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Symptomatic COVID-19 positive and likely patients treated by homeopathic physicians - an Italian descriptive study

Introduction¹:

In early 2020 the COVID-19 pandemic reached very high levels in Italy: the Coronavirus COVID-19 global cases² reported 147,577 cases as of April 11, 2020, putting Italy in third place for spread in the world. On the initiative of SIMO - Italian Society of Homeopathic Medicine³, a working group of homeopathic physicians and independent researchers began in January 2020 to collect documentation to prepare for the prevention and treatment of patients with COVID-19, which was immediately considered a very serious threat to public health. To protect the absolute independence of the research, the working group does not receive any form of funding from any homeopathic pharmaceutical company or other body.

Like many other researchers, given the pressing need to share data and knowledge as soon as possible, the working group has chosen the ResearchGate platform for the rapid publication and dissemination of its contributions. This platform, which is a network of over 16 million researchers from around the world⁴, has recently received appreciation for its bibliometric evaluation⁵. ResearchGate has also developed a specific web section on COVID-19⁶ to which an expert from our group was also invited, among the authors of an article published in Researchgate on the prevention of COVID-19 with Homeopathy⁷. The working group immediately began to study the impact of COVID-19 on the health care system. Many COVID-19 patients have fairly mild symptoms, but a high percentage of them worsen and have to be admitted to hospital⁸. The level of hospitalisation is one of the key factors in assessing

1 we apologize for any inaccuracies in the English translation but we urgently need to communicate the data to colleagues and researchers. If the article is present on Pubmed, after the quote we have included PMID to allow you to get to the article quickly. Links were checked in April 2020

2 <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

3 www.omeomed.net

4 "ResearchGate is the professional network for scientists and researchers. Over 16 million members from all over the world use it to share, discover, and discuss research. We're guided by our mission to connect the world of science and make research open to all". <https://www.researchgate.net/about>

5Joshi ND, Lieber B, Wong K, Al-Alam E, Agarwal N, Diaz V. Social Media in Neurosurgery: Using ResearchGate. World Neurosurg. 2019 Jul;127:e950-e956. Doi: 10.1016/j.wneu.2019.04.007. Epub 2019 Apr 6. PubMed PMID: 30965167

6 <https://www.researchgate.net/community/COVID-19>

7 https://www.researchgate.net/publication/339783670_UNA_PROFILASSI_OMEOPATICA_E_TRIALS_CLINICI_INTEGRATIVI_CON_MEDICINA_TRADIZIONALE_CINESE_PER_L'EPIDEMIIA_DA_COVID-19
https://www.researchgate.net/publication/340266370_Traditional_Chinese_Medicine_can_improve_patients_with_COVID-19_An_updated_review_2020_04_01

8ECDC_Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK –seventh update, pag 10

"The evidence from analyses of cases in China is that the disease is mild (i.e. non-pneumonia or mild pneumonia) in about 80% of cases;most cases recover, 14% develop severe disease,and 6% experience critical illness. Recent data from EU/EEA countries indicate that 30% of cases are hospitalised,and 4% require critical care. Severe illness and death is more common among the elderly and those with other chronic underlying conditions. These risk groups account for the majority of severe disease and fatalities to date."

the ability of the health care system to respond to the epidemic. The recent ECDC report states: "Hospitalisation occurred in 32% (48 755 of 152 375) of cases reported from 26 countries"⁹.

In Italy, the bulletin on the Covid-19 epidemic of March 30, 2020 produced by the Istituto Superiore di Sanità writes: "Information on the place of treatment is available for 88,257 cases (about 70.8% of total cases). Currently 18,047 cases (20.4%) are hospitalized and of these 2,734 (18.7%) are hospitalized in intensive care".¹⁰ The high need for hospitalization and the extremely high percentage of hospitalized patients requiring intensive care (almost 1/5 of the total) has caused an extremely difficult situation in many Italian hospitals.

