

Recommendations
for the
Homoeopathic Management of
COVID-19
by
Indian Homoeopathic Medical Association (IHMA)
Kerala Chapter.

Submitted to the
Honourable Prime Minister of India.

Prepared by Dr.K.Saji. MD(Hom)
President, IHMA, Kerala Chapter,
Senate Member, Kerala University of Health Sciences.

Introduction :

COVID-19 outbreak, declared by World Health Organization as a global health emergency, has struck more than 170 countries and has affected almost 5 lakh people by now. The therapeutic strategies to deal with the disease at the moment are only supportive and the main weapon used to fight against the disease is hygienic and other preventive measures aimed to reduce community transmission. With the use of Homoeopathic medicines, there is a scope for mass therapeutic prevention in the community and symptomatic management of affected individuals, which may serve as a very cost effective alternative way which can reduce mortality rate, can cut short hospital stay duration of patients and could even reduce the need of ICU support and ventilator support in the patients affected by the disease. This is an attempt to explain the possibilities of Homoeopathy, as a therapeutic system in the prevention and treatment of COVID-19.

COVID-19

COVID-19, is a highly contagious viral disease, first identified in Wuhan, China, in early December 2019.

The causative agent is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which is a single stranded RNA virus.

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). SARS-CoV-2 is the most recently discovered coronavirus which causes coronavirus disease COVID-19.

Outbreak situation update (as of March 25, 2020 Night) : There are 4,67,890 confirmed cases and the number of deaths was 21,177. Of the 4,67,890 cases, 3,32,904 are active cases and 1,34,986 are closed cases. Of the 3,32,904 active cases, 3,17,995 (96%) are in mild condition and the remaining 14,909 (4%) are in serious/critical condition. Of the 1,34,986 closed cases, 1,13,809 (84%) recovered from the disease and 21,177 (16%) died. 657 Confirmed cases were reported from India.

Countries with more than 5000 cases.

Country, Other	Total Cases	New Cases	Total Deaths	Total Recovered	Active Cases	Serious, Critical
China	81,218		3,281	73,650	4,287	1,399
Italy	74,386	+5,210	7,503	9,362	57,521	3,489
USA	65,652	+10,796	931	394	64,327	1,411

Country, Other	Total Cases	New Cases	Total Deaths	Total Recovered	Active Cases	Serious, Critical
Spain	49,515	+7,457	3,647	5,367	40,501	3,166
Germany	37,323	+4,332	206	3,547	33,570	23
Iran	27,017	+2,206	2,077	9,625	15,315	
France	25,233	+2,929	1,331	3,900	20,002	2,827
Switzerland	10,897	+1,020	153	131	10,613	141
UK	9,529	+1,452	465	135	8,929	163
S. Korea	9,137	+100	126	3,730	5,281	59
Netherlands	6,412	+852	356	3	6,053	582
Austria	5,588	+305	30	9	5,549	28

Situation in India :

Country, Other	Total Cases	New Cases	Total Deaths	Total Recovered	Active Cases	Serious, Critical
India	657	+121	12	43	602	

Transmission : Human to human transmission has been confirmed. If unchecked, there is chance for 1.4 to 3.8 new cases per every confirmed case. It is found that the virus is able to transmit along a chain of at least four people. It is good to see that the transmission rate in India is less when compared to other countries.

The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.

Many people with COVID-19 experience only mild symptoms, especially at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill.

Life Span of the Virus on Surfaces.

A new study published in the *New England Journal of Medicine* found that the virus remains for several hours to days on surfaces and in aerosols.

SURFACE	LIFE SPAN COVID-19 VIRUS
Air	3 hrs
Copper	4 hrs
Cardboard	24 hrs
Stainless steel	2-3 days
Polypropylene plastic	3 days

Reservoir : Animals sold for food are suspected to be the reservoir or the intermediary.

Incubation period : Incubation period range from 2 to 14 days, most commonly around five days. It is said that it is contagious even during the incubation period.

Signs and Symptoms : For confirmed COVID-19 infections, reported illnesses have ranged from people being mildly sick to people being severely ill and dying. The symptomatology is much variable especially in intensity, but the basic symptoms are almost alike in all the countries. Illness due to COVID-19 infection is generally mild, especially for children and young adults. However, it can cause serious illness, especially in elderly people (above 70 yrs) and in those with less immunity: about 1 in every 5 people who catch it need hospital care.

