



Homoeopathy & MPox

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Abstract:

When we discuss homoeopathy, invariably the infections dealing drugs are an integral part of homoeopathic materia medica. Out of the leading infection dealing drugs of homoeopathic materia medica, the nosodes are the drugs that the article discusses. Nosodes are those drugs in homoeopathy which are prepared from the disease related products or organisms.

The article looks into the scientific aspects of the infection dealing drugs. The future use of the drugs in the Communicable Disease like Mpox on a large scale will only benefit the masses. The drugs are cost effective, therapeutically active with no side effects & these properties only augur well for large scale application of homoeopathy.

For the benefit of the masses, the homoeopathic perspective, use & a treatment protocol is described. The authority books of homoeopathic materia medica & the encyclopedia of homoeopathy are referred in the article.

Key Words- Materia Medica, Mother Tincture, Mpox, Orthopox virus

Introduction

In 1958 in Denmark, outbreaks of a strange smallpox like disease occurred in colonies of monkeys kept for research purposes in a laboratory. Hence the name of the disease was given 'Monkeypox'. The first human case occurred in a nine year old boy in the country Democratic Republic of Congo (DRC) in 1970. Currently the disease is known as Mpox.^{1, 13,14}

WHO wants the name monkeypox to be phased out as it was leading to racist & stigmatizing language. Therefore, the new name of the disease is Mpox.^{1-7,13,14}

On 14th August 2024, the WHO determined that the upsurge of Mpox in DRC & a growing number of countries in Africa constitutes a Public Health Emergency of International Concern (PHEIC) under the international Health Regulations (IHR) in 2005. Mpox multi country outbreak occurred in 2022. The clade 1b (MpoxV) outbreak began in September 2023 in the DRC. Burundi, Kenya, Rwanda & Uganda have reported their first Mpox cases. In all these cases, Mpox has been identified. Based on the epidemiological data, it is seen that this clade spreads through close physical contacts such as sexual contact. Additionally, Cote d'Ivoire reported cases of clade 2 mpox for the first time since the outbreak in 2022.^{1,13,14}

Mpox moves slower than the novel corona virus but can be deadly depending upon the strain. Hence, Sweden & Pakistan have reported one case each in the month of August 2024. The latest strain is clade 1b, an offshoot of clade 1. Clade 2b prompted the previous WHO global warning in 2022. This variant spreads through sexual contact. The July 2022 outbreak affected 10 million gay & bi-sexual men in 116 countries including India with 27 cases & one death.^{1-7, 13,14}

Clade 1b spreads faster & is more fatal. Clade 2 with a West Africa origin has a fatality rate of up to 1% whereas clade 2 has a fatality rate of up to 10%. There have been 27,000 cases & more than 1,100 deaths primarily among children

in DRC Since the outbreak in January 2023. The year 2024 accounts for half of those cases & deaths. The rise in cases & mortalities was compounded by the spread to countries like Burundi, Kenya, Rwanda & Uganda.^{1-7, 13,14}

The African Centre for Disease Control & Prevention (CDC) informs that a total of 18,737 confirmed cases of Mpox are in Africa since the beginning of 2024. There have been 541 deaths which means a fatality rate of 2.89%. DRC reported 24 deaths in one week in August 2024 (11-18).^{1-7,13,14}

The position of the country of DRC regarding Mpox is a global concern because of the country's ongoing struggle with internal conflict & health infrastructure challenges. Currently, in DRC, the epidemiology of the disease rapidly shifted to affect children U15 years that constitute 60% of all cases & 80% of all deaths. Among these deaths, the largest Case Fatality Rate (CFR) is in children U1 year.^{1-7,13,14}

A recent pre print analyzing 58 genome sequences of Mpox suggests three potential clusters thus driving the spread of infection in the DRC. Both analyses suggest a significant number of APOBEC3 induced mutations. This mutation confirms a significant human to human transmission.^{1-7,13,14}

Literature Review

Mpox belongs to the same family of viruses as smallpox. The disease causes rashes, blisters or sores that may last for 2 to 4 weeks. The disease is Infectious till all the blisters have crusted over, scabs have fallen off & a new layer of skin formed underneath & all lesions of eye & body have healed. Number of sores can range from 1 to several thousands. Similarly, the patient complains of fever, headache, muscle pain, back pain, low energy & swollen lymph nodes or glands. The blisters can occur in the face, palms, soles of feet, groin, genital, anal regions, mouth, throat & eyes. The symptoms usually wean away on their own within a few weeks with painkillers & antipyretics. In immune compromised people, mpox can lead to complications & can be fatal. A person can be re-infected as well.^{1-7,13,14}

Mpox spreads slower than COVID. Mpox virus spreads through close contact with infected people. Close contacts means being face to face while talking or breathing close enough for carrying droplets. Further, skin to skin contact that includes sexual contact, mouth to mouth contact, mouth to skin contact becomes the potential risk factors.^{1-7,13,14}

Another spread is through from infected animals like monkeys & rodents when they bite or scratch. Skinning such animals or eating their meat when not thoroughly cooked exposes a person to the disease. Further, people with low or with compromised immunity are at a higher risk of developing severe Mpox or die.^{1-7,13,14}

Severe cases of Mpox are to be hospitalized, supportive care, anti-virals are given to reduce severity of lesions & fast recovery. The High Risk (HR) cases are those having diabetes, heart diseases, newborn babies, children, pregnancy, HIV & low immunity. The following table gives a brief about the history of the disease.^{1-7,13,14}

Table 1- History of cases & endemicity of Mpox^{8,9,10}

Time period	Number of cases	Number of Endemic Countries
1970-1990	412	8
1991-1999	515	2
2000-2009	116	3 & 1 non endemic
2010-2018	430	6 & 1 non endemic

