# UPDATES II

## CORONA VIRUS DISEASE (COVID-19) AND HOMEOPATHIC PERSPECTIVE

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**QUESTIONS FROM RUSSIAN COLLEAGUES**

**QUESTION**

What are your thoughts about BCG vaccination and plasma therapy?

**ANSWER**

I think, these therapies are being experimented due more to desperate situation as no concrete solution is at hand. There are controversies about them and much research is needed to put them to use for the society.

Both are based on unsophisticated use of the Law of Similars and Isopathy. As a matter of fact, the scientists are trying to find the solution in the natural curative principle of Similia. In spite that the pharmacology in mainstream medicine is advanced and hugely paid and innumerable chemicals are being generated and investigated, the recourse to the Law of Similars and Isopathy are evident.

Serious thought is that mainstream doctors need to study the Law of Similars in a serious way! Hippocrates, father of Medicine wrote over it and all wise physicians of all pathies should respect his clear-cut writings over the Law of Similars.

**BCG vaccine**

I quote from the source: The BCG vaccine is an immunomodulator that boosts immune response to offer broad protection to respiratory infections. Even more protective is a vaccine from Mycobacterium indicus pranii (MIP), which has been isolated and sequenced in India National Institute of Immunology. It's approved for use against leprosy and septicaemia, and PGI Chandigarh recently evaluated its translational application as an immunotherapeutic against severe acute respiratory syndrome (a coronavirus like Sars-Cov-2, the virus that causes Covid-19).

I quote from Lancet, "The BCG vaccine and some other live vaccines induce metabolic and epigenetic changes that enhance the innate immune response to subsequent infections, a process termed trained immunity".

The BCG vaccine might therefore reduce viraemia after SARS-COV-2 exposure, with consequent less severe COVID-19 and more rapid recovery.

It is interesting that above quotations resemble the characters of Tuberculinum Bovinum Kent (which have been given in this paper). They also match the use of Bacillinum.

**What is convalescent plasma therapy?**

When attacked by a pathogen, the immune system produce antibodies to fight the infection. If the infected person can produce sufficient antibodies, he can recover from the disease caused by that pathogen. The idea behind convalescent plasma therapy is that such immunity can be transferred from a healthy person to a sick using blood plasma. Convalescent plasma refers to the liquid part of the blood from recovered COVID-19 patients.

So in this therapy, blood from recovered patients, which is rich with antibodies, is used to treat other sick people. Immunity may develop early in asymptomatic or persons with mild symptoms. In contrast, it develops later in severe and critically-ill COVID 19 patients.

The above two therapies are with side-effects and the effectiveness of them remains questionable.

**APPEAL**

In the context of COVID-19 outbreak, all investigators of various disciplines – virologists, microbiologists, chemists, pharmacologists, pathologists, physicians of all therapies - should come forward to study homeopathy. There must be adequate funding to make breakthrough research about homeopathy in general and some remedies like Bacillinum, Tuberculinum, Corona virus nosode and other prominent remedies mentioned for the sake of treatment at various stages of COVID-19.

Six months period is a long one when millions of people are keeping their belief on mainstream medicine.

**QUESTION**

What is your view about Germ theory?

**ANSWER**

I will not outrightly negate the role of germs. As a homeopath, I can't deny the existence or the role of germs. But I can't think of the germs without the host. Host is the central point around which everything revolves.

I quote two authorities from Homeopathy and one from Lancet.

**HAHNEMANN**

He mentioned his views in the following aphorisms - §§ 7, 11, 12, 14, 70, 84, 89, 98, 107-9.

I quote Hahnemann from §7: "Now, as in a disease, from which no manifest exciting or maintaining cause (*causa occasionalis*) has to be removed[1], we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances, § 5) be the symptoms alone by which the disease demands and points to the remedy suited to relieve it – and, moreover, the totality of these its symptoms, *of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force*, must be the principal, or the sole means, whereby the disease can make known what remedy it requires – the only thing that can determine the choice of the most appropriate remedy – and thus, in a word, the totality[2] of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health".

**KENT**

"The man who believes that he is directing his remedies against germs, or against worms, or against a tumor the patient may have, is in extreme darkness, if he cannot perceive that a healthy man will have healthy tissue, healthy blood, and therefore there can be no soil for germs and worms or morbid growths."

