



OZONUM

I CAN'T BREATHE

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In this article, Ozonum - I can't breathe, I present six patients' narratives. The first two demonstrate the use of Ozonum in cases of suspected COVID-19 (coronavirus disease). The third case documents the clinical manifestation of Ozonum dynamics unrelated to the pandemic. The last three are confirmed RT-PCR SARS-CoV-2 (reverse transcription polymerase chain reaction of severe acute respiratory syndrome coronavirus 2) cases from March, 2020, and patients' narratives illustrate well the same underlying dynamic depicted and extensively commented upon in the first three cases. Patient narratives were recorded and are transcribed verbatim to allow the reader to come to their own conclusions. When presenting cases, all personal details were removed to ensure patient anonymity. I also provide supplementary material with several Ozonum rubric additions to the repertory as pertaining to the presented cases.

Key words

ozone; wildfire smoke; air pollution; particulate matter; respiratory disease; SARS-CoV-2

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COVID-19 and ozone

The COVID-19 pandemic has forced the world into submission and an unprecedented standstill. When the first case of SARS-CoV-2 was reported in the Chinese city of Wuhan in December, 2019, nobody expected the border-ignoring virus to infect and ravage the whole world. I shared my initial observation and ideas about the coronavirus pandemic in the letter "**OZONUM - the remedy of our time**" (published online in the WISH e-newsletter March 23rd, 2020; available at: <https://global-impact.cz/en/ozonum-the-remedy-of-our-time/>). The coronavirus could have had such a substantial impact on the whole of humanity only if there was fertile ground for it. The somatic expression of the pandemic, the infection and resulting disease, is merely a peak experience - the

culmination of diverse factors affecting humanity and our planet at the present time.

Globally, we are also significantly affected by anti-pandemic measures. It is interesting to note that I prescribed Ozonum for a couple of atypical respiratory tract infections in late November/early December 2019, a few weeks before the outbreak of the coronavirus pandemic in Wuhan. Retrospectively, those cases show similar symptoms to what has since become known as COVID-19. In my opinion, the first case of SARS-CoV-2 did not emerge from a Wuhan wet market, as the official pandemic narrative would have us believe. Coronavirus must have been circulating in the population long before. [1,2] I noticed another increase of Ozonum cases at the end of January 2020, and since then, Ozonum has become the highest-ranking prescription in my practice. I wondered why the remedy has been indicated in my practice so widely, including numerous prescriptions for non-COVID patients. I believe there is a pertinent link between pollution in the environment, especially the atmosphere, and climate changes,

contributing to the current global health crisis.

Since the industrial revolution, human activity has released - from sustained industrial activity and fossil fuel-based transport - tons and tons of dust, exhaust fumes, and toxic substances into the atmosphere. We pollute our oceans with plastic garbage and other toxic materials. Plastic waste also concentrates in the soil. Virtually every location on the globe is contaminated by plastics. Plastic pollution (micro- and nano-plastic fragments) is affecting marine and land species as well as humans. Non-biodegradable materials accumulate in the cells, tissues and organs of all living creatures, causing a disturbance in their normal functions and harming ecosystems worldwide. There are also natural sources of pollution in the atmosphere, such as lava-spewing volcanos.

Global warming is exacerbated by naturally-occurring astronomic cycles of Earth. Earth's orbit, its path around the Sun, is not a regular circle, but an eccentric ellipse. The eccentricity of the Earth's orbit varies over time, becoming more or less flattened in a regular cycle. A more eccentric orbit would mean more solar radiation penetrating Planet Earth, which in turn contributes to warming and has an effect on the climate. Weakening the protective ozone layer of the atmosphere allows more solar as well as space radiation to reach Planet Earth. Due to global warming and changes in the airflow, disturbed circulation in the atmosphere drives heated air from the equator towards the cool ends of the magnetic dipole of the Earth. Glaciers and permafrost are melting - such ice-thawing releases stored toxins and may

unleash historical pathogens. Beneath our feet, shifts are happening too as the north magnetic pole is lurching away from Canadian Arctic toward Siberia. Mono-cultural planting and modification of river beds have reduced soil humidity to an alarming degree. Large-scale deforestation has led to reduced air humidity. Insufficiently irrigated forests, together with global warming, increase the risk of forest fires that can release enormous amounts of combustion products. Gaseous and solid combustion products further worsen air quality, accelerate the greenhouse effect and global warming. Deforested landscape dries out even more, meaning more forest fires can be expected. This is a vicious cycle that has taken hold of our planet and, by extension, humanity.

Last year, vast wildfires in Australia and fires in Siberia had a significant impact on the atmosphere.[3] Huge clouds of smoke, containing tons of flue gases, a cocktail of volatile and semi-volatile organic substances and particulates, spread through the atmosphere around the world. Fine particulates can travel thousands of miles from the originating site. Smoke from wildfires can damage the heart and lungs while emissions may damage the liver and kidneys, damage immune systems and even provoke cellular genetic changes. Even short-term exposures can trigger an inflammatory response in the body.[4] Wildfires also emit substantial amounts of nitrogen oxide and other precursors of ozone. The formation of ozone and the other pollutants can lead to harmful exposures for populations in regions far away from the wildfires.[5] This year, Siberia was again a source of wildfires, and low soil moisture drove fires from boreal forests

to permafrost in June. In America, wildfires have afflicted California in August and have torn through towns in Oregon, to Washington and Idaho. Smoke from the fires has spread across the country and around the world, while parts of the Arctic Circle, the Amazon and central Asia have also experienced unusually severe blazes this year. Fine particulate matter and ozone from wildfire smoke can be associated with vulnerability to COVID-19.[6,7]

Although COVID-19 is an infectious disease primarily affecting the lungs, other organ systems may also be affected, resulting in highly diverse clinical manifestations.[8] Such multi-organ involvement, as well as long term sequelae, suggest an immune-mediated condition resulting from a complex interaction between virus and host adaptive immunity. [9,10] Among the usual expressions of COVID-19, symptoms such as difficulty breathing, sleep disturbances, exhaustion and weariness, debilitating, long-lasting fever that does not respond well to antipyretics, feelings of despair, hopelessness, loneliness and depression, prevail in the overall clinical picture. Patients recovered from COVID-19 have passed through a life-changing experience not only because of the illness but also because of the social perception of the coronavirus infection. They were forced to live isolated in a **"BUBBLE"** (a very characteristic Ozonum dynamic), sometimes without appropriate healthcare, because of the exaggerated, media-propagated, fear of infection. Some felt themselves to be considered a **PLAGUE**, sadly even by relatives and healthcare practitioners, and feared to be a danger to the rest of humankind. Fear

of death, another prominent feature of the pandemic, was largely intensified by media frenzy and artificially-inflated official death tolls.[11]

Complex evaluation, taking into account not only somatic expressions of COVID-19 but also the psychological condition, and socio-economic and political context of the pandemic, has helped me in many instances to prescribe Ozonum with success. Utilizing individualized homeopathic approach and looking for the underlying dynamic of the case have enabled me to prescribe homeopathic remedy independently of a (known or unknown) causative infective agent. This means that the COVID-19 test does not constitute an indication for Ozonum prescription. Instead, it is the holistic evaluation of the patient's narrative and other components of the case that are crucial in determining the prescription. The main feeling of the Ozonum dynamic is exemplified by the statement - **"I can't breathe!"**, which can be triggered not only by a medical problem, but also by political, economic, or any other dominating power or psychological issue. Ozonum remedial action is not limited to respiratory tract infections. It has a wide range of applications in routine clinical use. Ozonum encompasses many general as well as specific features of the current global health crisis.[12]

To select a correct homeopathic remedy, it is important to truly and deeply understand the inner experience of the client. This inner experience, which I call **"EXPERIENCED SENSE"**, is a meaningful congruent dynamic organization of a subjective experience. This experience then manifests itself through individual

phenomena - symptoms of the psyche and body, and disarranged functions and sensations of the organism. Symptoms can be considered small windows into this subjectively experienced dynamic. Hahnemann considers a disease to be a dynamic disturbance of vitality. The individual physical and mental symptoms can be grouped into syndromes, but neither symptoms nor syndromes constitute a disease - they refer to it. Hahnemann described a relationship between what needs to be treated in every individual case of disease and a homeopathic remedy in Aphorism 3 of his Organon.[13] The experienced sense of the client reflects the dynamic disturbance and imbalance of the system. And this dynamic disturbance is the target we are aiming at with a specifically tailored individual homeopathic remedy.

Regarding the potency, I usually start with Ozonum LM1 (50 millesimal), which has turned out to be sufficient for a healing response in many cases. In some cases, the use of the remedy was stopped temporarily when the healing response reached a plateau, or the remedy produced additional symptoms. In such cases, Ozonum was administered again after a few days in the same potency with excellent result. Generally, I prescribe the remedy in liquid form, in a vial with a dropper. In acute disarrangement, I use the "split-dose" strategy. After succussing the vial, I recommend putting one drop of the remedy into a glass or bottle of fresh still water. The medicinal solution is stirred/shaken vigorously before each use. The client is instructed to sip it as frequently as s/he likes until substantial relief is achieved. Using liquid potencies in this manner is also referred to as "wet split dosing". It has proven to be very

efficacious, especially in severe acute or complex chronic cases. With this experience, I confirm what Hahnemann states in Aphorism 286 of his Organon (5th ed.): ... the effect of a homeopathic dose of medicine increases, the greater the quantity of fluid in which it is dissolved when administered to the patient, although the actual amount of medicine remains the same.[14]

Conclusion

Successfully treated cases represent a very interesting and valuable source of homeopathic information. They help to gradually put together a varied mosaic of symptoms and dynamic of the respective remedy. The picture of the remedy, which is outlined by the homeopathic proving (homeopathic pathogenetic trial; HPT), is enriched with live testaments of clients. This enriched and enhanced and often also clarified the picture of the remedy, which derives from clinical experience and practice - a foundation of *Materia Medica Homeopathica Viva*. Among the presented cases with the Ozonum dynamic, there is a surprising similarity despite the fact that every one of them is absolutely unique, as is the narrative of the client. Despite the fact that the genius of the remedy and its dynamic are identical, it manifests through a unique constellation of subjective experiences and objective symptoms. The dynamic disturbance of vitality generates both psychological and physical symptoms. The homeopathic remedy, targeting the disconcerted dynamic of vitality, always has a deep and curative effect. A symptomatic prescription, disregarding the underlying dynamic, or a prescription aiming at an overly-simplified stereotype of a human personality (a weepy blonde - Pulsatilla, an overworked and irritated

manager - Nux Vomica, a quarrelsome woman in menopause - Lachesis, a cowardly tyrant with bloating - Lycopodium, obese and dependent woman - Calcarea carbonica) seldom expresses the dynamic of the case as well as the unique nature of the client, may not be sufficient to bring about a holistic shift towards health in the organism. The same applies to the treatment of epidemic diseases. Without an understanding of the dynamic of a

pandemic or epidemic, generating a multitude and variety of individual symptoms of the disease across the population, a symptomatic prescription may help, but it is superficial and palliative at best. A deep-level curative effect tends to be achieved by a homeopathic remedy (or series of remedies) whose dynamic is sufficiently similar to the dynamic of the vitality of the client or the population.



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Case No.1

BLUE FROM THE SKY



Fig.1 - The elephant in the desert © dr. petr simeon gajdoš

The picture is depicting girl's dream of a small elephant in the desert. See explanation in the commentary.

Introduction

12 years old girl, respiratory tract infection, suspected COVID-19
Case intake - February 5th, 2020

Case No.1 dates to the beginning of February 2020. I have a very strong emotional attachment to this case. Although I had already been prescribing Ozonum at the time, it was in this case that I realized a number of connections to the coronavirus pandemic. From this perspective, this case is for me the symbolic case Number One. It is also the first case I have presented to the global homeopathic community (Ozonum sample case No.K - is available at <https://global-impact.cz/en/the-ozonum-no-k-en/>). As a thank you to the client for sharing her story and cooperation, I had a print made depicting her

dream of a small elephant in the desert and she received it as a gift. She was moved to tears.

There was no coronavirus test performed for the girl. This applied to many cases in the Czech Republic, especially at the beginning of the pandemic. In the Czech Republic, the COVID-19 pandemic saw its first three confirmed cases on 1st March 2020. It means all cases I have seen before this date were either not tested or tested negative. Initially, COVID-19 testing was made available for those with high fever, dry cough or shortness of breath, and positive travel history. At the beginning, people were refused testing if they had only a low-grade fever (some were tested COVID-19 positive afterwards). However, the girl's symptoms were similar to those I had seen in other confirmed COVID-19 cases. Please compare, for example, cold feeling in the airways with case No. 4 or long-standing fever in the case No.6.

Background

She was a patient of a colleague homeopath. I was asked to take over the case when her treating homeopath was not available during acute illness.

The girl is currently recovering from a viral respiratory infection. She is at home with her mother, who fell ill at the same time and got the infection from her daughter. I am purposely omitting a verbatim statement of the mother and her account of the daughter's illness. It offered only a few interesting and unique symptoms. Others were general symptoms of any viral disease, so I did not take them into account in my analysis. The girl **coughed a lot**. The **cough was dry** and painful; she felt **pain along the airways**. She told her mother she felt **cold air in her airways**. For several days she had a fever of up to 39.6°C, which did **not respond to antipyretics**. She was given paracetamol combined with ibuprofen for **headaches that worsened with cough**. She received additional supportive treatments, vitamins and herbal teas. She did not shiver or have chills.

Interview (verbatim; Dr: physician, C: client)

Dr: How can I help you?

C: I don't know what to say...

Dr: You've been treated with homoeopathy, haven't you?

C: Yeah. I last had a migraine at school in January and I managed without painkillers.

Dr: Would you mind talking about your current situation and the respiratory tract infection? (*I noticed that her voice was slightly skipping, raw and hoarse; it worsened during the call*)

C: **I coughed terribly** when I was ill. It bothers me generally when I feel that **I can't take a breath**.

Dr: Go on, please.

C: Well, like holding my breath in the pool. I can't stand the feeling that I can't breathe. Or when it's STUFFY, I hate it. When it's difficult to breathe ... it's nothing like fear ... it's like panic, but it's not panic, fear...

C: When it is **stuffy** somewhere, I need air or breathe by the window.

Dr: Do you have it in the swimming pool?

C: Not as much there. But the teacher keeps asking me whether I am allergic to CHLORINE because I cough a lot there... but I like the smell of chlorine.

Dr: What makes it worse?

C: When it's STUFFY somewhere.

Dr: What happens to you?

C: I tend to go somewhere to take a breath.

Dr: What do you experience at that time?

C: It's not fear! It's just **a need to breathe**.

Dr: Can you tell me more?

C: I don't know what more to say.

Dr: What are you sensitive to? What do you dislike? Or are crazy about?

C: When someone keeps **bumping into me**, a constant movement, when I'm at the table and someone rubs against me, maybe with a thigh because there's **not enough room**.

Dr: How do you experience a lack of space?

C: It differs from person to person. I don't mind it with some people. I don't like when (somebody) touches me. Unwittingly.

Dr: What is your reaction?

C: It annoys me...

Dr: Would you mind telling me more? What else?

C: I don't know what else ... When someone keeps **forcing me** to do something.

Dr: Can you give me an example?

C: At school, at home... more like when something is done (finished) and I find out afterwards... when we were going to see Grandma and Grandpa and nobody told me in advance that we were going there.

Dr: You don't like it when a decision is made without you, is that correct?

C: That there is no chance to express myself even if I would have gone there anyway (wanted to go)

Dr: Tell me more, please.

C: That I don't get a chance to say anything against it, my opinion

Dr: You don't like it ... you would like to have a chance to express your opinion?

C: It makes me angry. I like the opportunity to express myself. **Feeling of safety.**

Dr: Can you describe such a feeling of security when you are given the opportunity?

C: That I can say NO is reassuring. Psychological safety.

Dr: Go on, please.

C: That I was able to do something about it, that ... **MY PROTECTION** there.

Dr: How do you imagine such protection?

C: Purely energetically... **LIKE A SHIELD**... that there's a chance to defend myself and **speak my mind.**

Dr: Excellent, how do you feel if you have such an opportunity?

C: Good. FREE.

Dr: Are you able to tell me more?

C: Feeling SAFE and SECURE.

Dr: What is the opposite state of that?

C: I feel defenceless. I can't do anything. Say something I want.

Dr: Tell me what you generally like and what you don't like, please?

C: Friends, family ... shared moments. I don't like when someone **LIES** to me... equivocates

NB: She used the expression in the Czech language "**somebody creates a fog**", meaning: not to tell how it is, saying words which obscure rather than clarify. I noticed that many Ozonum patients use meteorological words to describe their symptoms, feelings, sensations like "I have got wind vortex in my stomach, it is like fog around my head, and my senses are blunted, I have got my head in clouds, it is heavy and sticky as melted snow in a city during winter, I'm like a tornado when I become angry, etc."

Dr: Got it. Did you have any dreams recently?

C: When I was ill (*when she had a fever*) I dreamed of SNAKES. I'm not afraid of them in reality. But I was afraid in the dream. There were a lot of cobras on the lawn. **They looked dead.** But one wanted to attack and bite me. I kicked it so it flew through the air and gasped.

Dr: Any other dreams?

C: I don't remember.

Dr: Animals, things, environments, people, surprising, strong and so on?

C: There was an **elephant**, it was in the **desert**, and... he was sitting and had **BRISTLES AS HARD** as a pig's. He was cute and **SMALL** (*shrank*), **I hugged him** (*embrace*).

Dr: You were in the desert with a small elephant, it must have been hot ... (*I was joking a little*)

C: I remember one dream from my childhood... we had a poster of **THE SUN** on the wall. When I woke up, I thought I could feel the **hotness** and it **burned, I was on fire**. **THE SUN WAS MURDEROUS** ... like it wanted TO BURN EVERYONE. But I had a fever then, so that caused it...

(She moved to the window for better light and showed me the contents of her room. The furniture was white, the floor grey and one wall was painted blue.)

C: I chose it all myself! The clock, the desk, the bed (*proudly*). I like this colour a lot (*points to the **blue wall***)

Dr: It's a very beautiful colour. Does it remind you of something?

C: This is the colour of **THE SKY WHEN IT GETS DARK, SHORTLY AFTER THE SUN SETS**.

Dr: Would you mind if I sent you a medicine called '**BLUE FROM THE SKY**' (*in Czech we use an idiom: to promise something to somebody = bring somebody **a piece of blue sky**, in English: give somebody the Moon*)

C: Does it exist?

Dr: Of course. Do you like the idea?

C: Very much!

Rx OZONUM LM1 drop daily (split dose 1 drop in glass of water, half to drink before going to sleep, the rest at the morning)

Repertorization case No.1

resp. tract. infection Analysis February 5, 2020 Analysis uses 5 rubrics.		Complete Repertory 2020 © 20.																			
		sulph	nat-m	caust	phos	calc	brom	nux-v	acon	ars	lach	kali-bi	cupr	stann	thuj	hep	coca	med	lact	ozon	car
		100	99	92	90	89	86	84	83	68	66	65	58	55	55	53	49	41	38	25	64
		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4
192	Head; Pain, headache; coughing; during	4	4	3	4	3	3	4	3	3	3	1	3	3	1	3	3	1	1	1	3
▼ 136	Air cold airways (Combined rubrics)	1	4	3	1	1	3	3	3	3	1	3	1	1	3	1	1	1	1	1	
11	Throat; Air; sensation as from cold										1										
3	Throat; Roughness, scraping sensation; cold, as from taking a																				
134	Generalities; Air; sensation of; cold	1	4	3	1	1	3	3	3	3	1	3	1	1	3	1	1	1	1	1	
92	Speech & voice; Hoarseness; morning	4	3	4	4	4	3	3	3	1	1	3	1	1	1	1	1	1	1	1	4
219	Respiration; Deep; desires to breathe	4	3	3	3	4	4	1	3	3	4	1	4	3	1	1	3	3	3	1	3
567	Cough; Dry	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	2	1	4

resp. tract. infection Analysis February 5, 2020 Analysis uses 6 rubrics.		Complete Repertory																			
		ozon	ind	des-ac	tax	sid-al	berb	bov	dysp	dendro-a	isd	alids	biti-a	cench	culx-p	kola	med	pyrit	thui-m	thea	ple
		100	49	37	31	31	32	18	17	16	16	16	16	16	16	16	16	16	15	15	
		6	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
18	Mind; Delusions, imaginations; smaller; things; are	1	1				3			1											1
8	Mind; Dreams; colorful; blue	1			1					1											
8	Mind; Dreams; elephants	1		1		1															1
1	Mind; Dreams; elephants; small, very, size of a dog	1																			
101	Mind; Dreams; snakes	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15	Mind; Dreams; snakes; bitten by, of being	1	2	1	1	1		1	1		1	1	1	1	1	1	1	1	1	1	

Analysis and Commentary to case No.1

From the somatic symptoms, I used the feeling of cold in the respiratory tract, headache which worsens during cough (according to her mother), and the objective hoarseness, which is worse in the morning, for the analysis. And the general feeling of rather difficult breathing which forces her to take a breath of fresh air. In this case, the feeling of a lack of air (oxygen) is not linked to acute illness only – she also experiences this feeling in other circumstances.

To analyse the mental state, I used rubrics directly expressing her dreams and/or referring to the dynamic of a changing size. This concerns the vast size of the sky (also the size of an elephant, but in normal circumstances), which is in contradiction to her dream, in which the elephant is reduced. The repertory does not include a rubric referring to a clear blue sky, and for this reason I used the rubric with a blue colour in chapter Dreams, because it is from her imagination. Worth noting is a dream about the sun, which is so strong that the heat burns everything alive. Similar dreams are frequent in clients with the Ozonum dynamic. One time it is a scorched desert, while another time dazzling sunshine. As if these dreams refer to the lack of protection in the form of the ozone layer.

Her current symptoms – those that correspond to what I have observed in COVID-19 positive or suspect positive cases that have responded very well to Ozonum – include the feeling of cold in the respiratory tract, a fever not responding to antipyretics, a dry irritating to gagging cough, overall exhaustion, low level of energy, and a disrupted sleeping pattern. Of significance is the feeling of respiratory distress which, in this case,

is apparent both during the acute condition and prior to the illness (premorbid condition).

