

American Journal of Homeopathic Medicine

Volume 110. No. 3 / Autumn 2017 e-issue



President's Message: Homeopathy Under Assault

Editorial

AIH Letter to Congress

Why Homeopathy Matters to U.S. Healthcare

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on Wound Healing Activity in an Animal Model

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of Pneumonia

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Care Center in India

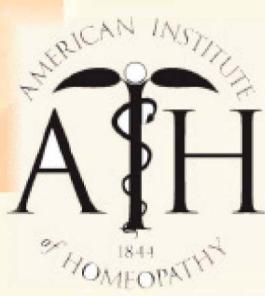
Pneumonia and Homeopathy, Part III

A Case of Refractory Aspergillus Pneumonia

Five Cases of Pneumonia Cured with Homeopathy

A Case of Mycoplasma Pneumonia

A Case of Koch's Pneumonia with Pleural Effusion



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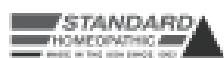
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Homeopathy under Assault

Welcome to the third quarterly electronic edition of the 2017 *American Journal of Homeopathic Medicine*.

As you all know, our esteemed medical profession continues to be attacked around the world. Recently, the AIH Board of Trustees learned of the dire situation in Spain:

In May 2017, the president of the CGCOM (General Council of Medical Colleges) launched the “Observatory Against the Pseudoscience,” whose main purpose is to prevent pseudosciences from entering the national health care system in Spain.

The Spanish attack is multipronged. Not only have doctors who practice homeopathy been targeted (physicians have been asked to report colleagues who practice homeopathy), but medical schools have systematically eliminated homeopathic courses and students have found it harder to obtain unbiased information about homeopathic science. In addition, the sale of homeopathic medicines in pharmacies is now being threatened by a small group of pharmacists who have advocated for the withdrawal of homeopathic medicines from store shelves in Spain.

Spanish mass media is completely supportive of the “skeptics” (as the media is in the U.S.) who debase homeopathy in the name of science and describe it as “without scientific basis” and “pseudoscience.” Letters, reports, interviews and studies supporting homeopathy are simply not published. Prime-time interviews are granted to so-called “experts” who categorically reject the validity of homeopathic research (clinical and pre-clinical) and insist that there is no scientific basis for it, despite numerous published scientific investigations.

In the United Kingdom, the National Health Service (NHS) recently determined that: “...at best homeopathy is a placebo and a misuse of scarce NHS funds which could be better devoted to treatments that work.”

The NHS, which will be banning both homeopathy and herbal medicine, is also considering a ban on cost coverage for gluten free products as well. (1)

We are all familiar with the underlying tone and direction of these attacks since they are not far from what has already occurred in the U.S. We have all witnessed the mercenaries who criticize homeopathy with impunity while refusing to objectively consider the science behind it.

Recently, a well-known faculty member from Yale University School of Medicine, and a self-proclaimed “skeptic” was interviewed in a televised attack on

homeopathy. (2) The entire argument rationalizing his dismissal of the science of homeopathy boiled down to one simple confabulation which he described as the principle of “prior implausibility.” (3)

Simply put, “prior plausibility” is a term used to codify the introduction of prejudice into academic science. By adopting a code of “prior plausibility” any scientist is justified in determining, *a priori*, which areas of investigation hold merit, and which don’t. This code allows them to dismiss an entire archive of evidence-based research simply because they have decided, with prejudice, that the area is unworthy of study.

“Prior plausibility” elevates opinion and prejudice above objectivity and scientific proof. Implausibility means that anything can be dismissed without ever considering the merits of scientific proof if the examiner determines that it does not fit his/her paradigm. This is extreme bias masked in a “scientific” cloak. This is warped thinking, at best, and perhaps an Orwellian prelude to totalitarianism in medicine: “Prior plausibility” means that facts are fake and science can be disregarded and labeled as “pseudoscience” at the whim of the investigator. Make no mistake—these are desperate rules.

It is shocking that this form of blatant disrespect for science has been accepted as a mainstream viewpoint in our society. Science, used to be defined as: “the intellectual and practical activity encompassing the systematic study of the structure and behavior of the physical and natural world through observation and experiment.” (4)

Scientific analysis is based on the pillars of experimentation and observation. Objectivity, not prejudice or “prior implausibility,” is essential. “Prior implausibility” is well outside any scientific principle since it is a subjective preconception of opinion and prejudice: A preconceived opinion that is not based on reason or actual experience. (5)

Skepticism is *not* the problem here. All of us, at our best and most rational times practice skepticism, but using the criteria of “prior implausibility” throws science back more than 500 years and into the dark ages of the Spanish Inquisition, when doctrine was used to isolate, alienate, torture and excommunicate scientists and free thinkers.

True scientific skepticism is an admirable (and seemingly rare) trait today. It begins with the premise that everything we know and understand about the universe is suspect and subject to questioning and investigation. Nothing is ever absolutely safe from investigation (including our own

prejudices) since true science has shown us that even the “laws of reality” behave differently in different dimensions. (6)

What we are witnessing is actually an epidemic of *Pseudo-skepticism*. These so-called skeptics are not skeptics at all but paid actors operating by a predetermined script, backed by industry, hiding behind the Ivy walls of academia. (7,8) These are hypocrites and paid mercenaries without the ethics or the decency to tell the truth. These Pseudo-skeptics should be a shameful embarrassment to scientists (and true skeptics) everywhere.

These pseudo-skeptics promote a prejudicial version of medical thinking, masked as a moral obligation, to dismiss hard-won findings and test results. This is merely a ruse used as part of a circular, self-serving argument meant to destroy competition and dissent, and disarm those who question the sanctity and absolute authority of pharmaceutical medicine to treat human suffering. “Prior implausibility” simply means that they are afraid of any form of health care delivery that challenges the tenets of conventional pharmacology and the forces of industry that prop it up.

Over the last year, the AIH has responded to many challenges, including the FDA and the FTC, who both disseminated factually false reports, fanning the flames of anti-homeopathic sentiment. These crises were challenges that afforded us the opportunity to clarify our position and build solidarity in our ranks. Our efforts have been largely ignored, and our penetration into the mass media market and the public domain has been limited, largely because of the pundits who serve at the altar of “prior implausibility.”

The AIH’s most recent efforts to “set the record straight” and to educate the public takes the form of a letter and a factual outline, “Why Homeopathy Matters,” (see below) sent to every member of Congress this fall. This letter puts the U.S. healthcare crisis into the proper context and makes a plea for the investigation of homeopathy as a viable system of medicine already in use throughout most of the world. The accompanying document, composed by the esteemed Peter Fisher, of the U.K., details a succinct summary of the current state-of-the-art homeopathic research. I urge you all to read and circulate these documents widely.

Responding to the need for more support to promote and disseminate truthful information about homeopathy, the AIH recently initiated a Super PAC. This SMART PAC (**S**pecialized **M**edicine **A**nd **R**esponsible **T**reatment PAC) was established to accept donations from homeopathic

practitioners, patients, the general public and industry.

The Super SMART PAC is a fully independent and separate entity from the AIH. It is a tax-exempt organization that can accept unlimited donations from any source, even though these donations are not tax deductible. The Super PAC is operated by a Board of Trustees, selected from the greater homeopathic community, who share responsibility and interest in the future of homeopathy in the U.S.

I hope that every member of the AIH considers the dire situation that is now at hand, both in the U.S. and abroad. Homeopaths must work together and reach across old and established fences. We must unify, refuse to back down, and never hide from the truth. Not only is our own livelihood at stake, as homeopaths, but the health of future generations has never been at greater risk.

Please write and speak critically, think skeptically, and act with an open mind. Speak earnestly to friends, colleagues, and patients; refuse to stand-down from pseudo-skeptic bullies who, through zealotry and bigotry, have seized the authority and the momentum to dictate bad medical choices to the American people falsely in the name of science.

Respectfully submitted,

Ronald D. Whitmont, MD, President
American Institute of Homeopathy
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Welcome to the September 2017 edition of the *American Journal of Homeopathic Medicine*.

The focus of this edition is on the homeopathic treatment of infectious diseases, especially pneumonia. In light of the growing epidemic of antimicrobial resistance, it is vital that we publish our cured cases to show that there are effective and safer alternatives to antibiotics for numerous infectious diseases.

Pneumonia isn't just a public health issue in developing countries where it kills nearly one million children younger than five years of age annually. Each year in the United States, about one million people have to seek care in a hospital due to pneumonia and about 50,000 people die from the disease.(1)

Contributing to the epidemic of bacterial resistance are the numerous cases of viral or "walking pneumonia" that are often treated unnecessarily with antibiotics, resulting in the disruption of the gut microbiome and the immune system. These cases are successfully treated with homeopathic medicine; you can read Dr. Nick Nossaman's "Five Cases of Pneumonia Cured with Homeopathy," my own case of Mycoplasma pneumonia, as well as Dr. André Saine's case of refractory Aspergillosis cured with homeopathy.

Although the majority of serious cases of bacterial pneumonia in the U.S. are treated with antibiotics, in places such as India where homeopathy is fully supported by the government and where there exists approximately 165 homeopathic colleges and hospitals, many severe cases are treated successfully with homeopathy. We have published one such case by Dr. Ashtok Lendwe from Sangli, India of "Koch's Pneumonia with Pleural Effusion," which was cured rapidly and completely with a single homeopathic medicine.

Dr. Gyandas G Wadhwani MD, the primary care physician for the The Delhi Government Homeopathic Dispensary in Aali Village, New Delhi, India has submitted an excellent review of ten cured cases of mumps. The rapid resolution of these cases with homeopathic medicine can often mean the difference between life and death for many of this indigent population of patients.

In the U.S., most physicians are completely unaware that homeopathic medicine was used successfully to treat severe, life threatening cases of pneumonia and other infectious diseases in the 19th century before the advent of

antibiotics.

In a post-debate exchange between Dr. Steven Novella from Yale University and homeopathic physician Dr. André Saine, Dr. Saine explained that the most compelling evidence for the effectiveness of homeopathy is found in the extensive records of its use in epidemics. The full transcript can be found here. (2)

Dr. Saine wrote a three part series of well-researched historical reviews of the homeopathic treatment of epidemics/infectious diseases for the LIGA newsletter. The main finding from this extensive review was that the results obtained by homeopathy during epidemics revealed an extremely low mortality rate. That observation held true regardless of the homeopathic physician, the time, the place or the type of epidemic disease, including diseases that were known to have a very high mortality rate, such as cholera, smallpox, diphtheria, typhoid fever, yellow fever, and pneumonia.

We have reprinted (with permission) the third part of this series on the homeopathic treatment of pneumonia in the 19th and earlier 20th centuries, before the advent of antibiotics. It is absolutely unconscionable that this information is not taught in our medical schools and that our highly effective and safe system of medicine is under continual assault from the FDA, FTC and Big Pharma where rational, scientific analysis is ignored at the alter of ignorance and greed. You can read more about this global anti-homeopathic sentiment in Dr. Ron Whitmont's excellent *President's Letter*.

It is important that we continue to publish our cured cases so that we will have a written record of homeopathy's success in the face of such unrelenting assault.

I also want to thank Dr. Todd Hoover for his very thorough review and editing of the research paper by Dr. Monalisa Chakraborty, et. al from Kolkata, India on the topical use of *Cuprum metallicum* for wound healing.

I hope you all enjoy this very full edition of our Journal. As usual your comments and feedback are always welcome as a sign of your interest in and support for this Journal and the numerous hours spent in its preparation.

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AIH Letter to Congress

July 17, 2017

Dear Senator Murphy,

As members of the American Institute of Homeopathy, our nation's oldest extant medical society, we represent physicians and other licensed healthcare practitioners who utilize homeopathic medicine, a viable, efficacious and extremely safe therapeutic intervention.

As licensed healthcare practitioners who have received conventional medical training at some of America's finest medical schools, we are the first to acknowledge that the diagnostic and surgical tools of conventional medicine are scientific marvels - truly extraordinary and life-saving at times. Conventional pharmacological medicine is an elegant and powerful treatment modality capable of miraculous benefit, but also capable of causing incalculable long-term harm to human health and the environment. Our nation's over-reliance on this form of medicine, to the exclusion of all others, particularly homeopathy, has produced a large number of unwanted results, mentioned below.

Over \$3.2 trillion, or nearly one fifth of our national economy, (1) is currently devoted to healthcare, the highest per-capita health spending in the world. (2) As a result, Americans are the most heavily medicated society on earth. (3) Yet we also have the highest rates of chronic inflammatory illness; and those who receive the most medications have the highest risk of developing these chronic iatrogenic illnesses.(4)

Despite increasing expenditures, health indices in our nation are declining. Rates of chronic inflammatory disease, responsible for 75% of total health care dollars and the majority of deaths in our nation are increasing. These conditions (including heart disease, cancer, chronic respiratory disease, cerebrovascular disease, Alzheimer's disease, diabetes, kidney disease, and others) are epidemic, affecting more than 48% of our society (150 million people) and will affect 50% by 2020. (5) The pediatric population has been the hardest-hit, with the incidence of some childhood conditions of chronic inflammation (allergies and asthma) more than tripling in recent years. (6)

Similarly, life expectancy trends show a reversal of gains made over the last century. (7) Compared with other developed nations, Americans live shorter lives, develop higher rates of chronic inflammatory disease (across all age groups, regardless of college education or health insurance) and pay more for this privilege. (8)

Our society relies so heavily on conventional pharmacological medicine that adverse drug reactions (ADRs) are the 5th leading cause of death, (9) medical error is the 3rd leading cause, (10) and combined they kill

nearly 235,000 Americans every year.

Antibiotics are another example of over-reliance on drugs. With more than 85 antibiotic prescriptions written for every 100 people in 2014, these drugs are recklessly overused. (11) Even the CDC believes that they are unnecessary more than half of the times they are used. (12) These drugs accumulate in food (13) and water supplies, (14) and are responsible for devastating environmental damage (15) in addition to the human illness that they promote. (16) The overuse of these drugs damages the human microbiome, (17) and the immune system (18) directly causing a host of long-term iatrogenic illnesses including allergies, (19) asthma, (20) inflammatory bowel disease, (21) behavioral problems, (22) autoimmunity (23) and cancer. (24)

The overuse and abuse of antibiotics is singlehandedly responsible for the epidemic of antibiotic resistant organisms, which killed more than 700,000 people in 2014, and is expected to kill more than 10 million, and add more than \$100 trillion to medical costs by 2050. (25)

Compared to Europeans, Americans have significantly less freedom of choice in health care. More Europeans utilize homeopathy, (26) and most European nations regulate and integrate it into their national health services. (27) A recent Swiss government Health Technology Assessment Report concluded that *homeopathy is cost-effective, safe, and highly efficacious.* (28) Compared to Europeans, we spend significantly more, yet reap less in terms of life expectancy and quality of life. We believe this is a direct result of our nation's over-reliance on allopathic medicine and an ignorance of homeopathic medicine.

Homeopathy is a system of medicine that continues to be in worldwide use by nearly 250,000 physicians and over 500 million consumers. It demonstrates superior short and long-term efficacy when compared with conventional pharmaceutical methods in a wide diversity of conditions.

Homeopathy is backed by thousands of peer-reviewed studies including randomly controlled trials and large observational studies both *in vivo* and *in vitro*. (29) Efficacy trials and comparative effectiveness research studies encompass most chronic inflammatory conditions. (30) Recent advances indicate that homeopathy works via adaptive *nanomedicine* technology, demonstrating superior targetability and bioavailability beyond the scope of conventionally delivered drugs. (31)

Homeopathic treatment is fully compatible with the known laws of healing; (32) it works synergistically with the microbiome (33) and the immune system (34) while

demonstrating superior environmental sustainability. (35) In short, it provides one of the safest and most efficacious methods of treating and resolving illness ever described in the history of medicine.

As you are a member of Congress, we ask that you fully investigate the ramifications of an integrated system of healthcare that includes homeopathic medicine. The American public deserves a safer, more effective method of treatment, and they have the right to know all the scientific facts along with a full disclosure of the risks associated with the current system of conventional allopathic medicine.

Thank you in advance for your consideration.

Sincerely,
Ronald D. Whitmont, MD
President, American Institute of Homeopathy

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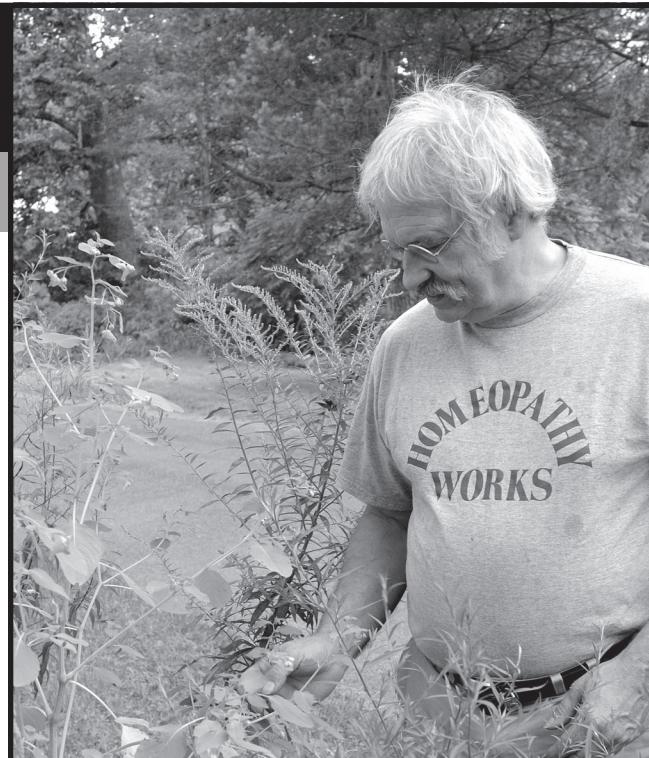


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Why Homeopathy Matters to U.S. Healthcare

Peter Fisher, MD

Homeopathy is a 200-year-old system of medicine, used by nearly 250 thousand physicians and over 500 million people worldwide (1), making it one of the most popular forms of integrative medicine. It is based on the concept of ‘treating like with like’ (in Latin *similia similibus curentur*); homeopathy stimulates and directs the body’s self-healing mechanisms, or homeostasis.

