UPDATES I

CORONA VIRUS DISEASE (COVID-19) AND HOMEOPATHIC PERSPECTIVE

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QUESTIONS FROM DAVID, ANNA AND OTHERS

One of my patients is suffering from heart disease and he is on daily doses of allopathic and homeopathic treatment. I have a very vulnerable and immuno-suppressed patient, a lady, following kidney transplant. What potency should be given as prophylactic?

There are a lot of patients that are on daily doses of allopathic, homeopathic or both mixed treatment for their complaints like Parkinson's disease, Multiple sclerosis, Diabetes, Cancer, heart disease etc.

What is the possibility to use prophylactic method for them?

Should they use both remedies together- the chronic remedy - every day and the prophylactic daily or two times per week?

What would you suggest for liver or kidney transplant patients?

ANSWER FROM DR. AJIT KULKARNI

We will first categorize the patients.

1. Chronic patients on exclusive homeopathic treatment
2. Chronic patients on exclusive allopathic treatment
3. Chronic patients on mixed homeopathic and allopathic treatment
4. Patients having transplantation of organs and are on anti-rejection medication
5. Immuno-compromised patients who had been treated or now on immune-suppressive agents such as steroids, methotrexate, cyclosporin, Interleukin inhibitors, selective immunosuppressants or TNF alfa inhibitors etc.

In the first category, we have to define whether the patient is on constitutional/classical, palliative or organotrophic treatment. Actually, if the patient is already under homeopathic constitutional remedy, he doesn't need a prophylactic remedy. But it also depends upon stage II, III or IV, human density and if the patient is following strict 'stay at home'.

The second category patients have to be defined. If they are on anti-diabetic or hypotensive drugs, they become vulnerable due both to the disease and drugs. It is better to give them Arsenic album.

The same about third category.

The 4th and 5th category is of immune-compromised patients and it is better to define clearly their immune status and miasmatic activity.

The general principle is that if the patient is in the vicinity of community infection of pandemic, it is better to give Arsenic album. Don't stop the patient's regular treatment.

Arsenic album 30 or 200 as a single dose or once every week can be given depending on the susceptibility and vitality. On the day of Arsenic album, no other homeopathic remedy should be taken by the patient. Otherwise, he can continue with allopathic, homeopathic or mixed treatment.

QUESTIONS FROM Dr SONIA AND Dr NEHA

1. You have mentioned Tuberculinum to be given when a case jumps rapidly from mild to critical state... why Tub? And will it not cause killer's aggravation? Also, you have mentioned Tub 1M for preventing relapse... reasons? The immune response basically goes out of control. Out of control is the hallmark of syphilitic miasm. So why Tub, why not an anti-syphilitic? Why not Bacillinum?
2. You have mentioned Merc-cyan preferable over Merc sol in throat complaints. Any specific reasons?
3. You have mentioned Sulphur as an option for GE. But we need a remedy covering speed of destruction... does it qualify?
4. What do you mean when you mention that GE must cover the pathogenesis of COVID 19 as a single spectrum?

5. The symptomatology of COVID 19 is very scattered with patients in India itself presenting with differing symptoms... will Ars Alb as GE be able to help in all cases?
6. What about pregnant women? How can we help them in this pandemic? Because I have 2 patients who are pregnant... one is in first trimester, another in final.
7. Kali-carb and Kali-iod have been mentioned in the pneumonia stage of the disease. However, Lycopodium, Hepar sulph can also be considered in hepatization stage.

ANSWERS FROM Dr AJIT KULKARNI

QUESTION 1

You have mentioned Tuberculinum to be given when a case jumps rapidly from mild to critical state... why Tub? And will it not cause killer's aggravation? Also, you have mentioned Tub 1M for preventing relapse... reasons? The immune response basically goes out of control. Out of control is the hallmark of syphilitic miasm. So why Tub, why not an anti-syphilitic? Why not Bacillinum?

ANSWER 1

The role of Tuberculinum

In the evolutionary march of the disease, it is not mandatory for the disease process to pass through the miasmatic activity from psora → sycosis → tubercle → syphilis in a rigid chronological way. The pace at which the disease process unfolds itself is dependent on the blend of disease potential and host response. Hence, it is possible that the disease may take its heavy toll by not following the intermingling stage(s). This is the reason why old patients, patients with diabetes, hypertension, immune-compromized types etc. land into pneumonitis, CNS and CVS problems and multi-organ failure in a relentless way.

