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Review Article

A REVIEW ON THE ROLE OF HOMOEOPATHY IN EPIDEMICS AMIDST COVID-19 CRISIS

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ABSTRACT

It is a challenging time for the entire medical world to manage Coronavirus diseases 2019 (COVID-19). The past few decades there is increase of epidemic diseases, with increase loss of lives due to rapidly spreading devastating epidemics; there is a need for protective immunization and prevention. The great hope in the control of infectious diseases is always vaccine. Vaccines have played an important part in the reduction of communicable diseases. However, Vaccines are continually monitored for safety, and like any medication, vaccine can cause side effects. Homoeopathy has been reportedly used with variable degree of success in influenza, cholera and other epidemics for 200 years. Homoeopathy has been used both therapeutically and /or prophylactic with success in past, using different approaches like Genus epidemicus, nosodes, and homoeopathic formulations.

KEYWORDS: Homoeopathy, Epidemic, Nosodes, Genus epidemicus, COVID-19.

INTRODUCTION

December 2019. novel During Betacoronavirus provisionally named 2019 novel coronavirus (2019-nCoV), and subsequently officially renamed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (ICTV), causing coronavirus disease 2019 (or COVID-19), was associated with a cluster of respiratory tract infections in Wuhan, Hubei Province, China and has rapidly spread across continents.[1] On 30th January 2020, the WHO declared the Chinese outbreak of COVID-19 to be a Public Health Emergency of International Concern posing a high risk to countries with vulnerable health systems.[2] In India, the first case was detected on 30th January 2020, thereafter day by day the number of cases of COVID-19 infection are increasing. With the spread over more than 28 states isolation and social distancing is the general measures taken up by the public promoted by the government in the form of lock down since 24th March 2020.[3] The treatment of the patients with COVID-19 is the major challenge as mortality ranges from 3% to 4% as compared to seasonal influenza (0.1%). Many potential drugs including ribavirin, interferon. lopinavir-ritonavir, corticosteroids. penciclovir, nitazoxanide, nafamostat, remdesivir, favipiravir, oseltamivir, azithromycin, baricitinib, and traditional Chinese medicine are being explored. However, as of now, there is no United States Food and Drug Administration approved drug or vaccine

available for COVID-19.[4] Development of any vaccine for immunization is the end result of years of discovery and development. Only a tiny percentage of candidate vaccines progress to licensing, making the costs of vaccine research and development extremely high. The vaccine development and testing follow a standard set of steps beginning with exploratory stage which includes the basic laboratory research and often lasts for 2–4 years.^[5] Vaccination is one of the great public health achievements of human history. Vaccines used in national immunization programmes (NIPs) are considered safe and effective when used correctly. Vaccines are, however, not risk-free and adverse events will occasionally occur following vaccination.^[6]

The preventive aspect of Homoeopathy is well known, and historically, Homoeopathy has reportedly been used for prevention during the epidemics of Cholera, Spanish Influenza, Yellow fever, Scarlet fever, Diphtheria, Typhoid etc. The approach to prevention in Homoeopathy is two-pronged. Homoeoprophylaxis prevention or, through Homoeopathy, can either be met through Genus Epidemicus (GE), which means a remedy which is found to be curative in the majority of cases of the same disease is also the most likely preventive for that disease; or through *nosodes* (medicine prepared from biological material of a disease). The former is identified through observation of several cases of an epidemic disease, and analysing the symptomatology of those cases for the most indicated medicine. This medicine is considered to be the preventive medicine for the ongoing epidemic of that disease. The latter, on the other hand, once prepared through homoeopathic procedure, is considered a preventive for the disease it is prepared from, regardless of the overall presentation of that disease, which happens to change from time to time.^[7] Also patients treated for influenza like illness with homeopathic medications are more satisfied with their treatment than other patients.^[8]

History of Homoeopathic prophylactic

Preventive use of Homoeopathy was first applied in 1801 during an epidemic of scarlet fever in Konigslutter, Germany, when Hahnemann prescribed a single dose of *Belladonna*, as the GE to susceptible children in the town with 100% success.[9] Camphora, Cuprum metallicum and Veratrum album proved successful in different stages of the Cholera epidemic (1831–1832) and it was reported that mortality rate in European homoeopathic hospitals was 7%-10%, whereas with conventional treatment, it varied between 40 and 80%. Camphora saved another epidemic of Cholera (1846), where mortality rate amongst patients treated with Homoeopathy was 5%-16% as compared to 54%-90% amongst patients treated conventionally.[10-14] 2806 patients were treated prophylactically with Variolinum 30 (a nosode) for prevention of smallpox in Iowa. Of the 547 patients definitely exposed, only 14 developed the disease. Efficacy rate was 97.5%.[15]

