

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Role of Homoeopathy in Epidemic diseases

- Homoeopathy in epidemics: birth and evolution of Hahnemann's thought
- Homoeopathy in epidemics: from cholera to 1918 spanish flu
- Advanced confirmed COVID-19: response to homoeopathic medicine



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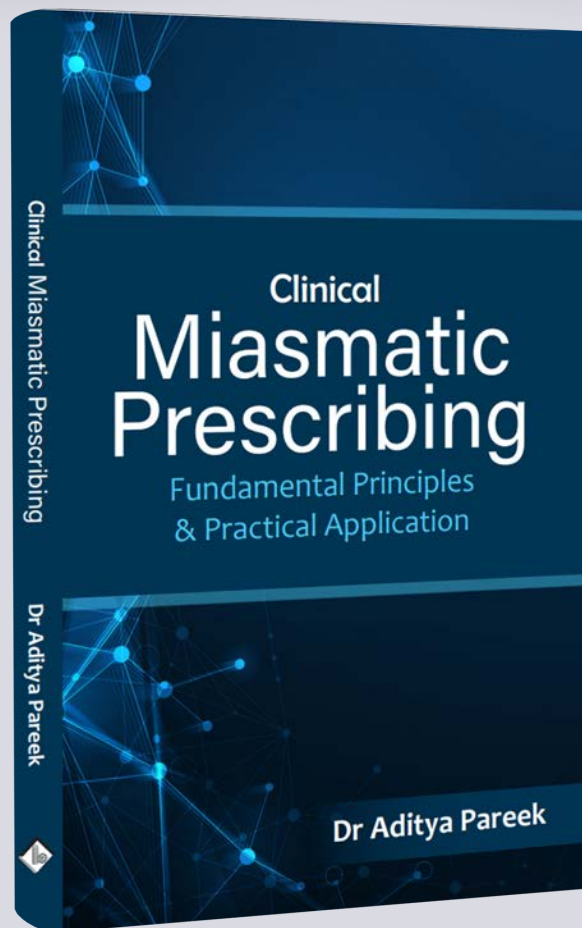
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Dr Aditya Pareek



- The author has shared his practical experience on miasms and how to clinically apply the different miasms in practise.
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- In the 2nd considering the importance of clear clinical differentiation, comparative tabulations have been provided. Remedy discussion has been made for most of the symptoms mentioned.
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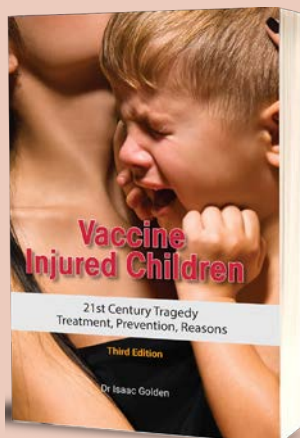
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Vaccine Injured Children

Dr Isaac Golden

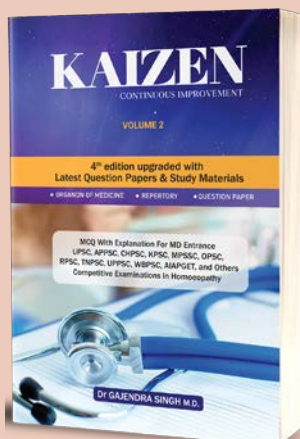


- A valuable resource and an authentic evidence for practitioners of any modality to recognise and treat vaccine injury.
- A guide for the parents or would-be parents about the painful effects of different vaccines on children.
- This book is not against vaccination but only an attempt to make people aware about all the immunisation options available, their safety and effectiveness, so as to guide a parent to take the right decision for the child.
- A factual book possessing answers to all queries related to vaccination or vaccines, their symptoms, treatment options or preventive methods available.
- Discussion is being done on the intricacies of vaccines and their effects on the child's health.
- Available treatment options for such effects are being mentioned.
- Preventive measures that can be opted to prevent the child from harmful effects of vaccination are also stated.
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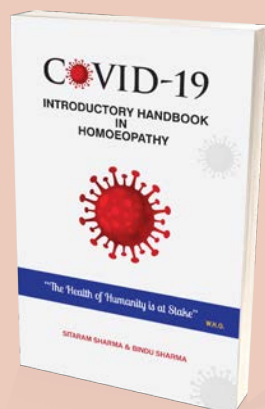


- An absolute must for your bookshelf!
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- This volume constitutes organon of medicine, repertory and latest question papers of previous year's exam of PG entrance as well as of different PSCs.
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- The book also contains tabular presentations for comparisons and differentiating similar looking matter or symptoms, altogether at one place.
- There is relevant extra information regarding that question or topic given under the title 'little more'.

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COVID-19: Introductory handbook in homoeopathy

Dr Sita Ram Sharma and Dr Bindu Sharma



- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
- An attempt has been made to incorporate the practical guidelines in concordance with the 'Organon of Medicine' and how these guidelines can be translated in the management of COVID-19 cases.
- Much focus is made on disease-oriented approach to devise management strategy without compromising with the tenets of homoeopathy.
- In the 'applied materia medica' section, each drug is described under these heads: organ affinity, scope of action, pathogenetic simulation, COVID-19 symptom similarity, concomitants, modalities, and salient features.
- A short repertory 'SYMPTOM INDEX' is annexed at the end of the book as a ready reference to assist in the search for a correct remedy in the quickest possible time.

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Dear Readers,

While the world is grappling with the current pandemic of COVID-19, the medical fraternity is still trying to find ways to control its spread in the absence of any definite treatment protocol. Epidemics have perturbed the humankind from the time to time, be it plague in Europe in the Middle Ages, smallpox, yellow fever in the Americas or the infamous worldwide flu pandemic of 1918–1919, epidemics of swine flu, zika, encephalitis, ebola, influenza, chikungunya, dengue, etc.

Homoeopathy has stood the test of time over centuries as a notable approach in controlling morbidity as well as mortality in epidemics. It has been used to treat epidemic diseases since the time of Hahnemann, who used *Belladonna* to treat scarlet fever. Since then, several approaches using homoeopathy for epidemic diseases have been proposed, including individualisation, combination remedies, genus epidemicus, and isopathy. The challenge for the future is to refine these approaches and to build on the knowledge base with additional rigorous trials. When conventional medicine runs out of options for treating epidemic diseases, homoeopathy could be seen as an attractive alternative.

Administration of the homoeopathic “genus epidemicus” as a prophylactic for general public or adjuvant homoeopathic treatment in symptomatic cases prove to be an inexpensive, safe and feasible approach to manage and alleviate the compounding fear and panic

that epidemic disease, at present, COVID-19, which is creating across the globe.

Scientific evidence in almost all such epidemics clearly showcases that homoeopathy can be used both therapeutically and as prophylactic in epidemic diseases with success. In 1918, spanish flu pandemic infected 20% of the world population and killed about 30 million people. Homoeopaths treated 6602 cases with 55 deaths which is less than 1% and of 24,000 cases treated allopathically with mortality rate 28.2%. *Gelsemium sempervirens* was the common remedy used during the epidemic (*Bryonia alba*, *Arsenicum album*, *Baptisia tinctoria* and *Eupatorium perfoliatum* were used occasionally) (British Homoeopathic Society, 1998).

A Quick Word on Issue Content:

This issue of “*The Homoeopathic Heritage*” is an attempt to clarify the role of homoeopathy in epidemic diseases through different case studies and research papers.

The peer reviewed articles of this issue include epidemic diseases through the spectacles of homoeopathy by Dr Awadhesh Kumar Thakur and Dr KM Priyanka, homoeopathy in epidemics: birth and evolution of Hahnemann’s thought (Part 1) and homoeopathy in epidemics: from cholera to 1918 spanish flu (Part 2) by Francesco E. Negro and Francesco V. Marino. The feather in cap of this issue is the case study on advanced confirmed COVID-19: response to homoeopathic medicine by Paul Richard Saunders.

The subjective articles include homoeopathy and its management in dengue epidemic by Dr Vaidehi Kumari Gupta and Dr Azizul Islam Khadim, developmental disorders and their miasmatic expression in children by Dr Sarah Malik, role of homoeopathy in epidemic diseases by Prof. (Dr) Goutam Das, a brief overview on role of homoeopathy in epidemic disease by Dr Subhasish Sarkar and Dr Asif Sardar, understanding intermittent fever and its homoeopathic management by Dr Sristi, Hahnemann, epidemics and homoeopathy by Dr Maneesha Solanki, Modus operandi of homoeopathy and its evolution by Dr Payal Gupta, Dr Abhilasha Pramanik and Dr Aastha. A special editorial note from the desk of Mr. Kuldeep Jain is included authored by Kevin Moulin and Thomas J Farrington.

Hence, administration of the specific GE, 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 epidemic disease outbreak globally.

Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora
hheditor@bjain.com



Note: *The Homoeopathic Heritage* is now a peer reviewed journal since January 2013. All the articles are peer reviewed by the in-house editorial team and selected articles from each issue are sent for peer review by an external board of reviewers and those articles are distinctly marked with a stamp of ‘peer reviewed’. For inclusion of articles in peer review section, kindly send your articles 3-4 months in advance of the said month. Send your articles at hheditor@bjain.com.

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Role of homoeopathy in epidemic diseases



There is an old saying, “an ounce of prevention is worth a pound of cure”. Hahnemann applied a similar maxim to homoeopathy. In the footnote to aphorism 73, Master Hahnemann has mentioned, “scarlet fever found its preventative and curative means in *Belladonna*”. The source of this information is *Hahnemann’s Lesser Writings*.

“Who can deny that the perfect prevention of infection from this devastating scourge, and the discovery of a means whereby this Divine aim may be surely attained, would offer infinite advantages over any mode of treatment, be it of the most incomparable kind soever? The remedy capable of maintaining the healthy uninfected by the miasm of scarlatina, I was so fortunate as to discover” (The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon edition), The Prevention and Cure of Scarlet Fever, page 377).

Hahnemann’s skill with the *Comparative Materia Medica* was tested by the Asian cholera epidemic. He selected three main remedies for the miasm, Camphor, *Veratrum album* and *Cuprum metallicum*. He used these same remedies to prevent cholera in the healthy. Hahnemann wrote a very clear description of his methods in his work, *Cure and Prevention of Cholera*.

“The above preparation of copper, together with good and moderate diet, and proper attention to cleanliness, is the most certain preventive and protective remedy; those in health should take, once every week, a small globule of it (Cupr. 30c) in the morning fasting, and not drink anything immediately afterwards, but this should not be done until the cholera is in the locality itself, or in the neighbourhood.” (The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), *Cure and Prevention of Asiatic Cholera*, page 755.)

Hahnemann prepared one pill for administration by mixing it with a small amount of water in a spoon. The 30C potency was given once a week. A remedy chosen by such a group picture is called the “genus epidemicus”. In this sense it represents the essence of the disease. Hahnemann’s technique of collective repertorisation for acute epidemics provides the homeopath with a specific materia medica for the treatment and a clinical guide for the prevention of acute and sub-acute miasms. The directions for evaluating a group simillimum are found in aphorisms 100, 101 and 102. in which Hahnemann included his preventative approach about good diet and proper hygiene, etc.

The key to finding a specific prophylactic is constructing a clear picture of the prevailing epidemic. Hahnemann did not give a prophylactic remedy unless there was a clear and present danger of contracting the disease. Therefore he said to wait until the disease is in the near or in the locality. He did not want the general populace

to take preventative remedies out of fear and phobia. Dread of the miasms has woven themselves so deeply into the collective human psyche that it invokes archetypal fears as seen in *Lyssophobia*. This is where the terror of getting a disease leads to psychological disturbances and can even psychosomatically mimic the symptoms of the disease! Neither an allopathic doctor nor a homoeopath should succumb to such exaggerated fears by given too many medicines.

The proponents of universal vaccination use this primitive fear as a scare tactic to spread immunisation. Some parties are imitating the allopathic program for universal vaccination with homeopathic remedies. This means an infant is placed on several years of genus remedies and nosodes on request. This assembly line approach pays no attention to the constitution, temperament and predispositions of the individual nor the true statistical danger of infection. Why imitate the mechanistic formations of the allopath’s when homoeopathy is a vitalist healing art? It is best to educate the patient about the ungrounded basis of their fears through proper education. There is another way to approach prophylaxis in infants, children and adults.

Homoeoprophylaxis

There are three major methods of homoeoprophylaxis: These are the constitutional approach, the genus epidemicus remedies, and the nosodes. All these methods are very effective and can be used together according to the time and circumstances.

1. Constitutional prevention:

The study of preventive medicine should begin with an examination of the constitution, temperament and miasms. The foundation of prevention is the remedy for the chronic disease is selected by the totality of the symptoms. Constitutional treatment removes the susceptibility to miasms as well as strengthening the vital force. Anti-miasmatic treatment in the early years of life prevents manifold diseases.

The parents should be educated about the nature of constitutional prevention to help remove any unnecessary fears. If there is a clear and present danger specific prophylaxis can be used complementary to constitutional treatment at the right times. Parents are just as

relieved of their fears by such a program as giving manifold remedies.

2. Genus epidemicus remedies:

The second method of prophylaxis is the genus epidemicus remedies. These remedies are chosen by the totality of the symptoms of an epidemic as reflected in a group of patients. This offers specific protection against epidemic, endemic and pandemic diseases. For example, homeopaths in India have confirmed that *Bryonia alba* is an effective genus epidemicus remedy for COVID-19. The signs, and symptoms of *Bryonia alba* have a close correspondence to this disease.

3. Nosode prophylaxis:

The third method involves the use of the nosodes that are made

from the same or similar disease genus. The homeopaths in USA and Europe gained great experience with the use of nosodes against smallpox and cholera epidemics. Nosodes like *Malaria officinalis* have been very useful in epidemics of malaria and leptospirosis.

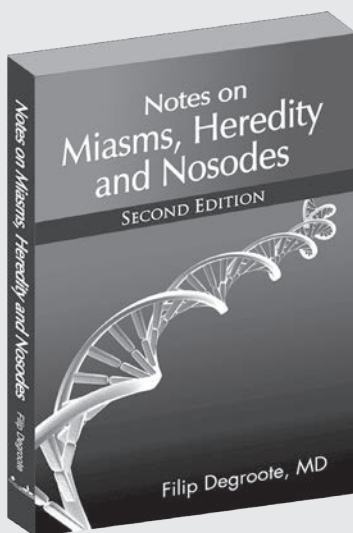
Conclusion

If homeopaths start treating newborn children with homeopathic remedies for first five to ten years using constitution and miasms, it will prevent majority of the diseases including epidemics that they may suffer in later part of their lives. This is a big challenge against vaccination that has been strongly recommended by European and American government.



Notes on Miasms, Heredity and Nosodes

Filip Degroote



Distinguishing Features:

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- Includes information on complementary remedies, remedy groupings, classical and bowel nosodes, remedy relationships and more
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Advanced confirmed COVID-19: response to homoeopathic medicine

By Paul Richard Saunders

Abstract: A 65-year-old female presented with vomiting, diarrhoea and a 10 kg weight loss that was confirmed as a diagnosis of COVID-19 (U07.1). After hospitalisation, she was sent home in very poor condition with an oxygen saturation of 75%. Her case was taken, a homoeopathic medicine was prescribed by plussing method, and she made a remarkable recovery in a matter of hours.

Keywords: COVID-19, homoeopathy.

Abbreviations: Kg – kilogram, COVID-19 – coronavirus 2019, cm – centimetre, RT-PCR – reverse transcription-polymerase chain reaction, ICD – International Classification of Diseases, DNA – deoxyribonucleic acid, RNA – ribonucleic acid, mL- millilitre.

Introduction

COVID-19 began in China in late 2019, and was officially recognised in early 2020, declared as ‘pandemic’ on March 11, 2020 by the World Health Organization (WHO).¹ In North America, there was a concerted effort to limit treatment of COVID-19 positive patients to conventional medicine only, although the types of treatment were far from uniform and often debated in the medical literature. In homoeopathy, the patient’s symptoms act as the guiding light to selection of homoeopathic medicine, meaning that a large array of medicines is available depending on the symptoms expressed by the patient’s vital force.

Case history

DA was a 65-year female and the aunt of a long-standing patient of nearly two decades. She lived with her daughter, son-in-law, two grandchildren, a boy and his older sister. Somehow all members of this household contracted COVID-19 in March-April 2020. DA was sent to hospital because she lost 10 kg due

to severe diarrhoea and vomiting. She spent eight days in hospital, receiving only intravenous fluids, saline, but not total parenteral nutrition, and then was discharged back home to her extended family as the hospital required her bed and her condition didn’t worsen. At the time of discharge, her oxygen saturation was 75%; when she was admitted into hospital, it was 70%. She was not placed on ventilator or oxygen in hospital because her condition was not deemed as severe as that of other patients.

On May 5, 2020, her niece called me to complain that her aunt DA was bed-ridden, COVID-19 positive, and had been sent home around 10 kg lighter, but in no better health than when she was admitted into hospital. There was, however, one additional issue, she spoke fluent greek, not english, a language that she barely understood even though she used to live in North America for over a decade. The niece, SB, stated that she would translate her words, so her aunt’s case was taken. Due to distance and the COVID-19 lockdown, the case was taken entirely over the telephone with SB doing the translation.

Conversation with the patient:

May 5, 2020

Doctor: How can I help you?

Patient: I am toxic. I have this terrible odour and stuff is coming out of me!

Doctor: What is the odour?

Patient: I am toxic, I am like “burnt rubber” or a “nasty chemical!”; no one else can smell it but I can! I tried water to flush it out, but it does not go away!

Doctor: Go on.

Patient: I cannot get out of bed. If I go to the bathroom, I am exhausted. It takes all of my strength to urinate and then I have to stay in bed the rest of the day to recover; I have no energy and I need to be up and doing things for my family; cook, bake...

Doctor: What else?

Patient: I am shaky when on my feet, have to hold onto things to get around, but then am exhausted and have to lie in bed for hours

I have a slight sore throat that goes from the right to my ear; it is sharp

like a knife; I had that when this began. It was like a bad cold.

Doctor: What else?

Patient: I got the flu vaccine, but I heard that increases my risk for COVID-19! I am bed-ridden and cannot be with or help my family, this is terrible!

Observation:

At that moment, DA was too exhausted to continue talking so her niece, SB, was asked about DA as a person. She said that her aunt was lively, affectionate, desired to talk, used to help people and always hug the members of the immediate and extended family. She could not identify any food cravings, except that she liked greek food; fish, seafood, vegetables, salads, and ate a healthy diet which she also cooked and fed to her daughter, son-in-law, and grandchildren. Until COVID-19, DA did the cooking and housework because the rest of the household worked and attended school. She said that her aunt was about 162 cm tall and usually weighed 68 kg, so now she must be 58 kg or less if she had lost 10 or more kg. She also described her as active, energetic and upbeat. Due to COVID-19, the niece had not seen her aunt in several months since lockdown.

Diagnosis

Diagnosis of COVID-19, in the early days of the pandemic, was done by nasal swab taken from deep within nasal and sinus passages.² The RT-PCR (reverse transcription-polymerase chain reaction) test makes an RNA extraction from human nasal samples with transcription of RNA into complementary DNA (cDNA) and PCR amplification of DNA to determine which virus(es) are present in order to establish the diagnosis.^{2,3} The ICD code 10 diagnose for COVID-19 is UO7.1⁴

PCR testing is available for saliva samples as well. Her homoeopathic diagnosis was an altered vital force that tried to expel the virus through vomiting and diarrhoea, but left her debilitated and weakened. However, in weakened state, she produced a number of symptoms that could help one find her simillimum.

