

Cumulative experience on the prevention of COVID-19 and the treatment of the COVID-19 patient

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What are the reasons for another conference in the footsteps of the one of October 16, 2021:

- To give an overview not just from one's person perspective from the profession
- The advent of the Omicron variant

The reason for changing the date of this conference from the 7 to the 21 of January.

- I was waiting for the data out of the Liga Medicorum Homoeopathica Internationalis December colloquium to become available.

This conference is being recorded and it will be made available later today at www.homeopathy.ca.

COVID-19 manifests itself with different degrees of severity, from being very mild to being associated with extreme respiratory distress and a variety of other very serious complications, and must therefore be addressed seriously. Many patients who have fell sick to COVID-19 have said they have never felt so sick in their life.

This presentation was prepared by clinicians in the field from around the world and is addressed to other clinicians in the field who could benefit from a compilation of very valuable observations.

I want to sincerely thank all my colleagues who have sent in their observations to make this presentation possible. Unfortunately, I was not able to integrate all observations that I received.

This presentation is also meant to be a testimony to future generations of homeopaths, as it was with the paper that Dr. William Dewey published in 1921 in the *Journal of the American Institute of Homeopathy*, which recounts the outcome of homeopathy during

the Spanish flu pandemic that was entitled, *Homeopathy in Influenza—A Chorus of Fifty in Harmony*.¹

I will present in this review the cumulative experience of a great number of colleagues who sent me their observations, mostly during the Delta phase of epidemic, which has many advantages, including of,

- 1- Obtaining a broader overview of the outcome of homeopathy in this epidemic;
- 2- The enhancement of learning from each other's experiences;
- 3- The reporting of rare and unusual observations whose knowledge could have greater implications for our community in general;
- 4- And the comparison of results with the use of different protocols in different populations.

I will essentially address two points:

- 1- The prevention of COVID-19.
- 2- The treatment of the acute COVID-19 patients.

The prevention of COVID-19

The prevention of COVID-19 has so far been a **great success** with homeoprophylaxis, especially during the original Wuhan strain and the Alpha, Delta and now Omicron variants phase of the epidemic.

I will address the current phase of the epidemic, the Omicron phase, a bit later.

Despite the many different geographical areas and the different SARS-Cov-2 variants, Bryonia was overall the main prescribed remedy in the sick (about in 65-70% for the first stage of the disease of my patients recovered quickly under Bryonia and up to 95% in some of my colleague's practices) and for this reason Bryonia was used almost exclusively from March 2020 until the Omicron phase by many colleagues and myself to prevent COVID-19.

Bryonia was chosen very early in the pandemic, as 3 or 4 cases of my patients who presented with unusually severe flu-like symptoms in December 2019 and January 2020, responded quickly to Bryonia.

The more the epidemic progressed, the more Bryonia became confirmed as the most successful remedy we had so far prescribed for prevention, with the exception of the use of Ipecac, as in the late summer/early fall 2021, after the arrival of the Delta variants in some parts of the Northeast U.S., there was a cluster of about 8 cases in the same area that responded to Ipecac, and Ipecac was subsequently used in that area for prevention.

None of the ones who took Ipecac got COVID-19, but this no proof of its efficacy.

Here is an interesting observation reported by Betsy Beaven from Massachusetts just prior to the Omicron phase, “I found Bryonia helpful in over 85-90 percent of the cases I dealt with all year ... maybe 10 percent needed another remedy.”

Not all my colleagues abided to the same posology for the prevention of COVID-19, but here is how I recommended my patients who are *not hypersensitive* to take Bryonia, which is one dose of the 200C or 200D potency once a week to every six weeks depending on the degree of exposure and this is continued for a period of six to twelve months depending on the number of doses taken.

After six to twelve months, I recommended my patients to switch to Bryonia 1M which is taken in a similar manner for another 12 months.

After one year on Bryonia 1M potency, they were encouraged to take Bryonia 10M potency every four to six weeks for another year.

If there would be a clear exposure to someone who is coughing or with a person who has been diagnosed with active COVID-19, I encouraged my patients to take the prophylactic remedy in the potency they were already taking twice a day for two to three days.

For the ones who were flying and mixed with others in airports and large groups or in closed rooms, we recommended that they take extra doses of Bryonia in the potency they were already taking before and after each flight or more intense contact, and sometimes twice the next day especially during times of heightened number of cases in the population.

For hypersensitive persons, the potency of Bryonia has to be appropriately and individually adjusted. For instance, I have an extremely sensitive patient who rarely

leaves her house, but whose husband mix with many others every working day of the week. She has been taking Bryonia 6C very diluted with a toothpick on the skin once every 6-8 weeks. She was exposed to her husband who developed COVID-19, but never developed it. However, she reported that since March 2020 she has taken Bryonia 6C, as indicated above, five or six times at the very beginning of when she experienced flu-like symptoms and every time it stopped the disease process at once.

We also told patients to take Bryonia in the potency they were already taking for prevention every hour for three doses at any time they would experience flu-like symptoms, such as a combination of sore throat, chills, fever, body aches, unusual fatigue, loss of taste or smell, difficulty breathing, coughing.

Many people have followed these instructions exactly and none to my knowledge fell seriously sick to COVID-19.

Patients were told to again repeat one dose per hour for three doses of Bryonia as soon as they would experience a relapse of the flu-like symptoms.

If the symptoms keep relapsing they are told to begin the next potency of Bryonia and to take it in the same fashion.

However, if at any time they are not responding to Bryonia, they are instructed to call us right away.

I don't recall a single patient who followed the protocol to the letter has falling sick so far.

On the other hand, many have taken the remedy very irregularly, mainly when there was a clear encounter with a COVID-19 patient did they take the Bryonia or when they experienced flu-like symptoms, which may also be a very good strategy.

As for most, with the exception of the severely immunocompromised persons and very old and frail people, pregnant women or people with serious comorbidities, it is fine to get COVID-19 in order to develop long-term immunity.

By taking Bryonia in such a way, that is as needed when they feel they were highly exposed or at the beginning of symptoms, rather than to follow a more regimented

prophylactic protocol, they provide greater opportunity for their organism to develop natural immunity.

The results so far obtained in the prevention of COVID-19 with Bryonia have met our expectation, as we should expect when people are taking a homeopathic remedy for prevention that is corresponding to the *first stage* of the disease in about 65-95% of the cases, as it has so far been observed in this epidemic.

The degree of effectiveness of Bryonia is so far comparable the one obtained with Belladonna for the prevention of scarlet fever.

In over 800 people who were similarly exposed to scarlet fever only 1% of the ones who took Belladonna preventively contracted the disease while 60% of the ones who didn't Belladonna fell sick to it.

I will make available a summary of a systematic review that I recently completed on the scientific evidence of the effectiveness and efficacy of Belladonna to prevent scarlet fever.

However, despite the best prevention measures with homeopathy there will always be some cases that will fall sick during epidemics, which is also the case in the current COVID-19 pandemic, and we ask patients not to delay calling their practitioner, as COVID-19 can degenerate quickly in some individuals and it is relatively easy to treat COVID-19 patients with homeopathy, especially in the early stage and *as long as patients have readily access to the most used remedies.*

This is particularly important with changing variants and genius epidemicus.

It is for this reason that we asked our patients who are from all over the world to have in their possession or have readily access to the following remedies, which would also be equally useful in the event of upcoming influenza epidemics:

- 1- Arsenicum album 200, 1M and 10M
- 2- Belladonna 200 and 1M
- 3- Bryonia 200, 1M, 10M, 50M and CM
- 4- Carboneum oxygenisatum 200 (or 500), 1M, 10M, 50M and CM
- 5- Carbo vegetabilis 200, 1M and 10M
- 6- Cov-4 (COVID-19 delta nosode) 200 and 1M
- 7- Eupatorium perfoliatum 200 and 1M

- 8- Gelsemium 200 and 1M
- 9- Ipecac 200, 1M and 10M
- 10- Lobelia purpurascens 200 and 1M
- 11- Nux vomica 200, 1M and 10M
- 12- Phosphorus 200, 1M and 10M
- 13- Pulsatilla 200, 1M and 10M
- 14- Sulphur 200, 1M and 10M

Another advantage of homeoprophylaxis, aside from the prevention of developing the disease, when the remedy use for prevention is not the *omnimo genius epidemicus*,* is the decrease in the severity and mortality from the epidemic disease.

I collected the experience of several colleagues who shared their observations they have so far made in this pandemic with the use of Bryonia to prevent COVID-19, as with few exceptions, the great majority of colleagues have used Bryonia as the prophylactic remedy around the globe.

	Prevention of COVID-19 with Bryonia alba						
	People who took Bryonia preventively	Known to have been clearly exposed to family members or patients with COVID-19	People with clear exposition but were spared of the disease	Spared of COVID-19	Got COVID-19	The disease was severe	Number of deaths from COVID-19
A. Saine	300+ [†]	6	6	288+	12 [‡]	1 [§]	0

* An agent that is capable of protecting *all* the people exposed to a contagium from developing the disease.

[†] It is unknown how many took Bryonia regularly. I would estimate only about 50%, as many would take the Bryonia in certain times only, such as when flying or during large indoors meetings.

[‡] None of these 12 patients took the prophylaxis as recommended, which is OK, as we want people to get COVID-19 in order to develop long-term immunity.

[§] The son's of my patient was so worried about his mother's health that within an hour after I had first contacted her, he brought her to the hospital, despite her opposition to leave her home and that within 30

Samet	100+			94	6*	0	0
D.L.	125+			125+	0	0	0
Saltzman	20 [†]	20	20	20	0	0	0
Scholtz	55	4	4	55	0	0	0
Renata	3 [‡]	2	2	3	0	0	0
Weinman	150			148	2	0	0
Rohrer	150			100	50 [§]	0	0
Peterson	60			60	0	0	0
Deuvall	75			66	9 ^{**}	0	0
Dederick	12			12	0	0	0
Schmidt	6 ^²			6	0	0	0
Stein	13	1	1	10	3	0	0
J. Saine	15			12	3	0	0
Mourant	4			3	1	0	0
Rau	120			105	15	1 ^{††}	0
Borg	25			25	0		
Troje	40			40	0	0	0
De Sonnville	100+ ^{‡‡}			100+	0	0	0
Amerine	180			167	13	8 ^{§§}	0

minutes of taking the first dose of the prescribed remedy, she felt “completely changed,” and with most of her symptoms, fever, chest pain and chills, were better or gone. The doctors at the hospital found her to be “healthy,” but they kept her in order to “watch” her. She was hospitalized for six days, despite her wishes to return home.

* Three individuals in two different families.

† Sometimes with occasional doses of Gelsemium.

‡ These three patients were unvaccinated working nurses, two of whom were in daily contact with infected patients.

§ Dr. Rohrer’s protocol was “Bryonia 30 once a week and after a suspicious contact another dose of Bryonia 30. The number of about 50 people who got Corona nevertheless took Bryonia is quite high for me, but the advantage is, that everyone who took the Bryonia had a very mild disease, nobody was severe sick, nobody had to be sent to hospital and of course, nobody died.”

** All nine out of seventy-five persons who got COVID-19 and taken Bryonia got mild cases, many of whom were over 80 years old and a couple in their 90’s.

†† This patient lives in a foreign countries in which the prescribed remedy was not available.

‡‡ Dr. Michel de Sonnaville answered: “At least 100 of my patients took Bryonia preventatively on a regular basis. But I encouraged them to also give Bryonia to their loved ones, their neighbors etc. One person gave it to at least 11 other people. Many people gave it to their partner and/or their children.”

§§ These 8 severe cases had taken Bryonia as a prophylaxis. However, none were in the hospital, but it is likely under conventional care they would have been in the hospital. “I have only had one patient actually

Hone	4	3	3	4	0	0	0
Gold	21	3*	3	20	1	0	0
Moeller	28	3	3	28	0	0	0
Beaven	50+			47	3†	0	0
Rivard	100			100	0	0	0
Total	1,756+	42	42	1,643	113	10	0

The fact that out 1,756 only 113 or 6.4% fell sick can only be suggestive of the effectiveness of Bryonia to prevent COVID-19, as we don't know the degree of exposure and other variables and we have no comparative group.

However, the fact that 42 out 42 people who were clearly exposed to COVID-19 patients, such as sleeping in the same room and caring for them 24/7 is more **suggestive of the effectiveness of Bryonia.**

For instance, I had one person who is in her mid-60s, is overweight and took Bryonia regularly since the beginning of the epidemic, while her husband and brother of similar age and who share the same house refuse to take Bryonia preventatively. The brother got sick first and passed it to his brother-in-law while she was totally spared despite the fact that she shared the same rooms while she nursed both of them.

Once sick, her husband reluctantly accepted to take Bryonia when she offered it to him, but only after he felt he was dying from such a profound state of weakness and so great difficulty to take a deep breath. He began to recover as soon as he took Bryonia.

Her brother saw that his brother-in-law began to recover only after he began taking Bryonia, he accepted in his turn to take Bryonia and began also to recover quickly.

The husband insisted to talk to me the next day on the phone, **as he felt that Bryonia had saved his life.**

admitted to the hospital and he was not taking Bryonia for prevention. Three others of my patients went to the hospital but were sent home with only oxygen. None of these had taken Bryonia either."

* These three people had "significant known exposure."

