

The Facts About Homeopathy and Pneumonia

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Pneumonia represents a public health problem of substantial magnitude, carries a significant mortality and has been associated in recent decades with an increasing morbidity. Reliable data clearly shows that homeopathy is the treatment of choice for patients with pneumonia of all types, and that innumerable numbers of lives would be saved daily if genuine homeopathy was used as the first line of treatment; and third, by using homeopathy, all the undesirable side-effects of antimicrobial therapy would be completely avoided.

This is such a vital subject that it obliges elaboration. The 2003 Pneumonia Fact Sheet of the American Lung Association reported, “In 1996 (latest data available), there were an estimated 4.8 million cases of pneumonia resulting in 54.6 million restricted-activity days and 31.5 million bed days [in the US alone].”¹ In 2005, pneumonia and influenza together represented a cost to the US economy of \$40.2 billion.² The *age-adjusted* mortality rate for pneumonia/influenza has steadily been rising over the last few decades, while pneumonia consistently accounts for the overwhelming majority of deaths between the two. It was 11.2 in 1979, 13.2 in 1998 and 15.7 per 100,000 persons per year in 2011.^{3,4} In the past two decades, individuals older than 65 years of age have experienced a 20% increase in pneumonia-related hospitalizations with a concurrent increase in mortality.^{5,6} Microbes associated with pneumonia have become more resistant to antibiotics, making treatment much more difficult for allopathy, and multi-drug resistant bacteria are commonly endemic in ICU.⁷ It is also important to point out that there is no generally effective treatment in conventional medicine for most types of viral pneumonia.⁸

Pneumonia is one of the ten leading causes of death and the number one cause of death due to an infectious disease in the US. Untreated “lobar pneumonia has a mortality of about 30 percent,” and “with antibiotics, fatalities are reduced to a varying extent, depending on the underlying condition of the patient, but in persons over 12 years the mortality is at least 18

¹ Pneumonia Fact Sheet. American Lung Association. October 2003.

² Centers for Disease Control. MMWR Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007; 56 (July): 1-54.

³ Murphy SI. Deaths: Final data for 1998. *National Vital Statistics Reports* 2000; 48 (11): 25.

⁴ Hoyert DL, Xu J. Deaths: preliminary data for 2011. *National Vital Statistics Reports* 2012; 61 (6): 28.

⁵ Curns AT, Holman RC, Sejvar JJ, Owings MF, Schonberrger LB. Infectious disease hospitalizations among older adults in the United States from 1990 through 2002. *Archives of Internal Medicine* 2005; 165: 2514–20.

⁶ Fry AM, Shay DK, Holman RC, Curns AT, Anderson LJ. Trends in hospitalizations for pneumonia among persons aged 65 years or older in the United States, 1988–2002. *JAMA* 2005; 294: 2712–9.

⁷ Safdar N, Crnich CJ, Maki DG. The pathogenesis of ventilator-associated pneumonia: its relevance to developing effective strategies for prevention. *Respiratory Care* 2005; 50: 725-741.

⁸ Pneumonia Fact Sheet. American Lung Association. December 2012 (<http://www.lung.org/lung-disease/influenza/in-depth-resources/pneumonia-fact-sheet.html>).

percent and in immunocompromised persons it is much higher.”⁹ Community-acquired pneumonia (CAP) remains a major cause of mortality at 14%.¹⁰ Mortality rate for older patients with CAP is around 30%. 72% of patients with CAP will require hospitalization,¹¹ making pneumonia the second leading cause of hospitalization (after childbirth) in the US, with 1.2 million hospitalizations in 2006.¹² For nursing-home acquired pneumonia, mortality rates reach 57%.¹³ If pneumonia develops in patients already hospitalized for other conditions, the mortality rates range between 30 to 70%.¹⁴

Pneumonia is the leading cause of death in children worldwide. An estimated 1.2 million children under the age of five years die every year from pneumonia—more than AIDS, malaria and tuberculosis combined.¹⁵ An estimated 1 in 3 children die in developing countries from or associated with acute respiratory tract infections.¹⁶

