

COVID-19:

Staying healthy under lockdown

by Karin Mont MARH



Karin Mont graduated from the College of Homeopathy, London, in 1990. In 2001, together with five like-minded colleagues,

Karin became a founding Director of the ARH, and is currently the organisation's Chair. Karin considers that most national healthcare systems are overly dependent upon disease management, where patients are regarded as 'conditions', instead of complex individuals with diverse needs. This approach clearly isn't working and is unsustainable long-term. Homeopathy has an important role to play in delivering effective, patient-centred healthcare for the future, and Karin's work is focussed on increasing patient access to quality homeopathy.

At the time of writing (2 April 2020), we are all facing a time of uncertainty as a result of the outbreak of COVID-19, and none of us can predict the long-term consequences of the world's response to this new virus.

The UK, in line with a number of other countries across the world, has now declared a national state of emergency. This means a number of restrictions to our freedom of movement have been introduced, and we are all expected to observe responsible social distancing protocols. The intention is to slow down the spread of this highly contagious virus, in an attempt to protect the NHS from being overwhelmed by a high volume of admissions coming in at the same time. Most health advisors to the government seem to agree that, inevitably, a lot of the population will be affected – the key is to try to stage out the rate of infection, so that the NHS can better cope with cases that develop serious or life-threatening respiratory symptoms.

Lockdown and its effect on all of us

The people considered most likely to be at risk of severe illness include those aged 70 or older (irrespective of their general health), anyone under 70 with underlying health conditions, and pregnant women. These categories of people are advised to observe ultra-stringent social distancing measures, which basically means staying at home except for very limited purposes, and avoiding social interaction with others. Implementing these newly-imposed measures has led to the closing down of schools across the country, and the shutdown of numerous businesses and public venues. All cultural and sporting events have been cancelled until further notice – this includes the 2020 Summer Olympics, scheduled



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to be held in Tokyo this coming July. Only those providing essential services, such as food, fuel, emergency care and so on, are allowed to continue as normal, and we are all supposed to work from home, wherever possible. The country is effectively in lockdown, and that impacts upon all of us, in one form or another.

The Swedish approach

Sweden is a country which has chosen a very different approach to limiting the impact of COVID-19. There the government's strategy is based on a set of guidelines which focus on self-responsibility, as opposed to more draconian measures which are enforceable by law. In Sweden, the advice is to stay at home if you're elderly, sick or have underlying health issues, wash your hands frequently, avoid non-essential travel, and work from home. Otherwise, socialising in groups

of less than 50 is permitted, which means restaurants, cafes and many small businesses remain open, and life continues as (almost) normal. The Swedes love the outdoors, and spring is advancing, so officials believe that by allowing people to continue to enjoy their basic freedoms, they will remain in better physical and mental health, and thereby remain more resilient to COVID-19.

Much of the planet is now in lockdown due to COVID-19

The Swedish government's guidelines focus on self-responsibility

The reasons underpinning the Swedish approach

The Swedish government predicts that COVID-19 will be around for the foreseeable future, so the best thing to do is to build up herd immunity of a population as quickly as possible. As a vaccine has yet to be produced, tested and approved, the government believes that allowing natural immunity to develop lessens the risk of the virus returning in a second, possibly more devastating, wave. Also, by avoiding the lockdown-approach adopted by most of the rest of the world, and by encouraging people to act responsibly, Sweden is looking to the long-term; it believes it can continue to provide its citizens with all their basic services (education, healthcare, social care, transport etc) without inflicting severe damage on its economy. Needless to say, this apparently relaxed response to the COVID-19 crisis has

▷ attracted criticism from a number of scientists, but we need to remember that this is a new virus, so nobody yet knows what is likely to be the most effective strategy – only time will tell.

Testing

Following criticism for being slow off the mark, the UK government has pledged to increase the number of tests for COVID-19 to 25,000 per day. The argument is that testing is important, because people with symptoms may be self-isolating unnecessarily because they don't actually have active COVID-19. For example, our overstretched frontline health services can't afford unnecessary absenteeism, but neither do they want to have asymptomatic staff spreading the disease unknowingly – in this type of situation testing is definitely sensible.

