

OPTIMUM HEALTH CENTRE

ATYPICAL PNEUMONIA – FEAR NOT; LET HISTORY SHOW YOU A SAFE AND EFFECTIVE TREATMENT

A few sneezing and coughing and you will find people around you scurrying away with a disgusting look. Normally quiet clinics are now swarming with patients who hurry in for very minor symptoms of runny nose and a scratchy throat. School children who wipe their nose or clear their throat frequently from allergies are now requested to stay home. Schools are simply close down in order to catch some breath before deciding the next step. Events involving crowds, trips to China were being cancelled or postponed indefinitely. People donned with surgical masks can be seen in theatres, public transport vehicles or walking on the street. Frankly speaking, there are signs of mass panic and hysteria already. Many live in fear that behind every shadow lurks these killer bugs ready to decimate us.

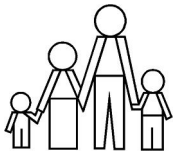
Why all these panics and hysteria with the bird flu before and now this atypical pneumonia, now renamed Severe Acute Respiratory Syndrome or Swine flu? The answer lies in some forgotten part of our medical history. Among the few serious flu epidemics in recent history, the most fatal one happened between 1918 and 1919. The so-called Spanish flu or the Swine flu killed nearly 20 millions people worldwide in a couple of years only. Strangely enough, the victims tend to be healthy young adults, not the elderly or the young or the weakling, as most would expect. In some areas, within a few short weeks, a good portion of the robust people feel victim to the flu. You can imagine that it must seem like the end of the world. If this should happen today, it will be surely be called bio-terrorists attack.

However, there is one very important part of the history that is not mentioned in most medical history book. As it turned out, there were two major schools of medicine in existence in the United States at that time. And two different treatment methods were employed to deal with the swine flu with vastly different results.

The Journal of the American Institute for Homeopathy, May 1921, had a long article about the use of homeopathy in the flu epidemic. Dr. T.A. McCann, from Dayton, Ohio reported that 24,000 cases of flu treated allopathically had a mortality rate of 28.2% while 26,000 cases of flu treated homeopathically had a mortality rate of 1.05%.

Aspirin was the standard treatment employed by the conventional doctors to suppress the fever and many people die from this kind of treatments. We now understand that if Aspirin is use to treat viral fever, we can easily induce a condition known as the “Reye’s Syndrome”. The mortality of which is 50% and those who survive suffer serious neurological and liver damage.

Why is that the atypical pneumonia so difficult to treat in the hand of the conventional medicine? The reason is Antibiotics, the mainstay of conventional medicine is powerless when it come to treating viral type of infection and antibiotic is only effective against certain



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types of bacterial infection.

Homeopathy, which was developed by Dr. Samuel Hahnemann about 200 years ago, adopted a totally different approach to treating diseases. In Homeopathy, the patient and the totality of symptoms manifested in the patient guides the selection of medicine and its effectiveness is not limited by whether the disease is bacterial or viral in nature.

We all clearly understand that maggots came from decaying matter; stagnant water bred mosquitoes, cockroaches gathered in garbage. The cause and effect is quite obvious. Disease cannot thrive in a clean environment.

Bacteria and viruses are nature's scavenger. By wiping out nature's scavenger with insecticides, antibiotics, chemicals, we disrupt the eco-balance and aura of the earth and nature will adapt by creating more virulent bacteria and viruses in protest.

It is only through a rational understanding of the real causes of diseases can we effectively keep diseases under control, and elevate the health of mankind.

Atypical pneumonia differs in symptoms from ordinary pneumonia. Symptoms are similar to general influenza but persist for several weeks. Symptoms include sore throat, dry cough, headache, fever, aching muscle, and respiratory distress. One only need to follow the homeopathic principle of "Like cures like" and prescribe according to the characteristic symptoms of the patient, as well as the disease, will we be able to obtain rapid and permanent cure.

By way of introduction as to how homeopathic remedy is applied individually, we will give the following examples for treating atypical pneumonia:

ACONITE NAPELLUS – disease commonly developed as a result of cold dry exposure. Symptoms develop rapidly with high fever after chill. The fever peaks around mid night with hard, tense pulse. Cough is dry with tearing pain. There is restlessness and anxiety and the feeling that death is imminent. Patients tend to be young and robust. Aconite is most effective when apply early within first 24 hours with the onset of the disease before pneumonia symptoms develop.

BRYONIA ALBUM – In the Bryonia pneumonias there is usually a history of a fairly gradual onset. The kind of story you get is that the patient had been out of sorts for a day or two, complaining of indefinite feelings of malaise, and then that one morning he woke feeling thoroughly ill, very often with an attack of sneezing a feeling of blocking in the head. During the morning he felt shivery, he may have had an actual rigor, and by the afternoon he had a good going temperature.

