

Case Management of the COVID-19 Patient with Genuine Homeopathy—An update

André Saine, N.D., F.C.A.H., D.H.A.N.P., D.Ht.

A webinar sponsored by the American Institute of Homeopathy and the Canadian Academy of Homeopathy—May 2, 2020

Since the beginning of the Covid-19 epidemic, we have held a number of webinars to review with the homeopathic community the management of the influenza and pneumonia patient as it is specifically related to the Covid-19 epidemic.

In today's webinar, we will review in greater details the extent of the Covid-19 pathology, some of the clinical results so far obtained and the materia medica of some of the most indicated remedies.

A copy of this document and the recording of this webinar will be available on the homepages of the [American Institute of Homeopathy](#) and [Canadian Academy of Homeopathy](#).

We are asking health care professionals to consider joining the American Institute of Homeopathy, even as foreign members, as in union there is strength.

As well, we are asking members of the entire homeopathic community to consider making a donation to either or both of today's webinar sponsoring organizations in order to enable them to continue offering free webinars like this and other educational material and activities.

The American Institute of Homeopathy database

The American Institute of Homeopathy has organized an international effort to collect case data. The effort is called the AIH COVID-19 Data Collection Project. If you are a well-trained homeopath and would like to contribute, please email Peter Gold at peter_gold@goldorluk.com Please make sure to

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include your credentials in the email. And please give him 48 hours to add you and send you login instructions.

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The Covid-19 pathology viewed from a repertorial analysis perspective

Symptoms common to almost all the patients, especially in the early stage

Short, dry cough

Sore throat

Fever from mild up to 39.9 (103.9)

Pronounced and sudden weakness

Oppression of the chest (or discomfort, "I feel something is going on in my lungs," or a general and diffuse achiness of the lungs)

Diffused inflammation of the lungs with ground-glass appearance.

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Great shortness of breath.

Difficulty to take a deep breath.

Desire to lie down.

Loss of smell and taste.

No appetite.

White tongue.

The other symptoms of Covid patients, especially as it is progressing into pneumonia

Cough aggravated from when inspiring, taking a deep breath and talking.

Chest pain (can be diffused, diffused burning or in a particular spot and one patient like a foreign object around bifurcation of bronchi, two patients who have said like the lungs are filled with water vapor, or as if the lungs are filled with something).

Headaches (when present tends to be severe HA, worse flexing the head or stooping).

Muscular aches.

Expectorations (scanty, can be streaked with blood).

Altered taste (things taste bad or bitter).

Chills.

Dry mouth and throat.

Nausea.

Diarrhea.

Watery coryza and sneezing.

Epistaxis.

Red eyes.

Great sleepiness.

Chilblains.

Symptoms of the late or critical stage of Covid

Severe dyspnea

Rapid breathing (above 30 r/m)

Abdominal breathing

Shallow (superficial) respiration
 Labored breathing (Loud, Forceful, Vehement)
 Sighing breathing
 Desaturation
 Open mouth
 Unconscious
 Not responsive
 Quick pulse and later slow
 Mild fever to hypothermia

Symptomatology from pathology reports, scans, autopsies and post-intubation outcomes

A summary from *Science* April 24, A Rampage through the body

“What follows is a snapshot of the fast-evolving understanding of how the virus attacks cells around the body. Despite the more than 1500 papers now spilling into journals and onto preprint servers every week, a clear picture is elusive, as the virus acts like no pathogen humanity has ever seen.”

“When an infected person expels virus-laden droplets and someone else inhales them, the novel coronavirus, called SARS-CoV-2, enters the nose and throat. It finds a welcome home in the lining of the nose, according to a recent arXiv preprint, because cells there are rich in a cell-surface receptor called angiotensin-converting enzyme 2 (ACE2). Throughout the body, the presence of ACE2, which normally helps regulate blood pressure, marks tissues potentially vulnerable to infection, because the virus requires that receptor to enter a cell. Once inside, the virus hijacks the cell's machinery, making myriad copies of itself and invading new cells.”

“As the virus multiplies, an infected person may shed copious amounts of it, especially during the first week or so. Symptoms may be absent at this point. Or the virus' new

victim may develop a fever, dry cough, sore throat, loss of smell and taste, or head and body aches.”

“A 25 March paper in *JAMA Cardiology* found heart damage in nearly 20% of patients out of 416 hospitalized for COVID-19 in Wuhan.”

“In another Wuhan study, 44% of 36 patients admitted to the intensive care unit (ICU) had arrhythmias. ”

“But kidney injury may also be collateral damage. Ventilators boost the risk of kidney damage, as do antiviral compounds including remdesivir, which is being deployed experimentally in COVID-19 patients.”

“5% to 10% of coronavirus patients at her hospital have neurological symptoms. ... is probably a gross underestimate” of the number whose brains are struggling, especially because many are sedated and on ventilators.”

“brain inflammation encephalitis, seizures, and a “sympathetic storm,” a hyperreaction of the sympathetic nervous system that causes seizurelike symptoms and is most common after a traumatic brain injury ”

“Recent reports suggest up to half of patients, averaging about 20% across studies, experience diarrhea .”

“Up to one-third of hospitalized patients develop conjunctivitis—pink-eye—watery eyes.”

“More than half of COVID-19 patients hospitalized in two Chinese centers had elevated levels of enzymes indicating injury to the liver or bile ducts. ” (A Rampage through the body. *Science* April 24)

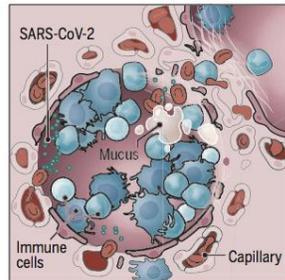
I would like to point out that ACE2 is an enzyme attached to the outer surface of cells in the lungs, arteries, heart, kidney, intestines, the neural cortex and brain stem, and also serves as the entry point for coronaviruses into cells, where they will begin to reproduce.

An invader's impact

In serious cases, SARS-CoV-2 lands in the lungs and can do deep damage there. But the virus, or the body's response to it, can injure many other organs. Scientists are just beginning to probe the scope and nature of that harm.

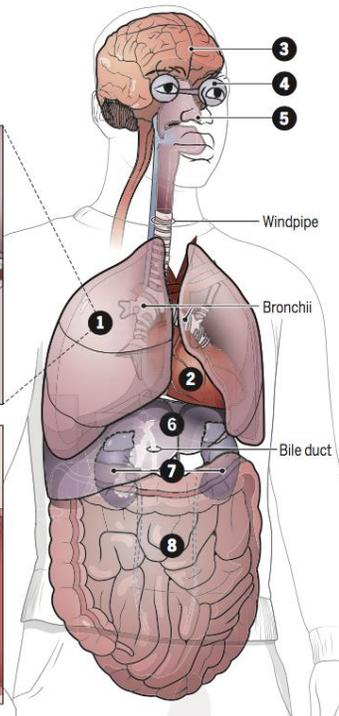
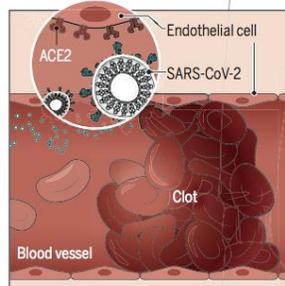
1 Lungs

A cross section shows immune cells crowding an inflamed alveolus, or air sac, whose walls break down during attack by the virus, diminishing oxygen uptake. Patients cough, fevers rise, and breathing becomes labored.



2 Heart and blood vessels

The virus (teal) enters cells, likely including those lining blood vessels, by binding to angiotensin-converting enzyme 2 (ACE2) receptors on the cell surface. Infection can also promote blood clots, heart attacks, and cardiac inflammation.



3 Brain

Some COVID-19 patients have strokes, seizures, confusion, and brain inflammation. Doctors are trying to understand which are directly caused by the virus.

4 Eyes

Conjunctivitis, inflammation of the membrane that lines the front of the eye and inner eyelid, is more common in the sickest patients.

5 Nose

Some patients lose their sense of smell. Scientists speculate that the virus may move up the nose's nerve endings and damage cells.

6 Liver

Up to half of hospitalized patients have enzyme levels that signal a struggling liver. An immune system in overdrive and drugs given to fight the virus may be causing the damage.

7 Kidneys

Kidney damage is common in severe cases and makes death more likely. The virus may attack the kidneys directly, or kidney failure may be part of whole-body events like plummeting blood pressure.

8 Intestines

Patient reports and biopsy data suggest the virus can infect the lower gastrointestinal tract, which is rich in ACE2 receptors. Some 20% or more of patients have diarrhea.

Diffused pneumonia with ground-glass appearance

Thombosis

Microvascular thrombosis in the lungs and other tissues

Apoplexy

Inflammation of the heart

Pericarditis

Swelling of the heart

Arrhythmia

Retiform purpura (see *Complement associated microvascular injury and thrombosis in the pathogenesis of severe COVID-19 infection- A report of five cases*) (Found under

Carboneum oxygenusatum)

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Inflammation of the brain and meninges.

Inflamed and enlarged liver.

Kidney failure.

Proteinuria

Hematuria.

Conjunctivitis.

Acral areas of erythema with vesicles or pustules (Pseudo-chilblain) (19%), other vesicular eruptions (9%), urticarial lesions (19%), maculopapular eruptions (47%) and livedo or necrosis (6%).

Vesicular eruptions appear early in the course of the disease (15% before other symptoms). The pseudo-chilblain pattern frequently appears late in the evolution of the COVID-19 disease (59% after other symptoms), while the rest tend to appear with other symptoms of COVID-19. (see: *Classification of the cutaneous manifestations of COVID-19- a rapid prospective nationwide consensus study in Spain with 375 cases*)



Covid toes

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“Increasing reports around these pernio-like lesions of the toes.

“COVID toes are disproportionately present in children and young adults, who may otherwise be asymptomatic or test negative at early stages of the virus.

“For the most part, we have seen this in young and relatively healthy patients, both in children and adults, as well as in sicker patients.

“Pernio, a condition where you get red or purple tender bumps on the fingers or toes, also known as chilblains, is usually a reaction to cold temperatures. In COVID-19, I prefer to call it “pernio-like” rather pernio, since we don’t yet know if it’s truly the same process.

“What patients are experiencing are red or purple bumps on their toes or hands, as well as a burning sensation, often with pain and tenderness. The good news is it seems to go away after about 2-3 weeks.

“They’re typically painful to touch and could have a hot burning sensation

“Intriguingly, the most severe COVID-19 patients also exhibited COVID toes and this symptom is most common in patients with acute respiratory distress syndrome.

“It could possibly be a localized inflammatory response to infection that presents in a person’s foot and toes, or it might be a blood vessel clot.

“Purple and blue lesions on the toes are also present in severe flu or viral pneumonia patients.” Alexandra Sternlicht. ‘COVID Toes’: Doctors Identify Newest Symptom Of Coronavirus. <https://www.forbes.com/sites/alexandrasternlicht/2020/04/22/covid-toes-doctors-identify-newest-symptom-of-coronavirus/#713b20d81048>



Christoph Abermann sent results from autopsy conducted in Italy: “The Institute of Anatomical Pathology Bergamo - after initial hesitation due to the increased risk - has started to perform autopsies on patients with Covid19 and has shared its findings. There is only one publication of Chinese colleagues with the results of 3 "minimally invasive" autopsies and one case report from China with another autopsy. Thus, the present description based on the first 50 cases in Bergamo is probably the most comprehensive at present.

“Already macroscopically the lungs appear "spotty" with hyperemic/hemorrhagic areas alternating with rosy areas. Histologically some massive emphysematic areas with massively dilated vessels (up to 20 times the norm), often filled with microthrombi. In many cases diffuse alveolar damage with desquamation of pneumocytes, formation of hyaline membranes and fibrinous exudate. The patients show hepatomegaly and dilated portal vessels with diffuse thrombosis. The heart also appears enlarged with pericardial effusion and pronounced LV hypertrophy (however, almost all patients have previously suffered from arterial hypertension). In one case a thrombus appeared which almost

completely filled the SVC and the right atrium. A diaphragmatic hypertension was frequently observed, possibly as a sign of reduced expansion of the lungs. The colleagues also examined sections from the CNS, which has not been possible so far due to the need for special protective equipment. Covid19 typically causes anosmia and ageusia: the virus could enter the brain stem trans-synaptically from the peripheral nerve endings of the N. olfactorius and N. lingualis. In this case part of the resp. insufficiency could also be caused by a direct damage of the nuclei in the brainstem (N. ambiguus, T. solitarius).”

A series of typical severe Covid patients treated with homeopathy

Here is the description of five typical cases of Covid patients.

