

Three perspectives on a silent case



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*At each birth, we witness the re-creation of the mystery
of life, in two bodies so fragile. !*

*And we, the midwife, are responsible for a few
days for this power of the future.*

*Gisèle Kiti - midwife-homeopath -
Cotonou - Bénin -*

died at 4-8 -2014

Every two minutes, a woman dies from childbirth or complications related to childbirth somewhere in the world.

Source: W.H.O.



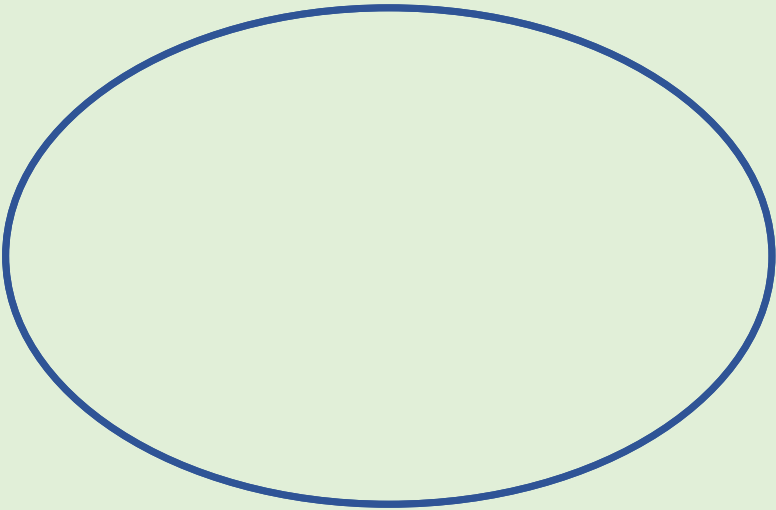
- Primipara Pamela
- Stalled labor + fetal distress = C-section



- C-section → 1°/malaise Aconit 9ch./
 - 2°/ shock -resuscitation

"Every woman wavers when she becomes a mother."

Birth of a boy « delayed »



Apgar : 5/10 at 1 minute
8/10 at 5 minutes

Cast apart

« Every birth is the rebirth of an ancestor »
African Proverb

First consultation

D.2  H:48

- P... is lying on her bed in a comatose state
- Does not speak
- Does not respond to stimulation
- **Pamela is only breath**

Stertorous breathing S.983 : repertorization chosen as eliminative



- Respiration stertoreuse : S.983 ou K.H.947
- OP.,
 - *Ant-t., Apis, Arn., Ars., Camph., Carb-ac., Chin., Gels., Glon., Lach., laur., Lyc., Nit-ac., Nux-m., Nux-v., Puls., Spong., Stram.,*
 - *Absin., Acon., Anac., Bell., Bufo., Cann-l., Carb-an., Cham., Chen-a., Cic., Cocc., Cup., fer-m., Hyos., Kali-bi., Olnd., Petr., Phos., Plb., sabad., stann., Sul-ac., Tab., Ter.*
- Carb.veg then Ant.T 9ch.

Second consultation D. 3 H:60

- “Either Homeopathy or psychiatry” ?

👁 total Indifference

👁 complete Paralysis

- Discontinuation of all allopathic treatment



Repertorization sheet
Of the C.L.H
Kent/Horvilleur



Ailments from... Resuming repertorization

Mind, frightened S.121 K.H.37

ACON., LYC., OP., PHOS., PULS.,
Anac., Apis, Arn., Ars., Bell., Cupr., Gels., Glon., Hyos., Lach., Nux.v,
Cham., Nit.ac., Sabad.,



Female, labor pains weak, S.944 K.H.882

GELS., OP., PULS.,
Bell., Camph., Cham., Nux-m., Nux-v., Sabad.,
Cann-i., Cann-s., Carb-an., Chin., Cocc., Hyos., Lyc., Phos., Sul-ac.



Consultation DR Saint-Didier D.4



- Does not walk



Does not grasp with her hands



Does not speak



Eyes bulging

Swallows nothing, ENT consultation





Does not recognize her baby as her own.



