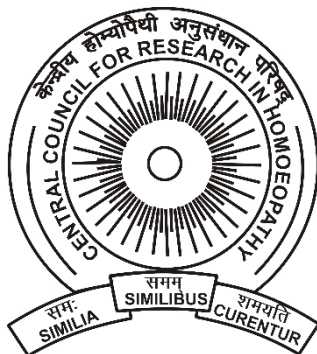


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HOMOEOPATHY IN FLU-LIKE ILLNESSES

FACTSHEET



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HOMOEOPATHY IN FLU LIKE ILLNESSES

Influenza is a highly contagious viral infection of the nose, throat, and lungs that occurs most often in the late fall, winter, and early spring. It spreads through air, multiplies in cells lining of the airways, and causes seasonal epidemics of respiratory infections which are sometimes life threatening. Influenza is caused by a variety of species and strains of viruses. In any given year, some strains can die out while others create epidemics, while yet another strain can cause a pandemic.

Homoeopathic treatment does not depend on one drug or any particular set of drugs for curing any type of flu. As homoeopathic medicines are prescribed symptomatically, homoeopaths can successfully adapt their treatment of influenza like illnesses despite the viral mutations.

BACKGROUND

Influenza, commonly known as "the flu", is an infectious disease caused by the influenza virus¹. The word *Influenza* comes from the Italian language meaning "influence" and refers to the cause of the disease. Initially, the illness was ascribed to unfavorable astrological influences². Changes in medical understanding led to its modification to *influenza delfreddo*, meaning "influence of the cold". Archaic terms for influenza include *epidemic catarrh*, *grippe*³, *sweating sickness*, and *Spanish fever* (particularly for the 1918 flu pandemic strain)⁴.

Homoeopathy is among the most popular forms of traditional medicine/ complementary and alternative medicine globally: in high, medium and low income countries. Homoeopathy has a long record of success in the treatment of epidemic conditions. The treatment is holistic and individualized and selection of homoeopathic medicines depends upon the individual response to infection, severity of disease and clinical presentation of the case. It first became famous as a means of successfully treating the horrible epidemics of the nineteenth century⁵. Because we are now threatened by the rise of epidemic of influenza and the waning effectiveness of antibiotics, other options are urgently needed. Homoeopathy can often provide an effective alternative.

Influenza spreads around the world in a yearly outbreak, resulting in about three to five million cases of severe illness and about 250,000 to 500,000 deaths. Death occurs mostly in the young, the old and those with other health problems⁶. In the 20th century, three influenza pandemics occurred: Spanish in 1918, Asian influenza in 1958, and Hong Kong influenza in 1968, each resulting in more than a million deaths⁷. The World Health Organization declared an outbreak of a new type of influenza A/H1N1 to be a pandemic in June of 2009. The details of past pandemics are given in table 1.



Currently in 2015, the outbreak of influenza epidemic in the Indian Subcontinent has claimed 1,452 deaths, out of 15,629 reported cases⁸. As far as state-wise data is concerned, till November 2015, Maharashtra (8528 cases with 881 deaths) reported the highest number followed by Karnataka (3534 cases with 90 deaths), Madhya Pradesh (2419 cases with 358 deaths) Kerala (918 cases with 76 deaths) and Chattisgarh (230 cases with 47 deaths)⁹. Currently in 2016 there were 153 case (Karnataka, Madhya Pradesh and Uttar Pradesh) reported in India, all the cases were promptly treated and are under control without any mortality.

PAST PANDEMICS OF INFLUENZA

Table 1: FLU PANDEMICS IN PAST

Name of pandemic	Year	Deaths	Case fatality rate	Virus Subtype involved	Pandemic severity index
Asiatic or Russian Flu ¹⁰	1889–1890	1 million	0.15%	Possibly H3N8 or H2N2	NA
Spanish flu ¹¹	1918–1920	20 to 100 million	2%	H1N1	5
Asian Flu	1957–1958	1 to 1.5 million	0.13%	H2N2	2
Hong Kong Flu	1968–1969	0.75 to 1 million	<0.1%	H3N2	2
Russian flu	1977–1978	no accurate count	N/A	H1N1	N/A
Swine flu ¹²	2009–2010	18,000	0.03%	H1N1	NA

CLINICAL DESCRIPTION

Classification & Source of infection

Influenza viruses are RNA viruses and classified as¹³:

- Influenza A viruses are found in many different animals, including ducks, chickens, pigs, whales, horses and seals.
- Influenza B viruses circulate widely only among humans.



