

Abstract: Dr. Ajit Kulkarni is interviewed by a homeopath Roma Bushimensky about the COVID-19 Pandemic and its homeopathic approach. Analysis based on the pathology, course of the disease, miasmatic influences and likely remedies for prophylaxis and treatment are discussed.

INTERVIEW WITH *DR. AJIT KULKARNI M. D. (HOM .), INDIA

CORONAVIRUS DISEASE (COVID-19) OUTBREAK AND HOMEOPATHIC PERSPECTIVE

**INTERVIEW BY ROMA NOAM BUCHIMENSKY MSC, IACH, ISRAEL

Q. Dr. Ajit kulkarni, I hope you are fine. I thank you for accepting to talk on a very important subject. Tell us about Corona pandemic?

Yes, I am fine.

The outbreak of COVID-19 has put the international community in front of an unprecedented global challenge, one that knows no boundary, at least at present.

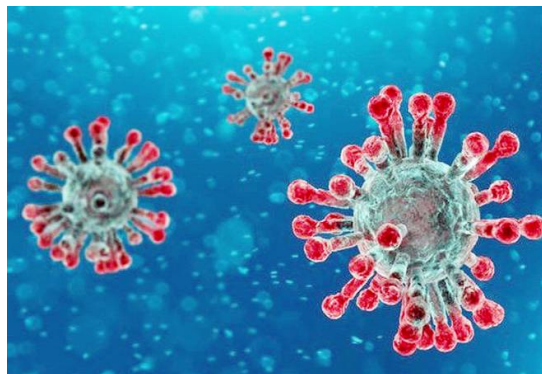
Coronavirus patients were reported first from China and rapidly it gained foothold in all continents (except Antarctica). The perilous spread is alarming as we are getting daily new patients afflicted with the virus.

There are five stages of the corona pandemic.

- I. Cases mostly imported from affected countries
- II. Local transmission from positive cases
- III. Disease spreads in community, large areas get affected
- IV. Disease takes shape of an epidemic with no clear endpoint
- V. Resolution stage

We can include China and Italy in the fourth group. It is now a big challenge to halt the onset of stage III in many countries of the world. The fifth stage, it seems has begun in China and it is a natural outcome.

Q. What is typical about Corona virus?



CORONAVIRUSES

Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.

Human coronaviruses were first identified in the mid-1960s. The seven coronaviruses that can infect humans are:

Common human coronaviruses

1. 229E (alpha coronavirus)
2. NL63 (alpha coronavirus)
3. OC43 (beta coronavirus)
4. HKU1 (beta coronavirus)

Other human coronaviruses

5. MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
6. SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
7. SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

CoVs are positive-stranded RNA viruses with a crown-like appearance under an electron microscope (*coronam* is the Latin term for crown) due to the presence of spike glycoproteins on the envelope.

Coronavirus disease is a new strain discovered in 2019 and has not been previously identified in humans. The term COVID-19 is used for the clinical disease caused by SARS-CoV-2.

Remember, while transmission of SARS-CoV-2 appears similar to that of the related SARS and MERS coronaviruses, the new virus has a lower fatality rate.

Sars-CoV-2, the virus that causes the Covid-19 disease, is detectable for up to three hours in aerosols, up to four hours on a copper surface, up to 24 hours on cardboard, and up to two-three days on plastic and stainless steel.

By the time I finish this interview (22/3/2020), a breaking news is that WHO has confirmed COVID-19 as airborne and can remain eight hours in air, depending on factors like heat and humidity.

Q. How coronavirus attacks the human body?

The disease can cast a storm over the whole human body.

Coronavirus particles have spiked proteins sticking out from their surfaces, and these spikes hook onto cell membranes, allowing the virus's genetic material to enter the human cell.

COVID-19 replicates itself in the upper respiratory system, making droplets from coughing and sneezing, the main means of spreading the disease.

Infected people produce a large quantity of the virus at the beginning of the infection with an incubation period up to 0-14 days. In recent study, it is found that the incubation period can be as long as 27 days and it could reflect a double exposure.

Once infected, the body will launch an attack against the virus in which immune cells will target COVID-19.

As the virus proliferate, they burst out and infect neighbouring cells. The symptoms often start in the back of the throat with sore throat and dry cough. Some patients may develop productive or wet cough, which is thick mucus coughed up. The virus then crawls progressively down the bronchial tubes.

"The virus will actually land on organs like the heart, the kidney, the liver, and may cause some direct damage to those organs. As the body's immune system shifts into high gear to battle the infection, the resulting inflammation may cause those organs to malfunction" - Dr. Schaffner.

Q. Can you enumerate the evolution of COVID-19 disease?

The virus causes mild to moderate symptoms after infection in most cases, such as, fever, dry cough, and fatigue. But this is when the infection is limited to upper respiratory tract – nose and throat. Once the infection involves lower respiratory tract, complications set in.

The spread of the coronavirus disease is better understood in the following way.

1. DAY-BY-DAY PROGRESSION OF COVID-19 (from symptomatic point of view)

Day 1-3

- Cold and flu like symptoms
- Fever
- Mild or no throat pain

Day 4

- Increased throat pain
- Sore voice
- Fever 36.5 degree centigrade
- Mild headache and diarrhoea or cramps

Day 5

- Throat pain very severe, worse eating or drinking
- Soreness of voice increases
- Dry cough
- Joint pains worse motion
- Weakness

Day 6

- Increase in fever, 37 degree centigrade
- All above symptoms increase in intensity
- Nausea, vomiting and diarrhoea increase
- Starts feeling shortness of breath in a mild way
- Bodyache or pain from joints extend to fingers
- Increase in weakness

Day 7

- Intensity of fever increases 38 degree centigrade
- Excessive coughing with sputum
- All above symptoms worsen

Day 8

- Cough worsens, usually dry
- Severe difficulty in breathing
- Heaviness and pain in chest
- All above symptoms further worsen
- Toxic appearance of the patient
- Fever, intense, above 38 degree centigrade

Day 9

- All the symptoms become very worse
- Cyanosis
- Kidney failure
- Respiratory failure
- Multi-organ failure

This is not a strict pattern though many patients follow it. Understanding day wise evolution will help a homeopath to assess the situation from miasmatic diagnosis, remedy diagnosis and overall management.

2. CLINICAL CLASSIFICATION (from Pathological point of view)

A. Mild to moderate cases

- Fever, nasal congestion, dry cough, fatigue, sputum formation, shortness of breath, sore throat, headache, bodyache, chills, nausea, vomiting, diarrhoea, loss of smell and taste etc.
- This constitute 80% patients.
- The difference in mild and moderate cases is that the above symptoms are mild in the former and there is no pneumonia while in the latter the symptoms are more intense and manifestations of pneumonia are seen in imaging.

B. Severe cases

- Adults who meet any of the following criteria: respiratory rate; ≥ 30 breaths/min; oxygen saturations; 93% at a rest state; arterial partial pressure of oxygen (PaO₂)/oxygen concentration (FiO₂); ≤ 300 mmHg. Patients with $> 50\%$ lesions progression within 24 to 48 hours in lung imaging should be treated as severe cases.
- Pneumonia with fluid accumulation
- This constitute 14% patients.

C. Critical cases

- Extensive pneumonia
- Meeting any of the following criteria: occurrence of respiratory failure requiring mechanical ventilation; presence of shock; other organ failure that requires monitoring and treatment in the ICU.
- This constitute 6% patients.

Clinical tip

A fact to be noted that not all people go through all the stages of infection. There may jumping from mild variety to critical stage in a rapid way. This jumping is a tubercular miasmatic hold and you must think to intervene with *Tuberculinum* at this stage.

Rather, every patient who has recovered from COVID-10 must be given a dose of Tubeculinum 1M in order to prevent the relapse. More doses of Tuberculinum can be thought of relevant to the individual instance.

Q. Do you regard COVID-19 as another kind of Influenza?

Both spread in similar ways and share many of the same symptoms, but the flu and the coronavirus have key differences.

- Corona virus is a completely novel virus and a human being has a zero pre-existing immunity to it; hence, every person is vulnerable.
- COVID-19 is caused by one virus, SARS-CoV-2 while flu is caused by any of several different types and strains of influenza viruses.
- COVID-19 patients may not express a runny nose or sneezing, but these are common symptoms of common influenza. Shortness of breathing is very rare in flu cases.
- COVID-19 might be spread through the airborne route (meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near) though both can be spread from person to person through droplets in the air.
- In COVID-19, fever appears on an average of 5-6 days after infection. However, incubation period (the time between exposure and first symptoms) can extend up to 14 days. This period may be extended in future depending upon the behaviour of the virus.
- The coronavirus is more insidious and more contagious in comparison to common flu. It is said that COVID-19 kills 2.3 percent of patients, meaning it is currently 23 times more fatal than the seasonal flu.
- The coronavirus can last up to six weeks in some severe and critical cases.

Comments

For a homeopath, it is not only the label of COVID-19 or influenza. During the virus infection, host factors trigger an immune response against the virus. However, immunopathogenesis is associated with an immune response that goes out of control, and result in pulmonary tissue damage, functional impairment, and reduced lung capacity. Apart from the above host factor, Host i.e. the individual is the most pivotal point in homeopathic philosophical and practical thinking.

