CORONA VIRUS DISEASE (COVID-19) AND HOMEOPATHIC PERSPECTIVE

Abstract: Dr. Ajit Kulkarni is interviewed by a homeopath Roma Bushimensky about the COVID-19 Pandemic and its homeopathic approach. Analysis based on the pathology, course of the disease, miasmatic influences and likely remedies for prophylaxis and treatment are discussed.

INTERVIEW WITH *DR. AJIT KULKARNI M.D. (HOM.), INDIA

BY ** **ROMA NOAM BUCHIMENSKY MSC, IACH, ISRAEL**

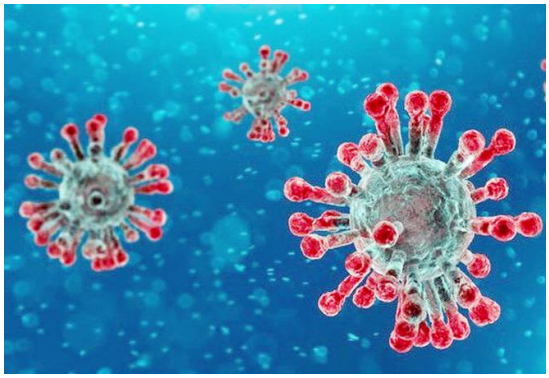
Q. Dr. Ajit Kulkarni, tell us about Corona pandemic?

The outbreak of COVID-19 has put the international community in front of an unprecedented global challenge, no boundary, at least at present.
Corona virus patients were reported first from China and rapidly it gained foothold in all continents (except Antarctica). The perilous spread is alarming as we are daily getting new patients afflicted with the virus.
There are five stages of the corona pandemic.

I. Cases mostly imported from affected countries
II. Local transmission from positive cases
III. Disease spreads in community, large areas get affected
IV. Disease takes shape of an epidemic with no clear endpoint
V. Resolution stage

We can include China and Italy in the fourth group. It is now a big challenge to halt the onset of stage III in many countries of the world. The fifth stage, it seems has begun in China and it is a natural outcome.

Q. What is typical about Corona virus?



VIROLOGY
Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.
Human coronaviruses were first identified in the mid-1960s. The seven coronaviruses that can infect humans are:
Common human coronaviruses

1. 229E (alpha coronavirus)

2. NL63 (alpha coronavirus)
3. OC43 (beta coronavirus)
4. HKU1 (beta coronavirus)

Other human coronaviruses

5. MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
6. SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
7. SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

CoVs are positive-stranded RNA viruses with a crown-like appearance under an electron microscope (*coronam* is the Latin term for crown) due to the presence of spike glycoproteins on the envelope.

Corona virus disease is a new strain discovered in 2019 and has not been previously identified in humans. The term COVID-19 is used for the clinical disease caused by SARS-CoV-2.

Remember, while transmission of SARS-CoV-2 appears similar to that of the related SARS and MERS corona viruses, the new virus has a lower fatality rate.

Sars-CoV-2, the virus that causes the Covid-19 disease, is detectable for up to three hours in aerosols, up to four hours on a copper surface, up to 24 hours on cardboard, and up to two-three days on plastic and stainless steel.

The exact origin, location, and natural reservoir of the 2019-nCoV remain unclear, although it is believed that the virus is zoonotic and bats may be the culprits because of sequence identity to the bat-CoV.

Q. How corona virus attacks the human body?

The disease can cast a storm over the whole human body.

Corona virus particles have spiked proteins sticking out from their surfaces, and these spikes hook onto cell membranes, allowing the virus's genetic material to enter the human cell. The virus has a preferential tropism to human airway epithelial cells and the cellular receptor (like SARS) is ACE2.

COVID-19 replicates itself in the upper respiratory system, making droplets from coughing and sneezing, the main means of spreading the disease.

Infected people produce a large quantity of the virus at the beginning of the infection with an incubation period up to 0-14 days. In recent study, it is found that the incubation period can be as long as 27 days and it could reflect a double exposure.

Once infected, the body will launch an attack against the virus in which immune cells will target COVID-19.

As the virus proliferate, they burst out and infect neighbouring cells. The symptoms often start in the back of the throat with sore throat and dry cough. Some patients may develop productive or wet cough, which is thick mucus coughed up. The virus then crawls progressively down the bronchial tubes.

Corona virus doesn't just target the lungs

Though Covid-19 primarily attacks the lungs, the virus damages many organs.

- *Gastrointestinal*: Severe nausea. 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.
- Bluish lips or face.
- *Neurologic system*: Loss of smell and taste. Confusion. Seizures. Dizziness. Loss of consciousness.
- *Heart*: Myocarditis. Arrythmia. Cardiac arrest.
- *Eyes*: Conjunctivitis/Pinkeye.

- *Kidneys*: Blood or protein in urine. Kidney shut down. (Two causes: Cytokine storm and the virus virus directly attacks the kidneys, possibly because of the abundant presence of ACE2 receptors on the kidney cells).
- *Blood*: Blood clots get formed in the veins and other vessels and travel to lungs causing pulmonary embolism.
- *Skin*: Covid toes. Many lesions.

"The virus will actually land on organs like the heart, the kidney, the liver, and may cause some direct damage to those organs. As the body's immune system shifts into high gear to battle the infection, the resulting inflammation may cause those organs to malfunction" - Dr. Schaffner.

Q. Can you enumerate the evolution of COVID-19 disease?

The virus causes mild to moderate symptoms after infection in most cases, such as, fever, dry cough, and fatigue. But this is when the infection is limited to upper respiratory tract – nose and throat. Once the infection involves lower respiratory tract, complications set in.
The spread of the corona virus disease is better understood in the following way.

1. **DAY-BY-DAY PROGRESSION OF COVID-19 (from symptomatic point of view)**

Day 1-3
- Cold and flu like symptoms
- Feverishness
- Mild or no throat pain

Day 4
- Increased throat pain
- Hoarse voice
- Mild headache and diarrhoea or cramps

Day 5
- Throat pain very severe, worse eating or drinking
- Fever persistent around 38 degree centigrade
- Hoarse voice worsens
- Dry cough
- Joint pains worse motion
- Weakness

Day 6
- Increase in fever, 38 or more degree centigrade
- All above symptoms increase in intensity
- Nausea, vomiting and diarrhoea increase
- Starts feeling shortness of breath in a mild way
- Body ache or pain from joints extend to fingers
- Increase in weakness

Day 7
- Intensity of fever increases 39 or more degree centigrade
- Excessive coughing with sputum
- All other symptoms worsen

Day 8
- Cough worsens, usually dry
- Severe difficulty in breathing
- Heaviness and pain in chest
- Toxic appearance of the patient
- Fever, intense, 39 or above degree centigrade

- All other symptoms further worsen

Day 9

- All the symptoms become very worse
- Cyanosis
- Kidney failure
- Respiratory failure
- Multi-organ failure

This is not a strict pattern though many patients follow it. I have changed the fever parameters as they were confusing when I collected them from references from China. Probably sub-normal fever mentioned in original document may be due to anti-pyretic treatment.

Understanding day wise evolution will help a homeopath to assess the situation from miasmatic diagnosis, remedy diagnosis and overall management.

2. CLINICAL CLASSIFICATION (FROM PATHOLOGICAL POINT OF VIEW)

A. Mild to moderate cases

- Fever, nasal congestion, dry cough, fatigue, sputum formation, shortness of breath, sore throat, headache, body ache, chills, nausea, vomiting, diarrhoea, loss of smell and taste etc.
- These constitute 80% patients.
- The difference in mild and moderate cases is that the above symptoms are mild in the former and there is no pneumonia while in the latter the symptoms are more intense and manifestations of pneumonia are seen in imaging.

B. Severe cases

- Adults who meet any of the following criteria: Respiratory rate; $\geq$ 30 breaths/min; oxygen saturations; 93 % at a rest state; arterial partial pressure of oxygen (PaO_2)/oxygen concentration (FiO_2); $\leq$ 300 mmHg. Patients with > 50% lesions progression within 24 to 48 hours in lung imaging should be treated as severe cases.
- Pneumonia with fluid accumulation
- These constitute 14 % patients.

C. Critical cases

- Extensive pneumonia
- Meeting any of the following criteria: occurrence of respiratory failure requiring mechanical ventilation; presence of shock; other organ failure that requires monitoring and treatment in the ICU.
- These constitute 6 % patients.

Clinical tip

A fact to be noted that not all people go through all the stages of infection. There may jumping from mild variety to critical stage in a rapid way. This is tubercular miasmatic hold and you must think to intervene with *Tuberculinum* at this stage.

Every patient who has recovered from COVID-10 must be given a dose of Tubeculinum 1M in order to prevent the relapse. More doses of Tuberculinum can be thought of relevant to the individual instance.

Q. Do you regard COVID-19 as another kind of Influenza?

Both spread in similar ways and share many of the same symptoms, but the flu and the corona virus have key differences.

- Corona virus is a completely novel virus and a human being has a zero pre-existing immunity to it; hence, every person is vulnerable.
- COVID-19 is caused by one virus, SARS-CoV-2 while flu is caused by any of several different types and strains of influenza viruses.

