

Case Management and Clinical Outcomes from the Perspective of Evidence-Based Medicine of the Homeopathic Treatment of Patients with Pneumonia

**American Institute of Homeopathy
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Introduction

Four percent of Americans and 7% of the world population will die from pneumonia.

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.

This doesn't need to be so, as even the most severe cases of pneumonia recover their health quickly and gently under homeopathic treatment.

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In fact, no one should die from pneumonia under genuine homeopathic treatment, regardless of the severity of the condition or state of the patient.

In a recent review of the literature on the outcome of the treatment of pneumonia with conventional medicine and homeopathy, it was found that homeopathy offers the safest and best outcomes ever demonstrated by any system of medicine for patients with pneumonia

and therefore would receive from the perspective of evidence-based medicine the highest possible recommendation of any intervention for these patients (1A/strong recommendation with high-quality evidence).

As an example, let's now look at the outcomes in patients with pneumonia before and after the introduction of antibiotics.

Pay attention, as we will here compare five different groups: 1) Pre-antibiotic allopathy (PAA) (the statistics are here limited to community-acquired pneumonia, as the mortality is disproportionately high with health-care-acquired pneumonia), 2) Expectancy, 3)

Current conventional care (CCC), 4) Homeotherapeutics and 5) Hahnemannian homeopathy.

Expectancy, or the expectant method, means that patients are not given any medication or submitted to any “active” treatment, such as bleeding, cauterization, or cupping, but are cared for with diet and hygienic measures.

Statistics from these outcomes show that:

Treatment	Number of Patients	Number of Recoveries	Survival Rate (%)	Number of Deaths	Mortality Rate (%)
PAA	148,345	112,272	75.7	36,073	24.3
Expectancy	379	299	78.8	80	21.1
CCC	33,148	28,607	86.3	4,541	13.7
Homeotherapeutics	25,216	24,350	96.6	866	3.4
Hahnemannian Homeopathy	960	956	99.6	4	0.4
Hydrotherapy	568	559	98.4	9	1.6

If we now examine the treatment effect odds ratio, we realize how enormous it is with genuine Hahnemannian, as the odds of *surviving* CAP were 3 to 1 with PAA,

are today 6 to 1 with CCC,

28 to 1 when we average the outcomes from all the ways of practicing homeopathy (homeotherapeutics),

but with genuine Hahnemannian homeopathy they are 239 to 1.

This means that out of every 100 cases with pneumonia, genuine Hahnemannian homeopathy saved 24 more lives than PAA, would *today* save 13 more lives than

CCC, and saves three more lives than the overall average from all the ways of practicing homeopathy (homeotherapeutics).

Let's now take a moment to imagine the difference that genuine homeopathy would make if it were offered to every patient with pneumonia. Almost immediately there would be a huge decline in the number of people dying from pneumonia.

To make it more concrete, if genuine homeopathy had been universally used in the U.S. in 1920, when the population was 106 million and the mortality from the combined effects of influenza and pneumonia (CIP) was estimated to be 207 per 100,000, it would have saved 206,590 lives in that one year.¹

Pneumonia is still a major cause of morbidity and mortality even in developed countries.

In the United States for example, it is the leading cause of death due to infectious diseases, and the *age-adjusted* annual mortality for CIP has been steadily rising over the last few decades.

One in 25 Americans dies from pneumonia.

Close to 98% of people who die from influenza die from pneumonia. This is the reason that in the statistics of the US Census Bureau and the CDC you will find that deaths from pneumonia and influenza are combined together.

A question that often comes up is: Can homeopathy prevent patients from developing pneumonia once they have contracted the flu?

In fact, during the 1918-1919 influenza pandemic (NIP) much fewer pregnant women with the flu developed pneumonia under homeopathy. This was an important aspect of the NIP as the mortality in pregnant women with influenza was the highest at 30%.

If we compared the outcomes of the four allopathic with the five homeopathic reports, we find:

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
Allopathic	1,561	1,093	51% (717 out of 1,410)	468	30%
Homeopathic	2,848	2,827	5.7% (161 out of 2,832)	21	0.7%

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 pneumonia.

What message is implied in the above title?

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

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

First, all the symptoms that made their appearance since the onset of pneumonia must first be gathered. Here we are talking about chills, temperature, sweat, pain, cough, sputum, respiration, energy, complexion, thirst, appetite, taste, 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. I will address few more words on this subject later.

For patients with difficult cases, the advent of pneumonia tends to be an excellent way to make a breakthrough in their chronic case and can often help to find their chronic remedy

The acute state of pneumonia can be seen as an acute crisis, or a healing crisis, which is the ideal time to begin to set a patient well in they suffer from a serious disease, such as cancer.

Incidentally, the concept of constitutional remedy for identifying the chronic remedy needed by a person is a wrong concept, as all prescriptions, acute and chronic are based on constitutional symptoms, such as moods, dispositions, sensitivity, energy, appetite, thirst, sleep, feeling warm or cold, etc.

Case analysis

Here you must ask yourself the question: "What is most peculiar in this case with 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.

I have treated over the years close to 200 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, Ipecac, Chelidonium and Ferrum phosphoricum.

The other remedies that have been less often indicated in a descending order of frequency are Carbo vegetabilis, 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.

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 indication 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.

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 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 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 and continue unto a 10 M potency. Rarely a 50 M will be needed to complete the course of treatment.

The remedy is usually administered in water, a teaspoon per dose, and the water is stirred 20 or more times before each dose, and depending on the severity and ascendency of the disease, it could be given every 10, 20, 30 or 60 minutes.

Follow-up should be done within an hour in the more severe cases and in a few hours in less severe cases, preferably than the next morning, as exacerbations can occur during sleep.

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.

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 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- Pain
- 5- Energy
- 6- Coughing
- 7- Expectoration
- 8- 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.

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.

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 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
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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 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.

Prognosis of the homeopathic treatment of the patient with pneumonia

A rapid and complete recovery of health and without side-effects should be expected in 100% of cases of pneumonia under homeopathic treatment of patients, 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.

The patient should begin to improve soon after taking the remedy 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.

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. (Ruuskanen, Olli, et al. "Viral pneumonia." *The Lancet* 377.9773 (2011): 1264-1275. And Kabra, Sushil K., Rakesh Lodha, and Ravindra M. Pandey. "Antibiotics for community- acquired pneumonia in children." *The Cochrane Library* (2010))

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.