- Breathing still stertorous

Auscultation

 We are looking for the most appropriate symptoms  encompassing the entire case.

Breathing – asphyxia or stertorous breathing? **1/ Stertorous breathing**

For the psyche/mind: **2/Mind , frightened/frayeur**

+ Obstetrical symptoms: **3/ Female genital organs, labor pains, during labor, weak**

Apoplexy, coma, paralysis? **4/ Generalities, paralysis, painless**

We will add a “rare, strange, peculiar” symptom: **5/ Mind, does not recognize his relatives**

		OPIUM	BELL.	HYOSC.	LACH.	PHOS.	STRAM.	GEL.
Keynote Symptom	Respiration Stertorous S. 983 ou K.H.947	3	1	1	2	1	2	2
ailment from...	Mind Frightened S. 121 ou K.H.37	2	3	2	2	2	3	2
	Female,pain, Labor-pains weak S.944 ou K.H.882	3	2	1	-	1	-	3
	Gener., Paralysis, Indolore S. 1661 ou K.H.1671	2	1	2	-	1	1	3
rare, strange, peculiar SYMPTOM	Mind, not Recognize, Does relatives His. S.179 ou K.H.99	2	3	3	2	1	2	-
		12 / 5	10 / 5	9 / 5	6/ 3	6/ 5	8 / 4	10/4

D.4 / D.5



+



+



Double-distilled
water
250CC

10 granules
Opium 30CH.

succussions

1 ts every
4 hours
14h./18h./22h./2H./
6h.

D.4 /D.5

D.5

- 👁 P. walks with small steps
- 👁 Swallows with difficulty
- 👁 Repeats certain phrases softly
- 👁 Asks for hugs
- 👁 “delayed” remains ignored, refuses to breastfeed

Opium 30ch. 1 ts every 4h.



D.6 9 hours

-Still does not recognize her baby as her own

BUT

- walks
- swallows
- repeats our phrases
- asks for hugs

-10H. **Opium 10.000K** some globules

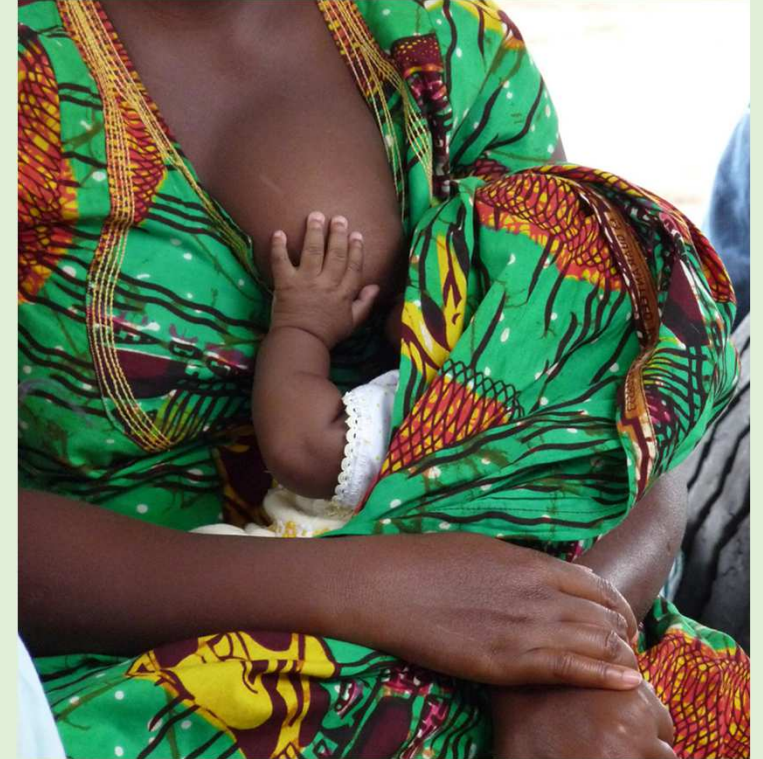
-stop Opium 30ch.