- Influenza C virus infects humans, dogs and pigs.

Mode of transmission

Influenza can spread in three main ways^{14, 15}:

- (i) by direct transmission (when an infected person sneezes mucus directly into the eyes, nose or mouth of another person);
- (ii) the airborne route (when someone inhales the aerosols produced by an infected person coughing, sneezing or spitting) and
- (iii) Through hand-to-eye, hand-to-nose, or hand-to-mouth transmission, either from contaminated surfaces or from direct personal contact such as a hand-shake.

The typical incubation period for influenza is 1-4 days (average: 2 days). Adults can be infectious from 1 day before onset of symptoms to 5-7 days after illness onset.

Pathogenesis

When influenza virus is introduced into the respiratory tract, by aerosol or by contact with saliva or other respiratory secretions from an infected individual, it attaches to and replicates in epithelial cells. The virus replicates in cells of both the upper and lower respiratory tracts. Viral replication combined with the immune response to infection lead to destruction and loss of cells lining the respiratory tract. As infection subsides, the epithelium is regenerated, a process that can take up to a month.

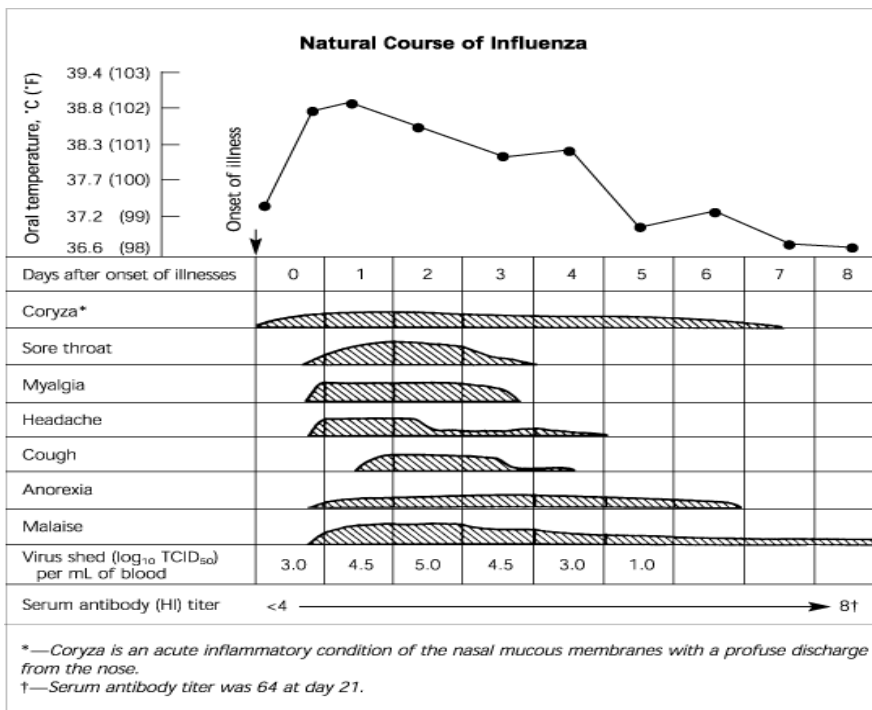
Clinical presentation and Course of illness

Influenza is characterized by abrupt onset of signs and symptoms that may include^{16,17}

- Fever
- Chills
- Myalgia
- Headache
- Tiredness
- Sore throat
- Rhinitis
- Chest discomfort, cough
- Some people may have vomiting and diarrhoea, though this is more common in children than adults
- Most people who get influenza will recover in a few days to less than 2 weeks¹⁸.



