



Combined Homeopathy and Allopathy Treatment for COVID-19: A Review

Md. Irfanul Haque¹, Aqib Adnan Shafin², Md. Mahmud³

¹Post Graduate Student [M.Sc], Department of Applied Chemistry and Chemical Engineering, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, Bangladesh; ²Graduate Student [B.Sc], Department of Applied Chemistry and Chemical Engineering, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, Bangladesh; ³Post Graduate Student [M.Sc], Department of Applied Chemistry and Chemical Engineering, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, Bangladesh

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Abstract

At the end of 2019, an outburst of a novel virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was observed in Wuhan, China. World Health Organization proclaimed this upsurge as a Public Health Emergency of International Concern on 30th January 2020. In this article, epidemiology, the causative agent, pathogenesis of SARS-CoV-2 and its treatment approaches like homeopathy and allopathy are reviewed. However, our main focus was to collect and visualize some data which bring evidence that combined homeopathy and allopathy treatment can help to cure COVID-19. [Bangladesh Journal of Infectious Diseases, October 2020;7(suppl_2):S38-S45]

Keywords: COVID-19; comparative mortality rate; homeopathy; allopathy; clinical trials

Correspondence: Md. Mahmud, Post Graduate Student [M.Sc], Department of Applied Chemistry and Chemical Engineering, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj-8100, Bangladesh; Email: hasan.mahmud.edu@gmail.com; Cell no.: +8801773436385; ORCID: <https://orcid.org/0000-0002-1487-2876>

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Introduction

COVID-19, an infectious lethal virus is being fought by the whole world¹. China alerted WHO on several cases of pneumonia in Wuhan city on December 31, 2019. A novel coronavirus shortly named as 2019-nCoV by WHO was recognized from the throat swab sample of a patient on January 7, 2020. This virus was later renamed as severe acute respiratory syndrome coronavirus 2 (SARS-

CoV-2) & the disease was named as COVID-19 by WHO. On January 7, 2020, WHO declared the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern (PHEIC)².

It is found through studies that the virus can infect people from a distance of about 6 ft (1.8m). It can survive for 2 hours to a few days in the cough & sneezing droplets that fall on the surface or ground. An infection may be caused by touching an object

or surface which has already a virus but it is not the major course of the infection³. The most common symptoms of COVID-19 are fever, dry cough, dyspnoea, chest pain, fatigue & myalgia. Less common symptoms include headache, dizziness, abdominal pain, diarrhea, nausea, and vomiting².

Coronaviruses are enveloped viruses with non-segmented, single-stranded and positive-sense RNA genomes that can infect a variety of vertebrates (such as pigs & chickens). Six coronaviruses have been found to infect and cause respiratory diseases in human hosts. Among these viruses, severe acute respiratory syndrome coronavirus (SARS-CoV) & Middle East respiratory syndrome coronavirus (MARS-CoV) are highly pathogenic coronaviruses that have resulted in regional and global outbreaks. The RNA genome of these viruses is the longest among RNA viruses, which ranges from 26,000 to 32,000 bases. CoVs mainly cause respiratory and intestinal infections with an array of clinical manifestations¹. The world has developed more than 150 coronavirus vaccines. Vaccines go through three clinical trial phases before going to regulatory agencies for approval. So it can typically take 10 to 15 years to bring a vaccine to market⁴.

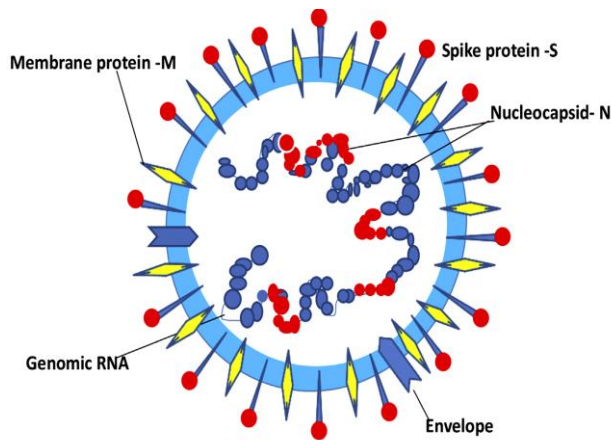


Figure I: Diagrammatic expression of a coronavirus virion: Various structural proteins which form the coronavirus particle and the genome, single-stranded RNA are shown⁵.

