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**Review Article** 

# Homoeopathy against VOC of COVID 19- Omicron Strain

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**Abstract:** Biology will continue to challenge medicine & that is exactly what is evident from the mutants & variants of COVID 19 virus. The current article examines the contribution of Homoeopathy to deal with these mutants & variants. The article traces the importance of dealing with these emerging challenges both at global & the national level. Thereafter, it deals with the subject of the changing face of the virus through the dimension of how, why, when, where and whom of these forms. Following that the burden of the disease as such is explained through the social & economic impacts that it has exerted. Interventions are also seen through the lens of prevention and protection as well. Taking cue from one of the elaborate & established books in the Homoeopathic world, it deals with what Homoeopathy had offered, is offering & the potential to offer in the future to deal with this pandemic.

Keywords: N/A.

# **INTRODUCTION [2-5]**

In the past, in the 20<sup>th</sup> century, Homoeopathy had been used successfully for ARIs(Acute Respiratory Infections) like influenza, whooping cough, flu. One such use in the epidemic was during the Spanish flu in 1918-20. In the 21<sup>st</sup> century, with COVID 19 affecting the respiratory system in a great way, Homoeopathy has not only dealt the respiratory symptoms but also the whole issue of COVID 19. The major issue is that the treatment of pneumonia through Homoeopathy has not been reflected in large scale surveys like the NFHS series.

#### Journey of variants of concern [1]

The Variants of Concerns (VOC) are defined by the Technical Advisory Group on Virus Evolution (formerly called the Virus Evolution Working Group). A VOC should have-

- Increased transmissibility or detrimental change in COVID 19 epidemiology.
- Increased virulence or change in clinical disease presentation.
- Decreased in effectiveness of public health & social measures or available diagnostics, vaccines & therapeutics.

Table 1: Gives the details of the VOCs till date

WHO label	Earliest documented samples	Date of designation
Alpha	UK, September 2020	18.12.2020
Beta	South Africa	18.12.2020
Gamma	Brazil, November 2020	11.01.2021
Delta	India, October 2020	11.05.2021
Omicron	Multiple Countries, November, 2021	26.11.21

# Journey of VOC in India [12-15]

India's first Omicron cases were confirmed in two men on  $2^{nd}$  December 2021. ICMR-NIV (Indian

Council of Medical Research & National Institute of Virology) received the first sample from a resident of Dombivali area of Mumbai on 4<sup>th</sup> December 2021 to

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isolate the Omicron strain from the sample & test the efficacy of Covaxin, Covishield induced antibodies and natural infection induced antibodies against the laboratory grown strain. There are 1273 amino acids on the SARS-CoV-2's spike protein that triggers the immune response. The new Omicron variant has 32 amino acid changes or mutations in the S protein.

India made vaccines like Covaxin have been prepared from the whole virus & hence it will be more effective. The current RTPCR test kit is based on three genes- N,E & RdRp while Omicron is S gene mutated. The new kit should be an S-gene dropout test. The Omicron variant has more than 50 mutations. Omicron's spike protein has 26 amino acid mutations that include 23 substitutions, two deletions & one insertion. These are distinct in comparison to other VOCs.

#### Burden of VOCs in India [12, 13, 15, 16]

COVID 19 has already burdened India largely in 2020. It is estimated that number of poor people with income less than ₹ 150 per day or less increased from 6 crores to 13.4 crores. In comparison to 2019, the number of poor people increased in India by 7.5 crores by early 2021. Further, the economic recession in 2020 shrunk the middle class by 3.2 crores in numbers. The middle class shrank from 9.9 to 6.6 crores. This was because of the first two waves that included the VOC Delta. The transmissible rate of Omicron is five times more than the Delta strain. Hence, the huge burden can be gauged if third wave in the form of Omicron emerges in India.

From one case in the first week of December, India has moved on to 38 cases as on 12<sup>th</sup> December 2021. It is predicted to replace Delta as the dominant variant in the months to come. Dr. Saheed Jameel, former head of the Indian SARS-COV-2 Genomics Consortia (INSACOG), opines that up to 90% of the vaccine roll out has been with Covishield. A third dose of Covishield may not do much good as the background vector immunity will not allow the virus to infect very well & raise the spike immunity. He says mRNA vaccines developed by Moderna & Pfizer are good booster candidates. He further adds that ZyCoV-D & Covaxin can be used as a booster for people who got Covishield & Vice Versa.