Case analysis

The symptoms considered included nose odours imaginary and real.⁵ 'Chemical' was too small a rubric as was 'burnt'. Offensive was better with around 50 remedies, and the sub-rubric 'within the nose' had 12 remedies. I could not find rubber as an odour. The rubric 'affectionate' was also taken into consideration which had around 80 remedies.⁶

The differential diagnosis of homoeopathic medicines included *Sulphur*, *Belladonna*, *Calcarea phosphorica*, *Phosphorus* and *Pulsatilla nigricans*. *Hepar sulphuricum* might have been an option because of her throat to ear symptoms, as it was the early stage when she was transitioning from cold to full COVID-19 but she was past that now..

DA lacked the mental state one associates with an ill *Sulphur*, congestion, discharges, selfishness, anxiety, and indifference to others.⁷ *Belladonna* has congestion, throbbing, shocks, restlessness, and delirium, but DA seemed sincere, present and truly concerned about her inability to help her family.⁸ *Calcarea carbonicum* has cravings that did not match those of DA, *Calcarea carbonicum* is chilly, tend to be apprehensive when ill, the work and the desire to complete their tasks is an important symptom, while she had none of that.⁹ *Phosphorus* can be sad and prostrate, but her weakness was due to poor oxygenation, while *Phosphorus* is often fearful and anxious, but she did not seem so afraid despite her poor health and

poor prognosis.¹⁰ *Pulsatilla nigricans* is generally thirstless, chilly, short of breath, such symptoms in different parts of the body can cause dyspnoea, and they can have a loss of smell or smell bad odours as a result of catarrh, especially on the right side.^{11,12,13}

Prescription

Pulsatilla nigricans 30CH was prescribed. She was weakened, her oxygen was dangerously low, and it was uncertain to predict if it was the correct medicine. She was prescribed the remedy by plussing; two pellets in a small, clean glass jar of about 200 mL with a lid, shaken ten times and given a sip, holding it in the mouth for 10-20 seconds, and repeat this for 5 doses about 15-20 minutes apart. Her niece picked up the medicine that day and couriered it to her overnight. She began taking the medicine on May 6, and again on May 7, 2020.

Follow-up

On the morning of May 8, 2020, her niece, SB, reported that her aunt began the medicine around noon on May 6, and by that evening, was feeling much better. She got up on May 7 and felt so good that she made breakfast for the whole family, then went for a 2 km walk, and felt even better after the walk, went to the grocery store to stock up on groceries for that evening's meal. The patient was immediately cautioned that without testing, it cannot be confirmed whether she was shedding viruses, hence she should also conserve her new-found energy. She also reported that her aunt had black and red spots on her arms and legs that were almost completely gone the next day, her face felt cold, her oxygen went up to 96%, and while the smell was still there but it was much reduced. Patient was advised to continue *Pulsatilla nigricans* 30CH with

plussing for another two days, and then only as needed.

The next follow-up was a phone call on June 23, 2020, wherein DA said that(in greek, with translation by her niece SB) she couldn't explain how thankful she was and how well she was. The odour took a week to go away but she felt like her old self. Since May 10, she did not take any medicine. Another follow-up on October 22, 2020, confirmed that DA was still feeling like her normal self, her family was doing well, and she didn't repeat *Pulsatilla nigricans* 30CH since early May.

Discussion

This patient displayed many of the symptoms associated with a COVID-19 infection including alteration in smell, often reduced in the early stages, profound fatigue, poor oxygenation, and the easy bruising signs that she did not reveal in our initial interview.^{14,15}

Like the many thousands of patients who have contacted COVID-19, she seemed headed into the "long haul" state associated with fatigue, weakness, waxing and waning of diverse infection symptoms.^{14,16} COVID-19 begins as a respiratory condition but quickly moves into the circulatory, nervous and other systems leading to a diversity of

symptoms that can be serious, and in some patients, fatal.^{14,15} *Pulsatilla nigricans* matched her symptoms picture and vanquished her symptoms quickly, without side effects, and she was able to return to her former productive and happy self (*Organon of Medicine* P1-4).¹⁷ The plussing approach was used in order to give several doses in a short time with slight changes in potency. It is found to be very beneficial in serious pathologies and weakened patients when the prognosis is poor or guarded.

Conclusion

Thus, the homoeopathic plussing prescription of *Pulsatilla nigricans* 30CH in a matter of hours returned the patient to full health and life function after which he had no relapse compared to many of the long haul COVID-19 positive patients.

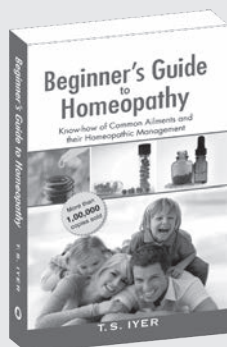
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Homoeopathy and its management in dengue epidemic

By Dr Vaidehi Kumari Gupta, Dr Azizul Islam Khadim

Abstract: Dengue is the most rapidly spreading mosquito borne viral disease in the world causing a wide spectrum of diseases that range from subclinical disease to severe flu-like symptoms. This article stresses upon the different characteristics of dengue and its risk factors, symptomatology, investigations in concise manner as well as emphasises how homoeopathy can manage in such cases by its holistic approach of treatment.

Keywords: dengue, homoeopathy, *Aedes aegypti*, simillimum, genus epidemicus

Abbreviations: dengue fever (DF), dengue haemorrhagic fever (DHF), or dengue shock syndrome (DSS), World Health Organization (WHO), dengue (DEN), IgM antibody capture ELISA (MAC ELISA), enzyme-linked immunosorbent assay (ELISA).

Introduction

Dengue, additionally known as breakbone fever or dandy fever, an acute viral infection with diphasic febrile episode, severe headache, myalgia and morbilliform rash caused by dengue virus, also known as togavirus, flavivirus. These infections may be asymptomatic or may lead to classical dengue fever (DF), dengue haemorrhagic fever (DHF), or dengue shock syndrome (DSS). Severe dengue was first recognised in the Philippines and Thailand in the 1950's during dengue epidemic⁽¹⁾.

Epidemiology

The incidence of dengue has grown dramatically around the world in recent decades, the number of dengue cases reported to WHO increased over 8 times in the last two decades. One modelling estimate indicates that there are about 390 million dengue virus infections per year, of which 96 million manifests clinically. Another study on the dengue prevalence estimates that about 3.9 billion people are at risk of infection with dengue viruses. Despite risk of infection existing in 129 countries, about 70% of the

burden is in Asia⁽²⁾.

Aetiology

The causative virus is usually harboured by female mosquito, *Aedes aegypti*, and transmitted to man during bite. There are four distinct serotypes of this virus, example DEN 1, DEN 2, DEN 3 and DEN 4 which are responsible for human disease⁽¹⁾.

Clinical features

Onset is acute.

Incubation period - 3-15 days (average 7 to 10 days)

Symptoms

High temperature, comes with chill, or sometimes rigor and goes away with sweating. Severe maddening, frontal headache, pain behind eyeballs and severe backache are invariably present. There is also severe pain in the long bones particularly at the insertion of tendons and ligaments. That is why the disease is also called breakbone fever.

Nausea, constipation, alteration of taste and smell are common

features. Sore throat, prostration and depression are also present.

On examination

1. Temperature is raised which comes down by crisis on 3rd day but again goes up on 4th or 5th day giving the typical saddleback temperature curve of dengue.
2. Biphasic rash-A prodromal rash consisting of erythema or simple flushing of face may occur with initial fever, appears on about the 6th day with morbilliform (measles-like) character first on the dorsal aspect of hands and feet, then spreads towards the trunk but face is sometimes spared and last for 2 hours to several days.
3. Generalised lymphadenopathy, particularly in the cervical region, is common.
4. Pulse shows relative bradycardia and dicrotic character. Hypotension may be noted.
5. Delirium, insomnia, agitation or depression may occur.
6. Spleen may rarely be palpable.
7. Transient loss of accommodation due to paralysis of ciliary

muscles may rarely develop. Red eye is commonly seen.

8. Dengue haemorrhagic fever (DHF) is common in children living in endemic areas. Serotype 2 is mostly the causative agent but 3, 4, 1 in decreasing frequency are also involved. Different types of haemorrhages like cutaneous, nasal, conjunctival and gastrointestinal bleeding may occur.
9. Dengue shock syndrome (DSS). Plasma leakage if continued will ultimately lead to DSS characterised by pallor, anemia, low blood pressure, cold extremities, weak and quick pulse, restlessness, etc ⁽¹⁾⁽³⁾.

Complications

Haemorrhages under skin (haemorrhagic dengue-DHF), otitis media, bronchopneumonia, pneumonia, herpes labialis, jaundice in rare cases, mucous membrane or iritis, orchitis, oophoritis, depression, shock and collapse (DSS), marrow aplasia, reye's syndrome, fall of hair, encephalitis, transverse myelitis ⁽¹⁾.

Investigations

1. Leucopenia with toxic granulation of polymorphs is constant feature. Thrombocytopenia may also develop.
2. Urine contains albumin.
3. Complement fixation test may be positive.
4. Virus may be recovered in acute phase of the disease from blood.
5. ELISA test or Antibody capture ELISA (MAC ELISA) may be positive.
6. Haemoconcentration is present particularly in DHF and DSS.

7. Immunohistochemistry for detection of antigen can also be done from tissue ⁽¹⁾.

Scope of homoeopathy in preventive medicine

Homoeopathy is based on the role of similar. It is effective in treating all natural diseases. According to the law of similar, the diseases are treated and cured by drugs capable of producing in healthy person symptoms similar to the disease to be treated. A suitable simillimum can be found in the event of an outbreak of an epidemic. Genus epidemicus is the simillimum that can be applied as a curative in cases as well as a preventive for containment of the dengue epidemic ⁽⁴⁾.

Advantages of homoeopathic prophylaxis

1. Easily administered, as it is palatable, hence widely acceptable.
2. Easy dispensability and distributability ensuring maximum coverage at a very low cost.
3. No cold chain required for distribution and storage to retain the potency of the drug.
4. No bad effects or side effects to the drug.
5. Can be used across the spectrum of population, irrespective of age, gender or health status.
6. Preventives can be employed even before the actual outbreak of an epidemic ⁽⁴⁾.

Homoeopathic medicines

There are several references in the literature for the treatment of dengue epidemic with homoeopathic medicines. The aim of treatment is to provide symptomatic improvement, minimise complications and

promote early recovery of patient.

1. *Eupatorium perfoliatum* - The chief indication is severe pains in the bones as if broken all over. Chill comes at morning, vomiting of bile between the chill and heat with insatiable thirst before chill. Occipital pain after lying down with a sense of heaviness. Perspiration relieves all symptoms except headache.
2. *Bryonia alba* - Gradual onset of symptoms. Fever with chilliness, frequently with heat of head, red cheeks and thirst. Very irritable, inclined to be angry. Dryness of mucous membranes with sluggishness, stitching pains, aggravated by any motion. Great thirst for large quantities of cold water, at long interval. Sweat relieves fever. Pulse full, hard, tense and quick.
3. *Gelsemium sempervirens* - Fever accompanied with dizziness, drowsiness, dullness and trembling. Patient shakes so much so he wants to be held. Chill without thirst. Pulse is slow while being quiet, but greatly accelerated on motion. Pain in the forehead behind the eyes.
4. *Rhus toxicodendron* - Slow fever when sensorium becomes cloudy or stupefy, with low grade of muttering delirium. Fever with weakness of the whole body, desire to stretch the limbs. Great restlessness, patient cannot remain in bed, cannot stay long in one position.
5. *Aconitum napellus* - Indicated in the beginning of the disease when complaints are sudden, violent, with anguish and restlessness. Heat with burning thirst for the large quantities of cold water. Pulse is full, hard,

frequent and tossing about with agony, becomes intolerable towards evening and on going to sleep. Fever with dry and hot skin, face red, or pale and red alternately where cold stage is most marked.

6. **Belladonna** - Sudden onset of symptoms. Fever with heat, redness, throbbing and burning. No thirst with fever. Cold extremities and throbbing headache. Pain in forehead behind eyes. The fever is worse at night. Fever with throbbing headache and delirium, eyes red and glistening, the skin is hot and burning. Fever followed by a profuse sweat which brings no relief.
7. **Arsenicum album** - High temperature. Periodicity marked with marked weakness. Cold sweats with marked exhaustion. Delirium; worse after midnight. Great mental restlessness. Rapid sinking of vital force, fainting with disproportionate weakness. Unquenchable thirst, drinks water often but little.
8. **Ferrum phosphoricum** - Remedy for first stage of fever. Pale, sensitive, anemic with easy flushing of face. High fever, skin dry and hot, quick pulse, thirst increased. Chill daily at afternoon, returning at the same time every day.
9. **Ipecacuanha** - Fever accompanied with gastric disturbances. Persistent nausea in one or all stages. Constant nausea, not relieved even by vomiting. Slightest chill with much heat, nausea, vomiting, with dyspnoea. Backache with long fever, short chill, heat, usually with thirst, headache, nausea and cough.
10. **Natrum muriaticum** - Fever

appears with chill at morning. Violent thirst which increases with fever. Coldness of body and continuous marked chilliness. Sweat on every exertion. Fever blisters around mouth. All symptoms are relieved by sweating.

11. **Nux vomica** - Cold stage predominates, paroxysms anticipated in the morning. Chilly, must be covered in every stage of fever - chill heat or sweat. Great heat like whole body burning hot, face red and hot, yet patient cannot move or uncover without being chilly. Sour, perspiration, usually on one side of the body.
12. **Pulsatilla nigricans** - Chilliness, even in warm room, without thirst. Chilly with pains, in spots, worse evening. Intolerable burning heat at night. One - sided sweat with pains. Symptoms ever changing like no two stools, no two chills, no two attacks alike; very well one hour, very miserable the next; apparently contradictory (4) (5) (6).

Homoeopathic medicine as preventive

As per the principles of homoeopathy, a genus epidemicus can be identified for the sporadic and epidemic situations. The process of selection of genus epidemicus involves following steps:

- The totality of symptoms related to the current epidemic is formulated by study of all the signs and symptoms of minimum 20-30 cases preferably from different regions.
- The totality of symptoms to be thoroughly studied and following appropriate

repertorisation process, a group of medicines are to be identified and to be given to these cases on the basis of individualisation. The medicine, which is most frequently indicated and has potential of providing the quick and favourable response to the patient, shall be the genus epidemicus,

- Drugs commonly found indicated as genus epidemicus in the past are *Eupatorium perfoliatum*, *Rhus toxicodendron*, and *Bryonia alba*. One of these in 30C or 200C potency can be safely given twice daily for three days as prophylactic (4).

Management of dengue fever

- Prevention of mosquito breeding:
 - Preventing mosquitoes from accessing egg-laying habitats;
 - Disposing of solid waste properly and removing artificial man-made habitats that can hold water;
 - Covering, emptying and cleaning of domestic water storage containers regularly;
 - Applying insecticides to water storage outdoor containers;
- Personal protection from mosquito bites:
 - Use of personal household protection measures, such as window screens, repellents, insecticide treated materials, coils and vapourisers.
 - Wearing clothing that minimises skin exposure to mosquitoes;

- Community engagement:
 - Educating the community about the risks of mosquito-borne diseases;
 - Engaging with the community to improve mobilisation for sustained vector control;
- Reactive vector control:
 - Emergency vector control measures such as applying insecticides as space spraying during outbreaks may be used by health authorities;
- Active mosquito and virus surveillance:
 - Active monitoring and surveillance of vector abundance and species

composition should be carried out to determine effectiveness of control interventions;

- Prospectively monitor prevalence of virus in the mosquito population, with active screening of sentinel mosquito collections. ⁽⁴⁾

Conclusion

Homoeopathy is very effective in preventing dengue outbreak. It plays a vital role in dengue epidemic because to cure the patient would be to cure the dengue, and in order to cure the patient it is necessary to get the symptoms that represent the patient and by administering simillimum it can be cured or

managed as per the condition of patient. Therefore, homoeopathy is a good choice of treatment in dengue epidemic.

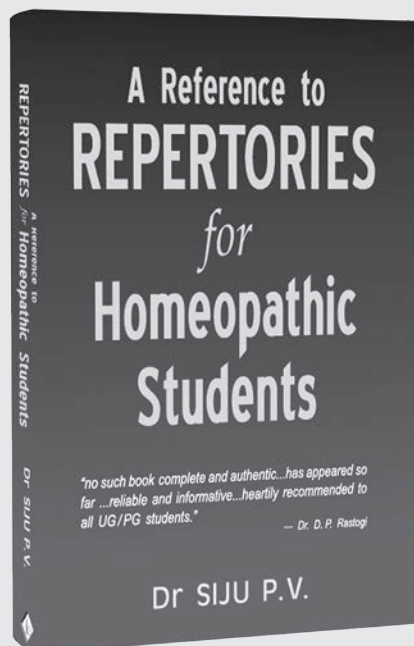
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Developmental disorders and their miasmatic expression in children

By Dr Sarah Malik

Abstract:

Developmental disorders (specific and pervasive) have their onset in infancy and are characterised by moderate to severe neurocognitive delays. With the help of miasmatic prescribing, they can be significantly improved. Prescribing on the basis of miasm has been a challenging task always but if symptoms are categorised and dominant traits are lined up with the closest miasm, the road to cure is laid out.

Keywords: miasm, child psychiatry, chronic diseases, genetics, inheritance, developmental disorders, homoeopathy

Introduction

The creation of human beings is both mysterious and marvellous. Soon after implantation, the egg becomes an embryo and by 8 weeks of intrauterine life, this cluster of cells is recognisably a human.

It is a well known fact that development begins soon after implantation. A newborn has already been influenced by myriad factors, the result of which has produced wide individual differences among infants. One study by Stella Chess and Alexander Thomas demonstrated a wide range of temperamental differences among newborns.⁽¹⁾

Development, by definition, means the process in which someone or something changes or becomes more advanced.⁽²⁾ as a result of continuous interplay between biological predisposition and environmental experiences.⁽¹⁾

As per International Classification of Diseases 10, disorders of psychological development (F80-88) which can broadly be divided into specific and pervasive developmental disorders, having their onset invariably in infancy, with impairment or delay in development of functions

mostly related to central nervous system and a steady course without remissions and relapses.⁽³⁾

Having said that, it is also a very well-known fact that the aetiology in most of the psychiatric disorders including developmental disorders is largely unknown. Whatever little is known points out to a multifactorial causation.

Specific developmental disorders (F80-83) encompass disorders of speech, language and expressions on one hand, and impairment in acquiring scholastic skills mainly reading, spelling and arithmetic on the other.⁽⁵⁾

Pervasive developmental disorders (F84) is more specific to distorted social interactions and stereotypical behavior which mainly includes autism spectrum disorder, rett's syndrome and asperger's syndrome.⁽⁵⁾

Genetics and heredity play a very important role in the lives right from birth. Children almost always inherit certain characteristics from their parents which manifest on the physical as well as the mental plane.

Homoeopathy, being a holistic science, always takes into consideration the genetic predisposition of a patient.

When treating a child, especially those affected with developmental disorders, it is extremely important to thoroughly understand the possibility of inherited traits, especially if their potential expression is playing a role in disease manifestation.

