

Collecting clinical experience of homeopathic treatment of COVID-19

Liga Medicorum Homoeopathica Internationalis (LMHI)

29 March, 2020

Introduction

The 'Corona-crisis' (COVID-19 virus infection) has been declared a pandemic by WHO. The virus appeared to be highly infectious and more lethal than 'regular' influenza. Lethality is mostly caused by rapidly developing (double sided) pneumonia. This requires mechanical ventilation in many cases, necessitating hospitalisation. Still, many people die outside hospitals. In some countries' hospital capacity is insufficient. There is no cure yet, a vaccine is not expected within one year.

For people familiar with homeopathy the application of this method seems logical. However, emotions about homeopathy have escalated the past years due to misinformation by authoritative bodies in medicine. Homeopathy has been framed as a possible delay for conventional treatment.

LMHI advises its members to act prudently: **do not claim that homeopathy cures COVID-19 infections**. LMHI is developing a strategy for spreading information about the possible role of homeopathy in this crisis. Meanwhile, our members feel the urge to use their skills whenever possible. They need information about what homeopathic medicines to apply and the most useful symptoms indicating these medicines. Several initiatives have already started. LMHI wants to channel useful information.

The Liga Medicorum Homoeopathica Internationalis (LMHI) in collaboration with the European Committee for Homeopathy (ECH), researchers, and member individuals and associations, has developed a system for practitioners to contribute their case reports of patient's treatment during the Coronavirus CoV-2 epidemic, and the manifestations of COVID-19, the disease caused by the virus. As Practitioners all over the world we can add our clinical experiences to the experience of many other colleagues and make a greater sense of the data, which could help people more broadly around the world to manage this epidemic.

Our goal in this process is threefold:

1. Collect and spread information from and to homeopathic practitioners
2. Improve the quality of the information by collecting clinical outcome data
3. Eventually spread the best information outside the homeopathic community

Steps 1 and 2 are circular, step 3 can only follow after 1 and 2 are sufficiently successful.

After collecting and analysing the first available data we may conclude that the quality of the data is still insufficient. Description of cases is often unstructured, and it is often unclear if the homeopathic medicine -and which medicine- contributed significantly to the improvement of the patient.

First of all, we want to encourage homeopathic practitioners to send in their experience with COVID-19! We want to see all your cases and this will permit feedback as to how to improve the case reporting – an evolving spiral process.

The management structure of information

At present, a management structure has developed spontaneously from different directions. We have existing Materia Medica data, homeopathic practitioners' collection of individual experiences

that becomes a group wisdom, and three groups/organisation collecting data from these groups. This could be represented as a funnel, see Figure 1.

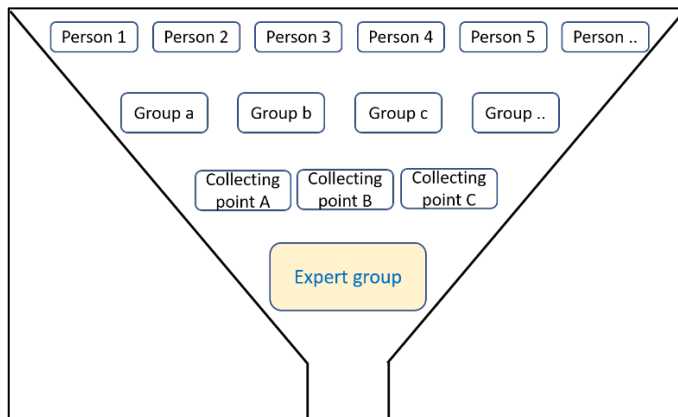


Figure 1: spontaneously formed information about COVID-19 treatment. Expert group to be added (Yellow).

The four collecting points for information are initiated from pre-existing groups involved in homeopathic data collection since a considerable number of years:

- Lex Rutten MD, and Tiziana Giampietro MD (ECH)
- Peter Gold, and the American Institute of Homeopathy (AIH)
- Robbert van Haselen MSc, and Vithoukas Compass (VC)
- Frederik Schroyens , MD, Clificol-Zeus Opus (CZ-O)

The first group will be the final step in the data management, where there will be a validation of symptoms used clinically to choose specific medicines. The data used will come from the other three platforms: AIH, VC and CZ-O.

The expert group will be coordinated by Bernardo A. Merizalde MD (Prime General Secretary, LMHI) and consist of: Lex Rutten MD; Robbert van Haselen, MSc; Frederik Schroyens, MD; Raj Kumar Manchanda MD(Hom)/MBA(Health Care); Peter Gold; Prof. Ashley Ross, PhD; Gustavo Cataldi, MD (President, LMHI; and Altunay Agaoglu MD (Vice-President, LMHI).

Formats of information

Doctors are generally not trained in collecting data, many of them do not have a database or spreadsheet program at their disposal, but nearly all homeopathic practitioners can communicate text via email and many use a word processor. Cases of part of the practitioners are collected in central database programs like CLIFICOL and Vithoukas Compass.

The present information about cases comes in different formats, see Figure 2. Technically it is relatively easy to transfer information from database programs into spreadsheets. Transferring from spreadsheets into database programs can be more complicated. Transferring text information (from email or word processor) is usually done manually, mostly because the text is generally not pre-formatted. The end-users of the information – the homeopathic practitioners – should get their information in text format.

