

## Some Random Notes on Acute Pulmonary Congestion

Pulmonary congestion is the collection of excessive secretion in the lungs where a person is unable to expectorate and clinically he is breathless, loose rattling cough, high reparatory rate. Occasionally he can also become cyanotic. You may also find this type of problem with the patients having asthmatic bronchitis, bronchial asthma, broncho pneumonia or pneumonitis.

I had some good success with treating the above conditions and I will be discussing few rare remedies with the same.

My first remedy is **Tuberculinum avis**. This medicine is prepared by bird domain, chicken liver which has tuberculosis that has been potentized. The chief indication to identify Tuberculinum avis are the following: excessive **panting** respiration or **rattling** but there is no expectoration. This is exactly like Lobelia inflata, Ant-tart, Digitalis, Ipecac or Senega. There can be cough this is **extremely exhausting**. Person coughs constantly till he gets completely exhausted (Ars-alb, Caust, and Stann).

When you examine the chest you will see severe degree of rales or ronchi and this type picture you will see in remedies like Tuberculinum marmoreck, and Morgan pure.

In Tuberculinum avis I usually look for a past history or family history of tuberculosis or atleast there has to be a history of primary complex in childhood. How do I identify the person in my clinic of Tuberculinum avis? They are extremely restless, which I repeatedly confirm. They usually have problem with the ear either **recurrent otitis media** or **catarrh of the eustachian tube**. The nose is usually obstructed; they may have a polyp inside the nose.

There will be perspiration of the palms and they desire fruits. They may or may not require fan due to acute pulmonary congestion but the characteristic condition is the **rattling respiration without much expectoration**.

Now I would be discussing with you another remedy with the similar conditions that is **Lobelia inflata**. This remedy I have used in my practice so often and finally I was able to confirm some symptoms like excessive **asthmatic breathing**. The type of asthmatic breathing is always characterised by some **stomach disorder** or some type of stomach complaints as you see in Nux-v,

Bry, Ip, and Carb-v. Most of the time this congestion comes after taking a cold like after taking an attack of viral or allergic rhinitis or after exposed to cold air or after **entering in the warm room after cold air**. These are causative factors.

The **more the person eats anything warm the more breathless he becomes**. Along with breathless you will find two things which are very characteristic, the breathlessness is worse in **cold air** or entering in the air conditioning room or just below the fan and **breathlessness is accompanied by cough**. More the breathless more the cough like Cuprum, Drosera, Phosphorus, and Ant-tart. **If the person walks the breathlessness is much better but at the same time exertion makes the breathlessness worse**. So it is very unique to remember that any kind of exertion will aggravate and at the same time if the person walks very rapidly or in normal speed he feels much better. This is exactly like Drosera what you see in your practice.

Sometimes the person can gasp or person can hyperventilate, if he lies down the breathlessness is worse but if he walks he feels much better in his breathlessness. **The type of cough that you usually see is accompanied by eructations or some gastric complaints**. So you have to keep on looking for this concomitant. Also the cough is purely the gastric in origin like Nux-vom or Ipecac. Here also you may find that the cough comes in people who have strong tubercular diathesis or tubercular miasm. This brings Lobelia close to Ars-iod, Corallium rubrum, Drosera, Kali-carb and Nitric-acid.

Now how do you identify a person of Lobelia in general? Lobelia people have following mental attributes like they are fastidious and they have got a strong **fear of any respiratory disease**. They feel one day they are going to die because of the respiratory disease this makes it close to another remedy Lac-caninum which has got a same fear. They are, they are little serious, you do not know see them very extroverted, they may have a gastric or bilious headache which keeps on coming repeatedly. Or may come across in Lobelia that the hearing has been affected due to chronic otitis media or after suppressed eczema. **The paranasal sinuses are tender to touch**, there can be a **bitter taste in the mouth**, there will be a **sensation of lump in the throat** and the eructation are acrid, burning and sour with lot of heartburn. **There can be a severe nausea with perspiration**. Nausea usually comes in the evening or night accompanied by excessive perspiration. Occasionally you may have vomiting while coughing. In the chest you may see the picture of pneumonia or bronchial asthma or bronchitis. The person is extremely chilly, sensitive to cold air, cold bathing. **They love sweets and the warm food aggravates the person**.

Another remedy which I have found extremely useful in my practice is **Senega**. As you know Senega is a remedy which is prepared from a dry root of a plant polygala senega. I have been very fortunate to use this remedy in cases of pneumonia in bronchitis. The characteristic is the person is loaded by **generalized rales** of the chest. Usually I have seen Senega working very well when the stage of Bryonia is over in chest congestion. The Senega person looks **little flushed**, it is not very bright red flushed like Belladonna or Ferrum. They have **very hot sweaty skin**, the face will look little bloated but most important is the complaint of severe oppression of the chest, very often they say **as if there is lot of weight on my chest which is sitting on the chest and I just cannot breath because of the weight or a heavy sensation on my chest**. The impression that the patient will give you that they are tired, exhausted and prostrated and beneath the prostration there is a very strong anxiety. Senega cough is fully troublesome. It is practically **constant, violent and the concomitant is that there is a strong sensitivity of the chest so when you percuss the chest of the Senega patient or when you touch the chest of the Senega patient or if you put your stethoscope on the chest of the Senega patient you will see a lot of hyperesthesia and this hyperesthesia is more on side of the lung that is affected**. Everytime when they cough they become quite hot, face becomes red, head covers with hot sweats. In general the person feels **too hot** and they **want lot of fresh air** and the moment the fresh air comes in contact with their body they start coughing more. I have also seen in Senega that with the cough there is an element of **hoarseness**. There is usually right sided affection of the lungs. The characteristic modality in the respiratory problems is lying; **with most respiratory problems they cannot lie down**. The moment they lie down they feel lot of discomfort like Apis, Lach, Mercury and Tabacum. The cough is worse in open air, it is loose, hacking and irritating type of cough, lying on any side aggravates the cough. Entering a warm room also aggravates the cough so they open the window to have a fresh air but when the fresh air comes in the cough becomes much worse. **The expectoration can be extremely difficult but whenever the person brings out the expectoration it is sticky and ropy but mostly the expectoration comes out to a certain extent and then slips back in the respiratory system like Kali-sulph, Conium and Causticum**.

Thank you.