- COVID-19 patients may not express a runny nose or sneezing, but these are common symptoms of common influenza. Shortness of breathing is very rare in flu cases.
- COVID-19 might be spread through the airborne route (meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near) though both can be spread from person to person through droplets in the air.
- In COVID-19, fever appears on an average of 5-6 days after infection. However, incubation period (the time between exposure and first symptoms) can extend up to 14 days. This period may be extended in future depending upon the behaviour of the virus.
- The coronavirus can last up to six weeks in some severe and critical cases.
- Sars-CoV-2 is more severe than seasonal flu in part because it is more efficient at preventing cells under attack from mounting an immune system. For example, Sars-CoV-2 blocks the cells from making interferon, the alarm-signalling protein, by snipping off protein markers that serve as distress signals. This makes the transmission rate of Sars-CoV-2 higher than that of the 2009 H1N1 influenza pandemic.

Comments

For a homeopath, it is not only the label of COVID-19 or influenza. During the virus infection, host factors trigger an immune response against the virus. However, immunopathogenesis is associated with an immune response that goes out of control, and result in pulmonary tissue damage, functional impairment, and reduced lung capacity. The Host i.e. the individual is the most pivotal point in homeopathic philosophy and prescription.

COVID-19 is deeper and destructive and it has its specific syndrome, unlike common influenza.

A homeopath, therefore, should not focus on Influenzinum or Oscillococcinum - the nosodes for common flu. The symptoms and the pathology are different in COVID-19 and we must address the situation which is prevailing, to apply the Law of Similars in an appropriate way.

We must accept the destructive potential of coronavirus. Miasmatic assessment will be different in COVID-19.

A homeopath doesn't prescribe on the basis of label of the disease but on the totality of symptoms and signs as represented by the sick individuals.

Q. Tell about pneumonia in a COVID-19 patient.

Ans.: Development of pneumonia is dangerous for COVID-19 patients.

COVID-19 attacks the lungs in three stages:

- Viral replication
- Immune hyperreactivity
- Pulmonary destruction

COVID-19 first enters the body, then starts replicating itself rapidly in the lungs, creating the viral replication stage.

Next occurs Immune hyperreactivity. This is when the body's immune system effectively kicks into overdrive and bombards the lungs with immune cells in an effort to repair lung tissue. When this type of response is triggered, immune cells can overreact filling the airways with fluid, pus and debris with consequent impaired flow of oxygen.

The third phase of pulmonary destruction then begins (like SARS). Here, respiratory failure may occur and patients may require the assistance of ventilators to breathe.

The predisposing conditions for COVID-19 pneumonia tend to be old age and medical co-morbidities (such as chronic pulmonary disease, diabetes, and other chronic diseases), similar to previous viral infections (such as influenza H7N9).

Pneumonia is of two types: Moderate and severe.

Unilateral pneumonia is rapidly followed by bilateral, sub-pleural lesions are seen, consolidation with surrounding halo sign is seen, ground-glass opacities, fine mesh shadow and tiny nodules are CT findings.

Typical CT features of C0VID-19

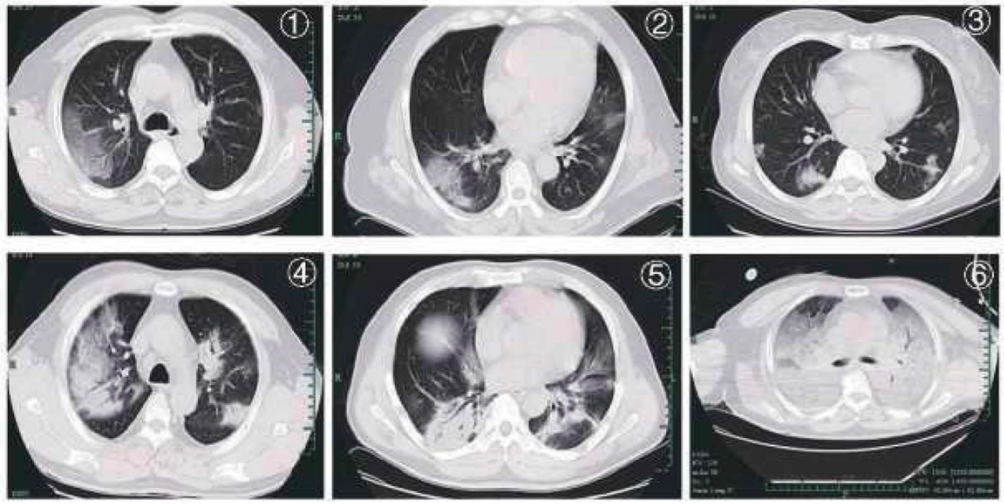


Figure 1, Figure 2: Patchy ground glass opacities
Figure 3: Nodules and patchy exudation
Figure 4, Figure 5: Multi-focal consolidation lesions
Figure 6: Diffuse consolidation, "white lung''
(Courtesy Handbook of COVID-19 Prevention and Treatment)

Most patients show chest X-ray abnormalities, with patchy air space disease. CT scan of the lungs show “ground glass opacities” (observed more in right upper lobe). With worsening of illness, opaque areas scatter and thicken in places , creating a “crazy paving” pattern on the scan.

Pulmonary pathology is of pleural effusion, pronounced pulmonary oedema, extensive consolidation, focal haemorrhage, small pulmonary thromboembolism and interstitial thickening, with fibrosis of mild to moderate nature or of honeycomb type.

Histopathological observations of pulmonary lesions not only show non-specific inflammatory responses such as oedema and inflammatory cell infiltration but also exhibit severe exfoliation of alveolar epithelial cells, alveolar septal widening, damage to alveolar septa, and alveolar space infiltration in a distinctly organized manner. Pathologically, inflammation includes degeneration (necrosis), infiltration, and hyperplasia.

Skin Lesions in COVID-19 patients



Q. *Can Homeopathy work as prophylactic against COVID-19?*

The answer to this question is a long one. You must first understand the Law of Similars.
Let see how Immunology and Serum therapy are related to Homeopathy.
The complete development of immunology and serum therapy is based on the principle of Similia. It is interesting to read what **Emil Von Behring**, one of the founders of this discipline in late 19th and early 20th centuries, wrote:
"In spite of all scientific speculations and experiments concerning small-pox vaccination, Jenner's discovery remained an erratic boulder in medicine until biochemically thinking Pasteur, devoid of all classroom knowledge, traced the origin of this therapeutic boulder to a principle, which cannot be better characterized than by Hahnemann's word 'Homeopathic'. Indeed, what else causes the epidemiological immunity in sheep vaccinated against anthrax than the influence previously exerted by a virus similar in character to that of a fatal anthrax virus? And by what technical term could we more appropriately speak of this influence exerted by a similar virus than by Hahnemann's word 'Homeopathy'?"
The preventive use of homeopathy was first applied in 1799 during an epidemic of scarlet fever in Königslütter, Germany, by Dr. Hahnemann. A single dose of the remedy Belladonna was prescribed as the Genus Epidemicus to the susceptible children in the town with more than 95% success rate.
The question is whether ultra-highly diluted homeopathic remedies have demonstrable anti-viral effects and the answer is a big yes and I appeal everyone to read research papers by Anisur Rahman Khuda Bukhsh.

Q. What is the concept of prophylaxis in Homeopathy?

Clinical practice based on the Law of Similars opens new horizons on which homeopathy projects its infinite potentialities, one of which is the field of prophylaxis.
"Homeopathic prophylaxis" is adopted against many contagious diseases. It has the same principle of the Law of Similars, like vaccination (which is followed in mainstream medicine).
Homeopathy is a constitutional therapeutic system and its selective and collective approach takes into account the concept of health as an ongoing process. One of the benefits of homeopathy is that a homeopathic physician can commence treatment at whatever stage the patient is presented to him, even if one is still waiting for the definitive diagnosis to be made on the basis of investigations like serology, culture, x-ray, etc. since the homeopathic treatment never interferes with any diagnostic procedures.
The prevention of a disease by using an agent, which may cause or transmit the disease has been known for centuries, and its earliest example was of protection against viral infections. For example, the Chinese used to give protection against smallpox by the compulsorily wearing the garments of the patient in full suppuration, or by the introduction of a one-year- old dried pustule into the nostrils. During the 17th and 18th centuries in Europe, vaccination against smallpox using inoculation with variolic pus was also carried out. Even Hippocrates has recommended the consumption of the slimy saliva (from under the tongue) of a rabid dog, taken as a drink, as protection against rabies.
The above examples are of 'Isopathy', a form of therapy based on the principle of treating with the same agent that may cause or transmit the disease. Comparing with Isotherapy, Homeopathy is based on the Law of Similars.

Q. Can you elaborate further on Homeopathic prophylaxis?

There are four issues to be discussed.

- Homeopathic Prophylaxis (HP)
- Homeopathic Vaccination (HV)
- Genus Epidemicus (GE)
- Vaccination in mainstream medicine

Homeopathic Prophylaxis (HP) and Homoeopathic Vaccination (HV) are not the same. Homeopathic prophylaxis is used when there are sporadic, endemic, pandemic or epidemic outbreaks of contagious acute diseases (like COVID-19). HP involves the use of homeopathic remedies, selected on the basis of totality of symptoms as manifested by the mass who is affected. The purpose of HP is to reduce or eliminate the morbidity of contagious diseases and thus save maximum people from mortality too. Although it is not a very specific individualized modality, it involves less individualized and non-routine way of prescription for the short term. HP has been used since the inception of homeopathy.

When a remedy specific to the individual occurrence of an epidemic (Genus epidemicus) is identified, this remedy will act more surely in homeopathic prophylaxis and early treatment of cases too.