It can be difficult to distinguish between the common cold and influenza in the early stages of these infections but flu can be identified by a high fever with a sudden onset and extreme fatigue. Influenza is a mixture of symptoms of common cold and pneumonia, body ache, headache, and fatigue. Diarrhea is not normally a symptom of influenza in adults although it has been seen in some human cases of the H5N1 "bird flu" and can be a symptom in children. The course of illness of Influenza is given below¹⁹:



DIAGNOSIS Investigation

A number of tests can help in the diagnosis of influenza. But tests do not need to be done on all patients. For individual patients, tests are most useful when they are likely to give a doctor results that will help with diagnosis and treatment decisions. Preferred respiratory samples for influenza testing include nasopharyngeal or nasal swab, and nasal wash or aspirate, depending on which type of test is used. Samples should be collected within the first 4

days of illness. Rapid influenza diagnostic tests provide results within 15 minutes or less; viral culture provides results in 3-10 days.

Diagnostic tests available for influenza include viral culture, serology, rapid antigen testing, polymerase chain reaction (PCR), immunofluorescence assays, and rapid molecular assays. Sensitivity and specificity of any test for influenza might vary by the laboratory that performs the test, the type of test used, and the type of specimen tested. Among respiratory specimens for viral isolation or rapid detection, nasopharyngeal specimens are typically more effective than throat swab specimens. As with any diagnostic test, results should be evaluated in the context of other clinical and epidemiologic information available to health-care providers.



Table 2: Influenza Virus Testing Methods²⁰

Method	Types Detected	Acceptable Specimens	Test Time
Viral cell culture (conventional)	A and B	Nasopharyngeal swab, throat swab, Nasopharyngeal or bronchial wash, nasal or endotracheal aspirate, sputum	3-10 days
Rapid cell culture (shell vials; cell mixtures)	A and B	As above	1-3 days
Immunofluorescence, Direct (DFA) or Indirect (IFA) Antibody Staining	A and B	NP swab or wash, bronchial wash, nasal or endotracheal aspirate	1-4 hours
RT-PCR (singleplex and multiplex; real-time and other RNA-based) and other molecular assays	A and B	NP swab, throat swab, NP or bronchial wash, nasal or endotracheal aspirate, sputum	Varied (Generally 1-6 hours)
Rapid Influenza Diagnostic Tests (antigen)	A and B	NP swab, (throat swab), nasal wash, nasal aspirate	<30 min.

MANAGEMENT

Effective ways to reduce the transmission of influenza include good personal health and hygiene habits such as: not touching your eyes, nose or mouth²¹; frequent hand washing (with soap and water, or with alcohol-based hand rubs)²²; covering coughs and sneezes; avoiding close contact with sick people; and staying home yourself if you are sick. Avoiding spitting is also recommended²³. Although face masks might help prevent transmission when caring for the



sick, there is mixed evidence on its beneficial effects in the community. Smoking raises the risk of contracting influenza, as well as produces more severe disease symptoms²⁴.

During past pandemics, closing schools, churches and theaters slowed the spread of the virus but did not have a large effect on the overall death rate. It is uncertain if reducing public gatherings, by, for example, closing schools and workplaces, will reduce transmission since people with influenza may just be moved from one area to another; such measures would also be difficult to enforce and might be unpopular. When small numbers of people are infected, isolating the sick might reduce the risk of transmission²⁵.

PROGNOSIS

The effects of influenza are much more severe and last longer than those of the common cold. Most people will recover completely in about one to two weeks, but others will develop life-threatening complications (such as pneumonia). Thus, influenza can be deadly, especially for the weak, young and old, or chronically ill. People with a weak immune system, such as people with advanced HIV infection or transplant patients (whose immune systems are medically suppressed to prevent transplant organ rejection), particularly suffer from severe disease. Pregnant women and young children are also at a high risk for complications.