Scientific skepticism toward homeopathy often arises from its use of highly dilute medicines; however, contesting this skepticism is a substantial body of research on this issue: a recent review of basic science research on highly dilute homeopathic medicines found 98 replicated experiments, with over 70% demonstrating positive results. Methods used to prepare homeopathic medicines are remarkably like cutting-edge nanotechnology, and there is growing evidence that nanoparticles play a crucial role in the action of homeopathy.

Why does homeopathy matter to America?

Data from the federal National Health Interview Survey analyzed by a team at Harvard University show that around seven million Americans use homeopathy, and that number is steadily growing. Users tend to be female, highly educated and engaged in healthy lifestyles. General public use focuses primarily on upper respiratory and ear infections, for which it is considered more effective than nutritional/botanical supplements.(2) The demographics of users in France and Germany are similar, although homeopathic medicine’s use is more widespread in those countries.(3)

Polypharmacy (the use of multiple drugs), particularly in the elderly, is a major challenge to modern physicians. Opiate analgesics (painkillers), psychotropic drugs (including tranquilizers, antidepressants and sleeping tablets) and antibiotics are widely overused (the latter having caused a massive global crisis of antimicrobial resistance), and there is strong research evidence suggesting that the integration of homeopathy into medical practice

would reduce the need for many of these hazardous drugs.

Homeopathic Research

The research literature offers preclinical and clinical evidence in support of the effectiveness of homeopathic medicines in treating individuals with a wide range of common conditions. Homeopathy shows historical, observational, and randomized clinical trial evidence of good outcomes, greater safety, patient acceptance, accessibility and cost-savings. Homeopathy is often used ‘to treat the patient, not the disease;’ strengthening host defenses and resilience rather than killing microbes or blocking pathophysiological processes.

Comparative Effectiveness Research

Comparative effectiveness research examines the results of treatments in real-world situations, as opposed to the artificial conditions often imposed in randomized controlled trials. It compares outcomes in groups of patients (known as cohorts) receiving different treatments. There are several such studies of homeopathy, comparing outcomes in various groups of patients attending both conventional family physicians and family physicians who integrate homeopathy in their practices, including those below.

A multinational comparative effectiveness study led by the American physician Dr. David Riley involved 30 doctors at six clinical sites in four countries, treating patients with acute respiratory problems. *Response at 14 days was 82.6% for homeopathy compared to 68% for conventional treatment. The rate of adverse events for conventional treatment was 22.3% versus 7.8% for homeopathy.* A replication of this study included 1,577 patients, of whom 857 received homeopathic and 720 conventional treatment: improvement was significantly faster with homeopathy. (4,5)

Trichard, et al. compared ‘homeopathic strategy’ against ‘antibiotic strategy’ in routine medical practice in the management of recurrent acute rhinopharyngitis in

499 children aged between 18 months and 4 years.(6,7) *Family physicians using homeopathy had significantly better results in terms of clinical effectiveness, fewer complications, better quality of life for parents with less time lost from work.*

Witt, et al. compared outcomes in homeopathic and conventional family practices. Illnesses treated were: (adults—headache, low back pain, depression, insomnia, and sinusitis; children—atopic asthma, dermatitis, rhinitis). (8,9) 493 patients were treated by 101 homeopathic and 59 conventional family physicians. The patients treated by the two groups of physicians were generally similar. *The conclusion was that patients who received homeopathic treatment had better outcomes at similar cost.*

The largest comparative effectiveness study of homeopathy published to date is the EPI3 study. A nationwide study in France, coordinated by the Department of Pharmacoepidemiology at the University of Bordeaux, it included 6,379 patients from 804 medical practices. It compared treatment outcomes for patients attending conventional, homeopathic, and mixed practice family physicians. Illnesses treated were musculoskeletal conditions, upper respiratory tract infections, sleep disorders, anxiety, and depression in terms. Patients did not differ between groups except for the chronicity of their illness, which was greater in the homeopathic group. *The authors concluded that patients treated by homeopathic physicians showed a similar clinical outcome compared to the other two groups, but the group treated homeopathically took about half the amount of non-steroidal anti-inflammatory drugs (NSAIDs) compared to those treated conventionally and there were fewer NSAID-related adverse events.(10)*

Another study in the EPI3 series yielded an analogous result, showing that patients who consult family physicians certified in homeopathy used significantly fewer antibiotics and antipyretic/anti-inflammatory drugs for upper respiratory tract infections than those who consulted family physicians who prescribed only conventional medications. Clinical outcomes were similar. *This finding is of considerable public health importance since antimicrobial resistance is now a major global problem. One of its main causes is overuse of antibiotics for upper respiratory tract infections.(11)*

Cost effectiveness

Economic analysis of EPI3 data looked at three types of cost—consultation, prescription and total costs. *Overall health expenditure was 20% less for patients consulting homeopathic family physicians in France compared to conventional family physicians (\$78.70 US vs. \$98.91 US).* The lower cost of medical prescriptions for homeopathic family physicians was partially offset by higher consultation costs. Homeopathic physicians prescribed far fewer potentially hazardous drugs, including psychotropics, antibiotics and non-steroidal

anti-inflammatory drugs.(12)

In all comparative effectiveness studies of homeopathy, its integration into health care resulted in better outcomes for patients with improved safety. Those that included cost effectiveness analysis showed no additional cost or reduced costs.

Safety of homeopathy

Physician and consumer confidence in the safety of homeopathy is justified. *There is no evidence that homeopathic medicines cause serious or long-lasting harm.* A systematic review of the safety of homeopathy, which included a comprehensive search of the English language literature and inquiries with regulatory authorities, including the FDA, concluded: “Homeopathic medicines may provoke adverse effects, but these are generally mild and transient; there are cases of ‘mistaken identity’ where herbal medicines were [erroneously] described as homeopathic. The main risks associated with homeopathy are indirect, relating to the prescriber rather than the medicine.”(13)

Basic research: biological models

There is a substantial body of research in homeopathy using animal models, human cells, plants, and other organisms. Of these studies, 89% reported at least one positive result. Animals were the most often used model system [371], followed by plants [201], human material [92], bacteria and viruses [37], and fungi [32].(14) One of the hallmarks of high quality science is replication. A recent review of biochemical, immunological, botanical, cell biological and zoological experiments on homeopathic dilutions found 98 replicated experiments with over 70% positive.(15)

Basic research: physical and chemical methods

Homeopathic medicines are made from minerals, plants, animals (or parts of animals) and other substances serially diluted and vigorously agitated during the manufacturing process. Twelve independent research laboratories in the U.S., France, Italy, Russia, and India have now found that homeopathic medicines contain various nanostructures, including source, silica, and gas nanobubbles heterogeneously dispersed in colloidal solution.(16,17,18,19) This work suggests that homeopathic medicines, like modern engineered nanoparticles, act by modulating the allostatic stress response network (allostasis is the process of restoring a stable internal environment), including cytokines, oxidative stress and heat shock proteins.(20,21)

Clinical trials of homeopathy

There are at least 1,137 clinical trials of homeopathy. Additionally, four systematic review/meta-analyses of homeopathy for all conditions have been published. (22,23,24) Of these, three reached a positive conclusion:

that there is good evidence that homeopathy is clinically effective. The exception is the review by Shang, et al.(24) This meta-analysis was controversial, particularly because its conclusions were based on only eight clinical trials whose identity was not disclosed until several months after the publication of the paper, precluding informed examination of its results. The only undisputed conclusion of this paper is that clinical trials of homeopathy are of higher quality than matched trials of conventional medicine: of 110 clinical trials, each of homeopathy and conventional medicine, 21 trials of homeopathy but only 9 trials of conventional medicine were of higher quality. (25,26)

A leading Swedish medical researcher remarked: "To conclude that homeopathy lacks clinical effect, more than 90% of the available clinical trials had to be disregarded. Alternatively, flawed statistical methods had to be applied."(27) Higher quality equates to less risk of bias. Mathie, et al. analyzed randomized clinical trials of individualized homeopathy, showing that the highest quality trials yielded positive results.(28)

Conclusion

Homeopathy is geographically widespread and increasing in popularity. Clinical research and syntheses of such research show it to be safe and effective for a range of conditions. Integrating homeopathy into health care systems is associated with benefits including improved outcomes, less use of drugs, including antibiotics, and cost benefits.(29)

About the AIH

The American Institute of Homeopathy is America's oldest medical society. To learn more visit: www.homeopathyusa.org.

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A Non-Inferiority Trial of Nanoparticulate Forms of Metallic Copper Adsorbed in Montmorillonite Clay on Wound Healing Activity in an Animal Model

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Abstract: Nanoparticulate forms of metallic copper, commonly used as *Cuprum metallicum* in homeopathic medical practice, have shown promise as a potential antimicrobial agent for assisting in wound healing. Montmorillonite (MMT) clays have excellent adsorptive capacity and may function as an excellent vehicle to increase the bioavailability of the nanoparticles of copper.

This study compared the current standard therapy (topical *Soframycin*) for superficial wounds to *Cuprum metallicum* in three different attenuations adsorbed in MMT clay for the treatment of artificially induced wounds in mouse subjects. Field Emission Scanning Electron Microscopy was used to evaluate the nanoparticle adsorption in MMT clay for each of these attenuations. Outcomes were measured for cell regeneration or degeneration on histological examination after 28 days of treatment. The mice treated with all three attenuations of *Cuprum metallicum* in MMT and standard therapy *Soframycin* demonstrated significantly better outcomes in both measures compared to control subjects. Treatment with the highest attenuation of *Cuprum metallicum* (200C) in MMT was not statistically different from the standard treatment, *Soframycin*, in the regenerated cells outcome measure. *Cuprum metallicum* in MMT shows promise for an alternate, safe, inexpensive, and effective therapy for superficial wounds.

Keywords: *Cuprum metallicum*, MMT clay adsorption, nanoparticles, wound healing

Introduction

Superficial infections occur primarily in the outer layers of the skin but may extend deeper into the subcutaneous layer. They are primarily caused by aerobic microorganisms, but deeper wounds may also be infected with anaerobes.[1] Montmorillonite (MMT) clays contain fine-grained (<2 micron) particles, naturally composed of negatively-charged silicate sheets. These phyllosilicates have been used in prophylactic and therapeutic applications since ancient times. The different soil minerals that enrich the MMT type clays may be the basis for their traditional medicinal use. In addition, medicinal clays have good adsorptive properties. This characteristic is due to their high specific surface area, chemical and mechanical stability, layered structure, and high cation exchange capacity.[2]

Nanoparticles, which are thought to be the active agents in homeopathic medicines, have high surface to volume ratio.[3,4] Individual nanoparticles appear to conglomerate

at times because of surface charge and instability. Theoretically, the free surface area of nanoparticles may interact with medicinal clays to become adsorbed. A prior study with medicinal clay suggests that it protects the adsorbed nanoparticle from oxidation and also helps in the slow release of the drug particle at the target site.[5] By using MMT clays, the particles appear to gain stability after adsorption and remain activated for longer times at the zone of interest.[6]

Cuprum metallicum is a homeopathic medicine derived from pure copper metal. Metallic copper has been recognized for its antibacterial effects.[7] A prior study of metallic copper in nano-particulate form demonstrated an antibiotic effect.[8, 9] *Cuprum metallicum* may derive effects from nanoparticles of copper when produced at higher attenuations generated by progressive dilution and agitation of the stock material.[10] Therefore, homeopathic

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Cuprum metallicum may be useful for the treatment of wounds and injuries.

If the effects of homeopathic *Cuprum metallicum* are due to nanoparticles, and nanoparticles are stabilized for longer durations of activity when adsorbed in MMT clay, then the therapeutic effects of such an admixture should be equivalent or superior to the current Indian standard of care, treatment with *Soframycin* (framycetin sulphate) antimicrobial cream.[11] To test this hypothesis, a study was conducted using artificially wounded mice.

Methods

This study was designed as an un-blinded non-inferiority trial in an animal model to test a topical application of the homeopathic medicine *Cuprum metallicum* adsorbed in MMT clay against the current standard treatment, topical *Soframycin*. Homeopathic *Cuprum metallicum* was supplied by Dr. D.S. Bhar of HAPCO. Pure line albino mice were obtained from a CPCSEA authorized breeder. Montmorillonite (MMT) powdered clay was obtained from Nanocor Inc., USA.

The clay was distributed equally in three Eppendorf micro-centrifuge tubes and was processed with water through continuous stirring for 18 hours. Each of the three different attenuations of *Cuprum metallicum* (6C, 30C, 200C) were added to different micro-centrifuge tubes, each containing MMT clay and were further stirred. After 6 hours of time to permit adsorption of the homeopathic medicine in the clay, the three sets of drugs were placed in vacuum desiccators for drying for 48 hours. After drying, each sample was converted into powdered form to facilitate Field Emission Scanning Electron Microscopy (FESEM) to determine the morphology and size of embedded nanoparticles within the MMT clay.[12]

Fifteen healthy albino mice were used for the experiment. Skin wounding was accomplished by exposing the skin of the back of each mouse with binder clips, and then cutting the epidermis with surgical scissors to create a wound measuring 6 mm² using a visual scale. Aseptic technique was maintained.

The mice were divided into five groups with three mice in each group.

Group	Assignment
1	Control (no treatment)
2	<i>Soframycin</i> topical antibiotic
3	<i>Cuprum metallicum</i> 6 C in MMT Clay
4	<i>Cuprum metallicum</i> 30 C in MMT Clay
5	<i>Cuprum metallicum</i> 200 C in MMT Clay

Table 1: Group assignments for treatment

Each group was kept separately from the other groups. The groups were maintained at room temperature (22 °C) and relative humidity 65± 10%. Food and water were

provided ad libitum. Ethical review was approved by the Department of Pharmaceutical Technology, Jadavpur University, Kolkata, India.

In India, *Soframycin* is a commonly used aminoglycoside antibiotic cream for skin infections. MMT clay separately adsorbed with 6C, 30C, 200C drugs were applied to wounds for group III, IV and V mice.

Wounded mice were treated daily according to their group for 28 days. Mice were then sacrificed by cervical dislocation. Wounded tissues were completely excised surgically and processed for paraffin embedding. Upper epidermal skin cells samples were stained with hematoxylin and eosin (H&E) for microscopic examination by an unblinded expert at 100X magnification. Two main outcome measures were investigated at the 28 day point: (1) the number of regenerated cells (positive outcome) and the number of degenerated cells (negative outcome). Regenerated or healed cells were identified as any intact regenerated cells or any cells demonstrating re-epithelialization. Degenerated or persistently damaged cells were identified as any cells demonstrating cell rupture or wide surface area.[13] The total number of cells in each group was counted per high powered field (20 µm) (HPF) from microphotographs of sections from the wounded areas for each subject. These outcome measures were then statistically compared using *t*-test between control and various treatment arms, as well as standard treatment and other treatment arms to determine if the hypothesis had been validated.

Results

An example of the artificial wounding of a subject mouse is provided in Figure 1.



Figure 1: Artificial wound on mouse subject.

Field Emission Scanning Electron Micrographs (FESEM) at 3000X magnification of MMT clay and nanoparticle adsorption in MMT clay of *Cuprum metallicum* in 6C, 30C, and 200C attenuations are shown in Figure 2. The nanoparticle size and number appears to decrease with subsequent increasing attenuations (see arrows). Decreasing nanoparticle size and number has been associated with increased adsorption in MMT clay [14, 15].

The results of the histological examination of wounded tissues at 28 days are provided in Table 2 and Figure 3.

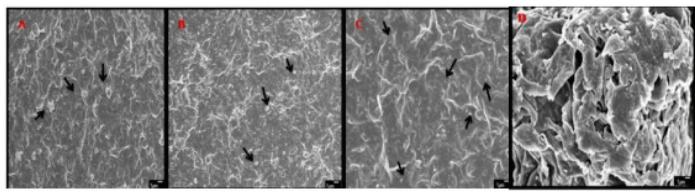


Figure 2: FESEM Micrograph of *Cuprum metallicum* 6C (A), 30C (B), 200C (C) in MMT, and MMT alone (D). Black arrows point to nanoparticles observed.

Fewer ruptured or wide surface area (WSA) cells, higher numbers of regenerated cells with a higher estimate of epithelial healing are markers of improved wound repair. The mice receiving *Cuprum metallicum* 200C attenuation in MMT clay showed the highest level of improvement. The *Soframycin* (standard treatment) group showed a similar level of improvement.

Group (n=3 each)	Treatment Type	Degenerated Cells	Regenerated Cells
I	Control	Mostly ruptured	2±0.5
II	<i>Soframycin</i>	5±0.5	22±0.5
III	<i>Cuprum met.</i> 6C-MMT	24±0.5	7±0.0
IV	<i>Cuprum met.</i> 30C-MMT	11±0	17±0.4
V	<i>Cuprum met.</i> 200C-MMT	7±0.4	21±0.5

Table 2: Counts of destroyed (non-healing) or regenerated (healing) cells per HPF according to treatment.