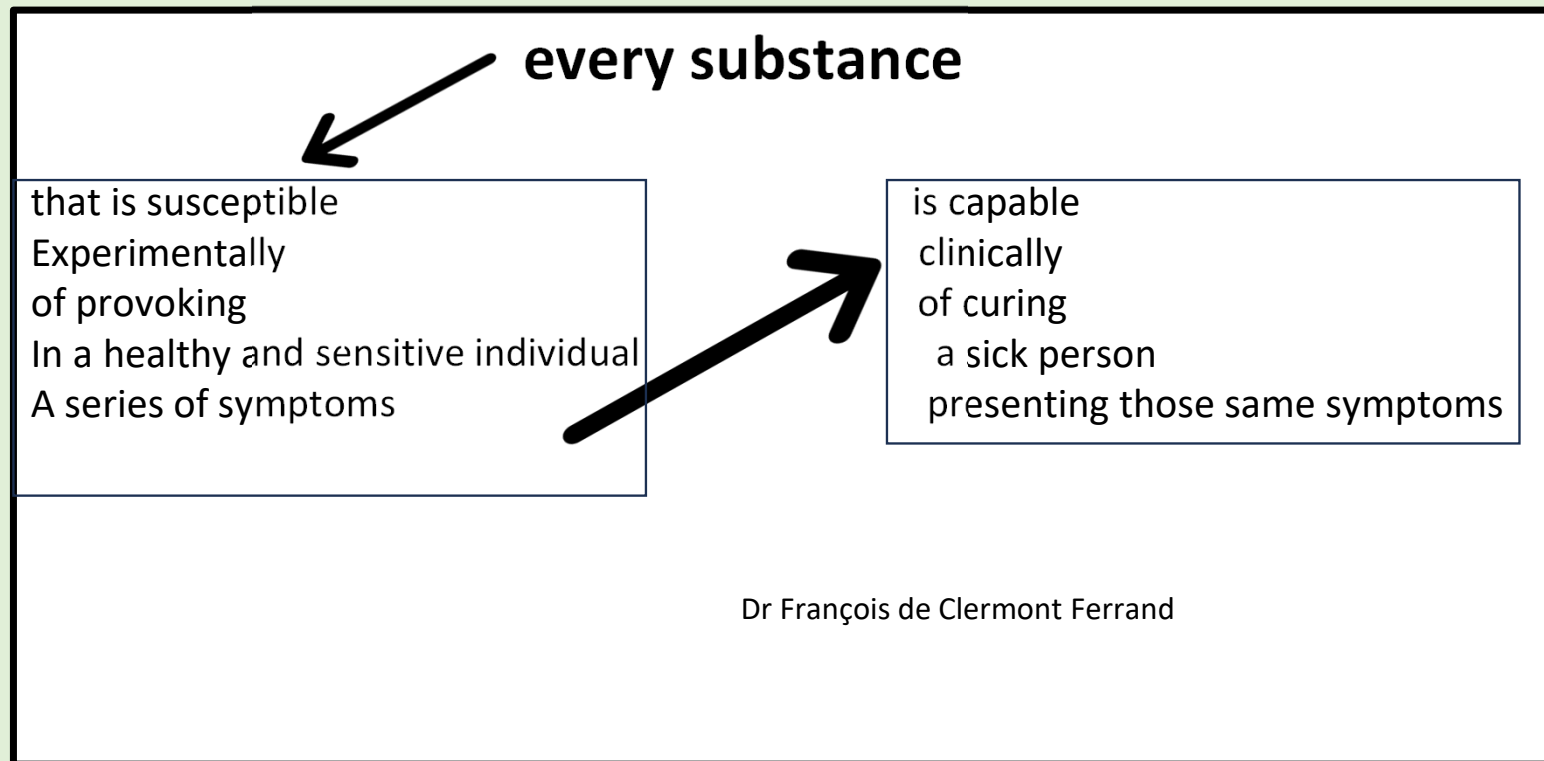
-Baby care

J.9 Departure

- ☎ Pamela speaks, reads, and writes.
- ☎ She breastfeeds and takes care of her baby.
- ☎ She has a heated conversation with the father.