The answer to these hereditary manifestations and their treatment lies in understanding the theory of chronic diseases by Dr Hahnemann.

Master Hahnemann recognised a group of symptoms with syphilitic background, sycotic background and a mass of symptoms which he termed psoric.⁽⁴⁾

The importance of miasmatic prescribing cannot be stressed enough in case of children as well.

The three miasms represent three broad constitutional types which indicate different susceptibilities to the development of illness.

A detailed study in the three planes, i.e. emotional, intellectual and physical plane, enables to identify the dominant miasm responsible for illness and prescribe accordingly.

The challenge for a homoeopath is to artistically understand and then amalgamate the symptomatology

with characteristics of a patient, and at the same time, identify the most suitable miasm, and finally prescribe a medicine, i.e. tailor made and simillimum, in its truest sense.

In specific developmental disorders, expressive language disturbance is estimated to be as high as 6% in children between the age group of 5 and 11 years. The disorder is 2 to 3 times more common in boys than girls, and is most prevalent among children whose relatives have a family history of phonological disorder or other communication disorders.⁽¹⁾

- Children, with expressive language deficit, are vague when telling a story and use many filler words such as stuff and things instead of naming specific objects⁽¹⁾- **syphilitic or syctic trait**.
- Even simple words, such as *mama* and *dada*, or absent from the child's active vocabulary, and the child points or uses gestures to indicate desires ⁽¹⁾ - **more often this would be a syctic trait as a syctic child's memory is extremely poor which also affects his scholastic performance**.
- Vocabulary in such children is severely limited - **syphilitic/syctic**
- Their use of various grammatical structures is also markedly below the age expected levels, and their developmental milestones may be slightly delayed - **delay of developmental milestones is a syphilitic trait**.
- This later leads to emotional problems involving poor self-image, frustration, and depression⁽¹⁾ - **mostly seen in syphilis**.

Specific developmental disorder

also hosts *developmental arithmetic disorder* or *developmental mathematics disorder* or *dyscalculia*.

- The child presents with arithmetic abilities even below the level expected for the mental age - **syphilitic/ syctic triait**
- The problems may include failure to understand simple mathematical concepts, failure to recognise mathematical signs or numerical symbols, difficulty in carrying out mathematical manipulations, and difficulty in learning mathematical tables⁽⁵⁾ - **this is generally a syphilitic trait as such children are messy and disorganised. Mathematical calculations require a high degree of organisation which they lack**.

Pervasive developmental disorders are not limited to a specific skill only rather they envelope multiple facets of development.

This syndrome is more common (3-4 times) in males and has a prevalence rate of 0.4-0.5 per 1000 population. Typically, the onset occurs before the age of 2½ years, though in some cases, the onset may occur later in childhood. Autism occurring before or after 2½ years of age is not clinically very different.⁽⁵⁾

Autism spectrum disorder

- Autism denotes marked impairment in social and interpersonal skills such as lack of eye contact, social smile, attachment to near and dear ones (treats people as furniture), abnormal social play⁽⁵⁾ - **these can be thought of as ' developmental milestone' delay/absence in children which is primarily a syphilitic**

trait. (Syccosis also shows delay of developmental milestone but mostly one or two milestone is/are delayed only)

- Mental retardation - Only about 25% of all children with autism have an IQ of more than 70. A large majority (more than 50%) of these children have moderate to profound mental retardation⁽⁵⁾ - **All forms of retardation are a syphilitic trait**.
- In spite of the pervasive impairment of functions, certain islets of precocity or splinter functions may remain (called idiot savant syndrome). Examples of such splinter functions are prodigious rote memory or calculating ability, and musical abilities⁽⁵⁾ - **psoric/syphilitic**
- Abnormal behavioural characteristics, ritualistic and compulsive behaviour, mannerisms, stereotyped behaviours such as head-banging, body spinning, hand-flicking, lining-up objects, rocking, clapping, twirling, etc.⁽¹⁾ - **syphilitic trait**.

Asperger's syndrome

- Like in autism, children with asperger's syndrome also show stereotyped behaviour such as lining up objects, headbanging, twirling, hand-flicking - **syphilitic trait**.
- Children with asperger's syndrome may have a sophisticated vocabulary at a young age and such children have often been colloquially called "little professors" but have difficulty understanding figurative language and tend to use language literally⁽¹⁾ - **psora (good memory)**

- They may be unusually sensitive or insensitive to sound, light, and other stimuli⁽¹⁾ - **psoric trait**
- Increased clumsiness with awkward movements and poor coordination⁽¹⁾ - **syphilitic trait**

Rett's syndrome

Rett's syndrome is a very rare but severe, genetic, neurological condition which mostly affects girls. Development is normal till 6 months and symptoms usually become evident at the age of 1-2 years.⁽¹⁾

- Milestones are delayed - **syphilitic trait**
- Physical growth is retarded with microcephaly (size of head is small) - **syphilitic trait**.
- Children stop talking and can have extreme social anxiety. They may stay away from or uninterested in other people, toys, and their surroundings⁽¹⁾ - **syphilitic trait**.
- Severe mental retardation - **syphilitic trait**.

Conclusion

Understanding miasmatic expression in children with respect to different disorders is essential for an ideal cure. It is worth the lifetime study of homoeopathic prescribers to be able to recognise these inherited tendencies, either simple or complex, and eradicate them in order to free humanity to develop their highest capacities.

If homoeopaths can raise miasm-free children into miasm-free adults, they would have done their part as disciples of the great Dr Samuel Hahnemann.

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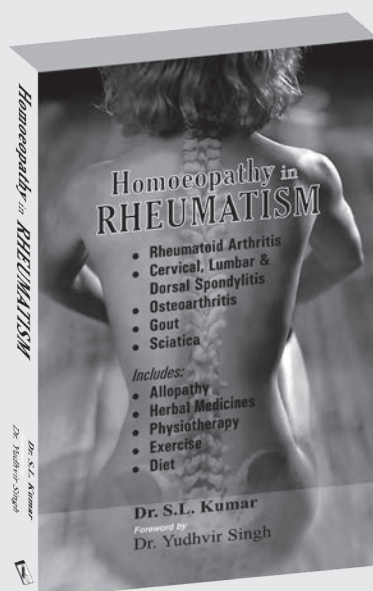
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Role of homoeopathy in epidemic diseases

By Prof. (Dr) Goutam Das

Abstract: This article deals with the understanding of the epidemic diseases, including hygiene, micro-organisms, susceptibility, prevention, prophylaxis, therapeutic aim, throwing light on the teachings of Organon of Medicine and Homoeopathic Philosophy as what to do, how to select the remedies and how to manage the epidemic diseases homoeopathically for preventive or curative purposes.

Keywords: Epidemic diseases, definition, types, hygiene, micro, organisms, susceptibility, internal medicine, therapeutics, dissimilia, similia, homoeopathic prophylaxis, genus epidemicus, prevention, control, individual constitutional homoeopathic treatment.

Introduction

Pandemic is used to describe an epidemic when the spread is global whereas *epidemic* is an outbreak that affects many persons at one time and can spread through one or many communities. The greek word, 'epi' means 'upon' and 'demos' means 'people'; meaning 'upon the people'. Hygiene is related with the conditions or practices, to maintain health and prevent diseases, especially through 'cleanliness'.

Definition: Epidemic diseases denote acute diseases that affect several people, with similar types of sufferings from the same causes, at the same time. Dr Hahnemann, in these contexts (aphorism 73), has mentioned that the epidemic becomes 'infectious' and 'contagious' when spreads among the thickly populated areas. Each and every epidemic is unique and peculiar one, though seemingly identical in origin. Like any other acute disease, when epidemic diseases left to the infected person, they terminate either in death or recovery of the patient. The **cause of the epidemic** diseases may be due to *calamities of war or floods, famines*, etc.

Types: Epidemic diseases are

characterised by two types, **recurrent and non-recurrent**. One may recur, in the same manner, more than *once in the lifetime* of a person; for example, *plague levant, asiatic cholera, yellow fever of the sea coast*, etc. Another, which are *fixed in type*, attacks many people only *once in lifetime*; for example, *small pox, whooping cough, measles, bright-red scarlet fever*, etc.

Homoeopathic management

Homoeopaths *should prescribe the medicines according to the actual interpretation of the demand of the patient*. In spite of the common signs and symptoms of the epidemic disease, if the patient shows the characteristic signs and symptoms of a particular medicine, it will act as a specific remedy in that case. The following points need to be followed in order to *achieve the homoeopathic specific*:

1. **Survey on positive cases**, by the permission of the authority, or
2. **Survey on positive case after recovery**, if possible, and
3. **Survey on published literatures reviews** references to be authentic.

Homoeopathic prophylaxis:^[1]

There are three approaches which may be used to select the remedy for prophylaxis of a prevailing epidemic as per the ideas from *Organon of Medicine*:

- a. **'Genus-epidemicus'**, (Aphorism: 100-102) an individually selected remedy for this particular outbreak of an epidemic.
 - b. **Drug-proving, 'proving of homoeopathic drugs can enhance the immunity'** (Aphorism: 141 - footnote).
 - c. **Individual constitutional treatment**, 'prevention before birth with constitutional treatment', (aphorism: 284, 6th edition, footnote); the power of medicines acting upon the infant through the milk of the mother or wet nurse is wonderfully helpful.
- A. Discussion on 'genus epidemicus':** Each and every epidemic disease differs from other, and every episode of the epidemic has to be treated as a new one. After examining several cases in that locality, remedy has to be observed selected on the basis of entire totality, from the group totality. However, a careful observation,

can select the '**genus epidemicus**', (Aphorism: 102).

- The genus epidemicus is the remedy selected homoeopathically for those diseases in which several patients have similar sufferings from the same cause; and the medicine can be used not only as a curative, but also as a preventive agent against the particular epidemic only.

1. *Survey on epidemic disease:* Dr J.T. Kent says: ^[2]

Take one of the acute epidemics, *not for the purpose of diagnosis, as this is easy, but to arrange it for a therapeutic examination*, following Dr Hahnemann's method of case recording will present *one image*, as if one man expressed all the symptoms, and will find out the *essential features of the epidemic, taking the entire schema and studying it as a whole*.

- Those symptoms that run through all are the pathognomonic symptoms; those which are rare, are the peculiarities of the different people.
- This totality represents to the human mind, as nearly as possible, the nature of this sickness, and it is this nature that the therapeutics must have in mind.

2. *Technique for the selection of genus epidemicus:* Dr J.T. Kent says: ^[3]

The next step is to find, in general, the remedies that correspond to the epidemic. With the aid of a repertory, the physician will write all the remedies that have produced that particular symptom .

- This may be called the group of remedies for that particular epidemic, and with these, he will manage to cure nearly

all his cases with the help of materia medica.

- Very rarely will a patient demand a remedy not in the anamnesis.
- **No remedy must be given because it is in the list**, for the list has only been made as a mean of facilitating the study of that epidemic only.

B. Discussion on drug-proving, proving of homoeopathic drugs can enhance the immunity':

The habitual prover, who got protection from acute or seasonal diseases, must undertake proper methods of "homoeopathic drug-proving".

C. Discussion on individual constitutional treatment:

Constitutional treatment in each and every individual person is **the best method of prevention in homoeopathy...** for any epidemic disease ... under a qualified and responsible homoeopath only.

Microorganisms, susceptibility and homoeopathy:

Susceptibility is prior to all contagions. If an individual is not susceptible to '*small pox*', he cannot take it, and will not receive it though he goes near worst cases, or *eats* a small pox crust or same as often *swallowed* a whole spoonful of *comma bacillus* in *cholera*.

- The cause of **tuberculosis** is the *tubercle bacillus*. The necessary conditions (secondary causes) of the action of the bacillus include the peculiar bodily constitution, *predisposition*, *susceptibility* and *environment* of the patient. Without these *concomitant conditions* or *causes*, no one would ever have tuberculosis. ^[4]

- An examination of the **nasal or pharyngeal secretions** reveal the presence of numerous pathogenic **organisms** from the inhaled dust of the street. But they are **harmless** in normal condition because **morbid susceptibility** is absent. The vital resisting power of the healthy individual is superior to the infecting power under ordinary conditions, "**the best protection against contagion is good health.**" ^[5]

- For instance, there are **sanitary conditions, social and moral conditions, facilities and mode of transportation, inter-communication between nations, communities and individual** to be considered. There are also **atmospheric and telluric conditions**, conditions of **individual susceptibility** which are essential conditions in all such cases. ^[6]

- Therefore, "*kill the germs and cure the disease!*" It was very easy to kill the germs in a test tube; but to kill them in to the living organism, **without killing the patient**, as they very soon learned. ^[7]

- As a matter of fact, the **microbes are scavengers**, harmless, not the (primary) cause of disease, therefore one should **correct the vital force** (morbid susceptibility). **Save the life of the patient first and don't worry about the bacteria. They are useless things.** The bacterium is an **innocent feller**, and if it carries disease, it **carries the simple substance which causes disease**, just as an elephant would. ^[8]

Living in *unhealthy surroundings, eating improper food, leading a disorderly life*, etc. creates a favourable condition, fertile base of the field to

form the colony of the germs. The *province of hygiene* alone is sufficient to restore sick persons to health whereas *morbidity-susceptibility* to be counter with internal **medicine**.

Hygiene, medicine and homoeopathy:^[9]

Hygiene alone is sufficient to restore many sick persons to health.

- The practising physician, at the same time, is hygienist and therapist, employing often, for the same case, both specific remedies and various 'auxiliaries'.
- As far as hygiene is concerned, homoeopaths and allopaths occupy common ground, the philosophy of the science which is being the same for both, however modified and shaded in practical applications by the different therapeutics of the two schools.
- In therapeutics alone, in the discovery and selection of the individually specific remedy for each individual case of disease, homoeopathy differs radically from the old school of medicine. *Allopaths have, in fact, no science of therapeutics, their philosophy of cure is application of the principles of hygiene to all diseased conditions.*

Hence, *the science of homoeopathic therapeutics* has a special role in internal **medicine**.

Protection from sickness:^[10]

There are several types of protection from sickness. When violent epidemic spreads in masses, few are protected, why is it?

Natural protection:

1. A strong and vigorous person, or in a state of very good order

of health, may protect from the epidemic disease.

2. Acute dissimilar disease to the chronic disease of severity may protect from the attacks of an epidemic disease.
 - If the epidemic is dissimilar to their diseases, and cannot suppress their disease because of its virulence; the **chronic disease is stronger than the epidemic disease**, and seen when an organic hold upon the body take place.
 - Happen when one suffering from **consumption**, other in last stage of **bright's disease**, and another with **diabetes**; this is an illustration of dissimilars, and shows that dissimilars are unable to cure; they can only suppress.

Artificial protection:

Dissimilar method of treatment may also protect from the attacks of an epidemic.

For example, in a case of chronic *malarial diathesis*, complicated with *psora*, and also added with *quinine* as drug disease.

- Antidote the drug disease first and see *original chills and fever*, the most acute or last appearing natural disease will come back; in accordance with fixed law, to be cured by the most similar remedy.
- But, in *dissimilar way of treatment*, as long as the effect of *quinine* continues, so long will it *suppress and hold in abeyance* the disease to which it is dissimilar.
- Quinine is capable of *engrafting* upon the economy its own disease from which will last for years and may not stop until it has been *antidote by a medicine similar to its symptoms*.

- *The malaria was subdued only because the quinine was capable of producing a more violent disease than malaria.*
- *Arsenicum album is capable of doing the same thing; it can engraft upon the economy a dangerous disease that will result in very serious conditions because the Arsenicum album will complicate itself with psora.*

They must disappear in the reverse order of their coming, as if put on in layers, one piled upon another. Hence, homoeopathy is the best and harmless way of treatment for the protection of an epidemic disease.

History of homoeopathic prophylaxis:

Dr Samuel Hahnemann achieved name and fame from his effective treatment of 'Cure and Prevention of Scarlet Fever', in 1801 by *Belladonna* as a specific prophylactic remedy for scarlatina (Aphorism: 73, footnote) and a kind of purpura miliaris, which came from the west also successfully controlled by the use of *Aconitum napellus*, as genus epidemicus.

- The first approach for homoeopathic prophylaxis is use of nosode or sarcocod in prophylaxis like *Influenzinum in flu*, *Morbillinum in measles*, etc. however this may be successfully used particularly early in the epidemic of an acute miasmatic illness, before a genus epidemicus – the specific remedy for the individual epidemic – has been identified. Following Hering's introduction of nosode into our materia medica.
- Boenninghausen experimented early on, with considerable success, at using *Variolinum* (the smallpox nosode) for the

prophylactic treatment of smallpox.

- The **second approach** is to select a remedy deemed central to the generic nature of the epidemic illness, by anamnesis of the disease-as-named, without specific attention to the individuality of the prevailing epidemic or the individuality of a specific case.
- Like Drosera rotundifolia is for whooping cough, Eupatorium perfoliatum is for influenza. The individual nature of the particular epidemic is not taken into account, like Hahnemann suggested Camphor for asiatic cholera.
- Boenninghausen had success in smallpox prophylaxis by using Thuja occidentalis.
- **Dr M.L. Tyler**^[11] says, “this is a *Bryonia* year!” “Mercurius is curing all the colds just now ...” Then, wind and weather change, and another set of remedies for another set of patients crops up. **Cold, dry, east wind**, such drugs as *Aconite*, *Bryonia*, *Hepar*, *Nux* ... **sudden cold wet**, cannot stand cold wet conditions, and *Dulcamara*, *Natrum sulph.*, or *Rhus* which good prescribers will suddenly get quite a number of *Lycopodium* cases? Perhaps social, economic, or even meteoric are putting a severe strain on persons of the *Lycopodium clavatum* make-up.

For the purpose of **homoeopathic prophylaxis**, one shouldn't anchor any misconception in mind that **homoeopathy** (“similia similibus curentur” meaning let like be treated or cured by like; i.e. stronger and similar in manifestation, whilst differing in kind), with **isopathy** (“equalia equalibus curentur”, meaning same cure same) or

tautopathy (“for every substance, small doses stimulate, moderate doses inhibit, large doses kill”) are not the same.

Art of homoeopathic therapeutics:

Therapeutic aim, at **first**, is to select **a genus epidemicus or an acute remedy** as per the demand of the patient to control the acute episode of the epidemic and followed by true **homoeopathic constitutional treatment as per Individualisation** in each and every case must be needed.

- **Dr M. L. Tyler** says, But in homoeopathy, one medicine will not work for another. Homoeopathy means individualisation. It is not enough to diagnose pneumonia, and to give a pneumonia medicine. With Hahnemann, one must diagnose “a kind of pneumonia – a kind of pleurisy”. And what kind? Why, a *Phosphorus* kind – a *Bryonia alba* kind – a *Kali carbonicum* kind – a *Natrum sulphuricum* kind – a *Mercurius solubilis* kind – of pneumonia. It is the symptoms that always, decide, if *curative* work is to be done. **One may palliate, and the patient recovers, with perhaps less suffering; but that is not CURE.**^[12]
- **Dr M.L. Tyler** also mentioned an important tip to remember from one of the teachers, who speaks from personal experience. In *Natrum muriaticum* patient with severe headache, do not give *Natrum muriaticum* for the acute condition or it will fearfully intensify the suffering. Give its “acute” *Bryonia*; and then *Natrum muriaticum*, in a quiescent period.^[13]
- **Dr J.T. Kent** says, “with a superficial examination you

will find *Aconite* indicated, but just as you give it you will fail. Give *Sulphur* at once and you will cure your patient.”^[14]

- **Dr J.T. Kent** also says, “the study of the *homoeopathic pathogenesis*, which is so *extensive*, requires so much time and perseverance that men who are incline towards *carelessness*, *indolence* and *levity*, can do very little to make a showing for professional glory; hence **the stupid**, the flippant and the “**smart**” must always seek the material method and make it the basis of his efforts, thereby associating with, or placing himself on the same level as the mechanic. Of course, all liquid substances seek their own level.”^[15]

Hence, as **homoeopathic therapeutics**, one should know the difference clearly before in mind and perform the duty as *hygienist* and *therapist*.

