

# Collecting clinical experience of homeopathic support in COVID-19, newsletter 21

LMHI newsletter

August 2021

It has been a long time (January 2021) since we published the previous newsletter. For some time, the influx of new COVID-19 cases had slowed down, but recently many new cases were added, especially from the second wave in India. Meanwhile, time was invested in publications that will appear soon and synchronizing various data collections, especially for 'Long COVID'.

## Long COVID

Many people experience long lasting complaints after acute COVID-19, also after a mild acute COVID-19 disease. Most symptoms of the acute disease also occur in Long-COVID, such as fatigue, loss of taste and/or smell, headache, dyspnea, muscle/ bone pain, headache, gastro-intestinal complaints. Skin lesions, psychiatric complaints and hair loss are more in the chronic than in the acute disease.<sup>1</sup> So far, there are few options for conventional treatment.

To evaluate what homeopathic medicines are most effective and what symptoms indicate the respective medicines it is essential that, if possible, the symptoms are checked in every new patient and recorded in comparable databases. In the past half year representatives of various data collection projects have worked on synchronizing their data collections.

The Clificol platform has launched a new module specific for Long-Covid cases in July 2021. Given the steep global rise in Long Covid cases, and the scarcity of medical solutions for this problem, this addition fulfills an important need. Apart from being an addition to the original case registry interface for acute Covid cases, this new module is a platform for facilitating different Long Covid research projects. For instance the Clificol platform is currently being used in a homeopathic Long Covid clinical trial and will be used for prognostic factor research as well as for multiple regression analyses aimed at improving the success of homeopathy in Long Covid patients.

A minimum duration of symptoms of 2 months since the onset of acute Covid is used as the main inclusion criterion. Essential demographic data and baseline characteristics will be collected in full compliance with GDPR/HIPAA regulations. In addition, three types of data will be collected:

The presence or absence of 24 common Long-Covid symptoms via a checklist

Repertorial symptoms / rubrics, e.g. via cutting and pasting from Repertorization software

Any other symptoms, signs and observations, via free-text field

When the case is concluded, a single question (based on the MONARCH Causality attribution inventory) is asked, to make the homeopath stop and think about the role that the homeopathic medicine(s) prescribed played in the evolution of the case. This

will also help with the subsequent identification of successful cases that could be further worked up into high-quality case reports.

The LMHI COVID-19 case collection team

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## Reference

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<sup>1</sup> Peghin M, Palese A, Venturini M, et al. Post-COVID-19 symptoms 6 months after acute infection among hospitalized and non-hospitalized patients. *Clin Microbiol Infect.* 2021;(xxxx):1-7. doi:10.1016/j.cmi.2021.05.033