

Urti And Its Repetorial Approach By Synthesis Repertorydr

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Chapter: 1

RESPIRATORY TRACT:

The respiratory is divided into upper respiratory tract and lower respiratory tract. The upper respiratory tract includes the nose and nasal passages, par nasal sinuses, the pharynx and the portion of the larynx above the vocal cords. The lower respiratory tract includes the portion of the larynx below the vocal cords, trachea, bronchi and bronchioles. The lung can be included in the lower respiratory tract and include the respiratory bronchioles, alveolar ducts, alveolar sac and alveoli.

UPPER RESPIRATORY TRACT INFECTIONS (URTI)



UPPER RESPIRATORY TRACT INFECTIONS (URTIs):

URTIs are illnesses caused by an acute infection which involves the upper respiratory tract including the nose, sinuses, pharynx or larynx. This commonly includes common cold, influenza, rhinitis, sinusitis, pharyngitis and laryngitis.

URTIs have a tremendous impact on public health. They are the most common reasons for visits to primary care providers, and, though the illness are typically mild, their high incidence and transmission rates place among the leading causes of time lost from work and school. Although most URTIs are caused by viruses, distinguishing patients with primary viral infection from those with primary bacterial infection is difficult. Sign and symptoms of bacterial and viral URTIs are, in fact, indistinguishable. Because routine, rapid testing is

neither available nor practical for most syndromes, acute infections are diagnosed largely on clinical ground.

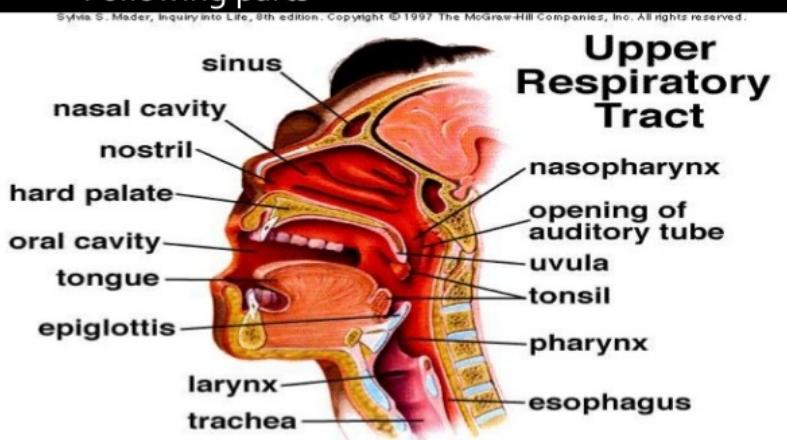
ETIOLOGY:

Over 200 different viruses have been isolated in patients with URTIs. The most common virus is called the rhinovirus. Other viruses include the corona-virus, influenza virus, adenovirus, entero virus etc.

Up to 15% of acute pharyngitis cases may be caused by bacteria, most commonly Streptococcus pyogenes a Group A streptococcus in streptococcal pharyngitis. Other bacterial causes are Streptococcus pneumonia, Haemophilus influenza, Corynebacterium diphtheriae, Bordetella pertussis and Bacillus anthracis.

The upper respiratory tract consists

- Following parts



Common cold is a mild, self-limited, catarrhal syndrome caused, for the most part, by members of viruses. The term Influenza refers to a severe form of the common cold caused by the influenza virus.

Rhinitis defined as inflammation of the membranes lining the nose.

Sinusitis is an inflammatory process involving the paranasal sinuses (maxillary, frontal, ethmoid, and sphenoid). It usually is a bacterial complication of a viral upper respiratory infection.

Epiglottitis is a life-threatening disease observed most frequently in children aged 1-6 years, often during the fall and winter. Although less common, it also can affect adults.

Pharyngitis is an inflammatory process of the pharynx, uvula, and tonsils that can be caused by viral or bacterial infection and, occasionally, both.

Laryngitis mainly affects children and begins with a prodromal of a few days of a mild viral upper respiratory infection. As the infection extends to the proximal trachea, diffuse inflammation with exudate and oedema of the subglottic area causes narrowing of the airway. The cricoid ring of the trachea, in the immediate subglottic area, is the narrowest portion of the airway in a child. A small amount of oedema can cause significant airway obstruction.

Laryngotracheitis usually is the result of viral infection. The subglottic area and trachea are involved, whereas the area above the true vocal cords is spared. When children younger than 5 years have the infection, it is called croup.

PATHOPHYSIOLOGY:

URTIs involve direct invasion of the mucosa lining of the upper airway. Inoculation of bacteria or viruses occurs when a person's hand comes in contact with pathogens and the person then touches the nose or mouth or when a person directly inhales respiratory droplets from an infected person who is coughing or sneezing.