Fever, weakness, anorexia, myalgia, dry cough, shortness of breath, and respiratory distress are the main reported symptoms. Less common symptoms are nasal congestion, runny nose, sore throat, loose cough, headache, haemoptysis, chills, loss of smell and taste, redness of eyes, nasal congestion, runny nose, chest pain, conjunctival congestion, vomiting, abdominal pain and diarrhea. The intensity of these symptoms seems to vary in different countries. In Singapore, sore throat seems more prominent, when compared to cases in China. Severe infection may lead to pneumonia, renal failure and death. Features of upper respiratory infection such as Sneezing, is less frequent in this infection. WHO director general had stated that most of those who succumbed to infection had other systemic diseases like hypertension, diabetes or cardiovascular diseases that impaired their immune systems.

Comparison of Signs and Symptoms (%) in different Countries.

Symptoms	Country				
	China	Singapore	Italy	Germany	Canada
Fever	93	88	76		88
Anorexia	83				
Dry Cough	68	82 (Cough general)	40 (Cough general)		68
Fatigue	47				38
Productive cough	33				33
Diarrhea	29	24	8		
Dyspnoea	19	35	73		19

Sore throat	14	47			14
Headache	14				14
Chills	11				11
Myalgia.	10	29			15
Vomiting	8	6			
Nasal Congestion	5				
Abdominal pain	4				
Hemoptysis	1		1		
Conjunctival Congestion	1				
Chest Pain		18			
Runny Nose		6			
Sneezing					
Loss of Smell and Taste				70	

Symptoms in Different Stages :

First Stage (Day 1 to 4): Starts as throat pain, anosmia, anorexia, mild diarrhea or vomiting and then develops fever, fatigue, muscle pain and dry cough.

Second Stage (Day 5 to 7) : The patient may develop pneumonia like respiratory symptoms, especially if he has some underlying disease like diabetes, hypertension, obesity or any other systemic illness reducing immunity and may need hospitalization. Those with good immunity recovers.

Third Stage (Day 8-10) : Those with less immunity, passes to this stage and may develop acute severe respiratory syndrome and may need admission to ICU.
On average, people who recover from the virus are discharged from the hospital after 2.5 weeks.

Risk of getting the infection : For most people in most locations the risk of catching COVID-19 is still low. However, there are now places around the world (cities or areas) where the disease is spreading. For people living in, or visiting, these areas the risk of catching COVID-19 is higher. Governments and health authorities are taking vigorous action every time a new case of COVID-19 is identified. Be sure to comply with any local restrictions on travel, movement or large gatherings. Cooperating with disease control efforts will reduce your risk of catching or spreading COVID-19.

Lab findings : Lymphocytopenia, Features of Pneumonia.

Treatment and Vaccine. No confirmed effective medicinal treatment or vaccine available.

Prevention :

WHO recommendations :

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing.
Why? When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.
- Avoid touching eyes, nose and mouth.
Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
Why? Droplets spread virus. By following good respiratory hygiene you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.
- Keep up to date on the latest COVID-19 hotspots (cities or local areas where COVID-19 is spreading widely). If possible, avoid traveling to places – especially if you are an older person or have diabetes, heart or lung disease.
Why? You have a higher chance of catching COVID-19 in one of these areas.

Protection measures for persons who are in or have recently visited (past 14 days) areas where COVID-19 is spreading

- Follow the guidance outlined above (Protection measures for everyone)
- Self-isolate by staying at home if you begin to feel unwell, even with mild symptoms such as headache, low grade fever (37.3 C or above) and slight runny nose, until you recover. If it is essential for you to have someone bring you supplies or to go out, e.g. to buy food, then wear a mask to avoid infecting other people.
Why? Avoiding contact with others and visits to medical facilities will allow these

facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.

- If you develop fever, cough and difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call in advance and tell your provider of any recent travel or contact with travelers.

Why? Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also help to prevent possible spread of COVID-19 and other viruses.

Case definition according to WHO :

Suspect case :

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g.,cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID19 case in the last 14 days prior to onset of symptoms;

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

Probable case :

A suspect case for whom testing for COVID-19 is inconclusive.

- Inconclusive being the result of the test reported by the laboratory

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

HOMOEOPATHIC MANAGEMENT :

Prevention :

Homoeoprophylaxis. :

We now have a substantial evidence base supporting the effectiveness of homoeoprophylaxis, but the quality of the evidence is variable. Most interventions are not controlled clinical studies but are undertaken in emergency situations to prevent loss of life and suffering using observational methodology.