Pamela came back to life ➡ after ➡ taking opium XMK





Il existe bel et bien une relation étroite entre le remède et la symptomatologie du malade.

The remedy must match the symptoms.

The *Papaverum Somniferum* flower



The seeds



doesn't recognize his

own

« Eating the seeds brings sleep » Hildegard de Bigen (1078-1199)

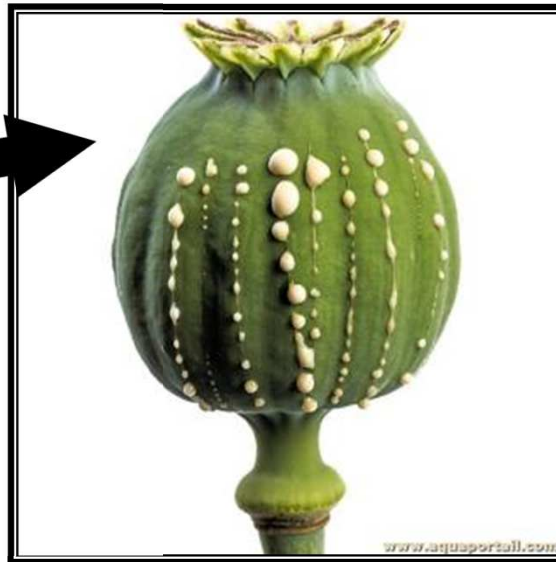


Painless paralysis

Contains morphine,
Thebaine, codeine,
Narcotine,
laudanine,
Papaverine...

