

Editorial May 2014

My experience with nosocomial infection with Homoeotherapy in Intensive care unit.

Nosocomial infections that are a result of treatment in a hospital or a health care unit. They appear 48 hours or more after hospital admission or within 30 days after discharge. Nosocomial Infections are also known as Hospital Acquired Infections (HAI's)

In India Nosocomial Infection rate is at over 25%. Frequency is 1 in every 4 patients admitted into the Hospital. 1/3rd of all such infections are preventable. Responsible for more mortality than any other form of accidental death.

Pathogens that cause nosocomial infections have a high level of resistance to antibiotic treatments and are more difficult to treat. Some of the major concerns are: Methicillin Resistant Staphylococcus Aureus (MRSA) Vancomycin-Resistant Staphylococcus Aureus Vancomycin-Resistant Enterococci (VRE)

Contaminated Air, Water, Food and Medicine. Used Equipment and Instruments. Soiled Linen. Hospital Waste (Bio Medical Waste) are common source of nosocomial infections.

Patients admitted in ICU's. Patients in Labour Room. Patients undergoing invasive procedures are the common sites for the infection.

Patients on Immuno-suppressive drugs. Young children and Elderly patients.

Long Hospital Stay. Use of Indwelling Catheters. Failure of Health-Care Worker to wash hands. Over use of Antibiotics (Bacterial Resistance). Mechanical Ventilation. Intravenous Catheters are the major risk factors for the infection.

Surgical Wounds. Urinary Tract Infections (UTI's). Lower Respiratory Tract Infections. Gastroenteritis. Meningitis are the most common infections which I have treated so far.

Not lets quickly understand some cases.

Case1:

An elderly man was admitted in Hinduja hospital for chronic lung abscess with Tuberculosis, he was basically admitted for collapse of his right lung, he was intubated with I.V. line, he was adequately treated by antibiotics suddenly one day after bronchoscopy he develops

very high fever, he was again started with very strong antibiotics but he deteriorated instead of improving. I was called upon on 3rd day and I took following symptoms.

- COUGH - DRY - evening
- COUGH - FEVER - during - agg.
- CHILL - AFTERNOON
- CHILL - AFTERNOON - violent chill with thirst and red face
- CHILL - SHAKING - afternoon
- FEVER - AFTERNOON
- FEVER - EVENING - lasting - all night
- FEVER - DRY heat - afternoon
- FEVER - LONG lasting heat
- FEVER - PERSPIRATION - heat; with
- FEVER - SEPTIC FEVER
- PERSPIRATION - FEVER - after
- PERSPIRATION - PROFUSE - night
- PERSPIRATION - SINGLE parts - Back part of body
- PERSPIRATION - SLEEP - during - agg.
- GENERALS - ANEMIA
- GENERALS - SEPTICEMIA, blood poisoning
- GENERALS - TUBERCULOSIS MOUTH - DISCOLORATION - Tongue - yellow - Base
- GENERALS - LASSITUDE

His I.V. tube showed M.R.S.A., his leukocyte count was 30,000. Based on above symptoms I gave Ferrum Met 200c for 4 days followed by Boletus laricis 30c for 15 days. The patient was discharged within two weeks after starting homoeopathy.

Boletus is a fungus found growing on the Larch-tree, It grows in masses, varying from the size of an apple to that of a large nutmeg melon.

The chief reputation of this medicine has been gained in the treatment of obstinate septic fevers, or malarial fevers which have been aggravated by excessive use of antibiotics or quinine.

The most characteristic symptoms are:

continuous fever with afternoon and evening rise of temperature, great languor and aching in all joints. Creeping chills along spine, between shoulder-blades, up the back to nape, unusual chilliness in open air, with icy coldness of nose. Heat with thirst, face hot and flushed, with prickly sensation; hands, palms, feet hot and dry. Sweat profuse after midnight

Case2:

This was a case from Tata Memorial Hospital, an elderly lady suffers from advanced cancer of cervix with distant metastasis, with multiple fistula between rectum and uterus and bladder., she was given radiation and chemotherapy but discontinued half way. she had a persistent urinary tract infection resistant to antibiotics, the following were her organisms

Vancomycin resistant staphylococcus bacteria (V.R.S.A.) and clostridium difficile.

