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HOMOEOPATHY IN
FLU-LIKE ILLNESSES

FACTSHEET



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HOMOEOPATHY IN FLU LIKE ILLNESSES

Influenza is a highly contagious viral infection of the nose, throat, and lungs that occurs most often in the late fall, winter, and early spring. It spreads through air, multiplies in cells lining the airways, and causes seasonal epidemics of respiratory infections which are sometimes life threatening. Influenza is caused by a variety of species and strains of viruses. In any given year some strains can die out while others create epidemics, while yet another strain can cause a pandemic.

Homoeopathic treatment does not depend on one drug or any particular set of drugs for curing any type of flu. As homoeopathic medicines are prescribed symptomatically, homoeopaths can successfully adapt their treatment of influenza like illnesses despite the viral mutations.

BACKGROUND

Influenza, commonly known as "the flu", is an infectious disease caused by the influenza virus¹. The word *Influenza* comes from the Italian language meaning "influence" and refers to the cause of the disease. Initially, this ascribed illness to unfavorable astrological influences². Changes in medical understanding led to its modification to *influenza delfreddo*, meaning "influence of the cold". Archaic terms for influenza include *epidemic catarrh*, *grippe*³, *sweating sickness*, and *Spanish fever* (particularly for the 1918 flu pandemic strain)⁴.

Homoeopathy is among the most popular forms of traditional medicine/ complementary and alternative medicine globally: in high, medium and low income countries. Homoeopathy has a long record of success in the treatment of epidemic conditions. The treatment is holistic and individualized and selection of homoeopathic medicines depends upon the individual response to infection, severity of disease and clinical presentation of the case. It first became famous as a means of successfully treating the horrible epidemics of the nineteenth century. Because we are now threatened by the rise of epidemic of influenza and the waning effectiveness of antibiotics, other options are urgently needed. Homoeopathy can often provide an effective alternative.

Influenza spreads around the world in a yearly outbreak, resulting in about three to five million cases of severe illness and about 250,000 to 500,000 deaths. Death occurs mostly in the young, the old and those with other health problems.⁵ In the 20th century, three influenza pandemics occurred: Spanish in 1918, Asian influenza in 1958, and Hong Kong influenza in 1968, each resulting in more than a million deaths⁶. The World Health Organization declared an



outbreak of a new type of influenza A/H1N1 to be a pandemic in June of 2009. The details of past pandemics are given in table 1.

Currently in 2015, there is an outbreak of influenza epidemic in the Indian Subcontinent: As per the data from Ministry of Health and Family Welfare, Government of India, during the period 1 Jan 2015-10 February 2015, the total number of H1N1 cases was 5157 and number of deaths was 407. Largely the cases have been reported from Delhi, Gujarat, Rajasthan, Karnataka, Madhya Pradesh, Maharashtra, Tamil Nadu and Telangana, whereas deaths due to H1N1 are in Maharashtra, Madhya Pradesh, Gujarat, Rajasthan and Telangana. As far as state-wise data is concerned, till Feb 2, 2015, Telangana state (629 cases with 34 deaths) reported the highest number followed by Delhi (488 cases, 5 deaths), Gujarat (309 cases with 38 deaths), Rajasthan (205 cases, 49 deaths), and Maharashtra (73 cases, 22 deaths). So this year, the disease is following the pattern of 2012-13. Mortality figures are significantly higher for Maharashtra, Rajasthan and Gujarat⁷.

PAST PANDEMIC OF INFLUENZA

Table 1: FLU PANDEMICS IN PAST

Name of pandemic	Year	Deaths	Case fatality rate	Subtype involved	Pandemic severity index
Asiatic or Russian Flu ⁸	1889–1890	1 million	0.15%	possibly H3N8 or H2N2	NA
Spanish flu ⁹	1918–1920	20 to 100 million	2%	H1N1	5
Asian Flu	1957–1958	1 to 1.5 million	0.13%	H2N2	2
Hong Kong Flu	1968–1969	0.75 to 1 million	<0.1%	H3N2	2
Russian flu	1977–1978	no accurate count	N/A	H1N1	N/A
Swineflu ¹⁰	2009–2010	18,000	0.03%	H1N1	NA



CLINICAL DESCRIPTION

Classification & Source of infection

Influenza viruses are RNA viruses and classified as¹¹:

- Influenza A viruses are found in many different animals, including ducks, chickens, pigs, whales, horses and seals.
- Influenza B viruses circulate widely only among humans.
- Influenza C virus infects humans, dogs and pigs.