† All three took Bryonia 10M when they fell sick and recovered quickly.

A colleague from New York City reported the following experience: “A family of four went to an event and were told afterwards that many who were at the meeting soon afterwards were diagnosed with COVID-19. The mother contacted this New York City physician who told her to give to every member of the family Bryonia 200, as a prophylaxis. The mother decided to take Bryonia and give it to her husband and her older child, but decided for some reason to spare the five-year old boy of the Bryonia because of fear something may happen.

“However, only the five-year old boy developed COVID-19 and was the only one of the four family members who were all tested for COVID-19 to be diagnosed with COVID-19.

“The mom contacted the physician again who told her to give the sick child Bryonia 200 and the boy responded to it and was recovered in 3-4 days.

Indian study: Bryonia 30C was given bid for three consecutive days and each person was checked 15 and 30 days later. The odds ratio of having a laboratory confirmed COVID-19 was better than placebo only for the Bryonia $p < 0.018$.

Elisabeth Scholtz from Edmonton, Canada, reported a similar observation: “I had one late-stage IV cancer patient who developed COVID-19 symptoms on August 12, 2021 (who was not taking Bryonia) was briefly admitted to the ER. She was discharged after having tested positive and was told that, until she started turning blue, to stay at home.

“She responded immediately and quickly to Carb-n-o. in ascending potencies. Within one week, she was completely healed. As of this writing (Dec. 5, 2021), she has no long-term sequelæ from the disease.

“Her entire family (four people) was prescribed Bryonia 200 prophylactically and none developed any symptom [despite living with her and being in contact with her].

Suzanne Saltzman also reported on December 1, 2021 a similar observation: “There is currently a slight COVID-19 surge going on in my Westchester area in NY. I’ve seen about 8 cases in the last month. Bryonia continues to be the remedy par excellence in my experience. All cases were unvaccinated by the way.

“I had 2 grandparents, both overweight and hypertensive—the grandfather has CHF as well—take Gelsemium alternating with Bryonia 30C (Boiron) prophylactically when their

13 year old granddaughter (who lives with them) came down with a bad cough (PCR positive). Bryonia nipped her cough in the bud. The grandparents never got sick.”

“Here is a text a patient (45 yo healthy female) sent me recently who developed a severe cough and dyspnea. I gave her one dose Bryonia 200c (Hahnemann). ‘After taking the Bryonia I could feel the heaviness that was in my chest lift away, almost as if it was breaking away what was starting to form. I could breathe with more ease and the coughing subsided.’

“I debated whether to give her more doses but the cough completely disappeared within 24 hours. The next day she still felt very weak and fatigued and I told her if that continued, she would need a constitutional remedy. But the fatigue lifted 24 hours later and she has been well since.”

At the beginning of the epidemic, D.L., one of our patients from Cincinnati, notified about 200 of his relatives, friends and patients and their families to take Bryonia.

Over 125 of these accepted to take Bryonia on a regular basis, and “as far as I know **none** of the people I informed about use of Bryonia to prevent infection with COVID-19 have been infected. I have not made any sort of official research on it but I am in contact with almost all the people I notified. In fact there are 8 people out of 20 to whom I spoke of Bryonia decided **NOT** to take Bryonia have been infected with the virus. Unfortunately one of them was my brother in law a Supreme Court of OHIO alternate justice who passed away after two months of being in a coma from the virus. So that is the gist of my awareness of my friends and patients to whom I spoke of Bryonia.”

“One thing I don't know is whether or not those who were taking Bryonia are now immunized with the vaccine and are still taking Bryonia. My advice has been to continue to take Bryonia even if you have been vaccinated.” D.L.

Six of the eight people fell sick to COVID-19 before the vaccines came out and two of the eight were fully vaccinated, one of these two died from COVID-19.

Latifa Weiman wrote, “I practice in a small town in northern New Mexico (US) and an even smaller town in southern Spain. Both locations have had a rather low incidence of COVID-19.

In both places, combined, I have dispensed the Bryonia COVID-19 protocol and medicines to approximately 75 individuals/couples/families starting in April 2020 through November 2021. I estimate that this works out to approximately 150 individuals using the protocol. All have been requested to inform me if they come down with COVID-19 (and I have offered to treat them, to encourage compliance).

Of these, I know of only two cases of COVID-19. One, in a woman following the protocol correctly, was mild and quickly resolved with a single dose of Bryonia in the next higher potency. The second was in a woman who was not following the protocol regularly; also a mild case which resolved without any treatment.

For those who have been vaccinated, I have recommended that they continue the protocol for protection from breakthrough infections and evolving mutations. Many have done so because they “felt” they were well-protected by the protocol before they chose to be vaccinated. This includes several health-care workers who presumably had higher-than-average exposure to the virus.

Other interesting observations regarding prevention

An interesting anecdote regarding the **use of a nosode for prevention**: For what it is worth: “I did have one patient who was a 98 year old woman who said she felt sicker than she had ever felt in her life when she contacted me. She was taking the COVID-19 nosode for many months (through work with another homeopath) but got the virus. I advised her to take Bryonia 10M every two hours and in 48 hours she felt completely well.” Beaven

My eldest son Joseph Saine reported that people who took Bryonia and fell sick didn’t test positive to COVID-19: “Also, I noticed a very interesting phenomena with two of my associates who have been following the Bryonia protocol diligently, they were both definitely exposed to COVID-19 and experienced symptoms within several days. Other people around them (in their family or workplaces) were tested positive for COVID-19 but even though they had distinctive COVID-19 symptoms (one of them had no sense of smell for several days and the other one was experiencing more general flu-like body aches and congestion) **they both tested negative for COVID-19**. One of them retested because every other member of her family (husband and two children who were not taking Bryonia regularly) tested positive. She however did not. They both recovered easily with mild symptoms that resolved after less than a week.

Renata Hines for the UK suggested to three nurses who were working with for the NHS in UK and were in contact with COVID-19 patients to take Bryonia 200C one dose every 5 to 7 days back in December 2020 and **none got sick.**

“The other two are still working for the NHS and are unvaccinated. One in a psychiatric ward, the other deals with patients who are infected and she is sent to ward with infected patients with C19 and made to wear the protective paraphernalia. NHS is telling them they must get vaccinated by February or April 2022 (can't remember which one) or they will lose their job. As far as I know they are still taking Bryonia 200C.”

Anelli Strein wrote, “With the pandemic I began to work as a nurse on the Covid-Ward of the Charité Berlin. With working in the hospital I reduced my own office, so I am only in the position to report a small number of patients.

“I was infected myself in November 2020 and infected my husband some days later. We both got mild complaints. ...

While I initially tried Arsenicum album as prophylaxis for the first 6 months on Covid-ward, I changed after my own infection and the very good experience with Bryonia to the later one.”

Mark Brody wrote, “I did not use Bryonia at all. I used mostly Antimonium arsenicosum, and a bit of Aconite. None of my patients who took these and other prophylactics (Vitamin D, Vitamin C, Zinc developed COVID-19) [fell sick]. I would estimate about 100-120 patients following this protocol.”

Overall assessment on the effectiveness of Bryonia to prevent COVID-19

The numbers given above in the table are very small samples associated with loose data collection from busy clinicians in different populations in which Bryonia was taken irregularly and with different protocols, and even though there are so many variables that can affect results, such as age, health status, degree of exposure and compliance of taking the remedy properly that we can clinically depict trends which has very well served homeopathy and the people, and confirm what we have already known about homeoprophylaxis for over two centuries, including:

- 1- The entire history of homeoprophylaxis as it has already been partially researched in an upcoming work, *The Weight of Evidence—The*

Extraordinary Success of Homeopathy in Epidemics, and the above numbers recall similar success as the ones reported during the 1918-1919 Spanish flu epidemic.³

- 2- What has been found in a recent systematic review on the use of Belladonna to prevent scarlet fever (see LMHI December 2021 presentation *The Use of Medicines to Prevent Epidemic diseases—Scientific Evidence of the Efficacy and Effectiveness of Belladonna to Prevent Scarlet fever—A Systematic Review with Its Documentation and Narratives*).
- 3- The findings found in a recent RCT on the prevention of COVID-19 in which Bryonia was found better than placebo to prevent infection⁴ and an open-label trial in which Arsenicum album was found to prevent COVID-19.⁵
- 4- But, even better, is the trial reported by Dr. Pradeep Kumar Gupta of Agra, who administered with his team and the participation of 20 non-governmental organizations two doses of Bryonia to 70,000 people between May 16, 2020 until July 9, 2020 in four different areas of India. **Out of the first 60,000 who got the Bryonia, none became infected after the first 8 weeks.**⁶

The bottom line is that homeoprophylaxis is very safe, efficacious (with the better protocols), cost-effective, quick to deploy and simple to apply.

Treatment of the COVID-19 patient

Before seeing our first case of COVID-19, I was very confident to be able to deal with the new epidemic with flying colors, because:

- 1- As part of the work on *The Weight of Evidence*, which is a compilation of the extraordinary success of homeopathy in epidemics, I showed the comparative mortality from pneumonia under allopathy and homeopathy.⁷

Comparative Mortality from Pneumonia under Homeopathy, Hahnemannian

Homeopathy, Pre-antibiotic Allopathy (PAA) and Current Conventional Care (CCC)					
Treatment	Number of Patients	Number of Recoveries	Survival Rate (%)	Number of Deaths	Mortality Rate (%)
Homeopathy	25,216	24,350	96.6	866	3.4
Hahnemannian Homeopathy	1860*	1854	99.6	6	0.3
PAA	148,345	112,272	75.7	36,073	24.3
CCC	33,148	28,607	86.3	4,541	13.7

- 2- In October 2018, I presented at the annual meeting of the American Institute of Homeopathy **four cases of pneumonia in elderly moribund patients**, that is cases of a 92 year old and a 95 year old women with congestive heart failure, a hopeless case of a 99 year old comatose woman whose doctors said to the family to now wait for her death to happen at anytime and finally the case with aspiration pneumonia in a 100 years old woman in whom death had become imminent, and **all four cases recovered surely and progressively as soon as homeopathic treatment began.**
- 3- **Earlier over the years I have showed that no one should died from pneumonia as long as homeopathic treatment is properly administered,** regardless of the severity of cases or underlying problem such as in a case with pneumocystic carinii pneumonia in an immune deficiency and comatose person with cryptococcal meningitis, pneumonia in two patients with advanced lung cancer, pneumonia in a person with advanced heart and kidney failure, a supposedly incurable chronic pulmonary aspergillosis or a two year old boy on his last breath with viral pneumonia, who was unresponsive to treatment and lifeless in an oxygen tent with a respiratory rate of 90 per minute for the last 3 ½ days.⁸ **Again they all recovered under homeopathic treatment.**
- 4- In 2013, I reported in my response to skeptic Steven Novella question that he asked after our public debate, that Dr. Royal Hayes reported having lost two cases among 900 cases of pneumonia of which 69 had

* To the 960 cases previously reported were added the 900 cases reported by Dr. Royal Hayes during the Spanish flu among which 69 were of the “malignant” type and of which he lost only two cases at the beginning of epidemic when he could attended them properly.

the “malignant” type of pneumonia.

We should therefore expect the same type of success in the treatment of the severe COVID-19 patients and this has now been clearly confirmed, even in the most severe cases with the worse comorbidities.

Homeopathy has shown to dramatically help COVID-19 patients to a quick and steady return of health regardless of their state of acute sickness at the onset of homeopathic treatment.

I already reported in earlier presentations the treatment of hospitalized COVID-19 patients and of elderly dependent patients in a nursing home.

I recently reported before the American Institute of Homeopathy two extremely very severe cases of COVID-19.⁹

A Covid-19 case with severe acute respiratory syndrome

The first one was the case of KD, a 72-year old diabetic and slightly overweight man, who was part of a group of seven interrelated persons who fell sick to COVID-19 around the same time in the later part of August 2021. One of these seven persons was a carpenter that was eventually hospitalized for ten days and put on heavy medications and a CPAP machine.

Eleven days into KD’s sickness, I received a call from his business partner who found him at home in a profound state of sickness.

When she had visited him, four days earlier, he was confined to his bed, had stopped eating, had been experiencing severe respiratory distress and was so confused mentally that he said that he didn’t know how to sit up in bed or when he is already sitting up how to lie down.

He had had a persistent fever for eleven days, which was associated with a continually recurring violent cough with rare brownish expectorations. His face turns white and his fingers blue when he coughs.

Most of the time he is lying with open mouth, gray complexion, eyes closed, picking at the bed sheets, rapid, shallow and paroxysmal breathing with occasional moaning and

completely deprived of energy, but on the other hand he was occasionally waken up by a very violent cough, which sounded like rolling thunder or a roaring lion, and was followed by severe shortness of breath and shivering.

His respiratory rate is irregular and up at 39 and his pulse at 104 and had apnea when he was lying on his back. His oxygen saturation index (OSI) was 90% at rest, but dropped in the 80s when shivering.

I asked the business partner if he wanted to go to the hospital. She says around here it is a bit useless, as nobody with COVID-19 comes out alive. Also KD has tried to stay away from doctors, as he always said that he was never the same person after having received the polio vaccine at five years old, "I loss my brain power." He has relied on homeopathy and natural approaches for the maintenance of his health throughout his life.