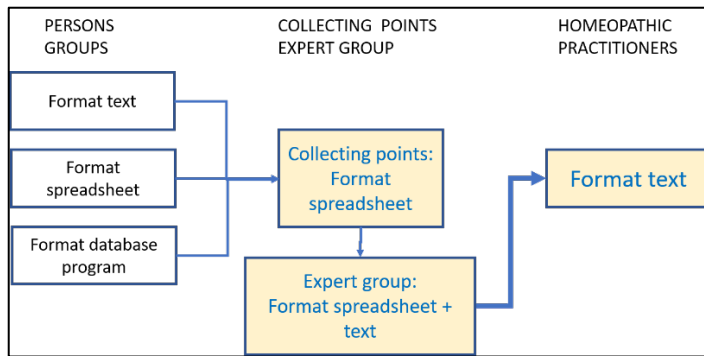


Figure 2: present data formats, to be collected in a spreadsheet by the collecting points, then sent to the expert group. The expert group translates this into text format.

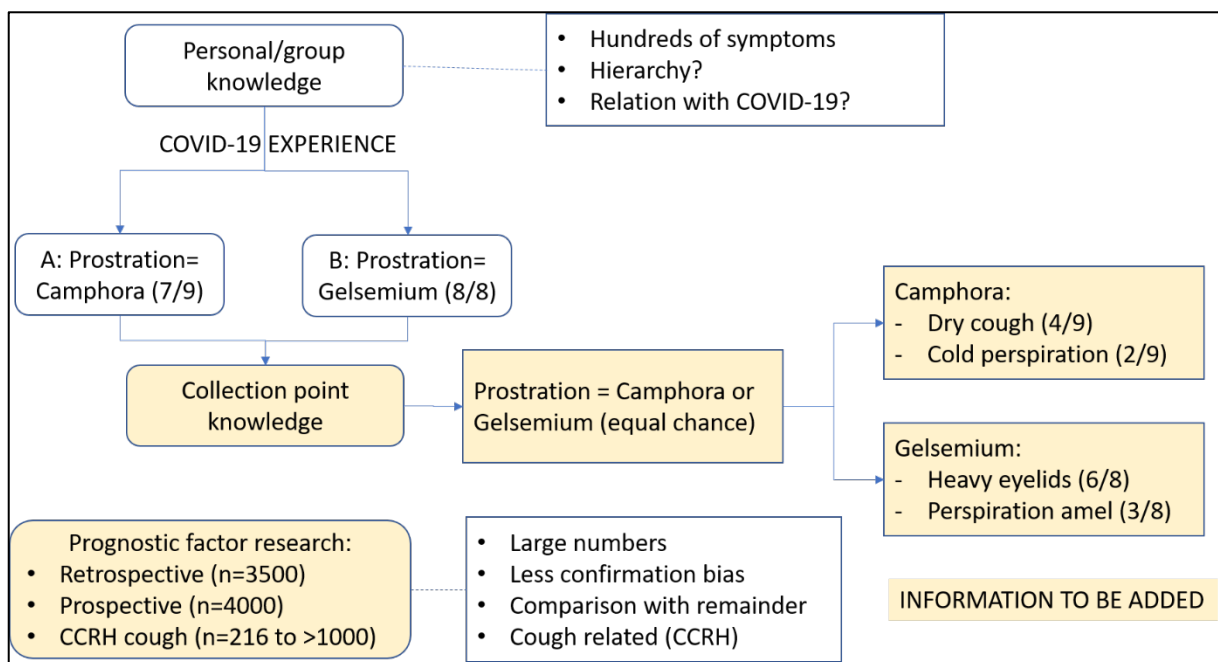
People use different formats when handling data to serve particular functions, such as clinical practice and research. The database program owners and administrations can commit to sending their data to the collecting points in spreadsheet format. Individual practitioners can send data in text or spreadsheet (Excel) format to the collecting points. The expert group will analyse the data from reports and spreadsheets, summarise the information, and write documents suitable for various stakeholder groups in text format.

Quality of information

The information we received so far showed that the quality of information about homeopathic medicines varies greatly. There are various resources:

- Materia Medica and Repertories
- Teachers of homeopathy
- Personal experience
- Casuistry
- Prognostic factor research (PFR)

An example of how information about treatment of COVID-19 patients comes to the LMHI expert group is shown in Figure 3.



It all starts with experienced and authoritative homeopathic practitioners sharing their ideas about eligible homeopathic medicines, based on what is known about the COVID-19 disease. This information is quite hypothetical; we can not yet know what symptoms are the most relevant among the hundreds of available symptoms in this disease.

Based on the information mentioned above doctors start prescribing preferred medicines. It appeared that different groups of doctors have different previous knowledge. If the main complaint was weakness/prostration two countries prescribe different medicines. In one country *Camphora* was prescribed; prostration was present in 7 out of the 9 reported cases. In the other *Gelsemium* was prescribed; prostration in 8 out of 8 cases. After collecting the information from both groups the expert group can advise the homeopathic community that both *Camphora* and *Gelsemium* are indicated by prostration and provide validated symptoms differentiating between both medicines.

This, of course, is just the beginning of the quality circle, as numbers are still low. Adding more information of other cases responding well to *Camphora* or *Gelsemium* will steadily improve the effectiveness of our prescriptions.

Information from prognostic factor research is of a quite different order. After checking the symptom 'Fear of death' prospectively in over 4,000 patients and treating 27 of them successfully with *Arsenicum album* and 76 with *Phosphorus* we saw that 6 out of 27 (22.2%) of the *Arsenicum* patients and 4 out of 76 (5.3%) of *Phosphorus* patients had fear of death. Both medicines are eligible for COVID-19 patients. Fear of death is quite possible in these cases, indicating *Arsenicum* much more than *Phosphorus*. The repertory, however, shows both medicines in bold type.