Conclusion

At last, one may conclude that homoeopathy cannot prove itself in test-tube science, but has been proved to be effective and has shown evidence based Science. Dr M. L. Tyler says, “law does not fail. It is we who fail in our attempts to put it in action.” When an aeroplane crashes, no one says, “the laws of gravitation – motion – physics – have failed in this case!”, the fault is sought in faulty adaptation. Law is inexorable.^[16] As responsible homoeopaths hope, one should confirm the FACTS, for the benefit of the suffering society, by the true practise of homoeopathy only.

Remarks

1. Homoeopathy only considers ‘**cure**’ as, “recovery undisturbed by after-sufferings,” and ‘healing’ can be understood, ‘treat the whole and care after recovery’.
2. Homoeopathy is the best science of internal

therapeutics medicine both for preventive as well as curative purpose of the epidemic diseases, whether we realise it or not.

- Homoeopaths will become success by follow the teachings of our homoeopathic stalwarts with the respect to the laws and principles only.

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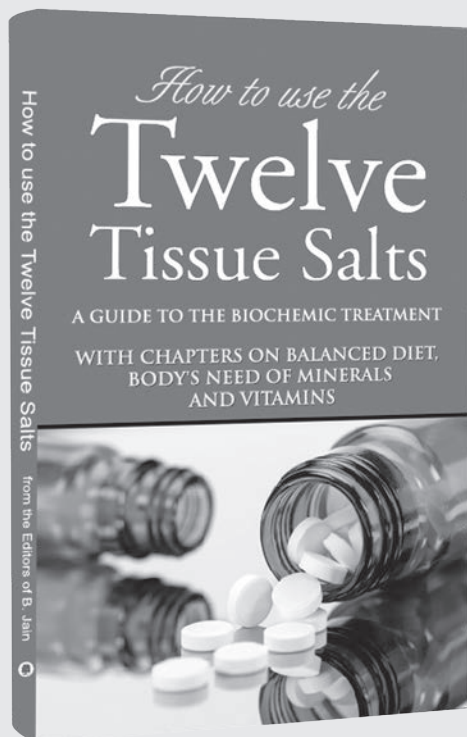
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Epidemic Diseases through the spectacles of homoeopathy

By Dr Awadhesh Kumar Thakur, Dr KM Priyanka

Abstract: Homoeopathy is founded upon the principles that are again founded upon the natural law. Accuracy and efficiency in homoeopathic therapeutics is only possible to those who have a clearly defined idea of the field in which the principle of similia is operative. Since the discovery of homoeopathy till now, there have been numerous instances of epidemic diseases where homoeopathy has shown its superiority. The historical evidences of success in epidemic diseases, found throughout the literature, and in other publications, stimulates a homoeopath and other researcher to find out a solution in crisis of any epidemic diseases. This paper shows the effectiveness of homoeopathy in different epidemics irrespective of place, name and nature of the epidemic diseases and also superior result of homoeopathic treatment over conventional treatment even in epidemic diseases.

Keywords: homoeopathy, epidemic diseases, genus epidemicus

Abbreviations: Central Council for Research in Homoeopathy (CCRH), influenza like illness (ILI), Japanese encephalitis (JE), acute encephalitis syndrome (AES), Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Uttar Pradesh (UP), coronavirus disease (COVID-19), World Health Organization (WHO), nuclear factor kappa-b (NF- κ B), green fluorescent protein (GFP), tumour necrosis factor (TNF).

Introduction

Homoeopathy is the department of science in general medicine which has, for its principal objects, the observation and study of the action of remedial agents in health and disease, and the treatment and cure of disease by medication, according to the fixed law or general principle¹.

Epidemic diseases are those diseases in which many persons are attacked with very similar sufferings from the same cause; and generally becomes infectious (contagious) when they prevail among thickly congregated masses of human beings.

History of epidemic diseases shows that every now-and-then, some part of the world gets affected with an epidemic diseases very frequently. 1918 flu pandemic in India, 1974 small pox epidemic in India, 1994 plague epidemic in India, 2009 swine flu pandemic in India, cholera pandemic² of 1817-1824;

of 1826-1837; of 1863-1875 and of 1899-1923 are some of the epidemics which have shaken the Indian health system very badly. In the last two decades only, the world has seen three major epidemics like severe acute respiratory syndrome (SARS) in 2003, middle-east respiratory syndrome (MERS) in 2012, and current novel corona virus nCov-2019. Epidemic disease has emerged as a great economic burden to the world. Homoeopathy has proved that it has greatest potential in both preventing the spread of an epidemic disease and its treatment. Few evidences of success of homoeopathy in epidemic diseases are given below.

Homoeopathy and epidemic disease:

1. **Epidemic of scarlet fever³:** In an epidemic of scarlet fever in 1799, in Germany, Master Hahnemann encountered several cases of scarlet fever successfully, both in the preventive as well as in curative aspect. In 1801, he wrote an article named, "Cure

and Prevention of Scarlet fever", where he detailed his plan of prevention and cure for the scarlet fever epidemic.

- For the treatment of persons affected with scarlet fever, Hahnemann used different medicines as per the staging/grading of the cases.

First stage – *Opium*

Second stage – *Ipecacuanha*

- After sufferings of scarlet fever – Hahnemann stated about *Belladonna* possessing a valuable and specific power to remove the after-sufferings from scarlet fever in majority of the cases.

In few cases, the after-sufferings of scarlet fever were removed by *Matricaria Chamomilla*.

- For the prevention from the epidemic of scarlet fever, he used *Belladonna* with great success.

He advised to take a preventive remedy as long as epidemic lasts,



and four (to five) weeks thereafter.

Hahnemann also stressed on the importance of diet and regimen during the epidemic in the following words,

“As regards moral and physical dietetic means in the treatment of fully developed cases of scarlet fever, I would advise that we should **try to dispel all fears** by means of kind and cheering words, by nice little presents, by holding out hopes of speedy recovery- and on the other hand we should allow the patient a free choice of all kinds of drinks, a warmer or cooler coverings to suit his feelings. The patient's own feelings are a much surer guide than all the maxims of the school. We must only take care kindly to keep the patient from taking solid nutriment too soon, or in too great quantity during his convalescence.”

2. Epidemic of asiatic cholera⁴: Hahnemann wrote an article named, “Cause and Prevention of Asiatic cholera,” in 1831. He stated the plan of his successful treatment and prevention from this epidemic.

- For the treatment of persons affected with asiatic cholera, Hahnemann used different medicines as per the staging/grading of the cases.

First stage – *Camphor*.

For quickest recovery, Hahnemann also advised to rub the spirit of *Camphor* into the skin of arms, legs and chest of the patient. He also advised to give *Camphor* through olfaction, if the medicine can't be given orally.

Second stage – *Cuprum metallicum* 30 (preferably) or *Veratrum album* 30

Typhoid state – Sometimes when aid is delayed for many hours or other and improper remedies have

been administered, the patient falls into typhoid state, with delirium. In this state, Hahnemann used *Bryonia alba* 30 alternately with *Rhus toxicodendron* 30 with great success.

- For prevention of the asiatic cholera, he advised to take *Cuprum metallicum* 30 once every week.

He also advised the alteration of *Cuprum metallicum* 30 and *Veratrum album* 30 from week to week as a preventive against the disease.

He stressed on the fact that, **“preventive medicine should be taken only when disease prevails in the locality itself, or in the neighbourhood.”**

3. Epidemic of typhus⁵: Hahnemann treated 183 patients of epidemic typhus with *Rhus toxicodendron* without losing a single case.

- For the treatment of persons affected with typhus fever, Hahnemann used different medicines as per the staging/grading of the cases.

First stage – *Bryonia alba* and *Rhus toxicodendron*.

Second stage – *Hyoscyamus niger*.

Third stage – sweet spirit of nitre.

During the epidemic of typhus fever in Germany, in 1813, Hahnemann treated 200 cases typhus but with two deaths⁶.

4. Small-pox epidemic⁷: Von Boenninghausen, during the small-pox epidemic in 1800s treated several cases of small-pox with *Thuja occidentalis* 200, with greatest efficacy. He also gave *Thuja occidentalis* 200 as a preventive of that small-pox epidemic. He stated that “none of my small-pox patient died in

this epidemic.”

5. Dr Pierre Schmidt used *Lathyrus sativus* in the epidemic of poliomyelitis. He got 100% success in prevention and treatment of cases of poliomyelitis in that epidemic⁸.
6. Dr Grimmer has protected about 5000 children from the epidemic of poliomyelitis. He used the remedy *Lathyrus sativus* in 30th potency, once a week during the period of epidemic and in later years he used *Lathyrus sativus* 10M potency at an interval of 30 days with complete protection⁹.
7. Dr S. R. Wadia, used *Parotidinum* as prophylactic in the ‘mumps’ epidemic with great success¹⁰.
8. According to Dr Dewey, *Mercurius cyanatus* given in routine way, in the most malignant epidemicus in Europe, cured above 95% of cases¹¹.
9. Dr E. Williams reported the favourable action of *Arsenicum album* in the epidemic of small-pox occurring in England in 1872¹².
10. In the year 2007, during and epidemic of chikungunya, homoeopathic medicine *Bryonia alba* was given as a preventive to 20,000 people. It decreased the incidence of chikungunya significantly¹³.
11. **Acute encephalitis syndrome/ japanese encephalitis¹⁴:**
 - a. CCRH had carried out research studies for prevention and treatment of JE 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. (Gorakhpur, Deoria, Maharajganj) during the period 29th October to 16th November 1991 in the wake of reoccurrence of JE epidemic in Uttar Pradesh (India) by a team of research workers of CCRH, New Delhi. Follow up of 39,250 persons was done and it was found that none of them reported any signs and symptoms of JE.

- b. In the year 2012, a research team of CCRH conducted an study to explore the role of homoeopathic medicine in managing AES. A total of 151 children diagnosed with AES were enrolled. Out of them 121 children were given standard care along with homoeopathic medicine and 30 children were kept under standard care alone. The result showed 12 (9.9%) death homoeopathy added group whereas it was 13 (43%) death in standard care group. There was 33% reduction in death and disability in group where homoeopathy was added compared to standard care alone. The results were statistically significant.

12. Dengue fever epidemic¹⁵: In 1996, CCRH reported that a homoeo-prophylactic was administered to at least to 39200 people in the Delhi area during an epidemic of dengue haemorrhagic fever. The follow-up of 23520 people, 10 days later, revealed that only 5 people (0.125%) had developed mild symptom, with rest showing no signs and symptoms of the disease.

13. Leptospirosis epidemic¹⁵: In late 2007, the Cuban

government rapidly distributed a homoeopathic nosode of four leptospirosis strain to 2.3 million people at high risk of infection from an annual leptospirosis epidemic. The remaining population of 8.8 million was untreated. Within weeks, the treated provinces had an 84% decrease in incidence while the number of those infected in untreated provinces continues at expected historical levels. The intervention was strongly associated with a drastic reduction of disease incidence resulting in complete control of epidemic. The protective effect continued into 2008 with 84% reduction in leptospirosis cases for the treated area though no further prophylactic had been given. Leptospirosis infection in untreated area increased by 22%.

How to find the genus epidemicus of an epidemic?

“Genus epidemicus” is the word coined by Dr Hahnemann, which denotes the homoeopathic remedy which is similar to the totality of symptoms found in the majority of the patients suffering in an epidemic disease, which if given to the patient before the onset of the disease, prevents the epidemic disease, or when given during the disease, cures the patient¹⁶.

Master Hahnemann described about the methods to follow for selecting the genus epidemicus of an epidemic disease in the aphorism 100, 101 and 102 of the *Organon of Medicine*. Later, Dr J. T. Kent elaborated the method in his philosophy⁽¹⁷⁾⁽¹⁸⁾.

The method is as follows:

Every epidemic should be considered as a new one, regardless of something similar happened in

the past under the same name or a different name.

The physician should carefully examine the case of the prevailing epidemic in all its phases.

It is by the close observation of several cases of such collective disease, the physician becomes conversant with the totality of signs and symptoms of the epidemic. The carefully observing physician can, however, from the examination of even the first and the second patient, often arrives so nearly at knowledge of the true state as to have in his mind a characteristic portrait of it, and even to succeed in finding a suitable, homoeopathically adapted remedy for it.

The physician will write all the symptoms that have been present in each case in schematic form, arranging the mind symptoms of different patients under the “mind” and head symptoms under the “head” and so on, following Hahnemann’s method, they, considered collectively, will present one image, as if one man has expressed all the symptoms, and in this way, he will have that particular disease in schematic form.

After evaluating the collected symptoms in schematic form, the general and particular symptoms of the disease are found.

Every patient has a few new symptoms as he puts his own stamp on that disease. Those symptoms that run through all patients are the pathognomonic symptoms; those which are rare are the peculiarities of the different people. This totality represents to the human mind, as nearly as possible, the nature of this sickness, and it is this nature that therapist must have in mind.

After repertorising the characteristic symptoms of entire schema, six



or seven remedies (i.e. a group of remedies) run through the picture, and therefore, are related to the epidemic, corresponding to its whole nature. This may be called the **group of epidemic remedies** for that particular epidemic, and with these remedies, he will manage to cure nearly all his cases.

From this group of remedies, the physician will prescribe in each individual case he will handle. One of the remedy in epidemic group will most likely be indicated in many cases, yet if none of these should fit the patient, the physician must return to original anamnesis to see which one of the other remedies is suitable. Very rarely will a patient demand a remedy not in the list.

No remedy must be given because it is in the list, for the list has only been made as a means of facilitating the study of that epidemic.

Some of the comparative data of the results of homoeopathic treatment over conventional treatment in few epidemics¹⁹:

1. In the epidemic of 1853-55 at New Orleans, the patient treated by allopathy had death rate of 5.1%; while in the same city, during the epidemic of 1878, of 1945 cases treated homoeopathically had death rate of 5.66%, while outside of New Orleans in the same epidemic death rate was 7.67%. On the same ground and during the same epidemic, the most favourable allopathic mortality was 17%, while in many places, it was much higher.

2. Asiatic cholera epidemics:

In 1846, at Homoeopathic Cholera Hospital at Munich, 242 person were treated with mortality rate of 2.48%

In 1848, at Edinburgh Homoeopathic dispensary,

236 patients were treated with mortality rate of 24.15%; while in the same city during the same epidemic, 640 cases were treated by allopathic physician with mortality rate of 67.97%.

In Liverpool, in 1849, of 179 persons treated homoeopathically, 45 died with mortality rate of 25.14 % while the general mortality was 46%

In 1884, by the attachés of the homoeopathic dispensary at Naples, Italy, 83 cases were treated with *Camphor* alone, with 3 deaths, or 3.61, while the average mortality in that country, as well as in France and Spain, was over 70 percent.

3. The mortality during the last epidemic, 1873, was, according to the government statistics, 52%, which is more than double the least successful homoeopathic treatment on record.
4. During the epidemic of typhoid fever at Stamford city in 1895, allopathy treated 284 cases with mortality rate of 7.74%; while homoeopathic physicians treated 122 cases with mortality of 4.09%. In New Heaven city of same state during 1891-1895, allopaths treated 458 cases with mortality of 25.98%; while homoeopaths treated 60 cases with mortality of 20%.
5. In 1846-47, an epidemic of typhus fever and dysentery occurred in Ireland; of the patients treated with homoeopathy, the mortality rate was 1.8% for typhus and continued fever had the mortality rate was 14% for dysentery patient. While the patients treated allopathically had mortality rate of 12.32 for typhus and continued fever and mortality rate was 24.39%

for dysentery patient.

A discussion on protection from an epidemic from homoeopathic view point²⁰:

- If an epidemic comes upon the land, only a few come down with it. Why are some protected and why do others take it? These things must be settled by the doctrine of homoeopathy.
- There are several kinds of protection from sickness. When a violent epidemic is raging, it is known that, although the number of victim is large, they are few compared to those who go through the epidemic unscathed and the question always arises, why is it?

There are mainly two reasons for this as follows:

- a. The persons may not have been infected from the epidemic disease because they have vigorous and strong immunity or in a state of very good order; in other words, they have strong vitality in order.
- b. Among the second group of people who have not got infection of the epidemic, if one looks closely they were suffering from a number of chronic diseases like diabetes mellitus, bright's disease, consumption, etc.

The persons suffering from the chronic disease have deranged vitality, but still they are protected from the epidemic, why?

The reason is that they have sickness that is impossible for the epidemic to suppress. The epidemic is allopathic, or dissimilar to their diseases, and cannot suppress their disease because of its virulency.



If the chronic disease is stronger than the epidemic disease, i.e. if it has an organic hold upon the body, it cannot be suppressed. This is essentially the relation of acute dissimilar disease to the chronic disease of severity.

This relation between chronic disease and epidemic disease is explained by Master Hahnemann in the aphorism 36 of *Organon of Medicine* as, "if two dissimilar diseases, meeting together in the human being be of equal strength, or still more if the older one be the stronger, the new disease will be repelled by the old one from the body and not allowed to affect it. A patient suffering from a severe chronic disease will not be infected by a moderate autumnal dysentery or other epidemic disease....."

- Man is protected from sickness in two ways, by homoeopathy and by use. The physician and the nurse who go into the district of an epidemic to treat the infected people, who keep busy, who have gone into the work as mediums of mercy, **will be largely protected just simply from their love of work, from their delight in it.** They have no fear. **Fear is the overwhelming cause of sickness;** those who fall prey into the fear are likely to become sick, but those who face disease with no fear are likely to remain well; they do sometimes fall sick, it is true, but I believe it is because they begin to have fear in the work.
- For prophylaxis, there is required a less degree of similitude than is necessary for curing. **A remedy will not have to be so similar to prevent disease as to cure it,** and these remedies in daily use will enable to prevent a

large number of people from becoming sick. One must look to homoeopathy for protection as well as for cure.

- Dr Wheeler²¹ recommends that in epidemic, the corresponding nosode in 30th potency will protect for at least a fortnight. Others like Dr Grimmer, etc. recommend one dose in high potency, once a year. For prevention of small pox – *Variolinum*; whooping cough – *Pertussinum*; measles – *Morbillinum*; diphtheria – *Diphtherinum*, etc.

