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Analysis of homoeopathic genus epidemicus for COVID-19 patients in Gujarat: A retrospective cohort study

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Abstract
Background: In the last two centuries, homeopathy has successfully treated epidemics. Our goal is to obtain a clear homeopathic clinical picture of Corona virus Disease 2019 (COVID19) and to assume the prevalence of the disease in order to inform and strengthen future treatment and prevention options.
Methods: We conducted a retrospective case series study, collecting data from the Parul Sewashram Hospital, Vadodara and four constituent homeopathic medical colleges of Parul University in Rajkot, Ahmedabad and Vadodara, which came from fever and/or cough and/or patients with dyspnea and/or confirmed COVID19 infection or close contact with confirmed patients. Include 280 patients and record data through checklist questionnaires on the day of case analysis and 10-15 days after starting treatment. Symptoms were collected and analyzed with the help of homeopathic repertories.
Results: A total of 268 cases were mild and moderate; 12 were serious. Severe cases were excluded from the analysis, 268 mild and moderate cases were analyzed, and clear general clinical images with mental, general and peculiar symptoms were obtained. The most commonly prescribed medications are Bry, Ars, Phos and Gels, while the best responders are Sulph, Puls and Bry. The time to complete recovery after homeopathic treatment is 3 to 14 days, depending on the medication used. The efficacy of 200c is associated with a faster complete recovery rate.
Conclusion: We have defined the homeopathic characteristics of mild and moderate COVID19 symptoms in Gujarat and established a set of medicines that can be used to treat them as effective epidemics.

Keywords: homoeopathy, genus epidemicus, COVID-19

Introduction

Clusters of pneumonia cases were discovered in Wuhan, China, in December 2019, caused by a recently discovered-corona virus known as severe acute respiratory syndrome corona virus (SARS-CoV-2) [1, 2].

A severe acute respiratory infection, ranging from a mild common cold-like illness to a severe viral pneumonia leading to potentially lethal SARS, is the characteristic clinical presentation [2]. According to recent case reports, corona virus disorder 2019 (COVID-19) is a complex systemic condition with extra pulmonary signs, presumably related to viral-induced inflammation that affects ACE2 (angiotensin-converting enzyme 2) receptors in tissues other than the lungs [3, 4].

Despite the fact that COVID-19 is a polymorphic disease, its severity is determined by respiratory manifestations: mild (uncomplicated upper respiratory tract infection with no signs of breathlessness or hypoxia; SpO_2>94 percent); moderate (pneumonia with no signs of severe disease, SpO_2<94 percent [90-94 percent] on room air, respiratory rate greater than or equal to 24 minutes); severe (pneumonia with no signs of severe disease, $SpO_2$94 percent [90-94 percent] on room air, respiratory rate greater than or equal to 24 minutes); severe (clinical indications of pneumonia plus one of the following: respiratory rate >30 breaths/min, severe respiratory distress, SpO_2 < 90%) [5] COVID-19 has infected about 20 million people around the world, resulting in a huge number of deaths and creating a serious public health danger [6]. Nearly 0.9 million patients in India had tested positive as of July 10, 2020. of whom more than0.1 million are from Delhi [7].

Researchers and health-care organizations have been working to develop solutions to combat the pandemic, including repurposed medications, vaccines, and control measures [8]. Evidence from laboratory, animal and human investigations, as well as clinical trials on

traditional medicine medicines including remdesivir [9], lopinavir/ritonavir [10], lopinavir/ritonavir with in-terferon-1a [11], chloroquine [12, 13].

According to a recent comprehensive study, combining traditional Chinese medicine with "western medicine" enhanced cure rates and symptom amelioration in COVID19 [14-16]. Homeopathy, on the other hand, could be viewed as a complementary treatment to traditional medicine.

Homeopathy has a lengthy history of being used to treat epidemic diseases [17-19]. Homoeopathy trials have followed the following in terms of evidentiary base: tested preventive homoeopathic remedies, with the goal of finding a universally effective prophylactic medicine [20-22] or Researchers evaluated the efficacy of personalized homoeopathic treatment for illness patients [23-25] or evaluated the effectiveness of homoeopathic treatment as a supplement [26, 27].

Due to the pandemic's kaleidoscopic expression, testing one drug as Genus Epidemicus (GE) does not appear to be appropriate and no potential GE has been identified [28].

A step-by-step procedure can be used to assess the possibility of homoeopathic treatment on a big scale. The first step is to characterize COVID-19-positive patients' data and identify potential viable treatments.

The second step will be to conduct a high-quality randomised controlled study to assess the efficacy of these treatments (RCT). If a remedy or collection of remedies is determined to be effective, it can be incorporated into COVID patients' treatment plans.