In the light of the recent outbreak of COVID-19 and the report of its incidence in India, the central Ayush ministry had issued an advisory and they recommended that homoeopathic medicine Arsenicum album 30 could be taken empty stomach daily for three days as a preventive medicine against the infection.

A single time use of a prophylactic may not give a protective effect for the epidemic if it prevails for a longer period. So, it is better repeat the prophylactic medicine in the prescribed potency once or twice in a week (as done by Hahnemann in cholera epidemic in the past) until the epidemic subsides.

Evidence that Homoeoprophylaxis is effective in flue like illness and respiratory infections :

Examples from the past.

1968: Between 1968-70, a survey conducted in Indian factories and offices compared the results of allopathic (conventional) treatment and homeopathic treatment of influenza. The purpose of this survey was to determine the effectiveness of the nosode (a remedy prepared from a disease component) as a homeopathic preventative (prophylactic). Almost 20% of the patients treated by conventional medical physicians contracted the flu. Among the homeopathically treated patients, only 6.5% came down with the disease. Those who did become ill recovered more rapidly than their allopathically treated patients. The number of working days lost by the allopathically treated patients was nearly eight and a half times greater than those lost by homeopathic patients.

2007: Human herpesvirus 1, human adenovirus C serotype 5, influenza A virus, human respiratory syncytial virus, human parainfluenza virus 3, human rhinovirus B serotype 14, and human coxsackievirus serotype A9 cause, among other complaints, colds, flu, sore throat, runny nose, cold sores, bronchiolitis, pneumonia, hand foot and mouth disease, and conjunctivitis. Gripp-Heel, a proprietary combination remedy demonstrated significant in vitro reductions of infectivity by 20% to 40% when tested against these viruses.

2010: Human rhinovirus B serotype 14, influenza A virus , H1N1 virus, herpes simplex virus 1, vesicular stomatitis virus, respiratory syncytial virus, parainfluenza type 3, and adenovirus cause, among other complaints, flu, colds, sore throat, swollen glands, oral vesicles, runny nose, cold sores, bronchiolitis, pneumonia, hand foot and mouth disease, and conjunctivitis. Proprietary products Engystol and Gripp-Heel displayed in vitro prophylactic effects when tested against these viruses.

2011: Nosodes (remedies prepared from a disease component) or placebo was given for 30 days to 450 children in Brazil to test their effectiveness in preventing flu and acute respiratory infections. Over the next 12 months the incidence of diagnosed acute respiratory infection or flu was 3 times higher in the placebo group than those given the prophylactics. The researchers commented that the low cost of treatment and the absence of adverse effects made these nosodes a useful therapeutic option for the Brazilian Public Health Service.

Methods of finding the prophylactic medicine :

There are three methods of Homoeoprophylaxis.

1. By administering potentised homoeopathic preparation of the causative agent in the community.
2. By Finding a Genus Epidemicus.
 - In known diseases – If the symptomatology of the disease is known - by using a medicine which covers the generic totality of the disease. Ie, a medicine which is proved to be capable of producing the symptomatology of the disease under consideration, in healthy individuals.
 - In new diseases – by studying the symptomatology of as many individuals affected with the disease to construct a picture of the disease and achieving prevention by using a medicine which is capable of producing the similar disease picture in healthy individuals.
3. By using the Constitutional medicine.

In COVID-19, as the generic symptomatology is known from the studies in China and other countries, a preventive medicine could be selected on the basis of those symptoms.

Repertorisation of available symptoms.

Rubrics Selected : (Main Symptoms)

- 1.Generalities; weakness; fever; during
- 2.Stomach; appetite; wanting; fever; during
- 3.Cough; dry; fever; during
- 4.Fever, heat; zymotic fevers
- 5.Respiration; difficult; fever; during
- 6.Generalities muscles pain, fever during
- 7.Throat; pain; fever, during
- 8.Chest; inflammation; lungs, pneumonia; influenza, in or after

9. Kidneys; suppression of urine, anuria; fever, during

Repertorial Result :

Ars	332323112	20/9
Phos	323212230	18/8
Bry	213312230	17/8
Nux-v	233312100	15/7
Rhus-t	311302310	14/7
Apis	222130101	12/7
Puls	231211100	11/7
Bell	111201102	9/7
Ign	211012110	9/7

