

# Emergency: A Child with Intense Dyspnea

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Every so often you see a case that makes you very grateful for having a tool like homeopathic medicine to use. This week just such a patient came into my office. Anxious parents called during office hours asking about their three year-old boy who was having difficulty breathing over the past two days. They called the ambulance on two separate occasions, and the Emergency Medical Technicians looked at the child but felt there was no asthma or acute problem; so they did not go take the child to the emergency room. I agreed to see the boy because they were unwilling to go to the emergency room.

On seeing the boy, I realized very quickly that he, in fact, did need to go to the emergency room. He was pale white, breathing at sixty times per minute with grunting respirations, holding his body quite tight, and was quietly tearful in his mother's arms. He had a low grade fever of 99.8. On examination, he had very clear lungs with good air movement bilaterally and normal heart sounds. However, when I examined his abdomen, it was rock hard, tender throughout and tympanic. Bowel sounds were absent. I could not localize the pain.

On further questioning, the parents reported that he had eaten little or nothing for about one to two days, and had no interest in drinking. He had a smaller than usual bowel movement the day before, and he only passed some gas that day. They did note that he had some full eructations that seemed *ATH* to help him feel better and breathe more easily. He was much less active than usual.

I quickly gave him a remedy (200C) and sent them to the emergency room. About ninety minutes later I called the ER to see how things were going. The pediatrician had evaluated him and ordered labs, a CT scan, and a surgical consult. Her educated opinion was that he was very sick and most likely would go to surgery that night once the scan was back.

I called back after another ninety minutes to check on his progress. The pediatrician stated, "You will never believe what happened, but all of a sudden he looks like a rose. The belly is soft, he is afebrile, and his breathing looks pretty good." Of course I would believe it. I was secretly hoping that might happen.

The white count came back normal at 11.2 and the CAT scan of the abdomen showed mild inflammation of the appendix consistent with appendicitis. The child stayed overnight for observation, but he did not require surgery. He went home the next day and subsequently returned to his usual happy self.

I suspect the reader is curious about the remedy. I gave *Carbo vegetabilis*. The remedy is found in all of the following rubrics for this case:

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|---|---|
| RESPIRATION: GASPING                      | 1 |
| RESPIRATION: ERUCTATIONS amel.            | 2 |
| ABDOMEN: PAIN                             | 2 |
| ABDOMEN: DISTENSION                       | 3 |
| ABDOMEN: INFLAMMATION; Appendix           | 1 |
| RESPIRATION: ACCELERATED                  | 3 |
| RESPIRATION: MOANING                      | 1 |
| FEVER: PAIN; during pain; fever           | 1 |
| RESPIRATION: DIFFICULT; eructations amel. | 3 |
| ABDOMEN: PAIN; eructations -amel.         | 1 |
| MIND: ANXIETY; pains, from the            | 1 |
| ABDOMEN: TENSION                          | 3 |
| ABDOMEN: TENSION; fever; during           | 1 |
| ABDOMEN: TENSION; flatulence; during      | 2 |
| STOMACH: THIRSTLESS                       | 1 |
| STOMACH: APPETITE; wanting                | 2 |
| FACE: DISCOLORATION; pale                 | 3 |

If I ever have doubts about this noble work, or wonder what it would be like to just do conventional medicine, I think about these kinds of cases, and all those thoughts just fade away . . . like the symptoms did in this case.

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# The Art of Case-Taking: Selected Extracts from the Writings of Pierre Schmidt

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Reviewed by Nicholas Nossaman, MD, DHT

The color image on the cover of this book is metaphorical for the state of medical therapeutics in this age: an arid plain, cracked and dry—but with a single sprig of green poking through, emblematic of the eternal hope that homeopathy and other nature-respecting disciplines can survive and spread.

Pierre Schmidt was one of the most successful, revered and influential homeopathic physicians of the twentieth century. Alain Naudé has translated this volume of extracts of Schmidt's teachings, the first such book sanctioned by the Pierre Schmidt Foundation. There have been two books published previously, perhaps more, containing fragments of similar information from Dr. Schmidt. These were apparently collections of information compiled from his lectures.

The name of Alain Naudé is familiar to many in homeopathy, as editor of *The Layman Speaks. Homeotherapy* (published in San Francisco) and numerous other homeopathic journals over the decades, including the *Journal of the AIII* at one time. He was also one of the translators, with Dr. Jost Künzli and Peter Pendleton, of the sixth edition of Hahnemann's *Organon*.

Dr. Schmidt was a pupil of Drs. Alonzo E. Austin and Frederica Gladwin, both of whom were pupils of Kent. He died at the age of ninety-three in 1987. Jacques Baur, a revered French homeopathic physician, was one of the many pupils of Dr. Schmidt (as was Dr. Künzli), and was responsible for the publication of many of Schmidt's lectures on other homeopathic topics. Dr. Schmidt, besides teaching for decades in Europe, lectured extensively in India as well. His successors in his homeopathic "family tree"—the generations of individuals he taught and influenced over the decades — is extensive.

The book is divided as follows: a section on the art of questioning the patient in chronic cases followed by a second section on case-taking in acute cases. These sections cover the art and science of taking the case, and they contain

detailed information on the content and nature of questioning and on assuring adequacy of the information obtained. Next is a section on defective disease which segues into a section on reactive remedies in the therapeutics of various types of diseases which have not demonstrated a curative reaction to remedies prescribed previously.

