

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

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**Outcomes in patients with pneumonia before
and since the introduction of antibiotics.**

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- 1) pre-antibiotic allopathy

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- 2) expectancy,
- 3) current conventional care (CCC),
- 4) homeopathy in general
- 5) Hahnemannian homeopathy.

Expectancy

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

Comparative Mortality from Pneumonia under PAA, Expectancy, CCC, Homeopathy in General and Hahnemannian Homeopathy					
Treatment	Number of Patients	Number of Recoveries	Survival	Number of Deaths	Mortality Rate (%)
PAA	148,345	112,272	75.7	36,073	24.3
Expectancy	379	299	78.8	80	21.1
CCC (limited to CAP)	33,148	28,607	86.3	4,541	13.7
Homeopathy in general	25,208	24,343	96.6	865	3.4
Hahnemannian Homeopathy	960	956	99.6	4	0.4

Odds of surviving community-acquired pneumonia under PAA, CCC, Homeopathy in General and Hahnemannian Homeopathy

Pre-antibiotic allopathy	3:1 ($P < 0.0001$)
Current conventional care (limited to only community-acquired pneumonia)	6:1 ($P < 0.0001$)
All methods of practicing of homeopathy	28:1 ($P < 0.0001$)
Hahnemannian homeopathy	239:1 ($P < 0.0001$)

- This means that out of every 100 cases with pneumonia,

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- 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.

- Let's now take a moment to imagine the difference that genuine homeopathy would make if it were offered to every patient with pneumonia.

- 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,

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- 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.

- 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,

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

- One in 25 Americans dies from pneumonia.

Treatment of pregnant women during the 1918-1919 influenza pandemic					
Treatment	Number of pregnant women with CIP	Number of pregnant women recovered from CIP	Percentage of pregnant women who developed pneumonia	Number of deaths	Mortality rate from CIP
Allopathic	1,561	1,093	51% (717 out of 1,410)	468	30%
Homeopathic	2,848	2,827	5.7% (161 out of 2,832)	21	0.7%

Case management of the pneumonia patient

Case management of the pneumonia patient

- First, all the symptoms that made their appearance since the onset of pneumonia must first be gathered.

- It would also be important to know the chronic cases/remedy of the patient,

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- It would also be important to know the chronic cases/remedy of the patient, as in about 50% of the cases the acute remedy is the same as the chronic remedy of the person.

- For patients with difficult case, the advent of pneumonia can actually be a good way to find their chronic remedy.

- Incidentally, the concept of constitutional remedy for identifying the chronic remedy needed by a person is a wrong concept,

- Incidentally, the concept of constitutional remedy for identifying the chronic remedy needed by a person is a wrong concept, as all prescriptions, acute and chronic are based on constitutional symptoms,

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

Case analysis

Case analysis

- Here you must ask yourself the question:
“What is most peculiar in this case with pneumonia?”

- You then assemble all the most characteristic symptoms of the disease,

- You then assemble all the most characteristic symptoms of the disease, and arrange them in a hierarchy.

- You have then created the genius of the disease.

- You now need to find in the materia medica the remedy whose genius is most similar to the one of the disease of the patient.

- You may first need to repertorize the case to find out which remedies need to be studied first.

- Once you have the gut feeling for a remedy that matches the genius of the disease,

- Once you have the gut feeling for a remedy that matches the genius of the disease, you need to administer this remedy in an optimal posology.

- Optimal posology means an optimal potency,

- Optimal posology means an optimal potency, optimal repetition

- Optimal posology means an optimal potency, optimal repetition and optimal way of administering the remedy.

- This means that the posology must be individualized in each patient at each visit.

- Therefore at each visit, the potency, repetition and way of administering the remedy must be individualized

- Therefore at each visit, the potency, repetition and way of administering the remedy must be individualized and adapted to the current circumstances and state of the patient.

- It has been clinically demonstrated that the higher the potency, the faster the recovery of the patient.

- In his 1864 essay *On the Use of High Potencies in the Treatment of the Sick*,

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- In his 1864 essay *On the Use of High Potencies in the Treatment of the Sick*, Dr. Carroll Dunham of New York summarized the experiments conducted in a Vienna hospital over a 10-year period, which tried to determine the most efficacious potency of homeopathic remedies.

