized it. Aconite, Belladonna or Ferrum phos. may have been indicated in the beginning, but Bryonia was often the remedy when the disease acted in this manner.

The cough at first is dry and racking and may seem to the patient as if coming from the stomach. With every paroxysm he involuntarily hold his head or supports the chest with his hands, for pressure relieves. He feels as though he must expand the lungs, but every attempt to do so is attended with sharp stitching pains. Whenever he comes heated or enters a warm room, the cough is renewed. He cannot eat a meal in peace for he begins to cough after the first few mouthfuls of food. He is sure to have a paroxysm after rising from the table. These symptoms are excellent indications for Bryonia in whooping cough. The paroxysms are followed by vomiting of food and then of bile.

Bryonia is indicated in pneumonia after exudation has taken place. The typical chill of Bryonia is associated with internal heat and redness of the face. Respiration is short, quick and labored from a sense of weight in the sternum or constrictive feeling in the epigastrium; but chiefly owing to the agonizing stabbing and stitching pains in the pleura with every respiration. The intellect is dulled; the face red and bloated as in typhoid fever

and wears an expression of anxiety. The skin is bathed in sweat, the mouth and throat dry and parched. Usually there is some heaviness or soreness and stitching in the region of the liver; later there may be jaundice. Expectoration at first scanty and perhaps blood streaked, later assumes a rust color. The patient at times wants to be propped up in bed, for it relieves the cough and dyspnea; but more often he lies on the affected side to ease the pains in the involved area which is usually in the right lung. H. Farrington.

Bryonia (Influenza) is a common remedy for influenza. You expect to see a sleepy, heavy, lethargic patient with a flushed contused face, who dislikes being disturbed; a thickly coated tongue, is thirsty for large drinks of cold water at rate intervals. Has backache, headache, eyeache, aching limbs, is worse from movement, so he lies still and does not move. There is profuse perspiration; he feels under the weather for several days before the disease fully develops. The pace of the complaint is slow. Shepherd

Bryonia patients are also definitely dull and do not want to be disturbed—but if they are disturbed they are irritable. Irritability is always cropping up in Bryonia patients. They do not want to speak, and do not want to be spoken to. They do not want to answer because speaking annoys them, not because they are too tired to do so.

As a rule, Bryonia influenzas are very depressed; they are despondent and not a little anxious as to what is happening to them they feel they are ill and are worried about their condition.

To their worry about their impending illness they add a very definite anxiety about their business. They talk about it; if they become more toxic, they are apt to dream about it, and it is an underlying thought in the back of their minds throughout their illness.

It is also typical of Bryonia influenzas that the patients are difficult to please. They are very liable to ask for something and refuse it when it comes. They want a drink and, when it comes, do not want it. Or, they may ask for a fruit juice drink and, when that comes, say they would much rather have had a drink of plain cold water—they are very difficult to satisfy.

Typically, they have a good deal of generalised, aching pain. They will tell you that it hurts them to move, and yet, very often. Bryonia patients are constantly on the move. They are restless and uncomfortable, and move about in spite of the fact that the movement increases their pain.

Get hold of this fact very clearly, because it is so definitely laid down in text—books that Bryonia patients are aggravated by motion. Apparently it does hurt them, but they get into this restless state when they will not keep still.

When the patients are restless, find out whether it eases them or not. If it does not, they are probably Bryonia cases. If it does ease them, consider one of the other drugs—possibly Baptisia or one of the restless drugs, such as Rhus tox. It is a point that needs early clarification.

Bryonia patients feel hot, and are uncomfortable in a hot stuffy atmosphere; they like cool air about them. This can be linked with their thirst. They are always thirsty, and their desire is for cold drinks—large quantities of cold water—though, as mentioned above, they may ask for cold, sour things and then refuse them when they are brought.

As a rule, Bryonia patients are sensitive to a hot room, you occasionally find a Bryonia influenza with definite rheumatic pains—one or other joint becoming very painful—and who claims that the joint is relieved by hot applications. This is a local contradiction to the general heat aggravation.

There are one or two points which help in differentiation, in connection with local conditions.

There is a very typical Bryonia tongue. It is usually a thickly coated white tongue. The white coating is liable to become dirty in appearance, and may become brown if the disease condition has lasted long, particularly if there is much respiratory embarrassment and the patient is breathing through the mouth.

With that dry tongue, the patients complain, not unexpectedly, of an unpleasant taste in their mouths, very often of a bitter taste, accompanied by fairly intense thirst. As a rule,

these patients have rather swollen, puffy, dry lips which tend to crack and may bleed very easily.

In the typical Bryonia throat there is the same sensation of extreme dryness, heat and burning. On examination, the tonsillar region and the back of the throat are usually found to be pretty deeply congested; the tonsils are liable to have small, usually white, spots. The throat also is unduly painful on swallowing, which is, of course, the ordinary Bryonia aggravation from movement.

All Bryonia influenzas have very intense headaches. Usually, the headache is intense, congestive and throbbing; the most common situation for it is in the forehead.

Patients often say they feel as if they have a lump in their foreheads, which is settling right down over their eyes. The pain modality of the headache is that it is very much relieved by pressure firm pressure against the painful forehead, which affords great relief to the Bryonia headache.

As one would expect, the headache is very much worse from any exertion—talking, stooping or movement of any kind. It is worse if the patient is lying with the head low; the most comfortable position is semi—sitting up in bed, just half-propped up.

Definite neuralgic headaches are found sometimes in Bryonia influenzas: general neuralgic pains about the head, with extreme sensitiveness to touch. The whole surface of the scalp seems to be irritated; and it may spread down into the face, on to the malar bones, again with extreme hyperaesthesia.

All Bryonia influenzas tend to more or less congestion of the eyes, which may go on to a definite conjunctivitis. The eyeballs themselves are sensitive to pressure; patients sometimes say that it hurts even to screw their eyes up—not an uncommon influenzal symptom.

As a rule, Bryonia patients do not have a very profuse nasal discharge. More commonly, they complain of feelings of intense burning and heat in the nose, or of fullness and congestion.

There is liable to be a very early extension of the catarrhal condition into the larynx with a very irritating, tickling, burning sensation and very definite hoarseness—sometimes actual loss of voice. Also a feeling of rawness, and a very suffocative tight sensation rather lower than the larynx, with a very irritating, bursting, explosive cough.

I have not observed much tendency to acute ear involvement in Bryonia cases. There is much more a feeling of blockage and stuffing—up of the ears, possibly a certain dullness of hearing, but little more than that.

Bryonia influenzas do not show any very marked tendency to extend into the digestive tract. There are, of course, Bryonia abdominal symptoms in other conditions, but I have never seen Bryonia indicated in an influenza with definite abdominal symptoms.

There is nearly always troublesome constipation, and a definite lack of appetite which, considering the state of the Bryonia mouth, is not surprising. There may be a certain amount of general abdominal discomfort, a feeling of heaviness—almost of solidity in the epigastrium.

The patients do not want any food and, if pressed to eat, are very often more uncomfortable after it. But as a rule, I have not seen acute gastric disturbances associated with Bryonia influenzas. They are much more likely to have a chest disturbance, even a definite pneumonic attack, than a gastric attacks.

Of course, if the patient does have a pneumonic attacks, it will be the typical Bryonia pneumonia, with violent stabbing pains in the chest, a feeling of acute oppression, extreme pain on coughing, pain in the chest on movement with the desire to keep it as still as possible. But this is rather going beyond the uncomplicated influenzas. Borland

Bryonia (Influenza) is a common remedy for influenza. You expect to see a sleepy, heavy, lethargic patient with a flushed contused face, who dislikes being disturbed; a thickly coated tongue, is thirsty for large drinks of cold water at rate intervals. Has backache, headache, eyeache, aching limbs, is worse from movement, so he lies still

and does not move. There is profuse perspiration; he feels under the weather for several days before the disease fully develops. The pace of the complaint is slow. Shepherd

A dry, hacking cough, single spasmodic forcible shocks towards upper part of trachea, which seems to be covered with dry, tough mucus. Hering

Beryllium metallicum

In fibrosis of the lung, Beryllium should be thought of in all respiratory conditions with dyspnea on slight exertion, often out of proportion to the auscultatory findings, especially in virus pneumonias.

Tracheobronchitis; cough, rales both lungs, non-productive except for occasional blood-stained mucus. Mild dyspnea. Rales fine first, then coarse, vital capacity is reduced, low grade fever.

Cough with occasional blood stained sputum, substernal burning pain, dyspnea on exertion, cyanosis, anorexia, rapid pulse, no temp., reduced vital capacity, rales fine to coarse all over both lungs.

X-rays: diffuse, haziness, irregular areas of infiltration with prominent peribronchial markings. Discrete, following upon absorption of soft infiltration, large and small conglomerate nodules. X-rays cleared before symptoms cleared!!!

Oxygen and rest of most benefit. Cough, dyspnea, undue fatigue.

Combining the poisonous symptoms with those of the provings it is possible to envisage the use of this drug in chest conditions such as one finds in influenza especially in the cases, which in some epidemics are not uncommon, where dyspnea, more marked than one should expect from the physical signs, is encountered. If viewed from this angle the drug which it resembles in the premonitory stages of influenza is Rhus tox., with its coryza, tracheobronchitis and muscular aching which is better for movement and indeed, even the digestive symptoms are quite similar with its lack of appetite, nausea and fullness after meals and drowsiness after eating. At any rate, in a case which resembles Rhus in general and where Rhus fails this remedy might be considered, and just as

Baptisia is often suggested for a more severe attack of influenza than what Gelsemium covers, so, where the symptoms are those of Rhus, but the symptoms seem (and especially those of the lungs) more severe, then Beryllium might be useful.

Most of the head symptoms resemble Bryonia as do also the cough symptoms, so once more, as is so useful, there is a discrepancy between the symptoms in one region and those in another, for example, here the symptoms are like Bry. and those of the back and limbs resemble Rhus tox. Douglas Ross

Tracheo-bronchitis with sticky mucus and intense pain behind the upper sternum, and dyspnea. Paterson

Influenza and chesty conditions where the dyspnea is greater than the physical signs would lead one to expect, with muscular aching and other symptoms resembling those of Rhus tox.
He notes the similarity of the headache to Bryonia [but Bry. headache is more frontal and Beryllium occipital], of the throat symptoms to Lachesis and of the digestive to Lycopodium. Templeton

It is possible to envisage the use of this drug in chest conditions such as one finds in influenza especially in the cases, which in some epidemics are not uncommon, where dyspnea, more marked than should be expected from the physical signs, is encountered. If viewed from this angle the drug which it most resembles in the premonitory stages of influenza is Rhus tox... where Rhus fails this remedy might be considered... it might be valuable... for such symptoms as nausea riding in a vehicle and at the sight and smell of food... most of the head symptoms resembles Bryonia as do also the cough symptoms. Templeton

From the proving:
Cough: Cough from sternum, cannot get deep enough. Dry, painful, upper sternum [Bry.], like knives. Non-productive: worse cold air, smoke, bending backwards, better warm room
Sputum tastes sweet
Dyspnea [with palpitation] on exertion

Constriction chest on inspiration

Headaches: Throbbing, splitting sensation
Worse heat, coughing, jarring, movement, light [Bry.]
Better fresh air, lying that side.

Coryza thin, acrid discharge; fullness, better open air, worse warm room.
Dryness lips and mouth, cracked lips; burning, rough, sore, as if chapped
Ulcers tip of tongue and inside lower lips.

Sore burning, like knives, worse saliva, hot fluids, coughing, evening; better cold drinks, eating.
Must swallow; must keep clearing throat.
Red glazed appearance of palate and pharynx.
Loss of appetite. Averse all food, averse sweets

Fullness before meals; full up yet hungry [Lyc.]; fullness with aversion food; drowsy after meals; tightness epigastrium worse inspiration

Nausea, worse sight and smell of food, riding in bus, better lying down and eating

Palpitation with faintness and weakness of legs. Cold sensation lumbar and gluteal regions. Stitching pain mid-dorsal and lumbar régions : worse sitting, bending head forward, first movement, lying down. Better walking

Elbow, forearm, metacarpals and phalanges, as if bruised, as if strained, with loss of power. Weakness legs

Shivering in bed worse slightest movement
Itchy papules, < scratching, < warmth

Soreness of nose and throat, mild epistaxis, metallic taste, swelling and engorgement of mucous membrane of nose and throat. Tracheobronchitis; cough with scanty blood-

stained mucus. Fine rales later becoming coarse; vital, capacity reduced, dyspnea, pneumonitis.

Burning substernal pain, cyanosis, anorexia, rapid pulse, pyrexia slight. Undue fatigue and loss of flesh. Douglas Ross

Lobelia purpurescens

Profound prostration of all the vital forces and of the nervous system; RESPIRATORY PARALYSIS. NERVOUS PROSTRATION OF INFLUENZA. Coma. Tongue white and paralyzed.

Cured and proving symptoms as March 30:

- Flu-like feeling
- Oppression and tightness of the chest with respiratory distress [oppression worse deep breathing]
- Shortage of breath when lying [Lob. = 3], when talking, at small efforts [Lob. = 3], ascending [Lob. = 2]
    - Free breathing difficult, must take deeper breath
    - Restless due to the shortage of breath
- Fatigue, tiredness
- Loss of sense of smell and taste
- Strange taste in the mouth – as if teeth were not brushed
- Bitter taste
- Dry mouth
- Great thirst: des cold drinks
- Weakness of the lungs (left > right?)
- Poor general condition, unstable circulation
- Swelling and mucus in the throat
- Nightly sweat
- Shivering
- Heavy limbs, pain in limbs
- Pain in the back
- Weakness of the legs – they buckle when walking

- Cough – with sputum

Lobelia purpurascens

Description

Lobelia purpurascens.

Lobeliacea.

Tincture of whole fresh plant.

Clinical

Heart, paralysis of.

Influenza; headache of.

Lichen tropicus.

Lungs, paralysis of.

Snake-bites.

Tongue, paralysis of.

Typhoid fever.

Vertigo.

Characteristics

Under the name Lobelia rubra, corrected later by F. Kopp (H. W., xxxiii. 328) and E. C White himself (H. W., xxxiii. 510) to Lob. purpurascens.

Kopp describes the plant thus : "Stems angular, procumbent.

Leaves ovate, green on surface, and either purple or purple and green underneath, somewhat serrulated, rather firm, usually from half to one inch long; pedicles axillary, much shorter than the leaves, reflexed after flowering.

Flowers white above, purpled beneath, delicately scented, most dioecious, corolla four or five lines long, the lower lobes oblong, obtuse, the two upper ones shorter and narrower, more acute and incurved.

Capsule narrower, ovoid, fully three lines long; seeds rather large, often flattened."

It grows profusely in the Australian bush, preferably in moist places, and most profusely, says Kopp, where snakes most abound.

White adds that it prefers loose sandy soils.

…and he came to the conclusion that this was the cause of their death.

White gives a short pathogenesis in which symptoms like the effects of snake-poison are prominent.

White gives a clinical experience of his own which is important : "This plant, if only touched carelessly with the teeth, produces overwhelming giddiness.
I had noticed that the sickening stupor and headache it produces exactly resembled those of La Grippe, before I knew the name of the plant.
and I used to notice that all chest symptoms were avoided under its sway throughout the year."

White gives as follows : Intense prostration, vital and nervous.
Deadly chill without shivering, but overpowering the system.
Paralysis of lungs and resultant poisoning with carbonic acid gas; vomiting and coma. in low typhoid conditions, and seems to neutralise the poison of influenza.
Staph., and the common carrot, agrees especially well with patients who are deficient in silica, and who are nervous, liable to boils, of a hasty disposition, perspire profusely, and whose teeth are always decaying.

Symptoms are agg. by movement; agg. in damp weather.

Relations
Compare
Lob. inf., Tabac., Lach. and other snake-poisons.
Bapt. (influenza, typhoid); Secal., Staph. (teeth).

Causation
Snake-bites.
Blood poisoning.

Symptoms

Mind
Hasty disposition.
Dejection.

Head
Vertigo accompanied with nausea and stupor.

Overwhelming drowsiness (exactly as produced by snake-venom), sickening, dizzy headache, esp. just between eyebrows.
Dull and distressing pain in head, with fulness in base of occiput and forehead; pain agg. by shaking head and any motion.
Confused feeling in head.

Eye
Eyes weak; on closing them an apparent soreness.
Impossible to keep eyes open, almost spasmodic closing of (upper) lids.

Nose
Dryness and fulness of nose.

Mouth
Mercurial taste in mouth.
Thick saliva in mouth.
Tongue white and paralysed.

Throat
Dryness in throat, of burning character.

Appetite
Great thirst.
Loss of appetite.

Stomach
Sinking feeling in stomach.
Nausea accompanying vertigo.

Urinary organs
Increased secretion of urine.

Chest
Tightness of chest with great oppression and labouring breathing.
Sensation as if lungs paralysed; superficial breathing.
Breathing slow, almost ceases.

Heart

Distressed feeling in region of heart.

Heart paralyses; beat almost imperceptible.

Back

Weakness in lumbar region accompanied with great languor.

Limbs in general

Weariness and extreme weakness of the limbs.

Lower limbs

Great weakness of lower extremities; knees appear to collapse under weight of body.

Generalities

Exhaustion and dejection.

General debility with loss of appetite and great languor.

The symptoms come on with great rapidity, within five minutes of taking the drug.

Low typhoid condition.

Skin

A prickling all over body like prickly heat (lichen tropicus).

Sleep

Overwhelming drowsiness.

Fever

Deadly chill without shivering, but overpowering the system.

General feeling of feverishness.

Profuse perspiration.

(Typhoid fever.

Influenza.)

Lobelia purpurescens : has been successfully used by Prof. Dr. Gerhard Resch.

He has treated several light cases of COVID-19 and one severe case. In all cases he has seen good effects.

He also gave the remedy as prophylaxis to some patients that had been in contact with COVID-19 patients, none of them got ill.
Resch assumes that Lob-p. is suitable for light as well as for severe cases of COVID-19.

