

The materia medica of *Carboneum oxygenisatum* and the similarities of the pathology of Covid and carbon monoxide poisoning

Carboneum oxygenisatum (Carbn-o) (carbon monoxide)

E. Farrington: "A wide field for study, and once scarcely yet trodden by the therapist, is that which gives us substances capable of causing and curing asphyxia.

Carboneum oxygenisatum, as a remedy serviceable in asphyxia arising from pulmonary affections, it would seem to stand between *Carbo vegetabilis* and *Opium* having the hyperemia of the latter with the coldness of the former. Cases of poisoning with the gas have developed pleurisy, bronchitis, emphysema, with bloody sputum, weakened vesicular murmur, and pneumonia. Its subjective symptoms are: "Anxiety in the chest or feeling of a heavy load on the chest, etc." There are also recorded, rattling of mucus in the air-passages, bloody mucus raised from the bronchi, heat in chest, and abdomen, extremities cold.

Want of oxygen in animal tissue invariably leads to a general disturbance, the central phenomena of which appear in respiratory and cardiac symptoms. The blood in the capillaries is retarded in its flow, and at length fails utterly to pass into the veins. Then the heart, which at first worked harder to overcome the resistance, beats more and more quickly, but at the same time more and more feebly, until it finally becomes paralyzed. Such a calamity follows first, because the heart muscle is exhausted by its undue efforts, and secondly, because its blood, deprived of oxygen, fails to impart its essential stimulus.

The symptoms which more or less characterize asphyxia are: "Pectoral anxiety, dyspnea, rapid feeble pulse, surface coldness, restlessness or stupor, with cold blue skin."

The patient soon feels stupid, confused or acts like one drunk. Respiration becomes stertorous and slow; the breath becomes cool, and complete unconsciousness.

The temperature falls perceptibly.

Carbon monoxide is much more poisonous, producing death, not only by suffocation, by displacing the needed oxygen, but by another remarkable peculiarity. It has the property of displacing oxygen from the blood and taking its place there. You know that oxygen is carried along in the blood by the red corpuscles. Carbonic oxide has the power of supplanting the oxygen in these structures. For a time, it seems to act like oxygen, but soon its poisonous properties are manifested with all the inevitable results of asphyxia.

E. Farrington

Prickling in the mucous membrane of the nose, sneezing, and profuse secretion of mucus.

There was a short dry cough.

Short cough when moving.

Respiration was very much oppressed, with very great desire to lie down.

Weak, could not get up.

Respiration 26; on deep inspiration stitches in the lower portion of the right half of the chest.

Dullness in the lower portion of the right side of the chest; respiratory murmur impaired, with fine rales; through the other portions of the lungs were coarse rales with increased respiratory murmur.

Respiration irregular and superficial.

Breathing labored, blowing, and irregular.

Respiration rapid and sonorous, resembling a groan more than snoring.

Respiration inaudible at a short distance, extremely short and suffocative, with intervals of suspension.

Asphyxia and an increase of the pulse from 73 to 137

Found in a comatose condition; afterward pleuro-pneumonia of long duration.

Stertorous respiration, pneumonia on the right side.

Dryness and scraping in the throat, causing cough.

Rattling of mucus in air-passages.

Bloody mucus is raised from the bronchi.

Respiration audible, almost rattling, slow, stertorous.

Respiration rattling.

Respiration rattling, now and then intermitting.

Stertorous breathing.

Respiration is for a long time quiet, but afterwards it becomes accelerated, frequently with extraordinary energy and rapidity; expiration is quick, inspiration deep, rattling; latter there occur periods of complete intermission, followed by four or five inspirations.

Respiration very soon becomes slow and stertorous, breathing now rapidly, now slowly.

Respiration 24 (after one hour).

Respiration 20 to the minute.

Respiration short and rapid.

Expiration greater than inspiration.**Respiration oppressed.****Respiration difficult and interrupted.****Respiration very labored.****Somewhat impeded respiration.****Sense of suffocation.****Sense of a burden on the chest.****On breathing, feeling as if a heavy load on chest.****Short cough, oppression, dyspnea.****Dull sense of smell and taste.****Great sleepiness for several days.****Never slept so long before.**

Temperarute: subnormal 34.6 to 38 [39].