He responded well to Ipecac 200C which was followed also by a favorable response to Carboneum oxygenisatum, then other remedies followed until he was fully recovered which included, Lachesis, Sulphur, Medorrhinum and especially higher potencies of Carboneum oxygenisatum.

On September 27, KD said, "This is the best I have felt in 25 years."

On October 7, his OSI maintained itself between 96-98%, he was more physically fit, had lost the extra weight and was no more diabetic for the first time in seven years. On that day he was very active, painting on a scaffold the side of his new garage.

Incidentally, the use of an oxymeter can save much time in the evaluation of patient with low sat as within minutes after taking a remedy that was helping the OSI tends to progressively improve and up to 10% after 30 to 60 minutes, i.e., from 89 to 99%.

November 18: "He feels his brain has returned 85-87%. I think perhaps it is a little lower functioning, like 82%. He does have improvements cognitively. He wants to come back to the practice in a week or so, but I know that his brain is not completely functioning. He did speak with a client last evening with me and he did ok, but not his usual sharpness. He said that his stamina is at 75%."

"He has experienced numbness of the right upper arm for over a month now. Sometimes it is painful. This is a symptom that he had never experienced before.

“He does periodically have the red discoloration of his nose.

“He does have small veins on the sides of the head that do come out (not nearly as large as they were during COVID-19).

“On October 19, he mentioned that his **cataract** in his right eye had improved to a small degree because he could see the alarm clock in the morning. He has not noticed any further improvements or mentioned again that he could see the clock, so I’m not sure that the improvement remains.

“Numbness in toes had been getting better and I think it is now going back to his precovid state.

“One of the digits on his right hand pinky finger is sensitive to touch which causes a nerve pain. It is random, so not every time it is touched.

“His facial coloring can vary from a decent coloring to gray and then also a gray/yellow. He tends to look less vibrant in the past few weeks and perhaps has more wrinkles showing up. His weight is 175.

“Right lower eyelid is still swollen, but not as large. The left is more swollen now as well.

December 27: He was prescribed Sulphur, but he was put “back on Carboneum oxygenisatum 1M, twice daily (although he sometimes forgets the 2nd dose) a little over a week and a half ago and that seemed **to really help restore his mental faculties to almost completely normal (what a gift!)** **The improvement with memory and mental functioning seemed quite dramatic to me.**

Also, he was having pain in the **chest and throat pit on exertion and also in cold air**, which has improved at least 40%, perhaps even more than that at this point. His stamina is still lacking, he said, however it is definitely improving. His muscle tone is continuing to restore. Blood sugar fasting numbers have been under control (mostly 97-107). His sleep is not the best; however, I believe that the apnea has been better recently. He did have difficult sleep prior to COVID-19, so not a new issue. **His mood has been considerably happier since the Carbo-o. and he seems much more like his old self**, which is a welcome shift.” (DJ)

On December 29: “I was at KD’s today for a period of time. I gave him the Carbn-o. 1M at around noon. He had forgotten to take it in the morning. His nose was quite red and slightly blue when I arrived; however, by the time I was leaving at 3:45 p.m. his color was drastically better. I asked him to take another dose, which he did. He called me this evening and said that his stamina exercising had improved (he could pedal his bike faster) and the pain he has been experiencing in the throat and chest was also improved. He noticed a real shift taking the remedy twice, so I will be sure to remind him because I feel it is still providing benefits for him.” (DJ)

January 4, 2022: “His mental faculties have made a drastic improvement since he started it again. His disposition and spirit seem much lighter.” (DJ)

January 14, 2022: “Full return of mental faculties. His mind was working as well as, if not a little bit better than prior to COVID-19. He even started working on a book project on January 1, which he hasn’t touched in years. Most days he devotes time to writing. It seems that it is easier for him to gather his thoughts and put them on paper. He has also been more relaxed and had just a lightness in his being that has been delightful. He has been very lighthearted. He has mentioned that he has had some flashbacks to when he was really sick with COVID-19. These were memories that he didn’t have access to previously. He even apologized to me because he remembers now that he was difficult during some times.

“Noteworthy improvements since back on Carbn-o. 1M are as follows:

- Weakness of memory for names
- weakness of memory for what he was about to do
- weakness of memory for recent facts
- weakness of memory for words
- Confusion of mind, morning

“His hearing has restored completely to what it was prior to COVID-19. It had been profoundly affected wherein I would have to speak very loudly to him during the worst of his illness. He also had a very difficult time understanding the human voice, which is also improved.

“While on Carbn-o. this last round, he had experienced 35% improvement (not a cure) in the following symptoms:

- Chest pain, cold air agg.
- Chest pain, exertion agg.
- Throat pain, throat pit, cold air agg.
- Throat pain, as if raw
- Throat pain, throat pit, exertion agg.

“His oxygenation levels are still lingering around 97. Blood sugar has been averaging around 102 (always below 110). The diabetic peripheral neuropathy is slightly better than before COVID-19. One morning last week it was 87. His weight is approximately at 180; however, he looks good and has been exercising 1-2 hours daily. His muscle tone appears to be almost completely restored. I noticed that his facial color was improved on the Carbn-o., where prior his nose was a little blue or red. Face would be either yellowish or grayish alternating with a healthy color. One morning, I went over so that we could sit together with a client and he forgot to take the Carbn-o., so I gave it to him. I did observe that he had clarity of his mind and his color improved after taking the remedy.

“A couple of interesting notes, his hair started to fall a few weeks ago and his hair as also changed in texture completely. It is now extremely fine, downy-like hair. It also looks more gray than prior to COVID-19. He said, ‘This is not my hair,’ which I would agree it is not the same. Additionally, all of his fingernails have a horizontal indentation a quarter way up from the nailed at this time.” (DJ)

A Patient with COVID-19 on a Ventilator

The second case is the one of a 47 years old man with a BMI of 40.3 who had been on a ventilator for 17 days for SARS. Part of one of his kidneys was removed for cancer in January 2021.

On September 7, he felt feverish with body aches on waking. On September 9, he had sore throat with a cough and took Tylenol (acetaminophen) every four hours.

He was hospitalized on September 11 and the next day he was transferred to the ICU as he was experiencing extreme SOB and his oxygen saturation index had dropped in the low 80%. He was put on a facemask with 5 liters of oxygen per minute, but as his condition continued to deteriorate the next day, on September 12, he was intubated and put on a high mode ventilator with 50% oxygen.

His hemoglobin level kept dropping. After blood transfusion it climbed up to 8 from 6.9 g/dL.

He was on two antibiotics, but they were stopped. He is on steroids.

One week before his wife contacted me she had been told that her husband had a 50% chance of survival, but as his condition continued to deteriorate his recovery became hopeless. His wife was then asked three days in a row to give physicians permission to disconnect her husband from the ventilator, as we clinically dead. She refused each time. The third time she couldn't stop crying and decided to talk to one of her friends who talked to her about homeopathy years before.

Her friend told her to call Dr. Saine in Montreal, which she did and we went from there.

For the first time, his wife was able to visit him today. He is lying on his abdomen unconscious under anesthesia.

What treatment or remedy would recommend and should it be administered and in what posology?

October 7: I had his wife rubbed *Carboneum oxygenisatum* 500 for a few minutes on his leg each day. If the staff would ask what she is doing to tell them that you were applying holy water and that he always liked to have his feet rubbed, and also told her to watch the monitors and see if she can notice any changes soon after rubbing the remedy on her husband lower legs and feet, which eventually happened.

She was able to obtain the remedy and did the treatment for four consecutive days, that is on October 4, 5, 6 and 7. For the first time since he fell sick he is showing signs of recovery. He has been getting better every day in the last four days. Today has been his best day, as his hemoglobin began to climb on its own to 10 g/d (it was 8 after the transfusion). He is showing signs of breathing by himself. He has been opening his eyes, since they stopped the fentanyl. He is only on sedatives.

His pulse rate before the application was averaging 87 and is now averaging 106. His oxygen saturation index was 87, it is now 97-98%. His blood pressure was 130/85 and is now 116/71. His color was pale now he is pink. She reported that his legs became hot each time after rubbing the remedy over his legs.

When he was first put on the ventilator she was told he had a 50% chance of survival and was later clinically dead, but now he was reviving. I told her to get Carb-n-o. 1M and do the treatment twice a day, which soon after arriving in the ICU and just before leaving the ICU four hours later.

October 12, 2021: She was able to visit him again only yesterday, October 11 and he got Carb-n-o. 1M rubbed twice on his legs yesterday. He had been stable since her last visit on October 7, but after the Carb-n-o. 1M he clearly began to improve again, which she witnessed as being more alert. He was extubated yesterday (he ended up being intubated for 28 days) and his oxygen saturation index remained at 99% with an Omni mask with 50% oxygen.

He will begin therapy tomorrow. He can't talk but he was able to communicate that he has sore throat. Plan: continue the same.

October 18, 2021: He came out of ICU on October 17. He is in pre-rehab. Three of his ICU physicians came down to see him earlier today, as "he was their miracle man, as he was clinically dead and was not supposed to be alive now," not knowing that homeopathy had been introduced at the time of his turn around. His voice is clearer. He was continued on ascending potencies of Carboneum oxygenisatum.

On October 26: He is still in pre-rehab. He can sit up and stand, but he can't walk or use his hands. He reported sweating on his scalp and the back of his neck when he is sleeping since he began to have a fever. He was prescribed Calcarea carbonica 200D tid.

November 3: He became more mobile since taking Calcarea carbonica. He can now walk on his own. The sweat on his head stopped on the second night after beginning Calcarea carbonica. His blood pressure is 151/99, pulse is 113 p/m and his OSI is 95%. Calcarea carbonica was stopped and Carboneum oxygesiatum was resumed in the 50M potency q4h, and to begin the 75M potency when it arrives in the mail.

November 8: He started the 75M earlier today. His moods have been better. He has been walking better. The burning of his left hand has never changed. His vital signs improved within two days of taking the Carb-n-o., the blood pressure went down to 134/86, pulse is 86 p/m and his OSI is 97%. His speech is now perfect. His memory is also perfect except for the time he was hospitalized. The nurse and doctor in rehab that they had never seen someone recover so quickly after prolonged intubation.

He returned home on November 12. He was ecstatic. Symptoms that had not change are the loosing of his hair, burning of his left hand, body aches especially in his thighs the SOB, pressure in his abdomen when lying on his side, left foot drop and chest pain with palpitation when he lies in bed in the evening.

November 26: After beginning **Carboneum oxygenistum 125M**, the palpitation were 95% better and chest pain was 80-90% better. He was now able to take a deeper breath. He was told to continue Carboneum oxygenisatum 125M q4h.

Summary of the case until January 20, 2022: On December 1, 2021, A.S. was complaining of increased chest pain that was better standing still and walking and worse taking a deep breath and while lying down, which was associated with increased shortness of breath that was worse exertion, ascending stairs and lying down. He had an increased desire for ice cold drinks with dry mouth. The burning of the left hand had not yet changed. He was prescribed Phosphorus 200D tid. On December 3 he reported that the chest pain was gone and the shortness of breath was 50-60% better. The thirst was less and the dry mouth was 50% better. The burning of his left hand remained high at 12/10. On December 8, he took Spigelia 200D which helped the cardiac symptomatology. On December 10, he resumed taking Carboneum oxygenisatum 125M. On December 17, he was complaining of nausea that had become worse in the previous week that was aggravated lying down and better sitting and standing and he still had shortness of breath ascending stairs and chest pain but only when he took a deep breath. **He was prescribed one dose of Carbn-o. 150M.** On December 22, he reported that **the chest pain was 90% better, the nausea 60% better, the shortness of breath ascending stairs 50-60% better** and the energy 20-30% better since taking the remedy. The remedy seems to help keeping the blood pressure at a lower level, 135/88 instead of 150-184/95. Without repeating the remedy he continued to improve. However, the burning of the left hand became worse 12-13/10, "It is like on fire." On January 17, he reported that the burning of his left hand had improved from 12-13/10 down to 9-10/10 after an acupuncture treatment but as he felt that his mental capacity was only 70% compared to before being sick he was asked to take a double dose of Carboneum oxygenisatum CM (it should have been the 150M or 175M potency) and to see if he improves, especially on the cognitive level. On January 20, he reported that the burning of his left hand had further improved from 9-10/10 down to 4-5 and that the cognitive function had improved from 7 up to 8-9/10 in the last few days. He had incidentally not received any more acupuncture treatment

in the interval. I told him to take one dose of Carboneum oxygenisatum 150M and report in one week.

The important point is that the patient is continuing to improve as long as we continue treatment for the long term effects of severe COVID-19 and intubation, i.e., chest pain, palpitation, SOB, hypertension, paresthesia, paresis, energy, diabetes, etc.

Beware that the remedy must be given often. Patients have often said that they feel **improvement after each dose** and when they wait before repeating when they stop improving they either stay at the same level or have already started to deteriorate.

As soon as the remedy is resumed they begin to improve again.

Omicron phase of the epidemic

In the last month I was consulted by 26 patients in areas where Omicron has begun to be dominant.

The symptomatology was completely different than the one of original Wuhan strain and the Alpha and Delta variants in which Bryonia had been indicated in about 65-70% of my patients.