Analysis of the remaining symptoms : (Less common symptoms)

1. Cough; loose; fever, during **Ars3**, Bry1, Phos1, Rhus-tox1, Pus1, Bell1.
2. Head; pain, fever; during **Ars3**, Bry2, Phos2, Nux-v3, Rhus-t2, Apis3, Puls3, Bell3, Ign2.
3. Rectum; diarrhea; fever; during **Ars2**, Bry2, Phos3, Nux-v2, Rhus-t2, Apis2, Puls2, Bell1
4. Nose; coryza; fever, during **Ars2**, Bry3, Phos3, Nux-v3, Rhus-t2, Puls2, Bell2.
5. Stomach; vomiting; chill; during **Ars3**, Bry1, Phos1, Nux-v2, Rhus-t1, Apis1, Puls2, Ign2.
6. Chest; pain; fever; during **Ars1**, Bry3, Phos2, Nux-v1, Rhus-t2, Puls2, Bell1, Ign2.
7. Abdomen; pain; fever; during **Ars3**, Bry2, Phos2, Nux-v2, Rhus-t3, Apis1, Puls3, Bell1, Ign1.
8. Smell; diminished; taste, and; coryza; with : **Ars1**, Nux-v1, Puls2.
9. Chest; inflammation; lungs, pneumonia; weakness, with : **Ars1**, Phos2.
10. Generalities; weakness; disease; out of proportion to : **Ars2**
11. Generalities; lie down; inclination to; fever heat, during : **Ars3**, Bry2, Nux-v3.
12. Respiration; difficult; pneumonia, in Phos2, Nux-v1, Rhus-t2, Puls1.

And if we consider the season

13. Fever, heat; warm weather **Ars1**, Bry1, Nux-v1, Puls1, Bell1.

Ars	20/9	+ 25/12	= 45/21
Phos	18/8	+ 18/9	= 36/17
Bry	17/8	+ 17/9	= 34/17
Nux-v	15/7	+ 19/10	= 34/17
Puls	11/7	+ 21/10	= 32/17
Rhus-t	14/7	+ 15/8	= 29/15
Bell	9/7	+ 11/7	= 20/14

Apis	12/7	+ 7/4	= 19/11
Ign	9/7	+ 7/4	= 16/11

Ars alb itself is the first medicine coming up on repertorising the available symptoms and it is worth trying in individuals with a possibility of exposure, as the contagiousness and mortality rate of the disease is high and as there is no other clinically proven prophylactic or vaccine available for the time being. Everyone should follow the precautionary preventive measures recommended by WHO and the state health authorities, even though they are taking homoeopathic preventive medicines.

The possible prophylactic medicine. (Immune booster against the specific disease)
recommended by Ministry of AYUSH, India :

Medicine : Arsenicum album

Potency : 30th potency

Repetition : Arsenicum album 30, daily once in empty stomach for three days. The dose should be repeated after one month by following the same schedule if coronavirus infection persist in the community.

Avoid continuous repetition of the medicine especially in individuals who have no chance for contact with an affected case.

MEDICINAL MANAGEMENT :

Therapeutic management in homoeopathy is through medicines which are capable of producing similar symptoms of the disease in healthy individuals.

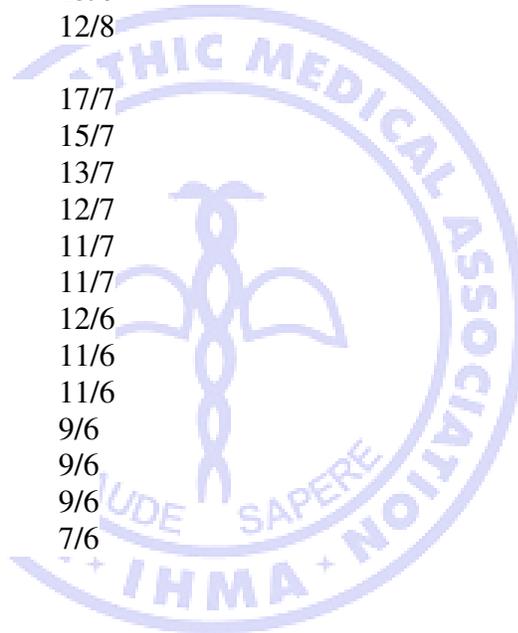
First Stage :

Repertorisation of rubrics of first stage.