Caricature

And the last word is again for our eternal Samuel Hahnemann:

When we have to do with an art whose nature is the saving of life, *negligence in learning is a crime.*

The three cases mentioned during the webinar

December 3, 1992: In the middle of a seminar in Costa Rica I received an emergency phone call around 11 A.M from a doctor in Saskatoon, Canada. His 2-year-old son, Izra, started to be sick six days ago and on the third day he was hospitalized in view that his respiratory rate had reached 60 per minute. Strangely enough, at that time he had more energy than usual, good color and absence of fever. He was diagnosed with right upper lobe pneumonia. In spite of the fact that the bacterial cultures were negative, he was put on antibiotics following which he developed a diarrhea. He has slowly deteriorated since. His respiratory rate slowly climbed to 90 and stayed like this for the last 3 1/2 days. He has become completely lethargic since yesterday. Last evening he developed for the first time a fever. He has started to show signs of exhaustion. The child was put in an

oxygen tent. He is pale and almost lifeless. The parents were told to expect the worst. The father described his son as a good boy who had an excellent health until now. He is a chubby boy with an aversion to be covered at night; he usually desires onions and vegetables. He has a history of diarrhea, anal rash, rough rosy cheeks and irritability during dentition.

The father drove 200 km to obtain the remedy. The child received the remedy at 1:45 P.M. The father reported at 3:45 P.M. He said that quickly after the remedy his son fell asleep and his respiratory rate started to drop to 50-55, his cheeks became rosy and the temperature dropped to normal. I didn't hear anymore from the father until three weeks later I received a large box in the mail with Christmas presents for my family from this doctor to thank me for my services. His son recovered very quickly after the remedy and remained well after that single dose of Calcarea carbonica 10 M.

Let me now tell you about this AIDS patient who was dying of cryptococcal meningitis:

An Acute Case of Cryptococcal Meningitis in an AIDS Patient November 3, 1987:

In the fall of 1986, P.D., a 37-year old homosexual male, consulted his family physician for a persistent dry cough of 10 months duration. Oral antibiotics were prescribed. P.D. then developed a persistent diarrhea with continuous and debilitating pain in the left hypochondria. Various medications were prescribed to no avail.

By February 1987, P.D. had lost 13 pounds and he was found to be HIV positive. During the summer of 1987, he complained of a recurring sore throat, cough, fever and night sweats which were particularly profuse from the knees down (Croc., Ars., Merc., Nit-ac., Thuj.). He developed a severe case of oropharyngeal thrush with a hairy tongue. He continued to slowly deteriorate with more fever, sweats, sore throat, exhaustion, further loss of weight in spite of consulting with two AIDS specialists, one naturopathic physician and a Chinese herbalist. In mid-September he developed a strep infection. After a new course of antibiotics, he developed an allergic rash. Two weeks later, he is hospitalized with pneumocystis carinii pneumonia (PCP).

Septra, an antibiotic, was given IV around the clock. A long series of adverse reactions to medication followed. Two weeks later (now mid-October), he is released having somewhat recovered from the pneumonia. During his last 2 days in the hospital he had started to experience heaviness of the head with aching of the eyes. Three days after his

release, P.D. was readmitted for acute cryptococcal meningitis, a very insidious and often fatal form of meningitis. Amphotericin B was given IV in high doses around the clock. Another antibiotic, flucytosine was given orally. Lastly, 100 mg of prednisone was added to the IV antibiotics to counteract the severe adverse effects of antibiotic therapy which P.D. experienced as severe headaches, nausea, vomiting, cramps, spasms, fever, photophobia and general weakness. P.D.'s condition further deteriorated in the following week. He was vomiting several times a day, a green-brownish vomitus and developed pitting edema in both legs with persistent kidney pains (One of the most serious adverse effects of amphotericin B is kidney failure). His liver was enlarged and tender. His hemoglobin is 6.0 and potassium 2.7 mmol/L (N: 3.5.-5). The general pains are so severe that morphine was administered and the physicians advise the family and friends that P.D. was not responding to the therapy and to expect the worst.

Late in the evening of November 3, I received a phone call from P.D.'s friend asking if homeopathy could help at this time. I take P.D.'s case on the phone. Here were the characteristic symptoms described by his friend: He was semi-conscious with incoherent speech, extreme weakness with great restlessness and fear of dying. He desired company and he had cracked lips, extreme sensitivity to light and the slightest noise, especially voices.

Ass.: Prognosis is fair to good because the remedy is so well indicated.

Plan: Arsenicum album 30 C, every two hours.

November 4:

The first dose of the remedy was given at 1 p.m. during complete unconsciousness. Fifteen minutes later he is said to have smiled. Soon after, his overall condition improves dramatically.

November 5:

He is hungry and eats his first 3 meals in 6 weeks to the total amazement of the "assisting" medical staff.

November 8:

His general condition continued to improve until this morning. Now he is experiencing

the following characteristic symptoms: dryness of the tongue with loss of taste worse on waking, burning soles, painless diarrhea early in the morning and burning itching hemorrhoids. The pain in the kidneys and liver and the edema of the lower extremities are still unchanged.

Ass.: We now have a change of picture. Sulphur is here clearly indicated.

Plan: Sulphur 30 C, three times a day.

November 11:

His general condition continues to improve until this morning. He is relapsing into the first state, i.e.: great weakness with restlessness and fear of death.

Ass.: Relapse of the first stage.

Plan: Arsenicum album 200 C, every four hours.

Later that day, I am able for the first time to talk directly to the patient on the phone. I suggest that the best chance for him to recover, not only from the present condition but also from the chronic disease of general immune deficiency, is to first stop the steroids and later the antibiotics and to leave the hospital. P.D. is very reticent to stop the drugs but with the encouragement of his friend he agrees. So, on the evening of November 11, the steroids are stopped.

November 12:

P.D. now experiences the severe side effects of the antibiotics which had been checked by the steroids. The symptoms are great chills with very high fever worse from slight uncovering and from motion, very nervous and irritable from any external impression and he wants to be alone. Potassium: 3.0 mmol/L.

Ass.: We have a change of picture clearly indicating Nux vomica.

Plan: Nux vomica 200 C, every two hours.

His general condition improves further; he eats and smiles. The doctors and nurses are rather puzzled at the changes and think that the antibiotics are working after all. The infectious disease specialists are still pressing P.D. to take the oral antibiotic flucytosine that P.D. had previously asked to be stopped. P.D. refuses.

November 14:

Serum potassium is now 3.5 and the hemoglobin up to 8.7.

November 16:

The symptom picture has again changed: he has profuse night sweats, sleeplessness, loss of appetite, and burning/itching hemorrhoids.

Plan: Sulphur 30 C, three times a day.

November 17:

He feels better and informs his doctors that he wants to leave the hospital within a few days. The night sweats have stopped and the appetite has returned. The serum potassium is now normal at 4.2 mmol/L. By the evening, the symptomatology changes: he has a high fever with aversion to uncovering, thirstless during the heat and perspiration of the left side of the body only.