COVID-19 is deeper and destructive and it has its specific syndrome, unlike common influenza.

A homeopath, therefore, should not focus on Influenzinum or Oscillococcinum.

Influenzinum or Oscillococcinum are the nosodes for common flu and in view of change in mutation of the virus, we need a change in the nosode. The symptoms and the pathology are different and we must address the situation which is prevailing now if we want to apply the Law of Similars in an appropriate way.

We must accept the destructive potential of coronavirus. Miasmatic assessment will be different, here, in COVID-19.

A homeopath doesn't prescribe on the basis of lable of the disease but on the totality of symptoms and signs as represented by the sick individuals.

Q. Tell about pneumonia in a COVID-19 patient.

Development of pneumonia is a danger signal for COVID-19 patients.

COVID-19 attacks the lungs in three stages:

- Viral replication
- Immune hyperreactivity
- Pulmonary destruction

COVID-19 first enters the body, then starts replicating itself rapidly in the lungs, creating the viral replication stage, ultimately filling the airways with fluid, pus and debris with consequent impaired flow of oxygen.

Next occurs Immune hyperreactivity. This is when the body's immune system effectively kicks into overdrive and bombards the lungs with immune cells in an effort to repair lung tissue. When this type of response is triggered, immune cells can overreact and damage healthy tissues.

The third phase of pulmonary destruction then begins (like SARS). Here, respiratory failure may occur and patients may require the assistance of ventilators to breathe.

The predisposing conditions for COVID-19 pneumonia tend to be old age and medical co-morbidities (such as chronic pulmonary disease, diabetes, and other chronic diseases), similar to previous viral infections (such as influenza H7N9).

Pneumonia is of two types: Moderate and severe.

Unilateral pneumonia is rapidly followed by bilateral, sub-pleural lesions are seen, consolidation with surrounding halo sign is seen, ground-glass opacities, fine mesh shadow and tiny nodules are CT findings.

Typical CT features of COVID-19

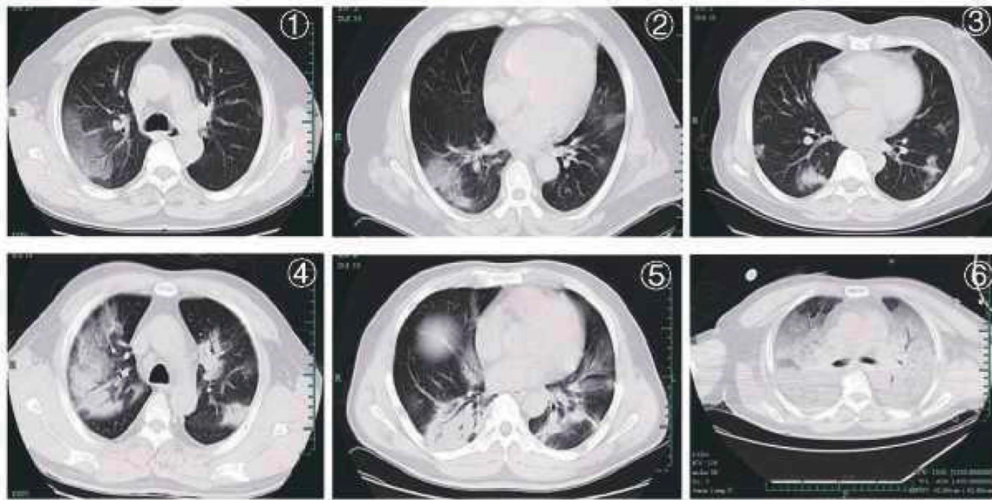


Figure 1, Figure 2: Patchy ground glass opacities
 Figure 3: Nodules and patchy exudation
 Figure 4, Figure 5: Multifocal consolidation lesions
 Figure 6: Diffuse consolidation, "white lung"
 (Courtesy Handbook of COVID-19 Prevention and Treatment)

Most patients show chest x ray abnormalities, with patchy air space disease. CT scan of the lungs show "ground glass opacities" (observed more in right upper lobe). With worsening of illness, opaque areas scatter and thicken in places, creating a "crazy paving" pattern on the scan.

Pulmonary pathology is of pleural effusion, pronounced pulmonary oedema, extensive consolidation, focal haemorrhage, small pulmonary thromboembolism and interstitial thickening, with fibrosis of mild to moderate nature or of honeycomb type.

Histopathological observations of pulmonary lesions not only show nonspecific inflammatory responses such as oedema and inflammatory cell infiltration but also exhibit severe exfoliation of alveolar epithelial cells, alveolar septal widening, damage to alveolar septa, and alveolar space infiltration in a distinctly organized manner. Pathologically, inflammation includes degeneration (necrosis), infiltration, and hyperplasia.

COVID-19 begins and ends in their lungs.

There are GIT affections in COVID-19 patients like nausea, vomiting, diarrhoea etc. but they are not as dangerous as lower RT. Hence, pneumonic manifestations are elaborated.

Q. Can Homeopathy work as prophylactic against COVID-19?

The answer to this question is a long one. You must first understand the Law of Similars.

Let us see how Immunology and Serum therapy are related to Homeopathy.

The complete development of immunology and serum therapy is based on the principle of Similia. It is interesting to read what Emil Von Behring, one of the founders of this discipline in late 19th and early 20th centuries, wrote:

"In spite of all scientific speculations and experiments concerning small-pox vaccination, Jenner's discovery remained an erratic boulder in medicine until biochemically thinking Pasteur, devoid of all classroom knowledge, traced the origin of this therapeutic boulder to a principle, which cannot be better characterized than by Hahnemann's word 'Homeopathic'. Indeed, what else causes the epidemiological immunity in sheep vaccinated against anthrax than the influence previously exerted by a virus similar in character to that of a fatal anthrax virus? And by what technical term could we more appropriately speak of this influence exerted by a similar virus than by Hahnemann's word 'Homeopathy'?"

The preventive use of homeopathy was first applied in 1799 during an epidemic of scarlet fever in Königslütter, Germany, by Dr. Hahnemann. A single dose of the remedy Belladonna was prescribed as the Genus Epidemicus to the susceptible children in the town with more than 95% success rate.

The question is whether ultra-highly diluted homeopathic remedies have demonstrable anti-viral effects and the answer is a big yes and I appeal everyone to read research papers by Anisur Rahman Khuda Bukhsh.

Q. What is the concept of prophylaxis in Homeopathy?

Clinical practice based on the Law of Similars opens new horizons on which homeopathy projects its infinite potentialities, one of which is the field of prophylaxis.

“Homeopathic prophylaxis” is adopted against many contagious diseases. It has the same principle of the Law of Similars, like vaccination (which is followed in mainstream medicine).

Homeopathy is a constitutional therapeutic system and its selective and collective approach takes into account the concept of health as an ongoing process. One of the benefits of homeopathy is that a homeopathic physician can commence treatment at whatever stage the patient is presented to him, even if one is still waiting for the definitive diagnosis to be made on the basis of investigations like serology, culture, x-ray, etc. since the homeopathic treatment never interferes with any diagnostic procedures.

The prevention of disease by using an agent, which may cause or transmit the disease has been known for centuries, and its earliest example was of protection against viral infections. For example, the Chinese used to give protection against smallpox by the compulsorily wearing the garments of the patient in full suppuration, or by the introduction of a one-year- old dried pustule into the nostrils. During the 17th and 18th centuries in Europe, vaccination against smallpox using inoculation with variolic pus was also carried out. Even Hippocrates has recommended the consumption of the slimy saliva (from under the tongue) of a rabid dog, taken as a drink, as protection against rabies.

The above examples are of 'Isopathy', a form of therapy based on the principle of treating with the same agent that may cause or transmit the disease. Comparing with Isotherapy, Homeopathy is based on the Law of Similars.

Q. Can you elaborate further on Homeopathic prophylaxis and the use of vaccinations in conventional one?

There are four issues to be discussed.

- Homeopathic Prophylaxis
- Homeopathic Vaccination
- Genus Epidemicus (GE)
- Vaccination in mainstream medicine

Homeopathic Prophylaxis (HP) and Homoeopathic Vaccination (HV) are not the same. Homeopathic prophylaxis is used when there are sporadic, endemic, pandemic or epidemic outbreaks of contagious acute diseases (like COVID-19). HP involves the use of homeopathic remedies, selected on the basis of totality of symptoms as manifested by the mass who is affected. The purpose of HP is to reduce or eliminate the morbidity of contagious diseases and thus save maximum people from mortality too. Although it is not a very specific individualized modality, it involves less individualized and non-routine way of prescription for the short term. HP has been used since the inception of homeopathy.

When a remedy specific to the individual occurrence of an epidemic (Genus epidemicus) is identified, this remedy will act more surely in homeopathic prophylaxis and early treatment of cases too.

Homeopathic vaccination (HV) involves the use of series of disease products (nosodes) in an effort to confer long-term resistance to a variety of diseases. The long term time is involved with the concept of HV.

