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Letter to the editor

Beyond pharmaceuticals: The untapped potential of homeopathy in the battle against COVID-19

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Dear editor,

Recently, a review published in *Explore* evaluated the use and efficacy of nonpharmacologic therapies in the treatment of COVID-19 and its complications, either alone or in combination with conventional treatment. Badanta et al. ¹ found a growing body of literature on the use of complementary and traditional medicine (CAM) for COVID-19, with most studies showing positive results, especially for the use of traditional Chinese medicine, herbal therapies, and acupuncture. Unfortunately, the potential benefits of homeopathy in the treatment of COVID-19 patients have not been discussed.

Homeopathy is a well-established form of complementary and traditional medicine that has been used to treat a wide range of conditions, including respiratory illnesses. Given the global impact of COVID-19 and the need for effective treatments, it is surprising that the article does not include a more in-depth discussion of homeopathy's potential role in COVID-19 treatment. Next, we will present and discuss the most important observational, open-label, and double-blind controlled trials demonstrating the efficacy of homeopathic remedies in reducing the risk of SARS-CoV-2 and/or alleviating the symptoms of COVID-19. Thus, this letter intends to summarize the primary clinical evidence involving homeopathic therapies for pandemic symptoms.

Despite the lack of a unified methodological standard, a number of healthcare organizations and Ministries of Health from various countries have recommended homeopathic treatments for the prevention and treatment of SARS-CoV-2 infections. Consequently, our research team is committed to demonstrating the efficacy of individualized homeopathy in treating COVID-19. In this regard, we will review the key observational, open-label and randomized controlled trials on homeopathy, as well as the most commonly used homeopathic medicines for prophylaxis or treatment, and their associated optimal dosage and duration of treatment.

It is widely accepted that homeopathic treatments have been employed with success during major epidemics and pandemics of the 19th century, ² prompting numerous researchers to investigate the potential of homeopathic interventions to reduce the likelihood of SARS-CoV-2 infection or to alleviate COVID-19 symptoms. ³ In particular, a number of Indian medicinal plants have been identified as potential homeopathic therapeutic approaches for COVID-19, such as

Arsenicum album 30, *Bryonia alba*, *Rhustoxicodendron*, *Atropa belladonna*, *Bignonia sempervirens*, and *Eupatorium perfoliatum*. ⁴ These herbal remedies may be used both as a preventive and as a symptomatic treatment, and further research is needed to evaluate the appropriate dosage and duration of treatment.

According to the pathogenesis described in homeopathic materia medica, *Cinchona officinalis* (*China officinalis*) 6CH has been identified as a potential treatment for symptoms associated with the current pandemic. This remedy is recommended at a dosage of six drops per day for a maximum of six months. ³ Additionally, a series of acute homeopathic medicines (circumstantial) have been suggested for each phase of the disease. For the treatment of acute symptoms in the first (pulmonary) stage, *Ferrum phosphoricum* 6CH, *Gelsemium* 6CH, *Justicia adhatoda* 6CH, *Carbo vegetabilis* 6CH, and *Polygala senega* 6CH are recommended, at a dosage of six drops, three times a day, until symptoms improve. ³ For hygiene and disinfection of the oral cavity, *Calendula officinalis* 2DH, at a dosage of ten drops in half a glass of warm water for gargling, three times a day, is suggested. ^{5,6}

A retrospective cohort study of 178 COVID-19 (mild symptoms) patients revealed that 138 homeopathic medicines were prescribed, with *Bryonia alba* indicated most frequently (46/138 = 33.3%), followed by *Arsenicum album* (25/138 = 18.1%), *Pulsatilla nigricans* (19/138 = 13.8%), *Nux vomica* (11/138 = 8%), *Rhus toxicodendron* (10/138 = 7.2%), and *Gelsemium sempervirens* (8/138 = 5.8%) in potency 30C (80%). ⁷ In another similar study, *Bryonia alba* and *Gelsemium sempervirens* were reported to be the most commonly prescribed homeopathic remedies for mild cases of COVID-19 in Hong Kong. ⁸

Savera et al. ⁹ and Manchanda et al. ¹⁰ reported that the most commonly prescribed homeopathic remedies for COVID-19 were *Bryonia alba*, *Phosphorus*, *Arsenic album*, *Gelsemium sempervirens*, and (*Carboneum oxygenisatum* or *Pulsatilla nigricans*). Clapers et al. ¹¹ conducted a prospective case series study of 103 mild-to-moderately ill COVID-19 patients in Spain, of which 22 had concomitant diseases. The most frequently prescribed drugs were Bry, Ars, Phos, and Gels, while the drugs with the highest rate of "good response" were *Sulphur* (6/6 = 100%), *Pulsatilla* (4/5 = 85%), and *Bryonia alba* (21/29 = 72%). The time to complete recovery after homeopathic treatment ranged from 3.5 to 14.4 days, and the potency 200c achieved the fastest rates of complete