However, the benefits of testing everyone, especially those presenting with only mild symptoms, are less clear. Unless the rolling out of an increased testing programme is primarily intended for the purposes of surveillance testing, which is more about tracking the geographical / demographical progress of a disease, than it is about developing effective treatment modalities. **This is where homeopaths have a distinct advantage over conventional healthcare providers, because we treat individuals presenting with a specific set of symptoms. We do not need to know the name of the disease in order to make an effective prescription.**

A scary story

Unfortunately, the results from the increased number of COVID-19 tests can be put together to create a very scary story. The mainstream media is keen to impress on us that there is an invisible enemy in our midst, which is causing the infection rate to increase rapidly each day, and also the death toll. Well, yes, that is what happens with infectious diseases. But we need to remind ourselves that most people

infected with COVID-19 only experience mild symptoms. Also, the overwhelming majority of fatalities have been caused by underlying medical conditions, not COVID-19. These are people infected by COVID-19 who have died, not people who have died of COVID-19 – there is a big difference. This may not be such a scary disease after all, especially when viewed in the wider global perspective.

The real annual killer

According to figures compiled by the WHO in 2015, **lower respiratory tract infections are the third most common cause of death across the globe.** This fatality rate reduces to sixth position in higher income countries, where tuberculosis is less of a problem. In a study undertaken by the Global Health Exchange in 2015, it was estimated that **lower respiratory tract infections resulted in over 2.7 million deaths per year.** That constitutes a lot of fatalities, but we virtually never hear about this fact. It seems that lower respiratory tract infections are a constant killer, which means that COVID-19 can be viewed as the most recent virus to deliver these infections worldwide.

That doesn't mean we should be complacent – we all need to do what we can to limit the infection rate. However, viral flu is a fact of life, and we need to view COVID-19 in this context. The number of individuals infected with COVID-19 will increase over the coming months, as will the death

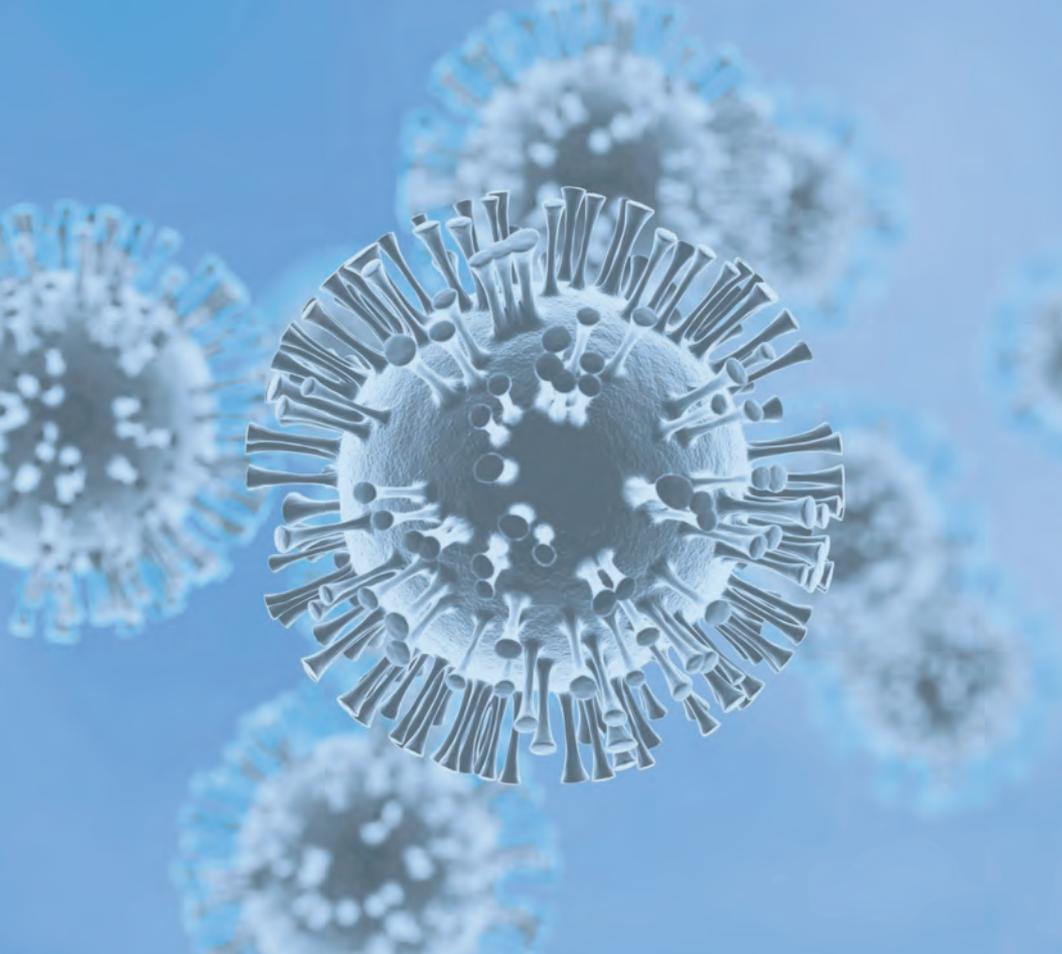
Homeopaths do not need to know the name of the disease in order to make an effective prescription

