

Review Article

## Research Review of Genus Epidemicus

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Publication Date: 16 January 2019

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**DOI:** <https://doi.org/10.23953/cloud.ijaayush.398>

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**Abstract** Method for finding specific homoeoprophylaxis is based on the genus epidemicus remedies. These are specific remedies targeted against a definite infectious disease. They are selected by group anamnesis. There are several studies published in the literature on the use of homeopathic medicines as genus epidemicus for both preventive and curative purposes. In this paper an attempt has been to highlight certain evidence based specific prophylaxis.

**Keywords** *Evidence-based review; Genus epidemicus; Homoeopathy*

### 1. Introduction

The word epidemic has been derived from the word 'epidemeion' a word used by Hippocrates when describing a disease that was 'visiting the people' which means general (Woodward, 2014). A disease acquires the form of an epidemic when it is caused by the same infectious agent and affects large number of people in particular region at a given period of time (Kirch, 2008). Therefore, it should be prevented in persons at risk and to be cured in patients who are already affected. Genus epidemicus is the term coined by Dr. Hahnemann, which denotes the homoeopathic (specific) remedy that is similar to the totality of symptoms found in majority of patients suffering in an epidemic disease and which if given to the patient before the onset of the disease it prevents the occurrence, or when given during the disease it cures the patient (Mathur, 2008). However, each epidemic has its own selfsame character that is common to all of the individuals who are taken ill. If the character of the epidemic disease is discovered according to the symptom complex common to all the patients, this will point to the homeopathically fitting (specific) remedy for the totality of the cases (Hahnemann, 2010). Hahnemann also recognized the distinctive nature of each occurrence of an epidemic. He added that no epidemic disease should be considered identical as the previous one and to be treated in the same way, since all of them that broke out at different times and were different from each other and it was perceived by Sydenham as well (Hahnemann, 2010).

## Finding out Genus Epidemicus

Dr. Hahnemann's technique of collecting symptoms and evaluating a group similitum for acute epidemics have been described in his *Organon of Medicine* in Aphorisms 100, 101 and 102 which helps to find out specific remedies (along with good diet and proper hygiene, etc.) for the treatment and prevention of acute and sub-acute diseases. The key of finding specific prophylactic is constructing a clear picture of the prevailing epidemic. He never used the phrase 'genus epidemicus' but in Aphorisms 102 (footnote), 147 and 241 of *Organon of medicine* he says about 'homoeopathic (specific) remedy' (Hahnemann, 2010). Kent also says that in an epidemic, one may find half-a-dozen remedies that are daily indicated and one of these remedies seems to be the best suited for prophylaxis and this may differ from the curative one (Kent, 2005).

## Homoeoprophylaxis

The concept of Genus epidemicus comes into play in terms of Homoeoprophylaxis which also act as a curative remedy in some cases under consideration. Three approaches of homoeoprophylaxis may be used to select the remedy for prophylaxis of a prevailing epidemic - Constitutional Approach, Genus epidemicus remedies and Nosode Prophylaxis. Constitutional treatment is based on examination of the constitution, diathesis, temperament and predispositions of the patient to remove the susceptibility of being getting affected by infectious acute miasms. The chronic remedy provides the best general protection from all diseases and it removes the greatest number of predispositions. Genus epidemicus remedies and nosodes are used to provide specific prophylaxis. When epidemic diseases threaten the population, specific prophylactic remedies can be applied immediately. The selection of a genus epidemicus is as per the indications in totality of symptoms revealed after study of several cases in the epidemic and nosodes can only be used when the cause of the disease is known (Little, 1996-2007).

## Genus Epidemicus and Hahnemann

Hahnemann describes the use of *Ignatia Amara* in the treatment of a continual and sporadic fever affecting children in January 1797. Two months later, a similar fever once again affected children but presented different characteristic symptoms and hence this time the healing remedy was *Opium*. And still the next month, *Camphora* was the remedy used in an epidemic of influenza, which aggravated by the use of *Opium* due to a different set of peculiar symptoms. With these examples, it can be understood that no epidemic is the same (Hahnemann, 1995).

Next was the case of scarlet fever in its initial phase of breaking out with the remedy *Belladonna*. This earned him fame throughout Europe from his exceptionally effective treatment of the epidemic that was sweeping Germany. Hahnemann published this in the pamphlet of Cure and Prevention of Scarlet Fever in 1801. At that time, he promoted *Belladonna* as a specific prophylactic remedy for Scarlatina and with each pamphlet sold, a vial of *Belladonna* prepared according to his technique at that time was offered (Bradford, 1895). *Aconite* proved to be the specific for a subsequent Scarlatina epidemic sweeping Germany between 1800 and 1808. In a paper entitled 'Observations on the Scarlet Fever', Hahnemann provided a careful description of the individualizing aspects of these two epidemics (Taylor, 2001). Hahnemann also describes the use of *Bryonia alba*, *Hyoscyamus niger* or *Rhus toxicodendron* as (prescribed single or in alternation) in the treatment of an epidemic of typhus in 1813 (Hahnemann, 1994).

In 1831 he also describes the use of *Camphora*, *Cuprum metallicum* and *Veratrum album* as genus epidemic for the prevention and treatment of epidemic of Asiatic cholera in the German area. He would favor *Cuprum* as prophylactic, *Camphora* for the treatment of the initial stages, and *Cuprum* or

*Veratrum* for the later stage (Hahnemann, 1995). Other Genus epidemicus recommended by Hahnemann were *Aconite napellus* for Purpura miliaris, *Camphora officinalis* for Asiatica cholera, *Merc cyanatus* for Diphtheria, *Pulsatilla* for measles (Mathur, 2008).