Corona virus disease (COVID-19) pandemic²²: The new corona virus disease (COVID-19) was first reported from Wuhan, China, on 31 December 2019. 72 countries reported COVID-19 incidence with 90,870 confirmed cases and 3112 deaths as per WHO factsheet as on 03.03.2020. As on 03.03.2020, 05 confirmed cases are reported in India from various parts. Ministry of AYUSH has advised to take the following measures to fight the pandemic:

As immunity booster: *Arsenicum album* 30, daily once in empty stomach for three days. The dose should be repeated after one month by following the same schedule till corona virus infections prevalent in the community. In one of the studies, *Arsenicum album* as one of the constituents in a formulation affected HT29 cells and human macrophages. Also, it showed j.NF-KB hyperactivity (reduced expression of reporter gene GFP in transfected HT29 cells), J.TNF- α release in macrophages. More over *Arsenicum album* is a common prescription in the cases of respiratory infections in day to day practice.

Dr J.H. Clarke²³ has mentioned that

in an epidemic of influenza, the best preventive is *Arsenicum album*. Six pilules of *Arsenicum album* to be taken thrice daily when the epidemic is about to occur.

For treatment: Various medicines found to be effective in treating flu like illness are *Arsenicum album*, *Bryonia alba*, *Rhus toxicodendron*, *Belladonna*, *Gelsemium sempervirens*, *Eupatorium perfoliatum*. All these medicines should be taken in consultation with qualified physicians of respective AYUSH systems.

General preventive measures :

- i. Observe good personal hygiene.
- ii. Practise frequent hand washing with soap.
- iii. Follow respiratory etiquettes - cover the mouth when coughing or sneezing.
- iv. Avoid close contact with people who are unwell or showing symptoms of illness, such as cough, runny nose, etc.
- v. Avoid contact with live animals and consumption of raw/ undercooked meats.
- vi. Avoid travel to farms, live animal markets or where animals are slaughtered.
- vii. Wear a mask if you have respiratory symptoms such as cough or runny nose.

Following the advisory of AYUSH, many organisations, institutes and practitioners are distributing the *Arsenicum album* 30 for prevention of COVID-19. Also, there are institutes, who are treating the COVID positive cases under the directives of AYUSH and CCRH. The results of such interventions are yet to be published; but the historical evidences of success of homoeopathy in epidemic diseases confirm the positive outcome.

Conclusion

Homoeopathy has proved its effectiveness again and again in different epidemics. Homoeopathy



can reduce the mortality and morbidity of an epidemic very significantly which will also lessen the economic burden of the country. It is the duty of the homeopaths to establish these facts in the current and future epidemic through different clinical trials and research works, which will convince the world for acceptance of homeopathy as a priority even in different epidemic or pandemic. Dr A. H. Grimmer has mentioned in this regard, "As true healers and educators of progressive medicine, it is our duty to give to the world this knowledge for its protection and well-being. It is also our duty to invite physicians of all schools of healing to test fully the homeopathic art of protection against epidemic diseases if nothing else. If such tests were honestly made by sincere men of all schools of healing, Homeopathy would reach its place in the sun."

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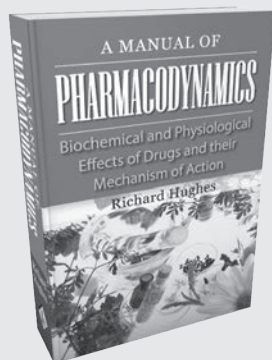
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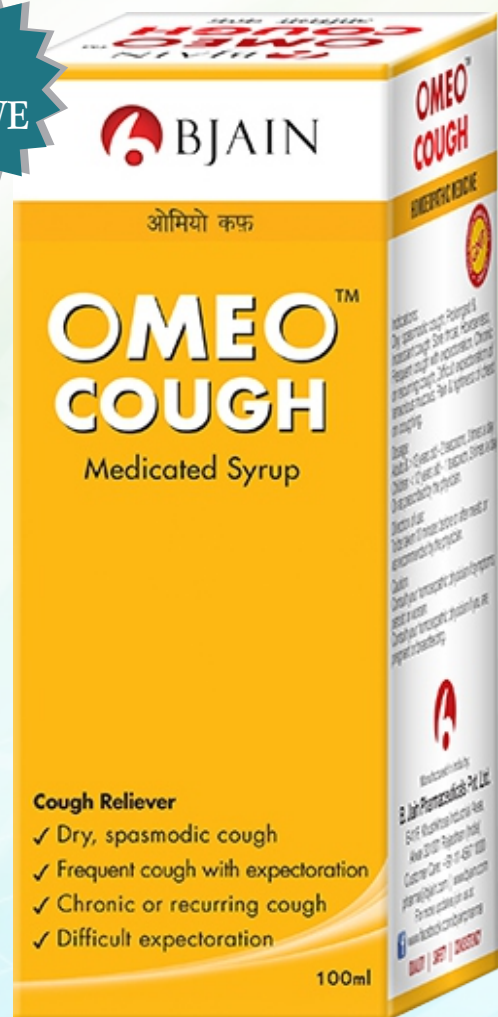
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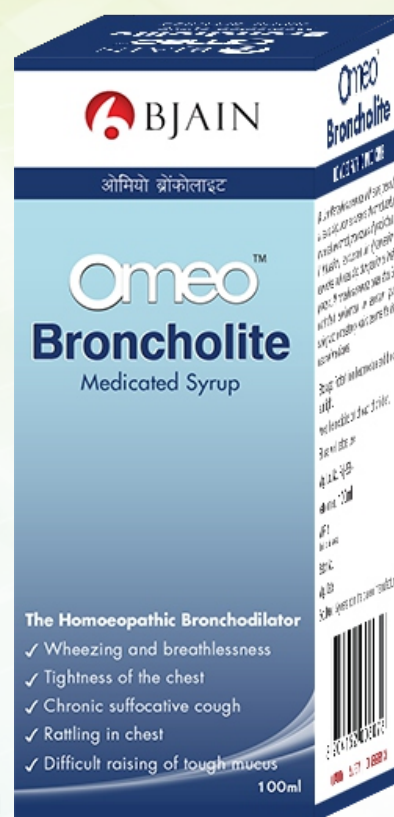
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From the desk of Mr. Kuldeep Jain

Wound healing case studies: integrating a homoeopathic approach with conventional medicine for favourable outcomes

By Kevin Moulin DVM, Thomas J Farrington, MVB MRCVS VetMFHom

The primary focus while managing a skin lesion includes thorough removal of all foreign material, devitalised or contaminated tissue. Effective debridement can reduce the infections but cannot completely eliminate them. To this end, it is a clinical judgement to the need for antibiotic therapy, which if used, whether to be applied topically, administered systemically or a combination of both. Additionally, sutures and/or bandaging can help provide protection and structural support that will facilitate wound healing. Nonetheless, even for the most skillful veterinarian, some wounds and non-traumatic skin lesions just will not heal.

One aspect of wound healing on which some data is available concerns the use of homoeopathic treatments. Whether as a part of routine wound management or in situations of refractory wounds, homoeopathic remedies can be a valuable addition to the clinician's armamentarium. To this end, a homoeopathic cream has been developed and tested clinically to determine its utility in clinical practise. The following paper presents a number of case studies cured during the practise in Ireland and United States, which suggested that the use of this cream facilitates wound healing in dogs in varied range of situations.

Case study 1: Trauma-induced foreleg injury in a bichon frise

After being hit by a car, a 7 year-old, male, neutered bichon frise

suffered from a penetrating wound through the full depth of the dermis of the medial aspect of the left forelimb, extending from the proximal metacarpus to the axilla. Radiological examination indicated no bone damage had occurred and there were no additional injuries. Under general anaesthesia, the hair bordering the wound was clipped and the wound was debrided. However, the extent of skin damage, high risk of wound contamination and secondary infection precluded suturing. Topical antibiotic was applied, the wound was bandaged and the patient was prescribed oral trimethoprim (5 mg/kg)/sulphadiazine (25 mg/kg), and carprofen tablets (2 to 4 mg /kg/day) daily.

Three days later, the dog was bright, but there was no evidence of healing, also an extensive malodorous, purulent discharge matted the hair beyond the border of the wound. The owner rejected a second general anaesthetic, but the dog's docile temperament allowed cleansing of the wound with a water/antiseptic solution and povidone iodine. The owner was instructed to keep the wound as clean as possible using saturated salt water and the dog was sent home. Five days later, the wound did not improve and the antibiotic was changed to 50 mg clindamycin twice daily, and the owner was instructed to clean the wound with calendula (marigold) mother tincture twice daily (20 drops in 100ml of sterile water).

Even after two weeks of the initial injury (Figure 1A), healing

did not occur and the wound continued to emit odour. The dog was again anaesthetised and the wound was clipped, cleaned and bathed in calendula mother tincture and tension sutures were placed, systemic antibiotic therapy was halted and the owner consented to undergo trial of a developmental homoeopathic cream (HP vet cream®). After the wound dried, the cream was liberally applied along with antibiotic ointment. Twenty days after the initial injury, i.e. 6 days after the second anaesthetic, there was substantial improvement (Figure 1B). At this point, the owner ceased all other treatments, and continued applying the cream (Figures 1C and 1D). Approximately one year after the accident, the dog showed complete healing with minimal scarring and almost complete hair regrowth (Figure 1E).

In this case study, it is not possible to define which of a number of interventions produced a cure, or if it was the exact combination of components together that was responsible. However, the positive healing response in which HP Vet Cream was used alone (case study 3) does suggest that it offers properties that can enhance wound healing. Regardless, the cases reported may raise expectations that HP Vet Cream, as either a single agent or in combination with other topical and systemic therapies such as antibiotics, has the potential to be a valuable addition to the clinician's armamentarium, whether surgery and suturing is utilised or not.

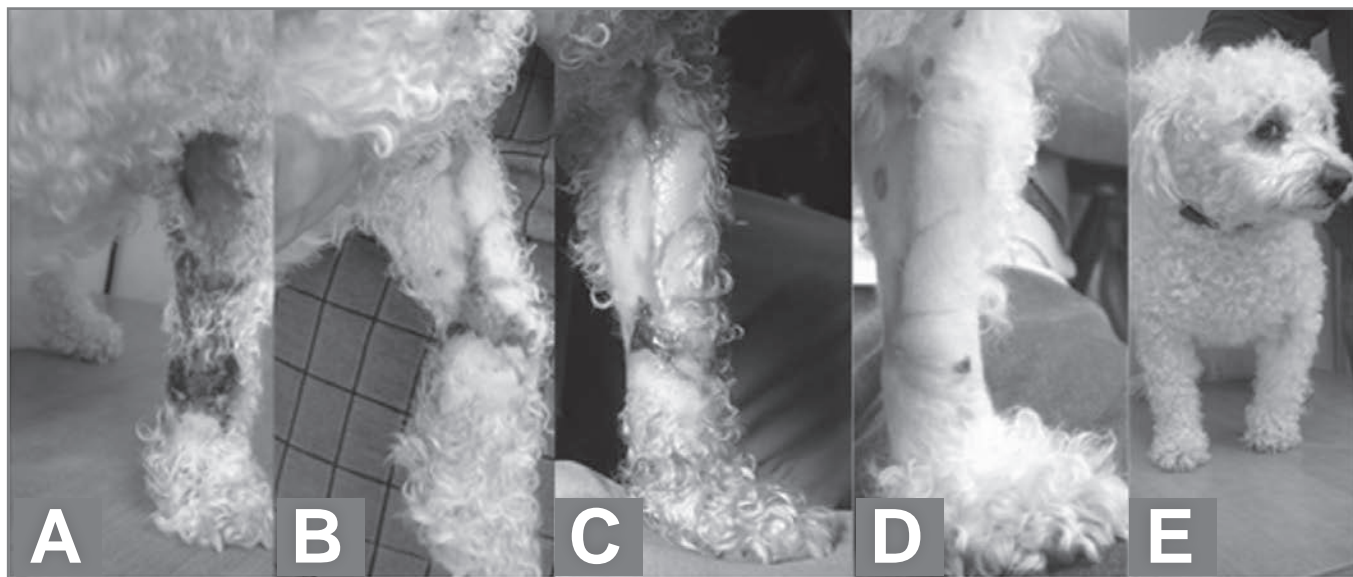


Figure 1. A. Wound condition prior to general anaesthesia, 2 weeks post injury. B. 6 days post second anaesthetic procedure and initiating therapy with HP Vet Cream. C. 6 days, and D. 21 days post second anaesthetic procedure and initiating therapy with HP Vet Cream. E. Approximately one year later.

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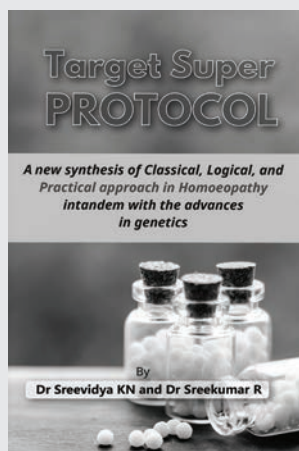
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Hahnemann, epidemics and homoeopathy

By Dr Maneesha Solanki

Abstract: More than 250 years ago, Hahnemann led us to the discovery of a prophylactic in the past epidemic, for the present epidemic and also for any epidemic that has not yet arrive or shall hit us in the future.

Hahnemann enunciated that diseases of human beings comprise of merely signs and symptoms and can be eradicated only by those medicines, which are capable of producing those very signs and symptoms themselves.

Epidemics are of serious character and run a rapid course, admit no delay in tackling them and require prompt and effective treatment. Careful and attentive homoeopath, nevertheless, is in a position, by examining of the early few cases of an epidemic, to arrive at a fairly accurate conceptual image of the epidemic and thus finding a medicine homoeopathic to epidemic –prophylactic and curative remedy.

Following Hahnemann's directions, we were in a position to contain infection and protect inmates in our region in the city of Pune by administering Arsenicum album 30 to a small number of individuals who were either mildly symptomatic or asymptomatic but gave history of contact with COVID positive patients and were home quarantined. None manifested with serious symptoms of COVID-19 or needed hospitalisation.

Keywords: Epidemic; COVID-19; homoeopathy; prophylactic; curative remedy

Abbreviations: COVID-19 – **coronavirus disease 2019**, SARS-CoV-2 – Severe acute respiratory syndrome coronavirus.

Introduction

From the very earliest periods of the history of medicine until the most recent times of COVID-19 pandemic, the search for absolute preventive of diseases has always occupied a large share of the attention of those who occupied themselves with the medical art. Hahnemann was no exception in this pursuit with his new medical science he named '*homoeopathy*'.

It may appear as boastful, if someone says that the search for medicinal prophylactics is in the domain of homoeopathy but the experience and the data accumulated for the past 250 years or so from the different continents of the globe is nothing but the truth. And the same rule, as stated by Hahnemann and homoeopathic stalwarts world over, to the selection of a remedy, should also lead to the discovery of

a prophylactic in the past epidemic, for the present epidemic and also for any epidemic that has not yet arrive or shall hit in the future.

Hahnemann enunciated that diseases of human beings comprise of merely signs and symptoms and can be eradicated only by those medicines, which are capable of producing those very signs and symptoms themselves (in healthy human beings).^[1]

Such is the underlying principle of '*operation cure!*' in all genuine cures.

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Role of homoeopathy in epidemics/pandemics

The whole exercise of curing sicknesses comprise of three points

necessary for curing diseases as follows:^[2]

- Investigation of the disease,
- Investigation of the effect of medicine, and
- Appropriate employment of medicines.

This is the *mission* and the area of *skill and knowledge*, and *aptitude* of the dedicated medical profession. It summarises the entire legacy of Hahnemann's teachings called the science of homoeopathy, left by him - a gift to the humanity.

Vector born viral diseases affecting several people simultaneously, spread rapidly especially in thickly populated areas, where people possess habits of neglecting social distancing, disrespecting personal and community hygiene, etc., may have common originating cause, like H1N1 and dengue in the

past, and COVID-19 at present. These epidemics can assume even a pandemic form and their manifestations and the course are also set. If the diseased person is left alone, he may recover spontaneously or even result in death.

The treatment of these epidemics/pandemics should not be based on their nomenclature, or on their causative organism arbitrarily alone, but as Hahnemann advocated, as early as 250 years ago, by taking into consideration their characteristic signs and symptoms, their evolution and course and the span of the epidemic as well; along with vigorously adhering to the epidemiological guidelines for preventing their spread. Hahnemann emphasised the need for examining each epidemic as an independent new disease which has never occurred in the past.[2] (Reference: Organon, §§ 100-102)

Fortunately, much less time is required to trace the complete picture of the disease. It is indispensable for the homoeopathic physician to carefully understand all the manifestations in a particular case (totality of signs and symptoms) by its strict examination (individualization) before initiating the treatment.

As epidemics are of serious character and run a rapid course, one must admit no delay in tackling them as they require prompt and effective treatment. Careful and attentive homoeopath, nevertheless, is in a position, by examining of the early few cases of an epidemic, to arrive at a fairly accurate conceptual image of the epidemic, and thus finding a medicine homoeopathic to the epidemic, i.e. a prophylactic and curative one; **a single remedy in a minimum dose.**

Few studies (old and recent)

demonstrating the effective role of homoeopathy in epidemics are summarised below:

1. In the year 1801, Hahnemann proved *Aconitum napellus* as a preventive and curative medicine in cases of *purpura miliaris* (scarlet-like epidemic of fever) when others were giving *Belladonna*.^[1]
2. The most celebrated discovery of Hahnemann, the preventive of scarlet fever, *Belladonna*. (Bloch gave *Belladonna* to 270 children during the prevalence of this malignant epidemic and all his children were well protected; Cramer gave it to 70 children none of them were attacked; Gelnecki gave it to 94 and out of them 76 of them escaped the disease. Wolf gave it to 120 children; eighty-one of them were free of any sign or symptoms of this disease. All the three were renowned names in medicine of that time).^[1]
3. Hahnemann recommended *Cuprum metallicum* and later on also *Veratrum album* in cholera epidemic (Dr Roth of Munich and Dr Burq of Paris corroborated with his suggestion by obtaining excellent results in the large number of cases treated by them).^[1]
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Patients with COVID-19, an infectious disease caused by the "novel corona virus", exhibit a wide range of symptoms. Common symptoms include fever (98%), dry cough (82%), breathing difficulty (55%). Some patients also have aches and pains (44%), nasal congestion, runny nose, sore throat (13%), nausea, vomiting (10%) or diarrhoea (10%).^[4]

Most cases reported have mild disease and nearly 20 % appear to progress to severe disease including pneumonia, respiratory failure, and in some cases, death occurs.

Polymerase chain reaction (PCR) and antibody testing are the dominant ways that global health care systems are testing citizens for COVID-19.

The final cost on human lives and economic impact remains unpredictable. Identification of suitable treatment and the development of suitable vaccine still remains a distant challenge.^[4]

The aim of this article is to show that in the search of collective effort to control this corona pandemic should also consider time tested homoeopathy in the war against corona virus disease.

Even the *AYUSH* Ministry has recommended that homoeopathic medicine *Arsenicum album* 30 could be taken empty stomach daily for three days as a immune booster and thus a prophylactic medicine against the COVID-19 infection.^[5]

A review article by Anupriya Chaudhary and Anil Khurana, entitled, "A review on the role of homoeopathy in epidemics with some reflections on COVID-19 (SARS-CoV-2)", published in Indian Journal of Research in Homoeopathy (Volume 14, Issue 2, Year 2020, page 100-109) unequivocally recommended use of homoeopathy in the present pandemic.^[6]

Gujarat government has given homoeopathy as COVID-19 prophylactic remedy to practically

half of the state and has claimed that 99.6% who availed AYUSH remedies as prophylaxis during their quarantine period tested negative for corona virus.