Four of the five cases tested positive to SARS-Cov-2 and the other was a suspected case (case 2) as it was rampant in her community.

The four cases who tested positive are all medical personnel, three of which became sick while treating Covid patients in the hospital.

Common to all five cases they were progressively getting worse until they took a homeopathic remedy, which marked the beginning of their steady recovery.

In the first case, the patient was quite sick for 10 days before the remedy was taken and major signs of recovery were manifest by the 18th hour after the first dose was given.

1- E.B., a 41-year old female, is a New York City hospital emergency room nurse. Her hospital department had inappropriate personal protective equipment for their personnel for three days while dealing with a great number of Covid patients. 9 of the 12 nurses on her team were diagnosed with Covid in the same week.

On March 24, she first experienced headaches, followed by sneezing and watery eyes the next day.

On March 26, she had watery eyes, red eyes, blurry vision, extreme dizziness on rising and her temperature is 99.9°F.

On March 27, she was tested for SARS-Cov-2 and was sent home.

On March 28, she tested positive for SARS-Cov-2. She is aching “like crazy.” She has diarrhea each time she eats.

On March 31, because of diabetes her physician prescribes azithromycin for 5 days.

On Friday April 3, her symptoms were narrated to me by another nurse.

She was experiencing “horrible SOB.” She can't ascend stairs. She was told by her physicians to go immediately to the ER (as a patient), which she refused to do, as she knew she would get worse there.

She has pronounced shortness of breath, which is worse stooping, walking, ascending stairs and talking.

She is experiencing extreme weakness that is worse from the slightest exertion; she is too weak to walk. She can't get out of bed anymore. She feels really scared. Her doctor insists again that she goes to the ER, but she again refuses. She said she knew something was seriously wrong when she couldn't get a reading of her blood pressure while standing; it was 90/50 when sitting and 124/72 when supine. Resting pulse is 109 when supine.

She has hot flashes at night as soon as she lies down and has to uncover her feet as they are burning.

She has upper back pain, which is worse turning in bed and while lying down.

The homeopathic remedy Sulphur 200C was prescribed, which she ordered online with the help of her nurse friend from a pharmacy carrying homeopathic remedies.

Unfortunately she didn't get the remedy until 2 PM on Tuesday April 7. In the interval from April 3 to 7, she had remained “as bad as ever.” She ended up taking took four doses of Sulphur 200K on Tuesday April 7.

On April 8, she “woke up feeling much, much better.” She was able to walk, descend and ascend stairs almost like normal. She cleaned her apartment and cooked on that day.

On April 10, she felt 98% recovered. Her energy was up at 9.5 out of 10 (it was 5 at rest during the previous 10 days, but it would drop down to 0-1 with the slightest exertion).

She was told to continue Sulphur 200K twice a day for the next two weeks, and if at any time she would experience flu-like symptoms to take Sulphur 200K every hour for three doses and to call her homeopathic physician. She said that she doesn't want to go back to the ER because the working conditions are not safe enough.

As of April 21, she remained recovered and had returned working in the emergency room as of Sunday April 19. She reported that 5 or 6 of the nurses from her group were "still out." There were now much less Covid patients coming into the ER. At the height of the epidemic when she got sick they were seeing up to hundred Covid patients per shift. They had no place to put them. Many were not attended to before hours later. The number of Covid patients has now dropped down to 10-15 per shift.

2- E.S., 54 y.o. woman, originally consulted a homeopathic physician in 2002 for the chief complaint of progressive weakness and emaciation of her left arm that followed a massive bacterial infection.

She is part of a religious orthodox community that has been devastated by the Covid in New York. Her husband and three older children fell sick to Covid. She said that every other member of her community has falling sick to it. "A lot" have so far been hospitalized and over two hundred and fifty members of her community have died from Covid, and over one hundred between twenty and forty years old have died. She was asked if she was tested for SARS-Cov-2 and she answered, "No, because the line goes around the block. Look online and you will see it for yourself. And no body wants to go to the hospitals. They bring you there by ambulance and you are at the same place the next day. No one has taken care of you during this time."

On April 3, she said that she is very worried because people are falling like flies in her community. She has had a fever on and off and up to 101°F since March 23. She has a sore throat that feels raw in her entire oropharynx, which is worse right side, worse warm room and better with hot drinks, which she desires. Her voice is hoarse. She has a "bad" headache with the fever. The headache is better when she falls asleep. Her headache and the sore throat are "instantly" worse every time she goes out in the "raw" cold weather. She is very chilly with goose flesh. She wants to be warm and wants to be in bed at a room temperature of 72°F and being well covered. Even though she craves the

warmth of the bed, she becomes too warm after one in bed and uncovers her feet first and then her entire body. If the room becomes warmer than 72°F she becomes congested and her sore throat becomes worse. She can't stand the stuffy room, "I need air." All her symptoms are better if she keeps herself busy mentally. The cough is triggered from a tickling in her chest, around the bifurcation of her bronchi, and is worse lying down on her sides, but is worst lying down on her left side. She has shortness of breath with palpitation on exertion and numbness of her lips, worse ascending stairs. She has no energy, "zero."

She has had heavy night sweats every night since March 23. She goes to bed feeling very chilly, and then she wakes up in the middle of the night from deep sleep and she is all wet. She still wants to eat sweets, a chronic food craving. She took on her own two doses of her chronic remedy, that is Sulphur MM, earlier today and both times she fell asleep and the headache and sore throat improve greatly, but it kept returning. She was told to take one tablespoon of water containing Sulphur MM, four times a day for the next two days.

April 5, she said that she slept most of the last two days and felt better especially last evening, but that the headache kept coming back, "really bad." She woke up this morning without a headache but within an hour, "bang the headache was back." The cough is unchanged. Her oropharynx feels dry and raw and burns with each breath of cold air, which dries it out. Her lips are also very dry. She is never thirsty. She feels nervous and has been under high stress. Her fever and headache returned suddenly after waking this morning. She has not yet repeated the remedy today. The headache is now 8 out of 10 in terms of intensity. She was told her to take the remedy now at 2.30 PM and repeat two more doses one hour apart, and she will be called back that evening.

April 7 at 1.20 PM: Her physician forgot to call her back the evening of April 5. The Sulphur made no difference this time. She is now much sicker. She can't get out of bed. Her headache is now much worse. It is better after eating, much better while lying down, closing her eyes and by applying pressure, and much worse with stress. She wants to drink hot drinks with lemon and honey, but it doesn't help her throat anymore, which is at a level of intensity of 6-7 out of 10. I had her try a cold drink, and to her surprise it helps the sore throat. The sore throat extends to her ears and is sometime of burning and

stinging character. The cough is dry and much worse today. Coughing aggravates the throat pain and feels rawness in her bronchi. The cough is worse on inspiration. She was asked her to take a deep breath and she immediately had a bad coughing spell. She sometimes is able to expectorate, but only a very small quantity of clear and tasteless mucus. She is thirstless with a dry mouth and throat. She wants her drinks to be hot and has an aversion to cold drinks. She doesn't have any body aches. Her hands are cold. Bryonia 1M, one dose now at 1.20 PM and repeat two more doses one hour apart.

April 7 at 4.50PM: She has been feeling better, particularly after the third dose. The cough is gone. The burning in the throat is gone. The headache is gone. She was told to repeat Bryonia 1M, three doses, one hour apart each dose, each time she would feel that she was relapsing, and at the very least to take one dose in the evening before bedtime. Because of the high-holiday, she will not be able to talk with her homeopathic physician until Monday April 13.

April 13: "I am fine." She only needed to take three more doses of Bryonia 1M, that is one dose before bed on April 7, one dose each day on April 8 and 9 because of coughing. She said that she is sure that she was sick with Covid, as she had never been so sick in her life and Covid is rampant in her community. She was told to take Bryonia 1M every third night before bed for the next 2-3 weeks. If there would be a relapse to take Bryonia 1M, three doses one hour in between each doses and to call her homeopathic physician.

April 14: She was exposed last night to the cold rainy weather, and felt the symptoms relapsing. She took three doses of Bryonia 1M and felt 100% better after the third dose. She is fine today. She was told to take Bryonia 1M each night before bed for 1-2 weeks, and with any signs of relapse to take Bryonia 1M every hour for three doses. If there would be a problem, to not hesitate to call back. She was told to tell the people in her community that they don't need to die "like flies" because of a dogma imposed by a medical establishment, that homeopathy is not effective. To the contrary, homeopathy is extremely effective, safe and quick, while the conventional model has shown to be helpless to deal with such an epidemic.

3- April 5, 2020: H.S., 67-year old male, is a university professor of medicine, who was infected in the hospital while treating Covid patients. He became ill on March 13, on which day he tested positive for Covid. He is now greatly prostrated, exhausted and fatigued with pneumonia. He complains of shortness of breath, almost complete insomnia due to anxiety, fever with shivering worse in the evening and at night, skin cold, headache, back pain in the dorsal, renal and lumbar regions, taste is altered and has lost the sense of smell, no appetite, has difficulty moving, sore throat, dry cough, white coated tongue, nose bleed, oppression of the chest, he can't take a deep breath, as if the air can not go through, he just wants to remain in bed, he has no energy to sit up in bed, great anxiety and anger as he infected his wife and children and all around him, he starts to show muscle atrophy.

The homeopathic remedy *Arsenicum album* 200C was prescribed to him on April 5 and he reported feeling much better by the end of the day, as almost all the symptoms were gone by the end of the day. He came out of bed and became active. His oxygen saturation index rose from 91% just before taking the homeopathic remedy to 95%. Before going to sleep, he reported that most of the fatigue had lifted.

He stopped the homeopathic treatment on April 7 and went on to a complete recovery. (When last enquired on April 17, he was fine).

4- April 5, 2020: M.K., 59 year old male, is a medical doctor who became sick on March 25 while treating Covid patients in the hospital and subsequently tested positive for Covid and was found on CT scan to have extensive, diffuse lung involvement. He is now hospitalized and quarantine. He developed the following symptoms: diarrhea once only, recurrent sore throat, dry cough, bloody expectoration, generalized body pain, pain especially in bones, excessive thirst, great fatigue and weakness, a bitter taste in the mouth, loss of sense of smell, a coated tongue, nosebleed, a maximum temperature of 38.6°C, pressure and burning sensation in his ears, cold in fingers and feet during fever, altered taste (food tastes like drugs), no appetite, nausea, nosebleed and burning eyes. He is now rapidly getting worse. His temperature is 38.8°C. He has no energy, even to talk. He is depressed and appears hopeless. He is extremely prostrated. His body feels very weak. He has shortness of breath with his nostrils moving with each breath. He is

now anxious about his state of health, as he is progressively getting worse since he fell sick. He is intolerant to company and gets frustrated easily, but he tries to control anger, in which he fails. He lies half sitting with a couple of pillows. He feels better sitting up in bed. He is always unwell, but he is worse after 11 PM. He wants to drink cold water. He cough continually with a clear expectoration streaked with blood. His cough is worse by taking a deep breath, by sitting up and when he lies on his back. He has no appetite. He is now thirstless

The oxygen saturation index is 95%. The ferritin is continually increasing and is now at 279 ng/ml. The C-reactive protein is elevated. The cytokine IL-6 is 27 (0-7 pg/ml). The D-dimer is elevated. Platelets are low at 104,000.

The homeopathic remedy Phosphorus was given to him in water on April 5 and was repeated every 20-30 minutes until he begins to feel better. The next day on April 6, he reports feeling better. The fever is gone. His sense of smell is returning. He feels less weak. His energy level, but he remains physically weak, now 3/10. His appetite is returning. There is no more blood in his expectoration.

On April 7, he reports feeling even better. He continued taking Phosphorus 200C every four hours.

April 9, the oxygen saturation index is now 98% and his energy is now 7. He is still coughing but less.

Here is the evolution of his parameters, which changed for the better after the administration of the remedy on April 5:

	March 28	March 31	April 3	April 4	April 5	April 6	April 7	April 8
Ferritin	71	97	245	265	279H	267		257
CRP	0.2	4.12	14.25H	22.78H	23.22H	6.44	0.29	1.17
Platelets	201	133L	116L	106L	124L	146L	195	197
WBC	6	3.99L	4.21L	4.61	2.36L	3.45L	3.75L	4.16L
Lymph.	1.27	1.36	1.36	0.99	0.71	0.80	0.62	2.09

April 18: He has been completely recovered, as of April 14! He started part time treating his own patients at his hospital since 15 April. He is very happy!

He continued both homeopathic and allopathic treatments, which were then ceased on April 11 and 12 respectively.

