

COVID AND HOMEOPATHY: 9 cases that were cured with phosphorous - the research of the genus epidemicus

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We are facing an epochal pandemic; the last one in history with an important involvement of classical homeopathy was the Spanish flu. There are reports of homeopaths who treated this pandemic with 4-5 main remedies. Unfortunately, during this pandemic, the access of patients to homeopaths seems restricted and the benefit that homeopathy could bring is not as it could be.

We present here, 9 cases of Covid, 5 treated by Dr. Benedetti and 4 by Dr. Diani, but none of them was already our patient. And here start the first question: why? The answer involves the immune system and will be afterwards explained.

This infection is very peculiar, in fact:

- One can be asymptomatic
- One can develop a picture somewhat similar to a flu, with mild symptoms
- One can develop a pneumonia
- One can die in 4-8 days (this is common if streptococcal pneumonia develops over the COVID infection), and one could develop a MOF (multiorgan failure) and/or a DIC (Disseminated intravascular coagulation). So, here a second question arises: how is this possible to dye so rapidly because of a pneumonia?
- If you heal, the virus remains within the body for 8 days, and the patient seems to remain contagious. So, third question: why? We will see that our considerations and study cover and address all these questions.

We recorded all the symptoms of all patients by telephonic anamnesis. In Italy personally visiting these patients is impossible. Unfortunately, here in Italy, only the most severe cases receive the

diagnostic test. So, of the 9 patients, only 1 has been confirmed, where the treatment started only after one week of hospitalization.

We report the cases of patients who required mainly phosphorous. We treated these patients in three phases:

6 at home- at the beginning of disease (none of them needed the hospitalization);

1 at the hospital- after allopathic medication and oxygentherapy;

2 in the remission phase, after disappearance of all symptoms except weakness.

We started collecting the symptoms of the first patients treated by Dr. Diani, and reasoning about the systemic implications of the infection.

Symptoms of the first patient:

- sensation of dryness in the mucous membranes of the nose, mouth, throat, lips
- sore throat,
- burning,
- with feeling of dryness,
- especially on the left, which also radiates to the ear
- headache
- oppressive in the eyes and occiput,
- worse in the morning,
- she couldn't say any other modality, she realized that at a certain point the headache spontaneously improved, then returned
- thirst with attacks for which she repeatedly drank in one shot almost the entire bottle
- desire above all for fresh things, hot drinks are not for her
- after drinking, thirst remains (unquenchable thirst in the repertorization)
- occasionally chills with widespread aching pain, which passes after a while
- general weakness, lack of energy and stamina, a bit improved by long sleep
- anxiety because she couldn't breathe well
- the oxygen saturation was 95%
- at that time, she had not fever

Dr Diani gave her Bryonia 30 C because of the intense thirst, the dryness of mucosae and throat, and the pressive headache. After one day of Bryonia, the dryness and the sore throat were better, but the weakness was the same, and she developed dyspnoea. So, what was happening?

There was a deeper immune and systemic response which wasn't addressed by Bryonia.

As a lot of other studies, ours began from this therapeutic mistake.

We started thinking about Phosphorus. If we look carefully at the symptoms, they are all addressed by Phosphorus.

So, second step: we looked to the acute toxicology of Phosphorus.

We mean this: there's a database (<https://pubchem.ncbi.nlm.nih.gov/>) with the acute and chronic toxicology picture of a lot of chemical substances.

Homeopathic remedies produce a more wide and precise symptomatic picture than those you can find into a chemical toxicology.

But the discovery of Dr. Benedetti was: if a patient develops acute symptoms of a remedy, this means that this picture mimics always more or less the clinical picture of acute intoxication caused by the same substance, given at a ponderal dose. By studying toxicology, you are able to learn and understand the molecular cascades and processes beyond that picture. This means, you can have a scientific correlate of the symptoms network you want to treat through the remedy.

So, we wanted to see what an acute intoxication of Phosphorus looks like. Of course, in the toxicology we considered mainly the respiratory exposure.