When you see Bryonia pneumonia the impression you get is of a definitely congested, heavy looking sleepy-looking patient. The face is somewhat dusky in color. The patient



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feels hot, and usually has a hot, damp sweat. It is not a profuse perspiration but the skin is hot and damp. Twelve to twenty-four hours later you very often get a dusky appearance of the extremities. About the same time you find the lips are beginning to turn dusky in color, and they soon tend to become dry and to crack. They have somewhat swollen appearance.

The patient very often complains of a rather intense frontal headache that settles down over the eyes. Often it is much more a feeling of weight than of actual pain, but it becomes painful on any movement or exertion, such as talking or sitting up. They become giddy and somewhat faint on sitting up.

In these Bryonia pneumonias you always find a heavy, thick, white coating on a dry tongue; the mouth feels dry and the patient is very thirsty. Very often there is a bitter taste in the mouth, and the main desire is for large quantities of cold water.

Bryonia patients look heavy and dull and they very definitely dislike being disturbed at all. They resent having to do anything, for instance, having to move, or having to turn over to be examined. They dislike having to talk, and talking upsets them and makes them worse. They are very short tempered and they are difficult to satisfy. They often ask for something and refuses when it is brought to them, they are thoroughly cross-grained. They easily become annoyed, and if they are annoyed it always aggravates their physical condition.

You are very liable to get a pleuro-pneumonia in Bryonia rather than a straight pneumonia, with very sharp, intense, pleuritic pain.

The pneumonia pain tends to be on the right side and they feel better lying on the right painful side.

When the patient coughs- which he does a great deal- he has intense pain in the chest, and it is then that you see the Bryonia picture of the patient sitting up in bed trying to hold the chest with his hands to keep it quiet while he is coughing.

The breathing of the Bryonia patient is always very short. He takes short, panting breaths, keeping the breathing as shallow as possible because any movement of the chest wall hurts.

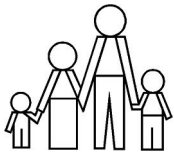
There is a certain amount of irritation in the throat and the patients mostly have a rather hoarse voice.

Bryonia patients think about their work even when they are sick.

They are hot blooded. They feel hot and uncomfortable in a hot atmosphere.

If the room is too warm it will aggravate their cough, and they very much prefer a cold room and a current of air.

Bryonia pneumonia is commonest in the spring than in the real cold wintry weather.



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PHOSPHORUS – Phosphorus pneumonia develops rather more quickly than the Bryonias one. The common story is that patient had been feeling very tired for possibly twelve or twenty-four hours, and then he went out into a cold atmosphere and on going out felt an acute sense of oppression or tightness in the chest. Usually the same night he felt hot and developed a dry cough. Possibly there was also a little hoarseness, or even actual loss of voice, and the feeling of tightness and oppression in the chest very much increased. Next he developed a sort of catchy respiration, a slight embarrassment on inspiration, and the breathing became rather difficult.

In appearance you will find the Phosphorus pneumonias have a brighter red flush than the Bryonia – they are not quite so dusky. Although they have a flush, when they are peaceful it tends to die down a bit, and you do not get the same degree of cyanosis of the lips. The skin surface is hot, and it is moist, but not so moist as in Bryonia. Though the patients are obviously tired they do not give you the same impression of sleepiness as the Bryonias do; they are more awake, they are more worried, and they are more anxious.

On seeing these patients you are immediately impressed by the fact that their respiration is seriously embarrassed. Their breathing is obviously difficult, and they say they cannot get enough air. Very early in the disease there are signs of the accessory respiratory mechanism coming into play, the chest wall is heaving a bit, the nose is flapping, and the patient is obviously having difficulty. In these earlier stages the difficulty is out of proportion to the actual physical signs to be found in the chest.

Next you notice the patient tends to be rather tremulous. The hands are a little shaky, the facial muscles are twitching, and there may also be irregular twitching of the alae nasi.

Always in these Phosphorus pneumonias there is a very trying, tormenting, irritating cough. And the cough is very often accompanied by a feeling of rawness, or burning in the chest.

In the earlier stages, the phosphorus tongue tends to be dry and reddish, and it gives you the appearance of being a little swollen. But by the third or fourth day there is a certain amount of light, dry, white or whitish-yellow coating. These Phosphorus patients are always intensely thirsty, and their desire in pneumonia, as always, is for cold drinks or something juicy or sour.

The most comfortable position for them is to be propped up with the chin tilted up and the head thrown well back, which they say very considerably helps their difficult breathing.

They are chilly patients and any draught of cold air is liable to excite any attack of coughing.

