

# Homeopathy – Approach to Current Coronavirus epidemic

**Dr. Arup Bhattacharya** PhD, DHM, Hom (ON), RSHom (NA), DHPH, FBIH, PGDGC, MS, MA (Psy), LLB, DMS  
Homeopathic Practitioner and Educator

[www.Homeopathichealers.com](http://www.Homeopathichealers.com)

E-mail – [ARUP\\_2000@yahoo.com](mailto:ARUP_2000@yahoo.com)

Phn 716-566 7758/416-848-4346

Many Viruses  
Commonly  
affects Humans –  
Example of Viral  
Pneumonia in  
Children in  
Pakistan

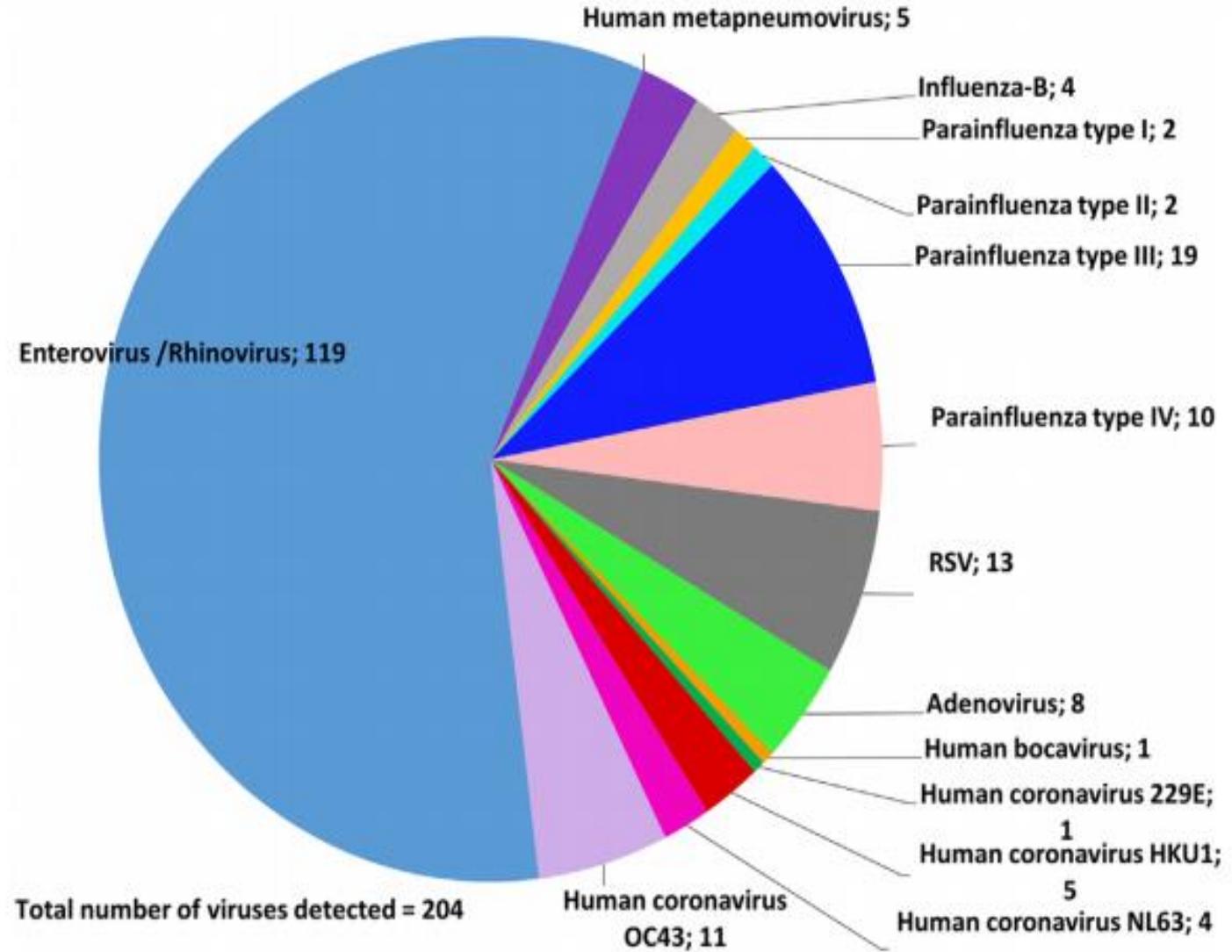


Fig. 2. Pie chart displaying the frequency of viruses detected on NP swabs in patients with pneumonia aged 0–24 months in a rural community in Pakistan during the period of October 2011–June 2014. Two or more co-infecting viruses were counted in their own categories.