With the Omicron 24 of the 26 patients with confirmed or suspected Covid (tested and untested) in areas where the Omicron variant is dominant and whom had more or less the same symptoms responded quickly and very well to each dose of **Carboneum oxygenisatum**.

The two cases that didn't require Carbn-o. were a patient in Greece with MS and one in Illinois with lupus who both contacted me 10 or more days into their infection and who had been repeated their chronic remedy (Sepia for the one and Causticum for the second one) more often during the acute manifestations of COVID-19 and felt that they were recovering well by the time we talked.

The rules for success

The rules for success in the treatment of the COVID-19 patient are the same for patients with any other conditions with homeopathy, which are:

1. A thorough case taking and examination of the patient.

2. Objective case analysis

a. Beware of the sine qua non

Unfortunately too few practitioners used the sine qua non clause, which is the exclusion of a remedy when a key or some key elements of a remedy are absent or others are present, as Hahnemann pointed out many times in his various works, such as in the footnote to paragraph 213 of the *Organon*: “Thus *Aconitum napellus* will seldom or never cure either quickly or permanently if the disposition is calm and undisturbed; nor will *Nux vomica* if it is mild and phlegmatic; nor will *Pulsatilla* if it is glad, cheerful, and willful; nor will *Ignatia* if it is steady and without fearfulness or irritability.”

Thus for COVID-19,

- don't prescribe Phosphorus if the patient is not very thirsty for ice cold water;
- don't prescribe Arsenicum album if the patient doesn't want the room very warm, like above 26 °C when it is cold outside;
- don't prescribe Bryonia if the patient's pain are not better by a steady flat pressure over the area of pain
- don't prescribe Gelsemium if the patient is very thirsty;
- etc.
- etc.

3. Always prescribe the most similar to the totality of the characteristic symptoms found in the patient

- a. Only prescribe the remedy, as a rule, when you have developed a gut feeling after a thorough case taking and case analysis and comparative materia medica.
- b. So don't prescribe routinely, as any remedy, even the most unusual one, can be called to save the life of a severe case of COVID-19.
 - i. For instance, J.W., 68 y.o. man from Pennsylvania and husband of one of my patients, began to be sick on March 29, 2021, and three days later, on April 1, he began experiencing SOB. On April 10 he was diagnosed with COVID-19.

I talked to him on April 12. He had zero appetite. He coughed 2-3 times per hour, worse by taking a deep breath and on rising in the

morning. He retched with the cough. The SOB was pronounced 9-10/10, which is worse with any exertion, including talking, and when reclining with the head low. He had been panting for the last 13 days. The SOB was worse at night and his OSI was between 73-88%. His energy was low, 3/10 and he was very weak. He had a dry mouth and was not thirsty but forced himself to drink about 7 glasses a day, and not too cold. He was overweight despite having lost 7 pounds since the onset of symptoms. His BMI went from 27 to 26 (N= 18.5-24.9). He didn't have any night sweat, chills or fever. "It is the end of the world when he is sick and over this is even more anxious with the SOB. He is a chilly person who dresses warmer than others during the day and sleeps with long johns and a sweater. Heat doesn't bother him," "heat don't bother me, at 80 °F I feels real good." With the SOB he sat staring in the void.

From a home kit, he was prescribed Arsenicum album and the only potency they was 6X which he was told to take a teaspoon every hour for 6 doses. They were told to order higher potencies of Arsenicum album.

After six doses he reported feeling better. The SOB was down to 7-8 (9-10/10). He was calmer. He is stronger. The staring was better. His energy and appetite were not better.

He was told to continue Arsenicum album 6X, one teaspoon every hour until bedtime and every two hours tomorrow until I would reach him.

If at anytime he experiences a worsening of his symptoms, he was told to take the remedy every hour for three doses.

On April 13, at 10AM, he reported that the SOB was 45% better at night and the cough was 20% better, the OSI was 93% and he was moving around better, but the appetite and energy are the same. He was awakened to cough at 11.30PM and 1.15AM.

He also reported that because his nose was obstructed and he experienced pressure in his forehead he decided to do a nasal rinse

and he **blew out from his nose two 1 ½ inch long dark red to brown-black hunks** from his left nostril and one from his right side.

He was told to switch to Arsenicum album 30C as soon as it arrives.

He continued to **improve incrementally** with the Arsenicum album, including his appetite and his energy.

However, as time was passing and he continued to improve on all levels with Arsenicum album, he continued to pass a couple of times a day **long black clots from his nose, up to 3 inches long.**

On the 17 of April he was prescribed **Coccus cacti**. However because he didn't begin taking Coccus cacti 30C until April 26 because of the difficulty to obtain the remedy.

However, as soon as he took it, he felt "awesome." The next day he felt even better and on April 28 he felt his best. **As soon as he began taking Coccus cacti the large clots coming out from his sinuses faded away.**

The last time I talked with him was on May 27, and he felt his energy was **9.5/10**. However, I have continued to talk to his wife who has been only under homeopathic treatment since March 2019 for a chronic bone marrow disease and she reported that her husband has been doing very well. However, she also began feeling flu-like symptoms shortly after her husband and was later diagnosed with COVID-19. She began treating herself with Bryonia 200C, one dose per hour for three doses and felt recovered. But she experienced a relapse after walking in the cold wind on April 22 and she treated herself with Aconitum 6C. The acute cough and the headache exacerbation from being exposed to cold wind abated. **I barely participated in her recovery as she treated herself almost without my help.**

4. **Optimal Posology**: Optimal posology means optimal potency, optimal repetition, and optimal way of administrating the remedy.

Here is an **interesting observation** reported by Betsy Beaven from Massachusetts regarding posology, **“The higher potencies of Bryonia worked best ... 10M, 50M and CM.”**

“I also found as the months went by advising people to obtain at least a 10M and 50M Bryonia to have on hand. In the beginning of the epidemic 1M Bryonia seem to work well but as time went on by last spring, I found starting with Bryonia 10M every two-three hours to be more effective and the person healed quicker.” Beaven

5. **Timely follow-ups:** In a serious case, it could easily one hour and sometimes even quicker, i.e., a couple of minutes in an urgent case.
6. **We have to remain very vigilant, as COVID-19 can be very serious:**

I keep saying that no one should die of COVID-19 under the care of a skilled physician.

However, I was very surprised to hear the passing of two very well-known teachers of homeopathy from COVID-19 (Pravall Vijayakar and Robin Murphy). However, this is without knowing the circumstance of their deaths.

- a. **It is essential to make sure that your patients have easily access to the main remedies,** as if someone calls on a Friday night they may not get the remedy until Tuesday of they have to ordered it and a four day interval.

Full recovery versus handicapped patients

Lisa Amerine pointed out that **under homeopathy people recover fully.**

And I realized that she was right.

Even the most severe cases continually improve under homeopathic care, while under conventional medicine :

54% of people that had COVID-19 and 79% of whom had been hospitalized still experienced post COVID-19 long-term sequelae 6 months or more later, such as neurologic disorders,

mental health disorders,
functional mobility impairments,
and general and constitutional symptoms such as
pulmonary sequelae with increased oxygen requirement (65%),
chest imaging abnormalities (62%), such as
pulmonary diffusion abnormalities (30%),
ground glass opacification (23%),
restrictive patterns on spirometry (10.0%) and lung fibrosis (7.0%),
general functional mobility impairments (44.0%),
fatigue or muscle weakness (38%),
general pain (32%),
dyspnea (30%),
generalized anxiety disorder (30%),
difficulty concentrating (24%),
hair loss (21%),
depression (20%),
memory deficit (19%),
cognitive impairment (17%),
reduced exercise tolerance (15%),
chest pain (13%),
cough (13%),
posttraumatic stress disorder (13%),
dysgeusia and anosmia (13%),
muscle pain (13%),
flu-like symptoms (10%),
joint pain (10%),
palpitation (9%),
headaches (9 %),
gastrointestinal disorders (6%) that included
abdominal pain,
decreased appetite,
diarrhea,
and vomiting,
skin rashes (3%)
and sore throat (3%),
and other less frequently reported symptoms included myocardial infarction and heart failure.¹⁰

As for the **causes** of such post-COVID-19 pathology, it was postulated, “The mechanisms underpinning the postacute and chronic manifestations of COVID-19 **are not entirely understood**. Nevertheless, these mechanisms can be grouped into the **direct effect of the viral infection** and the **indirect effect on mental health due to posttraumatic stress, social isolation, and economic factors, such as loss of employment**. Direct viral effects can be explained by several hypotheses, including **persistent viremia** due to immune fatigue and paresis, **relapse or reinfection**, **hyperinflammatory immune response**, cytokine- and hypoxia-induced injury, and **autoimmunity** as well as neurotropism using a transsynaptic spread mechanism, resulting in hypoxic- or hemorrhagic-driven neuronal apoptosis.

Herein, **widespread acute injury to cortical/ subcortical and white matter fiber bundles** may affect brain function and impede distal brain connectivity, respectively, manifesting in common symptoms, such as those identified in this review. These symptoms may include headache (ie, encephalopathy), cognitive deficits (ie, widespread neuropathological events), and smell and taste disorders (ie, acute injury to olfactory bulb).”¹¹

The authors of a recent systematic review on the long-term sequelae of COVID-19 concluded, “**These long-term persistent postacute sequelae of COVID-19 effects occur on a scale that could overwhelm existing health care capacity, particularly in low- and middle- income countries.**”¹²

Carboneum oxygenisatum

Proving of Carbn-o. confirmed the intoxication and cured cases confirmed both to the dot.

This means that the proving was a great success and very well conducted.

Carboneum oxygenisatum has been used successfully for the long term adverse **effects of vaccination** and especially during the convalescence of COVID-19 especially for all the stages of the Omicron variant.

A number of patients have said they feel better after COVID-19 than in decades before.

And a number of these cases were related to taking Carboneum oxygenisatum during the convalescence period.

One lady who is a writer continued to take Carbn-o. after having almost completely recovered and reported that hours after raising the potency from 10M to 50M she had to write an essay for a magazine and said that she had a surge of great intuition and creativity, with the desire to write, which she did with unusual sharpness and concentration. "It came so easily."

The most characteristic symptoms are **great to extreme lethargy, apathy, loss of will, mental dullness and prostration, confusion, weakness, great sleepiness and extreme shortness of breath that are worse from the slightest exertion and better from open air.** Another interesting symptoms that can be present when Carbn-o. is indicated are **disorientation in time and space** and **awkwardness.**

The patient can have a panoply of other symptoms: cough, sore throat, sore skin, painful joints, fever, chilliness, high thirst but none of these tend to be decisive to find the remedy.

The state of apathy is very particular to Carboneum oxygenisatum. One patient who had been in bed for 13 days said, "I know I have to go to the washroom but I get so exhausted from just thinking about it that I don't go." She said once she waited four hours to get up to go to the washroom. She took Carbn-o. 1M around 11.30AM q30m and when I called her back around 1PM she said that she fell so well after the second dose that she got out of the same pajamas she had been in since Dec. 24 (so for 13 days), took a shower, got dressed and even prepared herself a meal for the time in two weeks.

Carbn-o. was first thought of and used for patients in the later stage of the COVID-19. However a colleague from Holland had found it to be the genius epidemicus during the Delta phase in his area.

It may be difficult for most to prescribe Carbn-o. as it will not come out in repertorization unless you would have a version of Complete Repertory 4.5 in which we have made over 2200 additions that were taken from a review of its toxicology and the excellent proving that the MMPP conducted of it in the spring of 2020.

Many of the cured symptoms in these COVID-19 patients are confirmation of known symptoms of Carbn-o. and include **inability to write, poor concentration to read,**

sitting and staring, answering reflecting long, irritability at trifles, chest pain worse taking a deep breath, pressing forehead headache with eye pain and nausea, weakness with the desire to sit down, prolonged sleep, feeling sore all over the body worse touch, pressure, rubbing and lying on the part, sensitive scalp worse touch and brushing the hair, vertigo with nausea and shortness of breath worse motion, exertion, ascending a hill and closing the eyes, **sore eyes worse touch** and pressure, **cough worse deep breathing**, talking, **ascending stairs**, becoming cold and from cold drinks and better open air, shortness of breath worse in the evening and stooping, wheezing on lying down in the evening, **chest pain from coughing and taking a deep breath**, **back pain from coughing**, expectoration difficult, glassy eyes, **back worse jarring and walking**, **appetite wanting**, **bad taste in the mouth**, nausea riding in the car, nausea worse from odors, smells of food, drinking motion and better open air, thirstlessness during the chills, involuntary stools, worse warm room, **nasal obstruction**, **dry throat** worse at night and with thirst, rawness of the throat worse swallowing, better cold and warm drinks, swollen cervical lymph nodes, heaviness of the tongue, desire for cold drinks, perspiration of the back at night, perspiration at night and during sleep, worse evening and night, **awkward**, **drops things**, **continuous low-grade fever**, **chilliness not better from the warmth of the stove**, worse in general at 3 or 4 PM **chill not better from the warmth of the stove**, and **better after sleep and siesta**.

More about Carboneum oxygenisatum (Carbn-o.)

Michel de Sonnaville wrote:

“Covid-19 patients and Carboneum oxygenisatum. Since my last communication, more than 25 patients with COVID-19 with mild to moderately severe complaints have been treated with homeopathic remedies, first mainly with Bryonia, later on more and more with Carboneum oxygenisatum.