Quality of case descriptions

As stated before, doctors are not trained to record data in the proper way. Ideally they should follow the HOM-CASE and CARE guidelines. Cases reported this way can be published directly in medical scientific journals and can be used in our communications to health authorities about the role homeopathy could play in treating COVID-19 cases. However, studying these guidelines takes time and each case will also require several hours to report properly.

Not many doctors will be able to describe each case according to the HOM-CASE and CARE guidelines and we need as many cases as possible, especially from the doctors treating many COVID-19 cases. We can imagine that these doctors will be extremely busy in the coming weeks.

Therefore, we welcome every case, but, please remember that a few data are essential. These data are:

- Severity of COVID-19 illness: Mild – Moderate – Severe – critical
- Is COVID-19 confirmed?
- Medicine, with date of first intake
- Number of hours until onset of improvement and/or until absence of fever
- If possible 3-5 symptoms that were characteristic for the case

Without these data the expert group cannot evaluate the case.

This databases/spreadsheet will permit the homeopathy research community to determine whether there can be any general recommendations of treatment guidelines for practitioners, and the probable efficacy of homeopathic treatment. Considering that this data is not randomized, blinded, nor placebo controlled, such data will not be of the highest level, the case series, and possible cohort studies, that could be gathered could provide homeopathy with valuable evidence of effectiveness.

Anyway, start with sending cases as soon as possible, enabling the expert group to give feedback.

Brief Description of Each Research Module: (find attachments on each module)

PROGNOSTIC FACTOR RESEARCH (PFR) Spreadsheet:

Since 1985, Professor Lex Rutten, has collaborated with various people on establishing clinical case recording for homeopathy. After ten different attempts for database programs he has determined that, to be successful, there has to be an excellent education, participation and collaboration of and by practitioners, communication between homeopaths and programmers, sufficient testing and performance of pilot studies, such as this one is intended to be. There should be a timely monitoring of the results, and ultimately being able to create the most functional and efficient system to collect and tabulate results.

The PFR part of the research will be conducted from the data that will be submitted from the three clinical database entries, the AIH Database, Clificol, and the Vithoukas Compass. Each practitioner can choose which platform, of these three, they feel most comfortable with and are willing to use. The success depends on the greatest participation possible from practitioners.

Validation of homoeopathic medicines is based on their effectiveness in individual cases. Homoeopathic practitioners stake their therapeutic success on the experience that specific symptoms in a patient indicate specific medicines. The prevalence of such symptoms is greater in a population that responds well to a specific medicine than in the rest. This principle has a solid mathematical foundation in Bayes' theorem, identifies homoeopathic symptoms as prognostic factors, and offers an interesting perspective of individualized research. This kind of research depends on recording symptoms and the results of treatment. An important challenge in this research is establishing causality between medicine and improved health. Prognostic factor research could become one of the main pillars of Homoeopathy's scientific identity and this database can advance this process. The spreadsheets corresponding to this module will be the first of the attachments, showing how medicines and their symptoms can be compared, for validation; a same of a spreadsheet with the raw data, without interpretation is presented. The last two attachments correspond to two reports, which represent samples of how the data will be sorted out and published, as text formats, with illustrations, and graphs, as they may be necessary.

However, understand that such organization of the data is the last step, for validation of the symptoms and medicine correspondences, after the data has been submitted, by you, to the three platforms available. Some of you may already be using them, and/or have a subscription, so it would not take any significant additional learning to use them.

VITHOULKAS COMPASS:

There is an existing 'template' for the collection of cases based on the HOM-CASE CARE guidelines, an internationally recognized framework for reporting clinical cases. The template is available at <http://www.vithoukascompass.com/en/Homeopathy/LMHI2020>. Cases, preferably with their repertorisations (using any repertorisation software), can be submitted by e-mail to lmhi2020@vithoukascompass.com, or entered in the Vithoukas Compass cloud based platform.

The research team has experience with the quick calculation of Likelihood Ratios of Symptoms. Moreover, the macros for the calculation of the LRs of the various symptoms will enable the provision of regular updates to the community as more data comes in.

CLIFICOL-ZEUS-OPUS:

Clificol is a cloud-based database designed by an expert research team to collect clinical cases of homeopaths worldwide.

Clificol-Corona project is a GDPR/HIPAA compliant collection of data; automated; accessible 24/7; free; the only requirement is having internet, though contributors are vetted; multilingual interface.

The database will permit advanced statistical analysis, which will assist inform future homeopathic approaches in this, and possible future epidemics by the same virus.

AMERICAN INSTITUTE OF HOMEOPATHY DATABASE:

The database is fully functional. You can be made a contributor and have the ability to add cases. All LMHI colleagues, and eligible practitioners, need to contact Peter Gold (peter_gold@goldorluk.com) to get a user name and password to participate. Please do not attempt to change your password or username.

You can find the database here – it is not visible to the public. <https://homeopathyusa.org/covid-19/>

- For a case to qualify to be entered in the database, the case should be one confirmed by testing or meet one of these three criteria:
 - 1) confirmed contact with patient positive for COVID-19,
 - 2) symptomatological course similar to that of someone with COVID-19, or
 - 3) be from a resident in a high-infection area.
- All analysis will be done on a blinded basis – meaning your submissions will not be reported on an individual practitioner basis. Success or failure with a case does not matter.
- When adding modalities, please rank them 1 for present but not intense, 2 for medium intensity, and 3 for very intense.
- We have added important additional fields under “Prescription.” If you have already submitted a case – please go back and add that information.
- If you are prescribing more than one remedy in alternation – you must only add that information and the dosing regimen to the “Comments” section of the form.