- Drs. Wurmb, Caspar and Eidherr treated all patients with pneumonia with the thirtieth decimal dilution for the first three years,

- Drs. Wurmb, Caspar and Eidherr treated all patients with pneumonia with the thirtieth decimal dilution for the first three years, then using the sixth for three years,

- Drs. Wurmb, Caspar and Eidherr treated all patients with pneumonia with the thirtieth decimal dilution for the first three years, then using the sixth for three years, and for the remaining four years with the fifteenth decimal dilution.

- They measured the seat of infiltration,

- They measured the seat of infiltration, the time it took for resolution to begin

- They measured the seat of infiltration, the time it took for resolution to begin and the resolution to be complete,

- They measured the seat of infiltration, the time it took for resolution to begin and the resolution to be complete, and the length of hospitalization

- They measured the seat of infiltration, the time it took for resolution to begin and the resolution to be complete, and the length of hospitalization and convalescence.

Time of hospitalization of patient with pneumonia at the Leopoldstadt Hospital hospital in Vienna from 1850-1859				
Group	Potency used	Number of patients	Total time of hospitalization	Average time of hospitalization per patient
Group 1 1850-1852	30 decimal	55	680	12.4
Group 2 1853-55	6 decimal	31	606	19.5
Group 3 1856-1859	15 decimal	54	795	14.7

- But we have since more experience with posology. In severe cases do not hesitate to use high potency and repeated them often.

- I will often begin the case with a 200 and continue unto a 10 M potency.

- I will often begin the case with a 200 and continue unto a 10 M potency. Rarely a 50 M will be needed to complete the course of treatment.

- The remedy is usually administered in water, a teaspoon per dose,

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

- Follow-up should be done within an hour in the more severe cases

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

- I always make sure the patient repeat the remedy before sleep,

- I always make sure the patient repeat the remedy before sleep, and if they get up at night to urinate, they should also repeat the remedy.

- Further, patients are told if at any time they would see any sign of a relapse to repeat the remedy immediately and to continue it at quick intervals,.

- Further, patients are told if at any time they would see any sign of a relapse to repeat the remedy immediately and to continue it at quick intervals, let's say every 10, 20 or 30 minutes

- Further, patients are told if at any time they would see any sign of a relapse to repeat the remedy immediately and to continue it at quick intervals, let's say every 10, 20 or 30 minutes until they begin feeling much better.

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

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- Heart rate

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- Heart rate
- Temperature

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)
- Pain

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)
- Pain
- Energy

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)
- Pain
- Energy
- Coughing

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)
- Pain
- Energy
- Coughing
- Expectoration

The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)
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- Energy
- Coughing
- Expectoration
- Any particular symptom of the patient,

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- Any particular symptom of the patient, such as thirst,

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The following parameters must be continually monitored in patients with pneumonia in order to be sure that they are continually improving:

- Heart rate
- Temperature
- Respiratory rate (and shortness of breath)
- Pain
- Energy
- Coughing
- Expectoration
- Any particular symptom of the patient, such as thirst, anxiety, disposition, etc.

- The remedy is repeated less often as the patient is improving.

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- The remedy is repeated less often as the patient is improving. It would be a mistake to stop treatment when the patient shows the first sign of recovery, as relapse are insidious or could happen during sleep and the patient is in a worse state and you would have lost a lot of time in the recovery of the patient for no good reason.

- The patient is thus followed until complete resolution of the symptoms.

- Beware that there might be a change of picture during the course of treatment,

- Beware that there might be a change of picture during the course of treatment, which would require a change of remedy.

The four stages of pneumonia

The four stages of pneumonia

- Inflammation

The four stages of pneumonia

- Inflammation
- Consolidation

The four stages of pneumonia

- Inflammation
- Consolidation
- Resolution

The four stages of pneumonia

- Inflammation
- Consolidation
- Resolution
- Convalescence

- If you begin treatment with the first stage remedy

- If you begin treatment with the first stage remedy when the patient is at the end of the first stage and about to enter into the second stage,

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- If you begin treatment with the first stage remedy when the patient is at the end of the first stage and about to enter into the second stage, the patient will quickly enter into the second stage and require a different remedy,

- If you begin treatment with the first stage remedy when the patient is at the end of the first stage and about to enter into the second stage, the patient will quickly enter into the second stage and require a different remedy, preferably a complementary remedy.