The Latex

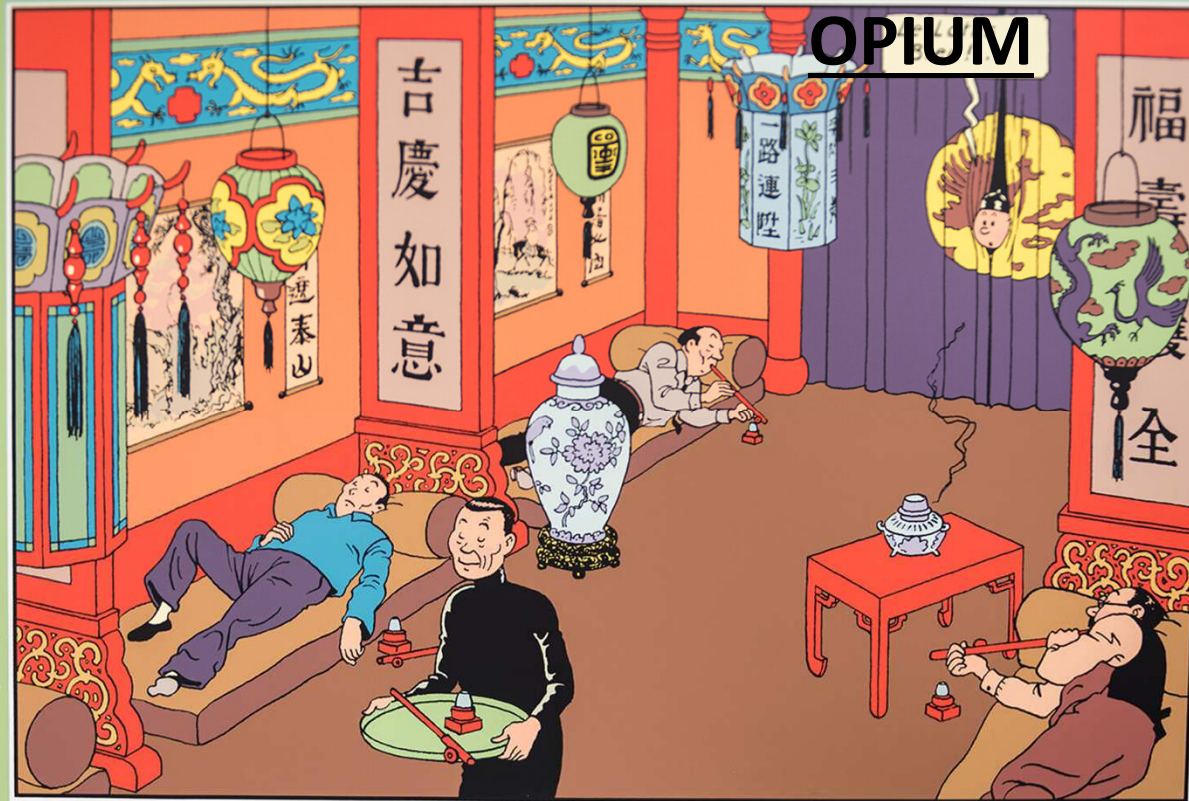
From fright



Stertorous breathing



OPIUM



藍蓮花

«O just, subtle, and powerful opium, you bring a soothing balm to the hearts of both poor and rich, for wounds that will never heal and torments that drive the mind to revolt. ».C.Baudelaire

Version II Three Perspectives for a Silent Case

Slide 1 This case that I am going to present to you took place during a training for midwives in Benin, Africa, which I had been supporting for several years, at the Saint-Jean Medical Center in Cotonou (Benin). **This center included** a medium-sized maternity hospital, with consultations for pregnant women, delivery rooms and recently an operating room for caesarean sections, among others. This center was home to **a poor** and traditional-minded population, based on tribal rules. We will come back to this later.

None of the **three doctors**, obstetrician, anesthesiologist, surgeon, of this center had followed the teaching in homeopathy, but all were benevolent towards its application. They knew the importance of the cost of allopathy and its toxicity for mothers and their babies, on a fragile and destitute population.

The medical equipment was rudimentary but more than enough to give birth serenely because the midwives were well trained. We had **a pharmacy of homeopathic remedies**, which was important especially for emergencies. **Slide2**

At their head is an extraordinary midwife, **Gisèle Kiti**, herself **a homeopath**, trained by HSF-France of which I was a member and an instructor at HSF-Benin. We were a complementary team, although we had a different culture. She taught me to interpret the medical clinic with **a sociological and cultural perspective**, because giving birth connects us to the world in which we practice. **Slide 3 And we both knew "that every two minutes a woman dies, in the world, from childbirth or the consequences of childbirth, in cruel indifference. (Source: W.M.O.)**

This case is therefore an example of rare, interesting and winning teamwork. Slide 4

O.J. On the morning of February 7, 2007, Pamela, a 19-year-old first-time mother, was **caesarean section** for **stopping work**, causing fetal suffering. Very anxious by this unexpected announcement, Pamela first **fainted** in the delivery room. Called in urgently, Gisèle Kiti administered Aconite 9ch. on the notion of death. When she arrives in the operating room, Pamela will have a **second**, more serious malaise, since it will be described to me as a cardiac arrest. Gisèle administered Lauracerasus 7ch to him. **Slide5**

A few moments later, **a boy is born**. Apgar 5/10 at 1 minute, and 8/10 at 5 minutes. The **Apgar score** is a clinical evaluation made to any newborn, at the time of birth and at 5 minutes: this newborn is aspirated, ventilated, oxygenated, then placed in a cradle, I thought under surveillance, very naively. Gisèle tells me that as long as the mother is in danger, you shouldn't take care of the baby, to **avoid "the evil eye"** or "malicious spirits", you have to hide it; the family refuses to give it a name or it will be a false name. The baby will be called "not yet" throughout the hospitalization. Because in Benin, **the outside world is a threat to pregnant women** or women who have just given birth. Being the guardians of the clan's survival, mothers and wives are protected by sacred and supernatural rules and prohibitions that midwives must respect. Let's not forget that Benin is the cradle of "voodoo".

"Not yet" will be sidelined for 36 hours, without food, care or crying on his part.

He will sleep ... I'll have to get angry for not helping someone in danger. After several breastfeedings, the baby will wake up, at the same time as the homeopathic remedy will infiltrate the breast milk.