# Fatality Rate of Some Viral Infections Affecting Humans

<u>Viral Infection</u>	<u>Rabies</u>	<u>Marburg virus</u>	<u>Ebola</u>	<u>Bird Flu – H5N1</u>	<u>Hanta viruses</u>	<u>Japanese Encephalitis</u>	<u>SARS</u>	<u>Dengue</u>	<u>Coronavirus Covid-19</u>	<u>H1N1 Influenza (Swine Flu)</u>	<u>Measles</u>	<u>Seasonal Flu</u>
<u>Mortality Rate</u>	<b>99% if untreated</b>	90%	67%	60%	38%	30%	9.60%	1%	<b>3.5-5.6% (China) 4.2-15.2% (Others)**</b>	0.03%	0.20%	0.02%

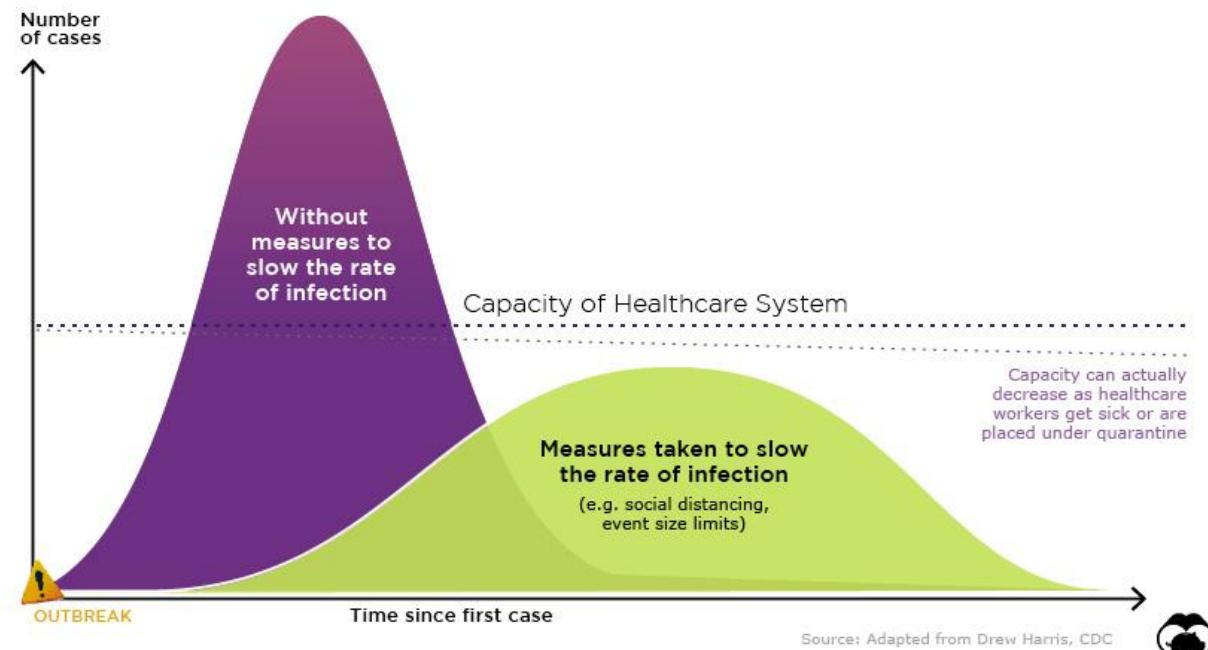
\*\*Latest modelling data indicates that outside of China the death rate is likely to be 0.7 to 1.4% for COVID-19

At Imperial College of London, leading infectious disease predict if nothing is done to intervene in US, the death roll can hot 2 million (current 2019 population ~329 million)

# Fatality Rate of Some Viral Infections Affecting Humans

Viral Infection	Rabies	Marburg virus	Ebol a	Bird Flu – H5N1	Hanta viruses	Japanese Encephalitis	SARS	Dengue	Coronavirus Covid-19	H1N1 Influenza (Swine Flu)	Influenza Measles	Seasonal Flu
Mortality Rate	99% if untreated	90%	67%	60%	38%	30%	9.60%	1%	3.5-5.6% (China) 4.2-15.2% (Others)**	0.03%	0.20 %	0.02%

\*\*Latest modelling data indicates that outside of China the death rate is likely to be 0.7 to 1.4% for COVID-19



## Homeopathy - a Myth?? - A Fact Check

1. The White Plague Flu Epidemic of 1918-19: Dean W. A. Pearson of Philadelphia collected 26,795 cases of influenza treated by homeopathic physicians with a mortality of 1.05%, while the average conventional medical school mortality is 30%

2.

<u>Year</u>	<u>Disease</u>	<u>Conventional Medicine</u>	<u>Homeopathy</u>
<b>1859-1860</b>	<b>Malignant Diphtheria</b>	<b>50%</b>	<b>0% Death reported</b>

3. During the Meningococcal Meningitis epidemic (1974-75), in the city of Guaratinguetá (Sao Paulo state, population 78,000) 18,000 children received one drop of the homeopathic medicine “Meningococcinum A and C” orally as prophylaxis. Within the first three months only 5 of the homeopathically treated children contracted meningitis compared with 10 in the control group of 6,364

4. Uttar Pradesh, India: 1987 to 1989 - 16,871 cases of Japanese encephalitis with 5,172 deaths. A single dose of the homeopathic medicine “Belladonna 200 C” was administered prophylactically to 322,812 people in 96 villages in three districts in 1992 - no cases of illness in the sampled population reported