However, a nosode as a remedy can become GE, provided it covers the totality of symptoms as suffered by the community from a contagious disease.

In mainstream medicine, each immunization procedure carries some risk of adverse reactions since crude/material amounts of disease agents and several ingredients are being used which may result in an actual infection or else an immunological reaction. These reactions may deter both a doctor as well as a patient from using these procedures in individual cases. The adverse reactions, acute and chronic, have been recorded over years and we have now enormous data about it.

Let us take the example of Vaccine against Covid-19 in mainstream medicine. It could take up one to two years to prepare the vaccine. Further, less is known about this particular virus and certain viruses behave in an unusual manner; indicating that to develop the vaccine is not an easy task.

In the absence of vaccine from mainstream medicine, should the mankind be subjected to spread of COVID-19?

However, more research is required in this field. Homeopathic prophylaxis is based on the totality of data (the field of semeiology), and not on the causative agent only. In view of the problem of change/mutation of the strain of the virus and the difficulty in preparing a vaccine, the homeopathic prophylactic drug based on Hahnemann's' concept of 'Genus epidemicus', is easy to prepare.

In such cases, nosodes (homeopathic potentized preparations of disease-products), can be used as prophylactics. As a result of many years of clinical use, there seem to be rational grounds for recommending these nosodes due to their efficacy and safety. Nosodes should be used only under strict supervision of expert homeopathic physicians.

In the current set-up, we can't compare immunization in mainstream medicine and homeopathic vaccination. We need double-blind control studies and a large number of cases to draw the conclusions. Rather, this is the most favourable point in the history of medicine to do research on homeopathic vaccination and all the concerned authorities from govt and pvt. Institutions should take necessary steps.

Virus is circulating. It is almost everywhere. Millions of people are under its grip and mainstream medicine should not oppose Homeopathy, Ayurveda and alternative therapies. Opposing homeopathic prophylaxis means, in other way, opposing the very principle on which the whole edifice of vaccination is built. Let us be one in our fight, let us be united, let us bury grudges and take up the gauntlet for the sake of human mankind.

Q. Can you give some evidences that homeopathy has proved as a preventive medicine?

Yes, history of homeopathy is replete with beneficial results of homeopathic prophylaxis in contagious diseases such as Japanese Encephalitis, Yellow fever, Cholera, Diphtheria, Influenza, Plague etc.

Homeopathic medicines are used to treat the flu symptoms since centuries in the countries where such illnesses have common recurrences. They can be of valuable help in preventing and treating the present COVID-19 pandemic. It can provide quick relief from symptoms of the flu and its use is inexpensive too.

Homeopathy was 98% successful in treating the Spanish flu epidemic in 1918. Dr. T. A. Mccann, from Dayton, Ohio, reported that 24,000 cases of flu treated allopathically had a mortality rate of 28.2% while 26,000 cases of flu treated homeopathically had a mortality rate of 1.05%. This last figure was supported by Dean W.A. Pearson of Philadelphia (Hahnemann College) who collected 26,795 cases of flu treated with homeopathy with the above result. Of the fifteen hundred cases reported at the homeopathic medical society of district of Columbia, there were only fifteen deaths. Recoveries in the National Homeopathic hospital were 100%. In Ohio, of 1,000 cases of influenza, Dr. T. A. Mccann, MD, Dayton, Ohio reported no deaths. In Connecticut, 6,602 cases were reported, with 55 deaths, less than 1%.

Gelsemium and *Bryonia* were used successfully to treat Spanish flu in 1918. According to Dr. Frank Wieland, MD, Chicago, "(With) 8,000 workers we had only one death. *Gelsemium* was practically the only remedy used. We used no Aspirin and no vaccines."

The Journal of the American Institute for Homeopathy, May, 1921, had a long article about the use of homeopathy in the 1918 flu epidemic.

If we refer to literature about influenza prophylaxis in homeopathy, many remedies have been recommended viz. Influenzinum-hispanicum, Arsenic album, Bryonia, Carbo-veg, Eup-perf, Gelsemium, Influenzinum, Mucobacter, Nelson's influenza vaccine, Oscillocoquinum, Phosphorus, Sulphur etc. by the authorities like Pierce Schmidt, Grimmer, William Gutman, Fergie Woods, Younan, etc. Dr. P. Sankaran's booklet of "Prophylactics in Homeopathy" is worth referring in this connection. The successful stories about Homeopathy's ability to prevent as well as treat epidemic diseases have been compiled well by Fran Sheffield (www.fransheffieldhomeopathy.com) through "Homeo-prophylaxis: Human records, studies and trials". The compilation is worth reading.

Q. Can you mention how Hahnemann comprehended the concept of Genus Epidemicus?

Hahnemann's aphorisms 100-102, from 'Organon of Medicine' (6th edition), give guidelines about the investigation of epidemic diseases and the role of Genus Epidemicus. In aphorism 100, he emphasizes the need for examining each epidemic or sporadic disease as an independent new disease and that the totality of each case must be traced thoroughly by observing the phenomenon in its complete detail and in all its aspects and phases.

In aphorism 102, Hahnemann comments that the whole extent and complete picture of the entire epidemical disease cannot be learnt from examining a single case of the epidemic but can be deduced and ascertained from examining several patients of different constitutions. It is then that the Genus Epidemicus could be found out based on the totality of symptoms.

Hahnemann emphasised, "no epidemic disease should be taken for any previous one and treated in the same way, since all that break out at different times are different from each other".

Note that the totality of symptoms should not be only quantitative but qualitative.

On the basis of the data provided above, it is possible to find the Genus Epidemicus for the COVID-19. GE should be the one single remedy that covers the contagious disease in a thorough and evolutionary spectrum. GE can't change due to stages of COVID-19 but homeopathic treatment based on individualization and totality may get changed.

I am not in favour of complex remedies being used as GE.

Q. Dr. Ajit Kulkarni, what is your criteria for selection of a remedy as Genus Epidemicus for corona pandemic?

There are two distinct divisions: GE as a preventive remedy and the use of homeopathic remedies for the sake of treatment of the disease.

If a patient is diagnosed for corona, the role of GE is finished for that individual. Now this patient needs homeopathic remedies according to his presenting totality. However, it is the usual experience that GE remedy helps in the first stage of the disease as a treatment remedy.

If we want to find GE, we must build up the totality of an evolutionary order from Day 1 onwards and see the pivotal points as the essence of the totality. The long exercise which I have presented above is for this purpose.

I have a frank opinion that we shouldn't use only conceptual and imaginative thinking to select GE. It must be based on hard facts and clinical co-relation.

Why am I focussing on evolution and pathology etc.? For us homeopaths, it is very important to understand the course and behaviour that lead the body through. This understanding will lead us to the right remedy in both divisions of GE and actual treatment.

We can select appropriate remedies according to the types of coronavirus disease and it will be of great help for both clinic and hospital cases as a part of treatment.

Note that the recommendation for GE may change in future in view of changing scenario.

GE fits only for masses where time is a crucial issue.

Treatment of COVID-19 is a specific individual targeted approach.

Q. How will you select GE? Do you want to give it to everyone?

We have already defined five stages of the corona pandemic.

- I. Cases mostly imported from affected countries
- II. Local transmission from positive cases
- III. Disease spreads in community, large areas get affected
- IV. Disease takes shape of an epidemic with no clear endpoint
- V. Resolution stage

GE should not be given to everyone on the planet. It should be given to those who are exposed and those that are positive and related to I and II stage. GE should be given to all people who have an exposure, but they are in incubation period (which may be for 14 days) and are asymptomatic. In the third stage, naturally GE must be given to a large community in which Corona has become widespread. In the fourth stage, there is no discrimination. Everyone should be given GE (like Italy at present).

The whole idea of GE is to save the people as much as possible from the corona outbreak.

GE is not a universal cure for all COVID-19 patients. It is for prophylaxis.

GE can't assume the status of Similimum.

Similimum is where there is an individualized treatment.

There is no life-long immunity for corona and hence, even after resolution stage, GE should be given for preventing further onslaught of COVID-19. Such cases need *Tuberculinum* as an anti-miasmatic remedy to boost the immunity.

I interacted with many Corona positive cases and tried to elicit the data. Unfortunately, there are few PQRS symptoms and these are not available in all cases.

The remedy of GE must cover

- Affinity for respiratory tract, both upper and lower; esp. lungs
- The remedy must cover the typical pneumonia in its pathogenesis
- The action must be of destructive character
- The remedy must have sepsis in its pathogenesis
- The remedy must cover tubercular and syphilitic miasmatic state
- The remedy must cover the evolution of COVID-19 as a single spectrum in its pathogenesis
- The remedy must cover the onset and the speed with which the march of the disease occurs

There are 'n' number of remedies and you will find patchy similarity with many remedies in one way or other. Again, the similarity must be achieved not only at symptoms level but also at pathology, For GE, we need a synthetic approach and not a fragmentary one. We should not be driven by the imaginations. Otherwise, many remedies will crop up as GE and it will cause only confusion.

It is here that I endorse the views of George Vithoulkas. An attempt is made in my work to evaluate the process of finding out GE in a serious way.