The Health Minister of Kerala state has also stated that homoeopathic medicines are effective in curbing the COVID-19 spread. The number of corona virus positive cases among those who took the homoeopathic preventive medicine was very low and those who got infected were also found coming out of the infection swiftly.

Intervention

In a small study on prophylactic and curative effect of homoeopathic remedy, *Arsenicum album* 30 on 110 individuals who were both mildly symptomatic or asymptomatic but gave a history of contact with COVID positive patients and were home quarantined, yielded good results as none progressed to severe manifestation of infection or required hospitalisation.

Conclusion

It is now time to end prejudice and adopt homoeopathy in the fight against corona virus pandemic that historically proven effective in the similar viral epidemics in the past and also during the present pandemic.

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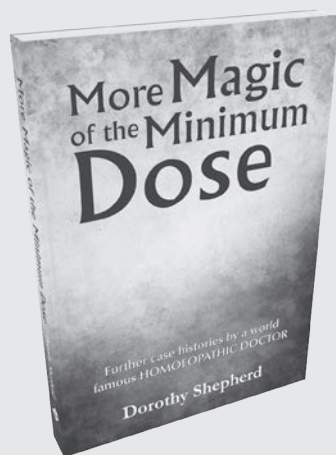
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Homoeopathy in epidemics: birth and evolution of Hahnemann's thought (Part 1)

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Abstract: The 19th century was infested with serious epidemic diseases, such as smallpox and scarlet fever. The rigorous methodology developed by S. Hahnemann, on the basis of repeated observations on the field, was allowed to obtain brilliant results. The aim of this work is to show the birth and evolution of his thought. The correct understanding and application of this methodology became the reference model for subsequent generations of homeopaths. It was, therefore, possible to achieve great success in the treatment of epidemics such as cholera and spanish flu. Although these results, although documented, were not recognised by the academic community. However, they gave a great impulse to the worldwide spread of homoeopathy.

Keywords: methodology, vaccination, scarlet fever, cholera, spanish flu, pandemic

1. Introduction aim of the of the work

The rapid spread of homoeopathy worldwide in the nineteenth century was also due to the extraordinary success achieved in the treatment of various epidemic diseases: it is enough to recall the six waves of cholera that hit Europe and the rest of the world hard at the time. During the whole eighteenth century, however, smallpox raged which caused over 40,000 deaths in England alone¹, (3,000 in London alone), 20,000 in Paris (in 1753), 60,000 in Naples (in 1768), 1077 in Berlin (in 1766), 2000 in Amsterdam (in 1784). Greenland in 1733 lost three quarters of its population because of smallpox² : a real plague that was resolved thanks to the introduction of the Jennerian vaccination. It is interesting to note how the history of smallpox is closely intertwined with that of homeopathy itself: both, in fact, share curious analogies not only at a chronological level but also and above all at a methodological level:

- Hahnemann's "Essay on a new

principle", for example, dates back to 1796 while Jenner's first publication in English is from 1798 (the german one is from 1799). Hahnemann himself also mentioned in positive terms about vaccination practise since the first edition of the Organon (1810).

- Hahnemann noted, in fact, that some diseases, such as smallpox, were able to block and even heal "homoeopathically", or by similarity, other diseases (measles, orchitis, conjunctivitis, mumps, etc.) of which they shared the same manifestations.

In fact, as reported in the Organon, "A weaker dynamic affection is permanently cancelled in the living organism by a stronger affection if this, differing in quality, is very similar in manifestation"³.

Hahnemann, of course, preferred to resort to "similar" remedies rather than the mechanical introduction of pathogenic material - which could have awakened similar long-standing diseases - as they were "more dangerous means of healing than

the evils themselves"⁴. As a researcher from the Bosch Foundation, Carol Ann Galego rightly writes, "the application of the principle of similars is based mainly on the observation of the processes induced by remedies capable of producing similar symptoms, rather than in the mechanical insertion of the disease itself"⁵.

Nonetheless, Hahnemann recognized vaccination as a form of "homeopathic healing" as irrefutable proof of Vis Medicatrix Naturae⁶: "The human smallpox that arrives at the vaccine truncates it completely (homopathically) both for its greater strength and for its great affinity and not he lets it continue until the end". This is why "... human smallpox... due to the great similarity it is greatly attenuated and made more benign". As a confirmation of this, in footnote 3, he writes that "this seems to be the reason for the beneficial and wonderful phenomenon of Jenner's vaccination, for which smallpox has no longer appeared epidemically so malignant"⁷.

The purpose of this work is to show, on the one hand, the evolution over time of the Hahnemannian methodology regarding the management of epidemic diseases:

a methodology that subsequent generations of homeopaths have taken as a reference model in the management of these emergencies.

2. Hahnemann epidemiologist: smallpox

Hahnemann's first epidemio-logical observations date back to 1782, when he publishes a work on the so-called "bluetongue" (*On a bluetongue observed from August 1780 to February 1781*)⁸. Subsequently, in 1794-95, as a health officer, he was able to study the action in the field of epidemic diseases and to deepen the concept of prevention. Between 1792 and 1795, all the observations and experiences gained are collected in *"The friend of health"*⁹. In the first part of the text Hahnemann recommends the general precautions to be taken during the visit to the patient. It also advises to take all precautions with the utmost gradualness to maintain a certain psychophysical balance: nature, in fact, does nothing without adequate and careful preparation so everything must be done gradually. In other words, simplicity and gradualness are the choices made by Nature to ensure a spontaneous rebalancing. At the centre of his attention there is always the individual inserted in the community: helping the individual means helping everyone. It is a romantic vision: the multitude becomes uniqueness even if the individuality of the answers must always be respected in order to avoid undesired side effects. As he wrote in the *Organon*: *"we only get sick when our body has the disposition."*¹⁰

However, Hahnemann's thought is not static, in fact, it will undergo a significant evolution in subsequent editions of the *Organon*. While in the II edition (1819), in the III (1821), and in the IV (1829), he thinks that vaccination can have a

permanent immunisation, in the V (1833), he omits this consideration and then confirms again it in the VI. In the second part of the text, he invites communities and administrators to take a series of preventive measures such as:

- attention to prisoners whose gathering could cause epidemic outbreaks
- social distancing in environmental conditions of closure or constraint (prisons, hospitals, religious communities, schools) for which it suggests prison sentences in case of disobedience
- the displacement of polluting factories outside the cities
- the disposable clothes that must be washed with boiled water
- the ventilation of the houses and the hygiene of the floors
- avoid drinking water whose origin is unknown
- avoid the common use of furnishings, metal or paper coins because they can also be a source of contagion: in particular, metal coins must be boiled and fumigated with sulfur

Finally, he suggests observing a healthy lifestyle also from a dietary point of view, avoiding excesses. Even more interesting is the clinical methodology followed by Hahnemann in the symptomatologic study of epidemics. The doctor, that is, must not be influenced by *"some similar case that appeared earlier in the world under this or that name"*¹². On the contrary, "... the pure picture of every dominant disease at the moment must be premised as new and unknown" since "every epidemic has a particular expression that upon careful examination is found very different from all previous epidemics".

The rigorous research of the clinical peculiarities of each epidemic must be applied to the patients themselves: only the accurate collection of the symptoms of many similar cases will allow us to have the complete and characteristic picture of the epidemic. In fact, in footnote 1 of §102, Hahnemann affirms that only on the basis of the totality of symptoms will it be possible to choose the most suitable homeopathic medicine.

From all these observations and recommendations, one can see the extreme modernity of Hahnemann's approach as they are the same measures adopted nowadays. One must not forget, however, that in his day, the epidemiological culture was beginning to take its first steps. Although the origin of the main epidemics continued to remain virtually unknown, compared to previous centuries, however, an important turnaround was beginning to be registered: doctors, scientists and rulers began to look at Hippocratic medicine with renewed interest. According to Hippocrates, in fact, certain climatic or geographical conditions can be at the origin of certain diseases¹⁴.

The age of enlightenment, therefore, favoured the adoption of prophylactic measures, albeit in an embryonic and empirical manner. Hahnemann was the son of his time so, inspired by the rational criteria already enunciated by Galileo, he chose to base his methodology on the rigor of live observations and on the necessary verification of the same at a qualitative and quantitative level. In other words, he laid the foundations of what he himself would have defined in the following years *"The Medicine of Experience"*¹⁵: for him, empirical and rational knowledge are by no means incompatible, on the contrary they represent different aspects and moments of reality. From a cultural



point of view, experience often tends to precede and guide scientific investigations which, in turn, are appointed to confirm or deny the empirical observation.

3. Hahnemann and scarlet fever

Nowadays, scarlet fever is present in an endemic form in almost all continents with possible epidemic exacerbations, especially among the infant population. Although there is no specific vaccine, prophylaxis consists in avoiding contact with infected subjects. Currently, it is curable due to antibiotic therapies, but in the past, it caused very serious crises, especially in the 18th century, both in Europe and in North America.

Hahnemann knew that this disease was one of the major health emergencies in Germany at the time. Therefore, he began to take an interest, from a prophylactic point of view, since 1788¹⁶. In 1800, he published a series of works^{17 18 19} that culminated in the 1801 publication²⁰ in which he described the preparation and use of *Belladonna* 30 CH both as a therapy and as a prophylaxis. The dilutions used were inconceivable and shocking for the scientific community of the time, just like the initial administration frequency - every 72 hours - followed by long intervals, as confirmed in subsequent works^{21 22}. In 1808, Hahnemann summarised the results achieved²³ and in 1810, on the occasion of the first edition of the *Organon of medicine*, he explained the rationale for the choice of *Belladonna*: "All the patients of a dominant epidemic have indeed a disease coming from the same cause and therefore a same disease, but the whole complex of an epidemic disease and the totality of its symptoms cannot be observed on a single patient, but must be obtained and detected in a totalitarian way from the sufferings of several patients of different

constitution." And since all those affected by the epidemic have the same symptoms, it is as if that group behaved as a single individual: "And since the cases of disease are of similar origin, their manifestations are similar too"²⁵.

Therefore, while in chronic diseases, the homoeopathic prescription, according to Hahnemann, must be strictly personalised, in epidemics, the medicine must take into account the epidemic symptoms as a whole: also in this case the doctor's experience is fundamental, as he writes in the *Organon of medicine*, "Before 1801, scarlet fever from time to time reigned epidemic... I was able to ascertain in Königsutter that those children who had taken, at the right time, a very small dose of *Belladonna* remained immune"²⁶.

4. Conclusions

Epidemic diseases, together with natural disasters, have always been the main health emergencies for humanity. Thanks to the formidable progress made at the diagnostic, prophylactic and therapeutic levels, today it has been possible to eradicate many of these diseases. However, in the pre-antibiotic era, medical science was almost impotent because it did not have the knowledge and tools to cope with such situations. On the contrary, homoeopathic medicine since its inception could boast a precise methodology and an efficient therapeutic arsenal, able to minimise the impact of epidemics. The key to reading and the strategies developed by Hahnemann were not based on empty theoretical ruminations but on the scientific and impartial rigor of his observations, or rather on the experience gained on the field. The model he developed represented the reliable and sure point of reference for subsequent generations of homoeopaths.

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Homoeopathy in epidemics: from cholera to 1918 spanish flu (Part 2)

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1. Homoeopathy in the cholera epidemics of the nineteenth century: the Italian case

During the nineteenth century, six cholera epidemics plagued Italy and Europe (1834-37; 1848-49; 1854-55; 1865-67; 1884; 1893). From 1836 to 1867, Italian homeopaths treated 6,238 patients with a mortality rate of 7.39%. The experience of Dr Rocco Rubini was particularly significant: while following Hahnemann's instructions¹, Rubini modified the formulation of *Camphora*, which, in the cold state of cholera, proved to be the most suitable remedy². Thanks to this solution, Rubini was able to treat, within 3 months (27 July - 11 September 1854), at the Reale Albergo dei Poveri (Naples), 200 cholera patients without registering any deaths.

During that period, moreover, a Swiss regiment was present in Naples in which 183 cases of cholera occurred: 166 of them, hospitalised at the same institute, were all treated and healed homoeopathically while of the 17 soldiers, hospitalised at the Hospital of the Trinity and subjected to allopathic therapies, only 2 were saved ... Due to these continuous epidemic waves, in 1861-62 the first homeopathic hospital (S. Maria dellaCesarea) was established in Naples, also directed by Rubini: 378 patients suffering from typhus were treated homoeopathically with a mortality of 2%³.

These successes, however confirmed by official statistics, provoked further reactions from the allopathic lobby: in 1863 Rubini was fired and replaced by a coroner (A. Ciccone), one of the most ferocious opponents of homeopathy. Since then, all the homoeopathic initiatives were systematically boycotted: on the occasion of the epidemics of 1856 and 1866, the Neapolitan institutions also refused the treatments offered free of charge by other homeopaths (Mengozi, Cappelli, Simonetti). This incredible hostility caused a drastic reduction in the number of homeopaths: from 500 (in 1834) to 184 in 1863 ... The persecution reached its peak during the epidemic of 1884: the institutions rejected Rubini's free work and even subjected him to a ferocious fiscal control. Poor Rubini was forced to sell his assets and canceled himself from the professional register⁴.

2. Homoeopathy in the 1918 pandemic

Unlike their allopathic colleagues, homoeopathic physicians achieved great success in treating the flu pandemic, even if their merits were ignored or underestimated, just as they did in previous cholera outbreaks. The interesting fact that emerged from their experiences was the extraordinary agreement both in the use of medicines and in the statistics reported and published in the journals of the time: mortality in the case of homeopathy, in fact, was only 2.1-5% against 40-60% of allopathic therapies. Unfortunately,

the heavy military censorship did not allow homoeopathic doctors of the European countries involved in the conflict to disseminate and publish data on the spanish flu. This is the main reason why there was no significant news regarding Italy and the other belligerent countries. In those years, the main Italian journals ceased publication and the number of homoeopathic doctors gradually decreased until the 1930s. With the exception of A. Nebel⁵ (who among other things in 1938 developed the nosode "Influenzinum"⁶), only Spanish (in Europe) and American homeopaths were allowed to leave the evidence of the work done.

a. The Spanish experience

The Revista de Homeopatia Practica in the November 1918 issue is the reference point⁷. The work is by Dr A. Olivè, co-director together with A. Vinyales.

The cases begin in March, first in a mild form, then in an increasingly epidemic and severe form. Apart from a generic prophylaxis, how to avoid gatherings (a city ordinance requires public transport to travel with the doors open to facilitate ventilation) and the normal forms of hygiene, a respiratory and oral prophylaxis is recommended (sodium perborate, diluted hydrogen peroxide), trying to avoid sudden changes in temperature that could affect the mucous membranes of the respiratory tract.

One can immediately notice how the homeopathic doctor takes an interest in the man inserted in



his environment, following the principles that Hahnemann had indicated in "The friend of health"⁸. Fundamental is the study of individual variables.

The most frequently prescribed remedies are:

- *Aconitum napellus*, *Veratrum viride*, *Belladonna*, *Eupatorium perfoliatum*, *Bryonia alba*, *Ipecacuanha*, *Antimonium tartaricum*, *Phosphorus*. often associated, in the period of convalescence, with:
- *China officinalis*, *Nux vomica*, *Arsenicum album*.

In haemoptysis and haematemeses are prescribed: *Millefolium*, *Trillium pendulum*, *Hamamelis virginiana*.

In the review, a work by Dr J. GiròSavall⁹ illustrates the effectiveness of homeopathy in the various symptom pictures of the epidemic and its complications (pneumonia, bleeding, involvement of the digestive system). The general symptomatology is characterised by insomnia, inappetence, generalised asthenia, sudden onset and long persistence of symptoms, frequent relapses, unpredictability of manifestations. Fatigue, in benign cases, is accompanied by the desire for immobility, a feeling of fatigue with no apparent cause, refusal to move. In severe cases, precordialgia, tachycardia, algorithm and rapid death are associated with these symptoms.

It is likely that the reckless use of any type of symptom therapy has favoured morbidity, reducing the individual's defense power.

The drugs mainly used in therapy, in low dilution, were the following: *Bryonia alba*, *Aconitum napellus*, *Eupatorium perfoliatum*, *Nux vomica*, *Phosphorus*, *Rhus toxicodendron*, *Veratrum viride*, *Baptisia tinctoria*, *Gelsemium sempervirens*,

Chininum sulphuricum, *Ipecacuanha*, *Tartarus emeticus*, *Arsenicum album*, *Carbo vegetabilis*, *Ranunculus bulbosus*, *Cantharis vesicatoria*, *Iodum*, *Opium*, *Ignatia amara*, *Apium virus*, *China officinalis*, *Colocynthis*, *Mercurius corrosivus*, *Veratrum album*, *Colchicum autumnale*, *Chelidonium majus*, *Ferrum phosphoricum*, *Allium cepa*, *Phosphoricum acidum*, *Hydrastis canadensis*, *Secale cornutum*, *Millefolium*, *Lachesis mutus*, *Crotalus horridus*.

Those used during convalescence: *Avena sativa*, *Arsenicum album*, *China officinalis*, *Gelsemium sempervirens*.

As a prophylaxis: *Rhus toxicodendron*, *Bryonia alba*, *Eupatorium perfoliatum* with the addition of dietary principles.

GiròSavall also reports that over 150 cases were treated at the Nino Dias Homeopathic Hospital. Among them, 46 bronchopneumonia with only 1 death.

b. The American experience

The experience of American homeopaths was much richer and more significant, widely documented in the "Journal of the American Institute of Homeopathy"¹⁰. From this point of view, the article by Dr A. Dewey¹¹, who collected the case histories of 50 american homeopaths, from which the concordance in the % of healings (90-97%) and in the remedies used (the same of the spanish but on much more numerous cases).

Another interesting fact, confirmed by all american homeopaths, was the observation of the lethality of aspirin, the drug recommended by the health authorities: the megadoses prescribed (from 8 to 31 gr / day!), the powerful anticoagulant effect (then unknown), but above all its "suppressive" action would have had a great responsibility in the

death, consisting of haemorrhagic pneumonia in already seriously compromised subjects.

According to Dr A. Williams (Rhode Island), aspirin caused death in 60% of patients who developed pneumonia¹². Even Dr Loizeaux (Des Moines, Iowa), before coming to homeopathy, saw two daughters die, precisely because of aspirin. But during the 1918 pandemic, he only used homeopathic medicines without any case of pneumonia so he said: "Germany killed more people with aspirin than with bullets".

Dr W. F. Edmundson (Pittsburgh, Pennsylvania) related an anecdote: a doctor at the local hospital asked a nurse if she knew more effective remedies than those in vogue because she was losing too many patients. The nurse replied that she should stop taking aspirin and go to the homeopathic pharmacy. "But that's homeopathy!" reiterated the doctor. "Yes, doctor", replied the nurse "But the homeopathic doctors with whom I worked in doing so have not lost even a patient!"

In Philadelphia, Dr Dean W. Pearson collected 26,795 cases treated by various homeopaths with a mortality of 1.05% versus 30% of allopaths. Also in Philadelphia, Dr E. F. Sappington reported that 1,500 patients were treated at the District of Columbia Society of Homeopathic Medicine with only 15 deaths, while 100% healings were achieved at the National Homeopathic Hospital.

