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Determining the safety, effects, and efficacy of Novus-CV in homoeopathic dilution in humans for Covid-19 disease prevention

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ABSTRACT

Introduction: Homoeopathic philosophy suggests nosodes can be used before, during, and after active cases for prevention and treatment.[i,ii] The human immunological response to severe acute respiratory syndrome Covid-19 disease expression can range from mild symptoms leading to resolution, to severe symptoms leading to complete system collapse, death, or prolonged post-disease conditions[iii] The target of any disease prevention program starts with supporting immune system responses and reducing susceptibility. Homoeoprophylaxis (HP) with the Novus-CV nosode,[a,b] aims to activate mild, disease specific, short-lived immune responses intended to facilitate the disease process and/or lessen the effects of, or susceptibility to, Covid-19 disease expression. The mild, short-lived immunological responses to the nosode are considered an important step in preventing disease. The collated nosode-driven symptom presentation of new and/or resolved symptoms can serve as a reference guide to the homoeopathic indications for use of the nosode in active or unresolved cases.

Method: Registration started March 13, 2020, prior to the initial peak of cases in the United State. Registrants undertook a self-administered dosing schedule of Novus-CV in various potencies. To establish safety, effects and efficacy of Novus-CV registrants of all age groups, from pregnant women and children to the elderly, registered a completed initial health profile, a two-week follow-up and a three-month follow-up.

i. Safety was determined by assessing the types, duration, and degree of responses noted from the respondent. Also, by resultant changes, if any, in chronic health conditions.

ii. Effects were overseen by registrants' personal HP Supervisors and self-reported in online follow-up forms, and through verbal confirmation. These effects were considered proving and clinically curative effects and were collated by location, sensation, modalities, and extensions as per homoeopathic Materia Medica criteria.

iii. Efficacy was evaluated for all respondents and specifically in those with definite exposure to either previous disease expression or active cases.

Results: A total of 1169 people of all age groups registered in the study. Of these 846 responded to follow-up. Peak dosing dates took place prior to the spring surge in cases. A total of 3181 administered doses were reported from 796 respondents during the two-week follow-up period. A total of 2741 symptoms and/or change in symptoms were reported in all organ systems. Of the 89 respondents with previous disease expression, of which 17 were unresolved, 16.5 recovered after nosode administration. Of the 62 respondents with active disease expression upon registration, there was a 96.77% resolution rate. Of the 135 with known exposure to individuals with previous or active disease, 56 developed short-lived mild proving symptoms of which 98.7% resolved by the end of the dosing period, none developed Covid-19-like disease.[iv,c] Of the total 434 three-month respondents zero developed Covid-19-like disease during the follow-up period indicating that the HP dosing was 100% effective in disease prevention. After dosing, 0.02% of individuals experienced aggravation of chronic conditions suggesting minimal long-term negative effects.

[a] *Coronavirus was first identified in Wuhan, China, in December 2019. Thirteen samples were shipped to a third-party lab in the US for authentication. The nosode, Novus-CV, was made from samples that passed authentication. The samples were from nasopharyngeal swabs, alveolar lavage fluid, and sputum of active human cases of CV. This is a nosode made from the mutated form of the virus, one that has been passed from human to human. The nosode was potentised in the traditional way of trituration, dilution, and succussion.*[a]

[b] *Nosodes are defined by the Food and Drug Administration's (FDA) Homoeopathic Pharmacopoeia of the United States (HPUS) as homoeopathic "attenuations" of pathological organs and/or tissues, causative agents, or disease products from infected individuals, such as discharges, excretions, and secretions.*

Not a single adverse event was reported.[v,d] Sixty-eight of the 434 three-month follow-ups reported single or multiple PCR or antibody tests all had negative results.