Ass.: We have a clear picture of Pulsatilla.

Plan: Pulsatilla 30 C, every four hours.

November 18:

He feels better again. A lumbar puncture (LP) is performed to assess the state of the CNS infection. The cryptococcus is still present in the spinal fluid. His hemoglobin is now 9.0. P.D.'s state is stable but he suffers from severe headaches (since the LP), which are better by stooping.

Ass.: I interpreted the symptom in the repertory of headaches worse tapping on spine as headaches from tapping the spine.

Plan: Cina 30 C, every two hours.

November 20:

The headaches stay unchanged after the last prescription. P.D. stops the antibiotics against all medical advice. He still had 4 more weeks of IV antibiotic therapy to complete.

November 21:

This morning, P.D. leaves the hospital. He is told that, without a doubt, the meningitis will become fulminant and that he will die within a few days if he does not resume the antibiotherapies. By 11 a.m. the symptoms of meningitis are returning rapidly: heaviness around the eyes, rigidity of the neck, headache which is worse from flexion, sensitivity to light and slight noise especially voices, very irritable worse if spoken to, chilliness, restlessness, incoherent speech and great weakness. He does not drink but often wets his cracked lips with warm water.

Plan: Arsenicum album 30 C, every two hours.

Two hours later his general condition improves again. He continues to improve until the morning of November 25 at which time he experiences a mild relapse.

Ass.: Same picture but relapsing.

Plan: Arsenicum album 200 C, every two hours.

He started to smile 5 minutes after receiving the first dose and within 10 minutes fell asleep for 45 minutes. His energy is much better and most of the symptoms are much less. By 7 p.m. he is experiencing a relapse again: heaviness of the head which is worse walking, eye pain worse looking upward, irritability and desire for salt and sweets.

Plan: Sulphur 30 C, every two hours.

November 27:

Within 15 minutes after the first dose, his energy picked up, he got up, smiled and went to the refrigerator as if everything was normal. On the morning of November 27, he was feeling good enough to have his chronic case taken on the phone. He describes himself as a loner, a shy and introverted person who prefers to be by himself. He worries about the future and disease (2), especially about contagious diseases (2). All his life he has had fear of microbes. He is fastidious about cleanliness (3) and conscientious about trifles (2). He has vertigo in high places (1) and has fear of the dark (2), death, narrow places and of public speaking (2). He dwells on past disagreeable occurrence. He is chilly (2) worse cold room. He desires farinaceous (2), meat (2), salt (2) and garlic. His face and back are oily and he has tendency for hangnails.

Ass.: No clear differentials but the closest remedy looks like Natrum muriaticum.

Plan: Natrum muriaticum 30 C one dose.

November 29:

Within one hour his energy picked up and the overall picture improved. He continued to improve until the morning of November 29. He wakes up almost in a state of stupor, with great heaviness of the head, very irritable, frowning, melancholic, talks about his homeland, very slow to answer (3), aversion to company, reproaches himself, thirsty for cool drinks and has the sensation of a hair in the throat on swallowing.

Ass.: He has a relapse of the meningitis with a clear picture for Helleborus.

Plan: Helleborus 30 C, every hour and then as needed.

December 10:

His energy soon returns, the stupor disappears, the appetite returns and he starts to read and be active. An eczematous eruption has appeared on the leg, a symptom which he has had for the past 3 years until about 10 months ago. He took the remedy about three times a day and continued to improve until December 10. Coryza after eating, heat of the face with coryza, throbbing headache on stooping and desire for meat and fat.

Ass.: A clear change of picture.

Plan: Nux vomica 200 C, every six hours.

December 16:

He improved until today. He now experiences pain at the root of the nose, dryness of the throat on waking and expired air feels hot (3).

Plan: Kali bichromicum 30 C, three times a day.

December 27:

By now, he is well recovered.

Plan: Stop the Kali bichromicum and wait.

December 30:

He is very chilly (3), irritable when questioned (3), and has despair of ~~recovery~~ recovery (3), fear of death (3), but desires to be alone (3).

Plan: Nux vomica 1 M, one dose.

On January 12, 1988:

I meet P.D. for the first time. The eczema has now erupted in both external ear canals and has spread to the left leg. He has been chilly in the last 2 weeks on the left side of his body only (3), heat after eating (2) and great loss of hair (3). I further investigate his chronic case now that he is more coherent. He has never felt normal, has felt different and excluded, conscientious about trifles (3), chronic worrier, very self conscious, anticipation (3) and lack of self confidence (3). He hates himself. He is uncomfortable in the presence of others from being constantly humiliated and diminished since early childhood by his father. He was told repeatedly that he was good for nothing. He hated his father until a few years ago when he died. He suppresses his anger and refuses consolation. Since the age of 3, he has had diarrhea with tympanic distension every day before going to school or when anxious.

Plan: Lycopodium 6 C, four times a day.

January. 27 1988:

P.D. feels much better overall. He feels more normal. Within a week of taking the last remedy, he felt less anxious, less irritable, much less obsessed about trifles and stronger. He feels warmer and now desires the open air. Hair falling is less with itchiness and offensive discharge from the scalp. The eczema has now spread upwards to the waist. The serology shows the sedimentation rate at 55 mm/h, the hemoglobin at 10.7 and the liver enzymes are normal for the first time in months.

Plan: Lycopodium 6 C, four times a day.

February 9, 1988:

He feels "normal." He feels strong. The mind is clearer. He is less irritable and more self-confident. The scalp and the eczema is worse. He desires open air (3).

Plan: Lycopodium 6 C, four times a day.

February 18, 1988:

He is relapsing. He has difficulty to think, "when I want to think about something the mind goes around it and goes nowhere, I can't focus the mind, the mind is stationary, I can't read or concentrate," staring for hours, throbbing headache, body feels heavy and the eczema is less.

Ass.: He has a relapse of the meningitis.

Plan: Helleborus 30 C, every two hours.

February 22, 1988:

He recovered quickly and was better until this morning. Now he can't open the eyes, with great exhaustion and depression that is worse 3-6 p.m.

Ass.: A change of picture.

Plan: Gelsemium 30 C, three times a day.

February 24, 1988:

There is no change. Now, he has a sore throat that is worse on the right side, he desires sweets and he was irritable on waking.

Plan: Lycopodium 12 C, twice a day.

March 8, 1988:

He improved progressively. His energy is much better by walking in the open air and he is weaker in a warm room. He is starting to feel a state of depression which he has had since his early twenties. He feels suicidal (by poisoning). He is angry and breaks things. His hemoglobin is up to 11.3.

Plan: Lycopodium 12 C, three times a day.

