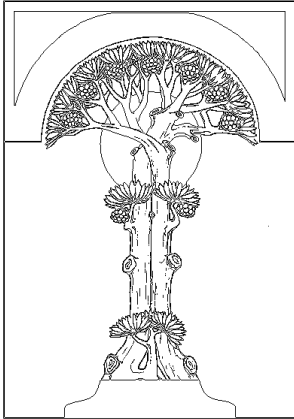


Centre for Integrative Medical Training



Intermediate Course in Medical Homeopathy

A Modular Course in Homeopathic Medicine for Healthcare Professionals

Unit 35
Therapeutic Pointers

Pneumonia

Pneumonia is potentially fatal, therefore a purely homeopathic approach is not generally within the realm of inexperienced prescribers. Previous generations of homeopaths were adept prescribers for lung infections. Articles written by Dr Douglas Borland, and others of his generation, reflect their wealth of experience in the treatment of pneumonias prior to World War II. This accumulated clinical experience was gained before the advent of antibiotics. The success of homeopathy in the treatment of pneumonia is borne out in the records of many patients, including children, who were admitted with severe lung infections.



The wider recognition of homeopathy's potential in Borland's day is evident in the fact that a substantial number of his patients were cross-referred to the homeopathic hospital from general hospitals. Successful outcomes are likely to have been partially dependent on the patient's background health and the quality of the nursing they received. Nevertheless, many of the case records clearly demonstrate a marked clinical improvement, often within hours of homeopathic treatment. Inevitably, there were also a number of fatalities which would not have occurred if antibiotics had been available in the 1920s and 1930s.

Arguably, however, the wide availability of antibiotics today, has created a dearth of experience in the homeopathic treatment of pneumonia. It is interesting to speculate how many clinicians in the western world today might have difficulty in describing the clinical signs and symptoms associated with the different stages of a progressive case of pneumonia.

Circumstances are changing once again, however, with the emergence of antimicrobial resistance. The incidence of many morbid disease processes which have been unfamiliar to the present generation of physicians, including a number of fulminating respiratory conditions, is rising once again.

Some would argue that the homeopathic treatment of pneumonias should now be restricted to those in whom resolution and recuperation is unsatisfactory. Most would agree that homeopathy is now best considered as an adjunct to orthodox drug therapy, except in the hands of very experienced physicians who have access

to hospital beds and close nursing supervision. In his preface to *Pneumonias* (1939) Borland touches on the issue of clinical knowledge versus experience:

...and that is why the experienced clinician is a far more successful homoeopathic prescriber than the inexperienced; he knows what a pneumonia should do, how it should behave, what are its constant symptoms, and he comes to a case and says, 'Hello, this man is a little different'. It is on that difference that he finds his prescription, and it is because he recognizes that difference that he is successful. So do not imagine that the practice of Homoeopathy is going to make your clinical medicine of less use to you; on the contrary, it is going to take advantage of every atom of knowledge and experience that you have, and the greater your clinical experience the more successful you are going to be.



Dr Douglas Borland

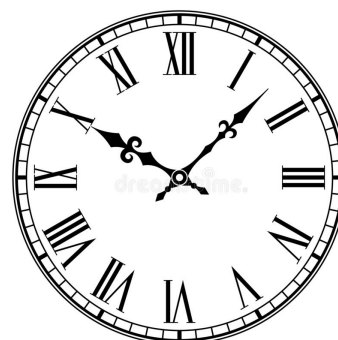
Borland also makes it clear what should be sought out in order to prescribe effectively for pneumonia:

In practice you select the drugs which you know have an affinity to the symptoms of the disease you are treating – possibly a dozen or so drugs – and you can then neglect these diagnostic symptoms, as you know these drugs all have them, and concentrate on finding symptoms which from a diagnostic point of view are not normally considered at all. Suppose you take a case of pneumonia; it does not interest you that the patient has a temperature, a rapid pulse, rapid respiration, rusty sputum, because all the drugs you consider for the treatment of a pneumonia have these symptoms and you do not need to bother about them at all. But it does matter to you whether the individual patient has a generally evenly coated tongue, whether he has a dry mouth or a moist one, whether he is thirsty or thirstless, whether he is more comfortable lying on the affected side or on the opposite one, whether he is drugged and toxic or delirious and excited, whether he is more at peace with somebody by his bed or prefers to be left alone.

Dr Borland lists 24 main remedies for pneumonia. We have incorporated them into the table on the next page, together with some of their main leading symptoms, as listed in Dr D C Russell's repertory for pneumonias (which accompanies Dr Borland's treatise).

Remedies for pneumonia

Remedy aggravation	Onset Sensitive to	Stage complexion	Time
Aconitum	< 12 hours, sudden	1st stage flushed	evening-midnight
Antimony tart	heat (radiant)	4th stage pallor	
Ars alb	cold	4th stage pallor	1-3 am
Baptisia	insidious	3rd stage heat	
Belladonna	fulminant, sudden	1st stage flushed	
Bryonia	gradual	2nd stage dusky	9 pm
Carbo veg	yellowish/pallor	4th stage	
Chelidonium	gradual	2nd stage dusky / yellow	4 am, 4 pm
Ferrum phos	cold; draughts	1st stage malar flush	4-6 am < 12 hours
Hepar sulph	cold; draughts	3rd stage pallor and flush	2 am, 6-7 pm
Ipecacuanha		1st stage dusky / whitish	
Kali carb		4th stage pallor	2-4 am (3 am)
Lachesis	heat		
Lobelia inflata	draughts	gradually extending pallor	
Lycopodium	cold (stuffy<)	4th stage dusky	4-8 pm
Mercurius sol	cold and heat	3rd stage	
Natrum sulph	gradual heat		3-4 am
Phosphorus	gradual cold; draughts	2nd stage flushed	dusk/twilight
Pulsatilla	after coryza heat	dusky	evening
Pyrogen	insidious heat	3rd stage	
Rhus tox	insidious cold	3rd stage	night
Senega	insidious cold and heat	flushed	
Sulphur	heat alt cold	4th stage dusky	5 am, 11 am
Veratrum viride	gradual	2nd stage flushed	



<https://youtu.be/ijSNGNYk4sY> 

<https://youtu.be/0lyhBcosQOo> 

<https://youtu.be/PKbeUBJs1sU> 

<https://youtu.be/wtmuSTLLsNI> 

Activity 35.1




There are two ways you can engage with this case study.