SARS-CoV-2 is a member of the Coronaviridae family and Nidovirales order, which contains two subfamilies, Coronavirinae and Torovirinae, and members of the subfamily Coronavirinae are subdivided into four genera: (a) Alphacoronavirus which contains the human coronavirus (HCoV)-229E and HCoV-NL63; (b) Betacoronavirus includes HCoV-OC43, Severe Acute Respiratory Syndrome human coronavirus (SARS-HCoV), HCoV-HKU1, and Middle Eastern respiratory

syndrome coronavirus (MERS-CoV); (c) Gammacoronavirus includes viruses of birds and whales and; (d) Deltacoronavirus includes viruses of birds and pigs². A Further study found that the virus is more related to BatCoV RaTG13, a bat coronavirus that was previously detected in *Rhinolophus Affinis* from Yunnan Province, with 96.2% overall genome sequence identity. Altogether, these findings suggest that bats might be the original host of this virus².

Mechanism of action to attacking the host cell

The infected individuals primarily spread the virus from his respiratory droplets in closed spaces and to a much lesser extent by fomites, to mucosal epithelial cells in the upper airway and oral cavity. Here, the virus latches onto host cell ACE2 (angiotensin-converting enzyme-2) receptor binding sites by using its trimeric Spike protein, via the receptor-binding domain (RBD) of this glycoprotein in the “prefusion” state. Proteases such as TMPRSS-2/furin cleave viral Spike to enable membranes of the virus and host cell to fuse. The virus enters cells by endocytosis. To translate the viral replication-transcription complex (RTC) in a double membrane vesicle the 30 kb single-stranded plus-strand RNA is released directly into the cytoplasm and hijacks the cell. The RTC then produces RNAs that translate into protein, the ORFs coding for four main structural proteins, sixteen nonstructural proteins, and some special proteins. Virions are assembled with RNA caused by a nucleocapsid (N) and a “coat” made up of spike (S) proteins, membrane (M), and envelope (E). When the virus is released, it can infect cells in the lower airways (Type II pneumocytes) and enterocytes in the gastrointestinal tract⁶.

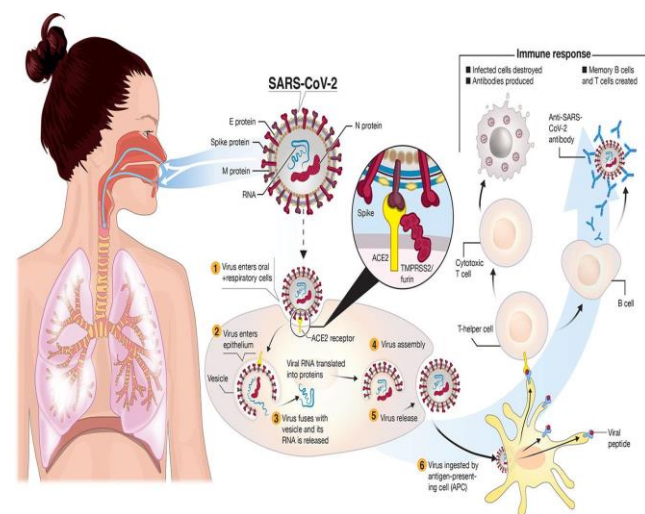


Figure II: Transmission and life-cycle of SARS-CoV-2 causing COVID-19⁶.

Comparative Mortality Rate under Homeopathy & Allopathy in Previous Pandemics

Dr. Routh, an allopathic physician from Britain, was an allotted authority by the medical appointee of London to list a mortality-statistics for all diseases. After studying of total 32,655

homeopathic cases, and 119,630 allopathic cases from several hospitals of England, Austria, and Germany, in 1852 he was strained to give evidence against Allopathy. The recorded mortality rate under homeopathic treatment was 4.4%, and the under allopathic treatment mortality rate was 10.5%. Available data is visualized in a figure III.