The catalogued Materia Medica demonstrated sustained evolution from active disease to resolution and fear and sickness to confidence and well-being through the follow-up period.[vi]

Conclusions: Regardless of age of participant or previous health condition, the Novus-CV nosode can be used before, during, or after demonstration of Covid-19 symptom expression, to prevent disease, mitigate active disease and resolve past disease. With no associated adverse events reported, these results suggest Novus-CV nosode offers the world a low-risk disease prevention method that is 100% effective in those with definite exposure that deserves consideration in public health programs.

Throughout the research the tenets of homoeopathy were verified. The symptoms produced and resolved after dosing corresponded with the active disease presentation and ranged from short-lived, mild fevers, cough, vomiting and diarrhea, and general malaise to feelings of well-being and increased vitality; activation of acute discharges and fevers brought forth wellbeing. This catalogued Materia Medica can be used as the indications for effective clinical prescribing; it also offers insight into the nature of susceptibility of Covid-19 as we evolve through this epidemic, the homoeopathic principles of like cures like and acute disease resolves chronic disease, and it supports the concept that the miasmatic root of disease may be accountable for contagion.[vii, viii] Accordingly, with the positive health effects noted in those with active or unresolved disease, Novus-CV is effective to treat or as an adjunct to treatment in active and unresolved cases.

Introduction

Within the system of homoeopathy there are two disease prevention models to prescribe upon. The first is the Genus Epidemicus (GE) model: that of taking the first few cases and compiling their symptoms 'as if' they are the symptoms of one person and from this totality of symptoms prescribe the top 1-3 remedies.[ix] According to some experts, Arsenicum album was considered the GE in India.[x] However practitioners around the world debated dozens if not hundreds of remedies to choose from, of course missing the point of the GE model "as if one person."[xii]

In *The Organon of Medicine*,[xi] Hahnemann demonstrates that not only is it possible that a contagion with a specific disease expression can set up a state of chronic ill-health, or miasm, but that these same diseases can also be homoeopathic (similar in symptom expression) and therefore curative to an existing latent miasm of the child or person.[xii]

Thus, the second option would be to use the nosode of the disease, as in Homoeoprophylaxis (HP), as the center point of susceptibility to disease expression, and that in potency it could be used for prevention.[xiiixiv] Furthermore, if there was a known Materia Medica of said nosode it could be applied homoeopathically in treatment of active cases and resolution in cases of never-been-well-since. To these ends, our work was to administer Novus-CV coronavirus nosode at the outset of the epidemic to those with previous disease, active disease, and those exposed to past and active cases and to the public. Our participants selection pool was the Free and Healthy Children International (FHCi) membership platform. From here we had access to participants of all ages who are relatively healthy, with minimal vaccination history, their in-laws, siblings, and extended families.

In order of prevalence, Covid-19 symptom expression includes one or more of the following symptoms: fever and/or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.[xv] This clinical profile is the criteria upon which we would evaluate previous and active cases, and whether a person developed Covid-19 after exposure.

It is normal and expected that immunological responses may develop after the administration of a nosode. Responses may include one or more of the clinical symptoms. It was to be from the subjective report of the degree of suffering of the participant to determine if they just experienced a mild immunological/ proving symptom, or if they had developed full-blown Covid-19-like disease.

Objectives

To apply a real time, real incidence, application of prophylaxis during an epidemic in a part fixed cohort, part proving, and part translational study to determine if Novus-CV 1M can be used in humans for prevention and/or treatment of Covid-19.

1. **Safety:** Is a nosode prepared from lung sputum from active cases of Covid-19, verified by third party lab, safe for all ages, previous health, and medication history?
2. **Effects:** What are the detailed effects in the immune system and body before, during, and after dosing? Cured and expressed symptoms are to be utilised as the Materia Medica for homoeopathic prescribing indications.
3. **Efficacy:** Does Novus-CV prevent Covid-19 symptom expression, lessen susceptibility to developing disease, and/or facilitate recovery of the disease?
4. **Health outcomes:** What, if any, are the long-term health implications after the immediate dose related immune responses?