In Clarke's Materia medica the remedy can be studied best (see scan below).
In answer to the question which symptoms he found particularly indicative to Lob.-p he said:
Massive chill, but without shivering; Clarke: „Deadly chill without shivering, but overpowering the system"
Great weakness – here he also cited Clarke: „Acts very like Bapt. in low typhoid conditions!"
Great thirst and total loss of appetite (Clarke: „Great thirst, loss of appetite")
Impending lung failure
Stupor

LOBELIA PURPURESCENS—Dr. White presents the followiwg as characteristic of this remedy:
Head—Depression and confusion like that produced by the snake poisons; nauseating headache, with vertigo, especially over the eyebrows. *Ei/es.*—Cannot keep the eyes open; almost spasmodic closure of the eyelids. *Mouth.*—Viscid mucus in the mouth ; the tongue white and paralyzed. *Heart.*—Paralyzed ; the heart beat almost imperceptible.
Chest.—Sensation o f paralysis of the lungs; superficial respiration. *Lungs.*—Paralyzed, slow respiration, which almost completely ceases; pro found prostration o f all the vital forces and o f the nervous system; chills without shaking. In consequence of the respiratory paralysis, the organism fills with carbonic acid, and vomiting and coma supervene. This drug, there fore, acts in serious typhoid states like baptisia. I t combats t h e nervous prostration o f the grippe, and appears to destroy the poison in this disease as baptisia overcomes that otyphoid.—*Revue Homoeopathique Belge*. 1

Lobelia purpurescens dans des affections du cœur. — Deux relations d'affections cardiaques caractérisées par des battements de cœur simulant les résonances du fond d'un tambour, subitement amendées par une goutte d'une mixture de 50 p, % de *Lobel. purpur.,* teinture-mère. [CLARKE dans son Dictionary o s Materia medica ne signale pas

cette modalité des battements du cœur, Il parle au contraire d' « un cœur paralysé » et « d'une pulsation presque imperceptible *»]* (N. d . 1. R .)

Lobella purpurascens est très utite dans **l'influenza.** Dans une épidémie, deux gouttes de la 1è trituration de medicament guérit dès la seconde dose de forts battements de cœur sans que le mal envahit les bronches et les poumons *(Hom. World).* 1904-05

Magnificent in the *intense* prostration, almost collapse, of *on-coming* influenza. HW 1907
Clarke: Exhaustion and dejection.
General debility with loss of appetite and great languor.
The symptoms come on with great rapidity, within five minutes of taking the drug.
Low typhoid condition
Overwhelming drowsiness.
Restless sleep.
Deadly chill without shivering, but overpowering the system.
General feeling of feverishness.
Profuse perspiration.
(Typhoid fever-Influenza.)
Tightness of chest with great oppression and laboring breathing.
Sensation as if lungs paralysed, superficial breathing.
Breathing slow, almost ceases.
Great thirst.
Loss of appetite.

White: "I had noticed that the sickening stupor and headache it produces exactly resembled those of La Grippe, before I knew the name of the plant.
My headache disappeared like magic under Lob. purp. f, and I used to notice that all chest symptoms were avoided under its sway.
La Grippe breaks out in wet weather.
This plant, with its tiny gem-like white blossoms, always carpets the earth after each rain throughout the year." Other general characteristics of Lob, purp. White gives as follows: Intense prostration, vital and nervous.
Deadly chill without shivering, but overpowering the system.
Paralysis of lungs and resultant poisoning with carbonic acid gas, vomiting and coma.

Acts very like Bapt. in low typhoid conditions, and seems to neutralize the poison of influenza.

Growing on sandy soil it contains much flint, and like Secal., Staph., and the common carrot, agrees especially well with patients who are deficient in silica, and who are nervous, liable to boils, of a hasty disposition, perspire profusely, and whose teeth are always decaying.

Symptoms are worse by movement, worse in damp weather.

Profound prostration of all the vital forces and of the nervous system; RESPIRATORY PARALYSIS. NERVOUS PROSTRATION OF INFLUENZA. Coma. Tongue white and paralyzed. Boericke

Drowsiness; dizzy headache between eyebrows; cannot keep eyes open; tongue white—feels paralyzed as also do the heart and lungs; intense prostration of all vital forces; deadly chill, without shivering; useful for the low, nervous prostration of grippe

Confused and depressed. Headache with nausea, vertigo; especially between eyebrows. Cannot keep eyes open; spasmodic closure of lids.

Impossible to keep open. Drowsy.

Superficial respiration; heart and lungs feel paralyzed; respiration slow. Heart beats sound to him like boom of a drum.

LOBELIA PURPURASCENS

The first mention of this plant was made by Erskine C. White under the name Lobelia rubra, corrected later by F. Kopp and E. C. White himself to Lob. purpurascens.

I find this remedy very useful in terminal stages of viral illnesses that attacks the lungs, it also has influenza like picture. I have made following additions through Radar program few years back. I think we can apply this for Covid-19 terminal stages. This medicine acts best when repeated frequently in 1M potency.

- CHEST—DRUMMING heart sounds
- CHEST—INFLAMMATION—Lungs
- CHEST—INFLAMMATION—Lungs—last stage
- CHEST—INFLAMMATION—Lungs—neglected
- CHEST—PARALYSIS—Heart
- CHEST—PARALYSIS—Lung
- CHILL—CHILLINESS
- FEVER—TYPHOID FEVER
- GENERALS—COLLAPSE
- GENERALS—INFLUENZA
- GENERALS—SEPTICEMIA, blood poisoning
- GENERALS—SEPTICEMIA, blood poisoning—ailments from
- GENERALS—WEAKNESS—acute diseases—during
- GENERALS—WEAKNESS—nervous—influenza; after
- HEAD—PAIN—accompanied by—nausea
- HEAD—PAIN—influenza—during
- MIND—COMA
- MIND—CONFUSION of mind

- MIND—DELIRIUM—sopor, with
- MOUTH—DISCOLORATION—Tongue—white
- MOUTH—PARALYSIS—Tongue
- RESPIRATION—ACCELERATED
- RESPIRATION—SLOW
- RESPIRATION—STERTOROUS
- RESPIRATION – SUPERFICIAL

Symptoms of terminally ill, last stage Covid-19 patients, collected from all over the world

MIND—COMA

MIND—CONFUSION of mind

MIND—DELIRIUM—sopor, with

VERTIGO—ACCOMPANIED BY—Head—pain in head

HEAD—PAIN—accompanied by—nausea

HEAD—PAIN—influenza—during

MOUTH—DISCOLORATION—Tongue—white

MOUTH—PARALYSIS—Tongue

RESPIRATION—ACCELERATED

RESPIRATION—SLOW

RESPIRATION—STERTOROUS

RESPIRATION—SUPERFICIAL

CHEST—DRUMMING heart sounds

CHEST—INFLAMMATION—Lungs

CHEST—INFLAMMATION—Lungs—last stage

CHEST—INFLAMMATION—Lungs—neglected

CHEST—PARALYSIS—Heart

CHEST—PARALYSIS—Lung

SLEEP—SLEEPINESS

CHILL—CHILLINESS

GENERALS—COLLAPSE

GENERALS—INFLUENZA

GENERALS—SEPTICEMIA, blood poisoning

GENERALS—SEPTICEMIA, blood poisoning—ailments from

GENERALS—WEAKNESS—acute diseases—during

GENERALS—WEAKNESS—mental exertion—agg.

GENERALS—WEAKNESS—nervous—influenza; after

Repertorisation clearly shows – Lobelia purpurescens

lob-p.	lach.	phos.	ars.	carb-v.	ant-t.	gels.	lyc.	bell.	sulph.	calc.	chin.	apis	cupr.	sil.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
27 45	22 44	22 42	22 41	21 43	21 38	21 37	20 39	19 43	19 38	19 35	19 34	19 32	19 32	19 32
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1	3	2	3	3	1	1	2	1	2	1	1	2	-	1
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	2	1	2	1	1	-	-	-	-	2	1	1	1

Lobelia inflata [Lob.)

If you would have a case that would indicate Lobelia purpurescens but you had no access to it, you could try Lobelia inflata (Lob.) which is much easier to find, as we find the following symptoms under Lobelia inflata:

Great debility with dyspnea

Dyspnea threatening suffocation.

Oppression and anxiety in chest.

Feeling as of a band about chest, with irresistible desire to cough.

Pain behind sternum.

Pneumonia particularly in individuals who have affections of respiratory or heart diseases.

Heat, short, anxious, labored breathing.

Much mucous rattling.

Respiration short, anxious, laborious and wheezing, with tightness of the chest.

Sensation of congestion, pressure or weight in chest.

Dyspnea and suffocation from constriction of middle of chest aggravated by exposure to cold, the slightest exertion, every rapid movement, eating very warm food, going up or down stairs.

Extreme dyspnea and cyanosis.

Impossibility of deep inspiration.

Short inhalation and long, deep exhalation.

Inclination to sigh, or to get a very deep breath, deep inspiration.

Apprehension of death and difficulty of breathing.

Fever with short, anxious and labored breathing.

Coated tongue.

Very disagreeable taste.

Loss of appetite, with acrid, burning taste in mouth.

Characteristics:

Nausea is relieved by drinking

Thirsty mostly in the prodromal stage and during heat.

Chill, with thirst, severe shaking aggravated by drinking, down the back with heat in stomach, general shivering alternating with flushes of heat.

Desire for warmth.

Faintness from trying to move.

Too weak to even stretch out her hand to do anything.

Urine of a deep red, depositing a copious red sediment.

Borland: “Lobelia patients are pretty ill. They look rather pale, and they have a rather sweaty skin surface. They always complain of a feeling of horrible oppression and of a very marked sense of fullness in the chest, which they say they cannot shift at all.

“They have a very spasmodic, dry cough, which seems to do them no good and which is always attended by nausea. They want to keep as still as they possibly can, and any movement, any exertion, very much increases their sense of respiratory embarrassment, and also the nausea.

“There is a very marked aversion to movement of any kind; it increases their respiratory distress, and it also increases their nausea. You will always find a certain amount of air hunger; the patients are more comfortable if there is fresh, circulating air, although they do not like a definite draught.

“Mentally, the Lobelia patients tend to be rather depressed; they want to be left quiet, they do not want to be disturbed.

“There is one other Lobelia symptom which sometimes crops up, and that is that in these pneumonia attacks the patients quite frequently complain of very violent sacral pains. They have a good deal of respiratory distress, and one's tendency is to prop them up a bit, but if one does one often finds they complain bitterly of this sacral pain and extreme sacral tenderness.

“They have a very spasmodic, dry cough, which seems to do them no good and which is always attended by nausea. They want to keep as still as they possibly can, and any movement, any exertion, very much increases their sense of respiratory embarrassment, and also the nausea.”

Gelsemium

Main remedy. Miserable, Thirstless, Heavy droopy eyes, wants to lie in a corner. Chills up and down the back (Eup-pur).

Desires to be quiet, does not wish to speak, nor have any one near her for company, even if the person is silent. Hering

Stupor, cannot open the eye. Hering

Fever without thirst, wants to lie still and rest. Hering

The remedy has proved of signal value in many cases of influenza, in paralytic nervous disorders of sudden onset, in virus toxaemia, in measles. Gilcrhist
First stage of typhoid, when patient seems to have "taken cold," sudden onset, non-complication by drugs, patient of an afternoon gets "very tired" with languid aching in back, extending down limbs, wants to rest, even to sleep, hands and feet become cold, general chilliness, then hot fever, with crimson flush of whole face, occasional moisture here or there, sleeps frequently half waking and talking incoherently, morning decline of fever, throat feels sore and filled up tongue clean or yellow, head feels "big as a bushel," tremulous, vertigo, blind spells, epistaxis, iliac tenderness. Hering

So tired he cannot exert himself to move or turn round, wants to be left alone. Shepherd

Chilliness up back, cannot move away from fire without chilliness, head hot before fever sets in, torpid, heavy condition during fever, head feels heavy and big, face scarlet, eyes suffused, nose runs a watery mucus, but little sore throat, pulse large, full and quick, but not very hard, febrile motions remittent, worse about same hour every day. • Influenza. Hering

Catarrhal fevers, from the influence of a cold, damp atmosphere, or a sudden change from hot and dry to damp air. When influenza is epidemic, at any season of the year, you will always find cases where this remedy is called for by the following symptoms: Chilliness up the back, can not move away from the fire without chilliness; the head is hot before the fever sets in, which is not attended by thirst, restlessness and anxiety, as with Aconite, but a torpid, heavy condition. The head feels heavy and big, the face scarlet, the eyes suffused, the nose runs a watery mucus, but little sore throat, the pulse large, full and quick, but not very hard, and the febrile motions are remittent, aggravated about the same hour every day. Hale

Influenza adds more of severe occipital headache, dull, heavy, deep—seated aching in the back and limbs or bruised soreness all over as though he had been pounded. No other remedy has cured more cases of la grippe or endemic or epidemic influenza, especially when occurring in warm, moist weather. H. Farrington

When hot, flushed, aching, trembling, dizzy, drowsy, feeling 'drugged' or weak. Headache, limbs and eyes feel heavy, back chilly. Sneezing, running nose. Sore throat, difficulty swallowing. No thirst. Also, upsets from 'nerves'.

In the epidemic of influenza prevailing in 1868, Dr. Wm. E. Payne found Gelsemium the remedy for the following symptoms: Soreness at the throat, felt at the upper part of the left tonsil, extending thence across to the soft palate, along the left nostril, attended with the sensation, at every inspiration, as if a stream of scalding water rushed along the nasal passage of that side, the opposite nostril at the same time being stopped; and continuous accumulation of irritating mucus about the throat, with hard, painful cough, and all the symptoms aggravated at night.

Eupatorium perfiolatum

Eupatorium is frequently called for in influenza, especially in the eastern and northern states. Chilliness and desire for warmth, severe aching in the lumbar region and grinding ache in the extremities are accompanied by burning heat, great thirst, nausea and vomiting of bile worse from drinking and the smell or thought of food. Although motion aggravates the pains; the patient is so restless that he cannot remain quiet. The pains are apt to come and go quickly, like those of Belladonna. There is often vertigo with tendency to sway to the left; the sclerotics may be yellow. Perspiration, even though scanty, relieves all the pains except the headache.

The common name, "Boneset", is well chosen. Aching in the bones as if they were broken is the central feature of the drug, for it occurs in practically every case where Eupatorium is indicated. The more prominent this symptoms, the more likely is Eupatorium to be the remedy. With these bone pains there is marked bruised soreness of the softer tissues.

Eupatorium acts principally on the respiratory tract, bones, muscles, and liver, and whether the case be one of coryza, influenza, pneumonia, remittent or intermittent fever or some hepatic disorder, there are apt to be more or less of jaundice and vomiting of bile.

The coryza is characterized by sneezing, watery discharge from the nose, hoarseness, painful soreness of the eye—balls, pulsating in the back of the head, fever and marked thirst for cold drinks; Every bone in the body aches.

If there is bronchial inflammation, the cough is violent and racking and the patient holds the chest with his hands on account of the intense soreness of the trachea and bronchial tubes. The cough is worse lying on the back and relieved by assuming the knee—chest position.

The same symptoms will obtain in pneumonia, with added difficulty in breathing, sharp pain through the chest (usually the right) on deep breathing, soreness in the right hypochondrium and jaundice. Eupatorium is indicated in the so—called bilious forms of this disease. H. Farrington

Very restless, cannot keep still, although there is great desire to do so.
Trembling: with vomiting, with chill, internal, with external heat, during heat, in back, during fever.
Great weakness and prostration during fever, with faintness from motion.
During fever, weak, faint, nervous, trembling.
Hands have to assist the head in lifting it, with headache.
Weakness during fever, could not raise head from pillow.
General debility from intemperance.
General lassitude with influenza.
Great prostration, almost syncope.
Faintness from motion, during fever.
Intense soreness and aching all over, vomiting, pain in back of head and neck. Hering.

This remedy is also very useful in diseases of the respiratory organs. In the so—called la grippe of recent years it has proven in my hands very valuable; the " aching all over as if

in the bones " being the leading symptoms. Painful soreness of eyeballs; coryza; aching in every bone; prostration in epidemic of influenza (La Grippe).

Deep hard achings as if in the bones, with sore, bruised feeling all over, back, arms, wrists, legs.

Vomiting of bile between child and heat. Chill 7 to nine AM. Hoarseness in the morning, with soreness in chest when coughing; holds it with his hands. Nash

Flowing coryza; sneezing; hoarseness, with roughness of voice; hacking cough in the evening, with soreness in the chest; restlessness; pains and aching in the limbs; constant change of position, though the pains are not worse by repose; lassitude; surface pale and morbidly sensitive. Lilienthal

The characteristic, however, is thirst before the chill and during the chill and heat.

Influenza, especially of aged persons. Prostration in epidemic influenza. great soreness and aching of the entire body; hoarseness and cough, with great soreness of the larynx and chest; a great coryza and thirst, and drinking causes vomiting; the cough hurts the head and chest and ther patient holds the chest with the hands. Cough decreased by getting on hands and knees. Various

EUPATORIUM PERFOLIATUM (Influenza) is a remedy for warm mild weather. The most outstanding symptom is the extreme aching right deep in the bone, the back and the legs—feeling as if the bones would break; the patient is restless; there is no comfortable place in bed; it feels hard. Coated tongue. There is great heat but no perspiration. Bryonia and Eupatorium can be easily mistaken one for the other, but if you remember that Bryonia lies quietly and does not like to the disturbed, and Eupatorium is restless, you are less likely to confuse the two. Shepherd

Coryza, with sneezing. HOARSENESS AND COUGH, WITH SORENESS IN CHEST; must support it. INFLUENZA, with great soreness of muscles and bones. CHRONIC loose cough, chest sore; WORSE AT NIGHT. Cough relieved by getting on hands and knees. Boericke

Influenza: "eyeballs sore; nose dry; thirst great; violent coryza; cough with soreness and heat in bronchi."

In this condition the cough is usually worse lying on back, better lying on face. The coughing hurts the head and chest (Bryonia). The general aching and bone pains are also present in the influenza of Eupatorium perf. Royal

Arsenicum album

The remedy in the pneumonias of the aged, where there is extreme dyspnea, disturbed circulation, gangrene, disorganization of lung tissue, exhaustion, collapse, and impending paralysis.

Influenza in children, sudden onset, much prostration, child looks as though it had been sick a week.