- 1.Generalities; weakness; fever; during
- 2.Generalities; pain; tearing; muscles; fever heat, during
- 3.Cough; dry; fever; during
- 4.Throat; pain; fever, during
- 5.Rectum; diarrhea; fever; during
- 6.Smell; diminished; taste, and diminished; coryza; with
- 7.Abdomen; pain; fever; during
- 8.Fever, heat; weather; warm, in
- 9.Fever, heat; zymotic fevers
- 10.Stomach; appetite; wanting; fever; during

Repertorial Result (Excluding the non repeatable anti psoric polychrest remedies from the list as Hahnemannian advice is to select a non antipsoric medicine in acute diseases.)

Ars	3321213133	22/10
Nux-v	2231212133	20/10
Puls	2111233123	19/10
bell	1111101121	10/9
rhus-t	3213203031	18/8
bry	2230202131	16/8
carb-v	2310203122	16/8
lach	2013201132	15/8
sep	2312122002	15/8
merc	1201202131	13/8
nit-ac	2211202110	12/8
chin	3310203023	17/7
ip	3030202113	15/7
arn	1320102031	13/7
ant-c	1110203103	12/7
acon	1231102100	11/7
apis	2021201012	11/7
cina	2010303102	12/6
cham	2110203002	11/6
kali-c	1132002002	11/6
ign	2211002001	9/6
sul-ac	2010221010	9/6
verat	2110202100	9/6
op	1010201011	7/6



The excluded antipsorics are :

sulph	2211222131	17/10
phos	3232302022	19/8
calc	2310222101	14/8
nat-m	2030132101	13/7
lyc	2310002032	13/6
sil	2200222002	12/6

Onset : Probable medicines according to onset of symptoms.

If it begins as cough,

Cough; chill; before:
apis *puls RHUS-T* sep

Cough; dry; chill; before:
RHUS-T

If it begins as diarrhea
Rectum; diarrhea; fever; before:
ant-c chin cina puls rhus-t

If it begins as vomiting
Stomach; vomiting; chill; before:
ANT-T apis arn ARS chin CINA PULS sul-ac VERAT

If the vomitus is food
Stomach; vomiting; food; chill; before:
ARS CINA

If the vomitus is mucus
Stomach; vomiting; mucous; chill; before:
PULS verat

If it begins as sore throat,
Throat; inflammation, sore throat; coryza; before:
LACH

Differentiation of Main symptoms :

1. Weakness; general

extreme : (207 medicines - almost all medicines in the above list)
lying; amel (36 medicines). : Ars1, Bry1. Lach1, Nit-ac1, Verat1.
motion; agg.; least, slightest (17) : Ars3, Verat1.
restlessness, with(63) : Ars3, Nux-v2, Rhus-tox3, Apis1, China2, Kali-c1, Merc1.

2. Pain; general,

motion; agg.; least, slightest (16) : Ars2, Rhus-tox1, Bry2. Ip2, Lach2.
weakness, with (134 medicines) : Bry is not found under this rubric.

3. Respiration; difficult; motion; agg.; slightest (11) : Ars2, Verat1. Sep2

The totality construction should be strictly acute totality. Presence/absence of any of the listed symptoms or presence of other individual symptoms will decide the choice of the remedy. Extreme care should be given in differentiating the medicines because most of the first line

medicines share many symptoms in common. The medicine could be repeated according to the need of the situation.

The expected result after a correct homoeopathic similimum is complete recovery from the illness without any complication ie., without entering into the second stage. within a comparatively less period of time than when left without any medicine.

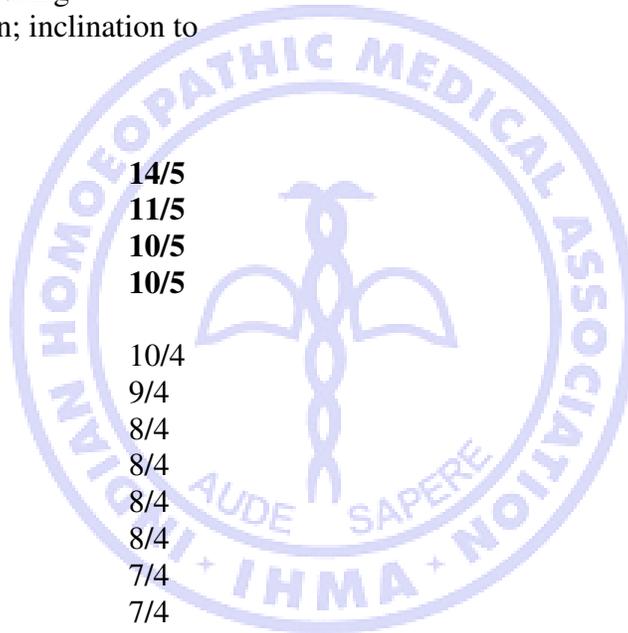
Second Stage : With features of Pneumonia.