5- A.R-S., 29 years old, an orthopedic surgeon who became febrile on Monday March 16. On March 18, he tested positive for SARS-Cov-2. His symptoms were first a dry cough, followed by chills, fever, fatigue, low appetite, very intense muscle pains, severe headache, worse flexing the head and stooping, and better lying in bed, profuse night sweat, continual coughing worse deep breathing and on exertion, shortness of breath, lower lumbar pain aggravated by any flexion and better by warmth, stretching and walking, he continually changes position because of this pain, which aggravates the pain, water tastes bad. He treated himself with Tylenol and appeared to be recovering by Friday March 20. However, on Monday 23 he relapsed. He is febrile especially at night, up to 39°C. He has nightmares in sleep during fever. He has no energy. He just wants to sleep all day. He is very thirsty for cold drinks. His feet are cold and his head hot with the fever. He has shortness of breath from slight exertion. Late in the evening on March 26, he is prescribed the homeopathic remedy Natrum muriaticum 200C. Within 20 minutes he reports feeling better. The next morning on March 27, he feels 10-20% better. The energy is better. The cough is almost gone. On March 30, the Covid test was negative but was gain positive on March 31. He improved gradually afterward. However, on April 2, he reported his energy was 9 out of 10, but that the oxygen saturation index remained low at 90%. On April 3, he felt completely recovered and tested again negative.

A series of six cases of Covid from Istanbul

Here are six cases of Covid (the first five tested Covid positive and the sixth one is a suspected case, but who tested Covid negative) that should interest any clinician who has any experience with the treatment of such cases. Cases 1 and 4 are persons of the more susceptible age group with co-morbidities who presented diffused pneumonia and were hospitalized. There are typical examples of Bryonia cases. The course of the disease was clearly reversed by taking the homeopathic remedy.

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Cases 2 and 3 were summarized in the above series, as cases 4 and 3 respectively. However, in the following cases description the dialogue between the two physicians, Dr. Sarper Diler from Istanbul, and myself, was kept for educational purpose.

1- The first case is a hospitalized patient in which signs of recovery are dose-related to repetition of the homeopathic remedy. A university professor of medicine reached out to me after two of her closed emergency room colleagues and also faculty members had died of Covid. She called me to ask if I could help her with some cases of severe Covid.

Woman 70 y.o. consultation by telephone only.

Covid 19 + under quarantine in a hospital since March 22.

Symptoms started in Saudia Arabia on March 15 after getting cold with nasal congestion started coughing severe and dry on March 16 she had dry mouth, sore throat, thirst, dry throat which did not get better with drinking water (normal tap water room temp)

On March 22 quarantined test +, high BP under control with medication.

She had 2 focal pneumonia bilat in lungs.

Cough dry, sore throat, fatigue, fever 37.2 C. Movement involunraty wants to lie down, SOB +3

No fear anxiety but very low energy (1/10), fatigue +3, aphteous lesion (white) in palatinum pain on right shoulder and arm somehow eye irrigation (bilat)

She tends to accumulate money does not like hot does not wear collar craves for fish, green veggy.

Likes bonny red meat but does not like red meat poultry.

Likes acidic food and hot spicy food.

Unresponsive to allopathic med-plaquenil and other antivirals.

21 March started Bry 30C 3 dose every 5 min

22 March 4 doses every 4h

23 March 2 doses morning just before sleeping

24 March 1 dose at night

nausea and vomiting only 1 time

25 March 1 dose at night

nausea, bad taste of water, aversion all food, fatigue

26 March **200C** Bry morning and night

27 March 1 dose at noon

28 March 1 dose at 3pm

29 March 1 dose

30 March no dose

Physical symptoms mostly got better. Coughing stopped, no fever at all, feels better.

CT: show no progression of pneumonia. Doctors impressed as some other corona patients at the same state died and some others went into the ICU.

Today it is 30 March, morning pain in throat when swallowing (diminished afternoon but still exists).

Aversion to food – when food comes in her room she disgusts but forces herself to eat. Fatigue better but still persist although she started walking in room. Feels better now when she walks.

Energy (6/10).

No SOB.

She craves lemons (and sour things)

No pain on shoulder, pain on right arm diminished

She said she is pale and tongue whitish (most probably she has been like this since beginning and now she realises as she started walking and looking at mirror but still lying down but does not sleep. Feels better now when she walk a bit but as she is old she goes back after a while. She feels thirsty but reluctant to drink much (drinks 1 or 2 glasses a day -- because water tastes not tasty (bad taste)

Some homeopaths advised me to stop Bry and continue with Lyc 200 but I am not sure

.

I see and feel Bry 200C still works...

Water not tasty can also be Nat M as indicated in your last webinar

taste loss can be Bry, Bell, swallowing pain bry, sour drinks but not lemon also Bry.

What is your advice?

A: Stay on Bryonia until for sure the patient stops responding. Give her Bryonia 200C every 2-3 hours for about 4-5 doses and follow up to see if she feels better.

Try to monitor the oxygen saturation index at rest and after a mild exertion. If Bryonia is the correct remedy the saturation index will increase during this interval of time.

You can also monitor the heart rate, the temperature and the respiratory rate.

Look at her tongue before and after this repetition of the remedy, and see if it changes.

See if now or when she used to be in her chronic state before the infection and since the infection, if she is chilly, normal temperature or tends to be too warm in bed. If too warm, ask her how often she sticks her feet out of the blankets.

Give me some news as soon as possible.

Yes, you can send me more cases.

March 31:

Following up with the case; I am very happy to see how she responded to Bryonia today.

I gave her Bryonia 200C every 3h (5 times) today and she sounds more energetic on the phone now.

O₂ saturation was 92% in the morning and after repeated doses at midnight 95% and 96% but measured at rest only (tomorrow will measure after mild exertion also)

The whitish color on tongue disappeared at the end of the day and turned to pinkish red (I assume normal) after repeated Bry.

The old lady is in another hospital and doctors are unfortunately not very cooperative so I am taking the case with the consent of the patient and the family. The old lady is using

the oxymeter herself but could not tell me the HR or resp rate (but I counted approx. respiration while talking and it is around 22-24/min and this is at the end of the day)

No fever today. Feeling normal warmth in bed today after repeated doses. She said she sticks her feet out of blanket yesterday night and she felt too warm in bed but today normal warmth and her feet is not out of blanket.

Will keep you posted

Do I continue Bry 200C with same frequency and for how long?

A: Continue Bry. 200C every three at first and then four hours and five hours until much, much better, as relapses are not unusual in pneumonia cases if the remedy is stopped too early.

Keep me in touch and I will continue to support you.

April 5:

S: Still on Bry 200C four times a day and doing very well.

O2 sat is 97-98 nowadays.

She had a burning sensation of her soles and hot feet for 2 nights (days normal) yesterday.

So I continue the same, I suppose.

A: Good. Stay at four times a day.

Make sure you have the higher potencies of Bryonia at hand.

April 6:

Good news!

Her Covid-19 test turned negative today. So she is transferred to an intermediate care hospital to be under surveillance a couple of days more before she is sent back home. She is energetic today. Conveying her appreciation and gratitude to you.

This is all for today, my thanks to you.

A: Good news.

Make sure she continues taking Bryonia 200C three times a day for another 7-10 days. If at any time she feels any symptoms of a relapse even the mildest one, tell her to take the Bry. 200C every hour for three doses and then to call you.

Make sure she continues to monitor her oxygen saturation index as desaturation can happen without any sign.

Also make sure she has the higher potencies of Bry. on hand.

April 8,

I will follow up the case as you indicated and let you know. She is discharged from the hospital today and is very happy.

Is 1M OK for higher potencies of Bry or you prefer higher ones?

A: Bryonia 1M will be just fine.

April 18: You know she is happily at home still respecting self-quarantine. Since this morning she feels cold. Both palms feeling hot. Moderate fatigue. Loss of appetite and rare dry cough. Everything else is fine. What would you suggest?

A: Give her Bryonia 1M every hour for three doses and check after 4 hours. Be aware that the symptom of coldness followed by hot palms is also found under Sulphur.

April 19 at 11.57 PM: she is slightly better. Palms warm (not hot). Fatigue continues as much as yesterday she does not want to move at all. Rare coughs

Should I continue Bryonia 1M tomorrow? Any adjuvant remedy like sulphur for tomorrow also or not?

A: How many doses of Bryonia has she taken?

Today she took 3 doses every hour and 2 doses with a 4 hours interval. A total of 5 doses of Bryonia 1M.

A: How many percent better you think she is today compared to yesterday?

30% in my opinion.

A: She is not sufficiently improved. Give her Bryonia 10M every hour for three doses in the morning, midday and before bed.

April 27: She is still on Bryonia 10M. Just a little bit of tiredness when she does house work.

A: I am assuming that a CBC was done and she is not anemic. If this is the case, she will to take her chronic remedy. I can help you with the chronic remedy if you get me the chronic case.

2- April 4, 2020 at 2 AM: Male M.K., 59 y.o., medical doctor. Initial symptoms began 10 days ago with sore throat, dry cough, generalized body pain, pain especially in bones, very thirsty, drinks much water but slowly, desires to drink cold water, diarrhea once only, fatigue++, bitter taste in mouth, tongue whitish, fever 38.6C max, agg. Evening, no dyspnea, no chest pain. Diffuse extensive lung involvement on CT.

His homeopath prescribed Bryonia 30 every 5-6 h until yesterday (i.e., 4-5 days)

He is referred to me this morning. He is Covid + and in hospital quarantine.

Fever 38.4 in the morning and 38.4 in the evening.

He describes slow onset of symptoms 10 days ago.

Pressure in ears and burning sensation in ears. Cold in fingers and feet during fever. No shaking or shivering.

Weakness +++, fatigue++ Physical energy 4/10.

He had much desire to drink water. Now normal desire, but still desires for icy water.

Taste deteriorated. He feels as if food tastes like drug. No appetite. He likes eating fruits cold but meal hot (this is his normal behavior).

Nausea +, but no vomiting.

Cough became with some expectoration in very small amounts; whitish, relieves when expectoration is thrown out as sputum. Observed slight blood in sputum once.

Burning pain in throat every now and then, tickling sensation in throat.

He has asthma.

Nosebleed-epistaxis (mucus mixed with blood) a couple of times.

Burning sensation in eyes.

Mind anxious about time passing with his disease has not yet been cured. He became irritated and less tolerant to everybody. Gets frustrated easily and he tries but fails to control anger.

He has IBS (1 time diarrhea history).

He lies half sitting with a couple of pillows behind. He feels better sitting, but desires to move.

Bad generally all day, but worse after 11pm.

mind – anger

water cold desire

generals- weakness

mouth taste- bad

cough- loose

expectoration -white

nose-epistaxis

resp – expectoration- catarrh
generals – sitting amel

Ars 200 is my remedy/potency of choice

Do you have any question? If not, what is your advice for this patient? Which rubrics are in frontline/decision maker?

A: April 4 at 4 AM: When you say that he drinks slowly, do you mean sipping? often?

Find out what temperature of the room would be preferable.

Cold or warm drinks or neither aggravate or ameliorate the sore throat when it was present.

What makes him cough?

What is the taste of the sputum?

More selfish or care a lot about others type of persons?

April 4 at 6:42 PM: Clinical picture is changing: the patient is rapidly getting worse. No energy even to talk. Mind depressed seems hopeless.

Prostration ++++ General weakness all over the body.

Continued cough with expectoration. Sputum transparent, bloody mostly striated blood.

When expectorated ameliorates (i.e., feels a bit better).

Epistaxis a little.

Transparent expectoration of postnasal discharge contaminated with a little blood.

Fever 38.8.

Dyspnea unclear? But apparant with the movement of ala nasae, i.e., nose wings move.

Cough deep resp agg, sitting and lying on back agg.

Throat no symptom but no desire to eat.

Thirstiness absent.. no desire now.

Mouth bad taste

He wants room temperature. When in fever he is chilly and he covers i.e., he wants warm.

He is not selfish.

He doesn't want to move at all always wants and stays in bed.

O2 saturation 95

Ferritin 265 is nearly borderline but increasing.

CRP is high.

IL-6 27 (ref range 7)

Platelets 104,000 a little thrombocytopenia

Difficult to get more info from attending doctors and wife is rarely permitted in quarantine area.

Can we rapidly start something in light of these symptoms and follow up then?

A: April 5 at 3 AM: Give him Phosphorus 200C in water, repeat every 20-30 minutes at first.

April 6 at 1 AM: Phosphorus 200C in water helped.

Now: dry mouth; thirstiness, no desire to drink. Forces himself not to get dehydrated (he is an MD).

No SOB, no dyspnea.

Coughing agg by talking.

Coughing with little whitish phlegm (no more blood in it).

No fever but ears get hot.

Anosmia still exist but better

Less fatigue, but still weak (3/10 physical energy).

