A Review of the Effectiveness of Homoeoprophylaxis: SARS-CoV-2 Compared to Pre-COVID-19 Infectious Diseases

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Homœopathic Links 2023;36(4):259–265.

Abstract

From Hahnemann's use in 1799 of Belladonna 30 to prevent scarlet fever, to the prevention of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in 2023, appropriate potencies of similarly 'similar' remedies have been used to prevent targeted infectious diseases. This is known to many as homeoprophylaxis (HP) or 'similar prevention.' Data from recent surveys suggest that the effectiveness of HP remedies against SARS-CoV-2 is lower compared to other infectious diseases. This review examines relevant evidence and suggests possible explanations for the emerging difference and ways to improve HP effectiveness. Evidence of HP's effectiveness against a range of infectious diseases from 1974 to 2014 is compared with evidence of HP's effectiveness against SARS-CoV-2 collected from 2020 to 2022. A summary of the evidence, describing the use of over 247,000,000 doses of HP medicines against various infectious diseases, suggests an average effectiveness of around 88%. Another summary of the evidence, describing the use of HP by several authors in 2020, 2021, and 2022 against SARS-CoV-2, shows a range of effectiveness around 70%. The reasons for apparent differences in HP effectiveness between 'traditional' infectious diseases and SARS-CoV-2 are discussed. It is suggested that these differences could have been expected, particularly due to the quality of most nosodes against SARS-CoV-2. The value of HP in comparison to coronavirus disease 2019 vaccines is also discussed, and conclusions are drawn. Appropriate HP against SARS-CoV-2 offers an option that appears to be at least as effective as vaccination, without any risk of toxic damage, but there is room for improvement.

Keywords
- homoeoprophylaxis
- immunisation
- effectiveness
- infectious diseases
- SARS-CoV-2

Introduction

From Hahnemann's use in 1799 of Belladonna 30 to prevent scarlet fever[1] to the prevention of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in 2023, appropriate dosing with appropriately 'similar' remedies have been used to prevent targeted infectious diseases. This method has been known as *homoeoprophylaxis* (HP) since Burnett's use of the term in 1884.[2]

Potentised medicines past 12C are non-toxic. They still can cause reactions (a fact that troubles sceptics – 'nothing' causing something), but there is no point in prescribing a medicine that is safe if it does not work. So, it is necessary to ask – what evidence do we have of the effectiveness of HP over the past 223 years, including effectiveness against SARS-CoV-2?

We know that almost all the early evidence of the effectiveness of HP was contained in clinic reports and essays on

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India

DOI https://doi.org/10.1055/s-0043-1776711.
ISSN 1019-2050.

the subject. One of the earliest statistical measures of the effectiveness of HP was by Dr Charles Eaton in 1907.[3] The formal database of HP evidence has been steadily expanding since the 1970s, especially in India, Cuba, and Brazil where governments have supported the use of HP.

However, recent data from 2020, 2021 and 2022 suggests that the effectiveness of HP remedies against SARS-CoV-2 is lower than expected.

The purpose of this article is to examine available evidence and suggest possible explanations for the emerging difference and solutions to improve the effectiveness of HP against SARS-CoV-2.

Method

To determine the effectiveness of HP against SARS-CoV-2 compared with other infectious diseases, an attempt has been made to quantify a measure of effectiveness in both groups using data from India, Cuba, and Brazil where homeopathy enjoys different levels of Government support, and from Australia where it does not.

These reviews are NOT formal meta-analyses which are not possible due to the heterogeneous nature of the evidence. Nor are they reviews of every HP intervention undertaken.

In 2019, one author (I.G.) published two related reports outlining the results of studies where over 247,000,000 doses of HP remedies were given between 1974 and 2014 to more than 50,000,000 individuals. Most of the dosing was directed by government authorities in India, Cuba, and Brazil. This record is but a modest part of the entire use of HP since 1799 but supports the claim that properly prescribed potencies of 'similar' HP remedies confer an average effectiveness of around 88%.[4,5] New material was added to the ►**Table 2** below and one study was withdrawn.

The interventions studied provided a variety of either numerical assessments of effectiveness, or descriptive assessments.