March 18, 1988:

He feels much better. The depression has lifted and the mind is very clear. His appetite and energy are very good. The eczema is worse, it has now spread to the face. The hair falling is 50% better. Serology of March 10: hemoglobin: 11.4 and ESR: 58.

Plan: Lycopodium 12 C, three times a day.

April 5, 1988:

He is feeling pretty good mentally and emotionally. "It seems this remedy provides me clarity. I can think and express myself better." The concentration is good; he can read straight for up to two hours. His energy is almost normal, about 8 out of 10, the best in over one year. He goes out for long walks three times a day and enjoys it. He does one hour of weight lifting every other day. In general all the symptoms are better except for the eczema which has spread upwards from the legs, to the abdomen and chest, then to the neck and face. The face is totally covered by the rash which is very itchy and is worse from undressing and the warmth of the bed. He demands some relief of the itchiness as it is also preventing from sleeping. He has had a watery coryza in the morning for the past 18 days. He has been feeling warmer.

Plan: Sulphur 12 C, twice a day.

April 13:

The rash and the itchiness are much worse since the last remedy. The head is now affected and there is much dandruff. He feels also much warmer with flushes of heat and night sweats inside the thighs and behind the knees (2). The sleep is less because of the itchiness and he feels more tired.

Plan: Sulphur 12 C, twice a day.

April 21:

The rash and itchiness are decreasing. The dandruff is the same with thick brownish scales. He is sleeping 8 hours straight without waking. He had night sweats only last night in the lower back and the legs (between the knees and ankles). The energy is better. He feels good and steady emotionally. He has less flushes of heat. The coryza is unchanged. He was tested this week for syphilis and was seropositive for active infection. He contacted syphilis 10 years ago at which time he had a chancre on the penis.

Plan: Sulphur 12 C, twice a day.

Contrary to my advice, P.D. goes to Japan and stops homeopathic treatment. He returns

three months later with another PCP. He decides to go back on antibiotics (he was told that these were “better ones”). In late October, I am asked to consult with him for the first time since last April. I visit him in a hospice. His energy is very low. I obtain almost no symptoms from him and find that I am unable to help him. He regresses further. Soon after he develops another cryptococcal meningitis. This time, the symptoms are less clear and he responds poorly. In December, while I am away, he dies in the hospice.

Conclusion: What would have happened if he had continued his homeopathic treatment? I can't say. What we know is that we treated probably one of the worst cases of compromised immunity in this patient with a full blown case of AIDS, pneumocystic carinii pneumonia, cryptococcal meningitis, syphilis, high doses of very toxic antibiotics and antifungal drugs, high doses of steroids and lastly morphine. The patient is comatose with liver and renal failure and the question is, “Can homeopathy help?” The answer is that with pure homeopathy this patient was recovering his health quickly until he interrupted his treatment.

Finally let me finish with a case I treated this year.

An Unusually Difficult Case with Pneumonia

When Dr. Susanne Satzman, the editor of the AJHM, asked me last November for a case or two of patients with pneumonia, I responded that I would try to write up the next interesting case that I would see. In December, I had two cases presenting symptoms of pneumonia but none had any radio-imaging examination to confirm the diagnosis. However, the third case that came around happened to be a very interesting one from the degree of difficulty it presented and the many clinical lessons that it carried with it. I therefore took the opportunity to write up this case that happened to be one of the most difficult cases of pneumonia I had to care for.

M.P. is a 71-year old writer who began homeopathic treatment under my care in September 1997 with the following chief complaints: “insanity,” manic depressive disorder, emotional instability, joint and muscle pain, tiredness, headaches, asthma, pollen and mold allergies and general hypersensitivity to many foods and chemicals. She had been diagnosed by psychiatrists with having cyclothymia, borderline personality and schizophrenia.

She described her main problem as having “insanity related to hormones. When the

estrogen is high I become violent. I scream, run away, cry for no reason, become restless (I must climb trees) and violently angry. I have always been emotionally unstable. I was a problem child. I started to see a social worker at 10 years old. I never got along with my peers. I was very small and had very good grades. There was a lot of abuse both at home and in school. I was accused to be alive, of being smart, obese, etc. I am a born victim. I am guilty no matter what is the accusation. My father was very violent and unpredictable. He had been beaten by his own father. Both were very violent alcoholic men. One minute he was beautiful, loving, compassionate, the other minute he was violent, angry full of rage. It is also me. When I am angry I want to break, to destroy, screaming until I am hoarse. It helps. Then I become self destructive, burning myself, beating myself, pounding myself with a hammer, rage and destruction. The first time I attempted suicide I swallowed over 50 aspirins to avoid milking the cow. I was send to being pumped in the hospital and was woken up the next morning by my mother to go milk the cow. I often break dishes but I can't hurt somebody else. It feels good to break things. Now I walk to the river and madly climb trees. This madness is worse when I am hungry, as when supper is delayed. Hunger is my worst enemy. When that anger comes I can't think to eat but often if I do eat I start to feel better within seconds and all is better within 5 minutes and then I relapse within 2-3 hours."

In a more poetic way she described her case as "the woman who could take the tiger by the tail and the tiger was in trouble."

As a kid and teenager she would use all kinds of chemicals to get away from this state of "insanity," such as nail polish remover, gasoline, insecticides, etc. She was put on Librium and Stelazine at 15 years old. She was institutionalized for the first of several times at 18 years old. She had been taking 5-15 mg of an antipsychotic drug Loxitane (loxapine) since 1976, 200 mg of acetazolamide since 1990, which is a diuretic and anticonvulsant drug that was prescribed in to increase the effect of psychotropic drugs by increasing the oxygen in the brain, and estriol since 1996. She is taking allergy serums on a daily basis. She has been in psychotherapy "forever."

Within the first two years of homeopathic treatment, she had stopped all her prescribed drugs, hormones and serums. In September 2003, that is six years after beginning homeopathic treatment, she had become mostly free from her major complaints but remained under treatment for tardive dyskinesia, tinnitus, cracked skin of her feet,

occasional hemorrhoids or asthma, injuries, acute infections, reactions to certain spices, tick bites, etc. Throughout these years she remained hypersensitive to homeopathic remedies, and in order to avoid untoward aggravation from a 10 M Fincke potency she would have to take one drop from the fiftieth one-liter jar serial dilution.