Hygienic measures and adjunctive natural approaches

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- Rest,

Hygienic measures and adjunctive natural approaches

- Rest, avoidance of stress

Hygienic measures and adjunctive natural approaches

- Rest, avoidance of stress and fresh air

Hygienic measures and adjunctive natural approaches

- Rest, avoidance of stress and fresh air or avoidance of keeping the patient in a room with staled air,

Hygienic measures and adjunctive natural approaches

- Rest, avoidance of stress and fresh air or avoidance of keeping the patient in a room with staled air, and hydration of the febrile patient are necessary hygienic measures to assure a quick recovery.

- Adjunctive natural approaches can also be used in conjunction with genuine homeopathy to speed up the healing process and the full recovery of the patient.

- This would include fasting the febrile patient but with water.

- This would include fasting the febrile patient but with water. As a rule, as long as the fever persists recovery will be speeded up if the patient is fasted.

- Hydrotherapy,

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- Hydrotherapy, as pointed out by Hahnemann in the last paragraph of the *Organon*, where he says that hydrotherapy can be a useful adjuvant, both palliatively and homeopathically,

- Hydrotherapy, as pointed out by Hahnemann in the last paragraph of the *Organon*, where he says that hydrotherapy can be a useful adjuvant, both palliatively and homeopathically, in the restoration of health in acute affections

- Hydrotherapy, as pointed out by Hahnemann in the last paragraph of the *Organon*, where he says that hydrotherapy can be a useful adjuvant, both palliatively and homeopathically, in the restoration of health in acute affections and during the convalescence of patients.

- The underlying principle of hydrotherapy is simple:

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- The underlying principle of hydrotherapy is simple: the healing of tissues is directly proportional to the amount of blood flow. The greater is the blood flow in and out of a diseased organ, the greater the defense, the detoxification, the nourishment and the restoration of this tissue, and therefore the greater is the healing process.

Prognosis of the homeopathic treatment of the patient with pneumonia

A rapid and complete recovery of health

A rapid and complete recovery of health
and without side-effects

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

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

A rapid and complete recovery of health and without side-effects should be expected in 100% of cases of pneumonia under homeopathic treatment of patients, regardless of the degree of difficulty, when the treatment is based on the totality of the acute and chronic symptom pictures,

A rapid and complete recovery of health and without side-effects should be expected in 100% of cases of pneumonia under homeopathic treatment of patients, regardless of the degree of difficulty, when the treatment is based on the totality of the acute and chronic symptom pictures, an optimal posology

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A rapid and complete recovery of health and without side-effects should be expected in 100% of cases of pneumonia under homeopathic treatment of patients, regardless of the degree of difficulty, when the treatment is based on the totality of the acute and chronic symptom pictures, an optimal posology and proper case management, which would include proper hygienic and adjuvant care.

- Since I began practice,

- Since I began practice, I have seen patients with pneumonia with all types of severity,

- Since I began practice, I have seen patients with pneumonia with all types of severity, such in infants or young children with life-threatening viral pneumonia that are in an oxygen tent,

- Since I began practice, I have seen patients with pneumonia with all types of severity, such in infants or young children with life-threatening viral pneumonia that are in an oxygen tent, a 99 and 102 year old patient who were on their deathbed,

- Since I began practice, I have seen patients with pneumonia with all types of severity, such in infants or young children with life-threatening viral pneumonia that are in an oxygen tent, a 99 and 102 year old patient who were on their deathbed, patients with lung cancer, ...

- ... a weak and emaciated patient who had an acute exacerbation of chronic *Aspergillus pneumonia* of 4 year duration,

- ... a weak and emaciated patient who had an acute exacerbation of chronic *Aspergillus pneumonia* of 4 year duration, patients with heart and kidney failure,

- ... a weak and emaciated patient who had an acute exacerbation of chronic *Aspergillus pneumonia* of 4 year duration, patients with heart and kidney failure, patients with cystic fibrosis,

- ... a weak and emaciated patient who had an acute exacerbation of chronic Aspergillus pneumonia of 4 year duration, patients with heart and kidney failure, patients with cystic fibrosis, an AIDS patient who was dying PCC pneumonia and cryptococcal meningitis, etc.