In New York, the International Homeopathic Association also reported relevant statistics: 17,000 patients (with many cases of pneumonia) with a mortality of 0.25%. Another famous homeopath, Herbert A. Roberts, sent a questionnaire to 30 homeopaths in Connecticut: 6,602 patients with only 55 deaths (1%). He himself, embarked at that time on a merchant fleet, treated 81 patients:

all healed homoeopathically and regularly disembarked. Dr Frank Wieland of Chicago successfully treated, thanks to *Gelsemium*, 8,000 factory workers with 1 death, without aspirin or vaccines. Dr Mary Senseman (Illinois) treated 49 bed-ridden subjects (immobile, congested, complaining, unwilling or asking for anything) with *Bryonia alba* 10M and 23 others (with sticky nose and mouth mucus) with *Senega* 1M-10M.

Dr T. McCann (Ohio) treated over 1,000 cases without any death with only 4 remedies: *Gelsemium sempervirens*, *Bryonia alba*, *Eupatorium perfoliatum*, *Arsenicum album*. The list of cases could go on for a long time but for reasons of brevity we stop at this point, referring the interested parties to the cited article by Dewey. In Philadelphia, Dr Dean W. Pearson collected 26,795 cases treated by various homeopaths with a mortality of 1.05% against 30% of allopaths. Also in Philadelphia, Dr E. F. Sappington reported that 1,500 patients were treated at the Columbia District Society of Homeopathic Medicine with only 15 deaths, while 100% healings were achieved at the National Homeopathic Hospital.

3. Conclusions

The management of epidemic diseases by "mainstream" medicine in the pre-antibiotic era proved insufficient as its diagnostic, prophylactic and

therapeutic approach was mostly based on inadequate empirical and symptomatic measures. Over the past 80 years it has made great progress, also thanks to the enormous resources at its disposal. However, it is not free from critical issues (side-effects, environmental pollution, increased resistance to antibiotics, etc.) and contradictions, especially on an ethical and economic level.

On the contrary, the correct application of the methodology developed by Hahnemann has allowed subsequent generations of homeopaths to obtain brilliant successes in the management of the great health emergencies of the past (cholera, flu pandemic, yellow fever, etc.) and of the present. Although there is still a certain resistance on the part of health and academic institutions to accept and recognise the contribution of homeopathic medicine, these results are a reality as they have been documented and published. According to the World Health Organization, homoeopathy is, not surprisingly, the second most widespread medical system in the world, with over 600 million patients on 5 continents. Also for this reason, it suggests the implementation of the health services of the member countries.

Therefore, it is one's own opinion that a correct and wise integration between the two medical systems would be desirable from

every point of view, for the good of science and humanity.

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A brief overview on role of homoeopathy in epidemic disease

By Dr Subhasish Sarkar¹, Dr Asif Sardar²

Abstract: Presently, the whole world is fighting against the recent outbreak of novel corona virus, due to absence of the proper preventive and therapeutic measure; policymakers of every country are still searching for a way to control this outbreak. Nowadays, medical infrastructure and equipment are becoming costlier day by day in both health cares as well as to develop any vaccines. There is always a challenge to be faced in case of developing new treatment protocol to counter recent epidemic outbreak. In this scenario, an alternative approach could be a choice to handle this type of epidemic outbreak. Among alternative treatment, homoeopathy showed its effectiveness as both preventive and curative in epidemic outbreaks. This article aims to highlight the role of homoeopathic medicines in epidemic disease affecting humanity in the past and the scope of homoeopathy in the future.

Keywords: Epidemic disease, homoeopathy, genus epidemicus, homeoprophylaxis.

Abbreviations: SARS: severe acute respiratory syndrome, MERS: middle east respiratory syndrome, COVID-19: coronavirus 2019, BCT: Belladonna, *Calcareo carbonicum*, *Tuberculinum*.

Introduction

Since the ancient era, human has always tried to find out preventive measures of any disease, even before the discovery of microorganisms. In earlier day's witchcraft, holy water, rings, talismans, etc., were tried according to different belief to prevent diseases. As the modern system grows, they try to find a new way of prevention by developing a vaccine which is merely uncertain, expensive and time consuming against infectious disease. Also, vaccination has some unacceptable side effects.¹

Recently an outbreak of COVID-19 is the 3rd attack since the beginning of 21st century, previous ones being SARS epidemic in 2003 and MERS-COVID in 2012.² These epidemic outbreaks seems to be very much challenging as their spread is very much rapid via droplets and non-availability of specific vaccine and antiviral drug. Conventional management for the epidemic outbreak is the vaccine, antiviral and antibiotic medications. However, there are so many difficulties, the development of vaccines along

with viral mutation and increasing antibiotics resistance make this stranded protocol gradually useless in a new epidemic outbreak.³

Even after the application of several antiviral drugs in recent COVID-19 outbreak, several patients recover from the acute stage, but it shows post-COVID-19 complications like respiratory distress, psychological disturbances, etc. Here, homoeopathy can come with a better approach to prevent, treat and can reduce complications in the ongoing epidemic. Homoeopathy is based upon the principle of natural law is always maintained whether it is an acute disease, epidemic disease or chronic disease.⁴ According to Hahnemann, "contagious principle" is behind every epidemic outbreak. Hence, the close observation of first cases in an epidemic of infectious disease is valuable to obtain symptomatology of the epidemic disease, which helps to choose genus epidemicus.^{5,6} This genus epidemicus may use as preventive and therapeutically. In this context, homoeopathy could be one of the best choices for the future epidemic outbreak, as it is a holistic approach of treatment along

with cost useful, the safest mode of administration.⁷

History and scientific research evidences:

Homoeopathy was first applied as preventive during an epidemic of scarlet fever in Königslutter, Germany in 1801, when Hahnemann prescribed a single dose of *Belladonna*, as the genus epidemicus to susceptible children in the town with significant success.⁸

Also, some available data from history evident that homoeopathy has a significant role in controlling and preventing the epidemic outbreak, in the 1800s and 1849 Dr Boenninghausen treated and prevented "untold" numbers of cholera and smallpox infections by homoeopathy and reduced mortality rate significantly in comparison to conventional treatment.^{9,10} Dr Francisco Eizayaga in 1957 used homoeopathy with significant outcome in severe poliomyelitis epidemic occurred in Buenos Aires,¹¹ Castro and Noguiera in 1974 Meningitis was an epidemic in Brazil where *Meningococcinum* was given as prophylactic with the

effectiveness of 95.7%,¹² Japanese encephalitis during the outbreak in eastern parts of Uttar Pradesh in 1989, 1991 and 1993, Belladonna 200c single dose was distributed with significant result. In a follow up of 39, 250 persons, none of them reported any signs and symptoms of Japanese encephalitis.¹³

Old data reveals that *Camphora*, *Cuprum metallicum* and *Veratrum album* proved successful in different stages of the Cholera epidemic (1831–1832) and the mortality rate was reduced to 7%–10%. In contrast, with conventional treatment, it varied between 40 and 80%. *Camphora* saved another epidemic of cholera in 1846, where the mortality rate was 5%–16% amongst patients treated with homoeopathy as compared to 54%–90% amongst patients treated conventionally.¹⁴

In addition to the old data, some scientifically conducted research studies showing the beneficial role of homoeopathic medicine in preventing the spread of epidemic diseases in various disease outbreaks such as chikungunya, dengue fever, Japanese encephalitis, cholera and A/H1N1 influenza pandemic.^{15, 16, 17}

Above examples from the past as well as the recent time's scientific research evidence undoubtedly show the repeatedly verified power of the rightly selected homoeopathic medicine in preventing the occurrence of the disease in unaffected persons during an epidemic.

Homoeopathic approach in epidemic outbreak:

According to the homoeopathic concept, the disease is caused by noxious morbid agents that by dynamic invades the living organism and derange the vital force dynamically and induces production of sign and symptoms. A person is having the strong vital force and less susceptibility they cannot be

affected by any disease agent. As per aphorism 4 of Organon of medicine, "he is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from the person in health".¹⁸ Homoeopathy does not kill the bacteria and viruses, it just increases body immunity to deal with the causative agent. Selection of medicine solely based on the totality of symptoms of the patient not upon causative agent. **Homoeopathic preventive and therapeutic approach in epidemic disease has different ways-¹**

- **Forming genus epidemicus-** Here, selection of a remedy on the basis of totality of symptoms found in the majority of patients suffering from same epidemic disease. This genus epidemicus may use as curative, as well as prevention for the epidemic outbreak.
- **Use disease nosodes-** Specific disease nosode can be used in the prevention and therapeutic purpose of the corresponding disease like *Morbillinum* for measles, *Variolinum* for smallpox, *Influenzinum* for influenza-like illnesses, etc.
- **Use constitutional medicine-** When the above two methods fail to control an epidemic condition, this method act best. Constitutional prescription improves patient vitality and protects against infectious disease, and it can reduce the suffering of the affected patient.
- **Homoeopathic vaccination-** This method involves the routine administration of a series of remedies in the hope of protecting against the variety of disease. Its proponent aim is long term immunity. For example, Dr Isaac Golden's homeoprophylaxis programme, a total of 28 doses of different

remedies giving to children during the first five years of life. The interval between doses is two months. However, it is a highly controversial method, showing effectiveness, for example, BCT programme against Japanese encephalitis in Andhra Pradesh.

According to homoeopathy, every epidemic is unique and different from previous ones. Every time physician must approach every epidemic outbreak to be new and unknown one. After seeing several cases possessing the different physical constitution, the outline of the disease picture became more and more complete, which helps to form the totality of symptoms. The selection of a remedy not only based on subjective symptoms but also pathological symptoms.⁶ In every epidemic outbreak, choice of genus epidemicus is the ideal way of approach. This approach is the best management against a particular epidemic in a specific region. But the selection of genus epidemicus requires a lot of effort and hard work. In the case where a selection of genus epidemicus is difficult or uncertain, then individualised constitutional medicine, or the specific disease nosode may be given when an epidemic occurs in a particular locality not spread to the community.¹⁹

Conclusion

In future, there will always be the chance of epidemic outbreak like recent ongoing COVID-19 pandemic, and the human race is still being susceptible to them. Every upcoming epidemic will be unique and evolving in nature, so there will always be a need for evolution in the system of medicine. Where conventional approaches are much time consuming and require costly research to find out proper management every time for

an epidemic outbreak. However, homoeopathy is always there to face such type of epidemic situation, as we know the homoeopathic approach based on the strict principle of patient individualisation not on organisms or causative agent. Thus in future homoeopathy can be one of the best choices for the preventive and therapeutic measure to reduce the mortality and morbidity in an epidemic outbreak, along with there are distinct advantages includes reduced financial burden, safer means for prevention and easier to storage and administration. However, establishing the preventive use of homoeopathy in a public health setting is a challenge. High quality safe pre-clinical, as well as robust clinical research, is required to be undertaking to establish the role of homoeopathy in epidemics.

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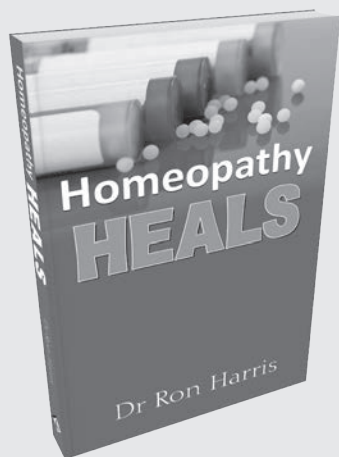


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Modus operandi of homoeopathy and its evolution

By Dr Payal Gupta, Dr Abhilasha Pramanik, Dr Aastha

Abstract: Ever since the homoeopathy was discovered by Dr Hahnemann, its modus operandi or working principle always has remained unexplained. No visible or detectable medicinal ingredient in the remedies was the main reason behind this. Due to this reason, it has always been attacked by its opponents as placebo effect or lack of scientific legitimacy.

Keyword: Modus operandi, homoeopathy, water memory theory, infinitesimal dose.

Abbreviations: Ars. –*Arsenicum album*, CCL4- carbon tetrachloride, DNA- deoxyribonucleic acid, Vol.- volume, WBC- white blood cells.

Introduction

Since the time of discovery of homoeopathy (1796), homoeopathy is being attacked by its ignorant opponents, so-called “skeptics” about its “modus operandi”, mostly because of the easiest misleading demonstration that there is no visible or detectable medicinal ingredient in the remedies as they are diluted beyond their understanding. The most common subject of skepticism towards homoeopathy has been the exceedingly small doses of medicine being used in the treatment and cure of patients. Skeptics of homoeopathy have asserted that there are no molecules left in the highly diluted homoeopathic solutions.

Evolution of minimum dose

Homoeopathy was crystallised into a medical system in the late 18th century by Samuel Hahnemann but soon Hahnemann became disillusioned with his inability to cure his patients. After withdrawing from medical practise and engaging instead in translating medical Hahnemann came across *William Cullen's Materia Medica* and its pathogenetic description of cinchona bark.

Hahnemann ingested some of the bark and recorded the symptoms he subsequently experienced. Hahnemann thus elaborated the six principles of homoeopathy. First, the law of similia, i.e. “like cures like”. Second principle, the principle of the minimum dose denoting that in all cases, the smallest drug dose possible should be used in order to achieve a therapeutic effect without harmful consequence.

Through experimentation, Hahnemann came to dilute drugs to such a degree that no material substance of the original drug was left in the diluent. This process, which Hahnemann called “dynamisation”, enhanced the drug's therapeutic power whilst minimising its side effects, and was explained by him in terms of the release of energy (dynamis) from matter in the process of succussing (shaking) the remedy between dilutions. This eventually led to the million, millionth dilutions and beyond, what came to be known as the “infinitesimal dose.”

Before his discovery, Hahnemann claimed people witnessed this law or “spiritualisation” in the form of friction (the generation of heat via rubbing) and the magnetisation of a steel rod by rubbing it strongly in one direction with a blunt

knife. Hahnemann also stated that trituration and succussion release the “spirit like medicinal power” of the medicine¹.

Hahnemann and his successors have generally agreed that potentisation increases the power of medicine, making the 30th dilution stronger than the 20th and the 20th stronger than the 10th ².

The first hint of an explanation of the mode of action of remedies occurs in the *Medicine of Experience (1805)* as, “when two abnormal general irritations act simultaneously on the body, if the two be dissimilar, then the action of the weaker will be suppressed for some time by the stronger.” As an illustration of this, Hahnemann cites the suppression of measles by small-pox, and of the plague by the same disease³.

Another one is, “when the two irritations greatly resemble each other, then the weaker, with its effects, will be completely extinguished and annihilated by the analogous power of the stronger.”

In the preface to the fourth vol. of the *The Chronic Diseases, 1838*, Hahnemann attempted another explanation of the curative of the curative process, which is,

“It is undeniable that our vital force is unable, without the

assistance of true curative agents, administered by human skill, to combat with inconsiderable acute diseases (if even it do not succumb to them), and to re-establish a sort of health, without sacrificing a portion (often a large portion) of the fluid and solid parts of the organism in what is called a crisis. How it affects this will remain forever unknown to us; thus much, however, is certain, that it cannot overcome even these diseases in a direct manner, not without such sacrifices.

Opposition to homoeopathy

Hahnemann published his first essay in Hufeland's journal and so the very first criticism of homoeopathy appeared in the journal *der erfindungen* by Hecker. He said, "Hahnemann's principle is a principle without a principle."

Another detailed criticism appeared in 1811 in *Med. chir. Zeitung* where Hahnemann was blamed as irrational and illogical in his thinking⁴.

A severe blow to homoeopathic law of minimum dose came from the chemical school, particularly by avogadro's law, published as a hypothesis in 1811 and tested experimentally by Millikan in 1909. This law established that one mole of a substance contains $6.022140857 \times 10^{23}$ molecular units. As a result, by simple calculation, it can be explained that dilution of a substance beyond 10^{23} , which is homoeopathic 12C potency, does not contain any molecule or atom of that substance⁵.

Evidences in favour of modus operandi of homoeopathy

1. Empirical evidences

The initial type of evidences regarding the efficacy of

Homoeopathy is solely based on the experiences of Hahnemann and different stalwarts. During the late 18th and 19th century, the proponents of unconventional medicine relied principally on the assumptive world of animal magnetism, an ethnic medium ritualised by Franz Anton Mesmer. For those more inclined to spiritual aspect of medicine, the worldview of theologian Emanuel Swedenborg served as the metaphor for the primacy of spirit over matter⁶.

In the 19th century, homoeopathy was not an "alternative medicine" but part of "science". In the latter half of the 19th century, homoeopaths were attempting to put the homoeopathic law of *similia similibus curentur* onto an even more scientific footing. For them, this law was to medicine what Newton's laws of motion and gravity were to physics. By the last quarter of the 19th century, homoeopaths were looking for "scientific" explanations of how *similia* and minimum dose worked. At the end of 19th century, came the Arndt-Schulz rule regarding the effects of medicine in different concentrations.

By the early 20th century, homoeopaths were forming an alliance between homoeopathy and Mendelian genetics⁵.

2. Laboratory evidences

The most serious obstacle to clinical research in homoeopathy is of methodological nature, in the drug prescribing is based fundamentally on individual symptomatology, and not so much on diagnosis of actual disease. Although many clinical trials published till date are of low quality, there is small but a significant body of work reporting positive evidence in favour of efficacy of homoeopathic *modus operandi*.

Ferley and coworkers also used homoeopathic complexes in treatment of influenza. They

conducted two studies, the first based on methods of low dilution combination pharmacology in which the incidence and duration of symptoms were no different in group treated with complex compare to group treated with placebo. However, the 2nd study used a unique homoeopathic preparation called *OSCILLOCOCCINUM*, consisting essentially of a high korsakovian dilution (200 k) of *Anas barbariae* (duck) liver and heart extract. It shows significantly increase number of cures within 48 hours of diagnosis⁶.

In the 1990s, a study was performed on the effects of highly diluted thyroxine on frog metamorphosis. This model represented one of the most discussed examples of the biological effects of high dilutions over the next two decades. In 2010, another critical conceptual review of the use of animal models in homoeopathy and high-dilution research was published⁶.

In toxicology, an attempt has been made to investigate whether high dilution of a toxic substance is capable of modifying either its elimination or its consequences. A number of studies has demonstrated that the 700th dilution of *Arsenicum album Bismuthum* and *Bismuth* is capable of increasing the urinary excretion of same metals in rats. The effect of high dilution of CCL4 confirmed similar data in non-homoeopathic literature. It has also been reported that small doses of cadmium reduce the renal toxicity caused by the same metal in the rat⁶.

The most significant in vitro study was conducted on human basophils using the degranulation test by Jacques Beneveniste (1981). Beneveniste conducted a series of experiments that measured the response of human WBC's to an antibody that has been diluted in distilled water to a point where

the solute contained no remaining molecule of active substance. Beneveniste and his colleagues theorised that the antibodies have left their “imprint” on the water molecule and this “imprint” was sufficient to cause a reaction from WBC⁷.

An extraordinary paper authored by Nobel prize-winning Luc Montagnier has shown memory effects in aqueous DNA solutions that depend on interactions with the background electromagnetic field. These effects require the prior processing and dilution of the solutions and are explained as resonance phenomena with nanostructures derived from the DNA and water. As applied to homoeopathy, the ‘memory of water’ concept should also be extended to the memory of aqueous ethanol preparations, which are also used⁸.

Further a three-step working hypothesis was given by George Vithoulkas to explain the specific organisation of molecules of the solvent in homoeopathic microdilutions which can maintain the properties of an initial substance not effectively present⁹.

