

The Homeopathic Treatment of Pneumonia

Presented by André Saine, ND

Reported by Janet Levatin, MD

Abstract: Dr. Levatin reports on a seminar given by Dr. André Saine on pneumonia. Important strategies of the homeopathic treatment of this disease include: the taking of a complete, unbiased case; identification of the stage of pneumonia through physical examination; selection of the appropriate homeopathic remedy (often, but not exclusively, with consideration in mind of those remedies corresponding to the stage of pneumonia at hand); and administration of the remedy in proper potency and adequate frequency.

Introductory Material

In October 2004, Dr. André Saine presented a conference on the homeopathic treatment of the patient with pneumonia at the University of Connecticut School of Medicine. The conference was jointly sponsored by the AIH and the university's Division of Complementary and Alternative Medicine.

Why a seminar on pneumonia? Here are some of the facts and figures, as presented by Dr. Saine:

- One out of 25 Americans dies of pneumonia.
- Pneumonia is the leading cause of death from an infectious disease in the United States.
- Prior to the era of antibiotics, the death rate from pneumonia averaged 30%.
- Presently, the average death rate from pneumonia is 18%.
- There is a 70-100% death rate from antibiotic-resistant *Staphylococcus aureus* and *Pseudomonas* pneumonia in hospitals and nursing homes.
- In the United States, pneumonia is the second most common reason for hospitalization.
- Many experienced homeopathic practitioners don't dare treat patients with pneumonia with homeopathy, falsely thinking that allopathy is the treatment of choice or that it is too difficult to achieve success with homeopathy in such cases.
- On the contrary, however, homeopathy is the treatment of choice for patients with pneumonia. With pure homeopathy, the death rate in patients

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with pneumonia, even with the most virulent cases, should be less than one percent. Dr. Saine presented many reports illustrating the truth of this statement.

Dr. Saine reported having treated some of the most difficult cases with pneumonia without a single failure in over 150 cases. The worst case he treated was in an AIDS patient who was on his deathbed. He had *Pneumocystis carini* pneumonia and *Cryptococcal* meningitis and was on high doses of antibiotics, antifungals, and prednisone. He was in liver and kidney failure, unconscious, and on morphine. The family was called in to be told that he was not responding and that death was imminent. At this late hour, homeopathy was called upon as a last resort. He responded immediately to homeopathy, and the allopathic drugs were quickly dropped one by one. Despite his bleak prognosis, he recovered quickly and completely from his acute condition under pure homeopathy.

According to Dr. Saine, patients with pneumonia are easy to treat homeopathically, regardless of the type of pneumonia, as long as the fundamental principles of homeopathy are abided by. Another good reason, according to Dr. Saine, for holding this seminar is the fact that if one learns to treat patients with pneumonia effectively with homeopathy, one has essentially learned how to treat anyone with

an acute or chronic illness. It is simply a question of learning to apply the fundamental principles of homeopathy to our cases, without any deviation.

The principles, as presented by Dr. Saine, are as follows:

1. It is necessary to have a complete case; i.e., a complete picture of the disease(s) and of the patient who has the disease(s). If only the acute disease at hand is examined, one can expect a much lower success rate, since, in about fifty percent of cases, the patient needs the remedy indicated before developing pneumonia. Therefore, it is necessary for accurate prescribing to also examine who is the person having pneumonia.

There are a number of possible sources of information in a case: the patient's subjective experience, objective data, observations of the patient made by others, and the circumstances surrounding the patient and the illness. When taking a case, notice all the little details regarding onset, etiologies, modalities, times of exacerbation and amelioration, sensations "as if," and concomitants of each symptom of each complaint. All changes in the general symptoms must also be carefully noted. Obtain a complete picture of the patient as he was before he developed pneumonia.

2. After having carefully taken the case, the next step is to ask the following question: what is most striking in this case with pneumonia? Develop the "genius" of the disease by assembling the most characteristic symptoms in a hierarchy.