Mood (2/10).

Better appetite.

Face pale.

No fear and no anxiety.

He desires to lie in bed.

Maybe Bryonia at this stage?? if yes, the potency?

April 6 at 1.12 AM: What about the bad taste in the mouth?

Is the cough still produced by lying on the back and from deep breathing?

Until you find the answers to these questions stay with Phosphorus.

April 7 at 12.20 AM: He feels a little better than yesterday.

What about the bad taste in the mouth? better ... he described a sweet taste in mouth without eating anything sweet.

Is the cough still produced by lying on the back and from deep breathing? Cough aggravates when he lies on his right only.

April 7 at 1.18 AM: Stay on Phosphorus even after he has recovered.

April 9 at 12.24 AM: Today although he has normal BP (130- 85mmHg), he feels dizzy when he gets up (maybe orthostatic hypotension?).

Cough agg when talking and deep inhalation and when lies down on his right side in bed.

D-dimer is increased in blood.

Appetite increased he can drink water easily today (thirstiness did not change)

He is on Phosphorus 200C every 4 hours.

April 9 at 2.53 AM: What about the ferritin, platelets, saturation and the CRP?

Please send me his all his CBC since the acute disease.

Any SOB?

Ask him to scale his energy 0-10 and the cough 0-10 and then give him three doses of the Phos. 200C one hour apart each dose and then ask him if there is a difference in the energy, cough and any other parameter.

April 9 at 11.59 PM: No SOB. O2 sat 98. Energy 7.

Cough 3, a little whitish expectoration.

Thirstless and does not drink.

Day by day parameters with screen shots.

He interestingly became impatient and stubborn since yesterday. He consented to get homeopathic treatment in the beginning but he said no yesterday and yes today. So not sure if he can adhere to our prescription. I will personally see this patient tomorrow.

April 10 at 6.27 AM: Great.

Get his blood results and review his case with him.

April 18: He is completely recovered! Started part time treating his own patients at his hospital since 15 April. Very happy!

He continued both homeopathic and allopathic treatment which were then ceased on April 11 and 12 respectively. Recovery was with slight ups and downs and he completely recovered on the 14th. I will get his lab results next week.

April 27: I only got info of the results and had blood analysis done 27 April . Relatively high lymphocyte 44%, relatively low neutrophil 41.1%, leucoctye low 3.5, very slight increase in ALT 47(normal range 41), trigliseride 220(N range 150 or less). No CT taken. The hospital is overcharged and it seems they are not doing follow ups very carefully. He is in good shape and symptom free.

A: The high percentage of lymphocytes is rather unusual, unless it is related to a effect of a drug that he is taking. Do you know the absolute lymphocyte and neutrophil counts, as maybe the lymphocytes are normal in number but a problem with neutrophilia? This needs to be followed up.

3- April 4: An academician who is infected while treating a patient. Seems Ars but your advice is gold. HS male 67y- Medical doctor prostration, exhausted, fatigue.

Slightly dyspneic

Insomnia+++ anxiety can not sleep- wakes up tired

Generally worse evenings/nights

Onset- acute-sudden on 13.march 2020

Covid19 + by 13 march 2020

Infected while examining covid + patients

fever 37.2C using paracetamol when he has fever. fever rises suddenly fever mostly evening++/night+++

skin cold. with onset of fever it becomes hot-- head, hand and feet

hands and feet cold when there is no fever. (Body burns when feet ice cold)

at the onset much shivering now reduced but still shivers at night and during fever.

Headache: frontal, temporal, neck region.

Pain lumbar, dorsal and renal regions

Thirst: a lot in the beginning now reduced. Drinks only warm water.

Taste sensation disorder++, i.e., water not tasty

Anosmia++

No appetite: when eats desire warm-hot dishes

Prostration+++ fatigue in the morning. General weakness+++

Difficult to move- does't want to move -tired

Cough-dry/no or very little expectoration. Bending forward to rid of sputum

Throat: sore throat/ pain in throat; burning, tickling, stinging pain

Tongue- whitish

Face pale

Epistaxis- while cleaning nose slightly bloody occasionally

Eyes – Burning, dry.

Physical energy 6/10.

Oppression chest, feels as if lungs are filled with something as if air does not get in and out easily. Cannot inhale deep.

Pneumonia diagnosed.

At onset diarrhea now now abdominal pain and constipation

Anxiety +++ panic+++ tension+++ rush feeling+++ fear+++ restless+++ Impatient+++

anger+++ anger to himself as he infected his wife and family—anger to all around him as he is impatient == anger to health ministry who could not take necessary preventive measures.

Desire lying down-- desire also to sit but mostly he does not have energy—no desire to move

dry skin, atrophy in muscles, dry hand feet

A: Give him Ars. 200C in water every 30 minutes for three doses and check him out after 90 minutes. If better then repeat q1-h.for three doses and check on him again.

April 6 at 12.39 AM: Ars. 200C in water every 30 minutes for three doses and this worked very well. Then I continued q1 for 3 doses and it is now time for him to sleep

Almost all symptoms gone. O2 sat rose to 95 from 91 (91 just before taking 1st Ars. 200). He was Ok with Pulse rate 76/min in the day but just before sleep 92/min. Fatigue very slight (this may be due to his tachycardia though). He is not lying down but walking in the house. His anxiety seems rising after 11pm as in the day time he was OK. Not much thirst and drinks warm water. No abdominal problems. he thinks he can not sleep so he got a melatonin pill **Do we continue Ars? what potency?**

Q in general –When do we decide finalizing the treatment for this patient and for others..do we give a remedy so they continue on their own?. For example a young lady covid19 + but detected at the flu stage and under treatment of Bry 200 . All her symptoms gone only a very little tickling cough agg by talking remained. Continue bry 200(4 times /day) for another week? or complement with another remedy before saying that she is fine to go..

A: April 6 at 12:59 AM: Answer to your second question:

Keep them on Bryonia twice a day for more 7-10 days. If at any time they develop the slightest symptoms of a relapse, such a recurrence of cough, fever, sore throat, etc. have them repeat Bryonia every hour for three doses and contact you right away.

April 17: He is doing perfect completely recovered and getting nothing since 7 April.

A: Perfecto!!!

4- April 7: 69 Female YH, COPD and diabetes patient

Covid + CT bilateral diffuse pneumonia. Quarantined in hospital. Treated with anti viral and antibiotics she had diarrhea now 2 times/day relief after stool. Heartburn (maybe due to medication?)

Fever 38.3C. Undulating fever (ups and downs every 5-6h) with chills, shivering then fever sets in. Headache during fever (similar to sinusitis pain maxillary-frontal) used paracetamol.

Skin warm.

Perspiration mainly on her head, neck and in the axillae. During fever desires to drink much water than diminishes. Drinks warm water (she has been always afraid to get sick she has been drinking warm water since 10 y)

Sore throat stinging burning pain and tickling (she also has gastro-esophageal reflux!). She used to have sore throat with colds. Throat and mouth dry drinking in sips.

Tongue white.

Eyes reddish at the onset 10 days ago.

Lumbar pain (she has had herniated L4-L5 disc before, but 10 days ago at the onset of Covid 19 she had severe lumbar pain extending down her right leg with numbness in feet/toes.

Symptoms agg. at night late from 2 am she is mostly feverish at this time.

Coughing started dry turned to whitish easy to expectorate. Since yesterday and today mixed with blood but still easy to expectorate. No chest oppression but coughing is painful. Coughing as if it comes from deep (maybe alveolar infiltration??).

O2 sat 88

Resp 28/min

Pulse 92 min

No appetite since 5 days.

BP dropped down to 110/ 55

Taste sensation disturbed

Physical energy 6/10

No fears, no restlessness, no anxiety, no panic, no tension.

Generally wants to lie down last 2 days want to sit only shortly.

Prostration fatigue since 10 days, does not want to move because of weakness (no pain described with movement)

A: Bryonia 200C two doses one hour apart and every two hours until much better.

April 10: It is 9 pm here, but I will send her a remedy tonight after I get your advices, as hours count for this patient.

Yesterday she forgot to take her anti-hypertensive pills, so today even with pills BP rose to 170/90

Heartburn after eating—the epigastric pain projects to her back, sleeping amel this pain. She has some allergic problems with cucumber, tomato (new info). She thinks that this is due to fresh cucumber, tomato.

Agg. with eggs and banana.

Heaviness feeling head.

Pallor gone in face now pinkish as before

SOB 5/10

Due to hypertension, she is in a sort of panic and anxious (tension).

Sleeping good but still wants to sleep+

Weakness +

02 sat 88-89

Resp 30/min

Pulse 88/min

Coughing 3-4/10 little expectoration phlegm pinkish yellow

Thirstiness +++ and drinks a lot (no sips). No appetite.

Progression at CT pneumonia is worsening. Medical team is planning a plasmapheresis soon.

Neutrophils are increasing. This means neutrophil/lymphocyte ratio is increasing.

Leukocyte count 11,120.

LDH is increasing.

PLT count decrease to 208,000 but rose to N today

D-dimer was very high yesterday today normalized.

Ferritin has been elevated at 124 for the last two days.

CRP was very high 2 days ago and since yesterday it dropped down to 8.34.

Tons of allopathic drugs given to her: pantaprazol, steroids, favipravir, tocilizumab, perindopril-amlodipin, insulin-metformin, avil, Gaviscon

She is currently taking Bry 200C every 3 h.

A: April 10 at 10.30PM: If she has access to the higher potencies, give her Bryonia 1M every 30 minutes for 4 doses and check her status. If she doesn't access to the higher potencies of Bryonia have her take Bryonia 200 every 20 minutes for 6 doses.

April 11 at 1.20 AM (less than three hours later): I gave 200C (we had only 30C and 200C) every 20 min. for a total of 6 doses

Better!!

She is calm

No coughing no expectoration in the last 2 h.

No SOB.

No thirst: drinks much less.

Energy 7

She had generalized itching in skin that I forgot to tell you but also better so no itching.

Pulse 82

O2 sat 93

BP 135/62

Continue 200C Bry.? less frequent

A: April 11 at 2.34PM: You need to go up the potency if she has access to let's say the 1M. Always have her take two doses before bed and then again two doses in the morning every day even after 7-10 days of full recovery. If at any time, the symptoms are returning tell her to then take three doses of Bryonia 1M one hour apart. Beware to always take two doses in the evening before bed (1 or two hours apart) and the same in the morning every day until 7-10 days after she has fully recovered.

April 11, 11.26 PM: Following your advice with Bry 1 M after 4 doses (2 morning 2 before sleep)

SOB better than yesterday dry rare cough, slight lumbar pain. She says as if the lungs do not inflate enough. Weakness 5/10. She had O2 sat 84 in the morning so needed some O2 but 88-90 before sleep

Continuing the same dosing?

A: We are going to accelerate her recovery as long as she doesn't aggravate with two doses of Bryonia 1M, one hour apart at night before bed, two doses in the morning after waking one hour apart, two doses one hour apart four hours after the last dose in the morning, two doses one apart after the last dose in the afternoon and end again with two doses one hour apart before bed.

Please give me some news by tomorrow and report on the saturation index and blood chemistry.

April 12 at 11h55 PM: Continuing with Bry. 1M until now she got 4 doses. 2 doses (1 h in btw when she woke up ---- 4h interval----- 2 more (1 h in btw). She will take 2 more doses.

She feels better.

Sat 92%

Pulse 72min.

BP 120/75 mmHg

She walked a little in room with assistance.

Energy 7/10.

Eyes seems swollen (daughter reported so I asked picture, see attached). Pallor (like café au lait color)

CRP 1.42 (was 70 on the April 7)

Procalcitonin 0.01 (was 0.21 on Feb 28).

Fibrinogen 262 (was 488 on April 8).

D- Dimer 333 (was 1238 on April 9).

Ferritin 94 (was 166 on Feb 28),
 Troponin I 37 (was 139 yesterday).
 LDH 453 (was 344 on Apr 10 and 386 yesterday).
 No other blood analysis for today.
 Continue the same potency and frequency, I suppose?

A: Yes, the same potency with the same frequency. What about the plasmapheresis, have they done it?

Good work, it is almost like a child's play.

April 14 at 1h05 AM: They did plasmapheresis 2 days ago. Today the blood chemistry looks like the one of yesterday and happy with it. With only change in LDH where high values have started falling down gradually from 463 to 423.
 She started to expectorate whitish-yellowish phlegm, which was not too difficult to bring out. Following the same potency/frequency?

A: Yes, the same potency and repetition, and be prepared to use Bryonia 10M with her in the near future.