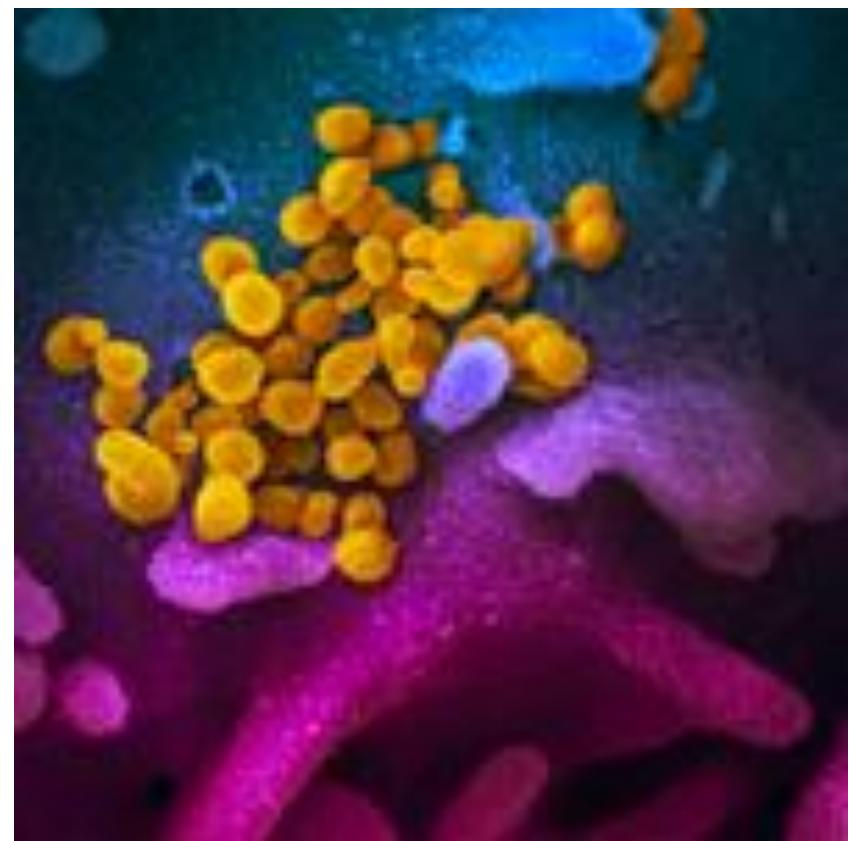
## Homeopathy - a Myth?? - A Fact Check

5. 2007, Cuba - epidemic of Leptospirosis, with a reported mortality varying between 4 - 50% -In the midst of an epidemic occurring in 2007, two doses of homeopathic medicine were administered orally to 2.1 million persons (88% of those living in three high-risk provinces). Twelve months later, the schedule was completed by another administration of two more oral doses to 2.3 million persons (96% of the population).

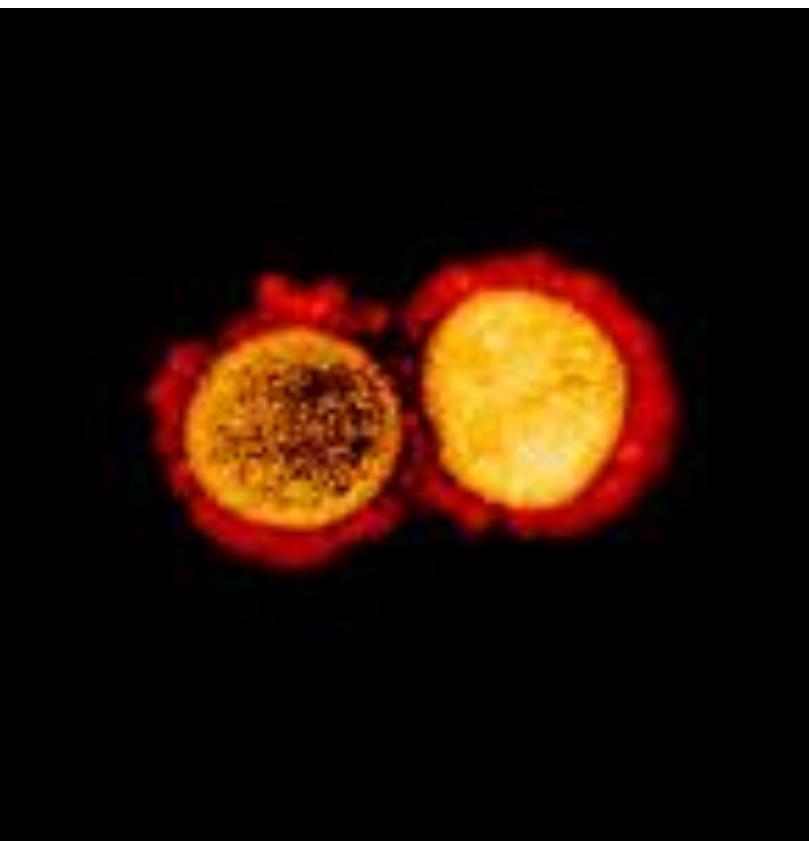
Investigators found a significant reduction (84%) of the disease incidence in the provinces receiving homeopathic intervention, while incidence of leptospirosis rose in those provinces not receiving intervention (by 22%) despite the significantly higher risk of contracting the disease in the intervention regions.