In the chronic case-taking section he presents a distillation of crucial information that must be obtained, divided into general, mental, sleep and sexual (including menstrual) symptoms, as well as food desires and aversions, causative factors and local symptoms. Each section is richly endowed with practical information regarding the approach to and questioning of the patient.

Just a handful of the many experience-based practical points he covers in his explication include:

The desirability of always examining the patient (he describes it as responding to the natural desire of each patient to have something examined by the doctor). I would add that it complements the extended verbal questioning with a kinesthetic—*perhaps also therapeutic*—experience of hands-on contact with the physician.

He described an instance in his early training with Dr. Gladwin in which he had recorded forty symptoms of his patient, "of which I was very proud," and she took a pencil and drew a line through each of the forty because they were either too general or were symptoms pathognomonic of the patient's disease or were not at all characteristic of the patient. This lesson remained with him for life, resulting in his sharpening his process of distillation of useful symptoms. Besides this vignette, he relates others with his teachers which humbled him but contributed to the quality of his work.

He refers to the significance of tics—symptoms of the subconscious—implying in adults that something is not right in the sexual sphere, especially if they are near the nose. In children he asserts that they are related to something that

shocked them in some way.

He put great weight on the content of dreams, but doesn't elaborate on their being recurrent dreams or dream themes or just individual dreams.

Dr. Schmidt had a particular interest in the eyes (including skill in iridology) and what they portray in the person's overall health. He apparently examined most if not all of his patients with a corneal microscope (slit lamp). He described being able to tell if a patient was telling the truth regarding a particular matter by noting dilation or contraction of the pupil. "If he is telling you the truth, his eye will dilate for a moment; if he is lying, the pupil will contract," and further, if the patient is suicidal, his upper left pupil will be flattened if the mode of suicide is to be violent, and if they have rage or internalized anger, and if there is flattening of the upper right pupil, they are experiencing a love disappointment and their means of suicide will be less violent, like drowning or gas.

He encourages the use of *Sac lac* as the first prescription if the prescriber is not sure of the remedy and desires a second consultation to clarify further.

After the detailed presentation of the (approximately) fifty questions he asks after the spontaneous anamnesis, he devotes a section to reviewing the case, with cross-questioning, with confirmation of each significant symptom and its strength and uniqueness. Though he emphasizes greatly the mental symptoms and general symptoms, he gives great (and appropriate) weight as well to local symptoms which are well marked and peculiar, such as the sensation of a nail being driven into the head, a claw squeezing the heart, etc.

The section on acute case-taking follows Hering's well-known description and diagram describing the features of a complete symptom. The answers to the questions, "Why, who, what, where, when and what accompanies?" comprise the description of a complete symptom. He elaborates on each of these in sequence, weaving in his clinical experience here, citing numerous additions to the *Repertory* as he goes. (A quick survey on my part revealed most of them currently included in *Synthesis*).

In the section dealing with defective illnesses, he comments on aphorisms 162-183 in Hahnemann's *Organon*, leading up to the bottom line conclusion that the case will "open up" after the prescription of the most similar remedy possible, based on incomplete data.

In his segue to the matter of reactive remedies I became a bit lost, as he described the concept of "reactive remedies" as having the means to get a case back on the track — a

case which suffered from a lack of reaction to well-chosen remedies (which he distinguished from a lack of irritability). There are rubrics for each in the repertory which I don't fully understand). I wasn't clear how this related to the matter of defective diseases in that Hahnemann told us that the best possible remedy in defective diseases is based on the (scanty) symptoms of the individual rather than a "stock" remedy relating to the lacks described above.

Regardless, Dr. Schmidt describes keynotes of a small number of these reactive remedies in various categories, including the aged, cardiopulmonary patients, cutaneous affections, etc.

The book is rounded out with a brief description of some of the nosodes, with many "pearls" based on his experience, followed by a section entitled "Further Therapeutic Considerations," which is chock full of more "pearls," including hygiene considerations, subtle and helpful observations of the patient and more additions to the *Repertory*, not all of which I found in *Synthesis*; for example, in "desire for cheese" he has added *Staphysagria* as a 2, *Hepar sulphuris calcareum* as a 2 for "desires roquefort," *Mercurius vivus* (2) and *Sulphur* (1) for desires swiss cheese and *Hepar sulphuris calcareum* (2) and *Nitricum acidum* (1) for desires strong cheese. I'm betting that there are many others in this section still to be added.

The book contains a wealth of material describing the art and science of gathering information, woven through with a rich measure of Dr. Schmidt's observations from his long career as an influential and illustrious homeopath, and is a valuable addition to the library of any beginning or experienced homeopathic prescriber.

*About the reviewer: Dr. Nossaman graduated from the University of Colorado School of Medicine in 1968; he served in the Indian Health Service 1969-1971 on the Navajo Reservation, Crownpoint, New Mexico. He has practiced homeopathic medicine since 1976 in Denver, Colorado. He is a past President of the National Center for Homeopathy, former board member and past President of the American Institute of Homeopathy, and has been a member of the Rhus Tox study group of Homeopatia Internationalis for over 20 years. Other interests include Jungian psychology, photography, watercolor, golf, pantomime and poetry. He has taught courses for beginners and more advanced prescribers, and has written numerous articles for various homeopathic journals.*

