

Will We Miss the Opportunity Again?

Menachem Oberbaum¹

¹The Center for Integrative Complementary Medicine, Shaare Zedek Medical Center, Jerusalem, Israel

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Address for correspondence Menachem Oberbaum, MD, Center for Integrative Complementary Medicine, Shaare Zedek Medical Center, Jerusalem, Israel (e-mail: oberbaum@szmc.org.il; menachem@oberbaums.com).

Abstract

Coronavirus disease 2019 (COVID-19), caused by a new coronavirus, first appeared in late 2019. What initially seemed to be a mild influenza quickly revealed itself as a serious and highly contagious disease, and the planet was soon faced with a significant morbidity and mortality associated with this pathogen. For homeopathy, shunned during its 200 years of existence by conventional medicine, this outbreak is a key opportunity to show potentially the contribution it can make in treating COVID-19 patients. This should be done through performance of impeccably controlled, prospective, randomized clinical trials, with publication of their findings in well-ranked conventional medicine journals. If the homeopathy community fails to take advantage of this rare opportunity, it might wait another century for the next major pandemic.

Keywords

- ▶ COVID-19
- ▶ homeopathy
- ▶ pandemics
- ▶ randomized controlled trials

On December 31, 2019, Chinese health authorities reported a cluster of pneumonia cases of unknown etiology in the city of Wuhan in Hubei province. In the days that followed, a possible association was made with Wuhan's Huanan fish market. On January 9, 2020, the Chinese Center for Disease Control and Prevention identified a novel coronavirus (provisionally named 2019-nCoV) as the causative agent of these cases, and confirmed inter-human transmission.¹ On February 11, 2020, the 2019 novel coronavirus was officially named by the World Health Organization (WHO) as an infectious coronavirus disease 2019 (COVID-19).² The Coronavirus Study Group of the International Taxonomy Committee of Viruses subsequently classified it as a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).³

What initially appeared to be mild flu quickly revealed itself as a very serious and contagious disease. Within a short time, almost the entire planet was faced with a significant morbidity and mortality associated with this disease, and by April 18 the world counted 2,280,624 sick and 158,993 dead.

This outbreak is an opportunity for homeopathy—a single opportunity to prove to the skeptical public that it may have a substantial contribution to make to the treatment of COVID-19 patients. There are three main reasons for this proposition:

1. The WHO estimates COVID-19's transmission rate (R_0) at between 2 and 3,⁴ which is a very high risk.⁵ The virus is

thus very dangerous, not only to the developing world but also to wealthy countries, as has been demonstrated by its outbreak progression to the West. And, sadly, the world reacts more rapidly and more efficiently when rich nations are endangered.

2. COVID-19 is, in many ways, a mysterious, incompletely understood disease. Among the questions still open are its varying clinical picture; the seemingly endless groups and sub-groups of patients; the still unknown possibility of relapse; whether infection bestows immunity and, if so, for how long; and whether, like influenza virus, COVID-19 will mutate through antigenic drift and shift. There is no answer even to the questions of whether it is here to stay, or whether it will disappear as have some other coronavirus diseases.
3. The key reason for homeopathy's chance to prove itself against the virus, however, is the fact that there is currently no known specific conventional pharmacological treatment for the disease, and people, especially old people, are continuing to die. There is, therefore, a golden opportunity for homeopathy to contribute to the fight against this plague.

During its 200 years, homeopathy has more than once shown its efficacy in combating epidemics, from the use of *Belladonna* in an outbreak of scarlet fever in 1799 by its founder Samuel Hahnemann⁶ to modern times. There is

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documented homeopathic control of a leptospirosis epidemic in Cuba in 2007 to 2008,⁷ Chikungunya fever in India,⁸ and prevention of dengue fever in some areas of Brazil,^{9,10} to mention a few. Successful homeopathic interventions as both treatment and prophylaxis in other epidemics are documented in the homeopathy medical literature.

This historical perspective raises several urgent contemporary questions. Why is homeopathy not more widely known and respected? Why is no official agency urging homeopathy societies around the world to intervene, soliciting their help in combating COVID-19? Why are these organizations recording the growing death toll with apparent equanimity, while a potentially effective, inexpensive, and virtually adverse-effect-free treatment is available?