The flu can worsen chronic health problems. People with emphysema, chronic bronchitis or asthma may experience shortness of breath while they have the flu, and influenza may cause worsening of coronary heart disease or congestive heart failure. Smoking is another risk factor associated with more serious disease and increased mortality from influenza²⁶.

Who are at risk of developing complications

People over 50 years old, very young children and those with chronic medical conditions are more likely to get complications from influenza, such as pneumonia, bronchitis, sinus, and ear infections²⁷. They need adequate care with proper attention.

VACCINE FOR INFLUENZA

As of 2013, the UN World Health Organization recommends vaccination for the following, in order of priority²⁸:

- Nursing-home residents (the elderly or disabled)
- People with chronic medical conditions
- Elderly individuals



- Other groups such as pregnant women, health care workers, those with essential functions in society, as well as children from 6 to 24 months

Studies in Homoeopathy on influenza

Homeopathy was very successful in dealing with the 1918-19 flu pandemic. Dr. T A McCann, from Dayton, Ohio, reported that 24,000 cases of flu treated allopathically had a mortality rate of 28.2% while 26,000 cases of flu treated homeopathically had a mortality rate of 1.05%. This last figure was supported by Dean W.A. Pearson of Philadelphia (Hahnemann College) who collected 26,795 cases of flu treated with Homoeopathy with the above result²⁹. The most common remedy used was Gelsemium, with occasional cases needing Bryonia and Eupatorium reported. Dr. Herbert A. Roberts from Derby, CT, said that 30 physicians in Connecticut responded to his request for data. They reported 6,602 cases with 55 deaths, which is less than 1%.

A prospective, multi-centre, data collection survey of homoeopathic practice in the treatment of influenza-like illness was done in India during the 2009 pandemic of A/H1N1 influenza ('Swine Flu', SF). The authors surveyed the practice of homoeopathic practitioners in India in the management of SF, with respect to: (a) patients' symptoms at presentation and at follow-up (FU) consultation; and (b) homoeopathic medicines prescribed. Twenty-three homoeopathic physicians contributed to data collection. At the first appointment, 1126 patients had valid SF symptoms. A total of 89 different combinations of SF symptoms was observed, the most common being temperature >38°C + cough + runny nose (n = 170; 15.1%). A total of 44 different remedies (or combinations of remedies) were used at first appointments, the most frequently prescribed drug being *Arsenicum album* (n = 265; 23.5%). Even for a total of 99 FU appointments with valid SF symptoms, *Arsenicum album* was prescribed most frequently (n = 28; 28.0%). The prominent symptoms of this pandemic in India were: temperature >38°C + cough + runny nose, which likened the indications of *Arsenicum album*³⁰.

Similarly, In France during the 2009-2010 influenza season, a study was done to determine characteristics and management of patients in France visiting allopathic general practitioners (AGPs) and homoeopathic general practitioners (HGPs) for influenza-like illness (ILI). Patients visiting AGPs were seen sooner after the appearance of symptoms, whereas patients visiting HGPs were seen later after the appearance of symptoms. Both allopathic and homoeopathic medicines were prescribed by AGPs and HGPs. The common homoeopathic medicines prescribed were *Belladonna*, *Eupatorium perf.*, *Gelsemium*, *Oscillocochinum*, *Bryonia*, and *Influenzinum*. In France, patients of ILI treated with homoeopathic medications were more satisfied with their treatment than other patients who received allopathic medicines³¹.