- It would actually be hard to imagine having a pneumonia patient die under genuine homeopathy,

- The response has always been uniformed,

- The response has always been uniformed, that is, as soon as a remedy with a high degree of similarity is given,

- The response has always been uniformed, that is, as soon as a remedy with a high degree of similarity is given, there is a healing response,

- The response has always been uniformed, that is, as soon as a remedy with a high degree of similarity is given, there is a healing response, which if it is kept up will lead the patient to a quick and complete recovery.

- Recovery is not only prompt,

- Recovery is not only prompt, but often patients will mention afterward that they feel better than at any other time in their life they can remember.

- It would actually be hard to imagine having a pneumonia patient die under genuine homeopathy, as long a skilled physician is at the bedside.

Examples of cases

Examples of cases

- A 2 year-old boy with viral pneumonia, who is unresponsive to treatment and is lifeless an oxygen tent with a respiratory rate of 90 per minute for the last 3 ½ days.

Examples of cases

- A 2 year-old boy with viral pneumonia,.

Examples of cases

- A 2 year-old boy with viral pneumonia, who is unresponsive to treatment

Examples of cases

- A 2 year-old boy with viral pneumonia, who is unresponsive to treatment and is lifeless in an oxygen tent with a respiratory rate of 90 per minute for the last 3 ½ days.

- A 37 year-old AIDS patient who is on his deathbed,

- A 37 year-old AIDS patient who is on his deathbed, unconscious

- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia,

- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia, cryptococcal meningitis,

- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia, cryptococcal meningitis, and liver and kidney failure,

- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia, cryptococcal meningitis, and liver and kidney failure, and is on very toxic anti-fungal medications and antibiotics,

- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia, cryptococcal meningitis, and liver and kidney failure, and is on very toxic anti-fungal medications and antibiotics, 80 mg of prednisone

- A 37 year-old AIDS patient who is on his deathbed, unconscious and dying of pneumocystic carinii pneumonia, cryptococcal meningitis, and liver and kidney failure, and is on very toxic anti-fungal medications and antibiotics, 80 mg of prednisone and morphine.

- A 71 year-old woman with stage IV B-cell non-Hodgkin lymphoma who developed multi-lobar pneumonia with complete exhaustion, a resting respiratory rate varying at between 23-35 and extreme dyspnea.

- A 71 year-old woman with stage IV B-cell non-Hodgkin lymphoma

- A 71 year-old woman with stage IV B-cell non-Hodgkin lymphoma who developed multi-lobar pneumonia with complete exhaustion,

- A 71 year-old woman with stage IV B-cell non-Hodgkin lymphoma who developed multi-lobar pneumonia with complete exhaustion, a resting respiratory rate varying at between 23-35

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Conclusion

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All evidence so far reviewed shows that:

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- Mortality in pneumonia patients is very low under homeopathic treatment,

Conclusion

All evidence so far reviewed shows that:

- Mortality in pneumonia patients is very low under homeopathic treatment, better than any other system of medicine.

- Recovery is prompt and complete,

- Recovery is prompt and complete, and without side-effect.

- The totality of the symptoms of the acute and chronic disease pictures

- The totality of the symptoms of the acute and chronic disease pictures is the base for treatment.

- The single remedy

- The single remedy that is most similar to the totality of the characteristic symptoms,

- The single remedy that is most similar to the totality of the characteristic symptoms, that is known as the genius of disease,

- The single remedy that is most similar to the totality of the characteristic symptoms, that is known as the genius of disease, must be prescribed in an optimal posology.

- It is very pertinent to address the subject of pneumonia,

- It is very pertinent to address the subject of pneumonia, as it is endemic all the time,

- It is very pertinent to address the subject of pneumonia, as it is endemic all the time, all over the world.

- Pneumonia is a common illness affecting approximately 450 million people a year around the world

- Pneumonia is a common illness affecting approximately 450 million people a year around the world and killing 4 million people

- Pneumonia is a common illness affecting approximately 450 million people a year around the world and killing 4 million people or 7% of the worlds yearly total.

