

Massimo's case info from 84 COVID-19 patients.

His Number #1 *Chininum muriaticum*, #2 *Grindelia*, #3 *Camphora*

Below is a better translation of Massimo's letter posted earlier:

Dear friends and colleagues,

I am presenting here my limited experiences with less than 100 coronavirus patients in quarantine in the hope that it may be helpful to others during this difficult time. These individuals, not previously known to me, were treated following a *genus epidemicus* approach. By contrast, my long-term patients who had contracted COVID-19 were treated constitutionally first, as is my usual protocol, and only given an acute remedy if the response to the constitutional proved insufficient.

It is not an easy task to scour the literature of our vast pharmacopeia to select the very best remedies for a particular disease. Obviously, different homeopaths may form their own hypotheses.

I do not want to write too much about the following 3 remedies: *Chininum muriaticum*, *Grindelia* and *Camphora*. Hopefully, this simple categorization, based on the most common clinical symptoms, will suffice.

As of March 22, 2020, I have had telephone and video-conference contacts with 84 patients. 64 of these overcame their symptoms in no more than 3-4 days, followed by spontaneous declaration of clear improvement and no subsequent relapses.

*Chininum muriaticum* has been my first choice. The clinical symptoms are as follows:  
Fever with temperature rising in the early afternoon, resistant to common antipyretics.

Weakness more evident in the evening.

Frontal headache with painful pressure accompanied by (more or less) intense eye pain—in some with the characteristics of a neuralgia.

Dry and irritated cough, perceived only as a discomfort in the upper respiratory tract.

Poor appetite and little thirst, despite the fever. Preference for salty foods. Preference for hot drinks as opposed to water.

Victim attitude, without any difficulty in expressing anger towards those who attend to the "other managers" of their pathology. Patient believes did all one could to not become infected. Puts the blame for the state of one's condition on others for not paying adequate attention.

*Grindelia robusta* has been my second choice. The clinical symptoms are as follows:

Fever with sudden increases in temperature (*poussée de fièvre*) 2-3 times within 24 hours.

Weakness more evident in the early morning.

Throbbing headache, predominantly occipital, that improves by sitting—possibly with a desire to lie down, the pain however disallowing one to do so.

Dry cough with the feeling that one must expectorate even in the absence of phlegm—insistence on getting rid of insignificantly small amounts of mucus (which, despite little objective change, brings a subjective sense of relief).

Paroxysms of an apparently suffocating cough.

Aware of anxiety, unable to distinguish between objective breathing difficulty and a subjective feeling of an inability to breathe, with fear must go quickly to the hospital.

Worried about falling asleep and not being able to breathe during sleep, may want to sleep with the light on.

Conjunctivitis that affects one eye first and then the other.

Joint pains especially in the lower limbs.

More fearful attitude than with *Chininum muriaticum*.

Tend to deny symptoms to family members for fear of having inadequate resources.

Aware of hypochondria—alarmed that cannot distinguish between objective and subjective symptoms.

*Camphora* (*Cinnamomun camphora*) has been my third choice. The clinical symptoms are as follows:

Continuous fever with no obvious changes during the day—accompanied by sweating, chill, and a sense of incipient fatigue which worsens with continued sweating.

Headache has a feeling of pressure from the inside to the outside—attempts to contain this sensation by exerting external pressure with something that tightly binds the head.

Cough less evident than in the previous two remedies which nevertheless seems to tire the patient. The cough appears with deep inhalation, meanwhile superficial breaths seem insufficient and cause worry, leading to more deep breathing and more coughing.

Dyspnea with minimal exertion, despite the fact that objective oxygen saturation may be adequate

Watery and persistent rhinorrhea (post-nasal drip).

Diarrhea without abdominal pain.

Oliguria (scantiness of urine) perceived with alarm as more serious than it is.

Confusion and concern about being dangerous to one's family members.

Convinced that during this illness one is having a momentous experience relative to the overall course of one's life.

Warmly,

Massimo Mangialavori