

"THE IMMORTALLY BELOVED CANNOT DIE."

Long-term homeopathic treatment of the severe pathology: hypoplastic left heart syndrome (HLHS)

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SUMMARY: using a detailed case, the author demonstrates the complexity of long-term homeopathic treatment of severe pathology, based on the treatment concept of the Swiss hospital Clinica Santa Croce. For a child with a severe heart defect, the remedies *Crotalus horridus*, *Lachesis*, *Laurocerasus*, *Carbo vegetabilis*, and *Arnica* prove particularly helpful. With *Calcium carbonicum* as the constitutional remedy, the boy developed remarkably well despite his illness, multiple operations, and multiple complications, until he died at the age of three from the effects of a further major operation.

KEYWORDS: *Arnica*, *Belladonna*, *Bryonia*, *Calcium carbonicum*, *Carbo vegetabilis*, cerebral hemorrhage, chylothorax, Clinica Santa Croce, *Crotalus horridus*, clotting disorder, heart defect, hypoplastic left heart syndrome, intensive homeopathic treatment, *Lachesis*, *Laurocerasus*, operation, *Opium*, pulmonary embolism, *Pyrogenium*

INTRODUCTION

Many cancer patients are treated in the Clinica Santa Croce and in my practice.^{1,2} In long-term treatment of patients, often lasting several years, astonishing effects can be documented for homeopathy. Recent studies show a positive effect of homeopathy on the quality of life and possibly on survival rates too.^{3,4} Since the opening of my practice in Freiburg, Germany in 2011, I have not only seen cancer patients but also severely ill patients with other diagnoses, who would like supplementary homeopathic

treatment in addition to conventional medical treatment. The homeopathic treatment of severe pathology is complex. It is necessary to flexibly interpret the rules of homeopathy and remedy selection. It is often possible to help with homeopathy but there are many cases of severe pathology where homeopathy reaches its limits.

OUTPATIENT INTENSIVE HOMEOPATHIC TREATMENT

I developed the concept of intensive homeopathic treatment for outpatient practice, so that patients can be closely monitored and paid regular visits. This is an outpatient treatment concept for treating severe illness, derived from the inpatient treatment approach used at the Clinica Santa Croce.^{5,6} Admission to intensive care may also be required during ongoing treatment. Below, I present a detailed case with special focus on the changing prescriptions required for effective homeopathic treatment of severe pathology.

Mother's history: she was already known to me from 2007 with the diagnosis of a cystic mole. After unsuccessful conventional treatment, chemotherapy was now planned due to the danger of malignancy. Treatment with remedies including chiefly *Sepia* in a Q potency effected complete remission of the cystic mole in a short time, obviating the need for further conventional treatment.

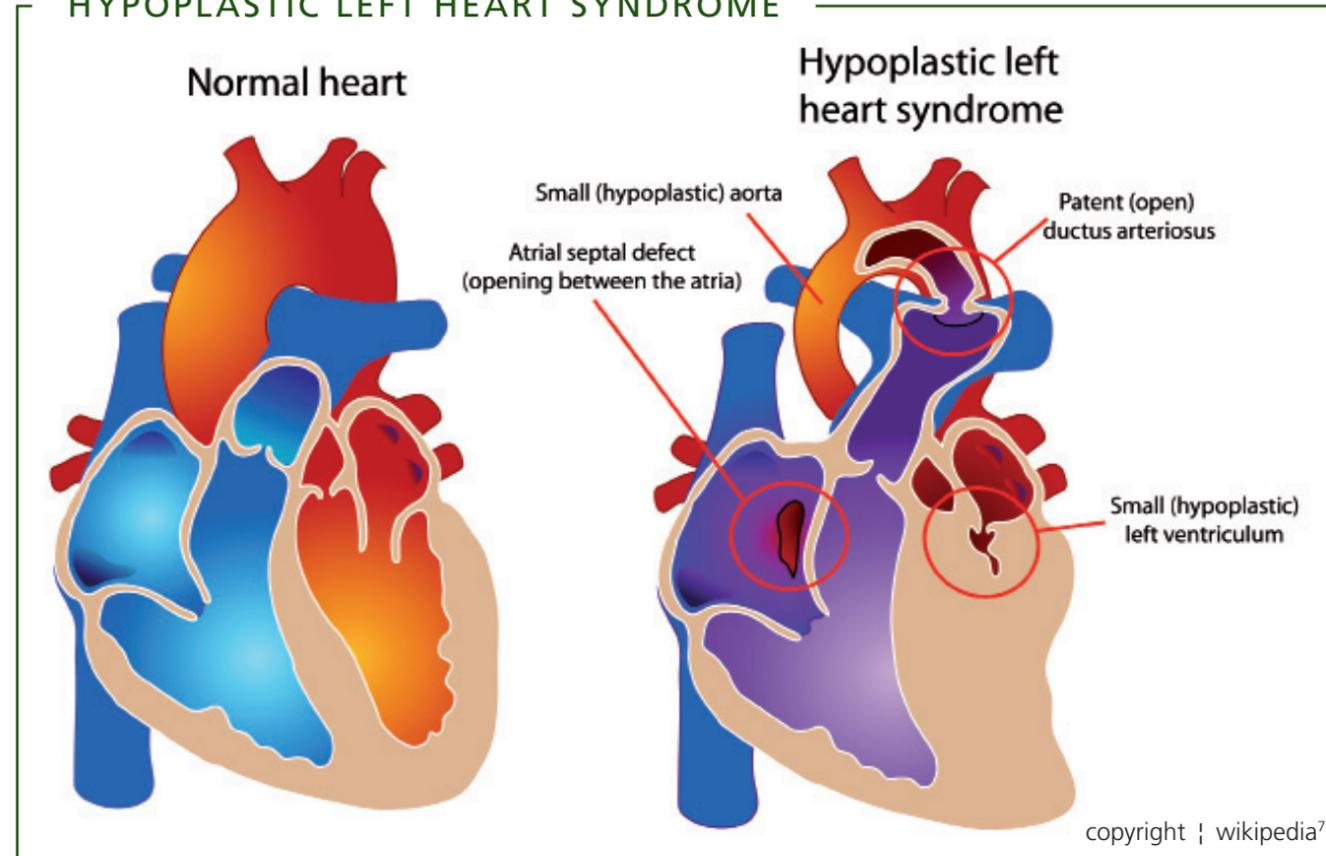
Initial casetaking: the mother brought her baby boy to my practice in December 2012; he was no more than a month old. He was born prematurely in the 36th week of pregnancy; he had blue legs and had undergone three operations in the first four weeks of life (hybrid Norwood stage 1 with pulmonary artery banding, insertion of a stent in the ductus

