



# **HOMŌEO PROPHYLAXIS**

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## **For immediate attention and action**

To

**Dr. V.K. Gupta**

Chairman

Scientific Advisory Board

Central Council for Research in Homoeopathy

New Delhi

Date: 01.07.2020

**Subject: Combating the present surge of Covid-19 cases and its community spread by supplementing the advisory recommendation of Ministry of AYUSH, Govt. of India using a homoeopathic medicine schedule - “Arsenicum album – Phosphorus - Tuberculinum in series – a complimentary trio with miasmatic consideration**

**Sir,**

The number of new Covid-19 cases in our country has been increasing day by day steadily and rapidly. All are apprehending the beginning of community transmission. There could be more widespread transmission of the novel coronavirus due to easing of the lockdown which opens much greater mobility of our people among highly dense population.

### **Current challenges**

Recently the highest single-day spike in coronavirus infection has reported. The country of 1.3bn people now has the fourth highest number of confirmed cases in the world, at 585,792 (as on 1.07.2020). Over the last 24 hours 507 people have died from the virus, bringing the official toll to 17410. Both the numbers are increasing daily. So our healthcare system is woefully facing an unprecedented multiplying challenge.

Things are going to be difficult in overcrowded areas, especially slum areas. Another most important thing is to protect the rural population from COVID-19 because two-thirds of India is in rural areas, where the medical facilities required to treat severe to critical cases are very limited.

The World Health Organization (WHO) warns about the further deterioration of the present situation due to recent relaxing of lockdown measures and predicts that the infection rate will peak by the end of July and worse of the pandemic yet to come.

It should also be recognized that community transmission has occurred in virtually every country which experienced this pandemic in a major form and India should also be prepared for it and take all precautionary containment measures.

India must gear up to face community transmission of COVID-19. All hygienic measures are not sufficient to prevent further spread of the disease, until the personal immunity against COVID-19 has developed among our population.

In the above scenario we feel it a moral duty at this point of time to draw your attention to the following facts in order to face the present crisis of our nation more successfully:

On 29<sup>th</sup> January Ministry of AYUSH as recommended by the Scientific Advisory Board of CCRH published an advisory for prevention of Coronavirus infection through Homoeopathy by using Arsenicum album 30. At that time as there was no clinical experience to treat COVID-19 positive cases in our country through Homoeopathy, **the then recommendation of Arsenicum album 30 from clinical angle as a pathological similar medicine to prevent COVID-19 by the Scientific Advisory Board of CCRH and thus recommended by the Ministry of AYUSH, Govt. of India is justified, rational and timely.**

### **Upcoming challenges: some facts to be considered in combating COVID-19 by Homoeopathy**

1. SARS-CoV-2 is the new seventh human coronavirus. Four human coronaviruses circulate seasonally and cause common colds time to time.
2. There is a paucity of information about the longevity of the antibody response to SARS-CoV-2, but it is known that antibodies to other human coronaviruses wane over time, and there are some reports of reinfection with homologous coronaviruses after as little as 80 days. Thus, reinfection of previously mild SARS-CoV-2 cases is a realistic possibility that should be considered in models of a second wave and the post-pandemic era [1,5].
3. Under the assumption of waning immunity across the population of the USA, similar to OC43 and HKU1, models show that if immunity is not permanent many epidemiological scenarios lead to SARS-CoV-2 becoming a seasonal human coronavirus, with either annual, biennial or sporadic patterns of epidemics over the next 5 years [1].
4. Another concern is the possibility of reinfection. South Korea's Centers for Disease Control and Prevention recently reported that 91 patients who had been infected with SARS-CoV-2 and then tested negative for the virus later tested positive again. If some of these cases were indeed reinfections, they would cast doubt on the strength of the immunity the patients had developed (2).
5. Dr Michael Ryan, Executive Director, WHO Health Emergencies Program said "This virus may never go away" and "This virus may become just another endemic virus in our communities," noting that other previously novel diseases like HIV have never disappeared (3)..