Finally, please add cases as quickly as your time permits. We will be sharing our data on a weekly basis with homeopathic organizations throughout Europe, India, Canada and South America.

Collecting clinical experience of homeopathic treatment of COVID-19

First feedback issue

LMHI

28 March 2020

Do we want to confirm or improve the repertory?

At the moment data about COVID-19 treatment come in different formats. These data must be evaluated in qualitative and quantitative respect. For this purpose we must edit each case to make a comparison of cases possible, without losing information if possible. Next figure shows how this looks like in a spreadsheet

	A	B	C	D	E	F	G
1	Medicine	Symptom 1	Symptom 2	Symptom 3	symptom 4	symptom 5	symptom 6
16	gels	prostration	heaviness eyelids	no thirst	no myalgia, or perspiration	Headache as 'being tied by a band around the head'	Cough aggravated the headache
17	gels	prostration	heaviness eyelids	Increased thirst	No fever but prominent chilliness	chilliness mainly felt over the back first, then to the extremities.	Generally ameliorated from perspiration and warmth
18	gels	prostration	chill	Low appetite with no thirst	chilliness mainly felt over the back	Cough associated with tickling at the throat	Sneezing with moderate amount of burning discharge
19	gels	prostration	heaviness eyelids	No thirst during chills	No fever but much chilliness, felt that the chilliness ran up and down the spine	Progressively worsening headache from the L sided nape radiating to L eyebrow	Headache ameliorated after profuse urination
20	gels	prostration	heaviness eyelids	No thirst during chills	No fever but worsening chilliness with headache	Chilliness ran up and down of the spine	Generally aggravated by the cold and wet weather
21	gels	prostration	Involuntary urination during cough	pain from the nape of the neck radiating to the head	Cough was dry most of the time except on waking	headache as 'constricting with a band'	Constrictive tightness at the chest
22	gels	prostration	heaviness eyelids	Involuntary urination during cough	The cough was dry most of the time except on waking	Cough with pain in chest, tickling in chest	Dry cough aggravated at night
23	gels	prostration	heaviness eyelids	Involuntary urination during cough	The cough was dry most of the time	Cough with pain in chest, tickling in chest	Generally aggravated from wet and cold weather
24	gels	chill	joint pain	no thirst			
25							

In this figure we see 9 cases responding well to *Gelsemium* (*Gels*). Nearly all cases (8 out of 9) had the symptom 'prostration', also mentioned as 'extreme weakness' etcetera. The second most occurring symptom was 'heaviness of eyelids', in 6 out of 9 cases. Next in line were 'no thirst', 'chilliness' and 'headache'.

The ordering of the symptoms was done manually and subjectively. Why was 'involuntary urination during cough' - with only 2 out of 9 occurrence - placed in the second and third column? Because this symptom was not seen in other medicines so far. We cannot just count symptoms, we must add 'homeopathic quality', in this case peculiarity of the symptom.

At first glance we see that 'prostration' is the mostly occurring symptom indicating *Gelsemium*, but it should be noticed that the same symptom also occurred in 7 out of 8 cases responding well to *Camphora*.

Confirmation bias

Does this mean that *Gels* or *Camph* can only be prescribed if there is prostration? No, because there is reluctance in prescribing these medicines if prostration is not present. This phenomenon is called confirmation bias, our observations are influenced by what we already know. If we would check the

symptom prostration in every patient we would probably see that *Gels* and *Camph* don't work in every patient and that prostration could also indicate other medicines.

We must realise that the homeopathic methodology has several elements of confirmation bias. Another element is repertorisation. In the cases we saw so far we noticed very neat repertorisations: the selected medicine was in the first position. This looks better when we present cases, but does this really represent all our considerations leading to the choice of the medicine? Our consensus that a homeopathic medicine should fit the totality of the patient covers more than just a limited number of symptoms that confirm our choice. And didn't you sometimes notice that the medicine you prescribed was not in the symptom rubric you originally consulted, but present in another synonymous rubric, so you had to choose that rubric?

Then there are many mistakes in the repertory. The medicines *Ars* and *Phos* are both in bold type in the repertory-rubric 'fear of death'. After checking this symptom in thousands of patients we know that this is not right: 6 out of 27 (22.2%) of the *Arsenicum* patients and 4 out of 76 (5.3%) of *Phosphorus* patients had fear of death.

Adding extra value to the repertory

Of course, the inventory we made so far is not useless: we shared the experience of different groups of practitioners and we now have an inventory of symptoms that occur in COVID-19 patients. However, we can add extra value to our data collection if we build up our knowledge by improving the process of data gathering after learning from each consecutive chunk of information.