**LANCET**

The following paper published in Lancet "LIMITATIONS OF THE GERM THEORY G.T Stewart, M.D., B.Sc. Glasg., F. C. Path (Published: May 18, 1968) is worth reading. The author concludes, "The germ theory of disease—infectious disease is primarily caused by transmission of an organism from one host to another—is a gross oversimplification. It accords with the basic facts that infection without an organism is impossible and that transmissible organisms can cause disease; but it does not explain the exceptions and anomalies. The germ theory has become a dogma because it neglects the many other factors which have a part to play in deciding whether the host/germ/environment complex is to lead to infection. Among these are susceptibility, genetic constitution, behaviour, and socioeconomic determinants."

**Comments**

The concept of 'cause' in homeopathy is wide and related to constitution, diathesis, sensitivity, susceptibility, immunity etc.

In homeopathy, the concept of infection is not local but general. In other words, no illness is local; every illness is general and pertains to the patient as a whole.

The human body is essentially a "germ" factory, but this is not necessarily a bad thing. A new study published as a series of reports in the journal '*Nature* and *Public Library of Science'* debunks the widely believed germ theory, or the belief that all germs are "bad," by showing that the average, healthy human body harbours more than 10,000 species of microbes that together maintain microbial balance and promote vibrant health (Ref. naturalnews.com).

Germs are everywhere; a human being is also a germ. It is the hypersensitivity of the host that brings on the illness.

**QUESTION**

What will be the difference between proving symptoms of homeo-prophylactic remedy and first real symptoms of disease? What are your recommendations if somebody develops proving symptoms?

**ANSWER**

I have clubbed the two questions. They have many angles.

**Homeopathic proving**

I must first tell you some basics, rather than jump to the answer.

In homeopathic drug proving, a homeopathically prepared substance is administered to a group of healthy people in order to produce the symptoms specific to that substance and thereby reveal its inherent curative power.

The goal in proving is to provoke symptoms (artificial human pharmacology) of the homeopathic medication being administered. The goal is not to mitigate the disease or the symptoms of a disease but to provoke symptoms of an artificial illness which is completely reversible after discontinuing the tested substance.

Provings are always conducted in non-toxic way, by using substances with a sufficient degree of dilution to guarantee the safety of the medicinal product.

Hence, to fear about toxic reactions about homeo-prophylactic remedies is unwarranted. It is related to the individual disposition of anxiety of a homeopath.

**Highly sensitive persons**

So the main issue is not of toxic reactions (as they occur with crude drugs). But the issue is about highly sensitive people. Such people are hypersensitive to stimuli as they possess a highly receptive nervous system. Before the proving is begun, it is necessary to recognize these people in advance. In my experience, hypersensitive people are not common. Hence, better not to make a fuss about this issue.

**Repetition of doses**

Some homeopaths believe that proving begins with the very first dose of the medicinal substance. Look at our 'proving' process. Symptoms usually start upon a series of doses. If, however, proving starts forthwith (upon the first dose), the symptoms yielded are superficial. For a substantial proving of the medicinal substance, a series of doses are to be given to a prover.

Prophylactic remedies are not repeated to the extent of proving the symptoms. It is a remote possibility that prophylactic remedies will show proving symptoms with only few doses.

**Proving symptoms vis-à-vis Real disease symptoms**

It is the time zone that determines whether the manifested symptoms are related to the remedy given or the new disease in its incipient stage. First the causative modality has to be defined clearly. The cause→ effect relation is explicit in first real disease symptoms as the cause may be related to infection, weather, food, emotions etc. The proving symptoms if at all they are produced are temporary and they remain within the vicinity of functional sphere. If the further doses of the prophylactic remedy are stopped, it is observed that there is cessation of the symptoms and one doesn't get the proving symptoms of deep nature. In the natural disease, we have to define the aetiological factors which are implicated. Natural disease has its own course characterized by the clinical stage and evolution which have been delineated in the Text book of Medicine.

Proving symptoms may mimic incipient phase of the real disease in hyper-sensitive individuals. It is difficult to define the category they belong to. However, there are certain issues to recognize.

As told earlier, proving symptoms with prophylactic remedies are superficial, functional and don't cause much distress and are bearable. There are no symptoms in 'proving' which will point to any specific clinical condition. Further, proving is unfolding the intrinsic action of the medical substance over the mind and body and hence, the whole presentation of the development of symptoms is haphazard, though sequential. On the other hand, real symptoms may be distressing and within hours or days, the symptoms may point to a clinical condition. The natural disease follows a certain path and an astute clinician is able to define the real disease in its incipient stage.

