

# Individualized Homoeopathic Prescription in Pneumonia: Clinical Outcomes

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**Abstract**—Pneumonia is an acute respiratory illness characterized by pulmonary consolidation and systemic symptoms. It remains a major cause of morbidity and mortality worldwide, particularly in children and the elderly. While conventional medicine emphasizes antibiotics and supportive care, homoeopathy offers individualized remedies based on symptom similarity. This article presents a case of pneumonia in a 39-year-old female managed with homoeopathic intervention, highlighting clinical features, investigations, and therapeutic response.

**Index Terms**—Case report, Homoeopathy, Pneumonia

## I. INTRODUCTION

Pneumonia is defined as an acute respiratory illness associated with radiological pulmonary shadowing, which may be segmental, lobar, or multilobar. It is classified as community-acquired, hospital-acquired (nosocomial), or occurring in immunocompromised hosts.

Lobar pneumonia: Homogenous consolidation of one or more lobes, often with pleural inflammation.

Bronchopneumonia: Patchy alveolar consolidation with bronchial inflammation, frequently affecting both lower lobes.

Globally, pneumonia accounts for nearly one-fifth of childhood deaths. Adult mortality varies from <1% in home-managed cases to 5–10% in hospitalized patients, rising to 50% in severe illness. The pathological process evolves through congestion, red and grey hepatisation, and resolution.

Predisposing factors include smoking, alcohol, old age, recent influenza, corticosteroid therapy, and pre-

existing lung disease. Clinical features typically include fever, rigors, cough, headache, malaise, and sputum production.

## II. CASE REPORT

A 39-year-old female presented with:

Symptoms: Fever, malaise, throat irritation, heaviness of head, thirstlessness (1 day duration).

Initial prescription: Pulsatilla 200, repeated as per progress.

Response: No improvement in fever, malaise, or cough. After 1 day, cough worsened with expectoration, heaviness of head and eyelids persisted.

Examination findings:

Temperature: 101.4°F

SPO<sub>2</sub>: 96–97%

Pulse: 100/min

Respiratory rate: 28/min

Severe body ache, cough, pain in right lower back

Chest auscultation: No added sounds at lung bases

Investigations:

Chest X-ray (PA view, Day 4): Small consolidation in right lower lung.

## III. DISCUSSION

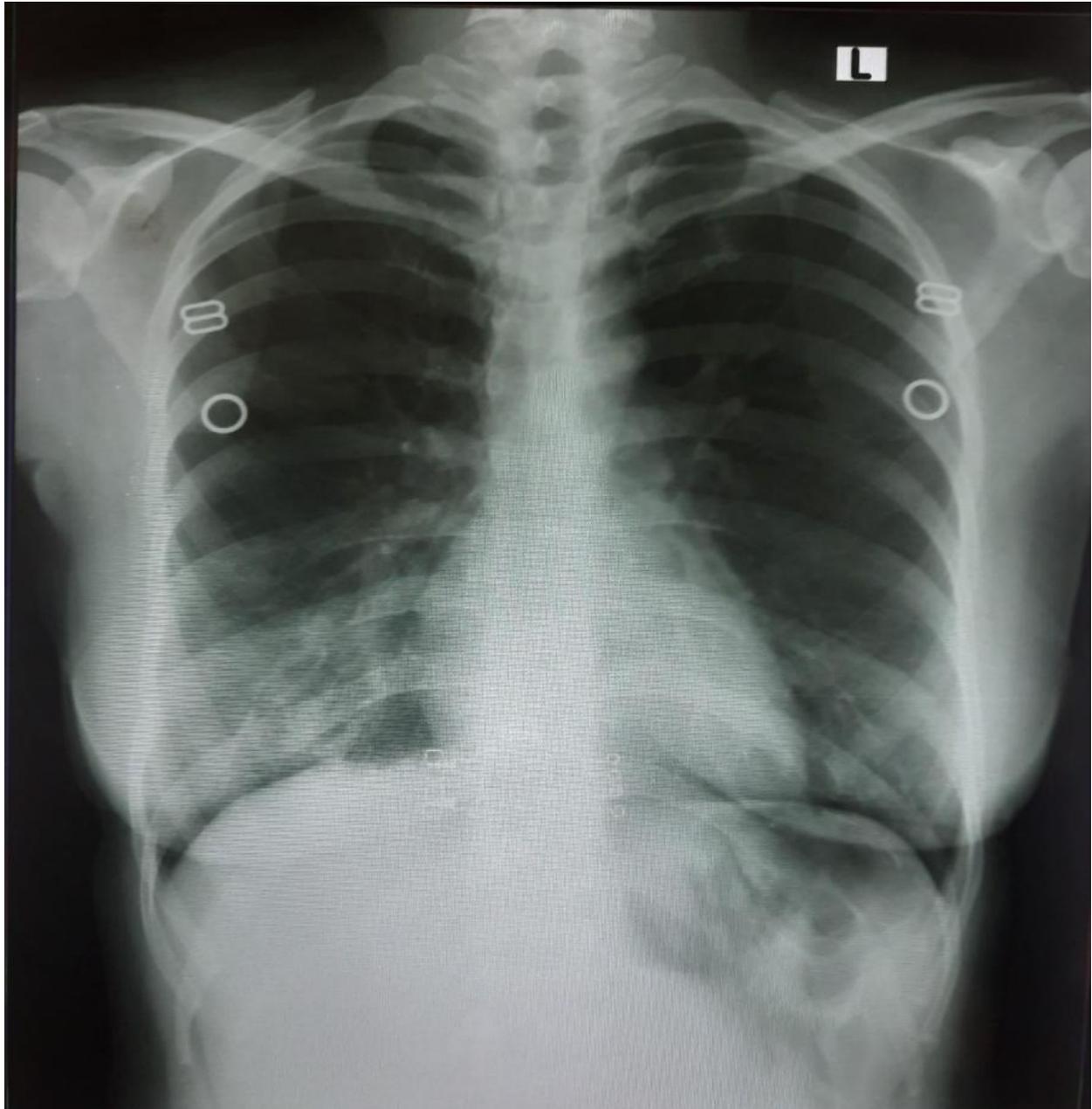
This case demonstrates the clinical presentation of community-acquired pneumonia with radiological confirmation. The initial prescription of Pulsatilla 200