From the information we have so far we can learn that we have to check some symptoms in every new patient, like:

- Prostration/ weakness; where is the weakness seated
- Fever, chill, or chill alternating with fever
- Thirst
- Pain; where

Resuming requisites for case descriptions

We resume the minimal necessary data for this project. We already had:

- Severity of COVID-19 illness: Mild – Moderate – Severe – critical
- Is COVID-19 confirmed?
- Medicine, with date of first intake
- Number of hours until onset of improvement and/or until absence of fever
- If possible 3-5 symptoms that were characteristic for the case

Now we add always checking:

- Prostration/weakness; where is the weakness seated
- Fever, chill, or chill alternating with fever
- Thirst
- Pain; where

Prognostic Factor Research Spreadsheet - Rutten.L March.28.2020

Medicine	Symptom 1	Symptom 2	Symptom 3	symptom 4
ars	fever alternating chill	Restlessness	fear of dying	thirst
ars	chill	thirst	nausea < drinking	diarrhea < drinking
bry	slow onset/progression	fever alternating chill	Aversion to any motion	chest pain < cough, needed to hold chest
bry	slow onset/progression	fever alternating chill	cough < motion	chest pain and throat pain < cough
camph	prostration	soreness	Cold perspiration	dry cough
camph	prostration	appetite diminished	Cold perspiration	dry cough
camph	prostration	appetite diminished	severe dizziness, numbness all over	Cough, dry, agg by talking, amel by lying supine
camph	prostration	appetite diminished	soreness	dry cough
camph	soreness	Lumbar pain and knee pain, bone pain	Headache temporal	dryness in the mouth
camph	prostration	teeth chattering chill	Perspiration very insignificant	bitter taste
camph	prostration			
camph	prostration	Severe headache temporal	Sore throat	
eup-per	fever alternating chill	No thirst during the fever or chills	Weakness and severe bone pain during fever, back is like broken	
gels	prostration	heaviness eyelids	no thirst	no myalgia, or perspiration
gels	prostration	heaviness eyelids	Increased thirst	No fever but prominent chilliness
gels	prostration	chill	Low appetite with no thirst	chilliness mainly felt over the back
gels	prostration	heaviness eyelids	No thirst during chills	No fever but much chilliness, felt that the chilliness ran up and down the spine

[illegible]

symptom 5	symptom 6	symptom 7	symptom 8
desire hot drinks	Shortness of breath	< night	< lying down
Nausea < smell of food	Nausea > after vomiting		
thirst, desired warm water in large quantity	dry cough except in the morning	< cold and wet	> warm and dry
thirst, desired warm water in large quantity	dry cough	Cough aggravated by talking, lying down, and waking in the morning	motion aggravates chest pain
Desire for open air; except during the chill	Perspiration especially on the back and forehead	Temporal headache	
cough > lying	increase in the sense of smell	desire cold drinks	Skin sensitive to touch. Felt as if burnt all over
fainting	bitter taste	shiver, teeth chattering	taste decreased, nausea with the smell of food
Frontal headache	bitter taste	nausea	
desire warm drinks			
One or two coughs daily	Less sensitive sense of smell		
Headache as 'being tied by a band around the head'	Cough aggravated the headache		
chilliness mainly felt over the back first, then to the extremities.	Generally ameliorated from perspiration and warmth	Congestive pain at the forehead, aggravated with coughing	
Cough associated with tickling at the throat	Sneezing with moderate amount of burning discharge		
Progressively worsening headache from the L sided nape radiating to L eyebrow	Headache ameliorated after profuse urination	headache was associated with some double vision	Generally ameliorated from warmth and after perspiration

[illegible]

[illegible]

[illegible]

LMHI COVID-19 Clinical Case Report

Submission Form

Introduction

Whilst we should not claim that homeopathy cures COVID-19 infections, ***the collection of high quality case reports is more important than ever*** to aid the LMHI in its efforts to develop a strategy for spreading information about the possible role of homeopathy in this crisis. An expert group has been formed to work on this.

A high quality clinical case report should reflect in a structured and comprehensive way your practical experience with treating a patient. This documents provides you with practical instructions as well as a template how to achieve this aim.

In order for the homeopathic community to benefit maximally from the collection and compilation of COVID-19 cases, there are a some *specific recommendations*:

- The COVID-19 diagnosis should ideally be confirmed by a lab test, or otherwise there should be reasonable grounds to suspect that it is a COVID-19 infection.
- Rate the severity of the illness before the initiation of homeopathic treatment as follows: Mild - Moderate - Severe - Critical
- Record and report as much as possible fever, including the number of days after treatment there was an absence of fever
- Record and report as much as possible the number of hours/days after the onset of symptoms the homeopathic treatment started
- Record and report the number of hours/days after initiation of treatment there was an improvement
- Record and report on any other treatments received / taken by the patient for their symptoms

Without these specific data, the expert group will not be able to properly evaluate the suspected or confirmed COVID-19 case.

Also, please let us know if you have treated more confirmed or suspected COVID-19 patients than the case you are reporting. The expert group may want to approach you in the future with a view to obtaining more data (for research purposes) on the homeopathic symptoms reported, remedies prescribed, etc.

Completed forms can be sent to: LMHI2020@vithoulikascompass.com

Table of Contents

Case Report Submission Eligibility Criteria	2
Author Information	3
Submission Instructions.....	3
Sources used.....	3
1. Title	3
2. Key Words	4
3. Introduction	4
4. Patient Information and Presenting Concerns	4
5. Clinical Findings	4
6. Timeline.....	4
7. Diagnostic focus and assessment.....	5
8. Therapeutic intervention	5
9. Follow-up and outcomes.....	5
10. Discussion	5
11. Learning points	5
12. Patient perspective (optional).....	6

Case Report Submission Eligibility Criteria

Please consider if your submission meets the following eligibility criteria:

- I have prescribed only one homeopathic remedy at a time
- I am reporting my experience with treating confirmed or suspected COVID-19 patients
- I have pre- and post- treatment findings in connection with the homeopathic treatment, including preferably objective data, such as for instance fever
- I have obtained informed consent from the patient to report and publish his/her case on file and to permit the use of their anonymized data for research purposes.
- I excluded identifying data or protected health information of this patient.