[c] *Covid-19-like disease' is the term we are using for the compilation of symptoms registrants had or developed during the study period. As no comprehensive testing or official diagnosis process was undertaken, subjective reports of the registrants and respondents was used to evaluate if they had a symptom expression consistent with the CDC description of the disease.*

[d] *Adverse events as defined by the National Institute of Health guidelines for research on human subject is defined as a death, life-threatening adverse drug or device experience, inpatient hospitalisation or prolongation of existing hospitalisation, a persistent disability/incapacity, or a congenital anomaly/birth defect.*

Study design

1. **Registrants and respondents:**
   a. Age
   b. Gender
   c. Location
   d. Doses given and dosing dates
   e. Follow-up

2. **Homoeopathic proving and nosode responses:**
   i. What symptoms were there upon registration?
   ii. What symptoms developed and disappeared?
   iii. What symptoms were cured?

3. **Fixed cohort study:**

a) Previous disease expression
   (1) Who had previous disease expression?
   (2) What happened after dosing?
b) Active disease expression
   (1) Who had active symptoms on registration?
   (2) What happened after dosing?
c) Exposed
   (1) Who was exposed to active or previous cases?
   (2) Did they get the disease during or after dosing?

4. **Translational study:**

1. What are the health outcomes?
2. What are the long-term health effects?

Comments, criticism, and limitations of study design:

Security: At the time of establishing this research and still, within the United States and globally, there was significant risk to announce in general platforms a research project with a nosode that was unlicensed by the FDA for treatment or prevention of Covid-19. While ethical parameters were established and adhered to in the registration process, our registrant pool was limited to the families already associated with homoeoprophylaxis. The general level of health of these registrants was higher than the national average. Safety for those with more significant preexisting health factors has not been evaluated.

Time:

- In late February 2020 it was apparent that the epidemic was going to spread to the US. The platform was quickly developed and implemented to distribute the nosode at a time when we had insufficient understanding of the pathogenesis of the disease and its effects in the larger population.
- There was insufficient time at the outset to clearly understand the enormity of the research and the multiple facets of HP and homoeopathy our data would reveal. We were also scared as to any possible negative effects of the nosode due to reports in the media on the severity of the disease, especially in New York. Our intention was to administer the nosode as quickly as we could and analyse what happened against homoeopathic precepts after. Upon analysis we were surprised at the success of the results and amazed at how clearly they were in line with the homoeopathic tenets summarised.

Questionnaires:

- Due to urgency our initial questionnaire did not sufficiently give us an accurate base line of health to compare to in the three-month follow up. While we did ask these questions in the three-month follow-up, due to the relative number of responses we were only able to determine long-term health effects in a smaller number of individuals.
- In the initial registration form we failed to include questions about vomiting and diarrhea, or throat symptoms of active cases. This led to incomplete data as to how many had these symptoms previously and how many symptoms resolved after dosing (Table 2.4).
- As the clinical picture of Covid-19 was still emerging at the time of registration we may not have captured all of the individuals who had been identified as having previous or active disease and subsequently those exposed to either (Nov 2019-March 2020) (Table 3.2a, 3.2b 3.2c).

Subjective reports: Many of the responses from participants were incomplete or inconsistent, i.e. they said they had no active disease on registration but in the two-week follow-up they listed active symptoms prior to taking the remedy, or vice versa. We compared data from all forms to determine the accurate situation.

Testing: As with clinical practice we relied on subjective reports rather than lab values to determine efficacy as the global situation of testing was and remains a controversial subject, with false positives and negatives. While some tests were done, we are not using test results to evaluate if a person had Covid or not. Also due to the complexity of organising consistent testing for all participants, separated by nations and states, this was not possible.