Homeopathic vaccination (HV) involves the use of series of disease products (nosodes) in an effort to confer long-term resistance to a variety of diseases. The long term time is involved with the concept of HV.

However, a Nosode as a remedy can become GE, provided it covers the totality of symptoms as suffered by the community from a contagious disease.

In mainstream medicine, each immunization procedure carries some risk of adverse reactions since crude/material amounts of disease agents and several ingredients are being used which may result in an actual infection or else an immunological reaction. These reactions may deter both a doctor as well as a patient from using these procedures in individual cases. The adverse reactions, acute and chronic, have been recorded over years and we have now enormous data about it.

Let us take the example of Vaccine against Covid-19 in mainstream medicine. It could take up one to two years to prepare the vaccine. Further, less is known about this particular virus and certain viruses behave in an unusual manner; indicating that to develop the vaccine is not an easy task.

Homeopathic prophylaxis is based on the totality of data (the field of semeiology), and not on the causative agent only. In view of the problem of change/mutation of the strain of the virus and the difficulty in preparing a vaccine, the homeopathic prophylactic drug based on Hahnemann's' concept of 'Genus epidemicus', is easy to prepare.

In such cases, nosodes (homeopathic potentized preparations of disease-products), can be used as prophylactics. As a result of many years of clinical use, there seem to be rational grounds for recommending these nosodes due to their efficacy and safety. Nosodes should be used only under strict supervision of expert homeopathic physicians.

In the current set-up, we can't compare immunization in mainstream medicine and homeopathic vaccination. Rather, this is the most favourable point in the history of medicine to do research on homeopathic vaccination and all the concerned authorities from Govt and Pvt. Institutions should take necessary steps.

Virus is circulating. It is almost everywhere. Millions of people are under its grip and mainstream medicine should not oppose Homeopathy, Ayurveda and other holistic therapies. Opposing homeopathic prophylaxis means, in other way, opposing the very principle on which the whole edifice of vaccine therapy is built. Let us be one in our fight, let us be united, let us bury grudges and take up the gauntlet for the sake of human mankind.

Q. Can you give some evidences that homeopathy has proved as a preventive medicine?

Yes, history of homeopathy is replete with beneficial results of homeopathic prophylaxis in contagious diseases such as Japanese Encephalitis, Yellow fever, Cholera, Diphtheria, Influenza, Plague etc.

Homeopathic medicines are used to treat the flu symptoms for centuries in the countries where such illnesses have common recurrences. They can be of valuable help in preventing and treating the

present COVID-19 pandemic. It can provide quick relief from symptoms of the flu and its use is inexpensive too.

SPANISH FLU

Homeopathy was 98% successful in treating the Spanish flu epidemic in 1918. Dr. T. A. Mccann, from Dayton, Ohio, reported that 24,000 cases of flu treated allopathically had a mortality rate of 28.2% while 26,000 cases of flu treated homeopathically had a mortality rate of 1.05%. This last figure was supported by Dean W.A. Pearson of Philadelphia (Hahnemann College) who collected 26,795 cases of flu treated with homeopathy with the above result. Of the 1500 cases reported at the homeopathic medical society of district of Columbia, there were only fifteen deaths. Recoveries in the National Homeopathic hospital were 100%. In Ohio, of 1,000 cases of influenza, Dr. T. A. Mccann, MD, Dayton, Ohio reported no deaths. In Connecticut, 6,602 cases were reported, with 55 deaths, less than 1%.

Gelsemium and *Bryonia* were used successfully to treat Spanish flu in 1918. According to Dr. Frank Wieland, MD, Chicago, "(With) 8,000 workers we had only one death. *Gelsemium* was practically the only remedy used. We used no Aspirin and no vaccines."

The Journal of the American Institute for Homeopathy, May, 1921, had a long article about the use of homeopathy in the 1918 flu epidemic.

CHICKENGUNEA

During 2006: In Kerala, India, a group of doctors distributed a homeopathic prophylactic- for Chikungunya. The results of the study showed that while over 73 % contracted Chikungunya in the unprotected group, only 17% of the protected group contracted the disease.

DENGUE FEVER

1996: The Central Council of Research in Homoeopathy reported that a homeo-prophylactic was administered to at least 39,200 people in the Delhi area during an epidemic of Dengue haemorrhagic fever. The follow-up of 23,520 people, 10 days later, revealed that only 5 people (0.125%) had developed mild symptoms, with the rest showing no signs or symptoms of the disease. (During epidemics of dengue, attack rates among the susceptible are often 40-50 %, but may reach 80-90 %, World Health Organisation)

2001: In São Paulo, Brazil in May 2001, a single dose of a homeo-prophylactic was given during a Dengue outbreak to 40% of residents in the most highly affected neighbourhood. Thereafter, Dengue incidence decreased by 81.5%, a highly significant decrease when compared with those neighbourhoods that did not receive homeopathic prophylaxis ($p<0.0001$).

2006: A Dengue outbreak was controlled by the Cuban Government through the preventive and treatment use of homeopathic remedies. A marked reduction in dengue haemorrhagic fever occurred easing the demand for intensive care beds.

2014: The Sing Buri province of Thailand reported the lowest incidence of dengue fever of all provinces following the distribution of a homeo-prophylactic by the Thai government.

VIRAL HEPATITIS

1991: Dr Eizayaga of Brazil noted both the curative and preventative effects of a common homeopathic remedy used for many years in the prevention of viral hepatitis. When treating individuals with hepatitis, he would also give their family members and school-mates the prophylactic. None contracted hepatitis in spite of being in close contact.

JAPANESE ENCEPHALITIS

1999 - 2003: Japanese encephalitis had caused significant morbidity and mortality in the state of Andhra Pradesh for several decades. In 1986, a high of 2038 cases with 638 deaths was recorded. Children were especially affected. A small decline in incidence occurred when homeopathic Belladonna was given as a prophylactic to some. When the Government Department of Indian Medicine and Homoeopathy began to systematically distribute prophylactics in 1999 via Public Health Centres, Government Homeopathic Dispensaries, homoeopathic pharmacies and homoeopathic doctors, notifications and mortality dropped to nil by 2003. The prophylactics were dispensed to approximately 20 million children under 15 years of age.

2010: Research from the School of Tropical Medicine, Kolkata, in collaboration with Central Council for Research in Homoeopathy (under the Department of AYUSH, Government of India) showed that a homeoprophylactic in a range of potencies, was successful in controlling the virus in infected chick embryos. The placebo had no effect.
The successful stories about Homeopathy's ability to prevent as well as treat epidemic diseases have been compiled well by Fran Sheffield (www.fransheffieldhomeopathy.com) through "Homeo-prophylaxis: Human records, studies and trials". The compilation is worth reading.
If we refer to literature about influenza prophylaxis in homeopathy, many remedies have been recommended viz. Influenzinum-hispanicum, Arsenic album, Bryonia, Carbo-veg, Eup-perf, Gelsemium, Influenzinum, Mucobacter, Nelson's influenza vaccine, Oscillococcinum, Phosphorus, Sulphur etc. by the authorities like Pierce Schmidt, Grimmer, William Gutman, Fergie Woods, Younan, etc. Dr. P. Sankaran's booklet of "Prophylactics in Homeopathy" is worth referring in this connection.

Q. Can you mention how Hahnemann comprehended the concept of Genus Epidemicus?

Hahnemann's aphorisms 100-102, from 'Organon of Medicine' (6th edition), give guidelines about the investigation of epidemic diseases and the role of Genus Epidemicus. In aphorism 100, he emphasizes the need for examining each epidemic or sporadic disease as an independent new disease and that the totality of each case must be traced thoroughly by observing the phenomenon in its complete detail and in all its aspects and phases.
In aphorism 102, Hahnemann comments that the whole extent and complete picture of the entire epidemical disease cannot be learnt from examining a single case of the epidemic but can be deduced and ascertained from examining several patients of different constitutions. It is then that the Genus Epidemicus could be found out based on the totality of symptoms.
Hahnemann emphasised, "no epidemic disease should be taken for any previous one and treated in the same way, since all that break out at different times are different from each other".
On the basis of the data provided above, it is possible to find the Genus Epidemicus for the COVID-19. GE should be the one single remedy that covers the contagious disease in a thorough and evolutionary spectrum. GE can't change due to stages of COVID-19 but homeopathic treatment based on individualization and totality may change.
I am not in favour of complex remedies being used as a preventive.

Q. What is your criteria for selection of a remedy as Genus Epidemicus for corona pandemic?

There are two distinct divisions: GE as a preventive remedy and the use of homeopathic remedies for the treatment of the COVID-19 disease.
If a patient is diagnosed with corona, the role of GE is finished for that individual. Now this patient needs homeopathic remedies according to his presenting totality. However, it is the usual experience that GE remedy helps in the first stage of the disease as a treatment remedy.
If we want to find GE, we must build up the totality of an evolutionary order from asymptomatic to symptomatic phase and see the pivotal points as the essence of the totality. The long exercise which I have presented above is for this purpose.
I have a frank opinion that we shouldn't use only conceptual and imaginative thinking to select GE. It must be based on hard facts and clinical co-relation.
Why am I focussing on evolution and pathology etc.? For us homeopaths, it is very important to understand the course and behaviour. This understanding will lead us to the right remedy in both divisions of GE and actual treatment.
Note that the recommendation for GE may change in future in view of changing scenario.

GE fits only for masses where time is a crucial issue, while treatment of COVID-19 is a specific individual targeted approach.