rate, and it will be a deeply distressing time for everyone directly affected by bereavement, job loss, loneliness and stress. These are the circumstances in which homeopathy has a crucial role to play, because as history can confirm, homeopaths have the knowledge and skills needed to prescribe effectively for a massive range of symptoms – more about that in a moment. As a profession, we can be confident in the fact that there is much we can do to help keep ourselves, our families, and those around us, safe and positive.

The trouble with history

Homeopathy does have an excellent track record in successfully treating patients during epidemics – for example, in an article entitled 'A Chorus of Fifty' written by WA Dewey, and published in 1921, WA Pearson from Philadelphia cites 26,795 cases of flu treated by homeopathic physicians during the 1918 epidemic; the mortality rate was just 1.05% compared with 30% from those treated conventionally. The article goes on to quote numerous other examples of the astounding effectiveness of homeopathy in treating those unlucky enough to succumb to this aggressive disease, which ultimately claimed the lives of around 20 million people. But homeopathy's role in successfully treating victims of the 1918 flu pandemic received little attention outside of the homeopathy community.

The trouble with history is that the lessons learned at the time are readily forgotten. That is most especially the case in relation to homeopathy, because our detractors invariably dismiss all references to the effectiveness of homeopathy during epidemics as 'anecdotal', or unreliable because of poor record-keeping. They also like to argue that back in those dark ages there were no proper, scientifically-proven treatments available to manage epidemics, so homeopathy might have been better than nothing and, of course, there was always the placebo effect to take into consideration.



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Staying healthy

What can we do as homeopaths to support people during this current crisis? The answer is ‘a lot’. **We are the front-line prevention brigade.** By adhering to high standards of professionalism, and by using our medicines responsibly, we can make a huge difference to the overall impact of this disease. It is important that we all keep up-to-date with the guidelines being issued by our public health authorities, and that we comply with the requirements issued, wherever possible.

To date, some of the most important recommendations focus on prevention which, as mentioned earlier, involves adhering to rigorous hygiene protocols, social distancing and, if exhibiting any symptoms, self-isolation. This is all about protecting our own health, and the health of those with whom we come in contact. Even if the measures seem obvious, or over the top, it is both helpful and responsible to encourage everyone to follow current recommendations. We should avoid all non-essential close contact with individuals outside of our immediate family and this means that, for now, we need to make changes to the way we practise.

Helping patients

Until social distancing restrictions are lifted, all consultations should be undertaken ‘virtually’ via the phone, or via platforms such as Zoom, WhatsApp, Facetime or similar. Apparently, for security reasons Skype should be avoided. Good record-keeping is absolutely essential. It is likely that many practitioners will be contacted by new patients, primarily members of the public seeking treatment for the acute symptoms of viral flu. It is perfectly in order to record these virtual consultations, as long as the patient has first been informed that a recording is taking place for monitoring purposes.