Usually, proving symptoms pass off quickly after stopping the medicinal substance. Simply wait for the effects to wean off. If at all they persist (which is very unlikely), give an appropriate antidote from remedy relations. In choosing an appropriate antidote, select the one that corresponds to the totality.

**QUESTION**

Are you combining homeopathy and other methods of healing during epidemic? ( Ayurveda, naturopathy/herbalism: different kinds of tea, tinctures, algae, minerals, vitamins and so on).

**ANSWER**

Here, in India, Ayurveda and herbal remedies are a part of life. Immune boosters are used almost in every home. AYUSH ministry has recommended them in their protocol against COVID-19.
I combine them with homeopathy.

**QUESTION**

Did your approach change at last two-three months of the epidemic? How new medical data influenced your protocol?

**ANSWER**

Yes. Many new symptoms, signs and pathologies are getting added as the new disease Covid-19 is unfolding itself over the human species. The new information which is pouring from many sources needs to be integrated with homeopathic thinking.
Yes, there is change in approach. If a tiny corona virus is causing huge change in the world, it should also make a change in the approach of a homeopath.
However, even with changing pattern of the disease, the PQRS symptoms are yet scanty. In contagious diseases, when we consider the affliction of the mass, we get common/disease/pathognomic symptoms more.

**Hahnemann § 101**

*"It may easily happen that in the first case of an epidemic disease that presents itself to the physician's notice he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms."*

*These words of Hahnemann are enough for a learning homeopath that*

- *A homeopath must study the disease*
- *He must study collectively and*
- *He must select GE on the basis of totality of signs and symptoms*

*In view of collective and modified data through evolution, as obtained through various sources (ultimately they are related to the COVID-19 patients), I offer my redefined work.*

## REFINED DATA PROCESSING

**AFFINITY/LOCALITIES/ORGANS**

First the focus was chiefly on the lungs in terms of ground-glass opacities and ARDS.
Now it is clear that Corona virus doesn't just target the lungs. Through cytokin storm, it damages many organs.

- *Gastrointestinal*: Diarrhoea and vomiting. Liver: Acute hepatitis.
- *Musculoskeletal:* Body ache. Soreness and achiness in the muscles that can range from mild to severe. A painful sensation in any part of the head, ranging from sharp to dull.
- *Neurologic system*: Loss of smell and taste. Tingling sensation. Confusion. Dizziness. Seizures. Loss of consciousness. Thrombosis in brain.
- *Heart*: Myocarditis. Arrythmia. Cardiac arrest.
- *Eyes*: Conjunctivitis/Pink eye.
- *Kidneys*: Blood or protein in urine. Renal shut down.
- *Blood*: Formation of thick blood clots in kidneys, lungs and brains leading to thrombosis, embolism and strokes. Bluish lips or face.

**PATHOLOGICAL REPORTS**

*Autopsy*: Diffuse aleveolar damage and chronic inflammation and oedema in the bronchial mucosa. Acute bronchopneumonia with aspiration. Endothelial vascular thrombosis, with the corresponding diffuse thrombosis of the lung.
*Air bronchogram*: Gelatinous mucus attachment in the lung bronchus; instead of air. Bronchiolar dilatation (bronchiolectasis). (Dry cough in COVID-19 patients, may be explained by high viscosity of mucus and damage of dilated bronchioles, resulting in insufficient sputum motility).
*CT scan of chest*: Fibrosis or fibrous stripes. Air bubble sign. Nodules. Halo sign. Ground-glass opacities. Mediastinal lymphadenopathy. Pericardial effusion.
*CT scan of brain*: Inflammation, oedema, thrombosis, necrosis.

**BEHAVIOUR OF CORONAVIRUS**

Coronavirus is coated in S protein and attaches to ACE2 receptors on host cells. As parasite, the virus will replicate, destroy the host cell and go for the next nearest cell with ACE2 receptor (potentially anywhere in the body). The most relevant ACE2 receptor-rich cells are the critical surfactant-producing "type-2 pneumocytes" found in the lungs, specially the alveoli. If enough of these cells go down, the alveoli can't maintain surface tension and collapse causing ARDS.