EXPRESSIONS OF TUBERCULAR MIASM

CHARACTERS

Basic

- Unpredictable
- Oscillations. Changeability. Erratic
- Poor tolerance
- Erraticism
- Shortened sycotic phase
- Debility
- System becoming a prey
- Forced mobilization of immune forces and poverty of controls

Patterns and pathology

- Pattern of response: Sudden, rapidly spreading pathologies. Slow, then rapid
- Suppuration
- Ulceration
- Repair through fibrosis
- Hemorrhage
- Erratic febrile states

Affinity

- Blood
- Lungs
- Brain
- Skin
- Metabolism

Tuberculinum (Bovinum Kent) is a classic representative of tubercular miasm. It exhibits the characters of the tubercular miasm in a remarkable way.

In addition to the characters written above under Tuberculinum, following characters are noteworthy.

- Tuberculinum is prepared from the pus (with bacilli) from tubercular abscess. Hence, it covers sepsis and septic shock (which is the chief cause of death in Covid-19).

- Grave troubles from slight causes i.e. simple cold can cause havoc in the system.
- Symptoms constantly recurring or relapsing, but every time appearing with a new set of them (different in character and/ or location).
- Obscure, changeful indications.
- Rapid breakdown.
- Erratic, unpredictable development of symptoms.
- Symptoms appear and disappear suddenly.
- Rapid and pronounced development of pathology.
- Martyrs to respiratory catarrhs.
- Hypersensitivity (which is the host response to develop severe to critical stage in Covid-19).
- Myocarditis in Covid-19.
- Necrosis, gliosis, fibrosis, degeneration and destruction as the result of pathology.

The above indications are sufficient to perceive the role of Tuberculinum.

The issue of killer aggravation is related to subjectivity of the physician; it has posteriori thinking and hence it has no universal satisfying answer.

The question of "out of control" is applicable not only to syphilitic miasm but also to tubercular miasm. It is the sudden, rapid and progressive pattern in tubercular miasm that makes the system difficult to manage. Hence, many pathologies get overlapped in both miasms. Pathologies are of three types: Reversible, Borderline and Irreversible. Tubercular pathologies fall within the category of borderline → irreversible while syphilitic ones are mostly irreversible; in other words, impossible to manage from curative standpoint.

See, every nosode is a multi-polychrest remedy and is a blend of the disease-potential and the host-response; hence, it represents the dynamic potential of germ, host and their inter-action to become the powerful and complex healing force to meet the inveterate morbific conditions. Every nosode is multi-miasmatic and Tuberculinum also covers syphilitic miasm.

I haven't mentioned Bacillinum but it doesn't mean that it is not useful in COVID-19 cases. The main difference is that Tuberculinum is active and rapid while Bacillinum is indolent and sluggish. This is the main reason why I prefer Tuberculinum.

QUESTION 2

You have mentioned Merc-cyan preferable over Merc sol in throat complaints. Any specific reasons?

ANSWER 2

The role of Mercurius cyanatus

First see this report, "Sars-CoV-2, the virus that causes Covid-19, replicates in the upper respiratory tract before moving down to infect the lungs, which leads to people shedding huge amounts of the virus through coughing in the first week of symptoms (peak at 7.11 × 108 RNA copies per throat swab), according to a study published in the journal Nature on April 1".

"Sars-CoV-2 takes up residence in the throat cells first and from that person's throat… it can readily spread to others", Peter Kolchinsky, a virologist.

Throat is an important organ, hence next to lungs in Covid-19. We have to contain the virus replication here by giving a right remedy.

Mercuric cyanide poisoning

Symptoms of both cyanide and mercury intoxication can occur. Acute poisoning: Symptoms include tightness and pain in chest, coughing, and difficulty in breathing; cyanide poisoning can cause anxiety, confusion, dizziness, and shortness of breath, with possible unconsciousness, convulsions, and paralysis. Ingestion causes necrosis, pain, vomiting, and severe purging, plus the above symptoms.

Cyanide poisoning

- Cyanide prevents the cells of the body from using oxygen. When this happens, the cells die.
- Cyanide is more harmful to the heart and brain than to other organs because the heart and brain use a lot of oxygen.

Immediate signs and symptoms of exposure to cyanide

- Dizziness

- Headache
- Nausea and vomiting
- Rapid breathing
- Rapid heart rate
- Restlessness
- Weakness

Exposure to a large amount of cyanide by any route may cause these other health effects as well:

- Convulsions
- Loss of consciousness
- Low blood pressure
- Lung injury
- Respiratory failure leading to death
- Slow heart rate

See that many poisoning symptoms match with COVOD-19 patients.

Some differences between Merc sol and Merc Cyan

Both affect throat but Merc sol has burning as from hot vapour while Merc cyan has cutting pains; sensation as if something hanging in throat in Merc sol; in Merc-cyan, it is rawness and soreness. The mucous membrane is broken down and ulcerated and thick and greyish membrane with intense redness of fauces in Merc-cyan while in Merc sol, there is bluish red swelling with a sensation as if a burnt spot in pharynx.