The homeopathic picture of Ozonum is apparent not only from these symptoms, but predominantly from the context and the unique narrative of the client. This concerns her remarks about chlorine. Very often, in the stories of clients with the Ozonum dynamic, chlorine disinfectants or other products containing chlorine occur; interestingly, ozone's odour is reminiscent of chlorine with a distinctively pungent smell detectable in very low concentrations. There is a strong desire for fresh air which manifests itself by the need to open a window or a feeling of crossing boundaries at a table, and a blue colour of the sky. On a sunny day, the sky is blue due to the presence of oxygen and ozone in the atmosphere, because ozone is a pale blue gas. The SPACIOUS SKY is perceived as symbol of FREEDOM, and the colour BLUE as PROTECTION.

Fig.1 - The elephant in the desert

The picture shows some important topics of the Ozonum dynamic. A gas mask, breathing difficulties, dryness, trees, sharp sun with UV radiation, change in size (of the elephant) - shrinkage and expansion. In the case of Ozonum, expansion and contraction (volume) are involved, going hand in hand with size (height). They have a feeling of EXPANSION and CONTRACTION, alternating at a faster or slower rate. Ozonum perceives the size, weight and volume through the lens of actual self-expansion or self-contraction. This is a huge theme for Ozonum, and it is expressed through alternating states and changeable complaints. It can be described as skipping lesions. Their mood is volatile as well as their level of energy. Courage alternates with timidity. Self-confidence and self-assurance with a feeling of inadequacy, unimportance, anxiety and fears. Another topic is the protection of the small and vulnerable, children, and animals. An elephant is a strong and big animal; nevertheless, it appears small in a dream. This means a contraction of a bio-energy field, a contraction of vitality. She tries to comfort the elephant in her dream. Interestingly, she mentioned hard pig bristles. In other cases of Ozonum, I have observed a reference to animals with spines, namely a sea urchin, a hedgehog, and an echidna. Other vivid comparisons of other clients have gradually expanded my understanding of this symbolism. I have generalised and merged them like pieces of puzzle. This phenomenon can be best described as a **"BUBBLE WITH SPIKES"**. A bubble with spikes is a complete phenomenological image characteristic of the Ozonum dynamic. When one combines this topic with expansion and contraction as well as pulling in or ejecting spikes, one has a short "documentary", reflecting many fundamental topics of the Ozonum dynamic. Of course, you will seldom hear such a rich description in its entirety from a single client. One time, expansion or shrinkage, such as during claustrophobia, comes to the forefront, while another time, it may be the protective function of a bubble or its disruption by sharp objects and needles or a lack of respect for boundaries by others. Some other time, the same dynamic may manifest itself as toxic remarks and biting criticism, which will be flying past the client as poisoned arrows/darts or the client will complain about such behaviour of others. It does not matter whether this occurs against the backdrop of a life situation, in a dream, or as part of the client's perception of illness.

Case no.1 - follow Up - since February 6th, 2020

The next day after the remedy, the hoarseness in her voice disappeared and she recovered quickly.

After taking the remedy, when she had a conflict with her mother who had a different opinion on how to shape her personality and acknowledge her uniqueness, as well as personal boundaries and respect for them, the level of privacy and the boundaries of living space, I became a reference person for her. We have been in close contact with the girl. She often sent me greetings and short texts, communicating with me directly with the permission of her parents. Before the situation calmed down at home, she called me daily for support and advice.

We discussed the concepts of transactional psychoanalysis. She was very receptive and understood the principles that Eric Berne had described. She liked the idea of equality and clear declarative communication acts that arise from Berne's work. She was able to use them effectively in communication with her mother, which led to a quick calming of the situation at home. She said she had learned to communicate better with her, more maturely. She was glad that she had managed to defend the emerging sense of her own uniqueness and autonomy while not falling into a negative pubescent rebellion. She sent me a text: **"I used to be attached to my mother because I needed her and I was small, but now I create my own personality, my own opinions. I realized I am different from her. That I am unique and that I already stand on my own feet "**. This SMS touched me. I was amazed at the maturity of speech of a 12-year-old girl. I realized that I was witnessing a girl becoming a confident young lady.

After the successful prescriptions of Ozonum, I have repeatedly observed a client defining their own space in the home environment, as well as clearer communication of their needs and opinions. The respect for boundaries increases significantly. This goes both ways - crossing someone's boundaries and allowing someone to cross yours. After Ozonum, they no longer allow their will to be bent and they are also more able to stand fast against other people's manipulative acts. This is akin to fresh air blowing through the clients' surroundings, with the possibility of stormy weather - wind gusts and sometimes a tornado at home. Homeopathic literature describes this after a successful prescription of *Staphisagria* or *Carcinosinum*, when the clients appear fortified and are able to process their mortification and stand up for themselves.

The client's parents know about our communication and do not interfere with it. They were glad that homeopathy had worked so quickly, and they also felt that their daughter's contact with me was therapeutically beneficial. The client told me she lets her mother read the messages so that she could keep track of it.

In regards to Ozonum childhood, I often learn that they had a **dominant** or **overprotective mother** who restricted them, did not respect their privacy, did not see their particular psychological needs, did not respect their wishes, opinions, autonomy,

uniqueness, or criticized their authenticity. I learn that they considered it to be, in some sense, either an invasive element or an element that overwhelmed them. After accumulating negative experiences, they may even speak of the parental figure as a witch (*see rubric Mind; dreams; pursued, of being; witch, by a, creeps from under the door like a haze: ozon*). They feel she has got into the system, slipped through **inadequate** and **fragile protection**, or has found LOOPHOLES through manipulation. They feel she has misused and exploited them. Sometimes they say they can't get her out of them as if she was **stuck in them, glued in their system** and they **can't get rid of her**. They speak of such a person as someone who LIMITED and SUFFOCATED them. In my experience, it is rarely somebody other than their mother. Sometimes another person in the family system, most often the maternal grandmother, takes on the role of the fairy-tale witch.

On the other hand, a different grandparent figure appeared in some cases. It was a grandfather or another older man. With their grandfather, clients with Ozonum dynamic felt respected and accepted as they were. From an early age they had the experience that they could go to Grandpa with any small problem and Grandpa had always been there for them. He supported them with advice or consolation. They liked to spend time with Grandpa. Often just his presence was sufficient. Grandpa did not even have to say anything; his attitude expressed the unconditional acceptance of his little grandson or granddaughter. I remember a case when a client compared the positive moments of her childhood to short periods spent with her grandfather when he was chopping wood for the stove. Grandpa was chopping wood, occasionally uttering a word. The client sat on a log, rocking her legs and felt happy in that peaceful harmony. When her grandfather died, she said she had lost the closest person in the family. Since then, her life had been poor, empty, and there had been conflicts with her overworked mother and later with her stepfather.

I often hear similar stories where grandfather occupies a central place for clients with Ozonum dynamic. Decompensation of the mental state after grandfather's death also often occurs. For Ozonum, this is an insurmountable loss. They also lost support of someone who was able to give good advice in peace and with respect. Grandpa did not put pressure on them, did not demand anything and did not make fools of his grandchildren. Especially women have the following relationship dynamics: if they lost their grandfather at a young age, over time they can idealize the image of him. Only a handful of men can live up to this ideal image of a deceased grandfather. I think that in some cases grandfather takes on the paternal role of possibly a weak, absent, or violent father. The grandfather, on the other hand, is stable, supportive, radiates calm and dignity; he is wise, calm, and accepting.

During one short ZOOM consultation she drew something on paper. I asked her what she was drawing and whether it was for me (*I teased her*).

C: "I draw stars. It calms me down. One star over another. And I keep trying to be more and more **PERFECT**."

You will hear this at some point from almost every Ozonum case. They want to improve and continuously work on their weaknesses, holes, deficiencies. This is also apparent in young children, for example trying to speak or walk correctly or to manage an activity. They repeat it again and again until they master it, until they CORRECT IT, PATCH IT UP. As if they fix the "ozone hole".

They have got an urge to REPAIR themselves, every weakness, hole, imperfection, staining, which has to be cleaned, purged or repaired. They perceive even the tiniest SPOT in their PROTECTIVE SHIELD / INVISIBLE COAT as a tremendous danger. The coating must remain integral and impenetrable, unbreakable, bulletproof, etc. They offer the imagery that anything can creep in, or their energy can leak. When they are ill and hypochondriacal, they exaggerate - a small spot (e.g., on their skin) is like an abyss to them.

As adults, they may pursue personal and spiritual development. They want to correct their moral defects, weaknesses in personality. Seal up the holes. Resolve their traumas. Or they engage in therapies that work with energy. Their motive is to repair and close energetic holes so that they do not leak energy or, on the contrary, nothing energetic can penetrate them. Sometimes they engage against 5G and other sources of radiation, which they perceive as pollution of the environment, their living space. They may be sensitive to energy of people, to vibrations; they usually refer to it as sensitivity to auras and bio-fields of people and objects.

In more extreme cases, they pursue the modern form of exorcism and develop the idea that diseases are caused by the ADHERENCE of dead souls, ghosts, imprints or demons and dark beings. In their eyes, it is sticky and thick and pollutes the aura.

Extensive phenomenology occurs on the axis of PURITY and POLLUTION. Sometimes images and metaphors such as HEAVEN and HELL appear on the same axis.

Case No.1 - follow up - in 2 months

I was kept generally informed in the meantime even after she stopped to call me daily, because she occasionally sent me a text, a song or a picture. She really liked my idea that her remedy was a piece or drop of the BLUE SKY. She often referred to it and said that blue sky is the best homeopathic remedy. She has had no migraines since then.

Dr: Can you please tell me what happened immediately after you took the remedy, can you still remember?

C: Well, I definitely got my **energy levels up**, I felt just so **fresh**. I'm not so tired. And it still persists that I feel fresh.

Dr: I also know that your mom told me that the hoarse voice stopped the next day?

C: Yeah. Yeah.

Dr: Can you describe how you experienced the fatigue before? What has changed; you say you feel fresh and energetic.

C: I just feel more **fresh**. It's difficult to say much about it because... well... before I was like I could **fall asleep anywhere**. In front of the TV, I just would like to sleep everywhere. I was so tired (laugh)... And now I am like I have a **lot of energy** and I want **to do something** (to create). I cleared out the whole apartment and washed ... I have a lot of spare time now during the corona holidays.

Dr: You were ill before, you couldn't do much, were tired...

C: But it wasn't just because of the disease. I was **tired like generally**. That was anywhere. I was always **more energetic when I had the illness** (smiles) than when...

NB: *In some cases, I have heard that the fever charges them up, that they feel energy.*

Dr: What else do you feel has changed? Have you observed anything else?

C: Well ... I don't know. This is like the biggest change for me. I noticed this the most... Well, also, that I am able to **stand by my opinion** more, that simply...

Dr: Aha. And how does it show?

C: Maybe that before ... how it actually was with mum (see introduction for conflicts) ... so now I really thought **NO**, I want it for **MYSELF**. I would always accommodate her wishes before, because I was, not forced, but simply because I would meet her halfway. You know, when she wanted it so much... like she wanted me to.

(She wants to say that she is now able to stand up for herself and assert her opinion. She considers some things to be personal and does not want to share them with her mother. She told me during one of the calls that she got good-quality headphones from her father. Mother borrowed them from her. The girl didn't like it, but said nothing. She wanted the headphones for herself, but could not use them when her mother had them. She considered them a gift that connected her with her father. She sensed that there was a kind of 'desecration / tainting of uniqueness', that the gift was just for her. This story

motivated me to have a print of an elephant in the desert made for this exceptional young lady.)

Dr: So you can stand up to your mom, is that right?

C: Well, to **everyone**. This is in general. But I realized it on this.

Dr: What is it like to have it like now?

C: Well, I feel more **confident** and more, or how to say it. Like, I just have some **protection for my opinion**. And that it won't get broken into... When **someone wants something from me**.

Dr: So you have a protection that doesn't break thanks to having your own opinion? Is that how I should understand that?

C: Yeah

Dr: And what kind of protection is it? Just name it. What do you perceive?

C: Again, the **opportunity to express myself**. The possibility of simply having **MY OWN OPINION**.

Dr: Huh, that's very nice. And has anything else and interesting happened, something you'd like to tell me?

C: I had a lot of dreams where there was **water**. There was always water in some connection.

Dr: And will you tell me some of the dreams, do you remember any?

C: I don't even remember the point anymore or what was really going on there. But I always saw some water there.

Dr: Aha. Just saw, did you?

C: Well, I don't know actually. But I just know there was **WATER** (smile)

Dr: Huh. And you don't dream it anymore?

C: Not so much now. I had these dreams the first few days after the remedy.

Dr: So you're happy ... with the remedy?

C: Yes. And also that... I have noticed a lot... I notice the **air** now, when people don't drive as much, due to the quarantine, so... the **air** is much **cleaner** and it's very **good for my lungs**. But it's still ... still not it (smile)

Dr: And how would you want it for yourself? (smile)

C: It's best after a storm or during a storm. That's the best air...

Dr: How's that?

C: I just don't know. But I know there's OZONE during the storm, right. And just after the storm it is in the air, the air is **sharper**. And everyone says that you should not breathe it,

that it's probably not quite healthy. But my breathing is best then, it's simply the best (smile), it really feels nice (smile)

Dr: Yeah? (laugh) What does it do to you?

C: Finally I feel like **I CAN BREATHE FREELY...**

Dr: Aha, you can breathe freely?

C: That when I breathe... Now it's better when there are fewer cars and the air is better. But normally I feel when I take a breath outside that is like **THICK**. That only matter goes into me... **MATTER**, not properly taking **a breath**. I have the same thing with water... I just feel like something thick just goes into me, just like... some matter, but it doesn't really **soak** me. It just **thickens** me. And the same thing is with the air...

NB: *asphalt/tar and dirty snow are a heavy, sticky matter, dirty, black, greasy and covering an area - with Ozonum it is most often manifested in the sense of breathing something heavy, greasy, sticky, which subsequently covers the airways, or having mucus there, which is difficult to get rid of, cannot be easily removed from the airways. The opposite is freshness, freedom, being able to take a deep breath, it is clean and they feel that they are finally breathing, that oxygen will get to them from the air.*

Dr: When it's after a storm, how is it different from the thickness?

C: Well, it's so **PURE...** so... it is like **I CAN PROPERLY BREATHE IT...**

NB: *They want to take a walk in the nature because of the fresh and clean air, the forest, the sun and the sky. And also because it is free from noise, they can find their inner balance there. They also improved in the mountain and near the sea.*

Dr: That you can take a deep breath. And when you breathe like this, how does it feel?

C: Pleasant... very... it's a **relief** (smile)

Sound of a received message... *(I forgot to turn off my mobile)*

C: My ears just exploded... (smile)

Dr: Excuse me, I'm sorry ... I suggest you continue with the same dosage as you are used to and we'll speak again in a month?

C: Yeah, we'll talk again... I'll send you a nice picture of snakes and I have a new South Side **SERPENTS** jacket, I ordered it from China. It's from the show... there's a gang. They have 6 laws. They're like a family. They have such rules that no snake **SHEDS ITS SKIN** easily. Once you're a snake and you remain a snake forever. And so... also they're not allowed, like nobody is allowed to leave the group.

Dr: You'll have to tell me more about those snakes! Goodbye and good luck and good health to you.

NB: *This is not the first time I hear an Ozonum client talk about snakes and also about image of shedded skin.*

Commentary to case No.1 follow up in 2 months

Many clients with Ozonum dynamic have a problem with sleeping regime and sleep architecture. They may suffer from insomnia in the evening. They have rushing thoughts or are unable to fall asleep from agitation; they may be worried about the future, about financial matters, or think over and over again about the injuries they have suffered. Fears and anxiety keep them awake. Sometimes they cannot fall asleep because they have cold limbs, mostly feet. I had a client who had to put her feet into natural bends of the body, like a knee-joint, to warm them up and to fall sleep. They often fall asleep late. Sometimes they watch TV until late because they are afraid they will not fall asleep if they go to bed early. Sometimes they are afraid to fall asleep because they are afraid of having nightmares. I have heard in many cases that they USE AUDIOBOOKS TO FALL ASLEEP. They often wake up between 3am and 5am or have disturbed sleep and wake up several times during the night. Sleep architecture is disturbed. In the morning they feel restless and sleepy. They sleep during the day, feel tired and numb. They sometimes associate this problem with lack of oxygenation. They have experienced improvement when out in the fresh air and interpret this experience as oxygenation. Ozonum is an excellent remedy for OBSTRUCTIVE SLEEP APNOEA SYNDROME.

They may also suffer from SLEEP PARALYSIS. This is similar to the jerk when falling asleep, followed by a deep breath. In sleep paralysis, they tend to feel like suffocating, or dream that they cannot breathe because they are under water. Only when the sleep paralysis subsides they can breathe deeply. They are already awake or half-awake, but they are unable to move because of sleep paralysis. They see a light flash as if somebody is taking a picture or their chest feels constricted as if a heavy object, a dense blanket, is sitting on them or as if there is a band around their chest. The sleep paralysis is worse in stressful periods of their life and after excess of alcohol.

I used the remedy repeatedly for INSOMNIA; it helped to calm thoughts and reduce anxiety and fear. After successful prescription, clients feel refreshed in the morning. Slow morning starts, gloom and despair improve significantly. Sometimes insomnia develops, as with *Cocculus indicus*, when caring for a family member with long-term illness or for a terminally ill family member or parents.

Sometimes they wake up and feel disoriented - they do not know where they are; the space around them seems unfamiliar. Or they have a nightmare and after waking up they do not know whether they dreamt it or whether it was real. To give an example - a client dreamt that something bad happened to her dog. Upon waking she believed it was true. She had to go and check on her dog in the garden at night to make sure it was just a dream.

Sometimes they jerk suddenly when falling asleep and have to sit up and breathe deeply. They cannot say much about this phenomenon. They describe it as being startled, they feel unable to breathe. Usually they also yelp and wake other sleepers in the room. Sometimes they call for help in their sleep, waking up others. When falling asleep, they are disturbed by the mechanical ticking of the alarm clock. One client, in a fit of rage from trouble falling asleep and after a few waking nights, threw the alarm clock out of the window.

Case No.1 - follow up - August 14th, 2020

She used Ozonum LM1 intermittently and stopped using the homeopathic remedy in May, because she was doing well. She called me upon arrival from a week-long dance camp. She was hoarse, saying that she had had a difficult time breathing. She took Ozonum once, on a single occasion when they were returning from holidays in July. On the plane she felt that she was suffocating. They were obliged to wear face masks the whole time. It was hot on the plane and she could not breathe and got a headache from it. She said: "I always get a headache from the stuffy air. As if there was no oxygen." She did well during the rest of the flight; she slept through it.

Dr: Tell me please what is now going on with you and how it started?

C: I have spent a week in a dance camp now... (*She sighs and one can hear that she wants to cry.*) ...I find it difficult talking about it, I feel sad.

Dr: Something happened to you there?

C: No. Actually, I enjoyed it there... It's a sensitive topic for me now.

Dr: Good, you will tell it to me some other time. It is important that it is positive. I can hear that you are hoarse.

C: Before leaving we had a farewell party. We went to sleep late. We were shouting, so maybe that's why. But before, I found it difficult to breathe as well. We were dancing in the gym, there was dust, a lot of dust, and it bothered me. I felt that I could not breathe.

Dr: Tell me something more about it.

C: This here is narrowed, like on the chest, pressure up on the chest.

Dr: Describe it to me please?

C: It is as if I had a small hole there, it is narrowed, and I cannot breathe well.

Dr: You have had this right from the beginning of the camp?

C: This was even before, since the substitute classes. In that very week before I left for the dance camp. There was dust in that gym. When the places are dusty, I have it.

Dr: I see. Anything else happened?

C: I had my arrhythmia (she suffers from AVNRT [atrioventricular nodal reentrant tachycardia]), has a diagnosis of foramen ovale apertum, and is monitored by a

cardiologist). It started when I was dancing. I had difficulties breathing, I felt dizzy. My T-shirt was vibrating. Yeah and I felt sick, as if I was about to vomit.

Dr: Your T-shirt was vibrating?

C: I mean my heart was beating fast, and so one could see it on the T-shirt.

Dr: How long did it take?

C: Around 1.5 hours.

Dr: Did you try vagal manoeuvres?

C: They do not work for me. It subsided on its own. Then I was kind of agitated. But I went dancing again. SHOULD I DIE, THEN I WILL DIE DANCING. I love it!

Dr: It did not repeat then?

C: No. Just once. We also got wet there, we did not have raincoats, and my shoes were squelching.

Dr: When did you get wet?

C: On Wednesday?

Dr: And when did your hoarseness start?

C: On Thursday evening at that party.

Dr: Anything else you want to tell me?

C: We went on the trip and my knees were aching me there. When we were going uphill and then downhill as well. My mum said that it was a growth issue.

Dr: Where does it hurt you?

C: I cannot explain it. There below the knee and kind of inside. I don't know how to say it.

Dr: Anything else?

C: I don't feel like eating during this heat wave, I can eat watermelon only. I can eat kilos of that.

Dr: Kilos of watermelon?

C: I eat the whole watermelon on my own.

Dr: In one sitting? (Laughter.)

C: Almost. (Laughter.)

Dr: OK. Start using "blue from the sky" LM1 again. And call me tomorrow.

The homeopathic remedy worked immediately. The hoarseness was significantly weaker on the following day and she felt better in general. The pressure on the chest vanished. I

could hear she was optimistic, speaking briefly about her experiences at the dance camp and new friends. Her voice was cheerful with no trace of sentimentality and grief. She told me she would want to keep in touch with them through social networks, but her mother was afraid of perverts, and would not allow her to be on Facebook. I asked her whether there was tension between them because of that. She said no. They had spent a nice holiday together, but there was no talking to her about some topics. It annoyed her that she wanted to check on her all the time and that she passed her fears on her. We agreed that she would continue using LM1 daily and would keep me informed on how she was doing.