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recovery and the least need to change the remedy. Finally, a very low response rate of 20% and 0% was observed with the use of *Gelsemium* and *China officinalis*, respectively, despite the broad recommendation emphasized in several studies.^{3,8,9,12}

A randomized, double-blind, placebo-controlled trial¹³ was conducted to investigate the efficacy of homeopathic medicines in preventing COVID-19 in a quarantine population exposed to at least one case of the virus. Of a total of 2233 subjects, those randomized to receive either *Bryonia alba* or the CVN01 nosode had a lower incidence of laboratory-confirmed COVID 19 (4/310 and 5/312, respectively), a shorter duration of illness (median equal to 7.5 and 5 days, respectively), and fewer hospitalization cases than those taking placebo (13/330; 12 days). Subjects receiving *Arsenicum album* 30c (7/311; 10 days), *Camphora* 1M (12/315; 13 days), or a combination of *Arsenicum album* 30c, *Gelsemium sempervirens* 30c, and *Influenzinum* 30c (18/655; 9.5 days) did not show a statistically significant difference from placebo. Treatment consisted of administration of six tablets twice daily for 3 days.

The excellent outcomes obtained by Talele et al.¹³ cannot be attributed conclusively to homeopathic medicines alone, as several patients also got conventional medications. In addition, there was no control arm to measure efficacy, nor was the self-limiting nature of the virus considered. Therefore, additional placebo-controlled randomized double-blind trials are required to explore the efficacy of homeopathy in severe instances, as well as in crucial stages where inflammation and hypercoagulability lead to multiorgan failure.

In a study conducted by Vaishampayan et al.,¹⁴ 143 clinical symptoms from 104 patients were recorded and converted into rubrics. The combined data was then repertorized, revealing that the homeopathic remedy *Mercurius solubilis* was at the top of the repertorization table. This finding aligns with the principle of similars in homeopathy, which states that a substance that causes symptoms in a healthy individual may be used to treat similar symptoms in a sick individual. Based on this principle and Hahnemann's method for determining a genus epidemicus, the authors determined that *Mercurius solubilis* is the genus epidemicus for the current coronavirus pandemic. The results were further confirmed through a mathematical model and a digital clinical trial involving 800 virtual patients.¹⁵

Another study by Adler et al.¹⁶ investigated the efficacy and safety of the homeopathic remedy *Natrum muriaticum* LM2 in mild cases of COVID-19 through a randomized, double-blind, placebo-controlled clinical trial. They found no significant difference in the primary endpoint (time to recovery) between the homeopathy and placebo groups. However, secondary results indicated that the homeopathy group had a 50% reduction in symptom score significantly earlier in participants with a baseline symptom score ≥ 5 and improved 0.9 days faster during the first 5 days of follow-up, $P = 0.022$. The authors suggest that further studies with larger sample size are needed to confirm the efficacy of *Natrum muriaticum* LM2.

A recent retrospective report by Daruiche et al.¹⁷ investigated the use of *Arsenicum album* 30cH as a genus epidemicus medicine in the prevention and treatment of COVID-19. The study found promising results, with only 0.74% of workers who received the intervention showing symptoms of COVID-19, compared to 67.87% of other workers and 13.35% of teleworkers who did not receive the intervention. Similarly, a cohort study¹⁸ and a prospective, multicenter, community-based, open-label study involving 32,186 individuals in 7 Indian cities¹⁹ both showed that the administration of *Arsenicum album* 30cH could reduce the occurrence of COVID-19 and offered some protection compared to no treatment. These findings suggest that further research is needed to explore the potential benefits of *Arsenicum album* 30cH in the prevention and treatment of COVID-19.

These research results are the most recent information available on the efficacy of homeopathic treatments for COVID -19. Although they are largely the result of observational studies, they respect the technique of repertorization in homeopathic prescribing and may therefore point

to medicines that cannot be ignored.

In summary, the study by Badanta et al.¹ might have benefited from a more thorough investigation of the potential contribution of homeopathy to the treatment of COVID-19. The omission of this complementary therapy represents a significant gap in their analysis, as homeopathy is a valuable resource for combating COVID -19 within the context of alternative and complementary medicine. We hope to have aroused the curiosity of the reader and researchers in the field of CAM in this regard.

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