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"Homoeopathy is an Art of Healing gifted by the Gracious God for the suffering humanity"

-Dr. Samuel Hahnemann

A Protocol to prevent COVID-19 by Antimiasmatic Complimentary trio of Arsenicum album-Phosphorus- Tuberculinum in series according to Dr. Hahnemann



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There is a current outbreak of *Coronavirus* (COVID-19) disease globally including India. On March 11, WHO publicly announced this disease as a pandemic. There is currently no specific medicine for curative treatment and vaccine for prevention of this disease. The best way to prevent infection is to avoid being exposed to this virus by taking some basic protective measures. The medical scientists are on race to develop a vaccine or some medicine which can prevent this disease. Homoeopathy may play an important role in this regard.

The use of homeopathy for epidemic diseases dates back to the time of Hahnemann, who used Belladonna for preventing scarlet fever.

Different approaches of preventing epidemic diseases in Homoeopathy

Till date the generally accepted common approaches to prevent epidemic diseases in Homoeopathy are as follows:

1. Constitutional treatment
2. Genus epidemicus
3. Use of Nosodes

Changing patterns of infectious disease - a challenge to Health-Care Providers

Despite a century of often successful prevention and control efforts, infectious diseases remain an important global problem in public health. Changes in society, technology and the microorganisms themselves are contributing to the emergence of new diseases, the re-emergence of diseases once controlled. Infectious diseases are now emerging or reemerging almost every year. This trend will continue because a number of factors, including the increased global population, aging, changed life style, travel, urbanization, development of new technology and climate change, favor the emergence, evolution and spread of new pathogens.¹ To combat these newly emerging diseases by Homoeopathy, there is a need to find out some suitable effective strategy following homoeopathic principles.

Understanding the nature of COVID -19 from Homoeopathic perspectives

COVID-19 is an acute epidemic disease caused by recurring type of acute miasm (§ 73, Organon of Medicine)

This is a newly emerging complex disease with a natural history that manifests specific clinical phases of progression. Initially conceptualized as a primarily respiratory viral disease posing additional risk to elderly patients with co-morbidities, COVID-19 is now recognized as a more complex, multi-organ and heterogeneous illness than initially anticipated. Patients with COVID-19 display a diverse array of symptoms and complications, including a hyper-inflammatory state, endothelial dysfunction and thromboembolic disease, neuropsychiatric symptoms, and a clinical course that may be complicated by abrupt, unexpected deterioration during apparent recovery.² Various studies reported the recurrence of COVID-19 in various countries.³ All these characteristics of COVID-19 clearly indicate the chronic nature of this disease of miasmatic origin.

The whole disease phenomena of COVID-19 and its miasmatic character may also be considered in the light of the following statements of Hahnemann as mentioned in his book on Chronic Diseases.⁴

- a. Psoric origin of COVID-19: Persons having latent psora within when suffered from the, COVID-19, the dormant psora awakens to produce different manifest psoric chronic diseases.

Para 93 in the chapter of Nature of Chronic Diseases

But even where a person, whether a child or an adult, who has the *psora* slumbering within him, shows much semblance of health, butwhen his health and whole organism have been very much weakened and shaken by a prevalent epidemic fever or an infectious acute disease, smallpox, measles, whooping cough, scarlet fever, purple rash, etc.,; then the *psora*, which has hitherto slumbered, awakes and shows itself in the heightened and augmented symptoms enumerated below, in its transition to the formation of severe maladies; one or another of the nameless (psoric) chronic diseases breaks out and *most of all through weakening and exhausting improper treatment by allopathic physicians*, they are aggravated from time to time without intermission, often to a fearful height, if external circumstances favorable for the patient do not interpose, and cause a moderation in the process of the malady.

- b. COVID-19 in persons with comorbidities: The fatality rate of COVID-19 is much more in persons having comorbid conditions like hypertension, diabetes, lung diseases, cancer etc. as reported in different studies. This finding can be explained in the light of the following statement of Hahnemann in his book on Chronic Diseases.

Para 52 in the chapter of Psora

All those events in human life which can bring the psora latent and slumbering within, which has hitherto manifested itself only by some of the signs mentioned above, wherein the patient varies from a state of health, so as to break out into open chronic diseases, these same events if they occur to a person already a chronic patient may not only augment his disease and increase the difficulty of curing it, but, if they break in on him violently, may make his disease incurable, if the untoward circumstances are not suddenly changed for the better.