The doctors from the Pareek family in India and the Swiss Clinica Santa Croce have had success in the homeopathic treatment of heart defects with selected remedies. The most helpful remedies are Cherry laurel *Laurocerasus* (photo), *Carbo vegetabilis*, the Snake venoms, and *Arnica*.

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HYPOPLASTIC LEFT HEART SYNDROME



THE CLINICAL PICTURE OF HYPOPLASTIC LEFT HEART SYNDROME

Hypoplastic left heart syndrome (HLHS) includes several types of congenital defects of the heart and aorta, and is responsible for 1.6% of all congenital heart defects. There is high-grade valvular aortic stenosis or atresia with constriction or failure / closure of a cardiac valve between the aorta and the left ventricle, plus in some cases mitral valve stenosis or atresia and high-grade hypoplasia of the ascending aorta: type I with hypoplasia of 2-4 mm (normal 10-12 mm), type II with normal diameter of the ascending aorta. In addition, there is a very small or absent left ventricle, which cannot develop due to the mitral valve defect, and at the same time a hypoplastic left atrium. The ductus arteriosus botalli is essential to maintain blood flow.

Endocardial fibrosis of the left ventricle and atrium can occur. The ventricular septum is usually intact. An open foramen ovale enables, like a defect of the atrial septum, pulmonary venous blood flow from the left to the right atrium. In up to 20% of cases, there is preductal stenosis of the aortic isthmus. The right heart is generally enlarged by way of compensation.

The pulmonary venous blood therefore flows via the left atrium through the foramen ovale. The blood of the right atrium admixes due to the left-right shunt with blood that is not oxygen-saturated. The blood then flows from the right ventricle to the pulmonary artery and via the ductus arteriosus into the

descending aorta. At the same time, blood flows via the ductus arteriosus into the underdeveloped ascending aorta for perfusion of the coronary arteries.

Survival after birth without medical or surgical intervention is generally not possible – or if so, only between a few hours or days and a few weeks. The stage 1 Norwood operation (using a heart-lung machine in the first week of life) applies a synthetic patch to extend the underdeveloped aorta, and the right ventricle is connected to the aorta so that a shunt is created for the blood supply to the lungs.

With the stage 2 Norwood operation (Glenn anastomose, usually at the age of 3-5 months), a connection is created between the upper vena cava and the pulmonary artery. The shunt created in the first operation can be removed and further anticoagulant medication is generally no longer necessary.

With the stage 3 Norwood operation (from the age of two onwards), the lower vena cava is connected to the pulmonary artery so that the circulation to the body is again separated from the pulmonary circulation.

It is possible to conduct a heart transplant at a later time. The survival rates have continually improved in the last twenty years: the mortality rate of the Norwood operation could be reduced, for example, according to the Kiel pediatric cardiologists from 21% to 2%. The ten-year survival rate is approximately 80%, with the most fatalities occurring in the first three years of life.^{8,9}

arteriosus, state after Rashkind balloon atrial septostomy with restrictive foramen ovale). The next major operation was planned for the fifth month of life (Norwood stage 2). The left half of the heart was still functioning. The aortic valve showed atresia.

The diagnosis: hypoplastic left heart syndrome with mitral stenosis, aortic stenosis, hypoplastic aorta ascendens, high-grade stenosis of the aortic isthmus with moderate hypoplasia, stenosis of the right and left pulmonary arteries, persistent ductus arteriosus, atrial septum defect secundum type. Current medication was spironolactone (Aldactone) 6.25 mg 1-0-0, bisoprolol 0.3 mg 0-0-1, D-Fluoretten 1x500 IE.

Before casetaking, I was able to obtain information on the homeopathic experience of treating cardiac defects via my contacts at the Clinica Santa Croce: the Pareeks in India have reported good results with *Laurocerasus*. In the long-term progress of Dr Künzli's cases, *Carbo vegetabilis* and *Lachesis* have proved to be helpful remedies. Success has also been obtained with the relevant constitutional remedy and helpful effects were found with the Snake remedies as well as *Arnica*.

Pregnancy and birth: the baby's mother said the pregnancy was problem-free. She herself had suffered from severe varicose veins and had lost many teeth. The checkups during the pregnancy were unremarkable. She said that she had eaten less than usual because her appetite was diminished.

She had previously given birth to three healthy children and had had two abortions.

The birth lasted a long time and did not respond well to *Caulophyllum* and *Cimicifuga* (30C and then 200C). The midwife opened the cervix, which led to a normal birth. The boy was initially well and he was given *Aconitum*. The birth weight was 2.450 kg and the height was 47 cm. He then turned slightly blue and was transferred to intensive care.

The first few weeks of life: one side of his face was noticeably red. The abdominal breathing was strong and his breathing was generally rapid. He vomited repeatedly after feeding, more than merely spitting. He often had difficulties with stool, frequently having trouble expelling it. His limbs and feet were unusually long and thin. The testes did not descend after birth. He had been blue after birth and repeatedly when he began crying. Immediately after the operations, he was given *Arnica* 200C.

In the physical exam, mild cyanosis could be seen. He turned his head to the right and repeatedly flexed his legs. The sclera seemed slightly blue. He had a systolic heart murmur and tachycardia with an elevated breathing rate. The testes could not be clearly palpated in the scrotum. The doctors and the mother now hoped that the hypoplastic left heart chamber would elongate and develop, which was the mother's aim in seeking homeopathic treatment, although conventional medicine views this outcome as unlikely in most cases.