Commentary to case No.1 follow up - August 14th

This follow up from August shows when decompensation of a client with the Ozonum dynamic occurs. In general, one can say that decompensation may occur due to environmental pollution - pollution of the living space they are in. Here, it was a dusty gym. Most often, breathing difficulties are exacerbated by: dust, pollens, smog, and combustion products. They are also very sensitive to sultry weather, rooms that are overheated or poorly-ventilated where the air can be stuffy (not enough oxygen). During the current COVID-19 pandemic, the same feeling of lack of oxygen may be caused by a face mask. Getting wet is another frequently-occurring trigger of decompensation of the Ozonum dynamic. Hoarseness easily sets in after excessive strain when screaming, singing or as a typical symptom of respiratory infections. An airplane also represents a fairly frequent cause for decompensation. They feel that there is little space in the cabin, there is insufficient oxygen, and they cannot open the window during the flight. This may also be accompanied by fear that the plane may crash, and there is no chance of escaping. The relationship to watermelon is ambivalent; in some cases, there is aversion to its taste and smell, while in other cases watermelon is the only food they can eat during heat waves or fevers, which they find difficult to tolerate. Supraventricular arrhythmias also occur in some cases with the Ozonum dynamic. These may be palpitations or the Wolff-Parkinson-White syndrome with AVRT (atrioventricular reentrant tachycardia) or the fairly frequent AVNRT (atrioventricular nodal reentrant tachycardia). Palpitation or tachycardia often occurs in the evening after going to bed. What is interesting is the statement about dying when dancing. The theme of death occurs pretty often in the stories, but mostly it is psychologically denied or suppressed. Sometimes they believe their symptoms, although benign, to demonstrate a very serious diagnosis such as cancer. However, they are unable to confess their fear of death even to their closest ones. They pretend to be heroes, which is illustrated by this "bold" statement of the girl about death when dancing. Fairly often, they also complain about knee pain.

Here are some rubrics pertinent to the case:

Mind; dreams; water

- present both before and after homeopathic remedy. After treatment, the image and perception of water in dream becomes less dangerous. When decompensated, tsunami or high waves or dirty water can appear again in dreams.

Mind; dreams; water; waves; high, of; putting him on land, on his feet

- this is a very interesting rubric, in my opinion it says that in the emotional fluctuating (inner/outer) world it is possible to find some stable place in life, a firm point upon which one can lean or stand and get a sense of having one's own place in the world, in contrast with the following rubrics:

Mind; delusions, imaginations; floating; air, in

and

Mind; dependent; mercy of others, at

- instability and lack of anchoring in life and reliance on the support of others, not feeling a firm point within themselves, not standing on their own feet, dependence and fear of dependence.

Mind; protected, feels

- clearly present in the case

Mind; sensitive, oversensitive; noise, sounds, to, agg.; ringing of telephone

Hearing; explosion, like an

- when my phone beep

Head; pain, headache; odors; strong, from; exhaust gases, from

Nose; obstruction, stopped sensation; sauna agg.

Smell; acute, too, oversensitive to; exhaust fumes, gasses, in city

Chest; irritation in air passages; lungs

Respiration; deep; desires to breathe

Generalities; discharges, secretions; thick

Generalities; discharges, secretions; tenacious, difficult to detach

Generalities; air; open; desires

Generalities; weather; damp, rainy, wet; amel.

Case No.2

I'M NOT ENTITLED EVEN TO OXYGEN

51 years old women, frontal sinusitis, suspected COVID-19
Case intake - July 28th, 2020

Background

This case involved a 51-year-old woman who was on holiday with her husband at the time. Both being very responsible, they decided to self-isolate after deducing that she might have COVID-19. The woman first called a small, local hospital, but they refused to treat her because she had a fever that did not respond well to antipyretics. The hospital staff was afraid that she could infect the employees. She subsequently called a small A&E at the emergency medical services ambulance centre, where I was serving at the time, and asked for help. She explained her condition, which appeared to indicate frontal sinusitis. She mentioned that she had been taking some antibiotics for several days to no avail (clindamycin prescribed by her GP - she suspected that she wasn't well before leaving for holiday). I recommended that she stop taking the antibiotics and consult an ENT specialist. The client expressed fear of traveling to another hospital and also of another potential rejection because of suspected COVID-19. She asked me if there was something else she could do to alleviate her problems until the next day, before deciding whether to risk going to another hospital farther away. I offered homeopathic treatment, which she gratefully accepted. We agreed that if the homeopathic remedy failed to help immediately, I would personally arrange an appointment for her with an ENT specialist. The homeopathic intake took place that same day, by phone in the evening.

Interview (verbatim; Dr: physician, C: client)

Dr: What can I help you with?

C: Three weeks ago I had a higher temperature for about two or three days. Around 38 °C, too, but it went down right away, rather 37.5 °C and a slight headache. And then it subsided, because I was in bed over the weekend, so it subsided. I went to work as usual and the whole week was good. The weekend was all right as well. And then I went to work again. On Tuesday I started to feel slightly unwell, I felt that what I had had the previous week was returning. And then I told myself, holiday - one tends to believe that it would be good to be able to rest at the cottage. So I did not perceive it as much, more or less. I tried to go easy on myself. I do a lot of walking and exercise, so I tried to reduce that.

C: And I arrived at the cottage on Friday and started shivering in the evening. I was here in my pergola; I was ill in my pergola. We are here by the water; I like that there is CLEAN AIR.

C: So I was covered, I took a blanket, and started shivering, and went to bed. And it kind of started on Saturday. 38.5 °C or 38.3 °C, so I took paracetamol, and kind of stayed in bed on Saturday. And because I was annoyed that I was on holiday and that it was basically ruined, and I had been looking forward to it the entire year. So I said to myself that I would take antibiotics to end it somehow, because it was not fun for me. So I took them on Sunday morning and more or less nothing happened. It didn't help. Then I took paracetamol. After paracetamol, it went down by two degrees for five hours. And as usual, as five o'clock was nearing, yesterday seven o'clock in that time frame, it started to return.

C: The fact is I have a headache as well. So I have this pain when I wake up, it hurts. I cannot bend forward too much. I must make bend at the knee. I cannot bend my head forward and down. But I can put my chin on the chest (*the client is a healthcare practitioner and is aware of the symptoms of meningitis*). Or I can shake my head, I can do that. But the head! I have a pricking pain above my eye, for instance, when I've been sleeping for a while, then in a temple, sometimes when I am lying down, when I am relaxed. But it keeps crawling here like a worm, it is very unpleasant.

C: And that is about it. Plus I cannot eat much. I feel sick. I force myself to do something. Only today my husband brought me a WATERMELON and stuff, so that I eat something, because I cannot eat normal food. I can eat half a slice of bread and butter during the whole day. A piece of vegetable. It's just terrible. Well, terrible, I just don't know it, I have never had it.

C: So I feel very weak. It exhausts me, really. So I said to myself that I needed to do something about it. Today, I did not take medication. The last one I had was Dalacin (clindamicin) at noon and paracetamol in the morning, and I did not take it any more today. And this whole morning, it's been 38.5 °C. And I measured myself now and it's 37.9 °C. So it has kind of dropped by itself. But I stay in bed, actually. I BREATHE VERY DEEPLY, I am cooling myself. I do yoga, and so I was thinking it might have been good to focus on my breath as well. I try. In order to calm down, because I feel that it starts to make me a little hysterical. So it helps me a little.

C: Then I sometimes feel very hot. Well, I am post-menopause, my ovaries were removed in an operation. So it was an artificially-induced menopause, rather, but it's been four years already. But I still cannot say that I have come to terms with it. Probably not. So I am saying to myself, I don't know, maybe, I am thinking about any reason now, really.

C: Well, concerning the fever, I would be happy if it went away. It is very uncomfortable, the head. I have been plodding here, really, ... I am happy that I can walk to the toilet. In

fact, I drink a lot. So I go to the toilet a hundred times a day. That is just terrible. I have a plastic bottle of water with me; I drink only water. Now, for instance, I have drunk one and a half of packages (*six bottles of 1,5 litre*) of water over those four days. Plus tea, peppermint tea and such stuff. So I drink huge amounts and I am just terribly thirsty from that fever.

Dr: Is there anything else you want to tell me?

C: Well, I don't know. Yeah, I did one more stupid thing besides having taken Dalacin (*clindamicin*). Six weeks or around two months ago I had a haemorrhoid after a long time. I have already learned how to go about it, I can cope with it well in order to have no difficulties. But this time, it was nasty. It hurt me a lot, really. And I have a friend here, she's a pharmacist, and she told me that there were some drugs for veins. That this was a vein. And that she would bring it to me, the medication, that it would help the vein. So I started taking it. I WHO HAVE NEVER TAKEN ANY PILLS. I don't know what is happening to me now. So I started using them, the truth was I didn't feel well. This I don't say. But my menopause may have worsened a lot. Apparently due to the fact that it is for widening of vessels or I don't know, but it was just totally not me. All sweaty.

C: I work, I haven't told you, I work at a dentist's. Which makes it, well, due to COVID-19 it is disturbing at the dentist's. But I DISINFECT PERHAPS MY ENTIRE BODY. I attend those examinations. Because when I tell somebody that I am from Prague and work at a dentist's, it is as if I had syphilis. Because I am really afraid.

C: So the physician who had her office hours until six o'clock was very mean to me. Because I told her I was on holiday and whether I could contact her. And she said: "Why us?" And she was nasty. I said: "Because I cannot help myself. I don't know what I am supposed to do when I feel unwell." And she asked: "Where do you belong?" I say: "Prague," and that was it. That was the end of the world. For this reason I called your emergency. Because I told myself that I would not be able to manage yet another day. Because my husband keeps telling me to go to the doctor and that he is afraid for me, I understand him. In fact, I am never ill. Never. Over my entire life, I have had a sick note twice. Just surgeries. Only with the inside and for the CYSTS. Otherwise, I am not ill. So, this makes him scared, too. Me having a fever for five, six days, that is simply unprecedented.

C: And I must tell you that I AM PROBABLY A TERRIBLY OVERWORKED PERSON. That I overdo it, really. Everyone blames me for it. But due to the fact that my husband lives here and I am working to Prague, we have a weekend marriage. Our children are adults, and so I have a lot of time. So I dedicate it to work. And I like doing the work. I make teeth and serve as a nurse at a dental chair. And I actually have two jobs and work twelve hours a day. And believe that I am no longer of a suitable age to do that. Because I am 51. To keep fit, I do yoga, I believe it is correct. Well, and I started to walk, as well. At least ten kilometres a day. So I believe I may have overstrained my body.

Dr: You have overstrained yourself a little. (Smile.)

C: I think so. I can say, I don't know whether this is possible, but as I'm talking to you, I feel greatly relieved. That is strange.

Dr: That is possible. (Smile.)

C: I told myself, damn, I feel better now, already in the afternoon when we have talked. Which is very pleasant when somebody is talking to you normally. Because the doctor quite scared me when she told me off. And when one needs help somewhere and in such a moment... Because I NEVER GO TO SEE DOCTORS. And when I force myself to go and then somebody scolds you this way, it is very unpleasant.

C: I would go to Prague. But I can tell you one more thing. Well, I work at a clinic, it's a small clinic, and everyone has issues with COVID-19 there as well. We disinfect ourselves terribly, I wear a mask, a shield, everything. But the idea of my arriving there with a fever and everyone being afraid of me. It's just a very disagreeable time. I would say that this period of time does not make it any easier concerning these diseases. THAT PEOPLE, BEFORE THEY DECIDE TO GO ANYWHERE, WILL RATHER DIE.

C: We have had a patient from London, and I know her, of course, she is our long-standing patient. She arrived and said that dentists' haven't opened in London yet. I asked what the people were doing about their teeth there? They hang themselves or go to a blacksmith? And here, the case of the singer who died of sepsis of that tooth, because he didn't go to a dentist because of COVID-19; we are doomed. So I also said to myself, I should not neglect anything because of that, that I would not want to be the first one at the clinic who would have COVID-19. Because one is AFRAID TO BE POINTED AT, but what can be done? Somebody has to be the first one anyway. I don't feel I have it. I believe I don't have it. But I cannot tell how it progresses.

Dr: Wait, how do you mean it that you don't feel it?

C: I don't feel I have COVID-19.

Dr: And what would you want to have in order to feel that you have COVID-19? (Smile.)

C: I thought some cough or some shortness of breath or something like that. Well, a headache and a fever are also great, aren't they. I believe that they are enough, as well. I don't know.

Dr: From my point of view I suspect COVID-19. It corresponds to my cases. Symptoms of COVID-19 are not uniform. Someone may have just diarrhoea and a fever. Someone may have skin symptoms and loses smell and taste. Somebody also has a cough. Somebody has a sore throat only. Somebody has sinusitis and a headache. There are patients with fevers lasting several days, not responding to any medication. So from my

point of view you may have COVID-19, before it is ruled out that you don't have it. And this will be up to you whether you want to take the test or not.

C: Well, I have thought about it, actually. It would probably make most sense. Or I don't know.

Dr: This is entirely up to you, really. For me, the homeopathic remedy is not determined by the result of the test. It is determined by your symptoms, how you feel, the entire course, and everything you are telling me right now. This is rather for you to decide whether you will want to know it or not.

C: Well, I am not so fearful; many people needed the examination urgently just because they had coughed, I understand it. I am not worried for myself too much. But I do believe that this sometimes does not do any good, either. I am such a person who has been used to ENDURING EVERYTHING from an early age. My mother had brought me up this way, to endure everything. So, I do not do anything about myself, more or less. It does not concern me. I feel that this idea of mine that I can endure everything has actually got to me.

Dr: Yes, the idea (to endure everything) is sometimes dangerous.

C: I tend to play it down for no reason. I played it down once, it concerned my poor children, I always used to say: "That's good, I can do this," and it ended in my poor girl having a gall bladder issue at the age of seventeen. I tended not to believe her when she said that she had cramps in the abdomen. And she went to the doctor herself. I cried about it a lot. Therefore, I said to myself, I know you don't believe in those diseases, still it's good to get examined.

C: Now I am saying that it drops by itself - the temperature - a little. This does me really well. Having taken paracetamol earlier, I have always felt that it has dropped, but the pain has remained, kind of, I don't know whether I would say that the pain was stronger. After all, I don't have a temperature, why does it hurt so much. But as I have measured myself now, I have a temperature at 37.9 °C, and before I had 38.5 °C. I can manage on my own, so it gets better, kind of. I mean the head. So I don't know, it is more agreeable for me, I guess. It might possibly just be the mental process of me knowing that I haven't reduced it with paracetamol, but that it goes down by itself a little.

Dr: I believe the psyche plays a role and cannot be separated from physical complaints. Our body affects the psyche, our psyche affects the body.

C: Certainly, that is indisputable.

Dr: Try to describe me your headache as much as you can, what it is like, how it bothers you.

C: So, when I am sitting now, I can feel nothing. When I am about to stand up, I sometimes feel pain, meaning that I must stand up slowly. In the forehead. I get a short pang in the forehead, forcing me to hold my head with a hand. Or the temples. And the pain is the strongest in the right temple. When it hurts me, then in the right temple. At the beginning, I used to feel the top of the head. That was in that very week. I found it very odd. I have never experienced such pain. The top of the head rather than the forehead or a temple. And I have to say that it has moved. The top of the head does not hurt me anymore. And when it does, then when walking, and I have to narrow my eyes. Television bothers me as well. SOUNDS. NOISE. I have to switch it off. I want to watch it, because I spend the entire day in bed, but I cannot do it. Not too much. So fifteen minutes and I stop enjoying it. It just does not do any good to my eyes. Across my eyes, into the temple and the forehead. As if the pain is there, kind of. Over the time this has been going on, one can imagine that a disease has been progressing in there and it simply hurts from the inside already. It is kind of painful there already.

C: It somewhat reminds me of the migraine I had when I was around twenty, so it seems to me this way a little. I HAD TO HAVE MY HEAD WRAPPED. I also wrap up my body, this helps me as well. This way it hurts me. And I feel that I am really dead tired of it. Of the pain. This is what bothers me about it the most, for sure. Above the right eye, into the temple... I will move a little now to remind me of it... the forehead. The forehead, the eye, into the temple. But then when it hurts or I sneeze, that's something else.

Dr: That is the worst?

C: Well, kind of abrupt. I have a dog, for instance. I was lying in bed and he jumps on me - it makes me shriek, I could kill him, because it's so painful. And then this sneezing, blowing my nose. I do not have a runny nose, so I don't have to do it, fortunately. But if I wanted to, I would have to hold my head.

Dr: So if you wanted to blow your nose, the pain would get worse?

C: Yeah, for sure. And I would feel the pain in the entire forehead.

Dr: The whole forehead would hurt.

C: Painful pressure in the entire forehead. When I relax, sit, and do not move, then it will be good, kind of. But if I move, I simply want to drink, stand up, turn over, then I am like a snail (slow). Slowly, everything slowly.

Dr: You said that a forward bend, a squat...

C: Well, a forward bend, getting something, that is bad, really. I would have to squat down to avoid bending forward. For a while, yes. Sometimes it is good, I can tell. When my temperature went down to 36.9 ° or 36.5°, then it was good. But sometimes the headache would not subside even when the temperature dropped. Which surprised me,

because I believed it to be pressure from the fever. But it simply did not subside, even though the temperature was not as high.

Dr: You have sinusitis. And it may also be COVID-19. It may be from air conditioning or as you said that you were lying under a window. When was that?

C: Well, on Monday I went to my niece to have my eyelashes done. She did my eyelashes. She said, I didn't feel good about it, but she told me that she had a flu or something. That she kept staying in bed. So I thought, as I had recovered after that illness, that week I was already good, I might have caught something from her... because right on Tuesday morning, it was as if she sputtered something at me.

C: The truth is that I sleep in an attic room with a roof window. And as old I am, I can still be stupid. I remembered that last year I turned around, so that my feet were below the window. And this time, as I had those HOT FLUSHES AND IT WAS HOT, I left my head by the window. There is a curtain there, but there is a draught from the sides... But I left the door open to have the draught to sleep well. And it got even better on Thursday, I washed my head. I do it all the time, I go to sleep with a wet head. I have long hair, so it takes a long time to dry. And I believe that was the last straw. Then the top of the head started to hurt. Kind of unusual, why the top of the head. I woke up at night, telling myself, you are stupid, and I put a hat on. Because I felt I screwed up. Because I felt that I have overdone it. So I don't know. But it may be a cold in my head.

Dr: I believe you have an inflammation of frontal sinuses. And now the question is whether this is a positive COVID-19. In any case, the symptoms correspond to frontal sinusitis. Have you ever had a sinusitis?

C: I haven't. Nor ears. I was ill as a girl, but not as an adult. I have got resistant.

Dr: What illnesses did you have as a child?

C: Scarlet fevers, around four in a row. And meningitis. I was in hospital with it. Such stupid illnesses.

Dr: Tell me all of them.

C: Well, meningitis, scarlet fevers, tonsillitis many times.

Dr: Did you have it often?

C: Yeah, I used to have A TONSILLITIS EVERY THREE MONTHS. Before I reached a certain age, basically. And I believe that is a lot. The meningitis was bad. I used to take antibiotics quite often, so it wasn't a good time. Then I possibly developed this resistance to medication.

Dr: You have developed resistance to medication?

C: Possibly from the hospital. Because I know that the meningitis was bad. I didn't like it. I vomited a lot and was brought to the hospital, very high fevers. But I was terribly exhausted, three weeks in hospital. Otherwise I believe nothing more drastic. Otherwise I am really healthy. And my doctor, I go to a clinic, I have my complete blood count done regularly. And she said to me that a book should be written about me. I have everything all right, really. Everything, cholesterol, sugar, heart, my pressure is low. I would say, my pressure is at 100/50, so my pressure is bad. But I don't have anything which would make me feel ill. For this reason, I might have been cocky to believe that I CAN ENDURE EVERYTHING. Meaning that I am resilient.

Dr: Now you think it's otherwise?

C: Well. I believe, again my opinion, that due to the fact that we disinfect so much, I told myself that I would lose my immunity soon. Because I am not used to using so much soap. It doesn't suit me, really. I would prefer if it went back to normal again. Because I haven't had a flu in my life. Nothing. I believe that due to the measures at the clinic and due to COVID-19 I became sensitive. I believe. It doesn't do me well. And not just me, I believe.

Dr: I share your opinion, inside us and around us is a healthy microbiome and as soon as it is disrupted by excessive disinfection, then one can "catch" something easily.

C: Exactly. Mainly the medical staff, I would say, is worse off, because you are forced. You must do it. An ordinary person puts on a mask and gloves, and that's it. But we there, I was afraid I might infect somebody too. So, until today I have been working with a shield, in a mask, because a doctor said that it had to be that way. Due to the fact that it tends to return a little now, I disinfect myself all the time, so I believe that there hasn't been any misconduct on this part, no. But one does not know where one may be sputtered at. But in our place, in our polyclinic there hasn't been a single case. I have been lucky. In Prague, there are more cases, but Prague is big.

C: So now it's good, I am away from people, that is fine. I am away here. Although, my husband, he has diabetes, so I would be unhappy if he caught it. But I cannot resolve it now. If he is supposed to catch it, then he has caught it anyway. It cannot be helped.

C: My husband had a terrible cough for three weeks this winter in February, and I could barely understand why I didn't catch it. Probably everyone has their own bacteria waiting for him/her (smile).

Dr: I would like to ask again what difficulties you had with your ovaries. Try to describe it to me in greater detail, what happened, what preceded the difficulties, what the symptoms were...

C: At the age of 28 they found a LARGE MYOMA and removed my uterus. They performed a hysterectomy. At that time, this was how it was treated. Because the tumour

I had was huge, like a little head. So they took it from me. Then I attended check-ups. When I am told to, I go regularly. And CYSTS started forming on my ovaries. And they kept growing and growing, apparently due to the hormones when one does not menstruate, I don't know. Probably, it must dissolve somewhere there, I don't understand it. And so I had it so big again that my doctor said, enough, it must be removed. So, at around 46 or 47 I was operated on and had my ovaries and Fallopian tubes removed. So I have been without these hormones for four years, actually. Exactly four years, in January. And it is not agreeable. Because it has been a rather fast transition. The body was not prepared for it. I was told that I was in full hormonal power, that I had enough hormones. And it started already in the spring after the operation. I use a complementary natural product, containing St John's wort, black cohosh, and vitamin D. But I don't feel it was helping me a great deal. Then I started attending acupuncture sessions, and I went there for about half a year. I drank some herbal infusions, used medication, and went to those sessions. And it helped me a lot. I have to say. They also modified my diet, what I was allowed, not allowed to eat, what did not work well for me. So for instance, I SKIPPED MILK and such stuff. Sugar and WHITE FLOUR, for instance. Although I do eat it sometimes, but I try to eat it as little as possible. Well, it improved. But now it has worsened again. Of course, I try not to drink alcohol and coffee. I sometimes have alcohol, some wine, because it's no fun for me otherwise. And lately, I have felt like drinking coffee, as well. But sometimes I drink decaffeinated coffee.