Understanding the miasmatic nature of COVID-19

The pathophysiological processes involved in the clinical course of a disease and its manifestations can help to identify the miasmatic cause of the disease. Some of such characteristics of COVID-19 are as follows:

1. Silent hypoxia
2. Cytokine storm
3. Destruction of RBC
4. Disseminated intravascular coagulation

1. Silent hypoxia

One of the most important manifestations of COVID-19 is Covid pneumonia. These patients did not report any sensation of breathing problems, even though their chest X-rays showed diffuse pneumonia and their oxygen was below normal. Covid pneumonia initially causes a form of oxygen deprivation we call silent hypoxia — silent because of its insidious, hard-to-detect nature. By the time patients have noticeable breathing trouble and present to the hospital with dangerously low oxygen levels, many will ultimately require a ventilator. Silent hypoxia progressing rapidly to respiratory failure explains cases of COVID-19 patients dying suddenly after not feeling short of breath.⁵

2. Cytokine storm

A cytokine storm is generally what leads to otherwise healthy young people dying of the flu, says David Martin, Senior Medical Director at Pfizer. We saw that in the flu pandemic that happened at the end of World War I and we're still seeing it today.

What is a cytokine storm?

When a person is infected with the flu virus their immune system swings into action, using a host of different cells to attack the invader. A type of white blood cell called a macrophage recognizes foreign material like viruses and attempts to swallow them up. Other white cells have even more specialized jobs. For example, B-cells make protein antibodies that attach to the virus, effectively labeling it as dangerous so other cells, like T-cells, can recognize and destroy it.

The Role of Cytokines

To coordinate their attack on an infection, the cells involved in the body's immune response need to communicate with each other. They do this by releasing a set of proteins that serve as chemical messengers. These proteins, called cytokines, tell immune cells what to do and also tell the body to produce more of them to help deliver a knockout blow to the infection.

Too Much of a Good Thing

But in severe cases of the flu, cytokine production can grow out of control. Immune cells release cytokines that tell the body to produce more immune cells, and in turn these new cells release even more pro-inflammatory cytokines. A subset of cytokines, known as chemokines, are critical in the recruitment of cells to sites of inflammation – and help to fight pathogens – but this process can have a detrimental overall effect. The positive feedback loop of cytokine creation can lead to a cytokine storm, a situation in which excessive cytokine production causes an immune response that can damage organs, especially the lungs and kidneys, and even lead to death.⁶

Cytokine storms get a lot of attention because they are so dramatic, says Martin. Their potential to do serious harm is very real, especially in a younger population with robust immunity. The cytokine storm is now held responsible for some of the COVID-19 death, especially of younger population otherwise robust.⁶

Destruction of RBC

SARS-CoV-2, the causative virus of COVID-19 would induce hemolysis and/or form a complex with the released heme, generating dysfunctional hemoglobin, with reduced oxygen and CO₂ transport⁷

Disseminated intravascular coagulation

Analysis of the pathological features in the lung tissues of patients who have died with COVID-19 by Italian pathologists reveals the presence of platelet–fibrin thrombi in small arterial vessels, which is consistent with coagulopathy.⁸

The highly contagious nature of SARS COV-2, the causative virus of COVID-19 indicates its Psoric nature. The pathophysiological characteristics of this disease as expressed in its natural course as discussed above denote the causative miasm as follows:

- Silent hypoxia – Syphilitic • Cytokine storm – Syphilitic • Destruction of RBC – Syphilitic
- Disseminated intravascular coagulation •– Syphilitic
- Abrupt, unexpected deterioration, even death during apparent recovery••– Syphilitic
- Destructive nature of post-covid complications – Syphilitic

So the miasmatic nature of COVID -19 is a combination of Psora and Syphilis i.e. Tubercular.

Antimiasmatic approach for curative treatment of COVID-19 through Homoeopathy

Only symptomatic treatment without considering the miasm may palliate COVID-19, but will not be able to cure it completely. There will remain every chance of recurrence of the disease and development of postcovid complications. So, antimiasmatic treatment as advised by Hahnemann in the treatment of intermittent fever of chronic nature in § 241-244 of Organon of Medicine may be adopted for a radical cure and thus to prevent recurrence and post covid complications.