In April 2011, she experienced a major grief when she lost her husband, who had been her daily companion for the last 45 years. In September 2015, she reported minor smears of blood on the toilet paper, which I didn't pay too much attention because of her history of hemorrhoids. In April 2016, she reported increasing tiredness and SOB. I requested some laboratory exams, which showed mild anemia (Hg: 10.6) and a positive guaiac test. I found out that she had been drinking up to 15 cups of herbal tea a day for years, which was sweetened with stevia. I calculated that she was consuming about 2 ounces or 57 grams of stevia a week, while the maximum safe consumption level of stevia is established at 4 mg/kg/d. She had been consuming 29 times the maximum recommended safe level. One of the dangers of high consumption of stevia is that it is transformed by microorganisms in the gut into steviol, which is mutagenic compound. I requested that she consults her local MD for investigation of the bleeding and the anemia. It took her about 4-5 weeks to completely stop the stevia and the bleeding stopped. She was referred to a gastroenterologist and upper and lower GI exams showed mild gastritis, a small sliding hiatus hernia, two colorectal polyps and internal hemorrhoids. Stomach biopsies were negative for cancer.

In early June 2016, she began to have profuse night sweats that smelled like cat urine. From the totality of her presenting symptoms, she was prescribed *Nitricum acidum*, which greatly improved all her symptoms including the SOB and the profuse night sweats. In the later part of August, she reported that she had noticed a lymph node in her right groin a couple months ago that she had not reported and two new nodes had appeared in the last two weeks in her left groin. A re-exam of her blood work showed a worsening of the anemia (Hg: 10.1). She was requested to see her local MD for more exams. A CT scan of the abdomen and pelvis revealed extensive lymphadenopathy in her abdomen, pelvis and retroperitoneum. There was a complex renal cyst for which a MRI was recommended. There was lytic lesion in her right iliac bone for which a MRI was also recommended. She had mild left-sided hydronephrosis which may be secondary to the retroperitoneum lymphadenopathy. One of inguinal lymph nodes was excised for biopsy. She was diagnosed in early October with stage III-IV B-cell non-

Hodgkin lymphoma. A PET scan that was done a couple of weeks later showed PET avid bilateral axillary and subpectoral lymphadenopathy as well as moderate metabolic activity in her left trapezius muscle and an hypermetabolic nodule adjacent to the left infraspinatus muscle. She decided to postpone conventional treatment and continued homeopathic treatment, as long as she would continue to see improvement—she had been taking Nitric acid in ascending potency for energy, recurring night sweats, itchiness and a cough, which were mostly gone by early November when she reported no new lumps had appeared for a while. By then the anemia had slightly improved (Hg: 10.9).

On January 3, 2017 just as she was leaving to drive from Michigan to Florida she reported that she had “caught a virus” and was feeling miserable. “All is worse.” She reported great tiredness, SOB and constipation, and a nasty cough. She denied feeling feverish. The cough was worse eating, laughing, entering a warm room, exertion, changing position (2), and on first lying down (2). The night sweats were minimal. She was prescribed Conium 30 C at 10 PM (this was the only potency she could get that evening). She repeated the remedy in the morning when she reported feeling much better energy and 50-70% less coughing. The lumps felt smaller, but she had more night sweats. She had five normal bowel movements that morning. She then left for Florida late on the afternoon on January 4. She had made arrangement to pick up Conium 200 C and 1 M on her way driving south.

January 8: When she arrived in Florida last night, she felt completely exhausted and with pronounced SOB. The tumors are more swollen, but the night sweats were mostly absent during the three nights on the road. The cough was now exhausting her and was worse talking (2), stooping (2), eating, exertion, changing position, deep breathing, worse entering a warm room from cool air, and was accompanied with involuntary urination (3) and stool (1) and mild chest pain. She reported having an extreme thirst for room temperature water or warm drinks. She had a metallic taste. She felt worse if she drank cold water. She had felt extremely chilly in the last 36 hours and wasn’t even been able to get warm in bed. She was prescribed one drop of Arsenicum album 200 C, but she took instead the 30 C potency. Within forty minutes she reported that the chilliness was much better and the cough and the metallic taste had decreased but the SOB was worse. She was told to repeat the remedy as needed.

January 9 in the morning: She reported that the cough continued to improve, the metallic taste was much less and the chilliness was completely gone and she now wanted a cooler room. The night sweats had relapsed. She felt that the tumors were smaller and softer. Because of the return of the night sweats I had her take Conium 1 M but she took instead the 200 C. I wasn't able to reach her for the next two days, as she didn't answer her phone or emails.

January 12 at 10:45 AM: I finally reached her and she reported that she had felt much better after taking Conium 200 C and had went to bed soon afterward on the evening of January 9. She slept 6 ½ hours without waking but when she woke up she experienced intense pain bilaterally in her lower chest and SOB. She decided to go to ER. It was first thought by the ER physician that she was presenting with congestive heart failure. She was admitted and was diagnosed after auscultation, x-ray and a CT scan with multilobar pneumonia—the five lobes were affected. Her hemoglobin was now down to 9.6. While in the hospital her respiratory rate varied between 23 and 35 while her heart rate was between 106-115. She returned home with a nebulizer and a prescription for antibiotics after signing a RAMA (release against medical advice).

Her entire family and friends pleaded with her to take the intravenous antibiotics and return at once to Michigan, as “they had never heard someone recovering from pneumonia without taking antibiotics.” The SOB prior to using the nebulizer was 9.5/10. The chest pain was 8.5/10 and was much better with pressure (3). She remained extremely thirsty but this time for both *hot* and cold drinks, which were both very unusual for her. She was expectorating very small amount of yellow mucous. The cough was worse stooping (2), talking (2), eating (2) and changing position (2). She had three potencies of Bryonia with her, namely the 30 C, the 10 M and the 50 M. She was told to take one drop from one glass of water of Bryonia 30 C every 30 minutes.

January 12 at 3:50 PM: She reported feeling better—the energy was now a 4-5 from the 2 out of 10 prior to taking the Bryonia. The chest pain and the cough were both “much, much better.” I told her to continue taking Bryonia 30 C, one drop every hour.

January 13 at 12:45 PM: She reported that she had a wonderful evening, which was followed by a very stressful night. She had a big quarrel late at night with one of her friends. Despite only sleeping 3 hours she reported that her energy was much better, the SOB was down to 3-5 (it was 9 prior to taking the Bryonia), the chest pain was nearly

gone, she was more functional (“the best in two weeks”), the thirst remained unchanged and her appetite had returned. She was told to take Ignatia 200 C, one drop per hour for three doses and to resume taking Bryonia 30 C but now every 2 hours.

January 13 at 10:10 PM: She reported that the Ignatia made a big difference. She took a four-hour nap from 6-10 PM and felt rested. However, the SOB and the cough were mildly worse. I told her to take the Bryonia 30 C every half hour for 2 doses and then every hour while awake.

January 14 at 2:30 PM: She went to bed at 4 AM and slept until 9. The cough and the SOB were only slightly better. She had three profuse night sweats in her sleep. She felt quite optimistic. I told her to take one drop of Bryonia 10 M from one glass of water and to repeat it in four hours.

