Collecting clinical experience of homeopathic treatment of COVID-19

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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 repeatedly confirmed. 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 has the experience that the repertory is less reliable concerning polychrests, especially in larger symptom rubrics.

In this project of qualitative and quantitative analysis of successful homeopathic treatment of COVID-19 cases we can count the occurrence of each symptom in the whole population of cases we collected, but also in sub-populations that responded well to specific medicines. At this moment (13th April 2020) we collected 69 cases. The majority (71%) responded well to four medicines: *Arsenicum (ars)* (n=8), *Bryonia (bry)* (n=20), *Camphora (camph)* (n=10) and *Gelsemium (gels)* (n=11). The numbers and prevalence of some symptoms are represented in Table . This table also indicates in how many medicines the symptom was observed.

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 COVID-19 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 from 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

We have 20 Bry cases and 10 of them have prostration. In the remainder of the COVID-19 population (49 patients) 35 have prostration. 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, made with the computer and not shown here, 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. The prevalence of the symptom prostration in the COVID-19 population (65%) is much higher than in all our patients with different diseases. If we would count the prevalence of prostration in all indications the prevalence of prostration would be higher in the *Ars and Bry* population than in the general population. Referring to the homeopathic repertory, we created a sub- rubric for the symptom 'GENERALS – WEAKNESS': 'GENERALS – WEAKNESS – in COVID-19 disease', with much less medicines, only the medicines with prevalence of prostration higher than in the whole COVID-19 population. These are the medicines most likely to work in this sub-population.

If we would prescribe one of these four medicines at random in COVID-19 cases we would see a better results 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-19 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 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

After counting the symptoms we can base our repertory-rubric on prevalence of the symptom instead of absolute occurrence. This way we created a new sub-rubric of the repertory 'GENERALS – WEAKNESS – in COVID-19 disease' with LR values. 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.

Applying Bayes' theorem and LR we can make more use of relatively common symptoms, present in a considerable number of patients. We combine the experience of different groups of homeopathic experts specialised in different medicines. This way we hope to increase the effectiveness of homeopathy in COVID-19 cases and make homeopathy better accessible for healthcare workers with limited knowledge of homeopathy. the use of LR requires calculations, but this is no problem with a computer. All information could be entered in a smartphone app and made available to healthcare workers experienced or less experienced in homeopathy.

Please keep collecting successful cases according to the requisites mentioned below and also check the symptom 'loss of taste and/or smell' in every patient. Ask yourself if the prescribed medicine really cured the case.

Resuming requisites for case descriptions

We resume the minimal necessary data for this project. We already had:

- 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

Also check:

- Slow or fast onset of complaints
- Prostration/weakness; where is the weakness seated
- Fever, chill, or chill alternating with fever
- Thirst
- Pain; where
- Cough dry or moist
- Loss of taste and/or smell