

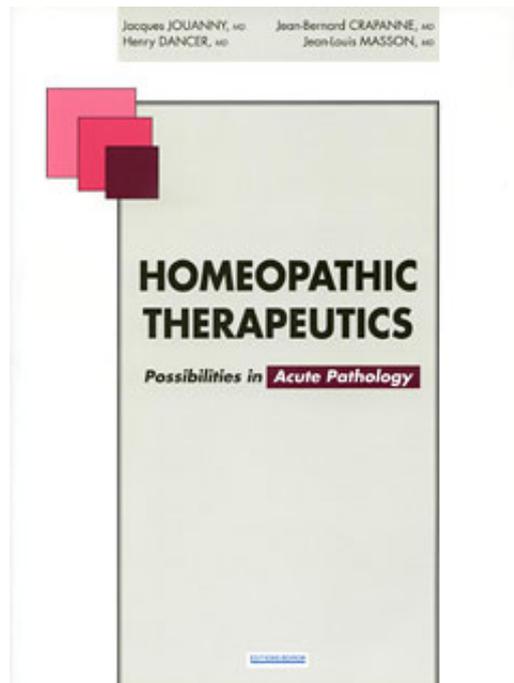
Jouanny / Crapanne / Dancer / Masson Homeopathic Therapeutics - acute pathology

Leseprobe

[Homeopathic Therapeutics - acute pathology](#)

von [Jouanny / Crapanne / Dancer / Masson](#)

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INFLUENZA WITHOUT COMPLICATIONS AND INFLUENZAL SYNDROMES

Influenza is a contagious viral disease caused by an influenza myxovirus; there are three known types: A, B, and C and several strains. Although immunity to this virus is conferred by the secretion of antibodies against the viral surface antigen, the same person can display the symptoms of influenza several times during his life, because the virus is subject to antigenic shifts during replication and also because there is no cross immunity between different strains.

This disease occurs in epidemics; type A myxovirus have sometimes caused real pandemics, some of which are still remembered: the 1918 epidemic of Spanish influenza, the Asian influenza epidemic of 1957-1958, or Hong Kong influenza of 1968. Other viruses, myxoviruses, adenoviruses, enteroviruses of the ECHO group are responsible for very similar clinical pictures called "influenzal syndromes".

When a person is infected, the spontaneous clinical manifestation of the infectious disease has the following successive characteristics:

1. **a silent incubation period** that lasts 2 to 5 days;
2. **a sudden short febrile invasion**, with shivering, facial congestion, and/or myalgia;
3. **a fully-declared phase** lasting several days with fever and tachycardia, sweating, severe headache sometimes with photophobia, myalgia, catarrh in the ENT area, and diminished sthenia. In most cases, there are two stages in the fully-declared phase; there can be respiratory, laryngeal, digestive, pericardial, and/or neurologic complications during this phase;
4. **a defervescent phase** often with a persistent cough;
5. **a convalescent period** with asthenia of variable duration, up to several weeks long.

When homeopathic therapy is used for acute conditions, the different phases of the infectious disease are shortened, and this is even more obvious if the treatment is started early. Recovery is particularly fast when the medicines are taken at the onset of the disease. The infected person's reactions cause the infectious syndrome to disappear in a few hours. In view of the propagation of influenza as an epidemic, people who have not yet been affected should be protected and advised to take an easy-to-follow **preventive homeopathic treatment**.

The range of homeopathic medicines used varies according to when therapy is started, and in the following paragraphs the remedies are listed in relation to the stage the disease has reached when the patient is first examined.

INCUBATION PHASE

This phase is clinically silent; if there is a risk of contagion,

Oscillococcinum®

should be prescribed: one initial dose, repeated twice at six-hour intervals (three doses in all).

This medicine is prepared from an aseptic filtered autolysate obtained from the heart and liver of

Muscovy duck; its high **amino acid** content is probably the reason for the potentiation of the body's defense mechanisms against infectious agents in general, and viruses in particular.

In almost all cases, therefore, the influenzal syndrome will not develop.

INVASION PHASE

This may be sudden or progressive.

A. SUDDEN INVASION PHASE

This is characterized by the development of an acute febrile syndrome, and a choice has to be made between *Aconitum* and *Belladonna*.

Aconitum napellus

Pathogenetic tests with aconite cause **shivering**, then **marked hyperthermia** of very rapid onset, with **irritability of the heart, red, warm, dry skin, intense thirst** (for cold water), and **sthenic agitation**. This clinical picture often occurs after a sudden chill; it tends to start during the night (around midnight or one in the morning) and the patient wakes up feeling rather anxious. A **reflex otalgia** and cough may be observed.

Prescribe in medium dilutions, 9C, as local and general symptoms coexist, in either one dose, or five pellets every half-hour or every hour until sweating occurs, which is then the indication for

Belladonna

Pathogenetic tests with belladonna cause relapsing **hyperthermia** of very rapid onset, irritability of the heart and **cephalic congestion** accompanied by throbbing pains, **red and radiant warm skin, sweating particularly of the face**. There is also **intense thirst** because of dryness of the mouth and mucous membranes (sometimes dysphagia), **photophobia** due to mydriasis, **sensorial hyperesthesia** (to noise, touch, and jolts), and agitation possibly with delirium or dejection.

In practice, the pathogenetic picture of *Belladonna* is very similar to that of *Aconitum*, the difference being essentially the presence of sweating, so *Belladonna* is indicated after *Aconitum* at the first sign of sweating.

Prescribe *Belladonna* 9C as there are both local and general symptoms, five pellets every hour approximately. Progressively increase the interval between doses as symptoms improve.