At night, in bed, burning heat all over, without thirst; despite this heat and fever, slept lightly until one AM, after which increase of heat, with thirst and dry mouth; the thirst was satisfied by drinking only a little; the heat, as well as the thirst and fever, now gradually diminished, and the bed, which had hitherto been too warm, was now too cold, so that he had to have more covering; sleep returned[37].

Marked relief, especially to heaviness on chest in fresh air.

Patient depressed and stupid.

Apathetic.

With the lassitude, an unusual apathy, and indisposition for any muscular exertion.

Mental inactivity.

Mind sluggish.

Felt in a very confused and stupid state.

Confusion and stupefaction of the senses and intellectual faculties, amounting at last to complete unconsciousness.

Answers only with difficulty.

Stupor and imbecility.

Consciousness disappears

Complete loss of consciousness.

Comatose.

Could not be aroused.

Looks anxious.

Face pale.

Pale face, warm to the touch.

Very pale face, continued for several days.

Extremities quite cold.

Pulse varying in force and frequency, at times almost imperceptible, the number ranging at different times from 80 to 120.

He appeared like one whose functions and powers of the system were almost extinguished.

No motion of any muscles except those concerned in respiration, which was chiefly diaphragmatic.

His appearance was that of a calm and tranquil sleep; countenance was of a pale leaden aspect.

Extraordinary weakness.

General debility and malaise.

Case Management of the Influenza and Pneumonia Patient
with Homeopathy During the COVID-19 Pandemic

André Saine, N.D.

American Institute of Homeopathy Webinar—April 4, 2020

Felt his strength fail him.

Every voluntary moment, even speaking, difficult.

Rising and walking seemed a most tremendous exertion.

In morning could not rise up.

Prostration.

Great prostration.

Complete prostration.

Inclination to faint.

Sensibility of sight, hearing, smell, and taste also greatly lessened.

Body all sore.

Whole body sore to touch.

Soreness of all the muscles, as after excessive fatigue.

Dryness of the throat.

The sore throat continues, and extends to the right ear.

No inclination to eat.

Anorexia

Nausea and vomiting.

Loss of consciousness for a long time. Allen

Similarities between Covid and carbon monoxide poisoning (CMP) pathology

“The signs and symptoms of nonlethal carbon monoxide exposure may mimic those of a nonspecific viral illness. Since viral illnesses and carbon monoxide exposure both peak during the winter, a substantial number of initial misdiagnoses may occur.”ⁱ

Flu-like illness is the most common misdiagnosis.ⁱⁱ

Radiographic changes of the lungs in patients with CMP: Roentgenologic abnormalities were observed in 18 cases. “The ground-glass appearance was the most common finding, usually representing the initial manifestation of acute carbon monoxide poisoning. This was observed in 11 cases: 6 cases as the only manifestation.

“The ground-glass appearance was the most common roentgen finding of acute carbon monoxide poisoning, usually representing the initial chest manifestation. This lesion

presents as a soft, veil-like, homogeneous density occurring predominantly in the peripheral portions of the lung.

“Accordingly, the ground-glass appearance in acute carbon monoxide poisoning may be considered parenchymal interstitial edema caused by tissue hypoxia and/or the toxic effect of carbon monoxide on alveolar membranes.”ⁱⁱⁱ

“The pulmonary edema of carbon monoxide poisoning may develop from one of several pathophysiologic mechanisms. The effect of prolonged hypoxia plus the toxic action of carbon monoxide itself affects capillary permeability and gives rise to pulmonary edema.”^{iv}

“Pulmonary changes in acute carbon monoxide poisoning might be compared to a mirror image of tissue damage reflected on the lung fields. These changes suggest tissue edema or hypoxia on one hand and interfere with arterialization of the blood in the lungs on the other, resulting in a further marked degree of tissue hypoxia.”^v

Pulse is rapid, about 120 per minute, respirations, intermittent with occasional periods of apnea; and temperature, 97.3. ... Decreased breath sounds and scattered ronchi were heard bilaterally.^{vi}

Generalized scattered rales are found in both lungs in both Covid and CMP patients.^{vii}

Intra-alveolar edema was demonstrated in 3 cases with CMP.