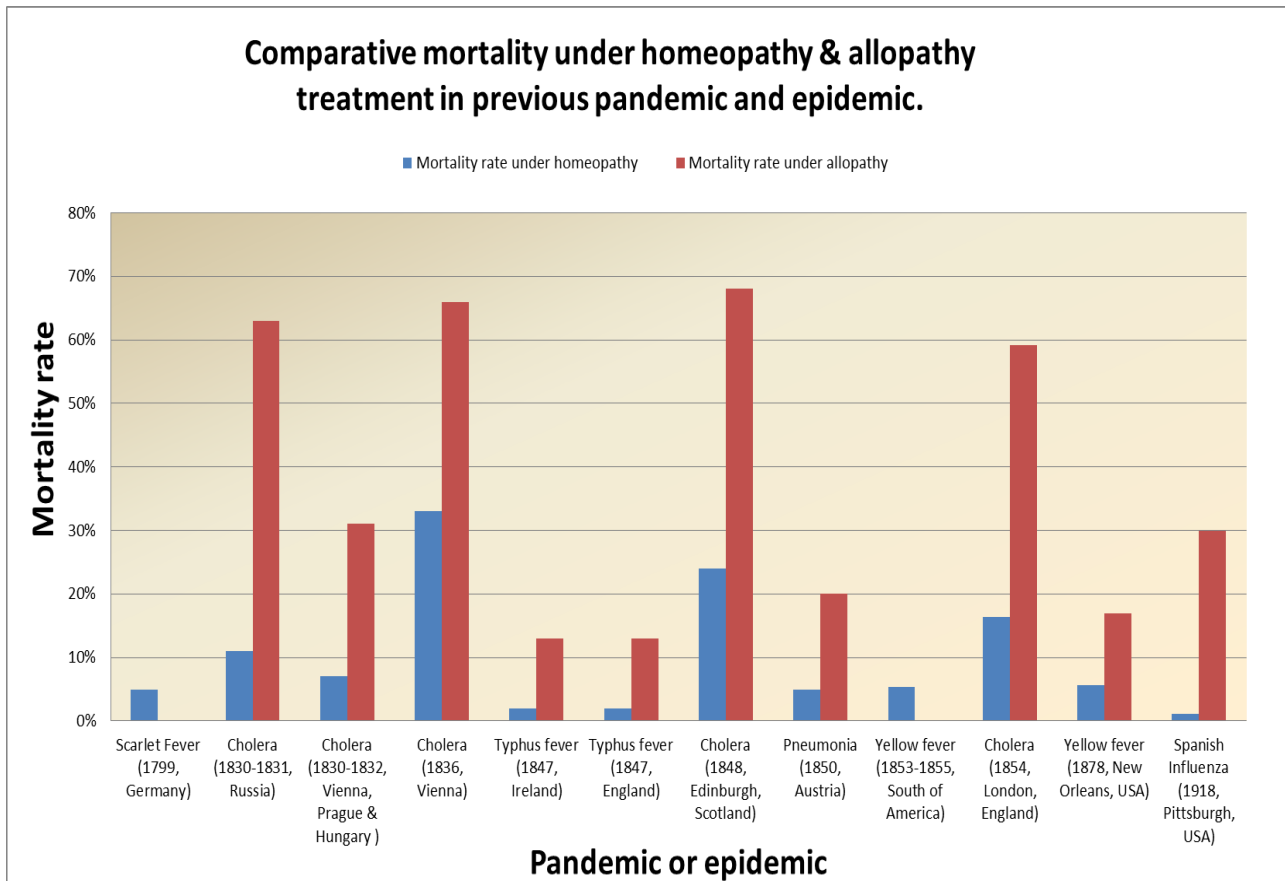


Figure III: Column chart of comparative mortality rate under homeopathy and allopathy treatment in previous epidemic and pandemic⁷

Homeopathic Approach

Homeopathic treatment is reliable with the historical use of homeopathic mediations during pandemics. Currently, there is no available vaccine and certain therapies for COVID-19 but several studies are advancing to put the name of a safe and effective traditional drug.

Except some certain conventional medicines available, homeopathy provides an alternative treatment for those COVID-19 patients with mild to moderate symptoms who are recovering at home, probably saving them from hospitalization⁸.

