

# The Experience of an Italian Public Homeopathy Clinic during the COVID-19 Epidemic, March–May 2020

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## Abstract

During the COVID-19 epidemic in Italy, hospital outpatient clinics progressively decreased their activities; in March 2020 they were closed except for emergencies. During this period, the activities of the public Homeopathy Outpatient Clinic of Lucca aimed at guaranteeing therapeutic continuity to patients by means of telephone or video consultations, and searching for homeopathic medicines that best responded to early COVID-19 symptoms. In March 2020, the Complementary Medicine Working Group participated in the organization of a mission of COVID-19 Chinese experts for the online training of professionals working in the Tuscan Healthcare System. The medical staff of the Lucca Clinic also cooperated in telephone health surveillance of infected patients at home, seroprevalence investigations using the capillary blood rapid test, and the implementation of the CLIFICOL (Clinical Files Collection) project.

As *Homeopathy* readers probably know, our Homeopathy Outpatient Clinic has been offering clinical services (as part of the National Public Health System) at the Campo di Marte Hospital, Lucca, Italy, since 1998. The clinical services we offer address multiple conditions: that is, services regarding “General Homeopathic Medicine”, “Homeopathy for Women”, and “Complementary Medicine and Diet in Oncology”. Currently, the Clinic’s staff includes a medical doctor and a gynaecologist, both of whom are expert in homeopathy, an oncologist who is expert in acupuncture and anthroposophical medicine, a further two medical doctors who are expert in acupuncture, and several administrative and nursing personnel.

## Searching for the “Genus Epidemicus”

Since the end of February 2020, our clinical activities progressively decreased as the coronavirus disease 2019 (COVID-19) epidemic was spreading in Italy, and the whole country was subject to quarantine and lockdown safety measures. In detail, on March 11, every outpatient clinic has

been closed in every Italian hospital, except for clinical emergencies. Notwithstanding such safety measures, the overall prevalence of COVID-19 cases has steadily grown so far that, to date (May 18), there are more than 225,000 total cases and 32,000 deaths in Italy. Given this scenario, the aims of our clinic’s activities were twofold: on the one hand, we aimed at guaranteeing therapeutic continuity to patients by means of telephone or video call consultations (with particular attention to cancer patients who required homeopathic support to reduce the adverse effects of conventional anti-cancer therapies); while on the other hand we aimed at searching for those homeopathic remedies that best responded to the early COVID-19 symptoms (i.e., those symptoms which could be observed and analyzed before patients’ hospitalization in high-intensive care units). This clinical study was conducted in partnership with the Lycopodium Association of Homeopathia Europea.

Notably, we studied approximately 50 COVID-19 cases. In the first phase of the study, *Arsenicum album* 30 cH was chosen (in

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line with the indications from the Indian Ministry of AYUSH) and was prescribed to patients with flu symptoms and to those who required homeopathic support to boost their immune system. In the second phase of the study, we focused on the role of *Bryonia alba* and, in several cases, of *Gelsemium sempervirens*. Furthermore, we discussed different treatment approaches with patients suspected of COVID-19: i.e., treatment with the constitutional remedy versus the remedy corresponding to flu symptoms. In the latter case, homeopathic treatment was based on the initial symptoms of the disease: marked asthenia, ageusia, anosmia, or the whole set of symptoms of infection including interstitial pneumonia, respiratory distress, and thromboembolism. Moreover, there was the issue of homeopathic *prevention* of the disease being requested from their homeopathic doctors by many healthy patients, deemed especially necessary by those in close contact with COVID-19-positive individuals. At the same time, we activated webinars and video conferences for colleagues and patients, as well as a broad e-mail dissemination of the preliminary findings of similar works performed by international homeopathy organizations such as ECH (European Committee for Homeopathy) and LMHI (Liga Medicorum Homoeopathica Internationalis).

### **The Mission of Chinese Experts in Tuscany**

At the end of March, the Tuscan Health Directorate asked the Complementary Medicine Working Group to participate in the organization and management of a mission of COVID-19 experts from the Chinese province of Fujian. This also included the organization of a 5-day online training and refresher activity for health professionals of the Tuscan Healthcare System, specifically addressing COVID-19 prevention, treatment and patient rehabilitation. Chinese health professionals' expertise in the management of the epidemic did help the Tuscan Healthcare System to develop the best conditions to face the dramatic impact of COVID-19 on the general population.

### **Telephone Health Surveillance of Infected Patients at Home**

While offering remote assistance continuity to our clinic's patients, the Office for Public Hygiene of Lucca asked us to collaborate with the telephone health surveillance of asymptomatic and pauci-symptomatic COVID-19 patients who were confined at home. Patients' health status was strictly monitored and, in case of a worsening condition, medical or home examinations were performed by the Special Units of Continuity of Care. In addition, patients' family members and

close contacts were tracked, and nasopharyngeal swabs or serological tests were prescribed.

### **Anti-COVID-19 Seroprevalence Investigations with the Capillary Blood Rapid Test**

In mid-April, a serological rapid screening campaign was launched in Tuscany. Notably, the campaign did not only involve the medical and administrative staff of the Hospital, but also their families and close contacts with a recent history of flu symptoms. From April 20 to May 6, more than 500 capillary blood rapid tests (i.e., from blood obtained by finger pricking) were performed and revealed approximately 1.75% of subjects with positive IgG. To date, approximately 140,000 rapid tests have been performed, revealing approximately 3.6% IgG-positive results. Indeed, our Homeopathy Outpatient Clinic was requested to cooperate in such activities.

### **Collaboration in the CLIFICOL Project**

Our clinic has also been actively collaborating in the development of the Clinical Files Collection (CLIFICOL) project: that is, a clinical homeopathy database being set up by integrating comprehensive and scientifically verified medical documentation. This powerful tool has been designed to centralize and manage multiple databases, each of them storing thousands of clinical records. The clinical case reports may be sent anonymously via the <https://clificol.net/en> website or via the WinCHIP software. The project was born several years ago and has recently been updated to include COVID-19 cases and to collect all current data concerning the epidemic, to clinically monitor the efficacy of homeopathic remedies in this (or possibly another) epidemic.

### **Concluding Comments**

During the unique COVID-19 pandemic, our clinic could not prescribe homeopathic remedies widely, systematically, and officially in the public health care system due to the absence of solid scientific evidence in their support. However, we could prescribe homeopathic treatment, with good results, in the private practice setting and, meanwhile, working with important involvement in the regional health care system, accumulating a wealth of knowledge and experience. This expertise might be extremely useful in facing a new epidemic wave, whose onset is expected in autumn 2020, as well as a possible new viral epidemic in the later future. We fervently hope that the latter will never happen, though we have important concerns for it, given the climate emergency and the growing global social inequalities that paved the way for the COVID-19 tragedy.