J.H. Allen says, To cure the disease completely from the root, the medicine will not only be similar to the symptom totality but also it will be suited to the nature and action of the chronic miasm, which causes the disease.⁹

He also says, We cannot select the most similar medicine possible unless we understand the phenomena of the acting and basic miasms; for the true similia is always based upon the existing basic miasm, whether we be conscious or unconscious of the fact. The curative remedy is the certain pathogenesis of an existing miasm.⁹

Antimiasmatic approach for the homoeopathic prevention of COVID-19 - an epidemic disease of chronic nature

The basis for both curative and preventive treatment of diseases in Homoeopathy is the same. Both are based on the law of similia and the concept of individualization.

In § 241-244 of Organon of Medicine, Hahnemann states the need of antipsoric treatment of the epidemics of intermittent fever having the nature of chronic disease and of psoric origin for a radical cure.¹⁰

The same antimiasmatic approach of treatment as directed by Hahnemann in the above circumstances may be followed for the prevention of COVID-19 considering its highly contagious and virulence of this disease along with its miasmatic nature. This will be the most suitable strategy for the best and effective prevention of COVID-19.

There is a need of several homoeopathic remedies one after the other for a perfect cure of a chronic disease as stated by Hahnemann in his book on Chronic Diseases as follows: Para 26 in the chapter of Psora

Here I may mention the curious circumstance that in general - with the exception of the recent itch-disease still attended with its unrepressed cutaneous eruption, and which is so easily cured from within - every other psoric diathesis, *i.e.*, the psora that is still latent within, as well as the psora that has developed into one of the innumerable chronic diseases springing from it, is very seldom cured by any single anti-psoric remedy, but requires the use of several of these remedies -in the worst cases the use of quite a number of them- one after the other, for its perfect cure.

Dr. H.C. Allen also emphasizes the need of considering the causative miasm in the treatment of intermittent fever and typhoid for complete cure and also to prevent future relapse like psoric and tubercular miasm behind typhoid.¹¹

Hence we proposed an antimiasmatic complimentary trio of Arsenicum album-Phosphorus –Tuberculinum in series following the directives of Hahnemann and other stalwarts.

Treatment by pathologically and partially similar medicine in Homoeopathy

There are various approaches of homoeopathic prescription, which needs to be adopted depending upon the case and situation. The classical approach is to select a most similar medicine through individualization on the basis of totality of symptoms of the individual case through evaluation of symptoms. But this classical approach cannot be adopted in practice when there are no or very less individualizing symptoms (as in epidemic diseases especially when there is no scope of its treatment like the present COVID-19 pandemic). In such a situation the prescription may be based on pathologically partially similar medicine based on the common symptoms of the disease and its pathology. A series of pathologically similar medicines may also be considered following complementary relationship to cover the disease as a whole.

Use of medicines having complimentary relationship in Homoeopathy

Treatment by a series of medicines having complementary relationship as second prescription following the concept of Dr. Kent is a standard approach in the treatment of both acute and chronic diseases for complete cure¹²

The medicine that completes the cure which the other begins, but unable to effect is known as complementary.

This concept of second prescription following complimentary relationship for therapeutic purpose can be extended further in the prevention of epidemic diseases of chronic character as the basic rules of both treatment and prevention in Homoeopathy are the same. So to prevent an epidemic disease of chronic character (considering the recurrent nature of the epidemic disease and its long term after effects), treatment by antimiasmatic complimentary medicines may be a potential approach in Homoeopathy.

In the above background, we postulate a trio of antimiasmatic complementary medicines to be administered in series to prevent the present pandemic of COVID-19 and its related mortality and morbidity by integrating the concept of

antimiasmatic treatment of epidemic diseases of chronic nature as mentioned by Hahnemann in § 241-244 of Organon of Medicine, and use of pathologically partial similar medicines in series following complementary relationship of remedies. In fact, this intervention protocol is an outcome of integration between the homoeopathic philosophy and scientific understanding of COVID-19.

On 4th April 2020, we proposed Arsenicum album- Phosphorus-Tuberculinum (APT) in series as an antimiasmatic complimentary trio for preventing COVID-19 to the Honorable Prime Minister of India to draw the attention of highest administrative authorities regarding the scope of Homoeopathy in this regard.

Later on the Inter-disciplinary AYUSH R & D Task Force related to COVID-19, Govt. of India has approved this protocol for clinical trial in the project titled A multi-centric community-based double-blind randomized placebo-controlled intervention trial for prevention of COVID-19 using a homoeopathic medicine schedule - Arsenicum album- Phosphorus-Tuberculinum in series. The dose schedule of this Arsenicum album- Phosphorus-Tuberculinum (APT) protocol is as follows:

- i. Arsenicum album 30 one dose daily at morning for three consecutive days
- ii. After 15 days – Phosphorus 30 - one dose daily at morning for three consecutive days
- iii. Then after 15 days Tuberculinum 200 one dose daily at morning for two consecutive days

However, the clinical trial cannot be started till date due to the non-cooperation of State Health Authorities.