Q. *How will you select GE? Do you want to give it to everyone?*

Five stages of the corona pandemic are evident.

I. Cases mostly imported from affected countries
II. Local transmission from positive cases
III. Disease spreads in community, large areas get affected
IV. Disease takes shape of an epidemic with no clear endpoint
V. Resolution stage

GE should not be given to everyone on the planet. It should be given to those who are exposed and those that are positive and related to I and II stage.
In the third stage, naturally GE must be given to a large community in which Corona has become widespread. In the fourth stage, there is no discrimination. Everyone should be given GE (like Italy at present).
The whole idea of GE is to save the people as much as possible from the corona outbreak.
GE is not a universal cure for all COVID-19 patients. It is for prophylaxis.
GE can't assume the status of Similimum.
Similimum is where there is an individualized treatment.
There is no life-long immunity for corona and hence, even after negative report, GE should be given for preventing further onslaught of COVID-19. Such cases need *Tuberculinum* as an anti-miasmatic remedy to boost the immunity. (Note that there are relapses to those patients who were negative in China).
I interacted with many Corona positive cases and tried to elicit the data. Unfortunately, there are few PQRS symptoms and they are not available in all cases.
The remedy of GE must have

- Affinity for respiratory tract, both upper and lower
- The remedy must cover pneumonia, thrombosis, ARDS etc. in its pathogenesis
- The action must be of destructive character
- The remedy must have sepsis in its pathogenesis
- The remedy must cover tubercular and syphilitic miasmatic state
- The remedy must cover the evolution of COVID-19 as a single spectrum in its pathogenesis
- The remedy must cover the onset and the speed with which the march of the disease occurs
- The remedy must cover the PQRS symptoms at general and particular level, if at all they belong to the maximum number of COVID-19 patients

There are many remedies and patchy similarity with each of them in one way or other will always be found.
Similarity must be achieved not only at symptoms level but also at pathology,
One should not be driven by the imaginations. Otherwise, many remedies will crop up as GE and it will cause only confusion. Only the Doctrine of Signatures should not be used to find GE. Because the Law of Similars is supreme and it should not be replaced by signature concept.
For GE, we need a synthetic approach and not a fragmentary one.
An attempt is made in my work to evaluate the process of finding out GE in a serious way.
There is affinity for right side of the lung in pneumonia with COVID-19 patients. But as the disease progresses, bilateral affection of lung occurs and the whole lung is filled with fluid, debris and pus.
Some authors have given importance to 'winter' and 'days are hot and nights are cold' as causative modalities. As the corona virus spreads, it is not influenced by weather (it has spread in Iran, Dubai

etc. which have hot climate). Hence, to select GE on the basis of a certain kind of weather has a limited scope.
The GE which is based on the totality of the current outbreak may change if the symptoms change.

Q. *Many homeopaths have suggested remedies such as Antim tart, Bryonia, Camphor, Eucalyptus globulus, Eupatorium perfoliatum. Gelsemium, Justicia adhatoda, Merc-sol, Zinc-mur, Drosera etc. Do you approve them?*

It is not an issue of my approval. The physicians who have suggested their approaches are to be to be respected. It speaks of the liveliness of our community. The real test is the bedside success! I think the suggested remedies are more for the treatment than GE.
I think the above remedies are more for the sake of treatment than GE. The use of them in actual COVID-19 cases will be the real test.
Let us begin with ***Antim-tart*.** It is slower in onset. Borland gives the pattern of response, " You expect to find the symptoms of *Antim-tart* cropping up late in a pneumonia, you do not usually get them in the early stages and by the time the patients have gone on to an *Antimony tart* state, they are seriously ill". Coarse, loose rattling cough is characteristic of *Ant-tart* and most of the patients of COVID-19 have dry cough and in *Ant-tart*, cough grows less frequent as disease advances and the patient shows signs of 'carbonised blood'. Further, corona patients are found to > with warm drinks while *Ant-tart* has cough < warm drinks.
Bryonia matches well at many levels. But it has fibrinous or exudative inflammation. It lacks at pyemic or septic state; the debris and pus with fluid accumulation is not a part of *Bryonia* action. *Bryonia* can be a remedy for mild to moderate type when pneumonia has set in and there are joint pains < motion. When the state becomes severe and critical, *Bryonia* gets ruled out. Incubation and deterioration slow. Note that *Bryonia* doesn't cover the collapse i.e. the failure state of the economy.



Bronchoscopic manifestations of COVID-19: bronchial mucosa swelling and congestion; large amounts of mucus secretions in the lumen (Courtesy Handbook of COVID-19 Prevention and Treatment)

I am giving this figure in order to inform that we can't give importance to dry cough only and there are mucus secretions inside.
The same can be said about other remedies. They are more indicated at some stage of COVID-19 as a part of treatment rather than GE. GE is a broader and different idea. ***Gelsemium*** is dull and sycotic and lacks septic state and destructiveness. *Gelsemium* is touching at the initial phase of the disease when the state is a mild one. It has some neurological manifestations of Covid-19. But it will be less useful at that stage when thrombosis and necrosis has occurred in brain.
Eucalyptus globulus covers the miasmatic fevers i.e. caused by polluted environment. It has toxaemia but rarely pyemia and typifies congestive-catarrhal state. Fever is usually low type with subnormal temperature. *Eucal* lacks the gravity with which corona sweeps the economy of individual and social health. *Eucal* has more 'aspiration pneumonia'.
Echinacea angustifolia: The herb is reputed for boosting the immune system. It prevents formation of an enzyme called hyaluronidase, which destroys a natural barrier between healthy tissues and

unwanted pathogenic organisms. It helps the body fight off infection and shorten the intensity and duration of flu.
Echin. is the substantial answer from homeopathy to what mainstream therapists call as viral infections.
Following indications are noteworthy:
Toxic or viral inflammations without hyperemia (with hyperemia, *Ferr-p*.). Blood poisoning and septic conditions. Influenza; with greatest prostration. Depraved condition of the system.
Weakness: The disease so virulently cracks down on the system that even before the pyrexia appears the patient feels absolutely done in. Great debility, the patient feels as if all strength has left him, vitality is ebbing and is on his last tether. Hence, a virtual 'corpse-reviver' (like *Carb-v.,* its follower).
Chill dominates (*Pyrog*.). Febrile states caused by various kinds of blood infections and in pyemia.
Erratic fever. Septic fever; temperature fluctuating; uremic coma.
Relations**:** Is septic acute of *Sulph*. and *Pyrog*. Is intensified *Gels*. and *Pyrog.* The three *Bapt*., *Echi*., *Pyrog*. are substantially similar and mutual counterparts. *Chinin-ar.* runs parallel but falls short of malignancy; it has more sweat.
Camphor is an interesting entry. It corresponds to the critical stage when collapse has occurred and there is complete arrest of breathing. Violent dry cough is also covered well. However, the pathogenetic action of *Camphor* is not that of pus, decomposition and debris. I would prefer to keep it for treatment of the class of severe and critical patients. *Camphor* is primarily an erethistic remedy (as represented by clonic spasms, convulsions, asthmatic spasm etc.) where the system goes into the abnormal state of irritability leading then secondarily to arrested respiration. The rubric, 'thrombosis' is not covered by *Camphor*.
Justicia adhatoda is a known immunity booster and it has been suggested in crude form. In Ayurveda, there are many immune boosters.
Merc sol has also been suggested as GE. *Merc sol* is mostly needed when there is severe pain in the throat and there is a big and active battle going on in the throat not to allow the virus to go down into the lungs. Here I will prefer *Merc-cyn*.
Calc-carb has also been suggested. *Calc-carb* has a prolonged sycotic phase and a little tubercular phase where we get glandular affections. *Calc-c* has no intense fever or the type of evolution of destruction.
Zincum met/Zincum mur have a place when there is complication of encephalopathy.

To wind up, it is necessary to perceive the process, the phenomenon behind the result and it is different in each remedy.

Q. Will you give prominent indications of some remedies you think for Genus Epidemicus?

Four remedies: *Arsenic album, Carbolic acid, Phosphorus* and *Sulphur*.
Three nosodes: *Hippozaeninum, Tuberculinum* and *Corona virus Nosode.*

1. ARSENIC ALBUM

- A profoundly acting remedy on every organ and tissue. The action is that of organic decay; it destroys the entire machinery of life.
- Ailments from crowded places and also from meat; agg.; spoiled, bad
- Nose: Thin, watery, excoriating discharge. Feels stopped up. Sneezing; profound; without relief.
- High temperature.
- Collapsed stage of a pneumonic crisis. Complete sinking of vital forces. Multi-organ failure.
- Rapidly progressing violent inflammations. Sudden intense effects. Sudden, rapid decline.
- Syncope; almost unconscious, cold sweat, dizzy, complains of thirst, anguish; rattling.

- Acute respiratory distress syndrome leading to death.
- Covers the range from mild to critical variety of COVID-19.
- On the top of what is written, fear and anxiety injected in the minds of population correspond well with *Ars-alb.*
- It is said that corona outbreak occurred after eating animals. We have a rubric, Generalities; food and drinks; meat; agg.; spoiled, bad and we have remedies such as *ARS BELL* BRY camph carb-an CARB-V CROT-H LACH PYROG VERAT
- Sulphur doesn't cover the above rubric though it has meat < and this is one of the reasons to emphasise *Ars-alb* as GE.
- New information of loss of taste and smell is also covered by *Ars-alb.*
- My colleague from Moscow is collecting symptoms from COVID-19 patients and she found that most of the symptoms develop suddenly.