There are two reasons for recording a consultation; first, it offers some protection against scammers – that small but well-connected group of people who are constantly on the lookout for a story which might show homeopathy or homeopaths in a negative light; second, and much more importantly, a recording retains the detail of the case, which makes it much easier to write up accurate case notes. There is a huge amount of information doing the rounds at the moment about using homeopathy to treat COVID-19, much of which

The COVID-19 virus

is valuable and insightful. However, the sheer volume of material can be confusing, so it is useful to have a simple overview of what we currently know about the virus itself.

COVID-19

COVID-19 is more contagious than normal viral flu, and it is estimated that one person can infect up to three individuals, so it’s helpful to understand how the virus develops, and which symptoms are likely to manifest. The incubation period is usually between five to 12 days, but it can be slower than that, which means an infected person can be a carrier for an extended period of time, without even knowing it. The virus usually first lodges in the throat, causing irritation, inflammation and dryness, which results in a dry, rough-sounding, and often painful, cough. This lasts three to four days, after which the virus migrates via the trachea, down to the lungs, where it is likely to cause pneumonia. This stage normally lasts five to six days and is accompanied by a high fever.

There is increasing evidence to suggest that it is dangerous to give antipyretic drugs to patients with COVID-19. Heat destroys the virus, and if it is possible to properly monitor the patient’s symptoms at this stage, the fever should be allowed to run its course. If breathing becomes difficult, it suggests that acute respiratory distress syndrome (ARDS) may be setting in. This is when specialist medical help should be sought without delay.

Acute prescribing

Homeopaths have an extensive range of medicines to hand, from which to make an effective prescription, and we need to be clear that we treat individuals experiencing symptoms, as opposed to individuals with a named disease.

We make a bespoke, individualised prescription based on the specific presenting symptoms of each individual. This means we need to ask the right questions. Serious acutes can be challenging to treat because

▷ the patient is often in distress, which places the prescriber under considerable pressure to come up with an immediate solution. This is when it is very important to have a simple but systematic symptom list to hand, so the right questions can be asked as quickly as possible.

Obvious questions should include: how long have you had the symptoms, are they getting better or worse, do you have breathing difficulties, do you have any underlying medical conditions, are you on any medication (if so, what), have you taken any antipyretics (if so, what), do you have a cough (details), do you have a fever (details), any perspiration (details), shivery or shaky (details), thirst, taste, appetite, bowel movements, any pains anywhere, energy levels etc. Asking the right questions, and paying particular attention to location, sensation and modalities, should provide the practitioner with enough key symptoms from which to base an effective prescription.

The right medicine

As usual with homeopathy, there are no quick-fix recipes upon which to base a prescription – you have to first take the case. Quite a number of medicines are mentioned from different sources, but it’s still relatively early days, so a definitive ‘genus epidemicus’ has yet to emerge. We need more feedback from practitioners who have had direct clinical experience in treating COVID-19. Medicines on the ‘recommended’ list include *Arsenicum*, *Bryonia*, *Gelsemium* and *Eupatorium-perfoliatum*; these are well-favoured front-runners, with *Ipecacuanha*, *Antimonium tartaricum*, *Phosphorus* and *Camphora* also being mentioned frequently, but there are many more.

This is a good time to check out some of the homeopathic literature on acute prescribing, with Tyler, Shepherd, Blackie and Clarke coming to mind. In fact, Margaret Tyler’s *Pointers to the common remedies* is an invaluable keynote reference source, so well worth



reading, and John Clarke’s *The Prescriber* is an absolute gem. The right medicine is the one which makes a positive difference to the patient being treated.

Questions about COVID-19

There is much discussion surrounding the origins of COVID-19, and why it seems to have affected some populations more severely than others. The outbreak started in November 2019, in Wuhan, a city in the Hubei province of China. The Wuhan Institute of Virology had recently been researching the origins of the SARS coronavirus and, in 2015, through the manipulation of HeLa cells, they had successfully engineered a hybrid virus which combined a bat coronavirus with SARS coronavirus. The resulting virus was able to infect human cells. This has led to speculation that COVID-19 was bioengineered, a suggestion which has been rigorously refuted by the Chinese authorities, and some scientists.