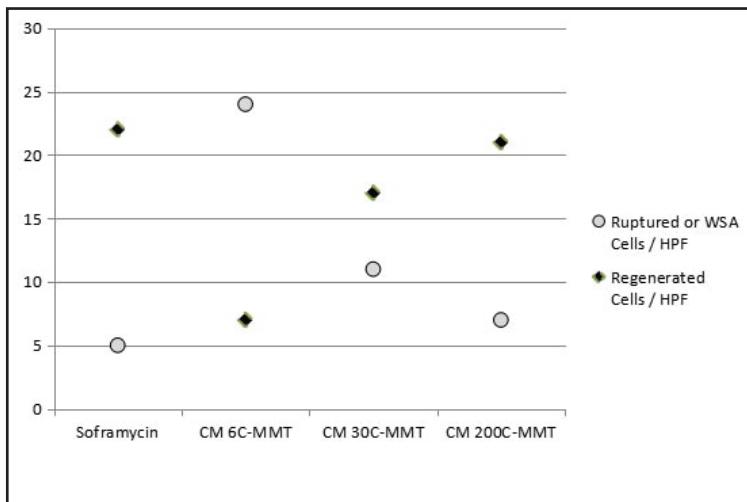


Figure 3: Outcome measures for treatment groups (CM = *Cuprum metallicum*).

Histological H&E stained micrographs demonstrate the visual changes at 28 days for the five different groups. The control group showed significant tissue destruction with too many degenerated cells to count and with the least evidence of healing. Maximum improvement was seen in the *Soframycin* (standard treatment) group and the *Cuprum metallicum* 200C group. Arrows are provided to demonstrate ruptured cells, regenerated cells, wide surface area cells, and cells associated with re-epithelialization.

(See Figure 4 on next page.)

The *p*-values derived from two tailed *t*-test comparisons of the outcomes of standard therapy (*Soframycin*) to outcomes of each of the three *Cuprum metallicum* (CM) / MMT treatment groups are presented in Table 3. The one sided *t*-test comparisons of Control outcomes to the four treatment group outcomes are also provided.

If we consider a *p* value of < 0.01 to demonstrate a

Treatment Group	Outcomes Compared to <i>Soframycin</i>		Outcomes Compared to Control
	Degenerated Cells	Regenerated Cells	Regenerated Cells
CM 6C / MMT	<.00001	<.00001	0.00005
CM 30C / MMT	0.00005	0.001	<.00001
CM 200C / MMT	0.005	0.42	<.00001
<i>Soframycin</i>	NA	NA	<.00001

Table 3: Relevant *p* values of treatment outcome measure comparisons.

statistically significant difference in outcomes to treatment, the study results show that *Soframycin* treatment was associated with significantly better outcomes than the Control, *Cuprum metallicum* 6C, and *Cuprum metallicum* 30C. *Cuprum metallicum* 200C showed an equivalent outcome as *Soframycin* with respect to regenerated cells. All four treatment arms showed significantly better outcomes than the control group for both measures.

Discussion

This animal study was designed to investigate whether nano-particulate metallic copper adsorbed in MMT clay might prove as beneficial as the current standard treatment for superficial wound care. Of the three nano-particulate compounds tested, the 200C (highest attenuation) appears to have the smallest particle size and greatest adsorption in MMT clay on FESEM and was associated with the best outcome. The *Cuprum metallicum* 200C/MMT treatment demonstrated a statistically equivalent outcome compared to standard care in one of our two primary measures for effect.

Limitations to this study include the potential for expectation bias due to the lack of blinding of the investigators, small size of the population studied, limited number of wound samples evaluated, and lack of an MMT clay comparator group.

Given the low cost of manufacture, low reported adverse effect rate for homeopathic medicines in general, and the similar efficacy in the animal model as the current standard therapy, consideration should be given to the use of *Cuprum metallicum* 200C/MMT for the treatment of superficial wounds. Additional research should be pursued to determine if the therapy might have wider potential applications.

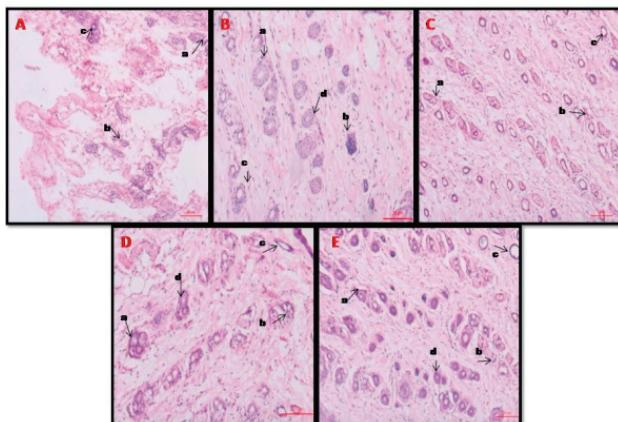


Figure 4: H&E Stained Micrograph Samples of Control (A), Soframycin treatment (B), and Cuprum metallicum 6C (C), Cuprum metallicum 30C (D), Cuprum metallicum 200C (E) in MMT treatment groups. Arrows with small letters indicate regenerated cells (a), ruptured cells (b), wide surface area cells (c), and re-epithelialization (d).

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On the Treatment of Pneumonia

Joel Shepperd, MD

Disease is a state of being of the organism, a dynamically dis-tuned life force, a non-entity, not a material thing, not pathology, not hidden and subtle in the interior; it shows itself by signs and symptoms observed by a physician (§8, §13, §14). Homeopaths do not treat the diagnosis, but each person's unique expression of disease.

The ordinary, conventional school permits only a few names (diagnoses); it does not allow the prolificacy of nature to dare to produce any others. Then it proceeds according to fixed patterns in its treatment. The homeopathic doctor is not caught in such prejudices. He does not acknowledge the names; she cures each person according to his or her individuality (§73a,b). X-rays help confirm the diagnosis of pneumonia, but the word "pneumonia" represents only a few signs and symptoms, not the whole of the disease.

Each new epidemic or sporadic disease must be explored as if it were new and unknown, no matter how it is named. The symptom complex is found by exact investigation of the current disease picture without conjecture, but with perception. Each epidemic is unique and different from all previous ones (§73, §100). The infectious agent named as a "cause" of pneumonia only gives the homeopath another fact, but it does not determine the homeopathic treatment.

The homeopathic medicine helps those who were in fairly good health before the epidemic—those who were not chronically sick with developed Psora (§240). The correct treatment of serious pneumonia may save the person's life, but it may not cure them if they had pre-existing chronic disease. The long-term disease must be treated before they return to health.

Use a single remedy at one time with a patient. If two or more medicines are given together, it is impossible to predict how they might hinder or change each other's action on the human body even if the pure effects of each are already known on the healthy (§273-274). It's best not to use polypharmacy in the treatment of serious acute

disease.

A more rapid cure can be accomplished under the following conditions: 1) select very accurate remedies, 2) give small doses of high potencies dissolved in water at suitable intervals, known by experience; the potency of each dose must be somewhat different from the dose before and after it (§246). An intense illness requires more of the remedy.

In urgent cases, give the medicine solution every hour or more frequently. In acute disease, give every six, four, three or two hours (§248).

If in six, eight, or twelve hours the patient is distinctly worse and new symptoms arise hour to hour, the doctor must dutifully select the most appropriate remedy for the condition as it is now presenting itself (§248, §250). Truly serious febrile diseases may have different stages, each requiring a different remedy. In pneumonia there may be an inflammatory stage followed by a consolidation stage and then a resolution stage. Each new picture of the disease stage requires that the case be retaken. For instance, Hahnemann determined three remedies for cholera depending on the progressive stages of the disease. The latest Ebola outbreak, for example, would probably require more than one remedy for its cure.

For reference, it should be noted that the word pneumonia does not appear in the *Organon*.

About the author: Joel Shepperd, MD, has maintained a private practice in homeopathic medicine for 40 years in the Chicago area. He is a co-founder and treasurer of the Illinois Homeopathic Medical Association. He is a partner at the Center of Integral Health in Lombard, Illinois. He is a part-time faculty member at the National University of Health Sciences naturopathic medical school where he regularly teaches homeopathy. He has published many articles and has authored the textbook "Hahnemann's Organon for Students."



Ten Cases of Mumps Treated at a Primary Health Care Center in India

A Homeopathic Medicine Case Series Report

Gyandas G. Wadhwani, MD (Hom)

Abstract: The Delhi Government Homeopathic Dispensary, a primary health care center in Aali Village, New Delhi, witnessed a sporadic surge in cases of mumps during the months of May and June 2015. The cases were treated successfully using different homeopathic medicines prescribed according to the Law of Similars.

Keywords: infectious disease, mumps, Myxovirus parotitidis; mumps, homeopathic treatment of; *Phosphorus*, *Phytolacca*, *Mercurius iodatus ruber*; *Parotidinum*, *Aconite*, *Pulsatilla*, *Lachesis*, *Rhus toxicodendron*, *Mercurius iodatus flavidus*, *Sulphur*

Introduction

Mumps is an acute, contagious infectious disease caused by the virus Myxovirus parotitidis, which causes non-suppurative enlargement and tenderness of one or both parotid glands, though 30-40% of cases may be clinically asymptomatic. In India, mumps is largely an endemic disease and cases occur throughout the year but peak during winter and spring; epidemics are associated with over-crowding. Although the morbidity rate tends to be high, mortality rate tends to be negligible; no age is exempt if there is no previous immunity. Lifelong immunity usually follows clinical or subclinical mumps infection, although second infections have been documented. Adults tend to be more severely affected than children.(1)

The disease is mostly transmitted by droplet infection and direct contact with a clinical or subclinical case. After an incubation period of 16-18 days, prodromal symptoms such as low-grade fever, malaise, myalgias, headache, and anorexia occur, lasting for 2-5 days. After this most common presentation, parotitis occurs caused by the direct viral infection of the ductal epithelium and presents with localized gland inflammation. Parotid swelling subsides over one to two weeks. Other reported sites of infection are the central nervous system (CNS), eyes, pancreas, kidneys, testes, ovaries, and joints. Serologically, this inflammatory process can be confirmed with an elevated salivary amylase (s-amylase) level.(1)

During the months of May and June 2015, the Delhi Government Homeopathic Dispensary Aali Village (DGHDAV), a primary health center (PHC), was visited by ten patients with mumps. This was unprecedented as in the previous few (and the following) months the dispensary did not record any case of mumps. This sporadic surge in

cases was recorded carefully and the data analyzed as a short case series.

Study setting

Aali Village is a rural area in the National Capital Territory of Delhi with a population of over 100,000 people, mostly migrants from various states of India, consisting of skilled labor and working class of a low socioeconomic group with poor literacy rate. Each day of illness costs this population dearly due to their meager sources of income as well as scarce job opportunities and availabilities. The DGHDAV has been providing primary health care services in the area since 1999 and serves nearly 23,000 patients annually.

This primary health care center functions with a small staff consisting of a single doctor, pharmacist and nursing orderly.

Due to poor financial subsistence and absence of any government supported pathological laboratories nearby, serological and radiological tests cannot be conducted regularly.

Inclusion criteria

The case histories of all the patients who presented with fever, pain and swollen parotids were carefully recorded.

Homeopathic medicine selection and posology

Diagnosis and medicine selection were based on objective signs (pathognomonic of disease) and accurate recording of the precisely described subjective complaints. Since the tone and mannerisms of this particular population

of patients were usually matter-of-fact and straightforward, selecting the appropriate homeopathic medicine was comparatively simple.

The Delhi Government homeopathic dispensaries are adequately supplied with centesimal potencies, which were prescribed to all the patients diagnosed with mumps.

Assessment and follow up

All the cases were followed up between two and four days after the prescription depending on severity of symptoms. Details may be seen in Tables 1.1-1.3. A self-designed Visual Analogue Scale (VAS) (Figure 1) was used to assess the response of the subjective sensation of pain to the administered remedy during follow-ups. The objective signs of fever and swollen parotids were monitored at the dispensary.

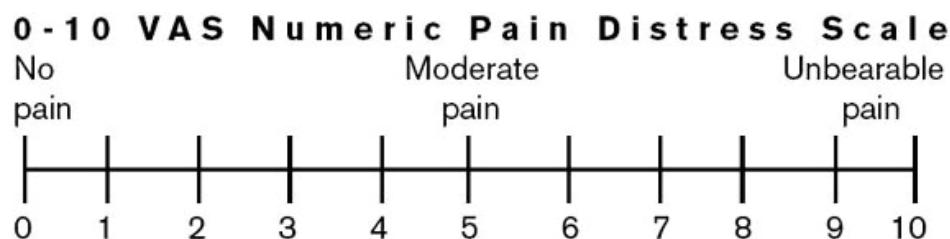


Figure 1

Conclusion

Though mumps is usually a self-limiting illness, especially in children, homeopathy can shorten the course of the disease as well as prevent potential complications in adults. This is especially significant for this low socioeconomic group of patients who cannot afford to miss work due to illness. The documentation of these ten cases seen in a short span of two months gave us the following observations:

- 1) There were five children ranging in age from 6-12 years and five adults 20-52 years of age. The results showed the effectiveness of the management of mumps with single homeopathic medicines. No adults suffered with any of the known complications of mumps.
 - 2) We successfully managed a pregnant woman who contracted mumps in the eighth month, with homeopathic *Aconitum*.
 - 3) We used the VAS score assessment of pain in response to homeopathic treatment for five adult cases.
 - 4) A clinical confirmation of the use of the nosode *Parotidinum* and its key symptom 'salivation.'(2)
 - 5) An indication of the average time of response to the correct homeopathic medicine: in almost all cases the pressing complaints of fever and pain regressed within 24 hours of the simillimum.
 - 6) Each case required a different homeopathic medicine in

accordance with the principles of "Like cures like," (in Latin, "similia similibus curantur.")

Discussion

The previous generations of homeopathic physicians faithfully recorded data of all their patients. This has been passed on to us as a legacy. As a homeopathic physician in charge of a busy primary health care clinic, I am fortunate to have first-hand experience with a wide variety of seasonal conditions, epidemics, and sporadic surges in clinical conditions, in addition to more advanced pathologies. The 'need of the hour' is to serve our patients diligently and share our data with the rest of the medical community as previous generations of homeopathic physicians have done. The hope is that the documentation of our experiences will propel the use of homeopathic treatment in primary health care services worldwide.

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ID #	Initials Age/ Sex	Presenting complaints	Assoc'd complaints	Generals	Mind & disposition	Prescription	Follow up 1	Follow up 2	Follow up 3	Result
1	SD 35/F	High fever 102-103°F since 3 days; painful & swollen parotids- left to right; VAS score: 6	Nausea after milk	Thirst increased; frequent small quantities	Anxious	13-6-15 Rx: <i>Phosphorus</i> 30 tds for 3 days Basis of prescription: Thirst; small quantities for, often, during fever	16-6-15 No fever from 2nd day of medicine; pain better (VAS score: 3); swelling persists Rx: <i>Phosphorus</i> 200 tds for 2 days	18-6-15 No pain, swelling; no other complaints Rx: <i>Sac lac</i> 30 tds for 2 days	20-6-15 No complaints Rx: <i>Sac lac</i> 30 bd for 2 days	Quick response to homeopathic remedy
2	R 12/Fc	Painful swelling of parotids since 2 days left to right; weakness; low grade fever around 99°F since 3-4 days; VAS score: not discernible		B/earache on swallowing anything	Appetite decreased	Restlessness	13-6-15 Rx <i>Phytolacca</i> 30 tds for 3 days Basis of prescription: Pain in both the ears on swallowing	16-6-15 No pain; swelling decreased by 75%; no weakness Rx: <i>Sac lac</i> 30 tds for 2 days	18-6-15 No pain or swelling Rx <i>Sac lac</i> 30 tds for 2 days	Quick response to homeopathic remedy
3	K8/MC	Painful swelling of left parotid since 2 days with high fever around 102°F; VAS score: not discernible		No appetite; Thirst increased; profuse perspiration without reduction of fever	Dullness	26-5-15 Rx: <i>Merc bin iod</i> 30 tds for 2 days Basis of prescription: increased thirst, perspiration without relief and left-sided affection	30-5-15 No fever since previous morning; pain absent since morning; swelling decreased by 50% Rx: <i>Sac lac</i> 30 tds for 3 days	2-6-15 No swelling Rx <i>Sac lac</i> 30 tds for 2 days	2-6-15 No swelling	Quick response to homeopathic remedy
4	NC 52/M	Painful swelling of parotids since 3 days- left to right; weakness; fever around 100-101°F since 4-5 days; VAS score: 8		Chilliness	No appetite orthirst; difficult articulation	Painful anxious expression	23-5-15 Rx <i>Parotidinum</i> 200, 3 doses 12 hourly followed by <i>Sac lac</i> 30 tds for 2 days Basis of prescription: Due to absence of clear cut indications of any remedy, the nosode was prescribed empirically	26-5-15 Fever came down on 2nd day with profuse perspiration- drenching bedsheets and profuse salivation; can talk and che easily now; pain (VAS score: 4) and swelling decreased markedly Rx: <i>Sac lac</i> 200 tds for 2 days	30-5-15 No pain or swelling; since one day salivation has decreased, however, still more than usual; generally active; Rx: <i>Sac lac</i> 200 tds for 2 days Rx: <i>Sac lac</i> 200 tds for 2 days	Quick response to nosode with verification of symptom mentioned in materia medica of nosodes i.e. (increased) salivation