Mode of transmission

Influenza can spread in three main ways^{12, 13}:

- (i) by direct transmission (when an infected person sneezes mucus directly into the eyes, nose or mouth of another person);
- (ii) the airborne route (when someone inhales the aerosols produced by an infected person coughing, sneezing or spitting) and
- (iii) through hand-to-eye, hand-to-nose, or hand-to-mouth transmission, either from contaminated surfaces or from direct personal contact such as a hand-shake.

The typical incubation period for influenza is 1-4 days (average: 2 days). Adults can be infectious from 1 day before onset of symptoms to 5-7 days after illness onset.

Pathogenesis

When influenza virus is introduced into the respiratory tract, by aerosol or by contact with saliva or other respiratory secretions from an infected individual, it attaches to and replicates in epithelial cells. The virus replicates in cells of both the upper and lower respiratory tracts. Viral replication combined with the immune response to infection lead to destruction and loss of cells lining the respiratory tract. As infection subsides, the epithelium is regenerated, a process that can take up to a month.

Clinical presentation and Course of illness

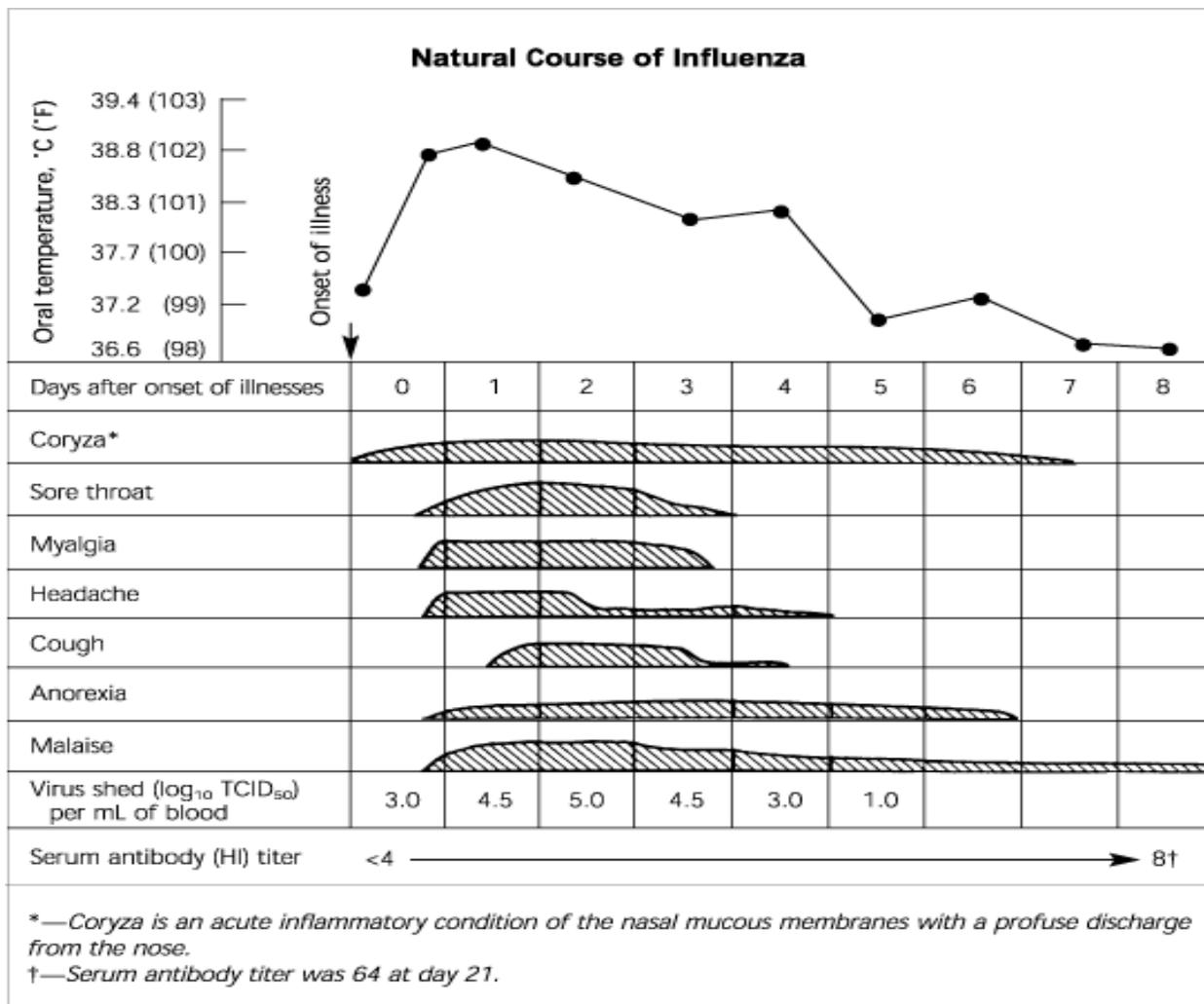
Influenza is characterized by abrupt onset of signs and symptoms that may include^{14, 15}