Technology provides a link for many older people self-isolating due to COVID-19

The global rollout of 5G seems to be another factor in the intensity of COVID-19 infections, with some of the highest mortality rates occurring in areas where 5G has been installed and, of course, the communication systems of many cruise ships depend upon 5G. These are just a couple of theories about

It’s still relatively early days, so a definite ‘genus epidemicus’ has yet to emerge

Obvious questions to ask patients:

- Do you have a cough? If yes, details.
- Do you have breathing difficulties? If yes, details.
- Do you have a fever? If yes, details.
- How long have you had the symptoms?
- Are they getting better or worse?
- Have you taken any anti-pyretics? If yes, details.
- Any perspiration? If yes, details.
- Are you shivery or shaky? If yes, details.
- Have your bowel movements changed? If yes, details.
- Do you have pains anywhere? If yes, details.
- Do you have any underlying medical conditions? If yes, details.
- Are you on any medication? If yes, details.
- Are you thirsty?
- How is your appetite?
- Has your sense of taste been affected? If yes, details.
- On a scale from 1-10, what is your energy level like? (1 = lowest, 10 = highest)

Asking the right questions, and paying particular attention to location, sensation and modalities should provide practitioners with enough key symptoms on which to base an effective prescription.

COVID-19 which are currently doing the rounds, and doubtless there will be more before this disease has run its course. We can properly investigate the whys and wherefores of the outbreak of COVID-19 at a later date; for now, we have to focus on supporting those around us during unpredictable times.

Making history

Previous generations of practitioners have extensively documented the effectiveness of homeopathy in the treatment of epidemics. We now need to build upon this precious legacy, in order to further develop our prescribing skills, and increase our knowledge and

understanding. This will help us to work as efficiently as possible in a rapidly evolving health emergency. We are not just trying to manage COVID-19; we all have an additional stress-factor to work through because we are living in a state of 'lockdown' for the immediate future. Maintaining social distancing and self-isolation for a prolonged period of time will inevitably have an impact upon our mental and emotional wellbeing, so it will be important to support our patients constitutionally, as well as prescribing for their acute symptoms.

In a sense, we will be making history, because it is unusual to have to work within such a severely restricted environment. This makes good record-keeping ultra-important. **We need to build a database of what works well in this modern epidemic, so that we can help future generations of homeopaths to support their patients in a health crisis.** This is the time for the homeopathy community to remain calm, focussed, professional and positive. We really can make a difference to the wellbeing of our patients. Hopefully, when COVID-19 has eventually run its course, those who were helped by homeopathy will remember what worked for them, and will share this information on a global scale. It is now up to us to provide people with good news to share!

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Dulce et Decorum Est

by Wilfred Owen (1917)

Bent double, like old beggars under sacks,
Knock-kneed, coughing like hags, we cursed
through sludge,

Till on the haunting flares we turned our backs,
And towards our distant rest began to trudge.
Men marched asleep. Many had lost their boots,
But limped on, blood-shod. All went lame;
all blind;
Drunk with fatigue; deaf even to the hoots
Of gas-shells dropping softly behind.

Gas! GAS! Quick, boys! An ecstasy of fumbling
Fitting the clumsy helmets just in time,
But someone still was yelling out and stumbling
And flound'ring like a man in fire or lime.
Dim through the misty panes and thick
green light,
As under a green sea, I saw him drowning.

In all my dreams before my helpless sight,
He plunges at me, guttering, choking, drowning.

If in some smothering dreams, you too
could pace
Behind the wagon that we flung him in,
And watch the white eyes writhing in his face,
His hanging face, like a devil's sick of sin;
If you could hear, at every jolt, the blood
Come gargling from the froth-corrupted lungs,
Obscene as cancer, bitter as the cud
Of vile, incurable sores on innocent tongues,
My friend, you would not tell with such high zest
To children ardent for some desperate glory,
The old Lie: *Dulce et decorum est
Pro patria mori.*