2. CARBOLIC-ACID

- A blood poisoning remedy like *Bapt.–Echi.–Pyrog.,* but with a slant for tissue destruction, like *Ars.* or *Sec.* A homoeopathic antibiotic against infections, zymotic states, toxemias, esp. intestinal (*Bapt., Eucal.*).
- Low resistance. Low vitality. Lack of repair. Old age.
- Malignant types of diseases especially when there is a tendency to generalized destruction of tissues. Breaking off (*Crot-h.* breaking down) of tissues: incomplete tissue disintegration. Sloughing.
- Coryza with watery discharge. Influenza and resulting debility.
- Fever high at onset, sudden and rapid rise, rapid prostration; pulse rapid and feeble; tending to malignancy and collapse.
- Pneumonia: Circumscribed pneumonia. Double basal pneumonia. Necropneumonia. Septic pneumonia (*Bapt., Pyrog.*). Pneumonia of right base. Gangrene of lungs.
- Gasping for breath, unable to lie down, wants hands held. Takes long inspirations, with yawning. Stertor (*Op.*). Impending respiratory paralysis.
- Both temperature and pathology develop rapidly.
- For the critical stage when there is extensive pneumonia, septic shock and failure of the system.
- Phenol poisoning causes acute respiratory distress syndrome (ARDS).

3. PHOSPHORUS

- Action on both upper and lower respiratory tract.
- Usually the speed with which the disease process evolves is rapid. Suddenness of symptoms is a strong feature.
- Violent inflammation which shifts rapidly to other parts of the body.
- Cough: Dry, choking, short, with hoarseness, violent, tormenting, hacking, hoarse, barking, dry.
- Hemoptysis is usually a symptom of pneumonia.
- Adynamia. Destructive and disintegrating processes.
- The system is over-active though seriously weak.
- Respiration quickened, oppressed, short, laboured.
- Complete solidification of lung tissue with dullness of percussion.
- Bronchopneumonia. Pleuro-pneumonia.
- Third stage of pneumonia: Cheesy degeneration of lungs; purulent infiltration and abscess. "When *Bry*. and *Rhus-t*. are insufficient in catarrhal and pneumonic states."
- Pleurisy: Dry, high fever; late stages; heart dilated; purulent infiltration.

4. SULPHUR

- Everything is dirty: the dirty animal eating, the patient looks dirty and smells horribly offensive.

- Destruction and decomposition as central pathology. Tendency to suppurate.
- Action: Absorbs infiltration and prevents suppuration.
- Continued high grade fever.
- Violent, fluent coryza and frequent sneezing; profuse discharge of purulent mucus
- Dry, violent cough, hoarseness, with choking and watery coryza. Scanty sputum.
- Shortness of breath from talking or walking; intense oppressed feeling; severe dyspnoea.
- Neglected influenza and Pleuritis. The patient is definitely going to be worse.
- Pneumonia: Neglected, badly treated; hepatization or abscess; hectic fever; slow solidification; fibrous pleuro-pneumonia; with severe weakness. Extensive dirt has accumulated in the lungs.
- Acute air hunger, great respiratory distress. Asphyxia, death apparent. Collapse.
- Weakness, lack of reaction.

NOSODES

1. **HIPPOZAENINUM (From Absolute MM)**

- Auto-infection, with pyemia (*Bufo*) (without blood poisoning, unlike *Echi*.); suppurations low, malignant.
- Purulent inflammations of serous membranes, esp. of linings about joints. Purulent infiltrations.
- Putrescence**:** Destructive tendency to tissue decomposition.
- Prostration. Collapse. Repair processes lag behind.
- Descending catarrh beginning in nose.
- Pneumonia: Specific process. Nodules larger, forming isolated grey hepatizations and abscesses, Pneumonia malleola. Malignant.

2. **TUBERCULINUM (From Absolute MM)**

- Rapid and complete physical break-down; after contacting acute infections such as pneumonia, influenza etc., no signs of vital reaction, declining, a running down state.
- Affinity for respiratory tract esp. lungs
- Frank inflammatory processes (not mere congestion), in the lungs, pleura or vital organs.
- Viral infections in patients with tubercular taint (*Echin., Eucal., Calc-c*.); progressing even to septic condition (cp. *Pyrog*.).
- Active proliferations occur to an intense degree causing extensive damage and disintegration of tissues.
- Sporadic influenza is an outburst of latent tubercular diathesis, says H. C. Allen.
- Pneumonia: Bronchopneumonia. With symptoms of *Ant-t, Bry* and *Zinc*. A clearing up remedy in delayed resolution with lack of response, septic foci, or caseous hepatization appearing.
- Septic conditions, abscesses; pus copious, thick, greenish. Leucocytosis.
- *Tub.* is the best general antidote to the chronic effects of influenza toxin.
- When the well-selected remedies fail, as an intercurrent remedy.

3. **CORONA VIRUS NOSODE**

- Corona virus Nosode is an interesting idea and definitely better than Influenzinum. Isopathic principle is followed when one uses the same biological product which is the cause of the disease.
- The current circulating **Corona virus Nosode** is a homeopathic Nosode that is made from the current circulating strain that started in late 2019 (now named as “COVID-19”).
- There is no proving data or clinically confirmed data, but it can be given on the basis of isopathy.

Q. Will you throw light on Miasmatic assessment of COVID-19 cases?

Psoric manifestations

Mild symptoms such as fever, cold, throat pain, sore voice, headache, diarrhoea etc. But return to baseline of health is early and easy. Immunity good. Good response to the treatment. No complications. COVID-19 is limited to upper respiratory tract. Psora is for Day 1-4.

Sycotic manifestations

The mild symptoms in psora become intense and constant. Lingering response. Weakness and dullness. Fever becomes constant and heaviness of head. Dry cough in bouts. Often with expectoration; thick, yellow-greenish. Joint pains. Yet COVID-19 is limited to URT. Sycotic miasm is mostly for Day-5 status of the patient.

80% mild to moderate cases will be under the dominance of psoric and sycotic miasma.

Tubercular manifestations

There are two types of pattern of responses- 1. Acute, sudden onset and rapid pace of the disease. 2. Slow then rapid pattern. COVID-19 usually follows second pattern. It is from the Day 6 that we are able to see the tubercular miasmatic dominance.

This phase is characterized by high grade and persistent fever, intense throat pain and development of pneumonia and pleural effusion. Intense heaviness in chest, breathlessness, increased respiration, low oxygen saturation, enteritis, profound debility and toxic appearance.

Severe disease of 14% patients' statistics is due to the dominance of tubercular miasma.

Day 6-8 needs careful monitoring and a remedy selected on the basis of totality and that which covers the miasmatic state if given in right posology can help save the system from the clutches of death.

There are three signals that indicate the increasing influence of tubercular miasm. Very severe throat pain (probably a last-ditch effort on the part of the organism to prevent the virus to go down in the lungs), pneumonia which is rapidly increasing and lymphopenia (a critical factor associated with disease severity and mortality).

The three stages of pneumonia represent the tubercular miasm. Don't misunderstand that the first stage is psoric. It is not only replication but rapid changes of destruction (tubercular miasm is a blend of hyperreactivity of psora and destruction of syphilis).

Syphilitic manifestations

No response to treatment. Disease progresses with high pace. Complications → hemodynamic state poor. Cyanosis. Kidney failure. Collapse. Comatose condition. Respiratory collapse. Multi-organ failure.

The above miasmatic criteria should be applied to all cases of pandemic COVID-19 for preventive and treatment modality.

If we take into account the clinical features of COVID-19 in totality, tubercular miasm is preponderant over the system right from the Day-4 and if the clinical condition becomes worse, it progresses to syphilitic miasm. The most common cause of death is respiratory failure from pneumonia (leading to sepsis), pulmonary thrombosis and embolism, high fever (leading to neurological problems), dehydration and electrolyte imbalance (from excessive vomiting and diarrhea), bleeding, kidney failure and multi-organ failure.

Q. Can you be precise in miasmatic segmentation?

Mild to moderate cases: Psoric[3]. Sycotic[1]. Tubercular[1].
Severe cases: Tubercular3. Syphilitic2.
Critical cases: Syphilitic3.
(The numerical marks denote the activity)

Q. How will you process the data of COVID-19 from homeopathic standpoint?

TABLE OF ANALYSIS WITH COMMENTS

1. Nature of disease Acute. Requiring preventive measures in view of contagiousness. Requiring immediate attention and treatment. In evolution, it becomes per acute i.e. violently acute. Aetiology: Virus Diagnosis: COVID-19 Highly contagious, human-to-human transmission. Hence, GE is needed.	• **Acute**/**Per acute**/ acute on chronic (exacerbation). • Sub-acute/Chronic/Remission • Mixed / Messed: natural + iatrogenic • Psycho-somatic • Somato-psychic • Auto-immune • Clinical diagnosis

2. Phase of the Disease Fully developed: Clinically Homeopathically: Inadequately developed (absence of PQRS)	• Pre/Sub-clinical/Clinical • Functional • **Structural** • Fully developed • Inadequately developed

3. Affinity Respiratory Tract: Upper and Lower. Lungs; alveoli. Host cells with ACE2 receptors; surfactant-producing 'type-2 pneumocytes'.	• Cells/ Tissues / Organs/ Systems/Sides