Throughout the nineteenth and the first half of the twentieth centuries, which was before the advent of antibiotics, the average mortality for pneumonia for *hospitalized* patients was uniformly at about 30%. In 1912, Dr. William Osler wrote, “Pneumonia is one of the most fatal of all acute diseases, killing more than diphtheria, and outranking even consumption as a cause of death. The statistics at my clinic at the John Hopkins Hospital from 1889 to 1905 have been analyzed by Chatard. There were 658 cases with 200 deaths, a mortality of 30.4 percent. ... Greenwood and Candy in a study of the pneumonia statistics at the London Hospital from 1854-1903, a total of 5,097 cases, conclude that the fatality of the disease has not appreciably changed during this period. In comparing the collected figures of these authors with those from other institutions, there is an extraordinary uniformity in the mortality rate.”¹⁷ This uniformity of mortality during that period remained the same as well in *non-hospitalized* patients. In England and Wales, the annual death rates per million of pneumonia for children younger than 9 years old remained the same between 1848 and 1905.¹⁸ During WWI, the great majority of the

⁹ Kiple KF (ed.). *The Cambridge World History of Human Disease*. Cambridge: Cambridge University Press, 1993: 938-939.

¹⁰ Fine MJ, Smith MA, Carson CA, Mutha SS, Sankey SS, Weissfeld, LA; Kapoor WN. Meta-analysis of community-acquired pneumonia. *JAMA* 1996; 275: 134-141.

¹¹ Kothe H, Bauer T, Marre R, Suttorp N, Welte T, Dalhoff K, Comprehensive Network for Community-Acquired Pneumonia study group. Outcome of community-acquired pneumonia: influence of age, residence status and antimicrobial treatment. *European Respiratory Journal* 2008; 32: 139–46.

¹² Ramirez JA, Anzueto AR. Changing needs of community-acquired pneumonia. *Journal of Antimicrobial Chemotherapy* 2011; 66 Suppl 3: iii3–iii9.

¹³ Janssens JP, Krause KH. Pneumonia in the very old. *Lancet Infectious Diseases* 2004; 4: 112–24.

¹⁴ McEachern R, Campbell GD. Hospital-acquired pneumonia: epidemiology, etiology, and treatment. *Infectious Disease Clinics of North America* 1998; 12: 761-779.

¹⁵ World Health Organization. Pneumonia. Fact sheet N°331: November 2012.

¹⁶ Gareene M, Ronsmans C, Campbell H. The magnitude of mortality from acute respiratory infections in children under 5 years in developing countries. *World Health Statistics Quarterly* 1992; 45 (2-3): 180-191.

¹⁷ Osler W. *The Principles and Practice of Medicine*. Eighth ed. New York and London: D. Appleton and Company, 1912: 96.

¹⁸ Mercer AJ. Relative trends in mortality from related respiratory and airborne infectious diseases. *Population Studies* 1986; 40: 129-145.

casualties of the US army were due to pneumonia. Major J. Harold Austin of the US medical corps reported, "About 65 percent of the deaths in the army in this country in 1917 were due to pneumonia."¹⁹

For how long will our society tolerate such horrible statistics, while the best available method of treatment for patients with pneumonia is being repressed in many parts of world.

I conducted a literature search on the results obtained by homeopathy in patients with pneumonia. The final results have not yet been fully tabulated, but the data is overwhelmingly clear regarding the benefits societies would obtain by institutionalizing homeopathy. To provide an idea of this review and its conclusion, I will begin by listing here the first four chronological entries:

In 1829, Dr. J. F. Herrmann took over an Infantry Hospital in St. Petersburg where he homeopathically treated 71 patients with pneumonia without a single loss and without bloodletting.²⁰

In 1843, Dr. Carl Heinrich Rosenberg reported collections of cases of pneumonia treated in allopathic and homeopathic hospitals in major cities in Europe. Allopaths treated 760 cases of pneumonia with 286 deaths, a mortality of 37.63 percent. Homeopaths treated 390 cases with 14 deaths, a mortality of 3.59 percent, or *more than a ten time lower mortality!*²¹

In 1846, Dr. Bosch wrote, "Out of one hundred cases of pneumonia, I have lost three; a man of fifty-eight who had long had a vomica [an abscess cavity] in the left lung, to which during the last year dropsical symptoms were added; a child of nine months afflicted with rickets, and a man of sixty-eight years."²²

Between 1843 and 1848, Dr. Reiss reported having treated at the Sisters of Mercy Hospital in Linz, Austria 88 cases with pneumonia with one death, a mortality of 1.14 percent.²³

I will now jump forward to 1928 and bypass close to one hundred years of accumulated data. We find here a survey conducted among homeopathic physicians in the US, which reported a

¹⁹ Austin JH. A few observations upon pneumonia in the army in the United States during the winter of 1917-1918. *Transactions of the College of Physicians* 1918; 40: 192-197.

²⁰ Attomyr J. Musterung der homöopathischen Spitäler. *Archiv für die Homöopathischen Heilkunst* 1843; 20 (1): 137-138.