B. PROGRESSIVE INVASION PHASE

The characteristic of this phase is generally at first a feeling of faintness, with shivering, headache, myalgia, cough.

Oscillococinum ® should be prescribed, one dose as soon as possible, repeated six and twelve hours later; the first dose should be followed one hour later by

Sulphur, one unit-dose in 15 or 30 C. If another dilution is used, **it is imperative to check that the eardrums are intact** (notably with children).

Sulphur in low dilutions may induce the development of subjacent otitis.

The invasion phase is the last stage in which it is possible to diminish the symptoms within a few hours; we emphasize the importance of starting homeopathic treatment as soon as the first symptoms appear.

FULLY-DECLARED PHASE

The patient has not taken any homeopathic medicine during the phase of invasion and the influenzal syndrome has set in. Depending on the symptoms displayed by the patient, choose from the following medicines.

Gelsemium

This medicine is indicated for patients with an adynamic febrile syndrome, **high fever** with a progressive onset, frontal and occipital **headache**, numbness, **shivering** and even **tremor** followed by **sweating**.

This kind of febrile patient is not thirsty; he complains of fatigue and **myalgia** and his face may be crimson.

Prescribe five pellets in 9C every hour or every two hours depending on how serious the condition is. Increase the interval as symptoms improve.

with movement; the modality of improvement by movement is characteristic of this particular proving, and the patient has to move continually about in bed but is unable to find a comfortable position. The patient **seeks warmth**, buries himself under the blankets, sweats profusely, **shivers or coughs** as soon as he is uncovered and feels as if icy water has been poured over him.

He experiences **intense thirst** for cold water or milk. The tip of the tongue is red and there is sometimes an outbreak of **herpes around the mouth**. In this case, prescribe *Rhus toxicodendron* in 15C; in other cases, prescribe the same dosage as for *Gelsemium*.

Rhus toxicodendron

This remedy is indicated for patients with an adynamic febrile condition, a **high fever** with a progressive onset, accompanied by **myalgia and periarticular pains** with stiffening which is relieved

Eupatorium perfoliatum

Remedy for an adynamic febrile syndrome with **muscular and osseous pain**, headache, and above all **ocular pain, aggravated by pressure on the eyeballs**. These symptoms are often accompanied by rhinitis and tracheobronchial cough which is

worse at night when the patient is lying on his back, breathing in cold air. The patient craves cold water.

Same dosage.

These three medicines have provings that often include all the symptoms of influenza; it is therefore logical and effective to prescribe them to the same patient, alternating them regularly every hour or every two hours depending on the severity of the symptoms.

However, as the influenzal syndrome progresses, different clinical pictures requiring other medicines may be observed.

Bryonia alba

This remedy is indicated for **continuous or remittent febrile conditions**, with **headache, myalgia, articular pain, and a dry, tracheal cough**.

All these symptoms are **aggravated by movement** and the patient has to lie still in bed, holding his chest during coughing fits. Perspiration is oily and there is **intense thirst** with a bitter taste in the mouth.

Prescribe five pellets in 9C every hour or every two hours.

Ferrum phosphoricum

This remedy is used when **the fever is not very high**. The face is alternately pale and flushed, the skin is moist.

There is a hemorrhagic **tendency - epistaxis** occurs - and a tendency for local congestive phenomena: **otalgia** with inflammation of the eardrums or a **tracheitis cough**.

Same dosage; no more than twice daily in the case of otalgia.

Pyrogenium

This nosode is indicated when there is a febrile syndrome and when **pulse and temperature are dissociated** (most frequently a fast pulse for a moderate fever). The patient suffers from myalgia, needs to change position with the impression that the bed is too hard. His breath is fetid and he is extremely thirsty.

Prescribe five pellets in 9C morning and evening.

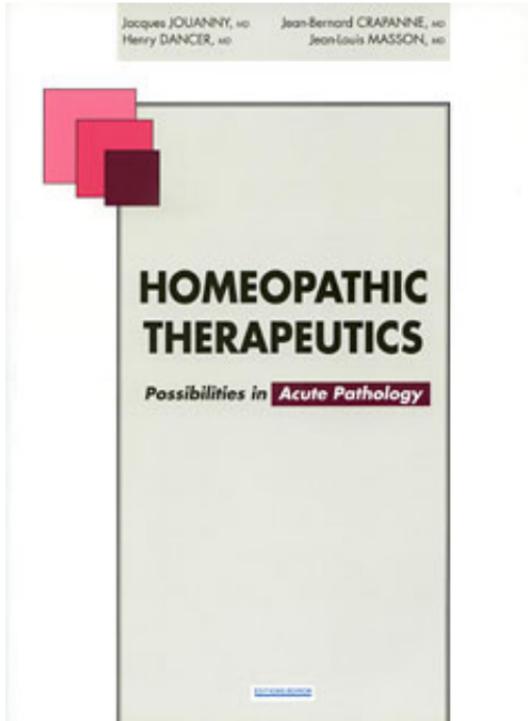
Baptisia tinctoria

There is an adynamic febrile condition accompanied by **mental confusion** (or delirium) and the **digestive tract** is affected: fetid breath and diarrhea, and intense thirst. The right iliac fossa is sensitive with a rumbling caecum.

This medicine is particularly indicated when the influenzal syndrome is associated with digestive problems.

Prescribe five pellets in 9C every hour or every two hours, depending on the severity of the symptoms; administer less frequently with improvement.

When the homeopathic treatment is started during the fully-declared phase, a regression of the syndrome appears after a few days and there are no complications or pronounced post-influenzal asthenia. Oscillococcinum® can still be prescribed but, at this stage, treatment is far less effective and reliable than during the incubation or invasion phases.



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Possibilities in acute pathology

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