April 14 at 11.48 PM: Duty at the hospital tonight.
 The patient feels more energetic 7-8/10.
 LDH further decreased down to 364.
 Leucocytes 8300 (decreased)
 O₂ sat 91%.
 Pulse 75
 BP 120/72
 Glucose levels slightly high (142mg/dl) because she is getting steroids. Phlegm brownish.
 Continuing as yesterday

A: Yes.

April 17: She is good. Sleeps well. She feels she is really recovering. SOB better. She walked in her room easily, but still wants to be in bed. Little whitish phlegm easily expectorated. Coughing slightly in morning when woke up but no modality.

Physical energy is 8/10.

BP125/80.

Pulse 76/min.

Resp 22/min.

No report provided

Eye swelling disappeared spontaneously.

Triglycerides: 205 (slightly higher than yesterday 167 but less than 2 and 3 days ago respectively 236 and 313).

Fibrinogen gradually decreasing since Apr 8 when it was 488 and was 177 today).

D-dimer normalized.

LDH 570, it was 360 two days ago.

Leucocyte 10.4

Liver enzymes AST and ALT are within normal range

Not changing the prescription for her?

A: Very good progress. Stay with the Bryonia 1M with the same repetition.

April 21: I have good news for this patient.

No Coughing. Physical energy 9/10. No SOB. No other complaints.

BP 125/85, pulse 84, O2 sat 98

She will be discharged from hospital today

Do we continue Bry 1M same posology at home and for how long?

A: Tell her to take the Bryonia 1M three times a day for one week and then twice a day for another week. As soon she would notice any flu like symptoms making their

appearance tell her to take Bryonia 1 M every hour for four doses and to contact you at once. Also make sure she has Bryonia 10M with her.

April 27: She has some kind of heartburn since 2 days now despite proton pump inhibitors and antacids. especially after eating she still has.... **AGG**-Spicy foods, raw garlic, onion and other raw vegetables, pasta and yoghurt ..

She does not have heart burn in the morning

After eating she has meteorism, flatulation and eructation (gives her relief still slight loss of taste. Appetite still less than her normal..

drinks a lot of water

easily get tired..sleeps well 7-8h by night and approx 2 or 3 times 30 min povernaps during the day

No other complaints remained..

She yesterday took sunbath at the roof and got cold. So now she has cold symptoms-- sore throat, no fever yet but shaking

She is still on 1M Bry as you said.

A: Her body now need to heal this old recurrent tendency for cold and sore throat when taking cold and the heartburn, which should be the same remedy. Once this is addressed she should be in a much better state of health. I can help you with the chronic remedy if you get the chronic case.

5- April 16, 6.25 PM: KA, female, born 1949, major complaint is coughing that started on April 3, slow onset.

She visited the emergency room at a hospital due a minor trauma on her knee but was exposed to corona patients at the ER.

She tested Covid19+ on April 1st.

No fever, no shivering, no perspiration.

Mild pain and unease in the abdomen, no specific region, no constipation, no diarrhea.

Thirst and water drinking as before of room temperature drinks. No modality.

Desire eating hot dish.

Sore throat: bilateral tickling.

Mouth dry during night, daytime normal.

No taste or smell disorder.

Wakes up during night and gets feet out of cover several times for sometime then recovers.

Coughing dry no expectoration, agg. by deep inhalation and air current

Tickling throat also agg. by deep inhalation.

Eye reddish, no burning.

Physical energy 6/10.

No SOB.

Anxiety slight+, Tension+++ , Fear +++, impatient+++ she doesn't like waiting, she does not like laziness. She is studious. She likes travelling (always with a company) and socializing.

She is hypertensive and under medication.

She is quiet obedient, caring for others, shy, hates noises.

Also when swallowing food and her pills and drinking any liquid coughing is aggravated.

A: April 16 at 8.30 PM: Does desires hot dish means hot spicy or hot temperature of the foods?

She prefers to be alone or in company?

What temperature of the room she prefers to have?

How is the cough lying down or walking into the cold air?

April 16, 11.59 PM: She desires foods at hot temperature.

She always prefers to be in company.

She prefers normal room temperature.

She doesn't cough when lying down, but when sitting the cough is aggravated.

The cough is worse in the cold air and by air draft.

A.: April 17 at 5:51 AM: Sorry, I got real busy in the clinic. Her remedy should be Arsenicum album. Give her Ars, 200C every hour for three doses and do a follow up 4 hours later. If Ars. is the correct remedy, she should be much better by the fourth hour. Then you give her remedy q3-4h when awake until you report to me.

April 18 at 1.54 AM: She got Ars, 200C every hour for three doses. She feels more happy mood 8/10, physical energy 8/10. Burning of eye disappeared. No sore throat, no tension, no fear or anxiety. She is still coughing when sitting but less than yesterday. I prescribed q3-4h only half an hour ago. I will hear from her tomorrow

A: April 18, 2.11 AM: Very good, but make sure to tell her that at any time she feels worse, i.e., sore throat, burning eyes, anxiety, etc. returning, to take Ars. every hour for three doses.

April 19, 2.36 AM: She started having occasional coughs when sitting and slight sore throat. I gave her Ars. every hour for three doses. Then she slept. Let's see how she will do tomorrow. If she is better I will continue q3-4h, right?

A: April 19, 2.47 AM: Yes, every three hours and if any sign of symptoms wanting to return, i.e., sore throat, fever, etc., have her take the remedy every hour for three doses

April 27: She is in perfect shape. She has been treated while in self quarantine. Arsenicum album seemed to work just great. She got Ars 200C every three hours until Saturday (April 25). And stopped the remedy. There has been no sign of relapse in the last 2 days.

A: OK keep a good eye on her and instruct her to repeat the Ars. q1h for three as soon as she noticed any flu-like symptom returning.

6- April 18 at 3.15 A.M.: LC is 40 y.o. female whose chief complaint is back pain (as if there is a rock on her back), headache and coughing.

Symptoms worse morning and 2 to 4 PM.

She said she was so cold that she could not get herself warmed up. She shivered. She felt as if her nose frozen. She is a veteran, 50% of right lung was removed following to a terrorist attack.

First symptoms started 16 days ago with sore throat no fever. On day 4 or 5, the back pain began. On day 8, burning in urination, abdominal pain, renal pain, coughing (inhaling air agg.)

Coughing as some one stabbing with a knife on her back.

Nausea and vomiting from coughing. Nausea is better drinking water with sugar, but she then vomits.

No expectoration now but had expectoration between days 8-11 massive phlegm mixed with air bubbles but no blood.

Wheezing chest. Oppression of chest wall 6/10.

She had epistaxis day 4-11. Now the nosebleed is mild.

Nose dry, mouth and throat dry, lips dry and cracked.

Tongue whitish.

Yellowish complexion. She is a hepatitis B carrier.

She has alternating diarrhea and constipation. Diarrhea greenish.

Corona test on April 7 was negative (however I suspect a false negative) and due to the shortage of test kits, she could not be retested.

Fever on the 10th day until now and she uses paracetamol.

She feels cold outside but from inside the body she felt hot.

She is very thirsty. She said that she had never drunk this much in her life before.

No appetite.

Nearly lost all taste and smell sensations.

Hoarseness in the last 7days.

Headache: throbbing, starts over left eye projects to ear and jaw and agg. when bending.

Photophobia.

Joint pain. Pinprick lie sensation on fingers.

Very weak 2/10 physical energy although desire to get up and do some house.

She can not work, as she is too tired.

Hand and face are swollen; left cheekbone is swollen.

Purple eyebags, 4 days ago now disappearing

Insomnia due to restlessness and headache.

Sleeps well on left. Right lung lobectomy.

She has no fear or panic.

She is slightly tense, a little anxious but only for the future of her son.

Anger at life.

She has a repetitive dream/nightmare. She is on a hill and all of a sudden a group of sheep and mutton attacks her. She had a flag in her hand. Finally she could hand the flag to her son. The flag is saved but she is exposed to sheep attack.

A: April 18 at 6.40A.M.: Give her Bryonia 200C q1h for three doses and q2h afterward when awake.

April 20 at 12.40 A.M.: Bryonia 200C q1h for three doses and q2h afterward when awake done. She started the day well. Until lunch time she coughed with extensive expectoration—phlegm green with bubbles.

She was unease in her abdomen but no diarrhea or constipation.

Afternoon physical energy was 6-7/10; stood up and did some house work, cooking.

Last 2 hours she restarted having sore throat, tickling and stinging pain in throat tickling induces coughing but no expectoration no back pain (which was severe yesterday), no perspiration, no fever, 1M tomorrow??

A: April 20, 12.51 AM: Yes, Bryonia 1M qih for three doses in the morning and wait 4 hours and repeat again q1h for 3 doses as well as before bed.

April 21, 1 AM: She got Bryonia 1M 3 doses when she woke up at 11am. After 4 hours she repeated q1h for 3 more doses. It is nearly 1 A.M. and she got the last dose and slept.

Fatigue decreased by 50%. No coughing for the last 4hours.
Back pain the same, no nausea.

She had her menses today, which were very painful, which is unusual.
Her left hand swollen and reddened—see attached picture of her hand.



A: April 21 at 3:55 AM: From the picture it looks like it is a local inflammation of the back of the hand. Also I can see swollen veins and it seems that the fingers are not involved,

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Correct?

Could she have a small cut or cat bite?

The menses being painful is strange and it should not be related to the remedy. We know that the virus cannot only affect the lining of the respiratory tract, but also the digestive tract, kidneys, the heart and the brain. I wonder if in her case it is also affecting the uterus.

April 21 at 5.23 PM: “From the picture it looks like it is a local inflammation of the back of the hand. Also I can swollen veins and it seems that the fingers are not involved,”

Correct? Yes correct. The thing is that the onset of the Covid-19 was with the same sort of skin involvement (swelling, reddening and eruptions) she now said she also had at her back (she will provide pics shortly). So can this possibly be following Hering’s law of cure? i.e., *The cure must proceed from centre to circumference, from within outwards*

“Could she have a small cut or cat bite?” She doesn’t think so.

“The menses being painful is strange and it should not be related to the remedy. We know that the virus can affect not only the lining of the respiratory tract, but also the digestive tract, kidneys, the heart and the brain. I wonder if in her case it is also affecting the uterus.” If it is so, it will be good to mention in you webinars and note down when listing the systems/organs affected by the virus so that all homeopaths benefit.

Repeating again Bry 1M q1h for 3 doses as well as before bed

April 22 at 5 PM: Sorry I didn’t see this email until now. What has happened to her hand since it began to be swollen?

April 21, 11.30 PM: This patient is experiencing severe headache since 3 hours. It originates from left eyebrow region projects to right side and back of neck. Very sensitive and agg by noise. No photophobia.

A: April 22 at 12.26 AM: Have the patient put pressure on it, if better than it could confirm Bry?

Have the patient move the eyes, if worse it would again confirm Bry.

If yes to both than just repeat Bry. 1M in water q10 minutes until the HA is much better which should be in 3-4 doses

April 23 at 12.54 AM: The swelling is getting better. Her mood is 7/10, physical energy is 8/10. There is little wheezing in her chest. The sore throat is less.

She is much better than yesterday.

Is it OK to continue Bryonia 1M tomorrow, 3 doses when she wakes up, wait 4 h and repeat q1h for 3 more doses?

April 23 at 1.12 AM: The posology is fine. Excellent job.

April 27: Much better but still need time to recover (yesterday)

Since yesterday—slightly coughing. Minimal sore throat. Expectoration rare. No fever.

She had stuffy nose. Yesterday when blowing her nose, green secretion came out, which relieved the headache. Energy level 4-5/10 a little dizzy. Skin infection recovering and itching. Constipation since yesterday

Since 2 h she said she is perfect energy 8/10 all symptoms gone. She is still constipated.

She is still on Bryonia 1M 3 doses when she wakes up. Wait 4 h and repeat q1h for 3 more doses.

A: Good news! OK keep her on Bryonia 1M three times a day for another week.

The management of complex, suspected Covid cases

1- Return of old symptoms and many changes of remedies: On April 19, BG is 66 y.o. woman became sick while in quarantine in a foreign country. It all began with

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difficulty breathing at night. In the morning she had sore throat, oppression of the chest and over the heart, shortness of breath from slight exertion, heat and perspiration alternating with chills, extreme fatigue (she could only walk 20 steps at first, then no more and had to lie down in bed, as she was too tired to even sit up), sleepiness with sleeplessness, thirstlessness, rheumatic pain in her right shoulder and elbow joint, low back pain extending down her thighs and numbness near her left eye. She said she had never felt so sick in her life. She was too weak to even raise her arms.

On April 21, she was experiencing sharp pain in her left lung which slowly progressed to her right lung.

She was prescribed Bryonia 10M every two hours. The lung pain quickly improved. But the remedy had to be increased to every hour within two days, as she kept relapsing.