Frequent attacks of anxiety, worse at night, fears death. Diarrhea very prostrating, often involuntary. Hering

Arsenicum meets those cases which are accompanied with a burning acrid discharge from the nose, and cough aggravated at night; thirst. Hoyne

Sudden catarrh threatening suffocation at night; influenza in children with sudden onset and much prostration; child looks as if it had been sick a week; violent sneezing with blood—tinged discharge; profuse watery discharge from nose, corroding nostrils and making the upper lip sore, agg. at night and after a meal; great debility; spasmodic cough, with desire to vomit or with vomiting and expectoration of watery mucus; running of eyes, excessive photophobia; inflamed eyes with ulcers on cornea. Lilienthal

In influenzas, with great debility, severe coryza, and inflammation of the throat and eustachian tubes, causing roaring in the ears and deafness, Arsenicum is one of our best remedies. Marcy

INFLUENZA, more particularly, if this disease prevails in a community extensively in consequence of atmospheric irregularities, or as an epidemic miasmatic disease. The patient feels very much prostrated; the above—mentioned catarrhal symptoms are present; the patient complains of bad taste in the mouth, feels thirsty, chilly and feverish, he craves cooling drinks, is sick at the stomach, feels sore all over, looks sallow and distressed, is disposed to sleep, lowspirited, tremulous. Hemple

In rhinitis and WINTER COLDS, it is indicated by a thin, watery discharge that excoriates the upper lip. The nose feels stopped up, there is a frontal headache, photophobia, and excessive sneezing. The patient is worse on going into the open air, the burning, however, being better in the open air, and worse near the fire. It becomes the remedy in INFLUENZA when the discharges are profuse, burning, and corroding, and are accompanied with extreme lassitude and aching of the muscles. Blackwood

Camphora

Cold, collapse, averse to being covered

There is one peculiarity in the coldness of Camphor, viz., the patient will not be covered, or objects to it, no matter how objectively cold he is.

At the very beginning of cold before the chill has passed off. camphor was recommended by Hahnemann as a remedy for Russian influenza, and has been used with good effect in the recent epidemic, when the initial chill has been great and attended with great prostration.

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 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 homeopathically in a few hours.) Hahnemann

Influenza, when during the stage of invasion the patient feels cold and chilly, body and mind seem in a depressed condition. Voice: weak, uncertain, bleating, whispering, murmuring, hollow. Hering

Influenza in the spring, more of an asthenic character, beginning with more or less chilliness or chills, with deathlike paleness of the face, *often at the same time a desire to be uncovered*. Lilienthal

Coryza, which precedes a bad cough, frontal headache from sinus congestion, vertigo, lassitude, etc. in a patient who is cold and chilly; despondent, pale, loose and cold skin with general disposition to catarrhal discharge. Hoyne

FIRST STAGES OF A COLD, WITH CHILLINESS AND SNEEZING. PAIN BETTER WHILE THINKING OF IT. Suffocative dyspnea. Violent, dry, hacking cough. BREATH COLD. Suspended respiration. Better : Warmth. WORSE, motion, night, contact, cold air. Boericke

Influenza; headache with catarrhal affections, brought on by change of the weather; diarrhea with colic—like pains; sun—stroke, where there is restlessness and depression of spirits; lock—jaw, with this cold surface of the body; cramps in the calves of the legs; affections of patella; back of the foot; pain in inner parts as if bruised. Sleeplessness; anxiety.

Particularly indicated in seasons of epidemic influenza, when females abort almost as generally as the influenza prevails. Especially if she have pale, loose and cold skin with general disposition to catarrhal discharges.
AGGRAVATION. From cold air in general.
AMELIORATION. From warm air in general. Guernsey

In the first stage of suffocative catarrh, with paralysis of the lungs, as found in epidemic influenza. Burt

Chills, great anxiety and a sunken cast of features, and feeling like he is dying. Schlegel

Chelidonium

Great lethargy, debility, weariness and indisposition to make any effort
Low form of delirium, quiet in character, with the peculiar pneumonia of the drug.
The mental condition is generally heavy, lethargic, disinclined to mental effort;

Cough loose and rattling, the expectoration raised with difficulty (Tartar emetic). Frequently useful in the bronchitis of children, with dusky red face, oppressed breathing, etc. Cough, with pain in right side of thorax, either with severe bronchitis or with pneumonia. Numerous cases of pneumonia in right lung have been cured when associated with symptoms of hepatic derangements, distressing pain under right scapula.

Breath short; and difficult, with oppression and anxiety of chest with constriction of chest; during fever, and rapid. Heavy. Difficult worse after dinner.

Rapid breathing amel. eructations.
Obstructed as by a foreign body in bronchi. Necessity to breathe deeply. Longing for fresh air in order to breathe more easily. Inability to breathe deeply on account of stitches.

Influenza. The following are the indications:"Great and dry heat especially in the face; rigor particularly toward evening; moderate thirst; nose, tongue and throat dry; violent pain in forehead above the eyes; vertigo; lachrymation; photophobia; drawing in the nape and occiput; violent pain in the back; shaking dry cough; shortness of breath and tight chest; stitches in the left side; eructation; pains in all the limbs, with a bruised sensation; great languor and faintness; loss of appetite; nausea; nightly delirium, with amelioration in the morning, much anxiety and restless till midnight."

Coughs in General. Chelidonium meets frequent paroxysms of dry violent, hollow or short, exhausting cough (worse in the morning), excited by tickling in larynx, by sensation of dust in the trachea, throat and behind the sternum, not relieved by coughing; loose rattling coughs; bright-yellow stools, pain under the lower angle of right shoulder blade.

Pneumonitis. Useful in pneumonia of the right side of the body, with lungs full of mucus, dyspnea, tightness, and anxiety of the chest; great and quite irregular palpitation of the heart; violent stitches, with short, dry cough, which increased the pain; sensation of throbbing in the lungs; dark-red cheeks; pain under the right shoulder-blade, with soft, bright-yellow stools, or whitish and costive. It is also valuable in pneumonia of the left side, worse right and left side. Hoyne

Ammonium muriaticum

Watery discharge from nose; loss of smell, with coryza and stoppage of nose, hoarseness and burning in larynx; frequent sneezing; tearing from nape of neck to shoulder; painful jerks, now here and there, through all the limbs; thirst at night. Lilienthal

Magnesium muriaticum

Perversions of taste and smell are marked in Mag-m., and I have frequently restored with it loss of taste and smell after influenza. Clarke

Baptisia

Another disease in which it has proved specific in a large number of cases is epidemic influenza.

The besotted countenance, bleary eyes, aching head, sore throat, pains and soreness all over the body, and profound prostration which are present in all typical cases indicate Baptisia before any other remedy.

Among the chief symptoms of the remedy are the following: Stupor, falls asleep while being spoken to, confused as if drunk. Clarke

The symptoms of this drug are of an asthenic type, simulating low fevers, SEPTIC CONDITIONS of the blood, malarial poisoning, and extreme prostration. Indescribable sick feeling. GREAT MUSCULAR SORENESS AND PUTRID PHENOMENA ALWAYS ARE PRESENT. All the secretions are offensive—breath, stool, urine, sweat, etc. Epidemic influenza. Boericke

Confusion: difficult concentration; aversion to mental exertion; RESTLESSNESS; delirium; DELUSIONS THAT BODY IS DISMEMBERED AND SCATTERED ABOUT; or that it is double; AVERSION TO OPEN AIR; unconsciousness.
PROSTRATION: LASSITUDE; DESIRE TO LIE DOWN.
Sensations: BRUISED SORENESS; numbness.
PUTRESCENCE.
Enlarged lymphatic glands.
Hemorrhage.
Paralysis.
Worse: Morning; evening; open air; pressure; lying down; lying on painful side; walking.
H. Farrington

In contrast with Gelsemium, Baptisia patients are always thirsty. They have a constant desire for water, but if they take much at a time it often produces a sensation of nausea. Taking a little at a time, they are all right, but their thirst is always one of their troublesome features. Borland

Carbo vegetebalis
Coldness, blueness and collapse in the late stages, as not infrequently met with in pneumonia

Carb. veg. Third stage; cough by spells, or no cough; hippocratic face, eyes half open, nose pinched and cold, lips blue, pupils insensible, no complaining or crying; pulse small, quick, difficult to count; body emaciated and marbled; feet and hands blue and cold; abdomen distended with gas; respiration frequent and superficial; breath cold—a perfect picture of collapse. It has helped me in a few desperate cases of pneumonia, last stage, with marked dyspnea, cold breath, general coldness, weak pulse and a tendency to collapse.

Many cases of pneumonia that have seemed hopeless, in a state of collapse, blood stagnating in the capillaries, causing blueness, coldness and ecchymosis, with the foregoing chest symptoms, may be saved by this remedy. The difference between Carbo veg. and Arsenicum in this stage is that the erethism and restlessness is very marked under the latter, and lack of manifestation of vital force under the Carbo veg. It is not

only here in these affections that Carbo veg. is useful, but in typhoids and other diseases where these conditions are present.

Carbo veg. complements it if there is great prostration, sunken hippocratic face, general coldness and blueness, and there is rattling respiration and dyspnea with desire to be fanned hard to help the breathing. Pleuritis.

Cough by spells or no cough; if cough with rattling but too weak to expectorate (Ant. tart.); Ant. tart. has failed; hippocratic face, nose pinched and cold; lips, hands, feet and skin blue and cold, breath cold, dyspnea great, wants to be fanned, can't get oxygen enough, vital force almost expended. I have seen several such cases come out under Carbo veg., re—action setting in so that other remedies that did not act satisfactory will now take hold and do better work. Antimon tart. is often of great utility where the case has gone into what might be called the "loosening up" stage. The chest seems full of mucus with coarse rattling and cough which seems as though it must bring up large quantities, but it does not; the patient becomes cyanotic from want of oxygen, which the great accumulation of mucus shuts out, there seems to be lack of strength to expectorate, even threatened paralysis of the lungs; fits of suffocation. This is the condition that precedes the desperate stage of Carbo veg. and may save the patient from it. It is oftenest found in children and very old people. Pneumonia.

Carbo veg. if there is dark or light colored hemorrhage with perfect indifference, especially if there is excessive paleness of the skin of whole body.

If, notwithstanding the use of Ant-t., the rattling and weakness increase, the cyanosis also, until the blood stagnates in the capillaries, the extremities and breath become cold, and the patient gasps fan me, fan harder, Carbo veg. is still able to turn the scale in favour of the patient. I have witnessed this result more than once. It is in these cases more of a broncho—pneumonia than simple bronchitis.

Carbo veg. may follow Ant-t. if the weakness and general blueness from unoxygenized blood, with great hunger for oxygen, wants to be fanned hard to breathe, coldness and prostration.

Cuprum metallicum

Epidemic pneumonia, after a few day's dry coughing or a diarrhea, either stitches, mostly in left side of chest, or a pressure behind sternum, or neither, but bronchitic symptoms by auscultation, with headache, fever or great prostration, cannot take a deep breath, the shooting pain prevents it, in some cases dyspnea, sudden feeling of suffocation, has to sit up with a pale, collapsed face. (Hering)

Waterbury was one of the hardest hit towns in the country. "Black" cases and swift ensuing deaths raged in certain neighborhoods as if struck by overwhelming fate. Cuprum was the genius of the "Spanish" strain of influenza here and often turned the vitality streaming back where the apparently indicated Bryonia had not availed.

Cuprum was adapted to all kinds of cases. It was the most similar in its occult relation, the most like the epidemic from beginning to end. It caused reaction in nearly all the ordinary conditions within twenty—four hours, overcoming the infection quickly and completely without prolonged convalescence or complications. Most patients who had Cuprum felt better after the attack than for a long time before. Cuprum cured most of those anomalies of mental or nerve function observed, the obscure or localized conditions. It cured the cases which presented shifting sets of symptoms perhaps like Bryonia one day, Lyc. the next. Sul. the next, Hyos. the next and so on. It cured practically all of the malignant or fulminating pulmonay oedemata if used before the serous bubbling became extensive. It cured a substantial proportion of the cases which had advanced so far that the bubling was audible at a distance, if the patient could be watched closely and the remedy manipulated closely. It smoothed out the pains and mental agony of moribund cases and, I believe, prevented or modified the terminal convulsion which may occur in these sudden and shocking cases.

Those cases which after a day or two develop the rhoncus, sink and rattle their way out of the world in two or three days, or those who along the usual course a few days, then suddenly develop throacic oedema and call the attendant to a half if he is conscientious, to do some personal and individual thinking. You might as well leave your "personality" at home when you go to such a case. The wonderful powers of suggestion which the regulars suppose we possess will have the courage to apply the principles of selection

and repetition to these cases, and sick to it. The patient must have the correct remedy in suitable potency and it must be manipulated accurately besides. Hayes

If we turn to the Hahnemann's provings of Cuprum metallicum, it will be seen that Cuprum metallicum is exactly the remedy. It has, in fact, checked many of the cases for me, and quickly, the cure being more rapid than the progress was downward, sometimes. If the condition is so far advanced that the rattling has become extensive in both lungs and the pulse above 120, Cuprum metallicum can only palliate, and often with borderline cases careful observation and dexterity is necessary to bring reactions to the viable point. I have had no experience with potencies lower than the 200th, preferring after some observation to hit hard at once with the 40 M or 50 M.

Sudden effusion of fluid into the air spaces of the lungs, coarse rattling, intense dyspnea, jerky respiration, shooting pains through sides of the chest but soon disappearing because of exhaustion, respiratory motions of the alae nasi, intense thirst for cold drinks, drenched with sweat; at first refused to move, later throwing himself about the bed partly to find a cool place. Cold sweat on hands, feet and forehead, would not remain covered, intense mental anguish, premonition of death, constant groaning, cried out repeatedly 'Wait a minute,' thought he was going to be stabbed, shrinking to a corner of the bed in terror, could not be appeased, staring as at some object in terror. Stabbing pain in epigastrium, drenched with cold perspiration, cold breath, running tongue out quickly to lick lips like a snake, eyes brilliant, complexion ashy and dark, lips white, later bluish, frequently escaping from bed in spite of attendants. Convulsion began suddenly with cramps in feet then legs then all over, the face last, muscles rigid but quivering, thumbs turned in at first then snapped out; cyanosis, then sudden agitation of face and neck muscles and death. Hayes

Ferrum phosphoricum

Shortly before this influenza made its appearance here in the West, I sent to members of my family who live in other places, and gave to other members and to many friends living here, as a preventive, Ferrum phosphoricum 12, of which to take a few pellets twice daily. It has proved itself in every case protective, and has cured every patient treated by it, in from one to three days. Only in some cases which had developed without any catarrhal symptoms, I selected Rhus toxicodendron 200, and these cases recovered

in from one to three days. Pneumonia never developed under these remedies, and if existing before they could be given, that inflammation would certainly be cured by them when given in the first stage; later on other remedies might possibly be indicated. Some physicians believe in Gelsemium to possess the specific. The similarity with Ferrum phosphoricum is indeed very great, but all the symptoms combined showed closer to Ferrum phosphoricum and the main characteristic symptom of influenza, the profound weakness and prostration, is much more peculiar to Ferrum phosphoricum than to Gelsemium, and its protective power stamps it indisputably as the true remedy. Putsch. MA 1890; 24: 213-215.

"Acute, short, spasmodic cough, which is very painful; cough agg. in open air, touching larynx, at night; sharp stitching pains in chest on deep inspiration." We get prompt results with it in several conditions of the lungs: 1st, congestion with a peculiar swishing sound like the waves against the side of a boat in quiet water; a very rapid pulse; flushed face; scanty blood—streaked expectoration; high temperature and marked restlessness. 2nd, pneumonia with the same symptoms as for congestion, plus heaviness of the chest and dulness over certain areas, also a dry, hacking cough. Ferrum phos. was one of the most frequently indicated remedies for Flu—pneumonia. 3rd, pleurisy with the sharp stitching pain with every breath; high temperature, dry cough and rapid pulse. I have found it especially useful for bronchitis of young children and old people with the above symptoms. Not only will you find it helpful in acute but in chronic bronchitis when a fresh exposure causes the above symptoms. 4th, whooping cough with hoarseness or complete loss of voice; vomiting; epistaxis and a rapid pulse. The rapid pulse and bloody sputum are the ranking symptoms of all conditions of this locality. George Royal

Phellandrium aquaticum

Hoarseness with roughness in throat; dry cough, with shortness of breath, stitches in chest and oppression; great thirst, loss of appetite, sleeplessness on account of cough; small black spots like petechiae, disappearing without desquamation; urging to urinate, with scanty emission and violent burning after micturition; urine pale and watery, almost greenish. Lilienthal

Phosphorus

Must be thristy for large quantities of ice-cold water in all of its complaints. Could be called in flu-like illness, but be especially called during pneumonia. Better in company, worse when alone (Ars.). Much better with consolation.

Epidemic influenza: rawness and scraping in pharynx, worse towards evening, hawking of mucus in morning, fluent coryza with great dulness of head and sleepiness, more during day and after meals, blowing of blood from nose, profuse hemorrhages from nose and mouth, much sneezing, frequent alternation of dry and fluent coryza, sensitiveness in region of liver, with stitches there, hoarseness, rawness in larynx and trachea, cough excited by tickling in chest, generally dry evening and night, with mucous expectoration in morning and during day, worse talking, laughing, crying (children), lying on back or left side, much fever and thirst, lassitude and prostration out of proportion to duration of disease, much heat and great pain in larynx or chest, with dry cough and tendency to diarrhea.

Larynx feels sore and dry, passage of inspired air gives to parts a sensation of rawness, cough hoarse, expectoration scanty, constant tickling in suprasternal fossa, dryness of throat night and day, hawking of mucus in morning, hoarseness, loss of voice.

Voice a husky whisper, feeling of weight and strangulation at larynx, which provokes incessant coughing, hawking and spitting, sputum is a fine, white, tasteless froth, expectorated every half minute, extreme dryness of throat and back part of mouth, worse at night, when she is obliged to rise every half hour to moisten throat, looks pale and haggard from loss of sleep.

Bronchitis: tight cough, worse from evening until midnight, tightness across chest, pain in head, larynx and chest when coughing, cough worse from speaking, laughing, eating, motion and on going into cold air, useful after onion syrup, severe and exhausting cough, which child dreads and avoids as long as possible, worse in evening and continues so during night, fever high, pulse rapid, lies upon back breathing very fast, respiratory movements chiefly abdominal, every inspiration very short, half suppressed and accompanied by a sort of groan, child, s attention could only with difficulty be called to anything, much general heat, short cough, sibilant rales in lungs, hollow, dry, deep cough, without irritation, in tall, slender persons of tuberculous habit, capillary, subacute

attacks in emaciated, cachectic or young overgrown invalids, bronchopulmonary catarrhs from dilatation or fatty degeneration of heart, cough abrupt, rough, sharp, dry, between each coughing spell a short interval, dry tickling cough in evening, with tightness across chest and expectoration in morning, pain in chest when coughing, better from external pressure, trembling of whole body while coughing, cough worse when other people enter room, tingling soreness and rawness in air passages, dry cough with expectoration of viscid or bloody mucus, dilatation of bronchi.