P S Chakraborty et al conducted a multicenter, single blind, randomized, placebo controlled study to evaluate the effect of homoeopathic medicines in the treatment of Influenza like illness and to compare the efficacy of LM (50 millesimal) potency vis-à-vis centesimal (C) potency. Out of 739 screened cases, 447 cases were eligible for enrolment in LM group (n=152), C group (n=147) or placebo (n=148) group. There was a significant difference in temperature from 2nd day onwards in LM and Centesimal groups. Significant improvement was observed in headache and myalgia on 1st day in both the treatment groups. Likewise, significant improvement was also noted in malaise on 2nd day in both the groups; sore throat on 1st day in LM and 2nd day in Centesimal group; fatigue on 2nd day in LM and on 3rd day in Centesimal group; nasal complaints on 2nd day in LM and 1st day in Centesimal group; chill on 3rd day in LM group and 1st day in Centesimal group and in sweat on 1st day in both the groups. Cough improved significantly from 3rd day in both the groups. The study revealed the significant effect of individualized homoeopathic treatment in the patients suffering from ILI with no marked difference between LM and Centesimal groups. The complication/sequel rate was also significantly less in the intervention groups. The medicines which were commonly prescribed were: Arsenic album, Bryonia alba, Rhus tox., Belladonna, Nux vomica, Sepia, Phosphorus, Gelsemium, Sulphur, Natrum mur., and Aconitum napellus³².

Camila Monteiro Siqueira et al conducted, a blind, randomized, placebo-controlled clinical trial for the study of Homoeopathic medicines for prevention of influenza and acute respiratory tract infections in children. Out of the 600 children recruited, 445 (74.17%) completed the study (149: Homeopathic complex; 151: Placebo; 145: InluBio). The number of flu and acute respiratory infection symptomatic episodes detected in this clinical trial was low; however, it was different between homeopathic groups and placebo ($p < 0.001$). In the first year post intervention, 46/151 (30.5%) of children in the placebo group developed 3 or more flu and acute respiratory infection episodes, while there was no episode in the group of 149 children who used **Homeopathic Complex (homeopathic complex consisting of bacterial strains of Streptococcus Staphylococcus and inactivated influenza virus)**, and only 1 episode in the group of 145 (1%) children who received **InluBio (Intact Influenza A virus Sample)**. These results suggested that the use of homeopathic medicines minimized the number of flu and acute respiratory infection symptomatic episodes in children, signaling that the homeopathic prophylactic potential should be investigated in further studies³³.

Oscillocochinum, a nosode:

Oscillocochinum is a widely available homoeopathic treatment for flu. It is made from tissue that might be infected with flu—ducks, which are known to carry influenza. Thus, this remedy is very much like a homoeopathic nosode. *Oscillocochinum* is of 200c potency. A double-blind, placebo-



controlled study involving nearly 500 people found that participants who took *Oscillococcinum* improved faster than those taking only placebo³⁴. This study was performed during an influenza epidemic in 1989 in France. In a similar double-blind study performed in Germany, investigators gave 334 people with flu-like symptoms (within the last 24 hours) either *Oscillococcinum* or placebo, 3 times daily for 3 days³⁵. Again, significant benefits were seen. Vickers et al³⁶ conducted a systematic review on *Oscillococcinum* studies which included seven trials, three out of which were prevention trials (number of participants (n) = 2265) and four treatment trials (n = 1194) which were inconclusive and suggested further research. A meta-analysis of 6 trials by Mathie et al³⁷ also came to same conclusion.

Pre clinical studies in Homoeopathy for Influenza:

Camila Monteiro Siqueira et al conducted a study of, *H3N2 homeopathic influenza virus solution modifies cellular and biochemical aspects of MDCK and J774G8 cell lines*, to develop a biotherapy prepared from the infectious influenza A virus (A/ Aichi/2/68 H3N2) and to verify it in vitro response. Influenzinum RC did not cause cytotoxic effects but induced morphological alterations in **Madine Darby canine kidney (MDCK)** cells. After 30 days, a significant increase ($p < 0.05$) in mitosis rate was detected compared to control. MDCK mitochondrial activity was changed after treatment for 10 and 30 days. Treatment significantly diminished ($p < 0.05$) PFK-1 activity. TNF- α in biotherapy-stimulated J774.G8 macrophages indicated a significant ($p < 0.05$) increase in this cytokine when the cell supernatant was analyzed. Influenzinum RC altered cellular and biochemical features of MDCK and J774G8 cells³⁸.