“Treatment as dissimilar diseases: first the acute complaint, later on the chronic appropriate remedy for chronic complaints (“constitutional remedy”), possibly alternating.

“My approach has been at first to prescribe the indicated acute remedy, which was mainly Bryonia, and sometimes Arsenicum album or Gelsemium.

“Despite having clear pictures of Arsenicum album, Bryonia or Gelsemium and these remedies were prescribed, but **most often Bryonia worked.**

“Later on when the picture wasn't very clear, I prescribed Carbn-o., especially with the following symptoms being present: extreme exhaustion (lying down all day), resignation (while Arsenicum album has fear, Bryonia is irritable and Gelsemium worries) and great difficulty breathing; this approach worked out well.

Then, Carbn-o. became the remedy of choice, unless there were additional features from practice: Very dull, hard to think, confused, sometimes so tired that a good anamneses was impossible, difficulty breathing deeply or through, being very cold, very painful and tight muscles, worse motion and sometimes with restlessness.

“The picture became clearer with more specific symptoms, that is the resignation with serious complaints and with very low oxygen saturation index (sub-acute low 80s with exertion), dullness during the fever, enormous weakness, and sudden weakness from the sightless exertion, loss of smell and taste, shortness of breath, cough worse breathing and talking, pain in lungs, not being able to breathe properly, severe headaches, especially occipital, worse bending forward and bending the head backward.

“In acute Covid-19, the remedy needs to be given relatively often, in severe patients two times a day three times an hour. A clear improvement is often visible within (half) a day. When improvement sets the remedy is given twice a day for two doses one hour apart, then reduce further.

“I saw regularly a relapse for instance after 1 or 2 weeks. This appears to fit with corona. Now I give the remedy for a longer period of time, that is if the patient feels well, a dose each day for three days each week for three weeks in a row.

“Conclusions:

- 1- In my experience over the past year, Carboneum oxygenisatum seems to be the drug most suited to the genius epidemicus. It is now the number one remedy for prevention for me.
- 2- Carbn-o. works well, both in the acute form of corona and in long-COVID-19.
- 3- In the acute phase it has to be given quite often. In severe patients (very short of breath, low oxygen saturation index) I start with twice a day three times an hour.

4- I continue to give Carbn-o. (in decreasing frequency) even if the patient has largely recovered. And give it the three weeks after that (e.g. every week three days once a day).

5- I give less frequently with long-COVID-19, for example 3x/24 hours.

6- Treating this disease as any “dissimilar disease”: first the acute illness, then the chronic predisposition. Sometimes the chronic remedy follows after the Carbn-o., and the appropriate remedies sometimes have to be alternated with Carbn-o.

7- Both after going through corona and after the vaccination, a number of people have a clear deterioration of their chronic disease ("constitution"). Long-COVID-19 is often the result of this.”

More specific symptoms in several COVID-19 patients whose complaints improved after Carboneum oxygenisatum (already integrated into the mornograph of Carn.-o.): in regular print: in 1 patient, in bold: in 2 or more patients.

Very dull, hard to think, confused.

Sometimes so tired that a good history was impossible.

Resignation with serious complaints and with very low saturation.

The enormous weakness, and sudden weakness after little effort.

Sometimes so tired it's hard to get symptoms!

Want to lie down and nothing else.

Day seems very long.

Anxious, afraid of dying, worried, tearful.

Dull, can't think clearly.

Poor concentration.

The resignation with serious complaints and with very low saturation.

The enormous weakness, and sudden weakness after little effort, worse talking.

Slow and slow, in moving and thinking.

The rest, being alone, leave me alone, aversion sound, music.

Gloomy, quiet.

Restless.

Despair recovery.

Lying down, don't have the energy to do something, apathetic.

Confused, lost.

It's hard to concentrate.

Very forgetful.

Vertigo worse after slight exertion, better eyes closed.

Toss with walking.

Eyes painful better close.

Worse touch eyes, light.

Headache, band, hairache touch.

Headache worse noise, **better pressure, coolness, eyes closed, moving.**

Headache worse mental effort, light, cough, noise.

Better pressure, heat, massage, lying.

Very heavy head worse after exertion.

Pain head and neck, stiff worse awakening, better hot shower.

Severe headache, especially occipital, worse bending, worse bending head back.

Pulsating.

Stitching.

Vertex, forehead, occiput.

Worse slightest movement, lifting head impossible.

Worse motion.

Ear, stopped.

Nose obstructed.

Things smell bad.

Loss of smell and taste.

Ashen appearance.

Dry mouth.

Salivation, then nausea and vomiting.

Hoarseness.

Dry cough, worse move.

Dry throat, scraping.

Pain throat: worse swallowing, at night, eat, talking, better drink, cool drink.

Pain extending to ears.

Desires sour things.

Heartburn, worse after eating or drinking.

Rumbling abdomen, and then dark diarrhea.

Pain abdomen from coughing.

Abdominal pain, nausea.

Abdominal pain before stool, with rumbling in abdomen, then diarrhea, better after stool.

Nauseous upon waking.

Abdominal pain, followed by diarrhea.

Cramping pain, better pull up legs, better pressure on abdomen.

Chest pain.

Pain in lungs, not being able to breathe properly.

Muscle pain heart region, radiating left shoulder.

Shortness of breath, cough, worse breathing, talking, lying down.

Need to take a deep breath.

Band around chest.

Cough is not too bad, little mucus.

Worse talking.

Out of breath very quickly.

Difficulty breathing deeply.

Shortness of breath from little exertion, with high heart rate.

Difficult breathing better fresh air, fanned.

Worse bending forward, lying on side.

Worse moisture and warm.

Worse after dinner.

Worse pressure of clothing (bra).

Respiration difficult worse cold air, talking, dress up.

Respiration difficult with pain back, dorsal.

Cough worse exertion, talking.

Cough worse getting out of bed, turning in bed, moving, taking a deep breath, inhaling.

Expectoration sweet.

Tickling cough better after expectoration.

Worse tension, excitement.

Worse lying flat.

Deafness hands.

Muscle pain shoulder, worse move.

Muscle pain from lying in bed.

Weak legs, muscle pain legs.

Muscle pain in thighs, better moving for a while, want to move, worse lying quietly.

Muscle pains better warmth.

Muscle twitching in thighs.

Lower limbs tingle, better when lying down.

Muscle pain calves, cramping, tight.

Muscle pain, better lying still.

Coldness feet.

Swelling feet.

Chilly with hot red head.

Fever up and down, everything changes.

High fever (40) chattering teeth, shaking, nausea.

Fever with sweating.

Dry and warm with a high fever.

Shivery in the afternoon.

Diarrhea first, then fever.

Cold inside.

Sick and nauseous.

Fever and poor sleep.

Very chilly.

Very painful and tight muscles, worse moving, sometimes restless.

Alternating cold and warm.

Very very tired, little fever.

Already very tired when waking up, needs to get going.

Very tired when waking up in the morning.

Sleeps a lot.

Suddenly tired, suddenly exhausted.

Tired of least effort, worse talking.

Has to rest after, for example: one flight of stairs, has to lie down for more than an hour and can't do anything.

"Lifeless, exhausted."

Body feels heavy.

Fever and nausea, headache, no appetite.

Change of symptoms, varying course, intermittent.

Good day, suddenly bad day, or suddenly exhausted.

Slow recovery.

Also after recovery: suddenly tired again, or suddenly sharp worse after exertion.

Sick with fever, backache, abdominal pain and pain when urinating, frequent urging to urinate but no cystitis in pregnant woman.

Worse first movement, better continued movement.

Prevention of Omicron

Whenever Omicron became dominant in an area, I was telling my patients to switch from Bryonia to Carbn-o. for prophylaxis and to take it in the early stage of the disease and to call me if they didn't respond.

People who were taking Bryonia for prevention were told to stop taking it and take instead Carboneum oxygenisatum 200 (we use the 500) two weeks or so.

If someone knows they have been exposed yesterday to someone who was diagnosed this morning with COVID-19, they are likely to develop symptoms that day or the next day. I recommend that they take Carboneum oxygenisatum 200 or 500 twice a day for two or three days.

If it is too late and they have started experiencing flu-like symptoms I ask them to take Carbn-o. 500 every hour for three doses and keep repeating it the three-dose regimen as needed.

If you have a full-blown case of COVID-19 or the symptoms keep relapsing take the Carbn-o. 1M every 20 minutes for three doses or more and call us

Dr. Pradeep Kumar Gupta Omicron update

Dr. Pradeep Kumar Gupta Omicron update from Agra wrote on January 11:

“**UPDATE onOMICRON:** It started to hitting hard in the beginning of 2022.... but the pure clinical experiences on **803 patients** so far has proved that this variant is very easily curable by HEPAR SULPH in LM power or 200 C in water potencies. Apart from Hepar sulph the Bryonia alba and Arsenicum album are drugs of choice according to symptoms.

“Also in some cases Gelsemium is the choice of prescription based on strict individualisation. I am happy to say that after a clinical trial on COVID-19 patients in June 2020, I suggested these remedies in my 1st article in June 2020. The clinical experience has shown that these remedies were extremely useful in 1st wave.

“The Bryonia Alba was the best remedy for 1st wave and also for the deadliest second wave in INDIA along with Arsenicum Album in April - May 2021.

“I, in my hospital by using these two remedies, was able to save thousands lives in my country and especially in my city AGRA.

“Currently the OMICRON is very effectively curable by these medicines within 2-3 days, so please don't be fearful by OMICRON or any of COVID-19 VARIANTS that may hit in Future.

“Here I want to say this fact that the SYMPTOMS are the only guide for curative REMEDY in each or all conditions. If anything changes in future, I feel duty bound to update you.”

Dr. Pradeep Gupta reported having treated over 12,000 Covid cases in the inpatient and outpatient departments of his hospital in Agra with only three deaths. He gives the remedy in either in the LM potencies q10m the first day in the inpatient department and centesimal potencies (6, 30, 200 or 1M) every 2-6 hours in his outpatient department.

He also said that he gives the LM q5m for four doses in **the very severe cases** of SARS and then moved to **q10m for four doses** so patients have taken eight doses in the first hour.

The point of this is that **posology is important**. Unless the patient is very sensitive, I give the 1M every 15-30 minutes at first and the patient may keep doing this the first and second day. A patient said last week that with each dose of Carbn-o. **she felt a surge of energy that begins within seconds of taking it.**

I also change the potency **after about five days during the acute and convalescence stages**, which gives an extra healing impetus.

Two desperate COVID-19 cases saved by Carboneum oxygenisatum reported by Dr. Anton Rohrer from Linz, Austria

Dear Andre,

As you not only speak in your webinar about prevention, but also of treatment of Covid, I want to report to you, **that because of your lecture of Carboneum oxygenisatum two patients were saved by this remedy:**

1. Patient, 72 years, January 2021: **5 weeks already in ICU**, tracheostoma, breathing machine, fever, st.p. pneumothorax. After starting Carbn-o. 200C **recovered**. I could not get any relevant individual information further. The doctors said, **nobody in this age and this severity could normally survive such a bad condition.**
2. Patient, 73 years, June 21, **since 3 1/2 weeks in ICU**, **coma**, cannot get

awakened, paralysis of all extremities, severe lung damage, recovered after Carboneum oxygenisatum 200C. Also no individual symptoms possible to get.

It is difficult to get homeopathic relevant symptoms if the patients are already such a long time on the breathing machine. Both wives of the patients also did not know relevant symptoms of the onset of the disease, except that they got breathing problems and were sent to hospital. But I think, Carbn-o. really covers well the late stages of Covid.

I myself also recovered fully now. First with Bryonia I did not have any lung problems, later with Picric acid (30C, 200C, M) (XM helped the most) I recovered from weakness.

Later two Austrian doctors reported that 63 patients from November 2020 till August 2021 were treated with Picric acid.

A friend of these doctors works as a station doctor in a nursing home and she knows of the good results with Picric ac. In December 2020 she had herself an outbreak of COVID-19 in her station, 31 out of all the 36 patients were positive. They all got Picric acid in M or XM. Only 3 patients died out of these 31. One patient, 94 years, with severe dementia and COPD II survived against all expectations. In another station, where no Picric ac. was given one third of the patients died. The doctor told her good results to a nurse of another station and this nurse had also an outbreak and picric. ac was given to all patients, only 1 person died. (Homoeopathie in Oesterreich 2021; 4: 13 - 18)

Nancy Boyer's desperate case of Carboneum oxygenisatum

Not certain if this is shareable but it truly sums up the success of the remedy and the failure of the hospital system.

Shortly after Andre's last class I got a frantic visit from a friend whose husband was in ICU on a ventilator. He had been admitted 24 hours earlier with dx covid.

Within 24 hrs of admission, he was in pulmonary and renal failure. Age 60. His wife was desperate to try anything 'he is too young to die'.

I had just received the kit of remedies from Bianca and suggested that the wife try the holy water approach with the Carbn-o. For 5 hours she applied the liquid - 50M in water

- to his lips and wrists. Finally the nurses, although supportive of holy water, insisted she go home.

The **following day** the ICU doc noted that the patient was **producing some urine** although his prognosis was still grim.