CONTINUE IF YOUR CASE MEETS THE ABOVE-MENTIONED CRITERIA

DECLARATION

I herewith declare that I have read and respect the case report submission eligibility criteria.

Please type YES if the above applies: _____

Have you treated more COVID-19 cases than the one reported below?

Please type YES if this applies: _____

Author Information

Last name:

First name:

Specialty:

Affiliation:

Address:

Postal code:

Country:

E-mail :

Submission Instructions

Please read these instructions carefully before filling the submission form.

The submission form is organized into separate sections that need to be filled with the requested information. Graphic files such as clinical images and numerical data (such as tables and laboratory data) can be inserted into the relevant sections of this form as links (for instance Dropbox, GoogleDocs, etc.).

Data extracted from each completed COVID-19 Clinical Case Report form will be passed on to the LMHI Expert group, and contribute to our collective understanding of the possible role of homeopathy.

Sources used

This form was developed in concordance with the latest CARE Guidelines (for more info, visit <https://www.equator-network.org/reporting-guidelines/care>) and the HOM-CASE CARE extension¹. The CARE guidelines provide a framework that supports transparency and accuracy in the publication of case reports and the reporting of information from patient encounters².

1. Title

Include the words “case report” in the title. Describe what is of greatest interest to you as the author. This could be the presentation, the diagnosis, a test result, the intervention, or the outcome.

¹ van Haselen RA. Homeopathic Clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complementary Therapies in Medicine* 2016;25:78-85.

² Gagnier J, Kienle G, Altman DG, Moher D, Sox H, Riley DS, and the CARE group. The CARE guidelines: consensus-based clinical case report guideline development. *Journal of Clinical Epidemiology* 2014; 67(1),46-51.

2. Key Words

Provide 2 to 5 key words that identify areas covered in this case report that will help readers locate this case report.

3. Introduction

Briefly summarize the background and context of this case report. Include how it contributes to the homeopathic literature.

4. Patient Information and Presenting Concerns

Describe the patient characteristics (such as the relevant demographics—age, gender, ethnicity, occupations) and their presenting concerns with relevant details of related past interventions. Include important medical and family history, co-morbidities and interventions including self-care.

5. Clinical Findings

Describe important physical examination (PE) and clinical findings, include diagnostic test results. If the COVID-19 diagnosis was NOT confirmed by a lab test, explain the reason(s) why it is a SUSPECTED COVID-19 case.

If the patient has fever, please report how it was measured (including the instrument used).

Homeopathic clinical history details, including the homeopathic symptoms used for the remedy decision.

6. Timeline

Create a timeline that reports important milestones related to patient diagnoses and interventions and includes specific dates and times in a table, figure, or graphic. Examples are available on the [CARE](#) website. The most simple approach is a table with the most important milestones.

7. Diagnostic focus and assessment

Report the suspected or confirmed COVID-19 diagnosis, as well as the homeopathic 'remedy diagnosis' process: Type of homeopathic analysis, type of repertory used, types of symptom(s) used, for instance 'keynote', or 'trigger' symptoms.

8. Therapeutic intervention

Describe the types and dosage/intensity of the interventions(s) (including preventive, lifestyle) the rationale behind the therapy(ies), the type of homeopathy (e.g. unrestricted individualization, isopathy).

Describe in full detail the name, potency, potency scale, manufacturer and galenic form of the homeopathic remedy prescribed.

9. Follow-up and outcomes

Please describe the clinical course of this case including all follow-up visits, adherence to the intervention and how this was assessed and adverse effects, unanticipated events homeopathic aggravation, etc. Describe patient and clinical assessed outcomes, etc.

10. Discussion

Describe the strengths and limitations of this case report including case management, and the scientific and recent medical literature related to this case report. Discuss the rationale for your conclusions such as potential causation and the ways this case might be generalized to a larger population of practitioners. Used the modified [Naranjo Criteria \(MONARCH\)](#) if possible to support the causality assessment. What are the main findings of this case report and what are the 'take-away' messages?

11. Learning points

Please add 3-5 bullet points about what are the learning points of this clinical case. What is the educational merit of this case to the homeopathic community?

12. Patient perspective (optional)

Whenever appropriate, the patient should share their experience of their care in a narrative published within this case report.



Clificol-Corona Presentation

Clificol is a cloud-based database designed to collect clinical cases of homeopaths worldwide.

The Clificol team has created a specific project to collect data on the use of homeopathy as adjunctive care in the treatment of corona-virus patients. This includes the possibility of finding one or more genus epidemicus remedies, based on real large-scale data.

Clificol-Corona project highlights

This list highlights the main features of this project:

- GDPR/HIPAA compliant collection of data
- Automated 24/7 registration
- Any homeopath can contribute clinical data for free
- The only technical requirement to contribute is having internet
- Verification of legitimacy of potential contributors (avoid fake contributors)
- Cloud-based database, 24/7 access for all homeopaths
- Easy, practical interface with maximum of preset values
- Standardized entry of compulsory and optional data, guaranteeing maximal searchability of data afterwards
- Remedy catalog with 8.200+ potential remedies
- Multilingual interface to the same database
- Accepts repertory symptoms from any software in any language
- Creates clusters of recurrent common symptoms per remedy
- Severity and diagnostic criteria can be collected
- Trend and outcome data can be collected
- Consultation text can be collected and labeled by language
- Statistical analysis through mathematical modelling (help to find the best remedy)
- Continuous incremental backup of all data
- Secure https protocol on secure server

Information about some choices

- Patients are anonymized, the homeopath can only enter a number to identify them ("Code"), no name, even no initials.
- Birth year can be put, but not the date of birth.
- Zip codes can be put, but not retrieved in detail. Only regional searches can be executed, not the village.