Some clinical trial of homeopathy

There are several clinical trial data available from different parts of the world conveying the proof of the effectiveness of the homeopathic drug to prevent and cure COVID-19. The following are some data on recent clinical trials.

Hong Kong trial

A homeopathic clinical trial data was available from Homeopathy Research Institute, Hong Kong. The trial was conducted on 18 people of 6 different clusters. All of them were treated successfully with homeopathic medication.

Table 1: Recorded data from Hong Kong trial

Cluster no	Case no	Age	Gender	Infection confirming test	Treated with
Custer 1	Case 1	62	Female	Close contacts with RT-PCR positive case	Bryonia alb 30C
Cluster 2	Case 1	21	Male	RT-PCR	Bryonia alb 30C
Cluster 3	Case 1	18	Female	Serology	Bryoniaalb 30C
	Case 2	21	Female	Serology	Gelsemium 30C
	Case 3	20	Female	Serology	Gelsemium 30C
	Case 4	19	Female	Serology	Gelsemium 30C
	Case 5	22	Female	Serology	Gelsemium 30C
Cluster 4	Case 1	24	Male	Serology	Gelsemium 30C
	Case 2	27	Male	Serology	Gelsemium 30C
	Case 3	20	Female	Serology	Arsenicum alb30C
	Case 4	33	Male	Serology	Gelsemium 30C
	Case 5	21	Male	Serology	Gelsemium 30C
Cluster 5	Case 1	23	Male	Serology	Gelsemium 30C
	Case 2	24	Male	Serology	Gelsemium 30C
	Case 3	23	Male	Serology	Gelsemium 30C
	Case 4	22	Male	Serology	Gelsemium 30C
	Case 5	33	Male	Serology	Eupatorium perf 30C
Cluster 6	Case 1	49	Female	Close contact with RT-PCR positive case	Bryonia alba 200C

Data source⁹.

New York trial

A disorder similar to flu has appeared in New York at the starting of 2020. Later in February 2020, it

was clear that the flue was due to the novel coronavirus (SARS-CoV-2). A data was recorded in New York which indicates that several patients were responding well to homeopathy. Tabulated data of 5 cases are given below.

Table 2: Recorded data from New York trial

Case no	Age	Gender	Infection confirming test	Treated with
Case 1	35	Male	IgG antibody test	Gelsimum 30C, Senega 200C
Case 2	-	-	IgG antibody test	Senega
Case 3	-	-	IgG antibody test	Senega
Case 4	2	-	IgG antibody test	Senega 200C
Case 5	77	Female	IgG antibody test	Arsenic Alb

Data source⁸.

Italian trial

In Italy, 50 cases examined consisted of 29 females, 20 males and in one case the gender was not specified. There were 4 pediatric cases out of 50. They were treated with homeopathy and the hospitalization rate in this group of 50 patients treated homeopathically for COVID-19 was 0 though hospitalization rate was 20.4% in Italy regardless of their symptomatological status

Keynote prescription of Homeopathy

Several notable features or distinct amalgamation of symptoms that lead the concentration to a specific medicine. Homeopathic drugs were confirmed by Homeopathic MateriaMedica which was written by Boericke and Allen. Single medicine was prescribed as per the Law of Similia. Medicine and the corresponding symptom have been mentioned below.