After inoculation, viruses and bacteria encounter several barriers, including physical, mechanical, humeral, and cellular immune defences.

Physical and mechanical barriers include the following:

Hair lining of the nose filters traps some pathogens.

The angle resulting from the junction of the posterior nose to the pharynx causes large particles to impinge on the back of the throat.

Ciliated cells lower in the respiratory tract trap and transport pathogens up to the pharynx; from there they are swallowed into the stomach.

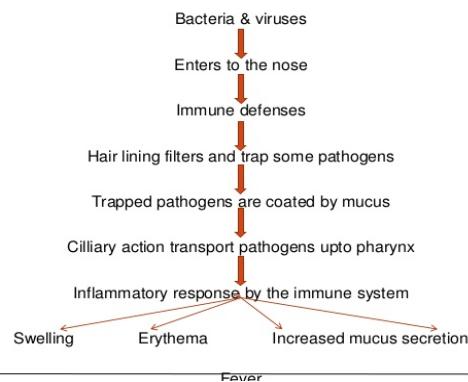
Adenoids and tonsils contain immune cells that respond to pathogens. Humoral immunity (immunoglobulin A) and cellular immunity act to reduce infections throughout the entire respiratory tract. Resident and recruited macrophages, monocytes, neutrophils, and eosinophil coordinate to engulf and destroy invaders.

A host of inflammatory cytokines mediates the immune response to invading pathogens. Normal nasopharyngeal flora including various staphylococcal and streptococcal species help to defend against potential pathogens.

Patients with suboptimal Humoral and phagocytic immune function are at increased risk for contacting a URTI, and they are at increased risk for a severe or prolonged course of disease.

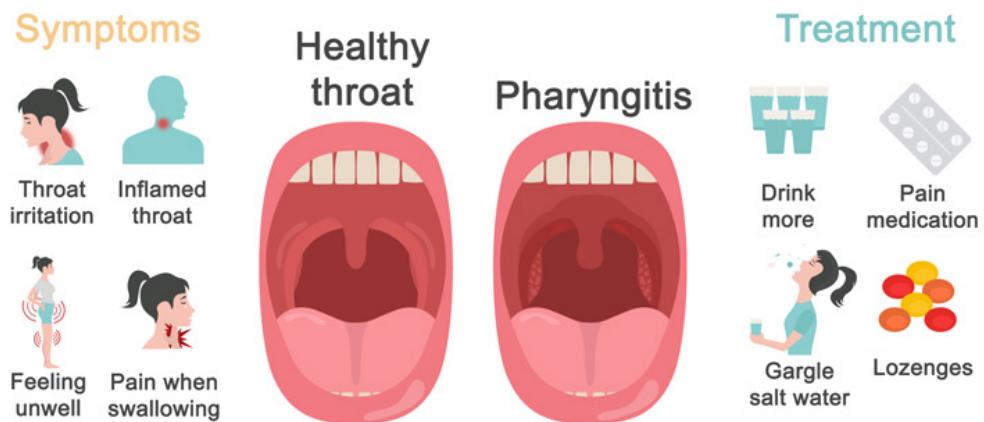
Most symptoms of URTIs—including local swelling, erythema, and oedema, secretions, and fever—result from the inflammatory response of the immune system to invading pathogens and from toxins produced by pathogens.

PATHOPHYSIOLOGY



Chapter: 2

Common symptoms of Upper Respiratory Tract Infection generally include:



- Nasal congestion
- Running nose (rhinorrhoea)
- Nasal discharge (may change from clear to white to green)
- Nasal breathing
- Sneezing
- Sore or scratchy throat
- Painful swallowing (odynophagia)
- Cough (from laryngeal swelling and post nasal drip)
- Malaise
- Fever (more common in children)