Considering the above challenges, there is a need of developing a potential strategy to develop more strong and long term immunity against COVID-19 based on the following two homoeopathic concepts:

**a. Concept of complimentary relationship**

Use of complimentary medicines in the treatment of diseases is one of the accepted methods in Homoeopathy and successfully applied by many of our stalwarts in the homoeopathic treatment of many diseases. This concept may similarly be applied in the effective prevention of epidemic diseases as proved by the use of Belladonna, Calcarea carb and Tuberculinum in preventing Japanese Encephalitis in Andhra Pradesh and Kerala. Initially only Belladonna failed to control JE, but use of BCT trio on complementary and miasmatic basis has eradicated JE in these two States.

**b. Concept of antimiasmatic treatment**

It is needless to mention the importance of antimiasmatic treatment in Homoeopathy. Although it is most commonly used in the treatment of chronic diseases, but the prevention of recurrent attacks of acute diseases by the deep acting antimiasmatic medicines is also an accepted approach of management in Homoeopathy. Epidemic disease being a type of acute disease and caused by acute miasm (recurring or non-recurring/fixed miasm) may also be treated by antimiasmatic medicines in order to prevent recurrence. In Sec. 244 of Organon of Medicine, Hahnemann advised antipsoric treatment to prevent the recurrence of endemic intermittent fever.

Both the above concepts may be integrated in developing an effective strategy to prevent Covid-19 following the experience of JE.

**Experience of JE**

Japanese Encephalitis (JE) is an endemo-epidemic acute disease accompanying a viral infection, and is one of the most important viral encephalitis worldwide, including India. The first case of JE was detected in 1979 in Andhra Pradesh state, India. Initially Belladonna was administered with favorable results, but the Government did not take any effective steps to continue the prophylaxis. Between 1993 and 1999 there were 5308 recorded cases of JE in the state, of which 1511 resulted in fatalities. As the vaccination efforts were not completely effective, The Government of Andhra Pradesh recruited homeopaths to help curb the JE epidemic at a mass scale in 1999.

As prophylactic drugs, Belladonna 200 on 1, 2, 3 days one dose each, Calcarea Carb 200 on 10th day and Tuberculinum 10 M on 25th day were administered in a phased manner to all children in the age group of 15 years in the month of August every year for three consecutive year (BCT Project). Symptom similarity, complementary relationship, virulence and underlying miasms were taken into consideration while selecting these drugs (4).

**After the commencement of BCT in 1999, both mortality and morbidity rates of JE fell significantly. A total of 343 cases were reported in 2000 with 72 deaths, in 2001 only 30 cases with 4 deaths, in 2002 only 18 cases but no deaths, in 2003 and 2004 no cases were recorded. The Government had officially published the statistics and acknowledged the efficacy of Homeopathy. This is the first major involvement of homoeopathy in the field of**

prevention of epidemic diseases in our country. Neighboring states which have not adopted this method continued to show higher incidence of JE cases.

So it may be concluded that endemics and epidemics should be studied from the miasmatic viewpoint to understand their virulence, change of patterns and recurrence and treated by complimentary antimiasmatic medicines for successful outcome (4).

### **Preventing COVID-19 by complimentary antimiasmatic medicines**

Considering the highly contagious nature of SARS-CoV-2, its changing pattern due to mutation and chances of recurrence of the disease and the successful experience of controlling JE by BCT a similar plan of complimentary antimiasmatic trio may be adopted in case of COVID-19 also. So a complimentary antimiasmatic trio namely **Arsenic-Phosphorus-Tuberculinum trio** has developed to prevent COVID-19. The justifications of selection of these medicines are as follows:

#### **Points in favour of Arsenicum album**

1. All the available symptomatology of the disease from the authentic sources like WHO, CDC, Chinese report, Indian report as published by the Government of India (although mostly common) – first drug through repertorization.
2. Sphere of action, pathogenesis of this disease involving both upper respiratory and lower respiratory tract
3. Current situation of fear and anxiety among the population
4. Long clinical experience in the use of this medicine in different diseases of respiratory system
5. In absence of characteristic symptom picture of the present epidemic from homoeopathic angle

On the basis of the above, the Arsenicum album is selected from clinical angle as a pathological similar (partially similar) medicine to prevent COVID-19 and it was also recommended by the Scientific Advisory Board of CCRH and approved by the Ministry of AYUSH, Govt. of India. This is also being used as an immune booster in all the States as per the advisory of the Ministry of AYUSH.