I took the following symptoms to form my totality:

- MOUTH - DISCOLORATION - Tongue - red
- STOMACH - ERUCTATIONS; TYPE OF - sour
- STOMACH - THIRST - extreme
- STOMACH - THIRST - heat - during
- RECTUM - CONSTIPATION - difficult stool - soft stool
- URINE - COLOR - brown - dark
- URINE - COLOR - dark
- URINE - SEDIMENT - purulent
- URINE - SEDIMENT - thready
- CHILL - BEGINNING in - Back
- CHILL - CHILLINESS - urination - before
- CHILL - DRINKING - agg.
- CHILL - EATING - after - agg.
- CHILL - MOTION - agg.
- CHILL - SHAKING - hair standing on end; with
- CHILL - STOOL - after - agg.
- FEVER - AFTERNOON
- FEVER - BURNING heat
- FEVER - DRY heat - night
- FEVER - NIGHT - perspiration; with
- FEVER - SEPTIC FEVER
- PERSPIRATION - COLDNESS - Hands; with coldness of
- PERSPIRATION - ODOR - sour
- GENERALS - CACHEXIA
- GENERALS - CACHEXIA - cancer; from
- GENERALS - FISTULAE

Based on above symptoms I gave Nitric Acid 30c every 4 hourly which brought the fever and infection partially under control in next six days this was then followed by Sulphur 200c for next one month after two months there was no bacteria in the urine. Remember sulphur is a important complimentary remedy to Nitric Acid (Refer Boeninghausen Concordants under fever and chills)

If the reader wants to know more about homoeopathy and infection then read the following articles.

- **Effect of homoeopathic medicines on daily burden of symptoms in children with recurrent upper respiratory tract infections**,ESM De Lange de Klerk, J Blommers, DJ Kuik... - BMJ, 1994 - bmj.com
- **A randomized comparison of homoeopathic and standard care for the treatment of glue ear in children** A Fixsen, A Vickers, H Harrison - Complementary Therapies in Medicine, 1999 - Elsevier
- **Double-blind, placebo-controlled, randomized clinical trial of homoeopathic arnica C30 for pain and infection after total abdominal hysterectomy**.Hart, MA Mullee, G Lewith, J Miller - Journal of the Royal Society ..., 1997 - ncbi.nlm.nih.gov

- **Effectiveness and tolerability of a homoeopathic remedy compared with conventional therapy for mild viral infections** A Rabe, M Weiser, P Klein - International journal of clinical ..., 2004
- **Clinical trials of homoeopathy** J Kleijnen, P Knipschild, G ter Riet - BMJ: British Medical Journal, 1991 - ncbi.nlm.nih.gov
- **Are the clinical effects of homoeopathy placebo effects? A meta-analysis of placebo-controlled trials** K Linde, N Clausius, G Ramirez, D Melchart, F Eitel... - The Lancet, 1997 - Elsevier
- **Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy** A Shang, K Huwiler-Müntener, L Nartey, P Jüni... - The Lancet, 2005 - Elsevier
- **Evaluation of homoeopathic therapy in 129 asymptomatic HIV carriers** DP Rastogi, VP Singh, V Singh, SK Dey - British Homoeopathic Journal, 1993 - Elsevier
- **Homeopathy in HIV infection: a trial report of double-blind placebo controlled study** DP Rastogi, VP Singh, V Singh, SK Dey... - British Homoeopathic ..., 1999 - Elsevier
- **Homeopathy for recurrent upper respiratory tract infections. No children received no treatment.** P Fisher, D Reilly, D Spence, D Ratsey... - BMJ: British Medical ..., 1995 - ncbi.nlm.nih.gov