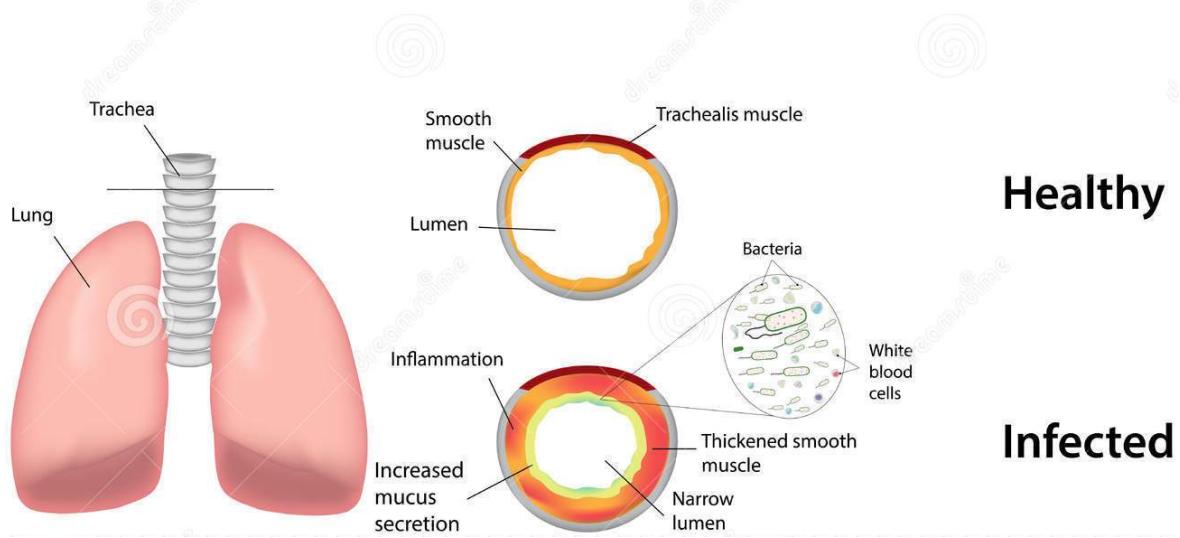
Other less common symptoms may include:

- Foul breath
- Reduced ability to smell ([hyposmia](#))
- [Headache](#)
- [Shortness of breath](#)
- Sinus [pain](#)
- Itchy and [watery eye](#)
- [Nausea](#)
- [Vomiting](#)
- [Diarrhoea](#) and body [aches](#)

Some common risk factors for upper respiratory infections:

- Physical or close contact with someone with a upper respiratory infection.
- Poor hand washing after contact with an individual with upper respiratory infection.
- Close contact with children in a group setting, schools or day care centres.
- Contact with groups of individuals in a closed setting, such as, travelling, tours, cruises.
- [Smoking](#) or second-hand [smoking](#) (may impair mucosal resistance and destroy the cilia).
- Health care facilities, hospitals, [nursing](#) homes.
- Immune compromised state (compromised immune system) such as, [HIV](#), organ transplant, congenital immune defects, long term steroid use.
- Anatomical abnormalities as in facial [trauma](#), upper airway trauma, [nasal polyps](#) etc.

Respiratory Tract Infection



Healthy

Infected

Chapter: 3

DIAGNOSIS:

Diagnosis of upper respiratory infection is typically made based on review of symptoms, physical examination, and occasionally, laboratory tests.

Physical examination:

Physical examination of an individual with upper respiratory infection, a doctor may look for swollen and redness inside wall of the nasal cavity (sign of inflammation), redness of the throat, enlargement of the tonsils, white secretions on the tonsils (exudates), enlarged lymph nodes around the head and neck, redness of the eyes, and facial tenderness (sinusitis). Other signs may include [bad breath \(halitosis\)](#), cough, voice [hoarseness](#), and fever.

Laboratory investigations:

It's generally not recommended in the evaluation of upper respiratory infections. Because most upper respiratory infections are caused by viruses, specific testing is not required as there is typically no specific treatment for different types of viral upper respiratory infections.

Some important situations where specific testing may be include:

- Suspected [strep throat](#) (fever, lymph nodes in the neck, whitish tonsils, absence of cough), necessitating rapid [antigen](#) testing ([rapid strep test](#)) to rule in or rule out the condition given possible severe sequel if untreated.
- Possible bacterial infection by taking bacterial cultures with nasal swab, throat swab, or sputum.
- Prolonged symptoms, as finding a specific virus can prevent unnecessary use of antibiotics (for example, rapid testing for the influenza virus from nasal or pharyngeal swabs).
- Evaluation of [allergies](#) and [asthma](#) which can cause long lasting or unusual symptoms.
- Enlarged [lymph node](#) and sore throat as the primary symptoms that may be caused by Epstein-Barr virus ([mononucleosis](#)) with expected longer time course (by using the monospot test).
- Testing for the H1N1 (swine) flu if suspected.

- Blood work and imaging tests are rarely necessary in the evaluation of upper respiratory infection.
- X-rays of the neck may be done if suspected case of epiglottitis. Although the finding of swollen epiglottis may not be diagnostic, its absence can rule out the condition.

AUXILIARY TREATMENT:

- Most URTIs are self limiting and who present with infections often benefit from reassurance, education and instruction for given medicines.
- Advice to take adequate rest and fluid.
- In cases of URTIs, advice the patient to keep warm in winter months.
- In cases of nasal blockages, advice the patient to take steam inhalation.
- In hoarseness of voice or sorethroat, advice for gargle from luke warm water and rest the voice.
- In case of influenza, nosocomial and household spread of disease can be minimised by early institution of infection control measures and isolation of the patients in a well-ventilated isolation room/ward with beds kept at least one metre apart.
- Patients should be monitored for lower respiratory tract infection and for hypoxia.
- Close contacts of suspected, probable and confirmed cases should be advised voluntary home quarantine for at least 7 days after the last contact with the infected person.
- Home remedies for respiratory tract infections are simple and hassle-free techniques which can be practiced at home easily.