There is affinity for right side of the lung in pneumonia with COVID-19 patients. But as the disease progresses, bilateral affection of lung occurs and the whole lung is filled with fluid, debris and pus.

Some authors have given importance to 'winter' and 'days are hot and nights are cold' as causative modalities. As the corona virus spreads, it is not influenced by weather (it has spread in Iran, Dubai

etc. which have hot climate, but the virus has survived and is multiplying). Hence, to select GE on the basis of a certain kind of weather has a limited scope.

The GE which is based on the totality of the current outbreak may get changed if the symptoms get changed.

See, the instructions for the prevention of Corona given by WHO and other wise people can't replace any medical therapy. They are very important, and everyone must follow them.

Q. Many homeopaths have suggested remedies such as *Antim tart*, *Bryonia*, *Camphor*, *Eucalyptus globulus*, *Eupatorium perfoliatum*, *Gelsemium*, *Justicia adhatoda*, *Merc-sol* etc. Do you approve them?

See, the physicians who have suggested are respectable and we must salute them for their studies.

I think the above remedies are more for the sake of treatment than GE.

Let us begin with *Antim-tart*. It is slower in onset. Borland gives the pattern of response, "You expect to find the symptoms of *Antim-tart* cropping up late in a pneumonia, you do not usually get them in the early stages and by the time the patients have gone on to an *Antimony tart* state, they are seriously ill". Coarse, loose rattling cough is characteristic of *Ant-tart* and most of the patients of COVID-19 have dry cough and in *Ant-tart*, cough grows less frequent as disease advances and the patient shows signs of 'carbonised blood'. Further, corona patients are found to > with warm drinks while *Ant-tart* has cough < warm drinks.

Bryonia matches well at many levels. But it has fibrinous or exudative inflammation. It lacks at pyemic or septic state; the debris and pus with fluid accumulation is not a part of *Bryonia* action. *Bryonia* can be a remedy for mild to moderate type when pneumonia has set in and there are joint pains < motion. When the state becomes severe and critical, *Bryonia* gets ruled out. Bry has both incubation and deterioration slow. Note that *Bryonia* doesn't cover the collapse i.e. the failure state of the economy.



Bronchoscopic manifestations of COVID-19: bronchial mucosa swelling and congestion; large amounts of mucus secretions in the lumen (Courtesy Handbook of COVID-19 Prevention and Treatment)

I am giving this figure in order to inform that we can't give importance to dry cough only and there are mucus secretions inside.

The same can be said about other remedies. They are more indicated at some stage of COVID-19 as a part of treatment rather than GE. GE is a broader and different idea. *Gelsemium* is dull and sycotic and lacks septic state and destructiveness. *Gelsemium* is touching at the initial phase of the disease when the state is a mild one.

Eucalyptus globulus covers the miasmatic fevers i.e. caused by polluted environment. It has toxemia but rarely pyemia and typifies congestive-catarrhal state. Fever is usually low type with subnormal temperature. *Eucal* lacks the gravity with which corona sweeps the economy of individual and social health. *Eucal* has more 'aspiration pneumonia'.

Camphor is an interesting entry. It corresponds to the critical stage when collapse has occurred and there is complete arrest of breathing. Violent dry cough is also covered well. However, the pathogenetic action of *Camphor* is not that of pus, decomposition and debris that occur as a part of violent destructive inflammation in COVID-19. Rather than GE, I would prefer to keep it for treatment

of the class of severe and critical patients. *Camphor* is primarily an erethistic remedy (as represented by clonic spasms, convulsions, asthmatic spasm etc.) where the system goes into the abnormal state of irritability leading then secondarily to arrested respiration. It is necessary to perceive the process, the phenomenon behind the result and it is different in each remedy.

Justicia adhatoda is a known immunity booster and it has been suggested in crude form. In Ayurveda, there are many immune boosters.

Merc sol has also been suggested as GE. *Merc sol* is mostly needed when there is severe pain in the throat and there is a big and active battle going on in the throat not to allow the virus to go down into the lungs. Here I will prefer *Merc-cyn*.

Calc-carb has also been suggested. *Calc-carb* has a prolonged sycotic phase and a little tubercular phase where we get glandular affections. *Calc-c* has no intense fever and the type of evolution of destructive type is not the cup of tea of *Calc-c*.

Q. Will you give prominent indications of some remedies you think for Genus Epidemicus?

Four remedies come up for consideration: *Arsenic album*, *Carbolic acid*, *Phosphorus* and *Sulphur*.

Three nosodes come up *Hippozaeninum*, *Tuberculinum* and *Corona virus nosode*.

1. ARSENIC ALBUM

- A profoundly acting remedy on every organ and tissue. The action is that of organic decay; it destroys the entire machinery of life.
- Ailments from crowded close places and also from meat; agg.; spoiled, bad
- Nose: Thin, watery, excoriating discharge. Feels stopped up. Sneezing; profound; without relief.
- High temperature.
- Collapsed stage of a pneumonic crisis. Complete sinking of vital forces. Multi-organ failure.
- Rapidly progressing violent inflammations. Sudden intense effects. Sudden, rapid decline. The system goes downhill in spite of well selected remedies.
- Syncope; almost unconscious, cold sweat, dizzy, complains of thirst, anguish; rattling.
- Acute respiratory distress syndrome leading to death.
- Covers the range from mild to critical variety of COVID-19.
- On the top of what is written, fear and anxiety injected in the minds of population correspond well with *Ars-alb*.
- It is said that corona outbreak occurred after eating animals. We have a rubric, Generalities; food and drinks; meat; agg.; spoiled, bad and we have remedies such as *ARS BELL BRY camph carb-an CARB-V CROT-H LACH PYROG VERAT*
- Sulphur doesn't cover the above rubric though it has meat < and this is one of the reasons to emphasise *Ars-alb* as GE.
- New information of loss of taste and smell is also covered by *Ars-alb*.
- My colleague from Moscow is collecting symptoms from COVID-19 patients and she found that most of the symptoms develop suddenly.

2. CARBOLIC ACID

- A blood poisoning remedy like *Bapt.–Echi.–Pyrog.*, but with a slant for tissue destruction, like *Ars.* or *Sec.* A homoeopathic antibiotic against infections, zymotic states, toxemias, esp. intestinal (*Bapt.*, *Eucal.*).
- Low resistance. Low vitality. Lack of repair. Old age.
- Malignant types of diseases especially when there is a tendency to generalized destruction of tissues. Breaking off (*Crot-h.* breaking down) of tissues: incomplete tissue disintegration. Sloughing.
- Coryza with watery discharge. Influenza and resulting debility.

- Fever high at onset, sudden and rapid rise, rapid prostration; pulse rapid and feeble; tending to malignancy and collapse.
- Pneumonia: Circumscribed pneumonia. Double basal pneumonia. Necropneumonia. Septic pneumonia (*Bapt.*, *Pyrog.*). Pneumonia of right base. Gangrene of lungs.
- Gasping for breath, unable to lie down, wants hands held. Takes long inspirations, with yawning. Stertor (*Op.*). Impending respiratory paralysis.
- Both temperature and pathology develop rapidly.
- For the critical stage when there is extensive pneumonia, septic shock and failure of the system.
- Phenol poisoning causes acute respiratory distress syndrome (ARDS).

3. PHOSPHORUS

- Action on both upper and lower respiratory tract.
- Usually the speed with which the disease process evolves is rapid, though few cases can be with insidious onset. Suddenness of symptoms is a strong feature.
- Violent inflammation which shifts rapidly in other parts of the body.
- Cough: Dry, choking, short, with hoarseness, violent, tormenting, hacking, hoarse, barking, dry.
- Hemoptysis is usually a symptom of pneumonia.
- Adynamia. Destructive and disintegrating processes.
- The system is overactive though seriously weak.
- Respiration quickened, oppressed, short, laboured.
- Complete solidification of lung tissue with dullness of percussion.
- Bronchopneumonia. Pleuro-pneumonia.
- Third stage of pneumonia: Cheesy degeneration of lungs; purulent infiltration and abscess. "When *Bry.* and *Rhus-t.* are insufficient in catarrhal and pneumonic states."
- Pleurisy: Dry, high fever; late stages; heart dilated; purulent infiltration.

4. SULPHUR

- Everything is dirty: the dirty animal eating, the patient looks dirty and smells horribly offensive.
- Destruction and decomposition as central pathology. Tendency to suppurate.
- Action: Absorbs infiltration and prevents suppuration.
- Continued high grade fever.
- Violent, fluent coryza and frequent sneezing; profuse discharge of purulent mucus
- Dry, violent cough, hoarseness, with choking and watery coryza. Scanty sputum.
- Shortness of breath from talking or walking; intense oppressed feeling; severe dyspnoea.
- Neglected influenza and Pleuritis. The patient is definitely going to be worse.
- Pneumonia: Neglected, badly treated; hepatization or abscess; hectic fever; slow solidification; fibrous pleuro-pneumonia; with severe weakness. Extensive dirt has accumulated in the lungs.
- Acute air hunger, great respiratory distress. Asphyxia, death apparent. Collapse.
- Weakness, lack of reaction.

