

## EDITORIAL

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Epidemics are still the bane of humanity, particularly in the developing world because of their rapid spread among an inordinately large number of people within a geographical region in a very short period. An increased understanding of biological mechanisms for infectious diseases, coupled with general surge in government and public interest in community health, has increased research on the causes and containment of epidemics. Despite the progress, epidemics continue to pose a major threat to the affected communities and are a major socioeconomic burden for many countries.

West Africa is witnessing the largest epidemic of Ebola with the number of cases in the current epidemic far exceeding the number from previous outbreaks combined. It began in Guinea in December 2013, was not detected until March 2014, after which it spread to Liberia, Sierra Leone, Nigeria and Senegal. Ebola first appeared in 1976 in two simultaneous outbreaks, in Nzara, Sudan and in Yambuku, Democratic Republic of Congo. Genus Ebolavirus comprises of five distinct species including Bundibugyo ebolavirus (BDBV), Zaire ebolavirus (EBOV), Reston ebolavirus (RESTV), Sudan ebolavirus (SUDV) and Tai Forest ebolavirus (TAFV).<sup>[1]</sup> The Ebola Haemorrhagic Fever (EHF) caused by EBOV has the highest fatality (57%-90%), followed by SUDV (41%-65%) and BDBV (40%); to date, RESTV infection has been asymptomatic in humans, and TAFV has only been identified in two human infections, but nonfatal.<sup>[2]</sup> As of 6<sup>th</sup> September 2014, the World Health Organization (WHO) and the Centers for Disease Control (CDC) have reported a total of 4,293 suspected cases and 2,296 deaths (2,552 cases being laboratory confirmed and 1,386 deaths).<sup>[3]</sup>

Homoeopathy has a distinctive advantage in epidemics due to its lack of side effects, low cost, rapid speed of manufacture and easy deployment

making it acceptable for use in large population and above all its synergizing quality with the conventional strategies.<sup>[4]</sup>

Homoeoprophylaxis is offered in three ways namely by the administration of constitutional remedies, the genus epidemicus remedies and the use of nosodes. Constitutional treatment, combined with good hygiene, nutrition and stress management programs forms the first line of defence against all forms of infectious diseases.<sup>[5]</sup>

The second method of homoeoprophylaxis, is the "Genus epidemicus", where specific remedies are chosen for protection against targeted infectious diseases. Hahnemann coined this term, defining it as a treatment protocol of an epidemic disease based on the collected signs and symptoms of a large group of patients. Using the genus epidemicus principle, homoeopaths impressed the medical establishment with their results. The current issue brings forth a research paper on the outbreak of Chikungunya in India managed with a genus epidemicus—*Bryonia alba* as a prophylactic leading to a decrease in the incidence of Chikungunya cases in Kerala.<sup>[6]</sup> The work carried out in the above cited article correlates and adds value to the existing data of homoeopathic research.

Use of nosodes, the third method of homoeoprophylaxis, has been practiced for many years but is not typically used by practitioners of classical Homoeopathy. Similar to a conventional vaccine, a homoeopathic nosode is prepared by taking an inactivated disease product and subjecting it to the processes of dilution and succussion, which is found useful in epidemics as evident in the reported results of a large scale homoeoprophylactic intervention against leptospirosis in an epidemic situation in three provinces of Cuba in 2007.<sup>[7]</sup> Homoeopathic nosode

is efficacious both as prophylactic and in treating infectious diseases as evident from another study conducted by Richardson Boedler in 1994 wherein he experimented with a prescribed dose of isode of HIV infected patients following which T-cell count had not dropped in that particular month of prescription.<sup>[8]</sup>

A definite set of rules have been laid down for the preparation of these nosodes in the Homoeopathic Pharmacopoeias of India, Britain, United States, Germany and France. Over the years, there has been a sea change in both knowledge and technology and to use this technological advancement in revising the existing 'nosode preparation methods' and introducing newer ones is a challenge. WHO has also drawn attention about the safety of homoeopathic drugs prepared from biological material.<sup>[9]</sup> In the paper on "Scientific method of preparing homoeopathic nosodes", illustrated inside, an attempt has been made by the author to standardize the method of preparation of nosodes using modern technology and lays down guidelines for the same. He has also argued that drug proving of these nosodes is not necessary and drugs can be used on the basis of their known microbiological effects and pathogenesis as majority of nosodes are not used on the basis of their provings.<sup>[10]</sup> This research paper opens a debate about the method of preparation of nosodes, requirement of preclinical studies to ensure safety and drug proving methods according to homoeopathic principles.

Further, homoeopathic practitioners are required to be given adequate training in public health. To determine the role of Homoeopathy practitioners and educators as to how to overcome the barriers of delivering effective HIV/AIDS education and prevention in their practices, a two day module of HIV education was developed for the homoeopathic and ayurvedic doctors. The paper "Effectiveness of train the trainer Module in Delivery of HIV Prevention Messages in Homoeopathy and Ayurveda Practitioners" presented in this issue evaluates the efficacy analysis of this module.<sup>[11]</sup>

We hope this issue will evoke an inquisitiveness

in our readers for the unexplored areas of homoeopathic research.

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