#### **Rationale in selecting Phosphorus**

1. Second indicated medicine as per repertorization on the basis of all the available symptomatology of the COVID-19, although mostly common
2. Sphere of action mostly on lower respiratory tract and pathogenesis of this disease
3. Usually may be indicated at later stage of the disease when complications like pneumonia develops
4. Tubercular diathesis more prevalent in Indian population– person of tubercular diathesis is more prone to develop cough and cold with complications (syphilis miasm)
5. In absence of characteristic symptom picture of the present epidemic from homoeopathic angle, Phosphorus, a pathologically similar (partial) medicine may be prescribed.
6. Phosphorus is complementary to Arsenicum album

On the basis of the above, Phosphorus appears to be second most indicated medicine which may be used to complement Arsenicum album.

### *New scientific findings in favor of Phosphorus*

Recent studies described severe coronavirus disease 2019 (COVID-19) is commonly complicated with coagulopathy, and disseminated intravascular coagulation (DIC) may exist in the majority of deaths (6). The lung pathology seen in patients with coronavirus disease 2019 (COVID-19) shows marked microvascular thrombosis and haemorrhage.

Phosphorus also has hemorrhagic diathesis and calls for acute hemorrhage. So the selection of Phosphorus corresponds to the pathophysiology of the COVID-19.

### **Rationale in selecting Tuberculinum**

1. A deep acting constitutional medicine to prevent different diseases including respiratory diseases, thus boost up the general immunity
2. From miasmatic point, the symptomatology of the present epidemic of COVID-19 appears to be of tubercular nature.
3. Persons of tubercular diathesis are more prone to develop respiratory diseases with complications (syphilis miasm)
4. Tuberculinum is complementary to Phosphorus
5. Proved efficacy of Tuberculinum in preventing viral diseases like Japanese encephalitis in Andhra Pradesh and Kerala
6. Following new finding of US scientists about BCG vaccine and COVID-19

The New York Institute of Technology's Department of Biomedical Sciences conducted an epidemiological study in which the researchers led by Gonzalo Otazu, Assistant Professor concluded as follows:

**"We found that countries without universal policies of BCG vaccination, such as Italy, the Netherlands, and the United States, have been more severely affected compared to countries with universal and long-standing BCG policies"**

Epidemiological data thus showed BCG vaccine could be effective against the novel coronavirus (SARS-CoV-2) (7).

The researchers at the Murdoch Children's Research Institute has undertaken a trial of the Bacillus Calmette–Guerin (BCG) vaccine with 4,000 health care professionals in hospitals around Australia to determine if it can reduce COVID-19 symptoms (8).

World Health Organisation (WHO) has reinforced the international groups to Collaborate with the Australian study led by Nigel Curtis, Head of infectious Diseases research, at the Murdoch Children Hospital, the report said.

## **Homoeopathy, BCG vaccine and Tuberculinum**

Tuberculinum is a deep acting constitutional medicine used to treat various respiratory diseases (and others) including their prevention of recurrence since long. From clinical experiences it may be stated that it increases general immunity against different diseases along with respiratory diseases for a prolonged period. Its safety and efficacy is proved beyond doubt by thousands of homeopaths all over the world.

The source material for the preparation of BCG and homoeopathic Tuberculinum is the same, only method of preparation differs.

Correlating the long clinical use of Tuberculinum in Homoeopathy and the recent new findings of US scientists in their epidemiological study as stated earlier, it may be considered that Tuberculinum may have the potentiality to be useful in COVID-19 cases by boosting up the general immunity of the person.