See repertorisation (1) on page 83 of initial casetaking.

After the hierarchization and repertorization (MacRepertory, Complete Repertorium Version 4.5), the analysis of the totality of symptoms pointed to *Calcium carbonicum* as the most likely constitutional remedy. Key heart remedies were *Carbo vegetabilis* and *Laurocerasus*. Due to the operation very early in life, *Opium* was also a very important remedy. With the mother as well as the siblings, a tubercular miasm was present, which is why *Phosphorus* was a likely remedy, and therefore the complementary Plant remedy *Carbo vegetabilis*.

TREATMENT FROM DECEMBER 2012 TO NOVEMBER 2015

December 2012: treatment commenced with a single dose of *Opium* 200C on Dec 21, 2012. Feedback in January 2013 indicated that the left heart chamber had not lengthened, and a severely constricted aortic valve was seen. An attempt was made to expand the foramen ovale but the results were poor. Growth was basically good but he sweated on feeding and had hiccups afterwards.

Prescription: *Calcium carbonicum* 200C

See repertorisation (2) on page 83, noting the constitutional symptoms.

The constipation subsequently disappeared and the previously very lengthy periods of sleep became somewhat shorter. The mother said there was now a stool after each feed, although he had to push so hard that there were sometimes streaks of blood present. After switching to a strongly lysed milk product, there was no longer any blood in the stool. The doctor said the boy's heart had a strong pumping action. The stools were green and slimy. He slept with his fists stretched over his head. When he became annoyed, the right hand was red and the left pale. The hiccups after feeding had improved.

Prescription: I decided on *Laurocerasus* 30C to strengthen the heart for the upcoming operation.

Mother's comments after the heart operation: In the pre-operative cardiac catheterization, the foramen ovale still appeared narrow but the blood flow had improved. He often made fists with his hands over his head when asleep. His feet were bluish.

The boy's general development was good – he laughed a lot and had "bloomed" again. The stool was still green but no longer so caustic and foul-smelling. The sweating on the head had ceased. For the next operation, he was given *Arnica* 200C pre-operatively and post-operatively.

Due to the operation (Norwood stage 2: performed as "comprehensive stage II") with the long reduction in body

temperature to protect the heart and brain, he was given *Carbo vegetabilis* 200C.

Prescription: *Carbo vegetabilis* 200C

Worsening after operation: Immediately after the operation, the mother said that saturation was very poor and pulmonary resistance very high. On March 21, 2013 he was very bloated – the operation had knocked him back. The right heart chamber was very thickened and stiff. His face was pale. Due to the shock of the operation and for the heart, he was given *Aconitum* 200C.

See repertorisation (3) on page 83, noting the effects of the operation.

He was given bronchodilator medication, following which he became more rosy. On March 24, 2013, his mother said he was retaining less water. The scar was bluish-black. His fingers were bluish, excretions were good. His hands were also sometimes violet-red.

Prescription: He was given *Lachesis* 30C for the ongoing acute situation.

See repertorisation (4) on page 83, noting the effects of the operation

Complications after cardiac catheterization: the cardiac catheterization was repeated. After a dose of *Lachesis* 30C, his condition seemed to be more stable. The scar was lighter and the body temperature more stable again. The rapid homeopathic dosing was due to the continuing acute state after the operation. Usually, we would wait to see the effects of the remedy. Due to the clear and striking symptoms, the remedies were strongly indicated.

The next day, he was doing noticeably better. Yet, he developed a fever of over 38° C and lymphatic fluid accumulated in the right intercostal space, which had to be drained. The edema was noticeably better, as was the discoloration of the scar. The fever started on the previous day at 14:00. He was given antibiotics. Due to the fact that the fever started in the afternoon and on account of the possible pleural irritation, he was given an acute prescription of *Bryonia*, first 12D, until we could obtain 30C from the pharmacy, which he was given as a single dose. The lymphatic fluid from the pleural drainage was less milky, although it continued to exude. Saturation alternated between 55-70%.

His mother assumed that the catheter in the sternum area had damaged the lymph flow. His fever continued with mildly elevated inflammatory markers. The testes had seemed very small and hard in recent days. The stool smelt of burnt rubber, very foul-smelling. Yet wound healing was good. He vomited

a gall-like discharge and the mother immediately gave him *Ipecacuanha* 6D. The differential diagnosis pointed to Staphysagria due to the possible injury by the catheter of the lymph drainage into the upper vessels.

Prescription: *Lachesis* 30C, one granule; the symptom of the hardened testes was used to exclude other remedies.

See repertorisation (5) on page 83, noting the vomiting and fever.

Beginning of April 2013: the child's pulmonary flow rate was reduced. After renewed catheterization, pulmonary embolism developed, for which he was given anticoagulants. Blood clots had formed around the central venous catheter. The pleural fluid increased greatly. He was very weak and could scarcely suck.

I recommended *Carbo vegetabilis* 200C due to the pulmonary embolism and the child's severe weakness. A lung infection was suspected. On April 7, 2013, he was a little better, although the fever had been reduced with paracetamol. Still, the lips and skin were a floury white color. His blood pressure was very low, also due to the newly administered lisinopril. With *Nux vomica* 6C once a day, the pleural fluid did not change and the heart was stable.

I recommended *Staphysagria* 200C due to the continuing accumulation of pleural lymph fluid: for this chylothorax (chlye leak), he was now taking octreotide. The chylothorax improved substantially. On April 15, he was given *Bryonia* 30C, since it was now clear that he had an additional lung infection.

The lungs improved noticeably, as did the oxygen saturation. The chylothorax had completely gone!