To make matters worse, auto-immune reactions destroy even more cells as the immune system creates super-inflammatory response producing mucus and pouring liquid into healthy alveoli and blocking $O_2$. Heart muscle has large amount of ACE2 receptors, and the virus causes fulminant myocarditis and cardiac arrest.

The picture is like disseminated intravascular coagulation (thrombosis).

**CYTOKINE STORM OR CYTOKINE RELEASE SYNDROME (CRS)**

CRS occurs when large number of WBCs including B cells, T cells, natural killer cells, macrophages, dendritic cells and monocytes are activated and release inflammatory cytokines which activate more WBCs in a positive feedback loop of pathogenic inflammation.

Symptoms include fever, fatigue, loss of appetite, muscle and joint pain, nausea, vomiting, diarrhoea, rashes, fast breathing, rapid heartbeat, low blood pressure, seizures, headache, confusion, delirium, hallucinations, tremor, and loss of coordination.

The symptoms match with COVID-19.

**APPEARANCE OF NEW SYMPTOMS**

The following changes are worthy to note from November 19 onwards up to 17th April, 2020.

- There are more cases of asymptomatic types. There are no symptoms, but the corona test is positive.
- 'Happy hypoxia', a state where $0_2$ concentration in the blood goes low (about 60%) but the patient doesn't feel any discomfort and is laughing and chatting till they deteriorate rapidly and collapse.
- ARDS is caused in many cases by bacteria or viruses or of combination of pathogens, but in Covid-19 it is caused by just one virus. In other words, the single virus is very potent to cause damage.
- Pink eye (conjunctivitis).
- Coughing blood and tingling all over the body have also been reported by some covid patients.
- Skin: Covid toes. "Purple lesions" on feet or hands. The condition usually starts with red or purple discoloration, and the skin may become raised like bumps or develop ulcerations. The skin is hot, burning or itchy; < touch. (Two hypotheses- due to inflammation or blood clots). Gangrene in severe cases.
- Pathologic basis for the COVID-19 pneumonia are advanced Diffuse Alveolar Damage (DAD) and superimposed bacterial pneumonia in some patients.

**HOMEOPATHIC INTERPRETATION**

**a. Nature of disease**
- Acute. Per acute. Sub-acute. Later auto-immune activity.

**b. Phase of the disease**
- Structural.

**c. Location**
- ACE2 receptors. Vital organs in the body such as lungs, kidneys, heart, brain. Skin. Lungs, chief locus.

**d. Pathology**

Explained already. See Monogram.

e. **Monogram**.

INFLAMMATORY. EXUDATIVE. VIOLENT. CHANGEFUL. THROMBOTIC. ULCERATIVE. NECROTIC. HYPOXIC. FIBROTIC. SEPTIC. GANGRENOUS. PUTRESCENT. DESTRUCTIVE. SENILE. TUBERCULO-SYPHILITIC.

**f. Pattern of response**

- Usually gradual. Sudden. Progressive.

**g. Pace of disease**

- Slow then rapid. Rapid.

**h. Susceptibility**

- Poor. Lack of reaction. (Asymptomatic cases more than 60%. When the pathology is advanced, there is lack of reaction. We get lack of reaction at both ends-at the beginning and at the end of disease process).

i. **Miasmatic assessment**

- With new information of auto-immune response playing its role in super-inflammation and cytokine storm and complications including thrombosis and bleeding, Syphilis miasm becomes dominant in the later part of the COVID-19 disease.
- The form: Syphilis3Tubercle2