Methods

1. **Membership with FHCi:** All registrants were either existing or became Family Members of FHCi prior to registration to ensure individual access to the nosode and an HP Supervisor. Family membership fees and additional donations collected paid for the research.
2. **Registration:** took place through an in-person interview and registration process with an HP Supervisor. Registrants paid their HP Supervisors a fixed rate of $95 per family to register. Registrants were screened through Inclusion/Exclusion* criteria to ensure they had evidence of healthy immune system function and minimal chronic disease or known potential risk factors for Covid-19 complications. Active disease, possible exposure to, and/or previous infection of Covid-19-like disease was noted.

   ***Inclusion/Exclusion:** This program may not be appropriate for everyone. Adults and children whose immune systems are functioning and developing normally are usually eligible, while those whose health history demonstrates an immunological disturbance may not. For those who are not immediately eligible, HP Supervisors may recommend a course of constitutional homoeopathy before participating.

3. **Consent**: An extensive Informed Consent process was completed for each participant. All Personal Health Information (PHI) was ethically collected and protected. We applied the principles of informed consent process applied from our previous research. However, we did not obtain research approval by an independent ethics committee. This is based upon knowledge that the research would not be approved despite ethical guidelines being followed. According to the NIH, informed consent must be obtained from all registrants, a safety contingency, whom to report adverse events to, and a method of withdrawal from the research identified. Participants were also not given any guarantees of disease protection. All of these steps were followed in the informed consent process.

   As private membership organization we can operate out of the public domain and the rules of public law do not infringe upon our activities. Participants were family members of our private membership organization. So, this applies to them as well. All parents of subjects had the opportunity to review and sign consent forms prior to meeting with their HP Supervisors.

   Consent included the following points.

   a. ✔ I consent to receive Coronavirus nosode as a Family Member of FHCi.
   b. ✔ I understand that FHCi is not a government body, nor beholden to the authority of any organisation overseeing its research.
   c. ✔ I understand that this nosode has not been tested on humans or animals.
   d. ✔ I understand that I may experience mild short-lived immunological symptoms indicating the nosode is resonating with my immune system.
   e. ✔ I agree to contact my HP supervisor in the case of immune response symptoms.
   f. ✔ I agree to answer questions about myself and dependents prior to participating.
   g. ✔ I understand that my Personal Health Information (PHI), and/or that of my dependent(s) will be protected and that my name and address will not be included in any publication or be available to any government agency.
   h. ✔ I agree to all the above and consent to taking the Coronavirus nosode called Novus-CV as per directions given.

4. **Dosing instructions:** Participants were mailed Novus-CV 1M Instructions: one dose equals three pellets under the tongue and dissolve. Dose on Saturday only:

   a. Week one: 1 Dose in the AM (Single dose)
   b. Week two: 3 doses AM, Noon, and PM (Triple dose)
   c. Repeat 3 times upon definite exposure. (Triple dose)
   d. Take high doses of Vit C and Garlic

5. **Follow-up:** Online Two-week follow-up and Three-month follow-up forms were to be submitted by each registrant (two weeks and three months after dosing, respectively). Respondents were evaluated for immediate immune responses after completing a dosing schedule, short and long-term health outcomes, and infection rates. Nosode responses were recorded and collated with regards to potency, date of administration, number of doses taken, age of participant, previous health, and medication history.

Parameters of research

1. **Data protection:** All registration and follow-up documents were submitted online to the research team. Only the principal investigator and data analysis team had access to this information. Personal Health Information (PHI) was not disclosed to any third party. All personal identifiers were held separate from data entries for research parameters. Publication of the data removed all personal identification of subjects except for the following:

   1. Age.
   2. Geographical subdivisions such as state, province, or country.
   3. Health outcomes
   4. Nosode responses

2. **Control and Ethical Considerations:** In the study of infectious disease, it is unethical to deliberately expose study participants to infectious agents so forced exposure was not a part of the study design. It is also unethical to give a placebo to people participating for the purpose of preventing Covid-19. No placebo doses were administered. There was no direct control group studied. As there was no direct control group in this study, we compared rate of contraction to national incidence.[xvi]

3. **Blinding:** There was no blinding method built into the study. All participants received the actual nosode (Novus-CV) and they were told this was the nosode.