- An estimated 1.4 million children under the age of five years die every year from pneumonia

- An estimated 1.4 million children under the age of five years die every year from pneumonia—more than AIDS, malaria and tuberculosis combined,

- An estimated 1.4 million children under the age of five years die every year from pneumonia—more than AIDS, malaria and tuberculosis combined, and accounting for 18% of all deaths of children under five years old worldwide.

- In the United States alone, community-acquired pneumonia affects 5.6 million people per year,

- In the United States alone, community-acquired pneumonia affects 5.6 million people per year, and ranks 6th among leading causes of death.

- One in every 25 Americans will die of pneumonia.

- In 2009, there were approximately 1.86 million emergency department encounters for pneumonia in the United States.

- In 2011, pneumonia was the second-most common reason for hospitalization in the U.S.,

- In 2011, pneumonia was the second-most common reason for hospitalization in the U.S., with approximately 1.1 million stays.

- Antibiotic resistance is found in all pathogens associated with community-acquired pneumonia,

- Antibiotic resistance is found in all pathogens associated with community-acquired pneumonia, which has considerable long-term effects on quality of life.

- *The age-adjusted* annual mortality for combined influenza and pneumonia

- *The age-adjusted* annual mortality for combined influenza and pneumonia has been steadily rising over the last few decades.

- *The age-adjusted* annual mortality for combined influenza and pneumonia has been steadily rising over the last few decades. It increased 9 percent from 2012 to 2013.

- As a result, pneumonia is the third most frequent cause of hospitalizations

- As a result, pneumonia is the third most frequent cause of hospitalizations (births are first,

- As a result, pneumonia is the third most frequent cause of hospitalizations (births are first, and heart disease is second).

- Between 2009-2014 in the UK,

- Between 2009-2014 in the UK, the mortality rate from community-acquired pneumonia was 13.2%.

- Case fatality rate health-care acquired pneumonia is around 50% in the first 2 months

- Case fatality rate health-care acquired pneumonia is around 50% in the first 2 months and 90% within the first year of discharge.

- The mean hospital charge for CAP, \$25,218, was the lowest among the four groups;

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- The mean hospital charge for CAP, \$25,218, was the lowest among the four groups; the next lowest was in patients with HCAP (\$27,647). The mean hospital charge jumped to \$65,292 for patients with HAP, and peaked at \$150,841 for patients with VAP.

- The time it took for patients with CAP to return to full activity varied with the etiology of the infection:

- The time it took for patients with CAP to return to full activity varied with the etiology of the infection: viral 13–33 days;

- The time it took for patients with CAP to return to full activity varied with the etiology of the infection: viral 13–33 days; bacterial 7–43 days;

- The time it took for patients with CAP to return to full activity varied with the etiology of the infection: viral 13–33 days; bacterial 7–43 days; mixed bacterial and viral 10–50 days.

- After discharge from Veterans Affairs Healthcare System,

- After discharge from Veterans Affairs Healthcare System, patients with pneumonia continue to suffer a substantial health burden,

- After discharge from Veterans Affairs Healthcare System, patients with pneumonia continue to suffer a substantial health burden, with 1-year mortality rates of up to 17% for patients with CAP

- After discharge from Veterans Affairs Healthcare System, patients with pneumonia continue to suffer a substantial health burden, with 1-year mortality rates of up to 17% for patients with CAP and up to 41% for patients with HCAP.

Epilogue

Epilogue

- We need to get the message across that homeopathy offers

Epilogue

- We need to get the message across that homeopathy offers the most effective,

Epilogue

- We need to get the message across that homeopathy offers the most effective, safe,

Epilogue

- We need to get the message across that homeopathy offers the most effective, safe, lifesaving,

Epilogue

- We need to get the message across that homeopathy offers the most effective, safe, lifesaving, debility-saving