Table 1.1

5	AD 28/F	Painful swelling of b/l parotids since one day; fever 101-102°F since three days; VAS score: 9	Chilliness; Pregnancy, LMP 5-10-14	No appetite; Thirst present, however, swallowing is painful	Anxious and fearful about impact on pregnancy as has suffered miscarriage twice before	26-5-15 Rx: Aconite 200 3 hourly for 2 days	30-5-15 No fever today; Slight pain (VAS score: 2) and 50% reduction in swelling; articulation is normal	2-6-15 No complaints	Quick response to remedy; She delivered a healthy child on 11-7-15 at home. The child and mother still visit the dispensary when unwell.
6	M 6/Fc	Fever 100-102°F since 3 days; headache since 3 days; painful swelling of parotids since last evening Left> Right; VAS score: not discernible		Loose stools since yesterday	No appetite or thirst	Weeping with pain and during fever; wants mother to apply cool water on forehead, face and neck	13-6-15 Rx <i>Pulsatilla</i> 200 tds for 3 days	16-6-15 No fever and diarrhoea after a day of medicine; swelling and pain also absent	Quick response to homeopathic remedy
7	S 21/M		COPD; chronic smoker		Not able to chew with pain; Increased thirst, wants cold water; sleep is disturbed as pain wakes him up as soon as he falls asleep	19-5-15 Rx: <i>Lachesis</i> 200, 3 doses, one daily	21-5-15 Sept better last two nights; pain better (VAS score: 2) and fever nearly gone; swelling right has gone and left has reduced by 50%	23-5-15 All ok. Wants to know if he can restart smoking today!!	Quick response to homeopathic remedy
8	R, 8/Mc	Fever (not measured) since 3 days; woke up with painful swelling of left parotid previous morning and today morning saw right parotid had also swollen; VAS score: 8			Only able to drink milk (3-4 times) since last 4 days; refuses even chocolates, which he loved previously	18-6-15 Rx: <i>Rhus toxicodendron</i> 200, 3 doses, 12 hourly along with <i>Sac lac</i> 200 tds for 2 days	20-6-15 No fever or chilliness since previous morning; sweating profusely most of the time; thirst increased; no earache since morning today; the parotids are swollen but non tender	25-6-15 Swelling b/l parotids 80% gone; some itching in b/l axilla	27-6-15 All ok now
								Rx <i>Sac lac</i> 100M, one dose	Swelling of parotids decreased slowly over 8-9 days; fever, chilliness and earache disappeared in 24 hours of homeopathic medicine

Table 1.2

9	M 10/Fc	Painful swelling of right parotid one day and left today; fever 101-102°F since day before yesterday; VAS score: not discernible	Weakness	No appetite; Thirst increased; tongue flabby with imprints	7-5-15 Rx: <i>Merc proto iod</i> 30 tds for 2 days <u>Basis of prescription:</u> increased thirst, flabby tongue with imprints of teeth and right to left complaints	9-5-15 No fever today; No pain and swelling of right is better by 50% and left by 70%; swallowing and articulation is normal Rx: <i>Sac lac</i> 200 tds for 2 days Rx: <i>Sac lac</i> 200 tds for 2 days	12-5-15 20% swelling of R parotid; no other complaint Quick response to homeopathic remedy
10	MS, 20/M	Fever 101-102°F since 3 days with hot head, cheeks and parotids, palms and soles; headache since 4 days; painful swelling of parotids since last evening Left> Right; VAS score: 8		No appetite or thirst; not passed stool since 4 days; refuses sponging in fever as feels cold however wants cooler on	16-5-15 Rx: <i>Sulphur</i> 200 tds for 3 days <u>Basis of prescription:</u> heat of single parts, aversion to bathing	19-5-15 No fever and headache after a day of medicine; 90% reduction in swelling; pain also better (VAS score: 2) Rx: <i>Sac lac</i> 200 bd for 2 days Rx: <i>Sac lac</i> 200 tds for 2 days	21-6-15 No complaints Quick response to homeopathic remedy

Table 1.3

Pneumonia and Hahnemannian Homeopathy, Part III

The American School of Homeopathy and the International Hahnemannian Association: The High Point of Homeopathy

Reprinted from *Liga news* 2016; No. 16 (Feb)

André Saine, ND

In a post-debate exchange, the skeptic Dr. Steven Novella from Yale University asked me the following question: "What do you consider to be the best clinical evidence supporting the efficacy of homeopathy for any indication?"

I had previously mentioned in the debate with Dr. Novella that likely the most compelling evidence for the effectiveness of homeopathy is found in the extensive records of its use in epidemics.(1)

In 2003, I began a detailed examination of those vast records. The main finding is that the results obtained by homeopathy during epidemics reveal an important constancy, which is an extremely low mortality rate. That observation holds true regardless of the physician, the time, the place or the type of epidemic disease, including diseases that are known to have a very high mortality rate, such as cholera, smallpox, diphtheria, typhoid fever, yellow fever, and pneumonia.

In my response to Dr. Novella's post-debate question, I compared the outcomes in mixed populations of ambulatory and hospitalized pneumonia patients for three different therapeutic interventions: homeopathy, pre-antibiotic allopathy (PAA), and contemporary conventional care (CCC). 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.

Treatment	Number of Patients	Number of Recoveries	Number of Deaths	Survival Rate (%)	Mortality Rate (%)
Homeopathy	25,216	24,350	866	96.6	3.4
PAA	148,345	112,272	36,073	75.7	24.3
CCC (limited to CAP)	33,148	28,607	4,541	86.3	13.7

Table 1: Comparative Mortality from Pneumonia under Homeopathy, PAA, and CCC

In summary, I demonstrated that 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).(2) The results of this mortality comparison are shown in Table 1..

The 3.4% mortality rate for pneumonia patients treated with homeopathy represents the overall average from different levels of expertise and ways of practicing homeopathy, including pathological prescribing and alternation of low-potency remedies, as can be found in the 1850 report of Dr. Jean-Paul Tessier at the St. Marguerite Hospital in Paris.(3) In no way, however, does it represent what that can be achieved with genuine Hahnemannian homeopathy.

In fact, if we look at the outcomes for pneumonia patients treated with different levels of expertise and ways of practicing homeopathy, we find that mortality rates can vary from 0 to 16.3% (see Table 2).

This range of mortality rates widens even more when professed homeopaths added allopathy to their homeopathic practice. For example, in 1922, Dr. G. Harlan Wells, professor of clinical medicine at the Hahnemann Medical College in Philadelphia, published the outcomes for patients with lobar pneumonia treated at the Hahnemann

Hospital between 1908 and 1921, with the analysis broken down by attending physician and the method of treatment that had been used—homeopathy alone, allopathy alone, or a mix of allopathy and homeopathy.

There was an incredibly large difference in mortality

Homeopathic Physician or Institution and Years	Cases	Deaths	Mortality rate (%)
Infantry Hospital, St. Petersburg, 1829	71	0	0
Rosenberg Collection, 1843 ⁵¹	390	14	3.6
Dr. Bosch ⁵¹	100	3	3.0
Mercy Hospital, Vienna, 1835-1842, 1849-1854 ⁵¹	954	47	1.1
Mercy Hospital, Vienna, 1843-1848 ⁵¹	88	1	1.1
Nechanitz Hospital, 1846-1848 ⁵¹	19	1	5.3
Mercy Hospital, Kremsier, 1846-1848 ⁵¹	49	8	16.3
Turin Military Hospital, 1851 ⁵¹	89	0	0
Bruges Dispensary, 1861 ⁵¹	19	0	0
Five Points House Industry Hospital, NYC, 1861-1887 ⁵¹	222	7	3.2
Military Hospital, Kansas City, 1861-1863 ⁵¹	194	3	1.6
Roubaix Hospital, 1863-1864 ⁵¹	49	2	4.1
Cavalry Depot Hospital, St. Louis, 1865 ⁵¹	25	1	4.0
St. Rochus and Besthesda Hospitals, Budapest, 1870 ⁵¹	711	63	8.9
Gyongyos Hospital, Hungary	20	0	0
Guns Hospital, Hungary ⁵²	32	0	0
Leipzig Hospital ⁵²	34	2	5.9
Military Hospital, Vienna ⁵²	79	0	0
Munich Hospital ⁵²	5	0	0
Bond Street Dispensary, 1865-1871, NYC ⁵¹	815	12	2.5
Poughkeepsie Dispensary, 1865-1867 ⁵²	15	0	0
Dr. Routh's collection, 1852	738	45	6.1
Gumpendorf Hospital ⁵¹	1,415	48	3.4
Leopoldstadt Hospital, Vienna	149	9	6.0
Linz Hospital ⁵⁴	99	1	1.0
St. Marguerite Hospital, Paris ⁵⁴	41	3	7.3
London Homoeopathic Hospital ⁵⁴	63	3	4.8
Professor Henderson, Edinburgh ⁵⁴	11	0	0
Dr. Watkins, London, 1898 ⁵⁴	14	0	0
Dr. Hood's collection (52 physicians), 1906	6,605	251	3.8
Dr. Bodman, Bristol, 1900-1910	50	0	0
Dr. Del Mas, 1914	30	0	0
Hahnemann Hospital, 1908-1921	190	14	7.4
Survey: Am. Inst. Hom., 1928	11,526	323	2.8
Drs. A. and D. Pulford, Ohio, 1929	260	4	1.4
Royal London Hom. Hospital, 1948-1953	55	1	1.8
Total	25,216	866	3.4 (average)

Table 2: Mortality of Pneumonia Patients under Homeopathic Treatment

rates among the staff doctors, ranging from 0 to 37.5%. Three out of 10 members of the staff had zero mortality, which means that it was not at all exceptional to obtain a perfect record. Out of 190 patients who were treated exclusively with homeopathy, 14 died, a mortality rate of 7.4%. Out of 153 cases that were treated exclusively with allopathy there were 92 deaths, a mortality rate of 60%. And out of 101 cases that were treated with a mix of homeopathy and allopathy 50 died, a mortality rate of 49.5%.

Dr. Wells made sure to elucidate whether confounding factors could have benefited the only homeopathy group: “The assumption that all the cases in this series that were treated homeopathically were mild infections (Type IV) is invalidated by the severity of many of these cases, by the extended period of time covered and the varying conditions present.”(4)

He later clarified the main goal of his study, in which he was conscientious about the remaining objective: “The purpose of the following study has been to determine the comparative value of homeopathic and physiological medication in the treatment of lobar pneumonia. This is a day when theories and theorists abound in the realm of medicine. It is usually impossible to determine by the ordinary processes of reasoning which theories are true and which are false. The court of last resort for the practical physician is the bedside of the patient and, laying aside all theoretical considerations, what he most desires to know is ‘What is the effect of the treatment upon those to whom it is administered?’

“In the present study of 444 cases of lobar pneumonia, the writer has endeavored to approach the subject with an unbiased mind. No attempt has been made to prove or to disprove the value of either homeopathic or non-homeopathic treatment. The duty of the physician is not to practice homeopathy or allopathy, but, as Hahnemann so admirably stated, to heal the sick. ...

“It is well known that the mortality rate in pneumonia varies from year to year; that it varies with the different types of pneumococcus; that it varies with the age and condition of the patient, and that it is notably higher in hospital than in private practice. It is always difficult in any comparative study to make due allowance for all of these factors and it has seemed equitable to study,

without any attempt at selection, the ordinary run of cases as admitted to the wards of the Hahnemann Hospital over a period of thirteen years in the service of ten different clinicians. ...

"It was found in a study of the treatment employed in lobar pneumonia that some patients received no medication except the homeopathic remedy, others received the homeopathic remedy and a few doses of some physiological drug, such as codeine or strychnine, while still another group received physiological [allopathic] drugs throughout the major portion of their illness. ..."

Following his detailed data analysis, Dr. Wells concluded, "Intelligent hygienic care combined with the indicated homeopathic remedy is the most effective treatment for lobar pneumonia now known."(5)

In the discussion that followed Dr. Wells' presentation before the meeting of the American Institute of Homeopathy, Dr. W.H. Hanchette from Sioux City said, "The question of the treatment of pneumonia, which, as a school of medicine, we have been remarkably successful in treating. Pneumonia has been called one of the most dreaded diseases, and certainly any physician of extended practice knows that it is one of the fatal diseases. The statistics, as compiled on the treatment of pneumonia, have always seemed to me exaggerated in the wrong direction. I can hardly believe that a good homeopathic physician loses anything like the percent of cases that we see so often reported. In a long and extensive practice in general medicine, I have felt that pneumonia was a disease in which our remedies acted most magically. ... I am sure that if we know how to select the remedy in pneumonia there is no reason why such fatalities, as has sometimes been reported, should occur. I realize that in the large cities, where patients are brought in from the slums near unto death at the time they enter the hospital, the treatment can not be compared with the work of the physician in general practice."(6)

What Dr. Hanchette said echoes what veteran Hahnemannian homeopaths have always known from clinical experience, namely, that the recovery from pneumonia should unquestionably be close to 100% under accurate homeopathic prescribing and proper hygienic care.

In this regard, we will now look at four mortality reports of pneumonia patients from Hahnemannian homeopaths of the American school of homeopathy. In 1885, the venerable Dr. P.P. Wells of Brooklyn, one of the great leaders of this school, commented that a death rate of even 2% or 3% in pneumonia patients was still too high under "right" homeopathy and gives the example of Dr. Reiss, who in his practice between 1843 to 1848 in the hospital of Linz, Austria, had a 1% mortality rate. He continues, "We believe this because we have the proof of this in our own experience. In a practice of this system which reaches forty-three and two-thirds years, which most of the time has been very large, and of a general character as to the diseases treated, of which, no doubt, pneumonia has made

an average part, I have not lost one case."(7)

Pneumonia was quite common in the days of Dr. Wells because many acute diseases, common to his time and place, such as influenza, diphtheria, measles, rubella, whooping cough, scarlet fever, typhus, and typhoid fever, often ended up in pneumonia. In fact during the late 1800s, in the United States pneumonia was the leading cause of death due to infectious disease and, depending on the decade, was the first to third overall leading cause of death.(8) If we assume that he saw at the very minimum one patient a month with pneumonia during his career, he would have had no deaths in well over 500 cases.(9)

Dr. Wells' success is corroborated by the present author's experience, for in over 33 years of practice I have treated over 180 pneumonia cases, many of which were apparently at death's door, having failed to recover under allopathy, and there has not been a single death under homeopathic treatment.(10)

It is in fact hard to imagine a person dying from pneumonia under genuine homeopathic treatment, even in the worst conditions when all hope is gone. I have witnessed homeopathic cures in infants and young children in the last stage of viral pneumonia; a 99-year-old woman in a very weakened state who was not responding to conventional treatment, but who lived until 103; a man in his early 70's with advanced lung cancer whose family had been told that nothing more could be done and death was imminent, and who lived six more weeks; and a comatose patient in the last stage of AIDS who presented with pneumocystis carinii pneumonia, cryptococcal meningitis, and liver and kidney failure while on toxic doses of antifungal drugs, high doses of morphine, and a daily dose of 80 mg of prednisone. His loved ones had been told that death was imminent, but he responded within minutes of receiving his first dose of a homeopathic remedy and experienced an uninterrupted recovery from all these acute conditions under continued homeopathic treatment.

Again, just this week, I was called to treat a 100-year-old woman who had been admitted to an intensive care unit with bilateral aspiration pneumonia, black vomitus, sepsis, delirium, early signs of failing heart and kidney, pronounced anemia, and an oxygen saturation index of 50%. The treating staff had very little hope for her survival. However, as soon as the indicated remedy was given, the saturation index began to rise and her respiratory rate dropped from 28 to 24 per minute. Within 24 hours, her lactate level dropped from 9.8 to 3.2 mmol/L and was normal at 1.0 mmol/L in another 24 hours(11), by which time she had experienced a "dramatic improvement." She had regained consciousness, was no longer threatened by heart and kidney failure, and was back to her "feisty" personality to the surprise of the entire staff, but not of her family, who had experienced the power of homeopathy for the last 30 years and were now looking forward to celebrating, in less than two weeks, the 101st birthday of their elder, who was an Auschwitz survivor. The main treating physician,

who is in her 40's, said she had never before seen so sick a patient survive. Incidentally, in all such critical cases, a change for the better should be obvious within one or two hours of beginning homeopathic treatment and recovery should progress steadily as long as treatment is properly continued.

In 1914, Dr. R. Del Mas reported having treated more than 30 cases with pleuro-pneumonia during his first ten years of practice in Minnesota. His patients were between five and 75 years old, and despite the fact that four of them were in a state of delirium and another one had septicemia following a self-induced abortion, he reported no mortality. He wrote that in the treatment of his pneumonia patients he used only homeopathic remedies without adjunctive care, aside from "plenty of cleanliness, cheerfulness, cold water to drink and fresh air," and that "all felt well enough, or inclined, to leave the bed within twenty-four hours after the administration of the homeopathic remedy and all were up and about, within six days, free from weakness, free from sequelae, free from that dreadful convalescence that is often worse than the disease."(12)

In 1928, Drs. Alfred and Dayton Pulford, both staunch defendants of Hahnemannian homeopathy from Toledo, Ohio, wrote in their monograph on pneumonia, "It has been stated, and we have every reason to believe truly, that fully 80 percent of all pneumonia cases would get well without any medical interference whatever, under proper nursing, so that any system or method of medical healing that cannot lower the death-rate to less than 20 percent would seem rather a menace than a blessing to pneumonia patients. After treating 242 cases of pneumonia, of all types and degrees of severity, some coming directly from and others having been confirmed by allopathic diagnosis, with but 3 deaths, a rate of but 1.4 [1.2] percent, we can hardly understand a fixed minimum death-rate of 25 percent much less a maximum rate of 95 percent, in a disease as readily amenable to the proper remedy as is pneumonia. The death rate under the homeopathic simillimum should at no time exceed 5 percent; a higher rate would rather reflect on our ability."(13)

In the following year, 1929, Alfred Pulford wrote in the publication of their 249th and 250th cases of pneumonia, of which one was a failure, the other a success, "Our 249th case of pneumonia proved a failure, thus making our fourth death from this disease, all of the four being over 70 years of age. The first two were due to our own medical ignorance, the other two to serious complications.

