

# How Like Cures Like

By: [Clark M. Thomas](#)

© December 26, 2023

## Abstract

Relationships among species exist within our entire biosphere, best envisioned as a system of systems. Human bodies appear to bacteria and viruses as nutrients. We humans prefer to minimize visceral microscopic predators. Synergies among the very small and the large help determine the fate of entire species. Webs with multiple size dimensions host many “like-cures-like” events.

The inspiration for this essay may seem like something out of a *Dr. House* TV script. His special skill was linking seemingly random data to yield a challenging patient’s cure, or at least to find a better medical understanding.

Last spring I developed what seemed to be a “typical head cold,” also with a seemingly different type of post-nasal drip that yielded a creamy-colored, viscous phlegm in my trachea. My typical cold symptoms soon left, but the phlegm persisted. It was never large in volume, but accumulated about two times per hour, which I spat out; and there was no fever or trachea pain.

The symptoms I had last spring, and developed this fall with another typical virus, never matched the [common symptoms associated with the current COVID variants](#).

I initially hypothesized this chronic irritation was just another level of my emerging nasal allergies, or maybe something to do with seasonal pollen. Now I am starting to think otherwise.

The ragweed pollen season came and faded, but my new phlegm persisted, and did not change in quality or quantity. I was thinking next that the “new allergy” was to something in my home. However, because nothing has changed over the past year within my home and general environment, my new thinking demanded a better root theory for the persistent novelty.

About three weeks ago I developed a second “typical” head cold, with typical symptoms and no fever. It lasted just over a week until my body’s immunity identified and dealt with the new challenge. People commonly get about three cold infections annually from any of [more than 200 “cold” viruses](#), in addition to fewer, but more serious, challenges from other viruses and bacteria. In most cases our natural immunity can identify and *fully* deal with all these threats after some degree of discomfort.

My fall cold symptoms were on top of the ongoing phlegm, and didn’t seem different from the first virus several months earlier. The second cold this time didn’t appear to be connected to my recent medical past – but then I had my eureka experience:

*When this recent cold was finished I noticed that my chronic spring phlegm also had just disappeared. The only thing left was an occasional stuffy nose, which does not yield this particular phlegm signature. I also felt more overall vitality for the first time in months.* Next is the weird datum that allowed me to envision the partially occult pathology path:

I have for ten years lived with two charming and lively small chihuahuas. One of them, long-haired and blonde Peaches, also developed a very similar tracheal phlegm when I developed my own chronic tracheal phlegm. I initially hypothesized that a new pollen allergy was affecting her too, which would be unusual. The other chihuahua never developed any such phlegm.

*Amazingly, exactly when my subsequent fall cold was conquered only by my cellular and humoral immune system, I noticed that my spring-afflicted Peaches concurrently had no more of her very similar long-term phlegm.*

In the realm of possibility alone we can suspect that what happened to both of us was just another *post hoc, ergo propter hoc* (after this, because of this) coincidence, and not causal. Possibly it was – but in the realistic realm of *likely probability* equal simultaneous months of very similar phlegmy symptoms, followed by simultaneous and complete remission inside both of our species, requires new paradigm questions and new answers.

There is [recent scientific news that may support similar causal relationships for other post-acute “long” viral diseases](#). We may herein have uncovered more avenues to experimentally approach the goal of major amelioration among multiple “long” variants, especially long COVID.

The history of medicine, and even older traditional healing wisdom, has much to offer with the model of ***like healing like***. Aligned with this model is the critical idea of a ***healing crisis***. Note that ***viral infections can travel through the air in both directions, and so could viral cures***. All three ideas may thus apply to what we are discussing here.

English Dr. Edward Jenner in 1796 noticed that common cow milkmaids were immune to terrible smallpox. He observed that they got mild cowpox from cow udders, but never smallpox. He tested himself and others with a tiny amount of their cowpox infection scratched into the skin; and the rest is amazing history. Interestingly, the word *vaccine* comes from the Latin for cow.

The goal of this anecdotal essay is to inspire novel research for ameliorating viral long syndromes. Because a few of the viral strains for some common colds are related to the COVID disease variants, post-acute immune cells and humoral elements from related virus attacks could be identified and nasally administered.

Most viral pathogens are not part of the COVID family, so it is important to experimentally determine if other *natural immunities* could also defeat long cold and COVID symptoms. This type of study is well within current medical laboratory capabilities.

It is likely not necessary that each cold bug be identical, just for it to be from the same viral family. Other family experiments could be aimed at [long COVID symptoms; and even at less-severe long flu](#). Successful like-cures-like protocols for one group of viral pathogens should equally work with others.

The best result would be to develop commercial nasal sprays with critical “post healing crisis” humoral components for multiple variants.

**The key idea** in all protocols is that we hypothesize the initial victim’s disease has *not totally disappeared* from all parts of his or her “long” symptomatic body – and that resolution by way of introduced *fully immune components* from recovered donors could provide an elegant example of “like cures like” by restarting and redirecting each long sufferer’s own compromised immune system.

Not only dogs and humans share nasty flu bugs. One origin theory has humans in 1917 being infected with the later-named Spanish Flu after that new H1N1 variant passed through pigs (originally from infected birds) on a Kansas hog farm, and then made its way to a nearby military camp. Here may be a classic example of viruses moving from birds to pigs, and then modified and potentized within tasty swine to efficiently infect all humans.

A thesis from 2006 presents [additional origin stories](#) in its fourth chapter for the so-called Spanish Flu. One path has a European origin directly from birds, without pigs. Whatever the first path, killer flu had more than one wave. The worst wave early in 1918 was most likely just another mutation only among humans. Many victims quickly perished from an exaggerated immune response deep inside their lungs, a *cytokine storm*.

The only good thing to come out of that 1917-1919 WWI viral horror period is how things got so bad in the trenches that both sides found the virus harder to fight than their hostile neighbors, possibly saving millions of lives from a longer war.

On the other hand, *President Woodrow Wilson likely contracted the so-called Spanish Flu while attending surrender treaty talks among victors in France. Wilson's mediating weakness* opened the door for an orgy of revenge aimed at all the Germans, shaped by the flawed Treaty of Versailles. That grievances treaty ignited WWII, launched by every dictator's favorite dictator, Adolf Hitler. America's 1945 atomic obliteration of Hiroshima and Nagasaki at the end of WWII, with so many civilian casualties, only increased the probability of a hellish global thermonuclear WWIII, sooner rather than later.

Wilson wanted WWI to be "the war to end all wars." He was premature, because WWIII will be that war, when nearly all humans (if not all) perish at our own psychotic hands. [Einstein was right when he said:](#) "I know not with what weapons World War III will be fought, but World War IV will be fought with sticks and stones."

It's hard to decide which is the greater irony: The theoretical founder of nuclear weapons talking about avoiding nuclear wars; or a very tiny flu virus critically weakening the one person who might have transformed WWI into the actual war to end all wars.