Acutely, the symptoms were the same. You can find an acute and even interstitial pneumonia.

You can find a MOF or a DIC. And, most importantly, whatever you find, it is considerable. It is very deep. It is rapid. It is dangerous for the entire system. It involves the immune and defence system in a very general way.

So, summing up: the toxicology of material Phosphorus is compatible with the Covid picture, it can enhance a very broad systemic response, it involves the system with a violent reaction.

We studied further, searching into the Hahnemann and the Allen materia medicas. They are very precise, with a lot of symptoms, organized in the most punctual way.

Generally, in addition to the symptoms already described, we know that other symptoms of the Covid infection are:

- dry cough,
- redness of the eyes,
- anosmia,
- ageusia,
- I had two patients with a back ache almost identical to the description of dorsal pain of Phosphorus by Allen,
- Mild diarrhoea and nausea/vomiting
- Anxiety for health, for which in Italy in some hospitals psychological aid is provided
- Fever, which is commonly low (and here arises another question: why and how is this possible to develop this big pneumonia without or with low fever?)
- Developing of ARDS (Acute Respiratory Distress Syndrome), with pulmonary insufficiency
- In the most severe picture, it seems there are a lot of hemorrhages, even from the bowel (Italian observation by MDs working in hospitals); it seems somehow similar to Ebola virus from this point of view. So, there is a simultaneous pro-thrombotic and hemorrhagic activity. This means that not only the immune system is completely involved, but also the coagulative cascade is widely affected.

If we repertorize all these symptoms and/or we study the above mentioned materia medicas, Phosphorus emerges. The common striking symptom in our experience is the weakness.

And so, we started giving Phosphorus to this patient.

After a day of Phosphorus the patient had an oxygen saturation of 98%, the dyspnoea almost disappeared, the weakness improved. After 2 days, the dyspnoea completely disappeared and her sensation was “I have the energy of a lion”. She is a MD, general practitioner, she was able to work without any interruption.

The initial dose was 30 C repeated 3 times a day. After 2 days it was reduced to 2 times/ day, and after one other day to 1 time/day. She completely recovered after 5 days, but almost “the same as before” (her words) 4 days after the first dose.

Of all the other 8 cases:

One had:

- fever between 37.5 and 38 without chills - since 4 days for which she previously took paracetamol
- Dry cough, sometimes with paroxysmal episodes and sometimes continuous, for which she previously took bromexine, improving
- Sore throat, improving
- Backache **burning, between scapulae**, not improved by anything - Nausea in the morning
- Thirst for **cold drinks** (but as usual she usually doesn't like warm/hot drinks, so this isn't an important symptom)
- Weakness, fatigue, improved by long sleep, with impossibility to stand for a long time

She had a strong relapse after the first two doses of Phosphorus, with acute and continuous fever >38.5°. So the remedy was stopped, giving only one dose/day in water after 48 hours of pause. She healed in four days after it.

Other four patients were treated in the initial phase at home had all the classical initial symptoms of Coronavirus.

They all reported: dry cough, anosmia, weakness **improved by long sleep**, fever under 38 degrees without chills and sometimes **with palpitation**, nausea agg. in the morning, sore throat, also with **burning pain** during cough, initial respiratory difficulties, especially by lying. Some of them had **increased thirst for cold drinks**, some others their usual thirst; **anxiety for health** was common.

In one case, was observed the need of Stannum metallicum in the healing phase, after the most acute one. 10 days after Phosphorus the patient had no cough anymore, no fever, but difficulty in talking on the phone, climbing stairs. Stannum 30 C three times a day for three days was given, with complete resolution of residual symptoms.

One other patient was treated after more than one week of allopathic therapies at the hospital, for the symptoms which had been partially suppressed by conventional treatment. He was still under O₂-therapy, with weakness and anxiety. After the first dose of Phosphorus, he reported the first peaceful night, with refreshing sleep, and went home after two days.