Genus Epidemicus

In epidemics the medicine which covers most of the symptoms is declared as Genus Epidemicus and is recommended for use as prophylaxis, as well as treatment. There is anecdotal evidence that homeopathy was successful during the Spanish flu epidemic of 1918 to 1919, in which at least 20 million people died worldwide, more than 500,000 in the United States alone. According to the historian Julian Winston, the death rates for patients treated with Homeopathy were 1 to 2% compared with 30 to 60% mortality for those treated by conventional physicians. The genus epidemicus for the Spanish flu, according to Winston, was Gelsemium.[16] For a series of dengue fever outbreaks over the years in Brazil (2001–2012), identified GE Eupatorium perfoliatum or a combination of remedies based on the epidemic picture could significantly control the occurrence by 80%-90%.^[17] A study by Rejikumar *et al.* in 2006 on 1061 people living in parts of Kerala badly affected by Chikungunya epidemic showed prevention in 82.19% people after administration of homoeopathic medicine Eupatorium perfoliatum 200C (three doses daily for 5 consecutive days).[18]

Nosodes

Nosodes are used in different settings, practice as therapeutic remedy and public health as homoeoprophylaxis during epidemic outbreak of diseases. During an outbreak of meningococcal meningitis in 1974 at Guaratingueta, Sao Paulo, Brazil, homoeoprophylaxis with *Meningococcinum* nosode was administered to 18,640 people. This study showed 95% effectiveness over 6 months.[19] A similar study during an outbreak of this condition in the city of Blumenau, Brazil, in 1998, saw the nosode administered voluntarily to 65,826 people aged between 0 and 20 over 3 days at the public health clinics. The programme provided 95% protection from the severe bacterial infection after 6 months and 91% after 12 months, and the results were statistically significant.[20] In 1987, Fox concluded that Pertussin 30c as a prophylactic for whooping cough was 82% effective. However, the results reported by English though have tendency to prevent whooping cough were statistically insignificant. Both studies suggested for large sample trials.[21,22] During epidemic in France from 1984-1987, Oscillococcinum 200C taken twice daily for 5 days significantly increased the rate of cure within two days (n=478, 237 treated by medicine and 241 on placebo), absence of symptoms at 48 hours, relative risk estimate significantly favours homeopathy (p=0.048), no pain and no fever (p=0.048), recovery rate (headache, stiffness, articular pain, reduction) at 48 hours better in homeopathy group (p=0.032).[23] A randomised double-blind prospective study of thirty participants compared standard vaccination to *Influenzinum* homoeopathic medicine for 13 weeks. This study found equal efficacy of the two methods in the prevention of influenza; however, the vaccination cohort experienced greater adverse In reactions.[24] another blinded randomised controlled trial in children in Brazil, wherein the homoeopathic medications used were either a homoeopathic nosode prepared from intact influenza A virus, or a homoeopathic complex frequently used in that region for influenza. This study showed a statistically significant reduction of influenza episodes in children receiving either of the two homoeopathic treatments versus placebo.[25]

The study, conducted in 2007, used homoeo prophylactic interventions against the condition in three provinces of Cuba. They prepared a homoeo prophylactic formulation from dilutions of four circulating strains of leptospirosis and administered orally to 2.3 million persons at high risk in an epidemic in a region affected by natural disasters. After the homoeo prophylactic intervention, a significant decrease of the disease incidence was

observed in the intervention regions compared to the non-intervention regions. The results were reevaluated, and the findings were consistent with those of the earlier results.[26] During a dengue outbreak in Delhi in 1996, the Central Council for Research in Homoeopathy distributed Dengueinum 30 (prepared from the serum of person suffering from dengue fever) to 39,200 people who were not affected and residing in the adversely affected areas for preventing the dengue. Follow-up after 10 days revealed appearance of fever, headache and body ache in five persons only.[27] A homoeopathic drug Malaria officinalis 200 was used for the mass prophylaxis for malaria in high malaria transmission season in selected 28 villages of district Shahdol of Madhva Pradesh state. Of the 28 villages, seven (25%) reported malaria case incidence ≤2 in 6-month period (July-December 2016). In the previous year, 23 (82%) villages reported the incidence of malaria as more than 2 in the same time period. Hence, the number of villages with 'bi-annual malaria case incidence rate' was reduced by 57%.[28]

