

Homeopathic Treatment Protocol for Corona Virus

Dr Neal Ratan Agarwala

The pathogen we are discussing here is known as SARS-Cov-2 and the infection which it causes is called Covid-19.

Coronaviruses are enveloped, positive-stranded RNA viruses which have the largest genome of all the viruses. Like most RNA viruses they regularly engage in recombination of their genetic code, i.e., they continually make new variants of themselves. Viruses are one of the most highly adaptable organisms on this planet.

The only real treatment for viral infections that has been developed by western medicine is the creation of vaccines. Unfortunately vaccines for new viruses generally take a year or so to develop (which is why a Covid-19 vaccine is expected to take awhile to come and will most probably be, like the original SARS vaccine, which was only partially effective). And because viral organisms (such as influenza) tend to continually rearrange their genome, new vaccines for things like the flu have to be made every year. Viral pathogens are almost always far harder to deal with using western medical paradigms than bacteria (which are themselves proving harder to rationally control than originally believed).

There are an increasing number of known corona viruses, as new mutations are being reported, and some of them are known to infect humans. The first one that raised serious international concern was SARS (Sudden Acute Respiratory Syndrome). The new, pandemic COVID-19 is a very close relative of SARS coronavirus, which is why it's called SARS-Cov-2. As with the original SARS virus, it is a serious pathogen when it begins to spread among large numbers of people.

Unfortunately, SARS-Cov-2 is a far more aggressive pathogen than the original SARS virus. An analysis of the first 75,000 people who were infected found that it has a mortality rate of approximately 2.3%, making it around 23 times more fatal than seasonal flu infections (which is why a worldwide pandemic is very serious indeed). Like influenza virus this virus also primarily affects the lungs and is spread most often through respiratory droplets, though direct contact with body secretions can also transmit it.

ACE-2 is a type-1 transmembrane metalloprotease with a homology to ACE, an enzyme which is long-known to be a key player in the Renin-Angiotensin system (RAS) and a target for the treatment of hypertension. It is mainly expressed in vascular endothelial cells, the renal tubular epithelium, and in Leydig cells in the testes. PCR analysis revealed that ACE-2 is also expressed in the lung, kidneys, and gastrointestinal tract, and hence these tissues are shown to harbor SARS-CoV. The major substrate for ACE-2 is Angiotensin II. ACE-2 degrades Angiotensin II to generate Angiotensin 1-7, thereby, negatively regulating Renin-Angiotensin system (RAS). ACE-2 has also been shown to exhibit a protective function in the cardiovascular system and other organs.

Just like the majority of respiratory viruses, this virus also stimulates coughing and sneezing which enables the virus to find more hosts. (Many people who are infected have minor or no symptoms, so that they act as stealth carriers, spreading the virus throughout the population.) Unfortunately, the virus can also survive for a relatively long time on

most surfaces, thus being transmitted in some cases by touch.

SARS and MERS (Middle East Respiratory Syndrome, caused by a related viral pathogen known as coronavirus) also tend to infect the GI tract in people who become ill. Around a quarter of those infected develop a rather intense diarrhea. Early studies of the new virus have found viral particles in stool samples which indicates it might also spread via feces (as SARS and MERS do) and most likely in urine (again like SARS and MERS).

SARS, Cov-2 has a distinct three-stage impact on the lung's parenchyma tissues, once someone is infected: the initial infection allows for viral replication, and the immune response which can include in more serious cases the immune hyper-reactivity, and relatively minor to very severe pulmonary damage. Whereas most infections tend to be very much like the flu. Most people will in fact believe themselves to have the flu and not a coronavirus infection. In reality, Cov-19 infections for around three quarters of those infected will remain relatively mild. Only about 18% of those infected might experience a severe infection. Most of those will be of older age, that is people whose immune systems have aged over time; or the people with compromised immune systems; and people with existing disease conditions such as COPD.

Here is what SARS Cov-2 infection do in the lungs. Once this virus is in the lungs the virus infects specific cells, like the **cilia**. The cilia are like fine tiny hairs. They protrude from the cells in airway passage of the lungs and continually move like waves on the ocean. They move the mucus and the particulate matter up and out of the lungs.