If you wish to see an archive presentation and discussion click on the following link:<https://youtu.be/dgg74XxT45E>

If you would prefer to use this case as an exercise in repertorisation, follow the instructions & link below:

This videocase is a useful illustration of the effective homoeopathic treatment of a child failing to recover from pneumonia in spite of extensive antibiotic treatment.

- a) First follow the case in its entirety, marking or highlighting those symptoms that are important homoeopathically.
- b) Next, rerun the case using the first annotated transcript, pausing and answering the questions when prompted - repertorise on what you find important. 
- c) Go on to read the second annotated version of the transcript and follow the treatment rationale. 
- d) Finally, read the follow-up appointment. 



Direct link to the case study (use the transcript overleaf alongside):

https://youtu.be/YWfMQ_I4h1Q



Lucy M Aged 2¹/₂

Use the transcripts overleaf to follow the case.

Pneumonia: Videocase

Lucy M Age 2 1/2

Last appointment of the day on Friday 23 December 1994

Mother: Come on and we'll get a book out.

Child: ...don't want...

Doctor: How old is Lucy now?

Mother: Two and a half.

Doctor: When did she become unwell?

Mother: I would say...September was about the start of it. Up until then she had a lot of child type illnesses...the usual things they get when they go to nurseries...sore ears; the odd cold and what not. September was the first bout of the broncho-pneumonia..she was taken into hospital.[to child] Listen, the doctor can't hear me when you go on like this.

Doctor: Did it start with a simple cold that she reacted badly to?

Mother: It didn't seem to. It just came right out of the blue, and we noticed (on the Saturday night) that the breathing became ever so rapid. The emergency doctor came out and she was taken to hospital...they thought it was asthma to begin with, and the X-ray showed that it was a very bad chest infection and was in effect bronchopneumonia...which was a complete shock because she hadn't been dreadfully unwell, nothing that I could have said 'Oh she's coming down with something'.

Doctor: Did they find out whether it was a pneumococcal infection?

Mother: They never said.

Doctor: Was it one side or both sides?

Mother: It was the left-hand side.

Father: Lucy! Come on! Enough!

Child: No!!!!

Doctor: So what has been happening since then?

Mother:She's been living on antibiotics and Calpol® [paracetamol elixir]. Since she came out of hospital, there have been umpteen emergency doctors out to see her. She is well for about a week , and then it all starts again



...and it's a different type of antibiotic. One bout of this to the next...she starts coughing, and she can't sleep, and generally she is just unwell...and obviously her system is run down...she can't be bothered...she's very fractious...

Doctor: Is she very red in the face?

Mother: Not usually...only when she is crying. She is quite pale...she is pale skinned.

Doctor: How high have her fevers been...have they been dramatic and high, or have they been relatively grumbly and low?

Mother: They haven't been particularly high...

Doctor: Has she been quite catarrhal?

Mother: Yes, terribly.

Child: No, (?) don't take me...

Mother: Shhh, no-one's going to take you anywhere, you're staying with mummy.

Child: No, No!!!!.....***** *** ** my chest...

Mother: Now, come on, there's nothing wrong with your chest?

Child coughs.

Doctor: What is coming up on the cough?

Mother: Phlegm.

Doctor: What is it like?

Mother: Yucky, there is bits of lumpy yellow ... and the rest is clear.

Doctor: Is it fluent...is it moving...or is it sticking?

Mother: Sticky.

Doctor: Has she got a good time of the day and a bad time of the day?

Mother: Yes...evenings: bedtimes are just impossible.

Father: Is that because when she is lying down she is less likely to have us watch over her?

Doctor: It is part of the biorhythm that she has got herself into.

Doctor: Even if she is well, is she changeable?

Mother: Yes.

Father: Would you like me to take her out of the room?

Doctor: No, if at all possible I would rather she was here.

Mother: Since Wednesday night since she was taken in for another X-ray, she has been impossible. She has been very prone to tantrums, which she isn't normally...she's actually a very good child...when she is on a good run. She's a smart wee thing, I mean

she knows exactly what is going on round about her.

Doctor: Is she changeable?

Mother: Yes, she can go from being happy to being quite moody, and abrupt with me.

Doctor: ...even when she is relatively well?

Mother: Well she has her moments, but then I just take that as her going through the two stage and going to nursery and developing her wee personality.

Doctor: Does she want warmth all the time.. or is she complaining of being too hot?

Mother: She complains of her hands being cold.

Father: Offering her a children's picture book.

Child: No.

Doctor: Does she bruise easily?

Mother: No, not really.

Mother: My other child had a lot of ear infections at this age..but she has grown out of it.

Doctor: Is she being sick?

Mother: She was...she hasn't been sick since she was put on the antibiotic.

Doctor: But she had been before...

Mother: She had been, yes.

Doctor: What about her stools?

Mother: Normal, I would say.

Doctor: They've managed to stay normal, in spite of the antibiotics?

Mother: Yes.

Doctor: Is there a family history of allergies?

Mother: Not to my knowledge.

Doctor: What are her teeth like?

Mother: She actually tells me that her teeth are sore! They've all come through without too much bother...but she said to me today 'My teeth are sore' and I think that most of her teeth are through. She says that from time to time.

Child: Throw that book away!!

Doctor: What about her tongue, has her tongue been discoloured at all?

Mother: No.

Doctor: Have there been any rashes?

Mother: No, none that I could see.

Doctor: When she is unwell at night, what do you do? Do you find that lifting her helps?

Mother: I don't like lifting her. I normally go in and try to settle her. She normally takes a sip of water. And she has a pile of books...she just

likes to know they are there...and she is quite happy.

Doctor: Is she thirsty with this or isn't she?

Mother: No, she has not been drinking a great deal.

Doctor: Would you say that she's less thirsty than you would expect?

Mother: Yes.

Mother: She is very wheezy with it (the nocturnal cough) as well.

Doctor: ...and it tends to be worse when she is lying on her back?

Mother: Yes.

Doctor: ...(her cheeks are red) do you find that it tends to be more marked on one side than the other?

Mother: No.

Father: It's only really when she is excited.

Mother: She is not usually as red as this.

