Martin Bündner

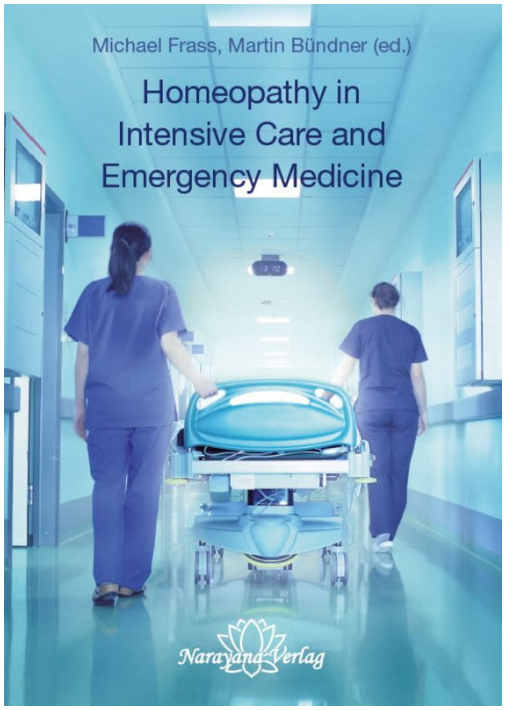
Homeopathy in Intensive Care and Emergency Medicine

Texte d'exemple

Homeopathy in Intensive Care and Emergency Medicine

depuis Martin Bündner

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Case 5.2-1: Acute kidney failure

Michael Frass

Anamnesis

A 68-year-old male patient develops acute kidney failure after suffering severe respiratory insufficiency. The patient's case history includes a tonsillectomy in his childhood and a cholecystectomy performed at the age of 42 due to cholecystolithiasis. The patient also has recurring bouts of Crohn's disease, which first manifested at the age of 47. The patient was operated on for fistulae and underwent several partial resections. However, at the time of the acute event he had no symptoms and was not taking any medication. The patient was diagnosed with diabetes mellitus type II three years previously. This is being treated with metformin (e.g. Glucophage®).

Acute event

The patient was admitted to hospital with pneumonia. In the general chest x-ray, a shadow was observed at the apex of the right lung. On the general ward, the patient suddenly developed dyspnoea and was transferred to ICU with acute respiratory failure (day 0). An endotracheal tube was inserted, he was sedated and controlled artificial respiration was given (BIPAP, FiO2 of 75%, pressures: 30 and 10 cmH2O). He also showed signs of sepsis with a focus suspected in the lung. His temperature was 39.2°C, he had tachycardia (heart rate 95/min.), his leucocyte count was 15.6 g/l. One striking symptom was profuse sweating of the head at night.

Diagnoses

Acute kidney failure, Crohn's disease, pneumonia.

Conventional treatment

It was found that the patient had anaemia, elevated beta 2 microglobulin and elevated C-reactive protein (CRP); a computed tomography of the abdomen was consequently performed, raising the suspicion that he had an abdominal tumour. Histological examination of the biopsy revealed that he had abdominal non-Hodgkin lymphoma (NHL).

Homeopathic treatment

Repertorisation I

COMPLETE REPERTORY
Chest – inflammation – lungs – right – upper
Generalities – fistulas
Rectum – fistulas
Head – sweating – night
Generalities – carcinoma

Differentiation between remedies

Silicea could be considered in terms of differential diagnosis; however, the location of the shadow does not indicate this remedy. *Calcarea carbonica* is the main remedy indicated on repertorisation; this also includes nocturnal sweating of the head as a symptom.

Prescription

On day 3, the patient is given 1 dose of 5 globules *Calcarea carbonica* 200C.

Progress

The shadow in the upper lobe of the right lung subsides rapidly over the next four days; the sedatives are stopped. On day 5, the respiratory pressure is adjusted to pressure support with a FiO_2 of 40%. The signs of sepsis subside at the same time. Surprisingly, acute renal failure (ARF) sets in on day 6. The plasma concentration of creatinine and BUN increase dramatically over the next few days. A cloudy sediment is observed in the patient's urine. Continuous venovenous haemofiltration seems inevitable in view of his declining kidney function. As the homeopath was temporarily absent, the patient was not able to begin homeopathic treatment until day 16. The patient reported pain in the kidney area radiating into the thighs.