NOSODES

1. HIPPOZAENINUM (From Absolute MM)

- Auto-infection, with pyemia (*Bufo*) (without blood poisoning, unlike *Echi.*); suppurations low, malignant.
- Purulent inflammations of serous membranes, esp. of linings about joints. Purulent infiltrations.
- Malignant abscesses in lungs.
- Putrescence: Destructive tendency to tissue decomposition.
- Pyemia.

- Prostration. Collapse. Repair processes lag behind.
 - Descending catarrh beginning in nose.
 - Pneumonia: Specific process. Nodules larger, forming isolated grey hepatizations and abscesses, Pneumonia malleola.
2. **TUBERCULINUM (From Absolute MM)**
- Rapid and complete physical break-down; after contacting acute infections such as pneumonia, influenza etc., no signs of vital reaction, declining, a running down state.
 - Affinity for respiratory tract esp. lungs
 - Frank inflammatory processes (not mere congestion), in the lungs, pleura or vital organs.
 - Viral infections in patients with tubercular taint (*Echin.*, *Eucal.*, *Calc-c.*); progressing even to septic condition (cp. *Pyrog.*).
 - Active proliferations occur to an intense degree causing extensive damage and disintegration of tissues.
 - Sporadic influenza is an outburst of latent tubercular diathesis, says H. C. Allen.
 - Pneumonia: Bronchopneumonia. With symptoms of *Ant-t*, *Bry* and *Zinc*. A clearing up remedy in delayed resolution with lack of response, septic foci, or caseous hepatization appearing.
 - Septic conditions, abscesses; pus copious, thick, greenish. Leucocytosis.
 - *Tub.* is the best general antidote to the chronic effects of influenza toxin.
 - When the well-selected remedies fail, as an intercurrent remedy.
3. **CORONA VIRUS NOSODE**
- Corona virus nosode is an interesting idea and definitely better than Influenzinum. Isopathic principle is followed when one uses the same biological product which is the cause of the disease.
 - The current circulating **Coronavirus Nosode** is a homeopathic nosode that is made from the current circulating strain that started in late 2019 (now named as "COVID-19").
 - There is no proving data or clinically confirmed data, but it can be given on the basis of isopathy.

Q. Will you throw light on Miasmatic assessment of COVID-19 cases?

If we study the coronavirus disease in evolutionary totality, it is possible to see the cleavage. We can split the day wise data, analyse the pathology which is supervening and assess the miasmatic state. This will help figure out the remedies.

Psoric manifestations

Mild symptoms such as fever, cold, throat pain, sore voice, headache, diarrhoea etc. But return to baseline of health is early and easy. Immunity good. Good response to the treatment. No complications. COVID-19 is limited to upper respiratory tract. Psora is up to Day 1-4.

Sycotic manifestations

The mild symptoms in psora become intense and constant. Lingering response. Weakness and dullness. Fever becomes constant and heaviness of head. Dry cough in bouts. Often with expectoration; thick, yellow-greenish. Soreness of voice increases. Joint pains. Yet COVID-19 is limited to URT. Sycotic miasm is mostly for Day-5 status of the patient.

80% mild to moderate cases will be under the dominance of psoric and sycotic miasma.

Tubercular manifestations

There are two types of pattern of responses- 1. Acute, sudden onset and rapid pace of the disease. 2. Slow then rapid pattern. COVID-19 usually follows second pattern. It is from the Day 6 that we are able to see the tubercular miasmatic dominance up to day 8.

This phase is characterized by high grade and persistent fever, intense throat pain and development of pneumonia and pleural effusion. Intense heaviness in chest, breathlessness, increased respiration, low oxygen saturation, enteritis, profound debility and toxic appearance are on the screen.

Type of Severe disease of 14% patients statistics is due to the dominance of tubercular miasma. Day 6-8 needs careful monitoring and a remedy selected on the basis of totality and that which covers the miasmatic state if given in right posology is able to help the system from the clutches of death.

There are three signals that indicate the increasing influence of tubercular miasm. Very severe throat pain (probably a last-ditch effort on the part of the organism (through throat) to prevent the virus to go down in the lungs), pneumonia which is rapidly increasing and lymphopenia (a critical factor associated with disease severity and mortality).

The three stages of pneumonia represent the tubercular miasm. Don't misunderstand that the first stage is psoric. It is not only replication but rapid changes of destruction (tubercular miasm is a blend of hyperreactivity of psora and destruction of syphilis).

Syphilitic manifestations

No response to treatment. Disease progresses with high pace. Complications → hemodynamic state poor. Cyanosis. Kidney failure. Collapse. Comatose condition. Respiratory collapse. Multi-organ failure.

The above miasmatic criteria should be applied to all cases of pandemic COVID-19 for preventive and treatment modality.

If we take into account the clinical features of COVID-19 in totality, tubercular miasm is preponderant over the system right from the Day-4 and if the clinical condition becomes worse, it progresses to syphilitic miasm. The most common cause of death is respiratory failure. Other causes of death are pneumonia (leading to sepsis), high fever (leading to neurological problems), dehydration and electrolyte imbalance (from excessive vomiting and diarrhea).

Q. Can you be precise in miasmatic cleavage?

Mild to moderate cases: Psoric³. Sycotic¹. Tubercular¹.

Severe cases: Tubercular³. Syphilitic².

Critical cases: Syphilitic³.

(The numerical marks denote the activity)

Q. How will you process the data of COVID-19 from homeopathic standpoint?

TABLE OF ANALYSIS WITH COMMENTS

<p>1. Nature of disease</p> <p>Acute. Requiring preventive measures in view of contagiousness. Requiring immediate attention and treatment. In evolution, it becomes per acute i.e. violently acute</p> <p>Aetiology: Virus</p> <p>Diagnosis: COVID-19</p> <p>Highly contagious, human-to-human transmission. Hence, GE is needed.</p>	<ul style="list-style-type: none"> • Acute/Per acute/ acute on chronic (exacerbation). • Sub-acute/Chronic/Remission • Mixed / Messed: natural + iatrogenic • Psycho-somatic • Somato-psychic • Auto-immune • Clinical diagnosis
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<p>2. Phase of the Disease</p> <p>Fully developed: Clinically</p>	<ul style="list-style-type: none"> • Pre/Sub-clinical/Clinical • Functional • Structural • Fully developed
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Homeopathically: Inadequately developed (absence of PQRS)	<ul style="list-style-type: none"> • Inadequately developed
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3. Affinity Respiratory Tract: Upper and Lower. Lungs; right lobe	<ul style="list-style-type: none"> • Cells/ Tissues / Organs/ Systems/Sides
---	--

4. Type of Pathology The immune system becomes a prey and can't mobilize its resources when the state travels from severe to critical state On pathological examination of the resected lobectomy specimen of COVID-19 patient, 1.2 cm grey-white nodule adjacent to the pleura was identified.	<ul style="list-style-type: none"> • Allergic • Atrophic • Benign • Degenerative • Destructive • Dysplasia/ Proliferation • Hyperplasia / Metaplasia / Hypertrophy • Induration / Hardening • Inflammatory (serous, fibrinous, catarrhal, eosinophilic, granulomatous, pyogranulomatous, fibronecrotic, lymphocytic, suppurative). • Malignant • Necrosis / Sclerosis • Nodular • Ulceration • Hemorrhagic • Ischemic • Venous • Calcareous • Fibrotic • Rheumatic
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5. State of pathology All three stages represented. Reversible in mild cases. Borderline to irreversible in tubercular and syphilitic cases.	<ul style="list-style-type: none"> • Reversible • Borderline • Irreversible
--	--

Sudden development of symptoms 6. Pattern of response	<ul style="list-style-type: none"> • Sudden • Alternating • Erratic • Regular • Irregular
---	---

	<ul style="list-style-type: none"> • Paroxysmal • Periodic • Lingering • Shifting • Progressive • Continuous • Recurrent • Static
<p>7. Pace of disease</p>	<ul style="list-style-type: none"> • Rapid • Slow • First rapid then slow • First slow then rapid • Moderately rapid • Moderately slow
<p>8. Expressions</p> <p>No PQRS symptoms available.</p>	<p>(+= scanty, ++ = moderate, +++ = ample)</p> <ul style="list-style-type: none"> • <i>The field of modalities:</i> General Particular • <i>The field of sensations:</i> General Particular • <i>The field of symptoms:</i> Pathognomonic Non-pathognomonic Common Characteristic
<p>9. Miasmatic diagnosis</p> <p>Already given above</p>	<ul style="list-style-type: none"> • Dominant / Active • Fundamental • Combined <p>Psora Syphilitic Tubercle Syphilis</p>
<p>10. Sensitivity</p> <p>Fear, anxiety make a person sensitive At physical level sensitivity increased</p>	<ul style="list-style-type: none"> • High • Moderate • Decreased <p>At Mind level: At Nerves (body) level:</p>
<p>11. Susceptibility</p> <p>Active and progressive disease bringing more symptoms and pathologies but absence of PQRS</p>	<ul style="list-style-type: none"> • High • Moderate • Decreased

<p>12. Suppression Not present</p>	<ul style="list-style-type: none"> • Mind • Physical
<p>13. General vitality Moderate → low Sinking of immune forces as the disease advances</p>	<ul style="list-style-type: none"> • Good • Moderate • Low
<p>14. Monogram Inflammatory. Exudative. Putrescent. Slow then rapid. Destructive. Tuberculo-syphilitic.</p>	<ul style="list-style-type: none"> • Pathological Generals • Behaviour of the system

(The points in **bold** are related to COVID-19 disease).