During this period, in the year 2003, there was an outbreak in the United States. Further, during the period from December 2021 to May 1 2022, there were 1315 cases with 4 endemic areas. During May 6th to August 10th of 2022, there were 33,409 cases with 8 endemic areas & 80non-endemic areas.^{8,9,10}

Analysis of the transmission of the disease shows that among human to human type, 95% are through sex & only 5% are through close contact like skin to skin & respiratory droplets.^{8,11}

Among gender, 98% males contract the disease where as only 2% females has the disease.^{8,11}

From among confirmed cases, Patients with HIV status constitute 60% of the disease holders where as 40% are with HIV+ status.^{8,11}

Case severity analysis shows that non serious constitute 94%, hospitalization cases are 5% and death only 1%.^{8,11}

Medicines & Vaccines

The European Medicine Agency (EMA) permitted the use of ‘Tecovirimat’, an antiviral that was used to treat the now eradicated ‘smallpox’. WHO however advises this medicine for rare cases only.^{1-7,13,14}

Regarding prevention, there are three vaccines for Mpox. These are Modified vaccinia Ankara- Bavarian Nordic (MVA-BN), Listre Strain of Vaccinia (LC16m8) & Orthopox Virus Vaccine. These vaccines were also developed to deal with smallpox. Here again, WHO has not advised for mass vaccinations & instead the use of the vaccines is restricted for those at Higher Risk (HR).^{1-7,13,14}

An analysis of the vaccine profile regarding accessibility & mortality in 2022 shows that 35 countries received vaccines & none of the African countries received any vaccine. On mortality front, there were 70 deaths in 3,000 cases in endemic countries & 5 deaths in the 30,000 cases in countries with vaccines.^{8,12,13,14}

Homoeopathic Integration

The total duration of the disease is 2 to 4 weeks. Hence, this is an acute miasm in the homoeopathic perspective. Miasms are disease causing dynamic influences that are infectious in nature. Here, the target should be to have zero mortality.¹³⁻¹⁵

One approach should be to address the low risk cases & an aggressive approach for the high risk cases.

One drug that should be the front runner is ‘Variolinum’ since Mpox is related to the smallpox virus. This drug is not only curative but also preventive. For prevention, daily two doses for a week are to be taken by each individual.¹³⁻¹⁵

For low risk cases, the medicines can be ‘Echinacea’, ‘Azadirachta Indica’, ‘Saraccenia’, ‘Antipyrinum’, ‘Pyrogen’, ‘Cantharis’, ‘Rhus Ven’, ‘Mancinella’, ‘Caltha Palustris’, ‘China’, ‘Vaccinia’, ‘Bothrops’, ‘Crotalus Horridus’, ‘Mezereum’, ‘Calcarea Flour’, ‘Lapis Alba’, ‘Scrophularia Nodosa’, ‘Alnus Glabra’, ‘Vipera’. The homoeopath can add medicines for fever & chose from the list depending upon the predominant symptoms of the patient from the common group of symptoms mentioned above.¹³⁻¹⁵

For high risk cases, prescribe ‘Pyrogen’ for fever, ‘Bellisper’ for muscle pain, ‘Ova Tosta’ for back pain, ‘Echinacea’ for rashes, ‘Cantharis’ & ‘Rhus Ven’ for blisters, ‘Mezereum’ for healing the scabs, ‘Saraccenia’ to heal the skin, ‘Calendula’ for sores, ‘Calcarea Flour’ & ‘Scrophularia Nodosa’ for glandular inflammation, ‘China’ & ‘Sterculia’ for low energy. All these medicines are to be prescribed every 1 hour from each category. In the first hour, start with the fever medicine & so on. All these are to be continued till the patient recovers. Most of the patients will recover in 2 weeks. Similarly, if any complications arise, appropriate medicines have to be prescribed.¹³⁻¹⁵

Along with these medicines, the underlying condition of the patient has to be addressed. If the patient has diabetes or hypertension or hepatitis or pancreatitis, medicines have to be continued for these conditions as well.

Integration will be a boon for India as currently 15 crores population or 150 millions (projected population is 150 crores or 1500 millions) use homoeopathy & the national AYUSH policy advocates for such integration.¹⁶⁻¹⁸

It should be also noted that homoeopathic treatment nullifies the chances of re-infection in both low risk & high risk category of patients.¹³⁻¹⁵

Conclusion

With new Mpox cases being an obstacle & no effective cure, it is time to look into the homoeopathy system of Ministry of AYUSH that addresses the unreached areas of the current intervention. A long term cost effective, therapeutically effective with no side effects approach can be in place on integration of homoeopathy into the domain of Mpox related interventions.

The integration of homoeopathy into the Mpox related interventions will not only help India but also it will be a successful pilot to deal with Mpox at the global level through adoption of the pilot especially in the Mpox endemic countries. India can set an example in this regard. The intervention related to homoeopathy of AYUSH can also be initiated with the leading stake holders or development partners in India who work on Communicable Diseases (CD).

As homoeopathy has become a part of the culture in India, the intervention will help to deal with the related life style issues of CDs like Mpox. Molecular surveillance could be the best effort for our nation apart from international cooperation & to develop indigenous capacity for vaccine manufacturing before other nations. All of us know that all these processes take time & hence it is wise to use our strength in the form of integration of Homoeopathy into the Mpox interventions. These interventions can be rolled out both at centre & state level.

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Declaration

The lead author declares that the Homoeopathic protocol given here is only suggestive in nature

Conflict of Interest

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