

**LEADERS IN
RESPIRATORY
ORGANS**

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Leaders in Respiratory Organs by E. B. Nash

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E. B. NASH

**LEADERS IN
RESPIRATORY
ORGANS**

LEADERS
IN
RESPIRATORY ORGANS

BY

E. B. NASH, M. D.

AUTHOR OF LEADERS IN HOMOEOPATHIC THERAPEUTICS,
REGIONAL LEADERS, LEADERS IN TYPHOID, HOW
TO TAKE THE CASE AND LEADERS
IN SULPHUR.

PHILADELPHIA
BOERICKE & TAFEL

1909.

©12409 S.S.

DEDICATED

TO THE BRITISH HOMOEOPATHIC ASSOCIATION
WHO ENTERTAINED ME SO ROYALLY
WHILE WITH THEM. IT WAS
A GREAT PLEASURE
TO ME.

194350

PREFACE.

The object of this unpretentious work is to place before the busy practitioner the indications, especially the *leading* ones, in a different way from that usually found in the ordinary text books. To the beginner, arranging the remedies in alphabetical order, without regard to the different stages of diseases, is rather confusing. It may justly be claimed that this way of mine has a tendency to lead to routinism. I have tried to guard against that by repeatedly assuring my readers that *any remedy* might be indicated in *any stage* of a complaint, and if so they must not be ignored. As will be seen, I have purposely avoided taking up time and space with the pathology and diagnosis of disease as found in the text books, my reasons being that, important as that may be, after all the selection of the remedy according to our art, according to symptomological indications, is of far more importance for CURATIVE PURPOSES. By this method of *symptom-covering* we are enabled to cure many a disease which cannot with certainty be named, and about which the best diagnosticians living would widely differ. I hope I will not be misunderstood, and be thought to place too low an esti-

mate upon *diagnosis* and *pathology*, but rather as one who has tested the value of *Similia Similibus Curantur* from the standpoint of Hahnemann's clear teachings and is willing still to *stand for it*.

On account of a busy practice, college duties, etc., I have not been able to do so much as I could wish along this line. But my books so far have received so warm a welcome at home and abroad that I hope that this one more may be considered favorably, and not a *perpetration*.

I have had valuable help in the preparation of the condensed repertory at the end of the work, who modestly prefer not to have their names mentioned.

DR. E. B. NASH.

Port Dickinson, N. Y.

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LEADERS IN. RESPIRATORY ORGANS

CATARRH.

ACUTE NASAL CATARRH.

(a) *Causes*.—An acute coryza or Rhinitis may be an initial symptom of an *infection* like *influenza* or *measles*; more commonly it is primary—a “cold in the head.” Its epidemic and contagious character is so marked that it probably depends upon germ infection. The chief predisposing causes are exposure to cold, variable weather and inhalation of irritating vapors.

(b) *Symptoms*.—There is chilliness, headache, slight fever (100° to 101°) and sneezing, with quickened pulse, dry skin and throat. Some backache and general aching are not uncommon. The nasal mucous membrane swells, so that “mouth-breathing” is imperative, and there is a thin acrid discharge from the nostrils. The eyes water, the senses of taste and smell are impaired, the pharynx is reddened, the throat is sore and the neck stiff, and slight dysphagia may be present. Herpes of the nose and lips is common. The larynx may be involved, causing hoarseness; the trachea and bronchi, cough; the Eustachian tubes, slight deafness.