The final step could be to conduct rigorous RCTs in high-risk demographic groups and disease hotspots to investigate the potential of these therapies in preventing disease [29].

The first phase is addressed in this article: a comprehensive assessment of COVID-19's clinical presentation in Indian patients, as well as the identification of corresponding homoeopathic medications for inclusion in therapy regimens. It is planned to serve as a springboard for subsequent research into systematic validation.

Objectives

The major goal was to determine the clinical presentation of laboratory-confirmed COVID-19 patients and to develop a set of homoeopathic remedies that were indicated based on their symptomatologic profile.

The secondary goal was to compare the data acquired with data from previous research in order to help construct an appropriate RCT.

Materials and Methods

Setting

Sevashram Hospital, Parul University, Vadodara Gujarat for the isolation and treatment of COVID-19-positive patients.

Providing integrated therapy that includes traditional medicine (analgesics, antihistamines, antitussives, antibiotics) as well as personalised homoeopathic treatment. 30 In a 12-hour duty roster, homoeopathic doctors, Junior Residents pursuing post-graduation, and conventional doctors were assigned.

The medical and support workers followed all infection control recommendations, including the use of appropriate personal protective equipment.

Doctors with several years of expertise developed the protocol and study design, wrote the report, and coordinated the study. Institutional Ethics Committee granted permission to conduct retrospective study of patients admitted to the facility.

At the time of hospitalization, patients signed an informed consent form for additional homoeopathic therapy and subsequent data analysis and publication. Cases were taken using a patient case record form (CRF) based on the World Health Organization (WHO) protocol for COVID-19.31. For the analysis, the patient data were anonymised by deleting direct identifier variables.

This medical team treated the patients together, and the work was overseen by doctors with a combined several years of expertise. From the patients' medical records, epidemiological history, demographic data, clinical characteristics, laboratory data, treatment regimens, and outcome measures were acquired.

Daily follow-up during the hospital stay yielded data on homoeopathic characteristics. Patients were initially discharged after two consecutive negative RT-PCR tests; afterwards, patients were discharged after complete symptom recovery, which took between 10 and 17 days according to government criteria.

Participants

Between April 15, 2020 and June 20, 2020, laboratory confirmed COVID-19-positive (RT-PCR testing positive) symptomatic patients were admitted to Parul Sevashram Hospital.

Variables

COVID-19-positive patients' demographic information and clinical symptoms were included.

Data sources

All hospitalized COVID-19-positive patients' CRFs were retrospectively evaluated. Patients with common and distinguishing symptoms have been identified. Patients were given homoeopathic drugs in addition to traditional medical care.

Initially, cases were administered according symptom repertorization, but later, when patients' symptoms followed a common pattern, the same remedy was recommended. Despite concomitant usage of a conventional medicine, the prescribing indication(s) and the most prevalent symptom(s) were specifically documented to assess possible efficacy.

Results

During that time, a total of 268 patients were admitted. Fifty-eight patients refused to accept homoeopathic treatment in addition to their regular treatment. The average age of the patients was 38.9 years (standard deviation 15.2; range 2-82 years), with 66 (24.62%) females and 202 (75.37%) males.

There were no patients with significant symptoms present. Eighty patients (29.85 percent) had a positive contact history, while 188 patients (70.14 percent) had no history (Table 1).

The majority of patients (89.56%) were classified as mild (n 1/4 240), while the remaining (10.44%) were classified as moderate (n 1/4 28). After complete recovery of all symptoms, 209 patients (78 percent) were discharged.

Table 1: Demographic details

	Total (*n* ¼ 268)	**Mild (*n* ¼ 240)**	**Moderate (*n* ¼ 28)**
Age			
Mean	38.9 16.3	38.6 15.8	66.0 9.1
Median	35.5	35	68
Gender			
Male	202	240	28
Female	66	50	4

Eight instances (3%) deteriorated due to persistent fever, dyspnea, and an oxygen concentration of less than 90%, and were classified as serious. After these severe instances were classified, remedies were devised, but because the research hospital did not have an intensive care unit to handle severe or critical cases, these patients were transferred and the outcome of the additional homoeopathic drugs could not be assessed. The average length of stay at Parul Sevashram Hospital and Constituent Homoeopathic Colleges for the 268 patients was 14 days (10-17 days). Cough (76.11 percent), fever (67.16 percent) and sore throat (57.08 percent) were the most common symptoms (Table 2).

