

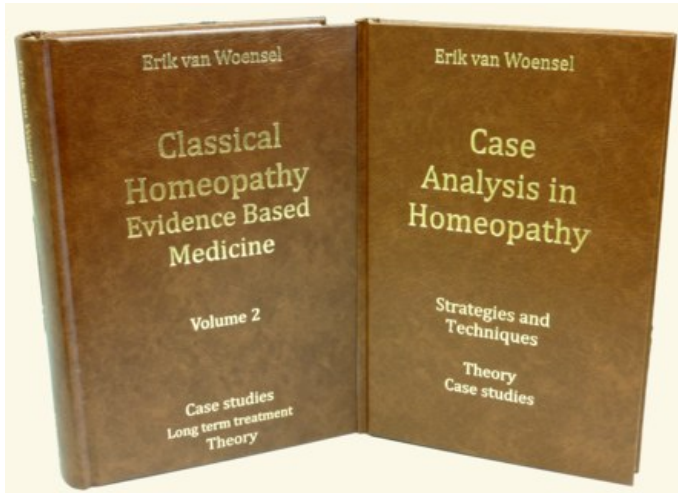
Erik van Woensel  
Set: Case Analysis in Homeopathy & Classical  
Homeopathy Evidence Based Medicine vol. 2

Extrait du livre

[Set: Case Analysis in Homeopathy & Classical Homeopathy Evidence Based Medicine vol. 2](#)

de [Erik van Woensel](#)

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## What this series has to offer you

- **Clear instructions** about how to **analyse** the information coming from the homeopathic consultation and how to **synthesize** this outcome into a homeopathic prescription
- **Insight** in how to make a **prognosis**, considering:
  - ❖ what has to be treated as to **pathology**,
  - ❖ what the **condition of the defence mechanism** is and the patient's **level of health**,
  - ❖ possible **causative** and disease-maintaining **factors**,
  - ❖ the patient's personal and family **medical history**,
  - ❖ the **patient's functioning as a human being**: mentally, emotionally and socially,
  - ❖ the **clearness** of the **remedy pattern**.
- Information that enables you to better **estimate** the **duration** and **complexity** of the **treatment**.
- The ability to **judge** the **symptoms** presented in the case as to their **peculiarity** and how to find the **distinctive** characteristic symptoms of the case.
- A **well-structured schedule** about the **different strategies** that can be used to arrive at a homeopathic prescription, enabling you to choose the **right strategy** in order to make the **correct prescription**.
- Knowledge how to **differentiate** the appropriate **remedies** and select the most similar one.
- Guidelines along which you can select the **right potency** to start the treatment with.
- Practical tips helping you to **correctly evaluate** the **reaction** to the **prescribed remedy**.
- **Many cases**, with a **long-term treatment** up to **more than twenty years**, to practise your knowledge on prognosis, case analysis, materia medica, potency selection and evaluation of the case.

night since then. She has been under treatment for bow legs with *Calcareo phosphorica*. If the child gets an acute disease during winter it is with high fever.

## Case 61: Pneumonia - Anamnesis

Two weeks ago a 43-year-old woman had to leave work because of influenza with 38.9 °C fever. She had been sleeping badly for a whole week because her child was sick. Furthermore she has been very busy and working seven days a week. During the influenza her skin was very painful and even the clothes she wore hurt. She perspired a lot on her chest and her muscles were aching. The fever went away after *Gelsemium sempervirens 200C*. Four days after having fever she developed throat pain and a suffocating barking cough because of irritation in the throat. She took *Fluimicil* and the cough became violent with gagging, making the throat very painful. She developed pain high up on the left side of the chest below the clavicle extending to neck and upper arm when coughing.[3] It was a stitching pain that made her weep.[3] She was diagnosed with pneumonia and took *Dextromethorphan* and *Lycopodium clavatum 30C*. She still has the same pain on coughing although less now. Her throat feels raw as from smoking 50 cigarettes [3], which is better when drinking water [2]. The expectoration is creamy white [2]. I observe her cough as being deep and hard [3] with audible mucus [2]. She has no chronic complaints apart from bleeding gums and has not been sick apart from head colds. Thirteen years ago she was given antibiotics for a cough, and seven years ago the same medicine for cystitis. The paternal grandfather and her father both died from lung cancer. Her mother has had tuberculosis when young.

## Case 62: Urticaria - Anamnesis

A 61-year-old man has an acute attack of urticaria [3]. His skin is oedematous [2] and he has red spots everywhere [3]. It itches [3] and burns a lot [2]. His whole body feels hot both internally and externally [3]. The heat causes palpitations of the heart [1]. The skin ameliorates with cold applications [2]. His hands and feet are swollen [2]. He does not know the reason for this reaction. He has not done or eaten anything unusual. In general he is healthy, except for some hyperacidity of the

*and he has cured with it since nearly every case of pin-worms in his practice.*<sup>1</sup>

*Ratanhia peruviana* is chosen through complaint-orientated analysis, confirmed by keynotes.

### **Choice of potency**

As young children are usually very sensitive, I do not start any higher than 200C (K).

### **Course of treatment**

After administration of one dose of *Ratanhia peruviana* 30K, the patient had one more attack of cramps, but it was less severe. Thereafter she no longer had any pain. The next morning a lot of worms were evacuated with the stool. From that time on she had no more difficulties with worms. In the next three years there was no relapse.