4. **Standardisation of treatment:** All registrants were instructed to take the same doses, additional dosing of changes to the schedule were according to these principles.

   a. If the person has questionable health, the first single dose could be diluted in water to lessen potential responses.
   b. If the response to the first dose or triple dosing were lasting longer than 24 hours or was strong, repeating a single dose or putting it in water and sipping could be done until symptoms subsided.
   c. Registrants could subsequently repeat the 1M potency if they felt their immune system responses were relapsing again.
   d. Registrants could take the 10M potency to enhance the positive effects of the nosode.

5. **Testing:** No formal testing was included in the research parameters due to the difficulty of standardised testing throughout the registrant pool during the study period. To date testing does not provide reliable results. Some participants did get tested and their results are included.

6. **Final review and confirmation of data:** Surveys, email communication, and phone calls were used to track and confirm data.

	INTAKE		TWO-WEEK		THREE-MONTH	
	Total	Families	Total	Families	Total	Families
846 responded	1169	348	803	251	456	159
% of total	100%	100%	68.69%	72.13%	39.01%	45.69%
Families % of Registrants		29.77%		31.26%		34.87%
No Response	323	72	366	97	713	189
No Response %	27.63%	20.69%	31.31%	27.87%	60.99%	54.31%
Did not take	*56	4.82%	7	0.87%	22	4.82%

Table 1.1a. Totals and percentages of registrants and respondents from all forms

	HP Sup	Reg		HP Sup	Reg		HP Sup	Reg
AS	1	2	MI	3	77	PA	1	29
CA	9	11	MN	6	94	SC		11
CO	3	173	MO		5	SD		6
CT	1	144	MS		2	TN		5
FL	1	68	MT	1	20	TX	1	24
GA		16	NC	1	27	UT		4
HI		6	NJ	2	46	VA		9
ID	2	2	NV		12	WA		49
IN		64	NY	1	30	WI		30
MA	4	107	OH		4	WY		13
MD		10	OK		11	Un Spec		2
ME		7	OR		5			
Totals	21	610		14	333		2	182
						Totals	37	1125

Table 1.2a. Number and location of HP supervisors and registrants: USA

	HP Sup	Reg
ALB		6
BC	1	1
ONT		4
Aust.		4
Guat.		4
Italy		1
Switz.	1	4
UK	1	20
Total	3	44

Table 1.2b. Number and location of HP Supervisors and registrants: international

AL	0
DE	0
IA	0
IL	0
KS	0
LA	0
MD	0
ND	0
NM	0

Table 1.2c. States with no registrants or HP Supervisors: USA

Results

1. Registrants, age, gender, and follow-up respondents

Table 1.1a. Of the 1169 registrants, 803 submitted the two-week follow-up and 456 submitted the three-month. Some who submitted the two-week did not submit a three month, and some who submitted the three-month did not submit the two-week. 846 registrants in all responded. The 1169 registrants came from 348 families. Families consisted of one to 8 participants. 72.13% of the total families registered submitted the two-week form, while 45.69% of the total families registered submitted the three-month form. 323 of the total registrants did not respond. This represents 72 families. 60.99% of registrants did not provide a three-month follow up, representing 54.31% of the families registered. HP Supervisors who took the nosode doses are included in these tallies. 22, or 4.82% of the 456 three-month respondents reported not taking the nosode. Utilising this percentage*, it is estimated that at least 56 of the total registrants did not take the nosode.

Table 1.2a. HP Supervisors registered people across state lines and internationally. There was a total of 37 USA HP Supervisors and a total of 1125 USA registrants. E.g., there were 9 HP Supervisors in California (CA), while there were 173 registrants in that state. However, not all registrants in CA were registered under CA HP Supervisors.