Two days later MD noted that lungs were beginning to function at a limited capacity and suggested that the patient might be moved to a rehab unit but first they needed to do a trach and get him off the vent tube. Wife reluctantly agreed. 24 hours after trach was inserted patient developed mucuo fungal pneumonia and died later that day. His death was not from covid but from hospital acquired pneumonia. The State health dept was notified. Tough outcome.

Was COVID the main cause of death or was it iatrogenesis?

Two other Omicron cases treated with Carboneum oxygenisatum by Judy Tobey

Here is the unfolding symptoms that required Carbn-o. The first remedy that helped was Hepar sulphur during the deep chill and face pain stage. Then many remedies were tried with basically no effect until Carbn-o. Carbon-o made a huge difference but did not take the case to resolution. A few weeks later there is still low energy and constant post nasal drip. Here's greater detail:

Nine days ago, on January 10, 2022, I received Peter Gold's email containing Dr. Andre Saine's discourse on Carbn-o. in regards to the variants.

To support Andre's efforts I would like to report 2 cases, myself and my husband that struggled for over 2 weeks trying all the basic remedies, Ars., Gels. and Oscilloccinum and numerous others with no appreciable benefit until discovering a direct hit with Carbn-o. and the initial results were dramatic!

#1 - The case started with a sore throat for days, developing into a cough with a sense of a deep postnasal drip tickle, almost feeling like it tickled down to the sternum. Next I had five days of extremely painful face pains, like a deep sinus infection with no sign of congestion or mucus. I was very cold for days (and I'm in Florida where it's quite warm and I still could not get warm) and a dose of Hepar sulphur helped quite a bit in this regard but the fatigue was profound and unhelped by the Hep. I also tried Silica but no help and then other, still no help. My symptoms seemed to move about considerably

and aggravate the next day at about 4 pm so I thought Pulsatilla should help but no assistance was experienced by Pulsatilla either. I also had a fever of about 100.2 °F for days. The most prominent symptom was **extreme lethargy** and a profound sense of discomfort in my back. For days on end I felt like my intercostal tissue were swollen and pulled down and no position was comfortable to be in. **I spent many days in the same pajamas with no interest or motivation to shower or get dressed. I could barely prep food for myself, the slightest movement was daunting and felt very effortful.** If I thought of doing something in my art I would have a sense of anxiety about it and almost a burning pain in my body **about the idea of making the effort** which I tried a few times and would inevitably turn into an exercise in futility as I would **just stare** at what needed to be done and go over in my head the steps that I would need to do only to go in circles and get nowhere, super frustrating. Or I would think about an artistic task that I normally could do and I'd get super anxious and start burning inside the more I thought about it. **I lost a bunch of weight out of lack of energy to eat,** even though I was hungry. I tried more Gels. and it seemed to give me a little more energy but not enough to be too encouraged. By the second week all of a sudden I lost my sense of smell, I could not smell rotten fish, ammonia, tea tree oil or coffee!

Odd symptom, the toe pads on bottom of my foot each morning feels swollen. More than 2 weeks into this I finally intuited the possibility of **Carbn-o. out of desperation.** I found that just holding a 30C sent my symptoms into instant increase! I knew I was onto something! **I instantly lied down for a few hours and could tell I had a lot more energy when I got back up.** I'm on dose three right now and making steady progress. This progress lasted a few days to get my energy in a better place but then ceased to improve further. A full week later and I am about the same each day with a postnasal drip, occasional cough and low energy. Doesn't seem as if there is a remedy to help with this. **[Comment by André Saine: I found that in this state the potency must be changed every 5 days about.]**

#2 - My husband got what I have about a week later and has suffered considerable head pain on the vertex for days, he too was **extremely lethargic** also with **low-grade fever.** He tried Ars. and Gels. and felt a bit better but not strongly so. I gave him one oral dose of the Carbn-o. 30C and it had a **dramatic uptick in energy** for him. The second dose caused him to be extremely agitated and angry. He felt like bugs crawling all over him and could not get comfortable and was really angry with me for giving it to him. I bit my tongue and prayed it would settle out in the morning and it did just that! He was feeling much better in the morning of January 11, 2022. I then gave it again the next day with no further benefit. Now 8 days later he still has morning phlegm that he has a fit of

trouble coughing up, and low level fatigue. [Same comment as above the potency must be raised].

Other severe cases of COVID-19

Irene Sebastian from New Orleans reported two severe cases of COVID-19: “I have only two severe cases of COVID-19, who have known for many years. If they had been new patients in my practice, they probably would have gone to the hospital and I would not have been aware of their illness or involved in their care.

“First, this 74 years old woman, she had a hemorrhagic stroke (causing expressive aphasia with mild right-sided paresis) in Sept 27, 2020, and while in Inpatient Rehab she was exposed to COVID-19. After her discharge, it was thought at that time that she was not sick with COVID-19. Several days later, episodes of tachypnea though were noticed she did not seem short of breath.

“The ER physician visited her at her home to evaluate her—she was afebrile, normal vital signs, pulse ox about 92 with episodic tachypnea and rare cough but otherwise no apparent distress—she talked with my colleague for one hour. Chest X-rays were ordered and it showed bilateral ground glass opacities typical of COVID-19 pneumonia.

“The ER doctor said to bring her back to the hospital if her oxygen sat dropped below 88%—it decreased to 88 multiple times (and once to 84).

She had no characteristic symptoms, and I could not perceive a remedy for her though Stannum had a palliative effect), but it would increase her sat from the 80s to up to 92

“When she got up to walk, I noticed that her lower lip would turn outward and swell transiently—it was noticeable but very subtle. I recalled this symptom when reading materia medica under Carbn-o. in Allen’s *Encyclopedia*: “The lower lip immensely swollen and turned outwards.” I gave her a dose of Carbn-o. 30C—her oxygen sat quickly decreased, so I antidoted it with Stannum.

“The next day I suddenly realized that she needed Arnica. It was not based on repertorization—the idea simply came to mind when I thought about her behavior. I realized that her pathology was expressed mostly on a mental level with few physical symptoms. The striking mental symptoms were:

1- Mind, well, says he is, when very sick—when I told her that a doctor, and then an X-ray technician would visit her, she literally yelled at me and told me to cancel the appointments because there was nothing wrong with her. Because she initially did not believe there was anything wrong with her, she reported no symptoms.

2- Mind, suspiciousness, mistrustfulness, and Mind, refuses, medicine, to take the - she knows that I put remedies in water, so when I brought her a glass of water, she looked at me suspiciously and walked to her kitchen and emptied the glass of water, but then filled the same glass of water so she did in fact receive the remedy; she refused to let me check her pulse ox—she would put her hands in her axilla and close tightly so that I had no access to her finger; she refused to use the oxygen.

3- Mind, rage - she was enraged when she was refused to do as she wanted.

“Because she is very sensitive, I initially gave her Arnica 30C (in water) and her oxygen saturation immediately increased; I repeated it when the saturation began to drop, and it increased again; I later gave her the 200C (in water).

“Oxygen sats continued to improve. She commented that her head felt “sore” (left parietal area at the site of the craniotomy). The pain resolved within a few hours.

“After taking Arnica 200c, she became cooperative because she knew she was sick.

“Later that day, she suddenly began to weep and said (in a very sad voice) “I’m not well, I’m dying.” I then thought that she was out of the Arnica state.

“I changed the remedy to Carbn-o. 30C and this time her oxygen saturation improved. I gave her 2 doses followed by Carbn-o. 200C, one dose. One week after the first X-ray, I asked that the chest X-rays be repeated. It was worse, showing severe bilateral ground-glass opacities but clinically she was essentially well. A week or so later, I gave her an additional dose of Carbn-o. 200c (in water) for shortness of breath with exertion. She had some dyspnea with exertion, which continued for a while but otherwise made a full recovery from COVID-19. In addition to the remedies, she took vit C, D, and zinc and was given oxygen 2L/min via nasal cannula (at home) mostly at night.

“What I learned was that I initially focused too much on the symptoms of the COVID-19 pneumonia and missed the most profound Arnica state I have ever seen. Of course, Arnica is known to also be a remedy for patients with influenza so it is not surprising

that her experience of COVID-19 pneumonia was initially expressed as Arnica. I also think that the Carbn-o. did not work initially because she needed the Arnica first.

“Using the pulse oximeter was extremely helpful because it was objective evidence that she was improving or deteriorating. I would not go to bed unless it was 93 or higher.”

Irene Sebastian’s second case with severe COVID-19 pneumonia with encephalopathy and cerebellar stroke

“This is a 73-year old man who had significant co-morbidities. While living alone in a rural area, he developed bronchitis and had been sick for a few weeks. He became dehydrated and fainted in a restaurant and was taken to the ER. He tested positive for COVID-19 but was told that he only had bronchitis and that his “lungs were clear.” He was discharged with prescriptions for azithromycin and prednisone 60 mg daily for 5 days.

“His symptoms of cough and shortness of breath were typical of his usual complaints which typically resolved with Sulphur 30c, and this remedy did in fact bring about the usual dramatic improvement. Once feeling better, he realized that he forgot to take the medicines prescribed in the ER, so he then took them and he quickly deteriorated and repetition of Sulphur did not work, nor did any other remedies (Bry., Phos., Stann., Senega 30c potency was the only potency he had).

“I was treating him long-distance and he had no pulse oximeter. A family member had been checking his pulse—initially about 80, but it began to decrease to 57.

“He also had the lower lip turned outward and swollen—his was very noticeable and constant.

I prescribed Carbn-o. 30C at that time and the pulse increased to 80. When it dropped again, I repeated Carbn-o. 30C, the pulse increased again. He was taken to ER and was hospitalized.

“An ICU doctor asked his authorization for ventilation (he agreed) but they said they would monitor him for a while first—his oxygen sat was in the 70’s upon arrival. He was started on remdesevir, azithromycin, and dexamethasone, and Vapo-thrm.

“Visitors were not allowed in the ICU, but I told a family member to put Carb-n-o. 200C in a bottle of juice and ask the nurse to give it to him. He drank the whole bottle of juice that day. He began to improve and never needed to be placed on the ventilator. He was discharged after the 5 days. The ICU doctor told him that he had not expected him to live.

“Upon discharge, he had a good appetite and was doing well. But after about 1.5 days, his family said that he seemed weak and confused, appetite decreased, and he had neck pain which he thought was due to sleeping in an awkward position. He was also having a slight tremor of forearms. He had a history of deep vein thrombosis and pulmonary embolism.

“Because of the weakness and confusion, I began to be concerned about a blood clot in the carotid/vertebral arteries, and I called for paramedics to take him to ER for evaluation.

“Years ago, he had gone to the ER because of shortness of breath and profound weakness; D-dimer was positive, but because pulse ox was normal, he was sent home but was told to return for CT scan of chest the following day. His wife called me and told me that *his lips were cyanotic*. I was very stunned that they did not rule out pulmonary embolism in the ER.

“I told his wife to give him Carb-v. 30C and to call me back in 5-10 min—he told me that he was 300% better—I told him to repeat the remedy if any shortness of breath returned. The CT scan the next day showed a small PE which was not consistent with his symptoms (from the day before.) I assumed the clot had mostly dissolved. So, because of the fear of a blood clot, I told a family member to give him Carb-v. 30C on the way to the ER.

“It took about 1 hour to arrive at the ER—when he arrived there, he was no longer confused and had no complaints so they discharged him. I asked if they checked D-dimer or did an imaging study to rule out a stroke, but they refused to talk to me and said there was no evidence that he had a stroke and that he was just recovering from COVID-19. They never asked him to stand and did not do a thorough neuro exam.

“During the next 1-2 days, he continued to remain weak, had no appetite, confusion returned, tremors were worsening, and he was unable to stand.

“I told family to take him to the ER again. An MRI of the brain was done and it was found that he had had a cerebellar stroke (they had not done MRI on previous visit). They also diagnosed him with hospital-acquired pneumonia, and he was readmitted.

“I told family member to give him Hyoscyamus 30C because of possible metastasis from lungs to brain, twitching/tremors, alternation between coherence and confusion.

“No visitors were allowed, but I was able to talk with the nurse.

Tremors/jerking/twitching continued and he was confused and seemed to want to take off his gown.

“He became agitated and they decided to move him to the ICU. He became more confused and was resistant when they wanted to move him. A male nurse socked him in the face and he lost consciousness and had respiratory arrest and had arrhythmia—“mini-code” was done and he was put on ventilator.

“He was taken off the ventilator a day later. He continued to be agitated and was unable to sleep. His ex-wife told me that he was combative. I assumed that the Hyoscyamus was not correct, and I thought that he needed Stramonium. I traveled to the hospital, and when I first saw him, he appeared to be in *status epilepticus*—he was twitching and jerking from eyelashes to toes and was muttering unintelligibly. I told the ICU doctor that he appeared to be in status epilepticus and she said, “It’s just due to the stroke.”

“I said that I would apply a cool compress but the purpose was to give him Stramonium 30C topically (wrists, forehead) and then I touched his mouth with the cloth.

“The jerks began to subside, then resolved completely except for his feet. He was able to talk—he was very weak and he whispered to me that he was “brain-dead.” He did not seem confused at that time. I considered repeating the remedy that night, but chose not to do so.