Repertorisation II

COMPLETE REPERTORY
Kidneys – pain – extending to – thigh
Urine – scanty
Urine – sediment – cloudy

Differentiation between remedies

Drainage remedies such as *Solidago* and *Lespedeza sieboldii* could be considered. However, the radiating pain indicates *Berberis.*

Prescription

Berberis 12C three times a day on day 16.

Progress

On day 17, the patient's plasma creatinine and BUN counts decrease and his urine output increases. He does not require kidney replacement therapy.
On day 25, he is transferred to a general ward. There are no further complications; the patient is discharged for home nursing on day 40.

Evaluation

This cases shows how homeopathy can be used to treat organ failure, firstly of the lungs and secondly of the kidneys. Fortunately, the patient had one important symptom, i.e. the pain radiating into the upper thighs. This case clearly shows the importance of taking a thorough case history for choosing the correct remedy.

Critical commentary

It must be observed that the patient's recovery may also have taken the same course if left to nature. Once the creatinine plateau had been reached, the kidney failure may have resolved spontaneously, meaning that the influence of the homeopathic treatment must be called into question.

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Progress

All symptoms begin to improve, slowly at first then more rapidly towards evening. On day 4, the patient's condition is continuing to improve but she notices a kind of fog in front of the eye, as if she were looking through a veil. Initially, no further action is taken and further developments awaited. On day 5, the symptoms have again worsened to some degree; the patient is then given *Pulsatilla* 200C. Afterwards, the symptoms subside markedly within about two hours and a whitish mass is discharged from the eye; in retrospect, this is likely to have been the remains of the dye. After this mass is secreted, all the symptoms described, which had persisted up to that point, disappear within another two hours.

Evaluation

Homeopathic remedies are also effective in treating external causes, e.g. when the organism is retaining foreign bodies; in such cases, they may eliminate them from the body, for example via a purulent discharge.

Critical commentary

It should naturally be considered whether the patient should have been sent to an eye specialist. An opththalmological consultation would by all means have been advisable, but was rejected by the patient as the symptoms began to improve with homeopathic treatment after the first dose of *Pulsatilla* was given.

Only considering the current and most recently occurring symptoms and overlooking the past ones might perhaps also lead to a successful choice of remedy, but is unnecessarily hazardous and does not do justice to the case.

Case 13.3-3: Anaphylactic shock

Martin Bündner

Anamnesis

The eight-month-old girl suffers from a milk allergy and severe neurodermatitis. The milk allergy manifests as massive vomiting after she eats a little milk pudding. Subsequently, hives form on her face and on the areas which came into contact with the vomit; the child scratches herself in these places. After licking an ice cream, her right eyelid swells and hives form around her mouth and on her cheeks. After eating milk chocolate, hives form on the areas of skin which were smeared with chocolate. They also form on the skin under the chocolate stains on her T-shirt. The parents avoid giving her foods which contain milk. As yet, it is unknown whether she is allergic to egg white, but the parents are currently trying to avoid foods containing egg white equally strictly for fear of another allergy.

One evening, the baby is given a small piece of pasta with home-produced fresh egg. After the meal, the girl suddenly begins to scream uninterruptedly at quite a low pitch, which is completely untypical. Her cheeks seem to be itching, as she keeps scratching them. She then convulsively stretches her whole body backwards. After a few minutes, she relaxes and appears to return to normal. Half an hour later, she falls asleep at a time which is unusual for her, and wakes up half an hour later. She now appears to be back to her old self. The evening proceeds absolutely normally; she seems to have come through it safely. The homeopathic doctor treating her advises the mother just to breastfeed her for the time being without giving any additional food. At the mother's wish, the child remains at home and is not taken to a clinic for monitoring, contrary to the doctor's advice. The parents are then told to contact the doctor immediately if the slightest sign of another reaction appears.