was based on thirstlessness, malaise, and head heaviness. However, progression of symptoms necessitated reevaluation.

Homoeopathic case management emphasizes:  
Individualization of remedy: Matching evolving symptoms with remedy picture.

Observation of response: Lack of improvement after initial prescription requires remedy reassessment.  
Integration with clinical investigations: Radiological consolidation confirmed pneumonia, guiding further management.

The case highlights the importance of dynamic prescription in homoeopathy, where remedies are adapted to the changing symptomatology.



<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> 39YRS/ F	17/Oct/2025
Ref. Doctor :	

**X-RAY CHEST PA VIEW**

**OBSERVATION:**

- The trachea is central.
- The mediastinal and cardiac silhouette are normal.
- Cardiothoracic ratio is normal.
- Cardiophrenic and costophrenic angles are normal.
- Both hila are normal.
- Small consolidation in right lower lobe.
- Bones of the thoracic cage are normal.
- Soft tissues of the chest wall are normal.

**IMPRESSION:**

**Small consolidation in right lower lobe.**



Rx

Gelsemium sempervirens 30 4 hourly

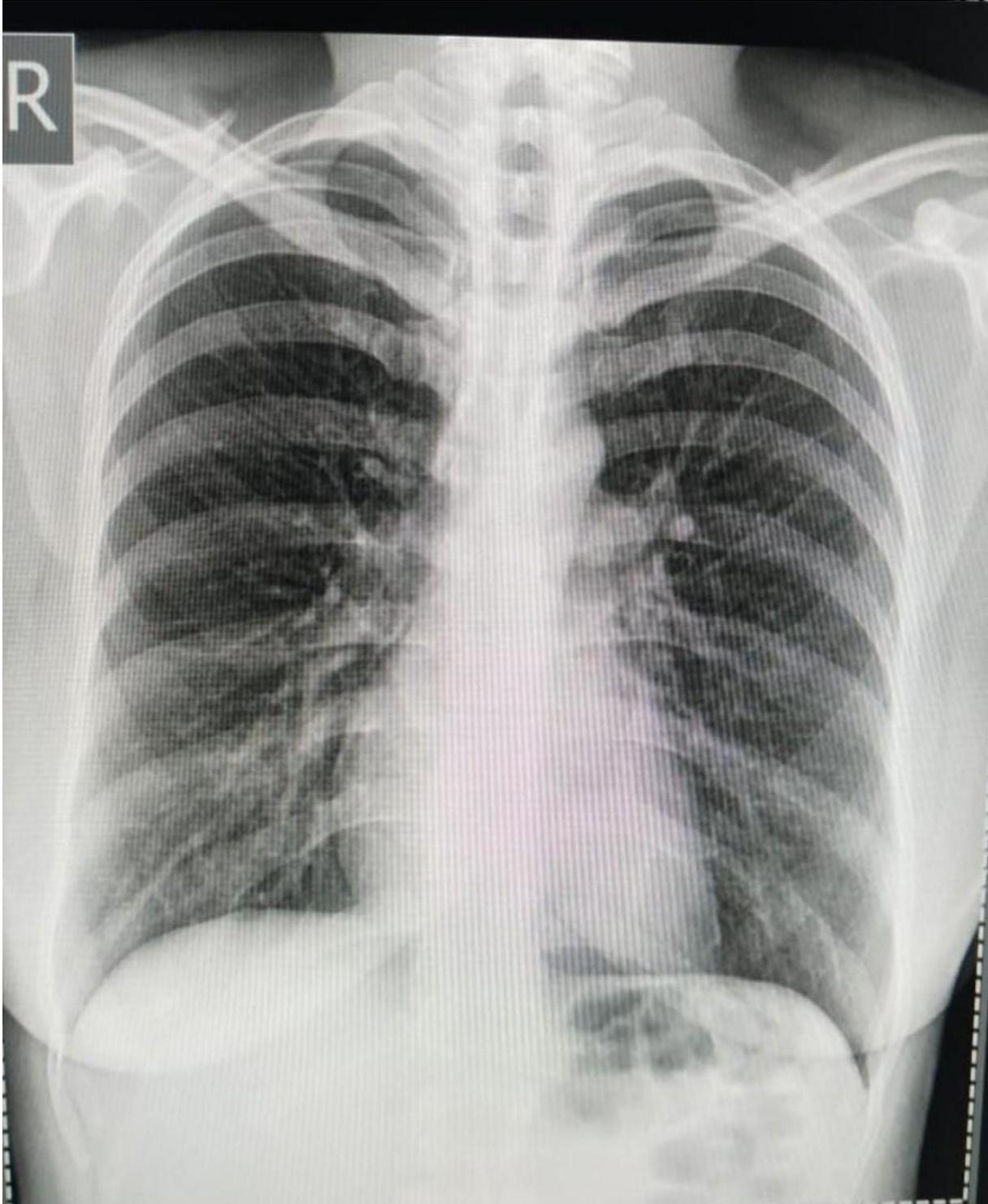
Date	Temp. F	SPO2	RR
17-10-25	101.4	96	28/min
18-10-25	99.4	97	26/min
19-10-25	99.1	97	24/min
20-10-25	98.4	97	22/min
21-10-25	97.2	97	21/min

22-10-25	97	98	20/min
23-10-25	97	98	20/min
24-10-25	96.8	99	18/min
25-10-25	96.8	99	18/min

After a week, chest x-ray was repeated to see the progress.

Intercurrent remedy: Tuberculinum bov. 1m od

Miasm: Tubercular (psoro-syphilitic)



PATIENT NAME : M [REDACTED]	REF. DOCTOR : DR. GURU KIRAN N - CHANDRA	AGE/SEX : 39 Years Female
ACCESSION NO : 5027YJ016994	PATIENT ID : PRAPF2510865027	DRAWN : 25/10/2025 18:31:24