Now view the case again following the annotated transcript overleaf. Stop the tape where indicated by the questions, and write your answers in the right margin.

Pneumonia: Videocase

Lucy M Age 2 1/2

Last appointment of the day on Friday 23 December 1994

Mother: Come on and we'll get a book out.

Child: ...don't want...

Doctor: How old is Lucy now?

Mother: Two and a half.

Doctor: When did she become unwell?

Mother: I would say...September was about the start of it. Up until then she had a lot of child type illnesses...the usual things they get when they go to nurseries...sore ears; the odd cold and what not. September was the first bout of the broncho-pneumonia..she was taken into hospital.[to child] Listen, the doctor can't hear me when you go on like this.

Doctor: Did it start with a simple cold that she reacted badly to?

Mother: It didn't seem to. It just came right out of the blue, and we noticed (on the Saturday night) that the breathing became ever so rapid. The emergency doctor came out and she was taken to hospital...they thought it was asthma to begin with, and the X-ray showed that it was a very bad chest infection and was in effect bronchopneumonia...which was a complete shock because she hadn't been dreadfully unwell, nothing that I could have said 'Oh she's coming down with something'.

Doctor: Did they find out whether it was a pneumococcal infection?

Mother: They never said.

Doctor: Was it one side or both sides?

Mother: It was the left-hand side.

Father: Lucy! Come on! Enough!

Child: No!!!!

Doctor: So what has been happening since then?

Mother:She's been living on antibiotics and Calpol® [paracetamol elixir]. Since she came out of hospital, there have been umpteen emergency doctors out to see her. She is well for about a week, and then it all starts again ...and it's a different type of antibiotic. One bout of this to the next...she starts coughing, and she can't sleep, and generally she is just unwell...and obviously her system is run down...she can't be bothered...she's very fractious...



- Doctor: Is she very red in the face?
Mother: Not usually...only when she is crying. She is quite pale...she is pale skinned.
Doctor: How high have her fevers been...have they been dramatic and high, or have they been relatively grumbly and low?
Mother: They haven't been particularly high...
Doctor: Has she been quite catarrhal?
Mother: Yes, terribly.
Child: No, (?) don't take me...
Mother: Shhh, no-one's going to take you anywhere, you're staying with mummy.
Child: No, No!!!!.....**** *** ** my chest...
Mother: Now, come on, there's nothing wrong with your chest?
Child coughs.
Doctor: What is coming up on the cough?
Mother: Phlegm.
Doctor: What is it like?
Mother: Yucky, there is bits of lumpy yellow ... and the rest is clear.
Doctor: Is it fluent...is it moving...or is it sticking?
Mother: Sticky.
Doctor: Has she got a good time of the day and a bad time of the day?
Mother: Yes...evenings: bedtimes are just impossible.
Father: Is that because when she is lying down she is less likely to have us watch over her?
Doctor: It is part of the biorhythm that she has got herself into.
Doctor: Even if she is well, is she changeable?
Mother: Yes.
Father: Would you like me to take her out of the room?
Doctor: No, if at all possible I would rather she was here.
Mother: Since Wednesday night since she was taken in for another X-ray, she has been impossible. She has been very prone to tantrums, which she isn't normally...she's actually a very good child...when she is on a good run. She's a smart wee thing, I mean she knows exactly what is gong on round about her.
Doctor: Is she changeable?
Mother: Yes, she can go from being happy to being quite moody, and abrupt with me.
Doctor: ...even when she is relatively well?
Mother: Well she has her moments, but then I just take that as her going through the two stage and going to nursery and developing her wee personality.
Doctor: Does she want warmth all the time.. or is she complaining of being too hot?

Mother: She complains of her hands being cold.
Father: Offering her a children's picture book.
Child: No.
Doctor: Does she bruise easily?
Mother: No, not really.
Mother: My other child had a lot of ear infections at this age..but she has grown out of it.
Doctor: Is she being sick?
Mother: She was...she hasn't been sick since she was put on the antibiotic.
Doctor: But she had been before...
Mother: She had been, yes.
Doctor: What about her stools?
Mother: Normal, I would say.
Doctor: They've managed to stay normal, in spite of the antibiotics?
Mother: Yes.
Doctor: Is there a family history of allergies?
Mother: Not to my knowledge.
Doctor: What are her teeth like?
Mother: She actually tells me that her teeth are sore! They've all come through without too much bother...but she said to me today 'My teeth are sore' and I think that most of her teeth are through. She says that from time to time.
Child: Throw that book away!!
Doctor: What about her tongue, has her tongue been discoloured at all?
Mother: No.
Doctor: Have there been any rashes?
Mother: No, none that I could see.
Doctor: When she is unwell at night, what do you do? Do you find that lifting her helps?
Mother: I don't like lifting her. I normally go in and try to settle her. She normally takes a sip of water. And she has a pile of books...she just likes to know they are there...and she is quite happy.
Doctor: Is she thirsty with this or isn't she?
Mother: No, she has not been drinking a great deal.
Doctor: Would you say that she's less thirsty than you would expect?
Mother: Yes.
Mother: She is very wheezy with it (the nocturnal cough) as well.
Doctor: ...and it tends to be worse when she is lying on her back?
Mother: Yes.

Doctor ... (her cheeks are red) do you find that it tends to be more marked on one side than the other?

Mother: No.

Father: It's only really when she is excited.

Mother: She is not usually as red as this.

Now view the case again following the annotated transcript overleaf. Stop the tape where indicated by the questions, and write your answers in the right margin.

Videocase:Annotated transcript (1)[Go back to case instructions](#)**Lucy M Age 2 1/2**

Last appointment of the day on Friday 23 December 1994

Mother: Come on and we'll get a book out.

Child: ...don't want...

Doctor: How old is Lucy now?

Mother: Two and a half.

Doctor: When did she become unwell?

Mother: I would say...September was about the start of it. Up until then she had a lot of child type illnesses...the usual things they get when they go to nurseries...sore ears; the odd cold and what not. September was the first bout of the broncho-pneumonia..she was taken into hospital.[to child] Listen, the doctor can't hear me when you go on like this.

Doctor: Did it start with a simple cold that she reacted badly to?