There are no unusual occurrences in the night. However, next morning, the girl is found to be sweating profusely on her back and the back of her head, although she is no more warmly dressed than on the previous nights and there has been no change in room temperature. Her nappy is found to contain greenish-brown stool, which smells fermented and

extremely sour. The consistency is soft and it contains food remnants, presumably from the pudding. Suddenly, the mother sees large, red, hot hives appear at the lower edge of the nappy; the skin is raised. She is using the same brand of nappy as usual. The homeopathic doctor is notified immediately and he sets off right away to make a house call. Before he arrives, the situation worsens dramatically within a few minutes: the hives spread rapidly upwards over the abdomen, armpits, throat, neck and face. The baby cries shrilly and scratches herself all over, causing the hives to increase in size. Suddenly her face turns ashen, then as white as chalk; even her lips are affected. The girl's eyes roll inwards and she loses consciousness. She collapses, stops crying, no longer responds when spoken to. She appears lifeless; only her shallow breathing shows that she is still alive. The mother panics and is about to call emergency services when the homeopathic doctor arrives. As the baby is still alive, the situation is evaluated quickly. It would take more than ten minutes for emergency services to arrive. However, with these clear symptoms, a homeopathic remedy is quickly found. The emergency services are not ideally equipped to deal with this special case of anaphylactic shock in a baby; transport to the nearest clinic would take about half an hour even if special rights were utilised. There are no corticoids or adrenaline available, as a result of which the doctor decides to administer emergency homeopathic treatment taking all circumstances into consideration.

Diagnosis

Anaphylactic shock. Neurological symptoms. Neurodermatitis. Multiple allergies. Atopic diathesis.

Homeopathic treatment

This case is characterised by the following symptoms: the general symptoms are the comatose sleep, the sudden manifestation (which can be repertorised in parallel using the pain rubric), the specific location of the unusual sweating, the hives moving upwards and the opisthotonos of the previous evening, which is part of the symptom complex and must therefore be incorporated into the case. The skin manifestation is characterised more specifically by the heat over the rash.

The rolled-in eyes are merely an unusual local symptom. However, this cerebral involvement is unusual for an allergic reaction and therefore very important for finding the right remedy, which is why this symptom along with the opisthotonos and the comatose sleep is given precedence over the other general symptoms during the repertorisation process.

Repertorisation

KENT'S REPERTORY
Perspiration – single parts – lain on
Back – opisthotonos
Sleep – comatose
Eye – turned – inwards
Generalities – pain – appears suddenly
Skin – eruption – urticaria
Skin – heat – without fever

Differentiation between remedies

Belladonna is the only remedy listed in all these rubrics, where it is invariably weighted doubly or triply. The only exception is the heat rubric, in which except for two doubly weighted remedies, the remaining 24 remedies (including *Belladonna*) are weighted singly. *Aconitum* and *Pulsatilla* might also be possible.

However, *Aconitum* does not have the typical rash and *Pulsatilla* is not a perfect match because it does not cover the neurological symptoms sufficiently.

The upward movement of the symptoms is typical of *Belladonna*. This is not mentioned in the repertory but can be found in the materia medica, possibly in connection with another symptom, when working up the case.

Prescription

2 doses of 1 drop *Belladonna* Q6.

Progress

Just a few seconds after administering *Belladonna*, some signs of life reappear; the eyes are no longer rolled inwards but have returned to normal. This good sign is hopeful and reassuring, and is

confirmed by the baby's further progress. The *Belladonna* Q6 is shaken and she is given another drop. Within another 20 to 30 minutes, the rash progressively subsides from top to bottom in accordance with Hering's Law and the girl's reactions return to normal. The last hives disappear during the day. No more doses are given on this day, as the remedy is taking effect slowly but surely and should not be disrupted by another dose. Afterwards, the girl is given long-term treatment with *Belladonna* (1 drop *Belladonna* Q6 daily after shaking the bottle), which continues to have a positive effect.