4. Type of Pathology The immune system becomes a prey and can't mobilize its resources when the state changes from severe to critical On pathological examination of the resected lobectomy specimen of COVID-19 patient, 1.2 cm grey-white nodule adjacent to the pleura was identified.	• Allergic • Atrophic • Benign • Degenerative • **Destructive** • Dysplasia/ **Proliferation** • Hyperplasia / Metaplasia / Hypertrophy • Induration / Hardening • **Inflammatory** (serous, fibrinous, catarrhal, eosinophilic, granulomatous, pyogranulomatous, **fibronecrotic**, lymphocytic, **suppurative**). • Malignant • **Necrosis** / Sclerosis • **Nodular** • **Ulceration** • **Hemorrhagic** • Ischemic • **Hypoxic** • **Thrombotic**

	• **Embolic** • Venous • Calcareous • **Fibrotic** • Rheumatic

5. **State of pathology** All three stages represented. Reversible in mild cases. Borderline to irreversible in tubercular and syphilitic cases.	• **Reversible** • **Borderline** • **Irreversible**

Sudden development of symptoms 6. **Pattern of response**	• **Sudden** • Alternating • Erratic • Regular • Irregular • Paroxysmal • Periodic • Lingering • Shifting • **Progressive** • Continuous • **Recurrent** • Static

7. **Pace of disease**	• **Rapid** • Slow • First rapid then slow • **First slow then rapid** • Moderately rapid • Moderately slow

8. **Expressions** No PQRS symptoms available.	(+= scanty, ++ = moderate, +++ = ample) • *The field of modalities*: General Particular • *The field of sensations*: General Particular • *The field of symptoms*: **Pathognomonic** Non-pathognomonic **Common** Characteristic

9. Miasmatic diagnosis Already given above	• Dominant / Active • Fundamental • Combined Psora Sycosis Tubercle Syphilis

10. **Sensitivity** Fear, anxiety make a person sensitive	• **High** • Moderate • Decreased **At Mind level:** **At Nerves (body) level:**

11. **Susceptibility** Active and progressive disease bringing more symptoms and pathologies but absence of PQRS	• High • **Moderate** • Decreased

12. **Suppression** Not present	• Mind • Physical

13. **General vitality** Moderate → low Sinking of immune forces as the disease advances	• Good • **Moderate** • **Low**

14. **Monogram** Inflammatory. Exudative. Putrescent. Slow then rapid. Destructive. Tuberculo-syphilitic.	• Pathological Generals • Behaviour of the system

(The points in **bold** are related to COVID-19 disease).

Q. Such type of analysis is interesting and deep. Thank you, Dr. Kulkarni.
Which rubrics you will select for repertorization?

It is necessary to focus on the evolution of COVID-19 and the typical pathology it develops.
I don't want to take common mental symptoms as rubrics. This is not a psycho-somatic case. It's a contagious disease and fear and anxiety in view of social issues and media hype are common.
I would prefer to perform two types of repertorization, one covering the quantity of rubrics that are related to the disease so that we will have a wide panorama to lay hands on and the another one from exclusive point of view where I will focus on crucial and determinant rubrics.

Also, note that selection of GE only on the basis of rubrics is not an adequate. Let us take an example. The rubric Respiration; arrest, arrested' contains 244 remedies. Many remedies possess functional symptoms only. I mean, a rubric assumes importance in strong pathology developing contagious disease like COVOD-19, only if the remedy has the pathogenesis of pathology. Should we think of *Ignatia* and to *Hydrocyanic acid* on the same lines?
The rubrics are pieces of documents given by the advocates but the final decision has to be taken by the judge of the supreme court which is Materia medica.

LARGE SET OF RUBRICS

- Generalities; violent complaints
- Generalities; progressive diseases:
- Generalities; reaction; lack of
- Generalities; vitality decreasing
- Fever, heat; insidious fever
- Fever, heat; slow
- Throat; pain; fever, during
- Throat; pain; influenza, from
- Chest; inflammation; lungs, pneumonia; influenza, in or after
- Stomach; nausea; pneumonia, in
- Stomach; vomiting; pneumonia, in
- Rectum; diarrheoa; pneumonia, in
- Chest; inflammation; lungs, pneumonia; apex, upper; right
- Chest; inflammation; lungs, pneumonia; collapse, with
- Chest; inflammation; lungs, pneumonia; destruction of tissue, cavities, with
- Chest; inflammation; lungs, pneumonia; resolution, with delayed
- Chest; inflammation; lungs, pneumonia; weakness, with
- Chest; inflammation; lungs, pneumonia; pleura-pneumonia
- Chest; inflammation; lungs, pneumonia; collapse, with
- Generalities; collapse:
- Generalities; blueness of parts, cyanosis:
- Chest; nodules; lungs: hippoz
- Clinical; asphyxia, death apparent; paralysis of lungs, in threatening

New information

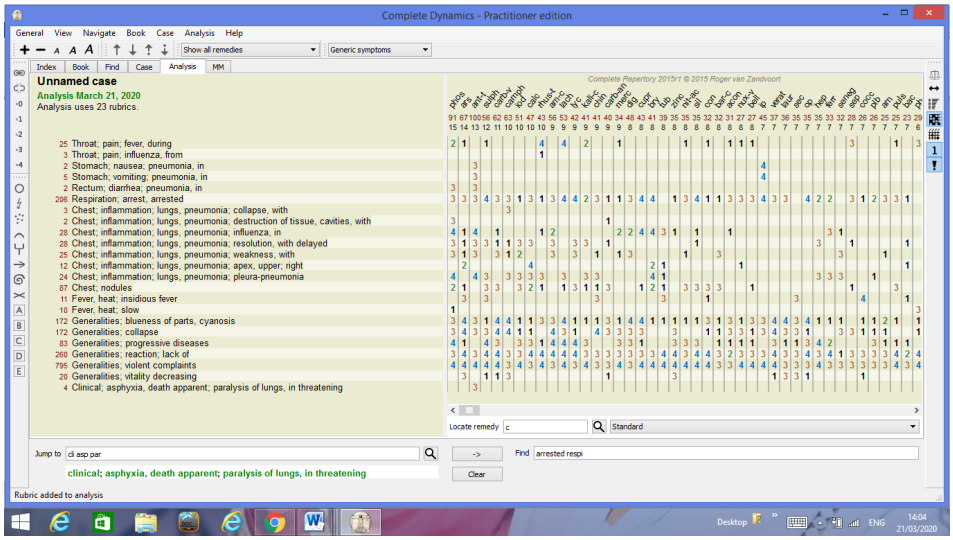
New signs for detecting COVID-19 in patients

- The British Association of Otorhinolaryngology (ENT UK) say asymptomatic patients - ones who do not have a fever or a cough - could show a loss of smell or taste as symptoms after contracting coronavirus.

Addition of two rubrics

- Smell; loss of, wanting
- Taste; wanting, lost

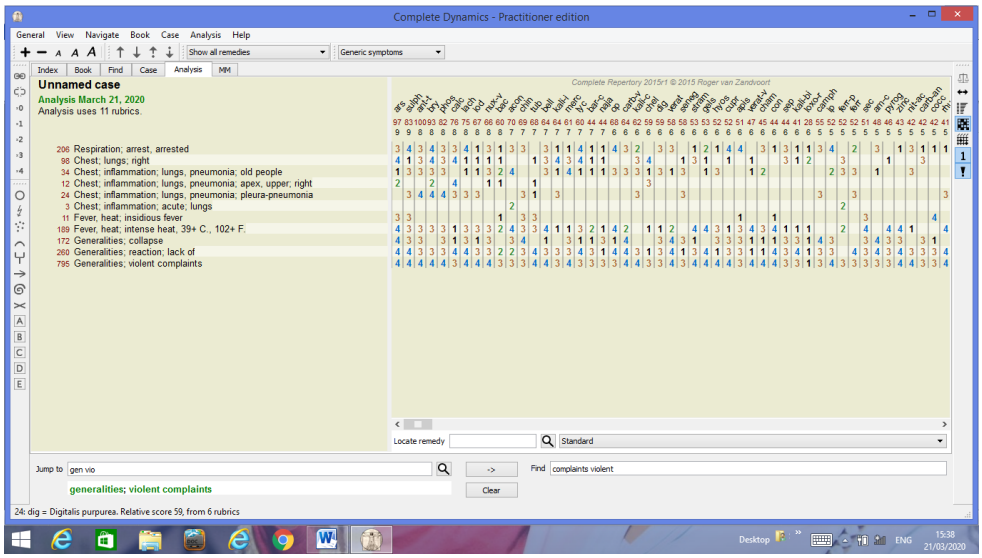
REPERTORIAL FILTER



SMALL SET OF RUBRICS

- Respiration; arrest, arrested
- Chest; lungs; right
- Chest; inflammation; lungs, pneumonia; old people
- Chest; inflammation; lungs, pneumonia; apex, upper; right
- Chest; inflammation; lungs, pneumonia; pleura-pneumonia
- Chest; inflammation; acute; lungs
- Fever, heat; insidious fever
- Fever, heat; intense heat, 39+ c., 102+f
- Generalities; collapse
- Generalities; reaction; lack of
- Generalities; violent complaints

REPERTORIAL FILTER



Q. Dr. Kulkarni, what is your final selection for GE?

- Four remedies need to be considered: *Arsenic album*, *Carbolic acid, Hippozaeninum* and *Sulphur*. They all cover the range from cold to severe pneumonia and collapse
- I suggest **ARSENIC ALBUM** as a homeopathic prophylactic remedy for COVID-19 outbreak.