Mother: It didn't seem to. It just came right out of the blue, and we noticed (on the Saturday night) that the breathing became ever so rapid. The emergency doctor came out and she was taken to hospital...they thought it was asthma to begin with, and the X-ray showed that it was a very bad chest infection and was in effect bronchopneumonia...which was a complete shock because she hadn't been dreadfully unwell, nothing that I could have said 'Oh she's coming down with something'.

Doctor: Did they find out whether it was a pneumococcal infection?

Mother: They never said.

Doctor: Was it one side or both sides?

Mother: It was the left-hand side.

Father: Lucy! Come on! Enough!

Child: No!!!!

Doctor: So what has been happening since then?

Mother:She's been living on antibiotics and Calpol® [paracetamol elixir]. Since she came out of hospital, there have been umpteen emergency doctors out to see her. She is well for about a week, and then it all starts again ...and it's a different type of antibiotic. One bout of this to the next...she starts coughing, and she can't sleep, and generally she is just unwell...and obviously her system is run down...she can't be bothered...she's very fractious...

Doctor: Is she very red in the face?

What are your first observations?

What significance does the past history have?

What remedies do you think of which are in keeping with this mode of onset?

What bearing might information on the infecting organism have on your choice of treatment?

What is the significance of the laterality?

In what ways might the previous treatment be important in forming a concept of the case?

Is this information incidental, or might it help you to arrive at a suitable homoeopathic prescription?

Are the complexion and colouration important? If so, why?

Mother: Not usually...only when she is crying. She is quite pale...she is pale skinned.

Doctor: How high have her fevers been...have they been dramatic and high, or have they been relatively grumbly and low?

Mother: They haven't been particularly high...

Doctor: Has she been quite catarrhal?

Mother: Yes, terribly.

Child: No, (?) don't take me...

Mother: Shhh, no-one's going to take you anywhere, you're staying with mummy.

Child: No, No!!!!.....**** ** ** my chest...

Mother: Now, come on, there's nothing wrong with your chest?

Child coughs.

Doctor: What is coming up on the cough?

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Mother: Yes, she can go from being happy to being quite moody, and abrupt with me.

Doctor: ...even when she is relatively well?

Mother: Well she has her moments, but then I just take that as her going through the two stage and going to nursery and developing her wee personality.

Doctor: Does she want warmth all the time.. or is she complaining of being too hot?

Mother: She complains of her hands being cold.

Father: Offering her a children's picture book.

Is this what you would expect considering the information you have been given so far? What factors may have a bearing on her fever? What is the significance of the information given?

Do you feel that the pneumonia has resolved completely following her antibiotic treatment? (Make an informed guess.)

Is the nature of the sputum significant? What remedies might you consider?

How do you interpret this information?

What remedies does this make you think of?

How is this represented in the repertory?

Child: No.
 Doctor: Does she bruise easily?
 Mother: No, not really.
 Mother: My other child had a lot of ear infections at this age..but she has grown out of it.
 Doctor: Is she being sick?
 Mother: She was...she hasn't been sick since she was put on the antibiotic.
 Doctor: But she had been before...
 Mother: She had been, yes.
 Doctor: What about her stools?
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 Doctor: Would you say that she's less thirsty than you would expect?
 Mother: Yes.
 Mother: She is very wheezy with it (the nocturnal cough) as well.
 Doctor: ...and it tends to be worse when she is lying on her back?
 Mother: Yes.
 Doctor: ...(her cheeks are red) do you find that it tends to be more marked on one side than the other?
 Mother: No.
 Father: It's only really when she is excited.
 Mother: She is not usually as red as this.

What kind of symptom is this?
 Where will you find it in the repertory?

What remedy do you think this child needed at the time she was first placed on antibiotics?

How would you classify this information? What remedy does it make you think of (in the context of her prevailing behaviour)?

Which childhood remedy picture is in keeping with this response to her most cherished toys?

Which remedy is being considered at this point?

What is the significance of this information? How is it represented in the repertory?

Where will you find rubrics for these symptoms?

 [Go to 2nd annotated script with discussion](#)

Activity 9.3



Have you done a repertorisation? If not refer to your repertory now. Use the analysis grid overleaf if you wish.

YOUR PRESCRIPTION: _____

What do you think is a suitable interval for the purposes of reviewing Lucy's response to treatment?

Answer and Rationale: _____

 [Go to sample analyses](#)

Repertorising Sheet

Nr	Symptom	Rep	LK	Nr	Symptom	Rep	LK
1				5			
2				6			
3				7			
4				8			
	1 2 3 4 5 6 7 8 S			1 2 3 4 5 6 7 8 S			
Acon				Crot t.			Nat c.
Aesc				Cupr			Nat m.
Agar							Nat p.
All c.							Nat s.
Aloe							Nit ac.
Alum							Nux m.
Ambr							Nux v.
Amm c							
Anac				Dig			
Ant cr				Dros			Olnd
Ant t				Dulc			Op
Apis							
Arg n							Petr
Arn				Elaps			Phos
Ars				Eup per			Ph ac.
Ars i				Euphr			Phyt
Arum t							Plat
Aur							Plb
				Ferr			Podo
				Ferr p.			Psor
				Fl ac			Puls
							Pyrog
Bar c.				Gels			
Bar m.				Glon			Ran b.
Bapt				Graph			Rhod
Bell				Guai			Rhus t.
Bz ac.							Rurrx
Berb				Hell			Ruta
Borax				Hep			
Brom				Hydr			
Bry				Hyos			Sabad
							Sabin
				Ign			Sang
				Ipec			Sars
				Iris			Scill
Cact				Iod			Sec
Calc							Selen
Calc f.				Kali bi.			Sep
Calc p.				Kali c			Sil
Calc s.				Kali p.			Spig
Camph				Kali s.			Spong
Can sat.				Kreos			Stann
Canth							Staph
Caps							Stict
Carb a.				Lac c.			Stram
Carb v.				Lac d.			Sulph
Caust				Lach			Sulph ac.
Cham				Laur			Syph
Chel				Led			
Chin				Lil t.			
Chin s				Lyc			
Cicuta							
Cimic							
Cina				Mag c.			Tarant
Clem				Mag m.			Thuja
Coc c.				Mag p.			Tub
Cocc				Mang			
Coff				Med			
Colch				Merc			Verat
Coloc				Merc c.			
Croc				Mez			
				Mur ac			Zinc

Videocase: Annotated transcript (2)

 [Go to case study instructions](#)

Lucy M Age 2 1/2

Some suggested answers are provided to the questions posed previously. Study the treatment rationale.