Slide 6

J.2 Gisèle asks me to see Pamela 48 hours after her caesarean section. Pamela is still in the resuscitation room and a whole medical team is taking care of her: surgeon, anesthesiologist, nurses day and night. Normal constants but his physical condition is very degraded. She is on intensive infusion: profalgan, (antibiotics) ampicillin, gentalline, quinine, syntocinon, (anti-inflammatories) profenid, solumedrol, (psychotropic drugs) largactil, valium, aminophylline: quantity received: 2700cc, diuresis: 2200cc. She is under nasogastric aspiration. It's hard to add anything!

Pamela is lying on a bed, unconscious, she does not answer my calls while seeming to look at me. She doesn't show much when I pinch her arm. The consultation is difficult since Pamela does not speak; his sensations are therefore inaccessible to us, as well as his habitual behavior; we shall have to guess them by observation.

What strikes me, first of all, is her stertorous breathing, she breathes with a loud noise, like a snoring, with difficulty and cluttering. **In fact, it is only breathing.**

This will therefore be our first symptom in our choices for a listing, hoping to achieve an effective remedy. We are used to listing with Horvilleur's homeopathic dictionary, under the abbreviation K.H. because it is in French and lighter to carry than synthesis (S). We will then transcribe our grid with the synthesizer. No computer, of course!

To relieve her, we give her 3 granules of Carbo-Veg 9ch. as a first line. Three hours later, after noticing that Carbo-veg did not fit into the list, stertoreuse K.H.947, which we considered eliminatory, we preferred to give Ant.T. 9ch.

Pamela doesn't react.

The following night Pamela is agitated and given the disordered movements, the night nurses give her a dose of valium/largactil. This will not improve our follow-up.

J.3 ,Slide 6 This morning, we meet the medical team, for the first time, they are very worried about Pamela's condition. The anaesthetist tells us "it's homeopathy or psychiatry"! With their permission, we choose homeopathy.

It's 2 p.m.: Pamela is still in bed. We introduce her to her baby, telling her that it was born by caesarean section. Pamela shakes her head and falls into a deep sleep with her stertorous breathing still in her mouth. (rales and phlegm ++)

No gas reported, has received nothing as food, has not been lifted because "negative leg reflexes" I am told, she is still on a drip. His general condition has deteriorated further. We must act...

1°/ We ask for the cessation of all infusions and medications. We have to give her something to drink and mobilize. The nasogastric tube is removed.

2°/ Faced with the difficulty of the case and especially the difficulty of establishing a more precise diagnosis, our skills being limited and Pamela without words, we learn that Dr . Saint-Didier, a general practitioner and homeopath in France, is passing through Cotonou for a working session. Knowing her kindness and competence, I ask her if possible for a consultation with Pamela. She agrees to come to the Centre Saint-Jean. This will be the 3rd look announced in our title "3 looks for a silent case"! slide8

3° Gisèle and I began a list by going through her pregnancy file (4 consultations) which gave us no valid evidence except a spontaneous miscarriage in her history.

Why did Pamela faint? Certainly a **great fright or fear** at the announcement of a caesarean section. Gisèle explains to me that the caesarean section is referred to as a "knife on the stomach" in Benin. You will understand later how much this expression resembles our remedy! Beninese women are proud of their motherhood and natural childbirth. One of the great curses for them is sterility leading to repudiation and I can assure you a lot of suffering. The successful life for any woman is the one that is perpetuated through numerous posterities, a sign of prestige and authority. "Man moves, evolves, realizes himself within the group... and the group is the reality, the sovereign good, the refuge, the citadel, without which the individual would be in danger (Seydou Badian Kouyaté, Malian, doctor and poet, minister too). More than the fear of death, Gisèle thinks that Pamela was **afraid of not being able to become a mother**, of not ensuring the transmission of her ancestors. "Every birth is the rebirth of an ancestor" according to African oral tradition. Being a mother, being a father is a cultural fact. We haven't met the dad yet.

We choose as a mental symptom "**fear sequence**" **K.H.37**, including a notion of anticipation. This gives after the elimination of the remedies not found in our 1st symptom retained, the following remedies:

A second clue seems important to us, it is written on Pamela's delivery sheet "stagnation of labor". This lack of uterine contractions led to the announcement of a caesarean section, thus deciding how Pamela would become a "mother". "When a pregnancy ends, a life begins" African proverb.