During this infection, the SARS Cov-2 viruses often **kills the cilia** they infect which allows the debris and the fluids to build up in the lungs (which is known as pneumonia). When the

infection becomes this serious, the immune system can become highly activated. This sends large numbers of immune cells to the lungs to stop the infection, to clear out the debris, and to heal the tissues.

During this infection the affected cells sends out chemical messenger molecules which (there are a variety of them with different names) can be grouped together under a single name of cytokines. (In reality, they are all messenger molecules that do the stuffs in the body during an infection.)

When the SARS Cov-2 virus finds its preferred cells it uses very specific and evolutionarily ancient strategies to get inside those cells, take them over, and use their structures to reproduce. Then it breaks the cells open, releasing new viruses into the body which can go on to infect the other cells, and so on. Along the way it stimulates coughing, which spreads the virus out and hence infects more people by coming in contact with new hosts.

It is important to realize that viruses are some of the oldest living things on this planet (despite this many biologists continue to insist viruses are not "alive," which as anyone with a brain can plainly see is inaccurate).

Viruses are billions of years old. As such, they are exceptionally good at what they do, and, just like all living things, they learn as they go, adapting new behaviors along the way.

In comparison, the plants are only one billion years old, and the complex land plants are around 300 million years old. In contrast our most ancient hominid ancestor are at most 1-2 million years old, our species in the form it is now is only around 35,000 years old. Western medicine is (at a liberal estimate) is about 200 hundred years old. Its knowledge about viral pathogens and infections is only 50 years old. And many a times

have failed to provide vaccines against many of the known viruses.

Written records about medicinal plants are at least 5,000 years old. Whereas archeological studies have shown that the herbal medicinal plants on this planet Earth are since around 60,000 years ago. Lectins are made in the medicinal plants in the same way as antibodies are made in our body.

Almost all pathogens are sophisticated and advanced in modulating human cytokines to achieve their goal. They have learned how to circumvent many of our normal immune responses to facilitate their entry into the body, their reproduction and their release into new hosts. Often the elderly and those with compromised immune systems are unable to adequately react against these viral infections; They soon get overwhelmed.

Natural Homeopathic Treatment Protocols for SARS-group of Viral Infections, Including COV-19

The rationale here is to select the herbs and plants plant based Homeopathic mother tinctures that will counteract the actions of the SARS-group of viruses, and have a tradition of use for such kinds of viral infections. .

Homeopathic mother tinctures selected from plants and herbs that have the following functions:

- 1) Plants specifically antiviral for the SARS-group of viruses and are also effective as antivirals for corona-viruses as a group.
- 2) Blocks the viral attachment to ACE-2 linkages.
- 3) Lowers ANG2
- 4) Anti-Fibrotic and hence protects the lungs from fibrosis

5) Reduces autoimmunity and increases healthy immune function

6) Reduces Inter Leukin-1beta

7) Modulates cytokine responses

8) Regulates HMGB-1

9) Increases Interferon Alfa

10) HAS-2 Inhibitor

11) Increases T-Cell count

12) Lowers TGF

13) Protects the cilia

14) Protects lungs parenchyma from hypoxia

15) Protects endothelial cells

16) Protects spleen and lymphatic system

17) Stimulates Dendritic Cell maturation

18) Anti-coagulant

Conclusion:

Since no one particular herb or medicine can cover all the above 18 criteria's. As per the present study one particular herbs can cover a minimum of one criteria and a maximum of 6 criteria. Hence we need a combination of herbs or medicines to cover all the above 18 criteria's. Here we need to mix a number of homeopathic mother tinctures to form a combination, which will cover all the above 18 parameters, and hence we can benefit from them.