Evaluation

The child would presumably have died if an attempt had been made to initiate conventional treatment, as the time available was so short.

Critical commentary

In this extremely dangerous situation, in which there is hardly any time for the customary careful selection of the homeopathic remedy, the repertorisation process must begin with an elimination rubric which should be not too big, nor so small that critical remedies may be omitted.

The materia medica comparison (Hahnemann 1830) performed later confirms the outstanding similarity of the remedy to this case, which ultimately facilitated successful treatment:

Belladonna: "*Belladonna*, in the small dose just described, is, if the case is homeopathically adapted, capable of curing the most acute diseases (in which it acts with a rapidity proportionate to the nature of the disorder) […]. Paleness of face […]. Sudden paleness of face for a considerable time […]. Great dullness of head and sight, […] with very small, unequal, dark red spots, especially on the forehead, swollen face […]. Red swollen face […]. Red swollen face with staring eyes […]. Swollen face […]. The eyes […] roll about in the head […]. The eyeballs rove about in a circle spasmodically […]. The eyes are distorted […]. Spasms of the eyes […]. The eyes are distorted, with redness and swelling of the face […]. Curdled […] stool […]. Motions of a very sour smell […]. Green stools […]. The pain mounts gradually from the ankles to the hips […]. Head and trunk drawn quite back to the left side, so that he could not walk […]. Soporose state […]. Very deep slumber […]. Deep sleep […]. Very deep sopor, with […] pale cold face, cold hands and hard, small, rapid pulse […]. Heat of the whole body, with violet redness of all the skin […]. Redness of the whole body […]. The whole body is swollen, burning hot, and red […]. Redness and swelling of the affected part […]. Chest and abdomen are covered with small, red, somewhat elevated, painless spots, that sometimes disappear and reappear, with general redness of the skin […]. Blood-red spots all over the body, especially on the face, neck, and chest […]. Night sweat […]. Night sweat during sleep […]. Sweat, that rose from the feet up into the face […].

Case 13.3-4: Food poisoning

Martin Bündner

Anamnesis

The 46-year-old patient comes to the clinic in the evening; she is vomiting, has a feeling of pressure on the chest and her general condition is deteriorating rapidly. The symptoms appeared in the morning and have persisted ever since. As the symptoms cannot be clearly identified, she is admitted as an in-patient to rule out a heart condition. She had no thoracic pain at the time of admission; today is the first time she has ever felt the pressure on her chest. The patient requests homeopathic treatment. The history reveals the following symptoms:

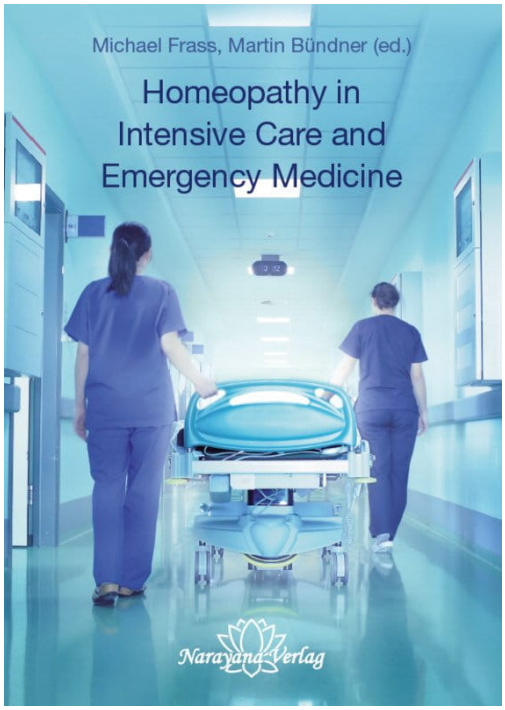
- In the morning on the day of admission, she ate a two-day-old lemon which had been cut open and not carefully stored. Afterwards, she became nauseous and her general condition deteriorated significantly
- The nausea is located in the stomach and improves when she drinks
- Eating triggers nausea
- The patient has an appetite but is not hungry

Martin Bündner

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