1. Inhaling steam:

This one is definitely the best home remedy for respiratory tract infections. All you need to do is boil one litre of water and add a piece of camphor to it. Now inhale this steam for 10 to 15 minutes. It will help in clearing blocked respiratory tracts by melting mucus membranes. It is a natural treatment for nasal congestion which relieves and lubricates your respiratory tract. However, it is not recommended for kids, pregnant women or any person with high blood pressure.

Chapter: 4

SYNTHESIS REPERTORY:

Synthesis is a great contribution to the homoeopathic profession because of its special features mentioned below:

Synthesis contains repeatedly checked additions from the standard homeopathic literature, including Kent, Hahnemann, Hering, Allen, Clarke, Boericke, Knerr, etc. Additions from living authors are added only with caution and most often only in the first degree unless confirmation (of a higher degree) comes from other authors.

Thousands of corrections to Kent's Repertory have been made. They are recognisable as the remedy in these cases mentions "K" (= Kent's Repertory) as well as the reference indicating the source of the correction. E.g.: "Delusion - starve - he must": kali-m.k,c1 indicates this remedy in Kent was corrected on the basis of a symptom in Clarke's Dictionary. More rarely this type of reference is used to indicate a confirmation of Kent's information.

Thousands of symptoms have been rewritten following a clearly readable "symptomformat". At each level, either the words follow each other in the normal order, or the sentence is split only once. This split is indicated by the sign ";" to show the place from which one should start reading. This differs from the presence of a "," which is used to improve readability. E.g.: "pieces, sensation as if head would fall in, when stooping" became: "pieces, on stooping; sensation as if head would fall in"

The structure of the symptoms has been made more transparent in order to avoid all possible ambiguity. This was especially the case for symptoms where sub rubrics seemed to depend on super rubrics with a contradictory meaning. E.g.: "generals - trembling externally - internally - joy, from" became "generals - trembling - externally - joy, from"

A list of combined modalities has consistently been applied throughout Synthesis: the parts of a same combined modality can always be found in the same order. E.g.: "cold wet weather" is to be searched as "weather - cold - wet", never under "cold damp weather" and never under "damp cold weather"

Leading words have been positioned in front at each level and the alphabetical sorting was corrected accordingly if necessary. E.g.: "in bed" => "bed, in"; "as if frozen" => "frozen, as if", ...

Insufficiently clear symptoms have been completed on the basis of the Materia Medica. E.g.: "cough - Sulphur fumes or vapor, sensation of agg." => "cough - Sulphur fumes or vapor; cough agg. by sensation of"

Whenever possible ambiguous words have been clarified. E.g.: "breast" has been replaced by "chest" or "mammae", "storm" by "stormy weather" or by "thunderstorm".

Some global super rubrics were created so that one can find more easily related symptoms. E.g.: symptoms on "periodicity" or "children" have become sub rubrics of "periodicity" and "children" respectively. Too similar rubrics were merged into one. E.g.: "nose - obstruction - alternating sides" and "nose - obstruction - one side - alternately"

Symptoms were split into meaningful bits whenever this was not yet done by Kent. E.g.: "cough - loose - exercise and warm room agg." was split in two rubrics "exercise" and "warm room - going into a warm room".

The language of the Repertory has been completely revised. Nineteenth century spelling has been consistently replaced by modern American English spelling. The whole book has been spell-checked by computer. E.g.: "anaemia" became "anemia"; "diarrhoea": "diarrhea"; "faeces": "feces"; "haemorrhoids": "hemorrhoids".

For hundreds of words or expressions, written in two or more ways, only one has been maintained, based on Webster's Dictionary. E.g.: "descending stairs" in Synthesis replaces "descending stairs, when", "descending steps", "going down stairs" and "stairs, on going down", all of which exist in Kent. Seldom used words and expressions have been replaced by contemporary language, for everyday language as well as for medical expressions. E.g.: "dipsomania" by "alcoholism", "childbed" by "delivery - after".

Clinical rubrics were renamed according to modern disease names. New clinical rubrics were introduced with caution, as sufficient clinical verification is still lacking in most cases. E.g.: "coryza - annual" became "hayfever"; "skin - becomes sore" became "decubitus".

A new standard list of remedy abbreviations is presented. Many new remedies have been added, all abbreviated following the same rules used by Kent. The differences between the remedy abbreviations of Synthesis and those used so far in Kent or in Barthel's Synthetic Repertory, are printed at the beginning of this book. The full list and all comments follow at the end.