Mother: Come on and we'll get a book out.

Child: ...don't want...

Doctor: How old is Lucy now?

Mother: Two and a half.

Doctor: When did she become unwell?

Mother: I would say...September was about the start of it. **Up until then she had a lot of child type illnesses...the usual things they get when they go to nurseries...sore ears; the odd cold and what not.** September was the first bout of the **bronchopneumonia..she was taken into hospital.** [to child] Listen, the doctor can't hear me when you go on like this.

Doctor: Did it start with a simple cold that she reacted badly to?

Mother: It didn't seem to. **It just came right out of the blue,** and we noticed (on the Saturday night) that the breathing became ever so rapid. The emergency doctor came out and she was taken to hospital...they thought it was asthma to begin with, and the X-ray showed that it was a very bad chest infection and was in effect bronchopneumonia...which was a complete shock because **she hadn't been dreadfully unwell,** nothing that I could have said 'Oh she's coming down with something'.

Doctor: Did they find out whether it was a pneumococcal infection?

Mother: They never said.

Doctor: Was it one side or both sides?

Mother: It was the **left hand side.**

What are your first observations?

*The child is irritable, crying and distressed.
Typologically she is well nourished and blonde.*

What significance does the past history have?

Certain types of children are predisposed to recurrent respiratory infection. Very often these same children tend to be catarrhal between infections. This can sometimes indicate a sensitivity to an inhaled allergen. You have been introduced to a number of catarrhal remedies including Pulsatilla, Calcarea, Sulphur, Kali bichromicum, Hydrastis and others.

What remedies do you think of which are in keeping with this mode of onset?

Look at the table at the beginning of this chapter to see which remedies Borland recommends for pneumonia of sudden onset. Will these remedies still be relevant at this stage of treatment?

What bearing might information on the infecting organism have on your choice of treatment?

Knowledge of the infecting organism may imply the possibility of using a nosode. This can be particularly valuable when there is a slow and unsatisfactory recuperation, perhaps with pathological sequelae.

What is the significance of the laterality?

Father: Lucy! Come on! Enough!

Child: No!!!!

Doctor: So what has been happening since then?

Mother:**She's been living on antibiotics and Calpol®** [paracetamol elixir]. Since she came out of hospital, there have been umpteen emergency doctors out to see her. She is well for about a week, and then it all starts again ...and its a different type of antibiotic. One bout of this to the next... **she starts coughing and she can't sleep, and generally she is just unwell...and obviously her system is run down...she can't be bothered...she is very fractious...**

Doctor: Is she very red in the face?

Mother: Not usually...only when she is crying. **She is quite pale...**she is pale skinned.

Doctor: How high have her fevers been...have they been dramatic and high, or have they been relatively grumbly and low?

Mother: **They haven't been particularly high...**

Doctor: Has she been quite catarrhal?

Mother: **Yes, terribly**

Child: No, (?) don't take me...

Mother: Shhh, no-one's going to take you anywhere, you're staying with mummy.

Child: No, No!!!!.....***** ** my chest...

Mother: Now, come on, there's nothing wrong with your chest?

Child coughs.

Doctor: What is coming up on the cough?

Mother: Phlegm.

Doctor: What is it like?

The repertory lists remedies for one sided lung affectations. See if you can identify remedies with a specificity for the left lung.

In what ways might the previous treatment be important in forming a concept of the case?

Consider the issues of symptom suppression.

Is this information incidental, or might it help you to arrive at a suitable homoeopathic prescription?

These details form part of the patient's general reaction to the illness, and can be very important for helping to differentiate the treatment possibilities.

Is the complexion and colouration important? If so, why?

Look at the grid to see which remedies are associated with pallor, and which are associated with facial flushing. The repertory will yield a more complete list of remedies with these characteristics.

Is this what you would expect, considering the information you have been given so far? What factors may have a bearing on her fever? What is the significance of the information given?

Most fevers are associated with a degree of thirst due to the higher levels of transpiration. Some remedies produce autonomic effects or anticholinergic effects which give rise to dryness of the skin and mucus membranes. (Consider the symptom pictures of Aconitum and Belladonna.)

Do you feel that the pneumonia has resolved completely following her antibiotic treatment? (Make an informed guess.)

This child has coarse rales and fine crepitations on auscultation. Although air entry was satisfactory there were altered breath sounds on the left.

Is the nature of the sputum significant? What remedies might you consider?

Mother: **Yukky, there is bits of lumpy yellow...and the rest is clear.**

Doctor: Is it fluent...is it moving...or is it sticking?

Mother: **Sticky.**

Doctor: Has she got a good time of the day and a bad time of the day?

Mother: **Yes...evenings: bedtimes are just impossible.**

Father: Is that because when she is lying down she is less likely to have us watch over her?

Doctor: It is part of the biorhythm that she has got herself into.

Doctor: Even if she is well, is she **changeable**?

Mother: **Yes.**

Father: Would you like me to take her out of the room?

Doctor: No, if at all possible I would rather she was here.

Mother: Since Wednesday night since she was taken in for another X-ray, she has been impossible. **She has been very prone to tantrums, which she isn't normally...she's actually a very good child...when she is on a good run. She's a smart wee thing, I mean she knows exactly what is going on round about her.**

Doctor: Is she changeable?

Mother: **Yes, she can go from being happy to being quite moody, and abrupt with me.**

Doctor: ...even when she is relatively well?

Mother: Well she has her moments, but then I just take that as her going through the two stage and going to nursery and developing her wee personality.

Doctor: Does she want warmth all the time...or is she complaining of being too hot?

Most chest infections give rise to yellow sputum, and this in itself is not particularly helpful. The absence of blood however tends to make the choice of Phosphorus, Lachesis, and Ferum phos less likely.

Can you remember which remedies are associated with tenacious sticky sputum?

How do you interpret this information?

This is another feature of her general response to the infection, and remedies with evening aggravations should receive more emphasis in the analysis.

What remedies does this make you think of?

You will recall that Belladonna, Chamomilla, Stramonium and Cina (among others) are all likely to be irritable and fractious during infective illnesses.

If you are unsure about this refer back to the unit on acute children's remedies.

How is this represented in the repertory?