CLIENT PATIENT ID:	ABHA NO :	RECEIVED : 25/10/2025 18:32:30
		REPORTED : 25/10/2025 19:02:41

**RADIOLOGY**

**X-RAY CHEST - PA REPORT**

**FINDINGS & IMPRESSION :**

**Few suspicious air space opacities are noted in right lower zone.**

Rets of the both the lung fields are clear.

Both costo-phrenic angles are clear.

Both the domes of diaphragms are normal.

Cardiac size is within normal limits.

No hilar or perihilar lymphnode enlargement seen.

Mediastinum is normal.

Thoracic cage is normal.

Soft tissues around the chest are normal.

**Suggested : Clinical correlation and CT thorax for further evaluation if clinically indicated.**

\*\*End Of Report\*\*

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Conclusion: Homoeopathic intervention may play a supportive role in managing pneumonia, particularly when remedies are selected according to evolving clinical features. Further systematic studies are warranted to evaluate efficacy and establish evidence-based guidelines for homoeopathic management of pneumonia.

**BIBLIOGRAPHY**

[1] Davidson, S. (2006). Principles and Practice of Medicine (20th ed.). Churchill Livingstone.

[2] Kundu, A. K. (2019). Bedside Clinics in Medicine (5th ed.). Academic Publishers.

[3] Hahnemann, S. (1994). Organon of Medicine (5th & 6th eds.). B. Jain Publishers.

[4] Vijayakar, P. (1999). Theory of Acutes. Mumbai: Clinical Medicine Publications.

[5] Vijayakar, P. (2002). The End of Myasmtion of Miasms. Mumbai: Clinical Medicine Publications.

[6] Dhawale, M. L. (1985). Principles and Practice of Homoeopathy. Bombay: Institute of Clinical Research.

[7] Software: Hompath Zomeo (Version reference as applicable).

[8] Repertories: Kent’s Complete Repertory, Murphy’s Repertory, Fever Repertory, Boericke’s Repertory