## **Case 61: Pneumonia - Analysis**

### **Prognosis**

#### ***Depth of the disturbance / Nature of the pathology***

The complaint this woman is suffering from is on the physical plane. The respiratory tract is not very high in the hierarchy but pneumonia is an affection of the deepest part of the respiratory tract, which can become life-threatening. (See Case 52: Pharyngitis - Analysis - Depth of the disturbance / Nature of the pathology on page 455)

#### ***Personal medical history***

Since the onset of the current acute disease we have seen a deepening of the complaints in a short space of time, from skin and muscle complaints, to throat pain and finally pneumonia. In the past the patient has not been sick very much. She was only susceptible to mild acute diseases, but the current acute disease comes with high fever. This shows that her defence mechanism is in a good condition and responds adequately when necessary. In the past we see a similar acute

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<sup>1</sup> Clarke J.H., Dictionary of Practical Materia Medica, Jain Publishers, New Delhi, reprint 1998, volume 3, page 967.

condition, cough, for which she took antibiotics.

### **Family medical history**

The sensitivity of the respiratory tract can be found in the family medical history where we find cancer of the lungs and tuberculosis.

### **Conclusion**

Treating pneumonia with homeopathy is not a problem. However, it can be a dangerous condition. Therefore we have to watch the patient closely. There needs to be an immediate response to the homeopathic remedy, otherwise we have to refer the patient.

As the patient only developed mild acute diseases in the past years it gives the impression that she belongs to group C. But because of the high fever she developed during the current acute disease we know that she belongs to group A. Apparently she did not get an infection serious enough for the defence mechanism to produce a fever during the past years. Probably she became sick now because of the combination of too much work and loss of sleep. The disease she has developed is, as usual, determined by the hereditary predisposition. As she belongs to group A (level two or three) the prognosis should be good, although the acute disease is related to the hereditary predisposition (miasm).

### **Selection of symptoms**



In this case we have symptoms belonging to the onset of the acute disease and symptoms that present the current state. If the symptoms of the current state are distinctive we can start to look for a similar remedy using those. Otherwise we have to use the symptoms belonging to the onset of the case. This is true for both acute and chronic diseases.

### **Peculiar symptoms:**

- Stitching pain high in the left chest below the clavicle extending to neck and upper arm when coughing
- Her throat feels raw *as after smoking 50 cigarettes*
- Creamy white expectoration

### **Intense symptoms**

- Pneumonia



*Lycopodium clavatum* is also a remedy that primarily affects the right side. It has already been prescribed to the patient without a positive outcome.

*Phosphorus* also is one of the main remedies for respiratory problems. Left sidedness is a keynote of the remedy. A typical *Phosphorus* case will have burning pains rather than stitching pains.

*Sulphur* has left-sidedness as keynote. This remedy will also have burning pains.

*Arsenicum album* has as keynote inflammation of the apex of the right lung as can be seen in the rubric *Chest - pain - lungs - apex - right*. A typical case of *Arsenicum album* will present with burning pains.

*Carbo vegetabilis*, *Causticum* and *Kali bichromicum* have no keynotes or (psychological) essence in this case.



Of the remedies that come up on totality *Aconitum napellus* seems to be the most similar. What keeps me from prescribing it is the fact that it does not cover the keynote we have in the case: the stitching pain below the clavicle extending to neck and upper arm. When we have a clear keynote in a case, it is always good to see if we can match it with a keynote of a remedy in the materia medica or repertory. The prognosis will be much better if we can match the keynote in the case with a remedy that has the same symptom as keynote in the materia medica and in the repertory.<sup>1</sup> To investigate this symptom I start with the keynotes in the repertory, the small rubrics in the repertorisation. I study the remedies going from the smallest rubric to the larger ones. The rubric *Chest - pain - lungs - upper part - extending to - neck - aching* gives us *Gallicum acidum*.

As said before, it is an important remedy for the treatment of respiratory problems connected with the tubercular predisposition. It does not have the keynote in the case as keynote in the material medica, however.

In the rubric *Chest - pain - lungs - apex - extending to - arm* we find *Tuberculinum bovinum Kent*. This remedy can be important in cases with a tubercular predisposition. It is mentioned in left-sided lung affections with stitching pain, but does not have it as keynote in the materia medica.

In the next small rubric *Chest - inflammation - lungs - left - upper lobe*

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<sup>1</sup> Woensel E. van, Classical Homeopathy Evidence Based Medicine, Volume 1, Educatief Centrum voor Homeopathie, Groesbeek, first edition 2011, Keynotes, page 44.

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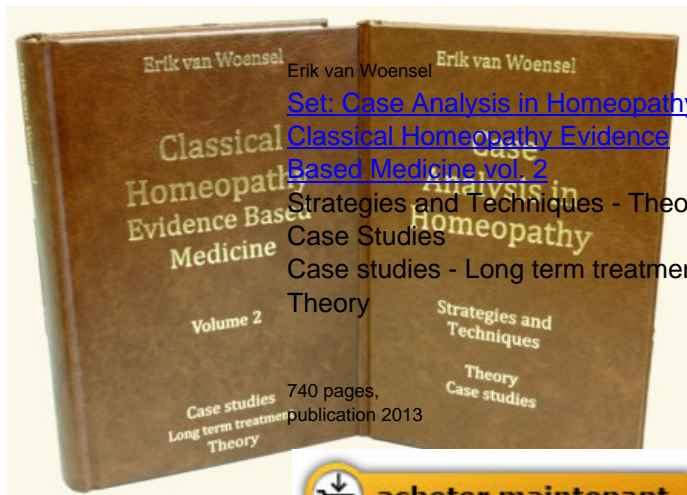
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