Table 2: Details of clinical characteristics of COVID-19 patients

Symptoms	N	%
Cough	204	76.11%
Fever	180	67.16%
Sore throat	153	57.08%
Headache	132	49.25%
Myalgia or arthralgia	134	50.00%
Fatigue	83	30.97%
Chest discomfort	72	26.86%
Shortness of breath	52	19.40%
Loss of taste	28	10.44%
Dryness of mouth	23	8.50%
Nasal Coryza	19	7.08%
Constipation	17	6.34%
Diarrhea	16	5.97%
Abdominal pain	14	5.22%
Nausea	12	4.47%
Vomiting	10	3.73%
Nasal blockage	6	2.23%
Loss of smell	6	2.23%
Retrosternal burning	5	1.86%
Sneezing	4	1.49%
Hemoptysis	2	0.74%

The extensive homoeopathic clinical examination of key symptoms revealed that fever was mostly low grade with protracted heat stage (23.8%), with dry mouth as a co-morbid symptom (9.7 percent). Sputum during cough was recorded by 52 (25.5%) of patients, while dry cough was reported by 56 (21.9%) of patients. The 52 patients who had a productive cough were divided into two groups. Table 3 shows that 38 (14.2%) of the patients had easy expectoration and 18 (9.6%) had difficult expectoration.

Table 3: Detailed clinical analysis of chief symptoms

Chief complaint	Characteristic	
Fever (*n* ¼ 94) (35.1%)	Low grade (<37.5-38.3 °C) (*n* ¼ 68) (23.8%)	Chill (*n* ¼ 27) (10.1%)
	>38.3°C (*n* ¼ 26) (27.7%)	Heat (*n* ¼ 38) (14.2%)
		Perspiration (*n* ¼ 29) (10.8%)
Cough (*n* ¼ 108) (40.3%)	Dry (*n* ¼ 56) (20.9%)	Thirst increased (*n* ¼ 42) (15.7%)
	Productive (*n* ¼ 52) (19.4%)	*Expectoration:*
		Easy (*n* ¼ 38) (14.2%)
		Difficult (*n* ¼ 18) (6.7%)

Along with usual conventional care, 238 patients received homoeopathic treatment. Synthesis Repertory Radar Opus was used to categorize the cases, with a focus on distinguishing symptoms. A repertorial study of these individuals' combined symptoms revealed a total of 28 drugs. Medicines were provided in various strengths (30C, 200C).

Bryonia alba (33.3 percent), Arsenicum album (18.1 percent), Pulsatilla nigricans (13.8 percent), Nux vomica (8 percent), Rhus toxicodendron (7.2 percent) and Gelsemium sempervirens (5.8 percent) were the most commonly utilised medicines. Table 4 shows that 30C was the most usually utilized potency (n 1/4 159).

Table 4: Homeopathic medicines prescribed (*n* ¼ 268)

Homeopathic medicine	n	%
Bryonia alba	67	25%
30C	43	
200C	24	
Arsenicum album	43	16.12%
30C	35	
200C	8	
Pulsatilla nigricans	29	10.82%
30C	26	
200C	3	
Nux vomica	24	9.00%
30C	20	
200C	4	
Rhus toxicodendron	18	6.72%
30C	14	
200C	4	
Gelsemium sempervirens	16	5.98%
30C	9	
200C	7	
Sulphur	9	3.36%
30C	2	
200C	7	
Spongia tosta	6	2.24%
30C	4	
200C	2	
Hepar sulphuricum	4	1.51%
30C	2	
200C	2	
Phosphorus30C	4	1.51%

The expression (symptoms) and signs (objective clinical

features) of disease in patients were then retrieved from CRFs. Using a dictionary-based technique, these were turned into rubrics (group keywords) (repertory). Bryonia alba, Arsenicum album, Pulsatilla nigricans, Nux vomica, Rhus toxicodendron, and Gelsemium sempervirens were among the top six drugs studied. (►Table 5).