For your good health

Dr. Neal Ratan Agarwala

BHMS (Calcutta University)

DBMS, MD(Bio), PGDPC, MS(Psycho),

Graphotherapy & NLP(USA)

Dr Agarwala Medical

21 Rabindra Sarani Liluah

Howrah 711204 WB India

References:

Keyaerts, Els et al. "Plant lectins are potent inhibitors of coronaviruses by interfering with two targets in the viral replication cycle." *Antiviral research* vol. 75,3 (2007): 179-87. doi:10.1016/j.antiviral.2007.03.003

Li, Shi-You et al. "Identification of natural compounds with antiviral activities against SARS-associated coronavirus." *Antiviral research* vol. 67,1 (2005): 18-23. doi:10.1016/j.antiviral.2005.02.007

Samuels N. Herbal remedies and anticoagulant therapy. *Thromb Haemost.* 2005;93(1):3-7. doi:10.1160/TH04-05-0285

Li, Shi-You & Chen, Cong & Zhang, Hai-Qing & Guo, Hai-Yan & Wang, Hui & Wang, Lin & Zhang, Xiang & Hua, Shi-Neng & Yu, Jun & Xiao, Pei-Gen & Li, Rong-Song & Tan, Xuehai. (2005). Identification of natural compounds with antiviral activities against SARS-associated coronavirus. *Antiviral research.* 67. 18-23. 10.1016/j.antiviral.2005.02.007.

Wen, Chih-Chun & Kuo, Yueh-Hsiung & Jan, Jia-Tsong & Liang, po-huang & Wang, Sheng-Yang

& Liu, Hong-Gi & Lee, Ching-Kuo & Chang, Shang-Tzen & Kuo, Chih-Jung & Lee, Shoen-Sheng & Hou, Chia-Chung & Hsiao, Pei-Wen & Chien, Shih-Chang & Shyur, Lie-Fen & Yang, Ning-Sun. (2007). Specific Plant Terpenoids and Lignoids Possess Potent Antiviral Activities against Severe Acute Respiratory Syndrome Coronavirus. *Journal of medicinal chemistry.* 50. 4087-95. 10.1021/jm070295s.

<http://www.hdbiosciences.com/Download/Identification%20of%20natural%20compounds%20with%20antiviral%20activities%20against%20SARS-associated%20coronavirus.pdf>

Kotwal GJ, Kaczmarek JN, Leivers S (2005) Anti-HIV, anti-poxvirus, and anti-SARS activity of a nontoxic, acidic plant extract from the *Trifolium* species *Secomet-V/anti-vac* suggests that it contains a novel broad-spectrum antiviral. *Ann N Y Acad Sci* 1056:293–302

Li SY, Chen C, Zhang HQ et al (2005a) Identification of natural compounds with antiviral activities against SARS-associated coronavirus. *Antiviral Res* 67:18–23

Yi L, Li Z, Yuan K, Qu X et al (2004) Small molecules blocking the entry of severe acute respiratory syndrome coronavirus into host cells. *J Virol* 78:11334–11339

Liu X, Zhang M, He L, Li Y. Chinese herbs combined with Western medicine for severe acute respiratory syndrome (SARS). *Cochrane Database Syst Rev.* 2012;10(10):CD004882. Published 2012 Oct 17. doi:10.1002/14651858.CD004882.pub3

Ho TY, Wu SL, Chen JC, Li CC, Hsiang CY. Emodin blocks the SARS coronavirus spike protein and angiotensin-converting enzyme 2 interaction. *Antiviral Res.* 2007;74(2):92-101. doi:10.1016/j.antiviral.2006.04.014

Chen F, Chan KH, Jiang Y, et al. In vitro susceptibility of 10 clinical isolates of SARS coronavirus to selected antiviral compounds. *J Clin Virol.* 2004;31(1):69-75. doi:10.1016/j.jcv.2004.03.003

Chen CJ, Michaelis M, Hsu HK, et al. Toona sinensis Roem tender leaf extract inhibits SARS coronavirus replication. *J Ethnopharmacol.* 2008;120(1):108-111. doi:10.1016/j.jep.2008.07.048

Wen CC, Shyur LF, Jan JT, et al. Traditional Chinese medicine herbal extracts of Cibotium barometz, Gentiana scabra, Dioscorea batatas, Cassia tora, and Taxillus chinensis inhibit SARS-CoV replication. *J Tradit Complement Med.* 2011;1(1):41-50. doi:10.1016/s2225-4110(16)30055-4