*Q. Such type of analysis is interesting and deep. Thank you, Dr. Kulkarni.
Which rubrics you will select for repertorization?*

I want to focus on the evolution of COVID-19 and the typical pathology it develops.

I don't want to take common mental symptoms as rubrics. This is not a psycho-somatic case. It's a contagious disease and fear and anxiety in view of social issues and media hype are common.

I would prefer to perform two types of repertorization, one covering the quantity of rubrics that are related to the disease so that we will have a wide panorama to lay hands on and the another one from exclusive point of view where I will focus on crucial and determinant rubrics.

Also, note that selection of GE only on the basis of rubrics is not an adequate idea. Let us take an example. The rubric Respiration; arrest, arrested' contains 244 remedies. Many remedies do possess functional symptoms only. I mean, a rubric assumes importance in strong pathology developing contagious disease like COVID-19, only if the remedy has the pathogenesis of pathology. Can we apply the same thinking to *Ignatia* and to *Hydrocyanic acid*?

The rubrics are pieces of documents given by the advocates but the final decision has to be taken by the judge of the supreme court which is *Materia medica*.

LARGE SET OF RUBRICS

- Generalities; violent complaints
- Generalities; progressive diseases:
- Generalities; reaction; lack of
- Generalities; vitality decreasing
- Fever, heat; insidious fever
- Fever, heat; slow
- Throat; pain; fever, during
- Throat; pain; influenza, from
- Chest; inflammation; lungs, pneumonia; influenza, in or after
- Stomach; nausea; pneumonia, in
- Stomach; vomiting; pneumonia, in
- Rectum; diarrhea; pneumonia, in
- Chest; inflammation; lungs, pneumonia; apex, upper; right

- Chest; inflammation; lungs, pneumonia; collapse, with
- Chest; inflammation; lungs, pneumonia; destruction of tissue, cavities, with
- Chest; inflammation; lungs, pneumonia; resolution, with delayed
- Chest; inflammation; lungs, pneumonia; weakness, with
- Chest; inflammation; lungs, pneumonia; pleura-pneumonia
- Chest; inflammation; lungs, pneumonia; collapse, with
- Generalities; collapse:
- Generalities; blueness of parts, cyanosis:
- Chest; nodules; lungs: hippoz
- Clinical; asphyxia, death apparent; paralysis of lungs, in threatening

New information

New signs for detecting COVID-19 in patients

- The British Association of Otorhinolaryngology (ENT UK) say asymptomatic patients - ones who do not have a fever or a cough - could show a loss of smell or taste as symptoms after contracting coronavirus.

Addition of two rubrics

- Smell; loss of, wanting
- Taste; wanting, lost

REPERTORIAL FILTER

The screenshot displays the 'Complete Dynamics - Practitioner edition' software. On the left, under 'Unnamed case', the analysis date is 'March 21, 2020' and it uses 23 rubrics. The rubrics listed are:

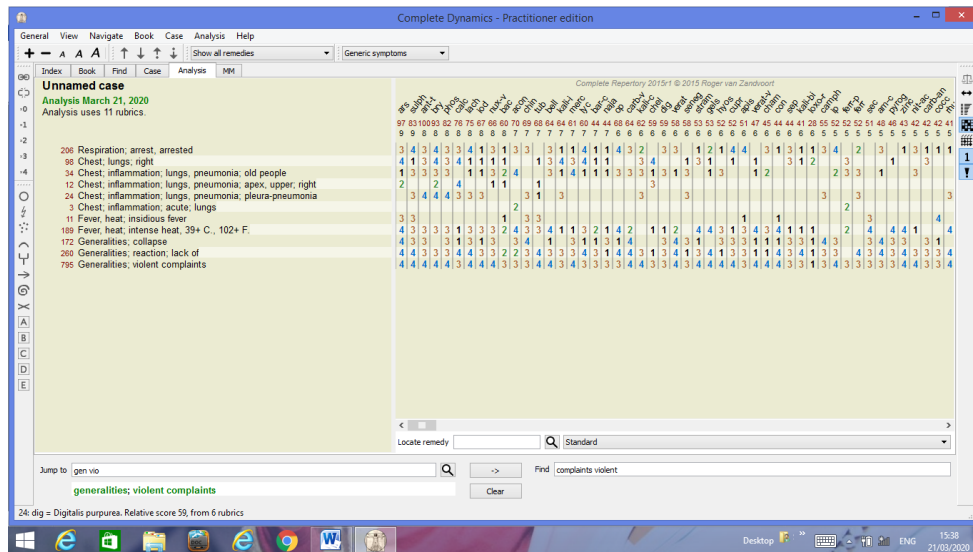
- 25 Throat; pain, fever, during
- 3 Throat; pain, influenza, from
- 3 Stomach; nausea, pneumonia, in
- 5 Stomach; vomiting, pneumonia, in
- 4 Rectum; diarrhea, pneumonia, in
- 206 Respiration; arrest, arrested
- 3 Chest; inflammation, lungs, pneumonia; collapse, with
- 2 Chest; inflammation, lungs, pneumonia; destruction of tissue, cavities, with
- 28 Chest; inflammation, lungs, pneumonia; influenza, in
- 28 Chest; inflammation, lungs, pneumonia; resolution, with delayed
- 25 Chest; inflammation, lungs, pneumonia; weakness, with
- 12 Chest; inflammation, lungs, pneumonia; apex, upper; right
- 24 Chest; inflammation, lungs, pneumonia; pleura-pneumonia
- 81 Chest; nodules
- 11 Fever; heat; insidious fever
- 10 Fever; heat; slow
- 172 Generalities; blueness of parts, cyanosis
- 172 Generalities; collapse
- 63 Generalities; progressive diseases
- 260 Generalities; reaction; lack of
- 795 Generalities; violent complaints
- 29 Generalities; wlatly decreasing
- 4 Clinical; asphyxia, death apparent; paralysis of lungs, in threatening

The right pane shows a grid of numbers for 60 remedies. The search criteria at the bottom are: 'clinical; asphyxia, death apparent; paralysis of lungs, in threatening'. The results show a list of remedies with their corresponding numbers in the grid.

SMALL SET OF RUBRICS

- Respiration; arrest, arrested
- Chest; lungs; right
- Chest; inflammation; lungs, pneumonia; old people
- Chest; inflammation; lungs, pneumonia; apex, upper; right
- Chest; inflammation; lungs, pneumonia; pleura-pneumonia
- Chest; inflammation; acute; lungs
- Fever, heat; insidious fever
- Fever, heat; intense heat, 39+ c., 102+f
- Generalities; collapse
- Generalities; reaction; lack of
- Generalities; violent complaints

REPERTORIAL FILTER



Q. Dr. Kulkarni, what is your final selection for GE?

- There is a tussle between *Arsenic album* and *Sulphur*. My mind is also thinking of *Carbolic acid* and *Hippozaeninum* as both cover the range from cold to severe pneumonia and septic shock.
- But yet GE, I suggest **ARSENIC ALBUM** as a homeopathic prophylactic remedy for COVID-19 outbreak.

Q. AYUSH Ministry of India has already announced *Arsenic album* as a homeopathic prophylactic remedy for COVID-19 infection.

I am happy that my independent study and analysis, based on symptoms, signs, pathology, evolution of COVID-19 etc. has come to the same conclusion of *Arsenic album*.

The very meaning of GE is that with concerted efforts of all investigators and researchers, we arrive at the same conclusion. This is in line with Hahnemannian approach.

I endorse the views of AYUSH and Central Council for Research in Homeopathy (CCRH). Rather, reading my interview and CCRH 'Homeopathic perspectives in COVID-19 Coronavirus infection, Fact sheet' will be an interesting reading.

Q. What are your reasons for selection of *Arsenic-album*?

Apart from the homeopathic data obtained through proving and clinical confirmation (indications have been given elsewhere), we have to focus also on **toxicological data**.

On the respiratory tract, Arsenic poisoning causes

- Irritation of nasal mucosa, pharynx, larynx, and bronchi
- Pulmonary edema
- Tracheobronchitis
- Severe and very severe pneumonia
- Pulmonary insufficiency
- Leucopenia
- Cough and dyspnoea
- Reynolds's observation: Arsenic might play a role in the etiology of many viral diseases as the immunity is depressed with Arsenic poisoning.