Beginning of antimiasmatic complementary medicines as a homoeopathic intervention protocol for the prevention of epidemic diseases

In the year 1994 there was an outbreak of unexplained epidemic of fever among children in three adjoining districts of Kottayam, Alappuzha and Pathanamthittain Kerala with very high mortality rate and about 25 children died within 2 months. The Institute of Virology, Pune diagnosed the disease as Japanese Encephalitis (JE).

Dr. Ravi M. Nair, one of the authors of this article and the then Principal of Govt. Homoeopathic Medical College, Thiruvananthapuram discussed the matter with Late Dr. G.L.N Sastry, the then Superintendent of JSPS Homoeopathic Medical College Hospital, Hyderabad. Then JE was a serious public issue in Andhra Pradesh since last fifteen years. Opium, Helleborus, Stramonium etc. were prescribed as prophylactics. There was no consensus in the drug of choice among Homeopaths. Dr. Sastry had observed that the JE epidemic subsided temporarily with homoeopathic remedies, but continued to recur in subsequent years. So he emphasized the need of antimiasmatic treatment and suggested to consider Belladonna, Calcarea carb and Tuberculinum – an antimiasmatic complimentary trio as a potential protocol to prevent JE. Following his suggestion these three medicines were widely distributed throughout the entire three affected districts of Kerala under the Dept. of Homoeopathy. To our great surprise, the epidemic in Kerala was completely contained within a fortnight and there was no recurrence in subsequent years. Following this success in containing JE in Kerala by BCT program, the same protocol was adopted in Andhra Pradesh from 1999. Thus the practical application of the antimiasmatic complementary intervention approach begins in the field of homoeo prophylaxis.

The present APT protocol to prevent COVID-19 is based on the above therapeutic approach.

Consideration of antimiasmatic complimentary medicines in series in preventing JE¹³

The effectiveness of the use of antimiasmatic complimentary medicines in series in preventing an epidemic disease was first observed in case of JE in Kerala and Andhra Pradesh.

BCT project in preventing JE in Andhra Pradesh

Before the year 1999, the Genus Epidemicus selected on the basis symptomatology of the epidemic prevalent in Andhra Pradesh only rendered temporary relief. In 1999, the epidemic of JE recurred in the Rayalaseema districts and spread to other districts in the State. At that point of time Late Dr. Sastry viewed this disease from a holistic point of view, and explained the tendency of recurrence of JE from the miasmatic angle. He suggested an unique way of prescribing the three remedies in series termed as BCT, as follows:

➤ Belladonna 200 on 1, 2, 3 days one dose each day ➤ Calcarea Carb 200 on 10th day and ➤ Tuberculinum 10 M on 25th day

Symptom similarity, complementary relationship, virulence and underlying miasms were taken into consideration while selecting these drugs.

The above medicines were administered following the above protocol every year in the month of August for three consecutive years, starting in 1999 to about 20 million children from birth until 15 years of age in the epidemic prone districts in Andhra Pradesh with the support of the State Government. The results of this intervention were monitored by population based surveillance of incident of JE cases post-intervention, including tracking of associated morbidity and mortality. JE cases and related deaths were documented by the Dept. of Health, Government of Andhra Pradesh for epidemiological analysis.

Results

After the commencement of BCT prophylaxis and treatment in 1999, both mortality and morbidity rates of JE cases fell drastically in Andhra Pradesh. A total of 343 cases were reported in 2000 with 72 deaths, whereas only 30 cases with 4 deaths were reported in 2001, and in 2002 only 18 cases but no deaths were reported. There were no JE cases reported during years 2003 and 2004 (Table-1). Neighboring states which had not adopted BCT continued to have a higher incidence of JE cases.

Table- 1: Results of BCT intervention in preventing JE

Before BCT intervention		
Year	No of cases reported	No of death
1993 - 1999	5308(average of 885/year)	1511(average of 252/year)
After BCT intervention		
2000	343	72
2001	30	4
2002	18	No death
2003 2004	No case recorded	

Thus it is concluded that endemics and epidemics should be studied from the miasmatic viewpoint to understand their virulence, change of patterns and recurrence.