The cost of homeoprophylaxis was found to be 98% less than the cost of conventional vaccination even though the world's only commercially available vaccine against Leptospirosis is manufactured in Cuba.

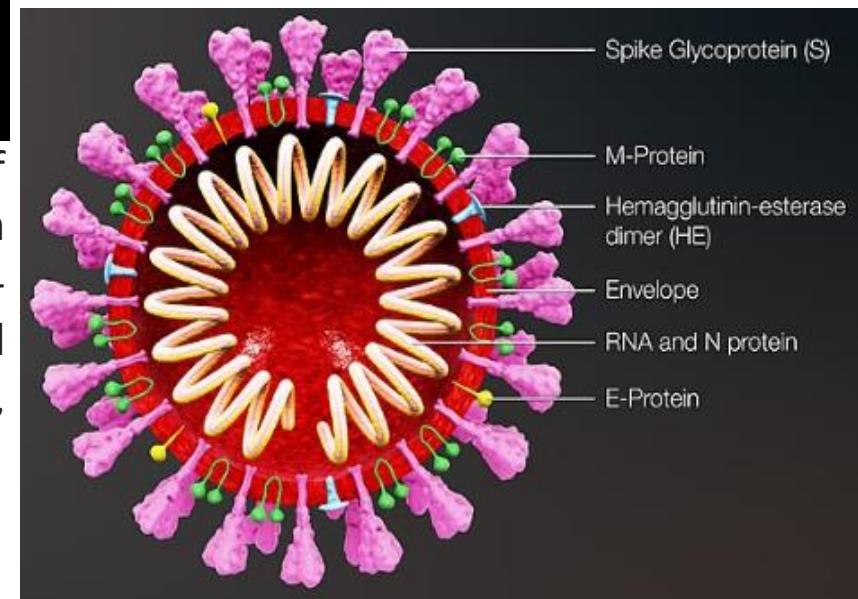
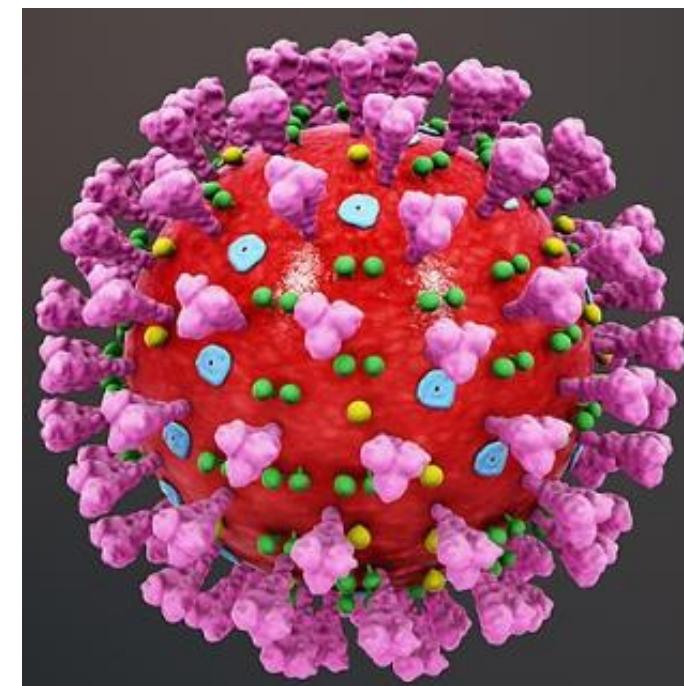
## Novel Coronavirus SARS-CoV-2



This scanning electron microscope image shows SARS-CoV-2 (yellow)—also known as 2019-nCoV, the virus that causes COVID-19—isolated from a patient in the U.S., emerging from the surface of cells (blue/pink) cultured in the lab. Credit: NIAID-RML



Transmission electron micrograph of SARS-CoV-2 virus particles, isolated from a patient. Image captured and color-enhanced at the NIAID Integrated Research Facility (IRF) in Fort Detrick, Maryland. Credit: NIAID



