

Case Study

Homoeopathic Management of Pneumonia

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ABSTRACT

Pneumonia is an infection of one or both of the lungs caused by bacteria, viruses, or fungi. It is a serious condition in which the air sacs fill with pus and other liquid. Lobar pneumonia affects one or more lobes of the lungs, whereas bronchial pneumonia (also known as bronchopneumonia) affects patches throughout both lungs. Pneumonia is defined as an acute respiratory illness associated with recently developed radiological pulmonary shadowing which either is segmental or affects more than one lobe. Pneumonia can range in seriousness from mild to life-threatening. It is most serious for infants and young children, people older than age 65, and people with health problems or weakened immune systems.

Keywords: Pneumonia, Homoeopathy, management



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INTRODUCTION

It was a case during my PG times, when I was a resident in the paediatric dept. A 10 months male child was brought by his parents, i/v/o fever, Cough & Breathlessness which was started since a day before, and now since morning it got increased a lot.

On examination RR was 78/min, HR was 174/min & axillary temp was 101 F. SPO2 was 83%. The child was immediately put on O2 @ 2lit/min. and made him settled with it. Tepid sponging was given to reduce the Temp. after putting on O2, SPO2 came to 93%. But RR was still in the higher side. The child was then shifted to the IPD.

On asking how it has started, parents gave the history that, child had been fed and kept on the ground without burping, after a while he regurgitated some milk and might have engulfed some amount of it unknowingly before one day in the morning; this was followed by continuous nasal discharges, watery type. Gradually in the evening developed cough which was of dry character, along with mild grade fever and

breathlessness (mild). At night c/o breathlessness increased. Child was not able to sleep due to breathlessness, although feeling sleepy. Constantly crying. since morning the complaints of breathlessness is comparatively reduced as it was in the night during sleep, but fever increased much more. Child is not taking feed since the complaints started. They were really an observant parent.

Now this was the history. On observing the child, it was looking dull and especially sleepy since the time of admission. Child was having cold sweat on forehead, and the tongue was coated white.

RS findings = Bilateral coarse crepts / crackling+

Bronchial breathing, ICR+, SCR+

Flaring of alae nasi., accessory muscles used for breathing+

Investigations done, and the findings were as follows,

CXR = Rt. UZ, Lt. MZ/UZ Haziness, Pneumonic Patch.

CBC = Hb-10.5 TLC-14,400 (N/20, E/4, L74, M/2) PLT- Adequate.

It was a case of aspiration pneumonia. Diagnosis is cleared, symptom picture is clear now it was a time to act; And act as fast as possible, as the child was in distress.

In the given history, we got some very good characteristic symptoms say, sleepiness with the complaints, night aggravation, cold sweat on forehead, refusal to feed, etc.

The totality is made as follows,

1. Appt- Diminished
2. Sleepiness c/o during
3. Cough – rattling
4. Breathlessness- Night, Sleeping during
5. Tongue = white coated
6. Perspiration on forehead

And with Repertorization results were

Remedy Name	Ant-1	Calc	Lach	Phos	Puls
Totality	12	12	12	12	12
Symptom Covered	6	6	6	6	6
[C] [Stomach]Appetite Diminished:	1	1	2	1	1
[C] [Sleep]Sleepiness:Complaints With nearly all:	2	1	2	2	1
[C] [Cough]Rattling:	3	2	2	1	2
[C] [Respiration]Difficult:Night:	2	2	3	3	2
[C] [Mouth]Discoloration:White:Tongue:	2	3	2	2	3
[C] [Head]Perspiration, scalp:	2	3	1	3	3

Antimonium Tart 1M, is started with 1 hrly repetition, First dose given on 1pm. O2 was kept on @ 2lit/min.

Follow up:

After 6 hrs- Irritability >+2, SPO2 increased, RS findings SQ, SCR/ICR +Fever reduced, to 99 F.

After 12 hrs- cough >+, Breathlessness>+ Child slept comfortably.

No fever. Started taking feed normally.

(Antimonium Tart 1M, 2 hrly, O2 Stopped)

After 18 hrs- Cough >+, Drowsiness>+, RS- Crepts reduced,

No ICR/SCR, RR- 60/min. No fever.

On 2nd day- Occasional bouts of cough, Rattling >+, RS- Occasional crepts B/L, No Breathlessness, No Tachypnoea. No fever

(Antimonium Tart 1M, 4 hrly,)

On 3rd day- cough < on Crying, Otherwise no cough, Slept overnight well, No Crankiness, Activity Good, RS- Occasional HBS, AEBE Clear, No ICR/SCR SPO2-

98% without O2 No Breathlessness

Patient discharged, **Antimonium Tart 1M (SOS)** with F/U After 3 days, and after 3 days, the child was absolutely better.

Discussion

This case was a good example of treating acute, infectious diseases with homoeopathy. It is said that homoeopathic medicines are slow acting. But we can see the results in above case which were so dramatic and fast. The normal course of pneumonia is of 7- 10 days to resolve completely. With all possible medicines we can prevent the complications and keep the patient in a less distress, but the time of resolution remains the same.

Dr. Douglas Borland, in his book on Pneumonias, very nicely described about the treatment of pneumonia. He says, there are two methods in the treatment, one is Lysis, (to play safe), in which we can prescribe the remedies on the common features of the disease, in the lower potencies, with less frequent repetitions. And we can make patient slightly better, and avoid complications. But the course remains the same of 7-10 days.

But in the second method, the Crisis, we can prescribe the similimum in the higher potencies, and with very frequent doses. The repetition is necessary to bring the distressed vital force in its normal action. He says, in this method, within 6 hrs fever should be reduced, and within 24 hrs it should be completely normal.

The above case is treated with this crisis method, with higher potency and frequent repetitions, and we can see the fantastic results with it. *So now can we say “HOMOEOPATHY ACTS MUCH FASTER AND MUCH BETTER THAN IT IS SAID TO BE?”*

REFERENCE

1. Ilingworth *The Normal Child* published by Churchill Livingstone.
2. Nelson Waldo *Textbook of Paediatrics* published by Prism Books Pvt. Ltd.
3. Synthesis Repertory By Dr. Frederik Schroyens, Published By Homoeopathic Book Pulishers London.
4. *Pneumonias* by Douglas M. Borland, Published by B. Jain Publications (P) Limited 30 June 1994.