January 14 at 8 PM: She took two doses two hours instead of four hours apart. She felt much better after the first dose but the cough aggravated after the second dose. She took one dose of Bryonia 30 C during the aggravation time and got better again. I told her to wait and repeat Bryonia 10 M as soon as she would begin to feel worse.

January 15 at 4:45 PM: She only took one dose of Bryonia 10 M since last night, which was 20 minutes ago. She slept horizontally for 10 hours without coughing for the time in a while. She had no pain on waking. The SOB was 50% better. She had not yet coughed today until one hour ago. Last night, she was drenched in sweat, which was very offensive. She felt that the tumors had changed in the last few days. There were new ones down in her legs, one from her neck and two from her left groin had disappeared, but the only ones she had in each groin seemed to be both bigger. Her energy was better. I told her to take Conium 200 C in water every 3 hours while awake and to not hesitate to repeat the Bryonia 10 M if the any respiratory sign would return.

January 16 at 2 PM: She slept very well, with the first 5 hours being uninterrupted. She took one dose of Bryonia 10 M earlier today and four doses of Conium 200 C. She felt quite good and optimistic. The cough was less and the SOB was now down to 5 from 6 yesterday. The night sweats were 75% better. The energy was “fantastic,” going from 1-2 out of 10 earlier this week to now 6-7. Her moods were an 8-9. Her voice that had been very weak with the great SOB was now becoming more normal. She was told to

continue Conium 200 C every 3 hours and to not hesitate to repeat the Bryonia 10 M as needed.

January 17 at 3:35 PM: She slept quite well. She reported feeling quite good in general. The chest pains were mostly gone. She returned yesterday for a follow-up with a MD at the clinic of the hospital, who heard on auscultation some mild crackles on inspiration and expiration. Her SOB was today down to 4 from the 5 of yesterday. Her energy was a bit higher. The night sweats were 80% better. One tumor in her groin was smaller and another one was gone. I told her to continue the same repetition of the two remedies.

January 18 at 4:33 PM: She had to repeat the Bryonia 10 M about 5-6 doses. She slept 8-9 hours without interruption, "the best in weeks and weeks, it is an absolute miracle." Her energy is better. The cough is much better and the SOB was now down to 3. She walked her dog for the first time in 2 weeks, "Is it not fantastic?" The night sweats were mild but maybe not as good as the previous night. She estimated having lost 5-7 pounds during the pneumonia and felt that she had regained 1-2 pounds in the last days. Her voice was now really good and strong. Some tumors seemed to have disappeared while new ones seemed to have made their appearance in her legs. I told her to take Bryonia 10 M every 3 hours while awake and Conium 200 C at 10, 11 and 12 midnight.

January 19 at 5:10 PM: She took four doses of Bryonia 10 M since the last phone call and the last one was one hour ago. Since yesterday's call she has walked on the beach for a total of a few hours. She slept from 8:30 PM until 11 PM and then went back to sleep soon afterward and slept until 9:30 this morning. She slept without socks for the first time in a year. The night sweats were a bit worse last night. She woke up feeling optimistic and "ready to take on the world." She walked the dog and did two loads of laundry. However, the SOB of breath has been slightly worse today, going from a 3 yesterday to a 5 now. Her thirst is less extreme. One tumor in her left leg was bigger but the one in her right groin was softer. She feels that she is worse because a storm is coming, which is the reason why her hands and back were stiff this morning. I told her to take Bryonia 10 M at 6 and 7:30 PM.

January 19 at 9:30 PM: The SOB is down to a 2-3. She went for one hour walk since the last call. "I can't believe how good I feel." I told her to take Bryonia 10 M now, and at 11 PM, midnight and on waking in the morning and to continue the Conium 200 C every 3 hours while awake.

January 20 at 6 PM: She took the three doses of Bryonia last night, as well as one this morning and one more later today. The SOB is down to 1-2. "I am doing very, very well. I can do a lot of stuff." She took a one-hour walk on the beach and did two more loads of laundry. The night sweats were less last night. Her energy is now a 9. Last night at midnight she rearranged and cleaned her kitchen cabinets. I told her to repeat the Bryonia at 10 and 11 PM and at midnight and to continue the Conium 200 C every 3 hours.

January 23 at 11:30 AM: She continued to improve until yesterday when around 2-3 PM she was caught on the beach far away from home in a tornado strength storm. She had to walk against the wind for ½ hour to reach her home, became completely soaked and chilled and began coughing and having SOB. Just before arriving home, she got into a big argument with a friend and the SOB got so bad that she could hardly ascend the stairs to her piloti home. She noticed that the cough, the chilliness and the SOB had gotten clearly worse after the anger spell. As soon as she entered her home, she took Ignatia 200 C, one drop per hour for three doses. "All got better quickly, it is a miracle." That night she repeated by mistake three doses of Conium 200 C at 10 and 11 PM and at midnight (that triple repetition before bed was meant for Bryonia) and took one dose of Bryonia 10 M at 12:30 AM and one on waking in the morning. She slept close to 10 hours from 12:30 until 10:15 AM. She has not yet coughed this morning except to expectorate yellow sputum. The SOB is a 2. Her energy is a 6. "My moods are pretty positive." There were almost no night sweats. She reported that two nodes were gone, one from each elbow, one in her left leg had shrunk to the size of ½ a lima bean while the ones in her neck were unchanged. I told her to take three doses of Bryonia 10 M one hour apart.

January 23 at 7:30 PM: The SOB went down to a 1-2. She has not coughed once today. She was now feeling very sad and melancholic because she had just returned from a hike in a nearby wilderness reserve, which had been a favorite place of her late husband. I told her to take Ignatia 200 C, three doses one hour apart—at 7:30, 8:30 and 9:30 PM—and to take three doses of Bryonia 10 M, one hour apart before bedtime.

January 24: She had a coughing fit after one the Bryonia doses last night and also was waken up by the cough 1 ½ hour into her sleep, at which time she repeated the Bryonia 10 M. She woke up this morning coughing. She repeated three doses of Bryonia 10 M,

one hour apart and took 1 ½ hour nap after the last dose. "I feel fantastic today." Her voice is stronger. The SOB is minimal. The sadness is gone. She feels very optimistic. She has an appointment today with a chiropractor who will map all her tumors with size measurements and consistency evaluation and who will also auscultate her chest. She had moderate night sweats for the first time in four nights. She couldn't report about the tumors because she was dressed up and in public at the moment of the phone call. I told her to take Bryonia 10 M every two hours on the odd hours and Conium 200 C every two hours on the even hours while awake.