Camila Monteiro Siqueira et al conducted a study of, *Homeopathic treatments modify inflammation but not behavioral response to influenza antigen challenge in BALB/c mice*, In this study, the effects of two homeopathic preparations (influenza biotherapies and thymulin) were chosen following two different rationales: isotherapy and endo-isotherapy models, to evaluate individually considering the inflammatory and behavioral responses against influenza virus antigen in BALB/c mice. No behavioral changes were seen in OF tests at any time point after treatments. Flow cytometry and morphometry revealed significant changes in T and B cell balance after influenza antigen challenge, varying according to treatment. The results show that both homeopathic treatments induced subtle changes in acquired immune anti-viral response regulation. Taking the data together, the treatments of mice with different protocols show different specific outputs, according to which the use of thymulin 5CH and H3N2 intact 30DH improved the balance of T and B lymphocytes in the sense of better cellular immunity, that is more adequate to virus infection. On the other hand, the use of H3N2 intact 12DH improved the B cells balance (mature B2 cells and their precursors, B1



cells), switching the immune response to a humoral pattern against soluble viral antigens. These differences invite to postulate the usefulness of lower dilutions of H3N2 isotherapy as a prophylactic tool, and the usefulness of higher dilutions as a therapeutic agent to treat the infected host³⁹.

HOMOEOPATHIC TREATMENT

In most epidemics, the influenza like illness is categorized into 03 sub-categories depending on presenting signs and symptoms. The conventional treatment protocol for each category is also identified. The details of each category are as under⁴⁰:

<p>Category- A</p>	<ul style="list-style-type: none"> • Patients with mild fever plus cough / sore throat with or without bodyache, headache, diarrhea and vomiting will be categorized as Category-A. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed at 24 to 48 hours by the doctor. • No testing of the patient for H1N1 is required. • Patients should confine themselves at home and avoid mixing up with public and high risk members in the family.
<p>Category- B</p>	<ol style="list-style-type: none"> i. In addition to all the signs and symptoms mentioned under Category-A, if the patient has high grade fever and severe sore throat, may require home isolation and Oseltamivir. ii. In addition to all the signs and symptoms mentioned under Category- A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir: <ul style="list-style-type: none"> • Children with mild illness but with predisposing risk factors. • Pregnant women; • Persons aged 65 years or older; • Patients with lung diseases, heart disease, liver disease, kidney disease, blood disorders, diabetes, neurological disorders, cancer and HIV/AIDS; • Patients on long term cortisone therapy, <ul style="list-style-type: none"> • No test for H1N1 is required for Category-B (i) and (ii). • All patients of Category-B (i) and (ii) should confine themselves at home and avoid mixing with public and high risk members in the family.



Category-C	In addition to the above signs and symptoms of Categories A and B, if the patient has one or more of the following: <ul style="list-style-type: none">• Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood, bluish discoloration of nails;• Children with influenza like illness who had a severe disease as manifested by the red flag signs (Somnolence, high and persistent fever, inability to feed well, convulsions, shortness of breath, difficulty in breathing, etc).• Worsening of underlying chronic conditions. All these patients mentioned above in Category-C require testing, immediate hospitalization and treatment.
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Homoeopathic treatment can be given to all the categories mentioned above. The treatment should be taken under the supervision of a qualified Homoeopathic physician. The approach to an influenza case should be as below:

Category A

Homoeopathic medicines can be given to all the patients of this category, which will help in curtailing the duration of illness and preventing further complications.

Categories B & C

In this category of patients, Homoeopathic medicines can be given along with standard conventional treatment protocol for reducing the duration of illness and preventing its further complications.

The selection of medicines should be based on the presenting individualizing symptoms of the patients.

Indications of some homoeopathic medicines frequently used for flu symptoms are given below:

Aconitum napellus

Indicated in first stage of fever. Acute, sudden and violent onset of fever. Cold stage is marked with icy cold face and cold sweat. Fever with burning thirst for large quantity of cold water. Intense nervous restlessness, tossing about in agony. Drenching sweat on parts lain on. A state of fear, anxiety; anguish of mind and body. Physical and mental restlessness. Does not want to be touched. Sudden and great weakness.