“When I arrived the following morning, he was agitated (but not having the twitching/jerking/tremors) and the ICU doctor made the decision to intubate him so that he could sleep. She said that he had not slept in four days and that was why he was so agitated. The plan was to keep him intubated for four to five days, but each day when they decreased the sedation to see how he was doing, he was not breathing on his own at all. After one week, the doctor said that his pupils were pinpoint and sluggish

and wanted to know if he had advance directives and we were told to discuss with the family what they wanted to do.

“During the days he was on the vent, I had been reading about the remedies with metastasis from lungs to brain. I became certain that **Hyoscyamus** was the correct remedy—according to Guernsey: ‘**Every muscle in the body twitches, from the eyes to the toes. This is one of his chief indications for its use in convulsions, whether epileptic or not.**’

“This is exactly what I witnessed. Nurses had also told me that he was **grasping at things, picking at the bed sheets, trying to take off his gown**. I had already given him Hyoscyamus, but there was no evidence that it helped. I thought that perhaps he never took the remedy (due to confusion or weakness), or he took the remedy but the pace of the illness was too fast for 30C potency and he needed a stronger potency or more frequent repetition. There was also the possibility that because of his sensitivity, he had a proving reaction to the one dose— I did not think this was likely.

“Nash also talks about how Hyoscyamus may deteriorate into an Opium state, and this was my main question. While I was confident that he had needed Hyoscyamus earlier, did he still need it or did he now need Opium?

“I felt that the doctor’s questions about advance directives implied that he was dying and this was consistent with the pinpoint pupils, etc. **So I gave Opium 30C** on his tongue while he was on the vent.

“**The next morning**, he opened his eyes somewhat and squeezed my hands. I then gave him **Hyoscyamus 30C**, and the following day he opened his eyes and was breathing on his own. **He was extubated that day, and was coherent**. I watched for twitching and tremors, etc., and I gave him another dose of Hysocyamus 30C, followed by 200C at next indication.

“He was fully conscious, but had irregular breathing (**Cheyne-Stokes**) as well as **ileus** - I gave him **Opium 200C**. He slept for 4 days, then he awakened, sat up in bed, and the next day he was able to stand. He spent 2 weeks in inpatient rehab (he had difficulty eating and walking due to the lack of coordination). He subsequently made a full recovery from the stroke. He lost 30 lbs during the hospitalization, with loss of much muscle mass, and he still has some weakness and shortness of breath with exertion, but he is able to walk on a treadmill.

“In addition to the above, he also had acute renal injury due to meds, intermittent atrial fibrillation, and anemia, which all resolved.

“His final diagnosis was COVID-19 encephalopathy and cerebellar stroke. It was later determined that he never had the hospital-acquired pneumonia.

“For a second time, a doctor told him that he did not expect him to live.

“What is the reason for the metastasis to the brain? Remdesevir? steroids? After the first hospitalization, he had significant coughing, and I gave him the second dose of Carbn-o. 200C—the cough got dramatically better—was this suppressive? I suspect that remdesevir or the steroids caused the suppression, but I am not sure.”

Other interesting cases and observations

Sharum Sharif from Kent, Washington shared his experience in another dramatic case in early December 2021 on the American Institute of Homeopathy email group platform:

“Bryonia is indeed still up there for sure. I had over 20 cases of COVID-19 in one week about 3 weeks ago. It was a tough week, long hours. I practice near Seattle, WA.

“By far most needed Bryonia, a few did well with Antimonium tartaricum, and a couple did wonderful with Gelsemium. Most of them were moderately ill, and one was severe/critical (oxygen dependent at home).

“All have recovered, a few still dealing with a few minor residual symptoms.

“The critical case had a dramatic turn around with Antimonium tartaricum had a ton of phlegm in chest (keynote). His case is very interesting. He had had COVID-19 two months prior, been hospitalized. Went into hospital a totally functional person with a mild (non oxygen dependent) case of COPD.

Ten days later he was released on a wheelchair, dependent on a portable oxygen machine, could not talk or walk, had hallucinations, rage, extreme lethargy, and has been completely dependent on wife for his care ever since.

He came to my office about 3 weeks ago. Bryonia helped improve his anger, rage, hallucinations, and partially some of his physical symptoms including fatigue.

Then, a couple of weeks into his homeopathic care (using Bryonia 30C a few times a day), he developed a severe Antimonium tartaricum cough/phlegm situation.

Antimonium tartaricum 200C every 1-2 hours initially and then every 3-4 hours immediately turned him around. Without this remedy, he was going down fast—oxygen sat was dropping below 80. His mental/emotional/physical symptoms post release from hospital is all starting to gradually reverse, thankfully. He's got a long ways to go though before hopefully back to his pre-COVID-19 self about two months ago. We will see.

“His wife is ecstatic! It looked to me like the discharge process had been suppressed with drugs in the hospital, leading to all of his disabilities upon release from the hospital. And I suspect Bryonia (since, to say the least, so similar to the COVID-19 process) helped stimulate the vital force to push out the suppressed discharges, causing him to go into an Antimonium tart state (perhaps the state he had been in when admitted to the hospital to begin with). He responded extremely well to Antimonium tartaricum his oxygen sat improved dramatically (up to above 90s) within 6 hours, etc. Now, we are treating the COVID-19 properly this time around.”

Mitch Fleisher from Virginia reported that he “had five cases of acute COVID-19 respond rapidly to Bryonia 1M in dilution. One case had acute autoimmune hepatitis that showed improvement in liver function tests in 1 week.”

A number of practitioners, including one in Germany, one in Western Canada, one in Eastern Canada and one in the UK, reported that **one or more of their patients likely had COVID-19 two to three months before it had officially arrived in their countries.**

Personal chronic remedy for COVID-19 prevention

Wiebke Michaels from Germany wrote, “I have only one patient out of 1000 who is taking Bryonia 1M every week, still unvaccinated and not infected. The other patients are taking their **constitutional remedy**. Bryonia is the main remedy in treating Covid-19 here in southwest Germany (Saarland), even in vaccinated patients, who got Covid. Besides from some other remedies as Eup-p., Tub-a., Puls. Nux-v., etc.

Hans Habich wrote, “I had some patients with COVID-19 in the last weeks, all got better with the chronic remedy, what I remember it was Conium, Phosphor, Sulfur...

“Last year in March I had one patient with COVID-19. I remember that she had strong dyspnea, fear of dying and restlessness, she could not stay alone, the dyspnea was over after some days with Arsenicum album. After that she was very weak and needed several remedies, after about a month she recovered fully.”

Darcelle Rivard’s experience with Omicron in Timmins in Northern Ontario

Possible new genius epidemicus?

Two confirmed cases of COVID in November- in region of Collingwood - husband and wife treated with Sulphur successfully, I had forwarded the 2 cases to André in November (one with fever).

Local cases: Large cluster of COVID infection at local bar- Dec 18/21

Young male Alain (patient), after going to bar, tested (+) with mild symptoms of common cold - mild coryza, nasal obstruction- no tx needed. Soon after all his family tested (+) by Dec 24, which included his:

Sister- mild sx, no tx needed.

Father - mild sx, no tx, he is not a patient.

Mother- mild sx, but developed sx of sinusitis - Tx - Kali-bich (Dec 29/21)

Maternal grandfather - mild sx, no tx needed (not a patient)

But maternal grandmother-same exposure but she is the only one NOT POSITIVE, has been tested twice Dec 23, 27 and will go again Jan 3, she has no sx’s.

HOWEVER- she has been treated for shingles S/E vaccine since Dec 1/21 with SULPHUR 1M - BID.

Gwen Khanna from the U.S. wrote:

“I work in a COVID-19 clinic and have treated well over 300 cases. Not sure I can help answer your questions below, but here are the remedies that are working well and resolving most of my cases: Puls. and Byronia mainly followed by Phos., Ars., Nat-m., Kali-c. and Ant-t.

“These remedies are working beautifully. Two elders folks ended up hospitalized with bi-lateral pneumonia and needed O2 and steroids. I’ve not lost 1 person, but like I said, few needed allopathic intervention.

“Also note, folks who were taking Ivermectin did much worse off compared to those only using Homeopathy.

“Folks using hydroxychloroquine, nebulizers with hydrogen peroxide, steroids and heavy doses of supplements tend to not be as responsive to homeopathic remedies and showed G.I distress (vitamins). I also noticed for many cases, repetition was important to fully resolve the case.

“Because of clinic liability, OSI levels lower than 89-90 are to be referred out. There are many times when I allowed 88, as long as there was no fever and they were walking around etc. In about 20 patients the sat dipped below 90. Once OSI levels dip below 87, I always recommend they seek allopathic care - 5 of which were hospitalized for pneumonia (all 5 recovered)

From Steven Coward in Ashville, North Carolina wrote, “I work in Asheville, NC, but I have patients up and down the east coast of the US. I don't know if I have much to add that you haven't already seen, but here are a couple things that I've found very helpful.

“First, if patients have lost their taste and smell, I treat them with Nat-m. if they are wet and mucousy. If they have lost their taste and smell, and they are dry and stuffy, I give Sulphuric acid. I have gotten people's symptoms better quickly with both remedies, and smell and taste generally return in five days to two weeks.

“Second, I have had a lot of patients of late who have needed Hepar sulphur. This has not been the case until recently. These patients have a choking cough, sensitivity to cold air or draft, and pain in the skin of their lower extremities so they can't bear even the touch of clothing. Maybe it's a local variant here, but I've had several patients get better overnight in these cases.”

Christoph Abermann in Vienna reported about Lobelia purpurescens:

There is one remedy that is hardly mentioned in the Anglo-American reports on COVID-19 treatments, but is a very important COVID-19 remedy: Lobelia purpurascens (Lob-p). I myself had COVID-19 last week and was severely ill, saturation levels were partly below 90. And I experienced 2 impressive effects with Lob-p C200 (pure and in water):

the first time I was just lying with eyes closed for 4 days before (was on about 2% of my normal energy level) and didn't have any symptom except mild cough without useful modalities. After taking it, for the first time in days I was able to sit up in bed within 1-2 hours and answer some emails. From that moment on things went uphill. However, the saturation levels did not improve (fluctuating between 89 and 93), so 2 days later I took Lob-p M: within an hour I had a saturation of 96 for the first time in many days, and it has remained normal ever since. My energy also improved quickly (I started working again 2 days ago).

“The main indications for Lob-p. are:

- Great weakness
- Feeling of not being able to breathe in completely.
 - There are also some other (less important) indications in Clarke MM.
 -

Dr. Tim Fior from Chicago wrote: “I have had several patients with COVID-19 pneumonia with desaturation who responded to either Carboneum oxygenistum and more commonly Carbo vegetabilis. Actually, Carbo vegetabilis was more frequently successful with these patients in Illinois or Indiana. One patient, an experienced homeopathic vet called me with COVID-19 pneumonia and a OSI of 86% and dropping, who was ready to go to the ER. He had just taken Carbo vegetabilis 10M and within a couple minutes the OSI was at 89-90%. By the time I spoke with him it was dropping again and I said repeat it every few minutes, which he thought he couldn't do. He repeated it often and it quickly came back to the mid 90s and he never had to go to the ER and recovered. He presented a webinar for us a few weeks later fully recovered.”

Elisabeth Scholtz wrote: “The patients were all PCR positive tested. In total there are about 30 cases. One patient in the first wave was hospitalized for 2 days. He required 2 days of supplemental oxygen for a known bronchial asthma. All others were well managed as outpatients. 60% responded well to Bryonia 200C or 1M (Schmidt Nagel) and needed no other remedy. Other remedies were Arsenicum album, Pulsatilla, Rhus-t.”

George Guess from Virginia wrote: “A patient informed me yesterday that the Bryonia I gave her back in January for fatigue, loss of smell, coryza, vertigo, improved in one day after Bryonia, smell completely restored by then as well. But I haven't seen many cases here. Bryonia has helped several of them also.

Another noteworthy point about Bryonia:

Sharum Sharif wrote: “When I hear about any LEFT-sided symptoms that happened to start after onset of the pandemic in the U.S., I've been wondering if they went into the Bryonia state regardless of whether they had any s/s of COVID-19 infection or a negative COVID-19 test result. I have seen over probably close to a few hundreds cases now of the oddest s/s that have shown up for the 1st time OR gotten worse due to what appears to be 1) the virus itself 2) long-COVID-19 3) the COVID-19 vaccine. MOST of these LEFT-sided s/s are at least helped (if not significantly turned around) by Bryonia.

Two of my most profound examples I can think of right now include the following two patients: One could not walk without a walker and another one who wanted to quit his job because he could barely walk. Neither one realized they they had gotten ill with COVID-19 or any acute infection for that matter. Based on the hx of their s/s (LEFT sided issues with left lower extremity, and 1-2 other Bryonia keynotes when I saw them OR prior to their visit for a while...), I decided that they had potentially contracted the virus without realizing it, and that they were suffering from long-COVID-19. These patients were told by their conventional practitioners that the cause of their disability was unknown. Thankfully we don't need to "prove" that the patient comes down with a particular dz before we can help them. I hate to admit it, but as important as causation may be, prescribing symptomatically can go along ways in my experience... So, I prescribed Bryonia 30c bid for both of these patients. One felt normal in 3 days (his legs felt like they did previously, a few months prior), and the other one could walk without a walker after two weeks of using the remedy (and she had not been able to walk without a walker for 1.5 years).