²¹ Rosenberg CR. *Fortschritte und Leistungen der Homöopathie in und ausser Ungarn nebst einer Darstellung ihrer Grundsätze von ihrem gegenwärtigen wissenschaftlichen Standpunkte und Hinweisung auf die Vortheile, die daraus für Staat und Staatsbürger resultieren*. Leipzig: Verlag von Ludwig Schumann, 1843: 233-236.

²² Bosch. My experience in the treatment of pneumonia. *Homoeopathic Examiner* 1846; 1 (ns): 330-333.

²³ Reiss. Verzeichniss. *Oesterreichische Zeitschrift für Homöopathie* 1844; 1: 204-207. Verzeichniss. 1845; 2: 172-175. Ausweis. 1846; 2: 615-618. Ausweis. 1847; 3: 639-642. Ausweis. 1848; 4: 460-463. Ausweis. 1849; 4: 653-655.

death rate of 2.8 percent among 11,526 patients with pneumonia who were treated with homeopathy.²⁴

The same year, in 1928, Drs. Alfred and Dayton Pulford of Toledo, Ohio wrote in their monograph on pneumonia:

It has been stated, and we have every reason to believe truly, that fully 80 percent of all pneumonia cases would get well without any medical interference whatever, under proper nursing, so that any system or method of medical healing that cannot lower the death-rate to less than 20 percent would seem rather a menace than a blessing to pneumonia patients.

After treating 242 cases of pneumonia, of *all* types and degrees of severity, some coming directly from and others having been confirmed in the diagnosis by allopaths, with but 3 deaths, a rate of but 1.4 percent, we can hardly understand a fixed minimum death-rate of 25 percent, much less a maximum rate of 95 percent, in a disease as readily amenable to the proper remedy as is pneumonia. The death rate under the homeopathic *simillimum* should at no time exceed 5 percent, a higher rate would rather reflect on our ability.²⁵

As the results obtained by homeopathy greatly depend of the ability of the physician to apply its principles to practice, the venerable Dr. P. P. Wells of Brooklyn, New York commented in 1885 that a death rate of even 2 or 3 percent is still too high under “right” homeopathy and gave the example of Dr. Reiss, who in his practice between 1843 to 1848 in the hospital of Linz, Austria, had a 1 percent mortality rate. He continues, “We believe this because we have the proof of this in our own experience. In a practice of this system which reaches forty-three and two-thirds years, which most of the time has been very large, and of a general character as to the diseases treated, of which, no doubt, pneumonia has made an average part, I have *not lost one case*.”²⁶ Pneumonia was quite common in the days of Dr. Wells, for the simple fact that many acute infectious diseases, common to his time and place, such as influenza, diphtheria, measles, rubella, whooping cough, typhus and typhoid fever, would end up in pneumonia. If we assume that he saw at the very minimum one patient a month with pneumonia during his career, he would have had no deaths in well over 500 cases.

Wells’ success is corroborated by my own experience. In over 30 years of private practice that include over 180 cases with pneumonia, some of which were treated on their death bed,²⁷ many having failed under allopathy, there has not been a single death under homeopathic treatment.

²⁴ Fiske RE. A survey of the statistics of the homeopathic treatment of lobar pneumonia. *Journal of the American Institute of Homeopathy* 1928; 21: 886-993.

²⁵ Pulford A, Pulford D. *Homoeopathic Leaders in Pneumonia*. Published by the authors: Dayton, Ohio, 1928: 5.

²⁶ Wells PP. Addresses, etc. *Homoeopathic Physician* 1885; 5: 414.

²⁷ About 10% of the patients I have treated with pneumonia were in a critical state.

It is in fact hard to imagine a person dying of pneumonia with a physician experienced in genuine homeopathy at the bedside, even in the worst and most hopeless circumstances, whether it is in an infant in the last stage of viral pneumonia in an ICU, a centenarian in a very weakened state when all hopes are given up, a wasted and incapacitated middle-age man with a four-year refractory *Aspergillus* pneumonia, a patient with advanced lung cancer, or a comatose patient in the last stage of AIDS. However, a great number of people will continue to unnecessarily die of pneumonia until the most efficacious treatment in existence is requested by the tired victims of the politics of medicine. Such sterling results obtained with genuine homeopathy in patients with pneumonia point out the invaluableness of this system of medicine, in which statistics become basically useless, as Sir Ernest Rutherford remarked, "If your experiment needs statistics, you ought to have done a better experiment."