- Data anonymized in this way do not fall under the GDPR/HIPAA regulations and do not require the prior consent of the patient.
- “Case main complaints” drops a list of 5 phenotypes, as used in Italy, indicating the severity of the cases
- “Diagnostic accuracy” drops a list of diagnostic options ranging from confirmed by swab to epidemiologically suspect
- “Co-morbidity” drops the list of known co-morbidities; more than one option can be selected
- “In “Repertorial symptoms” symptoms from any repertory can be copy-pasted. They will be used for statistical analysis.
- The user can indicate an intensity for each repertory symptom, which will allow a more relevant statistical analysis
- On purpose, dosage has not been included, to minimize the efforts needed
- At the follow up, some fields have been added: “Trend since previous consultation” and “Final outcome”
- At follow up, evaluation points are set at 1, 3 and 7 days
- A 100-points VAS scale can be used at the first consultation and when the case is concluded
- Adverse events can be reported
- Boolean searches (and, or, not) on all fields will be possible
- Advanced statistical analysis will help to suggest the best possible remedies and their symptom clusters, based on these data, cures as well as failures

Case from Dr. carlo Maria Rezzani

Project *

Pathology ICD10 *

Case main complaint *

Coronavirus Pandemia

Covid-19

Insert Fenotype 1-2-3-4--5

Patient Code

Your pt code

Patient birth year *

Sex *

Country

Zip Code

Diagnostic accuracy

Co-morbidity

Nr. 1

Consultation date

Automatic date of the day

Duration of symptoms

Consultation text language

English

Consultation text

Duration of symptoms

Repertorial Symptoms without remedies

Copy and paste repertorial symptoms from any program;

In RadarOpus open Repertorial Symptoms (F7) + Ctrl -A + Ctrl-C

Remedy *

Potency *

Scale *

Note and comments on the case

SAVE THE FIRST CONSULTATION

AIH COVID-19 SPREADSHEET OF CLINICAL DATA 2020

COVID-10 Case Tracking

[illegible]

PFR validated symptoms for medicines eligible in COVID-19 cases and symptoms seen in well-responding serious cases

16 March 2020

Individual symptoms seen in COVID-19 cases:

Observed by homeopathic practitioners:

- Rhinitis with loss of smell and taste
- Rhinitis with headache
- Muscle pain lower back, posterior thighs
- Feeling of instability in legs
- Weakness, < evening
- Dry, painful cough
- Fever with vomiting and diarrhoea

Other symptoms – indicated by WHO - are fever, sputum production, shortness of breath, arthralgia, chills, hemoptysis, conjunctival congestion.

Most dangerous is double-sided pneumonia, please look for and report individual homeopathic symptoms.

Homeopathic medicines

Here we give you concise information from prognostic factor research (PFR) that is not yet in the homeopathic repertories for medicines that were used for COVID-19 so far. Also symptoms that were observed in more serious (not self-limiting) cases responding well to homeopathy.

Antimonium tartaricum

Symptoms in cured serious cases

Arsenicum album

Validated symptoms:

Conscientious about trifles; fear of death/that something will happen; anxiety in heart-region; restlessness; hurry; sleepless from thoughts; sensitive to light; pain cervical region; thirst

Cough is mostly moist

Cough ameliorates: in warm room; from warm food or drinks

Cough aggravates: from swallowing; cold drinks

Symptoms in cured serious cases

Bryonia

Validated symptoms

Cough is mostly dry

Cough ameliorates: in daytime; in dry weather; from cold food or drinks

Cough aggravates: in open air; from drinking;

Symptoms in cured serious cases

Camphora

Symptoms in cured serious cases

Dry cough (4/9)

Weakness/prostration (7/9)

Perspiration (3/9), cold (2/9)

Headache temporal (2/9), frontal (1/9)

Collapse/fainting/dizzy (1/9)

Bitter taste (2/9)

Eupatorium perfoliatum

Symptoms in cured serious cases

Ferrum phosphoricum

Symptoms in cured serious cases

Gelsemium

Validated symptoms

Anxiety about future; persistent thoughts; emotional excitement; trembling internally; anxiety in stomach; diarrhoea from anticipation;

Symptoms in cured serious cases

Phosphorus

Validated symptoms

Sympathetic; desire for company; anxiety; fear something will happen/impending disease; moaning; thirst for large quantities;

Cough is mostly moist

Cough ameliorates: at night; from rest; from drinking

Cough aggravates: on waking; in cold weather; from exertion

Symptoms in cured serious cases

Useful resources

This document is just one of the initiatives to inform homeopathic practitioners about COVID-19. It is

For this document we collect recent and still upcoming information from experience with COVID-19 patients and symptoms validated in various prognostic factor research projects, see 'Sources'.

Previously existing homeopathic information can be found at:

https://www.doctorbhatia.com/treatment/coronavirus-covid-19-symptoms-homeopathic-remedies-for-treatment-and-prophylaxis/?fbclid=IwAR0pD6SsxbsdD0oqOfmsqOyYq34IP3dWDGSukWLhP81tL8jjZhrjASDFv8E&v=796834e7a283https://www.homeopathy360.com/2020/03/16/views-of-prof-george-vithoukaskas-on-homeopathy-for-coronavirus-covid-19-infection/?utm_source=Homeopathy&utm_campaign=cb4cb2f905-EMAIL_CAMPAIGN_2020_03_16_06_29&utm_medium=email&utm_term=0_cb77577afc-cb4cb2f905-232303259&mc_cid=cb4cb2f905&mc_eid=d598fea3ae

Sources:

Van Wassenhoven, M: Clinical verification of homeopathic symptoms. ISBN: 978-2-87491-003-6

Rutten, L: Prognostic factor research in homeopathy. ISBN: 978-93-81458-58-7

CCRH: prognostic factor research on homeopathic symptoms of cough. Data from pilot study.

