A Subdural Hæmatoma

A Case Example from Practice

by Walter Barthold, Naturopath
Background

The patient is a 55-year-old woman who had an accident while at work, falling from a height of 3-4 metres and suffering ulnar fractures and a subdural haematoma.

After her admission to the clinic she was in a state of shock, with blood-sugar levels between 18-20 mmol/l, although the patient is not diabetic. Over the course of a few days the woman’s general state of health improved. However, she was left with severe headaches which, after a hospitalisation of four weeks, suddenly reached intolerable proportions. A CT scan revealed an enlargement of the subdural haematoma. Thereupon she was immediately transferred to the University teaching hospital, where her skull was trepanned and the haematoma removed.

After a stay of several weeks in a rehabilitation clinic, the mobility of her left arm had been restored, although the woman’s ability to concentrate on tasks, to read or to process mental impressions was very limited. After she had been signed off work for ten months it became possible to reintegrate her into her work again, an hour at a time. She works with state-of-the-art computer technology in agriculture, a job which she enjoys.

Patient’s own account

When the patient came to consult me, it was two years since the accident, but she was still subject to headaches which could be really violent. She was complaining of problems with diarrhoea in stress situations, as well as a sensation of numbness and restricted movement in her right hand and right foot. At times her speech did not make much sense. The lady was slightly obese and mentioned episodes of sinusitis and problems around the roots of her upper incisors from childhood. Her pathological test results from her time in hospital following the accident at work were normal.

With regard to her headaches, she herself had observed that, if she spent time more than 700m. above sea level, in the Alps for instance, her headaches would disappear. She could then enjoy complete freedom of action, both physically and mentally, without being plagued by headaches as would usually be the case in the lowlands. Clearly she was highly susceptible to increased atmospheric pressure. Since a small piece of bone was missing from the top of her skull as a result of the trepanning, she was still extremely sensitive at that particular place.

Natural Therapy Treatment

I suggested a course of SANUM treatment, to which the patient agreed. She kept substantially to Dr. Werthmann’s dietary guidelines, avoiding cow’s milk, hen’s eggs, pork and foods produced thereof. As well as this she also considerably reduced her consumption of citrus and tropical fruits and increasingly incorporated locally-produced vegetables and fruit into her diet.

So far as medicines were concerned, initially she took the following to re-balance her milieu:

For 10 days, 1 tablet of ALKALA T twice a day, and subsequently one measuring-spoonful of ALKALA N twice a day;

plus

1 tablet of LUFFASAN 3 times a day.

1 tsp. SANUVIS drops twice a day and

1 CITROKEHL tablet twice a day.

For intestinal cleansing she was also given:

1 FORTAKEHL 5X tablet in the mornings, and

1 NOTAKEHL 5X tablet in the evenings.

After a fortnight we changed the isopathic remedies to the following dosage:

1 MUCOKEHL 5X tablet in the mornings and

1 NIGERSAN 5X tablet in the evenings.

The patient was now showing a greater desire for fluids.

After four weeks the treatment plan was extended to include a dose of Matricell from the St. Johanser company. These capsules for oral consumption contain Royal Jelly and Propolis extract, along with enzymatically receptive flower pollen extract.

The preceding fall on to a concrete floor with the injuries and subsequent state of shock had doubtless interrupted the flow of
information in her body. With the combination of SANUM remedies, the natural honey-bee product and appropriate nutrition, her Pischinger’s space (i.e. connective tissue) should be cleansed and a good metabolic state restored.

The treatment as described above continued for three months. At the end of that period the patient showed a slight weight-loss, the headaches were occurring less often and the lady gave a generally cheerier and fresher impression.

Her whole symptomatology is running a positive course; in the meantime the patient can undertake more work and her speech articulation has shown a pleasing improvement. The sensation of numbness has disappeared from her right extremities. We are continuing to work on the residual minor difficulties.