This data is compared with evidence of the effectiveness of HP against SARS-CoV-2. Initially, a literature search involving 13 journals was undertaken which suggested 13 articles may be of use. Further analysis reduced the list to 6 articles, and they were analysed to show their measures of effectiveness. This was then compared with data collected by the authors in surveys undertaken in Australia in 2021 and 2022. The 2021 survey was published in 2022[6] and the 2022 survey was published in 2023.[7]

A summary of relevant data from both surveys is presented in two parts in the following text.

Table 1 Classification of effectiveness

Code	Description
Statistical	
A	Direct control group
B	Indirect control group[8]
C	Simple % of cohort studied
D	Historical trend of actual reports
E	Fall factor analysis[9]
F	No control or historical trend
Descriptive	
G	Clearly positive result
H	Somewhat positive result
I	Unclear result
J	Negative result

Results

PART A: Evidence supporting HP effectiveness against non-coronavirus disease 2019 (COVID-19) infectious diseases.

A summary of the evidence describing the use of over 247,000,000 doses of HP medicines against a range of infectious diseases from 1974 to 2014 suggested an average effectiveness just under 90%.

The interventions studied provided a variety of either numerical assessments of effectiveness or descriptive assessments. This made the task of preparing a normal meta-analysis nearly impossible, although an attempt to compare several published studies was made elsewhere and noted below.

►**Table 1** shows the codes used to describe the type of study where a statistical measure of effectiveness was supplied, and the classification of the result where the study was descriptive. ►**Table 2** presents a summary of the results of some HP interventions in three countries from 1974 to 2012.

In ►**Table 2**, 'N' refers to the use of nosodes, and 'GE' refers to the use of genus Epidemicus remedies.

There is a degree of consistency across the HP interventions shown in ►**Table 2**, with a range of effectiveness between 63 and 99% (the survey showing 19% is clearly an aberrant figure). An earlier analysis calculated weighted averages between 86.1 and 89.95% depending on the methodology chosen.[22]

These findings are generally analysing short-term interventions in epidemic conditions but are consistent with one author's (I.G.) study of long-term HP use from 1986 to 2002 where the effectiveness of HP was 90.4% (95% confidence interval; 87.6–93.2%).[23] However, it should be noted that the substantial Indian interventions against Japanese encephalitis involved giving annual doses of three remedies within 1 month which were highly effective in preventing the disease. This is similar to the author's (IG) use of annual doses in his Australian HP program against targeted endemic diseases.

PART B: Evidence supporting HP effectiveness against SARS-CoV-2

►**Table 3** summarises the results of the limited literature review of HP interventions against SARS-CoV-2.

►**Tables 4** and **5** present a summary of relevant results for the authors' 2021 and 2022 in-clinic surveys of patients using a variety of homeopathic prevention and treatment remedies to deal with COVID-19 and related vaccines and vaccine shedding.

Table 2 Summary of results of HP interventions in three countries from 1974 to 2014

Year	Disease	Numbers of people	Government directed	Type/dose	Effectiveness (%)
	Cuba[10]	**25,020,000**			
2007	Leptospirosis	2.2 million	Yes	N	B. G
2007	Hepatitis A	1 million	Yes	N	D. G
2008	Leptospirosis	2.2 million	Yes	N	B. G
2009	Dengue fever	20,000	Yes	N + GE	A. 74.1–100.0%
2010	Swine flu	9.8 million	Yes	N + GE	D. G
2010	Pneumococcal	9.8 million	Yes	N + GE	D. G
	India	222,238,197			
1989, 91, 93	Japanese encephalitis[11]	322,812	Yes	GE	99.96% C
1996	Dengue[12]	> 39,200	Yes	GE	99.97% C
1999 to 2009	Japanese encephalitis[13]	20,000,000 per annum	Yes	GE + N +constitutional	B, D G
2006	Chikungunya[14]	1061	No, GP at Uni.	GE	75.7% A 82.19% C
2007	Epidemic fever[15]	1,855,374	Yes	GE	63.9% A 73.83% C
2014	Chikungunya[16]	19,750	Yes	GE	19.0%
	Brazil	870,698			
1974	Meningococcal[17]	18,640	No, private GPs	N. 1 dose	95% A
1998	Meningococcal[18]	65,826	Yes	N	95% 6 months to 91% 12 months A
2001	Dengue[19]	Doses 1,959	No, private doctors	GE 30	81.5% B, E Inferred rate
2007	Dengue[16]	7,300 people 20,000 doses	Yes	GE complex	G
2007	Dengue[20]	[a]216,000	Yes	GE complex	86.7% B Inferred rate
2007–12	Dengue[21]	[b]1,085,917	Yes	GE complex	89.4% B Inferred rate

