Collecting clinical experience of homeopathic treatment of COVID-19

Fifth issue

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Improving the repertory by counting

In Kent's repertory medicine entries are in bold print when a symptom has repeatedly been confirmed in clinical use. We will show here that further refinement is possible to distinguish between medicines that are all been repeatedly confirmed, but the same method also repairs a serious shortcoming of the repertory: entries based on absolute occurrence instead of prevalence.

The frequency of use of homeopathic medicines varies widely. A small group of medicines – the so called polychrests – are responsible for half of our successful prescriptions. Intuitively we understand that it makes a difference if a symptom occurs in three out of 10 cases or in three out of hundred cases. However, if one medicine is used 10 times more frequently than the other both medicines will be recorded in bold type in the respective symptom-rubric. Both medicines have absolute occurrence of three, but the prevalence of the symptom is 3% in the frequently used medicine and 30% in the infrequently used medicines. Every homeopathic practitioner indeed has the experience that the repertory is less reliable concerning polychrests, especially in larger symptom rubrics.

Table 1: counting and frequencies (in brackets) of some symptoms seen in successful COVID-19 cases, in the whole population and in populations responding well to four medicines. The column 'medicines (n)' shows the number of medicine-populations that showed the symptom.

	total n=69	*medicines (n)*	ars (n=8)	bry (n=20)	camph (n=10)	gels (n=11)
prostration	45 (65%)	*14*	4 (50%	10 (50%)	7 (70%)	10 (91%)
dry cough	30 (43%)	*10*	3 (38%)	11 (55%)	6 (60%)	5 (45%)
slow onset	16 (23%)	*7*	1 (13%)	8 (40%)	2 (20%)	1 (9%)
diarrhoea	17 (25%	*7*	3 (38%)	7 (35%)	2 (20%)	
loss of taste and/or smell	10 (14%)	*6*		2 (10%)	3 (30%)	
chill back	7 (10%)	*2*		2 (10%)		5 (45%)
heaviness of eyelids	6 (9%)	*1*				6 (55%)
restless (night)	5 (7%)	*1*	5 (63%)			
taste bitter	3 (4%)	*1*			3 (30%)	
thirst for large quantities	4 (6%)	*2*		3 (15%)		
Involuntary urination during cough	3 (4%)	*1*				3 (27%)
chest pain < cough	2 (3%)	*2*		1 (5%)		1 (9%)
epistaxis with fever	2 (3%)	*1*		2 (10%)		
chattering teeth	2 (3%)	*1*			2 (20%)	

This table is, in fact, a mini-repertory of symptoms seen in COVID-19 cases regarding the four most frequently used medicines. It is just a reflection of 69 cases we collected so far that were treated

with 17 medicines. When we collect more cases these numbers will change. The most frequently occurring symptom in these cases is 'prostration' (weakness, etcetera) that occurs in 65% of all cases. This symptom was seen in 14 out of 17 medicines. This is comparable to the homeopathic repertory: the rubric 'Weakness' contains most homeopathic medicines. More peculiar symptom-rubrics, like 'epistaxis with fever' contain less medicines.

In the beginning of this data collection one group of practitioners prescribed *Camphora* in all cases with 'prostration/weakness', another group prescribed *Gelsemium* in all cases with 'prostration/weakness'. After collecting some cases we see confirmation of a general rule in homeopathy: common symptoms are no good indicators for the choice of the medicine, we need more peculiar symptoms. 'Heaviness of eyelids' and 'involuntary urination during cough' confirm *Gelsemium*, 'bitter taste' and 'chattering teeth' *Camphora*.

Prostration would occur in bold type in this mini-repertory for COVID-19 for all four medicines, but look at the frequencies. In the whole population we have seen so far the prevalence of prostration is 65%, in the populations responding well to *Arsenicum* and *Bryonia* the prevalence is 50% and in the *Camphora* and *Gelsemium* populations 70% and 91% respectively. So, the prevalence of this symptom compared to the whole population is lower in *Arsenicum* and *Bryonia* and higher in *Camphora* and *Gelsemium*. Could this have a meaning?

Learning from experience

Contemplate on what experience learns us. We see accelerated respiration in many pneumonia cases. To be more precise: we see this symptom more frequently in cases with pneumonia than in other diagnoses. Likewise we see 'aggravation form motion' more frequently in cases responding well to *Bryonia* than in cases responding well to other medicines. Therefore, the first medicine we think of when the patient has 'aggravation from motion' is *Bryonia*.