January 25 at 1:30 PM: She felt quite good until one hour ago when she felt ripped off by the rental people and was arguing and cursing from indignation. She took on her own one dose of Ignatia and felt better. She had no night sweats last night. She felt physically stronger (she moved furniture, lifting and carrying things to prepare the house for upcoming guests and did some laundry). The SOB was minimal. Her energy was 5-7. Since yesterday she coughed only twice, once when cleaning under a bed and once when she was upset with the rental people. The urinary and stool incontinence with the cough slowly disappeared over time since she began taking Bryonia on January 12. She thinks that some tumors maybe larger and more sore. She has had no new one in a long time. I told her to continue the same prescription, that is to take Bryonia 10 M every two hours on the odd hours and Conium 200 C every two hours on the even hours while awake.

January 26 at 6:05 PM: She slept 8 hours but had to get up four times with nocturia. She also took two naps today. She woke up twice at night very wet and smelling offensive. On the evening of January 24 she felt that she had began a cold because she developed about 6 canker sores and yesterday morning she had a runny nose, but today there was no trace of the cold and only one canker sore was remaining. She did a lot of cooking today to last for 3 days. Her energy was pretty high today, 6.5-7.5. She took two 1 ½ hour walks on the beach. She sensed that a storm must be coming because she felt that her knee didn't feel right. The SOB is 5-10% better today. She feels that the tumors are bigger and more numerous. I received today the results of her sputum and blood culture from when she visited the ER on January 10. The blood culture was negative and the sputum culture was not done because of "inadequate amount of sputum". I told her to replace Conium 200 C with Conium 1 M and continue taking it every two hours on the even hours and Bryonia 10 M every two hours on the odd hours while awake.

January 30 at 11:10 AM: “I feel much, much stronger. I am almost my old self.” The energy is a 9 and the enthusiasm is a 9.5. The SOB is gone. She made a list of small problems that have been popping up lately. Her stool comes out but stay stuck halfway out in the anal opening, “as if there was a lack of peristalsis.” There is no pushing power once the stool has started to come out. It started in the last 1-2 days. “Is it related to a tumor in the pelvic floor that prevents the stool to come out?” The stool is brown and well formed but it is “incredibly fetid and putrid smelling, worse than dead fish on the beach.” This has been slowly coming in the last 2 months. She has been feeling easily frustrated by trifles in the last two days. The skin at the tip of her thumbs has been cracking. She was happy to report that she has been able to eat corn, wheat, garlic and spices without any reaction for the first time in many years. She went to a concert last night and was exposed to perfumes without any reaction, which is unusual for her. The canker sore was still there. She has been biting her lips while talking or eating once or twice a day in the last couple of days. She has an appointment later today with the doctor at the clinic of the hospital for a follow-up on the pneumonia, and she has an appointment tomorrow with a DO to have someone to be able to follow-up with her in Florida in case we need lab tests. She reported that since taking Conium she has been dreaming, which is new for her. “I am horny at 71. Could the Conium be doing this to me?” She thought she had gained back the weight she had lost during the pneumonia. She has been more awkward in the last days, bumping into things, which it a return of an old symptom and is likely related to being more active again. The dry mouth and the thirst are much less. The hunger is less and back to normal as it was too much earlier this week. She desired spicy foods, sweets and fruits in the last few days. She started to sneeze since yesterday when putting the furnace on. She has less desire for tea. She has had only one night sweat in the last four nights and it was very mild. She wants the room warmer again and wants to be well covered at night, but she remarks that she has slept without socks in the last week or so for the first time in many years. In the last 3-5 days, she has been covering her ears in the wind because of the pain, which is new and has been very sensitive to air drafts. She has been more sensitive to noise. She usually likes to listen to the radio all day long. Now she put the radio on and shuts it off after a minute because she can’t stand the noise. She has been startling at noise in the last 5-7 days. I prescribed one drop from a large glass of water of Nux vomica 200 D. She was told to stop the Bryonia and continue Conium 1 M every two hours while awake.

February 1 at 11:30: Soon after taking Nux vomica she noticed a definite change in her body. The irritability, sensitivity to noise and drafts, chilliness, and sneezing all disappeared after Nux vomica. She didn't report an initial aggravation, which is unusual for her. Since the Nux vomica she has felt ward again and walked last night on the beach with her sweater open and the hood down in a windy 45°F weather. "I loved the freshness of the moving air. And before I didn't want it. Now I want the wind." The canker is smaller, less deep, softer and less painful. The constipation was unchanged yesterday, and today is too early to know. The cracks on her thumbs are gone but she applied some shea butter. Her energy is quite high. She woke yesterday morning with a sore throat. She took on her own one drop of Arsenicum album 30 C. The sore throat got worse for 15 minutes and then disappeared quickly, as well as her sore ear. Last night she read a book late into the night and then went to the beach for a 10-minute walk but stayed an hour and returned at 3 AM. She kept busy because she had things to do and finally went to bed at 5. She fell asleep right away, was waken up by a phone call and went back to sleep until 11. She had mild night sweats on the first night and moderate today but she attribute this having gone to bed so late. Her energy is high and feels very optimistic, despite not having slept a full night. The tumor in her right groin is larger but the one in her left groin is smaller. The ones in her left leg can't be found. Both submandibular nodes (one on each side) have disappeared in the last 2 days) and the ones in her axillae are less protruding.

The visit at the hospital clinic schedule for January 30 was cancelled because the doctor was sick. It was reported for next week. Yesterday she saw the local DO who examined her chest, ears and throat and said that he couldn't find any sign of infection. However, he refused to do blood tests and recommended that she should return to her oncologist in Michigan. He felt insulted by her request for blood work and she felt insulted that he didn't trust her choice of health care. "American medicine sucks. What about freedom of choice?" I told her that if the constipation is still present today to repeat another dose of Nux vomica or if the Nux vomica syndrome would return to repeat it as soon she would recognize it. In any case she had to continue taking Conium 1 M every 2 hours while awake.

Commentary: I have treated close to 185 patients with pneumonia over the last 36 years and this was no doubt the most difficult case or the case whose recovery took the longest and required the most attention. Typically patients with pneumonia regardless of

their ages—I have treated babies in oxygen tent to a 99-year old woman on her deathbed without any hope of recovery—begin to show sign of recovery as soon as a remedy with a high degree of similarity is given and the recovery is continuous. The great majority of patients are 80-90% better within the first 2-3 days. However, this case presented some quite important handicaps, namely stage IV cancer, anemia, the long-distance communication which prevented physical examination and the fact she would at times follow the wrong instructions by taking the wrong remedy, repetition or potency. Moreover, this patient became exhausted from the drive from Michigan to Florida even though she was not driver, experienced a few emotional upsets that triggered relapses and experienced a big drench when fighting her way back home during the storm.