Q. AYUSH Ministry of India has already announced Arsenic album as a homeopathic prophylactic remedy for COVID-19 infection.

I am happy that my independent study and analysis, based on symptoms, signs, pathology, evolution of COVID-19 etc. has come to the same conclusion of *Arsenic album.*
The very meaning of GE is that with concerted efforts of all investigators and researchers, we arrive at the same conclusion. This is in line with Hahnemannian approach.
I endorse the views of AYUSH and Central Council for Research in Homeopathy (CCRH). Rather, reading my interview and CCRH.

Q. *What are your reasons for selection of Arsenic-album?*

I must tell you about Arsenic album. It is prepared from Arsenic trioxide. Note that Arsenic compounds have been used for medicinal purposes throughout history.

In addition to the indications given above, toxicological data makes headway in voicing for *Arsenic album.*
On the respiratory tract, Arsenic intoxication causes

- Irritation of nasal mucosa, pharynx, larynx, and bronchi
- Pulmonary edema
- Tracheobronchitis
- Severe and very severe pneumonia
- Pulmonary insufficiency
- Cough and dyspnoea
- Reynolds's observation: Arsenic might play a role in the etiology of many viral diseases as the immunity is depressed with Arsenic poisoning.
- A new study confirms that exposure to low to moderate amounts of arsenic can impair lung function.
- "Restrictive lung defects, in those exposed to Arsenic, are usually progressive and irreversible," said Habibul Ahsan, MD.
- Acute severe Arsenic poisoning causes acute respiratory failure.
- A new link between cystic fibrosis and Arsenic poisoning has been found out.
- Haematological abnormalities associated with arsenic intoxication are haemoglobinuria, intravascular coagulation, bone marrow depression, severe pancytopenia, and normocytic normochromic anaemia and basophilic stippling (Ratnaike 2003).
- Arsenic intoxication results in oxidative stress.
- In short, a strong similarity exists at pathological level between Coronavirus disease and Arsenic poisoning and this point shifts in favour of *Ars-alb* as a prophylactic remedy.
- “The coronavirus pandemic resulted from human consumption of animals” is a point of debate. Many viruses, bacteria and parasites that have caused major diseases in the past have been zoonotic (meaning they had their origin in animals). This causative modality is also covered by Ars-alb.
- Profound weakness as experienced by COVID-19 patients point to *Ars-alb.*

- Many patients develop restlessness and agitation and these are classical indications of *Ars-alb.*
- In one of the studies, Arsenic album is found to affect HT29 cells and human macrophages. Also, it showed NF-KB hyperactivity (reduced expression of reporter gene GFP in transfected HT29 cells), TNF-a release in macrophages.

CLINICAL STAGES FROM MILITARY MEDICAL RESEARCH, CHINA

While I was finishing the interview, I came across Military Medical Research Journal, China which has presented seven clinical stages.

We are getting some "homeopathic symptoms" here.

Stage 1

Early-stage. Clinical manifestations: Aversion to cold without sweating, headache and generalized heaviness, limb pain, as if stuck and fullness in the chest and diaphragm, thirst with no desire to drink, loose stool, yellow urine, frequent micturition.

Stage 2

Early-stage. Clinical manifestations: Aversion to cold with or without fever, dry cough, dry throat, fatigue and hypodynamia, oppression in chest, epigastric fullness, or nausea, loose stool. Tongue: Pale or reddish; fur slimy white. Soggy pulse.

Stage 3

Middle-stage. Clinical manifestations: Persistent fever or alternating cold and heat, cough with less phlegm, or yellow phlegm, abdominal distension and constipation; oppression in chest with shortness of breath, cough with wheezes, panting on exertion; or red tongue, slimy yellow fur or yellow dry fur, slippery and rapid pulse.

Stage 4

Severe stage. Clinical manifestations: High fever, oppression in chest with shortness of breath, purple-black facial complexion, lips dark and swollen, obnubilation, crimson tongue, yellow dry fur, surging and rapid pulse.

Stage 5

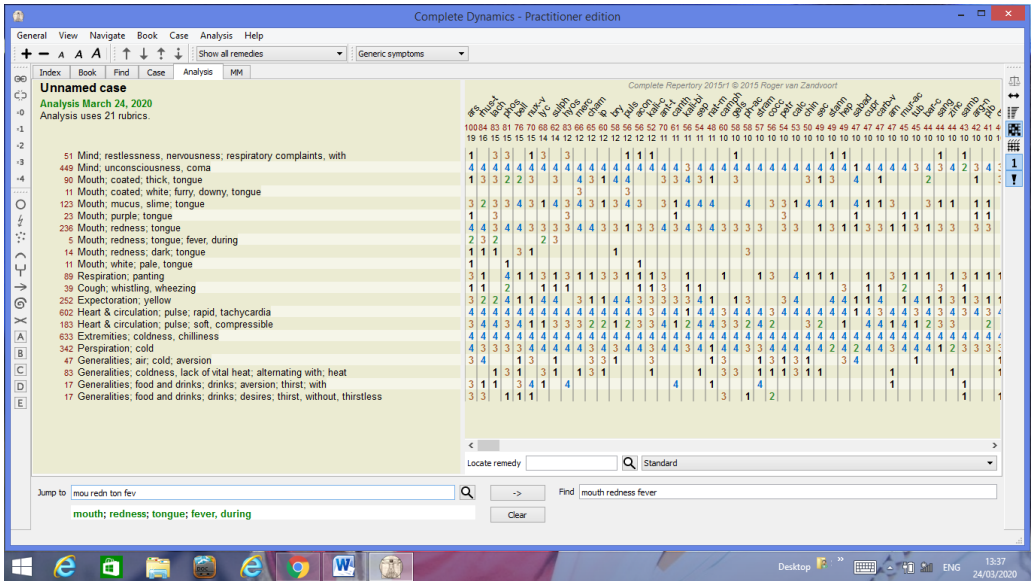
Severe-stage: Clinical manifestations: Dyspnoea, panting on exertion or need assisted ventilation, accompanied by coma, and agitation, cold limbs with cold sweating, dark purple tongue, thick or dry thick tongue fur, floating and rootless pulse.

Stage 6

Recovery-stage. Clinical manifestations: Shortness of breath, fatigue and hypodynamia, anorexia, nausea and vomiting, glomus and fullness in chest, weak stools, loose stool, pale tender-soft enlarged tongue, slimy white tongue fur.

Stage 7

Recovery-stage. Clinical manifestations: Generalized heat with sweating, chest heat vexation, retching and vomiting, dyspnoea and lassitude, red tongue and thin tongue fur, vacuous pulse.



This third reportorial filter also points to **Arsenic album**.

Q. What is your posology plan for GE?

In view of nature of the disease, miasm and susceptibility as described above, we suggest following potencies of *Arsenic album.*

- In infants up to one year – 30CH, as a single dose
- In children – one to five years – 200CH, a single dose
- In adults – 1M, a single dose
- In old age above 65 years – 200CH, a single dose
- Pregnant women – 200CH, a single dose
- Patients with heart disease, diabetes, asthma – 200CH, a single dose

In more prone areas, we suggest repeating two doses every day for 3 days. In highly contagious areas, we suggest repetition two times every week for at least one month.
As of 25th March, 2020, this suggestion fits in well with the susceptible community which is at high risk for the outbreak.

Q. What is next strategy if Ars-alb fails as GE?

One of the reasons why India is able to contain the spread of virus may be consumption of Ars-alb. by the large number of people and sincere homeopaths who are distributing *Ars-alb* since the announcement of it as a preventive drug by AYUSH must be appreciated.
However, if the spread is alarming, and statistics prove that Ars-alb is not helping, I will recommend Carbolicum acidum.

Q. Will you suggest some remedies for the treatment of COVID-19 patients?

See, when you enter into treatment part of COVID-19, there are many remedies to be discussed. But any remedy you give must have the capacity to

- Augment the immune response towards inhibition of the virus replication

- Promotion of the virus clearance
- Induction of the tissue repair and
- Triggering of the adaptive mechanisms

I reiterate, GE is for prophylaxis and it has its limited time zone, though it is extremely important.
When you decide to venture upon actual treatment of corona patients, you have to apply the fundamental principles of case taking related to the individual: mental and physical generals, particulars, etc., data processing, LSMC (Location, Sensation and Pathology, Modalities and Concomitant) cleavage with due value to clinical and pathological realm and the staging in which the patient is and the application of the Law of Similars for the selection of a remedy.
See, nothing can replace an adequate and accurate case taking.
I suggest prominent remedies.

Mild to moderate cases

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

Severe cases

- Apis mel, Ars-alb, Bry, Camphor, Kali c, Kali-i, Lyc, Phos, Pyrog, Sulph, Tub

Critical cases

- Ars-alb, Antim-tart, Camph, Carb-ac, Carb-an, Carb-v, Hippoz, Kali-c, Kali-iod, Sulph, Ver-alb.