Development of APT intervention protocol to prevent COVID-19

There was no permission to treat COVID-19 positive cases by Homoeopathy to suggest Genus Epidemicus following homoeopathic classical approach of Hahnemann in the month of April 2020. The disease was rapidly spreading among the Indian population. So there was an immediate need to search out some alternative way, which may have the potential to prevent the disease.

On 29.01.2020 Ministry of AYUSH as recommended by the Scientific Advisory Board of CCRH published an advisory for prevention of Coronavirus infection through Homoeopathy using one doze of Arsenicum album 30, daily in empty stomach for three days. The dose should be repeated after one month by following the same schedule incase Coronavirus infections prevail in the community. India reported the first confirmed case of the coronavirus infection on 30th January 2020 in the State of Kerala.

Meanwhile many new observations regarding the nature of SARS-CoV2 and COVID-19 have published. On the basis of those new observations it appeared that Arsenicum album alone will not be sufficient to combat the present pandemic for a long time. So we preferred to follow the same approach of using anti-miasmatic complimentary medicines in series which was successful to prevent Japanese Encephalitis in the States of Andhra Pradesh and Kerala to produce more strong and long term beneficial effects. Thus we selected two new medicines namely Phosphorus and Tuberculinum to supplement Arsenicum album(as recommended by the Ministry of AYUSH as homoeopathic preventive) having complimentary relationship to each other based on homoeopathic principles on the basis of available symptomatology of the present epidemic disease with miasmatic consideration to prevent COVID-19.

The justifications of selection of the three medicines – Aresenicum album, Phosphorus and Tuberculinum (APT) in series are as follows:

Points in favour of Arsenicum album

1. All the available symptomatology of the disease from the authentic sources like WHO, CDC, Chinese report, Indian report as published by the Government of India (although common) – first drug through repertorization
2. Sphere of action, pathogenesis of this disease involving both upper and lower respiratory tract
3. Current situation of fear and anxiety among the population
4. Long clinical experience in the use of this medicine in different diseases of respiratory system
5. In absence of characteristic symptom picture of the present epidemic from homoeopathic angle

On the basis of the above, the Arsenicum album is selected from clinical angle as a pathologically partially similar medicine to prevent COVID-19 and it was also recommended by the Scientific Advisory Board of CCRH and approved by the Ministry of AYUSH, Govt. of India. This is also being used as an immune booster in all the States as per the advisory of the Ministry of AYUSH.

Points in favour of Phosphorus

1. Second indicated medicine on the basis of all the available symptomatology of the disease as above.
2. Sphere of action mostly on lower respiratory tract and pathogenesis of this disease
3. Usually may be indicated at later stage of the disease when complications like pneumonia develops
4. Tubercular diathesis more prevalent in Indian population– persons of tubercular diathesis are more prone to develop cough and cold with complications (syphilis miasm)
5. In absence of characteristic symptom picture of the present epidemic from homoeopathic angle
6. On the basis of the above, Phosphorus appears to be second indicated medicine
7. Phosphorus is complementary to Arsenicum album. So Phosphorus may be used to complement Arsenicum album.

8. COVID-19 can make blood cells more likely to clump up and form clots. Organs affected by blood clots include the lungs, legs, liver and kidneys. While large clots can cause heart attacks and strokes, much of the heart damage caused by COVID-19 is believed to stem from very small clots that block tiny blood vessels (capillaries) in the heart muscle.

COVID-19 is complicated by coagulopathy and thrombosis as observed by the Italian pathologists in their postmortem autopsies of lung of persons died from COVID-19. Phosphorus, being a medicine for hemorrhagic diathesis, it is also indicated for preventing COVID-19.

Points in favour of Tuberculinum

1. A deep acting constitutional medicine to prevent different diseases including respiratory diseases, thus boost up the general immunity
2. From miasmatic point, the symptomatology of the present epidemic of COVID-19 appears tubercular nature of the disease.
3. Tubercular diathesis is much more prevalent in India. Persons of tubercular diathesis are more prone to develop respiratory diseases with complications
4. Tuberculinum is complementary to Phosphorus
5. Proved efficacy of Tuberculinum in preventing viral diseases of persistent and recurring nature like Japanese encephalitis in Andhra Pradesh and Kerala

6. Evidences of protection due to BCG vaccination against SARS Cov-2 infections

Miller et al compared number of countries with BCG vaccination policies with the morbidity and mortality for COVID-19. They found that countries without universal policies of BCG vaccination (like Italy, USA) have been more severely affected compared to countries with universal BCG policies. They proposed that BCG vaccination attributed for reduced morbidity and mortality in countries with universal BCG policies.¹⁴ Countries with high BCG vaccination coverage have shown lower incidence of COVID-19, suggesting some protective mechanisms in TB-endemic areas.¹⁵