Repertorisation of rubrics :

- 1.Chest; inflammation; lungs, pneumonia; influenza, in or after
- 2.Respiration; difficult; pneumonia, in
- 3.Chest; inflammation; lungs, pneumonia; weakness, with
- 4.Chest; pain; cough; during
- 5.Generalities; lie down; inclination to

Repertorial Result :

Phos	33233	14/5
Ant-t	33221	11/5
Carb-v	12232	10/5
Merc	21133	10/5
ferr	20233	10/4
lyc	02232	9/4
acon	11033	8/4
am-c	20222	8/4
camp	03122	8/4
seneg	10232	8/4
ars	10123	7/4
bar-c	02212	7/4
dig	20221	7/4
iod	01231	7/4
rhus-t	12022	7/4
sang	02221	7/4
arn	01131	6/4
zinc	10221	6/4
cur	10121	5/4
ox-ac	20111	5/4
bry	30033	9/3
kali-bi	20032	7/3
kali-c	02023	7/3
kali-n	02032	7/3
nux-v	01033	7/3



puls	01033	7/3
sil	10033	7/3
chel	02022	6/3
chin	00132	6/3
kreos	02022	6/3
nit-ac	00123	6/3
ph-ac	00222	6/3
sulph	01032	6/3
bapt	20012	5/3
cupr	30011	5/3
gels	10022	5/3
tub	20021	5/3
brom	10120	4/3
ferr-p	00112	4/3
ars-i	11010	3/3
beryl	10011	3/3
laur	01011	3/3

If the symptoms are severe, the patient may need an acute non antipsoric remedy frequent repetition and if the symptoms are mild or moderate, an antipsoric single dose. A remedy like Camphor, which is coming up for the symptoms of third stage if prescribed on the basis of indicated symptoms in this stage may prevent the progress of the disease to third stage. While making a prescription in the 2nd and 3rd stages of the disease better go for remedies which have a positive relation (complementary or follows well) to the medicine already prescribed.

The expected result after a correct similimum in this stage is complete recovery from pneumonia without more complications, with minimum hospital stay.

Third Stage : With features of Severe Acute Respiratory Syndrome and Features of multi system failure, especially renal failure. (Especially in old people)

Repertorisation of Rubrics :

- 1.Generalities; collapse; threatening
- 2.Generalities; collapse; fever, during
- 3.Chest; inflammation; lungs, pneumonia; old people
- 4.Respiration; difficult; pneumonia, in
- 5.Respiration; difficult; pneumonia, in; old people
- 6.Chest; inflammation; lungs, pneumonia; collapse, with
7. Kidneys; suppression of urine, anuria

Repertorial result :

Camph	1323323	17/7
carb-v	2222003	11/5

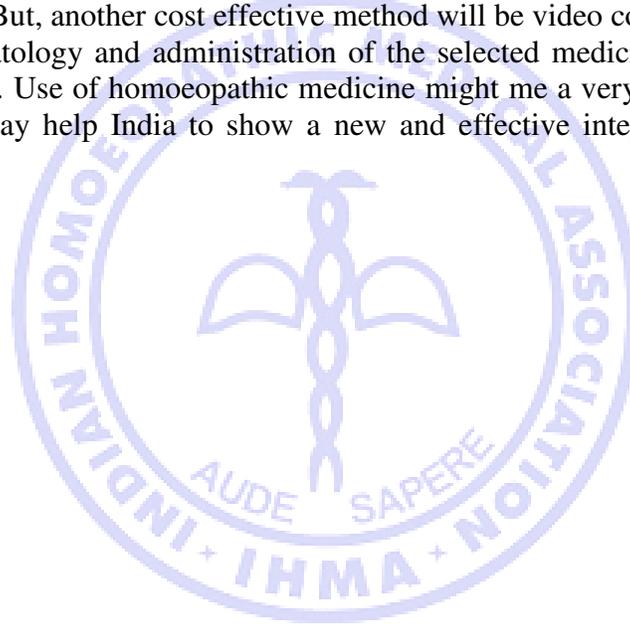
phos	2023002	9/4
ars	1210003	7/4
verat	2110003	7/4

As the condition is severely acute, a non antipsoric medicine will be the first choice, with frequent repetition of a lower potency.