Two patients were treated in the remission phase. They didn't have fever, cough, respiratory difficulties, sore throat anymore, but they still had weakness. One of them had previously also a

and network approach, and we can use in order to better understand diseases and the essence of remedies in a modern way. This is why we analyzed it, coming to probably right conclusions before official papers came. Knowledge about classical homeopathy, immunology and systemic physiopathology helped us in building the probably right network of phenomena.

The interstitial pneumonia we observe is just a consequence of the tissutal remodelling, with thromboembolic phenomena. The virus has an affinity not only for the ACE2-alveolar receptors, but also for ACE2 receptors on the vascular endothelium. That's why it can lead to heart attack (both STEMI or non-STEMI) through vasoconstriction and thrombotic intravascular activity. Hemorrhages may occur through mucosal macrophages activity after endothelial damage, or they could be the late result of this total thrombo-hemorrhagic disorders. Anyway, endothelial damage allows to explain the uncontrolled activation of the coagulative cascade.

So, the interstitial pneumonia is the tip of the iceberg of the systemic and immune phenomena beyond the observable symptoms.

The right sequence isn't: pneumonia → systemic DIC or MOF, but rather: endothelial activation, immune cascade, systemic vasculitis → pneumonia, ARDS (acute respiratory distress syndrome), STEMI or non-STEMI heart attack, kidney failure, DIC and MOF.

In the pathogenesis, in order to deeply comprehend the disease, this is fundamental.

For this reason, choosing the right remedy, correctly addressing the systemic factors behind the evident picture is crucial.

Please note that the toxicology of Phosphorus perfectly covers also these severe phenomena.

Another important point: it has been demonstrated (although with some uncertainties) that people who treated the first phase with ibuprofen or other FANS had more probability to worsen, developing severe pneumonia and pulmonary insufficiency.

On an immune level what happens is the development of naive T lymphocytes, so lymphocytes which are not able to specialize. The consequence is a huge cytokine cascade, which is reported by the literature and called "cytokine storm", that implies all the reactive symptoms we see. It also causes the MOF and the DIC. That also causes cardiac and kidney failure.

In the lungs, the interstitial pneumonia causes edema. Why? Because there's a capillaritis, inflammation of capillaries.

So, the fact is: how is possible a so huge cytokine cascade without fever? Because, if you see the immunology literature, the cytokine are mainly involved in a Th2 immunity pattern. The main one is IL-6. It is a multifunction Interleukin, with both pro-inflammatory and anti-inflammatory functions. In the mice with IL-6 deficiency, studies show a predisposition to infection by streptococcus pneumoniae. Answering to the initial question: how is this possible to dye so rapidly because of a pneumonia?

The cytokine cascade is so big to compensate the inefficacy of the immune answer and involving the Th2 immunity, that you can develop a DIC or MOF without even having a fever (or - on the contrary - having non-responsive high fever, because of the cytokine-cascade). The DIC is caused by cytokines, D-Dimer, macrophages, that cause destruction of the functional pulmonary tissue, and extremely powerful proliferative and reparation phenomena, with progressive fibrosis and obliterating microangiopathy. The microangiopathy leads to proliferative thromboangioitis with involvement of arterioles up to large vessels. The systemic dimension of phenomena is now clear.

Coming back to the two main types of T-immune pattern, Th2 immunity leads normally and in the chronic picture to allergy, asthma, atopy, and so on.

In this case it leads to the inability of the system in eliminating the virus. The inefficacy of the answer provokes an amplification of the cytokine cascade and the immune response.

The further question was: how? Theoretically, cytokines production is induced also by lymphocytes, but here there's a strong lymphocytopenia. So, here comes a hypothesis.

Damaged cells are known to express Pattern Recognition Receptors (PRRs). They directly activate and induce IFN- λ . We all know IFN- γ , but IFN- λ is different. First of all, it is not ubiquitary, but specifically expressed on epithelial tissues and especially on pulmonary tissue. IFN- λ induces then an antiviral cascade, by activating the JAK-STAT signaling pathway. Without entering into details, there is the involvement of a lot of cytokines and pattern, also with anti-inflammatory activation.

