

COVID-19 Pneumonia: A Potential Role of Homeopathy

Alfonso Tramontana¹

¹Department of Physical and Rehabilitation Medicine, University Rey Juan Carlos, Calle Tulipán, Móstoles, Madrid, Spain

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Address for correspondence Alfonso Tramontana, MD, PhD, Department of Physical and Rehabilitation Medicine, University Rey Juan Carlos, Calle Tulipán, s/n, 28933 Móstoles, Madrid, Spain (e-mail: altramontana75@gmail.com).

I am pleased to submit for your attention this letter about the potential employment of homeopathy in the treatment of coronavirus disease 2019 (COVID-19). This observation stems from the evaluation of meaningful evidence: one of the main alterations in patients with COVID-19 is interstitial pneumonia with an abnormal hyperergic response of the immune system. This specific kind of pneumonia is the regular viral infection of the lungs and it is not a distinguishing type derived from a new kind of virus.¹ In fact, considering the pathology classification of pneumonia processes, it is clear that there are significant factors which set apart a bacterial pneumonia and a viral pneumonia. Bacterial pneumonia produces acute alveolar damage and alveolar infiltration; on the other hand, viral pneumonia is always characterized by interstitial infiltration and it compromises the compliance function of the lung. In patients with COVID-19, the typical data show a hyperergic immune response and not an interstitial inhibition of the lung. In many cases, the conventional therapies administered until now have not improved the interstitial edema. It is still not clear how to produce an effective and safe immunosuppressive effect to treat the hyperergic pathological immune response due to COVID-19. The strategy for treating patients who exhibit such symptoms is not clear-cut.

In examining the state-of-the-art scientific literature, there is a dispute over an absolute treatment that would work for almost everyone. For example, some studies have highlighted relevant side effects in patients who have been affected after receiving immunosuppressors and interleukin-based therapies.^{2–6} One of these side effects is cytokine release syndrome, which refers to an uncontrolled and overwhelming release of pro-inflammatory mediators by an overly activated immune system. Other authors underline that in most cases anti-viral therapy alone may be inadequate. Therapies based on corticosteroids and serotherapy are not clearly stated. More than half of SARS

patients treated with corticosteroids suffer from joint pain and bone marrow abnormalities. Other therapies aiming to dampen excessive serum inflammatory mediators, such as plasmapheresis or continuous renal replacement therapy, either require specific equipment or lack documented efficacy. An important limitation to the administration of the therapies tested so far is that they do not always interact well with the drugs that patients with pre-existing medical conditions were taking.

I am specialized in Thoracic Surgery and Physical & Rehabilitation Medicine. I have treated many interstitial pneumonia cases and I also studied their anatomical pathology in cadaveric dissections.⁷ During these years of clinical practice, I integrated three homeopathic medicines, *Arsenicum album*, *Stannum*, and *Ribes nigrum*. When treating patients with such a disease, I found that they were quite beneficial. The patients with interstitial restrictive pneumonia who did not respond well to previous conventional therapy improved greatly, both in subjective symptoms and functional respiratory outcomes. The rational use of these remedies could be effective,⁸ considering that *Ribes* produces an effect similar to cortisone and can reduce both the inflammatory response and the hyperergic immune response. According to materia medica reports on *Stannum*, “Debility is very marked when *Stannum* is the remedy, especially the debility of chronic bronchial and pulmonary conditions, characterized by profuse muco-purulent discharges”. And on *Arsenicum album*: “Air passages constricted. Asthma worse at night. Burning in chest. Suffocative catarrh. Cough worse after midnight; worse if lying on the back. Expectoration. Wheezing respiration”.

In conclusion, in the hopes that my letter might evoke an experimental clinical trial, my suggestion is that the association of these homeopathic medicines with conventional therapies may potentially improve the pneumonia in COVID-19 non-responder patients, especially in the early stages of the disease.

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Rüdigerstraße 14,
70469 Stuttgart, Germany

Conflict of Interest

The author declares no conflict of interest with any financial organization regarding the topic discussed in the manuscript.

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