Chronic bronchitis, profuse expectoration of white or yellowish mucus, auscultation showing bronchial tubes to be filled with secretion, prostration worse by night sweats, emaciation.

Chronic bronchial catarrh, cough dry, or expectoration of abundant tough mucus, especially in morning, at times expectoration is cool, tremor when coughing.

Chronic bronchitis, when an exacerbation occurs and expectoration is streaked with blood. Hering

Intense bronchial and laryngeal affection, affecting the voice and rendering speech almost impossible; dry, tickling cough, with tightness across the chest; worse evening and before midnight; coryza alternately fluent or dry, with frequent sneezing; goneness and faintness in region of stomach; painless diarrhea. Lilienthal

Pulsatilla

The patient must be thirstless. Dry mouth without thirst is strongly indicating of Pulsatilla. Bitter taste. Has difficulty breathing if in a warm room, let’s say above 21˚C (70˚F). They desire cool fresh air. Mild temperament, even weepy, better consolation. Worse in the evening. Almost all its aches, pains and other symptoms are better from gentle motion, continued motion.

Pulsatilla is the best remedy for what the laity call "a ripe cold. So aptly does the term express the totality of the symptoms of Pulsatilla that I have many times prescribed it with success for this condition in the last stage of acute influenza, without seeing the patient. Also useful for chronic catarrh of the nose with one modality to which I will call

you attention, viz., "better in fresh, cold air." That refers to stopped up condition of nose. When the Pulsatilla patient goes out into the cold, fresh air the nasal discharge becomes thinner and freer. This relieves the "stopped up" condition and the headache caused by it. Royal

Attack comes on after getting wet and getting wet feet. Shivers up and down the back, with high température—feeling of cold water pouring down the back. There is much catarrh and congestion in back of nose and throat, and the patient feels worse in a warm, stuffy room; prefers fresh air; is worse in the evenings; high temperature with dry mouth and no thirst. Shepherd

Fluid or dry coryza, loss of taste and smell; sore nostrils, wings raw; later yellow-green discharge; cough day and night, especially when lying, with distress in bowels and mucous diarrhea. Lileinthal

Again in "La Grippe" Pulsatilla should be studied. In my own case, in 1890, the backache, restlessness, and severe headache are still remembered.

The physician who was called to prescribe for me gave me Rhus Tex., 30. During the day three other physicians came to see me about my patients. Two of the doctors were looking after some of my work, and the other had been called in consultation with me that day regarding a case. They came at different times and all said Rhus Tex. was my remedy. I kept on taking it until late in the evening when the remedy was changed to Pulsatilla 200, and relief began soon after the first dose, and rapid improvement ensued.

Rhus tox., I believe, is often given when Pulsatilla would be more homoeopathic.

Since my own case, I have often used it according to its indications in La Grippe, and it has done splendid service. BG Clark from NYC

Rhus toxicodendron

Can be called at different stages of the flu. Its symptoms are unmistakable: Aches and pains better from warm application and worse from cold applications and cold air; better from continued motion, but fist motion. Must change position often. Worse during the

change of position, but better afterward, but for a short time, let's say 10 minutes; the achiness augments slowly and must again move position.

Copious coryza with redness and edema of throat, sneezing and coughing; edema glottidis; puffed, translucent uvula; pharynx and larynx feel intolerably raw and rough, full of vesicles; dry cough, agg. from evening till midnight and from uncovering the body; severe aching of all bones; tearing pains down thighs during stool; general debility. Lilienthal

USEFUL IN INFLUENZA, WITH ACHING IN THE BONES, SNEEZING AND COUGHING; DRY COUGH; BRONCHIAL COUGHS OF OLD PEOPLE; AND TYPHOID [in a collapse state] PNEUMONIA. Dunham

Aching in all limbs; worse on beginning to move, very restless, has to go on moving, if he keeps still the pain and aching gets worse; cannot find a restful place in bed. Tongue coated, with a red triangle at front of tongue. Shepherd

Influenza, air-passages seem stuffed up, aching in bones, sneezing and coughing, worse from uncovering body, arising from exposure to dampness, dry, hard, tickling cough, worse evening until midnight, stiffness in back and limbs. Hering

Sabadilla

Epidemic influenza: Dullness of head; great sleepiness during day, chilliness, shivering and horripilations, particularly toward evening, chilliness running upward, from feet to head, lachrymation and redness of eyelids, pressure in eyes, particularly when moving them and when looking upward, pressing headache, particularly in forehead, sore pain in tongue, which is covered with a thick yellow coating, pain in tongue extends into throat, difficult deglutition, frequent sensation as if a skin were hanging loosely in throat, bitter taste in mouth, complete loss of appetite, nausea, dryness of mouth, thirstlessness, constipation with rumbling of flatus or diarrhea of brown fermented stool, which floats upon the water, urine yellow and turbid, cough with vomiting, headache, sharp stitches in vertex, pain in region of stomach, hoarse cough, often with hemoptysis, painful paralytic weakness of limbs, particularly of knees, all the symptoms worse from cold, aggravation toward afternoon, reaching its height in evening, heat of face with chilliness and

coldness of limbs or chilliness running up back, returning every ten minutes, skin dry as parchment, sleep restless, disturbed by anxious dreams, cough immediately on lying down. Spasmodic sneezing. Fluent coryza. Coryza with severe frontal pains and redness of eyelids, violent sneezing, copious watery discharge from nose. Hering.

Sambucus

Cough: hollow, dry, at night, deep and dry before chill, with regular inhalations, but sighing exhalations, suffocative hollow, deep, whooping, caused by spasm of chest, expectoration of small quantities of tough mucus, only during day, suffocative with crying children, worse about midnight, during rest, lying in bed, or with head low, from dry, cold air.

After suppression of a fluent coryza, rough, hollow, deep, croupy cough, restlessness, whistling respiration, as if throat were painful, head hot.

Dry, hacking cough during chill and heat. Hoarseness, rawness in throat and oppression of chest. Woke at night with agony and fear of suffocation, springing up in bed and struggling for breath. Hering

In Sambucus we have a great remedy, much in demand, for various types of respiratory complaints, including influenza. The grand keynote of the remedy is to be found in the edema and dropsical swellings in various parts of the body. Though the edema is particularly seen in leg, in step and feet, it really is the secret of most of its respiratory and laryngeal symptoms. It is mainly on account of this that the breathing is anxious, loud, wheezing and crowing. The suffocative attacks that appear mostly at night time, making the patient restless, fearful and tremorous, are to be accounted for by the oedema of the respiratory channel. The child suddenly wakes up at night time, nearly suffocates, and sits up in bed. He turns blue and gasps for breath which he finally succeeds in getting. These are symptoms of asthma and Sambucus copes with them successfully, specially when such attacks are mostly nocturnal and are brought about by lying with the head low. Choudhuri

Sanguinaria

I have found it meet a greater proportion of the tracheal and bronchial coughs of epidemic influenza than any other remedy. The chief features are: Violent, dry cough, wheezing, whistling, metallic, sputa almost impossible to raise.

I have seen several cases of this kind rescued from apparently imminent death by Sang., the relief comes by the expectoration of a thick plug of mucus which was causing suffocation, and which the patient was too weak to dislodge. Clarke

Violent dry cough, sensation of burning behind sternum, craves cold water, which soon is vomited, fauces dark-red, not swollen, little or no fever, headache, almost crazy, eyes look inflamed, upper lid swollen, open air relieves pain, vomits as soon as he drinks or eats, sharp pain over right eye. Fluid coryza alternating with stoppage, eyes painful to touch, soreness in throat, pain in chest, cough and finally diarrhea. Loss of smell and taste. Smell in nose like roasted onion, wheezing, whistling cough and finally diarrhea which relieves the cough. Hering

Frequent attacks of acrid, fluent coryza. During influenza, when there is much soreness in the roof of the mouth, extending to the pharynx, right side of throat and even down to the lungs, as if parts had been scalded or burnt, Sanguinaria is very apt to be the remedy. If, with the burnt feeling, there is rheumatic soreness of the muscles of the palate, much dryness down the air passages, loss of taste and smell, Sanguinaria is doubly well indicated. Leonard

Loss of smell; Influenza; Coryza, with rawness in the throat, cough, and pain in chest; frequent sneezing; Fluid Coryza; Smell in the nose like roasted onions. Buck

Senega

Constant tickling and burning in throat and larynx, leaving patient not a moment's rest and preventing him from lying down, fear of suffocation.

Grippe with stitches in right eye when coughing.

Constant burning and tickling in larynx and throat, with danger of suffocation when lying, copious expectoration of tough mucus, relief by outdoor exercise. Copious accumulation

or tough mucus in air tubes which causes the greatest often ineffectual, efforts at coughing and hawking for its expulsion. Hering

Sticta pulmonaria

Severe dry, racking cough, worse evenings and at night, can neither sleep nor lie down).

Now, take this group of symptoms as we have recorded them, and you cannot fail to observe a vivid picture of influenza as we so frequently meet with it in this latitude.

The cough of this drug is always dry, and invariably worse at night, preventing sleep. It is noisy and racking, accompanied with a splitting headache in frontal region. The tickling which causes the cough is so incessant that the patient soon shows sign of being completely worn out, and if not speedily controlled in some cases, becomes croupy in sound; can neither lie down nor sleep on account of it. (Must lie down with the headache, but cannot with the cough.) CC Smith

Constant need to blow nose, but no discharge results on account of dryness.

Excessive and painful dryness of mucous membrane, secretions dry rapidly, forming scabs difficult to dislodge. ∞ Influenza.

Nose is stuffed up, nasal secretion drying up so rapidly that it cannot be discharged.
• Almost incessant sneezing, with a feeling of fullness in right side of forehead, extending to root of nose, tingling in right side of nose.
• Desire to put finger in nose to clear out gluish secretion.

Acute coryza with fever.

Influenza: excessive and painful dryness of mucous membrane, secretions rapidly dried and formed scabby concretions, requiring great effort to discharge them, soft palate felt like dried leather, making deglutition painful, irritation in chest, more in evening and night. Hering

Veratrum album

Here is a remedy that has a characteristic " Cold sweat on the forehead." It makes no difference whether it is cholera, cholera infantum, pneumonia, asthma, typhoid fever or constipation; if this symptom is prominently present, and the patient is in anything like a faint, collapse, or greatly prostrated condition, Veratrum album is the first remedy to think of. It is one of Hahnemann's trio of remedies for Asiatic cholera, Camphor and Cuprum metallicum being the other two; and today his indications for its use stand as true as when he first gave them to the profession. It abides the test because it is founded upon a natural law of cure, which is the same "yesterday, today, and forever."

If we were to describe in one word the general condition, as near as possible, for which this remedy was best, it would be collapse. Let me quote: "Rapid sinking of forces; complete prostration; cold sweat and cold breath." "Skin blue, purple, cold, wrinkled, remaining in folds when pinched." "Face hippocratic; nose pointed." "Whole body icy cold." "Cold skin, face cold, back cold." "Hands icy cold." "Feet and legs icy cold." (Icy coldness of surface, covered with cold sweat, Tabacum.) "Cramps in calves." All these are verified symptoms, and show to what an extreme degree of collapse a case may come and yet be cured. This condition may be found in rapidly progressing, acute cases like cholera, or it may be found in suppressed exanthemata; or, again, in the course of bronchitis, pneumonia, typhoid or intermittent fever. No matter where found, or in connection with whatever disease, if this collapse is present, and especially if the grand keynote, " (cold sweat on face and forehead," is present, we may give this remedy with full confidence that it will do all that can be done and much more than the old school system of stimulation with alcoholics. In choleraic diseases Camphor comes nearest to Veratrum, but with Veratrum the stools are profuse and like rice—water, while they are scanty or entirely absent with Camphor. The pains of Veratrum are very severe sometimes, driving the patient to delirium. It is said to be a good remedy for rheumatism, which is worse in wet weather and which drives the patient out of bed (Ferrum met.). Veratrum is a remedy of wide range, because it covers a condition. (Nash)

Belladonna

During the Asian flu epidemic of 1957, I visited over four hundred cases. A Ministry of Health circular warned us what to expect. It was a classical description of a Belladonna proving. My only addition to this excellent remedy picture would have been to include

photophobia and conjunctival injection. Of the patients I visited, one half had already been taking the fever pills as indicated, with considerable relief. I found that Belladonna not only rapidly reduced the temperature but also controlled the abdominal spasms and afternoon pyrexia which often persisted for a week or more as sequelae. I was able to verify that high potencies were far more effective than low, and when my supply of a remedy was running out I got the patients to dissolve two pills in a glass of water and take dessertspoonful doses, which worked very well. Four of my own children went down with the flu, in each case their temperature exceeded 40°C (104°F). Belladonna 200c quickly brought them out of their delirium and cooled them down. We did not have a single night up with any of them.

In the circular referred to above it was stated that 'the temperature would rise rapidly to 103-104°F (39.5-40°C) and remain up for 48-72 hours'. In no case that I treated did the temperature remain as high as that for more than a few hours after administration of the homeopathic remedy.

I will quote two examples. In the early weeks of the epidemic, on my half-day, I received two similar calls from the same outlying district. In each case the husband phoned for his wife, who was very feverish and restless. In both cases they thought they had fever pills somewhere in the house, and agreed to go on giving them until I called. When I arrived late that evening at the first house I found the woman had had a good sweat and was cool. She had only taken fever pills. At the second house, the woman lay in bed, restless and panting for breath, with a temperature of 106°F (41°C)—the highest I recall having seen except in terminal conditions. The husband said that he had found the fever pill bottles were empty, and he was about to send for me. To complicate matters, his wife could not tolerate aspirin in any form. In this case I gave Aconite 10M every half hour in view of her restlessness. I left at 10p.m. and saw her next day at noon. She had a restless night, but her temperature was down to 100°F (37.8°C). She was feeling much better now, and wanted to sleep. Next day she was apyrexial. I wonder what conventional medicine could have offered in this case apart from tepid sponging. Jack

Tuberculinum

“In pneumonia the first remedy I think of is Bacillinum, unless there is plain indications for another, and in many cases even where Aconite, Bryonia, Belladonna, or some other remedy leads in the acute turmoil, I find Bacillinum soon comes in to rapidly finish the attack in very many cases. Since I have adopted this plan, it is seldom a case goes beyond the first stages when called in time, the cough loosens up, the pain subsides, and the lungs are very rapidly freed from the accumulation and inflammation. In old people it acts like a charm. Most cases are convalescent in less than a week. Of course, I do not mean Bacillinum is a specific remedy for every case, but in those cases where the indications are not well marked and as a finisher of the case it is useful. The bovine form of this remedy had promptly relieved the incipient stages of hip joint disease. That of the fowl is often curative of the results, especially where the lungs are involved, of poorly treated cases of grippe or influenza.” Yingling

Adaxukah:

Lately, a number of grippe cases were puzzling. They seemed to be something like Gels. and something like Rhus but not like either, wholly. Then the proving of Adaxukah came to mind. The result was magical.

Heaviness and aching and sleepiness; eyes feel big and heavy, desire to keep the lids closed. Appearance of sopor; eyelids closed and body motionless but mind and senses clear and open, dreads to move, lies still and aches; the more she aches the more she dreads to move though knowing that motion relieves; aches all over, heaviness and aching, heaviness of parts.

Irritable; wants to be let alone, averse to any attention; such.heaviness of body and spirits that she objects to being disturbed. Royal Hayes

Other influenza remedies

Ammonium carbonicum: Burning water from nose in daytime, dry coryza at night; cough after midnight with tickling in larynx and headache; chronic weakness of chest; pain in all limbs at night, especially back and loins, agg. lying on abdomen; constant tingling in nose and disposition to sneeze; the least breath of cool air aggravates and brings on sneezing. Lilienthal

For the **persistent cough** that may be left by Influenza; which should yield to Bryonia, but may fail to do so.

He says, "Since my own experience with Ammonium carbonicum I have used it in many cases, especially those of children, with much success. It has cured the cough of Influenza when everything else has failed, and I have more than once not found it necessary to give a second dose. Tyler

Cough in the morning at 3 or 4 o'clock, or at night disturbing the sleep, with spasmodic oppression; incessant cough, excited by a sensation as of down in the larynx, aggravated after eating, talking in the open air and on lying down; the paroxysms of cough are followed by a high degree of exhaustion, especially when complicated with coryza and influenza.

Pneumonitis.—In the **Pneumonia of old people**, with the characteristic cough symptoms, we have found Ammonium carbonicum of considerable benefit. It is a remedy too apt to be overlooked. It meets those cases with copious expectoration, and incessant cough, excited as if from down in the larynx, and greatly aggravated at 3 or four AM. Hoyne

Antimonium tartaricum

This drug exercises a specific influenza upon the mucous—membrane of the air—passages, producing among other effects, sneezing, fluent coryza, chilliness, **loss of taste and smell,** and irritation of the Schneiderian membrane. Experience has proved it useful in influenzas and ordinary catarrhs. Marcy

Great prostration, lassitude and sluggishness of body with bad humor.

Prostration and collapse. Thick, white or bilious fur on tongue, with retching of phlegm, nausea and vomiting. Stiff neck. Pressing pain in forehead with vertigo, stupor and dulness of head, slightly delirious, drowsiness, but cannot sleep. Sensation of emptiness in stomach. Cold sore around mouth. Shooting in chest. Great apathy, alternating with restlessness in night. Skin chilly, with very copious sweats, which do not relieve. Hering

Alternating heat and chills, feeling of great bruisedness, rheumatic complications.