“The gross pathologic changes of the lung in 351 fatal cases reported by Finck in 1966 were congestion and/or edema in 66 per cent and hemorrhage in 7 per cent of the cases.

“The pulmonary changes in acute carbon monoxide poisoning are attributed primarily to prolonged hypoxia and the toxic action of carbon monoxide itself on the alveolar membranes. These factors affect capillary permeability and cause pulmonary edema.”^{viii}

On gross examination in both Covid and CMP poisoning, the lungs are **edematous and vivid-red** (described as carmine red^{ix} for CMP) with the absence of mucous secretion or hemorrhage.^x

In CMP elevation of the right hemidiaphragm was found 7 patients (which was thought to be due to lung fibrosis).

Both Covid and CMP patients present with tachycardia and **tachypnea**.^{xi}

“Unconsciousness occurs at about 60% saturation and death occurs at 60-80% saturation.”^{xii}

Both Covid and CMP patients have significant **metabolic acidosis, LDH and elevated AST**.^{xiii,xiv,xv}

Hyperbaric chamber therapy that is found beneficial in CMP patients could potentially be found useful in Covid patients with ARDS.

Here is our first case in which Carboneum oxygenisatum was prescribed:

Fred Rérolle wrote on April 10 from Lyon, France: “I can confirm that the severe forms of covid-19 that I have unfortunately had in older people have presented a picture very similar to the MM of Carboneum oxygenisatum.

“It is still too early, but I am happy to be able to give you the beginnings of the first results on a patient who has been seriously affected since at least March 23 and who was managed to stay alive but without stable results, forcing us to switch from one remedy to another with a saturation which remained low between 83-(87% under Carb-v.) under O2, an oscillating fever and severe breathing difficulties.

“Under Carboneum oxygenisatum 200 and then 1M since the evening of April 8: the saturation rose quickly to 90, 93% and remains stable, no fever and very good clinical improvement on auscultation. The whole team finds him transformed, rejuvenated! To be followed but after many failures and deaths I regain hope.”

References

ⁱ Ernst, Armin, and Joseph D. Zibrak. "Carbon monoxide poisoning." *New England journal of medicine* 339.22 (1998): 1603-1608.

ⁱⁱ Dolan, Michael C. "Carbon monoxide poisoning." *CMAJ: Canadian Medical Association Journal* 133.5 (1985): 392.

-
- iii SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.
- iv Mofenson, Howard C., Thomas R. Caraccio, and Gerald M. Brody. "Carbon monoxide poisoning." *The American journal of emergency medicine* 2.3 (1984): 254-261.
- v SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.
- vi Mofenson, Howard C., Thomas R. Caraccio, and Gerald M. Brody. "Carbon monoxide poisoning." *The American journal of emergency medicine* 2.3 (1984): 254-261.
- vii Naeije, Robert, A. Peretz, and Arnaud Cornil. "Acute pulmonary edema following carbon monoxide poisoning." *Intensive care medicine* 6.3 (1980): 189-191.
- viii SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.
- ix Touati Khaled. Intoxication oxycarbonée. <https://medecinelegale.wordpress.com/2010/10/31/intoxication-oxycarbonee/>.
- x Personal communication with pulmonologist Martin T. Forrest of Lakeland, FL.
- xi Ernst, Armin, and Joseph D. Zibrak. "Carbon monoxide poisoning." *New England journal of medicine* 339.22 (1998): 1603-1608.
- xii SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.
- xiii SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.
- xiv Zhang, Huizheng, et al. "Potential Factors for Prediction of Disease Severity of COVID-19 Patients." (2020).
- xv Mofenson, Howard C., Thomas R. Caraccio, and Gerald M. Brody. "Carbon monoxide poisoning." *The American journal of emergency medicine* 2.3 (1984): 254-261.