On April 25, the sharp pain in her lung had been replaced by diffused burning pain in both lungs, burning pain in the oropharynx and she became very thirsty for cold sparkling water. She was then prescribed Phosphorus, which made her feel much better.

On April 27, she then decided to do some chores, broke into a sweat, took cold and developed back pain. She had to take Rhus tox MM-2h, “my old friend,” which helped.

However on April 28, the lung pain relapsed and she resumed the Phosphorus and the lung pain disappeared. This was followed with liver pain, low back pain and deep sadness related to her life that she could not enjoy because of the many difficulties of life she had experienced, including the loss of her mother three months earlier and of her father the previous year. She self prescribed Ignatia 200D, which made no difference and then Ignatia 10M and all became except for the low back pain that was the result of physical exertion and for which she self prescribed another dose of her “old friend” Rhus tox MM-2h to finally be completely well.

2- The need for frequent repetitions of a very high potency: A 19 years old man, who has been in remission for close to nine years from meduloblastoma, developed the

typical Covid symptom, but very intense symptoms, including a cutting pain sore throat (10/10), no energy, dry cough, extreme dizziness when looking up, frequent diarrhea, bad taste in the mouth, sore muscles all over, oral temperature of 103.9°F fever, dry, red and glassy eyes, coryza, heat of the head and coldness of the body. He had been in remission after a few years of treatment with Phosphorus. He became better with this acute suspected Covid on Phosphorus, but this he had to take Phosphorus MM-8h every 30 minutes, otherwise he would keep relapsing. He was negative for strept throat, while the SARS-CoV-2 test results are pending.

3- Managing a serious underlying chronic disease in a suspected Covid patient: In early April, this 37 year-old woman helped a friend in crisis who had flu like symptoms with great shortness of breath at the height of the Covid epidemic in Spain. Some days later around April 7, she began to sneeze with coryza. On April 9, she experienced dizziness, trembling on rising and exhaustion. On April 10, she developed a sore throat, intense headache, great fatigue, heaviness of her body, body aches and a feeling of having been sedated. She self-prescribed Bryonia 30C and then 200C, which helped greatly (throat 70%, cough 100%, muscle aches 60%, energy 40% and headache 40%). Gelsemium 30C was followed which removed the feeling of sedation and the achiness and heaviness of her body.

However, as the suspected Covid condition kept relapsing, the metastatic lymph nodes from a melanoma were growing and becoming more painful. Also as she was relapsing she began developing severe shortness of breath with chills, oppression of the chest and great weakness and anxiety. She had difficulty taking a deep breath. Arsenicum album 30C was prescribed, which at first aggravated her symptoms and then improved most of them. However, the lymph nodes became even more painful and felt more swollen. On April 19, her chronic remedy Conium 200D was represcribed, which helped, but the acute condition became more manifested especially regarding the shortness of breath. She was prescribed over the coming days Calcarea carbonica 30C and Sambucus 30C (but only 5C could be found at 11 PM). As the breathing issues were improving the lymph nodes became again more inflamed. On April 22, another dose of her chronic remedy, Conium 200D, was prescribed, which quickly helped the pain the

lymph nodes by 20-30%. The next day the sore throat relapsed with the fever, oppression of the chest, coughing, burning in her chest, dyspnea, headache, anxiety and discouraged feelings with weepiness. She was represcribed Bryonia, which helped most of the acute symptoms. Pulsatilla was followed, which further improved her condition, but the lymph nodes became inflamed again. On April 25, when the dyspnea, chest oppression and anxiety relapsed she was prescribed Phosphorus 30C, which was followed by improvement of all her symptoms including the lymph nodes. But as she was repeating the Phosphorus 30C for the relapsing symptoms of the acute condition, the lymph nodes became acute again. Conium 200D was repeated each time the lymph nodes became worse and Phosphorus each time the acute symptoms would relapse. On April 30, all acute the symptoms were gone or greatly improved and the lymph nodes had quieted down, but she remained fatigue as if depleted of nervous energy. She was told to repeat her chronic remedy, Conium 200D, as needed.

4- Managing an immune-suppressed person with suspected Covid. This 64 year-old woman was diagnosed in October 2019 with stage III small-cell lung cancer with a poor prognosis. She had been a smoker for 40 years. She responded very well since her diagnosis to Phosphorus. She went through all the loops of chemotherapy and radiotherapy. At the beginning of the Covid epidemic, she was told to self-isolate in her room away from other members of the family because of her immune-suppressed condition. However, she still had to leave her house to be tested at the hospital. The good news is that her oncologist decided to stop treatment, as all signs of cancer had disappeared to his surprise. The bad news is that on April 21, she developed a 38°C fever and chills with headache, dry cough, shortness of breath, oppression of the chest, wheezing, general body achiness and earache. She responded right away to Bryonia 200C, but because of her immune-suppressed condition, the fever kept relapsing and the remedy had to be taking very frequently, often every hour for several hours until the her temperature would come down. However, she had to return to her chronic remedy Phosphorus MM-11h. Then on April 23, Bryonia 1M was begun. Then on April 29, Phosphorus MM-12h was begun. As the fever with the cough, headache, shortness of breath and weakness kept relapsing. Phosphorus was raised to MM-13 on April 30 and to MM-14h on May 1.

5- A similar scenario in an immune-compromised patient. This 68 year-old woman was diagnosed with multiple myeloma in the summer 2019. She has received limited treatment of chemotherapy and immunotherapy because of their side-effects. On March 12, she developed what began like a “really bad cold,” but progressed quickly into dry coughing with pronounced shortness, an inflamed feeling of her lungs, absolute no energy, headache and desaturation at rest at 92%. Each time she would repeat her chronic remedy, Sulphur CM, she would feel better at the saturation would rise to 96-97%. On March 19, the saturation had risen to 99%, but she kept relapsing, and Sulphur DM was prescribed. On March 21, the potency was raised to Sulphur MM, as her acute condition kept relapsing. On March 29, she developed sharp chest pain and a most severe headache. She was prescribed Bryonia 200, which improved greatly. On March 31, she was stable with a saturation at 98-99%, but began experiencing constriction of her chest with pronounced photophobia. She was prescribed the first remedy she had taken when she first consulted me after her diagnosis, Conium MM. All improved but the remedy had to be repeated frequently 3-9 times a day. Finally the picture changed on April 10, she had a reoccurrence of the sore throat with an aggravation of the cough. She was prescribed Arsenicum album 200C and has remained mostly asymptomatic until her last visit on May 1. Her multiple myeloma profile of the last three monthly blood tests (the last one was on April 27) shows that she moving into remission.

6- A suspected Covid patient with symptoms compatible with encephalitis. A colleague reached out to me on March 30, “I probably have Covid. We have had COVID in California for about 3 months. I am sure that there are tons of asymptomatics hanging around. My guess is it was either the bank or the store. Running a low-grade fever but have had splitting headache for 3 days and I haven’t had a fever for about 6 years when I had a kidney infection. Fever is rising to 101.2. Biggest symptoms is very painful head. Much worse stooping (9/10 pain). Worse turning the eyes. Fever alternating with chills. Feel slight tightness in chest, defiantly not pain. Face feels hot. Difficulty focusing, feel like slurring words or speaking slowly. Pause as I try to say something. Brain feels like it just won’t work properly. Forcible stools, watery, slight pain in stomach but nothing special. Not hungry. Stopped eating as soon as I started fever. Head pain standing.

Generally restless, I am decidedly not restless. Want to stay still cause it hurts less. Head pain feels like a lesser version of what I had years ago where my brain feels like it is being smashed against my skull.” She had a positive Brudzinski’s sign for meningeal irritation, which made the head “much worse.”

She started Bryonia 10M on her own. On April 1, she wrote, “I am 90% better with no fever this morning. Bryonia was definitely the remedy, but I used my temperature to determine how frequently I needed the remedy. I was shocked when I needed a 10M sometimes once an hour. I suspect that I would have been quite sick had I not had homeopathy.”

However, the headache and the temperature continued to relapse together, as soon as she would stop taking Bryonia. The temperature would go up as high as 102.5°F when off the remedy. On April 3, she wrote, “I was doing better and fever was gone 2 days ago and so I reduced the frequency of the taking Bryonia. By the end of the day, my fever came back. Since then I can’t seem to eliminate my fever, no matter how much I take. I can keep it down, but not eliminate it. I am a little scared. I have been having cognitive issues with the headache. I believe I am one of those rare cases where it ended up with viral encephalitis based upon my symptoms. They have seen permanent cognitive deficits.”

On April 4, she wrote, “I talked to a colleague treating Covid patients at NYU and he says my symptoms are not typical. I have needed to go to a CM almost hourly in order to keep the fever down and reduce the headache. Yesterday, the headache when increasing intrathecal pressure (Valsalva) was gone. However, I can only keep the fever to a low grade level.”

On April 17, she wrote, “I generally wake without a fever but it rises to low grade. Improvement is very slow, but steady.” And she sent me this article: *What Does Covid-19 Do to Your Brain?* <https://www.wired.com/story/what-does-covid-19-do-to-your-brain/> (as well as this article in *Radiology. COVID-19—associated Acute Hemorrhagic Necrotizing Encephalopathy: CT and MRI Features.*

<https://pubs.rsna.org/doi/10.1148/radiol.2020201187>

On April 30, I told her to stay on Bryonia, as long as it is the most indicated remedy, but to increase the potency on a regular basis, maybe only a few days on the DM potency before moving to the MM and then the MM-1h and upward.

My experience in a nursing home

I had heard that a colleague, Dr. Frédéric Rérolle, had an epidemic of Covid among his residents in a nursing home in Lyon, France. He was the only physician on staff, around the clock seven days a week for 120 residents mostly between 85 and 105 years old.

Three level home:

- Ground floor: 27 Alzheimer residents
- First floor: 53 non-autonomous and severely mentally (i.e., dementia) or physically (i.e., quadriplegic) handicapped residents.
- Second floor: 40 less dependent residents.

On March 17, when Dr. Frédéric Rérolle heard of the beneficial use of Camphora in Iran, he gave one dose of Camphora 1M on two successive days to 118 out of 120 residents and the majority of staff.

On March 19 and 20, about 15 residents of the second floor only developed diarrhea, which was not serious and self-limiting.

From March 19 onward, the first 6 cases with flu-like symptoms with fever made their appearance, but only on the first floor. And then about 9 others became febrile in the following days. Fred thinks that eventually all 53 and certainly 40 of the first floor residents became infected. Within two days 2 had died. In total 11 have died (10 in the nursing home and the only one who was hospitalized).

Incidentally, the two residents who refused to take Camphora were among the first ones to die of the 11 who have died of Covid. When Fred saw that the epidemic was taking hold of the first floor, he treated everyone affected with Bryonia. All got better quickly.

However, two days after he stopped giving Bryonia a number of these relapsed. He resumed Bryonia and they all improved again. However, some of these became worse with time. And for these we had to use remedies adapted to each case which saved 6 severe/critical cases.

He has had no Covid cases on the ground floor or second floor. However, no staff was aloud to cross from the other floors to the first floor without changing their entire PPE.

Dr. Rérolle in the begining had access to only 3 SARS-Cov-2 test kits, and was able to get more. So finally only 12 patients were tested for Covid and 9 tested positive. However, the 3 who tested negative must have been false negative as they presented a typical clinical picture of Covid-19, and two of these died.

Fred wrote, "For the follow-up of very serious cases, I was helped by André Saine (whom I thank again) who, thanks to the time difference, ensured the follow-up at night by telephone from Canada, because for some the vital prognosis was very pessimistic and the remedies had to be adapted at every moment. Many cures for severe cases of two or third stage disease have been tried. I can mention Carbo vegetabilis, Kali carbonicum, Beryllium metallicum, Ammonium carbonicum, [Antimonium tartaricum], Opium, Arnica, Belladonna, Gelsesmium, Arsenicum album, etc. which had temporary effects but no cure. The most useful remedies that have cured serious cases (desaturation requiring oxygen by mask up to 9 l/min) are Carboneum oxygenatisum (Carbon Monoxide) for asphyxic forms and Hyoscyamus for major confused forms and a case of Ammonium carbonicum given at the very beginning of lung congestion before desaturation.

For the convalescence phase, I have the impression that Kali carbonicum or sometimes Opium have a positive effect. I don't have any experience with Silica yet.

And for the early phase, Bryonia still in the lead ..."

To support Dr. Rérolle in his heroic task, I offered my help on April 1. I did 19 consecutive night shifts of 9-12 hours each, from April 1 to April 19. Dr. Rérolle would come to the nursing home at 9 A.M. and would leave at around 8 P.M. and sometime

later. I would take over from about 8 P.M. until 5-8 A.M. the next morning Central European time (CET) or 2 P.M. to 11 P.M.-2 A.M. Eastern time.