Oppression of breathing relieved by expectoration; much fatiguing cough, most nights, shaking the whole chest and causing headache, most in forehead; constant irritation to cough, with brown expectoration of sero—albuminous fluid; aphthae around mouth; flat or bitter taste; thick, white or bilious fur on tongue, with retching of phlegm, nausea and vomiting; loss of appetite without much thirst; sensation of emptiness in stomach. Lilienthal

INFLUENZA. Hirschel gives the following group of symptoms as characteristics of the epidemic influenza of 1834, in Germany:

Rheumatic pains in the limbs and extremities; stitches in the chest; oppression on the chest, relieved by expectoration; irritation inducing cough, with moist serous—albuminous expectoration; racking cough, especially at night, causing frontal headache and racking the chest; aphthae around the mouth; thick, white or bilious coating of the tongue, with hawking up of mucus; nausea, vomiting, pasty or bitter taste, anorexia, not much thirst, empty feeling in the stomach; pressure stitches, bloating of the hypochondria, especially of the liver; diarrhoeic stools, consisting of mucus, not copious; frontal headache, with vertigo, stupefaction, dulness of the head, slight delirium, weary feeling as from want of sleep, yet there was no sleep; apathy alternating with nocturnal restlessness; exhausted feeling in the limbs, as if proceeding from the back; stiff neck; pulse small, nervous; chilly creepings, with copious sweats. Hemple

Lassitude, with great sensitiveness to cold, with chilly feelings, partly tongue, headache, inflammation of the throat, tonsil, arches of the palate or pharynx, short turns of nausea, aching in the bones especially of the lower extremities, yellowness of the skin, slight hoarseness, more or less fever—heat and sweats. The Antimony often acts as a perfect remedy in the stage f incubation, especially in those cases which would of themselves close this stage by profuse watery diarrhea and cramps. This stage, of which the angina faucium, the chills and the bone—pains are the prominent sufferings, subsides of itself in twenty—four to forty eight hours; but the disease, if it be a real influenza, is not removed; it has only advanced a step beyond the period of incubation toward the stadium of bronchitis, with its concomitant cough, dyspnea, fever—sweats and prostration. The second or bronchial stage of the true influenza, having been

successfully managed by Phosphorus or Bryonia, with the aid of Aconite and Hyoscyamus, I complete the cure by a return to the Antimony; that is to say, when the air passages are loaded with mucus, the cough frequent and the expectoration copious. Hoyne

The cough sounds loose, and yet the child raises no phlegm. This symptom increases until the child grows drowsy. Its head is hot and bathed in sweat. The cough then grows less and less frequent, the pulse weak, and symptoms of cyanosis appear. In these cases, the quicker you give Antimonium tartaricum, the better for your patient.

Antimonium tartaricum is also indicated in affections of old people, and particularly in orthopnea, or threatening paralysis of the lungs in the aged. You hear loud rattling of phlegm in the chest, and yet the patient cannot get up the phlegm. Here Baryta carb. is complementary to Antimonium tart., and often succeeds when the latter remedy only partially relieves.

In this threatening paralysis of the lungs you must compare Antimonium tartaricum with several other drugs; with Lachesis, which has aggravation when arousing from sleep.

Carbo veg. also suits these cases, but there the rattling is accompanied by cold breath and by coldness of the lower extremities from the feet to the knees.

Moschus comes in when there is loud rattling of mucus and the patient is restless. It is especially indicated after typhoid fever. The pulse grows less and less strong, and finally the patient goes into a syncope.

Also, do not forget Ammonium carbonicum in this condition.

Antimonium tartaricum produces a perfect picture of pleuro-pneumonia. Certain portions of the lungs are paralyzed. Fine rales are heard, even over the hepatized areas. There is great oppression of breathing, particularly towards morning. The patient must sit up in order to breathe. It may also be indicated in bilious pneumonia, that is, pneumonia with hepatic congestion and with well-marked icterus. The pit of the stomach is very sensitive

to touch or pressure. There are meteorism, nausea and vomiting. It may be used in the pneumonia or drunkards with these complications. E. Farrington

Bromium

Fluent coryza, first the right nostrils is stopped up and then the left; frontal headache, especially on right side, with pressure downward, as it the brain were forced down through the nose; short, dry hacking cough, with difficulty of breathing, which is short and hurried. Lilienthal

Acute coryza with much sneezing, burning in the nostril, even bleeding of the nose, and sensation of the air breathed being very cold though the season is hot, will be amenable to this remedy. This coryza may be accompanied by pyrexia and prostration, and the remedy has been found useful in influenza. The muscular pains of the drug in the dorsal and lumbar regions and the "chills running down the back" to the legs would be additional features calling for its use in influenza, when the stress of the disease falls on the larynx, or occasionally when the lungs are affected. The pains and chills are both worse from walking or moving about. Neatby

Antimonium tartaricum

Cough—Predominantly loose, with coarse rattling of mucus, which is often difficult or impossible to raise. Bronchia and chest seem loaded with it. Seems as though a cupful would be expectorated with each cough, but little comes up. Aggravation—worse as the accumulation increases and when lying down. Amelioration—better on expectoration and on sitting up. Accompanied by—Yawning, dozing and sleepiness; cyanosis from carbonized air; twitching; short breath from suppressed expectoration; coarse rattling of mucus; hepatization. Nash

Carbo vegetabilis

Influenza, with hoarseness in the morning or at night, agg. in damp, cool weather, from damp evening air and from talking; irritation in larynx causes sneezing; soreness of chest and heat of body when coughing. Lielienthal

In catarrhs attended with a characteristic hoarseness in the morning or at night, Carbo veg. is often beneficial. The influenza in the autumn of 1834 generally yielded either to

Hepar sulph. or to Merc. viv.; but when the hoarseness just mentioned remained or recurred after a new cold, it was removed by Carbo veg. Irritation in larynx causes sneezing. Hering

Grippe : Hoarseness in the evening, worse after talking or in damp and cold weather; with asthma. Loss of voice in the morning. Catarrh, which almost brought on a complete loss of voice. Hoarseness and roughness of the larynx. Roughness in the chest and frequent irritation as if one would cough; with dry cough evening and morning.—Violent tingling in the throat. Tingling and itching in the larynx, with wheezing breathing and tightness of the chest. Dry cough after every expiration, accompanied by a flush of warmth and sweat. Cough after the slightest cold, in the morning when rising from bed, or when leaving a warm room and entering a cold one. Repeated fits of nightly cough, with a constantly returning irritation to cough. Short cough in the evening. Every day three or four turns of a spasmodic cough. Fatiguing cough. Jahr

Causticum

From the start sensation of weakness and paresis in all extremities; total loss of appetite; unilateral, nervous frontal headache; eyes sensitive to light and heat; lachrymation in room, worse in open air; frequent sneezing, agg. mornings; nose stopped up at night, running by day; facial neuralgia; cough, with sensation as if he could not cough deep enough to start mucus, waking him from sleep in evening and morning, agg. from draught of air; tired sensation, limbs as if beaten; rheumatic pains; intolerable uneasiness in limbs, in evening; chest feels raw and excoriated. Lilienthal

Influenza, particularly when epidemic, suggests this drug, if there is great rawness of the throat and chest when coughing, hoarseness or loss of voice; involuntary discharge of urine during the cough. Hoyne

Cimicifuga

It is to be studied in those cases of ACUTE CATARRHAL FEVERS LA GRIPPE and INFLUENZA or acute inflammatory troubles of various characters when there is a tired feeling with aching and soreness of the muscles. These cases usually begin with a chill or chilliness which is followed with more or less fever and aching. It will be found a valuable agent in the relief of the cough which attends many of these cases.

The cough it relieves may be due to a BRONCHITIS or one that is reflex from uterine disturbances or nerve irritations, or rheumatic carditis and pericarditis, when there is the pain and mental conditions that are characteristic. Blackwood

Rheumatic, catarrhal attacks, with pains in limbs, head, face, eyeballs; chilliness; heat and fluent watery coryza; stuffed nostrils, with great sensitiveness to cold air, as if the base of the brain were laid bare and every inhalation brought the cold air in contact with the brain. Lilienthal

Flu epidemic. There is one thing I was greatly surprised to find entirely omitted in all the papers; no one says a word about the use of Cimicifuga in cases of grippe. Why it should be so overlooked I do not understand, as it has been **my most important remedy in all epidemics for the last ten years**. I find in its provings every feature and symptom ever given in the descriptions of the grippe, either expressed or implied.

While I have used all the remedies reported by the others, I find that Cimicifuga is the indicated and curative remedy in about five-sixths of the cases I have met with since 1888, also that very often it is the epidemic remedy for several weeks at a time. A few words as to how I use it may not be out of place, as I am greatly desirous that all physicians should know the value of this remedy.

If I see the patient early in the case and find Cimicifuga is indicated, I give it in M or CMf. The patient is generally well in as many hours as have elapsed between the attack and the time I was called. Of course the usual debility follows, which is natural after such intense vital depression and exhaustion.

When the case has been going on for several days, I have found it better to use the remedy in a lower potency, say, about the 200th. At this stage, the disease eats up the remedies very fast. I can seldom get one to work for more than twenty-four hours and generally have to repeat each day.

Perfect rest in a warm bed, with a well-ventilated room, greatly facilitates the breaking up of the disease as well as the recovery from the exhaustive condition following. I have

found Natrum arsenicum to be a valuable aid in old, badly treated and neglected cases; generally calls for 200th, one dose a day for several days, but sometimes a single dose given high will work wonders. Morgan 1899-1900

Conium

During the epidemic of influenza which prevailed in Chicago in the winter of 1889—'90 many cases occurred in which Conium was the specific remedy, not only for the epidemic itself, but also for complications which attended and for the results than followed.

Most of the cases were taken with frequent slight chills and a rapid rise in temperature, attended by sudden and severe prostration, or in other instances by violent pains in the back and limbs.

These symptoms were accompanied either by violent catarrhal symptoms involving the air passages, and by a painless cough with dyspnea, or in the absence of these symptoms by a remarkably rapid and weak pulse.

In the cases observed the digestive organs, as a rule, were but little disturbed; while in every case there was a notable derangement of the genito—urinary functions, shown by excessive urination followed by partial suppression. Woodward

Convalescence from acute diseases: Psychic and physical depression after influenza. Chronic fatigue after influenza. MMPP

After influenza: cough coming with no regularity, but more frequent at night than at any other time and continuing until retching and vomiting occur, expelling a small quantity of frothy mucus with a yellow nucleus. Hering

Also our dear colleague and friend Farokh Master recommends:

SOLANINUM ACETICUM

This remedy was introduced to me when I was reading Materia medica of Dr Margret Tyler, since then I have used this remedy for last 40 years with excellent results especially when the mucus gets clogged up into the fine bronchioles thereby producing Adult Respiratory Distress Syndrome(ARDS).

The symptoms that I have added in software Radar have been confirmed by me in cases of pneumonia and ARDS. I feel we can apply this in cases of terminally ill last stage Covid-19 patients

CLARKE

An alkaloid obtained from various Solanums, especially S. dulcamara and S. nigrum; also, from the Potato plant, S. tuberosum.

Respiratory organs:

Hoarseness.

Respiration: slow; superficial; difficult; oppressed; distressed, esp. on inspiration.:

Decreased frequency of respiration in inverse proportion to increase of pulse.

Moist rattle during inspiration.

Frequent violent outcry (from action on medulla oblongata).

Masses of mucus in larger air-passages (postmortem).

Paralysis of respiration.

Chest:

Convulsions of muscles of thorax, with which were soon associated tonic spasms of extremities, at first gentle, gradually increasing, and a short time before death suddenly attaining an enormous height; agg. by touch.

Heart:

Pulse: increased in rapidity; weak; thready.

Pulse and respiration slowed.

Increased pulse rate; respiration slowed.

Post-mortem, rigidity of heart muscle, all its cavities full of dark, cherry-red coagulated blood.

BLACKWOOD

This remedy has some reputation in albuminuria, but its field of usefulness is in threatened paralysis of the lungs in the aged and in children; Old people have to cough for a long time to raise the sputum.

My addition in radar Program are:

- CHEST—ATELECTASIS
- CHEST—CONGESTION—Lungs
- CHEST—CONGESTION—Lungs—passive congestion
- CHEST—DROPSY
- CHEST—EDEMA; PULMONARY
- CHEST—EFFUSION
- CHEST—EFFUSION—Pericardium
- CHEST—EFFUSION—Pleural exudate
- CHEST—HEART failure—accompanied by—Lungs; edema of
- CHEST—INFLAMMATION—Bronchial tubes
- CHEST—INFLAMMATION—Bronchial tubes—accompanied by—violent complaints
- CHEST—INFLAMMATION—Bronchial tubes—acute
- CHEST—INFLAMMATION—Bronchial tubes—bronchopneumonia
- CHEST—INFLAMMATION—Lungs—gram-negative bacilli
- CHEST—INFLAMMATION—Lungs—klebsiella
- CHEST—INFLAMMATION—Lungs—old people
- CHEST—INFLAMMATION—Lungs—paralysis, approaching
- CHEST—INFLAMMATION—Lungs—viral
- CHEST—MUCUS—Bronchial tubes
- CHEST—MUCUS—Lungs
- CHEST—NOISES—abnormal
- CHEST—NOISES—rhales—lungs—base
- CHEST—PARALYSIS—Heart
- CHEST—PARALYSIS—Lung
- GENERALS—PULSE—frequent
- GENERALS—PULSE—slow
- GENERALS—PULSE—small
- RESPIRATION—ACCELERATED
- RESPIRATION—SLOW
- RESPIRATION—SUPERFICIAL

Materia medica of the pneumonia remedies

The main first stage remedies

Aconitum napellus

Chills followed by synochal fever, high temperature, quick pulse, general dry heat, dry skin, with great restlessness, Fear and agonized tossing about. There is generally short dry cough, even croupy (in children), and such cases are more often apt to occur after exposure to dry cold air. It is best adapted to sanguine, full blooded subjects. Acute bronchitis.

Aconite if there is great restlessness and fearfulness.

Aconite will relieve nine—tenths of the cases of catarrhal laryngitis or croup as it occurs in our northern latitudes. It generally occurs as the result of exposure to dry, cold air, attacking the child in the evening or first part of the night with great excitement, high fever, tossing and gasping for breath. A little of the 12th or 30th dilution in water in teaspoonful doses once in ten or fifteen minutes, until the child becomes more quiet, and then at longer intervals until the fever subsides, will be all that is necessary if administered early in the disease. If, however, the cough persists with a rough, croupy sound, as of a "saw driven through a pine board," and the stridulous breathing continues between the paroxysms Spongia is apt to be the next remedy. If the cough becomes more rattling, but still croupy, as if the mucus would come up but does not, and the aggravations are in the latter part of the night or morning, and especially if all the symptoms are made worse by cold air striking the patient, Hepar sulphur comes in. These three were Boenninghausen's great remedies, and with them he had success never before his time attained. He gave them in the 200th. They are still as useful as then, and must always be, because Homoeopathy is always the same. But there are cases that will not respond to this treatment, which proves that routinism won't do.

Aconite has a decided and positive action on the larynx. Aconite is often indicated in the acute form, brought on by exposure cold dry air, most works say cold west winds, and that depends on whether you are living on the Atlantic shores or the Pacific. Cold dry air is better; chill or chilliness, followed with fever, with hot, dry skin, great restlessness, impatience and fearful anxiety. The child wakes up in the night with croupy cough and

breathing; pain in the larynx and anxious suffocation. With this remedy most cases can, if taken early, be cured in a short time or so modified that other remedies easily finish up the case. This is of course in cases uncomplicated with specific Miasms. Laryngitis.

Aconite, if there is a history of chill in cold dry air. The chill is generally pronounced and is promptly followed by high grade inflammatory fever, great heat, dry skin, intense thirst, restlessness, fear and anguish, patient tosses about in agony with loud complaints. The expectoration with the cough is tenacious and lumpy, of dark cherry red color. Now if Aconite is exhibited in potency from the 6th to the 30th, of repeated, there will generally follow profuse perspiration and amelioration of all the other symptoms. But if such is not the case after twenty—four hours. Pneumonia.

In pleuritis, if it is ushered in by one, or repeated chills, and especially if it occurs after exposure to dry cold air, followed by high fever, great thirst, quick pulse, dry hot skin, anxious restlessness, agonized tossing about, sticking pains in chest, dry hacking cough, Aconite is the remedy. If this remedy is given in the 12th or 30th once an hour to three hours, according to violence of the symptoms, it will often check the disease in from 24 to 48 hours.

Is adapted to such suffering from exposure to dry cold air. Chill or coldness followed by fever heat and restlessness, headache at the root of the nose, not much coryza as yet; or habitual coryza suppressed; burning and pricking in the throat and Eustachian tubes are symptoms commonly found indicating this remedy. If given early in frequent doses for an hour or two the fever will abate and be followed by perspiration and general relief of all the symptoms.

Cough—Generally dry short, clear, ringing, whistling or croupy. Excited, or worse in the evening; at night during expiration; dry cold winds or currents of air; deep inspiration; smoking or drinking. Ameliorated by nothing marked. Accompanied by short breath, stitching pains, fever, restlessness and agonized tossing about. In a general way Aconite is mostly indicated in the first stage of all acute inflammatory diseases of the respiratory organs. But unless the concomitant symptoms, especially FEARFUL restlessness, and agonized tossing about, as well is high temperature and rapid pulse are present, the

Belladonna or some other remedy having equally intense inflammatory symptoms may have to be preferred. Nash

Bryonia

Rusty color sputum is a keynote of Bryonia in pneumonia. Very painful cough. Chest pain worse breathing and cough, better with the pressure of the hands. Holds the chest when coughing. Very thirsty. Aversion to move, because worse from slight motion. Better when totally at rest, and therefore may not drink often despite great thirst.

Cough—Predominantly dry, but in pneumonia sputa tough and hard to separate, falling in a jelly—like lump, light in color, or of a soft brick shade.

Cough aggravated by—worse motion; eating or drinking; coming from cold air into warm room; on breathing deeply.

Ameliorated by—worse perfect quiet; pressing hand upon chest, lying on painful side.

Concomitants—Stitches in chest; pain in head as if it would burst, pain and soreness in chest, must support it with hand when coughing. Constant disposition to expand the chest or sigh deeply. Short breath worse on motion; pleuritic stitches worse on motion and inspiration; effusions into the pleural cavity; stitching pains in region of heart; generally worse on motion.

In acute inflammations of the respiratory organs Bryonia is not so often indicated in the first or congestive stage as Aconite, Belladonna or Ferrum Phos., but rather in the second stage when effusion, hepatization or the products of inflammation are appearing. Then it becomes the prime remedy if the symptoms characterizing the drug appear. In coughs which persist after the inflammatory stage is past, or in which this state was not very pronounced, it is still one of our best remedies. Cough worse by coming from cold air into warm room is characteristic (Nat. carb.) and the soreness of the chest also (Caust., Eupat. perf. and Nat. sul.). Stitches in chest finds a remedy not only in Bryonia, but in Kali carb. and Squills. The Kali carb. stitches occur any time and are not necessarily worse on motion like those of Bryonia. In a general way the thirst, dry mouth

and lips and dry, hard constipation, as well as worse of all symptoms on motion are all corroboratory for Bryonia.