You will find rubrics for these features in the MIND section viz. Mood: alternating, or Mood: changeable. Have you found other rubrics which you feel accurately reflect Lucy's mental state?

What kind of symptom is this? Where will you find it in the repertory?

This is a local symptom which can be

Mother: **She complains of her hands being cold.**

Father: Offering her a children's picture book.

Child: No.

Doctor: Does she bruise easily?

Mother: No, not really.

Mother: My other child had a lot of ear infections at this age...but she has grown out of it.

Doctor: Is she being sick?

Mother: She was...she hasn't been sick since she was put on the antibiotic.

Doctor: But she had been before...

Mother: She had been, yes.

Doctor: What about her stools?

Mother: Normal, I would say.

Doctor: They've managed to stay normal, in spite of the antibiotics?

Mother: Yes.

Doctor: Is there a family history of allergies?

Mother: Not to my knowledge.

Doctor: What are her teeth like?

Mother: **She actually tells me that her teeth are sore!** They've all come through without too much bother...but she said to me today 'My teeth are sore' and I think that most of her teeth are through. She says that from time to time.

Child: **Throw that book away!!**

Doctor: What about her tongue, has her tongue been discoloured at all?

found under extremities. Also search the chapter on Chill, if you have Kent's repertory. Local symptoms are sometime found in general chapters where there is involvement of single parts.

What remedy do you think this child needed at the time she was first placed on antibiotics?

Ipecacuanha would probably have been an appropriate material at that time.

How would you classify this information? What remedy does it make you think of (in the context of her prevailing behaviour)?

A strange and relatively uncommon local symptom. Should make you think of Chamomilla

Which childhood remedy picture is in keeping with this response to her most cherished toys?

The fractiousness and irritability of Chamomilla again comes to mind.

Mother: No.

Doctor: Have there been any rashes?

Mother: No, none that I could see.

Doctor: When she is unwell at night, what do you do? Do you find that lifting her helps?

Mother: **I don't like lifting her. I normally go in and try to settle her. She normally takes a sip of water. And she has a pile of books...she just likes to know they are there...and she is quite happy.**

Which remedy is being considered at this point?

We are seeking a confirmatory modality for the irritability of Chamomilla (and not getting it).

Doctor: Is she thirsty with this or isn't she?

Mother: **No, she has not been drinking a great deal.**

What is the significance of this information? How is it represented in the repertory?

Doctor: Would you say that she's less thirsty than you would expect?

You will find thirstless remedies in the stomach section of the repertory. Find those that are thirst less during fever in the fever chapter.

Mother: Yes.

Mother: She is very wheezy with it (the nocturnal cough) as well.

Doctor: **...and it tends to be worse when she is lying on her back?**

Where will you find rubrics for these symptoms?

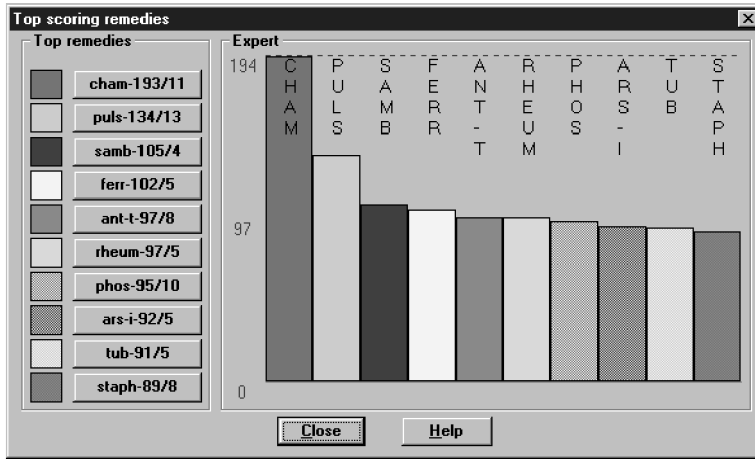
Mother: Yes.

Remedies that are worse for lying can be found under generalities. Subrubrics for respiratory symptoms which are aggravated for lying can be found in the cough and respiration chapters.

Doctor: ...(her cheeks are red) do you find that it tends to be more marked on one side...

Can you remember which remedies are associated with one-sided facial flushing?

The following is a graphic display from a computer analysis of Lucy's case. The symptoms have been scored and collated. The expert system in fig 1 has balanced the rubrics covered with the relative statistical representation that each remedy has in the repertory .



WinCAPA Chart	P	C	H	A	P	B	A	S	A	R	P	A	T	S	A	R	T	S	A	R	G
	U	H	A	A	H	E	C	O	P	T	B	I	S	A	M	E	N	G			
	L	L	R	R	O	L	L	N	H	O	O	O	I	L	C	P	M	G			
	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Rubrics Covered	13	11	11	10	9	9	9	8	8	8	8	8	7	7	7	6	6	6	6	6	6
Grades score	30	21	19	23	18	16	17	13	14	10	10	17	10	14	13	14	10	10	10	11	11
Weighted score	134	93	75	85	74	66	65	89	97	63	68	67	75	70	55	52	72	71	74	73	73
LUNGS-INFLAMMATION, BRONCHO-PNEUMONIA	2			2	2							2	2								
CHEST, LUNGS-PNEUMONIA	2			1	2		3	2					1			2					2
IRRITABILITY-CHILDREN	1	3	1		1				1	1	1		2	2		1					
SENSITIVE-CHILDREN	2	2		2	2	2	2	1	1	1					1						
SHREKING-CHILDREN, IN, WEEPING AND	1																				
WEEPING-CHILDREN, IN	2	3	1		2	2				2	2		1								2
LUMPY	1		1	1	1		1				1	2		3	3	2	1	2			2
YELLOW	3	1	2	3	3	1	2	2		1	1	2	1	3	3	2	1	2			2
VISCID	3	2	2	3	1	1	1	2	1	1	1	2	2	2	2	2	1	3			2
(Time)-EVENING TWILIGHT <	3	1	2	2				1							2						1
LYING <	3	3	1	3	2	2	1	2	1	1	3	1	2	1	2	2	1	1			2
THIRSTLESS	3		2	1	2	2		2	3		2	2			2	2					1
MOOD-CHANGABLE, VARIABLE	3	1	2	2	2	2	2	1	2	1	2	1	1	2	2		1	3			2
PAIN-ANGER, AFTER	1																				
PAIN-CHILDREN	2	3				2	1				2				2						1

Activity 9.4

The diagram above is a plain repertorisation of the main features in Lucy's symptom complex. You will be aware that there are two strong contenders for the first prescription – *Chamomilla* and *Pulsatilla*. Which of these two remedies would you choose in the first instance?