- A new study confirms that exposure to low to moderate amounts of arsenic can impair lung function.
- "Restrictive lung defects, in those exposed to Arsenic, are usually progressive and irreversible," said Habibul Ahsan, MD.
- Acute severe Arsenic poisoning causes acute respiratory failure.
- A new link between cystic fibrosis and Arsenic poisoning has been found out.
- In short, a strong similarity exists at pathological level between Coronavirus disease and Arsenic poisoning and this point shifts in favour of *Ars-alb* as a prophylactic remedy.
- "The coronavirus pandemic resulted from human consumption of animals" is a point of debate. Many viruses, bacteria and parasites that have caused major diseases in the past have been zoonotic (meaning they had their origin in animals). This causative modality is also covered by *Ars-alb*.
- Profound weakness as experienced by COVID-19 patients point to *Ars-alb*.
- Many patients develop restlessness and agitation and these are classical indications of *Ars-alb*.
- In one of the studies, Arsenic album is found to affect HT29 cells and human macrophages. Also, it showed NF-KB hyperactivity (reduced expression of reporter gene GFP in transfected HT29 cells), TNF-a release in macrophages.

CLINICAL STAGES FROM MILITARY MEDICAL RESEARCH, CHINA

I have more to offer. While I was finishing the interview, I came across Military Medical Research Journal, China which has presented seven clinical stages.

We are getting some "homeopathic symptoms" here.

Stage 1

Early-stage. Clinical manifestations: Aversion to cold without sweating, headache and generalized heaviness, limb pain, as if stuck and fullness in the chest and diaphragm, thirst with no desire to drink, loose stool, yellow urine, frequent micturition.

Stage 2

Early-stage. Clinical manifestations: Aversion to cold with or without fever, dry cough, dry throat, fatigue and hypodynamia, oppression in chest, epigastric fullness, or nausea, loose stool. Tongue: Pale or reddish; fur slimy white. Soggy pulse.

Stage 3

Middle-stage. Clinical manifestations: Persistent fever or alternating cold and heat, cough with less phlegm, or yellow phlegm, abdominal distension and constipation; oppression in chest with shortness of breath, cough with wheezes, panting on exertion; or red tongue, slimy yellow fur or yellow dry fur, slippery and rapid pulse.

Stage 4

Severe stage. Clinical manifestations: High fever, oppression in chest with shortness of breath, purple-black facial complexion, lips dark and swollen, obnubilation, crimson tongue, yellow dry fur, surging and fine rapid string like pulse.

Stage 5

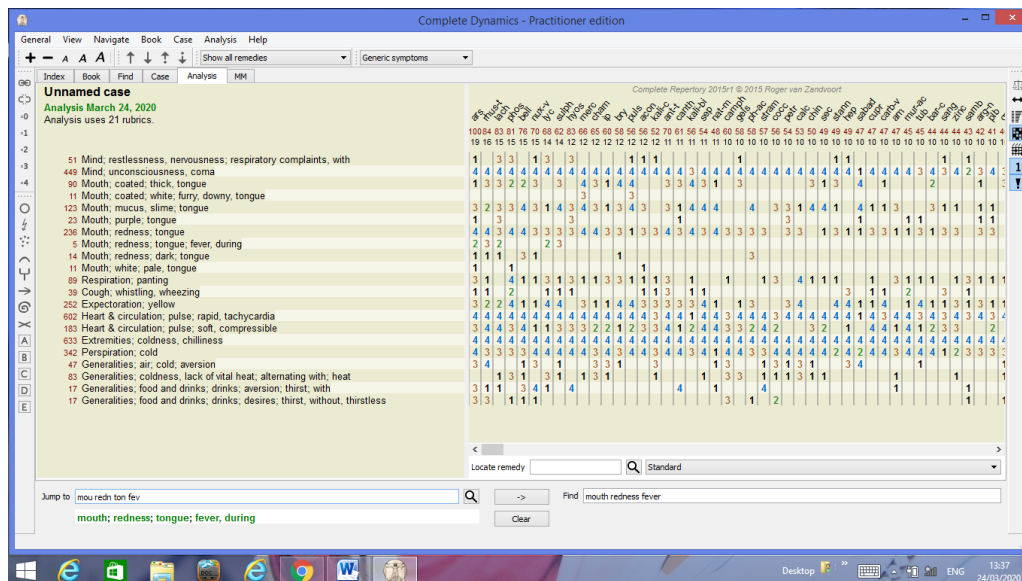
Severe-stage: Clinical manifestations: Dyspnoea, panting on exertion or need assisted ventilation, accompanied by coma, and agitation, cold limbs with cold sweating, dark purple tongue, thick or dry thick tongue fur, floating and rootless pulse.

Stage 6

Recovery-stage. Clinical manifestations: Shortness of breath, fatigue and hypodynamia, anorexia, nausea and vomiting, glomus and fullness, weak stools, loose stool, pale tender-soft enlarged tongue, slimy white tongue fur.

Stage 7

Recovery-stage. Clinical manifestations: Generalized heat with sweating, chest heat vexation, retching and vomiting, shortness of breath and lassitude, red tongue and thin tongue fur, vacuous pulse.



This third reportorial filter also points to **Arsenic album** in a far qualitative way as GE.

Q. What is your posology plan for GE?

In view of nature of the disease, miasm and susceptibility as described above, we suggest following potencies of *Arsenic album*.

- In infants up to one year – 30CH, as a single dose
- In children – one to five years – 200CH, a single dose
- In adults – 1M, a single dose
- In old age above 65 years – 200CH, a single dose
- Pregnant women – 200CH, a single dose
- Patients with heart disease, diabetes, asthma – 200CH, a single dose

In more prone areas, we suggest repeating two doses every day for 3 days. In highly contagious areas, we suggest repetition two times every week for at least one month.

As of 25th March, 2020, this suggestion fits in well with the susceptible community which is at high risk for the outbreak.

Q. What is next strategy if Ars-alb fails as GE?

One of the reasons why India is able to contain the spread of virus may be consumption of Ars-alb. by the large number of people and sincere homeopaths are distributing *Ars-alb* since the announcement of it as a preventive drug by AYUSH.

However, if the spread is alarming, I will recommend Carbolicum acidum.

Q. Will you suggest some remedies for the treatment of COVID-19 patients?

See, when you enter into treatment part of COVID-19, there are many remedies to be discussed. But any remedy you give must have the capacity to augment the immune response towards inhibition of

the virus replication, promotion of the virus clearance, induction of the tissue repair and triggering of the adaptive mechanisms.

I reiterate, GE is for prophylaxis and it has its limited time zone, though it is extremely important.

When you decide to venture upon actual treatment of corona patients, you have to apply the fundamental principles of case taking, data processing, LSMC (Location, Sensation and Pathology, Modalities and Concomitants) cleavage with due value to clinical and pathological realm and the staging in which the patient is and the application of the Law of Similars for the selection of a remedy. See, nothing can replace an adequate and accurate case taking.

I suggest only the list of prominent remedies.

Mild to moderate cases

- Ars-alb, Bryonia alba, Chelidonium, Eup-perp, Ferrum-phos, Gelsemium, Hepar, Merc-sol, Merc-cy.

Severe cases

- Apis mel, Ars-alb, Bry, Camphor, Kali c, Kali-i, Lyc, Phos, Pyrog, Sulph, Tub

Critical cases

- Ars-alb, Antim-tart, Camph, Carb-ac, Carb-an, Carb-v, Hippoz, Kali-c, Kali-iod, Sulph, Ver-alb.

Q. Nice, Dr. Kulkarni, but I need more tips from you for the treatment of pneumonia.

If you want to treat pneumonia in COVID-19 patients, you must ponder over 'Pneumonias', a classic and practical book by Borland.

Borland classified pneumonia under following categories:

- Incipient stage: Aconite, Belladonna, Ferrum phos and Ipecacuanha
- Frankly developed pneumonia: Bryonia, Phosphorus, Veratrum viride, Chelidonium
- Complicated pneumonia: Baptisia, Pyrogen, Lachesis, Merc-sol, Hepar-sulph, Rhus-tox
- Creeping/Definite Bronchopneumonia in adult: Natrum-sulph, Pulsatilla, Senega, Lobelia
- Late pneumonia: Antim-tart, Carbo-veg, Kali-carb, Lycopodium, Arsenic-album, Sulphur

Let us integrate the above classification with the modern classification of COVID-19 cases. Mild to moderate variety fits in well with Incipient and frankly developed stages while severe and critical types correspond well with the remaining three types as mentioned by Borland.

On the third day of the infection, when consolidation is developing and there is high fever, Borland advocated the use of *Ferrum-phos* in high potency (1M or 10M) given repeatedly which has the capacity to abort the course of pneumonia.

Let us take *Carbo-veg*. It's a remedy for critical stage where the patient is on the deathbed. There is cyanosis and oxygen saturation is poor. Intense air hunger and icy cold sweat with horrible sense of load on the chest and the patient literally gasps for the breath. This data is enough to know the seriousness of the condition. The failing lung (and the heart) and the patient if put on oxygen respond astonishingly well to the administration of *Carbo-veg*. When the lung is filled with debris, and pus and the patient is in shock, *Carbo-veg* is indicated.

See, carbons are between living and dying. Hence it is not only *Carbo-veg* that comes, *Carboneum sulphuratum* also has coryza, loss of smell and taste, collapse, debris and lack of reaction. The same can be said about *Kreosote* or *Naphthalinum*.