In a paper published last year,ⁱⁱ I compared the outcomes in mixed populations of ambulatory and hospitalized pneumonia patients with four different therapeutic interventions: pre-antibiotic allopathy (PAA), contemporary conventional care (CCC), unqualified¹ homeopathy and Hahnemannian homeopathy. As pneumonia is today divided into two main categories, namely community-acquired pneumonia (CAP) and health-care-acquired pneumonia (HCAP), and the morbidity and mortality are much higher in HCAP than in CAP, I limited the mortality comparison of CCC with PAA and homeopathy to CAP.

In summary, I demonstrated that Hahnemannian homeopathy unequivocally offers the safest and best outcomes ever demonstrated by any system of medicine for patients with pneumonia and therefore, from the perspective of evidence-based medicine, would receive the highest possible recommendation of any intervention for these patients (1A/strong recommendation with high-quality evidence). The results of this mortality comparison are shown in the following table:

Comparative Mortality from Pneumonia under PAA and CCC, Unqualified Homeopathy and Hahnemannian Homeopathy

Treatment	Number of Patients	Number of Recoveries	Survival Rate (%)	Number of Deaths	Mortality Rate (%)

¹ By “unqualified” is meant that it included genuine homeopathy as well as other practices considered to be homeopathic by their practitioners, such as pathological prescribing and polypharmacy.

PAA	148,345	112,272	75.7	36,073	24.3
CCC	33,148	28,607	86.3	4,541	13.7
Unqualified Homeopathy	25,216	24,350	96.6	866	3.4
Hahnemannian Homeopathy	960	956	99.6	4	0.4

When people say that they have never heard of the sick recovering from pneumonia without antibiotics shows great ignorance of well-documented but unfortunately very little known facts.²

This case illustrates well the phenomenon of two or more dissimilar diseases coexisting together, which Hahnemann described in paragraphs 34-42 of the *Organon*. In this case, we had an underlying chronic disease that was characterized by a state of “insanity” and hypersensitivity. Then there was the cancerous state that was superimposed on what was left of the old chronic disease and there were a number of disturbing incidents what Hahnemann called mishaps,ⁱⁱⁱ which were in this case the acute recurrent emotional upsets, the exhaustion from the long-distance travelling and the effects of being chilled in the rain. When after one of these mishaps, the dynamic state of the patient becomes dissimilar to the chronic state, it had to be met quickly with a different remedy to prevent a serious deterioration of this patient’s conditions, the pneumonia or the cancerous state. Also when the pneumonia state was attended with an increased in posology (repetition and/or potency) the underlying cancerous would become worse if it was not properly addressed as well, and verse versa.

It is interesting to note that when all traces of the pneumonia were gone, a new and clear picture of the underlying chronic disease began to immerge. Vigilance, careful examination and steadiness in care are very important to obtain success in such

² In a post-debate exchange, skeptic Steven Novella asked me in 2013, “What do you consider to be the best clinical evidence supporting the efficacy of homeopathy for any indication?” I focused my answer on the outcome of patients with pneumonia. The complete answer and its summary are posted online at <http://www.homeopathy.ca/debates/>.

difficult cases. All in all, this case was one of the most difficult ones with pneumonia I have ever had to treat.

The night sweats are indicative of the activity of the lymphoma state. Each exacerbation of the night sweats or the tumor growth was met with a change of remedy, potency or repetition, which were followed with their diminution.

This case also illustrates well the fact that patients with serious acute and chronic conditions required a lot of attention, sometime requesting 2, 3 or more visits in a day. A small relapse one evening that is not properly attended can spell out a serious relapse by the next morning.

It is interesting to note that this hypersensitive patient was able to repeat a remedy in a high potency several times in one day without experiencing any aggravation, which is typical in such hypersensitive cases during serious acute conditions. One of the interesting consequences I have noticed of repeating high potencies often during an acute condition in a chronically hypersensitive person is that the longer the crisis and the more often high potency remedies were repeated the more likely that there will be a great diminution of the hypersensitivity to homeopathic remedies afterward. Actually this proved to be true in her case, as she didn't experience any initial aggravation after taking Nux vomica on January 30, which is new in her case.

Another interesting phenomenon that occurred in this case is that after the acute crisis she seemed to have lost her lifelong sensitivity to wheat, corn, spices and perfumes, which had not disappeared after twenty years of steady homeopathic treatment. This brings the importance of properly addressing acute dissimilar conditions or mishaps with homeopathy in patients who are under chronic homeopathic care. By successfully dealing with these acute conditions and mishaps homeopathically, it helps in enhancing the recovery from the underlying chronic condition. I mention this point because when I was a student there was a fashion among certain schools of homeopathy to not deal homeopathically with acute conditions in chronic patients. I have heard practitioners who would prescribe antibiotics when a patient under chronic treatment would develop a cystitis or pneumonia in order not to disturb the effect of the chronic remedy.

Finally, optimal posology is key to obtain consistency in success with homeopathy and more particularly in patients presenting with serious acute and chronic conditions. It is

noteworthy to point out that when Bryonia was changed from the 30 C to the 10 M potency there was a major change in the rate of improvement, which is consistent with the experimental finding reported out the General Hospital of Vienna where over a 10 year period all patients with pneumonia received one of three different potencies of homeopathic remedies. Each segment of 3-4 years a different potency was used. It was found that the higher the potency the quicker was the recovery.

Post-scriptum: This patient has continued to improve with her chronic condition. An interesting facet of her treatment is worth narrating. About 6 weeks ago, she stopped responding to her chronic remedy. Nightsweats, skin itchiness, tumor pain and lower energy were clear signs of a relapsing lymphoma state, despite an increased posology. She said that she incidentally had pain in a toe that used to be ingrown many years ago and for which she had had surgery. At this moment she doesn't have any ingrown toenail, she just has the pain as if the nail was growing into the flesh. However, she mentions that the pain is similar to the one she had with the pneumonia, that it is better with heavy pressure. I switched the remedy to Bryonia and slept 12 hours that night and woke without having had any night sweat, itchiness or tumor pain.

ⁱ Forrest E. Linder, Robert D. Grove. *Vital Statistics Rates in the United States 1900-1940*. Washington, DC: United States Government Printing Office, 1947.

ⁱⁱ André Saine. The American School of Homeopathy and the International Hahnemannian Association: The High Point of Homeopathy. Part III—Pneumonia and Hahnemannian Homeopathy *Liga News* 2016; No. 17 (April): 17-23. (This article can also be found at <http://www.homeopathy.ca/articles/>)

ⁱⁱⁱ Samuel Hahnemann. *The Chronic Diseases, their Peculiar Nature and their Homoeopathic Cure*. Philadelphia: Boericke & Tafel, 1904: 224.