Unlike the Bryonia patients, Phosphorus patients dislike being left alone. They become scared if they are alone, and they feel very much more peaceful and comforted if they have someone about, particularly if they are in actual contact with them, It is not enough merely to sit by the bed of a Phosphorus patient, he wants you to hold his hand, and the actual



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physical contact give him a sense of great relief.

Regarding the sputum, the Phosphorus patient in the earlier stages there is a very tormenting, dry cough, with very little sputum indeed. By about the third day that sputum tends, to increase, and there is a rather bright, red streak through the mucous sputum. By the fourth day that red streak is becoming darker, and very soon afterwards the typical rusty sputum appears. The Phosphorus sputum is liable to be a little more watery, and although scanty it is easier to get up. The Bryonia sputum is more sticky, more difficult to expel and rather tends to hang about the mouth.

Like Bryonia they both run a temperature round about 103 degree, and they both tend to have quite a full strong pulse.

IODUM – Hoarse. *Raw* and tickling feeling provoking a dry cough. *Pain in larynx.*

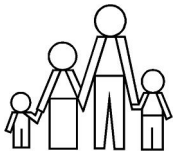
Laryngitis, with painful roughness; worse during cough. Child grasps throat when coughing. Right-sided pneumonia with high temperature. Difficult expansion of chest, blood-streaked sputum; internal dry heat, external coldness. Violent heart action. Pneumonia. Hepatization spreads rapidly with persistent high temperature; absence of pain in spite of great involvement, worse warmth; craves cool air. Croup in scrofulous children with dark hair and eyes. Inspiration difficult. Dry, morning cough, from tickling in larynx. *Croupy cough*, with difficult respiration; wheezy. Cold extends downwards from head to throat and bronchi. Great weakness about chest. Palpitation from least exertion. Pleuritic effusion. Tickling all over chest. Iodum cough is worse indoors, in warm, wet weather, and when lying on back.

VERATRUM VIRIDE – The onset is very similar to that in a Phosphorus case. It develops at much the same rate, but is not attended by the same degree of oppression of the chest. In Veratrum viride there is a very much more rapid rise of temperature and there apt to be a much higher fever, probably running up to 105 degree.

Face is puffy and there is sensation of strong pulsation of the heart as if it is about to jump out of the chest. With high fever, there is delusion of faces and figures, terrifying delusions. Patient sweats profusely with droplets running down the face. But sweating cannot help reduce the fever. There is thirst and slight nausea and food taste sweet. Tongue coating tends to be thick and yellow and if you see a red streak running down the middle. This is a sure sign of the remedy.

In Veratrum viride, there is an aggravation from sitting up, but it is different; the patient do not become giddy which is the complaint of the Bryonia, they complain that their vision become dim. There is a certain amount of photophobia always.

The sputum in Veratrum viride comes in about midway between the Phosphorus and the Bryonia ones; it is not quite so bright as the Phosphorus and not quite so dusky as the



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Bryonia. It is a little difficult to expel, it is a little sticky, and there is always a certain amount of chest pain while coughing and trying to bring it up, but there is not the acute, stabbing pain of Bryonia, or the raw burning of Phosphorus.

BAPTISIA TINCTORIA – The first impression you get from the patient is the patient is confused and befuddled. The patient answers incoherently. The face is dull and eyes half open and lips are cyanotic. Mouth and lips are covered with sordid matters. Tongue is yellow coated and dry with little thirst. The skin is moist and hot and patient often complain of waves of heat permeating throughout the body. There is foul odor emanating from the moist hot skin.

People who have studied herbs may recognize that some of the above herbs contain poisonous ingredients. Although herbs such as Aconite and Veratrum do contain some poisonous ingredient in material dose, but in the making of homeopathic remedies from this substance, the preparation involves a series of dilutions and successions up to tens and thousands of times. In the end there is very little of the original ingredient left. The dilution can be of billionth and billions of a part of the original substance. Literally, there should be no trace of the original substances left after such preparation. Amazingly, after such dilution, homeopathic remedies have in the past 200 years in the hands of tens of thousands of homeopathic physicians all over the world, successfully treated diphtheria, cholera, typhoid, scarlet fever, swing flu, pneumonia and other dreaded infectious diseases. With such dilution factor, the homeopathic remedies obvious cannot directly kill off any bacterial or viruses but the remedies never-the-less, rapidly cure them with high successes. It is most intriguing and worth some serious thinking rather than dismiss off as placebo effect. These same remedies once found to be effective in an epidemic can also be utilized as preventative during the same epidemics.

So, are infectious diseases really caused by bacteria or viruses? Must we rely solely on potent drugs to kill the bugs before cure can be effective? Or, there are better and more rational ways to handle the problem.

Bear in mind, even though 20 millions people world wide die from the swine flu within a couple of years, the killer swine flu disappear just as rapidly without the mass slaughter of pigs. Nobody ever bother to find out why. .