#### Symptoms of Omicron strain [13, 14, 17]

People are complaining of muscle pain, cough & fever for five days. There have been no reports of lung infection or shortage of oxygen in the body as reported till date. Since this strain has spread from HIV/AIDS infected coughing person, the virus has all the symptoms of common cold. The five main symptoms are:

- Fatigue
- Scratchy throat
- Mild fever that goes away on its own

- Night sweats & bodyache
- Dry cough

# Homoeopathic approach- Current situation [9, 10, 18]

This VOC comes under the domain of URTI. The Essential Drug List (EDL) of Homoeopathy mentions ARI as one of the many disorders for which a list of 233 medicines besides the 12 biochemics, ointments & drops. The preferred potencies of the 233 medicines are only color coded with a color index. There is no clarity for which the medicine is to be given. It is highly vague & broad as it is a guideline only.

Another document in the public domain is the  $7^{\text{th}}$  training module of ASHAs where a few homoeopathic medicines are mentioned against their therapeutic uses for the dissemination of the information by ASHAs at the community level. The drug kit supplied to ASHA by the states does not have homoeopathic medicines.

Besides this, the ministry of AYUSH had suggested 'Arsenic Album' as the medicine for COVID 19 back in January 2020.

#### Homoeopathic approach- a new dimension [4-8]

The current article does not try to repeat the Materia Medica related to dry pneumonia therapeutics. Instead, it approaches Homoeopathy through the eyes of the evolving methodical approach.

As the strain has emerged from the cough of a HIV/AIDS infected person, the 'HIV/AIDS Nosode' is to be prescribed for all cases in repeated doses at least for a week.

There is dry cough but at the same time, the heart & lungs are to be protected in all cases especially in patients with co-morbidities. Hence, 'Fel Vulpi' in potency & Grindelia Robusta in mother tincture doses are to be prescribed repeatedly.

For fever, 'Typhofebrinum' in potency along with 'Brucella Melitensis' in potency needs to be prescribed in repeated doses.

In order to deal with scratchy throat, if the centre of the throat is involved, prescribe Baryta Iod-3X in tablets in repeated doses. If left side is involved, prescribe Merc Bin Iod-3X in tablets in repeated doses & if right side is involved, prescribe Merc Proto Iod-3X in tablets in repeated doses.

For fatigue, body ache & night sweats, prescribe Sambucus Nigra in mother tincture as the triad of symptoms are covered by this medicine & it also corresponds to dry pneumonia.

We all should also prescribe Prednisolone in potency for all cases as it will not allow the inflammation to proceed in the body.

Taking cue from the clinical experiences of the lead author, the above prescriptions are based on 'Nosodes & Key Note' method of prescription in homoeopathy. These medicines will also prevent the population from spreading the disease as well as reduce morbidity & mortality. These medicines are immune boosters, excellent modulators & pave the way for the body to respond to treatment positively. The importance of the issue of underlying inflammation is critical as comorbid patients are more prone to VOCs.

# **CONCLUSION** [11]

Many Homoeopaths may not agree to the concept mentioned above. The point is that targeted & treatment protocol homoeopathic approaches have to be followed in dealing with issues of public health. This approach aims to reduce mortality & morbidity & homoeopathy will lag behind if it does not address mortality. The homoeopathic fraternity has to adhere to the emerging challenges of viral diseases to allow homoeopathy to come to the limelight. Currently, many homoeopaths are working as third medical officers on contractual basis under NHM at the district & block level but they do not use homoeopathy at all. They simply adhere to their routine work & in the process have forgotten homoeopathy completely. Conventional homoeopathy is OK in private practice & in educational institutions but when you want to address masses; homoeopathy has to complement the existing treatment protocol guidelines that are in use. This VOC is a dry pneumonia. The VOCs will be severe if the indoor pollution & outdoor pollutions are exacerbated. Homoeopathy has a big role to play to prepare the masses especially the children & the old to deal with indoor & outdoor pollution while strengthening their respiratory system. Adhering to the new approach through a standardized treatment protocol will only strengthen homoeopathic system of therapeutics in the long run thereby enabling it to deal with emerging challenges in future.

These Corona viruses won't go from our lives. They will continue to mutate & new variants will continue to emerge. It is not possible for the man kind to wait for vaccines for each variant. No vaccine can be a panacea for the emerging variants. It is here that the cost effectiveness & clinical effectiveness of Homoeopathy will come handy for the public & private health systems while dealing with masses.

#### Declaration

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**Conflict of Interest:** There is no conflict of interest regarding this article.

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