It is important to point out that skeptics like Oliver Wendell Holmes²⁸ have been very influential in their campaign to denigrate homeopathy and have greatly slowed down the progress of science and limited its potential benefits to reach suffering humanity. Contrary to general expectations, skeptics approach homeopathy with unwavering conviction instead of the completely unbiased mind required in science. The good news however is that facts are more stubborn than prejudices; at the end, truth shall prevail; and as Lincoln said so well, "You can fool all the people some of the time and some of the people all the time, but you cannot fool all the people all the time." Utter ignorance,²⁹ lack of scholarship, misinformation,³⁰ gross distortions of historical facts,³¹ sophistries³² and far-fetched analogies³³ displayed by skeptics

²⁸ Holmes OW. *Homoeopathy, and Its Kindred Delusions*. In *Currents and Counter-Currents in Medical Science: With Other Addresses and Essays*. Boston: Ticknor and Fields, 1861.

²⁹ A clear example of the utter ignorance displayed by skeptics is seen in the 2005 Shang et al. meta-analysis published in the *Lancet* and its accompanying article calling for the end of homeopathy. The most fundamental flaw of this meta-analysis is that six of the eight studies retained for the final analysis comparing homeopathy to allopathy were *not* about homeopathy, as I explained in the debate. It is extremely doubtful whether Shang et al. and the editors of *Lancet* were at all aware that "without the most minute individualization, homeopathy is not conceivable." (Hahnemann S. *Organon of Medicine*. Translated by William Boericke. Philadelphia: Boericke & Tafel, 1922: 34.)

³⁰ How can skeptics bring light to this scientific question that is homeopathy when they don't approach it with a purely scientific mind? Or when they have not even read the basic works of homeopathy? There has been a number of honest scientists, like Constantine Hering, Benjamin Joslin or David Reilly, who approached homeopathy in order to discredit it from a scientific point of view. However, they first informed themselves about the fundamental principles of homeopathy and its basic experimental facts. When they tried to reproduce the experiments "carefully and accurately," as Hahnemann clearly requested in his *Nota Bene for my Reviewers*, they found out, despite their utter disbelief, that Hahnemann had been right at every step of the way. However, this has never been the case with skeptics who characteristically base their arguments, not on accurate experiments and pertinent facts, but on mere assumptions. Once carefully analyzed, how can arguments brought forward by skeptics have any credibility before an unbiased scientific community? This debate has always come down to facts versus assumptions, as pointed out by Hahnemann in 1825 in his *Information for the Truth Seeker*, "If the supposed seeker after truth is not willing to seek truth where it is to be found, *namely in experience*, then he may leave it undiscovered; he cannot find it in the multiplication tables." (Hahnemann S. *Belehrung für den Wahrheitssucher* in Nr. 165 d. Bl. *Allgemeiner Anzeiger der Deutschen* 1825; 2 (194): 2387-2392.)

³¹ Recent examples of gross distortions of historical facts that were displayed during the debate at McGill University are how Hahnemann "kept taking bigger and bigger doses [of Peruvian bark tincture] to see what would happen. And he took these doses and, eventually, he developed a fever," or how Hahnemann discovered the process of

about homeopathy will in due time be fully uncovered, and, unleashed, medical science will finally be able to continue its march forward without the skeptics' spokes in its wheels. During the time of Hahnemann literally hundreds of books and pamphlets and even a journal³⁴ and an anti-*Organon*³⁵ were published by skeptics. Despite these intensive campaigns of denigration, homeopathy has continued its march forward, slowly but surely. What is true and good will remain true and good, despite what well-known communicators and supposedly men of science write against it. It is interesting to note how unwavering is the skeptics' stance despite mounts of evidence. This phenomenon seems to not be so uncommon in science as Max Planck once remarked, "A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it." Hahnemann in its turn remarked that it is impossible without virtue to be a true man of science.

Reports similar to Wells' experience described above are commonplaces in the homeopathic literature. However, in the face of such spectacular statistics, one wonders whether any allopath of high reputation has had the courage to openly try homeopathy in a public institution and publicly report in details the results of his experiments in the treatment of patients with pneumonia. Well, at least one allopath did it. Between 1847 and 1849, Dr. Jean-Paul Tessier, "one of the distinguished practitioners of medicine in Paris," conducted at the St. Marguerite Hospital experiments to investigate homeopathy in the treatment of patients with cholera and pneumonia.³⁶ He wrote that he presented himself "neither as a partisan or opponent of

succussion, "Well, one day he made a house call. And he answered this house call in a horse-drawn carriage...", or how Hahnemann "gave arsenic in increasing doses to friends, family members et cetera and cause symptoms, for example, in this case, gastric pain, vomiting, and diarrhea," and "lost some friends and relatives along the way." (<http://www.youtube.com/watch?v=T2uBBU4XT7Y&feature=youtu.be> or for the unabridged transcription of the debate see: <http://www.legatum.sk/en/misc:talk-saine-schwarz>)

³² Rejection of the extraordinary facts presented by homeopathy with a theoretical argument is a good example of the most blatant sophistry used by skeptics.