## Why different coronaviruses vary in severity

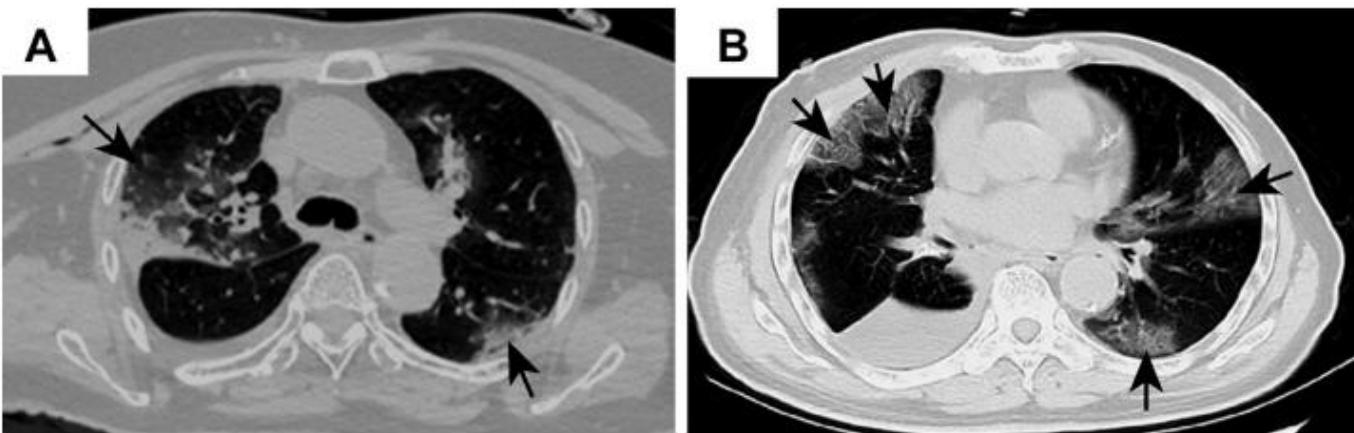
7 coronaviruses infect humans.

Four of them—**229E, NL63, OC43, and HKU1**—typically cause a cold rarely causing death.

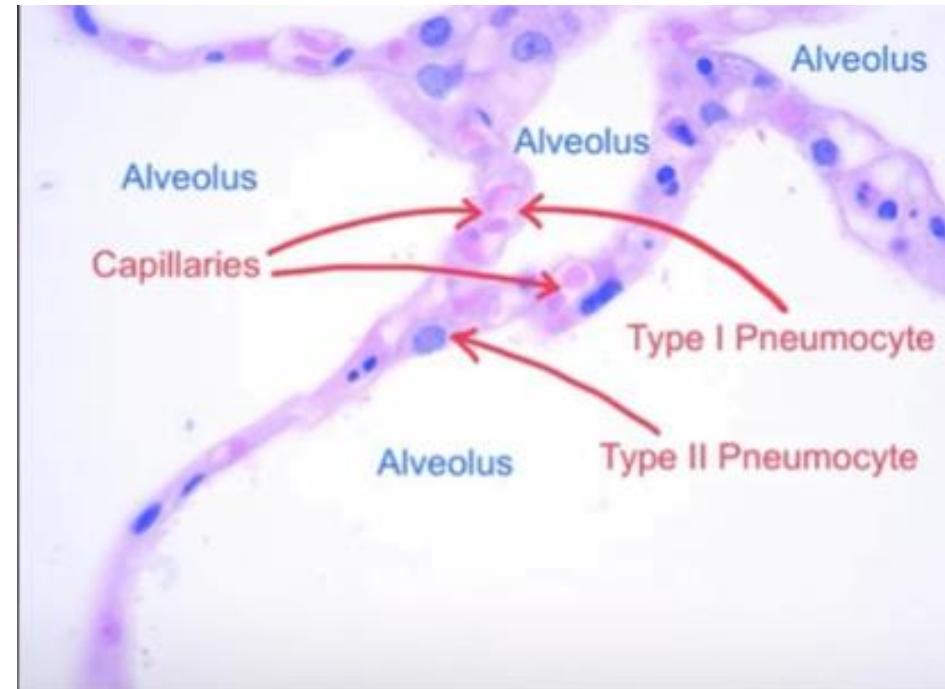
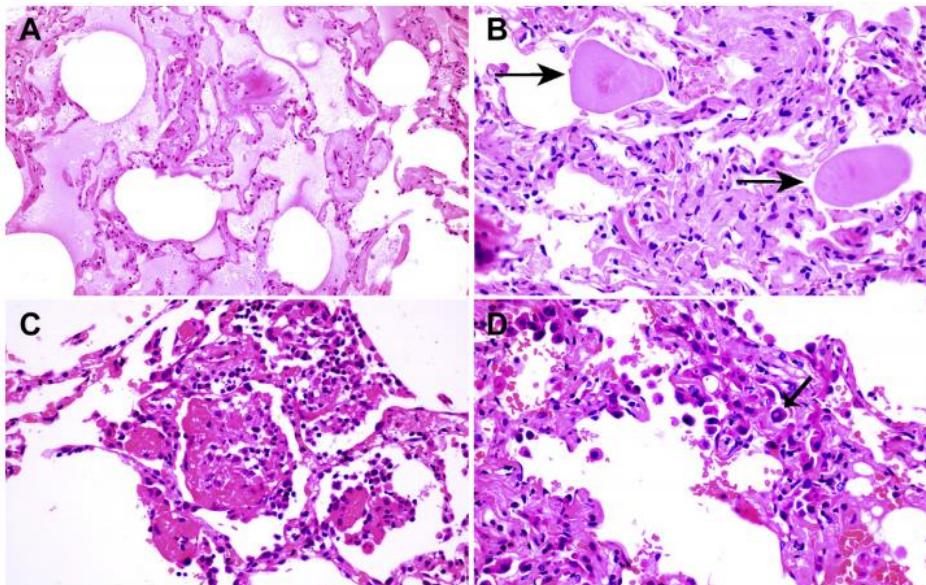
The other three—**MERS-CoV, SARS-CoV, and the new SARS-CoV-2**—have varying degrees of lethality. In the 2003 SARS outbreak, 10 percent of infected people died. Between 2012 and 2019, MERS killed 23 percent of infected people. Although the case fatality rate of COVID-19 is lower, the virus has already killed more people than the other two outbreaks combined, which some have attributed to the pathogen's fast transmission.