Two major points why I prefer Merc-cyan to Merc sol is 1. the necrotic destruction of soft parts of palate and fauces and necrosis is the major pathology of Covid-19 and 2. The appearance of honeycomb in throat that resembles the same appearance in pneumonia in covid-19.

QUESTION 3

You have mentioned Sulphur as an option for GE. But we need a remedy covering speed of destruction... does it qualify?

ANSWER 3

The question is related to speed of action of Sulphur.

Following rubrics justify that the action of Sulphur is rapid.

- Mind; sudden manifestations
- Generalities; sudden manifestations
- Generalities; weakness; sudden, paroxysmal
- Generalities; strength; decreased, diminished; sudden
- Generalities; progressive diseases
- Generalities; violent complaints

Moreover, Sulphur is more tubercular than psoric. Emaciation, in spite of voracious appetite, lean thin constitution, suppurative tendency, glandular affections, tubercular diathesis, spells of weakness, epilepsy etc. typify the tubercular miasmatic activity of Sulphur.

QUESTION 4

What do you mean when you mention that GE must cover the pathogenesis of COVID 19 as a single spectrum?

ANSWER 4

Totality is one. It is the synthetic whole. It includes merging of cause and effect. There is no duality. It includes the phenomenon from the beginning to the end. In the evolution when the phenomenon is unfolding, it is one spectrum. Noting is fragmented. GE criteria must cover the evolution of the disease as one total unit. To exemplify, ARDS should not be separated from cold, fever and sore throat. The asymptomatic phase of the Covid-19 must become a part of GE and ground-glass opacities that get developed in the lugs must as well become a part of GE.

QUESTION 5

The symptomatology of COVID-19 is very scattered with patients in India itself presenting with differing symptoms... will Ars Alb as GE be able to help in all cases?

ANSWER 5

The symptomatology is not scattered; it is changing.

The response of the human species as humans will use their immuno-modulatory defences will definitely influence the Form, Function and Structure of Covid-19. Human susceptibility as a part of immunity and as a dynamic property will manifest its alteration.

In view of the changing scenario, it is interesting if Arsenic album holds the status of GE.

Please read my recent updates below to get more elaboration against your question.

QUESTION 6

What about pregnant women? How can we help them in this pandemic? Because I have 2 patients who are pregnant... one is in first trimester, another in final.

ANSWER 6

A pregnant woman can be affected by COVID-19. Whether a pregnant woman with COVID-19 can pass the virus to her foetus or baby during pregnancy or delivery is not yet clear. To date, the virus has not been found in samples of amniotic fluid or breastmilk.

Remember that pregnancy is the most favourable period for the action of the homeopathic remedy. If the pregnant woman has some health issues, the best preventive remedy is the constitutional remedy. However, if she is in the susceptible area, Arsenic album 200c, a single dose is recommended.

QUESTION 7

Kali-carb and Kali-iod have been mentioned in the pneumonia stage of the disease. However, Lycopodium, Hepar sulph can also be considered in hepatization stage.

ANSWER 7

There are 51 remedies listed in Complete Repertory against

Chest; hepatization, lungs: acal ant-ar ANT-T ars bac bapt BROM ***BRY*** CACT CALC calc-i calc-s CAMPH CARB-AN carb-v CHEL crot-h ferr FERR-P GRIN HEP hippoz IOD KALI-C KALI-CHL ***KALI-I KALI-M*** kali-p LACH LOB LYC MERC MYRT-C NIT-AC NUX-V oena ***op PHOS plb*** podo rhus-t SANG sec SENEG sil SPONG stroph ***SULPH*** TER TUB ***zinc***

KALI-CARB

It covers pleuro-pneumonitis. When there is accumulation of pleural effusion, Kali-carb is a remedy of choice. Indications: Right sided; later stages; with cardiac exhaustion; with cyanosis. Heavy oppression, with hurried or impeded breathing.

KALI-IODUM

Pneumonia with: Dilated pupils; catarrh, red face, blue lips and nails; hepatization; metastasis to brain; sepsis in lungs. Constant hacking cough. Exudative pleurisy. Pleuro-pneumonia. Chocking spells. With albumin in urine. Severe dyspnoea; strangling or hyperventilating.

Kali carb is more tubercular; Kali-iod more syphilitic. Kali-carb has more fluid accumulation; Kali-iod has more suppuration, ulceration and necrosis. Due to carbon ion, Kali iod is slower than Kali-iod; Kali-iod has potassium + strong halogen of Iodum which makes the process rapidly destructive.