"Death—About six months ago Mrs. V., aged 75, was taken with an abdominal trouble, the nature of which we could not learn. Her allopathic doctor among other things gave her freely of acidophilus milk, which soon produced a persistent looseness of the bowels which he finally could not control and she lost over 100 pounds in that space of time, her normal weight being 225 pounds. At this juncture she was turned over to us. Under *Podophyllum* she was progressing splendidly until she went out in the

rain and came down with a severe chill resulting in the development of lobar pneumonia affecting the lower lobe of the left lung. Just prior to coming to us she had lost a son that was the idol of her heart and not long before that her husband died suddenly, from all of which she had become profoundly despondent and told her son-in-law that she had no desire to live. Right from the start she dropped into a coma with delirium. She refused to give any symptoms and neither volunteered nor acknowledged anything. *Rhus toxicodendron* given on the cause and what the nurse could gather brought prompt and temporary relief for three days and then came without any apparent cause as prompt a relapse. What the nurse could collect and what we could observe pointed strongly to *Arsenicum album*, which seemed for three days to have proven more indicated than *Rhus toxicodendron*, but on the morning of the 6th day at 6 A.M. without warning and with a pulse strong and regular, she lay back in bed and peacefully expired in spite of the fact that the lung previously affected was clearing up beautifully.

"Recovery—Our 250th case was that of a care-taker of Toledo's most exclusive club, a man of 55 years of age, who was taken with a severe chill, an excruciating backache and a severe splitting headache just such as might precede the breaking out of smallpox. He was taken home and thinking it only a bilious attack the family tried out their own remedies. He got rapidly worse and on the fourth day we were called in and found a fully developed and typical case of lobar pneumonia complicated with pleurisy. The pleura dry and rubbing like two pieces of rubber scraping over each other, the lower half of the right lung and the inner part of the upper half of the same lung congested and almost solid and feeling like a heavy load in and on the chest. The case was masked and it was two days later before we could get clear indications for the indicated remedy, but they came beautifully as follows: aggravation beginning at 2 A.M., reaching its height at 3 A.M. (sun time, the time on which all our remedies were proven) and ameliorating at 6 A.M., irritability, irascibility, quarrelsome, impatient, fearful, oversensitive, sharp stitching, cutting pains in the area affected, worse on every attempt at deep inspiration, the respiration rapid and superficial, severe suffocation on every attempt to eat or drink or on every exertion, temperature ranging around 103° or 104°, great thirst for cold drinks, could rest only lying on the back, head and shoulders raised, cough in double paroxysms, once to loosen the mucus and the second one to raise it, and always followed by exhaustion and weakness, sputum at first quite bloody, later thick, yellow and stringy, pulse rapid and weak, slight puffiness under eyebrows, bowels constipated, no appetite, nose plugged up with mucus, lips covered with sores, little sleep and what little he did get was full of troublesome dreams. . . .

"The above case gave an unquestionable indication for *Kali carbonicum*. The 30th was all we had with us. He received a single dose on May 2nd at 6 P.M. In just 30

minutes he was decidedly easier, on the morning of May 3rd the dry rubbing of the pleura and the pains had disappeared and the improvement continued steadily for three days when it slowed up. A single dose of the 200 C was then given. On May 8th everything was cleared up. On May 10th we discharged him and he said he expected to return to his work the following Monday. If this is not cutting short a typical well developed case of lobar pneumonia, just what is it?"(14)

The tabulation of these four anecdotal reports from Hahnemannian homeopaths over different eras (see Table

Hahnemannian physician and the years of reporting	Number of Patients	Number of Deaths	Mortality Rate (%)
P.P. Wells, 1841-1885	500	0	0
Del Mas, 1904-1914	30	0	0
A. and D. Pulford, Ohio, 1899-1929	250	4	1.6
Saine, 1982-2016	180	0	0
Total	960	4	0.4

Table 3: Mortality from Pneumonia under Hahnemannian Homeopathy

3) shows the same constancy as mentioned earlier, for the results obtained by homeopathy in all types of epidemic diseases, but this time the mortality rate is not just extremely low but it is almost nil, as there were only four deaths in

Treatment	Number of Patients	Number of Recoveries	Survival Rate (%)	Number of Deaths	Mortality Rate (%)
Homeopathy	25,216	24,350	96.6	866	3.4
Hahnemannian Homeopathy	960	956	99.6	4	0.4
PAA	148,345	112,272	75.7	36,073	24.3
CCC	33,148	28,607	86.3	4,541	13.7

Table 4: Comparative Mortality from Pneumonia under Homeopathy, Hahnemannian Homeopathy, PAA and CC.

about 960 patients with pneumonia of all types of severity.

The overall outcomes from these Hahnemannian homeopaths are now compared to the ones of the original three therapeutic intervention groups, namely homeopathy, PAA and CCC (see Table 4).

The treatment effect of genuine Hahnemannian homeopathy is enormous, for the odds of surviving CAP are 28 to 1 when we average the outcomes from all the ways of practicing homeopathy; were 3 to 1 with PAA, and are today 6 to 1 with CCC. 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. However, this last number should be closer to 7 lives being saved out

of 100 if we subtracted the outcomes of Hahnemannian homeopathy from the original therapeutic intervention group "homeopathy," in which it was included.

Not only has genuine homeopathy demonstrated its superiority in the treatment of patients with pneumonia in comparison to all the other ways of practicing homeopathy in particular and CCC in general, but this superiority is also observed in other acute diseases, as well as chronic diseases.

Since the art of medicine should reflect the science on which it is based, and since society values the saving of lives above any other medical achievement, shouldn't the medical system use the best treatments known to science? Should we not expect medical students to be trained in genuine homeopathy? Should we not discourage training in homeopathy that deviates from the teaching of Hahnemann and the great Hahnemannians? Should persons with diseases that are most amenable to homeopathy not request that their physicians treat them with genuine homeopathy?

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. For example, 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. (15)

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. This is despite the fact that contemporary conventional medicine enjoys the advantages of advances in nursing care, such as hydration and oxygenation of the critically ill patient. In 1979, the age-adjusted annual mortality for CIP was 11.2 per 100,000 per year; in 1998, it was 13.2; in 2011, it was 15.7, and pneumonia consistently accounted for the overwhelming majority of deaths between pneumonia and influenza without pneumonia.(16,17) On the other hand, CCC has had to contend with the increase in the last few decades of antibiotic-resistant bacteria.

In the last available "Leading Causes of Death" report by the U.S. Centers for Disease Control and Prevention, 56,979 persons are reported to have died from CIP in 2013.

(18) Under genuine Hahnemannian homeopathy, 56,751 of these persons would theoretically have been saved.

This huge reduction in mortality would have considerable collateral benefits for any society that was wise enough to make genuine homeopathic care universal for its people. The 2003 Pneumonia Fact Sheet from the American Lung Association reported, “In 1996 (the latest data available), there were an estimated 4.8 million cases of pneumonia resulting in 54.6 million restricted-activity days and 31.5 million bed days.”(19)

Every year 1.2 million Americans are hospitalized due to pneumonia. In 2005, CIP represented a cost to the U.S. economy of \$40.2 billion.(20) In 2002 CAP cost the European economy \$30 billion.(21)

On the worldwide scene, an estimated 1.2 million children under the age of five die from pneumonia every year—more than from AIDS, malaria, and tuberculosis combined.(22) Although mortality from pneumonia in children is low in developed countries, the World Health Organization estimates that in developing countries one in three children dies from an acute respiratory tract infection. (23)

While CAP remains a major cause of death with a mortality rate of 13.7% in developed countries, HCAP carries a much higher mortality—between 50% and 70%. In Fine, et al.’s meta-analysis, mortality was lowest in studies of a mixed population of ambulatory and hospitalized patients (5.1%); intermediate in only hospitalized (13.6%), elderly (17.6%), and bacteremic (19.6%) patients; and highest in nursing homes (30.8%) and in intensive care units (ICU) (36.5%)(24). When pneumonia develops in patients already hospitalized for other conditions, the mortality rates is even higher, ranging from 50% and 70%. (25,26)

Mortality goes up to 35% in cases of pneumonia associated with *E. coli* and *Klebsiella* species and to 61% in cases associated with *Pseudomonas aeruginosa*; it ranges between 5% and 9% with viruses other than influenza B and adenovirus.(27) There is also no generally effective treatment in conventional medicine for most types of viral pneumonia, such as severe acute respiratory syndrome (SARS), where mortality averages 14.5%.(28) In 11,229 patients, or one-third of those surveyed in Fine, et al.’s meta-analysis, mortality rose to 12.8% when the associated microbes were unknown.(29) From personal experience, I would predict that the drop in mortality under genuine homeopathy would be most dramatic in nursing-home and ICU patients, regardless of the infective microorganisms involved, even those that are associated with a high mortality rate. That is because recovery time in cases infected with antibiotic-resistant bacteria or in immunosuppressed cases is as fast as in other pneumonia cases.

Mortality from pneumonia can spike at any time in an emerging epidemic. For instance in 2005, there were more than 60,000 deaths from pneumonia alone in persons aged 15 years and over in the United States. In any case,

morbidity and mortality from infectious diseases have been rising steadily in recent decades. For instance, from 1998 to 2005 the hospitalization rate in the U.S. for all infectious diseases increased from 1,525 per 100,000 to 1,667. Of patients hospitalized with pneumonia, 10% to 20% required admission to an ICU. Mortality was highest for CAP patients who were hospitalized; the 30-day mortality rate was as high as 23%. Despite the availability of and widespread adherence to recommended allopathic treatment guidelines, CAP continues to present a significant burden in adults. Furthermore, given the aging population in North America and the ubiquitous increase in microbial resistance to drugs, allopathic clinicians can expect to encounter increasing difficulty in treating a growing number of adult patients with CAP.(30)

Knowledge is power, but despite robust epidemiological and observational evidence establishing cause and effect between genuine homeopathic treatment and the recovery of health and saving of lives—evidence which has been publicly available since at least the 1850s—very few people know anything about it. Why is the truth about genuine homeopathy and the countless benefits it could bring to society not better known?

In 2012, I was attending a conference in Reston, Virginia, where a much sought-after teacher of homeopathy came to me and suggested that we should unite our efforts. I responded, “How can water be mixed with oil?” He seemed puzzled by my answer; so I continued, “If you or your students can confidently treat at their bedside ten consecutive intensive-care-unit patients, and, when you return to follow up, be confident that every one of these patients will have begun to improve, we can no doubt unite our efforts to make homeopathy better.” He answered, “I have never treated a patient in an ICU.” I retorted, “All right then, could you confidently treat ten consecutive patients with pneumonia of every degree of severity and in any condition and be confident when you followed them up that all of them would be better?” He answered, “I never treat patients with pneumonia.”

If the truth of homeopathy is not known by its professed teachers, how can we expect it to be known by the general public? This is certainly a crucial internal problem which the homeopathic profession needs to solve quickly and permanently through better education in the art of homeopathy.

There are many obstacles to the dissemination of the truth, among which ignorance and bigotry are at the forefront. In the preface to the first edition of the *Organon*, Hahnemann warned his fellow physicians of such obstacles: “I must warn the reader that indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine. The physician who enters on his work in this spirit becomes directly assimilated to the Divine Creator of the world, whose human creatures he

helps to preserve, and whose approval renders him thrice blessed.”(31)

The practice of Hahnemannian homeopathy, simple in principles but requiring assiduous rigor for its successful application, is based on the totality of the symptoms, the matching of the genius of the remedy with the genius of the patient’s disease, the use of reliable *materia medica*, and the single remedy in a large range of potencies. On this last point, I reported in my response to Dr. Novella’s question that a 10-year study on the treatment of pneumonia patients in a hospital showed that the higher the potencies used, the better the results on all six criteria that were measured, namely, (1) the seat of infiltration, (2) the duration of infiltration (reckoned from when it was first observed to when it began to be resolved), (3) the time at which resolution of the infiltration began, (4) the time at which resolution was complete, (5) the time at which all physical signs disappeared, and (6) the duration of convalescence. (32)

It goes without saying that the best in the art of medicine should be at the service of everyone, and since genuine Hahnemannian homeopathy offers the intervention of choice, it should be made universally available, not only to any population threatened with infectious and epidemic diseases, but also to the rest of the population for prophylactic and therapeutic purposes. Unfortunately, four million people worldwide will continue to die from pneumonia every year as long as the politics of medicine is guided by ignorance, bigotry, and special interests.

From a scientific and moral point of view, homeopathic institutions and training programs in homeopathy should emphasize the teaching and practice of genuine homeopathy and at the same time discourage all other ways of practicing homeopathy, except for research purposes. There is no doubt that every effort we invest in this direction will have permanent value in our quest to make the world a better place. (To be continued)

Abbreviations

CAP: community-acquired pneumonia

CCC: contemporary conventional care

CIP: the combined effects of influenza and pneumonia

HCAP: health-care-acquired pneumonia

PAA: pre-antibiotic allopathy

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A Case of Refractory Aspergillus Pneumonia

A Homeopathic Medicine Case Report

André Saine, ND

Abstract: Aspergillosis is the name given to a wide variety of diseases caused by infection by fungi of the genus Aspergillus. Allopathic treatment involves the use of antifungals for a prolonged period of time, due to the increasing resistance of these organisms to drug treatment. Homeopathic medicine offers an effective and safe therapeutic intervention for the complete resolution of this illness as described in the following case of a 54-year-old male with drug resistant pulmonary aspergillosis.

Keywords: Chronic drug resistant pulmonary aspergillosis, shortness of breath, weight loss, fatigue; pneumonia, homeopathic treatment of, *Arsenicum album*, resolution.

Introduction

Aspergillus spores are present in the air we breathe, but do not normally cause illness except in those people with a weakened immune system, damaged lungs or with allergies. Sources of high numbers of Aspergillus spores include air conditioning units, composting and damp or flood-damaged housing and hospital building projects. Common Aspergillus infections include invasive aspergillosis, allergic bronchopulmonary aspergillosis, chronic pulmonary aspergillosis, aspergilloma, and severe asthma with fungal sensitization.(1) Antifungal drugs are available for treatment, but these allopathic therapies are limited by the alarming increase in multi-drug resistance. Fortunately, homeopathy offers a safe and effective treatment for these conditions when prescribed on an individual basis according to the Law of Similars.

Patient Information

D.M. was a 54-year-old man who developed Aspergillus pneumonia in 1997. For the first year-and-a-half, he was under allopathic treatment without success; he became progressively worse until he was so weak he was unable to work. Patient became completely bed ridden in November 1998. His right lower lobe would "keep filling up" every three or four weeks. He had a diminished appetite and had lost 22 pounds (10 kg) by that time. Since conventional treatment was not helping, he consulted a naturopathic physician in the spring of 1999 who changed his diet, prescribed vegetable broths and combination homeopathic remedies. In August 1999, he had sufficiently recovered to resume part-time work, though he still remained weak and wasted.

Two weeks prior to initially seeing me on October 4, 2001, he visited a house with a crawl space that had an

opening to the house. Within one hour of exposure, he started to experience the typical symptoms of an exacerbation of the pneumonia. He first noted constriction of his bronchi, shortness of breath and wheezing. His chronic cough became paroxysmal, and he started to expectorate clear gelatin-like, tasteless 3-4 mm balls, "solid enough that you can bite through them." Since this exacerbation, he complained of a sharp stabbing headache, "like a pen or knife," in the front part of his vertex. He had a constant low-grade fever with malaise, soreness of his body and night sweats. He experienced a constant pressure pain at the upper medial angle of his left scapula that was worse from coughing. The lower posterior chest was sore bilaterally, worse from coughing, and the upper anterior part of his chest was painful on descending stairs.

He experienced a pressure deep behind his shoulder blades. He recognized all these symptoms as being typical for an acute exacerbation of pneumonia. He stated that this was the worst he had felt in the last two years. His naturopathic physician referred him to me for classical homeopathic treatment.

The shortness of breath (SOB) was worse in the evening; it began at 6 p.m. and grew progressively worse throughout the night. He went to bed at 8:30 p.m. and the SOB was worse when he lay on his back and lowered his head. He was also aggravated by work stress, laughing, fireplace smoke or tobacco, and better from expectoration.

The cough was a "long," constant one forcing him to sit up to cough. He kept coughing every 15 to 60 seconds throughout the night with expectoration of mucous if he didn't take any medication. He coughed up almost a quarter teaspoon of mucous every time and about one large tablespoon in the morning, when it took him a few hours to

clear the mucous. Then the cough greatly diminished until it eventually worsened as the day progressed, especially after 3 to 4 p.m. He then needed to sit bent with his head resting on his arms folded on the table, because it helped him to breathe better and expectorate the mucous. The cough was worse from laughing (2), swallowing the wrong way (1), deep breathing (1), dust (2), cats and dogs (2), cold drinks (2) and entering a warm room from cold air (1). Since his youth he wheezed with exertion on very cold days and coughed when entering a warm room from cold air. If he felt bloated, he had difficulty coughing and needed to bend backwards to achieve a better cough. When he laughed, he became SOB, choked, coughed and expectorated a lot of mucous. For the most part of his life since teenage years, he experienced a choking cough whenever he laughed.

He thinks that he first contracted the Aspergillus from a contaminated air conditioning system at work. Since 1997, whenever he had to go into a dark humid place, which he tried to avoid, he wore a mask. He also needed to wear his mask on polluted days if he wanted to avoid an exacerbation of his symptoms. Also, each time he visited his daughter, he would experience an exacerbation of the cough within an hour which would often lead to an acute episode of pneumonia. Her house was very moldy in spite of many attempts to rid it of mold. When the pneumonia was bad, he experienced sharp knife-like stabbing pains in his chest.

Past medical history

He fractured his cervical spine at C6-7 in 1970 during a racing accident. He had problems with prostatitis since his mid-twenties and had an acute episode in 1994 with a high fever and stool and urine retention. He responded immediately to antibiotics for a positive E. coli culture. He also had a history of recurrent ingrown toenails. The rest of his medical history was unremarkable.