Abbreviations: GE, genus Epidemicus; GP, general practitioner; HP, homoeoprophylaxis.
[a]Not included in analysis as also included in the '2007-12' reference.
[b]The number of persons who used HP in the 5 years from 2008 to 2012 is estimated to be 628,273 using the ratio of doses to people shown in the 2007 intervention.

►**Table 4** describes the contents of the two HP remedies studied. One author (I.G.) decided in February 2020 to use the Cuban approach against SARS-CoV-2 which combined similar nosodes and GE remedies.[24] The formulas were changed when new nosodes became available and as treatment remedies changed with the changing variants. 2021VPN was the third version and 2022DOV the fourth version of the author's (IG) COVID-19 HP remedy. The sixth version of the COVID-19 HP remedy was released in March 2023.

The combination remedies were prepared by obtaining individual remedies from licensed homeopathic pharmacies in Australia and the United Kingdom, which were then combined in equal proportions.

►**Table 5** focuses on attempts to assess the effectiveness of the COVID-19 HP remedies 2021VPN and 2022DOV by measuring cases in patients who believed they had been exposed to the disease, who had taken the remedy before exposure, and who either did or did not contract the disease.

The results are biased – both selection bias and observer bias are present. For example, all respondents chose to use one or both remedies for themselves and/or for their children, some respondents who reported that they were exposed may not have been, and some respondents who were exposed but did not develop symptoms did not realise that they were exposed and did not reported exposure. The reader must judge which is more likely to be the larger group.

The reason for introducing possible exposure into the analysis is because IF this is not done, the results will overestimate the effectiveness of the HP remedies. The approach adopted here is more likely to underestimate effectiveness, although the respondent numbers involved are modest meaning there could be a wider fluctuation of results.

Discussion

The authors acknowledge that the lack of homogeneous data means that a conventional meta-analysis is not possible.

Table 3 Interventions against SARS-CoV-2

Year	Country	Numbers	Remedies	Results	Comments	Study
2020	Cuba	45,914 +	Complex	Insufficient data	Positive but insufficient data	7
2022	India	2,233	6 remedies	Mixed results	2 of the 6 groups positive	3
2022	Brazil	Treated: 405 Control: 876 / 361 Total: 2,518	Arsen 30	98.9%	Study performed in a specific cluster (close population). Heterogenous comparison groups exposed to different risks. Much less CV in active group	2
2022	India	Treated: 172 Control: 169 Total: 341	Arsen 30	51.5%	Low numbers. Incorrectly claimed 83%	11
2022	India	Treated: 892 Control: 1,549 Total: 2,441	Tub + GEx3	No clear idea of results	Insufficient data, no accurate measure of effectiveness possible	10
2022	India	Treated: 22,693 Control: 9,493 Total: 32,186	Arsen 30	68.2% using RT-PCR confirmed cases. 80.2% considering suspected/probable cases	Laboratory confirmed vs not laboratory confirmed. Multicentre randomised clustered study	5
2022	India	Total 584,980	Arsen 30	Stable COVID-19 incidence on the treated population over 6 months, while the country's incidence increased steadily	Larger dataset collected over 6 months but using a cut off for 3 weeks after treatment for individuals to be included in the data. No follow-up after 3 weeks. No reference or control group so difficult to assess effectiveness	6

Abbreviations: COVID-19, coronavirus disease 2019; RT-PCR, reverse transcription polymerase chain reaction; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