So, we believe that IFN- λ is the medium between the initial inefficacious Th2 answer with lymphocytopenia, and subsequent hyperinflammation and antiviral response. PRR receptor activate a lot of inflammatory mediators, and they are an important "node" of the immune network, too.

If this mechanism starts late, like it happens with this virus, we see a lot of inflammatory response, and an ability to delete the virus which is impaired.

So, inflammation and angiopathy as we saw causes lung and organ failure, without being able to eliminate the virus, and in a lot of cases to produce high fever.

Curious fact: a similar type of IFN is very involved in SLE (systemic lupus eritematosus), which has from some points of view similar patterns and answers.

So, why does the virus remain within the body even after healing? Because until when the immune response doesn't become effective, with a correct involvement of macrophages, the system cannot eliminate it. And, in fact, we observe in patient who are not treated with the right remedy weakness and fatigue even after a month from "healing". This is a deep sign of the immunity involvement.

Why don't we have any patient we treat who developed this infection? We come to the next important point.

If you see, until now we didn't analyze the principle fo similitude only through symptoms, but also through toxicology (and if we think about it, this really makes sense, even Hahnemann started by considering ponderal China and Mercurius), and we considered the immune pathway.

When we treat patients with homeopathy, we treat the network of symptoms, and as MDs with a deep hanemannian vision, we can understand the systemic and immune network behind this.

In chronic diseases, there is often an unbalance between the two main immune pathways: Th1 and Th2 response. Th1 response leads to efficient acutes, able to eliminate pathogens, while Th2 response, as written before, leads often to asthma, allergies, dermatitis, and the impossibility to develop high fever. This is typical in psoric patients.

So, people with a good Th1 response and a balance between these two immunity patterns, such as kids or healthy people, don't develop coronavirus severe pneumonia.

If we really treat a psoric patient, with an unbalance between the Th1 and Th2 response (with over-expression of the Th2 one), with the right remedies the two different subsystems become more balanced; the immune Th1 response arises, the person becomes able again to produce high fever, and doesn't develop the coronavirus infection.

That's why we treated only few patients, and none of them was ours. They were all new for us.

So, summing up, in order to identify Phosphorus as the right remedy, we followed five steps:

- 1) Analysis of symptoms
- 2) Repertorization and study of the first MMs
- 3) Analysis of the acute toxicology
- 4) Analysis of the immune and coagulative network beyond Covid symptoms and pictures
- 5) Analysis of the immune and coagulative network of Phosphorus, with a perspective view - able to consider a more general topic about chronic diseases and their treatment.

We think that Phosphorus is the best remedy to be taken into consideration in treating Covid infection.

Furthermore, we propose a general method: to analyze each homeopathic remedy through the immune network it involves.

So, we can combine two levels: the symptoms network, much evident, and the immune/systemic network, much deeper. In this way, we are able to increase our comprehension of the remedy, we are able to better treat acute and chronic conditions, we have a more certain approach to choose the right remedy.

In order to do this, we have to reconsider and to re-read especially the Allen and Hahnemann MMs through “immune lenses” and network medicine.

You often speak about the “picture” of a remedy. Well, the picture is the external representation of the network of symptoms and of the immune network phenomena.

In this way, we can bring homeopathy to the next level, modernizing it but maintaining the strict Hahnemannian method.

In this way, we can also speak with immunologists and scientists, leading the modernization of the homeopathic language. Hahnemann was so modern, and had a complex and network approach. If we carefully read the first book of the Chronic Diseases this becomes very clear.

We hope that our discipline become more and more scientific, modern, in order to be able to speak and interface with physicians, scientists, physicists.

If we utilize network medicine, immunology, deepening our comprehension of remedies and hahnemannian homeopathy, we are sure we can do a better work in healing our patients.

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