A new standard list of author abbreviations is presented as well. Letters are used to indicate an author. This allows more combinations and is easier to memorize.

SYNTHESIS 9.1:

Synthesis 9 is the first version that is being released in two steps. Synthesis 9.0 was finalized on November 21, 2003 and released as a software program in English on November 24, 2003. This version was only translated into German (December 22, 2003) and not printed in any language. Synthesis 9.1 was finalized on June 4, 2004 and released as a software program in English in July 2004. Version 9.1 has translated into several languages and is the basis for the new printed version. Synthesis 9.1 has more or less the same content as Synthesis 9.0. The difference between these two versions is a long awaited, crucial step in the development of the repertory. Dr. Frederik Schroyens has been dreaming about this improvement ever since he became accustomed to his very first Kent's Repertory, which he bought in 1977.

Synthesis has been the most favoured repertory of the modern era ever since it first appeared on the horizon. The repertory which started its journey as an updated Kent's repertory has now become so much more. Synthesis now includes information on nearly all new medicines, clinical information from variety of established sources, data from works of Hahnemann, Boenninghausen, Boger, Phatak and many others. The best part is that synthesis 9.1 now comes with a utility CD which adds to the beauty of the book. While retaining the quality of the book, the print size has been reduced slightly to make the book handier. The book follows the same schema as used in earlier version but with some useful restructuring of rubrics that we will describe later. Most of the details that follow have been taken from book itself.

All the information from the Introduction and the Mind section of all the remedies in Boericke's Materia Medica has been integrated (14,717 additions). New clinical information from Andre Saine (Canada) has been added to Synthesis 9 (more than 3,200 additions).

More than 10,600 additions have been made on the basis of popular book "Clinical Observation of Children's Remedies" by Farokh J. Master (India). Remedies described in Julian's "Materia Medica of the Nosodes" have been integrated. The information on magnets introduced by Boenninghausen but kept out of repertory by Allen and Kent has been added again – *Magnetis polus arctus*, *Magnetis polus australis*, *Magnetis poli ambo*.

There are three new chapters added – *Neck*, *Urinary Organs* (all urinary organs as a whole) and *Male and Female Sex / Genitalia* (if gender does not play a role, as this is often not specified in B-Bg repertories). Hence, Synthesis 9 (software version), contains 42 chapters, because of another additional chapter – a *Personal chapter*, to add own symptoms.

The repertory part of Synthesis 9.1 counts 2090 pages (Synthesis 8.1 counted 1,912 pages). A 'down arrow' following a remedy indicates that this remedy is copied from a similar sub

rubric. A ‘black dot’ following a remedy indicates that remedy is added either because of a more recent or because of a lesser known author.

The actual catalogue of remedies offers 4,497 standardized remedy names and abbreviations, and Synthesis 9.1 describes 2,373 of them (Synthesis 9.0 describes 2,310 remedies. Synthesis 8.1 described 2,277 remedies and its catalogue offered 4,200 remedies name).

The actual catalogue of authors describes 3,827 bibliographical references and Synthesis 9.1 uses 886 of them (Synthesis 9.0 uses 805 bibliographical references. Synthesis 8.1 used 655 bibliographical references and its catalogue described 3,031 bibliographical references).

The number of annotated corrections has increased to 707. Synthesis 9.1 has 1,066,987 remedy occurrences and 1,773,453 author occurrences.

A developmental and comparative study of Synthesis Repertory is mentioned below:

Synthesis Version	Remedy	Occurrence	Author	Reference	Remedy Catalogue	Author Catalogue
7	2012	627000	338	682000	3712	1821
8	2277	760000	655	1074000	4200	3031
9	2310	926200	805	1491000	4497	3827
9.1	2373	1066987	886	1773000	4497	3827

RADAR:

Synthesis is the repertory linked to RADAR, the leading homoeopathic software. Computer repertory is a useful electronic device, which facilitates the process of locating the rubrics and finding out the final indicated medicine or a group of medicines in no time. Search of a rubric, comparison with other repertoires, reference to Materia Medica and cross repertorization have become easy and no time consuming with the help of computer repertoires. Several reportorial programs have been worked out for speedy reportorial work.

Computer has played a very important role in making homoeopathic repertoires more accessible to learners. Computer repertoires have also brought on a drastic change in the subject of homoeopathic repertory by making available more information in one package.

Synthesis is the repertory linked to RADAR, the leading homoeopathic software. RADAR is a research and analysis program designed for homeopathic students and professionals. It enables homeopathic practitioners to quickly and easily find symptoms in the Repertory analyzing patient's cases and find the remedy that is indicated. The user can also browse through thousands of pages of data and find specific information within seconds. The RADAR program contains a fast search engine.