The new coronavirus also appears to use the ACE-2 receptor, which may help partially explain why, like SARS, it is more deadly than the other four coronaviruses. This receptor is present in ciliated epithelial cells in the upper and lower airway, as well as in type II pneumocytes, which reside in the alveoli in the lower airway and produce lung-lubricating proteins. “The type II pneumocytes are . . . important for lung function, so this is part of why the lower respiratory disease can be so severe,”

## Serious Outcome to Lower Lung Infection



**Figure 1.** Representative images of chest computed tomography scan. (A) Case 1: image on postoperative day 1 revealing changes in the right lung and increased ground-glass opacities bilaterally (arrows); (B) case 2: foci of ground-glass opacity seen bilaterally (arrows).



**Figure 2.** Histologic changes from case 1. (A) Proteinaceous exudates in alveolar spaces, with granules; (B) scattered large protein globules (arrows); (C) intra-alveolar fibrin with early organization, mononuclear inflammatory cells, and multinucleated giant cells; (D) hyperplastic pneumocytes, some with suspected viral inclusions (arrow).

## Symptoms of COVID-19

In most cases where the virus does not invade the lower lungs the symptoms are:

1. Low grade fever and malaise. Some have 102-103F fever
2. Cough mostly dry which can linger for a while and with some expectoration. Some have post nasal sinuses affected
3. Myalgia
4. Shortness of breath
5. Runny nose, sore throat
6. Headaches
7. Chills

Serious Cases - Severe respiratory symptoms, including acute respiratory distress syndrome

14% of confirmed cases have been “severe,” with serious pneumonia and shortness of breath.

Another 5% of patients confirmed to have the disease developed respiratory failure, septic shock, and/or multi-organ failure.

## Children and COVID-19

Of the total 2143 children with COVID-19 in China studied - **52% were mild cases** marked with typical symptoms of a cold — fever, fatigue, cough, sore throat, runny nose and sneezing. Some patients had no fever and only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea.

**39% had moderate infection** with pneumonia, frequent fever and cough, mostly dry cough, followed by a wetter cough. Some had wheezing but no obvious shortness of breath.

**Severe cases were rare at 5%** as were those who required **critical care (0.4 %)**. The severe cases began with early respiratory symptoms which were sometimes accompanied by gastrointestinal issues. Around one week the children have more difficulty breathing. Those cases sometimes quickly progressed to critical illness with acute respiratory distress or failure which in turn sometimes led to other organ dysfunction — heart failure or kidney injury. One boy, a 14-year-old, died on Feb. 7. No further details on the patient were revealed in the study.

Of special interest were a group of seven infants (11 % of the total number of infants in the study), and two children in the age 1 to 5 range (15 %), who progressed to critical condition. The study suggests, the authors wrote, that “young children, particularly infants, were vulnerable.”

## **Underlying Factors That Increases the Risk for Complications**

1. Men are more prone to the infection than women at least in China. This could be possibly due to men being smokers with an underlying weaker lung health status
2. Older age were more at risks though we see younger adults affected as much but with less severe outcome
3. Following underlying health conditions:
  - a. Preexisting respiratory ailments like asthma, COPD, Emphysema
  - b. Cardiovascular conditions including hypertension
  - c. Diabetes
  - d. Cancer
  - e. Immune suppression as in chemotherapy organ transplant

COVID-19 pneumonia manifests with chest CT imaging abnormalities, even in asymptomatic patients, with rapid evolution from focal unilateral to diffuse bilateral ground-glass opacities that progressed to or co-existed with consolidations within 1–3 weeks (DOI:[https://doi.org/10.1016/S1473-3099\(20\)30086-4](https://doi.org/10.1016/S1473-3099(20)30086-4))

## Symptoms in milder cases:

GENERALS - WEARINESS - coryza; during

COUGH - HACKING - dryness in larynx, from

COUGH - PAROXYSMAL

GENERALS - WEAKNESS - fever - during - agg.

FEVER - CHILL; WITH

COUGH - TICKLING

COUGH - HACKING - irritation in larynx; from

COUGH - HACKING - lying down agg.

GENERALS - PAIN - Muscles

LARYNX AND TRACHEA - INFLAMMATION - Larynx

### Large remedies

sang.

dros.

gels.

acon.

seneg.

ant-t.

ip.

bry.

rhus-t.

nat-m.

con.

arr.