- Fever
- Chills
- Myalgia



- Headache
- Tiredness
- Sore throat
- Rhinitis
- Chest discomfort, cough
- Some people may have vomiting and diarrhoea, though this is more common in children than adults
- Most people who get influenza will recover in a few days to less than 2 weeks¹⁶.

It can be difficult to distinguish between the common cold and influenza in the early stages of these infections but flu can be identified by a high fever with a sudden onset and extreme fatigue. Influenza is a mixture of symptoms of common cold and pneumonia, body ache, headache, and fatigue. Diarrhea is not normally a symptom of influenza in adults although it has been seen in some human cases of the H5N1 "bird flu" and can be a symptom in children. The Course of illness of Influenza is given below ¹⁷:





DIAGNOSIS

Investigation

A number of tests can help in the diagnosis of influenza. But, tests do not need to be done on all patients. For individual patients, tests are most useful when they are likely to give a doctor results that will help with diagnosis and treatment decisions. Preferred respiratory samples for influenza testing include nasopharyngeal or nasal swab, and nasal wash or aspirate, depending on which type of test is used. Samples should be collected within the first 4 days of illness. Rapid influenza diagnostic tests provide results within 15 minutes or less; viral culture provides results in 3-10 days.

Diagnostic tests available for influenza include viral culture, serology, rapid antigen testing, polymerase chain reaction (PCR), immunofluorescence assays, and rapid molecular assays. Sensitivity and specificity of any test for influenza might vary by the laboratory that performs the test, the type of test used, and the type of specimen tested. Among respiratory specimens for viral isolation or rapid detection, nasopharyngeal specimens are typically more effective than throat swab specimens. As with any diagnostic test, results should be evaluated in the context of other clinical and epidemiologic information available to health-care providers.

Table 2: Influenza Virus Testing Methods¹⁸

Method	Types Detected	Acceptable Specimens	Test Time	CLIA Waived
Viral cell culture (conventional)	A and B	Nasopharyngeal swab, throat swab, Nasopharyngeal or bronchial wash, nasal or endotracheal aspirate, sputum	3-10 days	No
Rapid cell culture (shell vials; cell mixtures)	A and B	As above	1-3 days	No



Immunofluorescence, Direct (DFA) or Indirect (IFA) Antibody Staining	A and B	NP swab or wash, bronchial wash, nasal or endotracheal aspirate	1-4 hours	No
RT-PCR (singleplex and multiplex; real-time and other RNA-based) and other molecular assays	A and B	NP swab, throat swab, NP or bronchial wash, nasal or endotracheal aspirate, sputum	Varied (Generally 1-6 hours)	No
Rapid Influenza Diagnostic Tests (antigen)	A and B	NP swab, (throat swab), nasal wash, nasal aspirate	<30 min.	Yes/No