In order to make the world homoeopaths compatible with the changing time, RADAR comes out as compared as the most scientific solution in order to realize the versatility of computerization in homoeopathy.

Chapter: 5

Advantage of Synthesis Repertory over BTPB, Kent and BBCR:

Though Synthesis Repertory is based on Kent Repertory but it also included the information of BTPB, BBCR and other repertoires too. With the time every science has to be upgrade or if it does not happen then the future of that science will be definitely in dark. This is also true for homoeopathy after coming in exist; homoeopathy has under gone for many changes with the time. When Boenninghausen (father of repertory) wrote the BTPB no one could think that Repertory will go so far. It was the best repertory of that time after Boenninghausen, Dr Kent came with his repertory “Repertory of Homoeopathic Materia Medica” and so CM Boger with his BBCR. Today these three repertoires are known as basic repertoires or repertoires on which today’s repertoires are based.

Synthesis repertory is the result of these repertoires but it is based on Kent’s philosophy which is widely accepted. Synthesis repertory is most upgraded repertory in comparison to other repertoires. According to Boenninghausen “what is true to the part is also true to the whole of the person”, for this he had been very criticized by his contemporary fellows. In 1897 Dr Kent came with his repertory and said “man is prior to the organs.....man is the will and the understanding and the house which he lives in is his body”. He gave prime importance to mental generals, limited generalization and particulars are for finer differentiation. After short period Dr CM Boger came with BBCR in 1905 which plan and construction was based on Boenninghausen’s “Repertory of Antipsoric Medicine”. He was fully in agreement with the idea of what constitute a complete symptom, which is studied in relation to four factors, viz, location, sensation, modality and concomitant. He also gave importance to pathological generals according to this “Pathological Generals tells the state of the whole body and it’s changes in relation to the constitution. They help us to concentrate on more concrete changes to select the simillimum”. The chapter in his BBCR ‘sensation and complaints in general’ is the full of examples of pathological generals, which include discharges, structural alterations, constitutions, diathesis etc. Boger added a separate chapter on ‘fever’ and he also added concomitant and modality in almost all the chapters in the end. Synthesis repertory which came in exist in 1987 has included all these information which are available in these three basic repertoires. Synthesis repertory has much more medicines (2373- 9.1 version) in comparison to these three repertoires (BTPB, TF Allen’s edition- 342, Kent- 648 and in BBCR- 464 last edition).

In cases of URTI, Synthesis repertory has direct rubrics(clinical rubric) while Kent’s repertory, BBCR has some and BTPB has very few.

Chapter: 6

MAIN RUBRICS OF U.R.T.I. WITH THEIR MEDICINES

► IN SYNTHESIS REPERTORY

CHAPTER – NOSE

CORYZA: (*catarrh*)*Acon* acon-ac *Aesc* aeth agar agath-a *Aids* ail **All-c** all-s allox aloë alum alum-sil am-br *Am-c* *Am-m* **Ambr** ammc amp *Anac* anan *Androc* anis ant-c ant-t antho anthraq aphis apis *Apoc* aq-mar aran *Arg-met**Arg-n* arist-cl arn **Ars** *Ais-i* ars-met arum-m *Arum-t* **Arund** asaf *Asar* asc-t *Aspar* astac atp *Aur* aur-ar *Aur-m* aur-s *Aven* *Bad* *Bamb-a* bapt bar-c bar-m **Bell** bell-p *Benz-ac* *Berb* *Borx* bov *Brom* *Bry* bufo *Cact* cadm-s calad *Calc* calc-ar calc-f calc-p calc-s camph canth *Caps* *Carb-ac* *Carb-an***Carb-v** **Carbn-s** carc *Caust* *Cean* *ChamChel* *Chin* chinin-ar *Chlor* *Cic* cimx *Cina* *Cinnb* cist clem coc-c cocc coff *Colch* coloc con cop *Cor-r* cortiso croc crot-h crot-t cupr *Cycl* daph dig dros dulc eucal eug **Eup-per** euph **Euphr***Ferr* *Ferr-p* fl-ac *Gels* glon *Graph* guaj **Hep***Hydr* ign influ *Iod* ip *Jab* *Just* *Kali-ar* *Kali-bi* *Kali-c* *Kali-chl***Kali-i** kali-m kali-p *Kalm* *Lac-c* *Lach* *Luna* *Lyco* *Mag-c* *Mag-m* med **Merc***Merc-c* *Merc-i-f* *Mez* *Naja***Nat-ar***Nat-c* *Nat-m* *Nit-ac* nux-m **Nux-v***Osm* *Petr* *Ph-ac***Phos***Phyt* psor **Puls** **Rhus-t** rob *Rumx* *Sabad* *Samb* *Sang* sep **Sil***Spong* stann **Staph***Stict* sul-i **Sulph** syph tarent *Teucr* thuj tub zinc