Homoeopathic Medicines and Immunomodulation

There are several homoeopathy preclinical studies which shows the immunomodulatory action of homoeopathic medicines. In a study, for the acute and subacute toxicity of dengue nosodes, changes in behaviour or mortality were observed in Wistar rats, with increased serum levels of tumour necrosis factor-α, interleukin (IL) IL-1β, IL-6, IL-12 and IgM, although there were no signs of toxicity.[29] A study with Trypanosoma cruzi nosode on mice of different ages, infected with the concerned protozoa, modulated the inflammatory response with increased apoptosis and decreased serum levels transforming growth factor-beta $(TGF-\beta).[30]$ Psorinum, when tested in 6x potency on cancer cell lines, showed greater anticancer effects in A549 cells than in others. It triggered apoptosis in A549 cells via both up and down regulations of relevant signal proteins, including p53, caspase-3, Bax and Bcl-2.[31] A nosode prepared from the infectious influenza A virus (H3N2) on cell lines altered the cellular and biochemical features of MDCK and J774G8 cells.[32] Arsenic album has shown to affect HT29 cells and human macrophages. Also, it showed ↓NF-κB hyperactivity (reduced expression of reporter gene GFP in transfect HT29 cells), ↓TNF-α release in macrophages.[33] Preclinical studies conducted by CCRH in collaboration with School of Tropical Medicine, Kolkata, and in molecular studies conducted in collaboration with King's George Medical University, Lucknow, observed protective effects through antiviral properties of Belladonna in

Japanese encephalitis.[34-35] There are several other studies published which shows the immunomodulatory potential of homoeopathic medicines in preclinical studies.[36-41]

Homoeopathic Formulations

There are several reports, where combinations of homoeopathic remedies that are commonly prescribed for a specific disease were used to treat people during an epidemic. In Cuba, 25,000 patients who tested positive for dengue were treated with homoeopathic complex containing medicines Bryonia Alba, Eupatorium p., Gelsemium s. and dengue nosode with significant improvement in clinical condition and reduction in days of stay at hospital.[42] In Pakistan, a homoeopathic complex of medicines including Bryonia alba, toxicodendron, Gelsemium sempervirens, Aconitum napellus, Eupatorium perfoliatum, China boliviana, Hamamelis, Citrullus colocynthis, Crotalus horridus and *Phosphorus* was given to 25 patients of dengue fever and the mean values of each of the criteria of both homoeopathic and standard treatment groups were compared. Better results were seen in the blood values within a week of prescription, as opposed to the standard maintenance therapy.[43] In early 2007, facing the challenge of controlling an outbreak of dengue, the Secretary of Health of the county of Macae, Rio de Janeiro, Brazil, carried out a "Homeopathy Campaign against Dengue." 156,000 doses of homoeopathic remedy were freely distributed in April and May 2007 to asymptomatic patients, according to the notion of "epidemic genus. The remedy used was a homoeopathic complex against dengue containing *Phosphorus* 30cH, *Crotalus* horridus 30cH and Eupatorium perfoliatum 30cH. The incidence of the disease in the first 3 months of 2008 fell by 93% in comparison to the corresponding period in 2007, whereas in the rest of the state of Rio de Janeiro there was an increase of 128%.[44] In India, homoeoprophylaxis is also being used in the management of the Japanese Encephalitis epidemic in during the year 1999-2003, the government of Andhra Pradesh adopted Belladonna-Calcarea carbonica-Tuberculinum bovinum (BCT) regimen as preventive and the response was encouraging. The death rate was nil in the BCT distributed areas.[45]

Homoeopathic research in epidemics

In 2007, CCRH conducted preventive trial, where homoeopathic medicine Bryonia 30C was distributed as a preventive to 19, 750 people in Kerala and Bryonia alba 30C was found to be better than placebo in decreasing the incidence of Chikungunya in Kerala. [46] Multicenter, single blind, randomized, placebo controlled study was conducted by CCRH to evaluate the effect of homoeopathic

medicines in the treatment of Influenza like illness and to compare the efficacy of LM (50 millesimal) potency vis-à-vis centesimal (C) potency. In LM group (n=152), C group (n=147) or placebo (n=148) group. The study revealed the significant effect of individualized homoeopathic treatment in patients suffering from ILI with no marked difference between LM and Centesimal groups. The medicines which were commonly prescribed were: Arsenic album, Bryonia alba, Rhustox., Belladonna, Nux vomica, Sepia, Phosphorus, Gelsemium, Sulphur, Natrum mur. and Aconitum napellus.[47] Central Council for Research in Homoeopathy carried out research studies for prevention and treatment of IE during its epidemics in eastern parts of U.P. in 1989, 1991 and 1993. Belladonna 200, single dose was distributed as preventive to 3,22,812 persons in 96 villages in three districts of U.P. In a follow up of 39,250 persons, none of them reported any signs and symptoms of Japanese encephalitis.[48] Robert T Mathie, et al. observed that during, the 2009 A/H1N1 influenza pandemic in India, several prominent symptoms and symptom/medicine associations, particularly temperature >38_C + cough + runny nose, were associated with Arsenicum album.[49]