7. Scientific evidences of protection due to BCG vaccination against viral infections

BCG vaccine, a live attenuated strain derived from *Mycobacterium bovis*, has the ability to induce potent nonspecific immunity also known as so-called 'off-target' protection against bacterial and viral pathogens. BCG has shown to diminish the susceptibility to various respiratory tract infections. Several studies underscored reduction in respiratory tract infections and risk of pneumonia upon BCG vaccination of elderly people.¹⁶⁻²¹

8. New finding of US scientists about BCG vaccine "*We found that countries without universal policies of BCG vaccination, such as Italy, the Netherlands, and the United States, have been more severely affected compared to countries with universal and long-standing BCG policies*"

9. Mechanisms of BCG-induced protection against viral infections²²⁻²³

The protective effects on viral infection in humans are believed to be mediated by heterologous lymphocyte activation and the initiation of innate immune memory.

10. Possible role of Environmental Mycobacteria

In the TB endemic countries like India, with high population density, the environmental Mycobacteria play great role as over half of the population are positive for tuberculin skin test (TST). Like BCG, it is hypothesized that environmental Mycobacteria induce prolonged alteration in the immune system that results in increased level of innate and adaptive immunity. The environmental Mycobacteria might have induced similar immunological memory eliciting lymphocytes response and trained immunity making epigenetic alterations in the similar mechanism to BCG at the promotor sites of various genes encoding inflammatory cytokines such as interleukin (IL)-1, IL-6, and tumour necrosis factor (TNF), resulting less cytokine storms compared to non-exposed population²⁴

The source material for the preparation of BCG and homoeopathic medicine Tuberculinum is the same, only method of preparation differs. So Tuberculinum may have the potentiality to be useful in COVID-19 cases by boosting up the general immunity of the person. In the Japanese encephalitis, Govt. of Andhra Pradesh used BCT (Belladonna, Calc. Carb, Tuberculinum) on the same analogy and could successfully control the epidemic.

Justification of dose including potency and repetition

Considering the need of massive use of these medicines among the large number of population, it is safe to use three doses of medium potency 30 of Arsenicum album and Phosphorus and two doses of Tuberculinum 200, being a nosode.

Hahnemann in his first experience with prophylaxis, used Belladonna in a low potency (close to 3c) repeated every 3 days throughout the duration of the epidemic considering the duration of action of Belladonna of 3 days.

In the case of Asiatic cholera, he recommended the 30th potency of Cuprum Met repeated every week.

Considering the intensity, rapid course of the disease COVID-19 and following the example of Hahnemann of earlier repetition of medicine in epidemic as mentioned above, Arsenicum album 30 and Phosphorus 30 may safely be given 15 days interval. Similarly, Tuberculinum 200 may be used after fifteen days of administration of Phosphorus.

Considering the above facts, three medicines - Arsenicum album 30, Phosphorus 30 and Tuberculinum 200 are included in the homoeopathic intervention protocol to prevent COVID-19.

Later modifications of the APT protocol

Considering the tubercular nature of COVID-19, Arsenicum album 30, Phosphorus 30 and Tuberculinum 200 having complementary relationship in between were proposed as antimiasmatic medicines for its prevention initially on 4th April 2020.

Covid-19 is a new disease. The persistent, recurrent nature and its long term after effects involving lungs, heart and brain etc. have reported recently, which further in favour of our earlier views.

Being confirmed of our views by the latest scientific evidences in favor of Tuberculinum, we modified the earlier proposed intervention protocol by increasing the potency of Tuberculinum to sustain its beneficial effect for a long time to combat such a persistent disease with recurrent nature like COVID-19 as follows:

- I. Arsenicum album 30C (Day1, Day2, Day3) - 4 globules (No. 30) in adult / 2 globules (No. 30) in children to be taken orally at morning in empty stomach for three consecutive days
- II. After 15 days – Phosphorus 30C (Day16, Day17, Day18) - 4 globules (No. 30) in adult / 2 globules (No. 30) in children to be taken orally at morning in empty stomach for three consecutive days
- III. Again after 15 days Tuberculinum 200C (Day31, Day32) - 4 globules (No. 30) in adult / 2 globules (No. 30) in children to be taken orally at morning in empty stomach for two consecutive days
- IV. Again after 15 days Tuberculinum 1000C (Day46) - 4 globules (No. 30) in adult / 2 globules (No. 30) in children to be taken orally at morning in empty stomach for one day only
- V. Again after 15 days Tuberculinum 10M (Day61) - 4 globules (No.30) in adult / 2 globules (No. 30) in children to be taken orally at morning in empty stomach for one day only.