Bryonia is very often indicated after the remedies for the stage of engorgement have done all they can. It is especially in cases of pleuro—pneumonia that it is most useful. The fever still continues being only partially controlled by the former treatment, the breathing is short, expiration shorter than inspiration, the patient wants to lie perfectly still on the painful side, as the least motion aggravates all the symptoms; there is great thirst for large draughts of water, with corresponding dryness of mouth, and lips, which are dry and cracked, or parched (only exceptionally there is no thirst), the expectoration is generally tenacious and sometimes falls in round jelly—like lumps of a yellow or soft brick shade. It is the stage of the exudation, or the second stage of the inflammatory process, and if given in nick of time, in not too low a potency, say, 12th to 200th, will often finish the case, promoting absorption and all. If it does not complete the case, but has well started it toward cure, no remedy follows it so well (generally) as Sulphur, which will often do the rest and prevent chronic conditions following. The pains of Bryonia are characteristically Stitching pains, which, occurring as they do in serous membranes, show that the pleura is involved. Pneumonia.

Bryonia may follow Aconite or Nux vom., if notwithstanding these remedies the nose remains dry and obstructed, and the headache over the root of the nose persists and is greatly aggravated on motion. The lips are parched and dry, and there is much thirst. If the first stage is passed and the fluent coryza has set in another class of remedies comes in, such as –
Bryonia alba stands about midway between Eupatorium and Gelsemium. Like them it is better when quiet and greatly aggravated on motion, the face turns pale on rising and he faints or is nauseated, and stitching pain in various parts are prominent. It must come early into the case if there are the stitching pains in the pleura.

If we are called in too late and the stage of effusion has begun or the Aconite does not remove all the trouble the next remedy is generally Bryonia when the sharp stitching pain continues and the thirst and fever also; the pain and suffering is aggravated on the least motion, and the patient feels better lying on the painful side; the tongue is coated

white. No remedy acts more positively on the serous membranes and it may finish the case, even to promote the effusion, which Aconite could not do. Pleuritis.

Jahr wrote in his Practice—" if the cough is quite dry I give to women Bryonia and Nux vomica to men, according to circumstances." Ah! that last " according to circumstances " is the saving clause. Jahr was a master and knew better than to rest his case on a few routine remedies. No more can we. Bryonia is one of the first remedies if, as the exciting cause of an incipient tuberculosis in a patient predisposed thereto, a Pneumonia, especially a pleuro—pneumonia, has been suffered. And it is on what are called pathological as well as symptomatological indications that we may, or must, base our choice. The hepatized lung does not clear of the exudate, or the pleuritic effusion has been imperfectly absorbed, or not at all. Many forms of Phthisis commence in this way. If the proper remedial treatment is applied early we will not have these plastic exudates to deal with; but many times we are called too late to do so. So we must do the best we can at the later stages. The cough remains and may be still dry and painful, causing the patient to hold the chest with the hands. It hurts the head to cough, and is always or nearly so, worse on motion, or coming in out of cold air into a warm room, or after eating, causing retching and vomiting. Stitching pains in chest are more pronounced during the acute pneumonia or pleuritis, but may still continue in a greater or less degree. The appetite is poor, but there is often much thirst for large quantities at long intervals, and the lips are dry and parched and sometimes cracked. This shows a lingering internal fever. Other symptoms and a number of them may be present for this so well known remedy. A knowledge of the pathogenesis of the drug will disclose them. The aggravations are worse on motion; exertion; AM; hot weather; rising up from lying (gets faint); going from cold into warm room. Ameliorated by lying on the painful side; pressure, rest; perfect quiet; cold and eating cold things.

Still elevated temperature, great thirst, mouth dry and lips parched, short respiration, dry, hard cough, which hurts the head and chest, splitting headache, and all symptoms greatly aggravated on the least motion, wants to lie perfectly still. It is especially indicated if the trouble extends downward, threatening the lungs and pleura. Acute bronchitis.

Gelsemium

Congestion pneumonia, with suffering under scapulae, both sides, caused by checked sweat, short paroxysms of pain superior part of right lung, on talking a deep breath, pulse slow, full. Hering

With this remedy the general prostration is very marked; wants to lie perfectly still, and trembles from weakness with the least exertion; even the hands tremble when lifting them up; the eyelids droop from weakness. It seems almost a semi—paralytic state. There is fever, but little or no thirst, the tongue trembles when protruding it. The sensorium is in accord with the general weakness; blunted, but little or no delirium. Nash

Ferrum phophoricum

Ferrum phosphoricum seems to me to stand midway between Aconite and Belladonna, for while it does not present the excitement and fear of Aconite, on the other hand it does not produce so strong brain symptoms as Belladonna. I have found it of most service in pale anemic subjects, who are subject to flushes of heat and redness of the face, and to local congestions generally. It certainly does fine work in such subjects in this stage of the disease.

Chills followed by synochal fever, high temperature, quick pulse, general dry heat, dry skin. There is generally short dry cough. If such an attack should occur in a delicate, pale or weakly subject Ferrum phosphoricum would generally do good work. With Ferrum there is not so much of the nervous excitability as with Aconite, but the fever is very great and congestion to the lungs more liable if anything. Nash

Veratrum viride

I wrote in "Leaders" that at one time it had a great reputation in the first or congestive stage of inflammatory diseases, and especially in those organs coming under control of the pneumo—gastric nerve, viz., pharynx, oesophagus, stomach and heart. For a time the journals fairly bristled with reported cures of pneumonia, and its curative power was attributed to the influence of the remedy to control the action of heart and pulse. It was claimed that if we could control the quickened circulation so as to decrease the amount of blood forced into the congested lung, that you thereby gave the lung a chance to free itself of the existing engorgement. It looked plausible, and certainly in many cases remarkable cures were effected, and that in a short time. I was a young physician and

thought I had found a prize in this remedy. But one day I left a patient, apparently relieved by it of an acute attack of pneumonia, to go to a town five miles distant, and when I returned found my patient dead. Then I watched others so treated, and found every little while a patient with pneumonia dropping out suddenly when they were reported better. Now we don't hear so much of Veratrum viride as the greatest remedy for the first stage of this disease. What was the matter? 1st. It was (like other fads) used too indiscriminately. 2nd. It is not desirable (it is wrong) to control or depress the pulse regardless of all the other conditions. 3rd. The patients who had weak hearts were killed by this powerful heart depressant. A quickened circulation is salutary in all inflammatory diseases, and is evidenced that the natural power to resist disease, is there and at work. The pulse will come to its normality when the cause of its disturbance is removed and should never be forced to do so until then. Here is a common fault of the old school, notwithstanding their cry of " Tolle causam. " So I find fault with Guernsey's keynote, "Great activity of the arterial system; very quick pulse." Next to Digitalis, Veratrum viride slows the pulse, as is abundantly shown in the provings. If quick pulse is ever the result of this remedy, it is a secondary or re—actionary effect, like the sleeplessness of Opium or the constipation of cathartics. So it seems to me that as an antiphlogistic (forgive me)it must go into the shade with the vaunted Digitalis. Gatchell writes (pocket book): "This is the most important remedy in the stage of engorgement, to which its use must be limited. In my own experience and in that of others. It has apparently cut short on coming attacks of pneumonia. It must be given early, immediately following the chill. It is of no avail after hepatization has begun. Again if it produces nausea, reduce the dose. Watch the action to avoid cardiac depression. " I should object to the wholesale assertion that this is the most important remedy, for the most important remedy is the homoeopathically indicated one, and it is not Verat. viride always by any means. I fully concur with him in the necessity of watching its action and for the same reason. I do know of one good characteristic indication for its use, not only in congestion of the lungs, but in other congestions also, viz., the well defined red streak running right through the middle of the tongue. It has been repeatedly verified. So while it is true that it may be able to cut short oncoming cases of this disease, I should be sure one of the other more safe remedies was not indicated before I would use it, especially in weak heart cases. Nash

The main second and third stage remedies

CHEST; INFLAMMATION; Lungs; stages; secondary (11) : ant-ar., 2ant-t., ars., carb-v., 2ferr-p., iod., lach., lachn., lyc., 2phos., 3**Sulph.**

CHEST; INFLAMMATION; Lungs; stages; consolidation (16) : ant-t., 2bry., calc., 2carb-v., 2chel., 2iod., 3**Ip.**, 2kali-c., kali-i., 2kali-m., lachn., 2lyc., 2phos., sang., sulph., 2verat-v.

CHEST; INFLAMMATION; Lungs; stages; resolution (24) : 2am-c., ant-s., 2ant-t., ars., ars-i., calc-s., camph., 3**Cann-i.**, cann-s., carb-an., carb-v., 2hep., iod., 2kali-i., kali-s., 2lyc., nat-s., 2phos., 2sang., sep., sil., 2spong., stann-i., 2sulph.

Bryonia (see above)

Veratrum viride (see above)

Phosphorus

Phosphorus is especially useful when the violence of the croup attack has been broken by some of the foregoing, but there remains a tendency to relapse; the child grows worse again every evening, or the cough goes down in the tubes and lungs. It will often clean up the case, in desperate cases where other remedies have failed in both forms of croup.

Phosphorus is very different. There is greater oppression of the chest, feels as if there were a load pressing it down. The parenchyma of the lung is the center of action and the pleura not so much involved, if at all; the expectoration is often profuse, and when falling on paper, on a hard surface, will break and fly like batter; the temperature is very high with circumscribed red cheeks (Sang), cough hurts and makes him tremble and is worse lying on the left side; the patient moans or grunts with every breath, and suppresses the cough by it, just as long as he can because it hurts him so. Phosphorus attacks by preference the lower right lung or lobe. It may be indicated by the symptoms at the beginning of the stage of hepatization, when it puts a stop to the further progress of the disease, but its more brilliant effect is when the stage of hepatization is completed and we want to break it up and promote resolution. Here it has no equal. Under its action the hitherto restless patient will, (in the 30th, 200th or 1000th potency), sink into a sweet sleep, profuse perspiration will set in, and with the waking we are in full tide of convalescence, the expectoration becomes free and easy, the mind tranquil, and, in short, all the violence of the storm is past. Pneumonia.

Considerable "talk has been said" about this being, a dangerous remedy to use in pulmonary tuberculosis or phthisis. Farrington says "I would not advise you to give Phosphorus in well marked tuberculous patients. If tubercles have been deposited in the lungs you should hesitate before giving it, unless the picture calling for it is so strong that you cannot possibly make a mistake." I think the "picture" should be strong for any remedy, and if not strong should be cause for hesitation. The greatest danger in giving a well indicated remedy in tuberculosis in any stage of the disease is in giving it too low or too frequently repeated. And this danger is not confined to Phosphorus. Rummel says only once in fifteen days. Dr. Charge, of Paris, confirms him. But the safest rule is not to repeat as long as improvement continues, and then in another potency. Now for a few "leaders." This remedy is generally found indicated in tall, slender, narrow chested persons, with fair, delicate skin, long silky eyelashes, highly sensitive organization; brilliant mental faculties but defective physical development. Especially young persons who have grown too rapidly, incline to stoop in walking (like Sulphur), hollow chested and anemic or chlorotic. There is often pronounced nervous debility; trembling; weakness and prostration. Hemorrhagic tendency, vicarious, epistaxis, or even small wounds bleed much. Hemorrhage of the lung is sometimes the first symptom. Takes cold easily and every cold inclines to settle on the chest, Pneumonia is easily contracted and for its treatment, to save repetition, I will refer you to the article on that disease. These are the general indications. The local are: Hoarseness, worse in the evening (Carbo veg.). Cannot talk, the larynx is so painful. Breathing short, oppressed, sense of heaviness in chest. Cough Dry constant, from tickling in the throat—pit, with tightness or constriction across the upper third of chest; spasmodic, hollow, from tickling or irritation under sternum; hurts chest, holds it with hands for relief (Bry., Eupat. perf), severe, shakes the whole body; worse in cold air, from laughing, talking or singing (Spong.), and especially when lying on left side, also apt to be worse in evening until midnight (Raue). Expectoration scanty at first; in first stage; later, bloody, purulent, rust colored, salt, sour or sweet. Of course there are many other symptoms that may be present, but these are leading ones, and when present the remedy properly exhibited as to dose and repetition is capable of great good, no matter at what stage of the disease.

Frequent blowing of blood from the nose; handkerchief is always bloody, chronic catarrh. Chronic nasal catarrh.

Hoarseness; lining of vocal cords highly injected, cough worse by talking, laughing, singing, cold air or lying on left side; tickling in the larynx and spasmodic cough, followed by dryness and burning in the throat. Laryngitis.

Larynx so painful he can hardly talk, which aggravates the constant cough. Trembles all over with cough, and it is especially worse in the evening, and lying on the left side. Cough hurts and the patient holds the breath and lets it out with a moan because it hurts him so. There is great tendency to extend into the lungs with sense of oppression of the chest. (See Pneumonia.). Acute bronchitis.

When the pleuritis spreads and involves the lungs and bronchi, as it sometimes does, constituting a case of pleuro pneumonia, which it sometimes does, though it is oftener the other way in my experience, i.e., beginning in the lung first; the pneumonic remedies must come into the case, viz., Phosphorus, bronchitis with severe cough, which is worse in the evening, and when lying on the left side, dyspnea with a sense of heaviness in the chest. It generally comes in the later stages of the disease with purulent infiltration, and in flat chested people of a consumptive build. It must be used in those cases which "hang fire" in the process of convalescence, after improvement sets in and consumption threatens, or in those cases which show decided tubercular signs, and just here is where Tuberculinum may do good work in cases having a decided tubercular family history. I have seen such cases do well on a dose of this remedy once a week, interpolated with the other indicated remedies, just as we give Psorinum in psoric cases.

Cough character—Dry tickling cough; hollow cough; harsh, irritating cough; loose cough, with mucopurulent expectoration.

Cough aggravated by—worse When entering a room; or going from warm into cold air; from odors; before a thunder storm; evening till midnight; laughing, talking, eating, drinking; lying on left side.

Cough ameliorated by—better after sleeping, lying on right side; from cold drink; pressure on chest.

Accompaniments—Tightness across chest; burning soreness, pain in larynx (aching); splitting headache; night sweats, burning in back between shoulders. Thin, light haired, slender people, inclined to cough. Flat chested short breathed.

Many more symptoms, both objective and subjective, might be added, but these are leading. The rest of the picture must be found in the Materia Medica, as must those of all the other remedies. In acute inflammations of the respiratory organs as well as in chronic, this is one of the most valuable of remedies. See pneumonia for its especial sphere of action there. Also tuberculosis for indications there. Phosphorus and Bryonia come quite close together, yet there are generally diagnostic points that are quite reliable. They follow each other well, as do also Sulphur and Phosphorus. Rumex is another remedy that should come into the list for comparison and Causticum must not be left out. Bryonia, Phosphorus, Sulph., Causticum, Rumex, quintette. Nash

Lycopodium

Lycopodium is one of the best remedies for the later stages of typhoid or neglected pneumonia, and is especially indicated when there is copious expectoration, the parenchyma of the lung sounds full of mucus, there is often circumscribed redness of the cheeks, especially at 4 to eight PM; often red sand in the urine and fan like motion of the alae nasi. It is often the best remedy to finish the cure where there have been liver complications such as we noticed under Mercurius, Chelidon. and Kali carb. Of course, if we have the flatulent condition so characteristic of this remedy it is additional indication for its use. Pneumonia.

Lycopodium is one of the best remedies if the catarrh is of the dry form; stoppage of the nose at night, so that the patient has to breathe through the mouth. If given not lower than the 30th and not too frequently and at too short intervals, it will cure many cases and prevent adenoids, or remove by curing them. Of course the other Lycopodium symptoms and constitution will, in greater or less degree, be found present. Chronic nasal catarrh

This remedy, relegated by the old school to baby—land (powder) because they do not and cannot know, as we do, the virtues of medicinal substances until they are willing to divest themselves of the prejudice, so far as to resort to our methods of proving drugs, is

one of which we sing loud praises. So far as tubercular trouble is concerned it may be of use not only in pulmonary tuberculosis but in that kind of manifestation in any part or tissue. Again, it may be indicated in any stage of phthisis. In weak, puny, sickly bodies, with well developed heads, but irritable nervous people, who are peevish and cross, especially after sleep; persons of dark complexion (Iod. and Nit. ac.), intellectually keen, but weak and deficient in muscular development; upper part of body wasted, lower part semi—dropsical, with tubercular history or predisposed to lung or hepatic disease. This is the constitution and temperament that is most apt to develop Lycop. symptoms. It is one of the main remedies in which, as Professor Bennet says, the disease seems to begin as one of essentially faulty nutrition, for notwithstanding the emaciation, or tendency thereto, there is canine hunger, the more he eats the more he wants to; but in eating, while he feels as though he could eat a ton, the first few mouthfuls fill him right up full and he can eat but little after all, on the other hand, there may be a constant sense of satiety, and excessive accumulation of flatulency, with much rumbling and gurgling in the intestines. These cases are often subjects of he lithic diathesis and often present red sand in clear watery urine, which may be accompanied with much pain in the region of the kidneys. All this may be controlled and the development of tuberculosis prevented by a skilful administration of Lycopodium. Then again it is one of our very valuable remedies in advanced cases of tuberculosis. A badly treated or neglected pneumonia, where pneumonic infiltration or hepatization is remaining, and needs something to promote absorption, often finds help here in Lycopodium. Cough may be dry, or loose as if the chest were full or mucus, with rattling, and the expectoration thick, green, salty, or offensive. If there is fever (hectic) it is often worse from 4 to eight PM, and is especial indication for this remedy. I have seen even incurable, far advanced cases so improve as to astonish all observers. It is wonderful the wide range of usefulness of this remedy when well chosen, and here let me say from long observation that the low or crude preparations of this drug are almost worthless. It must be used in the potencies from the 30th

Cough character—Dry, day and night, fatiguing, or loose in the morning with grayish yellow, salty sputum.

Aggravations—worse 4 to eight PM; on alternate days; stretching out the arms; stooping or lying; in a warm room.

Concomitants—Chilly 4 to eight PM feet cold, seven PM. Flushes of heat towards evening vomiting sour between chill and heat; thirst for small quantities during fever (Ars.). Sweats easily; wants to uncover. Affects right side most, or goes from there to the left. Unresolved pneumonias, especially with liver complications. Much flatulence, Red sand in the urine.