### Genus Epidemicus and Others

Boenninghausen had excellent success in using *Thuja occidentalis* in the prophylactic treatment of Small-pox (von Boenninghausen, 2012). In 1902 smallpox epidemic occurred in Iowa. Dr. Eaton treated 2806 patients with *Variolinum*. Only 14 developed the disease out of 547 patients who were exposed (Hoover, 2003). Hering was the first to consider the use of nosodes. 50 years before Pasteur became famous for using Rabies vaccine and now Hering suggested the use of *Lyssinum* (Feder, 2017). However, as also other followers of Hahnemann (Timothy F. Allen, John H. Clarke, James T. Kent, etc.) who had also mentioned the possibility of using biotherapies as prophylactics, he never incorporated isopathy in his actual clinical practice (Dodgeon, 2002). Dr. J.H. Clarke strongly recommended *Pertussin* in Whooping cough (Sethi, 2006). Dr. S.R. Wadia – He found *Parotidinum* a most useful prophylactic against Mumps (Srinivasan, 1995).

In, 1830 and 1831 in a Cholera epidemic in Vienna, out of 1270 patients treated with homeopathy only 108 died, whereas allopathic mortality rate was 60-70% (Zee, 2009). Homeopathy was also used in the 1854 epidemic in London once again with significant reduction of mortality rates (Leary, 1997). In 1854-55, in Cholera epidemic Dr. Rubini treated 225 cases in Albergo and 166 soldiers of a Swiss regiment without a single case of death (Shepherd, 1996). In 1846, during another cholera epidemic, Boenninghausen suggested to use *Camphora* as single epidemic genus remedy for the treatment of affected patients (Boenninghausen, 2005). Kent describes the treatment of some cases of an epidemic of childhood diarrhea with *Podophyllum 30C* (Kent, 2005). Moreover, a meta-analysis of 3 Randomized controlled trial (RCT) of homeopathy in epidemics of childhood diarrhea showed that individualized homeopathic treatment was significantly more efficacy than placebo (Jacobs et al., 2003). A severe epidemic of diphtheria was successfully treated with individualized homeopathy in New York with 84% mortality rate for conventional treatment and 16% for homeopathy (Teixeira, 2009).

In 1918, Spanish Flu pandemic infected 20% of the world population and killed about 30 million people. Homeopaths treated 6602 cases with 55 deaths which is less than 1% and of 24,000 cases treated allopathically with mortality rate 28.2%. *Gelsemium sempervirens* was the common remedy used during the epidemic (*Bryonia alba*, *Arsenic album*, *Baptisia* and *Eupatorium perfoliatum* were used occasionally) (British Homeopathic Society, 1998). Dr. Grimmer stated that over 30,000 individuals received *Lathyrus sativa* successfully to prevent Polio and no one had any side effect (Little, 1996-2007). In 1974 epidemic meningitis occurred in Brazil in which 18,640 children were given Meningococcinum prophylaxis. 4 cases only developed meningitis in comparison to 34 cases out of 6340 children who didn't receive the nosode (Castro and Nogueira, 1975).

In another epidemic of keratoconjunctivitis in Cuba in 1995, 108 patients were distributed in a randomly into homeopathic and conventional treatment groups, the former using *Pulsatilla nigricans* 6C as homeopathic medicine as genus epidemicus. Homeopathic treatment was found to be significantly more effective than the conventional one in initiating improving of symptoms in less than 72 hours (Teixeira, 2009). Recently a cluster-randomized double-blind, placebo-controlled trial was conducted in Kerala, India for prevention of Chikungunya during an epidemic outbreak in 2007. *Bryonia alba* 30C as genus epidemicus proved better than placebo in decreasing the incidence of chikungunya in Kerala (Nair et al., 2014). Since 1990 Japanese Encephalitis became an uncontrollable problem in India (especially Andhra Pradesh). Owing to doubtful efficacy of the existing vaccine the government chooses to adopt homeopathic prophylactics (consisting of *Belladonna*,

*Calc carb* and *Tuberculinum* separately administered in specific days at particular intervals). After its commencement in 1999 and till 2004, there appeared a drastic reduction in morbidity and mortality (Golden, 2016).

Not necessarily every trail produced a positive result. For example, A systematic review of 3 RCTs (n=2,265) on the use of *Osciloccinum* as “specific preventive” against flulike syndromes symptoms, showed no significant effect when compared to placebo (Baker, 1920). Furthermore, during an epidemic of conjunctivitis in Pittsburgh, an RCT was carried out to assess the efficacy of *Euphrasia officinalis 30C*. Treatment group included 658 schoolchildren who took the homeopathic remedy during 3 consecutive days. Control group was composed by 648 schoolchildren who took placebo with the same dosage system. There was no statistically significant difference in the incidence and severity of the disease between both groups (Mokkapatti, 1992).

## 2. Conclusion

Individualized therapeutic homoeopathic approach can add efficacy, efficiency and safety for the medicinal management of an epidemic in society with both preventive and healing actions, with minimum side-effects and at a low cost.

## Financial Support and Sponsorship

Nil

## Conflicts of Interest

Nil

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