For us, this is a symptom specific to pregnant women. This will be our 3rd element of our listing.

J.4 consultation with Doctor Saint-Didier. Slide 9

"Her breathing seems to be improving, BUT -Pamela still doesn't walk, she's lying on her bed, right leg tucked under her, she can't stand on her legs. In order to be able to examine her properly, I ask the two midwives to hold Pamela seated: gurgling breathing in the ear, in the stethoscope no rattle, the stertorous noise comes from the larynx. I ask him to shake my hand, nothing to do but identical on both sides. Pamela stares at me with a frightened look, she doesn't answer what I ask her, Gas and stool have appeared. Pamela doesn't swallow anything. The transfer to the ward is requested so that her mother can surround her and help us, because consultations are difficult since Pamela still doesn't speak, she still ignores her baby.

We share our choices and try to confront them. **Slide 10**

To escape her enormous anguish, did Pamela enter this "paralyzing fright"? After checking in Masson's medical dictionary, we retain as the 4th element

General, paralysis, painless which best fits Pamela's situation. Which gives the attached table: **slide 11**

We don't have a computer of course. We transcribe on sheets of the CLH. The choice for Opium quickly emerged. Doctor Saint-Didier sent for Opium 30ch. while telling us "I have to see if I have Opium 10,000 Korsakovienne in my personal stocks.

Slide 12/10 30hp opium globules have been dissolved in 250cc. Water (bottle of mineral water). We shake it with force, before each intervention, we put 1 tac in Pamela's mouth, it will be given to her 4 times today. Then her mother was told how to repeat or stop taking it, Pamela had no reaction. The family is very present in all the care. This is how Africa is practiced.**Slide.13**

J.5 10 hours later, Pamela walks with small steps, swallows with difficulty but swallows, repeats certain sentences in a whisper. Her baby is with her, but she doesn't take care of him at all. She

forget him, he is not part of his world. Gisèle and I were sorry because one of the roles of midwives is to put the mother and her newborn in touch.

We add to our listing, this rare strange and curious symptom: Does not recognize one's own.

Opium still appears in pole position.

Pamela is sitting, when I ask her who the baby's mother is, she points to the nurse who takes care of it. His milk flows spontaneously, "not yet" greedily headed, he seems to be waking up. His breathing is still jerky, an ENT consultation does not seem to detect any pharynx/laryngeal abnormality.

The 30ch. opium intake is given every 3 hours today. **Slide 14**

J.6 Pamela's condition is slowly and too slowly improving, so this morning we gave her some 10000k globules from Schmitt and Nagel, received last night. We will not prescribe any more remedy, for fear of disorganizing the vital energy again.

In the evening, Doctor Saint-Didier and I fly back to Paris. We say goodbye to Pamela, she repeats very distinctly "goodbye Sylvie", she walks, she swallows but shows no interest in "not yet". Perhaps it does not yet have the strength. I explain to her that she is the mother, she puts her head on my shoulder to be cuddled. **Slide 15**

J.8 Gisèle Kiti, whom I have on the phone, reassures me that the evolution is satisfactory on all levels. Pamela speaks, reads, writes, breastfeeding has been set up serenely, Pamela takes care of "not yet". It is decided that Pamela will return home. Before leaving, her bandage is made, Pamela asks to call her husband, Gisèle gives him the phone and witnesses a stormy conversation with the husband, invisible until today. Gisèle is enthusiastic, "Pamela has come back to life!"

Following the opium 10000K intake.

After the coma of the first days, the excitement, the just consequence of the pathogenesis of Opium.

Following the intake of opium 10,000K, I would like to highlight some characteristics of the Korsakovians:

The Hahnemanian dilutions are not mounted, in our case beyond the 30hp. If the action of the 30hp is exhausted and if there are still symptoms to be treated, while there has been improvement for some symptoms, which was the case with Pamela, we must increase the dilution and we must then move on to the Korsakovians.