C: So I have been treating it this way. And I would say that the menopause, that EVERYTHING IS VIOLENT TOWARDS MY ORGANISM. The hysterectomy. And I had it so terrible, because I had such a triple combination, really. My father died, he killed himself. In three weeks, I was operated on, and on top of that my husband had an affair. So I had a really bad patch. I believe I have had the worst of it, mentally. So I suffered terribly, on the inside, I would say. So, those were my biggest pains. Otherwise, I don't have anything else. I wanted to ask, I hope it doesn't matter that I use vitamin C now?

Dr: Why should it matter?

C: Whether it's not wrong somehow. Actually, I told to myself that I was weakened, so I took vitamin C, because I believed that it would do the body good. I don't know, probably not.

Dr: Vitamins are not a problem. High doses are recommended in acute phases, as well, no problem.

C: I was telling myself not to disrupt it with something else. With all that I have consumed lately, I am telling myself not to screw up more than necessary. I didn't finish the package of Dalacin (*clindamicin*) ...

Dr: Having listened to you, I absolutely do not recommend it to you. It appears that you probably have a viral sinusitis.

C: Yeah, yeah. So this will just be a cold in my head.

C: The truth is, well, I don't say it is important, but I have heard that people suffer from it a lot when they have it. That it is nothing nice. You see, now I have 37.2 °C, talking to you (laughter). I am here with a thermometer, pressing it after about 5 minutes, because I am a pervert (laughter).

Dr: So often? (Laughter.)

C: I bought a thermometer for children, the pharmacy didn't have another one, so I bought a children's one with pictures. But it is this fast type, measuring in seconds. But 37.2 °C, I am happy!

C: That's very nice! I am saying it, I am relieved. I am sitting by the window, that's right as well, maybe as it is getting cold in the evening.

Dr: I believe your psyche plays an important role as well. You were afraid. You are not used to illnesses. When something comes, you go to an operating theatre right away. And now you are experiencing something you do not know what it is...

C: Certainly. That I simply feel that I have simply reached the bottom. That I do not admit to myself that I am just ill. In fact, why couldn't I be ill, just like that. There are people who have a headache for a week, suffer terribly, but they have it, right.

Dr: You said you started to be "hysterical". This is probably related to it as well. What did you experience, try to tell me more.

C: You know what, what I fear the most, really, is the COLLECTIVE GUILT. Not to infect anybody. I am terribly afraid of it. That is the first thing. Then, that my body can no longer cope with it. That it will not be able to endure it. I always set targets for myself, kind of. For instance, for me now the fact that I cannot exercise for a week is just impossible. I feel that I strain my body terribly, really. I weigh 80 kilos, I am not a dwarf, not at all. But due to the fact that I am used to exercising every day, I am somehow kind of vital, I would say, rather so. And I am good, this has always been so much fun for me. But I feel that I push it by hook or by crook. Like having the image of being cool. Having power and enduring everything. I would say that this is my fundamental...

C: Yeah! I haven't told you this yet (laughter). I also started to go to therapy, when was it, in February. Because I have a daughter who also tries to do something about her life, and so she started to go to some therapies. I live with my mother, I have a small problem with her, a mental one. And I called my girl and cried on the telephone, a great deal. For about an hour. And she told me: "Look, mum, have you thought of consulting somebody?" She knows that I have problems with my mother and that I should do something about it already. I agreed to it, because I have always said no, I don't need it.

Or she was going somewhere, and I would say: "Oh, come on, but..." I always play it down.

C: Well, I started seeing a therapist. The truth is that I cried a lot there twice, always for an hour. But I felt a slight relief. Firstly, the relationship between me and my daughter has become much better. She is probably happy as well that I go there or that I simply try to help myself. Well, and I am telling myself, I may have released some more emotions. The thing is whether I haven't turned kind of, not entirely hysterical, but the emotions are so deep that it almost scares me. I wonder whether I am not in a state in which the body may not have enough power to cope with all of this, you know. The childhood problems which come up and so.

C: So, I don't know whether I haven't taken a big bite. That I tend to think, it's good, it's good, but I'm actually crying. I thought I might have this... hm, I am stupid, I will remember (laughter)... migraine! Migraine from crying. I WATCH SOME STUPID THING ON TV AND CRY. I believe I have been releasing very emotional feelings. The fact that I am possibly tired or miserable from all of this, and I am also very sentimental, asking myself why me, and this, and what is happening to me. And what is happening? Nothing, right. Obviously, I have had something for a longer period of time, but I can see that it is not getting worse. It would already knock me down if it was supposed to be bad. Or I hope my train of thought is correct.

Dr: I think your train of thought is correct. There is no space at your GP's to observe complex relationships (between symptoms and mind and body).

C: Exactly, I am aware of that. That it is very broad, well. Because when I come to a doctor and tell him/her that I have a headache and have a temperature, he/she gives me pills and I go home.

C: I am not speaking of the fact that one is not even admitted to the doctor, because he/she is afraid. And one is told to just stay at home and be in bed. I called a doctor in Prague, I was telling myself, because my doctor was on holiday, but this one comes to our dental office. But a nurse picked it up and said: "Well, so stay in bed, drink liquids and hot weather..."

Dr: You know this by yourself without her, as well...

C: I believe I have already reached an age to know and also I work in healthcare, so I pick up stuff sometimes, obviously. That it is simply hot, and when I have a headache, there is a reason, apparently. Explain this to somebody, really, but he/she would have to listen, this makes me really desperate sometimes.

Dr: Yes.

C: That is has been three minutes. And I am aware of this fact, because as a nurse I make appointments for patients at the dentist's. And today, I am really proud of the fact that I do not reject anyone. So I just fit it in the day when they are in pain, because I can see that the person is desperate, right. So I cannot tell him/her, you will come in three days when I know that he/she is hitting his/her head against the wall. He/she needs immediate help. And fortunately I work for a doctor who agrees with me. So that is good. AND CAN SEE THAT PEOPLE DO APPRECIATE WHEN HE TREATS THEM WITH KINDNESS. For this reason, I am happy that you are kind (smile).

Dr: (Smile.)

C: Well, that is terribly important. Really extremely. This is a remedy itself, no need to discuss this.

Dr: Yes. It also reduces the mental burden...

C: Because you understand it, you are erudite. I can be thinking anything up here, but when somebody just says it, somebody who understands it, then I can understand it better. Of course, I look up the internet, even though I try to do it as little as possible. I know that it is nonsense. I try not to. But from time to time, I tell myself, Jesus...

Dr: What have you diagnosed yourself, confess (laughter).

C: (Laughter.) Nothing. Probably nothing there. I just typed fever, headache and lack of appetite there... no...

Dr: Finish it...(laughter)

C: Either migraine, obviously. And there was some inflammation, possibly of the sinuses, it was certainly there. But I didn't know about sinusitis. I have always imagined that it went into the ears. But the truth is that IT GOES INTO MY EARS.

Dr: It goes into the ears?

C: Hmm, as well. There are moments when it stings inside the ear. And so I don't know. But the truth is I feel better now. That is actually nice (laughter).

Dr: We have determined a problem, we have agreed that it does have a solution, indeed, that we do have some back-up plan should it not get better; that would be going to the ENT Department. And suddenly, out of the big unknown in terms of what is going on with you, you already have some options concerning what to do next. At least, we have eliminated this by this discussion, and that is also part of the homeopathic interview.

C: Clearly. Because I do not understand it, really. Obviously, every view of another person is totally different than one's own.

Dr: When I mention - from what you have told me - that you work twelve hours a day, combined with a weekend marriage, and commuting, living with your mother...

C: Well, and that is true. It accumulates, I say that mental health is fragile. When one overdoes it, then it can happen that one breaks down without knowing how. So I am also telling myself that thinking that I can endure totally everything is probably also not good, either. Well, it's about being able to say enough. That's the point. Not only becoming aware of it, but simply doing something about it. Well, I know. This is just not good. So I have to give it a thought. Significantly (smile).

C: One reaches a certain age when one wishes to have some peace and quiet. The children are grown and so one should enjoy life and not just be ill. There's no need to chase after anything.

Dr: You said that you cried a lot during that therapy, will you tell me more about it?

C: I had a complicated relationship with my mother, in the childhood. She was always very strict, a STRICT MOTHER, so I always had to [exhales] do everything, basically. As she was going to Prague, we lived in a village, and for our mum spending some time with us, well, she did not have time for us. She was always just hissing and smoking, and my brother and I used to be home alone all the time. That was the first thing. So I used to be home alone a lot also overnight and I was extremely frightened. So that was kind of unpleasant. And combined with, what disturbed me a lot, well, what affected me a lot was that my father killed himself.

Dr: How killed himself?

C: Not a suicide. I don't now, really. He was at work, played table tennis, in the evening he and the guys went to have beer, and he didn't come home. I had both of my children then. But I felt that something happened, probably. We live in a family house. With my mum, my brother lived downstairs. In the morning we started to make phone calls. Well, and the colleagues went and found my father dead. And his head was broken. Possibly as he was returning from the pub and nobody knew. The autopsy showed that he had a burst artery leading to a kidney and that he fell, apparently. And he might have broken his head this way. But the truth was that he had his salary on him, but we didn't find it. And on that day he received his salary. So I am saying to myself, I don't know, someone might have hit him. He might have been seen in the pub with money on him. I don't know. But it has taken a toll on me, a lot. I JUST LOVED MY FATHER and this is a trauma for me. My dad wasn't even sixty. He was young. And we had a nice relationship and he was very much like me. I felt that we understood each other. So I find it difficult to cope. Well and my mother, as I have only her today, well, she doesn't spare me. She is very strict with me. This is wrong and this is correct and this... My mother used to treat

everyone like this. She does not show many emotions. She is Capricorn and reveals very few emotions. I know that it's not that she didn't like me. I do get it that she cannot give more of herself, but it's very disagreeable. So one feels that being in the world... well, I do have my husband, children... but the close ones one loves and wants to have around and I MISS MY DAD TERRIBLY SOMETIMES. Terribly. And that's about it.

C: There, the first hour, I didn't know what topic I was actually coming with, and I started talking about my father, and I cried the entire hour. I was shocked why it came up this way... I find that I have not resolved some issues, basically. That they just GET CONCEALED.

C: And there's one more thing, but I will share it with you, it's just, but probably yes, I am fairly old... I was raped when I was seventeen. And I believe that this may be an issue concerning my psyche. The myomas and ovaries, that I haven't resolved either. Back then, I told my mother when I came home at night. And I was seventeen, I went out, and some boy just did it and I was beaten and this. And back then, my mother told me: "Are we going somewhere or will you endure it?" And I said I would endure it. And I went to my room, having shivered until the morning. And my mother told me that we had to forget about it. So I believe that I haven't resolved it completely. And I feel I kind of reproach her for it, that she didn't help me more. That I just NEEDED MORE SUPPORT, I GUESS. So I believe that I have accumulated a lot as well.

C: And due to the fact that I attend those therapy sessions, I feel that it comes up. I feel sometimes that it's a lot. That it gradually boils, at once. That I haven't looked into anything my entire life, and my mother always said: "No pain, nothing exists, you can endure everything." And she always told me that she was most proud of me, because I could endure everything. Yeah, for instance, I pulled teeth by myself at night and such things. And she was always proud of me, proud that I can manage everything. Pain. That I could cope with all the pain. So, I wanted to please her, of course. I wanted that my mum praised me somehow. So I endured everything.

Dr: So you have found a way.

C: Yes, yes. So that's the way it was.

Dr: I believe you have made the links correctly. I believe it is related. You say yourself: "What if I have taken a too big bite, what if I strain myself too much, do not admit pain and do not admit to myself what a toll this has taken on me". Whether the time has come to allow yourself to slowly abandon this pattern. Of course, in a safe environment, with support of another therapist or here and now during the homeopathic process.

C: I try to understand these things a lot. For instance, I started to study astrology for this reason. Because I have always wanted to understand people. THE BONDS BETWEEN PEOPLE, SUCH AS CHILDREN AND PARENTS, INTERPERSONAL RELATIONSHIPS, I have always been interested in it a lot. And I thought that I would understand it just by

understanding the way the people are. So, that's why it has always been great fun for me. I have always been interested in people a lot. But on the other hand, I feel, too, that I allow people to come too close. But it's better now, it used to be worse when I was young. Now I have a little more common sense or I just do not chase myself. One works hard for the others, but I don't mind, I like doing it. I don't mind it. But then one fights the near ones who keep telling you that you should be tougher, that you should do it differently and for yourself. And sometimes I pretend to be dumb. But it is my decision, nobody forces me to do it. The self-worth, I would say, should be higher. But when one has endured several blows like this (smile), THE SELF-WORTH IS RATHER WEAK. I have been divorced for ten years, and I got married again, actually. I was married for twenty years and I considered it my failure, as well, that this happened, because my mother, of course, said nobody in our family gets divorced, right. Simply not. So I felt sorry about this as well, that I was the black sheep in her eyes. Well, it goes hand in hand. Sometimes I would probably want to hear: "I love you the way you are." And not just in exchange for something. Yeah, and when I was young she used to tell me: "One must deserve love." And also: "YOU ARE NOT ENTITLED EVEN TO OXYGEN." That was something, as well. (Laughter.)

Dr: What does it mean, the last sentence?

C: That I and my brother weren't even entitled to get any oxygen. "Look, you are not entitled even to oxygen."

Dr: How did you understand this?

C: That we kind of shouldn't even imagine that we would get anything or that something would be or not be. Simply: "You are not entitled even to oxygen and that was it." That was our family sentence. (Laughter.)

Dr: I don't understand some things from my parents, either. And when I ask them about it, they don't understand it either. (Laughter.)

C: But the truth is one says terrible bullshit sometimes. I have always tried hard when I was bringing up my children not to say crap. Because I saw how much it hurt me. So never in my life would I tell my children: "Look, so if you want, get the hell out of here." I wouldn't be able to swallow this. I have always said to myself, let them feel welcome or loved at home, because I needed it very much that they know about it. Because I know how it was when one always packed the little luggage to run away with, to be looked for, to be cried for, possibly. I went to bed in the evening and imagined in every detail what it would be like if they would be mourning for me. Well, this is nothing tragic, but it was not nice.

Dr: So up to now you don't know what this has meant that you are not... Tell me the sentence once more?

C: That I am not entitled even to oxygen. It probably means, I believe, that EVERY PERSON SHOULD POSSIBLY HAVE OXYGEN TO LIVE. Oxygen is fundamental. So I don't know why I have no entitlement to oxygen, which is in the air. No idea. You are right, I have never asked my mother about it. Maybe I could still do it when she is still alive and can still explain this to me. My mum is seventy-five.

C: I am happy that I started to attend those therapy sessions, I believe I can resolve it before my mum dies. Because if she dies before I can come to terms with it somehow, then I will be carrying it my entire life. The rest of my life. But I believe I should probably try. Because I would have those wrongs inside of me then, right. And that is not good.

Dr: And what impression did it make on you when she told you that you weren't entitled even to oxygen? She may have been saying it often...

C: Probably often considering the fact that I remember it this way. That might be, I don't know, around forty years back. So when one remembers something like that... there are simply several sentences one remembers in life.

Dr: Try to tell it to me if you can recall how you felt when this was said. The sentence.

C: I felt she didn't like me. Yeah, from all these things that used to be, that she didn't find time for us or that she simply didn't come home in the evening, because they were having a party at work. So, I always kept staring out of the window, because we lived in a village, and there were three bus connections. And when she didn't arrive at nine thirty, it was clear she wouldn't come. AND I WAS JUST STICKING TO THE GLASS, I CAN RECALL EXACTLY HOW I WAS STICKING THERE IN THAT COLD AND HOW I FELT TERRIBLY SAD that THE MOTHER WAS THE CLOSEST CONTACT AND ONE FEELS KIND OF PUSHED ASIDE. And then I look for such people in life, as well, in order to have someone to please. In order to pretend that I am perfect in the world, that they must love me, because I am just great, right? Not because somebody would like me for what I am like, but I try to fawn on somebody all the time (laughter). Not on children, I have a nice relationship with them. The boy is smart, he has a clear head, I would say, for his age. My daughter is totally relaxed. I am not worried about them, thank god. One can see that ONE HASN'T FAILED IN EVERYTHING IN LIFE, right. My relationship with my ex-husband is also just perfect. We can agree on everything perfectly. I am proud of myself that we have managed to do it, we have dinner with children. Just relaxed. I am happy. That they are not traumatised by this. So this does not worry me. Just my mum. And I am very much worried about the idea that she would stay at home lying in bed and I would have to take care of her. This frightens me, I have to say.

Dr: What makes you scared about it?

C: Because she took care of her mother, the grandmother, this way. And grandmother, she used EMOTIONAL BLACKMAIL, incredibly. Really. I didn't like her, because she was able to enslave my mother so much, so much. I was telling myself that she took the last good years of her life from her. Because really, breakfast, snack, everything needed to

be cut slowly on a plate, terrible. AND I DO NOT WANT TO SUBMIT MYSELF TO IT THIS WAY. My mother may think, I am telling it to her that I will not be doing it. I say: "You must try to take care of yourself." I think I do not want to make it any easier for her. She would be left for me here, because she is a lazy mother, she just keeps sitting in front of TV and I can see she's having a hard time walking, it bothers me. It bothers me, and for this reason, apparently, I myself try to get moving, so that my children do not have to push me in a wheelchair. When I see something bothering me, I always try not to do it. I may even overdo it sometimes. My dad was also very active, so I believe I have taken after him a lot. But he, the poor one, didn't survive, either. One must slow down. (Laughter.)

Dr: Yes, you need to find a better balance for you.

C: Yes, no doubt about that. I can already walk normally (laughter). I went to the pergola, because it is cold here already. Oh my god, I have no headache anymore. That's beautiful (laughter).

Dr: (Laughter.)

C: After a long time, I am happy. That's great. Now I feel that I even do not have any COVID-19.

Rx OZONUM LM1 - 1 drop into glass of water and sips frequently, since morning
August 29, 2020

Case No. 2 - follow up - July 30th, 2020

Dr: How does it develop?

C: Well, it is better, kind of. I would say a lot. Today I have slept, for instance, and woke up just once. That is a miracle, indeed, because I used to go to the toilet every hour. My temperature yesterday was at 38 °C sharp; that was the top. And today it's 37 °C and now it is 35.1 °C.

Dr: Do you use the children's thermometer with flowers? (With humour.)

C: Yes, the children's with flowers. The thermometer is rather tired of me.

Dr: Come on, how many minutes are you measuring yourself? (laughter)

C: (Laughter.) Well, now I have improved that, I measure myself every hour or so. (Laughter.)

Dr: And before that?

C: Before that, I measured myself almost all the time. But I had the thermometer in bed to be able to throw light on it, and so I measured myself all the time, really. And today I didn't even sleep with the thermometer in bed. So that is success. (Laughter.)

Dr: Yes, indeed.

C: Because I am no longer afraid that it will spike. I am no longer interested in it so much, the temperature. Well and the head is better. The head is much better. I don't feel such pain forcing me to press on some spots. The only thing is that I am weak as a kitten. I can hardly go to the toilet; I crawl there, so to speak. And I shiver. I shiver terribly, my hands.

Dr: It appears that we have managed to overcome the main spike. And now is the time to think about modifying your diet. The lack of appetite will prevail for a while, but I would recommend that you force yourself to eat a little. In doing so, we could slightly improve the weakness.

C: Well, my husband has been waiting on me hand and foot; he would bring me everything I need. I HAVE TWO BITES. But I try, I try. I will have some soup today.

Dr: Last time you said you would eat watermelon. Anything like this?

C: I have eaten almost a half of WATERMELON already. I ate a bit of the watermelon at four o'clock in the morning, as I was returning from the toilet, as well. So I feel weakness from the hunger. Well, I do like it. I tend to eat BANANAS. And I ate Pacholik (a sweet thick milk yogurt). But I cannot swallow meat. No way.

Dr: Altogether, or just now?

C: No, I do like meat. It's just that I am surprised by it. My husband always cooks something, for instance he cooked me a lamb roasted on butter, because it is a fairly light meal and I just ate potatoes, I cannot do it.

Dr: Some protein will be needed.

C: I ate an egg today.

Dr: An egg doesn't cause you any problems?

C: No. I ate a hard-boiled egg and a piece of bread and butter today.

Dr: Rather proteins, because you will need it for convalescence. And otherwise, eat what you like.

C: Yeah, and I started to blow my nose. Not much, but sometimes yes.

Dr: Well, that is excellent! I will put it in lay terms, you had a paralysed mucous membrane due to the virosis. Discharge is a good sign.

C: All right, I am happy. So proteins and staying in bed. And always one drop a day?

Dr: Yes, continue the regimen of one drop in a glass of water and we will talk again tomorrow.

C: Good. I have to say that it has infused me with a lot of optimism, really. My husband has said that my cheeks have turned a little rosy, as well, and that I don't look like a shar pei (laughter), so it is good.

Dr: So, tell me more, what else does your husband see in you. It is also nice to hear an objective opinion, indeed. (Laughter.)

C: (Laughter.) Like I am a wreck.

Dr: But he has said this before. (Laughter.)

C: Because he knows me. He knows that I have a lot of energy, normally. And now I am walking and feel unsure walking. Sometimes I feel as if I am about to fall. And when I walk, he is laughing terribly. Well, he is a cheerful person. It's not that he would feel sorry for me, saying that I am a poor thing, not that. He is laughing at me. And today he has said I look better.

Dr: So objectively one can already see a positive change.

C: Through vision, yes. (Laughter.)

Dr: Through vision of a regular person. (Laughter.) I will also ask you, when your head has cleared now, what does it look like, how has it cleared, what is different?