Given the substantial results obtained by homeopathic treatment in other serious viral epidemics^{11,12,13}, and since in the concrete Italian situation homeopathic doctors work essentially with patients in extra-hospital regimen, the working group wondered if it was possible to study - even approximately - the **level of hospitalization of COVID-19 patients treated by doctors with additional expertise in homeopathy**.¹⁴

The problem immediately became difficult, because current studies are mainly focused on hospitalized patients, while there is a great lack of data on the more numerous patients with more mild symptoms affected by COVID-19, i.e. those who "stay at home" and who have been tested for nucleic acid amplification (usually by pharyngeal buffer) in a very limited percentage¹⁵.

The working group decided to start a field survey, starting with the clinical cases treated by homeopathic doctors. Our case history is therefore part of the first surveys that try to study the

<https://www.ecdc.europa.eu/sites/default/files/documents/RRA-seventh-update-Outbreak-of-coronavirus-disease-COVID-19.pdf>

9 ECDC_Rapid risk assessment: Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – eighth update

<https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-coronavirus-disease-2019-covid-19-pandemic-eighth-update>

10 Task Force COVID-19 of the Department of Infectious Diseases and Informatics Service, Istituto Superiore di Sanità. COVID-19 Epidemic, National Update: 30 March 2020

https://www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_6-aprile-2020.pdf

11 Dewey W. A. Homeopathy in influenza: a chorus of fifty in harmony. J Am Inst Homeopath, 1921, 11: 1038-1043.

12 Nayak D, Chadha V, Jain S, Nim P, Sachdeva J, Sachdeva G, Vivekanand K, Khurana A, Raheja SM, Manchanda RK. Effect of Adjuvant Homeopathy with Usual Care in Management of Thrombocytopenia Due to Dengue: A Comparative Cohort Study. Homeopathy. 2019 Aug;108(3):150-157. doi: 10.1055/s-0038-1676953. Epub 2019 Mar 5. PubMed PMID: 30836407

13 Oberai P, et al- Effectiveness of Homeopathic Medicines as Add-on to Institutional Management Protocol for Acute Encephalitis Syndrome in Children: An Open-Label Randomized Placebo-Controlled Trial. Homeopathy. 2018 Aug;107(3):161-171. doi: 10.1055/s-0038-1656715. Epub 2018 Jun 5. PubMed PMID: 29871023

14 doctors who in practice combine their expertise in allopathic medicine with that in homeopathic medicine

15 Onder G, Rezza G, Brusaferro S. Case-Fatality Rate and Characteristics of Patients Dying in Relation to COVID-19 in Italy. JAMA. 2020 Mar 23. doi: 10.1001/jama.2020.4683. [Epub ahead of print] PubMed PMID: 32203977

"After an initial, extensive testing strategy of both symptomatic and asymptomatic contacts of infected patients in a very early phase of the epidemic, on February 25, the Italian Ministry of Health issued more stringent testing policies. This recommendation prioritized testing for patients with more severe clinical symptoms who were suspected of having COVID-19 and required hospitalization. Testing was limited for asymptomatic people or those who had limited, mild symptoms"

clinical course of positive or probable COVID patients in extra-hospital situations, introducing, in this case, the additional homeopathic treatment variable.

This descriptive study collects the first results from the elaboration of the clinical cases received, which are published, although the collection is still in progress, because we believe they can give a useful contribution to the scientific discussion.

Method:

From 25 February to 7 April 2020 we collected 50 **symptomatic** case reports **in home isolation, positive or probable COVID-19**, followed by the family doctor and, since the patients requested it, also by a physician expert in homeopathy. The patients were in isolation in different Italian locations.

The classification to which this study adheres is the ¹⁶**sixth WHO classification** which is the basis of the classifications of the various Ministries of Health. It divides patients, compared to the diagnosis of COVID-19, into "**suspected**", "**probable**" and "**confirmed**" cases. Confirmed cases are those found positive to the nucleic acid enlargement method, usually by pharyngeal buffer. Since in the Italian epidemic emergency it is not possible to perform swabs in all suspected cases - and this leads to diagnostic uncertainties -, in order to try to increase diagnostic accuracy we have chosen to qualitatively implement the WHO guidelines with clinical and anamnestic parameters (see below).