MANAGEMENT

Effective ways to reduce the transmission of influenza include good personal health and hygiene habits such as: not touching your eyes, nose or mouth¹⁹; frequent hand washing (with soap and water, or with alcohol-based hand rubs)²⁰; covering coughs and sneezes; avoiding close contact with sick people; and staying home yourself if you are sick. Avoiding spitting is also recommended²¹. Although face masks might help prevent transmission when caring for the sick, there is mixed evidence on its beneficial effects in the community. Smoking raises the risk of contracting influenza, as well as produces more severe disease symptoms²².

During past pandemics, closing schools, churches and theaters slowed the spread of the virus but did not have a large effect on the overall death rate. It is uncertain if reducing public gatherings, by, for example, closing schools and workplaces, will reduce transmission since people with influenza may just be moved from one area to another; such measures would also be difficult to enforce and might be unpopular. When small numbers of people are infected, isolating the sick might reduce the risk of transmission²³.

PROGNOSIS

Influenza's effects are much more severe and last longer than those of the common cold. Most people will recover completely in about one to two weeks, but others will develop life-threatening complications (such as pneumonia). Thus, influenza can be deadly, especially for



the weak, young and old, or chronically ill. People with a weak immune system, such as people with advanced HIV infection or transplant patients (whose immune systems are medically suppressed to prevent transplant organ rejection), suffer from particularly severe disease. Pregnant women and young children are also at a high risk for complications.

The flu can worsen chronic health problems. People with emphysema, chronic bronchitis or asthma may experience shortness of breath while they have the flu, and influenza may cause worsening of coronary heart disease or congestive heart failure. Smoking is another risk factor associated with more serious disease and increased mortality from influenza²⁴.

People over 50 years old, very young children and people of any age with chronic medical conditions are more likely to get complications from influenza, such as pneumonia, bronchitis, sinus, and ear infections²⁵.

VACCINE FOR INFLUENZA

As of 2013, the UN World Health Organization recommends vaccination for the following, in order of priority²⁶:

- Nursing-home residents (the elderly or disabled)
- People with chronic medical conditions
- Elderly individuals
- Other groups such as pregnant women, health care workers, those with essential functions in society, as well as children from 6 to 24 months

Studies in Homoeopathy on influenza

In 1921 W.A. Dewey MD., published a paper in the Journal of the American Institute of Homoeopathy entitled “Homoeopathy in Influenza – A Chorus of Fifty in Harmony”. Dr. T A McCann, from Dayton, Ohio, reported that 24,000 cases of flu treated allopathically had a mortality rate of 28.2% while 26,000 cases of flu treated homoeopathically had a mortality rate of 1.05%. This last figure was supported by Dean W.A. Pearson of Philadelphia (Hahnemann College) who collected 26,795 cases of flu treated with Homoeopathy with the above result²⁷.

The most common remedy used was Gelsemium, with occasional cases needing Bryonia and Eupatorium reported. Dr. Herbert A. Roberts from Derby, CT, said that 30 physicians in Connecticut responded to his request for data. They reported 6,602 cases with 55 deaths, which is less than 1%.

A prospective, multi-centre, data collection survey of homoeopathic practice in the treatment of influenza-like illness was done in India during the 2009 pandemic of A/H1N1 influenza ('Swine Flu', SF). The authors surveyed the practice of homoeopathic practitioners in India in



the management of SF, with respect to: (a) patients' symptoms at presentation and at follow-up (FU) consultation; and (b) homoeopathic medicines prescribed. Twenty-three homoeopathic physicians contributed to data collection. At the first appointment, 1126 patients had valid SF symptoms. A total of 89 different combinations of SF symptoms was observed, the most common being temperature $>38^{\circ}\text{C}$ + cough + runny nose ($n = 170$; 15.1%). A total of 44 different remedies (or combinations of remedies) were used at first appointments, the most frequently prescribed drug being *Arsenicum album* ($n = 265$; 23.5%). Even for a total of 99 FU appointments with valid SF symptoms, *Arsenicum album* was prescribed most frequently ($n = 28$; 28.0%). The prominent symptoms of this pandemic in India were: temperature $>38^{\circ}\text{C}$ + cough + runny nose, which likened the indications of *Arsenicum album*²⁸.