The total duration of medicinal intervention is restricted to two months for better compliance and hence best outcome.

This protocol may even be followed by the patients of COVID-19 after recovery to prevent further recurrence and to avoid post COVID- complications by modifying the susceptibility of the individual.

The above modifications were also informed to the Honorable Prime Minister of India through a letter dated 9th October 2020 along with other Health Authorities including CCRH, New Delhi requesting to recommend this protocol as second advisory supplementing the first one of Arsenicum album 30 as homoeopathic preventive of COVID-19.

During Ebola outbreak in 2014 expert group of WHO recommended that *“it is ethical to offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention”* keeping in view no vaccine or anti-virals were available. So, when there is no specific allopathic treatment for COVID -19, the homoeopathic method of treatment in the present day of crisis may be utilized as recommended by WHO²⁵

Conclusion

We propose Arsenicum album- Phosphorus-Tuberculinum (APT) in series as an antimiasmatic complimentary trio for preventing COVID-19 following the instructions of Hahnemann for a radical cure of an epidemic of acute disease of persistent and recurrent nature as the therapeutic approach for both cure and prevention in Homoeopathy is the same. A single medicine selected on the present symptomatology without considering the underlying miasm will not be able to prevent COVID-19 incidence, its complications and after effects for a long time as evident by the rising incidence of COVID-19, its recurrence and after effects.

This protocol is based on Hahnemannian principles, being developed by integrating homoeopathic philosophy and scientific understanding of COVID-19, hence not a new concept. Moreover all these three medicines were proved on healthy human beings and then recorded in Homoeopathic Materia Medica. The Homoeopathic physicians all over the world are using these three poly crest medicines following Homoeopathic principles for about last two centuries to treat diverse diseases with success. So this intervention protocol can safely be adopted immediately prior to clinical trial to prevent the incidence of COVID-19, related morbidity and mortality and its after effects keeping in mind that human life is more precious than science. However Central Council for Research in Homoeopathy, New Delhi having all kinds of adequate resources should come forward to undertake this randomized double blind clinical trial to satisfy the scientific world and to establish the potentiality of Homoeopathy as a therapeutic option to prevent COVID-19 effectively.

Being a protocol of single course medicinal administration of two months duration without any need of further repetition, it is a realistic therapeutic schedule for best compliance as it is easy to follow and at low cost.

The only deviation from the homoeopathic principle in this APT protocol is to consider the second and third medicine without reviewing the action of earlier medicine. Such deficiency needs to be accepted considering the vastness of the current epidemic situation in which the adoption of classical method is not practically feasible. Hence this APT protocol is a realistic therapeutic approach to save the health and wealth of our nation.

So we appeal to all the homoeopathic physicians, faculty members, students, lovers and supporters of Homoeopathy and all to adopt this APT protocol to save the lives of our people by preventing not only the incidence of COVID-19, its morbidity and mortality but also the recurrence and development of post COVID syndrome, as homoeopathic clinical practice is guided by homoeopathic principles and philosophy, not on the clinical trial outcome, in the light of WHO recommendation as mentioned above.

“It is the God’s own Gift to save the Humanity”