The clinical records we considered includes **10** confirmed symptomatic patients for COVID-19 and **40** probable symptomatic patients semeiologically similar to the previous ones.

A total of 24 homeopaths were involved. They are clinicians with extensive experience in homeopathy and are all registered in the lists of homeopathic medical experts with the respective Orders of Physicians and Surgeons.

Each doctor involved in the project was required to send all consecutive cases under treatment, whatever the outcome of the treatment implemented.

Homeopathic treatment was provided by telephone or video-telephonically for safety reasons for both the patient and the doctor.

During homeopathic treatment, patients have continued to take any previous chronic therapies in progress in addition to the treatment prescribed by their family doctor.

We specify that the conventional treatment did NOT include specific treatments for this type of COVID-19 patients, apart from the indication to consider the use of paracetamol in case of high fever.

Patients have been homeopathically treated with prescribed **single homeopathic remedies** (described with a single latin name, eg Phosphorus flavus) according to their individual clinical course. The details of homeopathic treatment, summarised here, will be specified in a subsequent study.

¹⁶World Health Organization. (2020). Global surveillance for COVID-19 caused by human infection with COVID-19 virus: interim guidance, 20 March 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/331506>

Since the homeopathic anamnesis is meticulous, its relief allows the execution of another study on the characteristics of the symptoms detected and their syndromic associations, through the biophenomenological method.

Inclusion criteria:

In addition to patients tested positive by diagnostic swab (nucleic acid amplification method), symptomatic patients with these **three** conditions were included as "probable COVID-19": a) residence in epidemic area, b) contact with positive patients, c) characteristic symptomatology, thus specified:

simultaneous presence of the three symptoms 1) fever, 2) weakness, 3) dry cough and/or dyspnoea and/or pharyngitis; only one of these symptoms could be replaced by 1) chest pain, 2) ageusia-anosmia, 3) conjunctivitis, 4) bone and muscle pain.

Particularly interesting is the couple of ageusia-anosmia symptoms, repeatedly reported by patients to homeopathic doctors and almost pathognomonic in the absence of a cold that justifies it, so it was included in the symptoms useful for the diagnosis of COVID-19. Recently there have been some publications that have confirmed these observations in the field.¹⁷ This emphasizes the validity of the accurate and meticulous **observational method** performed by clinical physicians in the early detection of symptoms essential for the diagnosis of COVID-19.

All patients included, in the opinion of the treating physicians, should have been swabbed diagnostically. In addition, all should, as a minimum, have had a chest CT scan (or at least a chest X-ray), blood count and PCR; these tests were almost always impossible to perform outside of the hospitalisation regime.

Based on the defined inclusion criteria, out of the 61 cases received, 50 cases could be selected for the descriptive study.

Results:

We publish the results of the **50** individual **cases** received corresponding to the inclusion criteria, evaluated at the end of the treatment without waiting for a further follow-up.

The 50 cases examined consisted of 29 females and 20 males (in one case the gender was not specified).

In the 4 paediatric cases (years 6-9), the average age was 6.75 years; their course lasted on average 10 days (from 3 to 17).

In adulthood (the cases observed were between 22 and 79 years old), the average age was 49.47 years; their course (varying from 4 to 34 days) was 14.09 days on average.

¹⁷ Vaira, Luigi & Salzano, Giovanni & Deiana, Giovanna & Riu, Giacomo. (2020). Anosmia and ageusia: common findings in COVID-19 patients. *The Laryngoscope*. 10,1002/lary.28692.

The provinces of origin of the patients were: Milan (15 cases), Parma (4), Biella (4), unspecified Italy (4), Naples (3), Verona (3), Tuscany (3), Canton Ticino (2), Catania (2, one with partial hospitalization in Sudan), Piacenza (2), Pescara (2) and one case in Crema, Veneto, Bologna, Bergamo, Rome, Madrid.

The degree of severity of the symptomatology presented by the individual patients has not been specified by the treating physicians (as is typical of an exclusively clinical setting). Assessed a posteriori by the authors on the basis of the reports, on a scale from 1 to 4, it was found to be on average 2.3.