I did this despite having an already extremely busy practice of my own. It is interesting to note that after the introduction of Carboneum oxygenisatum on April 7, there were no deaths for 10 consecutive nights and days.

Personally, I was in shock when two patients (Madame Jacquy and Madame Perrot) died under my care, as in forty years of practice and close to 300 cases with pneumonia of all degrees of severity I had never lost a single case. I was in shock partly because 2 nights before I had stayed up until 2 A.M. my time to keep Madame Perrot alive. She began the night with an oxygen saturation index at 84% and a pulse at 65. However, at 2 A.M. (CET) she began to desaturate down to 70% with a pulse at 48. I was in contact with the nurse every 20-30 minutes until 8 A.M. (CET) and we were able to stop the downhill spiral she had entered and kept her alive until Dr. Rérolle was able to arrive at the nursing home.

Madame Perrot died on the night of April 18. She had been relatively stable all evening with an oxygen saturation index (OSI) of 73%, 75%, 77% and 77%. Alexandra, the nurse, knew she needed to keep a close eye on her. So, when I phoned around 2:15 A.M. (CET) to obtain the reports of the 6 patients under observation, Alexandra told me that she had just finished examining Madame Perrot who had a temperature of 36.0, an OSi of 68% and pulse rate of 58. She told me that her breathing was less labored and shallower. I knew that she was sinking again as she had done at the same time two nights earlier. I then asked Alexandra to go back to her room to examine her further while I remained on the phone. Alexandra told me that, as she was approaching her, she didn't seem to be breathing anymore and that she had become completely relaxed. I asked her to get her OSI and pulse rate, which were 66% and 49 respectively, and at that exact moment Alexandra told me that her pulse had just stopped. Afterwards she said that she had gone quietly like an angel.

Alexandra and I took a rare moment of the night to talk about our experience in the treatment of these severe and critical cases of Covid.

And at this moment, I learned a bit more about Madame Perrot. She was 91 years old with dementia from Parkinson disease. She was completely non-autonomous. She was in diapers and had to be fed by the spoon. She had not talked or moved her limbs in over two years and no one had seen her eyes during this period of time.

From long personal experience and the one of other homeopathic physicians, it is difficult to imagine a person dying from pneumonia as long as a competent homeopathic physician is at the bedside of the patient and has an adequate access to homeopathic remedies, even in patients in the direst condition, such as the ones who are on their deathbed, whether the implicated microorganism is viral, bacterial or fungal, and regardless of the severity of the illness, the underlying complications such as immune deficiency, heart failure, kidney failure, lung cancer or meningitis, or the age of the patient, as in centenarians left for dying without anymore treatment, or in patients infected with resistant microorganisms.

I strongly believe that in a better therapeutic environment, a patient even as frail as Madame Perrot should not die of pneumonia.

In order to achieve this, a greater number of personal would be required to monitor patients more closely with direct access to a homeopathic physician and to an adequate supply of homeopathic remedies.

It would even be better if the homeopathic physician was able examine each patient individually and have access to the prior history of each patient.

Four positive outcomes

Despite the very difficult and unfavorable therapeutic conditions at the nursing home (greatly understaffed, poor access to remedies and poor range of potencies, and in my

case no direct access to the patients and no access to the file of the patients) there are positive aspects of our experience in this epidemic at the nursing home, which are:

- Certainly 22 of the 40 of the highly mentally or physically handicapped and non-autonomous patients who were clearly infected and perhaps up to 35 of the 53 of these who are suspected of having been infected were saved from going into the severe or critical states.
- Not a single patient on the ground and second floors and no one of the health care personal was infected.
- Six of the residents were saved out of the severe or critical states.
- For 10 consecutive days and nights we had as a rule 6 patients in and out of the severe or critical states and we had no deaths. However, eventually everyone became exhausted and the quality of care suffered.

These four positive outcomes would not have been possible without the use of homeopathy for both the prevention of non-infected patients and health care personal to become infected and infected patients to progress into later stages of the disease, and for saving the lives of 6 patients out of the critical stages of the disease despite the fact they were all highly handicapped patients.

Differential materia medica

Key to success is always to individualize each patient at each visit

Individualization (Incidentally in the series of the five severe cases, each patient needed a different remedy)

Key differential symptoms

Modalities for the **cough**: the most common have been worse taking a deep breath and talking.

Modalities for the **HA** and its character: flexing the head and stooping.

Modalities of pain, i.e., chest pain, back pain, kidney, joint pain etc.

Thirst: dry mouth with or without thirst.

Temperature and quantity to drink.

Disposition.

Posology

This is an extremely pertinent subject.

When the first symptoms appear, I tell the majority of patients to take the remedy every hour (sometimes every 15-20 min) for three doses and reassess. If it is a remedy with a high degree of similarity there will be a clear improvement, let's say after a 200 or higher potency after three hours, only you are dealing with a complex case, such as immune-deficiency..

As the Covid can be a very persistent, the remedy must be continued as the patient is recovering and after the recovery of the patients, otherwise there is a major risk of a relapse.

The best remedy for homeoprophylaxis

The more we progress in this epidemic, the more Bryonia appears to be the best choice for prevention.

Many factors must be considered for optimal prevention, which would greatly depend of the genius epidemicus in the area a person is leaving in. But aside from this if in one area if no remedy has been found better than Bryonia for both prophylaxis and therapeutic purpose, then Bryonia should be chosen, until proven otherwise.

The optimal potency and repetition for a person or a group of persons can be crucial for optimal protection, and these would be chosen according to risk of exposure, potencies availability and sensitivity of the person being protected.

For the negligible exposure risk group, that is people in self-quarantine who hardly ever see anyone from outside, the 30C or 200C once every 4 weeks should be sufficient.

For the minimum exposure risk group, that is people in self-quarantine who occasionally see someone from outside as when shopping for food once or twice a week, the 30C or 200C once every week or 2 weeks should be sufficient.

For the moderate risk group, that is people who occasionally meet other persons who could be carrier or have mild flu-like symptoms or a cold, i.e., a teller at a food store, the 30C or 200C once a week should work well.

For the high risk group, that is people who are in contact with suspected Covid or with Covid-positive persons, a 200C potency once a week should be sufficient.

For the extreme risk group, that is health care professionals who work with Covid-positive patients, a 200C potency should be taken every five days.

For all risk groups, the potency should be raised after every 6 doses, that is from the 30C to 200C, or from the 200C to the 1M, and eventually from the 1M to the 10M. As the potency increases the interval between doses could be increased depending of a person's individual circumstances.

The best remedy for therapeutic is always the simillimum in each individual case.

The most commonly and successfully prescribed remedy so far, as of May 1, has also been Bryonia for all stages of Covid.

Also it has been found by many reliable clinicians to stop the progress of flu-like symptoms when people begin to be symptomatic in areas in which Covid is endemic.

For the severe and critical states, we have used many remedies successfully but the most commonly and successfully prescribed have been: Bry., Ant-t., Ars., Carb-n-o., Carb-v., Op., Hyos.

Summary of the materia medica of the most commonly indicated remedies

Bryonia

Perhaps 60-70% of the not critical cases (However it can still be indicated in the critical state)

Profound weakness.

Prefers to lie down and **prefers not to move at all** and not be mentally active, i.e., reading, watching something on a screen, listening to music or talking.

Prefers not to move because of weakness.

Sits for a short time and then go back to lying down.

Wants to be quiet.

Difficulty to move.

Prefers to be left alone and not be disturbed.

Tends to **not** be anxious.

Feels as if the lungs do not inflate enough.

Wheezing respiration.

Cough worse inspiring, deep breathing and talking.

The cough tends to be painful, especially the chest wall, trachea, throat and back.

Nausea and vomiting from coughing.

Nausea better drinking water, but vomits afterward.

Expectoration scanty, frothy, tasteless and clear or green. It can also be yellow and bloody, and brownish towards resolution, but not the classic rusty colored sputum, which is perhaps more characteristic in bacterial pneumonia.

The Bryonia pain in the Covid patients doesn't need to be worse from motion, **except** the chest pain, which will be worse from breathing and even worse from deep breathing; sore throat worse swallowing; headache moving the eyes.

Headache worse stooping.

Dryness: dry nose, lips, mouth and throat.

Lips cracked.

Dry mouth with or without thirst: wants cold or hot drinks, often in large quantity, but not often; and can be not better from drinking (unquenchable); may be thirsty but doesn't

drink because of the effort needed to drink when very tired or because the water taste bad.

Thirst increased with the fever.

Internal heat with external coldness.

Drinks in sips in order to relieve the dry mouth and throat.

Tongue coated white.

No appetite.

Aversion to food.

Aversion to cold or warm drinks.

Loss of taste and smell.

Altered taste.

Water doesn't taste good.

Sore throat worse swallowing.

Sore throat burning, stinging.

Head feels heavy.

Sinus headache relieved by green nasal discharges.

Reddish eyes.

Epistaxis.

Hoarseness.

Back pain.

Single joint pain.

Elevated D-dimer, procalcitonin, CRP, ferritin, troponin I, LDH

Phosphorus

Very thirsty for ice cold drinks (almost a sine qua non; once a hospitalized patient with Covid after being very thirsty went to lack of thirst with a dry mouth, but it is unknown if this could have been the effect of allopathic drugs).

Anxious, depressed and hopeless about being sick.

Prefers to have consolation and someone to talk to them.

Profound weakness, even just to talk.

Altered or bitter taste.

Anosmia.

Whitish tongue.

Cough worse deep breathing, talking and lying on the back or right side and better expectoration.

Bloody expectoration.

Epistaxis.

Burning in the throat, in eyes, ears and chest.

Prefers to sit up or lie with the head high.

Dyspnea with the movement of the nostrils.

Diarrhea at onset.

Slow onset.

Elevated D-dimer.

Arsenicum album

Extreme weakness, difficulty to move.

No desire to move.

Too weak to sit up in bed, prefers to lie down.

Anxiety, panic, fears, tension, restlessness, impatience. Hurries.

Angry with himself and others.

Sleeplessness because of anxiety, despite of weariness.

Anger over his mistakes (i.e., of infecting his family).

SOB: feels as if lungs are filled with something as if air does not get in and out easily.

Deep inspiration is difficult.

Dry cough worse taking a deep breath, cold air, air draft, sitting, eating and drinking.

Tickling in throat worse taking a deep breath.

Fever worse evening and night.

Hot head, hand and feet with the fever, but cold hand and feet during apyrexia. (Body burns when feet ice cold.)

Shivering at night with the fever.

Anosmia

Water not tasty.

Desire warm or even hot (not spicy) foods.

Difficult expectoration, better bending forward.

Burning in eyes and throat.

Reddish eyes.

White tongue.

Epistaxis.

Diarrhea at onset.

Slow onset.

Feet in and out of the covers at night in bed.

Sulphur

Horrible SOB, worse stooping, walking, ascending, and talking.

Extreme weakness from the slightest exertion; too weak to walk.

Can't get out of bed anymore.

Diarrhea after eating.

Red watery eyes.

Blurry vision.

Dizziness on rising.

Hypotension worse standing.

Really anxious.

Remedies most used in the critical states

Bryonia, Antimonium tartaricum, Carboneum oxygenisatum, Hyoscyamus, Opium, Carbo vegetabilis, Ammonium carbonicum

Carboneum oxygenisatum (Carbn-o) (carbon monoxide)

E. Farrington: "A wide field for study, and once scarcely yet trodden by the therapist, is that which gives us substances capable of causing and curing asphyxia.

Carboneum oxygenisatum, as a remedy serviceable in asphyxia arising from pulmonary affections, it would seem to stand between Carbo vegetabilis and Opium having the hyperemia of the latter with the coldness of the former. Cases of poisoning with the gas have developed pleurisy, bronchitis, emphysema, with bloody sputum, weakened vesicular murmur, and pneumonia. Its subjective symptoms are: "Anxiety in the chest or

feeling of a heavy load on the chest, etc.” There are also recorded, rattling of mucus in the air-passages, bloody mucus raised from the bronchi, heat in chest, and abdomen, extremities cold.

Want of oxygen in animal tissue invariably leads to a general disturbance, the central phenomena of which appear in respiratory and cardiac symptoms. The blood in the capillaries is retarded in its flow, and at length fails utterly to pass into the veins. Then the heart, which at first worked harder to overcome the resistance, beats more and more quickly, but at the same time more and more feebly, until it finally becomes paralyzed. Such a calamity follows first, because the heart muscle is exhausted by its undue efforts, and secondly, because its blood, deprived of oxygen, fails to impart its essential stimulus.