On the basis of the above considerations a research project proposal was submitted to the Govt. of India as intimated by the Central Council for Research in Homoeopathy (CCRH) titled “ A multi-centric community-based double-blind randomized placebo-controlled intervention trial for prevention of COVID-19 using a homoeopathic medicine schedule - “Arsenicum album-Phosphorus-Tuberculinum” in series having the dose schedule as follows:

- a. Arsenicum album 30 - 4 globules to be taken at morning in empty stomach for three consecutive days**
- b. After 15 days – Phosphorus 30 - 4 globules to be taken at morning in empty stomach for three consecutive days**
- c. Then after 15 days Tuberculinum 200 - 4 globules to be taken at morning in empty stomach for two consecutive days**

Persons who have already taken Arsenicum album 30 following the Advisory of Ministry of AYUSH within 15 days will not receive Arsenicum album 30 further, but will take Phosphorus 30 as above after completion of 15 days. Participants who have already taken Arsenicum album 30 following the Advisory of Ministry of AYUSH more than one month before will start Arsenicum album- Phosphorus-Tuberculinum (APT) intervention afresh following the above dose schedule.

### **Justification of dose including potency and repetition**

Considering the massive use of this medicine it is safe to use three doses of medium potency 30 of Arsenicum album. Likewise Phosphorus may be given in 30 potency and Tuberculinum in 200 potency, being a nosode.

Hahnemann in his first experience with prophylaxis, used Belladonna in a low potency (close to 3c) repeated every 3 days throughout the duration of the epidemic considering the duration of action of Belladonna of 3 days. In the case of Asiatic cholera, he recommended the 30th potency of Cuprum repeated every week.

Considering the intensity, rapid course of the disease COVID-19 and following the example of Hahnemann of earlier repetition of medicine in epidemic as mentioned above, Arsenicum album 30 and Phosphorus 30 may safely be repeated 15 days interval. Similarly, Tuberculinum 200 may be used after fifteen days of administration of Phosphorus. No change of potency during repetition was advocated by Hahnemann in preventing diseases homeopathically. Considering the above facts, three medicines - Arsenicum album 30, Phosphorus 30 and Tuberculinum 200 are included in homoeopathic intervention protocol.

## **Safety**

Dr. Hahnemann included Arsenicum album in homoeopathic Materia Medica after studying its effects on healthy beings (proving in the language of Homoeopathy) in the year 1816 and Phosphorus in 1828. Since then both the medicines have been very commonly and widely used in the treatment of various diseases including respiratory ones by the homoeopathic physicians all over the world without any side effects. So their safety in human use has already been proved beyond doubt. Similarly, the safety of using Tuberculinum in human beings has already been proved through long and wide clinical use since its first introduction in Homoeopathy in the year 1879 by Dr. Swan and Fincke. So there is no risk in administering all these three medicines to the participants.

## **Approval of the intervention protocol of “Arsenicum album- Phosphorus-Tuberculinum” in series to prevent COVID-18 by the Task Force, Govt. of India**

On 1<sup>st</sup>. June, 2020, the Director General I/C conveyed that the Task Force, Govt of India has principally agreed to the above mentioned proposal with the observation that since this is a multicentric study to be taken in different States, approval of State Health Authorities may be procured. Accordingly applications for approval of all the six States (Maharashtra, Tamil Nadu, Gujarat, West Bengal, Delhi and Kerala) Health Authorities were submitted and the matter is under process. This clinical trial also needs to be registered in the CTRI before enrolment of the first participant. The study will be undertaken immediately after completion of all the basic formalities along with final approval of the project and disbursement of finance by the Govt.of India. Simultaneously an online training of all the co-investigators and investigators of six States is to be conducted for the proper implementation of research works according to the approved project proposal. For all these reasons, which are beyond of our control, we assume that practically it may take at least another 8-10 months for obtaining the final results of this study.