3. Search the repertories for remedies that are most similar to this genius, then through a most careful differential study of the materia medica, focus on finding the simillimum until you get that "gut feeling" about its correctness.

4. Administer this remedy in an *optimal posology* (posology concerns the correct potency, repetition, and method of administering the remedy). Dr. Saine shared with the conference attendees that earlier in his career he did not repeat remedies adequately in patients with pneumonia. He was initially trained as a Kentian prescriber, giving one dose of a remedy and waiting. He learned the hard way in pneumonia cases that waiting after an initial improvement had set in often led to unnecessary relapses. He discovered on his own that for optimal success, the remedy must be repeated even though the patient is feeling better. Doctors Tyler and Borland, two of Kent's students, had the same experience with patients with pneumonia. Their patients experienced relapses until they began repeating the remedy more often, even after the patient had begun to improve.

It is necessary to find this optimal posology for each patient at each visit. The optimal dose is not necessarily the minimal dose. The cure should be

assertive and rapid, yet gentle and permanent. When studying the work of the great homeopaths of the nineteenth century, it is found that they commonly had their patients repeat remedies, diluted in water, every two hours in patients with an acute illness. Despite what some teachers have promulgated and what many of us were taught, you will not disrupt the case by giving more doses, even when the patient is improving, except when prescribing chronically in hypersensitive patients.

Another important reminder is that we must do timely follow-up visits on our patients after giving remedies. In cases with acute pneumonia, this often means *within* a few hours after the administration of the first dose.

If a homeopath takes a complete case, finds the simillimum and administers it in the optimal posology, and if the therapeutic environment is beneficial, he or she should expect a one hundred percent success rate in patients with pneumonia. The same principles apply to all patients with acute and chronic illnesses curable with homeopathy.

Applying the principles of homeopathy specifically to the patient with pneumonia.

The physical examination is an important part of the history. You must get the correct temperature, both the objective temperature and the patient's subjective feeling of heat or chills. Unequal distribution of heat, sweat, absence of sweat, and the color of the face must all be noted. The rate and quality of the pulse are important, as is the respiratory rate (which varies with age). The patient's pulse might be the first indicator of whether or not you have given the right remedy; it will start to decrease when the simillimum is given because oxygen exchange will begin improving. It is important to auscultate and percuss the chest. You must try to isolate the area of consolidation or exudation. Check for crepitant rales and tactile fremitus, as these are all signs you can follow as the patient progresses through the course of his illness.

Note the cough. What does it sound like? When does it occur? In what position is the patient most likely to cough? What symptoms are concomitant to the cough? You must also examine the expectoration for its appearance, consistency, quantity, smell, taste, and color.

The patient's general state is also important. All changes in behavior, disposition, appetite, thirst, sleep, bowel movements, and urination must be carefully noted.

Dr. Saine reminded us that fever is not dangerous and that it is not beneficial to the patient to lower body temperature with antipyretic medications.

(This is done in conventional medicine more for the comfort of the doctors and nurses than because it helps the patient.) We need to be concerned with the cause of the fever, but not with the fever itself, as it is a beneficial remedial process. In prolonged or high fever, good hydration of the patient must be instituted. Hydrotherapy can be used to optimize the patient's defense during a fever if necessary, or is very helpful to accelerate convalescence after febrile diseases (see paragraph 291 of the *Organon*). According to Dr. Saine, lowering a fever may actually harm the patient, as it slows the recovery and tends to reset the thermostat of the patient at a lower temperature.

Learn to recognize the different stages of pneumonia with their representative remedies.

1. The First Stage is characterized by the onset of the *inflammatory process* or *Congestive Stage*.

This may be accompanied by the onset of fever and the patient will commonly feel chilled. He feels weak and wants to lie down, has slight shortness of breath, a slight dry cough, and a congested face (one or both cheeks may be red). His chest may be warm to the touch. The patient may be sweating. The pulse tends to be full, hard, and rapid because of the congestion. The lungs will most likely sound clear. If there is expectoration, it may be blood-streaked. Patients needing *Aconitum* or *Ferrum phosphoricum* may expectorate pure blood.