Lycopodium is a remedy of wide range, and deep action. It should never be given below the 12th potency as its remedial properties are not developed below that. Raue verified it in "a case with expectoration of large quantities of pus, cough day and night hectic fever, circumscribed redness of the cheeks." Others have done the same. Many of the symptoms indicating Lycopodium in respiratory diseases often lie outside the local trouble, such as the stomach, liver and abdominal. This is what distinguishes homoeopathy from old schoolism, that regards as paramount the local pathology of the case. Tuberculinum is often a valuable complementary or can be interpolated with advantages in cases having a tubercular history. Nash

Sulphur

Sulphur

Pneumonia assumes a torpid character, with slow solidification of the lungs; there may still be much rattling of phlegm in chest; frequent weak, faint spells, and flush of heat; feels suffocated; wants doors and windows open; constant heat on top of head. Torpid typhoid pneumonia, with short, rapid breathing, a mere heaving of the chest; cough and expectoration nearly impossible; the patient responds sluggishly, comprehends slowly; worse about midnight. Neglected of occult pneumonia, occurring in psoric patients. and which threatens to terminate in tuberculosis pulmonum, or in phthisis pituitosa. Pneumonia passing through its first stages normally and then remains stationary; such a deficiency of reaction points to Sulph., as the remedy, where it accomplishes the absorption of the infiltration and prevents suppuration, when there are no typhoid symptoms and no tendency to phthisis pulmonum, bronchial respiration and hepatization most plainly heard on back. Pneumonia in infants and old people.

During convalescence chest feels empty and weak, it tires him to talk, weakness in stomach at noon, must eat something at that time; stooping appearance.

Sulphur 30th once in 2 hours will complement and often conquer the disease in its first stage. These two remedies will abort many cases, if we are called to a case of this character in time, as I can affirm from experience. Pneumonia.

Sulphur follows well either of these two remedies, especially in psoric constitutions, and will often "finish up" the case and prevent its running into the chronic form.

Sulphur has always, and perhaps always will, occupy first place in the third stage, as indeed it does in many other diseases where the process of absorbing the effusions which are the result of acute or even chronic inflammation is desired. It is especially useful if after the violence of the storm of active inflammation is passed there remain fitful flashes of fever ending in debilitating sweats, faintness or weakness.These are the cases which do not finish up their stages well, and it is generally on account of psoric taint in the patient. Hence relapses occur again and again on account of deficient vital reaction. We have not only the disease to deal with, but a condition of the patient which existed before hand, perhaps all his life. Such patients will have Sulphur symptoms in general. The case will not clear up, the apparently indicated remedy does not act satisfactorily. It may be a Sulphur subject, viz—lean, stoop—shouldered persons, who walk or sit stooped, standing especially aggravates. Skin eruptions are present, or where in his usual condition, but especially if they have disappeared during the progress of the disease. If this latter is the case probably a restoration of the skin eruption will be necessary before there will be satisfactory improvement or cure. Burning in chest, skin or locally in many places, and especially of the feet, which must be stuck out of bed to cool them. Weakness, or weak, empty or gone feeling at the stomach, especially worse at eleven AM; white tongue with very red tip and borders, bright redness of the lips as if the blood would burst through, or redness of any and all orifices. All or any of these symptoms present will point to this great antipsoric, and when we remember its strong powers of absorption, we may then readily understand why Sulphur leads the van in the list as a "finisher" of the case. Pneumonia.

Cough character—Dry, short, violent. Dry cough, worse nights, at other times loose cough, with rattling and gagging; expectoration greenish lumps, or sometimes blood mixed with pus. Sputa oppressive (Psor. and Sang.).

Cough aggravated by—worse talking eating, breathing in cold air, lying.

Cough ameliorated by—worse sitting up.

Cough Concomitants—Chest sensitive on percussion, in sports. Soreness or stitch in upper portion of left chest. Burning in chest with heat in face. Rattling in chest when talking; weakness in chest. Flushes of heat all over Burning in feet. Faint spells. Want of air, wants windows open.

This remedy has such a wide range of action and covers so many symptoms that it is apt to come into use in many cases, and especially if on account of psoric complications other seemingly indicated remedies do not act. It will become, as Hering used to call it, a "finisher" of acute cases which convalesce unsatisfactorily. It promotes absorption of disease products, as effusions etc., and promotes the resolution of unresolved pneumonias, the hepatizations, etc. It will cover many cases of incipient phthisis, and here (must be given high to get its best work. No remedy has a winder range of action or deeper and more lasting results. It is especially indispensable in chronic diseases and in those tending to become so. Nash

Kali carbonicum

Kali carbonicum also has stitching pains running through lower part of right side, and the cough is worse toward three AM, there is wheezing and rattling breathing, pulse often intermitting. It is often a complementary to Bryonia when that remedy has only partially relieved the stitching pains. Of course Mercurius and Kali carb. cases are oftener the ones in which bilious or pleuritic complications are markedly present. Pneumonia.

Kali carb. may be indicated in the first or incipient stage when after pleurisy or pneumonia there remains a pain or soreness in the right lower lobe, the pain may be dull or stitching in character. This remedy comes in particularly well after Bryonia, if that remedy did not remove all the trouble. No two remedies oftener complement Bryonia in such cases than Sulphur and Kali carb. The stitching pains of Bryonia are relieved by rest and pressure or lying on the affected side. But with Kali carb.the pains are not so relieved, and occur in different parts as well as in the chest. Other remedies having

marked action on lower right chest are Merc. and Chelid. (Nat. sulph.—left). The COUGH is at first dry, hard and fatiguing, and characteristically worse at 3 or four AM. Later it becomes loose with much expectoration. These are a few only of the symptoms that may appear in a Kali carb. case. It is certainly a great remedy. Kali carb. and Carbo veg. complement each other well, of course only when indicated.

Kali carbonica has done beautiful work, especially in elderly people, where the patient had to sit bent forward to breathe, and the cough was decidedly worse at three AM. Anaemia with baglike swelling of upper eyelids is strongly corroborative. Asthma.

Cough character. Dry, hard, exhausting; sometimes with purulent expectorations, mixed with blood and thin mucus; or white masses fly from the mouth (Badiaga.)

Cough aggravated by worse warm food, exercise, lying on left side; three AM all symptoms.

Cough ameliorated by better after breakfast.

Accompaniments: Stitching pains everywhere, but especially in right lower chest through to back. Sac like swelling of upper eyelids. Chilliness at noon, at night heat, weakness of the chest. Much inclined to take cold (Tuberc.). Adapted especially to anaemic or dropsical constitutions.

This remedy, or which Hahnemann said "persons suffering from ulcerations of the lungs can scarcely get well without this antipsoric," is certainly one of our very best. The location of the pain, lower right chest, is very valuable. Mercury and Chelidon. also act here, while Sanguinaria and Calcarea act on the middle lobe, same side. Arsenicum, upper right to back. Upper left, Therid., Anis., Pix liquida, Sulph. and Tuberculin. etc., of course other indications agreeing. The stitching pains occur everywhere. Even temples, eyes, teeth, etc., but are not necessarily worse and by motion as are those of Bryonia, except in pleurisy where they may be. Suppressed or delayed menses in young women, with much pain and weakness in the back, may be saved from consumption by this remedy.

If you do not have the Mercurial mouth in pleuritis and the point is in the same locality running through to the back, or it may be in the left side, and the cough is worse at three AM Kali carbonica will out rank Mercury and is complementary to Bryonia. Nash

Late stage or asphyxia stage of pneumonia

Cameron Kyle-Sidell, a New York intensivist, compared the death from COVID-19 as people dying from asphyxia, which I agree.

He stated, "It appears as some kind of viral-induced disease most representing altitude sickness. It is as if tens of thousands of my fellow New Yorkers are on a plane at 30,000 feet and the cabin pressure is slowly being let out. These patients are slowly being starved of oxygen.

I have seen patients... take off their oxygen masks... and eventually get blue in the face. And while they look like patients absolutely on the brink of death, they do not look like patients dying of pneumonia.... They look as if they've been dropped off on the top of Mount Everest without time to acclimate."

FROM NYC ICU: DOES COVID-19 REALLY CAUSE ARDS??!!
https://www.youtube.com/watch?v=k9GYTc53r2o

Special rubrics for pneumonia cases in their last stage during the COVID-19

CHEST; INFLAMMATION; Lungs; stages; neglected (32) : 2am-c., ant-i., ant-s., 2ant-t., ars., ars-i., aur., bry., calc., calc-s., 2carb-v., chin., grin., hep., kali-c., kali-i., kali-n., 2lach., 2lob., 3**Lyc.**, nit-ac., 2phos., plb., pyrog., 2sang., 2sep., 3**Sil.**, stann., sul-ac., sul-i., 3**Sulph.**, verat-v.

CHEST; INFLAMMATION; Lungs; old people (30) : 3**Acon.**, ant-ar., 2ant-t., ars., 2bell., 2bry., 2carb-v., cham., chel., 2dig., 2ferr., 2ferr-p., gels., helo., 2hyos., 2iod., 2ip., 2kali-c., lach., lyc., 2merc., 2nat-s., 2nit-ac., 2nux-v., 2op., 2phos., 2seneg., 2sulph., 3**Tub.**, verat.

GENERALITIES; COLLAPSE; pneumonia, with (9) : 2am-c., 2ant-t., 2ars., 2camph., 3**Carb-v.**, 2dig., 2ferr., 2phos., 2sul-ac.

CHEST; PARALYSIS; Lung; catarrhal states, from (16) : 3**Ant-t.**, 2ars., 2camph., carb-v., 2chin., dros., graph., hep., 2ip., merc., phos., puls., samb., spong., sulph., verat.

CHEST; PARALYSIS; Lung; old people (12) : 2ant-t., 2ars., aur., 3**Bar-c.**, 2carb-v., 3**Chin.**, con., 3**Lach.**, lyc., 2op., phos., verat.

CHEST; INFLAMMATION; Lungs; cerebral type (15) : acon., arn., bell., bry., cann-s., canth., hyos., lach., merc., nux-v., phos., puls., rhus-t., stram., sulph.

CHEST; INFLAMMATION; Lungs; typhoid (31) : acon., 3**Ant-t.**, 3**Arn.**, 3**Ars.**, 2bad., bell., 2benz-ac., 3**Bry.**, cann-s., chin., 2hyos., ip., lach., lachn., 2laur., 3**Lyc.**, merc., merc-cy., nat-m., 2nit-ac., nux-v., 3**Op.**, 3**Phos.**, puls., 2rhus-t., 2sang., 2stram., 3**Sulph.**, 2ter., 3**Verat.**, verat-v.

MIND; STUPOR; pneumonia, in (10) : 2am-c., ant-t., carb-v., 2chel., crot-h., 2hyos., lyc., 2op., 2phos., zinc.

CHEST; INFLAMMATION; Lungs; sleepiness, with (1) : ferr-p.

RESPIRATION; ABDOMINAL (17) : am-m., 3**Ant-t.**, apis, arg-n., 2aur-m., bry., choc., cupr., 2ferr., kali-cy., kali-i., 2mur-ac., 2phos., 2spong., 2stram., ter., thuj.

RESPIRATION; ASPHYXIA (31) : acon.1058, am-c.5, 3**Ant-t.**1, arn.1058, ars.54, bell.1058, 2camph.1, 2carb-v.908, 3**Carbn-o.**908, 2carbn-s.1, chin.1, 2chlor.1, cimic.25, 2colch.122, crot-h.5, cupr.193, 2hydr-ac.5, hyos.5, hyper.908, lat-m.119, laur.1058, nux-v.1058, 2op.1, rhus-t.1, sec.54, 2sin-n.1, sul-h.102, tab.1, upa.102, verat-v.908, vip.5

Lycopodium (see above)

Sulphur (can be indicated in any stages (see above))

Carbo vegetabilis

Many cases of pneumonia that have seemed hopeless, in a state of collapse, blood stagnating in the capillaries, causing blueness, coldness and ecchymosis, with the foregoing chest symptoms, may be saved by this remedy. The difference between Carbo veg. and Arsenicum in this stage is that the erethism and restlessness is very marked under the latter, and lack of manifestation of vital force under the Carbo veg. It is not only here in these affections that Carbo veg. is useful, but in typhoids and other diseases where these conditions are present.

Carbo veg. complements it if there is great prostration, sunken hippocratic face, general coldness and blueness, and there is rattling respiration and dyspnea with desire to be fanned hard to help the breathing. Pleuritis.

Cough by spells or no cough; if cough with rattling but too weak to expectorate (Ant. tart.); Ant. tart. has failed; hippocratic face, nose pinched and cold; lips, hands, feet and skin blue and cold, breath cold, dyspnea great, wants to be fanned, can't get oxygen enough, vital force almost expended. I have seen several such cases come out under Carbo veg., re—action setting in so that other remedies that did not act satisfactory will now take hold and do better work. Antimon tart. is often of great utility where the case has gone into what might be called the "loosening up" stage. The chest seems full of mucus with coarse rattling and cough which seems as though it must bring up large quantities, but it does not; the patient becomes cyanotic from want of oxygen, which the great accumulation of mucus shuts out, there seems to be lack of strength to expectorate, even threatened paralysis of the lungs; fits of suffocation. This is the condition that precedes the desperate stage of Carbo veg. and may save the patient from it. It is oftenest found in children and very old people. Pneumonia.

Carbo veg. if there is dark or light colored hemorrhage with perfect indifference, especially if there is excessive paleness of the skin of whole body.

If, notwithstanding the use of Ant-t., the rattling and weakness increase, the cyanosis also, until the blood stagnates in the capillaries, the extremities and breath become cold, and the patient gasps fan me, fan harder, Carbo veg. is still able to turn the scale in favour of the patient. I have witnessed this result more than once. It is in these cases more of a broncho—pneumonia than simple bronchitis.

It, like the Kalis, maybe indicated in any stage of phthisis. If it begins in the larynx with painless hoarseness; great roughness with deep rough voice (Dros.) which failed on exerting it; worse from damp evening air (Caust., worse morning), this is the first remedy. It is particularly good for this condition in elderly people of broken down constitutions, venous system preponderating. But its use is by no means confined to the aged. The Carbo veg. subject is one of generally reduced vitality, which may or may not have followed on the heels of some acute disease from which she never recovered, is

apt to be pale, anemic, with scorbutic gums and flatulent and easily deranged stomach; much gas which presses upward (Lyc., downward, intestinal) and is quite subject to hemorrhages from gums, nose or lungs. A characteristic of these hemorrhages with this remedy is the great paleness of the skin. The breathing is short, oppressed, wants more oxygen, hunger for oxygen, wants to be fanned hard, or had doors and windows open. Circulation is weak, with coldness of extremities, especially knees. There is sensation of weakness and fatigue in the chest, sometimes with burning as from glowing coals. Aching through apex to right scapula (left Myrtus, Sulph.). It has two kinds of cough, one dry, hard, spasmodic, the other loose, with purulent, salty (Kali hyd.) or offensive sputa (Sang. and Creosot.). These with more symptoms show how valuable this remedy is. It is not used so often as it might be with great advantage, especially by the materialists who can see nothing above the twelfth potency.

Antimonium tartaricum

Much rattling, but little or no effort to expectorate.

Cough—Predominantly loose, with coarse rattling of mucus, which is often difficult or impossible to raise. Bronchia and chest seem loaded with it. Seems as though a cupful would be expectorated with each cough, but little comes up. Aggravation—worse as the accumulation increases and when lying down. Amelioration—better on expectoration and on sitting up. Accompanied by—Yawning, dozing and sleepiness; cyanosis from carbonized air; twitching; short breath from suppressed expectoration; coarse rattling of mucus; hepatization. This condition calling for Antimon tart. may be found in la grippe, pneumonia, broncho—pneumonia, bronchiectasis, senile catarrh, capillary bronchitis of children, oedema of the lungs, atelectasis, emphysema and threatened paralysis of the lungs. It is especially found useful at both ends of life. (children and old age), though by no means confined there. It resembles most perhaps Ipecac (in children), but the noises (in Ipec.) from the mucus in the tubes is more of an asthmatic or wheezing nature. In the later state of broncho—pneumatic troubles when the cyanotic state, and the coarse rattling mucus do not yield to Antimonium tartaricum, Carbo veg. follows well after it, and Sulphur or Lycopod. latter, to finish cure the case.

Antimonium tartaricum is almost always loose cough with much coarse rattling of mucus, which is so abundant that the patient becomes cyanosed and cannot raise it. This is a

serious condition and Antimonium tart. will often help. It is particularly found indicated in children and old people. Nash

Opium

Stertorous breathing in an unconscious breathing. Puffing respiration is a keynote of the remedy in this comatose state.

Opium is sometimes of great use in old topers, where there is sopor with heavy breathing, even stertorous; the whole body bathed in a hot sweat, and the patient complains of the bed feeling too hot. Nash

At times feels as if he were not in his house, which he expresses by saying, "I wish I could be in the house with my family," although in a desperate condition he is not much alarmed and wants to sit up a great part of time, because bed feels too hot, whole body, except lower extremities, perspires profusely, sweat is very hot, perspiring parts covered by a heavy crop of sudamina, gropes with his hands about bed as though hunting something, whole left and considerable part of right lung hepatized.

Frothy mucus, great oppression, tremor, feeble voice, anxious sleep, with starts, legs cold, chest hot. Hering

Carboneum oxygenisatum (Carbn-o) (carbon monoxide)
E. Farrington: “A wide field for study, and once scarcely yet trodden by the therapeutist, is that which gives us substances capable of causing and curing asphyxia.

Carboneum oxygenisatum, as a remedy serviceable in asphyxia arising from pulmonary affections, it would seem to stand between Carbo vegetabilis and Opium having the hyperemia of the latter with the coldness of the former. Cases of poisoning with the gas have developed pleurisy, bronchitis, emphysema, with bloody sputum, weakened vesicular murmur, and pneumonia. Its subjective symptoms are: “Anxiety in the chest or feeling of a heavy load on the chest, etc.” There are also recorded, rattling of mucus in the air-passages, bloody mucus raised from the bronchi, heat in chest, and abdomen, extremities cold.

Want of oxygen in animal tissue invariably leads to a general disturbance, the central phenomena of which appear in respiratory and cardiac symptoms. The blood in the capillaries is retarded in its flow, and at length fails utterly to pass into the veins. Then the heart, which at first worked harder to overcome the resistance, beats more and more quickly, but at the same time more and more feebly, until it finally becomes paralyzed. Such a calamity follows first, because the heart muscle is exhausted by its undue efforts, and secondly, because its blood, deprived of oxygen, fails to impart its essential stimulus.

The symptoms which more or less characterize asphyxia are: "Pectoral anxiety, dyspnea, rapid feeble pulse, surface coldness, restlessness or stupor, with cold blue skin."

The patient soon feels stupid, confused or acts like one drunk. Respiration becomes stertorous and slow; the breath becomes cool, and complete unconsciousness.