Family history

Allergy and asthma are found in only one nephew.

Physical Generalities

He was a chilly person that preferred a very warm room at 26°C, but was worse from the heat of the summer. He stated he had been chillier since the onset of the disease in 1997 and especially so at night in the last two weeks. He had difficulty breathing in hot humid weather (2) though he tolerated the sun for about 20 minutes, as long as it wasn't humid. He enjoyed hot showers, which helped his shortness of breath and the chest pain. In wet weather he experienced pain in the area of his neck injury from C6 to T2, extending down his left arm. Heat relieved these symptoms. He had a tendency to sweat if he became cold after exertion. He had a history of offensive foot sweats.

His energy was 4-5 out of 10 and worsened after 3-4 p.m. He was exhausted from the slightest exertion (2). He felt he had lost 60-70% of his capacity to walk due to SOB

and lack of stamina.

Sleep

Since the onset of the pneumonia in 1997, he had been sleeping twelve hours a night, but without ever feeling refreshed. His back and chest pain kept him uncomfortable all night. He preferred to sleep on his right side. He slept like all Norwegians with the window open and under a thick comforter, even in the winter, but he now wore warm clothes to sleep.

Appetite

His appetite was poor. Since the pneumonia in 1997, he tended to become weak when he postponed eating by three hours. He liked salty foods (1) and bread with goat cheese (1). He felt bloated if he ate wheat.(1). Dairy products, especially blue cheese, caused increased mucus. Seafood gave him hives. He was sensitive to sulfites; he said that he "would drown" in his own mucus if he drank wine with sulfites. His stools were regular and normal. He was not very thirsty and felt pain in his chest from drinking cold water.

Personality

He described himself as an introvert with a lot of determination. He was aggressive setting goals in the work place. He worked as an engineer managing a large multinational company where he experienced a lot of stress and competition. He always worried about his work and incidentally discovered earlier today that he had lost his job. He stated, however, that he felt relief because the work had become too stressful for him.

He was an artist and tended to worry. He said that he had never been a very confident person. He had a fear of the dark until the age of seven. Since early childhood, whenever he felt stressed, he experienced an "out-of-body experience," a sense of overwhelm, followed by a sensation of feeling disconnected from his body, along with a great fear of death. D.M. stated that he experienced this frequently when he was paralyzed for six weeks after his neck injury in 1970. "I became then aware of my own fragility."

He remembered that at the age of six or seven, he would hide under a chair when he experienced this disconnected sensation, which would occur every evening in the winter while doing his homework. He continued to experience these fears/sensations whenever he was fatigued. They had been worse in the past two weeks.

If he saw someone else suffering, he imagined himself in their shoes.. He felt bad if he saw a dead animal. It was difficult for him to set a mousetrap.

The most stressful event of his life occurred in 1996 when he was recruited by a space agency. After moving his family, he arrived at work to learn that he had been given legal work to do instead of engineering, which is what he had been hired for. He felt completely outside of his league,

very isolated, humiliated, professionally diminished and insecure. This stress lasted a whole year, followed by his first bout with Aspergillus in 1997.

Physical Exam

He was very tall and thin and wasted, with a pale yellow complexion. His tongue was markedly red on its edges. His lower chest was hot to touch, worse on the right side. On auscultation, crackles were heard throughout his lower lobes, more pronounced on the right side. He had an eczematous rash on the dorsal aspect of his right foot that never healed since it first appeared in 1994; the more he scratched, the worse it itched. He scratched until it bled. He had recurrent athlete's foot for the last 30 years. He presently weighed 192 pounds, which was eight pounds less than his pre-pneumonia weight.

Diagnostic Assessment

Refractory Aspergillus pneumonia with fatigue and wasting.

Homeopathic Assessment

D.M. was a chilly person who preferred a very warm room but suffered from the heat of the summer. Warm applications relieved his pains. He was worse in general after 3-4 p.m. He lacked self-confidence and was anxious and insecure. This insecurity was characterized by a great fear of death. His SOB was worse from laughing and better after expectoration, which consisted of gelatin-like balls. His cough was worse from cold drinks, entering a warm room, laughing, taking a deep breath and lying on his back. He had marked redness of the edges of his tongue.

Rubrics

MIND; Fear; death of

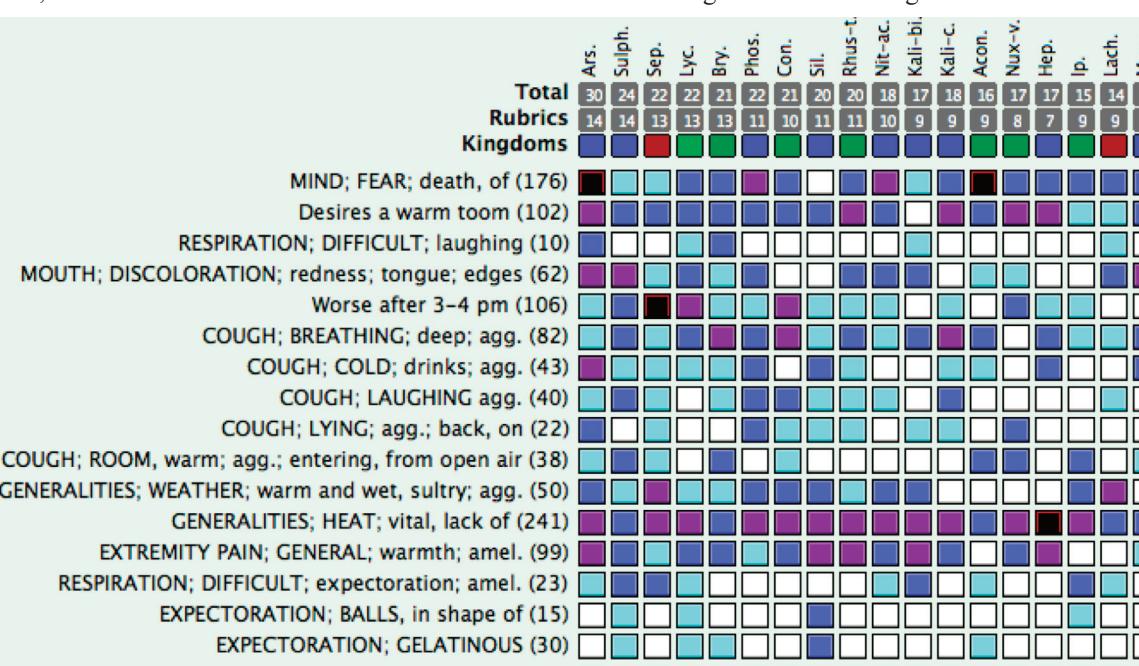
MIND; Desires a warm room
 RESPIRATION; DIFFICULT; laughing
 RESPIRATION; DIFFICULT; expectoration, amel.
 MOUTH; REDNESS; tongue; margins, edges
 GENERALITIES; worse after 3-4 pm
 COUGH; BREATHING; agg; deep
 COUGH; Drinks; cold; agg.
 COUGH; Laughing agg
 COUGH; LYING; agg; back, on
 COUGH; ROOM, warm; agg, entering, from open air
 GENERALITIES; WEATHER; warm and wet, sultry; agg.
 GENERALITIES: HEAT, vital lack of
 RESPIRATION; EVENING agg
 EXTREMITY PAIN; GENERAL; warmth; amel.
 EXPECTORATION; BALLS, in shape of
 EXPECTORATION; Gelatinous

Plan: *Arsenicum album* 200 D, one dose every eight hours for 24 hours.

Follow-up consultation

October 5, 2001

He took five doses to date. He coughed only three times since taking the first dose of the remedy. He slept well last night without any coughing even when he lay on his back. He felt more rested. His energy was better at a 5 (on a scale of 1-10). His fever was down. His expectoration was slimier with fewer balls. He was not sure if there had been any change in the SOB. The headache was gone. The pain by his left scapula was gone. The pressure he had under his shoulder blades felt less deep and more on the surface. The pain on the upper anterior chest was gone. His extreme chilliness was gone. He had no night sweats.



Assessment: Excellent reaction to the remedy so far.

Plan: *Arsenicum album* 200 D bid for one day and once before bed on the evenings of October 7th and 8th. He was told to repeat the remedy every two hours in case of a relapse and call me right away.

Follow-up consultation

October 10, 2001

He continued to improve since the last appointment. His SOB was gone. His energy was seven out of ten. His stamina for aerobic exertion was 30 percent better. The cough was almost nonexistent. There was almost no expectoration. There had been no headaches, chest pain, night sweats or chilliness. Yesterday, he hiked two hours and climbed 700 feet.

Assessment: Continued improvement.

Plan: Wait. If any of the symptoms stop improving, double the dose (two doses within 8-12 hours).

April 17, 2002, six months later

He repeated two double doses, once in November and once in December when he felt the beginning of cold-like symptoms. Both times the symptoms cleared up immediately. This was unusual because for most of his life he would get two to three colds per winter that would progress to lingering bronchitis.

He had not had a full-blown cold or flu since beginning homeopathic treatment. In spite of lot of stress, he had been in very good health. He moved once in the last year and was in the process of moving again. The SOB never returned. He had no wheezing during the hot humid weather or the cold air of last winter, even though he skied in very cold air. He was exposed once to tobacco smoke and had no wheezing. He also visited his daughter without any reaction. He regained his full aerobic capacity in January. He still coughed or choked when he laughed. He felt it was related to poor coordination of his diaphragm. His appetite was "too" good. He also exercised. He gained thirteen pounds in this last six months, five more than his pre-pneumonia weight. His sleep was good and refreshing. He was now sleeping eight to nine hours as compared to seven hours before the onset of the pneumonia in 1997; after becoming ill, he needed twelve hours of sleep a night for four years prior to homeopathic treatment. He has had no headaches. The eczema of his right foot disappeared in January and never recurred.

Assessment: Good health.

Plan: *Arsenicum album* 1M every six months or a double dose at the onset of a cold or any respiratory symptoms.

October 7, 2003, 18 months later

He took about six doses of the remedy in the last eighteen months. He had been under a lot of stress since his last visit. The rash on his right foot returned twice and disappeared right after repeating the remedy. He had contracted no colds, flu, bronchitis or wheezing even during hot humid or cold weather. Twice he developed a cough after visiting his daughter, which immediately resolved after taking the remedy. He was exposed many other times to smoke or polluted and moldy environments without experiencing any problems. In the past, such exposures would have always triggered a persistent cough or wheezing. His energy had been excellent. He worked out three times a week and tried to keep his weight at 200 pounds. He reported he still had "out of body" experiences during times of high stress.

Assessment: Doing quite well.

Plan: *Arsenicum album* 10M once every six months or a double dose at the first sign of respiratory problems. He was instructed to take one dose just before visiting his daughter's house.

Discussion

The patient never returned after October 2003. Not only did the chronic pulmonary aspergillosis resolve, but his overall health improved as well, which occurs when the correct homeopathic medicine is given.

The homeopathic treatment was simple, gentle, pleasant and extremely efficacious, which fulfilled all the requirements of the therapeutic ideal. This case was not an exception, but typical of patients with pneumonia when the simillimum is found and the therapeutic environment is favorable for recovery.

References

1. <http://www.aspergillus.org.uk>

About the Author: André Saine, ND, DHANP is the Dean of the Canadian College of Homeopathy. Dr. Saine has been busy for many years editing the voluminous work of Dr. Adolph Lippe, which will be published as a book entitled "Lessons in Pure Homeopathy, from the Writings of Hahnemann's Best Student and Medicine's Most Successful Practitioner, Adolph Lippe, M.D." The release date of this work will be announced at www.homeopathy.ca. Dr. Saine practices pure homeopathy in Montreal.



Five Cases of Pneumonia Cured With Homeopathy

Homeopathic Medicine Clinical Snapshots

Nick Nossaman, MD, DHt

Abstract: This article describes the treatment of five cases of “atypical or walking pneumonia” treated with homeopathic medicines. In each case, the patient (or in the case of a child, the parent) expressed the desire to have this form of treatment, with the proviso that allopathic treatment could be instituted in the event of a significant worsening of the condition. Keywords: individualized treatment; pneumonia, homeopathic treatment of; *Bryonia*, *Calcarea carbonica*, *Natrum muriaticum*, *Opium*, *Pyrogenium*.

Introduction

Community-acquired pneumonia (CAP) is one of the most common infectious diseases and is an important cause of mortality and morbidity worldwide. Typical bacterial pathogens that cause CAP include *Streptococcus pneumoniae* (*Pneumococcus*), *Hemophilus influenzae* and *Moraxella catarrhalis*; however, viral respiratory tract infections are also common etiologies of CAP. The most common viral pathogens recovered from hospitalized patients admitted with CAP include human rhinovirus and influenza.(1)

Pneumonia covers a wide spectrum of severity, from lobar pneumonia characterized by lung consolidation, purulent sputum, fever, chills, pleuritic chest pain and debility, with a high level of mortality, to atypical or “walking pneumonia,” which is caused by atypical bacteria, viruses, fungi and protozoa such as *Mycoplasma pneumoniae*, *Chlamydophylia pneumoniae*, and *Legionella pneumophila*. The clinical presentation of so-called “atypical” CAP is often subacute and frequently indolent and patients may present with more subtle pulmonary findings, nonlobar infiltrates on radiography, and various extrapulmonary manifestations such as myalgias, diarrhea, otalgia, etc..

The five cases in this presentation fall into the latter category. Radiographs of the chest were not obtained in four cases since they were considered on the low end of severity despite the confirmatory auscultatory pulmonary findings and were monitored closely, with a more extensive workup, such as radiographs, sputum cultures, and WBC counts, to be initiated if they failed to respond rapidly to homeopathic treatment.

These cases illustrate the ability of homeopathy to shorten the course and severity of pneumonia when a correct homeopathic medicine is chosen based on the Law of Similars; because of the unique individualized treatment

involved, these cases also demonstrate how homeopathic treatment will often have a positive effect on behavioral and other mental/emotional issues as well.

Most importantly, in the setting of a global epidemic of microbial resistance to antibiotics, the significance of homeopathy’s effectiveness in treating this common condition cannot be overstated.

Case One: John G., age 24

John was initially seen at age ten with severe environmental sensitivities and issues of intense anger, fear and enuresis with only partial success with homeopathic treatment.

At age 22, he presented with a diagnosis of schizophrenia with obsessive-compulsive (OCD) features and was helped with his disturbing paranoid ideation and anxiety with a series of different homeopathic medicines over time, to the point where he was able to attend college. However, there were unsuccessful attempts made to decrease the doses of three anti-psychotic medicines that he was taking.

On March 7, 2002, at age 26, John, after failing a test in school, developed a sore throat and fever (nearly 103° F.) which progressed into a cough, shortness of breath, weakness and a feeling of being “dead” and “unconscious—not present.” His cough was dry and caused “retching,” was worse from 9 PM until 11 PM, and he coughed in his sleep. The cough was worse with motion, cold air and when thinking about it. He felt constricted in his chest though he did not complain of chest pain and he perspired on his head at night. He was not experiencing hallucinations with this illness. John remembered having a similar illness at age seven.

Physical Examination: On examination, his fever was 97° F, his pulse was 120 beats per minute and respirations

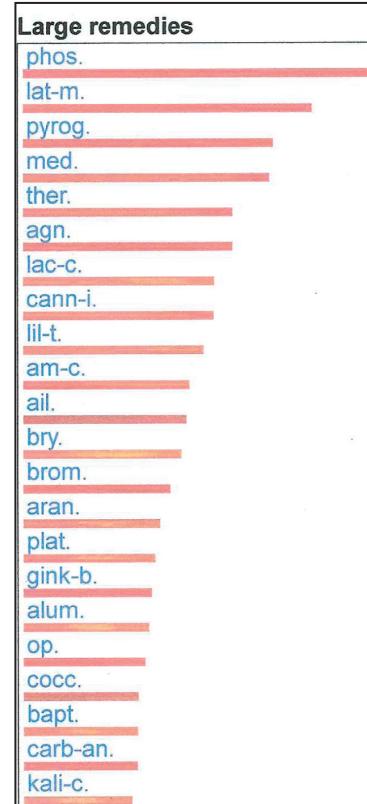
were 32/minute. He had a 4 cm. diameter swollen left anterior cervical lymph node, his tongue was brownish in the center, and his throat and eardrums were normal. On auscultation, there were fine rhonchi as well as râles at the base of the right lung posteriorly.

Diagnostic Assessment: Right lower lobe pneumonia

Homeopathic Assessment: The disparity between pulse and temperature always make us think of *Pyrogenium*, but there was very little else to support the prescription other than the brown discoloration in the center of his tongue. However, upon further reading *materia medica*, some of his other symptoms, such as cough worse at night and with motion, were confirmed. Further support for the prescription came from consulting the Vithoulkas Expert System™ (VES), in which *Pyrogenium* was the third highest choice (see chart at right). The rationale behind the VES, and the reason I ultimately chose *Pyrogenium*, although it scored lower than other medicines in the repertorization chart (below), was because of a very important instruction from Hahnemann in aphorism 153 from the *Organon*: "...in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view..."

Rubrics:

MIND; DEATH; sensation of
MIND; UNREAL; everything seems
CHEST; INFLAMMATION; Lungs, right
COUGH; MOTION; agg.
COUGH; COLD; air
COUGH; COLD ; drinks, amel.
HEAD; PERSPIRATION of scalp; sleep, during
MOUTH - DISCOLORATION - Tongue - brown - Centre
GENERALS - PULSE - discordant with temperature



Case One: VES Analysis (Radar©)

Plan: *Pyrogenium* 200, one dry dose

Follow-up and Outcome

On the evening of the same day, John felt more relaxed, with respirations a bit easier. The next day his cough and respiratory rate had decreased, and he continued to improve over the next two days until the illness completely resolved.

