



Document to all NVP Worldwide
from the
LMHI Secretary for Research

Dear colleagues,

We are facing an exceptional Influenza Pandemic Situation. It is our duty to collect as much information as possible about the homeopathic approach to this situation.

Historically, we all know the efficacy of homeopathy in such a situation. All homeopaths in the world have to collect systematically all clinical data from patients presenting flu symptoms. The proposed data collection would occur on paper or (better) in a computerized format, it would be collected by mail or by Email by all NVP on national levels, and later on it will be forwarded to an international center for statistical analyses, protocol will follow (retrospective analyze of clinical data). The first aim is the determination of the “genius epidemicus” as fast as possible, the second aim to evaluate and compare treatments.

Attached you will find an LMHI Excel international case report form for a fast determination of the genius epidemicus useful for all kind of epidemic situation. This document has been elaborated after the working group session ECH-LMHI 2009 in Warsaw. Two other case report forms are available also. One about the first consultations of influenza patients and a second for the follow-up of patients (Physician and patient ID must be corresponding). Indeed, this data collection would be done in a consistent format. Even if you are not able to complete all rubrics, please follow this format.

Some information about the participating physicians would be welcome to solve possible analyses of data problems; this would be a task for the NVP. Of course, anonymity for patients and physicians must be guaranteed.

May I ask each NVP, when forwarding this document to the national members, to add his/her national address and Email address for the return of the case reports. In case of translation into the national language, please respect the columns' order and by filling in the International language for symptoms or treatments' descriptions would be used. An agreement about a national involvement, from each NVP, to michelvw@homeopathy.be would be welcome. Of course, you are free to analyze your national collected data by yourself, but it would be important to accept to forward them also to an international center for statistical analyses, protocol will follow on due time.

Thanks for your support.

Dr Michel Van Wassenhoven.

Explanation about Cases Report Form “Genius Epidemicus”

PHYSICIAN ID: identification of MD (secret code) beginning with the country letters (Ex: BE for Belgium) three ciphers and 3 letters (Ex: BE015MVW)

DATE: ##/##/####

PATIENTS ID: a combination of letters and ciphers specific for each patient.

EPIDEMIC SYMPTOMS (actually flu symptoms): using a scale from 1=mild / 2=moderate to 3=severe.

EPIDEMIC AGENT (actually A/H1N1): Y or N or ? checking if the nature of the epidemic agent has been confirmed or not.

HOMEOPATHIC REMEDY USED: Please write the name and in the following columns the dilution and dosage regimen of the homeopathic medicine prescribed (frequency of intake by day).

RESULT EVALUATION: after 36h using a scale from 1 (light) to 5 (spectacular).

SYMPTOMS FOR HOMEOPATHIC PRESCRIPTION: In order of importance/singularity for homeopathic prescribing, limited to 6 symptoms, please use a simplified repertory structure for description of the symptoms.

**Explanation about Cases Report Form on Homeopathic treatment of Influenza
(First consultation)**

PHYSICIAN ID: identification of MD (secret code) beginning with the country letters (Ex: BE for Belgium) three ciphers and 3 letters (Ex: BE015MVW)

DATE: ##/##/####

SETTING: working area where patient was seen: PRI = Private office/ PUB=Public health outpatient service/ HOS= Hospital

PATIENTS ID: a combination of letters and ciphers specific for each patient.

AGE: in years (number).

SEX: M=Male; F=Female

LOCAL EPIDEMY: Reports of influenza virus in the community Y=Yes; N=No

ACUTE ONSET (less than 36 hours): Y=Yes; N=No

TEMPERATURE: in degrees Celsius value please (°C) ex: 37.7

INFLUENZA SYMPTOMS: some symptoms are specific for the disease (fatigue, malaise, sweats and/or chills, myalgia, headache, cough, rhinorrhoea, sore throat, nasal obstruction, red or tearful eyes, nausea, diarrhoea and possible others), please write in each box how intense the symptom is by using 0 for absent, 1 for mild, 2 for moderate and 3 for severe.

VIROLOGICAL DIAGNOSIS: if possible a determination of the virus would be welcome if A/H1N1. Y=Yes for positive result; N=No for negative results and ? for inconclusive results or in absence of determination.

SYMPTOMS FOR HOMEOPATHIC PRESCRIPTION: In order of importance/singularity for homeopathic prescribing, limited to 6 symptoms, please use a simplified repertory structure for description of the symptoms.

HOMEOPATHIC TREATMENT: Please write the name, dilution and dosage regimen of the homeopathic medicine prescribed (frequency of intake by day).

OTHER TREATMENTS: If other treatments are added to the homeopathic remedy (3 possibilities are open), please specify the scientific name and dosage regimen).

OVERALL HEALTH STATUS: Taking into account the answer to your question or your own judgment on “*how bad you are now*”, you would rate that you are at this moment in a condition in a scale from 0 to 10, where **0** means totally unable to do normal activities, worst health and **10** means fully able to do normal activities, best possible health.

CONCOMITANT DISEASES or TREATMENTS: situations that could have a negative impact on the situation such as patients with Chronic Bronchitis, Cardiac Insufficiency, Immunosuppressive drugs, etc.

**Explanation about Case Report Form on Homeopathic treatment of Influenza
(Follow-up consultations)**

PHYSICIAN ID: same identification of MD (secret code) beginning with the country letters (Ex: BE for Belgium) three ciphers and 3 letters (Ex: BE015MVW)

PATIENT ID: same combination of letters and ciphers specific for each patient.

DATE: ##/##/#### (more than one follow-up consultation for each patient is possible of course, date by date)

TEMPERATURE: in degrees Celsius value please (°C) ex: 37.7

INFLUENZA SYMPTOMS: follow-up of the specific symptoms for the disease (fatigue, malaise, sweats and/or chills, myalgia, headache, cough, rhinorrhoea, sore throat, nasal obstruction, red or tearful eyes, nausea, diarrhoea and possible others), please write in each box how intense the symptom is by using 0 for absent, 1 for mild, 2 for moderate and 3 for severe.

VIROLOGICAL DIAGNOSIS: may be the determination of the virus has been done in between and would be welcome if A/H1N1. Y=Yes for positive result; N=No for negative results and ? for inconclusive results or in absence of determination.

STOP of TREATMENT: Y=Yes; N=No

LOST DAYS: off work/holidays or school, a number please.

ADVERSE EFFECTS: short description of possible aggravation and short comments on it.

TREATMENT CHANGE: Y=Yes; N=No. If “Y” then fill the symptoms and remedy rows as in a first consultation.

OVERALL HEALTH STATUS: Follow-up of this status taking into account the answer to your question or your own judgment on “*how bad you are now*”, you would rate that you are at this moment in a condition in a scale from 0 to 10, where **0** means totally unable to do normal activities, worst health and **10** means fully able to do normal activities (totally cured), best possible health.

LMHI INFLUENZA SURVEY

Informed Consent (model)

Identification Number (ID)	<input type="text"/>																
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I agree I would be involved in this survey about Influenza.
I authorize my M.D. to transmit anonymous clinical data from my file to the researchers.
I understand that my participation is completely voluntary and I am allowed to leave the survey at each moment, without justification. This would not have any influence on my future treatments.

Read and approved	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
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