## Symptoms in moderate cases:

- c ► 1. GENERALS - WEARINESS - coryza; during
- a ► 2. COUGH - HACKING - dryness in larynx, from
- d ► 3. COUGH - PAROXYSMAL
- c ► 4. GENERALS - WEAKNESS - fever - during - agg.
  - 5. FEVER - CHILL; WITH
- a ► 6. COUGH - TICKLING
- a ► 7. COUGH - HACKING - irritation in larynx; from
- a ► 8. COUGH - HACKING - lying down agg.
- 9. GENERALS - PAIN - Muscles
- 10. LARYNX AND TRACHEA - INFLAMMATION - Larynx
- e ► 11. CHEST - OPPRESSION - fever - during - agg.
- d ► 12. COUGH - PAROXYSMAL - night
- a ► 13. COUGH - DRY - tickling, from - Larynx; in
- e ► 14. RESPIRATION - DIFFICULT - fever; during

### Large remedies

ip.

sang.

seneg.

dros.

ant-t.

acon.

bry.

puls.

rumx.

nat-m.

## Symptoms of Complications and advanced disease:

- c ► 1. GENERALS - WEARINESS - coryza; during
- a ► 2. COUGH - HACKING - dryness in larynx, from
- d ► 3. COUGH - PAROXYSMAL
- c ► 4. GENERALS - WEAKNESS - fever - during - agg.
  - 5. FEVER - CHILL; WITH
- a ► 6. COUGH - TICKLING
- a ► 7. COUGH - HACKING - irritation in larynx; from
- a ► 8. COUGH - HACKING - lying down agg.
- 9. GENERALS - PAIN - Muscles
- 10. LARYNX AND TRACHEA - INFLAMMATION - Larynx
- e ► 11. CHEST - OPPRESSION - fever - during - agg.
- d ► 12. COUGH - PAROXYSMAL - night
- a ► 13. COUGH - DRY - tickling, from - Larynx; in
- e ► 14. RESPIRATION - DIFFICULT - fever; during
- 15. GENERALS - COLLAPSE - sudden
- 16. CHEST - INFLAMMATION - Lungs
- 17. CHEST - INFLAMMATION - Lungs - pleuropneumonia
- 18. CHEST - INFLAMMATION - Lungs - old people
- 19. RESPIRATION - IMPEDED, OBSTRUCTED

### Large remedies

seneg.

ant-t.

ars.

ip.

bry.

camph.

sang.

acon.

verat.

op.

Rubrics with seneg. (senega)	Rep.	F
e CHEST - OPPRESSION - fever - during - agg. (55)	1	2
e RESPIRATION - DIFFICULT - fever; during (52)	1	2
d COUGH - PAROXYSMAL (180)	2	3
d COUGH - PAROXYSMAL - night (60)	-	3
a COUGH - HACKING - dryness in larynx, from (11)	2	4
a COUGH - TICKLING (277)	2	4
a COUGH - HACKING - irritation in larynx; from (8)	2	4
a COUGH - HACKING - lying down agg. (19)	-	4
a COUGH - DRY - tickling, from - Larynx; in (65)	2	4
GENERALS - PAIN - Muscles (257)	1	2
LARYNX AND TRACHEA - INFLAMMATION - Larynx (161)	1	2
<b>CHEST - INFLAMMATION - Lungs (179)</b>	3	2
CHEST - INFLAMMATION - Lungs - pleuropneumonia (20)	2	2
CHEST - INFLAMMATION - Lungs - old people (22)	2	2
RESPIRATION - IMPEDED, OBSTRUCTED (183)	2	4

## Rubrics with seneg. (senega)

e CHEST - OPPRESSION - fever - during - agg. (55)

Rep. F

1 2

e RESPIRATION - DIFFICULT - fever; during (52)

1 2

d COUGH - PAROXYSMAL (180)

2 3

d COUGH - PAROXYSMAL - night (60)

- 3

a COUGH - HACKING - dryness in larynx, from (11)

2 4

a COUGH - TICKLING (277)

2 4

a COUGH - HACKING - irritation in larynx; from (8)

2 4

a COUGH - HACKING - lying down agg. (19)

- 4

a COUGH - DRY - tickling, from - Larynx; in (65)

2 4

GENERALS - PAIN - Muscles (257)

1 2

LARYNX AND TRACHEA - INFLAMMATION - Larynx (161)

1 2

**CHEST - INFLAMMATION - Lungs (179)**

3 2

CHEST - INFLAMMATION - Lungs - pleuropneumonia (20)

2 2

CHEST - INFLAMMATION - Lungs - old people (22)

2 2

RESPIRATION - IMPEDED, OBSTRUCTED (183)

2 4

## Senega Key Notes:

Good Catarrhal (inflammation of the mucous membranes in one of the airways usually with reference to the throat and paranasal sinuses) remedy.

Effective for larynx, trachea and bronchi and its irritation.