Discussion

My plan was to monitor his response to the prescription

This analysis contains 193 remedies and 8 symptoms.
Intensity is considered

	Sum of symptoms (sort:deg)	Remedies																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
01. CHEST - INFLAMMATION - Lungs - right	2	21	■	■	■	■	-	■	■	-	-	-	-	■	■	-	■	-	-	-
02. MIND - DEATH - sensation of	2	37	■	-	-	-	■	-	-	■	■	-	-	-	-	■	-	-	-	-
03. MIND - UNREAL - everything seems	2	35	-	-	-	-	-	-	-	■	■	■	■	-	-	-	-	■	■	■
04. MOUTH - DISCOLORATION - Tongue - brown - Centre	2	19	■	■	-	■	■	-	-	-	-	-	-	-	-	-	-	■	■	-
05. GENERALS - PULSE - discordant with temperature	2	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	■	-	-
06. HEAD - PERSPIRATION of scalp - night	2	28	-	■	■	■	-	-	■	■	■	■	■	-	■	-	■	-	-	■
07. COUGH - COLD - drinks - amel.	2	25	■	-	■	■	■	-	■	■	■	■	■	-	■	■	■	-	-	-
08. COUGH - COLD - air - agg.	1	106	■	■	■	■	-	■	■	■	■	■	■	■	■	■	■	-	-	-

Case One Repertorization

and, if he hadn't responded favorably within 24 hours, to change the medicine—in this case I was thinking of *Bryonia*, based on his head perspiration in sleep, his aggravation by motion and amelioration from cold drinks (level 3 in intensity in generals). I also wondered at the time if this was a re-emergence of a suppressed symptom from age seven, the clearing of which might lead to an improvement in his overall health, especially his mental disorder. Sadly, however, his psychotic state remained the same after resolution of the pneumonia.

Case Two: Helena W., 7½ years old.

I had been seeing Helena since age two for frequent episodes of upper respiratory infections, treated with a number of palliative prescriptions, that began when she attended day care. She also had problems with separation anxiety. Her parents were both employed full-time and were under constant stress with very busy schedules.

I saw her in February of 1999, with a history of six days of cough, malaise and decreased appetite; she had been unable to go to school. Her cough was worse after eating and disturbed her sleep. She described things as “going too fast” and this scared her. People seemed to be talking too fast; the car seemed to be going too fast. She was currently experiencing a big intellectual shift, with more complex thoughts and words added to her vocabulary.

Her cough was better in cold air, though she herself felt neither too hot nor too cold. I was able to elicit no other characteristic symptoms.

Physical Exam: On exam, her temperature was 99.6° F., her pulse was 76 and her respirations were normal. Her sclerae were bluish and her pupils were quite dilated; she had a brown coating on her tongue, her throat and tympanic membranes were normal. Auscultation of her lungs revealed râles at the base of her left lung posteriorly. These did not clear with cough.

Diagnostic Assessment: Left lower lobe pneumonia. Her parents preferred to try homeopathy in lieu of antibiotics with the understanding that a work-up and/or antibiotics would be initiated if there was not significant improvement.

Homeopathic Assessment: We can see in the repertorization that *Opium* showed up reasonably highly. But what especially led me to this prescription was her most peculiar symptom—the sense that everything was going too fast. The mental state of a patient needing *Opium* is often described as confused or insensible to external stimuli and it is not unusual for *Opium* (or any effective prescription) to “unlock” or “unleash” some unexpressed

emotions. Perhaps this prescription triggered her later outburst of anger and frustration (described below).

Rubrics:

MIND; TIME; passes too quickly, appearing shorter
 EYE; PUPILS; dilated
 MOUTH; Tongue, brown
 CHEST; INFLAMMATION; Lungs
 CHEST; INFLAMMATION; Lungs, left
 COUGH; EATING, from

This analysis contains 314 remedies and 6 symptoms. Intensity is considered														
Sum of symptoms (sort:deg)														
	sulph.	lach.	phos.	bry.	arn.	cupr.	acon.	cocc.	nat-s.	bapt.	op.	stram.	thui.	calc.
1	12	10	10	10	10	10	8	7	7	7	7	7	6	6
2	14	17	16	15	14	13	15	14	12	11	11	11	14	12
3														
4														
5														
6														
01. MIND - TIME - quickly, appears shorter; passes too	2	44	-	-	-	-	-	-	-	-	-	-	-	-
02. EYE - PUPILS - dilated	2	214	-	-	-	-	-	-	-	-	-	-	-	-
03. MOUTH - DISCOLORATION - Tongue - brown	2	100	-	-	-	-	-	-	-	-	-	-	-	-
04. COUGH - EATING - agg.	1	88	-	-	-	-	-	-	-	-	-	-	-	-
05. CHEST - INFLAMMATION - Lungs - left	3	16	-	-	-	-	-	-	-	-	-	-	-	-
06. CHEST - INFLAMMATION - Lungs - left - Lower lobe	2	9	-	-	-	-	-	-	-	-	-	-	-	-

Case Two Repertorization

Plan: *Opium* 200c, one dry dose. Fluids and rest until she regained her strength.

Follow-up and Outcome

The parents phoned the next day to report that her energy had improved, but that she still experienced paroxysms of coughing lasting 20 minutes at bedtime and in the morning. I called the next day to check on her progress, and received no call back; so I called again the following day to learn that her cough was somewhat less and that she was now sweating at night. Her energy was better than two days earlier and she no longer described things as going too fast. The previous night she had a temper tantrum—the first in years—crying and telling her parents that they didn’t love her. She seemed fine afterwards.

Over the next three days her energy improved, her cough diminished, though her mood was quite changeable. She still tired easily. Her progress continued satisfactorily from that point to the complete resolution of the cough and malaise, as well as improvement in her emotional state.

Case Three: Karen L., age 11.

I first treated this girl for a chronic cough, six months earlier, with *Agaricus muscarius*.

She presented to our clinic in late January of 1997, coughing again. Her cough was worse in cold air and she felt dizzy upon rising quickly from sitting. She felt generally better drinking warm liquids. She became tired very easily. The previous evening she had experienced left peri-umbilical pain that was no longer present at the time I saw her. She described herself as feeling no hunger until she would start to eat, then her appetite would return. Two nights earlier she asked for a medicine to “make her cough go away,” and said she “didn’t like her life anymore” (at the office visit she said she didn’t know why she had said that).

Her voice was hoarse, her cough was worse, and her chest "hurt all over" when she breathed in; the cough wakened her frequently during the night. She felt short of breath, particularly on walking up even a few stairs. She was able to walk on a level surface with minimal difficulty. She had no pain in her throat, larynx or ears.

Physical Exam: On examination, she had a temperature of 99° F., pulse 100. She sat in the chair in the office, covering herself with her jacket. She had no respiratory difficulty at rest. Her throat and tympanic membranes were normal, and she had râles confined to the mid-posterior portion of her left lung.

Diagnostic Assessment: Left lower lobe pneumonia

Homeopathic Assessment: Repertorization of the symptoms below yielded *Calcarea carbonica* in first place, and - a symptom I did not repertorize—"dyspnea on ascending (even slightly)"—helped confirm the choice.

Rubrics:

VERTIGO; RISING agg.
COUGH; AIR; Cold, agg.
GENERALS; WARM DRINKS AMEL.
STOMACH; APPETITE WANTING; Eating, after eating the appetite returns
COUGH; NIGHT; waking from the cough
HEAD; PAIN; Sides; morning; rising, on
HEAD; PAIN; Sides; left; stitching
COUGH; INSPIRATION, on
LARYNX AND TRACHEA; VOICE; hoarseness, painless

Home case C - Last symptoms in memory
repertory contains 209 remedies and 9 symptoms.
ity is considered

Sum of symptoms (sort:deg)	Repertory grid											
	calc.	phos.	sulph.	bell.	lach.	hep.	sep.	bry.	sabad.	ars.	caust.	hyos.
	1	2	3	4	5	6	7	8	9	10	11	12
VERTIGO - RISING - after - agg.	2	20										
COUGH - COLD - air - agg.	2	106										
GENERALS - FOOD and DRINKS - warm drinks - amel.	2	53	-									
STOMACH - APPETITE - wanting - eating - after eating the appetite returns - mouthful; eating a	2	5										
COUGH - NIGHT - waking from the cough	2	27										
HEAD - PAIN - Sides - morning - rising - agg.	2	8										
HEAD - PAIN - Sides - left - stitching pain	2	58										
COUGH - INSPIRATION agg.	2	54										
LARYNX AND TRACHEA - VOICE - hoarseness - painless	2	14										

Case Three Repertorization

Plan: *Calcarea carbonica* 200c, 2 pellets every 4 hours while awake, with the instruction to discontinue if she was feeling better.

Follow-up and Outcome

Two days later, her mother reported that she had a worsening of her symptoms for a few hours after the first prescription, but then began feeling progressively better.

I instructed her mother to re-dose only if her symptoms worsened, and I called to check on her three days later. At that time her energy had improved, her cough at night had resolved, but continued during the day. She received ten doses of the medicine in total and was back in school. Two days after her return to school, her mother noted that she was getting up much more easily in the mornings (even compared with the time before she became ill), and that her daughter reported feeling better than she had in her whole life. A few days later she developed transient papules on her lower extremities that reminded her mother of an eruption she'd had when she was younger.

Discussion

In this case, it appears that the remedy resonated more deeply than just the acute illness, with longer lasting positive effects. Over the following year, however, she had some dizzy spells and abdominal pains in conjunction with power struggles she was having with her father; she also experienced some anxiety about "leaving childhood." Unfortunately I didn't repeat the *Calcarea carbonica* before considering other medicines, since she had responded so well to that prescription.

Case Four: Reeva C., Age 13.

This child was under my treatment for warts, nasal allergies and excessive dependence on her mother, with *Baryta phosphorica*. On April 5, 2000, her mother brought her in for a cough, with green expectoration, which had been present for two weeks. Some choking with the cough the previous evening reminded her of when her brother had actually tried to choke her in the past. She had wandering pressing pains in her head, pulsation around her ears, not much coughing at night and she felt better generally with cold drinks. Otherwise, there were no other characteristic

symptoms.

Physical Exam: On exam, her lungs were clear and the only other find was a swelling of her left tonsil.

Plan: *Belladonna* 200c, followed by *Phosphorus* 200c ten days later when the cough persisted and became troublesome at night.

Follow-ups and Outcome

She continued to cough after *Phosphorus* and was seen again five days later. She had thick green nasal discharge, no fever, bilateral para-sternal chest pain worse with cough, talking and deep breathing. Her physical exam was completely normal including normal auscultation of her lungs. *Lycopodium* 200c was given but did not help, and she was contacted by telephone two days later complaining of a sensation of wheezing in the left lung, dark green sputum, and increased pain in the right side of her chest. She herself denied feeling ill. Her mother noted that she had not reacted emotionally to the recent break-up of her parents' marriage, and was happy not to talk at all to her brother or her father. She had a very strained relationship with both of them.

The next day she developed more chest pain with motion and some shortness of breath (SOB); she felt better leaning backwards. She had also developed a completely new craving for fish. During the day she became worse, with more SOB, intolerance to heat, stinging pain to the right of her sternum and continuing cough. She always said she was "fine." Concerned about her worsening condition, I ordered a chest X-ray that showed an infiltrate in the left lower lobe. She was treated with *Natrum muriaticum* 1M. I spoke with her mother the next day on the phone and she reported that Reeva was already feeling better, with less shortness of breath, chest pain, and more energy. At her own insistence she went to school the next day, and felt very tired at the end of the day, but her chest symptoms continued to improve.

Rubrics:

MIND; AILMENTS FROM; grief ; silent grief
 MIND; GRIEF; silent
 GENERALS; FOOD and DRINKS; fish, desire
 CHEST; PAIN, leaning back amel.
 MIND; CONSOLATION agg.

with a normal exam of her lungs, finally culminated in pneumonia, after many unsuccessful homeopathic prescriptions. However, when the deeper, more causative mental/emotional factors were revealed, as well as the unusual craving for fish, the correct medicine was found. Note that *Natrum muriaticum* was not present in the rubric "bending backwards amel.", nor in a number of chest rubrics. In fact, there were few supporting physical symptoms for this final prescription. Yet as Samuel Hahnemann stated in aphorism 21: "...even in so-called physical diseases, the mental and emotional states are always affected...this is so important that the psychic condition of the patient is often the decisive factor in choosing a homeopathic remedy, because it is a particularly characteristic symptom and one that can least of all remain hidden from the carefully observant physician."

Case Five: Eleanor J. Age 65

This woman had been under treatment for degenerative arthritis, grief from loss of a number of loved ones and mycotic toenails.

She was seen on March 3, 1991, with a history of five days of coughing, from a tickle in her larynx. It had worsened, along with chills and fever, the previous two days. She had frontal headache, clear nasal discharge and yellow sputum. Cough was worse lying, better sleeping propped up, and she had pain under her breastbone and in her lower chest, with coughing. She was aching all over and had a splitting headache made worse by coughing. The chest pain was ameliorated by warm drinks and warm applications.

Physical Exam: On examination, she had a temperature of 101.8° F. and normal respirations, but was pale, with drawn-appearing countenance and dyspnea at rest. Throat and tympanic membranes were normal; her lungs had râles at the left base, and a lesser amount heard at the right base.

Pneumonia case D - Last symptoms in memory
 This analysis contains 162 remedies and 5 symptoms.
 Intensity is considered

	Sum of symptoms (sort:deg)													
	nat-m.	sep.	carc.	aur-m-n.	bell.	phos.	acon.	lyc.	mag-m.	merc.	nux-v.	ign.	anthraci.	kali-r
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	8	8	8	6	6	6	6	6	6	6	6	6	4	4
	24	14	10	10	10	8	6	6	6	6	6	12	8	8
01. MIND - AILMENTS FROM - grief - silent grief	2	4	-	-	-	-	-	-	-	-	-	-	-	-
02. MIND - GRIEF - silent	2	41	-	-	-	-	-	-	-	-	-	-	-	-
03. GENERALS - FOOD and DRINKS - fish - desire	2	83	-	-	-	-	-	-	-	-	-	-	-	-
04. MIND - CONSOLATION - agg.	2	55	-	-	-	-	-	-	-	-	-	-	-	-
05. GENERALS - BENDING, turning - backward - amel.	2	35	-	-	-	-	-	-	-	-	-	-	-	-

Case Four Repertorization

Five days later mother reported that she had made a good turn around and, besides some stuffiness in her ears, her daughter was feeling quite well.

Discussion

Here is a situation in which a persistent cough, initially

Diagnostic Assessment: Bronchitis with evidence of left lower lobe pneumonia.

Homeopathic Assessment

The striking symptom of chest pain ameliorated with warm drinks had one homeopathic medicine in the

Synthesis Repertory; *Spigelia* in the third degree. However, I prescribed *Bryonia alba* because of the characteristic symptoms of needing to sit up with the cough, the pain behind the sternum and diffuse chest pain aggravated with coughing, as well as the headache. The fact that *Bryonia alba* is frequently indicated in pneumonia also confirmed the prescription for me.

Rubrics:

CHEST; PAIN; Sternum; behind; coughing, when
CHEST; PAIN; warm drinks, amel.
GENERALS; FOOD and DRINKS; warm drinks, amel.

was less yellow, but contained bright red blood streaks. She stated that her eyes appeared better when she looked in the mirror. She described everything as tasting salty. From that time on, her convalescence progressed satisfactorily over the next few days. No additional medicines were administered during that time. The blood streaked sputum resolved, fortunately, along with her general state.

References

- <http://emedicine.medscape.com/article/234240-overview>

Pneumonia case E - Last symptoms in memory
This analysis contains 142 remedies and 7 symptoms.
Intensity is considered

	Sum of symptoms (sort:deg)	phos.	bry.	ars.	caust.	sulph.	puls.	sang.	sep.	nat-s.	acon.	lach.	sil.	ruta	con.
		1 11 26	2 11 19	3 9 14	4 9 13	5 8 8	6 7 16	7 7 16	8 7 15	9 7 11	10 7 9	11 7 9	12 7 9	13 7 7	14 5 14
01. COUGH - SIT UP, must	3 44	■					-	■							■
02. CHEST - PAIN - warm - drinks - amel.	3 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
03. CHEST - PAIN - warm - applications - amel.	2 5	■		■	■	-	-	-	-	-	-	-	-	-	-
04. GENERALS - WARM - applications - amel.	2 43	-	■	■	■	■	-	■	-	■	-	■	■	■	-
05. CHEST - INFLAMMATION - Lungs - left	2 16	■	■	-	-	■	-	■	-	■	■	■	■	-	-
06. CHEST - INFLAMMATION - Lungs - left - Lower lobe	2 9	■	■	-	-	■	-	■	-	■	-	-	-	-	-
07. CHEST - PAIN - Sternum - Behind	2 85	■	■	■	■	■	■	■	■	■	-	■	■	■	-

Case Five Repertorization

COUGH; SIT UP, must
CHEST; PAIN; warm applications, amel.
CHEST; INFLAMMATION; lungs

Plan: *Bryonia Alba* 200c, one dry dose.

Follow-up and Outcome

The next day she reported that she had a better night and slightly more energy. The day after that her fever broke, and she felt somewhat better but still weak. Her sputum

About the author: Dr. Nossaman graduated from the University of Colorado School of Medicine in 1968; he served in the IndianHealth Service 1969-1971 on the Navajo Reservation, Crownpoint, New Mexico. He has practiced homeopathic medicine since 1976 in Denver, Colorado. He is a past President of the National Center for Homeopathy, board member and past President of the American Institute of Homeopathy, and has been a member of the Rhus Tox study group of Homeopatia Internationalis for over 20 years. Other interests include Jungian psychology, photography, watercolor, golf, pantomime and poetry. He has taught courses for beginners and more advanced prescribers, and has written numerous articles for various homeopathic journals.