Table 1.2b. shows international HP Supervisors and registrants from Canada, Australia, Guatemala, Italy, Switzerland and the UK. There were three international HP Supervisors who registered participants. International registrants may be registered by any HP Supervisor, not necessarily one from their country.

Table 1.2c. indicates the states with no registrants or HP Supervisors. There were 9 states with neither.

Charts 1.3a. - 1.3c. The registrant pool consisted of families who had previously registered their younger children in a childhood HP program.[xvii] These families registered their grandparents, in-laws, aunts, uncles and older children into this research project. There were 1169 registrants. 222 registrants were in the 40-49 age group while 189 were in the 30-39 group. These ages represent the parents of the families vested in HP. There were 10 pregnant women who registered, of which 5 had completed their two-week and 4 completed their three-month follow-ups (a total of 6 responded). Their unborn were tallied individually. Phone calls were made to all pregnant women, including those we did not hear from online, to ensure safety and effect of the nosode. 4 of those we called did not respond. The women who were contacted responded that their health and their neonates' health was fine. Those mothers also administered the nosode to their newborns after parturition. Only mild immune symptoms, if any, were reported in the mothers during pregnancy. After parturition, the neonates were also administered doses in their first month of life. No nosode responses were noted in the infants. 4 of the 5, 80+-year-olds who responded reported a change in symptoms from the first dose and 2 from the triple dose. Previous diseases either disappeared or were mild and short lived i.e., one watery eye, one fatigue, one small cough came and went etc.

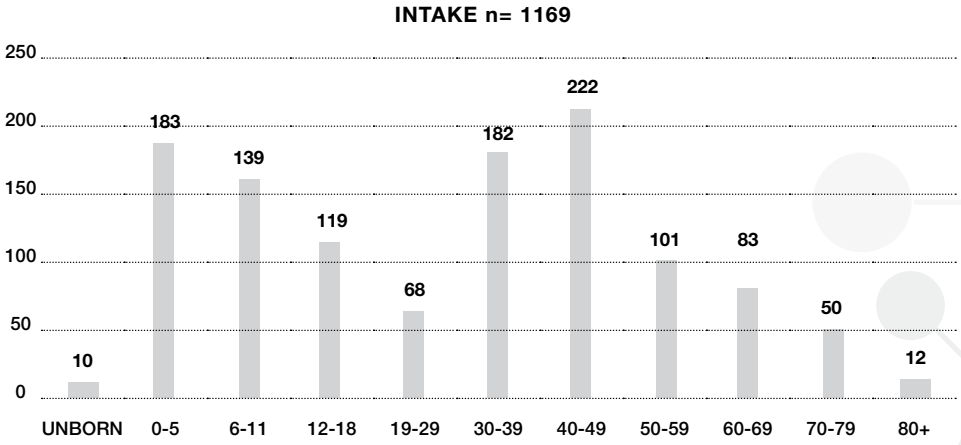


Chart 1.3a. Age ranges of participants from intake.