Indication often includes:

- Great accumulation of clear albuminous mucus difficult to get rid of;
- Great soreness of the walls of the chest, an,
- a pressure on chest, as though the lungs were forced back to the spine.
- It is particularly useful in harassing cough of old age where there is a great accumulation of phlegm in the chest causing a great deal of rattling and wheezing noise.
- Effusion of the lungs
- Thickening of the pleura consequent on pleurisy

These sub-acute and chronic stages are critical stages. Negligence often leads to fatal issues.

## **Keynotes of Gelsemium sem.**

Viral infection with mild fever and chilliness, lethargy, myalgia and some disorientation.

Tiredness and languidness where rest ameliorates. Desires to be left alone and be quiet.

### **Keynote of Spongia toasta:**

Respiration: DRYNESS OF ALL AIR-PASSGES. DYSPNEA: Worse after midnight, during sleep, during menses, hot room, lying head low.

Awakes in fright with feeling of suffocation. Sleeps into aggravation

Cough: DRY, CROUCHY, RASPY, like a handsaw sawing thin wood, BARKING.

Better from DRINKING AND EATING, ESPECIALLY WARM THINGS.

Larynx: HOARSENESS. CROUP (Acon, Hep). Worse BEFORE MIDNIGHT.

- Pain, worse from talking, swallowing, touch

## Other Useful Homeopathic Remedies And Their Indications

**Lycopodium**: Acute Coryza, with external swelling of the nose with dryness of the mucous membrane posteriorly, and an excoriating discharge anteriorly, or dryness of the entire nasal mucous membrane. Useful also in clearing fluids in the lungs with pneumonia changes. Sudden, violent cough from itching-tickling in larynx, as if it were tickled with a feather, with scanty expectoration. Sub acute pneumonia, with easy expectoration but great difficulty in breathing. Supports the lungs. Tendency to irritability seen. Afternoon nap and waking around 3 a.m with cough.

**Bryonia alba**: Dryness of mucous membranes, itchy, hard cough which are dry. Bronchitis, asthma, pneumonia where stitching pain and worse from motions and desire to be least interactive with others. Thirsty for large quantities of water.

**Pulsatilla**: Mucus thick and bland often involving the yes with gluey crust – seen more on waking. Uncertainty is often seen in patients

## Other Useful Homeopathic Remedies And Their Indications

**Arsenic alb**: Asthma worse on lying down when feels suffocation, cold, restless, anxious and fearful with burning pains. Likely to be useful in more moderate cases which can take a serious turn in immediate future. Worse after midnight, from 1-2 a.m. Fearful about his health and chilly – likes to cover himself. Germophobic.

**Phosphorous**: Loss of voice, burning pains but more interacting. Worse on waking. Coryza extending to the lungs. Pneumonia with blood spitting.

**Rumex**: Cough tickling, worse in cold or open air, change of temperature. Dry nose even the posterior nares, scraping, raw feeling in the throat

**Kali carb** - Asthma worse 2-4 am, lying flat and better leaning forward, sitting upright, lying head high. Dry, hard cough with stitching pains. Cheesy tasting expectoration, sinusitis, pneumonia, bronchitis. Another excellent remedy supporting the lungs and respiration when indicated. People with compromised lung capacity.

**Camphora**: Only in serious cases of collapse. Pneumonia or bronchitis with collapse, nose, skin and breath cold. Corpse reviver. Can be used intermittently with other indicated remedies. Unlikely to see such cases in US as they are likely to be in ICU and hospitalization due to systemic shock and risk of organ shut down.

## Homeopathic Remedy - Directions

**Variolinum 200C** – is likely to increase NK cells and other non-specific immunity against any pathogenic virus.

Take 3-4 pills as a dose once at bedtime for 3 -5 nights in a row and then once every 3-5 days for few weeks.

### Instructions to take homeopathic remedies

If used up to 4 times a day – you can use 3-4 pills as a dose but if you need more frequently as the symptoms persists, then dissolve 6 pills in 3 oz water in a cup and stir and take a teaspoon as a dose and keep this water for up to 5 days, making fresh thereafter. This solution can be kept at cool temperature and can be refrigerated though not necessary.

Homeopathic remedies should be kept away from direct sunlight, cell phone, electronics, perfume, camphor, essential oils and preferably not taken immediately before or after a full meals

Avoid Melatonin, THC or Cannabis if possible while on remedies.

## Information on Coronavirus causing COVID-19

- It does not live more than few hours outside on an inanimate surface
- It is very contagious and hence avoid touching your eyes, nose and mouth when outdoors and do so only after washing the hands with some soap (any);
- Once infected – you can transmit for up to 22 days or some think up to 5 weeks
- You may test false negative with an upper oral swab and hence recommended inner swabs
- You should not get re-infected once you recuperate but there has been the odd case of someone getting re-infected, though this should be rare
- When showing symptoms, isolate yourself and rest, rest, rest!!
- It may take from 2 days to 2 weeks for someone to show symptoms once infected
- Social distancing of approx. 3-6 feet is recommended as the transmission is avoided