A rubric for this stage is "Chest, inflammation, lungs, stages, congestive."

Commonly-indicated remedies in this stage include *Aconitum*, *Belladonna*, *Bryonia*, *Gelsemium*, *Ferrum phosphoricum*, *Sanguinaria*, and *Veratrum viride*. Dr. Saine lectured on how to differentiate these remedies in pneumonia through differentiation of their most characteristic symptoms.

2. The Second Stage or *Critical Stage* (also called *Red Hepatization*).

This is the stage of consolidation. The lung looks like a liver because its air spaces are filled with bloody exudation. This is the stage where the patient will either live or die. If the patient passes through the second stage, he will probably live. If he doesn't recover from this, he will die from consolidation. The greater the consolidation, the weaker is the patient.

The respiratory rate and the heart rate are faster; the temperature may stabilize or even come down. A decrease in temperature is probably a bad prognostic sign if, at the same time, the patient is much weaker. If the temperature begins dropping rapidly,

this is a sign that death may be approaching.

In this stage, the cough is looser and expectoration tends to be more profuse and purulent (green or brownish sputum tend to be worse prognostically than yellow). There are all sorts of rattling breathing noises. The chest is sore, and there may be sharp, stitching pains. Crepitant rales are heard. Later there may be an absence of breath sounds.

Rubrics for this stage are "Chest, inflammation, lungs, stages, consolidation or secondary" and "Chest, hepatization of lungs."

Remedies commonly indicated in this stage include *Bryonia*, *Phosphorus*, *Sulphur*, *Chelidonium*, *Kali carbonicum*, *Lycopodium* and *Ipecacuanha*. *Carbo vegetabilis*, *Arsenicum album*, *Antimonium tartaricum*, and *Lachesis* tend to be more indicated in the late second stage.

3. The Third Stage is the *Stage of Resolution* or "Gray Hepatization."

The cough persists and the patient coughs up chunks of purulent, grayish material. It can take weeks to recover from this stage without the aid of homeopathy. Some patients may also die in this stage from an inability to expectorate and reabsorb the exudates.

A rubric for this stage is "Chest, inflammation, lung, stage, resolution."

Sulphur is very commonly used at this stage. *Sulphur* will follow many of the remedies previously used. There are twenty-two other remedies in this third stage rubric.

4. The Fourth and last Stage is called the *Convalescence Stage*.

A rubric for this stage is "Generalities: convalescence," and more specifically "Generalities: convalescence, pneumonia, after." At this stage, patients will probably need their chronic remedies.

Another rubric to consider is "Inflammation, lungs, neglected." This is a rubric for the third or fourth stage of pneumonia when the patient is past the critical stage, but is not fully well yet. The patient is not going to die, but he is also still not well. *Lycopodium* is a commonly indicated remedy in this stage.

Clinically, it is very important to pay attention to the stage of pathology the patient is in. When the patient is in the first stage and you give a remedy with a high degree of similarity, there will be a quick reaction and resolution. However, when the same well-indicated remedy is given later in the first stage, the patient may feel better quickly, but then may feel a lot worse a few hours later with a different set of symptoms. This is likely because the patient moved quickly out of the first stage and into the second stage. A new remedy must then be prescribed,

taking into account, as a rule, the “follows well” or “complementary” relationship to the first remedy to which the patient responded. Always watch for the appearance of new symptoms, as they are often the key to the case as it progresses.