In choosing the most appropriate remedy you must ask 'where is the centre of gravity in the case?'

What do you think is the main issue in Lucy's case, and requires to be addressed by the first prescription?

Clearly the pneumonia is at the centre of this little girl's problems, and the mood disturbance is a secondary, rather than primary, feature. Looking at the repertorisation you will see that *Chamomilla* does not feature in those rubrics which relate to the pneumonia. The remit of the remedy therefore does not cover the case in spite of the very characteristic *Chamomilla* mental, and the keynote symptom of painful teeth. The distinction between primary pathology and secondary reaction in this case is very important.

(Over time you will be introduced to cases in which physical illness and mental/emotional pathology coexist. In some of these cases the centre of gravity is undoubtedly at a mental/emotional level, and the patient's pathology will not resolve unless the prescription is directed at the level of the mental essence.) In Lucy's case the mind symptoms deserve no more weighting than the local and general features.

Lucy's mother was given *Pulsatilla* 30c (three doses) to administer immediately, and *Chamomilla* 30c (three doses) to take home and keep in reserve, pending instructions. She was asked to phone in three days time with an update on events.

Videocase: follow-up

Listen now to the phone conversation which is recorded as a soundtrack on your video.



Lucy M Telephone conversation on Monday afternoon – 3 days later

- Mother: ...if anything doesn't go her way she is screaming blue murder. Her sleeping pattern has improved 100 per cent, she is sleeping well at night time and there is no hint of a cough, but when she is getting up in the morning she is clearing her throat and she does have a wheeze. She still seems to have a kind of head cold you know, she sounds a bit congested...even when she is speaking.
- Doctor: Do you think she has become more irritable than she was when I saw her at the clinic?
- Mother: No, I wouldn't say more, she's probably still on a par.
- Doctor: ... What about her colour?
- Mother: Her colour has improved, well it has gone back to normal...except when she goes into a tantrum...and the redness is appearing again...and it's going very blotchy.
- Doctor: It's blotchy redness. Is there an area where the redness is particularly noticeable?
- Mother: The left-hand side...
- Doctor: So she is flushed on one side of the face?
- Mother: Yes.
- Doctor: What about discharge from her nose?
- Mother: There is nothing as yet. She is blowing her nose a little but it is clear...there isn't really a discharge which makes me think that there is a lot there, because it doesn't seem to be coming through.
- Doctor: So there hasn't been any increase in the discharge, since I saw you?
- Mother: No.
- Doctor: What about fever...is there any fever?
- Mother: No really, no...I wouldn't say she was terribly feverish.
- Doctor: And is she irritable all the time, or is it coming and going?
- Mother: It is coming and going. She got up this morning, and she didn't want her hair a certain way... and that set her off. I collected her from nurse, and something didn't go her way...she couldn't find a toy...and that set her off. I got her out of the car there, we have just been on the school run...she didn't want her coat of f...and that set her off. You know it's silly wee things, and she is really going into a terrible state.
- Doctor: ...and are tears flowing?
- Mother: Yes.



https://youtu.be/eNS2nGrv_3o

- Doctor: So, some things have changed...what about the wheeze: is that there all the time or is it coming and going?
- Mother: No, the wheeze I would say is more prominent when I get her up in the morning. Certainly I am not noticing it when I go in at night, she is very peaceful.
- Doctor: Shortly after the remedies, did it produce a reaction in her at all?
- Mother: Well Saturday afternoon was a terrible afternoon with her, she just cried all afternoon, we couldn't calm her, she didn't want to sleep, she just didn't know what she wanted.
- Doctor: At this moment in time, do you think she is getting worse overall, or is she staying the same, or is she getting better?
- Mother: I think that there is a slight improvement.

Activity 9.5

What aspects of Lucy's case have resolved? What would you advise at this stage?

Your answer and rationale:

The chest symptoms have clearly improved, particularly the respiratory symptoms that Lucy had been getting at night. Lucy's mood however has not improved substantially. There was even a conspicuous aggravation of her irritability shortly after the remedy. An important keynote for *Chamomilla* has emerged (flushing of one side of the face).

Action:

Lucy's mother was reassured that everything was on course and that Lucy's irritability, although distressing, would not cause her any harm. She was asked to withhold the *Chamomilla* for a few more days to ensure that the chest signs continued to resolve uninterrupted (*Chamomilla* is listed in some texts as an antidote to *Pulsatilla*!). It was suggested that if the remaining respiratory symptoms resolved in the course of the ensuing days, the *Chamomilla* should then be given.

Letter 16/01/95

Dear Dr M,

Since our last meeting on Friday 23 December Lucy's health has continued to improve. She has had a couple of light colds during that period. However, I left her to her own devices and I am pleased to say that she overcame the sniffles and the cough by herself (without the aid of Calpol or antibiotics).

Her behaviour immediately following our last visit [given *Pulsatilla*] was still a bit erratic. She seemed to be crying almost continuously, and as a last resort on 29 December I gave her two of the three preparations you gave me [*Chamomilla*]. This appeared to help and she seemed to become a little calmer, she is now almost 100 per cent better, and more like the child I used to know. I am now able to reason with her and she has fewer tantrums. Of course she has now settled back into her normal routine, after the Christmas festivities (when she seemed to be on a permanent high).

To sum up a) her cough has cleared up b) she has very little catarrh c) her behaviour is much improved d) she seems stronger in herself (healthwise)
AND MUCH HAPPIER.

Finally I would like to thank you for all your help, and should any of Lucy's former problems recur, I hope I can contact you for further assistance

Yours sincerely

Brenda M

The role of nosodes in the management of chest infections

Nosodes may contribute significantly to the final resolution of infective episode. When given after the appropriate disease similimum, they can aid recuperation and prevent long term sequelae. The following nosodes, of relevance to chest infections, are among a number of human and animal pathogens available in potency from various European manufacturers:

Adeno-influenza virus

Aspergillus

Bacillinum

Empyemia

Haemophyllus influenzae

Klebsiella pneumoniae

Micrococcus catarrhalis

Mycoplasma pneumoniae

Pneumococcus

Pneumocystis carinii

Psittacosis

Pyrogen

Staphylococcus aureus

Streptococcus viridans (Haemolytic)

Tuberculinum aviare

Tuberculinum bovinum

Further Relevant Reading

Complete your course work for Part 9 by reading as many of the following articles, relevant to pneumonia, as possible.