This principle of learning from experience can be represented by a mathematical formula (Bayes theorem):

> Posterior odds = likelihood ratio (LR) x prior odds
> odds = chance / (1-chance); chance = odds / (1+odds)
> LR = (prevalence in medicine population) / (prevalence in remainder of the population)

The 'remainder of the population' is the whole population minus the medicine population. The use of 'odds' is a bit awkward if we are normally use 'chance', but LR precisely represents what we intuitively feel: the comparison between medicine population and populations responding well to other medicines. We work this out for the data we collected regarding prostration and *Bryonia* (see data in Table 1):

	Bryonia	Remainder	total
prostration present	10	35	45
prostration absent	10	14	24
total	20	49	69

From this so-called 2x2 table we can calculate LR = (10/20) / (35/49) = 0.70 (95% CI: 0.44 to 1.12). the 95% confidence interval (CI) shows that we cannot be certain that LR<1, but there is a fair chance. This LR value <1 indicates that the chance *Bryonia* will work lowers if prostration is present, but not much. The proper calculations show that a prior chance (before we know the symptom) is, say, 30% the posterior chance (knowing that the patient has the symptom) becomes 23%.

With LR we have the opportunity to apply a solid scientific principle – Bayes theorem is applied in many computer programs – in the repertory. Filling in LRs for three symptoms that are seen in all four medicine populations

	LR arsenicum	LR bryonia	LR camphora	LR gelsemium
prostration	0.74	0.70	1.09	1.51
dry cough	0.85	1.42	1.48	1.05
slow onset	0.51	2.45	0.84	0.35

MIND: this mini-repertory is for COVID-19 cases only, the information is based on cases that responded well to these medicines. If we would prescribe one of these four medicines at random in COVID-19 cases we would see a better result than when we would prescribe any homeopathic medicine at random. Let us assume that we have an average success rate of 30% if we prescribe one of these four medicines, knowing that the patient has COVID-1 disease, not knowing anything else. If our second information would be that there is considerable prostration, chances for each medicine change a bit: *Camphora* and *Gelsemium* become more likely and *Arsenicum* and *Bryonia* less likely. The range, however, is still small, from 24% to 39%, see next table.

prior 30%	LR arsenicum	LR bryonia	LR camphora	LR gelsemium
prostration	24%	23%	32%	39%

Now, suppose that our second information would be slow onset of the disease. In that case the posterior chance that different medicines work varies stronger, from 13% to 51%.

prior 30%	LR arsenicum	LR bryonia	LR camphora	LR gelsemium
slow onset	18%	51%	26%	13%

This is all compliant with homeopathic practice experience: a more peculiar symptom has greater influence on the chance that a specific medicine works. It is also possible to combine symptoms. in that case LRs must be multiplied.

prior 30%	LR arsenicum	LR bryonia	LR camphora	LR gelsemium
combined LR	0.32	2.44	1.36	0.55
prostration + dry cough + slow onset	12%	51%	37%	19%

Our example shows that we can differentiate pretty well between medicines with a few not very relatively common symptoms. Of course with peculiar symptoms, like ‘epistaxis with fever’ the posterior chance of *Bryonia* rises faster because LR of such symptoms is higher.

Discussion

With LR we can better differentiate between medicines, because a LR differentiates better than the existing repertory qualification based on type, but also because LR<1 offers the opportunity to lower the posterior chance.

We must be aware that the quality output of our research heavily depends on the quality of the input, the submitted cases. We must take special care of causality: is the improvement of the patient really caused by the prescribed medicine? There is much spontaneous recovery in acute cases, also in COVID-19. If you have prescribed more than one medicine you must be convinced that the case you submitted was really improved by the medicine you indicated. It is as yet not easy to find objective criteria for assessing causality. There are several typically homeopathic patterns like the start of improvement by improved wellbeing, but we cannot know if this is also the case with COVID-19 and in how many patients.

Summary of requisites for case descriptions:

The minimal necessary data we already have:

- Severity of COVID-19 illness: Mild – Moderate – Severe – critical
- Is COVID-19 confirmed?
- Medicine, with date of first intake
- Number of hours until onset of improvement and/or until absence of fever
- If possible 3-5 symptoms that were characteristic for the case

Now, in addition, we need to always check for:

- Prostration/weakness; where is the weakness seated
- Loss of smell, and loss of taste
- Fever, chill, or chill alternating with fever
- Thirst
- Pain; where

Action points for the near future

- With this information LMHI members may have greater clarity about how to prescribe in this epidemic and have guidelines on how to report cases to be included in the database.
- With more data, we will have a greater number of suitable medicines identified for use.
- With the VC and Clificol data we can be more certain about which are optimal symptoms.
- We can have to be careful to attribute a “cure” to the use of a medicine, what is called “causality assessment.” This is a serious problem in research, and it weakens rather than strengthens homeopathy!
- In some cases merely prescribing a medicine has been regarded as reason to send in the case, without any follow-up. This is not acceptable methodology; it wastes valuable time, and weakens the strength and reliability of the research.
- We still have not determined the parameters for qualifying an improvement to the use of a medicine. Concepts such as: ‘time until onset of improvement’ and ‘time until fever dropped’ are quite insufficient. Perhaps, the consideration of three days of progressive improvement, or three days of being symptom free would be a parameter, but that needs further research.

MIND: COVID-19 is a new disease. We can now develop a new homeopathic standard for treating this disease based on experience of many colleagues worldwide, analysed with state-of-the-art scientific methods. The cases you send us will guide our course of action.