Similarly, In France during the 2009-2010 influenza season, a study was done to determine characteristics and management of patients in France visiting allopathic general practitioners (AGPs) and homoeopathic general practitioners (HGPs) for influenza-like illness (ILI). Most AGPs (86%), and most patients visiting them (58%) were men; whereas most HGPs (57%; $p < 0.0001$), and most patients visiting them (56%; $p = 0.006$) were women. Patients visiting AGPs were seen sooner after the appearance of symptoms, whereas patients visiting HGPs were seen later after the appearance of symptoms. Both allopathic and homoeopathic medicines were prescribed by AGPs and HGPs. The common homoeopathic medicines prescribed were *Belladonna*, *Eupatorium perf.*, *Gelsemium*, *Oscillococcinum*, *Bryonia*, and *Influenzinum*. In France, patients of ILI treated with homoeopathic medications were more satisfied with their treatment than other patients who received allopathic medicines²⁹.

P S Chakraborty et al conducted a multicenter, single blind, randomized, placebo controlled study to evaluate the effect of homoeopathic medicines in the treatment of Influenza like illness and to compare the efficacy of LM (50 millisimal) potency vis-à-vis centesimal (C) potency. Out of 739 screened cases, 447 cases were eligible for enrolment in LM group ($n=152$), C group ($n=147$) or placebo ($n=148$) group. There was a significant difference in temperature from 2nd day onwards in LM and Centesimal groups. Significant improvement was observed in headache and myalgia on 1st day in both the treatment groups. Likewise, significant improvement was also noted in malaise on 2nd day in both the groups; sore throat on 1st day in LM and 2nd day in Centesimal group; fatigue on 2nd day in LM and on 3rd day in Centesimal group; nasal complaints on 2nd day in LM and 1st day in Centesimal group; chill on 3rd day in LM group and 1st day in Centesimal group and in sweat on 1st day in both the groups. Cough improved significantly from 3rd day in both the groups. The study revealed the significant effect of individualized homoeopathic treatment in the patients suffering from ILI with no marked difference between LM and Centesimal groups. The complication/sequel rate was also



significantly less in the intervention groups. The medicines which were commonly prescribed were: Arsenic album, Bryonia alba, Rhus tox., Belladonna, Nux vomica, Sepia, Phosphorus, Gelsemium, Sulphur, Natrum mur., and Aconitum napellus³⁰.

Oscillococcinum

Oscillococcinum is a widely available homoeopathic treatment for flu. It is made from tissue that might be infected with flu—ducks, which are known to carry influenza. Thus, this remedy is very much like a homoeopathic nosode. *Oscillococcinum* is of 200c potency, meaning that it is diluted to one part in 10⁴⁰⁰.

A double-blind, placebo-controlled study involving nearly 500 people found that participants who took *Oscillococcinum* improved faster than those taking only placebo³¹. This study was performed during an influenza epidemic in 1989 in France.

Participants who received *Oscillococcinum* rather than placebo demonstrated a significantly greater percentage of early recovery rate (within 48 hours of the onset of symptoms). Overall, about 61.2% of participants in the *Oscillococcinum* group gave the treatment a favorable judgment, whereas only 49.3% in the placebo group rated their “treatment” favorably. This difference in positive perception by the treatment group was statistically significant. Furthermore, the treatment group used significantly fewer symptomatic medications (such as acetaminophen) than the control group. This suggests that their symptoms were less severe.

In a similar double-blind study performed in Germany, investigators gave 334 people with flu-like symptoms (within the last 24 hours) either *Oscillococcinum* or placebo, 3 times daily for 3 days³². Again, significant benefits were seen.