Tyler M

Pneumonias

Aconite, Ferrum phosphoricum, pneumonia, Belladonna, Ipecacuanha

J Am Inst Homeopath 1978 Dec;71(4): 196-216

Borland DM

'Pneumonias'

Homoeopathy 1988 Apr;38(2):34-9

Lang G

Über die klinischen Rubriken im Kent

pneumonia, Bryonia alba

ZKlass Homoeopath Arzn 1988 Sep-Oct;32(5):201-4

Bourgarit R

Les broncho-pneumopathies dyspneisantes du nourrisson

Cah Group Hahnemann Doct P Schmidt 1989;26(7):245-56

Tyler ML

Bronchitis, pleurisy, pneumonia – remedies for

Homoeopathy 1932 Feb;1(2): 71-2

Fiske R

Survey of the statistics of the homoeopathic treatment of lobar pneumonia

Homoeopathy 1933 Jan;2(1): 2-5

Rabe RF

Remedy selection as an art

prescribing methods, Ammonium carbonicum, Bufo cinereus, Lac caninum

Homoeopathic World 1931 Jan;66(781): 11-13, 73-7

McLachlan J

Lobar pneumonia

Aconitum napallus, Sulphur

Homoeopathic World 1930 May;65(773): 120-5,151-9

Royal G

A Study of Echinacea Angustifolia

homoeopathic drugs, case report, pneumonia

Homoeopathic World 1931 Jan;66(781): 7-11,44-9,77-8

Brien DH

Influenza, pneumonia and Tuberculinum

Homoeopathic World 1928 Oct;63(754): 259-60

Tyler ML

Pneumonia

Homoeopathy 1938 Jun;7(6): 169-70

Anon

London Homeopathic Hospital

London, homoeopathy, war, pneumonia

Homoeopathic World 1918 Aug;53(8): 316-32

Weir J, Tyler M Drug indications for influenza and pneumonia Homoeopathic World 1918 Dec;53(12): 494-6	Little cases Cannabis indica, mental symptoms, hallucinations, pneumonia, Belladonna Homoeopathy 1935 Dec;4(12): 494-6	Case of the month baptisia pneumonia Health through Homoeopathy 1943 Jun;1(6): 9-10
Borland D Two pneumonia cases Veratrum viride Homoeopathic World 1912 Oct;47(10): 464-7	Anon Little cases from general practice Phosphorus Homoeopathy 1936 Jan;5(1): 24-6	Roberts HA Broncho-pneumonia of children Homeotherapy 1983 9(1): 23-7
Tyler ML The common remedies of acute chests bronchitis, pneumonia, pleurisy Homoeopathy 1934 Sep;3(9): 274-83	Anon Little cases Homoeopathy 1936 Mar;5(3): 85-7	Foubister DM Homoeopathy in a children's ward Homoeopathy 1980 30: 27-35
Anon Little cases pneumonia, Bryonia, Kali carbonicum Homoeopathy 1934 Sep;3(9): 286-8	Borland DM Pneumonias (contd.) Homoeopathy 1940 Jan;9(1): 12-20, 36-43	Foubister DM Pneumonia and acute bronchitis Br Homoeopath J 1956 45: 65
Anon Little cases pneumonia, diphtheria, Phosphorus, Lachesis, Aconite Homoeopathy 1934 Oct;3(10): 323-5	Borland DM Pneumonia (contd.) Homoeopathy 1940 Mar;9(3): 74-7, 102-6	Goldsbrough GF, Wheeler CE Pneumonia in adults Br Homoeopath J 1918 8: 129
Anon Little cases Belladonna, Menorrhagia, Aconitum napellus, Bryonia, pneumonia Homoeopathy 1934 Dec;3(12): 388-90	Borland DM Pneumonia I Homoeopathy 1939 Oct;8(10):305-13, 334-43,361-8	Hall-Smith P Influenzal pneumonias Br Homoeopath J 1920 10: 115
Anon Little cases Hyoscyamus, cough, pneumonia, Kali carbonicum, Mercurius Homoeopathy 1935 Mar;4(3): 80-2	Borland DM Pneumonia I Homoeopathy 1939 Oct;8(10):305-13, 334-43,361-8	Neatby TM A peak in Darien (or a football in Streatham?) Br Homoeopath J 1918 8: 262
Anon Little cases pneumonia, Kali sulphuricum, Lachesis, Erysipelas Homoeopathy 1935 Apr;4(4): 112	Green JM Zinc in suppression in children Homoeopathy 1940 Jun;9(6): 163-7	
Anon Little cases Stramonium, pneumonia, Tuberculinum, chorea Homoeopathy 1935 Jun;4(6): 174-5	Tyler ML, Burnett JC Nosode results in practice Bacillinum burnett, Pneumococcinum, Morbillinum Homoeopathy 1941 Aug;10(8): 234-6	
Anon Little cases pneumonia, Natrum sulphuricum, Erysipelas, Cantharis Homoeopathy 1935 Aug;4(8): 250-1	Masclet C Premier cours de pneumologie en homeopathie Homeopathie Francaise 1990 Nov-Dec;78(6):9-14	
Anon Little cases pneumonia, Natrum sulphuricum, Erysipelas, Cantharis Homoeopathy 1935 Aug;4(8): 250-1	Wecker L Pneumonia Ger J Homeopath 1989;1(2):116	
Anon Little cases pneumonia, Natrum sulphuricum, Erysipelas, Cantharis Homoeopathy 1935 Aug;4(8): 250-1	Geukens A Tuberculinum in acutes Homoeopath Links 1991 Spring;4(1):5-6	
Anon Little cases pneumonia, Natrum sulphuricum, Erysipelas, Cantharis Homoeopathy 1935 Aug;4(8): 250-1	Moller H Ein Fallbericht: homoopathische Therapie einer Lingenentzündung Natura Med 1991 Mar;6(3):154-8	