## **Need of immediate intervention**

Considering the alarming rise of COVID-19 positive cases and apprehension of further rise after easing of lockdown and community transmission, and the changed nature of this disease with the prediction of its continuity and chances of recurrence, there is an urgent need to take a suitable strategy from homoeopathic point of view.

Till date homoeopathic practice both treatment and prevention is based on homoeopathic philosophy, not on the basis of clinical trial results. Definitely clinical trial is essential for confirmation of some claim scientifically. But it will take much time with so many official formalities. Meanwhile thousands of our people will be affected. **In this context it may be mentioned that during Ebola outbreak in 2014 an expert group of WHO recommended that “it is ethical to offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention” keeping in view no vaccine or antivirals were available (9).**

Following the above recommendation of WHO, various unproven interventions like use of Hydroquinone, plasma therapy etc. have been tried by the physicians of modern medicine to find out the potential effective drug against COVID-19, many of which are full of side effects. On the other hand homoeopathic medicines have no side effects and hence completely safe.

In this connection it may be mentioned that there are various approaches of prevention of diseases in homoeopathy like use of individualized medicine, genus epidemicus, nosodes etc.. But we are not able to adopt all these approaches on the basis of present situation.

On the other hand, the use of partially similar medicines with complimentary and miasmatic relationship in preventing a disease is based on Hahnemannian principles and homoeopathic philosophy along with proved successful clinical experience in preventing diseases like JE. Considering the nature of COVID-19, and the present emergent crisis, the intervention protocol of “Arsenicum album- Phosphorus-Tuberculinum in series” – a complementary antimiasmatic trio based on the same analogy may be considered and recommended to Ministry of AYUSH, Govt. of India for public use.

#### **RECOMMENDING SECOND ADVISORY BY SUPPLEMENTING THE EARLIER ADVISORY OF ARSENICUM ALBUM**

The earlier recommendation of Arsenicum album 30 by the Scientific Advisory Board as a homoeopathic preventive is timely, rational and justified based on homoeopathic principles and the then scenario. But we came to know various new facts in the last six months. So a new strategy may be formulated to combat the present challenge more successfully. In this regard the above mentioned complimentary trio with miasmatic consideration as approved principally by the Task Force, Govt of India will be the most appropriate and effective strategy to combat this present challenge of COVID-19 being purely homoeopathic.

The Scientific Advisory Board of CCRH is the highest authority to decide and recommend the Government of India the most suitable ways for combating the present situation of COVID-19 through Homoeopathy and thus to save the lives of thousands of people of our country. So we feel it a moral duty to draw the kind attention to all the members of the Scientific Advisory Board of CCRH to all these facts so that they can advise the Government of India properly to uphold the scope of Homoeopathy in this situation while crores of rupees are being spent to save the lives of our people.



On the other hand, homoeopathic prophylactic medicines are safe, simple and scientific. They are effective, easily available, easy to administer and affordable to all.

History records the efficacy of Homoeopathy to control and prevent epidemics of different new diseases by medicines selected on the basis of homoeopathic principles and philosophy, not on clinical trial results.

Since this disease is a new one, strategy may be changed depending upon the new findings and changed scenario.

The Task Force of Govt. of India has principally agreed to this Arsenic-Phosphorus–Tuberculinum complimentary trio for clinical trial in preventing COVID-19 and its complications. But it will take at least another 8-10 months for getting the results due to the reasons described above. By that time the condition in our country will be much worse as predicted by WHO and other similar organizations.

The idea behind the development of this complimentary trio with miasmatic consideration is based on Hahnemannian principles, homoeopathic philosophy and recent scientific research observations following the same analogy of successful prevention of JE by BCT.

As homoeopathic physician, it is our moral obligation to save the life of our people by extending the real benefit of Homoeopathy by drawing attention to the higher authorities and Govt. of India at the right time with correct perspectives.

India is considered as the super power of Homoeopathy in the world. So the whole world is observing our activities and expecting some potential solution from India. This is a fair chance to test the potentiality of Homoeopathy in preventing this disease.