Table 4 Remedy composition of 2021VPN and 2022DOV

	2021VPN	2022DOV
Nosodes		JPV2 200 (Omicron strain)
	JPV 200 (Delta strain)	JPV 200 (Delta strain)
	Influenzinum Triple Nosode M	Influenzinum Triple Nosode M
Genus Epidemicus	*Arsenicum album* 200	*Gelsemium* 200
	Bryonia 200	*Bryonia* 200
	Phosphorous 200	*Phosphorous* 200
	Justicia 200	*Pulsatilla* 200
	Mercury Sol 200	*Rhus tox* 200
	Antimonium tartaricum 200	*Antimonium tartaricum* 200

Abbreviations: VPN; Virus Prevention Nosodes, DOV; Delta and Omicron Variants.

Some will argue that unless a survey such as this is conducted along strictly conventional lines it will have no value. We disagree.

There exists considerable evidence regarding the effect and effectiveness of vaccines, some of which is questioned by independent researchers. There is considerable evidence regarding the effect and effectiveness of HP over 220+ years, much of which is difficult to access and much of which is 'unconventional'. We believe that any reasoned and unbiased attempt to draw comparisons both within HP and with vaccination is worthwhile.

It is suggested that the difference between the average effectiveness of HP averages against established infectious diseases and an estimate of the effectiveness against SARS-CoV-2 could have been expected.

On the one hand, most of the infectious diseases that have been studied previously, and certainly those in most national vaccination programs are relatively stable, whereas there continue to be regularly emerging variants of SARS-CoV-2. Further, the symptom picture of the different SARS-CoV-2 variants can be quite different and/or the same variant can exhibit different symptoms in different countries. The

Table 5 A comparative summary of results from surveys of HP users in 2021 and 2022

		2021 survey		2022 survey	
Details		No.	%	No.	%
Total respondents		1,912		349	
Used 2021VPN/2022DOV		1,643	85.9	264	75.6
Used VPN/DOV and exposed to the disease		402	24.5	192	72.7
Used VPN/DOV and exposed to disease and diagnosed with disease		56	13.9	88	45.8
Used VPN/DOV and exposed to disease and NOT diagnosed with disease		346	86.1	104	54.2
... AND Taken remedy before disease		[a]		58	30.2
Used VPN/DOV before diagnosis, and exposed to disease and NOT diagnosed with the disease					69.8
How serious were the symptoms? In the 56 respondents who used VPN, the 58 respondents who used DOV, AND were exposed to disease and diagnosed with SARS-CoV-2	Nil	4	7.1	2	3.5
	Low	27	48.2	31	53.5
	Medium	23	41.1	23	39.7
	High	2	3.6	2	3.5
How long did symptoms last? (Q.31)		Av. 2.03 weeks		Av. 1.22 weeks	

Abbreviation: HP, homoeoprophylaxis; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

[a]The 2021 survey asked whether the remedy was taken before the disease, but only 19/1,912 people responded meaning the resulting measure of effectiveness (96.3%) was unreliable Thus, a range of effectiveness from 69.8 to 86.1% is suggested. This may reflect differences in effectiveness for the Delta and Omicron strains, and/or the difference may be due to the much smaller number of respondents in the 2022 survey. It is possible that a figure in the low 70% range is more generally realistic.

symptom pictures of many established infectious diseases are relatively stable.

In addition, the GE remedies for established infectious diseases are usually well known and readily available. This is not always the case with remedies for SARS-CoV-2.

Finally, nosodes of established infectious diseases are known and usually available. Once again, this is not always the case with the different variants of SARS-CoV-2. In fact, probably the major reason why the SARS-CoV-2 HP effectiveness figures are not higher is because high-quality and reliable nosodes of the prevailing variants were not readily available to pharmacies and clinicians.

In that regard, the quality of the nosodes, and particularly the raw material used in their preparation, was almost certainly a significant factor leading to the high effectiveness of the Cuban interventions from 2007 to 2015. For example, the formulations used in the leptospirosis interventions in 2007 and 2008 were prepared from fresh cultures of the circulating strains that were isolated in the intervention region. After culturing, the culture media was removed and adjusted bacteria suspensions were used as a raw material for nosode preparation.