C: When I blew my nose for the first time, it was totally unbelievable. AN UNBELIEVABLE **FEELING OF FREEDOM**, KIND OF. I also saw better. And the fact that I could actually make the blow into the head at all, that is another thing, right. To exert the pressure. Because earlier, I wouldn't be able to do it at all, I would have to hold my head.

Dr: Due to the pain...

C: I wouldn't be able to do it. Well and today I have talked to my mum, as well, because she has called me, wanting to know how I feel. And I just, I don't know what has happened to me, today I HAVE TOLD HER I LOVE HER. I may have a mental block, possibly. Never in my life have I said it to her. Never in my life. And then she has said she loves me too. Then I hung up and cried a lot for about twenty minutes. And that was also very relieving. And then, I could blow my nose more, as the tears were running down. But really, I was crying like a small child, so I feel it has relieved me a lot.

Dr: That is excellent!

C: Well, I can tell you that I myself am greatly surprised by that, the fact that it has helped me so quickly.

Dr: Yes, there is a certain myth about homeopathy that it does not help fast.

C: It makes me really very happy. It is perfect. (Smile.) And I feel so well, so it is good.

Dr: I think the whole thing is going well. I am very happy with the progress. You will gain more strength and I believe that you have made a step towards a much better quality life in many respects.

C: I have. That's marvellous. (Smile.)

Dr: I am looking to a phone call tomorrow. Have a nice day. Good bye.

C: Thank you, have a nice day, good bye.

Case No. 2 - follow up - July 31st, 2020

Dr: So, what does it look like today?

C: Today, I would say it is very good. Today very good! Today exceptionally good!!! (Laughter.) Exceptionally. Today I feel much better. I can walk better. I don't shiver that much. Sometimes I go to the garden and then inside for a while. I ate a piece of a chicken breast, my husband cooked it for me. Just like that, excellent, he cooks very well, so it was really good. And I really do feel better. Temperature is no longer an issue for me, I just don't have it. I had it just yesterday in the afternoon, but I told to myself that I wouldn't measure myself. And the head is much better. So, I am a patient now, kind of, but I do feel better, really. The only thing is that when I blew my nose, it triggered NOSE BLEEDING, so I had to stop it. It used to occur earlier when I blew my nose like this. So blood. But otherwise all right.

Dr: If the bleeding is not strong, then it is a side effect of what I told you yesterday, the fact that it is leaving mucous membranes.

C: Yeah, it was nothing, I could stop it, I had a lie-down. I put a handkerchief or cotton into my nose. As a girl, I used to suffer from it quite a lot.

Dr: It started bleeding always from one nostril or from both?

C: Mostly from one. Now from the right one. And the truth is that when I do have a slight headache, then into the right ear and also the right temple. And now, the blood started flowing from the right nostril.

Dr: Have you ever had to be treated with it?

C: No. Burning, nothing like that, no. It just used to be unpleasant. I was in the metro, say, and all at once one gets a terrible bleeding. I haven't had it for a long time now. But it is nothing terrible.

C: I just wanted to ask whether I could wash my head in the near future.

Dr: Certainly.

C: And can I also go to a whirlpool if I feel like it?

Dr: Yes, but a whirlpool usually has around 37°C, so you need to make a good estimate of your power, so that it's not a big burden for you. I just wouldn't recommend diving due to the sinuses.

C: Clearly. When I am fitter.

C: So I will be using a drop every day?

Dr: Yes. You will continue and will let me know in about a month or any time you find it appropriate, for a check-up.

C: Fine. Thank you very much for your help.

Commentary to case No.2 and follow ups - July 30th and 31st

During the homeopathic intake I reached the conclusion that there was a high probability that the client had COVID-19. I determined a clinical diagnosis of frontal (and perhaps ethmoid) sinusitis. The dominant clinical symptoms were dryness in the nasal mucous membranes, absence of rhinitis, headache and persistent fever which did not respond readily to antipyretics. She was sensitive to noise when she had a headache. Sensitivity to noise and other environmental pollution (light and radiation smog, fumes, odours, ash, soot, dust, pollen, etc.) is a common Ozonum characteristic. If someone requiring Ozonum suffers from headaches, s/he is bothered by light as well, and tying something around the head, darkness or lots of coffee helps. Quite often, sinuses have been the locus minoris resistentiae for this person since childhood. They suffer from various issues, inflammations keep recurring. Either they have dry, viral, painful sinusitis, feel a strong pressure in sinuses as if a BALLOON or BUBBLE were expanding there. Sometimes they describe it as if there is compressed air, while sometimes the heaviness in sinuses as if from lead predominates. All paranasal sinuses tend to be affected. In my cases, frontal and maxillary sinuses were most affected. In terms of other somatic symptoms, there may be bacterial sinusitis, in which case the maxillary sinus was most often affected. The right side seems to be affected more often. If the inflammation of maxillary sinus does not heal ad integrum, X-ray images may show an old encapsulated (fibrotised) focus. Sometimes, the maxillary sinus in the X-ray image is completely blurry/opaque. This is linked to an otitis media acuta, in which Ozonum has also proven to work well. It is a combination of a runny or stuffy nose, otitis, and sinusitis. They feel as if they were a diver, completely under water. Senses such as smell and hearing are numbed. Taste and appetite can be affected too. They feel as if they were encased in cotton or under water or in a thick sticky fog. They feel separated from the world. Most often they use the water analogy. Several cases have reported a nasal discharge with blood after Ozonum had been administered as a part of the healing response. In symptomatic COVID-19, it always brought alleviation of nose symptoms, namely improvement of stuffy nose and also disturbed sense of smell.

We can find Ozonum in the following repertory rubrics:

Nose; discharge; bloody

Generalities; secretions of mucous membranes; bloody

Nose; epistaxis, hemorrhage; one-sided.

The client was exhausted and had no energy, and suffered from dysorexia. She can eat only a few bites. Easy satiety, following only a few bites, is also seen in chronic cases of Ozonum in children. She was only able to eat watermelon and drank excessive quantities of water because she was afraid of becoming dehydrated. I have noted that in many other Ozonum cases. They feel that their mucous membranes are dry and have to keep a bottle of water by their side at all times, even next to their bed at night. Dryness and symptoms that complicate dryness belong in the Ozonum indication spectrum. Sometimes Ozonum can mimic the effects of other substances, with dryness it can be, for example, *Nux moschata* or *Bryonia alba*. Watermelon is a specific food for Ozonum.

They often consume large quantities of watermelon during bodily decompensation or when the outside temperature is high or they have a fever. Watermelon fulfils some of their immediate needs, is easy to digest and has a high water content. They are capable of eating huge amounts of it. In some cases, I have encountered the opposite, where merely the aroma of watermelon evoked revulsion. These patients had a chronic aversion to watermelon. Watermelon - *Citrullus lanatus* - is practically unknown in homeopathy and, in common with the Ozonum dynamic, it has a feeling of coating, an outer peel, that must remain unviolated to protect the soft interior. The client's despair and fear of her condition was evident from the conversation. Even though she didn't say it outright, her fear of the worst possible consequences hung in the air. Her anxiety was evidenced by the fact that she took her temperature almost continuously.

Similarly to other cases with Ozonum dynamic, here too there is an effort to breathe through the problem, even when the pathology does not affect the lower respiratory tract and airways or the lungs. Later in the case, we learn that the patient was not accustomed to taking medicine or going to the doctor. This is the stance of the vast majority of patients with Ozonum dynamic. There are several reasons for this. They are afraid of all illnesses. Not just infections and parasites, but in their view, any type of symptom may mean a serious diagnosis leading eventually to death. Therefore they try to avoid doctors. They believe that by diagnosing the illness, the doctor will in essence be uttering a curse, thereby sealing their fate. They are also intolerant of any medical procedures disrupting their integrity. Some are sensitive to blood and needles, surgery and endoscopic examinations. They view medical procedures as forms of violence. The integrity theme and avoiding contact with the doctor is similar to some plants from the homeopathic family Asteraceae (Compositae), for example, *Arnica montana*, *Echinacea purpurea*, and others. The heroic attitude is also present, but only until they become injured, whereupon they are unable to integrate, or decompensate to the point where hypochondriacal anxiety and panic dominate. Clients with Ozonum dynamic also do not like it when someone treats them disrespectfully or does not take into account their autonomy, which, unfortunately, occurs frequently in the official healthcare system. For this reason, they sometimes try to trivialize their symptoms to avoid having to go to a doctor. This can lead, as in the case of the client's daughter, to neglecting serious symptoms of an acute illness. The client is very busy workwise and overloads herself in general. She realizes that performance serves as a substitute for love.

The client's view of why she is sick now is interesting. Here, too, we can see a variation of the fundamental Ozonum dynamic theme. She speaks of her resilience, of which she is proud. In the past, she suffered from scarlet fever and recurrent sore throats (tonsillitis), and she even had a serious case of meningitis. She believes that her own microbiome protects her, an imaginary protective layer ("like an ozone layer"), which was disrupted by excessive disinfection during the pandemic. She lists haemorrhoids as another problem. Clients with Ozonum dynamic often have haemorrhoids that get worse after emotionally tense situations. They often have problems with superficial veins and along with hot flashes they suffer from venostasis and peripheral oedema. Polyps on the uterine mucosa, complicated metrorrhagia outside of their cycle, as well as huge myoma are relatively common pathologies in women with Ozonum dynamic. Polycystic

ovaria (PCOS/PCOD) or ovarian cysts are also part of the Ozonum sphere of action. CYSTS are common in Ozonum in general. On a somatic level, they express the protective bubble theme. This psychodynamic phenomenon can be expressed on various levels, psychological and somatic and energetic. Sometimes they complain of bubbles under the skin or in their intestines, which they describe as ants or a sort of fizzing - like champagne bubbles. On a somatic level, the "bubble" phenomenon is evident in a tendency to develop cystic illnesses. It can be an isolated cyst in the body's organs - the brain, kidneys or liver, or polycystic illnesses - like PCOS as mentioned above or polycystic kidney disease. But cysts or cyst-like formation can be anywhere, for example, bullous emphysema in the lungs or cystic fibrosis.

The theme of the mother, with whom the client has an unresolved relationship, arises in this case as well. It is very interesting that just within 24 hours of administration of the remedy the client's relationship to her mother changed. I have noted this in other cases, too, that after administering Ozonum the client's relationship to his or her mother is reconfigured. Sometimes it is marked by a clear delineation, other times on the contrary more feelings and understanding come into the relationship. Ozonum always, in some way, reconciles the most fundamental bonds - to one's parents.

The psychological circumstances here, of course, include a history of rape and the mother's response to it. However, I believe that the client's relationship with her mother constitutes a far greater burden on her. She mentions that she needed support. In the Ozonum dynamic, various forms of the support theme appear very often. Sometimes the patient complains of a lack of internal or external support. Sometimes we hear in the client's story a claim that s/he is a source of support for a family member or someone close. But if you look more closely, under the surface, you find that this is just wishful thinking. The person's own oversized fears and anxiety, along with escapism and a strong inner uncertainty in oneself makes it impossible for the person to be a true source of support for other people - an imaginary lighthouse that can withstand any type of waves crashing ashore.

The statement that the client heard in childhood was very powerful: YOU AREN'T EVEN ENTITLED TO OXYGEN. That is a variation of the basic theme of Ozonum: "I can't inhale/ I can't breathe". Breathing is a basic human need, a biological determinant that we cannot escape due to our most fundamental structure. Without air - oxygen - we die immediately. That statement - you aren't entitled to oxygen - is a form of verbal psychological abuse. Through this statement the parent is telling the child: you are not entitled to live! It was interesting that the client recalled this memory with a laugh. I believe it was a self-preservation mechanism. It was evident that it affected her deeply.

This case, similar to many other cases in my practice, documents the fact that clients with Ozonum dynamic respond very well when one takes a true interest in them and respects their autonomy. The client began improving during the conversation itself, which she also noticed. I do not believe that this aspect of working with clients should be neglected in medicine or scorned as a placebo effect. Sometimes, even in homeopathic practice, an attitude of assessing the client solely through diagnosis, through well-known remedies of the materia medica, or repertorizable symptoms, creeps in. With this

type of attitude, humanity is tossed aside and everything is whittled down to parts and symptoms. This approach can hardly be called holistic. From the follow-up, it is also clear that the therapeutic results were not achieved only through conversation, but also that the well-chosen homeopathic remedy was undoubtedly effective. Good rapport between the client and the therapist helps to create very favourable conditions in which homeopathic treatment can proceed smoothly and swiftly.

Case No. 2 - follow up - September 2nd, 2020 (slightly abbreviated)

Dr: How are you doing?

C: I have been going to work since 11 August and I have managed fairly well. I have reduced my workload. So I finish work on Thursday at two o'clock and go to the cottage. As I was lying in bed, having ruminated what would possibly do me good, I came up with this. And I think it did me good, indeed. They have had to come to terms with it at work, somehow.

Dr: Hmm, you have found more time for yourself...

C: Yes. Because I was telling to myself I hadn't had anything, kind of, joyful. I was trying to figure out what I could do, and I could not come up with anything. Then, I told to myself that Fridays at the cottage would be A ME TIME. My husband is actually at work, but I walk the dog and enjoy a relaxing day, which does me good. I have worked here in a leading role for 32 years. My boss said all right and he would cut my job by one fifth. But he suggested I found a replacement for myself should I need to leave work all at once. So you know, it hurt my feelings, kind of (smile). I told to myself it was right that one was replaceable. I am not looking for a replacement, actually, I am telling myself my boss should be doing that, I don't give a damn about it. But it makes me a little... (laughter).

Dr: Can you recall how it went? Last time we spoke was on the first and second day after the remedy.

C: When I went back to work, I got some kind of an intestinal catarrh on top of that. It may have got on my nerves. So I was shivering a lot during the first week. My hands didn't want to obey me at all. So I was kind of staggering and the headache returned once again. Which was actually on 14 August. We went to a fish harvest. And there, I started to have a headache, which lasted the entire week. It made me feel slightly unwell again. I said to myself that that was not possible. But I didn't have a temperature. And it hurt me just on one side, actually, just on the right. And so I had to take paracetamol on Wednesday night. I woke up and had a terrible headache. It stopped and then it just subsided. And since then I would say I have been all right.

Dr: Where exactly did it hurt you?

C: On the right side. Back then, the whole head ached me and mainly on the top, which made me hold my head. But this was virtually a regular headache above the right eye, on the forehead, and slightly into the ear. And fairly intense. But then I realised that it was worse when I went to bed at night. As I put more under my head, then it slightly... I don't know... whether I had hyperaemia in the head... I don't know. I mainly got it at night. During the day too, but the pain was weaker.

Dr: These are exactly the moments when you can call me to have the dosage of remedy adjusted.

C: I know, you said that if anything happened to me that I should call. But I am always so scared that it will be something. I PREFER TO PRETEND THAT IT'S NOTHING. This is just my terrible characteristic. I always feel that when I tell somebody that I have a headache

then I will have a headache. This way, I feel that I ALWAYS SWEEP IT UNDER THE CARPET, that I actually don't have anything, kind of. So that is wrong.

Dr: Yes, sweep it under the carpet without saying anything to anyone, bottle it up, and the result is a week-long headache. (Laughter.)

C: Quite so. (Laughter.) I will call next time.

C: But I would say, now is the first week when I feel totally well. I feel I have more energy, more power again. I now walk to work again as usual and exercise again. Because I could not exercise at all. I thought I DIDN'T HAVE A SINGLE MUSCLE THERE. I was shocked. I told myself, damn, I have been exercising for so long and I don't have any muscles. I exercised again for an hour in the morning, and I didn't have any physical problem.

Dr: Overall, your power and energy have returned.

C: Yes! I would say it took about a month, really, for my power and also desire to do something to return. And considering the fact that today is a full moon and in Pisces, I would say that it is fairly good. It didn't knock me down, my nerves.

Dr: Do you perceive full moons somehow?

C: Yes! (Smile.) I am a full-moon person. Sometimes I CANNOT SLEEP TWO DAYS BEFORE. I do sleep now, actually. And I do watch the lunar phases, actually. I use them to make excuses when something wrong happens. For instance today, I would say: "Well, it's a full moon." And it is good. I use it to explain things, which makes it easier for me to digest.

Dr: Otherwise, you do not usually sleep before a full moon?

C: I don't sleep well. It has happened to me lately that I will toss and turning for an hour, hour and a half at night, say, and then I fall asleep again. But it is getting better now, it used to be worse. But I attributed this to the fact that I wasn't too tired. After all, I am used to more intense physical exertion. And now that I'm going easy on myself, I haven't been so tired. I just sleep better when my day is rather active. Sometimes it happens to me at night that at three, at half past two and at four o'clock I don't sleep, but then I fall asleep again. But I would say that it is getting better. It was worse this month. But considering the fact that it is a full moon, well, normally I toss and turn for two hours, and today it is good. So it is better.

Dr: Anything else has changed? Not only in view of the acute phase, but overall?

C: I would say that I feel kind of, I don't know how I would say it, MORE CONFIDENT at work. I decided that I would do something. Then I was afraid. But I can see that I can accomplish things when I decide to do them. That I just DECIDED FOR MYSELF. I perceive that I would want to do it for myself. So I feel kind of more determined or I don't know how I would say it. Kind of more...

Dr: Try to describe it to me more, finish it... (laughter).

C: I PERCEIVE MORE WHAT I WOULD WANT. And also do something about it. Not just say to myself I would want it this way. At the beginning, and my daughter used to say this to me, as well, I was like a little child, kind of, kind of scared. As I was weakened, possibly, so I kind of didn't resist anything at all. I have given green light to everyone. But now I would say that it is kind of better. Also, I may have grown calmer. Yes, I was also very angry. This has also subsided. The anger was quite strong, actually. I don't know why, I don't know where it came from. But it was there.

Dr: And what made you angry?

C: Well, that is, that is what I don't know. I have been pondering, maybe the head. It was the strongest during that week. I WAS ANGRY IN ORDER TO ASSERT MYSELF SOMEHOW. But all right! It is much better now, really. Although I did have a therapy session. I have attended therapies since February. I had therapy last Thursday. And so I said to my doctor that I was ill. And it didn't do me good there. It didn't do me good at all! When I left, I was telling myself, damn, I would probably not go again. I had such a weird feeling. So I cannot say that I would totally... that it can happen, that every day is not Sunday... I will see, I will see.

Dr: You said that the anger was about asserting yourself?

C: Well, something like that. I really do have a big problem to SAY WHAT I REALLY THINK. I always feel that what I am saying may not be objective, so I rather keep it to myself. I don't want to hurt anyone with words. So I always process it before I say it, so that it is just right. I may be upset about myself sometimes, thinking that I could really say my opinion sometimes, even though it doesn't mean that it is entirely good.

Dr: You spoke about a therapy that didn't do you good. Is it something specific?

C: I felt that as I had been ill... ehmm... When I spoke to you, I had the sinus infection, and I felt exhausted, also mentally, a great deal. I was shivering and it was weird. So I said this to the doctor that I actually broke down from everything, kind of. It simply wasn't just a regular illness, I felt it was mental exhaustion, as well. She asked whether it had been triggered by something unusual. That I had been through some stress in life, which had not triggered it. I felt that this was the result of all the little things which had accumulated. Well, and so I kept looking at my doctor. And I felt that she either did not understand me or that I may have said it wrongly. I don't know, at that moment I felt that we could not tune in as before. I don't know. I did not feel that the hour was a well-spent hour, really. Or how I would put it, I didn't feel that it would simply enrich me somehow. I just didn't benefit from it at all. Rather, I was slightly sorry about it or even knocked down.

Dr: What knocked you down, what did you feel sorry about?

C: Well, I thought that the doctor could actually try a little... ehmm.. I may have felt that we should have talked about it some. IN ORDER FOR ME TO FEEL THAT SHE PERCEIVED IT. I don't know. It was kind of weird, I just don't know...

Dr: Try to finish what you perceive.

C: That her perception is superficial, when I put it this way. Or that she does not want to deal with it. I don't know. I know that... during the hour I spent there she cannot ... ehmm... But overall, I am... we then managed to address the topic and she actually just told me... slightly IMPERSONAL, dull, I just don't know. Or I might have been oversensitive at that particular point, it is possible. You know, I always sit down there, cry, and go home. But this time I... or I may have the impression that I AM LOOKING FOR MY OWN WAY AND SHE DOES NOT WANT TO UNDERSTAND ME. It didn't help me. (Smile.)

Dr: I feel that you don't want to put it plainly. From my point of view, you have taken substantial steps for yourself. You go to a therapy session and want further support. And there, something else happens than you expect. Is it possible?

C: I found it weird when I told her that I rather felt that I broke down both mentally and physically, it was the one thing combined with the other. And she just told me that she found it weird that I had reacted this way. Because over my entire lifetime I had never responded this way. She asked what had happened to me, having been different than usual, than otherwise. And I asked what could be different now? Now the crazy COVID, what else can be different now! Of course, I feel exhausted working in health care, but this concerns everyone, possibly. And she told me to try to figure out what it was, actually. So I was kind of pondering, having told myself, damn, I just don't know what this could be. I will not be able to figure it out myself, possibly... The truth is that I speak in a peculiar way. I speak in a way, telling her or you something, for instance, and try to find an answer for it right away. But the thing is that I just IMPLY IT, TAKING IT BACK IMMEDIATELY. "But it will actually not be this way and it will actually be good..." So communicating with me is probably difficult in this respect. But on the other hand, she is a doctor, so she should know that not all of us are normal, right. Everyone is a freak in their own way.

C: In general, I believe I am not an unstable person; I just NEED SUPPORT for my psyche in order to be stronger. A colleague at work has a psychiatric diagnosis, so I don't meddle with her here. I simply enjoy having stronger people around me. It is better for me - rather than watching whether the other person has already broken down yet or not. When one has shared the office for four years... she attempted suicide several times... so I am always telling myself, I mustn't hurt her feelings with words, I mustn't, for instance, give her a dressing-down for something, so that she does not break down here, by any chance, right. So these are the other instances in which I try to control myself all the time in order not to hurt the feelings of the other person.