Conclusion

It matters little what may be scientific explanation of how it takes place; and I do not attach much importance to the attempts made to explain it (aphorism 28).¹

It is true that homoeopaths are not entirely certain of working principle of homoeopathic medicines, but to be entirely honest, there are various modern medicines and many antibiotics whose mode of action is not completely known.

Although many papers on experimental research in homoeopathy have so far been published from well-established

laboratories demonstrating positive effects on the mechanism of action, particularly of the higher potencies that can bring forth spectacular changes in living organisms but none has been properly dealt with by most authors.

One great difficulty that stands for criticism is the lack of understanding of what actually happens after the highly diluted ultra-low dose of the drug is administered on tongue. Tracing the movement of the ‘molecular imprint’ through receptors or nerve cells in the absence of the original ‘drug molecule’ or pinpointing the mechanism(s) and pathway(s) of action of the drug after it is administered on the tongue of a patient or an experimental animal is simply impracticable.

Modus operandi of homoeopathy can be explained in following ways:

1. **THROUGH PHENOMENOLOGICAL EXPLANATION**, i.e. facts speak for itself.
2. **THROUGH IDEOLOGICAL IMPLICATION**, i.e. various theories and schools of thoughts.
3. **THROUGH LABORATORY AND RESEARCH BASED EVIDENCES**, i.e. various studies published time to time.
4. And the last one is through **ARGUMENTS**.

“It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science; and on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.”

– Constantine Hering
(1800-1880)

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Understanding intermittent fever and its homoeopathic management

By Dr Sristi

Abstract: Intermittent fever is the most common presentation of infectious diseases, presenting either as a main or an accompanying symptom. There are great possibilities and evidences available for intermittent fever being cured with homoeopathic approach. Since ages, fever has been recognised as one of the hallmarks of a clinical disease. Keeping a track on body temperature with respect to onset, duration and termination, it becomes easier to perceive the nature of intermittent fever.

Even before the discovery of malarial parasite, right from the Hahnemannian era till today, homoeopathic physicians have been treating episodes of intermittent fever. But it is necessary to look into the specific nature of paroxysm along with the strongest and the most peculiar symptoms as observed in each individual case.

Keywords: Intermittent, homoeopathy, therapeutic, fever.

Abbreviations: FUO – fever of unknown origin.

Introduction

Presence of intermittent fever during infectious diseases is common and had been variedly taken at the individual level by the practitioners. Frequent infectious causes of intermittent fever include focal bacterial infections, infections localised to canals like urinary or biliary ducts or the colon, and infections due to a foreign material. Other causes includes infective endocarditis, tuberculosis, or malaria, or exceptional like borreliosis, ratbite fever, chronic meningococemia or chronic Epstein - Barr virus infection.¹ It requires careful anamnesis and clinical examination as well as a few laboratory investigations, preferably performed during a febrile episode to get sufficient to set the limits of possible further more complex investigations. In homoeopathic system of medicine, the term “intermittent fever” has been used for fever with paroxysm composed of two opposite alternating states (cold, heat – heat, cold) or more frequently three (cold, heat,

sweat). Therefore, it is necessary to look into the specific nature of paroxysm along with the strongest and the most peculiar symptoms as observed in each individual case.¹

Understanding fever

Since ancient times, fever has been recognised as one of the hallmarks of a clinical disease. With the accurate recording of body temperature becoming possible in the eighteenth century when the Dutch inventor Fahrenheit introduced the thermometer, it was possible to classify it into different types. A German physician, Wunderlich, in 1868, emphasised the clinical usefulness of recording body temperature based on his observations of 25,000 patients. Fever may appear in both infectious as well as non-infectious diseases and holds a central role in the definition and pathogenesis of heat-related illnesses such as heat stroke².

Most of the fevers are caused by infection but there are many other diseased states wherein fever may occur. Febrile states not after

disordered thermoregulation, as in hypothalamic lesions, are due to the release of endogenous pyrogen. Fever may be caused by endogenous pyrogen (EP) which acts on receptors in the thermoregulatory hypothalamus. Fever may be produced by an increase in the production of local prostaglandin (PGE2), monoamines, cations such as sodium and calcium, or cyclic adenosine monophosphate. Exogenous stimuli of endogenous pyrogen (EP) release from its source in monocytes, liver, spleen and lung macrophages, keratinocytes, polymorphonuclear cells, vascular endothelial, and smooth muscle cells, and kidney mesangial cells include: lipopolysaccharide (endotoxin) of gram-negative rods, viruses, other bacterial products, fungi, etiocholanolone, antigen-antibody complexes, polynucleotides, and other antigens. Viruses, tumors, and hypersensitivity reactions to drugs and other substances may stimulate endogenous pyrogen (EP) release from monocytes indirectly via lymphokines secreted after interaction with sensitised lymphocytes.

Clinical significance

The cause of fever is often evident from the history, physical examination, and initial laboratory and radiologic studies. Looking into the myriad causes in an organised approach is a formidable task for the clinician, the approach needs to be directed and well thought out.³

Clinical usefulness of fever patterns has been taken in different patterns: intermittent, remittent, continuous or sustained, hectic, and relapsing. In intermittent fever, the temperature gets increased but falls back to normal (37.2°C or below) every day, while in a remittent fever, the temperature falls each day but not to normal. Both patterns have the amplitude of temperature change is more than 0.3°C and less than 1.4°C. When the difference between peak and trough temperature they can be called as hectic. Continued fever is a pattern in which there is little change (0.3°C or less) in the elevated temperature during a 24-hour period. In relapsing fever, a variant of the intermittent pattern, fever spikes are separated by days or weeks of intervening normal temperature³.

Aetiology

The aetiology depends on age, duration of fever, and immunologic status. In children less than 6 years of age, an infectious aetiology is the most common cause. The prevalence of collagen vascular disease and inflammatory bowel disease has increased in children between the ages of 6 and 16. In the elderly, there is a higher percentage of patients with giant cell arteritis and "cryptic" disseminated tuberculosis. In some cases, it may remain undiagnosed as in diseases such as atrial myxoma, systemic lupus, factitious fever, and adult still's disease which have not been reported to cause FUO in the elderly³.

As a generalisation, the longer the duration of an FUO, the less likely are infectious and neoplastic aetiologies, whereas factitious disease, granulomatous disease, still's disease, and obscure diseases become important considerations.

Homoeopathic perspective

Right from the Hahnemannian era and still today homoeopaths are treating intermittent fever successfully using homoeopathic remedies much before discovery of malarial parasite. Intermittent fever has a wider scope in homoeopathy and includes all types of fever including malaria as defined in § 235.⁴

Dr H. C. Allen, in his book, *Therapeutics of Intermittent Fever*, had put forward some of the prevailing concepts by respective practitioners as follows:

- a. "Intermittent fever is a neurosis. Its presentation as chill and heat are distinct; their origin are distinct. The heat is due to the action on the sympathetic system; the chill to the spinal system."¹
- b. Lord, on intermittent fever says, "We believe intermittent fever is a neurosis, whose seat is especially in the ganglionic system, and therefore only nerve remedies, and particularly such as act on the vaso-motor part, can cure."³
- c. Wurmb and Caspar on intermittent fever writes, "Acute cases must always be treated by cerebro-spinal remedies; chronic cases by organic remedies."³
- d. Burt's Characteristics understandings are. "There may be two groups of Ague remedies viz.: Quinine,

Gelsemium, Eucalyptus, Nuxvomica, Arsenic, and Cedron, which have the power of destroying protozoa, infusoria, and cryptogamic fungi; and Eupatorium, Cornus, Salicine, Arnica, Natrum mur. Hydrastis correspond to the periodicity of the paroxysm."³

- e. Hale's Therapeutics, p. 609. Bartlett, Salisberry, and others has maintained that the cryptogamic theory, have many followers in our school; and here carbolic acid, salicylic acid, sulphite of soda, etc., must be used to destroy the germs.

Malarial theory- marsh miasm³

The prevailing occurrence of epidemics of malaria was earlier supposed to be the result of decaying vegetable and other organic matter, occurring especially along the rivers with stagnant water. In the present context, malaria is considered as an acute febrile illness caused by plasmodium parasites. People get infection via bite of infected female anopheles mosquitoes, called "malaria vectors." There are 5 parasite species that cause malaria in humans, and 2 of these species – plasmodium falciparum and plasmodium vivax pose the greatest threat. In a non-immune individual, symptoms may appear in 10–15 days after the infective mosquito bite. Fever, headache, and chills appear as first symptoms. They may be mild and difficult to recognise as malaria. If not treated within 24 hours, plasmodium falciparum malaria can progress to severe illness, often leading to death.¹

Therapeutics of intermittent fever³

1. *Camphor officinalis*: Fever comes along with chilliness and the patient suffers from these

- symptoms in the early stage of fever as sensation of fever or coryza, watery nose and aggravation of the symptoms of fever by doing a little labour.
2. ***Ipecacuanha***: Beginning of irregular cases; with nausea, or from gastric disturbance. Accompanied with dyspepsia, every other day at same hour; fever, with persistent nausea. Tongue clean or slightly coated.
 3. ***Aconitum napellus***: Fever with skin dry and hot; face red, or pale and red alternately; intense nervous restlessness, tossing about in agony; becomes intolerable towards evening and on going to sleep. Complaints caused by exposure to dry cold air, dry north or west winds, or exposure to draughts of cold air while in a perspiration; bad effects of checked perspiration. Restless, anxious, does everything in great haste; must change position often; everything startles him. Tongue coated white. Intense thirst. Thirst for cold water. Bitter taste of everything except water.
 4. ***Belladonna***: A high feverish state with comparative absence of toxæmia. Burning, pungent, steaming, heat. Feet icy cold. Superficial blood-vessels, distended. Perspiration dry, only on head. No thirst with fever. *Belladonna* always is associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, excited mental state, hyperæsthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water. Worse; touch, jar, noise, draught, after noon, lying down.
 5. ***Glonoinum***: For fever due to sunstroke, patient suffering from severe pain.
 6. ***Ferrum phosphoricum***: If the patient has no symptom of fever, this biochemic medicine should be given to the patient at the regular intervals of 2-3 hours. Take this medicine until fever subsides completely.
 7. ***Rhus toxicodendron***: Adynamic; restless, trembling. Typhoid; tongue dry and brown; sordes; bowels loose; great restlessness. Intermittent; chill, with dry cough and restlessness. Great restlessness, anxiety, apprehension; cannot remain in bed, must change position often to obtain relief from pain. Corners of mouth ulcerated, fever blisters around mouth and on chin. Tongue: dry, sore, red, cracked; triangular red tip; takes imprint of teeth. Great thirst, with dry tongue, mouth and throat. Aggravation; during sleep, cold, wet rainy weather and after rain; at night, during rest, drenching, when lying on back or right side. Amelioration; warm, dry weather, motion; walking, change of position, rubbing, warm applications, from stretching out limbs.
 8. ***Nux vomica***: This medicine is cold natured but it is used in that condition when the patient feels cold and heat alternately. Fever; Cold stage predominates. Paroxysms anticipate in morning. Excessive rigor, with blueness of finger-nails. Aching in limbs and back, and gastric symptoms. Chilly, must be covered in every stage of fever. Perspiration sour; only one side of body. Chilliness on being uncovered, yet he does not allow being covered. Dry heat of the body. Oversensitive: to external impressions; to noise, doors, light or music; trifling ailments are unbearable; every harmless word offends. Bad effects of coffee, tobacco, alcoholic stimulants; highly spiced or seasoned food; over-eating; long-continued mental over-exertion; sedentary habits; loss of sleep; aromatic or patent medicine; sitting on cold stones, especially in warm weather.
 9. ***Lycopodium clavatum***: Fever; chill between 3 and 4 p.m., followed by sweat. Icy coldness. Feels as if lying on ice. One chill is followed by another. Neglected pneumonia, with great dyspnoea, flying of alae nasi and presence of mucous rales. For persons intellectually keen, but physically weak; upper part of body emaciated, lower part semi-dropsically; predisposed to lung and hepatic affections. Ailments from fright, anger, mortification, or vexation with reserved displeasure.
 10. ***Bryonia alba***: This medicine is also useful in typhoid too. Fever; Pulse full, hard, tense, and quick. Chill with external coldness, dry cough, stitches. Internal heat. Sour sweat after slight exertion. Easy, profuse perspiration. Rheumatic and typhoid marked by gastro-hepatic complications. Complaints: when warm weather sets in, after cold days; from cold drinks or ice in hot weather; after taking cold or getting hot in summer; from chilling when overheated; Lips parched, dry, cracked. Dryness of mouth, tongue, and throat, with excessive thirst. Tongue coated yellowish, dark brown; heavily white in gastric derangement. Bitter taste. Aggravation; warmth, any

motion, morning, eating, hot weather, exertion, touch.

Conclusion

The aim of homoeopathic medicine for malaria is not only confined to malaria but also addresses its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, several medicines are available for management of malaria that can

be selected on the basis of cause, sensation, extension and modalities of the complaints.

Conflict of interest: Nil.

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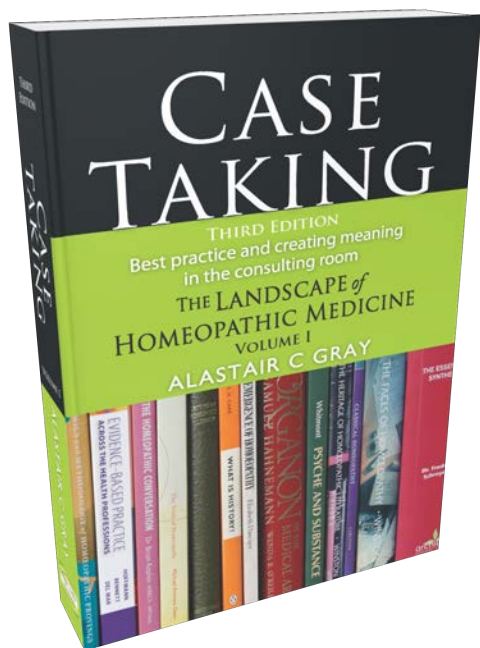
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The Revolution in Medicine

By John H. Clarke

“As Hahnemann’s heirs, much remains for us to accomplish. He has shown us the better way; it is for us to go En Avant*”

(*French word, meaning forward/onward) – J H Clarke.

Reviewed by
Dr Yogesh D. Niturkar

The Revolution in Medicine was the seventh Hahnemannian oration delivered by John H. Clarke (1853-1931) on 5th October 1886 at the London Homoeopathic Hospital. In his oration, Clarke has expressed the journey of Hahnemann from his birth place Meissen, in Saxony, family environment, his struggle, accomplishments and the prevailing medical scenario of that era. Clarke has categorised his oration under 4 headings where he has explained how Hahnemann had revolutionized the medical world. The oration covers all aspects of Hahnemann, the man, the physician, translator, medical philosopher, founder of scientific therapeutics, about his contribution and literary work. The headings of the oration include: **(a) Darkness and Dawn Night** {1786, Hahnemann, A Reformer Not A Destroyer, In The Valley Of The Shadow, Dawn} **(b) The Three Fold Work** {Cleansing The Augean Stable, Constructive And Defensive, Unexpected Allies} **(c) The Revolution and The Man** {1786 And 1886, Medical Dogberry’s, The Man} **(d) Our Inheritance** {The Revolution Not Complete, “Medical Ethics”, En Avant!}

Clarke has concisely summarised Hahnemann’s untiring efforts for the search of evidence based truth. The journey of Hahnemann was full of struggle and opposition but with multiple helping hands in the form of his family members, teachers, friends, disciples and patients had played a pivotal role in shaping the future of

medicine. The struggle with adverse circumstances began in Hahnemann’s childhood; and there can be no doubt that this early lesson in enduring hardship formed one of the most important elements in the training for his later life. Hahnemann’s thirst for knowledge, intense passion and wonderful aptitude for learning earned special attention of his school Principal Herr Miiller, Quarin the physician in Ordinary to the Emperor and many other resourceful persons. He also got monetary exemption of paying school and college fees.

Readers can witness through words how Hahnemann moved from Meissen to Leipzig to study medicine then to Vienna for practical medicine, then MD degree at Erlangen, then Dessau to Gommern where he got married to Henriette Kuchler. Then he went to Dresden and stayed there for 6 years and published Pharmaceutical Dictionary. How Hahnemann freely criticised the practices of fashionable physicians and their violent measures. We can perceive why Hahnemann in despair reached to the thought of “everlasting no” to medical practise and moved back to Leipzig and started translation of books. This was the darkest hour before the dawn.

At that moment Hahnemann was engaged in translating Cullens Materia Medica from English into German and rest of the story is known to all of us. Hahnemann took care to make sure his ground before he made any definite announcement. His translation of Cullen was published in 1790. For six years Hahnemann worked at the subject before he published his essay “On a new

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principle for ascertaining the curative properties of drugs” in which the homoeopathic principle was first clearly made known to the world. Hahnemann was fully equipped and ready to enter on his life’s great work for which all before had been a preparation. At that time bloodletting, violent treatment of lunatics and polypharmacy was a routine medical practise which was openly protested by Hahnemann and he proved how to treat judiciously with human approach.

Hahnemann did not spend all his powers in fighting the abuses of his time. All the while he was assiduously working out

his idea, testing the action of medicines on his own healthy body and building up his system on the solid ground of his observed results documented in *Materia Medica Pura* and *Organon of Medicine*. Clarke also emphasised upon the cholera epidemic and how it helped Hahnemann to prove his system of therapeutics was far better than the existing practice of medicine. Such was Hahnemann and such was his work; destined to bring about a revolution fraught with the happiest consequences and carried forward by innumerable followers all over the world. At last, Clarke has appealed to the fraternity

of homoeopathy that Hahnemann had shown us the better way; it is for us to go forward.

John H Clarke has put forth "The Revolution and The Man" to whom one calls as Hahnemann in just 51 pages which are worth reading and interesting to travel through that era which speaks about amidst all the political turmoil of his time and the storms of his own life, Hahnemann had accomplished a work having firm foundations; it is sure as the everlasting hills. Through this oration, one can learn that it was only by the immeasurably superior results of Hahnemann's treatment over their

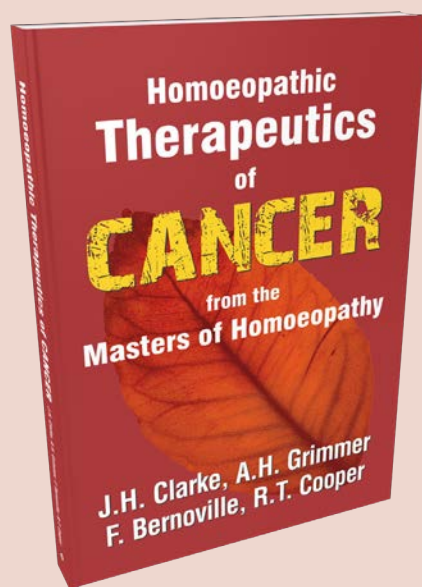
own that the opposing section were "at long and last" induced to give up their barbarous practices, and to leave the sick man at least a chance of getting well. The oration depicts about the scenario from 1786 to 1886.

This oration is published in a book format by B Jain Publishers (P) Ltd and it is a worth possession for enthusiastic and serious readers of homoeopathy to witness "The Revolution of Homoeopathy" as well as the sense of responsibility towards the advancement of homoeopathy.



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