The treatment was administered until the patient's clinical improvement was evident; afterwards, most patients did not give any further reports on their state of health after the favourable end of the treatment.

In each individual case only one single-component homeopathic medicinal product has been diagnosed and prescribed at a time with only one potency, chosen individually according to the symptoms presented¹⁸

During the same homeopathic treatment a single medicine (50% of cases) was used, i.e. a sequence of 2 to 6 different medicines and specifically: 2 remedies (32%), 3 remedies (10%), 6 remedies (4%), 4 remedies (2%), 5 remedies (2%).

The prescribed medications were, in order of frequency: Bryonia alba (21 times); Arsenicum Album (16 times); Phosphorus flavus (9 times); Atropa belladonna (6 times); Antimonium tartaricum (6 times); Eupatorium perfoliatum (4 times); Phosphoricum acidum (3 times); unspecified patient's basic remedy (3 times); Lycopodium clavatum (3 times); Sulphur (3 times); Hepar sulphur. (2 times); Kalium phosphoricum (2 times); Gelsemium sempervirens (2 times); Mercurius solubilis, Chelidonium majus, Spigelia anthelmia, Solanum dulcamara, Psorinum, Spongia tosta, Ferrum phosphoricum, Ruta graveolens, Causticum hahnemanni, Thuya occidentalis, Streptococcinum, Ignatia amara (once each).

No adverse events were observed during homeopathic treatments. An overall recovery of patients at resolution of specific symptoms has been commonly observed.

All patients were symptomatic and classified as COVID positive or highly probable; they were all treated homeopathically in extra-hospital home isolation regimen.

Under no circumstances, given the favourable clinical trend, was hospitalisation necessary.

We note that even in the cases received but not selected it was not necessary to resort to hospitalization.

Discussion and perspectives

This is a preliminary field study in a peak epidemic period aimed at recording the treatment and clinical recovery of affected patients.

The study in its development made it possible to address several general issues, which became apparent during the study itself.

18 For example: Bryonia alba 200 CH

We verified that it was possible to carry out homeopathic treatment in an epidemic situation by telephone or video-telephone consultation. The decrease of information and semiological data that the patient normally provides in the normal outpatient consultation was partly compensated by the **interconnection between patient and doctor** typical of homeopathic consultation¹⁹. Based on this experience in the field, it is clear that homeopathic medicine can contribute to the development of **online medical consultation**,²⁰ maintaining and developing its communicative dimension.

Homeopathic doctors had to work in conditions far from their normal clinical practice, which made their therapeutic intervention more difficult. This situation highlights the importance of the clinical competence of the homeopathic doctors involved.

The **hospitalization rate** in this group of 50 patients treated homeopathically for COVID-19 was 0.

Given the emergency situation and the fact that homeopathy is practised almost exclusively on a private level, it was not possible to carry out a control group with patients treated exclusively with conventional medicine.

Moreover, within our knowledge, there are currently no studies examining the hospitalization rate of a population in conditions similar to the one we examined, i.e. symptomatic patients in isolation, both COVID-19 positive and highly probable, even though this population is widely represented.

There are data on the level of hospitalization of positive COVID-19 patients, regardless of their symptomatological status (20.4% in Italy, COVID-19 Task Force, op cit).

We consider it **essential to collect data on the level of hospitalization and clinical course of all patients in home isolation for COVID-19**.

This kind of investigation is even more important because, while swab positivity is crucial for health containment policies, from a clinical point of view several studies are starting to make clear that there is NOT a clear correlation between swab positivity, clinical course and patient prognosis, as stated in a recent article²¹:

“The clinical manifestations of COVID-19 are protean, which include asymptomatic carrier, ARD, and pneumonia of varying degrees of severity. First, asymptomatic cases were diagnosed based on positive viral nucleic acid test results, but without any COVID-19 symptoms, such as fever, gastrointestinal, or respiratory symptoms, and no significant abnormalities on chest radiograph,