He was given another dose of *Bryonia*, this time 200C, for the ongoing lung infection. At the beginning of May 2013, he had an allergic reaction to an antibiotic, leading to respiratory arrest. He then suffered a cerebral hemorrhage with twitching of the face. In hindsight, there had apparently been slight bleeding two weeks earlier. At that time, he was given two anticoagulants (dalteparin and phenprocoumon). Phenprocoumon was antagonized by vitamin K. The mother had already administered *Arnica* 200C. His tongue and lower lip were quivering. I prescribed *Opium* 200C for the cerebral hemorrhage. The MRI show subdural hematoma / hygroma on both sides, of different ages, with space-occupying aspect right without displacement of the mid-line.

The neurosurgeon wanted to remove the hematoma but the mother refused because she did not want to risk further complications. The child was still vomiting, the pupillary light reflex was delayed, and the skin color better.

I recommended *Belladonna* 200C due to the cerebral hemorrhage and clinical focal seizures.

REPRTORIZATION (1)	Op.	Sulph.	Lach.	Nux-u.	Acon.	Ars.	Lyc.	Verat.	Carb-u.	Dig.	Calc.	Nat-m.	Bell.	Cham.	Phos.	Camph.	Cupr.	Laur.
Total Rubrics	12	10	10	10	8	8	8	8	8	8	7	7	7	7	7	7	7	7
Kingdoms	6	7	6	5	5	5	5	3	3	5	5	4	4	4	4	3	3	3
Rajan's Miasms	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CHEST; ATROPHY, of, Heart (6)	1	1	1									1						
GENERALITIES; CYANOSIS (119)	3	1	3	1	1	2	1	3	3	3	1	1	2	1	1	3	3	3
GENERALITIES; CYANOSIS; infants, in (19)	1	1	3		1	1			2	3	1				2	2		3
EYE; DISCOLORATION; blueness; sclera (6)					1		1										1	
FACE; DISCOLORATION; red; one-sided (56)		1	1	2	2	1	2	1			1	1	1	2	1			
RECTUM; CONSTIPATION; children, in (55)	2	1	1	3	1		1	1			3	2	1	2				
RECTUM; CONSTIPATION; children, in; newborn (6)	3	2		2														
RETRACTION; Testes; children, not descended (2)							1											
RESPIRATION; ACCELERATED (186)	2	3	1	2	3	3	3	2	3	2	1	2	3	2	3	2	3	1

REPRTORIZATION (2)	Calc.	Nux-u.	Sulph.	Rhon.	Lyc.	Phos.	Sep.	Bell.	Sil.
Total Rubrics	12	12	8	8	8	8	8	7	7
Kingdoms	7	6	6	5	5	5	4	5	5
Rajan's Miasms	■	■	■	■	■	■	■	■	■
HEAD; PERSPIRATION, Scalp; eating, while (4)	3	1							1
STOMACH; HICCOUGH; eating; agg.; after (59)	1	2	1	1	1	1	2	1	1
GENERALITIES; CYANOSIS; infants, in (19)	1	1	1	1		2			
FACE; DISCOLORATION; red; one-sided (56)	1	2	1	2	2	1	1	1	
RECTUM; CONSTIPATION; children, in (55)	3	3	1	1	1		2	1	2
RESPIRATION; ACCELERATED (186)	1	2	3	3	3	3	3	3	2
MALE; RETRACTION; Testes (45)	2	2	1		1	1	1	1	1

REPRTORIZATION (3)	Acon.	Nat-m.	Puls.	Nux-u.	Ars.	Lach.	Rur.	Iod.
Total Rubrics	12	9	9	8	9	9	8	8
Kingdoms	6	6	6	5	4	4	4	4
Rajan's Miasms	■	■	■	■	■	■	■	■
CHEST; PALPITATION heart; paroxysmal (21)	2	1	2	2	1	2	2	
CHEST; COMPLAINTS of the; Heart (166)	3	2	3	1	2	3	3	2
CONSTRICTION, tension, tightness; Heart (117)	2	2	1	1	3	2	1	3
MIND; AILMENTS from; shock (32)	3	1	1	2				1
FACE; DISCOLORATION; pale (298)	2	3	2	2	3	2	2	2

REPRTORIZATION (4)	Lach.	Rhus-t.	Phos.	Puls.	Ferr.	Apis	Acon.	Sep.	Cench.	Nit-ac.	Ars.
Total Rubrics	12	11	11	10	8	11	7	7	6	5	7
Kingdoms	7	7	6	6	6	5	5	5	5	4	4
Traditional Miasms	■	■	■	■	■	■	■	■	■	■	■
CHEST; COMPLAINTS of the; Heart (166)	3	1	2	3	1	1	3	2	2	1	2
DISCOLORATION; blue; hand (73)	3	1	1	1		2	1	1			1
DISCOLORATION; redness; hand (76)	1	1	1	1	1	3	1	1	1	1	
FACE; SWELLING; eyes; around (35)	1	3	2	1	2	3	1	1	1	1	2
SKIN; CICATRICES; blue (10)	1	1			1		2	1			
SLEEP; POSITION; back, on (84)	1	3	2	3	2	2	1		1	1	1
SLEEP; POSITION; side, on; impossible (17)	2	1	3	1	1		1				

REPRTORIZATION (5)	Ars.	Carb-u.	Lach.	Nux-u.	Bor.	Mur-ac.	Kali-p.	Merc-c.	Arg-n.
Total Rubrics	12	9	9	8	4	4	7	7	6
Kingdoms	4	4	4	4	4	4	3	3	3
Traditional Miasms	■	■	■	■	■	■	■	■	■
STOMACH; VOMITING; bile (185)	3	1	2	3	1	1	1	3	2
STOOL; ODOR; offensive (179)	3	3	3	2	1	1	3	3	3
STOOL; ODOR; cadaverous (21)	3	3	3		1	1	3	1	
STOOL; MUCCOUS, slimy; brown (10)	3	2		2	1	1			
MALE; HARD; Testes (14)			1	1					1