The temperature falls perceptibly.

Carbon monoxide is much more poisonous, producing death, not only by suffocation, by displacing the needed oxygen, but by another remarkable peculiarity. It has the property of displacing oxygen from the blood and taking its place there. You know that oxygen is carried along in the blood by the red corpuscles. Carbonic oxide has the power of supplanting the oxygen in these structures. For a time, it seems to act like oxygen, but soon its poisonous properties are manifested with all the inevitable results of asphyxia.
E. Farrington

Prickling in the mucous membrane of the nose, sneezing, and profuse secretion of mucus.
There was a short dry cough.
Short cough when moving.
Respiration was very much oppressed, with very great desire to lie down.
Weak, could not get up.
Respiration 26; on deep inspiration stitches in the lower portion of the right half of the chest.

Dullness in the lower portion of the right side of the chest; respiratory murmur impaired, with fine rales; through the other portions of the lungs were coarse rales with increased respiratory murmur.
Respiration irregular and superficial.
Breathing labored, blowing, and irregular.
Respiration rapid and sonorous, resembling a groan more than snoring.
Respiration inaudible at a short distance, extremely short and suffocative, with intervals of suspension.
Asphyxia and an increase of the pulse from 73 to 137

Found in a comatose condition; afterward pleuro-pneumonia of long duration.
Stertorous respiration, pneumonia on the right side.
Dryness and scraping in the throat, causing cough.
Rattling of mucus in air-passages.
Bloody mucus is raised from the bronchi.
Respiration audible, almost rattling, slow, stertorous.
Respiration rattling.
Respiration rattling, now and then intermitting.
Stertorous breathing.
Respiration is for a long time quiet, but afterwards it becomes accelerated, frequently with extraordinary energy and rapidity; expiration is quick, inspiration deep, rattling; latter there occur periods of complete intermission, followed by four or five inspirations.

Respiration very soon becomes slow and stertorous, breathing now rapidly, now slowly.
Respiration 24 (after one hour).
Respiration 20 to the minute.
Respiration short and rapid.
Expiration greater than inspiration.
Respiration oppressed.
Respiration difficult and interrupted.
Respiration very labored.
Somewhat impeded respiration.
Sense of suffocation.

Sense of a burden on the chest.
On breathing, feeling as if a heavy load on chest.
Short cough, oppression, dyspnea.

Dull sense of smell and taste.

Great sleepiness for several days.

Never slept so long before.
Temperarute: subnormal 34.6 to 38 [39].
At night, in bed, burning heat all over, without thirst; despite this heat and fever, slept lightly until one AM, after which increase of heat, with thirst and dry mouth; the thirst was satisfied by drinking only a little; the heat, as well as the thirst and fever, now gradually diminished, and the bed, which had hitherto been too warm, was now too cold, so that he had to have more covering; sleep returned[37].

Marked relief, especially to heaviness on chest in fresh air.

Patient depressed and stupid.
Apathetic.
With the lassitude, an unusual apathy, and indisposition for any muscular exertion.
Mental inactivity.
Mind sluggish.
Felt in a very confused and stupid state.
Confusion and stupefaction of the senses and intellectual faculties, amounting at last to complete unconsciousness.
Answers only with difficulty.
Stupor and imbecility.
Consciousness disappears
Complete loss of consciousness.
Comatose.
Could not be aroused.

Looks anxious.

Face pale.

Pale face, warm to the touch.

Very pale face, continued for several days.

Extremities quite cold.

Pulse varying in force and frequency, at times almost imperceptible, the number ranging at different times from 80 to 120.

He appeared like one whose functions and powers of the system were almost extinguished.

No motion of any muscles except those concerned in respiration, which was chiefly diaphragmatic.

His appearance was that of a calm and tranquil sleep; countenance was of a pale leaden aspect.

Extraordinary weakness.

General debility and malaise.

Felt his strength fail him.

Every voluntary moment, even speaking, difficult.

Rising and walking seemed a most tremendous exertion.

In morning could not rise up.

Prostration.

Great prostration.

Complete prostration.

Inclination to faint.

Sensibility of sight, hearing, smell, and taste also greatly lessened.

Body all sore.

Whole body sore to touch.

Soreness of all the muscles, as after excessive fatigue.

Dryness of the throat.

The sore throat continues, and extends to the right ear.

No inclination to eat.

Anorexia

Nausea and vomiting.

Loss of consciousness for a long time. Allen

Similarities between Covid and carbon monoxide poisoning (CMP) pathology

"The signs and symptoms of nonlethal carbon monoxide exposure may mimic those of a nonspecific viral illness. Since viral illnesses and carbon monoxide exposure both peak during the winter, a substantial number of initial misdiagnoses may occur."[clxviii]

Flu-like illness is the most common misdiagnosis.[clxix]

Radiographic changes of the lungs in patients with CMP: Roentgenologic abnormalities were observed in 18 cases. "The ground-glass appearance was the most common finding, usually representing the initial manifestation of acute carbon monoxide poisoning. This was observed in 11 cases: 6 cases as the only manifestation.

"The ground-glass appearance was the most common roentgen finding of acute carbon monoxide poisoning, usually representing the initial chest manifestation. This lesion presents as a soft, veil-like, homogeneous density occurring predominantly in the peripheral portions of the lung.

"Accordingly, the ground-glass appearance in acute carbon monoxide poisoning may be considered parenchymal interstitial edema caused by tissue hypoxia and/or the toxic effect of carbon monoxide on alveolar membranes."[clxx]

"The pulmonary edema of carbon monoxide poisoning may develop from one of several pathophysiologic mechanisms. The effect of prolonged hypoxia plus the toxic action of carbon monoxide itself affects capillary permeability and gives rise to pulmonary edema."[clxxi]

"Pulmonary changes in acute carbon monoxide poisoning might be compared to a mirror image of tissue damage reflected on the lung fields. These changes suggest tissue edema or hypoxia on one hand and interfere with arterialization of the blood in the lungs on the other, resulting in a further marked degree of tissue hypoxia."[clxxii]

Pulse is rapid, about 120 per minute, respirations, intermittent with occasional periods of apnea; and temperature, 97.3. … Decreased breath sounds and scattered ronchi were heard bilaterally.[clxxiii]

Generalized scattered rales are found in both lungs in both Covid and CMP patients.[clxxiv]

Intra-alveolar edema was demonstrated in 3 cases with CMP.

"The gross pathologic changes of the lung in 351 fatal cases reported by Finck in 1966 were congestion and/or edema in 66 per cent and hemorrhage in 7 per cent of the cases.

"The pulmonary changes in acute carbon monoxide poisoning are attributed primarily to prolonged hypoxia and the toxic action of carbon monoxide itself on the alveolar membranes. These factors affect capillary permeability and cause pulmonary edema."[clxxv]

On gross examination in both Covid and CMP poisoning, the lungs are edematous and vivid-red (described as carmine red[clxxvi] for CMP) with the absence of mucous secretion or hemorrhage.[clxxvii]

In CMP elevation of the right hemidiaphragm was found 7 patients (which was thought to be due to lung fibrosis).

Both Covid and CMP patients present with tachycardia and tachypnea.[clxxviii]

"Unconsciousness occurs at about 60% saturation and death occurs at 60-80% saturation."[clxxix]

Both Covid and CMP patients have significant metabolic acidosis, LDH and elevated AST.[clxxx,clxxxi,clxxxii]

Hyperbric chamber therapy that is found beneficial in CMP patients could potentially be found useful in Covid patients with ARDS.

Ammonium carbonicum

Cough in the morning at 3 or 4 o'clock, or at night disturbing the sleep, with spasmodic oppression; incessant cough, excited by a sensation as of down in the larynx, aggravated after eating, talking in the open air and on lying down; the paroxysms of cough are followed by a high degree of exhaustion, especially when complicated with coryza and influenza.

In the **Pneumonia of old people**, with the characteristic cough symptoms, we have found Ammonium carbonicum of considerable benefit. It is a remedy too apt to be overlooked. It meets those cases with copious expectoration, and incessant cough, excited as if from down in the larynx, and greatly aggravated at 3 or four AM. Hoyne

Arsenicum album

Extreme prostration, in a very anxious and very chilly person. Very restless from anxiety. Marked anxiety in the face. Thirsty for small sips is a keynote of the remedy. Face very pale. Great difficulty to keep warm. Aversion to be alone. Great fear of death. Fear of suffocation. Desire the room to be very warm. Better from warm applications. Can't be warmed up. Frothy expectoration, which tends to be offensive. Worse 1-3 AM (wakes often at 3 AM from anxiety).

Dark, offensive sputa, great weakness, not felt until attempts are made to move or sit up.

Burning and heat in chest, pale face, cold extremities, anxious tossing.
Posterior lobes of both lungs affected.
Impending paralysis of lungs, rattling in windpipe. Hering

Restlessness increases with increased weakness and prostration. There is great thirst for small quantities at a time, burning pain and heat in chest (Sang.) feels better from warmth and is worse from 1 to three AM generally.

Arsenicum is most likely to come in after Rhus tox. If the restlessness continues and added to it the weakness and prostration increases. There is great thirst for small

quantities at a time, burning pain and heat in chest (Sang.) feels better from warmth and is worse from 1 to three AM generally.

If the thirst is for cold water in small and often repeated quantities, there is great dyspnea, and little pain which motion greatly aggravates, increasing the prostration and the dyspnea, notwithstanding the patient suffers great anguish and restlessness, so that he wants to be moved or carried from room to room, or place to place, and especially if all is aggravated at night, 1 to four AM, Arsenicum album must be given and will often change the whole aspect for the better in a few hours. Such cases will be often found in cachectic persons, drunkards, malarial subjects and in pyothorax.

Sharp, fixed or darting pain in apex and through upper third of the right lung. In general the patient begins to grow weak or complains of great prostration, especially on attempting to exercise or ascend an eminence. An anemic condition is common. Emaciation begins and the old school physician will now prescribe the inevitable cod liver oil, to supply the waste, without removing the cause. The BREATHING is accelerated, rapid, oppressed and accompanied with restlessness and anxiety, all worse by exertion and lying down, and specially at midnight. It is apt to become asthmatic at times, with much wheezing and constriction. The COUGH is worse on lying down and on rising in the morning. It is also often worse at midnight or 1 to three AM especially when the asthmatic symptoms are present. The EXPECTORATION is characteristically frothy saliva. Here it outranks all other remedies. Bloody sputum is often present and mixed with the froth. Many other symptoms may be present and confirm these. Nash

Camphora

Pneumonia of old people, with sinking of forces, dry burning heat and dyspnea, slight moisture on face, rattling breathing indicating threatening paralysis of lungs.

In later stages of pneumonia, short, anxious, oppressed breathing, with chill and heat alternating.

Hepatization of right lung, of lower lobe of left.

Hepatization of left lung, and some pleuritic exudation. Hering

Digitalis

Pneumonia of old people, with prune juice expectoration, symptoms of collapse and heart failure.

Moist rales, yet cough dry; pulse thready. Senile pneumonia. Hering

You prefer to have nausea being present in the case, as a confirming symptoms for prescribing Digitalis.

Ferrum metallicum

No ailments previous to the chill; dyspnea increases slowly; face pale, and in adults it becomes collapsed, hippocratic or expressionless, stiff and stupid; the roof of the mouth always white; skin neither cold nor burning hot; pulse neither full nor hard; stool consistent, brown.

Hydrocyanic acid

In the last stage of asphyxia. Cyanotic appearance. The patient becomes cold, with gradual extinction of pulse. Marble coldness of whole body.

Crotalus horridus

For patients who are on their last breath, often from total organ failure. Extreme prostration or unconsciousness. Indifference. Tongue is out. Dry tongue. Dark and eventually suppressed urine. Yellow discoloration of the sclera and then the face. Dusky face. Twitching of the muscles.

Lachesis

Threatening paralysis of lungs, greatest difficulty in breathing, with long lasting attacks of suffocation.

Suffocating fits, waking from sleep with throwing arms about, cyanotic symptoms, black urine.

Sharp pain through lungs, great dyspnea, worse sitting erect, or lying down, better bending forward and throwing head back, feeling of intense constriction in all parts of chest, as if lungs were being pressed up into throat, causing extreme agony, so that she

despaired of life, feeling as though a cord was tightly tied around neck, must loosen clothes at neck and epigastrium, at times sensation as though heart turned over and ceased beating for a moment, then commenced again with increased force, lung seems full of mucus, yet none can be raised, face almost purple during paroxysms. Hering

Stupor increases, the weakness also; the patient is unable to put out the tongue, it trembles and catches behind the lower teeth when trying to protrude it, showing great weakness, there is great oppression of breathing with aversion to having anything touch the chest or throat, pulse weak and intermittent, with general aggravation of the whole case after sleep. Left sided pneumonia oftenest calls for this remedy.

Cough aggravated by—worse falling asleep; after sleep; in sleep without waking. Cough ameliorated by—better after raising a little. Nash

Convalescence after influenza and pneumonia

GENERALITIES; CONVALESCENCE, ailments during (90) : abrot., ail., 2alet., alum., am-c., ambr., apoc., aq-mar., ars-i., 2ars-s-r., art-v., asar., aur., 3**Aven.**, bac., bapt., 2bold., cadm., cadm-s., 3**Calc.**, calc-p., caps., 3**Carb-v.**, cast., chel., 3**Chin.**, 2chin-ar., coca, cocc., 3**Con.**, cupr., 2cur., cypr., echi., 2ferr., ferr-acet., flor-p., foll., form-ac., gels., graph., guai., 2hep., hydr., kali-c., kali-chl., 3**Kali-p.**, lach., laur., lob., lob-e., lyc., 3**Manc.**, mang., med., meph., morg., nat-m., nat-p., nit-ac., nux-v., okou., op., passi., paull., ph-ac., phos., phyt., pneu., prot., psor., puls., 4**QUAS.**, ruta, sang., 2sanic., 2scut., 2sel., 2sil., sul-ac., sul-i., sulfonam., 2sulph., syph., tarax., thuj., 3**Tub.**, tub-a., vario., zinc.

GENERALITIES; CONVALESCENCE, ailments during; influenza, after (11) : alum., 2ars-s-r., asar., 2cadm-s., 2carb-v., 3**Con.**, ferr-p., kali-p., lob-e., 2quas., 3**Scut.**

GENERALITIES; CONVALESCENCE, ailments during; post-influenzal (13) : abrot., 2bac., cadm., cadm-s., cypr., flor-p., lycpr., 3**Nat-sal.**, okou., 2scut., sulfonam., tub., tub-a.

GENERALITIES; CONVALESCENCE, ailments during; pneumonia, after (14) : ant-t., ars., calc., carb-v., con., 2kali-c., lyc., mim-p., morg., phos., pneu., sang., sil., sulph.

GENERALITIES; CONVALESCENCE, ailments during; pneumonia, after; never well since pneumonia (4) : 2kali-c., mim-p., morg., pneu.

GENERALITIES; CONVALESCENCE, ailments during; fever, after (14) : ars-i., aven., 2bold., carb-v., 2chin., cocc., hydr., 3**Kali-p.**, 3**Manc.**, nux-v., 2psor., 3**Quas.**, sulph., tarax.

GENERALITIES; CONVALESCENCE, ailments during; infectious diseases, after (15) f2quas., sulph., thuj., tub., vario.

GENERALITIES; WEAKNESS, enervation, exhaustion, prostration, infirmity; influenza, after (26) : 2abrot., adon., 2ars-i., 2ars-s-r., 2aven., bac., carb-ac., 2chin., 2chin-ar., 3**Con.**, cypr., eup-per., gels., 2iber., 2kali-p., lac-c., lath., lob-p., macroz., 3**Nat-sal.**, 2phos., psor., sal-ac., sarcol-ac., 3**Scut.**, zinc-o.

GENERALITIES; WEAKNESS, enervation, exhaustion, prostration, infirmity; fever; prolonged, after (14) : alst-s., ambr., aven., cadm-s., cast., chin., 2colch., 2con., irid., 2kali-p., laur., 2psor., scut., 3**Sel.**

GENERALITIES; WEAKNESS, enervation, exhaustion, prostration, infirmity; fever; after (17) : alst-c., ambr., 2apis, 2aran., chin., 3**Chin-ar.**, 2con., gent-l., hep., 2ip., 3**Kali-p.**, med., morph., 3**Quas.**, sal-ac., sulph., syph.

Sarcolactic acid

What remedy do you think Boericke is describing in the following passage? "Epidemic influenza, especially with violent retching and greatest prostration, when Arsenicum has failed. Tired feeling with muscular prostration, worse any exertion. Sore feeling all over, worse in afternoon. Restless at night. Difficulty getting to sleep. Tired feeling in the morning on getting up. Tired feeling in back and neck...extreme weakness...stiffness." It is Sarcolactic acid. It has fit many cases of influenza and has been very helpful, especially for the tiredness, muscle aches and soreness described above.

I have frequently been astounded by its action in the most violent forms of epidemic influenza, particularly in those few rare cases that began with violent uncontrollable vomiting and retching with the greatest prostration, when arsenicum, though apparently well indicated, failed. Here a second prescription was never necessary... SYMPTOMS FREQUENTLY CONFIRMED: a most severe tired feeling with muscular prostration always aggravated by any exertion progressing to an aching soreness and almost paretic weakness, especially of the muscles of the calves of the legs and the back. This then extends itself to the thigh muscles which feel very sore. Following this, there comes a cramp feeling in the calves going to tightness which persists and which was accompanied in two provers by a severe contraction of the throat muscles, and in two others by extreme sensitiveness of the dental nerves. Both mind and body seemed to present weakness... stomach symptoms were not marked... there developed in all provers pains of various kinds in the back... of all symptoms these (extremities J. S.) appeared as most prominent. Griggs

Epidemic influenza, especially with violent retching and greatest prostration, when Arsenicum has failed. Tired feeling with muscular prostration, worse any exertion. Sore feeling all over, worse in afternoon. Restless at night. Difficulty getting to sleep. Tired feeling in the morning on getting up. Tired feeling in back and neck...extreme weakness...stiffness." It is Sarcolactic acid. It has fit many cases of influenza and has been very helpful, especially for the tiredness, muscle aches and soreness described above. Boericke

The American Institute of Homeopathy database

The American Institute of Homeopathy has organized an international effort to collect case date. The effort is called the AIH COVID-19 Data Collection Project. If you are a well-trained homeopath and would like to contribute, please email Peter Gold at peter_gold@goldorluk.com Please make sure to include your credentials in the email. And please give him 48 hours to add you and send you login instructions.

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