Epilogue

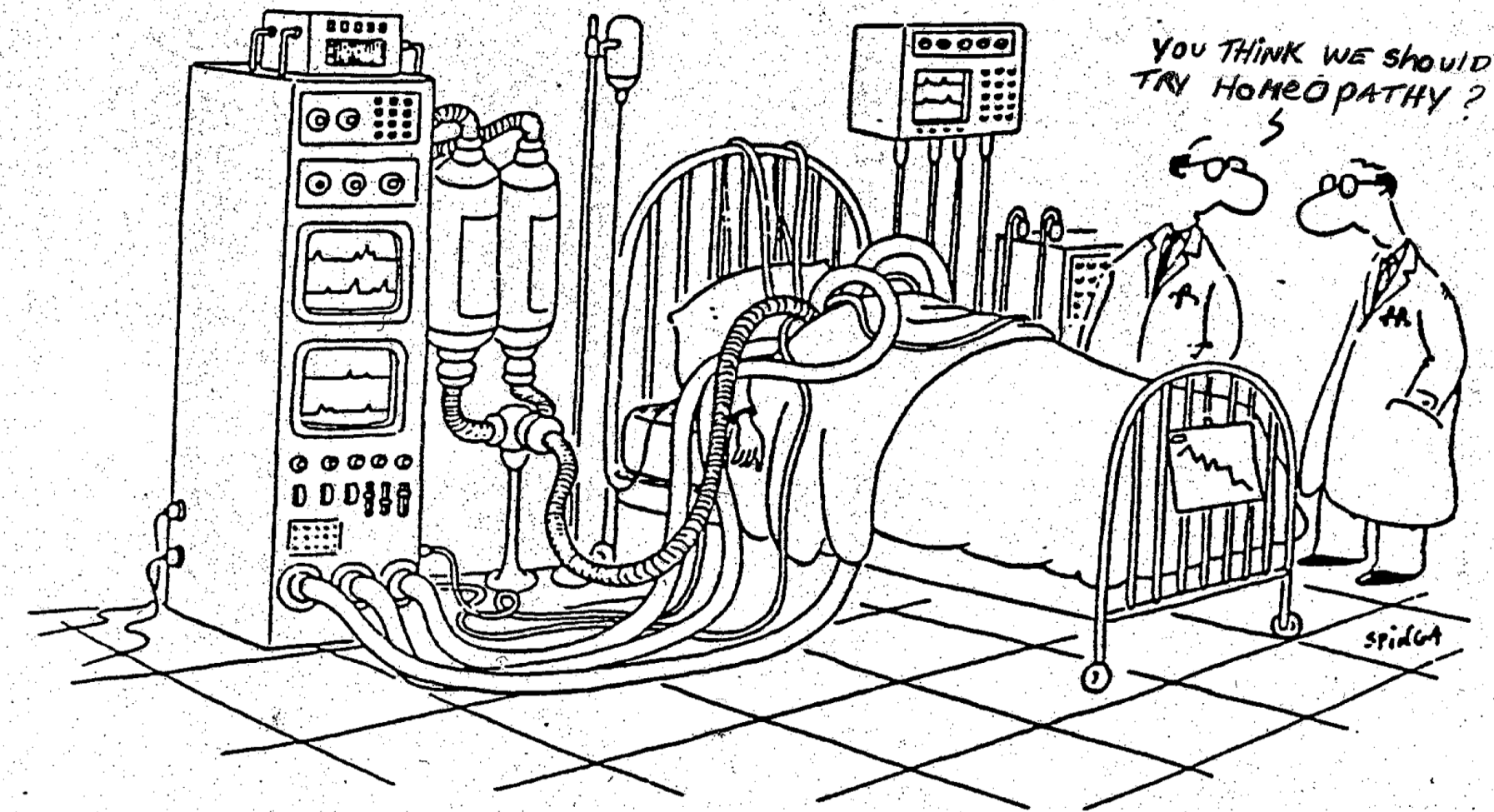
- We need to get the message across that homeopathy offers the most effective, safe, lifesaving, debility-saving and cost-saving health care system for patients with pneumonia,

Epilogue

- We need to get the message across that homeopathy offers the most effective, safe, lifesaving, debility-saving and cost-saving health care system for patients with pneumonia, with all type of severity,

Epilogue

- We need to get the message across that homeopathy offers the most effective, safe, lifesaving, debility-saving and cost-saving health care system for patients with pneumonia, with all type of severity, including the ones who are on their deathbed in an intensive unit.





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

Hahnemann, 1835