References

1. Cohen ML. Changing patterns of infectious disease. *Nature*. 2000 Aug 17;406(6797):762-7. doi: 10.1038/35021206. PMID: 10963605.
2. Cordon-Cardo et al., COVID-19: Staging of a New Disease, *Cancer Cell* (2020), <https://doi.org/10.1016/j.ccell.2020.10.006>
3. Sayak Roy. COVID-19 Reinfection: Myth or Truth? *SN Compr Clin Med*. 2020 May 29 : 1–4. doi: 10.1007/s42399-020-00335-8
4. Hahnemann S. *The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure* Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd.; 2002.
5. 1. Levitan R. (2020) The Infection That's Silently Killing Coronavirus Patients (accessed 22 April 2020). <https://www.nytimes.com/2020/04/20/opinion/coronavirus-testing-pneumonia.html>
6. Channappanavar, R., Perlman, S. Pathogenic human coronavirus infections: causes and consequences of cytokine storm and immunopathology. *Semin Immunopathol* **39**, 529–539 (2017). <https://doi.org/10.1007/s00281-017-0629-x>
7. AttilioCavezzi, EmidioTroiani, Salvatore Corrao., COVID-19: hemoglobin, iron, and hypoxia beyond inflammation. A narrative review *ClinPract*. 2020 May 19; 10(2): 1271. Published online 2020 May 28. doi: 10.4081/cp.2020.1271
8. Luca Carsana, Aurelio Sonzogni, Ahmed Nasr, Roberta Rossi, Alessandro Pellegrinelli, Pietro Zerbi, Roberto Rech, Riccardo Colombo, Spinello Antinori, Mario Corbellino, Massimo Galli, Emanuele Catena, Antonella Tosoni, Andrea Gianatti, Manuela Nebuloni Pulmonary post-mortem findings in a large series of COVID-19 cases from Northern Italy medRxiv 2020.04.19.20054262; doi: <https://doi.org/10.1101/2020.04.19.20054262>
9. Allen JH. *The Chronic Miasms*. Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd.; 1999.
10. Hahnemann S. *Organon of medicine*, Translated from the fifth edition with an appendix by R. E. Dudgeon, with additions and alterations as per sixth edition translated by William Boericke and introduction by James Kraus. Low Priced Edition. New Delhi: B. Jain Publishers (P) Ltd.; 2002.
11. Allen HC. Allen H C, *Therapeutics of Intermittent Fever*, Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd.; 1998
12. Kent JT. *Lectures on Homoeopathic Philosophy*. Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd.; 1999.
13. Gadugu Srinivasulu Efficacy of Homoeopathic Prescription in the prevention of Japanese Encephalitis between 1999 and 2004 in the State of Andhra Pradesh, India. *THE LIGAN NEWS*. Dec 2018
14. Miller C.L., Morris J., Pollock T.M. PHLS inquiry into current BCG vaccination policy. *Br Med J (Clin Res Ed)* 1984;288(6416):564.
15. Madan M., Pahuja S., Mohan A. TB infection and BCG vaccination: are we protected from COVID-19? *Publ Health*. 2020;185:91–92.
16. Wardhana, Datau E.A., Sultana A., Mandang V.V., Jim E. The efficacy of Bacillus Calmette-Guerin vaccinations for the prevention of acute upper respiratory tract infection in the elderly. *Acta Med Indones*. 2011;43(3):185–190.
17. Ohru T., Nakayama K., Fukushima T., Chiba H., Sasaki H. Prevention of elderly pneumonia by pneumococcal, influenza and BCG vaccinations. *Nihon Ronen Igakkaizasshi Jpn J Geriatr*. 2005;42(1):34–36.
18. Leentjens J., Kox M., Stokman R. BCG vaccination enhances the immunogenicity of subsequent influenza vaccination in healthy volunteers: a randomized, placebo-controlled pilot study. *J Infect Dis*. 2015;212(12):1930–1938.
19. Céspedes P.F., Rey-Jurado E., Espinoza J.A. A single, low dose of a cGMP recombinant BCG vaccine elicits protective T cell immunity against the human respiratory syncytial virus infection and prevents lung pathology in mice. *Vaccine*. 2017;35(5):757–766.
20. Kleinnijenhuis J., Quintin J., Preijers F. Bacille Calmette-Guerin induces NOD2-dependent nonspecific protection from reinfection via epigenetic reprogramming of monocytes. *Proc Natl Acad Sci USA*. 2012;109(43):17537–17542.
21. Nemes E., Geldenhuys H., Rozot V. Prevention of M. tuberculosis infection with H4:IC31 vaccine or BCG revaccination. *N Engl J Med*. 2018;379(2):138–149.
22. Goodridge HS, Ahmed SS, Curtis N, et al. Harnessing the beneficial heterologous effects of vaccination. *Nat Rev Immunol*. 2016;16(6):392e400.
23. Netea MG, Joosten LA, Latz E, et al. Trained immunity: a program of innate immune memory in health and disease. *Science (New York, NY)*. 2016;352(6284):aaf1098.
24. Netea M.G., Domínguez-Andrés J., Barreiro L.B. Defining trained immunity and its role in health and disease. *Nat Rev Immunol*. 2020;20(6):375–388.
25. WHO. Ethical considerations for use of unregistered interventions for Ebola virus disease (EVD) Available from: <https://www.who.int/mediacentre/news/statements/2014/ebola-ethical-review-summary/en/> Accessed on: 11-3-2020

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