REPRTORIZATION (6)	Bell.	Ars.	Phos.	Arn.	Iod.	Rhus-t.	Apis	Puls.	Acon.
Total Rubrics	11	12	10	8	6	12	10	9	8
Kingdoms	6	5	5	5	4	4	4	4	4
Rajan's Miasms	■	■	■	■	■	■	■	■	■
FEVER, HEAT; NIGHT (159)	3	2	3	1	1	3	2	3	2
EYE; SWELLING; lids (171)	2	3	2	1	1	3	3	2	2
EYE; SWELLING; lids; edematous (32)	1	3	2	2	2	3	3	1	
FEVER, HEAT; INTENSE heat, 39-40 Celsius (81)	3	3	2	3	1	3	2	3	3
EYE; GLASSY appearance; fever, during (5)	1				1				
EXTREMITIES; COLDNESS; Foot; heat of, face, with (26)	1	1	1	1					1

REPRTORIZATION (7)	Phos.	Lach.	Nux-u.	Crot-h.	Sec.	Sul-ac.	Acon.	Chin.	Ars.
Total Rubrics	8	7	5	4	4	4	4	4	3
Kingdoms	3	4	4	4	4	4	3	3	3
Traditional Miasms	■	■	■	■	■	■	■	■	■
STOMACH; VOMITING; blood, bloody; dark (11)		1	1	1	1	1	1	1	
STOMACH; VOMITING; blood, bloody; dark; black, or (8)		1	1	1	1	1	1	1	
STOMACH; VOMITING; blood, bloody; children, in (5)			1						1
STOMACH; VOMITING; coffee grounds, like (29)	3	1	1	1	1	1			1
CHEST; EMBOLUS (3)	1		1						
GENERALITIES; WOUNDS; bleeding; freely (67)	3	3	2	1	1	1	2	2	1
EXPECTORATION; STRINGY (33)	2	2							

REPRTORIZATION (8)	Phos.	Ars.	Ferr.	Iod.	Acon.	Arg-n.	Hep.	Kali-p.	Sil.
Total Rubrics	13	15	9	7	9	8	8	7	7
Kingdoms	7	6	6	5	5	5	5	5	5
Traditional Miasms	■	■	■	■	■	■	■	■	■
EXPECTORATION; FROTHY (73)	2	3	2	1	2	2	1	1	1
BLOODY, spitting of blood; frothy, foaming (10)	1	1	1			1		1	1
EXPECTORATION; COLOR; yellow (171)	3	2	1	1	3	2	2	3	2
EYE; SWELLING; lids; edematous (32)	2	3	2	2	1		2		1
SEPTICEMIA, blood poisoning, pyemia (117)	2	3	2	1	2	2	1	1	2
ABDOMEN; DROPSY, ascites (120)	2	3	1	1	1	1	2	1	1
SKIN; DISCOLORATION; gray (13)	1			1					

The mother suddenly discharged her son from hospital and went home. Prompt phone call May 12, 2013: the cerebral hemorrhage had occurred earlier with heparin. Otherwise, he is doing relatively well. He is afraid in dark rooms and needs a lot of bodily contact. The chylothorax was gone. I prescribed *Belladonna* 200C, to be dissolved in water and taken over a period of time in small sips.¹⁰

At this time, I had not seen the written report of the MRI. I asked for the MRI images to be sent to me. There was clear subdural bleeding in the left hemisphere, so pronounced as to require neurosurgery in my opinion. In the follow-up MRI on May 17, 2013, the bleeding clearly seemed to be declining so that surgery no longer appeared necessary.

Following the good effects of *Arnica* 200C and *Belladonna* 200C, I gave another single dose of *Arnica* 200C followed by *Belladonna* 200C dissolved in water and taken over a period of time in small sips, to support the healing process.

He was doing very well a month later – his mother said it was “a miracle” that the bleeding had receded. His heart was in good condition. *Laurocerasus* 30C was prescribed to further support the heart.

In July 2013, he was well but the stool was again very hard. His development had slowed somewhat. He was again sweating on the back of the head. He enjoyed human contact. The mother did not want him to resume taking anticoagulants due to the prior cerebral hemorrhage, although the cardiologist recommended this. The MRI checkup on August 13 showed that the bleeding had completely dissolved!

Laurocerasus had done a good job. Due to the developmental delay, the tough stool and the sweating on the back of the head, I now prescribed *Calcium carbonicum* 200C.

On September 6, he developed a fever – cold hands, hot head, and bulging, febrile eyes – that again called for *Belladonna* 200C.

See repertorisation (6) on page 83, noting the acute fever.

On December 9, he was very stable and doing well but the right jugular vein was occluded after the application of the central venous catheter.

Prescription: *Calcium carbonicum* M.

The little boy had an astonishingly stable second year from summer 2014 to the third operation in fall 2015.

Mid-July 2014: repetition of *Calcium carbonicum* M. He is running around and growing well. He had developed venous collaterals in the breast and abdomen. For a long time, I heard nothing more from the boy and his mother.

March 4, 2015: he was still doing well. I now examined the symptoms in more detail. In February 2015, he had an infection and was given *Arsenicum album* 30C by his

mother, and then shortly after 200C, when he was restless, only drinking small sips. Then, his condition deteriorated again and he was given antibiotics. He continued to sleep with his knees touching his elbows. His cheeks were violet and the lips were blue. The cradle cap (infantile eczema) had cleared completely at the beginning of February 2015. He was given 25 mg salicylic acid plus bisoprolol 0.8 mg / day. The mother refused further medication. The oxygen saturation was reduced due to the increased pulmonary resistance. He liked cuddling and was very lively. He favored fatty foods, biting off chunks of butter and cheese, which his grandmother also used to do. Like his mother, he had a lot of earwax. The pediatrician seemed surprised that he his development was so good despite the cardiac defect and the cerebral hemorrhage!

I considered the nosode *Tuberculinum* or – also for the heart defect – *Syphilinum*. I gave him another dose of *Laurocerasus* for the forthcoming operation as well as *Aspidosperma* 2D, one drop per day, to support the lung. This remedy supports the exchange of oxygen in the lungs.