It is the method of preparation between a Hahnemanian and a Korsakovian that is different. To put it simply, the korsakovian ones are made from a single bottle while it has to be changed at each dilution for the hahnemanians. Each korsakovian is thus a mixture of the previous dilutions and "keeps the memory".

This method allows for **higher dilutions**, and increases the scope of action of the chosen drug. The dynamization is also superior; A 30 hp has suffered some 3,000 jolts or succussions while a Korsakovian in 10,000K. suffered ten million. Dynamization **is a fundamental element** in the activity of the homeopathic medicine. These characteristics make the Korsakovian dilution much more "energetic" than the Hahnemanian dilution. These clarifications are from Dr. Fr. Saint-Didier (email of April 8, 2025)

+We know that the remedy chosen must follow the symptoms presented by the patient.

There is indeed a close relationship between the remedy and the patient's symptomatology. Dr. Marc Brunson of the CLH has undertaken an in-depth study of the strain of the remedy and the way in which the patient presents his disease to us.



Opium comes from a flower, *Papaverum Somniferum*, or Poppy. It is a herbaceous plant, with large flowers, **solitary**. Corollas come in many colours, but **white** ones are preferred for making opium.

-They were once and for a long time considered a magical plant associated with black magic. His history with humans is complex .

In the thirteenth century, St. Hildegard indicated in her writings that "eating the seed **brings sleep**." Because it is indeed the seed of the poppy that oozes through the fruit, before ripening, which gives the latex.

It was not until the nineteenth century that opium and not the poppy itself was considered as a narcotic in the West.



At the heart of the flower is the fruit: a narrowly cylindrical capsule, containing seeds The seeds are rich in **vitamin B and calcium, they also contain lecithin, proteins and more than 50% of a fatty oil, **carnation oil**.**

And above all, the seeds contain a large number of alkaloids that are divided into several groups according to the structure of their nucleus: morphine, codeine, thebaine. Papaverine, laudanine, narcotine...

The latex necessary for the manufacture of opium is collected, by letting it flow along incisions made in the capsules of the fruits of the plant. **It is scraped with a knife. It is from the dried latex that the mother tincture of opium is prepared.** This dark paste with a heady smell is taken with a needle and heated, a little smoke escapes. The opium user who inhales it 3 or 4 times, becomes intoxicated with the opium substance (pathogenesis). **The effect is rapid, which forces him to lie down, the inhalation of the smoke allows a rapid transport to the brain via the nose and to the lungs. This is why one of the first symptoms is a decrease in respiratory amplitude (first element of our listing: stertorous breathing).** We know that the sense of smell (especially that of animals) is in direct contact with one of our three **brains, the reptilian**, the seat of our primitive behaviors, eating, (P. swallowing nothing), sleeping (comatose state), reproducing ourselves even our most violent impulses, this is the brain of survival. This brain has difficulty recording long-term memory. Memory is extinguished, opium is defined as the drug of forgetting. (does not recognize his own)

Opium acts on the central nervous system, the pain perception centers (P feels nothing, painless: painless paralysis) and the respiratory center. In small doses, opium induces euphoria, psychic excitement with incoordination of ideas, by increasing the doses, one obtains drowsiness and a hypnotic and dreamlike state. Many writers, thinkers and artists have sought these psychic effects such as Baudelaire, Cocteau...

"I don't paint what my eyes see, I paint what my mind sees, what my soul sees." Francis Picabia



These are parallel worlds.

We find the famous definition of pathogenesis: any substance....

Opium **creates a paralysis often induced by fear**, as if he did not have the means to express it, to metabolize it in his mind and nervous system, as if it referred to the fundamental fear, **the fear of death** or why not, wondered Dr. Jacques Lamothe, a homeopathic pediatrician, the **fear of life**, when life is suffering, it becomes unbearable. As if there was a lack of a basic defense mechanism against this anxiety...

What Charles Baudelaire expressed in chosen terms:

"O just, subtle, and mighty opium! You who in the heart of the poor as well as the rich, for the wounds that will never heal and for the anguish that induces the spirit into rebellion, bring a softening balm." C.Baudelaire