Arsenicum album

During fever cannot bear the smell or sight of food. Fever follows a fixed time pattern. Headache, better by cold. Burning in eyes, with acrid lachrymation. Great thirst for cold water, drinks often but little at a time. Sweat at the end of fever, which ameliorates pain. Discharges are thin and offensive. Fever worse at midday and midnight, from cold drinks and cold foods. Debility, exhaustion, and restlessness, with aggravation in night..

Bryonia alba

Dry cough associated with fever. Stitching, tearing pains, worse by least motion, better by absolute rest and pressure. Fever with great thirst for large quantities of water at long intervals. Fever associated with constipation; no inclination to stool; stools: large, hard and dry. Aching in every muscle. Patient is irritable; has vertigo from raising the head, pressive headache. Dry, parched lips, mouth; excessive thirst, bitter taste in mouth; feeling of a stone in the stomach.

Eupatorium perfoliatum

Chill preceded by thirst with great soreness and aching of bones. Bitter vomiting when chill ends. Insatiable thirst for cold drinks, before and during chills and fever; drinking aggravates chill. Sweat ameliorates all symptoms except headache.

Ferrum phosphoricum

In the early stages of febrile conditions. Prostration marked Pulse soft and flowing. Hemorrhages, bright from any orifice. Headache better by cold applications. Face flushed; cheeks sore and hot.

Gelsemium

Fever starts with chill: wants to be held because of excessive shivering. Fever with dull headache and coryza. Paroxysms of fever generally recur between 3-5 p.m. Great heaviness of the eyelids (droopy); cannot keep them open. Sneezing with stuffed up nose. Headache preceded by blindness, better by profuse urination. Pulse slow. Fever with trembling, yellow coating of the tongue; thirstlessness; stupor; dryness of whole body. General prostration. Dizziness, drowsiness, dullness, and trembling. Tired feeling and mental apathy.

Influenzinum

General ill feeling with chill, headache, diffused pains. General stiffness. Hyperthermia at 39° - 40°C. Asthenia and anorexia. Neurotic. Depressive person. Eyes are heavy and sensitive to movements, stiffness. Pharyngo-laryngitis. Dry painful cough. Broncho-pneumonia of influenza.



Oculo-nasal catarrh. Coryza of influenza. Polysinusitis. Conjunctivitis of influenza. Otitis of influenza. Acute and chronic rhino-pharyngitis. Laryngitis of influenza. Chronic atrophic rhinitis. Sinusitis, otitis. Acute coryza, chronic coryza, blepharitis, conjunctivitis.

Nux vomica

Very irritable; sensitive to all impressions; cannot bear noises, odors, light, etc. Does not want to be touched. Photophobia; much worse in morning. Constipation, with frequent ineffectual urging, incomplete and unsatisfactory. Cold stage predominates, excessive rigor, with blueness of fingernails. Aching in limbs and back, and gastric symptoms. Chilly; must be covered in every stage of fever. Perspiration sour smelling; only one side of body.

Phosphorus

Intense lungs and throat affection, rendering speech almost impossible; dry, tickling cough, with tightness across the chest; worse evening and before midnight; coryza alternately fluent or dry, with frequent sneezing; diarrhea. Phosphorus desires spicy foods, cold foods, especially ice creams, cheese. Milk and fish can upset stomach.

Pulsatilla

Fever with chilliness even in warm room, yet aversion to heat and better in cold, fresh air. Chilly with pains, in spots, worse evening. As the pain increases, so does the chilliness. Weeps easily. Timid, irresolute. Wandering stitches about head; pains extend to face and teeth. Dry mouth, without thirst; wants it washed frequently. Intolerable burning heat at night; heat in parts of body, coldness in other. Heat is intolerable. During afebrile (without fever) stage, complaints of headache, diarrhoea, loss of appetite and nausea.