**In view of the above, we request you to adopt this APT complimentary trio medicine schedule to supplement Arsenicum album and to recommend Ministry of AYUSH as second advisory as follow up for preventing COVID- 19 in the present changed scenario to produce a more strong and long-term immunity.**

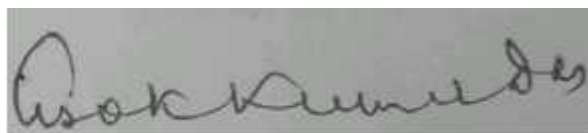
Considering the urgency of the present crisis we solicit your immediate action in this regard for greater public interest.

Thanking you,

Yours sincerely,



**(Prof. (Dr.) Ravi M. Nair)**



**(Prof. Dr. Asok Kumar Das)**

**Residence:** Aramam, HSRA – E 25, Kalady,  
Karamana, Thiruvananthapuram, Kerala,  
Pin – 695 002.

**Mobile :** 09446344344

**Email :** drravimnair@gmail.com

**Residence:** 104 Hem Chandra Naskar Road,  
Kolkata -700010

**Mobile:** 9830493891/ 9064449048

**Email:** [asokdas321@yahoo.com](mailto:asokdas321@yahoo.com)

## References

1. Kissler SM, Tedijanto C, Goldstein E, Grad YH, Lipsitch M. Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period. *Science* 2020 eabb5793 [PubMed] [Google Scholar]
2. Dasl Yoon and Timothy W. Martin South Korea's New Coronavirus Twist: Recovered Patients Test Positive Again. *The Wall Street Journal* 2020
3. WHO Coronavirus may never go away World Health Organization warns. *The Economic Times* 2020
4. Gadugu Srinivasulu An open observational study on the efficacy of Homoeopathic Medicines in the prevention of Japanese Encephalitis epidemic. *Homeopathy Resourc* 2020
5. Santacroce L, Charitos IA, Del Prete R. COVID-19 in Italy: An Overview from the First Case to Date. *Electron J Gen Med.* 2020;17(6):em235. <https://doi.org/10.29333/ejgm/7926>
6. Fei Y, Tang N, Liu H, Cao W. Coagulation dysfunction: A hallmark in COVID-19 [published online ahead of print, 2020 Jun 18]. *Arch Pathol Lab Med.* 2020;10.5858/arpa.2020-0324-SA. doi:10.5858/arpa.2020-0324-SA
7. Aaron Miller, Mac Josh Reandelar, Kimberly Fasciglione, Violeta Roumenova, Yan Li, and Gonzalo H. Otazu\* Correlation between universal BCG vaccination policy and reduced morbidity and mortality for COVID-19: an epidemiological study, doi:<https://doi.org/10.1101/2020.03.24.20042937>.
8. BCG Vaccination to Reduce the Impact of COVID-19 in Australian Healthcare Workers Following Coronavirus Exposure (BRACE) Trial ; ClinicalTrials.gov Identifier: NCT04327206
9. World Health Organization. Ethical considerations for use of unregistered interventions for Ebola virus disease (EVD) Available from: <https://www.who.int/mediacentre/news/statements/2014/ebola-ethical-reviewssummary/en/> Accessed on: 11 March 2020.

## Copy to:

1. **Dr. N. Radha**, Member, Scientific Advisory Committee (SAB), CCRH
2. **Dr. M.P. Arya**, Member, SAB, CCRH
3. **Advisor (Homoeopathy)**, Member, SAB, CCRH
4. **Dr. K.M. Dhawale**, Member, SAB, CCRH
5. **Dr. Alok Pareek**, Member, SAB, CCRH
6. **Dr. Rathin Chakravarty**, Member, SAB, CCRH
7. **Dr. Nandini Sharma**, Member, SAB, CCRH

8. **Dr. Ashvini Kumar Dwivedi**, Member, SAB, CCRH
9. **Prof (Dr.) Kanjaksha Ghosh**, Member, SAB, CCRH
10. **Director General, Member Secretary** , SAB, CCRH