In this case, the presence of the infectious pathogen in the sample was not inferred but controlled and confirmed by laboratory analysis. The same approach was used in all Cuban HP interventions involving nosodes.

Unfortunately, this has not been the case for most SARS-CoV2 nosodes since access to high-quality viral preparations was not possible, i.e., only samples from infected persons where the presence of the virus was inferred by potentially unreliable polymerase chain reaction and rapid antigen tests were available from which to prepare the nosodes, and high-quality laboratory tests and isolation methods were not generally available. The one exception could be shown in reference [25] where a high-quality nosode prepared by Dr Shah was used.

These factors are summarised in ►**Table 6** and offer reasons why the effectiveness of established HP remedies

Table 6 Summary of characteristics of infectious diseases in general and SARS-CoV-2

Characteristics	Established diseases in general	SARS-CoV-2
Stability of organism	Relatively stable	Steadily changing variants
Stability of symptom picture	Stable across different variants	Changeable
Timely availability of GE remedies	Generally good	Variable
Timely availability of appropriate nosodes of different variants	Good	Difficult

Abbreviations: GE, genus Epidemicus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

should be greater than the effectiveness of HP remedies for SARS-CoV-2.

The effectiveness of HP compared with current vaccines in both circumstances is also important.

A significant problem in making this comparison is due to the fact that there is very little and largely insufficient data to assess vaccine effectiveness on preventing the infection or transmission of SARS-CoV-2. Initial reports and messages suggested that new vaccines were over 90% effective in preventing the severe disease and death. Before too long that had been lowered below 70%. Then we were told that they were not very effective at preventing the disease but would keep infected individuals out of hospital. Then, as hospitalisation rates between the vaccinated and the unvaccinated narrowed, that message was modified again.

Even vaccine advocate Gates acknowledged in late 2021 that 'We didn't have vaccines that block transmission. We got vaccines that help you with your health, but they only slightly reduce the transmission. So, we need a new way of doing the vaccines.[25]

More recently we have been told that new bivalent vaccine boosters (protecting against more than one variant) are the way to go, but they have been found wanting. For example, on 23 February, 2023 the New England Journal of Medicine published correspondence showing effectiveness of the new boosters was 58.7% against severe infection resulting in hospitalisation and 61.8% against severe infection resulting in hospitalisation or death. Effectiveness to prevent simple infection would be much less. And the study authors noted 'Booster effectiveness peaked at approximately 4 weeks and waned afterward'.[26]

Well-known vaccine advocate Dr Paul Offit admitted 'Omicron-targeting bivalent boosters likely conferred no extra protection against COVID-19 over the original mRNA products due to immune imprinting'.[27]

So, even though HP protection against SARS-CoV-2 is less than HP against traditional infectious diseases, with expected HP effectiveness against SARS-CoV-2 above 70% and with no safety issues, HP offers a genuine alternative.

Conclusion

Appropriate HP offers an option which appears to be comparably effective to vaccination, and in the case of COVID-19 vaccines, superior to what is currently being offered, without any risk of toxic damage. Given its low cost, ability to quickly respond to new variants and ease of distribution HP remains an option that objective scientists and politicians should consider.

The overall effectiveness of HP against SARS-CoV-2 would be maximised if high-quality viral samples become available to licensed homeopathic pharmacies and manufactures, which would also allow rapid HP remedy changes to respond to changing variants.

What Is Known

Appropriately dispensed HP remedies can prevent many unimmunised people who are exposed to a targeted infectious disease from presenting with symptoms of the disease. An average effectiveness of around 88% has been based on numerous interventions in tens of millions of people.

What Is New

The average effectiveness of HP against SARS-CoV-2 appears to be clearly less than the average effectiveness of HP against other infectious diseases. Reasons for this are discussed and appear to explain the difference. In particular, the lack of availability of high-quality laboratory confirmed viral isolates appears to be a major factor in the difference.

Conflict of Interest
I.G. has dispensed HP remedies since 1985 and has published articles and books on the subject. G.B. led the HP interventions in Cuba from 2007 to 2015.

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