**GAIZIUNAS: NEW MECHANISM**

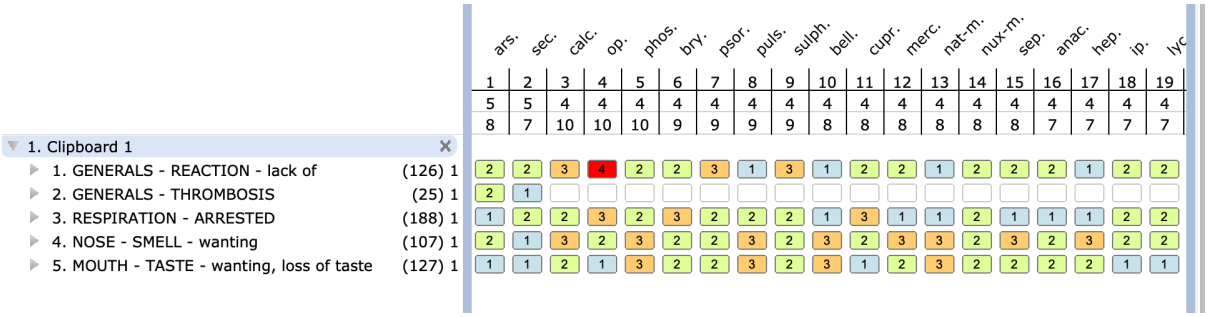
- There is neither 'pneumonia' nor ARDS. COVID-19 causes prolonged and progressive hypoxia by binding to the heme groups in 6ntipyrine6 in the RBCs resulting in desaturating $0_2$ and eventually leading to organ failure. Gaiziunas argues that, it is the oxidative stress and not the pneumonia that causes all the woes including bilateral ground glass opacity in the lungs.

**What the experts say?**

- The claim that Covid-19 causes hypoxia because the causative virus binds to haemoglobin inside RBCs is unsupported. The mechanisms proposed by Gaiziunas are founded on little to no scientific evidence, are highly implausible given what is already known about haemoglobin.

**HOMEOPATHIC INTERPRETATION**

We should focus on hypoxia, in any way because this is the result. The remedy must have hypoxia or sub-oxidation.




**Two rubrics from Complete Dynamics**

Generalities; reaction; lack of; danger, acute: ambr ars camph lyc posit

Heart & circulation; thrombosis: acet-ac ACETAN acon am-c am-caust 6ntipyrine APIS aquila-a arn ARS ba-sv bac bell-p benz biti-g BOTH-L bufo CALC-AR carb-v CARD-M chlorpr cortico crat CROT-H euph-pu FL-AC *flor-p* gels gink haliae-lc *HAM* hed hir interf ip KALI-CHL KALI-M kalm kres lach lat-m mag-f NAT-S OP OSM phos prot queb rad-br rhus-t SEC stront-I tarent-c thuj VIP

## NEW PROTOCOL IN THE LIGHT OF NEW INFORMATION

**GENUS EPIDEMICUS**

There is no reason to drift away from **Arsenic album** as a Genus epidemicus. Arsenic album does cover the modified portrait of COVID-19 in a qualitative manner.
The five rubrics, listed above, deal with the supervened pathology when COVID-19 is unfolding its destructive sway.
Tubeculinum should retain its position in view of the 'storm' and the pathologies, it has in its pathogenesis.
Sulphur, Carbolic-acid and Hippozaeninum fall short in the recent study, though they have a field of their own.
If Arsenic album fails, my second choice is **Phosphorus** as GE.

## TREATMENT OF COVID-19

## Clinical tips of important remedies

The shift is now more for the remedies having hypoxia and thrombosis. However, it doesn't mean that we have to neglect the sepsis as it is also a feature.

**ACETANILIDUM**

- It covers oxidative stress, thrombosis, cardiac and respiratory collapse.
- It is worth reading poisoning effects and Materia medica of this remedy.
- Cyanosis and collapse. Destroys red blood cells. Mucous membrane blue.

**AMMONIUM CARB**

- Toxemia, disorganized blood.
- Deficient oxygenation of blood. Adynamia and low states.
- Shock stage of virulent fulminating/fulgurating toxemic diseases.
- Hypoxia, thrombosis, respiratory and cardiac collapse.
- Starts with congestions catarrhal, toxic or hemorrhagic (leading to brain stroke, thrombosis, gangrene etc.); acrid, hot, adherent secretions. But soon declining into low states, even collapse. From common cold to collapse.
- In desperate cases (like shock), a sheet-anchor like *Acet-ac., Acetan., Acon., Ant-t., Ars., Camph., Carb-v., Verat.*
- Blood: A well-defined tendency to breakdown of blood, dissolution of RBCs. Hemorrhage: from many parts; acrid, thin, dark or even decomposing. Blood poisoning, septic or from $CO_2$.