Dr: You are telling me about your therapy, about reducing your workload, about a colleague whose feelings you are afraid to hurt. I wouldn't look for any bigger mystery behind it. I believe that during that illness this was some kind of a halt and reflection for you. You realized that you were not an "iron lady" and that you needed to give yourself more space. The reason I say this is that there's no need to create some virtual cause for that. I believe that you found it disturbing that your doctor did not recognise it during

the therapy session. In general, I see this as a nice, natural development from awareness to action.

C: I was telling to myself that if it at least helped the fact that I had forced myself TO STAND UP FOR MYSELF AND WORK LESS, then thank God for that! Because I have always wished for it somehow, but I have never been able to force myself to it, as if there was no reason for it. But as I have realised my health condition when one is incapable of doing anything at all, one is lying down and is totally exhausted, then... Well, I have to say that I was terribly surprised that it has taken this amazing effect. Really, it has worked marvellously. So thank God for that! (Smile.) Even if I had had COVID, the main thing is that I am well. (Laughter.) Because when one comes to work, the main thing everyone wants to know is whether I had COVID, well, one would kick them hard. BECAUSE NOBODY IS INTERESTED IN HOW YOU ARE DOING, THE MAIN THING IS THAT YOU DON'T HAVE COVID. (Laughter.)

Dr: OK. Continue the same dosage and let me know how you're doing in another month. Have a great day. I keep my fingers crossed for you. I am happy about your progress.

C: Me too. Thank you very much. Goodbye.

Commentary to case No.2 follow up - September 2, 2020

From the somatic point of view, the acute spike of the illness subsided during the first two days. For some time, a low level of energy and power prevailed. At the onset, this also manifested itself mentally, and she felt resigned and at the mercy of her surroundings (her daughter told her that she was like a child and she agreed to everything). After two weeks (she practically adhered to a 10 day time frame of quarantine), she went to work. The story shows that, as her power returned, she has become increasingly capable of standing up for herself and to do something for herself in an assertive manner. For a while, she felt anger that she wasn't doing as well as she could have imagined. This anger was somatised as a headache.

In many clients with the Ozonum dynamic, one may encounter fear with a similar structure. They feel sick, but don't tell anyone anything. They are worried that by expressing their difficulties they will worsen or something serious will develop. They prefer to suffer in silence, trying to negate or to downplay the problem. Despite the fact that they have been instructed otherwise, they do not even call their attending physician. The client expressed it using the idiom "to sweep under the carpet". This is a very typical manifestation. To conceal the problem, pretending it does not exist. To bottle it up, to cover it, and to encapsulate it. However, during decompensation or when weakened, these compensation mechanisms fail, with fears and worries playing themselves out often in a non-decompensated form as hypochondriacal anxiety or even a panicky fear of death. In this female client, this manifested itself at the time of the first homeopathic intake, during which she kept taking her own temperature. During decompensation they are also much more communicative and the condition is much more apparent. As they compensate again, their speech is getting unclear and vague again. Only with continuing homeopathic treatment or well-structured psychotherapy will they learn to behave and act in an assertive manner.

In many clients with the Ozonum dynamic who have also attended psychotherapy, the relationship with their therapist changed or they ended the psychotherapy after administration of the homeopathic remedy. I believe there are several reasons. The most frequent reason is the fact that after the homeopathic treatment they gradually get rid of the victim role. As in this case, it no longer suffices that they have a good cry and spill their guts at a psychotherapist's, and that somebody shows sympathy for them. They want the psychotherapist to understand their desire to stand on their own feet, to pursue their wishes, rather than to merely fulfil the wishes and demands of those around them. They desire support for their independence. Should the psychotherapist not recognise this and should he/she be unable to provide this, trust is lost. She requires the same personal reflection (and rightly so) from the people around her. She wants to have a personal relationship with her psychotherapist as well as others. She says: "NOBODY IS INTERESTED IN HOW YOU ARE DOING, THE MAIN THING IS THAT YOU DON'T HAVE COVID." In other words, nobody is interested in you, but in the illness and the diagnosis. As homeopaths, we should avoid this dehumanised approach - we should always put the individual and not the symptoms, the illnesses, or the diagnoses first.

The entire discussion showed a certain degree of vagueness and uncertainty. The client tended not to finish or to relativize her thoughts. She is aware of this pattern of behaviour of hers. She knows that "she implies something and then takes it back". She is also aware that she does not say things the way she feels them and the way she thinks about them. She is afraid to hurt anyone's feeling with her words. Again, there is the topic of concealing and equivocation. Interestingly, the clients with the Ozonum dynamic request clarity, truthfulness, assurance, and support from others, but seldom provide it those around them. After a certain time in the homeopathic treatment, they gradually attain more self-assurance and are capable to better phrase their wishes and needs and they are not afraid to express them. They are capable of better discerning their boundaries and limits and learn to handle them better. The client demonstrated this by reducing her workload and by prolonging her weekends with a free Friday. Thus, the next follow-ups can be expected to be slightly clearer and the tendency to conceal should be reduced.

She said: "I thought I DIDN'T HAVE A SINGLE MUSCLE THERE." Here is a very similar expression from another client responding well to Ozonum: "...I even wonder whether my MUSCLES ARE NOT DYING, I already feel that way. That weakness leads to that feeling that my muscles are dying." The weakness and powerlessness and lack of energy is perceived as if muscles are gone. We can hear similar expressions like 'something dies in me' or 'necrotizes' or on more general level 'I waste away, weaken and wither until I disappear and cease to exist'. This can happen gradually, either objectively (wasting syndrome) or is only perceived subjectively.

Another symptom, which often occur in the case of the Ozonum dynamic, is the sensitivity towards lunar cycles. Most often, this tends to be the full moon, but also the new moon. Insomnia or dysphoria often occurs.

Case No.3

I SMELL GARLIC WHEN MY PRESSURE DROPS

52 years old women, hyperventilation tetany
Case intake - August 5th, 2020

Background

The dispatcher has sent the EMS (emergency medical service) crew to a woman with central chest pain, shortness of breath, and sweating. Upon arrival, the EMS find a scared woman in a car, drenched in sweat. She complained about carpopedal spasms, numbness of extremities, in particular the lower extremities, and pain behind the upper part of sternum. She cannot stand up on her own. The paramedics put her into the ambulance where a standard examination procedure was commenced. I recorded a medical history as required by conventional medical care due to a suspicion of acute coronary syndrome accompanied with hyperventilation tetany. Thus, I focused on symptoms and a diagnosis. In parallel to this approach, I also focused on homeopathic intake, looking into the unique story of the patient.

This case shows that conventional medical care and homeopathy are not mutually exclusive. I have successfully used this combined approach in my practice as a physician of urgent medicine. In those cases where I can identify the picture of the homeopathic remedy while pursuing my profession, I do offer homeopathic treatment to patients. In certain homeopathic circles, there still prevails a conviction that the approach of conventional medical care is at odds with homeopathy. I do not share this view. Both approaches have their limitations as well as benefits. Each of them is specific, providing a different type of support to the patient. It is up to a doctor to use his/her knowledge and skillset, and to skilfully combine both approaches for the benefit of the patient.

Homeopathy is based on the principle of "*similia similibus curentur*" - let like be cured by like, while conventional healthcare lacks a universal conceptual principle. Diverse approaches of contemporary medicine cannot be generalised to "*contraria contrariis curentur*". The designation of allopathy no longer reflects its current status and development. I believe that this overly generalising designation is outdated. Contemporary medicine has its critical spots and numerous weaknesses. The dominance of the pharmaceutical industry is dangerous both for patients and medicine itself. Thus, criticism is often justified; however, only if it targets specific procedures and medications that harm patients. The concept "*contraria contrariis curentur*" tends to express a certain understanding of and approach to disease and health, while not referring to a specific branch of medicine. The approach "*contraria contrariis*" may also sneak into homeopathic practice should the holistic and individualised approach to the

patient be replaced with an excessive focus on a diagnosis and removal of symptoms instead his/her whole being.

The discussion with this patient was recorded using a voice recorder of a mobile telephone. The recording is 18 minutes long. This is a short time both from the point of view of efficiency of work of paramedics and the time needed to perform a homeopathic case intake. The paramedics performed several measurements of vital signs and a registration of ECGs. I performed a physical examination and managed to calm the patient down by talking to her kindly and by giving her reassurance concerning the low health risk of her condition. The physical examination has not shown anything exceptional. The observable symptoms were **profuse sweating** and **redness of face**. The **sweat was cold** upon touch. Peripheral parts of the body, in particular **fingertips**, which **were pale**, were also cold.

The transcription of the recording has been modified slightly in order to preserve continuity of the text (interruptions to measure the vital signs and for the physical examination) and anonymity of the patient.

Interview (verbatim; Dr: physician, C: client)

A connected cardio-monitoring, beeping in the background.

Dr: Tell me again what happened, how did it begin?

C: I fell asleep in the car and then we were riding some curves. I sometimes feel unwell in the car. And as I woke up, at that moment I felt a strong pain here on the chest (showing the upper part of sternum). And at that moment my fingers twisted as well. And I COULD NOT BREATHE. I TRIED SO HARD TO RELEASE IT BY BREATHING.

Dr: ... you tried to release it by breathing ...

C: At that point we were getting near here, and as I woke up and started to breathe, it got even worse. So I stopped ... tried not to breathe so much. Well, and I also started to vomit.

Dr: You started to vomit...

C: And there we arrived here, more or less. I say, I did not feel my hands, feet, and here (she inhales heavily, showing the upper part of sternum), and I also felt sick.

Dr: When you threw up, the stomach is better?

C: Yes, yes. But as I say, there are still the fingers. (She shows carpopedal spasms - hyperventilation tetany.)

Dr: They twisted this way ... like this (I repeat her gesture)?

C: Yes, yes.

Dr: And what about those feet, as you have said?

C: My feet are tingling.

Dr: So, it is similar to the hands?

C: Hm.

Dr: And what else did you say before we put you into the ambulance, what do you suffer from?

C: Claustrophobia.

Dr: How does it manifest itself?

C: Again that I CANNOT BREATHE.

Dr: And what triggers your claustrophobia?

C: I don't know. I cannot use an elevator. (Inhales heavily.) Basically, this smaller space here. Or IN THE AIRPLANE. I have problems boarding a plane, I have to take a pill to fall asleep. Otherwise, I do not go anywhere else.

Dr: A car is not a problem, it is a small cabin?

C: I have driven a bigger car so far.

Dr: So, a car is not a problem, not even the one you have arrived by?

C: Because I was sitting at the rear of the car. So, that's why I felt sick, possibly.

Dr: This car is small, did you have claustrophobia?

C: No, no.

Dr: Tell me, what other diseases do you have?

C: None. It's just that I have had a heart attack, I had something very similar. (Breathes in heavily.) I and my mum were in a canteen, and again a somewhat smaller place, and I felt sick. I walked up several stairs to my room and fell down there.

Dr: Did you faint?

C: I fainted. And my mum came and my HANDS AND MY FEET WERE VIOLET. She called an ambulance and they gave me an injection and brought me to hospital immediately.

Dr: And what happened at the hospital?

C: They left me there for monitoring, I spent two days connected to devices, and after two days it was apparently good, and I was discharged. I received some instructions to see my GP, to go to the internal medicine department, I attended an examination, and they gave me a probe. (She means coronary angiography/catheterization.) They injected me in my hand ...

Dr: Here through your wrist?

C: Yes.

Dr: Then you had a band there? (TR Band is a compression device designed to assist haemostasis of the radial artery after a transradial coronary catheterisation.)

C: Yes, up to here (showing her chest).

Dr: Up to the heart.

C: Yes. And there was a doctor who asked me to come to his surgery, and there I go to get checked. And now, the last time I got checked was a month ago.

Dr: What did they tell you during that heart examination? The catheterisation?

C: Nothing, they just did the probe.

Dr: And did they find anything?

C: The doctor did find something, and for this reason he made me an appointment in his surgery. And there he told me that I had a narrowed vessel.

Dr: Some vessel leading to the heart.

C: Yes.

Dr: And did they do anything about it during that examination?

C: No.

Dr: So they just examined it, but it will be monitored, and since then you have used some medication.

C: Yes. But I use only Godasal (*an aspirin based preparation*).

Dr: You use Godasal, and see the doctor at regular check-ups, and that's it. Do you have any other disease?

C: No.

Dr: No other medication during the year, nothing.

C: No. Nothing.

Dr: There were no operations?

C: No.

Dr: And since when do you have claustrophobia?

C: I don't know, around two to four years, not more.

Dr: So you did not have it before?

C: No, not at all.

Dr: What happened four years ago?

C: I don't know. I have no idea. I do not recall anything.

Dr: So there was nothing preceding the claustrophobia? Not even an illness? A shock?

C: No, no.

Dr: How did you first find it out, can you recall?

C: I will probably not recall. But I believe it probably started with an elevator. I have never had an elevator, and my mother moved somewhere else, and lives on the fifth floor, and has an elevator. So there.

Dr: You mean your mother.

C: Yes, my mother. And there I found out that I felt that when I was in that space I was afraid. I was afraid I would not get there or something.

Dr: And what happens at that moment, try to tell me?

C: I don't know whether I will be able to describe it somehow. I am probably afraid that the ELEVATOR WILL FALL. That I cannot run away, THERE IS NO place TO RUN AWAY to.

Dr: There is no place to run away to. And what do you experience there?

C: Heat. I feel hot.

Dr: Now you have a red face as well, can you feel it?

C: Hmm. I sweat terribly.

Dr: Do you sweat in the elevator as well?

C: Hmm.

Dr: You have got sweaty now, as well?

C: Yes, yes.

Dr: So heat. And anything else going on there?

C: The sweating.

Dr: Sweating. And how is your breathing going?

C: Breathing, I CANNOT BREATHE IN, more or less.

Dr: You cannot breathe in when in the elevator?

C: No, I can't.

Dr: Now, when we arrived by car, was the feeling the same?

C: Similar. I also got sweaty, I also could not breathe. But I don't know whether it was claustrophobia, really.

Dr: And the chest pain that you have now, do you also have it in the elevator?

C: No.

Dr: No. So that was back then four years ago, and then they monitored you for a while. The same pain like now.

C: I do not feel it any more now.

Dr: You do not feel it any more, it has already subsided?

C: Yes.

Dr: And the reason why you drove here was the feet of your son? (In the car was another man with a wife, a son of the patient with an acute fit of gout in the big toe of the lower extremity, they were heading to a health care facility.)

C: Yes. This is my son.

Dr: Has the fact that he has something with his foot impacted you in any way?

C: No, he has had it for a longer period of time.

Dr: So it is not acute.

C: No, no.

Dr: And when I press you on your chest this way, does it hurt you anywhere?

C: No, absolutely not.

Dr: What was the pain you had?

C: (Exhales heavily) AS IF I HAD A STONE THERE. Or a weight.

Dr: Now you are suggesting to me that you could not breathe in. (I am showing her her own gesture, gasping for breath when inhaling)

C: Hmm.

Dr: This has probably scared you?

C: Scared, yes. Because I recalled what had happened four years ago, that this was the same.

Dr: What was running through your head, try to tell me.

C: AT THE FIRST MOMENT I THOUGHT I WOULD DIE.

Dr: That you would die, this thought came to you immediately.

C: That I did not feel myself more or less. I DID NOT FEEL MYSELF. I did not feel my hands and feet out of the blue.

Dr: So suddenly.

C: Yes. Otherwise I don't know, I cannot describe it in a different way.

Dr: And there came the sweating right away. How was the sweat?

C: I totally felt the sweat running down my forehead, down into my ears. The sweat was literally running. I simply felt that everything also on my back was wet.

Dr: Was it warm or cold?

C: Warm.

Dr: And the feeling of the disability to feel your body.

C: When I lifted my hands, I saw my fingers going like this (she shows carpal tetany spasms).

Dr: It went so fast?

C: Yes.

Dr: And how did you breathe with this?

C: At that moment, I probably DID NOT BREATHE AT ALL.

Dr: You felt that you were not breathing at all. And you had the feeling of a stone on your chest.

C: Yes.

Dr: And this has subsided somehow? Because now you no longer have it. What was going on?

C: No anymore. I don't know what happened. This is probably due to the fact that I am here and I am calm. YOU ARE TAKING CARE OF ME. Maybe it subsides due to the feeling that I am looked after.

Dr: This calms you down. We are measuring you, we already have your ECG, by the way your pressure is 128/80, you have a well oxygenated blood, the pulse is just 60, which is good and means that you really are not stressed any more. And the ECG has not shown anything. And when you describe twisting of fingers and tingling of feet - this results from excessive breathing. You are telling me that you weren't breathing, but I believe that you were gasping for breath for a while, and then you started to breathe very rapidly. Is it possible?

C: It is possible.

Dr: For a moment, you were agitated by the fear, right.

C: Probably yes, it may be this way.

Dr: And you have never been so scared before?

C: No.

Dr: For the first time four years ago in the elevator when you went to see your mother?

C: Yeah. Otherwise nothing, everything was good. Healthy. Well, I sometimes suffer from a low blood pressure.

Dr: And how does it manifest? Do you realise it yourself or are you told at the doctor's?

C: No, no. I can tell. I don't know whether this has something to do with the fact that I can smell GARLIC, and feel unwell.

Dr: Well, you need to explain that to me. (Smile.)

C: (Smile.) At the moment when I smell it, I can feel how unwell I am.

Dr: You feel it in the nose.

C: Hmm.

Dr: Or is it a feeling? How should I understand it? This is so atypical, I have never heard about it. (Laughter.)

C: (Laughter.) I know. I attend preventative check-ups and know that every time they measured my pressure, I had 90 or 95/67.

Dr: As a standard, at a doctor's surgery at preventative check-ups you tend to have such pressure, but at that point you do not feel garlic, do you?

C: No, no. (Smile.) ... I know they have always had a hard time measuring my pressure when I go to those preventative check-ups.

Dr: So when I measure your pressure at 128/80 now, one can say that you have a high blood pressure, for you.

C: Yeah.

Dr: Your face is turning paler now.

C: Thank you. (Smile.) I can already feel ...

Dr: (Smile.) You can feel now that it's better.

C: Yeah.

Dr: Just explain to me the thing about the garlic.

C: No. (Laughter.)

Dr: I am interested. What situations are they? Besides the fact that you feel it coming and you have a low pressure, what else happens to you?

C: Well so. I think that WHEN I SMELL THE GARLIC, THE PRESSURE DROPS even lower.

Dr: Than your regular pressure of 90/60? And when it drops lower, what happens with you?

C: I grow weaker. I am weak, tired, and sleepy.

Dr: And you still feel the garlic or at a stage when the pressure is falling?

C: No, no as if I am about to peel it.

Dr: That is the feeling when your pressure is dropping. And this only at that moment. And then you feel weak...

C: Yeah, at that moment. And then it kind of subsides.

Dr: How fast?

C: I don't know. Fifteen minutes, ten minutes.

Dr: And do you also get sweaty or anything else?

C: No, no.

Dr: Have you ever fainted when this happened?

C: No.

Dr: And does your physician know all this?

C: Yes. At every visit he performs an ECG check and ultrasound as well.

Dr: You mean the ultrasound of heart.

C: Yes.

Dr: Is he happy?

C: He has been happy so far, because it is stable.

Dr: Have you ever had a Holter?

C: No.

Dr: We will perform one more ECG to have a comparison. All this will probably be linked to what you know from the elevator rather than to your heart.

C: I am glad.

(The paramedic collects the identification data of the patient. The patient is unable to give her insurance number correctly. She swapped the order of the year, month, and day. She cannot recall later either. This tends not to be typical of Czech patients. The insurance number is given practically everywhere as an identifier and most people remember it very well.)

Dr: We will measure your pressure again. The pressure is 130/80, so it is practically the same as a while ago.

I offered the patient a homeopathic treatment. Soon after the drop of homeopathic remedy was administered she described an additional overall relief and the fact that she started feeling her feet. We decided that we would try whether she could walk already. When she stood up and walked around the ambulance vehicle, she said joyfully that she **COULD BREATHE FREELY** and that she could feel her feet again. I asked the wife of the patient's son to take care of her, and attended her son with the fit of gout.

Case No.3 - follow up - August 12th, 2020

The client visited me at the EMS Base Station, wanting to thank me in person.

Dr: How do you feel?

C: Well, more or less. Well, it helped me so much that you talked to me. I think so. Well, it was, I was thinking about it at home then. Actually, we went to a concert on Tuesday, so euphoria, and adrenaline. And then on the following day we went home again and had duties and went to work. And it got accumulated and that was it.

Dr: So you have found a link on your own?

C: More or less, yes. I have probably realised that I cannot be happy about anything, possibly. (Both laugh.) That I must be stressed all the time. Because concerning the heart attack two or three years ago, well, it happened like this as well.

Dr: It was not a heart attack now and it may not have been it back then either. I would have to see the medical report. The truth is you looked like as if you were pulled out of a pond. You were totally wet when we reached you.

C: Well, it's actually pretty normal for me to sweat, because in view of the fact how old I am, I also have hot flushes already. So, there's nothing to write home about then.

Dr: So, your conclusion is that when you exert yourself, and it may also be a positive exertion, then something may happen.

C: Yes, this has happened to me already. We go to the mountains every year. And once there was snow and I and my niece were bobsledding there, having fun, and there I went again! And now, I started to feel suddenly how everything was running into my head, and how I started to feel unwell. The fact that the joy, the adrenaline rising, so...

Dr: The thing is you are used to having pressure at 90/60, so... (Laughter.)

C: (Laughter.) I know my pressure has always been measured twice to see whether I was still alive. Then just during my pregnancy the pressure was going up and down, high, low pressure. But most of my life I have been used to having low pressure. So, I also indulge in more coffee. This is my disease, coffee. Sweet coffee...

Dr: How many cups of coffee do you drink per day?

C: Around six, seven. I drink one in the evening as well. And I am sound asleep then. I don't have a problem at all. And sometimes I drink it and then TRY TO RECALL WHETHER I HAVE EVEN HAD IT AT ALL? I feel like having one again. And then I have sweets, that is also my vice. But I eat sweets for the night. I do not need to eat the whole day, but when I wake up hungry at night, I eat a biscuit, a chocolate, and the like.

Dr: So, since the time (we have seen each other) you feel differently?

