

Are homoeopathic drugs being used for the treatment of COVID-19 patients, a kind of repurposing?

The term ‘drug repositioning’ has been used interchangeably with ‘drug repurposing’ or ‘drug reprofiling’. All these expressions are relatively synonymous for describing the process that seeks to discover new applications for an existing drug that was not previously referenced and not currently prescribed or investigated.^[1] The term has been trending, with the medical world opening its treatment strategy for exploring all the options available from the existing pool of drugs, repurposed for the treatment of COVID-19.^[2,3] Although repurposing enables shorter trial periods, and lesser production costs, several issues emerge on the flipside, including effectiveness of these drugs, and intellectual property rights reservation.

In just 6 months, the world’s largest randomised controlled trial (RCT) on COVID-19 therapeutics has generated conclusive evidence on the effectiveness of repurposed drugs for the treatment of COVID-19. The study, which spans more than thirty countries, looked at the effects of these treatments on overall mortality, initiation of ventilation and duration of hospital stay in hospitalised patients. Interim results from the Solidarity Therapeutics Trial, coordinated by the World Health Organization, indicate that remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon regimens appeared to have *little or no effect* on 28-day mortality or the in-hospital course of COVID-19 among hospitalised patients.^[4] The results of the trial are under review for publication in a medical journal and have been uploaded as pre-print at medRxiv.^[5]

Talking of us, if we say the homoeopathic medicines we are giving to treat COVID-19 patients are *repurposed* flu drugs that we have been giving to the patients for ages, will that be a correct statement to make? Are we repurposing our age-old drugs for COVID-19? As per one perspective, the repurposed approach to the drugs goes well with our medical counterparts of modern medicine, and they do understand that what we are giving is what ‘best’ we can in the yet-underexplored territory of COVID-19. But then again, were we ever prescribing any homoeopathic medicine for flu before? Was it not the ‘*Pulsatilla*’, the ‘*Gelsemium*’ or the ‘*Arsenic album*’ that were being given medicines, regardless of the disease? In that sense, where is the repurposing? How is a *Gelsemium* influenza patient different for me than a *Gelsemium* COVID-19 patient?

The concept of Genus Epidemicus as per homoeopathic principles is a very well-conceptualised mechanism to address an epidemic or pandemic, which has been tested and validated in many such events. Because the Genus Epidemicus covers not only the spectrum of disease in its origin and manifestations but also has the capability to address the population’s susceptibility

to lessen the infective agent’s impact and therefore in two epidemics of different clinical conditions, it is likely that a common medicine may be identified and therefore repurposing of the medicine is intrinsic in the very basic principle of Homoeopathy, that is *Similia Similibus Curentur*.

We’d love to get response from our readers on these points.

The content of the present issue is replete with clinical and fundamental studies, including two RCTs. The first one highlights the significance of individualised homoeopathic medicine in diabetic ulcer healing, rather than external applications. In this study, no difference was found in the use of *Calendula Q* or normal saline for ulcer dressing; individualised Homoeopathy, general wound hygiene and standard conventional diabetic management proved effective.^[6] The second RCT shows the usefulness of homoeopathic medicines in the management of acute pain due to cervical spondylosis.^[7]

Berberis vulgaris is a well-known homoeopathic medicine for cases of renal affections. A study published in this issue has shown a positive therapeutic effect of *Berberis vulgaris*, a potent antioxidant, upon regulation of NADPH oxidase against acute high-grade sodium oxalate induced hyperoxaluria in rats.^[8] Such research evidence showing the pathogenetic action of drugs helps validate the long-known clinical effects of homoeopathic medicines, and thus enhance the confidence of the Homoeopathy fraternity to use it in practice.

A drug standardisation study of *Smilax aspera* L. (*Sarsaparilla*) provides parameters for authentication and identification of raw drug by pharmacognostical, physicochemical, powder and finished-product evaluation.^[9] A case series of patients suffering from chronic urticaria improved with homoeopathic medicines is another feature.^[10] Two single case reports are also presented, one of pelvic inflammatory disease, and another of warts, in which homoeopathic medicine alleviated the symptoms of the patients.^[11,12]

Preliminary experiences of homoeoprophylaxis for COVID-19 in Cuba have been shared in a letter to editor.^[13] In another letter to editor, the author highlights the lessons learnt from the Spanish flu pandemic with a comparison with the present SARS-CoV-2 pandemic.^[14]

As we end this challenging year, I wish you all enter the next year with good health and wider opportunities to make up for the lost occasions this 2020!

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