- acute: aven influ pop-cand sapo

INFLAMMATION: (*catarrh; Discharge*)*acon* agar alum am-c *Apis* *Arn* *Ars* *Asaf* asar *Aur* aur-m *Bell* borx brom *Bry* cadm-s *Calc* cann-s *Canth* carb-ac carb-an *Caust* cist *Con* *Crot-h* dulc euphr *Ferr-pic* *Fl-ac* graph *Hep* *Hippoz* ip *Kali-i* **Lach** med *Merc* merc-c *Merc-i-r* *mez* *Nat-c* *Nat-m* *Nit-ac* nux-v **Phos** plb *Puls* rad-br ran-b *Rhus-t* samb *Sep* sil spong stann stict **Sulph** verat

- sinus (see sinuses; GENERALS – Inflammation – sinuses)

RHINITIS (see Inflammation)

SINUSITIS (see sinuses; GENERALS – Inflammation – sinuses)

CHAPTER – THROAT

INFLAMMATION:

- Pharynx(= pharyngitis) acon aesc allox *Alum* am-c ant-t *Apis* arg-met arg-n ars ars-i arum-m bap**t** bar-c bar-m bell brom bry calc canth caps carb-ac cinnm cortico crot-h dros **Hep** influ kali-bi kali-c kali-i *Lac-c* lach lyss med *Merc* merc-c nat-m nit-ac nux-v phos *Phyt* psor rhus-t sabad *Sil* sulph syph tub *Wye*
 - right: bar-c *Bell* guaj lyc mag-p merc merc-i-f nicc *Phyt* podo Sang *Sulph*
 - : extending to | left: lyc
 - left: brom crot-h lach sabad
 - : extending to | right: lac-c lach sabad
 - afternoon: lach
 - acute: *Acon Aesc apis arg-n arum-t Bell bry canth Caps caust cist ferr-p Gels Guaj Hep iod Just Kali-bikali-c kali-m lach led Merc merc-c naja nat-ar nat-i nux-v Phyt Sang Sil squil syph wye*
 - atrophic: sabal
 - bed agg; in: *Merc merc-i-f*
 - chronic: aesc alum am-br *Am-caust arg-i Arg-met Arg-n* ars arum-t aur bar-c bar-m brom *Calc calp-p cann-i carb-v caust cinnb cist coc-c elaps ferr-p Fl-ac graph Hep Hydr influ Iod Klai-bi kali-c Lac-c lach Lyc med Merc naja Nat-c Nat-m Nux-v ox-ac Petr phos *Phyt puls Rumx* sabad sabal Sang sec Sep *Sil* stann sulph sumb tab *Wye**
 - cold:
 - : agg: *Cist fl-ac hep Lyc*
 - : air:
 - : agg: sabad
 - : inspiration | amel : sang
 - : drinks | amel: apis
 - follicular: wye
 - acute: aesc apis bell caps *Ferr-p iod kali-bi Kali-m merc Phyt wye*

chronic: aesc *Alum* am-br *Arg-n* arn ars-i *Arum-t* calc-f calc-p caps caust cinnb cist dros *Hep Hydr* ign *Kali-bi* kali-m *Lach* nat-m nux-v phos *Phyt Sangin-n* stict sulph *Wye*

- gangrenous: caps
- herpetic: *Apis* ars borx hydr *Kali-bi* kali-chl lach merc-i-f nat-s *Phyt* sal-ac
- influenzal: parat-b
- menses; during: lac-c
- perspiration of feet; after suppressed: *Bar-c* psor sil
- pressure agg: lach merc-c
- rheumatic: acon bry colch guaj phyt rhus-t
- septic: am-c *Hep* kreos mur-ac *Sil*
- sleep agg: *Lach* lyc
- swallowing:
 - amel: gels Ign
 - empty | agg: *Bar-c* crot-h *Hep Just* lac-c *Lach Merc* merc-i-f phyt sabad
 - food:
 - agg: bapt merc morph
 - amel: Ign lach
 - liquids:
 - agg: bell bry ign Lach
 - amel: cist
 - not swallowing; when: caps ign
- sweet agg: spong
- talking agg: kali-i
- tubercular: merc-i-r
- warm:
 - : agg: coc-c iod lach *Merc*
 - : drinks:
 - : agg: *Lach* merc-i-f phyt
 - : amel: *Alum Ars calc-f Lyc* morph rhus-t sabad

PHARYNGITIS (see Inflammation – pharynx)

CHAPTER – LARYNX AND TRACHEA

INFLAMMATION:

- Trachea (= tracheitis): *Acon Ant-t Arg-met Arg-n am ars ars-i bar-c Bell Brom bry Calc canth caps Carb-vCaust cham chin cina con cupr dig dros Dulc euphr ferr Hep hyos ign Iod ip Kali-bi Kali-n Kreos lach Led lyc mag-c MangMerc mosch nat-c Nat-m Nit-ac nux-v petr ph-ac PhosPuls rhus-t Rumx sabad Samb Sang Seneg sep sil spig Spong squil Stann staph stram sul-i Sulph thuj verat zinc*

CHAPTER – CHEST

BRONCHITIS (see Inflammation –bronchial)

INFLAMMATION:

- Bronchial tubes (= bronchitis)
 - Acute: *Acon am-c ant-t ars ars-i asc-t Bell blatta Brom Bry Caust cham colch cop Dulc eup-per euphr Ferr-p gels Hep hyos Ip Klai-bi lob Merc nat-ar nit-ac Phos Puls rhus-t Rumx Sang Solid spong Squil stict sul-ac sulph thuj tub verat zinc*

CHAPTER - GENERALS

INFLAMMATION:

- Sinuses; of (=sinusitis): aids am-c ant-c arg-n ars ars-i aur aur-m bell berb *Calc calc-f calc-s carb-ac carc caust cinnb cor-r dulc elaps fl-ac Hep Hydr ign influ Kali-bi kali-c kali-i kali-n kali-s lac-c lob lyc mag-c mag-m med Merc nat-m nat-s nit-ac nux-v ozone Phos puls pyrog sep Sil spig stann Stict Sulph teucr thuj Trios*

INFLUENZA: *Acon aesc all-c ant-t apis arn ars ars-i aven bapta Bell Brom bry calc camph carb-ac carb-v caust cham chel chin Chinin-s cimic Cinnb cupr cycl dros dulc Eucal Eup-per euphr ferr-p Gels glon Graph influ iod ip kali-bi kali-c kali-s Kreos lach lyc menth Merc merc-c Nat-n nat-s Nat-sal Nux-v ozone phos phyt podo Psor puls pyrog rad-br Rhus-t rumx sabad Sang sanic seneg Sil spig spong stict stram Sulph Thymul Tub Verat wye.*

Chapter: 7

Commonly Used Medicine After Repertorization in cases of urti

- **Aconite-** Coryza caused by cold, dry winds; dry at first with violent headache, muscles sore all over body so that sneezing forces him to support chest. > by cool room and open air. Affections of larynx and bronchi > by when lying on back. laryngitis with inflammatory fever; larynx sensitive to touch and to inspired air, voice husky wants to cough but cannot; inhalation difficult and noisy.
- **Allium cepa** – Cough with coryza, acrid discharge from the nose, bland lachrymation. Smarting and redness of the eyes; cough < in the evening, at night and in warm room &> by open air and in cold room.
- **Arsenic album** – Fluent coryza, with frequent sneezing without relief; hoarseness and sleeplessness with swollen nose. Influenza in children with sudden onset and much prostration. Burning pain in larynx, increased by deglutition. < by cold night, juicy fruits.
- **Bryonia alba-** Coryza with shooting and aching in the forehead. Soreness in larynx and trachea. Hoarseness; worse in open air. Dry hacking cough from irritation in upper trachea, loosened only after much hawking; worse coming into warm room.
- **Kali-bi** – Chronic laryngitis with congestion, swelling of the tissues and increased secretion of a glutinous fluid, <morning, when the tough mucus nearly strangles him; follicular laryngitis, with ropy and stringy discharge. Hard barking cough starting from epigastrium. Cough <after eating or drinking; when undressing, morning on awaking; > after getting warm in bed; slight sore throat; pain at epigastrium; flatulence.
- **Natrum muriaticum-** Violent, fluent coryza, lasting from one to three days, then changing into stoppage of nose, making breathing difficult. Discharge thin and watery, like raw white of egg. Violent sneezing. Loss of smell and taste. Lachrymation, burning and acrid. Throbs. Blinding headache. Frontal sinus inflammation.
- **Phosphorus-** Chronic catarrh, with small haemorrhages. Polypi; bleeding easily. Dryness in pharynx and fauces. Hoarseness; worse evening. Larynx very painful, cannot talk on account of pain in larynx. Inflammation of the respiratory tract.

- **Sulphur-** Chronic dry catarrh; dry scabs and readily bleeding. In throat there is burning, redness and dryness. Aphonia. Imaginary foul smells.
- **Sepia-** chronic nasal catarrh, especially post-nasal, dropping of heavy, lumpy discharges; must be hawked through the mouth. Thick, greenish discharges. Cough excited by tickling in larynx or chest. Worse; forenoon and evening, washing, laundry work, dampness.

Chapter: 8

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