**Relations**

- Is an intensified, and close-up, of *Carb-v. Gels.* stands between its earlier and later stages.
- Is a chemical snake (hence considered inimical to *Lach.*). Similar in blueness, somnolence shock and hemorrhage but *Am-c.* is right sided, chilly and less sensitive than *Lach.*
- Complementary: *Adon., Ars., Calc., Lyc., Phos., Sep., Stroph., Thuj., Verat.*
- Rescue remedies: *Acet-ac., Acetan., Acon., Am-c., Ant-t., Ars., Camph., Carb-v., Crat., Crot-h., Dig., Hydr-ac., Kali-p., Laur., Verat.*

**ANTIMONY GROUP**

- *Antim-tart* and *Antim-ars* are more for severe to critical stages.
- Rattling of mucus with less expectoration is characteristic of Antim group.
- They cover the poor hemodynamic condition coupled with ARDS. But they do not have strong pathology of thrombosis and bleeding.

**ANTIM-ARS**

- **Nose:** Flapping of nostrils; with quietness and respiratory symptoms like *Bry.*
- **Cough**: Loose, rattling, much mucous expectoration, < lying down, eating. Strangling cough.
- Dyspnea: Excessive; hard wheezing, rattling breathing, cannot lie, cyanosis; restless.
- Pneumonia: Catarrhal; with influenza. Hypostatic pneumonia. Old (right or 1eft sided) pneumonias. Pulmonary sclerosis from (or not from) myocardial disease; severer than that disease would warrant, with emphysema.
- Pleurisy: Serous or sero-fibrinous exudation on either side, but of right side it takes longer time for absorption. Pleurisy of 1eft side. Old pleuritic exudations, with sense of weakness.

- Pleuro-pneumonia, esp. of (upper)1eft lung, with recent or old exudations; chiefly in desperate cases, threatening asphyxia, strength rapidly ebbing, pulse weak and rapid, cyanosis.
- **Heart:** Myocarditis. Endocarditis; after influenza, systolic murmurs, loose coarse rales over entire right lung, weak feeble pulse, temperature subnormal, profuse cold sweat over face and upper part of body (Dr. Royal). CCF; 1eft heart failure with nocturnal attacks of breathlessness, rattling, High B.P; after influenza, nephritis or pleurisy.

**APIS MELLIFICA**

- Onset usually sudden.
- Congestion, oedema, thrombosis and collapse characterize this remedy. But in my experience, it is more for oedema than thrombosis.
- When CT scan report will reveal much oedema in brain or lungs, or if there is anasarca, think of *Apis mel.*
- Red rosy hue, intolerance of heat, slight touch < and sting like spots on skin typify *Apis mel.*
- In severe encephalopathy with stupor, starting, sudden sharp cries, confusion and dizziness.

**BERYLLIUM**

- Pictures, in part, *Phos.*
- Very acute or delayed onset. Frequent relapses; very long drawn out recovery; very slow resolution.

**Nose**

- Thin, acrid coryza; fullness better in open air, < in a warm room. Contusion-like pain within nose. Rhinitis with sinusitis; spasmodic (hay fever); blocked nose; epistaxis.

**Respiratory:**

- **Dyspnea**: On smallest exertion, out of proportion to the physical signs. "Never seen such dyspnea and such, tough expectoration" (Griggs). Laryngismus stridulus (*Brom*.).
- **Cough**: From irritation behind sternum (or pain there). Cannot cough (deep) enough, yet little expectoration. Rattling cough better in warm room, worse bending backwards, smoke. Suffocating croupy cough, sticky mucus, and intense pain behind sternum. Dry, deep, painful cough.
- **Expectoration**: Sweet; tough; not rusty; blood-streaked.
- **Pneumonia**: Influenza-pneumonia or pneumonia. Chronic interstitial pneumonia. Atypical and viral pneumonia. Pneumoconiosis. Sarcoids in lungs.
- X-ray shows "snow-storm" like picture (as in miliary T.B. or intense infiltration). Multiple areas of soft tissue infiltration, later leaving a nodular appearance.
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**BRYONIA**

- **Behaviour**: Insidious, slowly advancing but forcible processes, proceeding slowly from organ to organ until finally the principal organ-the target of pathological changes, the 'unyielding tissues' is reached. Regarded as slow in pace; however, some acute illnesses (like 'flu) may come on with rapidity.
- **Inflammation**: Where tenseness and swelling dominate the other features (redness, pain, heat). Inflammations that have become localized and advanced to the stage of serous effusions.
- Violent effects.
- **Pneumonia**: Gradual onset; congested, heavy- looking patient; dusky face; lips dry and cracked; headache < sitting up. Tongue: thick, white coating with bitter taste. Dry mouth with thirst for large quantities of cold water. Doesn't want to be disturbed; < contradiction. Usually right sided or pleuro- pneumonia; sharp pains < motion, > lying on painful side, pressure. Cough with intense pain in chest. Typical 'going home' and 'business' delirium.