Vickers et al. conducted a systematic review on *Oscillococcinum* studies which included seven trials, three out of which were prevention trials (number of participants (n) = 2265) and four treatment trials (n = 1194). Only two studies reported sufficient information to complete data extraction fully. The authors concluded that though promising, the data were not strong enough to make a general recommendation to use *Oscillococcinum* for first-line treatment of influenza and influenza-like syndromes. The evidence didn’t support a preventive effect of *Oscillococcinum* in influenza and influenza-like syndromes. However, the authors suggested further research with larger sample size³³.



Similarly, Mathie et al conducted a systematic review to determine whether homoeopathic Oscillococcinum is more effective than placebo in the prevention and/or treatment of influenza and influenza-like illness in adults and children. The six studies included: 02 prophylaxis trials (327 young to middle-aged adults in Russia) and 04 treatment trials (1196 teenagers and adults in France and Germany). The authors concluded that there was insufficient good evidence to draw robust conclusions to be made about Oscillococcinum in the prevention or treatment of influenza and influenza-like illness. The findings did not rule out the possibility that Oscillococcinum could have a clinically useful treatment effect but, given the low quality of the eligible studies, the evidence was not encouraging. There was no evidence of clinically important harms due to Oscillococcinum³⁴.

Another widely used flu treatment, called L52, is a liquid homoeopathic formula consisting of 10 ingredients: *Eupatorium perf.*, *Aconite*, *Bryonia*, *Amica*, *Gelsemium*, *China*, *Belladonna*, *Drosera*, *Polygala* and *Eucalyptus*. A large double-blind, placebo-controlled study (about 1,200 participants) evaluated the effectiveness of L52 for preventing flu, rather than treating it³⁵. No benefits were seen. However, L52 has shown some promise for treatment of flu³⁶.

HOMOEOPATHIC TREATMENT

In the present epidemic outbreak, the influenza like illness is categorized into 03 sub-categories depending on presenting signs and symptoms. The conventional treatment protocol for each category is also identified. The details of each category are as under³⁷:

Category- A	<ul style="list-style-type: none"> • Patients with mild fever plus cough / sore throat with or without bodyache, headache, diarrhea and vomiting will be categorized as Category-A. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed at 24 to 48 hours by the doctor. • No testing of the patient for H1N1 is required. • Patients should confine themselves at home and avoid mixing up with public and high risk members in the family.
Category- B	<ol style="list-style-type: none"> i. In addition to all the signs and symptoms mentioned under Category-A, if the patient has high grade fever and severe sore throat, may require home isolation and Oseltamivir. ii. In addition to all the signs and symptoms mentioned under



	<p>Category- A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir:</p> <ul style="list-style-type: none"> • Children with mild illness but with predisposing risk factors. • Pregnant women; • Persons aged 65 years or older; • Patients with lung diseases, heart disease, liver disease, kidney disease, blood disorders, diabetes, neurological disorders, cancer and HIV/AIDS; • Patients on long term cortisone therapy, • No test for H1N1 is required for Category-B (i) and (ii). • All patients of Category-B (i) and (ii) should confine themselves at home and avoid mixing with public and high risk members in the family.
<p>Category-C</p>	<p>In addition to the above signs and symptoms of Category-A and B, if the patient has one or more of the following:</p> <ul style="list-style-type: none"> • Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood, bluish discoloration of nails; • Children with influenza like illness who had a severe disease as manifested by the red flag signs (Somnolence, high and persistent fever, inability to feed well, convulsions, shortness of breath, difficulty in breathing, etc). • Worsening of underlying chronic conditions. <p>All these patients mentioned above in Category-C require testing, immediate hospitalization and treatment.</p>

Homoeopathic treatment can be given to all the categories as mentioned above. The treatment should be taken under the supervision of a qualified Homoeopathic physician. The approach will be as below-

Category A

Homoeopathic medicines can be given to all the patients of this category, which will help in curtailing the duration of illness and preventing further complications.

Categories B & C



In this category of patients, Homoeopathic medicines can be given along with standard conventional treatment protocol for reducing the duration of illness and preventing its further complications.