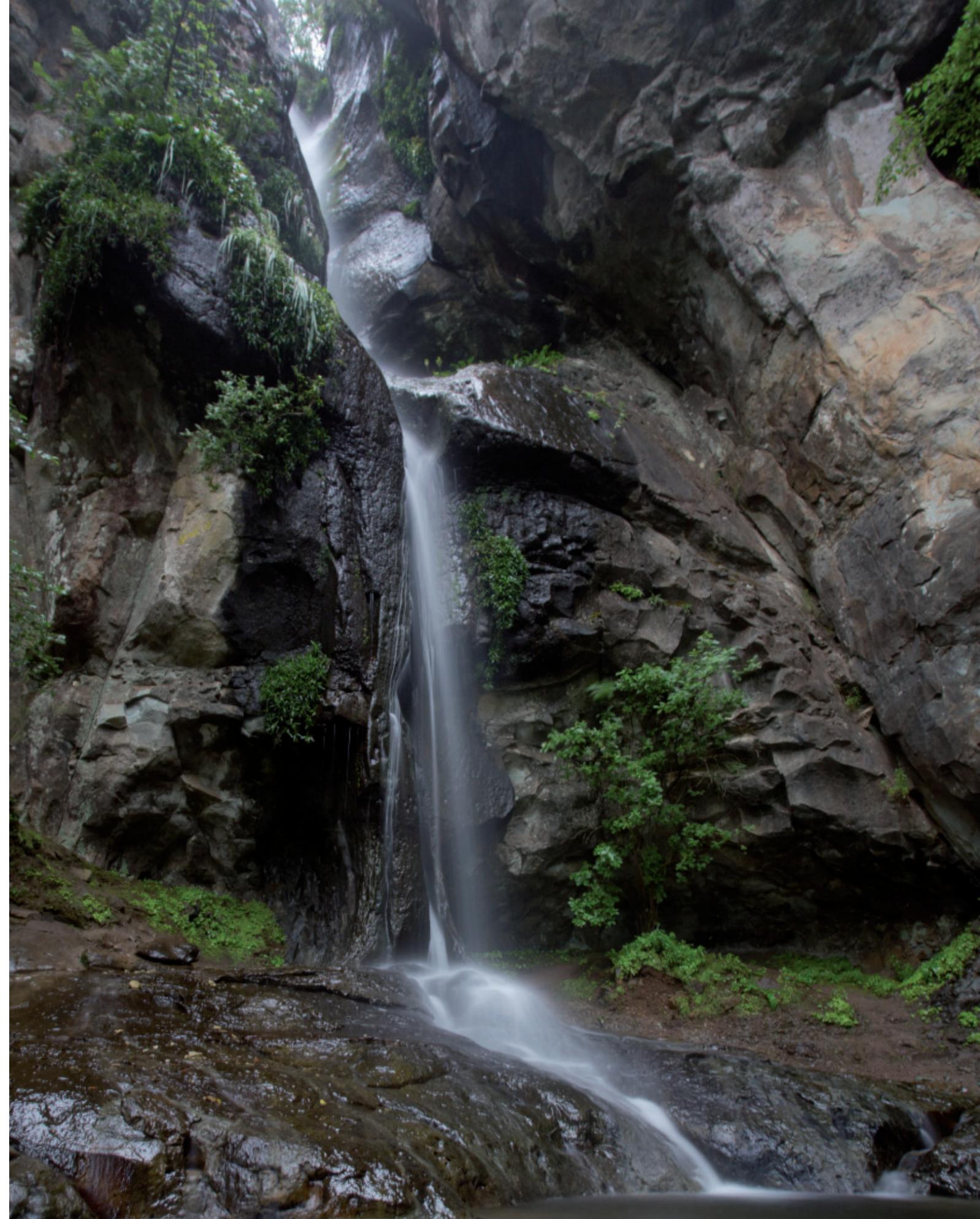
His development was then stable, with very good speech development. He was given another dose of *Laurocerasus* 30C in April 2015. After a severe fall in the same month, he was given *Arnica* 200C, followed by *Belladonna* 200C because he immediately afterwards developed a fever (raised pulse, photosensitivity). There were no indications of injury to the skull. He was given an antibiotic due to the continuing fever, also to avoid heart damage. May 2015: he was still doing very well. I prescribed another dose of *Laurocerasus* 30C.

The cardiac catheterization of July 2015 showed that things were stable. The general picture was very good according to the doctors. The boy's mother thought that the *Aspidosperma* had helped his lungs.

In October 2015, he had a cold with diarrhea, clear nasal mucus and desire for ice-cold drinks. He liked extremely salty and fatty things and wanted ham, indicating *Phosphorus* and *Tuberculinum*, which were not administered since another operation was due shortly.

Hypoplastic left heart syndrome (HLHS) used to be regarded as a very severe congenital heart defect: without treatment it almost invariably led to the death of the newborn child. William Norwood developed an operation named after him in the 1980s. The long-term results of the operation are nowadays generally good.

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Third operation in October 2015, postoperative complications with lung problems and severe bleeding: in October 2015, the heart operation (Norwood stage 3) initially went well but then he vomited a lot of dark blood with lumps of body tissue. His mother administered *Nux vomica* 200C on my instructions. The edema increased and the bleeding into the stomach continued, caused by the collaterals. He was given *Arsenicum album* 30C.

Due to the thromboses in the area of the heart and lung, and the very high pulmonary resistance, he was given extracorporeal membrane oxygenation (ECMO), which reproduces lung function by mechanically oxygenating the patient's blood with an external machine. It was presumed that the thromboses had entered the brain. The cardiologist was surprised at the extent of the thromboses. There had presumably been an episode of cardiac arrest. The pupils were dilated and unresponsive, and the left side of the body was spastic. He was given a large amount of blood and plasma because he was continuing to bleed strongly. His mother said that his blood either coagulated or he bled continuously as soon as it encountered foreign objects. The following day, his mother thought he was dying, even though the pupils were once again reacting.

The anticoagulant medication was again increased due to the thromboses. He was now also bleeding from the chest, mouth, and ears. He had red cheeks on one side. I prescribed a dose of *Arnica* 200C.

The CT on October 21, 2015 indicated no cerebral thrombosis or blood clot. The lung was not good since complete ECMO support was required. For the edema and the single red cheek, his mother gave him *Apis* 30C.