Q. Nice, Dr. Kulkarni, but I need more tips from you for the treatment of pneumonia.

If you want to treat pneumonia in COVID-19 patients, you must ponder over 'Pneumonias', a classic and practical book by Borland.
Borland classified pneumonia under following categories:

- Incipient stage: Aconite, Belladonna, Ferrum phos and Ipecacuanha
- Frankly developed pneumonia: Bryonia, Phosphorus, Veratrum viride, Chelidonium
- Complicated pneumonia: Baptisia, Pyrogen, Lachesis, Merc-sol, Hepar-sulph, Rhus-tox
- Creeping/Definite Bronchopneumonia in adult: Natrum-sulph, Pulsatilla, Senega, Lobelia
- Late pneumonia: Antim-tart, Carbo-veg, Kali-carb, Lycopodium, Arsenic-album, Sulphur

Let us integrate the above classification with the modern classification of COVID-19 cases. Mild to moderate variety fits in well with Incipient and frankly developed stages while severe and critical types correspond well with the remaining three types as mentioned by Borland.
On the third day of the infection, when consolidation is developing and there is high fever, Borland advocated the use of *Ferrum-phos* in high potency (1M or 10M) given repeatedly which has the capacity to abort the course of pneumonia.
Let us take *Carbo-veg*. It's a remedy for critical stage where the patient is on the deathbed. There is cyanosis and oxygen saturation is poor. Intense air hunger and icy cold sweat with horrible sense of load on the chest and the patient literally gasps for the breath. This data is enough to know the seriousness of the condition. The failing lung (and the heart) and the patient if put on oxygen respond astonishingly well to the administration of *Carbo-veg*. When the lung is filled with debris, and pus and the patient is in shock, *Carb-veg* is indicated.
See, carbons are between living and dying. Hence it is not only *Carb-veg* that comes, *Carboneum sulphuratum* also has coryza, loss of smell and taste, collapse, debris and lack of reaction. The same can be said about *Kreosote* or *Naphthalinum*.
We have seen that in COVID-19, the lung is filled with fluid and here you must think of *Kali carb*. Here you get violent chest pains with dry cough. *Kali* remedies have very little or no fever. *Apis mellifica* should also find entry here.
Curare (Arrow poison) is a little understood and a neglected remedy. It is multi-phasic remedy and a cocktail of *Bapt, Bell, Bry, Carbn-s, Dulc, Eucal and Gels. Curare* has also miasmatic (polluted environment) fever; toxic; septic.

Viral myocarditis is a serious complication of COVID-19. Under the rubric, Heart & circulation; inflammation; heart, carditis; myocardium, myocarditis; influenza, after: crat cur dig. *Digitalis* can be a big choice as it has broncho-pneumonis; senile pneumonia with dry cough, cyanosis, cold extremities; kidney failure; dropsy; cardiac failure after influenza or pneumonia and most markedly bradycardia. It must be compared with *Camphor*.

Q. When do you want to intervene with Hippozaeninum or Tuberculinum?

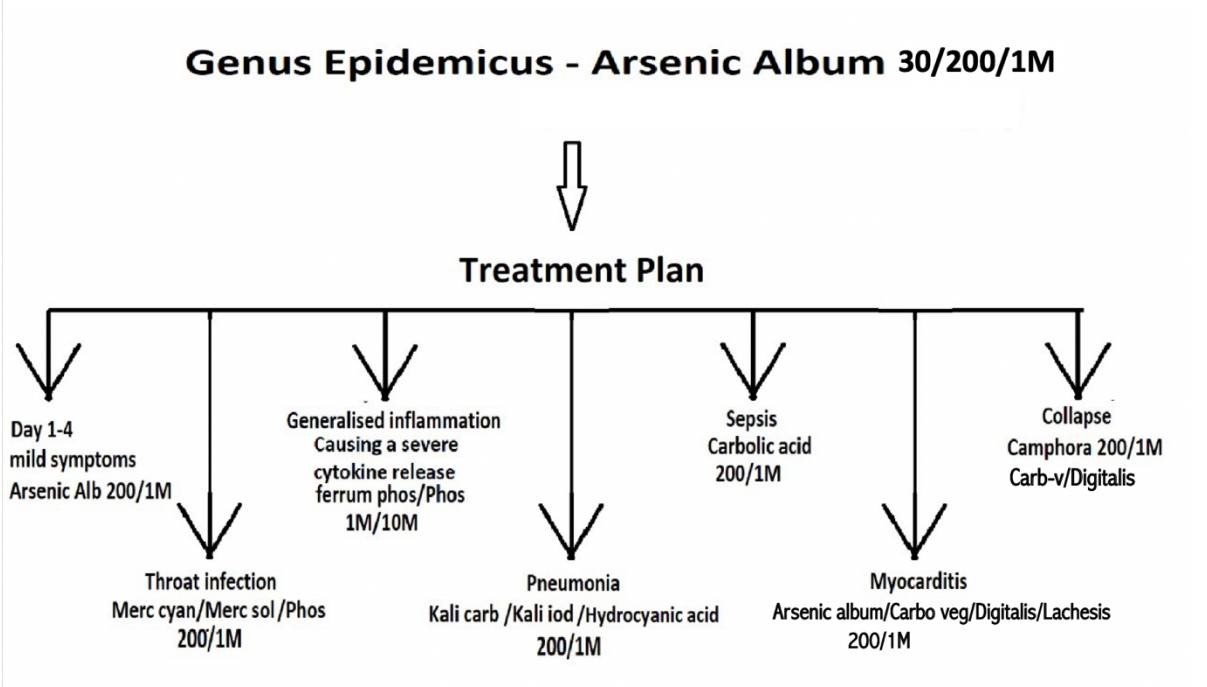
I will use them when well indicated remedies will do only lip-service. I have already provided the indications.

Q. What posology you will advise for COVID-19 patients as a part of treatment?

I will prefer 1M and more in frequent repetition schedule, say every three or four hours. In critical condition, I may repeat every 15 minutes too.

Q. *Can you suggest any treatment plan?*

Yes, it is possible to give a gross treatment plan. It is based on the evolution and totality of symptoms as gathered after innumerable sources.



I reiterate, nothing will replace the totality of symptoms and its corresponding homeopathic remedy.

Q. *Can you make any insightful comments over coronavirus outbreak?*

Humans are paying the price of encroachment upon the earth and not respecting the mother nature.

See how the life has changed within few months and that too with tiny invisible organism. It would have been impossible to cause so many changes even for the humans within such a short period.
The truth is that you can possess sophisticated armed forces, but you can't shoot a virus.
The COVID-19 crisis touches every aspect of our life including our existence.
The coronavirus pandemic readdresses to look at issues such as self-indulgence, hyper-individualism, narcissism, consumerism, selfishness and spiritualism.
The crisis has reduced the speed, rather the maniacal race of the human species.
It has brought to light the major issue – the limitations of mainstream medicine.
Homeopathy, Ayurveda, and every complementary therapy, are crying for their holistic attitude and therapeutic application for many decades. They need a big entry in the stream and not pooh-poohing.
Will we focus only on small tiny invisible virus or do we look at the problem in the larger perspective?
The lesson is 'small is big'. 'Tiny is powerful'. 'Invisible causes visible changes'.
We human beings are highly vulnerable in the prodigious universe.
You can't laugh at homeopathy that it is sub-physiological, that it uses infinitesimal potencies.
The coronavirus in its all-pervasive pandemonium is a wake-up call, it is a karmic test which we need to pass, so that we as a species can transcend our conduct on this planet that we have maligned and mistreated for far too long.
Humans need wisdom. They need balance and control.

Q. Thank you, Dr. Ajit Kulkarni, for a comprehensive interview.

Welcome, Roman.
I must mention my colleague, Guy Tydor, Israel for his valuable suggestions.

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UPDATES I

CORONA VIRUS DISEASE (COVID-19) AND HOMEOPATHIC PERSPECTIVE

Dr. AJIT KULKARNI M.D. (Hom.), India

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?

UPDATES II

CORONA VIRUS DISEASE (COVID-19) AND HOMEOPATHIC PERSPECTIVE

Dr. AJIT KULKARNI M.D. (Hom.), India

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 develops 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 homeoprophylactic 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 relate**d** 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. 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

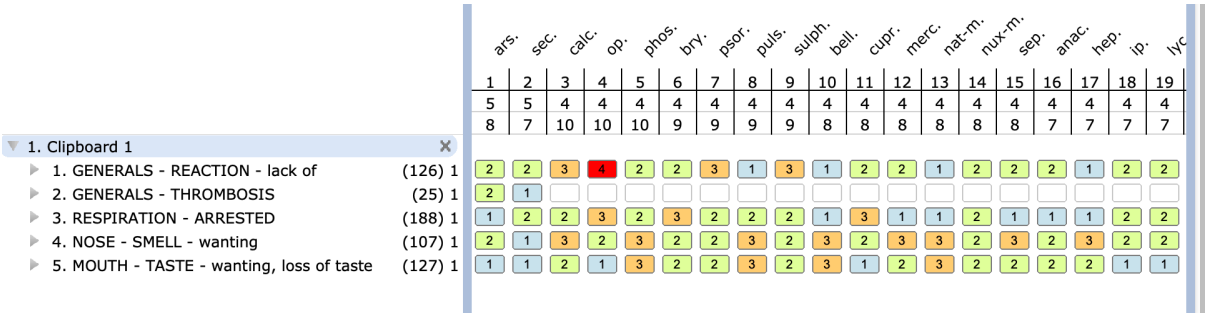
GAIZIUNAS: NEW MECHANISM
- There is neither 'pneumonia' nor ARDS. COVID-19 causes prolonged and progressive hypoxia by binding to the heme groups in 38ntipyrine38 in the RBCs resulting in desaturating 0_2 and eventually leading to organ failure. Gaiziunas argues that, it is the oxidative stress and not 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 39ntipyrine 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.

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.
-

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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