The selection of medicines should be based on the present individualizing symptoms of the patients. Suggestive indications of few possible medicines are given below:

Aconitum napellus

Indicated in first stage of fever. Acute, sudden and violent onset of fever. Cold stage is marked with icy cold face and cold sweat. Skin dry and hot; face red, or pale and red alternately. Fever with burning thirst for large quantity of cold water frequently. Intense nervous restlessness, tossing about in agony. Drenching sweat on parts lain on. A state of fear, anxiety; anguish of mind and body. Physical and mental restlessness. Does not want to be touched. Sudden and great sinking of strength.

Arsenicum album

During fever cannot bear the smell or sight of food. Marked periodicity of fever. High temperature. Headache, better by cold. Burning in eyes, with acrid lachrymation. Great thirst for cold water, drinks often but little at a time. Sweat at the end of fever, which ameliorates pain. Discharges are thin and offensive. Fever worse at midday and midnight, from cold drinks and cold foods. Debility, exhaustion, and restlessness, with nightly aggravation. Great exhaustion after the slightest exertion. Great anguish and restlessness.

Bryonia alba

Dry cough associated with fever Pulse full, hard, tense and quick. Stitching, tearing pains, worse by least motion, better by absolute rest and pressure. Fever with great thirst for large quantities of water at long intervals. Fever associated with constipation; no inclination to stool; stools: large, hard and dry, as if burnt. Aching in every muscle. Patient is irritable; has vertigo from raising the head, pressive headache Dry, parched lips, mouth; excessive thirst, bitter taste, sensitive epigastrium, and feeling of a stone in the stomach Dropsical effusions into synovial and serous membranes.

Eupatorium perfoliatum



Chill preceded by thirst with great soreness and aching of bones. Bitter vomiting at the close of chill. Insatiable thirst for cold drinks, before and during chills and fever; drinking aggravates chill. Sweat ameliorates all symptoms except headache.

Ferrum phosphoricum

In the early stages of febrile conditions Prostration marked; face more active than Gels. The superficial redness never assumes the dusky hue of Gels. Pulse soft and flowing; no anxious restlessness of Acon. Hemorrhages, bright from any orifice. Headache better cold applications Face flushed; cheeks sore and hot.

Gelsemium

Fever starts with chill: wants to be held because of excessive shivering. Fever with dull headache and coryza. Paroxysms of fever generally recur between 3-5 p.m. Great heaviness of the eyelids (droopy); cannot keep them open. Sneezing with stuffed up nose. Headache preceded by blindness, better by profuse urination. Pulse slow, full and soft. Fever with trembling, yellow coating of the tongue; thirstlessness; stupor; dryness of whole body. General prostration. Dizziness, drowsiness, dullness, and trembling. Slow pulse, tired feeling, and mental apathy.

Nux vomica

Very irritable; sensitive to all impressions; cannot bear noises, odors, light, etc. Does not want to be touched Photophobia; much worse in morning. Constipation, with frequent ineffectual urging, incomplete and unsatisfactory Cold stage predominates, excessive rigor, with blueness of finger-nails. Aching in limbs and back, and gastric symptoms. Chilly; must be covered in every stage of fever. Perspiration sour; only one side of body. Dry heat of the body.

Phosphorus

Intense bronchial and laryngeal affection, affecting the voice and rendering speech almost impossible; dry, tickling cough, with tightness across the chest; worse evening and before midnight; coryza alternately fluent or dry, with frequent sneezing; goneness and faintness in region of stomach; painless diarrhea.

Pulsatilla

Fever with chilliness even in warm room, yet aversion to heat and better in cool, fresh air Chilly with pains, in spots, worse evening. As the pain increases, so the chilliness Weeps easily Timid,



irresolute Wandering stitches about head; pains extend to face and teeth Dry mouth, without thirst; wants it washed frequently Intolerable burning heat at night, with distended veins; heat in parts of body, coldness in other. One-sided sweat; pains during sweat. External heat is intolerable, veins are distended. During apyrexia, headache, diarrhoea, loss of appetite, nausea.

