

Validity and significance of historical data in the instance of Spanish Influenza

For a research project I evaluated several hundred sources, which concerned the Spanish Flu and its treatment by homeopaths worldwide. Most sources were primary literature.

With 30 to 50 million of deaths the Spanish Flu was the most devastating pandemic in history of mankind. There were three waves: spring/summer 1918, autumn/winter 1918/19 until to the years 1919/1920. The influenza virus was not detected at that time. The conventional therapy was symptomatic (antipyretic, analgesic, cough suppressing, heart stimulating: mercury, codein, opium, aspirin, caffeine, alcohol, strychnine, digitalis, strophanthus, vaccines from secretions). Homeopaths estimate that the mortality rate under conventional therapy amounted to about 30 percent. However there are no reliable/official data. It is not possible to calculate, how many fell victim to the disease or to its treatment. It should be noted, that there was no single/standardized conventional therapy. The mortality rate under their treatment was estimated by homeopaths to be less than five percent. How did their therapy look like? At that time homeopaths worldwide treated in outpatient settings or in clinical practice. Their number was far lower than that of conventional practitioners. Thus the number of patients treated by homeopaths was lower too. Homeopaths all over the world used supporting measures (bed rest, diet, naturopathy, hygiene). The homeopathic therapy was also not homogeneous. They dealt with simile, genius epidemicus, nosodes or miasmatic remedies. Some gave strictly only one remedy or according to a pattern. There was no authority which made recommendations, neither local nor national or international. The question arises, how to define homeopathic therapy or better therapy by homeopaths (genuine homeopathy).

Treatment results

There were striking differences between treatments in clinics or private practices. Critically ill patients (pneumonia, sepsis, lung edema) were sent to homeopathic hospitals. Mortality rates here were up to 70 percent (Bartlett 1919¹). Even then discussions about reasons/remedies were taking place (Hall-Smith 1920²). Out-patient mortality rates seemed to be under five percent (Sjögren 1919³). It should be noted that the total mortality in Sweden even was only about four percent (Helleday 1920⁴). In some regions or places (e.g. military hospitals) it amounted to 13 to 18 percent. Later mortality in some homeopathic Clinics seemed to be low (1-5%). This shows the different virulence of a virus during an epidemic (with regard to time and place). Homeopathic results are not excepted from this divergence. Some evaluations allow the conclusion, that an *early* treatment by homeopaths created a better outcome (lower mortality, a less severe course of the disease, fewer complications and sequelae). But the methods of data collection often are unclear. A significant evaluation should include cohorts, which are exposed to the same conditions (similar population structure, same territory, same time), but to different

¹ The Influenza Epidemic as observed at the Hahnemann Hospital of Philadelphia, The Hahnemannian Monthly

² Influenzal Pneumonias and their treatment, British Homoeopathic Journal

³ Om „Spanska sjukan“, des olika typer och behandling, Homeopatisk Tidskrift

⁴ Influenza, allopati och homeopati i statistik belysning, Homeopatiens seger

treatment. Nonetheless, it is not resolve, how homeopathic treatment has to look like (guidelines).

Genius epidemicus

The genius epidemicus is a construct, that in epidemic emergency situation allows fast, pragmatic and effective acting. It should connect individual symptoms and supraindividual phenomena. The theory of genius epidemicus includes changes, deviations and modifications. This sounds plausible but it also makes objective and qualitative valuation difficult.

Conclusions

There was no unitary conventional therapy. As well there are no appropriate valid data about mortality. Probably success already appears by waiving conventional measures. In comparison to conventional practitioners extremely few patients were treated by homeopaths. Also a consistent homeopathic therapy did not exist. Therapy by homeopaths was also not one-dimensional. Rather it was a complex poly-therapeutic approach. There are very different results of treatment (critically ill patients/hospitals versus early start of treatment/out-patients and dependence on time and location as well). Some evaluations suggest that the treatment by homeopaths was a remarkable success. However, it is questionable, whether these ca used as evidence. At that time in general existed a less exact research concept.

However, it is more than doubtful whether these evaluations can be used as evidence. Overall, the methods that were applied those days were scientifically less exact and not comparable to the standards of evaluation today.

Perspective

It seems necessary to develop defined criteria (homeopathy protocols), for example for Genius epidemicus. These should be applicable widely and worldwide during epidemics/pandemics and should be based on research by today's scientific standards. Intensive care units, respiratory places, kidney substitution methods are important. However they are available just for a limited number of patients. Resistances and side effects of antibiotics/antiviral drugs are another problem. Therefore and due to economic considerations interest in homeopathic options could increase. A diversity, coexistence and addition of medical methods seems to be useful.