19 Eyles C, Leydon GM, Brien SB. Forming connections in the homeopathic consultation. Patient Educ Couns. 2012 Dec;89(3):501-6. doi: 10.1016/j.pec.2012.02.004. Epub 2012 Feb 26. PubMed PMID: 22370197 “ “Connecting”, describes a complex notion of relationship in the homeopathic consultation consisting of four dimensions, and performs several roles within the consultation that enable practitioners to elicit symptoms, identify expectations, assist with prescribing, help patients engage with homeopathic principles and stimulate healing”

20 Schmidt-Weitmann S, Jenny K, Neuhaus Bühler R, Saller R, Brockes C. Medical online consultation service in CAM at the University Hospital Zurich. Forsch Komplementmed. 2014;21(1):19-24. doi: 10.1159/000358502. Epub 2014 Feb 17. PubMed PMID: 24603626

21 Lai CC, Liu YH, Wang CY, Wang YH, Hsueh SC, Yen MY, Ko WC, Hsueh PR. Asymptomatic carrier state, acute respiratory disease, and pneumonia due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2): Facts and myths. J Microbiol Immunol Infect. 2020 Mar 4. pii: S1684-1182(20)30040-2. doi: 10.1016/j.jmii.2020.02.012. [Epub ahead of print] Review. PubMed PMID: 32173241; PubMed Central PMCID: PMC7128959

However, the transmission of COVID-19 through asymptomatic carriers via person-to-person contact was observed in many reports. Second, patients with ARD defined as laboratory-confirmed COVID-19 cases had respiratory symptoms; however, chest computed tomography (CT) did not reveal signs of pneumonia. Third, patients with pneumonia defined as COVID-19 cases had both respiratory symptoms and pneumonia on chest radiograph."

Another aspect that the study highlights is the problem of the **diagnostic integration of the value** of the nucleic acid amplification test.

It has been attempted so far to address this by integrating data from other objective (imaging²² or laboratory²³) investigations into this test. The Italian study provides, instead, elements of implementation and semiological and symptomatological refinement, and therefore based on the competence and direct accuracy of the medical intervention.

A much larger sample of homeopathically treated patients is required to begin assessing the effect of homeopathic treatment; a **control group must** also be set up.

It will also be important to have a **long-term follow-up** (indicatively 2 months) to verify the clinical course, as COVID-19 disease may present recurrences, beyond the well-known apparent intercritical remissions.

However, in the opinion of the authors, this study has provided interesting information and opened up prospects for study. The COVID-19 disease is extremely complex, so it is essential to combine the contributions of different medicines to increase clinical results, as is beginning to be demonstrated by the integration of allopathic medicine with traditional Chinese medicine: "Treatment practice of COVID-19 showed that early intervention of TCM is important way to improve cure rate, shorten the course of disease, delay disease progression and reduce mortality rate²⁴".

22 Xiong Z, Fu L, Zhou H, Liu JK, Wang AM, Huang Y, Huang X, Yi B, Wu J, Li CH, Quan J, Li M, Leng YS, Luo WJ, Hu CP, Liao WH. [Construction and evaluation of a novel diagnosis process for 2019-Corona Virus Disease]. Zhonghua Yi Xue Za Zhi. 2020 Mar 11;100(0):E019. doi: 10.3760/cma.j.cn112137-20200228-00499. [Epub ahead of print] Chinese. PubMed PMID: 32157849.

23 Chen X, Ling J, Mo P, Zhang Y, Jiang Q, Ma Z, Cao Q, Hu W, Zou S, Chen L, Yao L. Restoration of leukomonocyte counts is associated with viral clearance in COVID-19 hospitalized patients. medRxiv. 2020 Jan 1. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Restoration+of+leukomonocyte+counts+is+associated+with+viral+clearance+in+COVID-19+hospitalized+patients.+&btnG=

24 Ren JL, Zhang AH, Wang XJ. Traditional Chinese medicine for COVID-19 treatment. Pharmacol Res. 2020 Mar 4;155:104743. doi: 10.1016/j.phrs.2020.104743. [Epub ahead of print] Erratum in: Pharmacol Res. 2020 Mar 25;:104768. PubMed PMID: 32145402

In this perspective, Italian doctors with additional expertise in homeopathy will continue to work with COVID-19 patients for the benefit of all patients and public health.

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