

Centre for Integrative Medical Training
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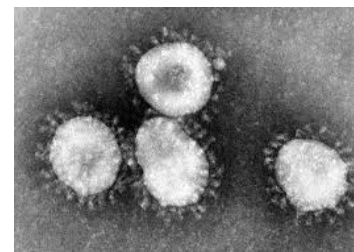
Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Part 5.2

Homeopathy in Epidemics : SARS-CoV-2

Homeopathic treatment in epidemic diseases goes back to Hahnemann's time. In the interim there have been many historical reports lauding homeopathy as an effective treatment. Many of these accounts are supported by raw mortality figures which provide a rough comparison with untreated cases or populations treated conventionally. (See the AIH summary document in your supplemental materials.)



'Homeopathy in Epidemic Diseases' was published over 50 years ago by Dr Dorothy Shepherd. It is a retrospective survey providing a summary of her own experience and a broad historical perspective on the subject.

As a personal account, it makes for easy reading. Dr Shepherd was a vehement advocate of homeopathic treatment in infectious acutes and she clearly had a lot of direct experience of prescribing homeopathically. Even a critical modern reader will admire her clinical acumen and the modern homeopath should take on board her excellent pointers to case taking and examination.

Nevertheless, this text is a work of its time. The information provided is both empirical and anecdotal. It is therefore absolutely essential that today's medical homeopath is able to steer an intelligent path between this heritage of clinical wisdom and our modern science - for the sake of both her/his professional credibility and her/his patients.

We cannot claim to provide an up-to-date course without mention of the SARS-CoV-2 virus which is wreaking havoc worldwide at the time of writing. It is important, at the outset, to state that the homeopathic treatment of complicated third and fourth-stage cases is well beyond the remit of this foundation course.

However, there is plenty of scope for the homeopathic treatment of early stage and non-critical Covid-19 in the community and it is important to remember that any homeopathic treatment - no matter how cursory or unfocussed it happens to be - is safer than symptom-suppression. At best symptom suppression masks the clinical picture and at worst it complicates and hinders the adaptive responses required for optimal immune activity.

With this firmly in mind, we have included a referenced article in your supplemental materials which attempts to tease out the argument for homeopathic intervention in Covid-19 cases.

You have already encountered a brief definition of the genus epidemicus and it may surprise you that a genus epidemicus for Covid-19 has not been established. Remedies like Arsenicum album, Gelsemium, Bryonia, Eupatorium perfoliatum, Camphora and China muriaticum have all been suggested. According to various case series compiled to date, these remedies have all apparently accelerated recovery in selected patients.

This, of course, falls well short of an evidence base and it will be some time before data-collection projects like Clificol are able to validate the prescribing indications for these remedies in Covid-19. So where does the absence of a genus epidemicus leave us at the moment?

Here are a few pointers (but, above all, remember to stay safe yourself)



- Use a small range of remedies well in acutes
Refer to the infective remedies you have learned in this course.
Select them on the basis of the closest match to the presentation.
Use them frequently and at high potency (30c or above, hourly)
- Change the remedy if your patient is not showing evidence of response -
Within 8-12 hours in the most acute cases and
Within 12-24 hours in cases that have dragged on
- Beware of second week aggravations
(Especially in patients who have been self-prescribing, or suppressing their symptoms.)
Evaluate carefully for emerging red-flag symptoms
Change the remedy, potency and dose frequency if necessary.
- After the initial acute remedy, consider whether there is a strong and recognisable constitution in the case, in which case use the indicated polychrest, if it also covers the main symptomatology
- If symptoms are clearly localising (eg. to chest, or GI tract)
- seek advice and, only while you wait for advice, you may consider repertorising your patient if you have access to a repertory. (You will find a symptom checklist / questionnaire in your supplemental materials.)
There is absolutely no harm in prescribing second-line remedies while you are waiting for investigation or a further clinical opinion.
- For cases that are well past the acute stage, but who remain debilitated:
 - Consider constitutional prescribing
 - Consider repertorising on their most limiting or characteristic symptoms
 - In cases where even these symptoms appear rather vague and where the symptomatology is characterised mainly by lassitude and fatigue, use a repertory:

Carefully survey and note down MODALITIES and Characteristic MIND symptoms

Look in GENERALITIES for post-influenza symptoms
Consider carefully what has changed in your patient, eg:

Thirst, Appetite
Temperature tolerance
Body-clock phenomena
Patterns of perspiration
Acuity of smell and other special senses
Sensitivity and tolerance of light / sound

If you are treating a member of your own family and you have the indicated remedy to hand, start it as soon as possible and make sure it is taken regularly.

If you are treating someone remotely, or outside your immediate circle, it is best to order the indicated remedy from one of the UK's manufacturing pharmacies (by telephone, or on-line).

Orders received before 3pm can usually be dispensed and posted directly to the patient on the same day. Some pharmacies provide options for special delivery at extra cost.