

ORIGINAL PAPER

Homeopathic treatment of patients with influenza-like illness during the 2009 A/H1N1 influenza pandemic in India

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Introduction: We conducted a prospective, multi-centre, data collection survey of homeopathic practice in treatment of influenza-like illness in India during the 2009 pandemic of A/H1N1 influenza ('swine flu', SF).

Aims: To survey the practice of homeopathic practitioners in India in the management of SF, with respect to: (a) patients' symptoms at presentation and at follow-up (FU) consultation; (b) homeopathic medicines prescribed.

Methods: Data collection took place from October 2009 to February 2010, at the peak of the pandemic. All patients satisfying the minimum diagnostic symptoms of SF were eligible for inclusion. Data per appointment (in person or by telephone) were recorded by practitioners in spreadsheet format. All records were anonymised and included: whether patient was immunised against A/H1N1; influenza symptoms at consultation; the homeopathic medicine/s prescribed; whether antiviral medicine prescribed.

Results: Twenty-three homeopathic 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 these first appointments, the most frequently prescribed being *Arsenicum album* ($n = 265$; 23.5%). For a total of 99 FU appointments with valid SF symptoms, *Arsenicum album* was prescribed most frequently overall ($n = 28$; 28.0%).

Conclusions: In our sample, the 2009 A/H1N1 influenza pandemic in India was characterised by several prominent symptoms and symptom/medicine associations, particularly temperature $>38^{\circ}\text{C}$ + cough + runny nose, associated with *Arsenicum album*. Future studies should collect additional keynote prescribing symptoms that influence the choice of homeopathic medicine. *Homeopathy* (2013) 102, 187–192.

Keywords: Homeopathy; 2009 A/H1N1; swine flu; influenza-like illness; pandemic; data collection survey; India

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Introduction

In late April 2009, a novel variant of swine influenza virus A/H1N1, with rapid person-to-person transmission, appeared and spread rapidly. On 29 April that year, the World Health Organization (WHO) raised the influenza pandemic

alert to phase 5, signalling that a pandemic was imminent and, on 11 June 2009, declared the pandemic of what came to be known as 'swine flu' (SF). Testing ultimately revealed that the 2009 A/H1N1 virus was a 'quadruple reassortant' virus with gene segments originating from North American swine and avian influenza virus, a human influenza virus, and two segments from viruses normally found in swine in Asia and Europe. Available vaccines were not protective.¹

Homeopathy had been used, with apparent success, in influenza pandemics such as those of 1918 ('Spanish' flu),² 1951³ and 1957 ('Asian' flu),⁴ but there are no recent data. In India, homeopathy is popular and widely used, patients with acute day-to-day medical problems often consulting homeopaths both in the Governmental and in the private sector. Currently in India, there is a total of over 200,000 registered university-qualified homeopathic practitioners⁵ and, on popular demand, about 7000 homeopathic clinics are established in the Government's primary health centres.⁶ A study by Manchanda and Kulashreshtha⁷ revealed that the most frequent consultations (22%) for homeopathic treatment in primary healthcare were for respiratory tract complaints (ICD 9: 460–519), including influenza-like illness (ILI).

During 2009–10, India was affected by the A/H1N1 influenza pandemic. Surveying the use of homeopathy internationally in epidemic or pandemic influenza is one *raison d'être* of the International Scientific Committee for Homeopathic Investigations (ISCHI). In the Indian context of rapidly increasing numbers of cases of SF, therefore, ISCHI established a multi-centre, prospective, data collection survey of the routine practice of primary-care homeopathic practitioners in the treatment of ILI symptoms, suggestive of SF.

Study aim

To survey the practice of a volunteer group of homeopathically qualified practitioners in India in the primary-care management of symptoms of 2009 A/H1N1 influenza and ILI and their associated complications, with respect to: (a) patients' symptoms at presentation and at follow-up (FU) consultation; (b) the homeopathic medicines prescribed.

Methods

Study period & participants

The Central Council for Research in Homeopathy (CCRH) recruited practicing homeopathic physicians from regions where diagnosed cases of 2009 A/H1N1 influenza were being reported. Practitioners were eligible to take part if they worked in primary medical care and held a legally recognised qualification in homeopathy in India; the national organisers in India (CN, RKM) were responsible for ensuring that these eligibility criteria were met. Practitioners were not paid for their input; their names are listed in Acknowledgements.

Data collection began on 1 October 2009. It was intended that the project would run continuously to 31 March

2010, the period of the expected resurgence of the 2009 A/H1N1 pandemic in the northern hemisphere. During this period, the pandemic was at its peak in India.⁸ However, the pandemic diminished markedly in much of the northern hemisphere, including India, during January 2010;⁷ data collection was therefore discontinued on 28 February 2010.

Patients

All patients satisfying the accepted symptoms of 2009 A/H1N1 influenza (on the day of consultation or in the most recent 5 days) were eligible for data collection.

Inclusion criteria

The following symptoms were defined as the minimum diagnostic criteria for ILI:

Sudden fever >38°C (100.4 F) and two or more of the following:

- New cough
- Headache
- Sore throat
- Limb or joint pain
- Runny nose
- Extreme tiredness
- Diarrhoea or vomiting.

Data

Data per appointment (in person or by telephone) were recorded by the practitioner on a dedicated *Excel* spreadsheet (designed by ESB). Each record (one row per consecutive consultation) comprised data under the following column headings:

- Consecutive row number
- Consultation date
- Telephone or in-person consultation
- Whether new or FU consultation for flu or its complications
- Unique patient identification (*anonymised except to practitioner*)
- Patient's age
- Presence of serious underlying disease or condition
- Whether patient immunised for 2009 A/H1N1. If yes, date
- Date of onset of flu symptoms
- Whether laboratory-confirmed 2009 A/H1N1
- Flu symptoms at this consultation
- Homeopathic medicine/s prescribed at this consultation
- Whether antiviral medicine (e.g. oseltamivir) prescribed
- Whether other conventional medicine/s prescribed.

For post-influenza complications only:

- Complications of flu at this consultation
- Time since original flu symptoms resolved.

Practitioners were encouraged, but were not required, to obtain and record follow-up information from each patient they treated. Normal practice procedures were always retained. Under these circumstances, research ethics approval

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