LYCOPODIUM

Delayed, unresolved, neglected, continued and typhoid pneumonia. Indications: With great dyspnea; diaphragmatic breathing; unable to lie on back, or affected side, flapping of alae nasi, half open eyes; mouth hangs open, pressure on chest. Loud mucous rales**;** accumulation of serum in pleura and pericardium, hepatization; old people with weak reaction and weakness of all the functions and who do not tend to convalescence. Children wither after pneumonia. Right foot cold, distended abdomen, red sand in urine, circumscribed red chest (left), threatened suppuration; tightness across chest, aching over lungs; deep seated pain or bronchial irritation, weak voice remaining. Lips cyanosed; dusky appearance. Latent pneumonia; slight fever, no pain, little cough, expectoration: salty, grey.

Pleurisy: Left; intercurrent pleuritic attacks; continued stitches. Exudative, stitches in left chest (typhoid, chest cold or neglected, chronic pulmonary inflammation, pleurisy). Sputum copious and purulent.

Comments

Lycopodium has prolonged sycotic phase followed by the syphilitic phase. The speed is, however, slow and it doesn't match the sudden onset or rapid deterioration which we see in COVID-19. Lyc is indicated more for the later stage when they are tired and worried.

HEPAR SULPHURICUM

Respiratory symptoms begin from exposure to cold.

Dry hoarse; barking, rattling, croaking cough. Constant irritation and oppression of chest, becoming < by long continued and fatiguing coughing; finally gasping for breath.

Dyspnoea; weakness of larynx and chest. Sudden attacks of suffocation; loud, whistling inspiration; face dark red; lips bluish; bends head back and gasps for breath; sputum frothy. Snoring, hoarse, whistling, and often so short and oppressed that he start from sleep with violent, dry, hoarse cough, with retching; grasps at larynx in the greatest fear. Involuntary deep inspiration. Choking from mucus in larynx.

Pneumonia of a septic type. Chronic pneumonia and profuse purulent sputum. Chocking, strangling, spasmodic cough; accompanied by acute dyspnoea. Fever swinging. Acute stabbing pains in chest. < from lying on affected side. Constantly cropping up position in pneumonia.

Pleurisy, croupous exudation, with yellow or yellowish-brown tint in face, in scrofulous and lymphatic persons.

Very ill. With hectic flush. Moist skin surface with sour-smelling sweat. Extreme sensitiveness to cold. Oversensitive. Deep split in the center of the lower lip. Tongue, sensitive. Complain of very hot, burning tongue or burning at tip of the tongue. With aphthous patches scattered about the mouth. Extreme weakness in the chest.

Comments

Miasmatically, one may feel that Hepar sulph is psoric and it is right to assume it in the initial phase when the mild to moderate form of Covid-19 is present. But soon the system goes into tubercular miasmatic phase. The lungs are filled with septic foci and there is constant chilliness and very sick look of the patient. This phase is indicative of the severe phase and pre-clinical stage of pyrogen and Carbolic acid where one gets critical phase of Covid-19.

1. **QUESTION FROM DR. C. S. GUPTA**

The talk on COVID-19 is extensive and not intensive. The GE Ars alb pointed by CCH is a routine remedy for flu. It does not cover the severity of choking respiratory system and supply of oxygen to heart etc. etc. To this GE Carbolic acid has been added. In short a nosode from CV has to be made. The fact is that CV victims go to allopathic hospitals and not to homeopathic hospitals, which are very few and not considered fit for emergency cases. Unless the homeopaths treat a few cases of CV themselves , they are not able to experience the exact problem faced by victims of suffering CV. The theoretical knowledge is not sufficient to find or make true GE for this virus.

ANSWER

I will earnestly wait for "intensive" study of COVID-19 from Dr. C. S. Gupta.

Yes, I admit that "intensive" study has its importance. But who says that the work is deprived of intensive study? The exercise presented here is chiefly based on the data collated from patients of both IPD and OPD. I am putting an eye on every symptom, sign or pathology or the underlying mechanism which is being reflected. Indian homeopaths have less number of patients but that doesn't make the work of anyone undervalued. Rather a big source makes the data abundant and fresh to work upon.

The Law of Similars propounds that when Pulsatilla is indicated, give Pulsatilla. When Arsenic album is indicated, give Arsenic album. Can Arsenic album should be discarded because it is a routinely prescribed remedy? Will Dr. C.S. Gupta be happy if a rare Bird remedy or a Lac remedy is selected? If Dr. Gupta offers his "intensive" study of a rare remedy as GE, I will sincerely read it. On which scientific grounds Dr. Gupta conclude that Arsenic album doesn't cover the severity of Covid-19? Is the **rubric, Clinical; asphyxia, death apparent**, not enough to perceive the seriousness of Arsenic album?