Luo H, Tang QL, Shang YX, et al. Can Chinese Medicine Be Used for Prevention of Corona Virus Disease 2019 (COVID-19)? A Review of Historical Classics, Research Evidence and Current Prevention Programs. *Chin J Integr Med.* 2020;26(4):243-250. doi:10.1007/s11655-020-3192-6

Schwarz S, Sauter D, Wang K, et al. Kaempferol derivatives as antiviral drugs against the 3a channel protein of coronavirus. *Planta Med.* 2014;80(2-3):177-182. doi:10.1055/s-0033-1360277

Zhang T, Chen D. Anticomplementary principles of a Chinese multiterb remedy for the treatment and prevention of SARS. *J Ethnopharmacol.* 2008;117(2):351-361. doi:10.1016/j.jep.2008.02.012

Leung PC. The efficacy of Chinese medicine for SARS: a review of Chinese publications after the crisis. *Am J Chin Med.* 2007;35(4):575-581. doi:10.1142/S0192415X07005077

Ren X, Shao XX, Li XX, et al. Identifying potential treatments of COVID-19 from Traditional Chinese Medicine (TCM) by using a data-driven approach. *J Ethnopharmacol.* 2020;258:112932. doi:10.1016/j.jep.2020.112932

Niu M, Wang RL, Wang ZX, et al. *Zhongguo Zhong Yao Za Zhi.* 2020;45(6):1213-1218. doi:10.19540/j.cnki.cjcm.20200206.501

Yan DX, Yu XP, Shi KH, Song WB, Zhang HY, Wei JL. *Zhong Xi Yi Jie He Xue Bao.* 2004;2(4):241-244. doi:10.3736/jcim20040401

Jiang YY, Wnag RB, Liu JM. *Zhongguo Zhong Xi Yi Jie He Za Zhi.* 2004;24(6):514-516.

Schwarz S, Sauter D, Wang K, et al. Kaempferol derivatives as antiviral drugs against the 3a channel protein of coronavirus. *Planta Med.* 2014;80(2-3):177-182. doi:10.1055/s-0033-1360277

Zhang L, Yu J, Zhou Y, Shen M, Sun L. Becoming a Faithful Defender: Traditional Chinese Medicine against Coronavirus Disease 2019 (COVID-19). *Am J Chin Med.* 2020;48(4):763-777. doi:10.1142/S0192415X2050038X

Ang L, Lee HW, Kim A, Lee JA, Zhang J, Lee MS. Herbal medicine for treatment of children diagnosed with COVID-19: A review of guidelines. *Complement Ther Clin Pract.* 2020;39:101174. doi:10.1016/j.ctcp.2020.101174

Ren Y, Yao MC, Huo XQ, et al. *Zhongguo Zhong Yao Za Zhi.* 2020;45(6):1225-1231. doi:10.19540/j.cnki.cjcm.20200224.405

Ang L, Lee HW, Choi JY, Zhang J, Soo Lee M. Herbal medicine and pattern identification for treating COVID-19: a rapid review of guidelines. *Integr Med Res.* 2020;9(2):100407. doi:10.1016/j.imr.2020.100407

Ma J, Huo XQ, Chen X, et al. *Zhongguo Zhong Yao Za Zhi*. 2020;45(6):1219-1224. doi:10.19540/j.cnki.cjcmm.20200216.401

Elsayed Y, Khan NA. Immunity-Boosting Spices and the Novel Coronavirus. *ACS Chem Neurosci*. 2020;11(12):1696-1698. doi:10.1021/acscchemneuro.0c00239

Fan T, Chen Y, Bai Y, et al. *Zhejiang Da Xue Xue Bao Yi Xue Ban*. 2020;49(2):260-269.

Bian YQ, Ma J, Ren Y, Zhang YL, Qiao YJ. *Zhongguo Zhong Yao Za Zhi*. 2020;45(7):1481-1487. doi:10.19540/j.cnki.cjcmm.20200315.401

Yan DX, Yu XP, Shi KH, Song WB, Zhang HY, Wei JL. *Zhong Xi Yi Jie He Xue Bao*. 2004;2(4):241-244. doi:10.3736/jcim20040401