Rhus toxicodendron

Fever with dry cough or urticaria Headache better from warmth and motion Chill as if dashed with cold water or cold water in veins, worse least uncovering Extreme restlessness, with continued change of position Lameness, stiffness and pain on first moving after rest, or on getting up in the morning, better by walking or continued motion. Corners of mouth ulcerated, fever blisters around mouth and on chin.

HOMOEOPATHY FOR PREVENTION

Genus Epidemicus

Homoeopathic medicines can be used as preventive during the epidemic. The medicine is selected on the basis of standard procedure delineated in Organon of Medicine. The process of selection of “genus epidemicus” is specialized and involves following steps:

- Firstly, the adequate number of cases (till no new clinical symptoms come out) of the current epidemic, from different regions should be seen, to cover the complete spectrum of diseases in the community and the “totality of symptoms” is formulated by in depth study of all the signs and symptoms.
- This totality of Symptoms should be thoroughly studied and following appropriate repertorization process, a group of medicines are to be identified.

During this epidemic signs and symptoms are collected from Swine Flu positive cases.

The signs and symptoms of these patients are as under:

STOMACH - THIRST - small quantities, for

EXPECTORATION - THICK

EXPECTORATION - YELLOW

EXPECTORATION - DARK

EXPECTORATION - BLOODY

COUGH - NIGHT

COUGH - MORNING



COUGH - VIOLENT

RESPIRATION - DIFFICULT - sitting - amel.

GENERALS - RESTLESSNESS - fever; during

CHEST - PAIN - inspiration - during

CHEST - PAIN - chill - before

GENERALS - FOOD and DRINKS - refreshing things - desire

GENERALS - FOOD and DRINKS - fruit - desire

GENERALS - WEAKNESS - fever - during

COUGH - TICKLING - Throat; in

EYE - DISCOLORATION - red

COUGH - RATTLING

The repertorisation was done with Synthesis 9.0 and the repertorial result is given below:

	ars.	calc.	phos.	ant-t.	puls.	carb-v.	bry.	hep.	lyc.	sulph.
	17/37	15/30	15/28	15/19	14/30	14/21	13/22	13/22	12/25	12/23
1	3	1	1	1	-	1	1	1	3	2
2	2	2	1	1	2	1	1	3	2	1
3	2	3	3	1	3	2	2	3	3	2
4	2	-	-	-	-	-	-	-	-	-
5	3	2	3	1	3	2	2	1	2	3
6	3	-3	1	1	3	1	1	2	3	3
7	3	3	3	1	3	1	1	1	2	3
8	1	2	3	1	3	3	1	3	-	1
9	-	-	-	2	1	2	-	1	-	-
10	2	2	1	1	1	1	2	-	2	-
11	2	3	2	-	-	1	3	-	2	1
12	1	-	-	-	-	-	-	-	-	-
13	2	2	2	1	2	-	-	1	-	-
14	1	1	1	2	1	2	-	1	-	-
15	3	1	3	1	2	1	2	-	1	1
16	3	1	2	1	3	-	3	1	1	1
17	3	2	1	1	1	1	1	2	2	3
18	1	2	1	3	2	2	2	2	2	2



A meeting of group of experts was called to examine the signs and symptoms and to determine the Genus epidemicus for the current epidemic. After thorough discussion, experts recommended Arsenic album as the preventive medicine for this epidemic. The dosage recommended is Arsenicum album 30, one dose (4 pills of size 30 by adults and 2 pills by children) daily, on empty stomach, for 3 days. The dose should be repeated after one month by following the same schedule in case flu like conditions prevail in the area. The Expert Group has further suggested that general hygienic measures suggested by the Ministry of Health and Family Welfare, Govt. of India, for prevention of the disease should also be followed by the public.

During last pandemic in India in 2009-10, a survey was undertaken to study the signs and symptoms and medicines prescribed in Homoeopathic consultation. Arsenic album was found to be the most frequently prescribed remedy. Similarly, even in 2009-10, an expert group recommended Arsenic Album as a preventive after examining prevailing signs and symptoms of reported cases³⁸.

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