The symptoms which more or less characterize asphyxia are: "Pectoral anxiety, dyspnea, rapid feeble pulse, surface coldness, restlessness or stupor, with cold blue skin."

The patient soon feels stupid, confused or acts like one drunk. Respiration becomes stertorous and slow; the breath becomes cool, and complete unconsciousness.

The temperature falls perceptibly.

Carbon monoxide is much more poisonous, producing death, not only by suffocation, by displacing the needed oxygen, but by another remarkable peculiarity. It has the property of displacing oxygen from the blood and taking its place there. You know that oxygen is carried along in the blood by the red corpuscles. Carbonic oxide has the power of supplanting the oxygen in these structures. For a time, it seems to act like oxygen, but soon its poisonous properties are manifested with all the inevitable results of asphyxia.

E. Farrington

Prickling in the mucous membrane of the nose, sneezing, and profuse secretion of mucus.

There was a short dry cough.

Short cough when moving.

Respiration was very much oppressed, with very great desire to lie down.

Weak, could not get up.

Respiration 26; on deep inspiration stitches in the lower portion of the right half of the chest.

Dullness in the lower portion of the right side of the chest; respiratory murmur impaired, with fine rales; through the other portions of the lungs were coarse rales with increased respiratory murmur.

Respiration irregular and superficial.

Breathing labored, blowing, and irregular.

Respiration rapid and sonorous, resembling a groan more than snoring.

Respiration inaudible at a short distance, extremely short and suffocative, with intervals of suspension.

Asphyxia and an increase of the pulse from 73 to 137

Found in a comatose condition; afterward pleuro-pneumonia of long duration.

Stertorous respiration, pneumonia on the right side.

Dryness and scraping in the throat, causing cough.

Rattling of mucus in air-passages.

Bloody mucus is raised from the bronchi.

Respiration audible, almost rattling, slow, stertorous.

Respiration rattling.

Respiration rattling, now and then intermitting.

Stertorous breathing.

Respiration is for a long time quiet, but afterwards it becomes accelerated, frequently with extraordinary energy and rapidity; expiration is quick, inspiration deep, rattling; latter there occur periods of complete intermission, followed by four or five inspirations.

Respiration very soon becomes slow and stertorous, breathing now rapidly, now slowly.

Respiration 24 (after one hour).

Respiration 20 to the minute.

Respiration short and rapid.

Expiration greater than inspiration.

Respiration oppressed.

Respiration difficult and interrupted.

Respiration very labored.

Somewhat impeded respiration.

Sense of suffocation.

Sense of a burden on the chest.

On breathing, feeling as if a heavy load on chest.

Short cough, oppression, dyspnea.

Dull sense of smell and taste.

Great sleepiness for several days.

Never slept so long before.

Temperarute: subnormal 34.6 to 38 [39].

At night, in bed, burning heat all over, without thirst; despite this heat and fever, slept lightly until one AM, after which increase of heat, with thirst and dry mouth; the thirst was satisfied by drinking only a little; the heat, as well as the thirst and fever, now gradually diminished, and the bed, which had hitherto been too warm, was now too cold, so that he had to have more covering; sleep returned[37].

Marked relief, especially to heaviness on chest in fresh air.

Patient depressed and stupid.

Apathetic.

With the lassitude, an unusual apathy, and indisposition for any muscular exertion.

Mental inactivity.

Mind sluggish.

Felt in a very confused and stupid state.

Confusion and stupefaction of the senses and intellectual faculties, amounting at last to complete unconsciousness.

Answers only with difficulty.

Stupor and imbecility.

Consciousness disappears

Complete loss of consciousness.

Comatose.

Could not be aroused.

Looks anxious.

Face pale.

Pale face, warm to the touch.

Very pale face, continued for several days.

Extremities quite cold.

Pulse varying in force and frequency, at times almost imperceptible, the number ranging at different times from 80 to 120.

He appeared like one whose functions and powers of the system were almost extinguished.

No motion of any muscles except those concerned in respiration, which was chiefly diaphragmatic.

His appearance was that of a calm and tranquil sleep; countenance was of a pale leaden aspect.

Extraordinary weakness.

General debility and malaise.

Felt his strength fail him.

Every voluntary moment, even speaking, difficult.

Rising and walking seemed a most tremendous exertion.

In morning could not rise up.

Prostration.

Great prostration.

Complete prostration.

Inclination to faint.

Sensibility of sight, hearing, smell, and taste also greatly lessened.

Body all sore.

Whole body sore to touch.

Soreness of all the muscles, as after excessive fatigue.

Dryness of the throat.

The sore throat continues, and extends to the right ear.

No inclination to eat.

Anorexia

Nausea and vomiting.

Loss of consciousness for a long time. Allen

Similarities between Covid and carbon monoxide poisoning (CMP) pathology

“The signs and symptoms of nonlethal carbon monoxide exposure may mimic those of a nonspecific viral illness. Since viral illnesses and carbon monoxide exposure both peak during the winter, a substantial number of initial misdiagnoses may occur.”ⁱ

Flu-like illness is the most common misdiagnosis.ⁱⁱ

Radiographic changes of the lungs in patients with CMP: Roentgenologic abnormalities were observed in 18 cases. “The ground-glass appearance was the most common finding, usually representing the initial manifestation of acute carbon monoxide poisoning. This was observed in 11 cases: 6 cases as the only manifestation.

“The ground-glass appearance was the most common roentgen finding of acute carbon monoxide poisoning, usually representing the initial chest manifestation. This lesion presents as a soft, veil-like, homogeneous density occurring predominantly in the peripheral portions of the lung.

“Accordingly, the ground-glass appearance in acute carbon monoxide poisoning may be considered parenchymal interstitial edema caused by tissue hypoxia and/or the toxic effect of carbon monoxide on alveolar membranes.”ⁱⁱⁱ

“The pulmonary edema of carbon monoxide poisoning may develop from one of several pathophysiologic mechanisms. The effect of prolonged hypoxia plus the toxic action of carbon monoxide itself affects capillary permeability and gives rise to pulmonary edema.”^{iv}

“Pulmonary changes in acute carbon monoxide poisoning might be compared to a mirror image of tissue damage reflected on the lung fields. These changes suggest tissue edema or hypoxia on one hand and interfere with arterialization of the blood in the lungs on the other, resulting in a further marked degree of tissue hypoxia.”^v

Pulse is rapid, about 120 per minute, respirations, intermittent with occasional periods of apnea; and temperature, 97.3. ... Decreased breath sounds and scattered ronchi were heard bilaterally.^{vi}

Generalized scattered rales are found in both lungs in both Covid and CMP patients.^{vii}

Intra-alveolar edema was demonstrated in 3 cases with CMP.

“The gross pathologic changes of the lung in 351 fatal cases reported by Finck in 1966 were congestion and/or edema in 66 per cent and hemorrhage in 7 per cent of the cases.

“The pulmonary changes in acute carbon monoxide poisoning are attributed primarily to prolonged hypoxia and the toxic action of carbon monoxide itself on the alveolar membranes. These factors affect capillary permeability and cause pulmonary edema.”^{viii}

On gross examination in both Covid and CMP poisoning, the lungs are edematous and vivid-red (described as carmine red^{ix} for CMP) with the absence of mucous secretion or hemorrhage.^x

In CMP elevation of the right hemidiaphragm was found 7 patients (which was thought to be due to lung fibrosis).

Both Covid and CMP patients present with tachycardia and tachypnea.^{xi}

“Unconsciousness occurs at about 60% saturation and death occurs at 60-80% saturation.”^{xii}

Both Covid and CMP patients have significant metabolic acidosis, LDH and elevated AST.^{xiii,xiv,xv}

Hyperbaric chamber therapy that is found beneficial in CMP patients could potentially be found useful in Covid patients with ARDS.

Three days after the introduction of Carboneum oxygenisatum in the nursing home in Lyon, France, Dr. Frédéric Rérolle wrote on Friday April 10, “Here is our first case in which Carboneum oxygenisatum was prescribed. I can confirm that the severe forms of Covid-19 that I have unfortunately had in older people have presented a picture very similar to the MM of Carboneum oxygenisatum.

“It is still too early, but I am happy to be able to give you the beginnings of the first results on a patient who has been seriously affected since at least March 23 and who was managed to stay alive but without stable results, forcing us to switch from one remedy to another with a saturation which remained low between 83-(87% under Carb-v.) under O₂, an oscillating fever and severe breathing difficulties.

“Under Carboneum oxygenisatum 200 and then 1M since the evening of April 8: the saturation rose quickly to 90, 93% and remains stable, no fever and very good clinical

improvement on auscultation. The whole team finds him transformed, rejuvenated! To be followed but after many failures and deaths I regain hope.”

Why we should knock at every door to request clinical and prophylaxis trials with homeopathy

For reasons already mentioned above and others mentioned below, everyone in a strategic position should request governments and health agencies to begin as soon as possible clinical and prophylaxis trials with homeopathy. We need to knock on as many potential doors as we can with the hope that at some point someone will listen and realize the great reasonableness of our request, which should be emphasized is for the sake of all. Our arguments for this request are very strong and indisputable:

- 1- Our two-hundred-year record in epidemics is extraordinary and has never been seriously disputed in two over centuries.
- 2- In the current Covid pandemic, our preliminary results are beyond all expectations, except for the ones who really understand the potential of homeopathy in epidemics and would be surprised that people in severe and even critical stages have recovered fairly quickly, gently and with little efforts.
- 3- This epidemic is here to stay and recurrence SARS-CoV-2 epidemics will keep occurring around the world for many more years.
- 4- This pandemic is carrying a very high mortality rate, especially in the elderly segment of our societies and is creating great havoc in people social life and every economy of the world.
- 5- No one can predict the long-term health effects of this pandemic on the population, such an 11% mortality *within the first year* in the ones who have been hospitalized and have survived community-acquired pneumonia.^{xvi}

6- During the 2014 Ebola epidemic the WHO concluded, "It is ethical to offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention."^{xvii}

7- By adding homeopathy as an adjunct to conventional medicine, patients, clinicians, conventional medicine and society as a whole have nothing to lose, but to the contrary have everything to gain, if we obtain the same success, as the ones that have already been obtained.

8- When homeopathy was previously added as an adjunct treatment in recent clinical trials during epidemics of two severe viral diseases, it was found to be clearly beneficial. For instance, hospital stay was decreased by 2 days when homeopathy was added to the treatment of patients during a dengue hemorrhagic fever epidemic,^{xviii} and mortality was 14.8% with adjunctive homeopathy versus 29.8% without homeopathy during an epidemic of acute encephalitis syndrome/Japanese encephalitis epidemic.^{xix} In neither of the trials, adverse effects from homeopathy were observed.

It would be difficult to understand why persons in their right mind would say no to such indisputable arguments.

ⁱ Ernst, Armin, and Joseph D. Zibrak. "Carbon monoxide poisoning." *New England journal of medicine* 339.22 (1998): 1603-1608.

ⁱⁱ Dolan, Michael C. "Carbon monoxide poisoning." *CMAJ: Canadian Medical Association Journal* 133.5 (1985): 392.

ⁱⁱⁱ SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.

^{iv} Mofenson, Howard C., Thomas R. Caraccio, and Gerald M. Brody. "Carbon monoxide poisoning." *The American journal of emergency medicine* 2.3 (1984): 254-261.

^v SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.

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^{vii} Naeije, Robert, A. Peretz, and Arnaud Cornil. "Acute pulmonary edema following carbon monoxide poisoning." *Intensive care medicine* 6.3 (1980): 189-191.

^{viii} SONE, SHUSUKE, et al. "Pulmonary manifestations in acute carbon monoxide poisoning." *American Journal of Roentgenology* 120.4 (1974): 865-871.

^{ix} Touati Khaled. Intoxication oxycarbonée. <https://medecinelegale.wordpress.com/2010/10/31/intoxication-oxycarbonate/>.

^x Personal communication with pulmonologist Martin T. Forrest of Lakeland, FL.

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- ^{xvi} Uranga, Ane, et al. "Predicting 1-year mortality after hospitalization for community-acquired pneumonia." *PLoS one* 13.2 (2018).
- ^{xvii} World Health Organization. Ethical considerations for use of unregistered interventions for Ebola virus disease (EVD). <https://www.who.int/mediacentre/news/statements/2014/ebola-ethical-review-summary/en/> Accessed on April 2, 2020.
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- ^{xix} Oberai, Praveen, et al. "Effectiveness of homeopathic medicines as add-on to institutional management protocol for acute encephalitis syndrome in children: an open-label randomized placebo-controlled trial." *Homeopathy* 107.03 (2018): 161-171.