We have seen that in COVID-19, the lung is filled with fluid and here you must think of *Kali carb*. Here you get violent chest pains with dry cough. *Kali* remedies have very little or no fever. *Apis mellifica* should also find entry here.

Viral myocarditis is a serious complication of COVID-19 and it appears it is developed after pneumonia. Under the rubric, Heart & circulation; inflammation; heart, carditis; myocardium, myocarditis; influenza, after: crat cur dig. *Digitalis* can be a big choice as it has broncho-pneumonitis; senile pneumonia with dry cough, cyanosis, cold extremities; kidney failure; dropsy; cardiac failure after influenza or pneumonia and most markedly bradycardia. It must be compared with *Camphor*.

Curare (Arrow poison) is a little understood and a neglected remedy. It is multi-phasic remedy and a cocktail of *Bapt*, *Bell*, *Bry*, *Carbn-s*, *Dulc*, *Eucal* and *Gels*. *Curare* has also miasmatic (polluted environment) fever; toxic; septic.

Q. When do you want to intervene with Hippozaeninum or Tuberculinum?

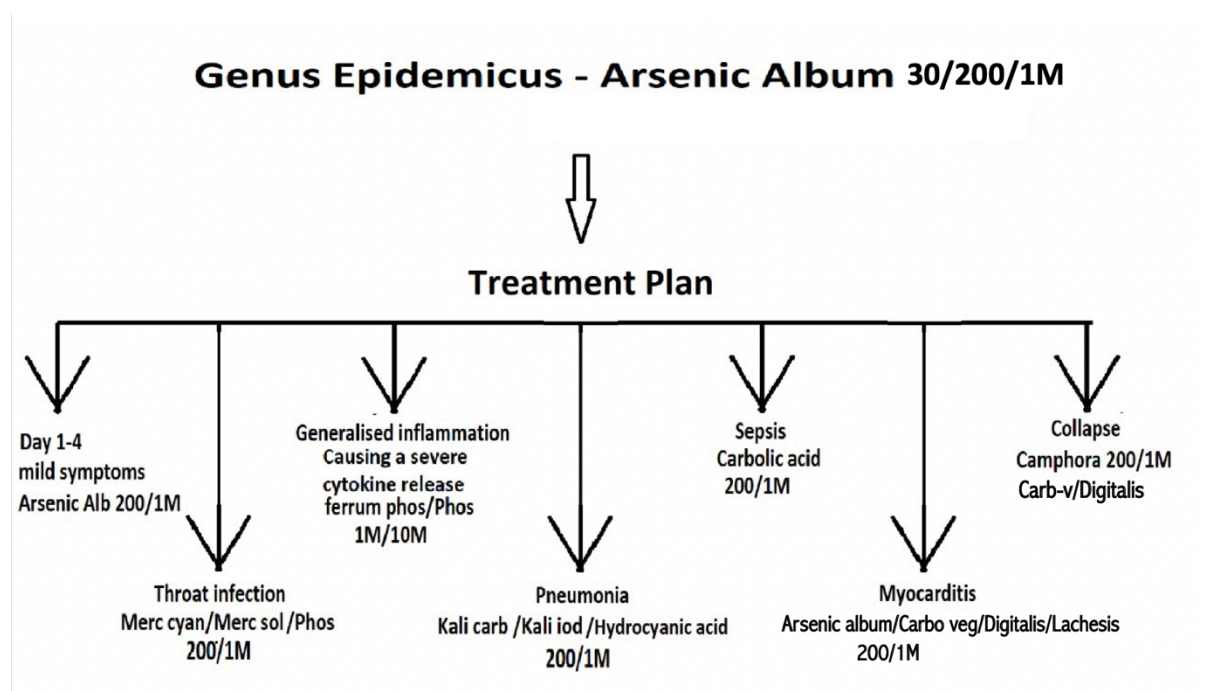
I will use them when well indicated remedies will do only lip-service. I have already provided the indications.

Q. What posology you will advise for COVID-19 patients as a part of treatment?

I will prefer 1M and more in frequent repetition schedule, say every three or four hours. In critical condition, I may repeat every 15 minutes too.

Q. Can you suggest any treatment plan?

Yes, it is possible to give a gross treatment plan. It is based on the evolution and totality of symptoms as gathered after innumerable sources.



Q. Ajit, now a final question. Do you want to make any insightful comments over coronavirus outbreak?

Humans are paying the price of encroachment upon the earth and not respecting the mother nature. See how the life has changed within few months and that too with tiny invisible organism. It would have been impossible to cause so many changes even for the humans within such a short period. The truth is that you can possess sophisticated armed forces, but you can't shoot a virus. The COVID-19 crisis touches every aspect of our life including our existence.

The coronavirus pandemic readdresses us to look at issues such as self-indulgence, hyper-individualism, narcissism, consumerism, selfishness and spiritualism.

The crisis has reduced the speed, rather the maniacal race of the human species.

The crisis has brought a major health issue of the limitations of mainstream medicine.

Homeopathy, Ayurveda, rather each complementary therapy, are crying for their holistic attitude and therapeutic application since many decades. They need a big entry in the stream and not pooh-poohing.

Will we focus only on small tiny invisible virus or we look at the problem in the larger perspective and prospective way?

The lesson is 'small is big'. 'Tiny is powerful. Invisible causes visible changes.. And human beings are highly vulnerable in the prodigious universe.

You can't laugh at homeopathy that it is sub-physiological, that it uses infinitesimal potencies.

The coronavirus in its all-pervasive pandemonium is a wake-up call, it is a karmic test which we need to pass, so that we as a species can transcend our conduct on this planet we have maligned and mistreated for far too long.

Humans need wisdom. They need balance and control.

Q. Thank you, Dr. Ajit Kulkarni, for a comprehensive interview.

Welcome, Roman. I thank you for nice questions. The present interview is an outcome of actual observations made by researchers, doctors and patients since the outbreak of coronavirus since November 2019 and me and my homeopathic colleagues' interaction with actual COVID-19 patients. It is subject to change in view of new information that is cropping up.

I must mention my colleague, Guy Tydor, Israel for his valuable suggestions.

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UPDATES TO THE ABOVE INTERVIEW

Dr. Ajit Kulkarni will answer the questions here and will give us the updates about his views.

27th March, 2020

The question is from a modern medicine doctor who also studies homeopathy. He doesn't want to disclose his name.

Question

The Cov2 and cov has 73 percent similarity in the receptor binding domain (RBD) of the spike protein that attaches to ACE2 receptor. So, we have to assume that the antibodies of cov should protect us from cov2 to a greater extent. It happens in immunological reactions. But what is the reality?

The actual interface with in the RBD that clips with ACE2 is highly variable (say 34% overlap, so our actual antibodies fail to recognize the COV2 . This is what happens in Cov2 infection. That trick is in the molecular level. So what is the reliability in aggressively collecting symptom data and putting it on repertory? There is an extremely variable host response. If we try "influenzinum" it might make more sense. At least we are thinking in a molecular level for similarity. So should we spend time again and again in repertory, or go to the war front to help them by all means? We could do extensive study about this, once the epidemic is contained. See the graph of Europe. In every country it is increasing.

ANSWER BY Dr. AJIT KULKARNI

The questioner is focussing on the mechanism of attaching the spike protein of the virus to the ACE2 receptor and brings out a very important point that the actual interface of RBD that clips with ACE2 is highly variable. This is exactly the concept of 'individualization' which is the central tenet in homeopathic prescribing. It is this variability that matters in homeopathy at the Genus Epidemicus and treatment level, and this is the reason why each patient is a unique individual in its form, function and structure. Thus, to follow individualization becomes a scientific and rational way to proceed.

The questioner has brought out one more point, that the actual antibodies fail to recognize COV2. Thus, two problems – 'recognition' and 'surveillance' play a big role. Homeopathically, a remedy must cover the theme of the above in its pathogenesis.

The whole issue is not of the molecular level, but of the host. Naturally, the thinking in homeopathy is explicitly related to vital force, immunity and organismic wholeness. It is the derangement of the vital force through several known and unknown mechanisms that there is genesis, maintenance and progression of the disease.

The most reliable aspect is gathering the totality out of hosts' responses at various levels of the derangement of the vital force and apply the natural law of healing i.e. the Law of Similars. One of the reasons for failure at the preventive and treatment level of mainstream medicine is the reductionist approach which is constantly pushed.

Describing the mechanism of RBD clipping and host variability, and linking it to *Influenzinum* under the molecular level doesn't make sense, because even at the molecular level, it doesn't become relevant. Influenzinum is prepared from the approved seasonal inactivated influenza vaccine (Boiron). We have already given many differences between seasonal influenza and COVID-19 disease. If at all we want consider the molecular base, it should be the Coronavirus nosode. However, we don't want to push only Isopathic principle.

We endorse the views of the questioner that the use of the repertory as the only device for finding GE or even for treatment is not an adequate idea. However, we differ from the author about his views of collecting the data in an aggressive way. This is the need of the hour from the homeopathic standpoint.