A Case of Mycoplasma Pneumonia A Homeopathic Medicine Clinical Snapshot

Susanne Saltzman, MD

Abstract: A nine-year-old male with Mycoplasma pneumonia that spread rapidly throughout his class was treated with homeopathic medicine that resulted in the rapid and complete resolution of the condition. The use of homeopathy in lieu of antibiotics to treat this common condition is highly significant in light of the growing epidemic of antimicrobial resistance.

Keywords: Mycoplasma pneumonia; pneumonia, homeopathic treatment of, *Medorrhinum*

Introduction

Mycoplasma pneumoniae is an “atypical” bacteria that commonly causes mild infections of the respiratory system in young adults and school-aged children. However, sometimes Mycoplasma pneumoniae infection can cause pneumonia which may require treatment or care in a hospital. Some experts estimate that between 1 and 10 out of every 50 cases of community-acquired pneumonia (lung infections developed outside of a hospital) in the United States are caused by Mycoplasma pneumoniae, sometimes referred to as “walking pneumonia.” Outbreaks of Mycoplasma pneumoniae occur mostly in crowded environments like schools, college dormitories, military barracks, and nursing homes, when small droplets of water that contain the bacteria get into the air by coughing and sneezing while in close contact with others who then breathe in the bacteria. Mycoplasma pneumoniae infections often spread within households.(1) Although many of these cases are self-limited, more serious cases of upper respiratory infections and/or pneumonia are usually treated with antibiotics, which can contribute to the alarming epidemic of antimicrobial resistance. Fortunately, homeopathic medicine offers an extremely effective and safe treatment for the rapid resolution of this condition without the side effects of conventional medications.

Patient Information

I initially saw Jason, a nine-year-old male, when he was three years of age. At that time, he had been diagnosed with hyperactivity. His mother described him as difficult (“never takes no for an answer”), strong-willed, sensitive, creative and extroverted. His medical history was significant for an ear infection at four months of age that occurred within 48 hours of his first DPT vaccine and an episode of extreme discomfort and “screaming” the night after his second DPT vaccine. From then on his mother stopped vaccinating him. At that time, he was prescribed *Medorrhinum* 200c,

and I did not see him again until he presented at age nine with a fever of 101.3°, persistent cough of one week’s duration, and a diagnosis of Mycoplasma pneumonia. This was based on a positive cold agglutinin test and the fact that two of his classmates had recently tested positive. Jason’s mother reported that the infection “spread like wildfire” throughout the class, and the majority of the children were home ill with fever and coughing. Most of the children were placed on antibiotics empirically by the school physician, but Jason’s mother preferred to try homeopathic treatment first since her children had always responded well to this form of therapy. She agreed to use the antibiotics prescribed by the doctor (azithromycin) if the child showed no improvement.

Jason had been mostly healthy since his last visit with me. I asked if the remedy had helped his hyperactivity and was told, “I don’t remember, but I think we’ve just gotten used to dealing with him at this point.” She described her son as a charismatic, extroverted child who made friends easily—a “leader,” “popular with the girls,” “difficult at home because he wouldn’t take no for an answer.” He often “badgered” his parents until they gave in to his demands.

Patient attended a Waldorf school and the mother stated that the teachers often had to give him one-on-one help to keep him focused. Otherwise he did well in school academically, was extremely creative and well-liked by his teachers and peers.

Mom said he was normally a hot child, loved to be outdoors, liked “meat and potatoes,” and craved sweets, especially orange juice. Jason was a “real night person,” sensitive to reprimand, willful, and he had tendency towards sinusitis when he ate too much dairy.

Family History: Unremarkable

Physical Exam: Jason appeared somewhat pale and

lethargic, not the usual “bouncy” child the mother had described. He had a mild fever of 101.5, no signs of dyspnea, pulse 90. He responded well to my questions, and he was obviously intelligent and articulate. Jason had a persistent dry cough that was worse at night; he complained of fatigue and poor appetite ,but no chest pain or shortness of breath.

On auscultation, there were rhonchi and expiratory wheezing throughout both lungs and fine “crackles” in the right lower lobe (RLL).

Diagnostic Assessment: I was surprised by the findings on auscultation because it did not correlate with his mostly benign clinical appearance. I was concerned with the crackles I heard in the RLL. Were they due to Mycoplasma or did he have a secondary bacterial infection? I considered sending him for blood work and a chest X-ray, but the fact that he appeared non-toxic with a low temperature in the setting of a confirmed contagious Mycoplasma infection made me decide to wait.

Diagnosis: Mycoplasma pneumonia with right lower lobe involvement; possible secondary bacterial infection.

Homeopathic Assessment: Knowing how effective homeopathy could be for respiratory conditions, I decided to prescribe a homeopathic medicine, but I told the mother that if he was not better within 24-48 hours, she should start him on the antibiotics. She agreed.

What stood out for me about this child was his usual exuberant personality, intelligence, flirtatiousness with girls at such a young age, and unusual sensitivity,

I could see why I had given him *Medorrhinum* as a younger child, but it was unclear if it had helped him with his hyperactivity and focus because no follow-up had occurred in six years. The only positive thing was the fact that he had been relatively healthy since that prescription, which is why the mother did not feel the need to return.

As much as I observed Jason and questioned his mother, I could find no characteristics symptoms (2) to prescribe upon. His fever, fatigue, weakness, lack of appetite, and cough that was worse at night were all common pathognomonic symptoms for this condition. Constitutionally I felt that *Medorrhinum* was still an appropriate medicine based on his charismatic personality, behavior, craving for sweets and orange juice, and heightened energy at night. Because the majority of patients with acute illnesses will often need their constitutional medicine (especially when there are no clear characteristic symptoms for an acute remedy), I decided to prescribe *Medorrhinum* again.

Plan: *Medorrhinum* 1M, one dry dose with instructions to repeat the next day if necessary.

Follow-up and Outcome

The mother called me two days later to say that Jason

slept the night after the remedy and woke up the next day feeling “completely energized.” “In fact,” she said, “it’s amazing; he is back to his old self.” He ate a complete breakfast of pancakes and sausage that morning. The cough was looser and not as persistent. Jason was back in school by the end of that week. When I saw him for a follow-up two weeks later, the cough was mostly resolved and his chest was completely clear on auscultation.

Through the years I have treated Jason for a number of acute illnesses. At one point he responded well to *Belladonna* for an acute pharyngitis and *Gelsemium* for a case of influenza, but *Medorrhinum* continued to be his “go to” remedy for more serious illnesses. Several years ago he came down with a severe case of mononucleosis in college (“too much partying and drinking,” his mom said). After trying a number of acute remedies unsuccessfully, I gave him a dose of *Medorrhinum* 10M. Overnight, Jason spiked a fever and he experienced an aggravation of throat pain; from then on the illness resolved and he was able to return to college less than a week later.

Unfortunately, *Medorrhinum* only slightly helped with his ADHD/focus problem for which I tried other remedies through the years unsuccessfully. At one point, I placed Jason on an elimination diet and, much to his mother’s surprise, he was calmer and better able to focus off gluten (he tested negative for Celiac disease). As much as he didn’t like the way he felt on stimulants, Jason did occasionally use Ritalin for long examinations such as the SAT’s. At 28 years of age, Jason now finds it much easier to stay disciplined on a diet without gluten and dairy because he notices how much better he feels without it, though he admits to the occasional “pizza binge” and the resultant “hungover feeling” the next day.

Discussion

The misuse and overuse of antibiotics for many conditions that could be easily and effectively treated with homeopathic medicine has contributed to the alarming epidemic of antibiotic resistance. This case of a child with Mycoplasma pneumonia, whose affected classmates were treated with antibiotics, responded rapidly and completely to a homeopathic medicine. He was therefore able to avoid the potential damage to the microbiome that occurs with antibiotics, a contributing factor to the weakening of the immune systems of our youth and the increase of a global bacterial resistance to antibiotics. (3)

References

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The Organon by Samuel Hahnemann, MD, aphorism 153,
“...in order to find among these an artificial morbid agent
corresponding by similarity to the disease to be cured, the more
striking, singular, uncommon and peculiar (characteristic) signs
and symptoms of the case of disease are chiefly and most solely to
be kept in view...”
2. www.ncbi.nlm.nih.gov/pmc/articles/PMC4831151/

Susanne Saltzman, MD, has been practicing Classical Homeopathy for 24 years in Westchester and Rockland counties. She is also certified in Functional Medicine through the Institute for Functional Medicine (IFM). She serves as a Faculty Instructor at New York Medical College

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A Case of Koch's Pneumonia with Pleural Effusion A Homeopathic Medicine Clinical Snapshot

Dr. Ashok Lendwe (Hom)

Abstract: This is the case of a 45 year old male with an acute case of Koch's pneumonia with pleural effusion which completely resolved with the correct homeopathic medicine prescribed according to the *Law of Similars*. Radiographic evidence is provided.

Keywords: Tuberculosis, Koch's pneumonia, pleural effusion, *Bryonia alba*; pneumonia, homeopathic treatment of

Introduction

In 1882 Robert Koch, a German physician and scientist, discovered *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis. Today, more than a century later, there are still many infected individuals and around two million deaths annually resulting from the disease.

Tuberculosis (TB) is a global disease which is not only specific to humans. There are variants of the TB bacterium that infect cattle (milk was known to transmit the disease from cattle to humans before heat treatment—pasteurization—efficiently removed the risk), birds, fish, turtles and frogs.

In humans, symptoms of active TB often include coughing, fever, night sweats and wasting of the body. TB usually affects the lungs, but it can also affect the brain, the kidneys or the skeleton. Tuberculosis is spread from person to person through the air, in tiny microscopic droplets. When a person with active TB coughs or sneezes, the bacteria can be inhaled by persons nearby, often family members or co-workers.

India is the country with the highest burden of TB. The World Health Organization (WHO) TB statistics for India for 2015 give an estimated incidence figure of 2.2 million cases of TB for India out of a global incidence of 9.6 million.(1) The TB incidence for India is the number of new cases of active TB disease in India during a certain time period (usually a year).

The estimated TB prevalence figure for 2015 is given as 2.5 million. (2) The TB prevalence is the number of people in India who are living with active TB. Prevalence is usually, but not always given as a percentage of the population. (3)

It is estimated that about 40% of the Indian population is infected with TB bacteria, the vast majority of whom have latent TB (not active or contagious).(1) However, approximately 10% of these people can develop active TB; the risk increase with age, diabetes and/or

immunosuppressive therapies and immunocompromised conditions (HIV, etc.).

The majority of TB cases are treated with multidrug therapy; at least two drugs are given at the same time to prevent the continuing emergence of drug resistance. Sometimes patients are treated with up to four different antibacterial drugs, and for periods of a minimum of six to twenty-four months. However, many patients in India cannot tolerate the side effects of these medications, which is compounded by their poor hygiene and inadequate nourishment. Homeopathic medicine, which is supported by the Indian government and practiced widely throughout India, offers a viable alternative for the complications of TB. (see **Discussion** below).

Patient Information

A 45-year-old coal shop worker who was being treated for tuberculosis with streptomycin (injectable), isoniazid (oral) and ethambutol (oral) recently discontinued his medications because the side effects of nausea, anorexia and gastritis became intolerable. Soon afterwards he developed chills, a dry cough and a fever of 101. The owner of the coal shop where the patient weighed and supplied coal to customers brought him in for homeopathic treatment. The patient appeared anxious, pale and cachetic with a brown discoloration of the tongue. He experienced shortness of breath with the least exertion and pain in the right chest which was aggravated with coughing. The chest pain was better when lying on the painful (right) side.

Patient complained of chronic constipation and a loss of appetite (anorexia) since beginning the drugs for TB months ago. He complained of an aversion to his work due to his exposure to coal dust in a poorly ventilated environment. He was unable to work for the past few days since developing a fever and cough. He needed a lot of rest. He was anxious over his inability to work; he said

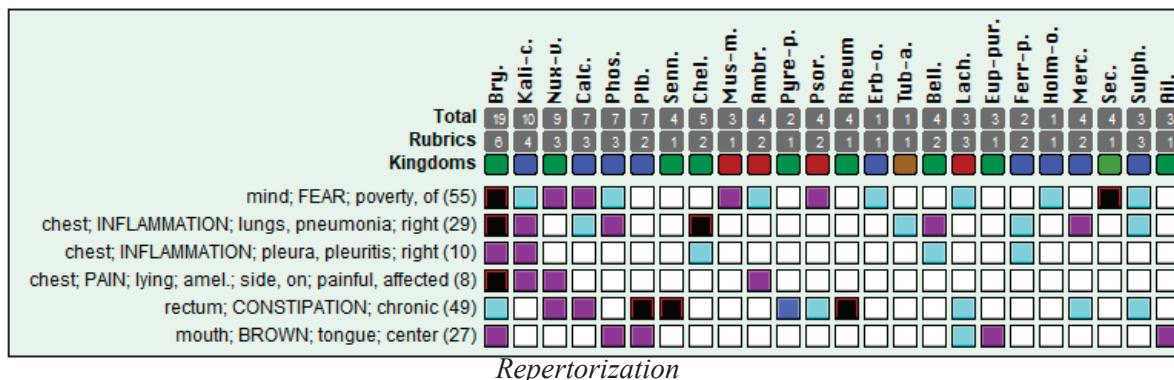
that without his daily earnings, his family would be unable to eat. In fact he began fasting for the past few days since becoming ill so that his family could survive.

Radiographic Evidence: X Ray of chest revealed a right sided basal consolidation with pleural effusion.

Homeopathic Assessment: This was a clear case of *Bryonia alba* as evidenced by the right-sided pneumonia, worse from coughing, better lying on the affected side, thirst for cold drinks, constipation, brown discoloration of the tongue, and fear of poverty.

Rubrics

MIND; FEAR; poverty
CHEST; INFLAMMATION; lungs, pneumonia, right
CHEST; INFLAMMATION; Pleura, pleuritis, right
CHEST; PAIN; lying; amel.; side, on; painful, affected
RECTUM: CONSTIPATION; chronic
MOUTH; BROWN; tongue, center



Repertorization

Plan: *Bryonia alba* 200c three times a day (tid) (as he was a tobacco and betel leaf chewer, common in poor class laborers in India) and advised rest in bed.

Follow-Ups and Outcome

Patient had a remarkably rapid clinical improvement

X-ray before treatment: pneumonia with right pleural effusion



- Right pleural effusion
- Cough dry racking > lying on right/painful side
- Pain in right chest < coughing
- Thirst for large quantities
- Fear of poverty

within two days of *Bryonia alba*. His chest pain, fever and chills reduced significantly. At this point he was prescribed *Sac lac* (placebo) for ten days as a second prescription. His energy returned and the cough completely resolved within two weeks. He was able to return to work soon after.

I received a call from the radiologist after his follow-up chest radiograph fifteen days later, asking me to confirm that I had done a pleural tap. When I informed him that no such procedure was done, the radiologist expressed utter surprise since the X-ray revealed a complete resolution of the consolidation and pleural effusion of the right base of the lung. He congratulated me on such a homeopathic achievement.

He was also surprised to see no evidence of pleural thickening, which almost always occurs when pleural tapping is not performed.

Plan: *Tuberculinum* 1M, followed by placebo for one month. (The miasmatic remedy was given after resolution of the acute infection.)

Discussion

India is the country with the highest burden of TB. Usually low socioeconomic class workers with poor hygiene and inadequate nourishment, as well as HIV-infected individuals, are most at risk of contracting TB. Lack of public awareness is part of the problem, as well as

X-ray after treatment: lung fields cleared



- Fever & chest pain reduced in 2 days
- Cough reduced 80% in 10 days
- Returned to work after 15 days

increasing resistance to the first and second line of drugs used to treat TB. In addition, because many patients with TB suffer from poor nutrition and low standards of living, they tend to poorly tolerate injectable Streptomycin, which needs to be taken on an empty stomach and often causes nausea, weakness, vomiting, and tinnitus. Ethambutol can also affect vision. Although these drugs are given freely in most government hospitals, many patients discontinue their use due to side effects, thus limiting the ability to contain the spread of TB throughout India. Many of these patients therefore seek homeopathic treatment. Some of the homeopathic medicines used to treat complications of TB include *Arsenicum iodatum*, (right apical infiltration), *Phosphorus* (left apical infiltration), *Natrum sulphuricum* (left basal infiltration) and *Bryonia alba* or *Lycopodium* (right basal infiltration), though every case is analyzed separately in accordance with the *Law of Similars*. In this case, a 45-year-old male and his family were able to escape starvation with successful homeopathic treatment of his acute condition.

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About the author: Dr. Ashok Lendwe (Hom) from Sangli Maharashtra completed 51/2 yrs of homeopathic college training in Belgaum from 1973 to 1978, as well as a one-year internship in Mumbai, India. He is registered under Maharashtra Council of Homeopathy. He was President of Maharashtra-Indian Institute of Homeopathic Physicians (an organization of qualified homeopaths from the Institute) from 2000 to 2002 and worked as the secretary of Maharashtra from 1987 to 1992. In 1987 he helped form a major Indian conference of Homeopathy under the direction of the Indian Institute of Homeopathic Physicians in Pimpri, Pune, Maharashtra.

He was also President of the Rotary Club of Sangli (Dist 3170) in 2003 where he helped provide drinking water for schools in the village Budhgaon in the Sangli District with aid from the Rotary Foundation and in collaboration with the Rotary Club of Japan.

Dr. Ashok Lendwe Sangli Maharashtra (Hom) was the recipient of the Dhanwantary Award in 2003. Dhanwantary is a marathi word meaning 'God of Medicine' in the Indian language. He has been practicing homeopathy since 1989 in the Omkar Homeopathic Clinic in Sangli.



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