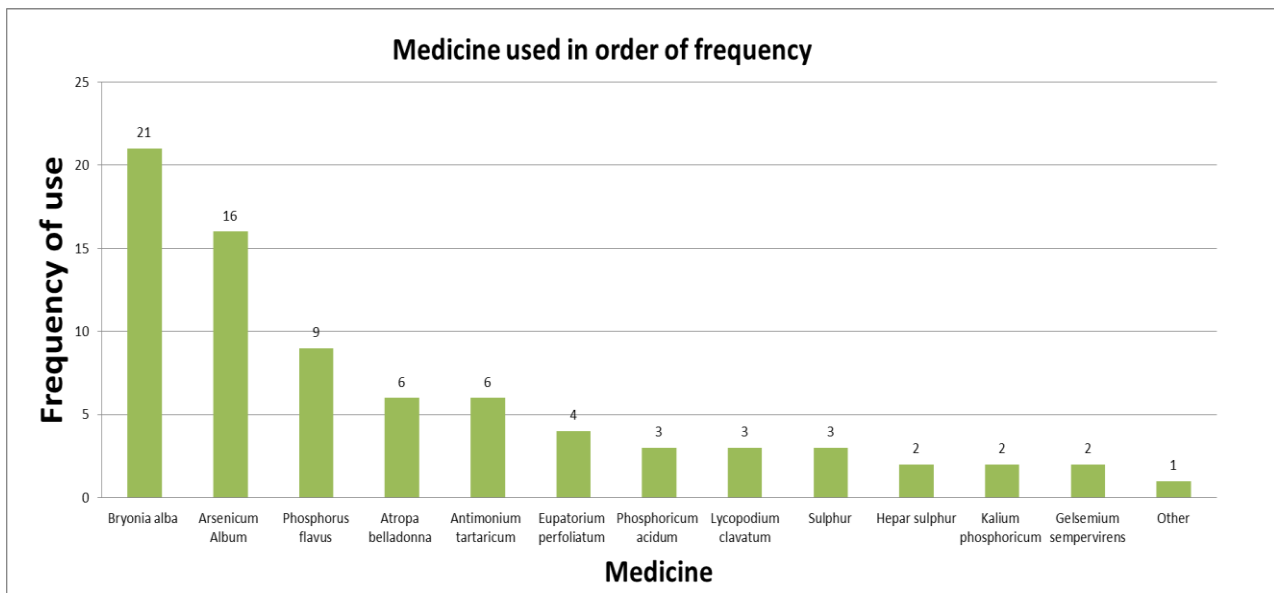


Figure IV: Column chart of medicine used in order of frequency¹⁰.

Table 3: Symptom and Corresponding Medicine That Helped In Cure

Medicine	Symptom	Dose
Arsenic 30C	Panic of the pandemic, fear of demise.	Thrice a day
Aconite 30C	Unexpected inception of any symptom with fear of demise.	Thrice a day
Belladonna 30C	Unexpected onset of symptoms with congestion.	Thrice a day
Bryonia 30C	Fever with muscle pain, with or without cough.	Thrice a day
Eupatorium 30C	Intense pain, pyrexia, and flu-like indication.	Thrice a day
Wyethia 30C	Wheezing, flaring throat with dryness.	Thrice a day
Gelsemium 30C	Utmost sickness with Flu-like sign.	Thrice a day

Data source¹¹.

Allopathic Approach

Some of the potential drugs are under clinical trials.

Remdesivir (GS-5734)

Remdesivir is an ebola drug developed by Gilead Sciences that was found to be ineffective is now being tested in two phases III randomized clinical trials in Asian countries. The National Institute of Allergy and Infectious Diseases released results from its study showing patients who took remdesivir usually recovered faster than those who didn't take the drug^{12,13}.

Chloroquine

Chloroquine, has been in the pharmaceutical industry for 50 years now. Chloroquine has a very low cost & is available in most countries of the world. But the usage of Chloroquine requires frequent monitoring because of its adverse side effects¹.

ChAdOx1 nCoV-19

Oxford University has developed an adenovirus vaccine vector called ChAdOx1 nCoV-19. This vaccine is a genetically modified virus that causes the common cold in chimpanzees. However, the virus has been modified so that it doesn't cause infection in people and also to mimic the coronavirus which will trigger an immune response^{12,14}.

INO-4800

This one is a nucleic-acid based vaccine and can be kept at room temperature for more than a year without any degradation. It does not require to be frozen, in transport, or for years of storage. Inovio made its potential vaccine by adding genetic material of the virus inside synthetic DNA, which researchers hope will cause the immune system to make antibodies against it^{15,16}.

mRNA-1273

It is an mRNA-based vaccine that has been developed to work against the S protein of SARS-CoV-2. The S protein complex is necessary for membrane fusion and host cell infection and has been the target of vaccines against the coronaviruses^{17,18}.

