

Online Supplementary Document

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COVID-19 cases treated with classical homeopathy: a retrospective analysis of International Academy of Classical Homeopathy database

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Data records

As per the protocol, we sent emails with an example of the case detail format to the diplomates of the IACH. We received replies from India, Jordan, Romania, Russia, Serbia, Turkey and Ukraine. Of the 782 cases claimed to be treated, 388 had detailed enough data to be recorded (Figure 1). Of the included cases, 209 were from India, 96 were from Ukraine, 32 were from Russia, 28 were from the Czech Republic, 8 were from Slovenia, 7 were from Turkey, 4 were from Romania, 3 were from Jordan, and one was from Serbia (Figure 2).

For the statistical analysis, we considered only 367 cases, as details on age, sex, and severity of diseases were missing in the other cases.

WHO clinical criteria and WHO COVID-19 category

WHO COVID-19: Case Definitions

Updated in Public health surveillance for COVID-19, published 16 December 2020 A

Suspected case of SARS-CoV-2 infection

A. A person who meets the clinical **AND** epidemiological criteria: **Clinical Criteria:**

- Acute onset of fever AND cough; OR
- Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting¹, diarrhoea, altered mental status.

AND

Epidemiological Criteria:

- Residing or working in an **area with high risk of transmission of virus**: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
 - Residing or travel to an **area with community transmission** anytime within the 14 days prior to symptom onset; or
 - Working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior of symptom onset.
- B. A patient with **severe acute respiratory illness**:
(SARI: acute respiratory infection with history of fever or measured fever of $\geq 38\text{ C}^\circ$; and cough; with onset within the last 10 days; and requires hospitalization).
- C. Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT**²

¹ Signs separated with slash (/) are to be counted as one sign.

² NAAT is required for confirmation, see Diagnostic testing for SARS-CoV-2

See Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays

Probable case of SARS-CoV-2 infection

- A. A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case**, or linked to a **COVID-19 cluster**³
- B. A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease⁴
- C. A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.
- D. **Death**, not otherwise explained, in an adult with **respiratory distress** preceding death **AND was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster**³

Confirmed case of SARS-CoV-2 infection

- A. A person with a positive **Nucleic Acid Amplification Test (NAAT)**

- B. A person with a **positive SARS-CoV-2 Antigen-RDT AND** meeting either the **probable case definition or suspect criteria A OR B**
- C. An **asymptomatic person with a positive SARS-CoV-2 Antigen-RDT** who is a **contact of a probable or confirmed case**

³ A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least **one NAAT-confirmed** case or at least **two** epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with **positive Ag- RDTs** (based on $\geq 97\%$ specificity of test and desired $>99.9\%$ probability of at least one positive result being a true positive)

⁴ Typical chest imaging findings suggestive of COVID-19 include the following:

- **Chest radiography:** hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Chest CT:** multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Lung ultrasound:** thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.

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Standardized form with example sent to homeopaths

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Total number of cases treated: 30

Unsuccessful cases (no faster improvement compared to untreated patients): 5

Confirmed cases: 3

Case no	Diagnosis (confirmed case PCR/Ag) (explain symptoms considered for diagnosis)	Homeopathy applied days after first symptoms	No of days to recovery. Describe improvement.	Prescribed remedies, comments on the reaction.
1	Male 43 y.o., M.D., PCR test - Fever 38,5°C, intermittent, periodical, starting every day at around 10PM and lasting most of the night and forenoon. - Fever with chilliness. - Perspiration during fever. - General sore body pains. - Pain in lumbar region.	5	5 (including cough) Felt much better after 8 hours (overnight). Fever	Bryonia 200C Initial aggravation (frequent urination, more thirst, sleepiness) followed by general improvement next morning. Fever in the evening before the remedy: 38,6°C, in the

	<ul style="list-style-type: none"> - Thirst for large quantities. - Dry, cracked lips, peeling off. Dryness in the throat - Dry cough with pain around sternum when coughing. - Crepitation in his right lung (self-examined). - Irritable, does not want to be bothered, asked, approached. 		normal after 8 hours.	<p>morning after the remedy 36,9°C, felt more energetic, less body pains. Much better for the whole day. Relapse of the fever (38,3°C) and fatigue in the evening.</p> <p>Repeated Bry 200C, after 3 hours fever 37,9°C. In the morning 36,6°C. Feels well in general, more energy. No more relapse. Cough disappeared in another 3 days.</p>
2	<p>Female 41 y.o., M.D., PCR</p> <ul style="list-style-type: none"> - Periodical fevers every day from 11 p.m. till morning. - Fever is preceded by chill from 9 p.m. - Very tired, weak and lethargic. - Tired feeling in the eyes > closing them. - Shortness of breath when ascending. - Runny nose with watery discharge, dripping from nose with obstruction at the same time. - Tickling in throat. A little cough from the tickling. - Increased thirst, rather for large quantities at once, desire for warm drinks. - Headache in temples and occiput. 	15 (and not improving)	3 Felt much better overnight. Fever has not appeared since a single dose of the remedy.	<p>Arsenicum album 30C</p> <p>Remedy taken at 10:30 p.m. Aggravation: dizziness, need of sleep.</p> <p>In the morning more energetic and better in general. Sleep was not disturbed by fever compared to previous nights. No more fever since then. All other symptoms disappeared in another 2 days.</p>
3	<p>Male 3 y.o., PCR</p> <ul style="list-style-type: none"> - Sudden rise of fever 38,6°C at around 1 p.m. - Remittent fever 38-38,6°C - No perspiration, only feet a little sticky. - Hot to touch over the whole body. - Thirst for large quantities. 	1	1 (3 hours)	<p>Aconitum 30C</p> <p>Got the remedy in the evening, when the fever was 38°C. After the remedy the boy started sweating. Half an hour after the remedy, the fever was 37,5°C and he asked</p>

	<ul style="list-style-type: none"> - Enuresis (used to have it as a chronic symptom some time ago and now it has come back). - Says is afraid of the night. - No appetite. 			for food. Got “alive” and started running around the house. 2 hours after the remedy fever 37,1°C, and in the morning it was 36,6°C and he did not have any symptoms.
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Probable cases:

Case no	Probable case according to WHO criteria. Explain symptoms considered for diagnosis.	Homeopathy applied days after first symptoms	No of days to recovery. Describe improvement.	Prescribed remedies, comments on the reaction.
1				
2				
3				

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