“I find it extremely sad that our fellow humans beings are being impacted so negatively by an entity (be it in the form of an active infection or the consequences there of- long-COVID-19, or the vaccine), and yet we as homeopaths could most definitely help them with such ALL of these maladies ever so swiftly...

“I have seen this phenomenon as well- giving Gelsemium or another remedy to a long-COVID-19 patient and in some cases seeing acute COVID-19 symptoms show up. In such cases, I have found that often (not always) the picture of Bryonia (or another remedy) is surfacing- LEFT sided headache, or other left sided symptoms, dryness, etc. Therefore, I stop Gelsemium (or whatever other remedy the patient was taking that brought out the Bryonia picture), and have the patient start taking Bryonia which helps either partially or completely resolve the case. (I also happen to like the lower

potencies of say 30c in long-COVID-19 cases which the patient has to take for typically a few weeks, qd or bid or tid depending on the case.)

“I wonder in the long-COVID-19 case you were mentioning here, if the patient's headache and/or sinus congestion was worse on the left side or only present on the left side?! If so, I would have prescribed Bryonia at that point.

“In many long-COVID-19 cases, I have also found Gelsemium by itself very helpful. Of course the top keynote must be present- dull, dizzy, droopy and dumb, etc.”

Long haulers

As far as my experience goes, long-haulers have responded well to the remedy they needed when they were in the first stage of COVID-19, such as Bryonia alba, or in the later stage of the disease, such as Carboneum oxygenisatum, or to the remedy they needed before they fell sick to COVID-19, which is a good example of individual susceptibility to chronic diseases, as it was originally reported by Hahnemann in his *Chronic Diseases*.

Practitioners will have the same success with these cases as they would have in their general practice to treat patients with chronic diseases.

Interestingly as soon as the correct remedy is given every symptoms begin to improve in a progressive manner, even though patients may have been in a weakened state of health for many months and up to one and half years.

I am recalling a long-hauler patient who began to come out within 15 minutes of brain fog and physical exhaustion that she had been experiencing constantly for about nine months after taking a single dose of Carboneum oxygenisatum 1M.

I therefore recommend all my colleagues a careful study of the materia medica of Carboneum oxygenisatum, as its pathology is most similar to COVID-19. Many practitioners including myself have cleared in patients sequellae of COVID-19 including chronic difficulty breathing and low oxygen saturation index, fatigue and symptoms related to poor circulation/blood clots, such as cyanosis, chilblains, mental confusion, disorientation.

Incidentally, I will make sure that in the coming days we will make available on the

website of the Canadian Academy of Homeopathy (www.homeopathy.ca) this presentation in a PDF format and the newly revised monograph of Carboneum oxygenisatum, which includes a proving that was conducted in the Spring of 2020 by the members of the Materia Medica Pura Project.

Similar interesting observations regarding long haulers have been reported by many colleagues:

“I have treated three patients with post-COVID-19 weakness. They responded well to either Carbn-o. or what was obviously their chronic remedy. Elisabeth Scholtz

“I worked with at least two long hauler COVID-19 patients and both got better on Bryonia. One finally got completely better after Bryonia CM. A few other people responded to their chronic remedy to heal.” Betsy Beaven

“With long-COVID-19 (now five people being treated) I immediately start with Carbn-o. 200, 3x/24 hours, and then wait and repeat as needed.

“All five patients seem to be improving; many said within a few hours my head is more clear and start to recover. Later on here too, if necessary, I will switch to their constitutional remedy.” Michel de Sonnaville

Sequellae from the COVID-19 vaccines

The general rules of homeopathy and the observations reported on long haulers apply also to the victims of the COVID-19 vaccines.

Betsy Beaven reported the following interesting observation: “Just for you to know, someone contacted me who heard your October 16 COVID-19 Update which was free to the public.¹³ She had COVID-19 in January 2021. She got over it easily on her own, then received a COVID-19 vaccine in February. After the vaccine she spent the next 8 months in a COVID-19 fog, no energy, body aches, and a feeling of hopelessness. She heard about me and booked an appointment. In the meantime, she got access to your webinar and felt Bryonia would help her. She ordered it, took a dose of 1M and the next day 75% of her symptoms were gone! She felt a miracle had happened to her and she had never done homeopathy in her life. It was all because of listening to your webinar. Just wanted you to know how valuable your information has been.

“Finally, I started early on advising people to take Bryonia 1M before the vaccine, (not Ledum), right afterwards, and another dose that evening. Most people did well or had minor problems.

“A few people who got boosters recently followed the Bryonia vaccine protocol and felt it helped them immensely. Their previous vaccinations had far more side effects than when they used Bryonia for the boosters.”

Sharum Sharif from Kent, Washington wrote: As a side note, now that we are talking about Bryonia, it's only appropriate to say that in my experience Bryonia appears to also be amazing for most cases of **long-COVID-19 OR even post-COVID-19 vaccine reactions**. From what I have seen, Bryonia appears to be at least very helpful, if not right on, for most of such cases.”

Dr. Pradeep Kumar Gupta in Agra

Over a 32 consecutive day period in April-May 2021, Dr. Pradeep Kumar Gupta treated in the **outpatient department** of his hospital in Agra 5,545 patients with COVID-19.

After the first week, **86% had recovered**, 13% were better and 1% had not improved.

Of 183 patients that were admitted to his hospital, 117 recovered, 56 were still under treatment, 3 died, 4 were referred out and 3 who had improved but were discharged on patient request.

Average hospitalized days 5 days.¹⁴

However, by October 2021, Dr. Gupta and his team were reporting having treated 12,566 COVID-19 patients with 99.11% recovery within 15 days.¹⁵

He mentioned in two different presentations different **posology protocols**. In the first protocols he was administering in his **outpatient clinic** remedies in 6C, 30C, 200C and 1M potencies, four pills dry of number 30, as needed, which can be every 2 to 6 hours or even oftener, depending upon the intensity of symptoms.¹⁶

In a later presentation he was administering to hospitalized patients LM1 in water q5m for four doses, then q10m for four doses, so that after one hour and eight doses patients are remarkably better. For on the second day every hour, third day q2h, day 4

q4h (always in water, never dry doses), and qid for a week when discharged.

For prevention he used Bryonia in over 70,000 people the following posology, four times a day for three days, three times a day for three days and then two times a day for three days, and then no more.¹⁷

On June 11, 2021: “Neminath Hospital is one of the famous hospitals in Agra. This hospital has cured more than 12000 thousand infected in the epidemic.

Many hospitals took bills of lakhs of rupees from the patients in the name of covid, yet the patients lost their lives due to lack of proper treatment. This hospital has been treating complex diseases with homeopathic medicines at very low cost.

Gupta has “one motto: Nothing is incurable.”

The American Institute of Homeopathy data bank

If we looked at the frequency of remedies prescribed by a large number of practitioners who have reported some of their cases to the American Institute of Homeopathy

Number of cases of COVID-19 reported to the American Institute of Homeopathy reporting system												
Total	Bry.	Ars.	Puls.	Gels.	Phos.	Bell.	Nux-v.	Hep.	Camph.	Rhus-t.	Merc.	Others
1161	365	209	84	83	65	47	33	23	21	20	20	191
100%	31%	18%	7%	7%	6%	4%	3%	2%	2%	2%	2%	16%

On the other hand if we look at another of data from a Germanic group of physician, Ärztesgesellschaft für Klassische Homöopathie, out 61 patients, 11 got Lob-p., 10 got Camph., 6 got Bry., 6 Gels., 5 got Ars., one Phos., and one got Ant-t.

What about conventional vaccination, where shall we stand?

To better understand the pros and cons and the confusion they engender and that currently exists about vaccination a very brief review of the more recent history of medicine may be helpful, as philosopher George Santayana pointed out, “Those who don't know history are destined to repeat it.”

I made a brief overview of the history of medicine that prepared the ground for today's state of conventional medicine, which can be viewed in my presentation of **October 16, 2021 before the American Institute of homeopathy**.¹⁸

I made review the subject in greater details in my two upcoming books, one is *The Use of Medicines to Prevent Epidemic diseases—Scientific Evidence of the Efficacy and Effectiveness of Belladonna to Prevent Scarlet fever—A Systematic Review with Its Documentation and Narratives*, while the other is *Risks and Benefits of Vaccination—A Holistic Perspective—Do Your Own Thinking, But First Inform Yourself*.

I will make available the unedited chapter of the above book on the risks and benefits of COVID-19 vaccination and the Epilogue of the same book.

The major reason why the current pandemic turned into a major health and socio-economic crisis is the helplessness and ineptitude of conventional medicine to effectively deal with people suffering from respiratory tract viral infections.

The bottom line

1- The experience has been uniformed among many colleagues for the prevention of COVID-19 and clinical outcome of COVID-19 patients:

- a. The prevention of COVID-19 with homeoprophylaxis is very effective and safe.
- b. As a rule it is easy to treat patients with COVID-19, acute and chronic, as long as you are applying the fundamental principles of genuine homeopathy.
- c. Occasionally a case may require more attention, and this is more common when there are comorbidities, as well as in odd cases after the arrival of the Delta variant.

2- Beware:

- a. The picture may change during the course of treatment, specifically in more advanced COVID-19 cases, which is not uncommonly seen with other similar febrile conditions, such as influenza or acute viral or bacterial pneumonia.

- b. It is important to continue to administer the remedy even after the apparent signs recovery and also after what looks like full recovery.

Thank you Dr. Hahnemann, you have not lived in vain, as your labors have prevented much morbidity and saved innumerable lives in the current pandemic.

¹ W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038-1043.

² Four of these six people are exposed on working days to people.

³ W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038-1043.

³ W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038-1043.

⁴ Talele, Gitanjali, et al. "Randomized Double-Blind, Placebo-Controlled Feasibility Study, Evaluating the Efficacy of Homeopathic Medicines in the Prevention of COVID-19 in a Quarantined Population." *Homeopathy* (2021).

⁵ Daruiche, Paulo Sergio Jordão, et al. "Homeopathy for COVID-19 Prevention: Report of an Intervention at a Brazilian Service Sector Company." *Homeopathy* (2021).

⁶ Pradeep Kumar Gupta. Homeopathy 360 Webinar On COVID 19 And Homoeopathy In Collaboration With The Homeopathic Key. <https://www.homeopathy360.com/recording-of-homeopathy-360-webinar-on-covid-19-and-homoeopathy-in-collaboration-with-the-homeopathic-key/>

⁷ André Saine. The American School of Homeopathy and the International Hahnemannian Association: The High Point of Homeopathy Part III—Pneumonia and Hahnemannian Homeopathy. *Liga News* 2016; No. 17 (April): 17-23.)

⁸ André Saine. Case Management and Clinical Outcomes from the Perspective of Evidence-Based Medicine of the Homeopathic Treatment of Patients with Pneumonia. *WissHom-Kongress Internationaler Coethener Erfahrungsaustausch*. Leipzig. June 16, 2017. <https://www.wisshom.de/wisshom-kongress-ice-internationaler-coethener-erfahrungsaustausch/archiv-der-ice-kongresse/>

⁹ André Saine. A COVID-19 Update—Prevention of COVID-19 and Treatment of the COVID-19 Patient. American Institute of Homeopathy. October 16, 2021. <https://new.homeopathy.ca/a-COVID-19-update-prevention-of-COVID-19-and-treatment-of-the-COVID-19-patient/>

¹⁰ Groff, Destin, et al. "Short-term and long-term rates of postacute sequelae of SARS-CoV-2 infection: a systematic review." *JAMA network open* 4.10 (2021): e2128568-e2128568.

¹¹ Groff, Destin, et al. "Short-term and long-term rates of postacute sequelae of SARS-CoV-2 infection: a systematic review." *JAMA network open* 4.10 (2021): e2128568-e2128568.

¹² Groff, Destin, et al. "Short-term and long-term rates of postacute sequelae of SARS-CoV-2 infection: a systematic review." *JAMA network open* 4.10 (2021): e2128568-e2128568.

¹³ André Saine. A COVID-19 Update—Prevention of COVID-19 and Treatment of the COVID-19 Patient. American Institute of Homeopathy. October 16, 2021. <https://new.homeopathy.ca/a-COVID-19-update-prevention-of-COVID-19-and-treatment-of-the-COVID-19-patient/>

¹⁴ Pradeep Kumar Gupta. Free Update on the Homoeopathic Treatment of COVID-19 in India. <https://www.youtube.com/watch?v=LMAk-Ulg0Ew>

¹⁵ Personal communication from Dr. Witraut Reich in Germany.

¹⁶ Pradeep Kumar Gupta. Homeopathy 360 Webinar On COVID 19 And Homoeopathy In Collaboration With The Homeopathic Key. <https://www.homeopathy360.com/recording-of-homeopathy-360-webinar-on-covid-19-and-homoeopathy-in-collaboration-with-the-homeopathic-key/>

¹⁷ Pradeep Kumar Gupta. Free Update on the Homoeopathic Treatment of COVID-19 in India. <https://www.youtube.com/watch?v=LMAk-UlgOEw>

¹⁸ André Saine. A COVID-19 Update—Prevention of COVID-19 and Treatment of the COVID-19 Patient. American Institute of Homeopathy. October 16, 2021. <https://new.homeopathy.ca/a-covid-19-update-prevention-of-covid-19-and-treatment-of-the-covid-19-patient/>