- **Pleurisy**: Friction murmurs in pleura. Dry pleurisy during pneumonia, pericarditis or phthisis. Pleuritic exudation when sharp pains continue; right side (*Ferr-p.*). After pleurisy a dull uneasy sensation inside.
- **Pleurodynia**: Pain > lying on abdomen and painful side; pain in clavicles, then below nipples, first began in left, now like a horizontal strip of pain, lies on right side (which is less painful), no pain while lying on back, pain while coughing or sneezing.

**Relations**

- A hemotoxic like *Penic.* or *Bapt.* or *Lach.* but with less zymosis, more paralysis and no disorganization. Vitality more degraded should suggest *Bapt., Crot-h.* or *Lach.*
- In *Bry.* are mistaken early stages of the following medicines (i.e. they may be required when vitality is down beyond the capacity of *Bry*.): *Bapt., Chel., Colch., Hyos., Lach., Mur-ac., Zinc.*

**CARBON REMEDIES**

Hypoxia is central to carbon remedies.

One more characteristic is GIT complaints, chiefly of distension of abdomen and flatulence.

*Carbn-sul, Carb-veg, Carbn-o, Carbmc* are more indicated.

Although only *Carb-v*. is listed under Thrombosis, I will recommend to include all carbon remedies. Out of all carbon remedies, *Carbn-s.* has affinity for brain and nerves in general and it is a good choice in COVID-19 cases when neurological signs and symptoms such as loss of taste and smell, tingling etc appear. *Zinc-met* should be compared with *Carbn-s*., here.

**CARBO-VEG**

- Blood stagnate in the capillaries, causing blueness, coldness and ecchymosis. Body becomes blue, icy cold.
- Bacteria find a rich soil in the nearly lifeless blood stream and sepsis.
- Complaints are suspiciously insensible or painless.
- Haemorrhage from any mucous surface; blood dark, oozing; from shock, after surgical operations, persistent for hours or days.
- A lowered vitality from loss of fluids, after drugging. Consequences of abuse of China i.e. Hydroxychloroquine.
- Last stages of disease: With copious cold sweat, cold breath, cold tongue, head hot; pulse imperceptible; oppressed and quickened respiration, and must have air, must be fanned hard, and loss of voice, the remedy may save life.
- Want of susceptibility to well-selected remedies.
- Pneumonia: Neglected, advanced; late stage; suppurative stage; with cyanosis.
- Putridity: Tendency to putrid decomposition, disintegration; transition of inflammations into foul, septic and gangrenous forms.
- Distinguished from *Arsenic album* by torpor and indolence.
- Must be thought of in COVID-19 when the blend of thrombosis, bleeding, sepsis and shock are present.
- More indicated for old people and corona virus attacks old people more.

**SNAKE GROUP OF REMEDIES**

Include all snake remedies under Thrombosis.

Highly indicated: Bothrops lanceolatus, Crotalus cascavella, Crotalus hor, Lachesis, Naja, Vipera etc.

**CROTALUS HOR**

- *"Crot-h.* affects the organism more powerfully and thoroughly than *Lach.* and therefore can cure many cases left out by it or *Pyrog."* (Mure).
- Is an intensified *Bapt.* (its nearest analogue), *Camph., Helo., Lach., Pyro.*
- Is a rescue remedy like *Am-c., Ant-t., Arn., Cact., Camph., Carb-v., Crat., Hydr-ac., Kali-p., Lat-m., Laur.*
- Its range is more intensified [though narrower than its collateral *Lach.* (is its close-up so to say)] and it can meet very grave stages beyond the ken of *Bufo, Lach., Pyrog.,* or even *Carb-v.* (e.g. hepatitis-B or hemolysis ultima).