³³ As a recent example of far-fetched analogies, Dr. Amir Raz said during the recent debate held at McGill University, "For someone who knows the literature, it's like science fiction versus reality." It would be really interesting to know how much of the homeopathic literature he has actually read. Skeptics typically respond to facts presented to them by pointing out their impossibility without presenting any precise, concrete, sustainable facts or accurate experimentation as counter arguments, as if skeptics are saying, "take my word for it, as I am after all a well-known professor at a famous university."

³⁴ Three volumes of *Antihomöopathisches Archiv* were published in Hamburg between 1834-1838.

³⁵ Heinroth, JCA. *Anti-Organon oder Das irrige der Hahnemannischen Lehre im Organon der Heilkunst*. Leipzig: C. H. F. Hartmann, 1 8 2 5.

³⁶ Hempel CJ. Preface. In *Clinical Remarks Concerning the Homoeopathic Treatment of Pneumonia: Preceded by a Retrospective View of the Alleopathic Material Medica, and an Explanation of the Homoeopathic Law of Cure*. By Jean-Paul Tessier, M. D., Physician to the Hospital Sainte-Marguerite in Paris. Translated by Charles J. Hemple, M. D. New York: William Radde, 1855: iii.

homeopathy but as a scientist guarding himself against the misguiding bias of blind passion,” and he will “endeavor to strictly adhere to the legitimate demands of a scientific inquiry.”³⁷

He choose pneumonia to conduct his first trial, as he said, “Pneumonia is a disease of frequent occurrence, acute, serious, with well-defined characteristic symptoms; it is on this account that I have selected it as the first example of an application of Hahnemann’s method to the treatment of disease. No physician will dispute either the frequency or the acute nature of pneumonia; ... the signs by which this disease is recognized, are generally very striking, and easily distinguished; and if I admit that we might be mistaken on a first examination I make all the concessions that can be legitimately claimed. No physician can possibly mistake a case of pneumonia when he sees his patient every morning and evening, auscultates him carefully, and watches all the evolutions of the disease with the intention of determining its true character.”³⁸

However, instead of applying the principles of homeopathy as they were clearly spelled out by Hahnemann, he applied his own version by prescribing for localized pathologies with alternation of remedies in very low potencies. Despite these three major departures from the practical rules of homeopathy, he was still able to observe a significant positive outcome in both patients with pneumonia and cholera compared to all other methods of treatment used in the hospital and more particularly to the ones used during the cholera epidemics of 1832 and 1849.

Regarding the results obtained in patients with pneumonia in particular, he reported 40 detailed cases with 37 recoveries and 3 deaths, a mortality rate of 7.5%. This means, by simply switching halfway between allopathy to homeopathy, *he was able to save 23 more lives out of 100 patients* compared to the constancy of 30% of his previous allopathic practice. It is a strange fact about human behavior that this incredible, well-publicized reduction in mortality was not followed, at the very least, by more trials or even, until proven otherwise, by institutionalization of homeopathy in the St. Marguerite Hospital or in every other hospital worldwide. Instead, when Tessier presented his results before the Academy in Paris he aroused a storm of protest. It again confirms how prejudice tends to be such a stubborn thing. Luckily for humanity, facts are even more stubborn.

Regarding antimicrobial therapy, homeopathic physicians have traditionally never been against their use but have been opposed to their undesirable side-effects, which include the permanent disruption of the flora of the body, increased susceptibility to opportunistic infections, development of more resistant strains of microbes, and pollution of our streams and waterways and poisoning of the body of life therein. It is also noteworthy to mention two extra advantages

³⁷ Tessier JP. *Clinical Remarks Concerning the Homoeopathic Treatment of Pneumonia: Preceded by a Retrospective View of the Alleopathic Material Medica, and an Explanation of the Homoeopathic Law of Cure.* Translated by Charles J. Hemple, M. D. New York: William Radde, 1855: vi.

³⁸ *Ibid*, 20.

of being treated with homeopathy for patients with pneumonia above and beyond antimicrobial therapy, which are that with homeopathy we witness an improvement of the health of the person on all levels, and a decreased susceptibility to develop pneumonia in particular and of being sick in general.