In the recent years, successes of adjunct homoeopathic treatment in epidemics of dengue and acute encephalitis syndrome have been reported in studies conducted by CCRH. Adjuvant homoeopathic treatment given to dengue haemorrhagic cases at a tertiary care hospital during the dengue outbreak in 2015 in Delhi showed that patients who received Homoeopathy had rapid rise in platelet count and less number of days of hospital stay compared to those who received standard care alone. Similarly, in acute encephalitis syndrome/Japanese encephalitis, Homoeopathy as an adjuvant to the Institutional Management protocol (IMP) could decrease death rate by 15% in comparison to those who received only IMP.[50-51] Another prospective observational study was conducted on 126 patients of Chikungunya in Chikungunya Fever (CF) and in Post-Chikungunya Chronic Arthritis (PCCA) in a Delhi Government Homeopathic Dispensary for a period of 6 months. A single homeopathic medicine was prescribed for each patient after case taking with the help of Materia Medica and/or Repertory. The study resulted in complete recovery was seen in 84.5% CF cases in a mean time of 6.8 days. 90% cases of PCCA recovered completely in a mean time of 32.5 days.^[52]

Veterinary Homoeopathy

Few animal studies were conducted to assess the prophylactic effect of Homoeopathic medicines in diseases like Anthrax, Colibacillosis, Bovine mastitis etc. A study by Dabbir BR. found during an Anthrax outbreak in an endemic place of India, all the sheep and goats were protected from Anthrax with a single dose of Anthracinum CH 200 both in non\endemic villages. [53] In a review article published by Zeise and Fritz, observed that the selected studies showed a positive treatment outcome of homeopathy and possibility to reduce antibiotic use by 75% in bovine mastitis [54] In another study conducted by Coelho C. *et al* to assess homoeopathic treatment as preventive against colibacillosis in newborn piglets concluded that homeopathic and biotherapic treatment were more effective than antibiotics in the control of diarrhoea in newborn piglets. [55]

Agro-Homoeopathy

There are studies to support the premise that homeopathic and high dilution preparations have the potential to be effective on replacing pesticides that are used on crops and that "Similia Principle" is very useful to overcome abiotic stresses of plants. [56-57] Another randomised study conducted on *Mangifera indica* (Mango), by using selected homeopathic medicines of different potencies and concentrations, inferred that all of the selected homeopathic medicines exhibited significant (p<0.0001) antifungal effect against *C. gloeosporioides* at 3000 ppm on OMA contained Petri-plates. Among the tested medicines Arsenicum album showed significant (p<0.0001) inhibition against *C. gloeosporioides* in controlling the disease [58].

CONCLUSION

One of the most important challenges of the public health is to control these epidemic outbreaks, which are diseases that spread rapidly and widely, affecting many individuals in the population at the same time. The recent COVID-19 outbreak has been deemed a global health emergency. homoeopathic intervention has played a significant role in epidemics, not only by treating, but also by reducing the mortality. Administration of the specific Genus Epidemicus, derived after careful assessment of the characteristic picture of the disease across regions, and treatment of symptomatic cases with adjuvant individualised Homoeopathy, can be the most viable, safe, inexpensive and effective approach to manage COVID-19 disease outbreak globally. In India, after the Ministry of AYUSH issued an advisory early in January 2020, for prophylactic application of Arsenicum album 30, many institutions started distributing it to the masses. Cuba has also issued directions for distribution of a combination homoeopathic remedy to the unaffected population, while physicians in Hong Kong and Italy have been treating a few patients of COVID-19 Homoeopathy.⁵⁹ Homoeopathy could play important role both therapeutically and /or prophylactic with success in management of COVID-19. However, establishing the preventive use of Homeopathy in public health setting is a challenge. High quality safety and pre-clinical studies, as well as robust clinical research is required to be undertaken for establishing role of Homoeopathy in epidemics.

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