COVID-19 epidemic and research-based homeopathy

Lex Rutten, Rajkumar Manchanda, CCRH, ... 15 March 2020

Open letter to LMHI members

Recently the WHO declared the latest corona virus epidemic a pandemic. Lethality of this COVID-19 virus is higher than of usual viral epidemics and mostly caused by pneumonia. There is no cure in conventional medicine. Considering the different mechanism of action, available scientific evidence for respiratory tract infections (RTI) and the worldwide use homeopathy is a treatment modality that cannot be ignored.

At the moment many homeopathic practitioners are reflecting about their therapeutic options for this disease and expert groups are reaching consensus about eligible homeopathic medicines and their respective indications.

We want to inform you that the Central Council for Research in Homeopathy (CCRH) in India is conducting multi-centre observational prognostic factor research (PFR) on symptoms indicating respective homeopathic medicines for cough since February 2017. Pilot study results up to April 2018 became recently available and are now being analysed. These results seem highly relevant in the present situation, despite the preliminary character of the available data, because this is the first time that homeopathic treatment of RTI can be based on scientifically assessed prognostic factors (symptoms). Several scientific articles are being prepared to inform the homeopathic community about this research, but we think that outcome relevant for this pandemic should be available now to all homeopathic practitioners.

What do we have?

We now have data of 175 acute and 216 chronic cough cases (total 391) about 27 polar homeopathic symptoms (PS), symptoms with opposite values like amelioration/aggravation and aversion/desire. These general symptoms are frequently used in homeopathy, but not well represented in the homeopathic repertories. The same medicine is frequently entered in both opposite repertory-rubrics. This is confusing because the practitioners consult only the repertory-rubric that is relevant for the patient in front of him.

Out of 391 cases 131 cases responded well to 8 most frequently prescribed homeopathic medicines (doctor's assessment): *Arsenicum album* (n=29), *Bryonia* (n=9), *Calcarea carbonica* (n=13), *Causticum* (n=9), *Hepar sulphuris* (n=7), *Phosphorus* (n=23), *Pulsatilla* (n=26) and *Sulphur* (n=15).

The occurrence of each symptom-pole in populations responding well to specific medicines (medicine populations) was compared with the remainder of the population (= all patients minus medicine population). In the following table results are expressed as repertory-entries: 1 = plain type, 2 = Italics, 3 = bold type. Blanks indicate no observed relationship of the symptom with the medicine. These are rough estimates. Symptom numbers are numbers of the research questionnaire. Some symptoms are not shown because they rendered no meaningful values.

Table: modalities influencing cough. Accentuated in yellow: new or different entries (compared to Kent's original repertory).

	Arsenicum	Bryonia	Calc-c	Caust	Hepar	Phos	Puls	Sulph
1. Open air amel. aggr.		2	2	1	3		3	2
2. Cold weather amel aggr.	2	2		2		2	1	
3. Wet weather amel aggr			2	1	2	1		1
4. Dry weather amel aggr	1	2	3			1		1
5. Warm weather amel aggr			3					1
6. Warm room amel aggr	1	1		1	1		3	1
7. uncovering amel aggr		1		3				
8. Lying amel aggr		1		3	1			2
9. Movement amel				2		1	1	
10. Resting amel aggr	1	1		3		1		2
11. Swallowing amel aggr				1	1	1		
12. Eating amel aggr			2		1		1	1
13. Drinking amel aggr	2	2	3	1	3	1		
14. Cold food/drink am aggr	1	2	1	3			2	
	Arsenicum	Bryonia	Calc-c	Caust	Hepar	Phos	Puls	Sulph

	Arsenicum	Bryonia	Calc-c	Caust	Hepar	Phos	Puls	Sulph
15 Warm food/drink am					2			
aggr		2		1				
16. Daytime amel		3			1		2	
aggr				1		2		3
17. Night amel							3	3
aggr	3	1	3	2	3			
18. During sleep amel	1				3			
aggr			2	3			1	
19. On waking amel	1				2			
aggr			2	2		2		1
20. Rising from bed amel					2			
aggr			1	3				
21. Breathing deep amel		1					1	
aggr					3			
22. Talking amel	1	1	2				2	
aggr								2
23. Laughing amel			1	2			1	
aggr						1		
24. Exertion amel			2	1				
aggr						3	2	
27. Cough dry		3			3			
Moist	2					2		2
	Arsenicum	Bryonia	Calc-c	Caust	Hepar	Phos	Puls	Sulph

Discussion

The urgency of the present COVID-19 pandemic convinced us to share these preliminary results with you despite the fact that there are still few data and they not yet fully evaluated. Lots can be said about the quality of these data, but they show the most frequently prescribed medicines in RTI in India and the quality of existing repertory-entries is unknown, but probably less.

These data do not replace the existing consensus about keynote symptoms for these medicines, but complement it.

There are not yet enough data from this project to analyse other eligible medicines for cough.

Symptoms shown above can be used to complement or correct the information available in repertories and materia medica.