On October 22, he was bleeding again as strongly as before. Sections of the lung were not correctly aerated. There was a fungal infection on his back.

Recommendation: *Lachesis* 200C dissolved in water and taken over a period of time in small sips. *Crotalus horridus* was indicated but was not available locally.

See repertorisation (7) on page 83, noting the continued bleeding.

The skin deteriorated. The pediatric cardiologist said that there was no hope for the lung, although the bleeding had completely stopped. The life-prolonging measures should not continue for more than a few days since further treatment was pointless. Even though the bleeding had ceased after the dose of *Lachesis* and the change in the anticoagulant medication, I prescribed *Crotalus horridus* 200C since the state of the lung after the pronounced thromboses was still poor, and there was also very little time left.

After the dose, the pulmonary aeration unexpectedly improved! The skin fungus on the back also healed unexpectedly well –

there had been bleeding of the skin previously.¹¹ He was now stable without dialysis. The ECMO was reduced by 50%. He was now thought to be suffering from a blood-clotting disorder, since the blood clotted as soon as foreign bodies entered the vascular system, although this could not be confirmed by further lab tests. In the following days, his condition stabilized. The doctors said it was a miracle.

Additional complication from sepsis. Life-prolonging measures due to be terminated: on October 30, there was renewed ceaseless bleeding. Yet, it was not possible to reduce the dose of heparin due to the danger of thrombosis. The heart surgeon was unable to explain the bleeding. There was even blood in the pleural space. The mother again administered one granule of *Crotalus horridus* 200C on my instructions.

The following day, the bleeding had stopped (the dose of heparin had also been reduced slightly). He was given medication to stabilize his circulation.

On November 1, the inflammatory markers increased noticeably. He seemed lifeless and apathetic. Sepsis was thought likely. The mother administered a single dose of *Belladonna* 30C followed by 200C the next day because of the highly acute condition. Due to the sepsis, which might have originated in the lungs, he was given *Bryonia* 30C.

On November 6, his skin was grayish and he was very weak. The bronchial secretion was bloody. Green, foamy gastric juice issued from the stomach tube and there was water in the abdomen. I prescribed *Phosphorus* 30C due to the recurrent bleeding, the bloody bronchial secretion, the sepsis, and the grey skin color.

See repertorisation (8) on page 83, noting the symptoms of sepsis.

The CRP then increased again and thoracic collaterals formed since the blood supply to the lung was insufficient. More blood came from the pharynx. There was no clear improvement. In a few days, it was planned to stop the conventional medical treatment due to the hopelessness of the situation.

Prescription: *Arsenicum album* 30C. During the evening call with the mother, it became clear that the lung was mainly affected by the infection, which is why *Arsenicum* 30C was indicated rather than *Bryonia* 30C.

Expert conference with Alok Pareek: based on what had happened so far, he recommended *Arnica* and to consider repeating *Phosphorus* and, due to the sepsis and bleeding, *Bryonia*, so confirming the previously administered homeopathic remedies. On November 9, *Bryonia* 30C was repeated, followed by *Arnica* 200C after there had been another cardiac catheterization. During bronchoscopy, stringy deposits had

been removed so that the lung was again freer. On November 16, there was another cardiac catheterization: in the left lung area, there was a major infarction. The upper lobes of the lungs were already closed and there was virtually no gaseous exchange. Due to the renewed difficulties, the thromboses and to support the heart, *Lachesis* 200C was given again since it had previously helped.

On November 17, there was another bronchoscopy lasting several hours. The mother gave him *Bryonia* 30C to support lung function.

Further complications and the boy's death: on November 18, the situation was again extremely difficult. The inflammatory markers had risen once more although no infection could be detected. The life-sustaining machine was about to be switched off. Since the underlying cause of any cardiac defect can be assigned to the syphilitic miasm, I prescribed *Syphilinum* 200C.

On November 20, the boy's head was red, the pulse accelerated, and he had fever. The hands were cold. He was given *Belladonna* 200C and then, when the sepsis was confirmed later in the day, *Pyrogenium* 200C.

He remained feverish. Due to the rinsing action of the ECMO, germs had entered his body. He was given dalteparin to dissolve the pulmonary thromboses, even though cerebral hemorrhage had earlier occurred with this treatment, which greatly concerned the mother. The sepsis with fever and the unstable circulation led to a prescription of *Carbo vegetabilis* 200C, which had a positive effect: his circulation seemed more stable.

Nevertheless, there was a turnaround on November 23: his blood pressure became unstable. Antibiotics were again administered. The doctors now had no idea what to do next. The dose of *Pyrogenium* 200C followed by *Carbo vegetabilis* 200C on the next day had no effect. On November 25, he was again given *Carbo vegetabilis* 30C every two hours, then *Carbo vegetabilis* 200C every three hours. More fluid was accumulating in his body. His circulation was very unstable. On November 27, 2015 the ECMO machine was disconnected so that no further germs could enter the body. The boy's lungs were basically unfit to sustain life and he died immediately.

EPICRISIS

The boy died of his severe cardiac defect at the age of three. He had been treated with constitutional homeopathy from the beginning. The progress depicted here shows how complex homeopathic treatment with severe pathology can be. It also demonstrates that a combination of conventional medical treatment with homeopathy is certainly possible. The boy was greatly supported in the first two years of life with *Opium*, *Arnica*, his constitutional remedy *Calcium carbonicum*, and with the heart remedy *Laurocerasus*. Despite his severe

heart defect, he developed very well, to the surprise of his doctors.

The expert conference with the leading homeopathic doctors of the hospital Clinica Santa Croce and Pareek's Homeopathic Hospital in Agra concluded that the "heart remedies" *Lachesis*, *Carbo vegetabilis*, and *Arnica* were very valuable. The Pareek stressed the value of *Laurocerasus* for severe cardiac defects, and this remedy in the potency 30C indeed had an astonishingly positive effect on the boy.