Table 4: Brief Summary of Some Allopathic Drugs

Drugs	Mechanism of action	Approved dosage	Current trial phase	Company name
Remdesivir	It is designed to slow or stop the virus from creating copies of itself by blocking the viral enzyme called RNA-dependent RNA polymerase(RdRp) ¹⁹ .	1st day-200mg then 100mg for nine day ²⁰ .	Phase - 3 ¹² .	Gilead Sciences ¹² .
Choloroquine	It interferes with the glycosylation of cellular receptor, angiotensin-converting enzyme 2 (ACE-2) of SARS-CoV to block viral infection ²¹ .	500mg , 2 times/day ²² .	Approved for emergency use only ¹² .	US Food & Drug Administration (FDA) ¹² .
ChAdOx1 nCoV-19	It has been engineered to express the SARS-CoV-2 spike protein that will train the human body to recognize and develop an immune response to the spike glycoprotein, which will help stop the virus from entering human cells ²³ .	Three doses - 5 × 10 ⁹ viral particles, 2.5 × 10 ¹⁰ viral particles, and 5 × 10 ¹⁰ viral particles ²⁴ .	Phase - 3 ²⁵ .	University of Oxford ²⁵ .
INO-4800	It is a DNA vaccine that generates antibodies neutralizing both the earlier strain of the virus as well as the mutant variant (D614G) that has emerged with greater infectivity ²⁶ .	Two doses - 1.0 mg, four weeks apart ²⁷ .	Phase - 2/3 ²⁶ .	Inovio Pharmaceuticals and Beijing Advaccine Biotechnology ¹² .
mRNA-1273	It injects snippets of a virus’s genetic material, in this case, mRNA, into human cells which creates viral proteins that mimic the coronavirus, training the immune system to recognize its presence ⁴ .	Two doses - 25 microgram (mcg), 100mcg or 250mcg dose, 28 days apart ¹⁸ .	Phase - 3 ⁴ .	Moderna and the National Institutes of Health ¹² .

Table 5: Recorded data from Bhopal trial¹¹

Cluster no	Case no	Age	Gender	Homeopathy	Allopathy	Test method	
Cluster 1	Case 1	48	Female	Arsenic 30C	Hydroxychloroquine 400 mg	Confirmed (method not mentioned)	
				Arsenic 200C			
				Camphora 1M			
Cluster 2	Case 2	50	Male	Arsenic 30C	Hydroxychloroquine 400 mg	RT-PCR	
				Camphora 200C			Azythromycin 500 mg
	Case 3	45	Female	Arsenic 30C	-	Close contact with case 2	
	Case 4	09	Male	Arsenic 30C	-	Close contact with case 2	
	Case 5	07	Male	Arsenic 30C	-	Close contact with case 2	
Cluster 3	Case 6	62	Male	Arsenic 30C	Hydroxychloroquine 400 mg	Confirmed (method not mentioned)	
				Aconite 30C			Azythromycin 500 mg
				Belladonna 30C			
	Case 7	26	Female	Arsenic 30C	Hydroxychloroquine 400 mg	Confirmed (method not mentioned)	
				Aconite 30C			Azythromycin 500 mg
Belladonna 30C							

Combined treatment using homeopathy and allopathy in Bhopal, Madhya Pradesh, India

A clinical trial data was available from Government Homeopathic Medical College, Bhopal, Madhya Pradesh, India. Total no of observed patient was 7 from 3 different clusters. 4 of them were treated collectively with homeopathy and allopathy but 3 of them were treated with homeopathy only.

Conclusion

As it is clear that allopathy is the mainstream treatment method throughout the world and WHO also does not recommend other treatment methods as the cure of COVID-19 except allopathy so it must be our main approach. But as we know that homeopathy has the advantage to use with allopathy as well as it is proved that it will not have any side effects to any age group of patients, starting from old to a baby. Furthermore, it is unclouded from the comparative statistical data of mortality rate under homeopathy and allopathy that homeopathy always served us in the previous pandemic. In addition to that, in Bhopal patients were treated successfully by the combined use of homeopathy and allopathy. So there is no reason for not attempting homeopathy alongside mainstream allopathy to treat the COVID-19

patient. Most of the elderly patients died because of poor immune system, so by combined homeopathy & allopathy treatment we can significantly boost their immune system.

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