The expected result after correct similimum is recovery with minimum systemic complications, less need of ICU care and ventilator support and less hospital stay.

Conclusion :

We deeply respect the precautionary measures taken by the government to prevent community spread and if the authorities provide us enough PPE, we are ready to attend the cases to administer medicines. But, another cost effective method will be video consultation of the patient to study the symptomatology and administration of the selected medicine through the existing health staff themselves. Use of homoeopathic medicine might be a very positive step to control the disease and this may help India to show a new and effective integrated epidemic control model to the world.



References :

1. <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>
2. [https://en.wikipedia.org/wiki/Novel_coronavirus_\(2019-nCoV\)](https://en.wikipedia.org/wiki/Novel_coronavirus_(2019-nCoV))
3. https://www.nejm.org/doi/full/10.1056/NEJMoa2001017?query=featured_coronavirus
4. <https://www.japantimes.co.jp/news/2020/01/30/national/science-health/coronavirus-2019-ncov-what-we-know/#.XjNKJ08zblU>
5. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
6. <https://economictimes.indiatimes.com/news/politics-and-nation/homeopathy-and-unani-effective-in-prevention-of-novel-coronavirus-infections-ayush-ministry/articleshow/73741342.cms?from=mdr>
7. <https://www.homeopathycenter.org/news/homeoprophylaxis-human-records-studies-and-trials>
8. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30183-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30183-5/fulltext)
9. Krishnamurty, Report on the use of Influenzinum during the outbreak of epidemic in India in 1968. Hahnemannian Gleanings 1970;37:225-6
10. Glatthaar-Saalmuller B (2007). In vitro evaluation of the antiviral effects of the homeopathic preparation Gripp-Heel on selected respiratory viruses. Canadian Journal of Physiology and Pharmacology; 85(11): 1084-1090.
11. Roeska, K and Seilheimer, B. Journal of Immune Based Therapies and Vaccines 2010, 8:6 <http://www.jibtherapies.com/content/8/1/6>
12. Lyrio C, Siqueira CM, Veiga VF, Homsani F, Marques AL, Biolchini J, Dantas F, de Matos HJ, Passos SRL, Couceiro JN, Holandino C (2011). The use of homeopathy to prevent symptoms of human flu and acute respiratory infections: A double-blind, randomized, placebo-controlled clinical trial with 600 children from Brazilian public health service. International Journal of High Dilution Research; 10(36): 174-176. <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/499/513>
13. Van Grinsven, Eduard – Complete dynamics.
14. Joslin B F, Homoeopathic treatment of epidemic cholera.
15. <https://www.worldometers.info/coronavirus/>
16. <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>
17. Advisory by Ministry of AYUSH, India. – D.O No.S.16030/18/2019 – NAM. Dated 6th March 2020.
18. <https://www.sciencedaily.com/releases/2020/03/200320192755.htm>
19. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30528-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30528-6/fulltext)
20. <https://www.nbcnews.com/health/health-news/slow-burn-coronavirus-symptoms-often-linger-worsening-n1164756>
21. <https://www.businessinsider.in/searchresult.cms?query=typically+spreads&sortorder=score>
22. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)
23. Lei Pan, Et al : Clinical characteristics of COVID-19 patients with digestive symptoms in Hubei, China: a descriptive, cross-sectional, multicenter study.
24. <https://www.thelancet.com/action/showFullTableHTML?isHtml=true&tableId=tbl1&pii=S0140-6736%2820%2930528-6>
25. <https://www.iflscience.com/health-and-medicine/a-daybyday-breakdown-of-coronavirus-symptoms-shows-how-the-disease-covid19-goes-from-bad-to-worse/>

26. https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf
27. <https://www.livescience.com/covid-19-symptoms-loss-smell-taste.html>
28. <https://m.gulf-times.com/story/659036/Digestive-problems-could-be-a-symptom-of-Covid-19-attack>
29. <https://www.macleans.ca/society/health/coronavirus-in-canada-how-to-get-tested-what-the-symptoms-are-where-to-get-help/>
30. <https://www.france24.com/en/20200322-france-launches-online-test-to-assess-coronavirus-symptoms-propose-treatment>