- Withal, its range is more acute, less sub-acute and not at all the enduring chronic or constitutional (e.g. scurvy, diabetes, allergies, G.P.I. To gout is perhaps limited its chronic range, although more or less palliatively).
- We have already mentioned *Crot-h* for Disseminated intravascular coagulation (DIC) in Absolute Materia medica.
- Inter-relations between snake remedies are interesting: *Crot-h.* acts more on the blood and less on the heart, *Naja* more the heart and the blood but little; *Lach.* acts decisively on both. *Naja* is chilly while *Crot-h.* and *Lach.* are hot. *Naja, Crot-h.* terminate life more rapidly than *Lach. Crot-h. Crot-h.* presents a further deterioration than that of *Lach.* the break-down is there complete. *Naja* patients are less congested, less bloated-looking and a little paler than *Lach.*

**NAJA**

- *Naja* venom contains *Zinc*.
- When neurological symptoms are associated with cardiac symptoms, think of Naja.
- Appearance*:* Naja patient looks puffy and cold.

**GELSEMIUM**

- **Nose:** Coryza with violent sneezing and acrid water; with coldness in the extremities, < morning; with fever from afternoon till morning, hot head and congested face, going down into the throat-tonsils, heaviness in the extremities, fullness at root; with muscular weakness, lethargy, sleepiness, thirstlessness.
- Chills running up and down back, hugs the fire.
- **Throat**: Feels rough. Burning. Feeling of a lump in throat that cannot be swallowed. Pain, extending to ears; swallowing causes pain in ear *(Hep.).* Sore throats, mostly catarrhal, rarely ulcerative, no exudate > warm drinks (swallowing warm fluids less difficult). Aphonia. Tonsillitis: Pain from throat into ear; painful spot deep in tonsil; rapid progress (Dewey).
- **Cough**: Dry with sore chest and fluent coryza, < in spring.
- **Pneumonia**: Catarrhal pneumonia from debility on return of warm weather at close of winter. Congestive pneumonia.
- **Dyspnoea**: Severe attacks of dyspnoea with fullness and heaviness in middle of chest, threatening suffocation, desire for fresh air, cold extremities; with serous coryza; in winter chest colds. Long croupy (crowing) inspiration and sudden forcible expiration.

**Relations**

- *Gels.* represents an early stage /mild form of *Bapt., Carbn-s., Cur., Echin., Hell., Op., Verat-v., Zinc.*
- *Gels*. is midway between *Bell.* and *Bapt*. It partakes some properties of both *Bell.* and *Bapt.* but lacks violency of *Bell*. and toxicity of *Bapt*.
- *Am-c.*: Is an early *Gels. Bapt.* appears to be the later stage of both *Am-c.* and *Gels. Gels.* stands between its earlier and later stages. *Gels.* is a sycotic and vegetable *Lach.* while *Am-c.* is a chemical snake. Hence the trio *Am-c.-Gels.-Lach.*

**STRONTIUM CARB**

- Thrombosis, bleeding, collapse and syphilitic miasm.
- *Stront-c* has haemorrhage and it is also for consequences of haemorrhage (like *Chin*.).
- *Stront-iod* is also an interesting idea.

**PHOSPHORUS**

- It is coming up strongly. Rather, it can become a mainstay of ICU and should be competed with *Lachesis* and *Crot-hor*.
- It is ironical that *Phos* doesn't cover thrombosis but you must include Phos under Thrombosis in your repertory.

**LOBELIA GROUP**

- All Lobelia remedies have respiratory problems.
- *Lobelia inflata* and *Lobelia purpurascens* are for arrested respiration.

- Short inhalation but long and deep exhalation; dyspnoea so severe as to cause fear of death; sudden and most urgent oppression characterize *Lobelia inflata.*

## NEW PROTOCOL IN A NUTSHELL

**MILD TO MODERATE CASES**

- Ars-alb, Bryonia alba, Chelidonium, Eup-perp, Ferrum-phos, Gelsemium, Hepar sulph, Merc-sol, Merc-cy.

**SEVERE CASES**

- Acetanilidum, Apis mel, Ars-alb, Antim-ars, Antim-tart, Beryllium, Bryonia, Camphor, Kali-carb, Kali-iod, Lobelia inflata, Lycopodium, Phosphorus, Pyrogen, Sulphur, Tuberculinum

**CRITICAL CASES**

- Ammon-carb, Ars-alb, Antim-tart, Antim-ars, Camphor, Carbolic-acid, Carb-v, Crotalus-hor, Hippozeaninum, Kali-iod, Lachesis, Naja, Phosphorus, Strontium-carb

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