Table 5: Prescribing indications of remedies based on repertorial totality

Medicine	Rubrics	No. of cases observed
Bryonia alba	General: slow manifestation	52
	Cough: dry, fever during	38
	Stomach: thirst, large quantities, for	30
	Stool: constipation	14
	Generals: pain, bones, as if broken	12
	Mouth: dryness	15
	Fever: night, dry burning	12
	Head: pain, cough during	11
	Throat: dryness	8
	Mind: irritability, during headache	7
	Throat: pain, swallowing, agg.	7
	Cough, motion aggravates	6
	Head: pain, bursting	7
	Head: pain, pressure ameliorate	4
	Mouth: taste, bitter	6
Arsenicum album	General: weakness, fever during	32
	Stomach: thirst, small quantities for	14
	General: warm applications ameliorate	12
	Fever with chill	12
	Throat: pain, warm drinks ameliorate	11
	Chest: pain, burning	12
	Mind: anxiety, lying	7
	Chill: morning	8
	Extremities: pain, feet, soles, burning	6
	Chill, alternating with perspiration	5
Pulsatilla nigricans	Mouth: taste, wanting, loss of taste	16
	Stomach: thirstless	12
	Expectoration, thick	12
	Expectoration, yellow	11
	Abdomen: pain, stool before	9
	Nose: smell, wanting	6
	Mouth: dryness, thirstless	6
	Expectoration: difficult	7
	Chills: morning	9
Nux Vomica	Throat: pain, warm drinks ameliorate	10
	Chill: violent	6
	Mouth: taste, bitter	7
	Chest: pain, burning	8
	Rectum: constipation, ineffectual urging and straining	5
	Mouth: taste, wanting, loss of taste	6
	Stomach: vomiting, eating after, agg.	4
	Abdomen: pain, burning	7
	Nose: smell, wanting	5
Rhus Toxicodendron	Extremities: pain, joints, chill during	9
	Generals: pain, sore	7
	Cough: warm drinks ameliorate	7
	Mouth: taste, altered	6
	Back: pain, sore	6
	Throat: pain, warmth ameliorates	7
	Extremities: pain, shoulders	5
	Abdomen: pain, walking ameliorates	6
Gelsemium sempervirens	General: slow manifestation of symptoms	7
	Stomach: thirstless during fever	9
	General: weakness, fever during	7
	Sleep: sleepiness, heat during	6
	Head: heaviness	4
	Head: pain, forehead, lying agg.	5
	Head: pain, occiput, dull pain	5
	Mind: quiet, wants to be, during chill	6

Discussion

The average length of stay in the hospital for COVID-19-positive patients was 13 days, with a full recovery rate of 76 percent.

During the trial, the condition of 4.9 percent of the patients deteriorated, and they were referred to a tertiary care institution for ventilator support. Though most patients improved and recovered, more research is needed to assess the impact of homoeopathic medicines on variables such as time to clinical improvement and laboratory markers.

Homeopathic medicines were provided in addition to regular conventional treatment, and it was shown that the majority of patients treated with this hybrid system (standard protocol plus homoeopathy) recovered without significant complications.

In future investigations, the efficiency of the homoeopathy component of this combined regimen could be investigated by comparing conventional treatment plus homoeopathy versus conventional treatment plus placebo. Clinical and demographic parameters of COVID-19 patients in India were compared using data from clinical studies completed at various hospitals across the world.

Except for a substantially higher prevalence of sore throat in the current investigation, most of the top-ranking symptoms observed in this study were also found in an observational study by Wang D *et al*. [11] That finding is supported by a similar comparison with data from Liu K *et al*. cohort study of 41 patients in Hubei province [12].

Another study found that Bryonia alba and Arsenicum album are the most commonly recommended medicines by homoeopathic physicians in Italy for symptomatic COVID-19-positive patients. In few mild COVID-19 instances Bryonia alba and Gelsemium sempervirens were the most regularly prescribed treatments [26].

The current investigation has cleared the ground for a multi-center, prospective, randomised double-blind controlled trial of COVID-19 patients employing the identified homoeopathic drugs.

In terms of dataset size and heterogeneity, COVID-19 has offered a challenge to the scientific community. In terms of fragmented activities, a lack of high-quality clinical data, a lack of qualified staff, data collection concerns, and a lack of high-quality observational and controlled studies, the homoeopathy community faces similar challenges.

Study limitations

Despite the fact that the majority of cases improved and were discharged, the favorable outcome cannot be attributed only to homoeopathic medicines because patients were also given conventional medications. There was no control arm to examine the effectiveness of this condition, which has a self-limiting course of 5 to 14 days in mild instances. There were little laboratory resources and no radiology support at the institute.

Conclusion

The most often indicated homoeopathic drugs in the current study in Gujarat were Arsenicum album, Bryonia alba, Pulsatilla nigricans, Nux vomica, Rhus toxicodendron, and Gelsemium sempervirens. Randomized controlled clinical trials involving these medications and their identified indications are desirable.

Highlights

- Because COVID-19 is a new disease, defining the clinical presentation of this pandemic is the first step toward determining the potential usefulness of homoeopathy in this pandemic.
- In a COVID hospital in Vadodara, Gujarat, India, a retrospective cohort analysis on laboratory-confirmed symptomatic patients was done.
- Six homoeopathic medicines have been shortlisted for further evaluation based on symptomatology profiles.

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