Review: the heart operations were followed by intensive care measures that led to complications: yet, there was elevated pulmonary resistance at an early stage, which considerably complicated later procedures.

In the second major operation, at the beginning of 2013, *Arnica*, *Lachesis*, and *Carbo vegetabilis* were supportive. Then there was a pulmonary embolism, which indicates that there was a blood clotting disorder, which could not be diagnostically determined. It was treated homeopathically with *Lachesis* 30C and *Carbo vegetabilis* 200C, complementary to the intensive care procedures. With the disturbance of the lymph drainage leading to accumulation of lymph fluid in the chest, *Staphysagria* 200C was surprisingly helpful. With the anticoagulant medication, there was a cerebral hemorrhage / subdural hematoma, which completely receded with *Arnica* 200C, *Opium* 200C, and finally *Belladonna* 200C in repeat doses. The recommended neurosurgery was no longer necessary.

Limits of intensive care and of homeopathy: in the period between the operations, the constitutional remedy *Calcium carbonicum* and *Laurocerasus* promoted physical and mental development.

The operations and follow-up operations performed in 2015, including numerous cardiac catheterizations, bronchoscopies, and especially ECMO, ultimately exceeded the limits of the possible, despite the fact that they were performed to the highest professional standards. Serious and ongoing bleeding resulted at an early stage, which could be controlled by optimizing the anticoagulant medication and with complementary treatment using *Lachesis* and especially *Crotalus horridus*, but the pulmonary flow was limited by the pulmonary embolism. Using *Belladonna*, *Bryonia*, and *Pyrogenium* together with repeat doses of *Lachesis* and *Crotalus horridus*, the dangerous sepsis could be partially controlled but the homeopathic remedies had to be administered in very rapid succession. In the Kent-Künzli school, however, long periods of remedy action are thought desirable so that the action of a remedy is allowed to unfold. Due to the urgency of treating the boy as quickly as possible – almost every week the option of terminating the life-sustaining measures was under consideration – it was constantly necessary to react very speedily. Although I presume that the homeopathy together with the intensive care was helpful, the situation

with the lung became uncontrollable at an early stage, so that the boy died.

A very difficult time for mother and child, and for the entire family: for the siblings and the parents, the intensive care of the boy was a massive burden. In addition, there were detailed discussions with me, sometimes several times a day and at the weekend, for a period of seven weeks, involving consultations on remedy selection as well as how best to proceed with forthcoming diagnostic tests and conventional medical procedures.

With hindsight, we can say that the operation in 2013 led to considerable complications: pulmonary embolism, chylothorax, anaphylactic shock with respiratory arrest, and cerebral hemorrhage. Following the cerebral hemorrhage, the mother declined further neurosurgery and discharged the child from hospital, taking him home with her. She had lost confidence in the conventional medical treatment since she noticed at an early stage that there were complications – for example, she requested a different type of anticoagulant treatment, even though the treatment used was indicated from the cardiological point of view.

On the way to the hospital for the final operation, and even as he was being prepared for the operation, the boy repeatedly said he wanted to go home, as if he sensed what would happen

to him. The mother and all the doctors involved, including me, knew that the boy's days were numbered, even though we did everything we could to bring him back to life. His mother could not have known what would happen with the final operation, otherwise she would have at least postponed it to give the boy more time.

“The immortally beloved cannot die,” was how the mother put her feelings into words.¹²

FOODNOTES

¹ Spinedi D: L'Omeopatia in Oncologia. Accompagnamento e cura del paziente oncologico. Milano: Tecniche Nuove; 2011

² Lehrke P: Homöopathische Krebsbehandlung – Basaliom und metastasiertes Melanom. AHZ 2014; 259 (4): 29-36

³ Rostock M et al: Classical homeopathy in the treatment of cancer patients – a prospective observational study of two independent cohorts. BMC Cancer 2011; 11: 19. <http://www.biomedcentral.com/1471-2407/11/19>

⁴ Gaertner K et al: Additive homeopathy in cancer patients: Retrospective survival data from a homeopathic outpatient unit at the Medical University of Vienna. Complement Ther Med 2014, <http://dx.doi.org/10.1016/j.ctim.2013.12.014>

⁵ Wurster J: Die homöopathische Behandlung und Heilung von Krebs und metastasierter Karzinome. Buchendorf: Peter Irl; 2012

⁶ Lehrke P: Homöopathische Krebsbehandlung – Ileus bei Uteruskarzinom mit Peritonealkarzinose und Metastase des Ovars. AHZ 2016; 261 (1): 17-22

⁷ Description of conventional medical aspects, including picture: https://en.wikipedia.org/wiki/Hypoplastic_left_heart_syndrome. Picture: https://en.wikipedia.org/wiki/Hypoplastic_left_heart_syndrome#/media/File:HLhs-web.jpg by Mariana Ruiz LadyofHats [Public domain], via Wikimedia Commons.

⁸ Evidence (accessed Jan 05, 2016): <http://www.kinderherzzentrum-kiel.de/herzfibel1/html/ergebnisse.html>

⁹ Further literature: Connor JA, Thiagarajan R: Hypoplastic left heart syndrome. Orphanet Journal of Rare Diseases 2007; 2: 23. Also: S2k-Leitlinie Hypoplastisches Linksherzsyndrom (HLHS) der Deutschen Gesellschaft für Pädiatrische Kardiologie (DGPK). AWMF online (Stand 2013) <http://www.awmf.org/leitlinien/detail/II/023-030.html>

¹⁰ “dissolved in water and taken over a period of time in small sips”: three granules are dissolved in a glass of water, the mixture is stirred, then 1 teaspoon is taken once a day.

¹¹ The mother mentioned “peeling of the skin,” caused by the fungus, after which healthy skin appeared. She compared it to the way a snake sheds its skin, knowing the remedy I had prescribed.

¹² Adaptation of the quote from Emily Elizabeth Dickinson (1830-1886): “Unable are the loved to die, for love is immortality.”

¹³ Lehrke P: Impfkonzepete in der Homöopathie. Stuttgart: Hippokrates; 1998



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