C: Yeah. I also checked out your website, very interesting, very interesting! And I spent a lot of time reading it. Then there was some information on the coronavirus as well. Well, it is very interesting. I also have an older son and he kept wetting himself until the first grade, always at night. And back then, a doctor, he also did homeopathy, prescribed me

some pellets for him, and it helped him, the homeopathic remedy. The boy got over it. But I believe that everything is here (pointing to her head).

Dr: I see it from a slightly broader perspective, but the truth is that when the psyche is off-balance, it gets manifested in the body.

C: Yeah, the psyche is linked to the entire body.

Dr: Yes. I believe that it works the other way around as well. When one does not feel sound in their body, the psyche suffers. It works in both directions.

C: I also checked the hyperventilation tetany you talked about. It hasn't crossed my mind that it may result from excessive breathing. The twisted fingers surprised me. Now I understand it more.

We agreed that she would call later as needed.

Commentary to case No.3

Claustrophobia and the attempt to free oneself from the feeling of constriction, perceived as disagreeable, by breathing, which, in this case, demonstrated itself by weight and contraction behind the upper part of sternum, is typical of clients with the Ozonum dynamic. In general, freeing oneself from difficulties of both somatic and mental nature by breathing as if wanting to oxygenate oneself or to remove the problem by a breathing activity - to breathe it out - is very characteristic. Sometimes such attempts result in exhalation of carbon dioxide and change of pH of the internal environment and a fully developed hyperventilation tetany.

As in many other cases in which Ozonum has shown to be curative, a mother appears in the story of the client in such a short interview as well. The claustrophobia has started after her mother moved into her own flat. In general, the topic of a mother occurs in elements - homeopathic remedies - from the 2nd period of the periodic table very often. In the Ozonum dynamic, mother is one of the core topics. In broader terms, mother is symbolised by nature or the planet Earth, and it is perceived as the Big Mother. Of course, a mother figure (not necessarily only a physical or biological mother) may be represented by anyone having qualities of a mother. In the case of the Ozonum dynamic, a mother is perceived in an ambivalent way.

Interestingly, in the cases of Ozonum, claustrophobia often occurs at an advanced age without any apparent trigger. Possibly, it may be that the client has suppressed the trigger moment. In several cases, I managed to find out that this feeling had been preceded by a catastrophic event witnessed by the client. An indirect impact of such an event on the sense of personal safety may also be a concern. For instance, they had seen a report about an airplane crash in the news, and since then they have felt uncomfortable on a plane, finding the space of the cabin constricted; they have a feeling of a lack of air, and are bothered by being unable to open the window or to escape the airplane during the flight. Sometimes, claustrophobia may take the form of a panic attack, and sometimes it results in hyperventilation tetany. Usually, these feelings tend to be exacerbated by darkness. In most cases, the client describes claustrophobia as shrinkage of space of the room in which he/she cannot breathe. Often, such clients are driven away by the EMS (emergency medical service) due to a suspected acute coronary syndrome, because the feeling of constriction manifests itself as chest pain. For Ozonum in general, chest is a typical area in which he/she somatises. Besides pressure on the chest, constriction may express itself as an asthmatic fit or just as a subjectively perceived feeling of spasticity - narrowed/constricted bronchial tubes. Sometimes, these feelings manifest themselves as a constriction in the throat, which may be accompanied by difficulty swallowing.

Concerning vomiting, I have observed that patients with the Ozonum dynamic try to free themselves from the feelings of constriction and a lack of air by breathing. They gasp for air, swallowing a part of it. This results in the sensation of pressure in the epigastrium or a bubble in the stomach. Vomiting brings relief. In case No.1, the girl suffered from migraines with a visual aura, and vomiting alleviated her headache. During one phone

call, she described her stomach ache as an empty bubble, pressing against the stomach walls. In cases of Ozonum dynamic, the topic of a bubble occurs often at various levels. There may be panic attacks or a deep fear, very often the fear of death or fear of a serious disease resulting in death, such as cancer.

Clients with the Ozonum dynamic dissociate somatically in the acute attack of anxiety and fear. It is fairly common that they get sweaty, that their acral parts suffer from vasoconstriction, then hypoperfusion occurs, their fingers turn white, and in general they experience a condition similar to shock. At such a moment, they cease to feel their body, their brain stops working as well, and they speak about brain paralysis or a condition during which they cannot remember anything and cannot express themselves. They lose their train of thought or, as in this case, they are unable to give their date of birth or other identification details correctly. When the correct remedy is administered, the ability to remember gradually returns, and, in general, the tendency to "escape" from the body or to dissociate and de-personalise diminishes. We may observe that sensitivity - perception of the body - returns, both during a condition similar to acute shock and during chronic conditions in which the somatic dissociation plays a role in pathophysiology (including drug-induced dissociation).

Garlic and onion are fairly common in the stories of clients with the Ozonum dynamic. Both are substances with smelly exhalations, the typical smell is due to sulphurous compounds. Elementary sulphur can be found in the periodic table of elements below oxygen in 16 stadium - sulphur in the 3rd period, while oxygen in the 2nd period. Clients either hate them and are bothered by their smell or may have diarrhoea after them. On the contrary, some prefer them, because they believe them to have beneficial health effects. Sometimes, garlic or onion occurs as a topic without a link to a real substance, as in this case. The client presents an absolutely unique symptom (PQRS), smelling garlic when her pressure drops below her standard.

This case also documents a therapeutic approach from which clients with the Ozonum dynamic (and possibly all clients) benefit. It is a kind and respectful approach of the therapist. If the client with the Ozonum dynamic feels that the therapist shows genuine interest in him/her, that the therapist is not indifferent to the client, that the client is treated with respect, that his/her autonomous decision-making as well as his/her uniqueness are respected, he/she can establish a good rapport with the therapist, which, besides other things, dispels fear, anxiety, and panic. Repeatedly, studies and articles have been published, attempting to separate this aspect of a kind word of a physician from the effects of the medication or to evaluate the effect of homeopathic remedies only from the perspective of a good psychological intervention. As a physician, I have used a respectful approach with all my patients, both conventional and homeopathic. I can evaluate what such psychological interventions bring and what the therapeutic effect of the homeopathic remedy is. Were such an approach to become absolutely natural in conventional medical care as well, the question whether the efficacy of homeopathic remedies results solely from a homeopathic interview and a kind approach would become entirely irrelevant. Studies attempting to suppress or to

completely eliminate this humane approach in medicine need to be rejected as unethical and inhumane. I believe that a good therapeutic relationship between the client and the therapist cannot be separated from medical care, laying an absolutely solid foundation of treatment. In such a therapeutic field, one can see markedly better results than those achieved by administering medications (including homeopathic remedies) alone. Hard science and an instrument-based approach to a human can never encompass a complex interaction of two human beings, additionally complemented by a third element - a homeopathic remedy. I believe that Hahnemann, having termed homeopathy as an art of therapy, had this humane approach in mind. The art of a holistic view of the entire human being, in the humanistic psychology, is expressed by the concept of the human-centred approach and not an approach focusing only on symptoms and diagnosis.

Case No.4

AS IF I HAVE A MINT IN MY NOSE

28 years old women, RT-PCR SARS-CoV-2 positive, March 2020

Interview (verbatim; Dr: physician, C: client)

Dr: Tell me about your difficulties?

C: I went to sleep as usual in the evening and woke up in the morning and my temperature was already higher than 37°C. It was like a flu, but nothing hurt me, as people say. But during the day, the temperature went up above 38 °C to 39 °C and I kept sleeping all the time. I SLEPT FOR ABOUT 4 DAYS WITHOUT EVEN KNOWING WHAT WAS GOING ON. I don't remember what was happening, kind of. I didn't have a flu-like pain, muscle pain or joint pain. I just slept. I was totally stiff. I just went to have something to drink and to pee.

Dr: When did it start?

C: On 17 March (2020) was the exact beginning. Then I felt a relief after those 4 days. But I am disoriented, kind of. I STOOD UP AND WENT TO GET SOMETHING AND FORGOT WHAT I WENT FOR. Such aversion, weakness, I don't want to. I just feel like watching TV or STARING INTO THE VOID ALL THE TIME.

Dr: Anything else?

C: Otherwise..., that I would find it difficult to breathe, as people describe it, I didn't have it. But I had a cough already in December.

Dr: It has lasted since December?

Yes, it has! They kept telling me it was a (gastroesophageal) reflux. But I kept telling them no, that I felt it, that IT WAS THERE ON THE LUNGS. I used a lot of pantoprazole (PPI) and nothing, of course. I went to the pulmonary disease ward and they didn't establish anything. This lasted until March and then my doctor prescribed me... ehm... because I was positive (COVID-19), so she gave me azithromycin also for the cough which I had since December.

Dr: What is the cough like?

C: DRY, IRRITATING, ON THE BRONCHIAL TUBES, ON THE LUNGS. After the ATB it is better, it's just I have a cold nose all the time. I have some kind of draught there. **AS IF I HAVE A MINT** there.

Dr: You have a mint in your nose? (Laughter.)

C: Exactly, but without menthol, it is cold all the time.

Dr: Anything else?

C: I also tested positive. My son had it as well. He woke up, his eyes were red, he had a cold and cough, but in his case it subsided fast.

Commentary to case No.4

A common symptom of COVID-19 is a dry, irritating cough that gets worse after the patient lies down in bed. This symptom is also present in clients with Ozonum dynamic who have not had COVID-19. The cough is suffocating, spasmodic and irritating. It appears that the client already had these symptoms earlier, before the official outbreak of the pandemic. The official healthcare system was unable to provide a diagnosis or treatment for these symptoms. The client further describes a loss of energy, extreme sleepiness and anhedonia. Similarly to case No.3, there is a characteristic forgetfulness. A unique symptom in this case is a feeling of cold air in the nose, as one gets from a menthol candy. The repertory has the following rubric: **Nose; coldness; menthol; as from, internal**, in which Ozonum is not present. However, from the Ozonum proving, there is the following rubric: **Throat; coldness; peppermint, like**, and Ozonum is also in this rubric: **Generalities; air; sensation of; cold**. There are similarities to other cases - the cold feeling in the airways and dry cough as in case No.1, the low energy level and fatigue as in case No.2 and the characteristics of the Ozonum dynamic as in the other cases.

Perceiving the dynamics of the case, which manifest on the psyche and the body in various, individually differentiated ways, enables very precise prescription of a homeopathic remedy. A mechanical summation and repertorization of symptoms seldom leads to an accurate prescription. The symptoms selected for repertorization must express the characteristics of the case's dynamics. Although Ozonum is not in the rubric - **Nose; coldness; menthol, as from, internal**, it is in a different rubric, which may not correspond to the locality but expresses the client's feelings exactly. We should also understand that our repertories are lacking where accuracy and completeness are concerned. Many frequently-seen clinical symptoms as well as new, lesser known or forgotten remedies are not well represented in the existing repertories, and any update requires considerable time before additions are implemented.

Case No.5

WE ARE BREATHING THE SAME AIR

36 years old women, RT-PCR SARS-CoV-2 positive, March 2020

Interview (verbatim; Dr: physician, C: client)

Dr: Tell me what bothers you and how it started?

C: It was like a virosis, as if I started having flu. On 13 March (2020) we were at work and at around 10 o'clock in the evening, our boss sent us a message, saying that he had coronavirus, that he was infected, and that all of us had to get tested and had to isolate ourselves. We called the Public Health Authority. But already 3 days ago... so I had diarrhoea and didn't know from what. On 14 March we isolated ourselves and on 17 March I got tested. I felt some kind of BURNING AT THE ROOT OF MY NOSE. I didn't know from what it was. Otherwise I felt well. You know, I AM A SMOKER AND SOMETIMES I COUGH MORE AND SOMETIMES LESS. I do not pay attention to the cough I have. They also tested my two children, they wanted to know with whom I was in contact and so. Then they called me on 20 March, having said that I was positive, and that I was banned from going outside, that I and my children were not allowed to leave the apartment. That I might not allow anyone in my apartment, either. And from the second day, my tonsils started hurting, my upper gum became swollen. I COULD NOT SWALLOW. It swelled both from the inside and the outside above the teeth. My teeth were half-covered, so swollen it was. It rolled over the teeth. It was painful. The whole tongue ached as well. I stayed in bed, was kind of weak, but I was knocked down mentally, rather! I was totally without fever, but THE PANIC WAS TERRIBLE! It was something new and we all were afraid of it. In the news, people were collapsing in China, Italy collapsed. And mass deaths daily and those people on ventilators. This was something new and we all were afraid of it. I got such a panic that I started having PRICKING BY THE HEART AND MY CHEST WAS BURNING. That was from the stress. You know, my children lost their father 3 years ago and now the bottom line would be that they would lose me! I was simply afraid that I WOULD DIE WHEN I CONTRACTED IT.

Dr: Can you tell me more about it? This is a really big stress.

C: I saw my entire life passing before my eyes. I became aware of the terrible mistakes I made. I couldn't sleep at night, I was awake until 3-4-5 o'clock in the morning. Due to the stress, I also smoked more, as I couldn't sleep. I asked God to bring this back to normal. I still wanted to do many good things, I wanted to change many things. One was isolated at once, and was terribly afraid. The panic! Then I had terrible thoughts - oh my god - until they put the sticks into my nose, I was all right. But I am at a stage right now, thinking that the sticks were infected and that they introduced me the infection there. As my children and I got tested, tears were running down our cheeks until the evening, as

they put it very deep into the nose, it did not hurt much, but as it got irritated, one could feel it at the root of the nose. I thought I had the stick all the way in my head. They took swabs both from the throat and the nose. Now I am afraid for the kids, because... One is not so much afraid for oneself as for the children. The children are all right, they didn't catch it from me.

Dr: Tell me more about the fear?

C: It is extremely distressing; at that moment I was telling myself that we took life for granted, that it was such a routine. Wake up in the morning, go to work, we are annoyed by everything. When one is isolated at once, one realizes, oh my god, when this gets back to normal, I will be so thankful. Thankful that I can wake up in the morning and go to work. It is a mental strain. I lost my job, I have no income. I worked without a contract, and so I am not entitled to anything. This is terrible! If I didn't have children, I WOULD PROBABLY COMMIT SUICIDE. I am telling myself, I have children, I have to be here for them. I do not recognise myself. This is not me. I am positive, after all! I take everything in good part. I TOTALLY BROKE DOWN.

Dr: What do you mean by it?

C: I just keep crying all the time, I am sad all the time. At the beginning, I cleaned the apartment, what else should one do (in isolation). I do not even want to get out of bed. I am kind of apathetic, without any mood, I do not look forward to anything. I have those mental difficulties. If they didn't inform me that I was positive, I would just take it as just having a cold. I was just taken aback by the swollen upper gum. My doctor recommended some solution for disinfecting the oral cavity and my tongue hurts.

Dr: Describe the painful tongue, please?

C: My tongue hurts, I have some small spots there, they are red and enlarged... on the tongue, then I also lost my appetite, and I believe it is mental.

Dr: That you lost appetite - the sense of taste?

C: No, not that, I know what I eat. I just don't feel like eating. I am among the first group of seven people infected here. The doctor told me not to travel anywhere, I was supposed to use paracetamol and vitamin C only.

Dr: How do you cope with the situation, with the mental strain?

C: We have created a group on Messenger - and started making fun of it (COVID-19). That was my idea. It helps us. We had a laugh, we are sending each other jokes. But it is important that EVERYONE FROM WORK KEEPS IN TOUCH, we know our whereabouts. This helps a lot.

Dr: So the group is there to keep in touch?

C: I am not alone. My children are here, but I don't want to burden and stress them with it. They can see that I feel unwell, so it was... ehm... I didn't want to discuss it with them. I told them that it would be good, that nothing was going on, that they shouldn't be afraid. But I was afraid that they would have it too. I was in a panic that my daughter and

son would have it too. The elder daughter is afraid for me. I don't want them to sit with me when we are watching TV. They say it is terribly infectious. But my daughter tells me: "Mum, we are here in one room and WE ARE BREATHING THE SAME AIR."

Dr: Any other symptoms?

C: I don't know, the psyche is the worst and the gums and the tongue.

Dr: Have you been ill with anything in the past?

C: As a child I have been ill with my BRONCHIAL TUBES a lot. As the fall was approaching, the cold and damp weather. I ended up in hospital several times. I was breathing there... I don't know what it's called... a tube and there goes steam. I... ehm... INHALED it. I always kept lying there the entire fall and they discharged me only at Christmas. That was also horrible. Before I reached puberty, I was in hospital every fall. I cried there a lot.

C: Back then, my father was looking for some dog lard and they put it on my chest and into my tea. But now I am healthy. I am a smoker, so I cough now and then, but I don't take it seriously. Every smoker coughs from time to time, right.

C: I was born in region with the steel and ironworks and steelwork coke ovens. The air was acid there. I spent every holiday at my grandparents' in order to get back to CLEAN AIR. And after the holiday I went to school. I went back to the city and it started again, the bronchial tubes, bronchitis, and cough.

Dr: Can you remember how your bronchitis developed?

C: I got a SUFFOCATING COUGH. I was totally red, as I was coughing. That was from the beginning, before it got full-blown. A suffocating cough. My parents kept attending to me THE WHOLE NIGHT. Well and then it turned into a cough with mucus, coughing up mucus. I had been coughing this up until the spring, I was congested all the time. I had it for a long time. At the onset I COULD NOT COUGH IT UP, and then, only after several months, it was released.

Dr: You had it all year round?

C: In the summer, it was all right, only in the fall. November was the worst.

I don't remember it much, I know my THROAT WAS DRY and I drank tea. I know I had to drink that tea.

Dr: Anything else you are worried about?

C: I have difficulties swallowing and I SUFFOCATE IN MY SLEEP. I have had it for about 5 years now. I have a STOMACH REFLUX. When I eat something wrong, the flap does not close entirely. When I am asleep, the gastric juices go up, and as soon as they enter the respiratory tract, it swells. When asleep, I spring up and CANNOT EVEN BREATHE IN OR BREATHE OUT. During the sleep, I look for cold air, QUICKLY TO THE WINDOW. This happens to me 4 to 5 times a year. I try to sleep higher (with my head higher) in order

not to be in a lying position. Oftentimes, I have had an INFLAMMATION OF LARYNX from it, due to the acids irritating it.

Dr: Did you have gastroscopy?

C: Yes, they performed a gastroscopy on me. Before that examination, I couldn't sleep from fear! They also took a sample from my stomach. Back then, I was also under pressure and I kept SUFFOCATING. They didn't know the reason. They established that I didn't have ulcers, but I did have H. pylori there. A bacteria triggering these things. It resulted in an inflammation of oesophagus and larynx, as well. I must be careful now what I eat.

Dr: After what meal do you have it?

C: GARLIC, hot pepper, I cannot eat bell pepper in the evening or poppy seeds, and also no coffee in the evening.

Dr: Poppy seeds will do it as well?

C: I can eat it in the morning, but I cannot eat such stuff in the evening. Or a fruit tea before going to bed, I cannot have it. Sometimes grapefruits or oranges do it to me. When I eat this, I WILL SUFFOCATE.

Dr: Describe me the state you experience at night?

C: I spring up in a total panic. I AM WHEEZING and CAN NEITHER INHALE OR EXHALE, as if I had a flap there. It's just a while but I think that it lasts long. And I virtually believe I WILL DIE. Then it is released and I start to breathe. Then I cry and sleep in a sitting position. Actually, the throat gets irritated and then I have difficulties swallowing at night. I AM AFRAID TO SWALLOW AND I HAVE A DRY MOUTH. It is kind of CONSTRICTED and then I start panicking.

Dr: Tell me more about the constriction and the panic.

C: I can feel it only in the throat, slightly lower below the tonsils. When I eat something, I will have a problem. Possibly, the juices irritate it. It feels swollen. Or burnt.

Dr: Other symptoms?

C: I used to have - I haven't had it for a long time - heart arrhythmias. I was examined and they performed Holter monitoring of ECG. It was around 14 years ago. It kept coming after that as well. WHEN ASLEEP, I had 180/min. Back then, they gave me pills for the heart. I do not remember what they told me. Some kind of TACHYCARDIA.

Dr: Anything else bothering you?

C: I also have back pain. I believe it has nothing to do with coronavirus, possibly as I am lying down. It hurts me below the left shoulder blade, it even BOTHERS ME WHEN BREATHING. When I am about to do something, then no problem. But when I lie down, I

OZONUM - I can't breathe

cannot stand it, it aches from the rib to the chest. A pinched nerve, possibly. But I don't want to link it with coronavirus, but with the fact that I am lying down.

Commentary to case No.5

The basic expression of Ozonum: "I can't breathe" manifests here as suffocation while sleeping. The condition is similar to what I hear from patients with sleep paralysis when it is accompanied by a feeling of suffocation. Compare the problems of this client with case No.4, where physicians surmised that the dry cough that emerged after the patient lay down in bed was caused by gastroesophageal reflux. In this case reflux illness was confirmed and is the cause of the patient's nocturnal dyspnoea. Sometimes the trigger is a particular food, but other times the trigger is not evident. Regardless of the different diagnoses, the feeling of suffocation in all of these cases is similar. The patient awakens suddenly with a fear of suffocation and of death. The client has the feeling that s/he cannot inhale or exhale. The patient must open a window (a very typical sign of Ozonum). The patient describes a narrowing of the throat and trouble swallowing. Again, there is a dryness of the mucous membranes. Garlic appears again as a food that exacerbates the problem. Ozonum can bring significant relief and make it easier to breathe when there is shortness of breath caused by a disorder in which pain prevents the chest from expanding. I have had good results prescribing Ozonum for similar indications, such as contusions of the chest walls, or pleural irritation, or problems in the thoracic spine which propagate to the chest. As for Ozonum stomach problems, we see a broad range of issues, from heartburn to hiatal hernia. Patients may suffer from pernicious anaemia, achlorhydria or, conversely, hyperacidity. There may be oesophageal pathologies such as achalasia, oesophageal spasms that prevent swallowing of food, or oesophageal strictures.

Psychological decompensation is dominant in the client. News about mass deaths in Italy and China fuel her panic and fear of death. She brushes shoulders with death, not only through her suicidal thoughts, but significantly in the way that she considers the sum-balance of her life. It can be said that she experienced a version of near-death experience (NDE). She also suffers from anhedonia and dysorexia, similar to the other cases. Sleep is disrupted as well. She tries to act brave in front of her children, but her fear, anxiety and despair are undoubtedly both sensed and seen. Although the client tries to be a source of support for her children, given her condition she does not have the necessary capacity. On the contrary, she is in great need of support herself. Similarly to case No.1, the client feels isolated from her friends and wants to be in contact through social networks. That is what keeps her afloat during lockdown.