The answer is clear: homeopathy and conventional medicine are two competing paradigms, with the “ruling” conventional medicine doing everything possible to suppress homeopathy, doubting the veracity of its historical evidence, undermining its position, and destroying any confidence the public may wish to place in it. The American Institute of Homeopathy was founded in 1844; 2 years later, the rival American Medical Association (AMA), was created, in part to stop the growth of homeopathy in the United States. In 1855, the AMA’s newly established code of ethics threatened conventional physicians with expulsion from the organization should they so much as consult a homeopath or any other “irregular” practitioner. One physician was indeed expelled from his local medical society for consulting with a homeopath—his wife. A New York doctor was ousted for purchasing milk sugar from a homeopathic pharmacy.¹¹ This typified the hostility in all western countries toward homeopathy. Homeopaths reacted like abused children: they did all they could to avoid attracting attention and to “behave well”.

This is how homeopathy has existed—in the shadows, making no waves. Occasionally, it flourished. In some countries, it found a place within national health systems, as it still does in Brazil and India, among others. Even there, however, its position is always that of “second driver”: never first line, never endangering that of conventional medicine.

Over the years, homeopathy has developed an environment of its own, replete with its own medical journals, academic institutions, health care services and research. It has always, however, been in the shadow of its “big brother”. Not being based on the conventional medical paradigm, homeopathy has difficulty using conventional research methods, unsuited as some are to homeopathy research. Efforts to publish clinical and basic research in conventional scientific journals have often failed, and continue to do so, sometimes because of poor-quality articles, but also because of hostile reviewers and editors who scarcely conceal their disdain. Homeopathy research is also heavily disadvantaged by sparse funding, reluctance to lend conventional medical facilities to homeopathy investigators, and utter ignorance about what homeopathy is and what it is not. The fact that the ruling conventional medical system is largely responsible for this situation does not deter it from citing this as an

argument against the value of adding homeopathy to public health. In short, it seems as though homeopathy has been doomed to degeneration and ultimate oblivion.

But now has come the novel coronavirus, and with it an opportunity for homeopathy. What can and should be done?

As the degree of anxiety related to COVID-19 rises, abundant research funding is available, and medical journals are willing to fast-track papers to help solve this mysterious disease as quickly as possible.

Homeopathy should take full advantage of this opportunity, while exercising all care to avoid past mistakes. Our main goal should be to demonstrate the discipline’s efficacy through conventional means—that is, publishing our results in conventional medical and scientific journals, preferably those of good quality. Even the highest quality homeopathy journals and those specializing in other systems of complementary or alternative medicine have not yet succeeded in gaining the mainstream recognition they deserve. Since they are read almost only by their own community of practitioners and investigators, publishing here is arguably “preaching to the converted”.

Nor are case reports of treatment of confirmed or suspected COVID-19 patients in private offices greatly relevant here. Single case reports generally present an extremely low level of evidence¹² and high-ranking journals are usually either reluctant to publish them or refuse to do so. In addition, homeopaths tend to report their “spectacular” cases, without indicating their rate of success—a reporting bias which further lowers the value of these case reports.

The only feasible way to convince opinion leaders in conventional medicine is prospective clinical trials. Such trials need not be double-blinded, but they must be randomized. They must be performed in conventional hospitals or public medical settings, according to a strict and accurate protocol and standard operational procedure, designed by trial experts, as well as by homeopaths, to contemporary international standards. Every step must be noted, and the studies must be appropriately supervised. And again, every effort must be made to publish results—whether positive or otherwise—in conventional medical journals.

It must always be borne in mind that each and every step of such studies will be checked, re-checked, and examined thoroughly by those who believe that “what *should* not be, *cannot* be”, and would prefer to see homeopathy remain where it has been for the past 200 years—down in the basement.

If we fail this time, the homeopathy community might wait another 100 years for the next major pandemic. Maybe it can make its voice heard then...

Conflict of Interest

None declared.

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