Rhus toxicodendron

Fever with dry cough or urticarial. Headache better from warmth and motion. Chill as if dashed with cold water, worse least uncovering. Extreme restlessness, with continued change of position. Lameness, stiffness and pain on first moving after rest, or on getting up in the morning, better by walking or continued motion. Corners of mouth ulcerated, fever blisters around mouth and on chin.



HOMOEOPATHY FOR PREVENTION

Genus Epidemicus

Homoeopathic medicines can be used for prevention during epidemics. The medicine is selected on the basis of standard procedure delineated in the philosophy book of Homoeopathy, *Organon of Medicine*. The process of selection of “genus epidemicus” is specialized and involves following steps:

- Firstly, adequate number of cases (till no new clinical symptoms come out) of the current epidemic, from different regions, should be seen, to cover the complete spectrum of the disease in the community and the “totality of symptoms” is formulated by in-depth study of all the reported signs and symptoms.
- This totality of symptoms should be thoroughly studied and following appropriate repertorization process, a group of medicines is identified.

During the last H1N1 epidemic (2015), signs and symptoms were collected from positive cases of Swine Flu. These were as under:

STOMACH - THIRST - small quantities, for

EXPECTORATION - THICK

EXPECTORATION - YELLOW

EXPECTORATION - DARK

EXPECTORATION - BLOODY

COUGH - NIGHT

COUGH - MORNING

COUGH - VIOLENT

RESPIRATION - DIFFICULT - sitting - amel.

GENERALS - RESTLESSNESS - fever; during

CHEST - PAIN - inspiration - during

CHEST - PAIN - chill - before

GENERALS - FOOD and DRINKS - refreshing things - desire

GENERALS - FOOD and DRINKS - fruit - desire

GENERALS - WEAKNESS - fever - during

COUGH - TICKLING - Throat; in

EYE - DISCOLORATION - red

COUGH - RATTLING



The repertorisation was done with Synthesis 9.0 and the repertorial result is given below:

	ars.	calc.	phos.	ant-t.	puls.	carb-v.	bry.	hep.	lyc.	sulph.
	17/37	15/30	15/28	15/19	14/30	14/21	13/22	13/22	12/25	12/23
1	3	1	1	1	-	1	1	1	3	2
2	2	2	1	1	2	1	1	3	2	1
3	2	3	3	1	3	2	2	3	3	2
4	2	-	-	-	-	-	-	-	-	-
5	3	2	3	1	3	2	2	1	2	3
6	3	-3	1	1	3	1	1	2	3	3
7	3	3	3	1	3	1	1	1	2	3
8	1	2	3	1	3	3	1	3	-	1
9	-	-	-	2	1	2	-	1	-	-
10	2	2	1	1	1	1	2	-	2	-
11	2	3	2	-	-	1	3	-	2	1
12	1	-	-	-	-	-	-	-	-	-
13	2	2	2	1	2	-	-	1	-	-
14	1	1	1	2	1	2	-	1	-	-
15	3	1	3	1	2	1	2	-	1	1
16	3	1	2	1	3	-	3	1	1	1
17	3	2	1	1	1	1	1	2	2	3
18	1	2	1	3	2	2	2	2	2	2

Following this, a meeting of group of experts was called to examine the signs and symptoms and to determine the Genus epidemicus for the current epidemic. After thorough discussion, experts recommended *Arsenic album* as the preventive medicine for that epidemic. The dosage recommended was Arsenicum album 30, one dose (4 pills of size 30 by adults and 2 pills by children) daily, on empty stomach, for 3 days. The dose was to be repeated after one month by following the same schedule in case flu-like conditions prevailed in the area. The Expert Group further suggested that general hygienic measures, suggested by the Ministry of Health and Family Welfare, Govt. of India, for prevention of the disease, should also be followed by the public.

Further, during last pandemic in India in 2009-10, a survey was undertaken to study the signs and symptoms and medicines prescribed in Homoeopathic consultation. *Arsenic album* was found to be the most frequently prescribed remedy. Similarly, even in 2009-10, an expert group recommended *Arsenic album* as the preventive after examining prevailing signs and symptoms of reported cases⁴¹.



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