The illness began with a burning feeling at the root of the patient's nose. Some of the atypical COVID-19 symptoms that are manifested here are swelling and pain of the tongue and oedema of the gums. In the Ozonum dynamic, we encounter explosive psychological and somatic expressions. Food allergies are explosive, for example. After a food allergy episode, the lips or tongue, soft palate, or sometimes the chest swell rapidly and rarely the gums, too. Sometimes there is angioneurotic oedema.

The rubric which represents the problem with the tongue is:

Mouth; pain; tongue; root, base; swallowing, on, and with the gums is:

Mouth; swelling; gums.

Burning sensation at the root of nose is represented by the rubric

Nose; pain; burning, smarting; root, internal, in which Ozonum is not present, however.

We can find burning of mucous membranes (and also skin) for Ozonum under generalities:

Generalities; pain; burning, smarting; mucous membranes.

Regarding burning sensation, the rubric:

Chest; pain; burning, smarting contains Ozonum and corresponds to the client's symptom.

Another characteristic pain reported fairly often is stitching or pricking, for example:

Heart & circulation; pain; stitching; heart region or

Chest; pain; stitching; breathing; agg.

It is interesting that she tries to trivialize her chronic cough and associates it instead with smoking. There are rubrics from the Ozonum proving like:

Cough; smoke; from sensation of; trachea, in and the very useful:

Generalities; gasses, fumes, smoke, vapors agg.

I have found that many clients with the Ozonum dynamic have some form of chronic cough, regardless of whether they smoke or not. Often, it is a remnant of some viral respiratory illness. In these cases, Ozonum heals the cough, even in cases where the homeopathic remedy is administered several months after the viral illness occurred.

Another chronic problem mentioned by the client was paroxysmal supraventricular arrhythmia, similar to case No.1. Ozonum is listed in the rubric: **Heart & circulation; pulse, heartbeat; rapid, tachycardia** and also **Heart & circulation; palpitation heart; excitement, emotional, agg.** She also said she frequently had bronchitis in childhood, which she associated with air quality. Again, we see the theme of air pollution, particularly the atmosphere. This is very typical for the Ozonum dynamic. Clients respond very sensitively to any type of pollution in their environment. The atmosphere may also be "polluted" by insults, criticism, distrust or emotional tension between individuals who share a space (a family or work environment). Bronchitis manifested as a dry, irritating and suffocating cough, which was most prevalent at night. A typical Ozonum symptom is that the patient cannot cough up the mucus. The mucus sticks to the respiratory pathway walls, or it may be just a feeling that the body is incapable of clearing the respiratory pathways by itself through coughing. The bronchitis must have been severe as it led to several weeks of hospitalization each year. It should be noted that several weeks of hospitalization for a child means isolation from one's parents and social ties. Hospitalization syndrome develops, with feelings of loneliness, abandonment and alienation. Recurrent tonsillitis, bronchitis, or pneumonia are common childhood illnesses in Ozonum.

Case No.5 follow up - July 3rd, 2020, excerpt

C: I don't want to be overly smart, but I have moved on now. I am no longer afraid, because mentally I am already all right and know what it can do to a person. I believe that they wanted TO NUMB US AND TO ISOLATE US FROM EVERYTHING TO CONCEAL SOMETHING. So that the entire world is interested only in that virus. Among my relatives is a person running a memorial service. I asked him: "Was there anyone, any people who died of the coronavirus?" He said he had 11 people who were positive, but did not die of it directly. They were on dialysis or it was an old grandma. I have been thinking about it, the fact that only the elderly and the ill were dying. And how many people die of various other diseases? Something we are not supposed to know is going on in the world. They wanted to find out how obedient we were, possibly. How we could respond in such situations. I don't know what they aimed at. And the masks, as well! This was such a nonsense considering the fact that it can be transmitted through the mucous membranes of eyes and skin. The people from the testing station came to us. The man who was supposed to test had a coat with short sleeves. He could have caught it from me then. Today I think this whole thing has been manipulated. I don't believe it any more.

Dr: Ok, tell me, what do you think about it?

C: The flus and viroses. It mutates all the time, pig flu and bird flu. I think that they may have released something, as well, and only the old and the ill got infected. They want to maintain only the productive population. What are pensioners good for? I read an article about Italy, only the elderly lived there, grandmas and grandpas. They are not an asset for the government, on the contrary, they must pay pensions, for treatment and medication. One is not entirely dumb so as not to see these links. It was weird that they locked us all at home and the government appeased us that everyone would receive some financial assistance. But I was without any money for 5 weeks. As soon as my isolation ended, I applied for benefits in material need at an authority - for a single allowance and a housing contribution. I was there three more times. Nobody informed me, they didn't call me. Eventually, I gave up, because they treated me badly. He (the clerk) told me why on Earth was I going there, they had tables full of stacks of paper. I told him I had children at home, I had to pay rent and food. The government didn't help me!

C: And the testing, as well. My mother is 62 years old, she was supposed to be tested as well, because she kept in touch with me. In the course of 3 weeks, however, nobody showed up and didn't bother about her at all. There is chaos and they (the staff of collection points) probably hadn't been duly trained how to take the samples. The one took it lightly, while the other one put the stick right into my head. The last test, which turned out to be negative, was just from the throat.

Dr: What about your psyche, how do you feel? Can you compare it?

C: I lost my temper then - it started with coronavirus, the isolation, there was no work. I had a quarrel with the father of my daughter's boyfriend. I would never put it differently, I am positive, but I lost my temper. I HAD A BLACK-OUT, I WANTED TO COMMIT

OZONUM - I can't breathe

SUICIDE. A total moment of madness in my brain. I don't remember what I did, either.
But it is good now!

Commentary to case No.5 follow up - July 3rd, 2020

The way in which the client evaluates her illness after several months (she had COVID-19 in March 2020) is very interesting. Usually, clients with Ozonum dynamic do not fully admit the burden of their psychological slump at the first consultation. The homeopath has to deduce it from the context of the situation and read between the lines. Usually, the homeopath learns about the severity of the situation as well as the intensity of the fear and panic only later, during follow-ups. Only then are clients with Ozonum dynamic able to admit to themselves and to the homeopath how deeply they feared, panicked, or seriously considered suicide. The client speaks of this period as a short circuit in her brain, when everything went black. I believe that this statement speaks for all of the feelings she experienced. Most COVID-19 patients experience similar psychological plummeting full of hopelessness and despair. It is not necessarily due to the weight of their illness, but mostly due to the social perception of the infection. Financial circumstances also took a toll on her condition. She had to remain in lockdown for a long time. She had no job, income or partner and was responsible for the children. The state government did not help her, even though politicians declared that help would be available. She realizes that the psychological component of her condition, fueled by biased media news reports, outweighed the severity of her somatic manifestations.

The client gave her own interpretation of what the coronavirus pandemic could mean on a societal level. She thinks that the focus on coronavirus could be a way of concealing something else and that the pandemic and anti-pandemic measures were declared to dull people's minds and isolate them. She does not believe the official pandemic narrative. Although this is a fairly common phenomenon in the current informational chaos, I have found that many clients who responded well to Ozonum also developed theories about alternative narratives of the current situation. Some of these interpretations could be characterized as conspiracy theories.

Case No.6

I START TO SUFFOCATE IN CONFINED SPACES

52 years old women, RT-PCR SARS-CoV-2 positive, March 2020

Interview (verbatim; Dr: physician, C: client)

Dr: Tell me how has it developed in your case and how it started?

C: My husband and I were isolated, because my husband's boss developed COVID-19. My husband was tested and was negative twice. After a week of isolation I got a fever. I contacted my GP and she told me that I could not have COVID-19 because my husband was negative and we were in isolation. She prescribed paracetamol. We discussed all this on the telephone. After 3 days, the fever did not subside. My whole body was aching and I also lost my appetite. I didn't have any appetite. I didn't taste anything, whether I ate salty or sweet stuff. Then I vomited and had diarrhoea. On top of that, the worst was that I didn't feel the need to sleep. So I DIDN'T HAVE TO SLEEP THE WHOLE DAY AND NIGHT.

C: Paracetamol had no effect - I still had the fever. The highest temperature was 38 °C. If I skipped paracetamol, it would have spiked more. After 3 hours I took it. Then I was advised to let the temperature spike, to burn it out. It was reaching 38 °C and more. Again, I started using paracetamol. The doctor told me again to continue using paracetamol. On the 9th day I called her again and told her that I felt really bad and that it did not subside. So she sent me to the pulmonary disease department, there I got an X-ray of lungs, and they prescribed me ATB. I used paracetamol and the temperature was not going down. No changes at all. I was terribly tired, my body was aching. On the 12th day I called to tell her that it has not subsided, that the fever did not subside, that it did not change. And only then did she tell me that she would send me to the Public Health Authority. Then I got a call from the collection point and there they took the test from the nose. Then they called me that I was positive. Then the temperature started to fall. The condition of no appetite and a headache, I would be lying down all the time. I got re-tested. The next tests were negative. But in the evening I started to get a RASH ON MY CHEST, hives, kind of. That was something! And so I went to get tested again, and it was positive again.

Dr: Describe the rash?

C: I had a rash on my chest, here... from the neck down to the breasts. And it is itching terribly. Staying at home sucks.

Dr: How does it affect you, your psyche?

C: There are some mental processes going on. Before they diagnosed me with COVID-19, I was walking outside, SUFFOCATING. But as I arrived home, it got even worse. But I don't know, it may have unnerved me. I took half a tablet of Neurol (benzodiazepine), and the suffocating stopped. This was after 12 days of fever and I was unable to do anything. The body - I was EXTREMELY TIRED. I was incapable of doing anything, I kept sitting and I couldn't even sleep. THERE IS NO SLEEP FOR ME NOW. Maybe half an hour at night and I watch TV at night. It disrupted my sleep.

Dr: Will you tell me more?

C: I don't feel the need to sleep at all. I am slightly unnerved.

Dr: Slightly unnerved?

C: I thought the condition would get worse.

Dr: Tell me more, how worse? Something specific?

C: That I would go to the hospital and be put on the ventilator. This has passed, but I am still tired. I do suffocate. AS SOON AS I ENTER CONFINED SPACES, I START TO SUFFOCATE. I cannot sleep in a tent, I cannot go to caves, there it starts closing in on me and I start to suffocate. I have the symptoms regularly, some kind of claustrophobia.

Dr: Do you have this also in other spaces?

C: When there is COMPLETE DARKNESS and the street lights are not on, I have it as well.

Dr: Anything else triggering it?

C: I don't know, just these things.

Dr: How long has it lasted, when did it start?

C: I haven't had this since childhood. I am 52 years old and it started at the age of 35. I don't know why at all. Earlier, I could be in a tent, normally. The tent was closed and no problem. But now, when I crawl into a tent, it would close, and I start to suffocate. I start to GASP FOR BREATH - aa-uu-aa-uu - (showing gasping for breath).

Dr: A tent is built in the summer, right? Can it be related somehow?

C: It's not the temperature. And also the caves... I went to a cave last year during holiday. My husband had to call the guide to let me out, and I walked out. I would have suffocated there. Or if I got stuck in an elevator and the light went out, it could unnerve me totally, and I would suffocate there.

Dr: Anything else you experience?

C: No, just this gasping for breath, nothing else. I simply gasp for breath.

Dr: What is your sleep like, in general, I mean before coronavirus?

C: Sometimes my sleep is uneasy, sometimes it is better. When I am kind of unnerved, I can be ruminating and not sleeping for an hour and then I fall asleep.

Dr: What unnerves you?

C: They are not trivial things, worries about parents, for instance.

Dr: I will go back to the feeling of suffocation in the tent, what do you think about it?

C: I haven't thought about it. I simply told myself that I would not sleep in a tent. The thing is, it got worse due to COVID-19. I started suffocating as my husband and I went by car to get tested. When we were waiting for the results in the car, I started suffocating. Or when I was supposed to put on a mask. So that was a disaster. But before that, I got in the car normally, no problem.

Dr: Describe the thing with the mask?

C: I suffocate in it as if I went to that cave.

Dr: So you create a tiny small cave on your mouth? (Smile.)

C: I could not take it off when I got tested. I had to survive it there somehow, but as we were driving our car, my husband had to OPEN THE WINDOWS to let some AIR in.

C: I can use only one-off masks, I didn't take the mask made of fabric at all, I wouldn't put it on! It's just the first sight of it... This? Absolutely not! I would suffocate.

Dr: You spoke about diarrhoea, can you describe it to me more?

C: A normal, regular diarrhoea, around 2 days. It was just thin. I vomited as well. The headache and pain of the body and temperature - temperature for 12 days.

Dr: What about cough?

C: None. Considering the fact that I have allergies, I DO NOT HAVE ANY SYMPTOMS OF ALLERGY AT ALL.

Dr: What are you allergic to?

C: Mainly pollen, dust, dog hair. Our dog is outside, but I am in contact with him. But I haven't had this since childhood. Just when I got older.

Dr: When did it start?

C: At around 38 years.

Dr: What happened in that period of time?

C: I always saw my doctor in March and October. He said it was weird. He sent me to the Department of Allergology. There they established that I was allergic to spring and autumn pollens. Then also mould.

Dr: Yes...

C: Dog hair and ambrosia. Pollens, birch, grasses, and autumn mould.

Dr: Chemicals?

C: I don't mind chemicals, I use Savo (a chlorine-based disinfectant) when cleaning the bathroom and I don't mind it.

Dr: Do you use any medication?

C: For about 2 years, I got vaccinated with Polynex, I stopped. Now I use Xanax only at the time when there are allergies. But now I don't have to use it.

Dr: Other medication, diseases?

C: I don't use any other drugs. I use only contraception. Otherwise I am healthy. I haven't had a flu for about 6 years, only now it knocked me down. I was possibly quite weakened; when I caught it, we were taking care of my immobile mother and it was bad with my father. I slept little already before COVID-19. My sister and I took care of them around the clock and I was weakened. That's why I caught it. My dad has Alzheimer's and my mum is immobile.

Dr: What have you been ill with in your childhood?

C: I kept having tonsillitis. Always, 6th-7th-8th grade, TONSILLITIS EVERY MONTH. But otherwise I wasn't ill.

Commentary to case No.6

Similar to many other cases, this one demonstrates that RT-PCR SARS-CoV-2 tests are unreliable. A single patient can randomly get both positive and negative results even though the clinical symptoms of COVID-19 are unambiguous.

The fundamental theme of Ozonum: "I can't breathe" is a common thread throughout the case and does not pertain solely to the acute problems. When the client feels she does not have enough air, she needs to have the window open and feels like she is suffocating. There is also a loathing of protective face masks and the feeling that a cloth mask may choke her. Similarly to other cases, there is fever that does not respond to antipyretics. In this case the fever was truly extreme. It is sad to hear, repeatedly, from clients who have had or have COVID-19 how they have been treated in the official healthcare system. In this case, fever lasted for twelve days and the patient did not receive assistance until the ninth day. Unfortunately, not even treatment in the pulmonary diseases ward brought the desired relief.

The client also describes other COVID-19 symptoms such as diarrhoea and vomiting. In this case, these were accompanied by an atypical symptom, a rash. The location of the rash, however, is typical for the Ozonum somatization area, namely the upper chest between the centre of the chest and the neck. The patient lost her sense of taste and smell, which is a very common symptom of COVID-19. An interesting feature that I have also noted in other cases with Ozonum dynamic is that during or after the COVID-19 illness, the client did not suffer from annual spring allergies, for example, allergic rhinitis and conjunctivitis.

Like claustrophobia, allergies appear in later life without any clear cause, similarly to case No.3. Claustrophobia is accompanied by a feeling of suffocation and is exacerbated by darkness - the dimness of a cave, darkness in an elevator, also street lamps that have been turned off - where the issue is not diminished space. The darkness of night itself brings on a feeling of confinement and suffocation. In many cases, where I have seen good results after prescribing Ozonum, there was a yearning for light during the night. The patients had to have a light on for the entire night to keep their fears at bay. Darkness made their fears worse. Both children and adults expressed this yearning for light. It is related to a fear of the unknown and also to imaginary ghosts and boogymen. The yearning for light sometimes manifests as a yearning for knowledge, positive support, hope or sunlight. But these patients often have an ambivalent relationship to the sun. Sharp, hot sun rays makes them feel worse, yet sunlight is a source of optimism and hope.

Among the symptoms, pronounced weakness and lack of energy are again present. The mother appears in the story, or actually both sick parents, who need a very high level of care. Sleep disorders, practically total insomnia, are also present in this case. The patient admits that her sleep patterns were already disrupted by concerns about her parents before she got COVID-19. Insomnia is fairly common in Ozonum. Before they fall asleep, worries and thoughts run through their heads or they feel anxious, and that prevents

OZONUM - I can't breathe

them from falling asleep. Sometimes their limbs are cold, which also keeps them from falling asleep. Similarly to case No.2, there are recurrent tonsillitis in the history. The story mentions chlorine, but does not have the additional characteristic of this theme.

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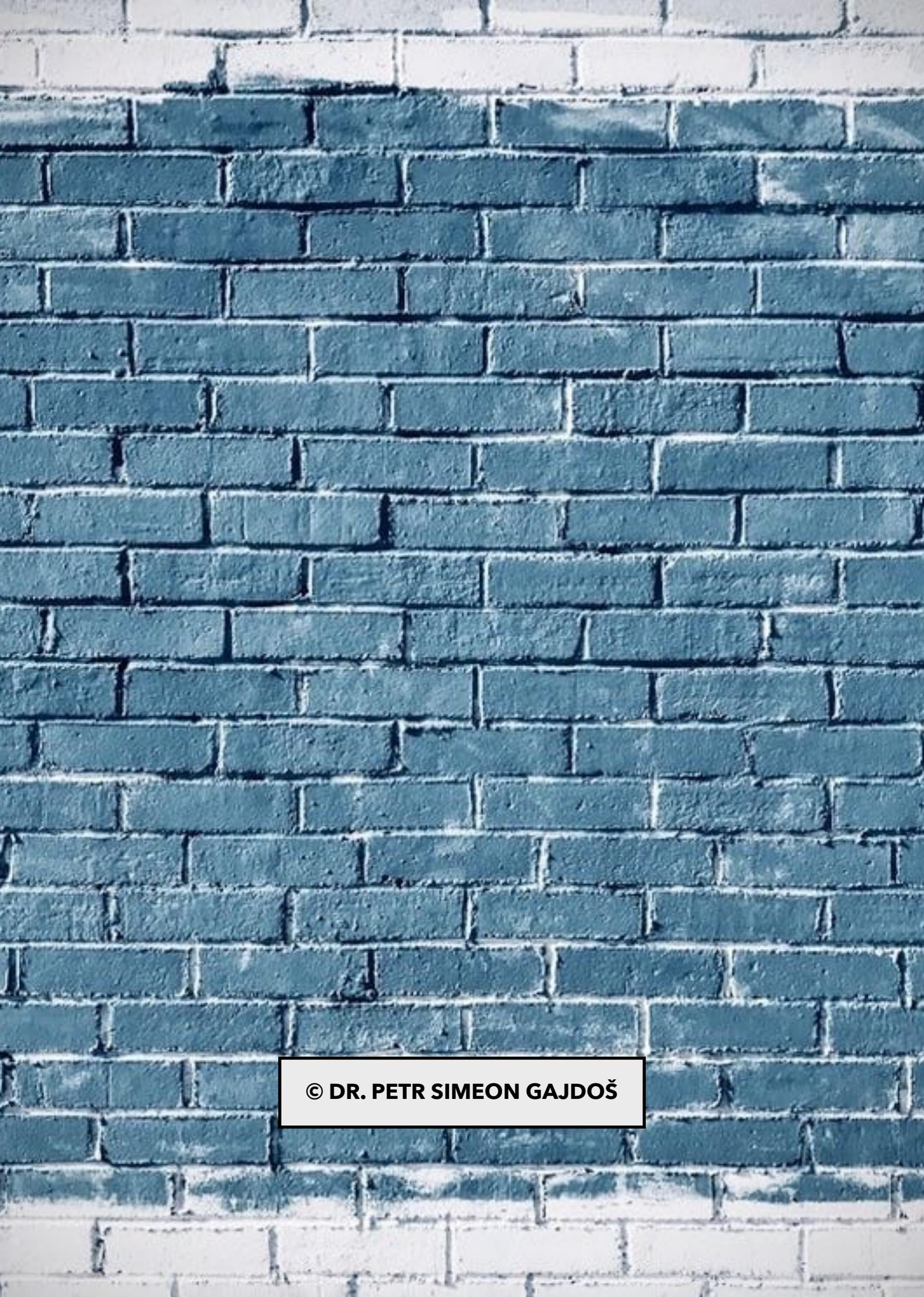
SUPPLEMENTARY MATERIAL

Ozonum rubric additions. Available at: <https://global-impact.cz/en/ozonum-i-cant-breathe-rubric-additions/>

BIOGRAPHY



Dr. Petr Simeon Gajdoš (*1978) has been practising homeopathy for over 25 years at clinics in Pilsen and Prague, the Czech Republic. He is an urgent medicine doctor with the Emergency Medical Services of Pilsen Region, the Czech Republic. He also works in the respiratory intensive care unit (RICU), the Czech Republic, and in the intensive care unit at the Harley Street Clinic in London, United Kingdom. In his private practice, he uses an integrated approach adapted to the needs of each client. He studied psychotherapy, craniosacral therapy, and the therapeutic techniques of indigenous people. He is a proponent of narrative-based medicine. He is interested in mythology and aligned with philosophical phenomenological methods. A believer in humanity and humanistic principles, his work is firmly rooted in biological pragmatism.

A close-up photograph of a brick wall. The bricks are arranged in a standard running bond pattern. The color of the bricks is a deep, dark blue or teal, with some lighter, almost white, mortar joints. The lighting is even, highlighting the texture of the bricks. In the lower center of the image, there is a white rectangular box with a thin black border containing the text "© DR. PETR SIMEON GAJDOŠ".

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