Useful Books

Dr. Saine emphasized that one should use only reliable materia medica. One of the best to consult in cases of pneumonia is Hering's *Guiding Symptoms*. He gives good clinical pictures of the patient with pneumonia. For materia medica lectures on pneumonia, consult Nash's *Respiratory Leaders* and Pulford's *Homeopathic Leaders in Pneumonia*. Another excellent but much less accessible book, as it is in French and out of print, is Chargé's *Traitement Homœopathique des Maladies des Organes de la Respiration*. (Chargé can be considered the Lippe of France.) Dunham wrote an article in which he mentioned the work of Eidherr in Vienna on the greater efficacy of higher potencies in treating patients with pneumonia. This article is entitled “The Use of the High Potencies in the Treatment of the Sick,” and it can be found in Dunham's *Homeopathy, The Science of Therapeutics*, pp. 227-256.

Remedies that tend to be indicated will vary according to whether one is dealing with an infant, a child, or an elderly person with pneumonia.

Remedies for infants and children will be found in this rubric: “Chest, inflammation, lungs, infants” and “Chest, inflammation, lungs, children.”

Remedies to consider for elderly people can be found under the rubric “Chest, inflammation, lungs, old people.”

It is important to pay attention to the location of the pneumonia, as pneumonia tends to begin on one side. Be aware that there are only 37 remedies in the rubrics “right side” and “left side,” but there are 153 remedies in the “inflammation of lungs” rubric. So, use these “side” rubrics, though never in an exclusive way. Pneumonia allocated to only one lobe is commonly of viral origin.

Potency

The more intense the condition, the higher the potency needed for the case. Use 10M or 50M and the cure will be quick and easy. As a rule, don't worry about having an initial aggravation in the treatment of acute patients; the more acute the patient's condition, the less initial aggravation there will be. However, by diluting the remedy sufficiently, any initial aggravation can be dramatically minimized.

Be aware that when Hahnemann said to give the patient one dose, in the form of one granule, and he did so throughout most of his practice, what he didn't mention is that he had both acute and chron-

ic patients mix this granule in water and brandy, and take spoonfuls repeatedly.


The greater the quantity of liquid you put the granule in, the less initial aggravation. So if you want to decrease the initial aggravation, use more water. The more a remedy is succussed, the more aggravation you will get. If you want to avoid aggravations, have the patient stir the remedy only twice. The more successive the dilutions by transferring a minimal amount of water from one glass to another containing a larger volume of water, the less aggravation there will be. The less water transferred from one glass to the other in doing serial dilutions, the less aggravation there will be. The minimal quantity transferable is one drop and this is easily achieved by lifting the spoon vertically from one glass into the other. Changing spoons between glasses might be necessary with hypersensitive patients. The smaller the quantity administered, the smaller the aggravation. One drop of this liquid would thus be the smallest quantity of the potentized remedy that can practically be administered.

Dr. Saine stated that LM potencies are too complicated and too low in potency, so he does not endorse their use. The range of potencies available in the centesimal Hahnemannian and fluxion potencies is immensely greater. By carefully choosing the dynamization and mode of administration for each patient, the best outcome can be expected in terms of quick and gentle recovery.

Dr. Saine presented a great number of dramatic cases of patients with pneumonia and discussed the application of the above principles as they applied to each individual case.

Final Words of Advice

When you come to a case with pneumonia, don't be biased towards certain remedies which are commonly indicated in pneumonia. Also, you must not be biased in favor of the patient's chronic remedy, or by the fact that the pneumonia is in a particular stage. Be aware of all these, but remain neutral and objective to appreciate the entire picture in its most minute detail. Take a complete, unbiased case, noting what is most striking in the particular patient at hand. After a most careful differential study of the materia medica, give the most similar remedy in an optimal posology and expect the best results. In the words of Cowperthwaite: “Give the indicated remedy—that is all.” This is homeopathy, pure and simple, with its predictable beneficial results.

About the Author: Andre Saine, ND, DHANP, is the Dean of the Canadian College of Homeopathy and an internationally renowned lecturer on homeopathy. He practices pure homeopathy in Montreal. 

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