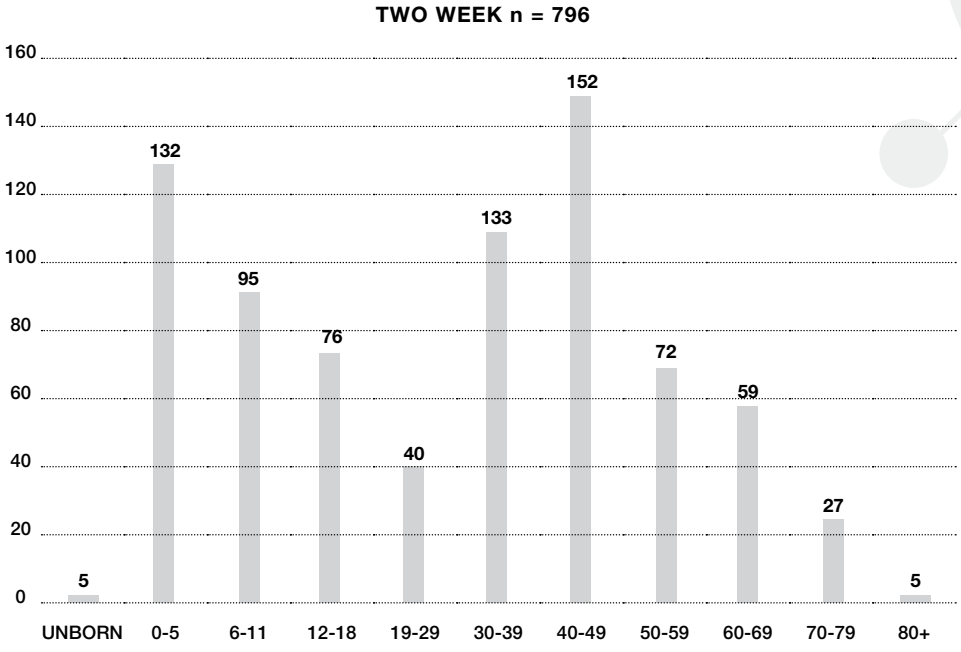


Chart 1.3b. Age ranges of respondents from the two-week follow-up who took the nosode

Chart 1.3b. shows the ages ranges for those participants who completed the two-week follow up. These numbers are proportionately less than the intake and represent the 796 of the 803 respondents. 7 reported not taking the nosode and are thus not included in the tally.

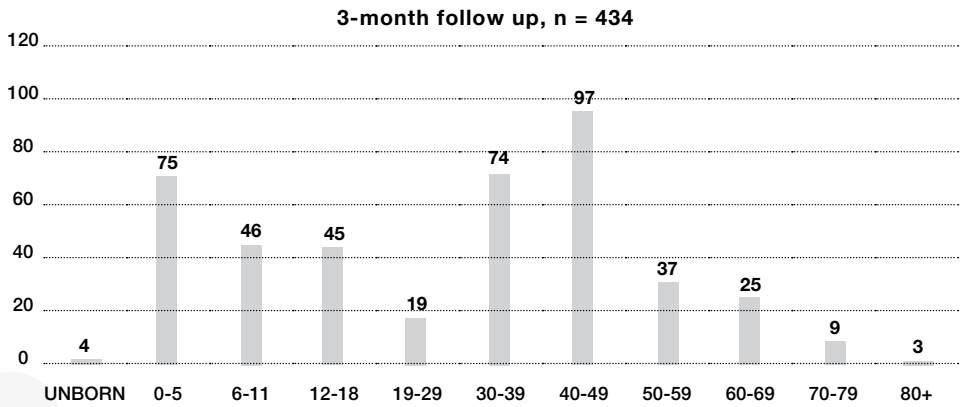


Chart 1.3c. Age ranges of respondents who took the nosode from the three-month follow-up.

Chart 1.3c. 434 of the 456 respondents to the three-month follow-up form are tallied in their respective age groups. The relative ratio of respondents is comparable to the intake and two-week. 22 reported not taking the nosode.

Caucasian	Caucasian Jewish	Latino	Asian	African / Afro-American	African / Afro-American; Latino	Native American/ Alaska Native	Mixed race	Totals
346	22	18	5	4	5	4	30	434
79.72%	5.07%	4.15%	1.15%	0.92%	1.15%	0.92%	6.91%	100.00%

Chart 1.4. Race of respondents from three-month follow-up.

Chart 1.4 shows the relative percentages and absolute numbers of the races of participants who followed up. This data is derived from the 434 three-month follow-up form. There was a total of 434 respondents to the three-month. We extrapolate that the relative percentages may overly inflate those of specific races based on education and personal investment to the research. We had neglected to enquire about race in the intake form. Orthodox-Jewish was separately identified as registration took place concurrently to the massive outbreak and fatalities amongst their communities in New York. We wanted to determine if there was a difference in outcomes. There were no discernable differences in nosode responses with this group.

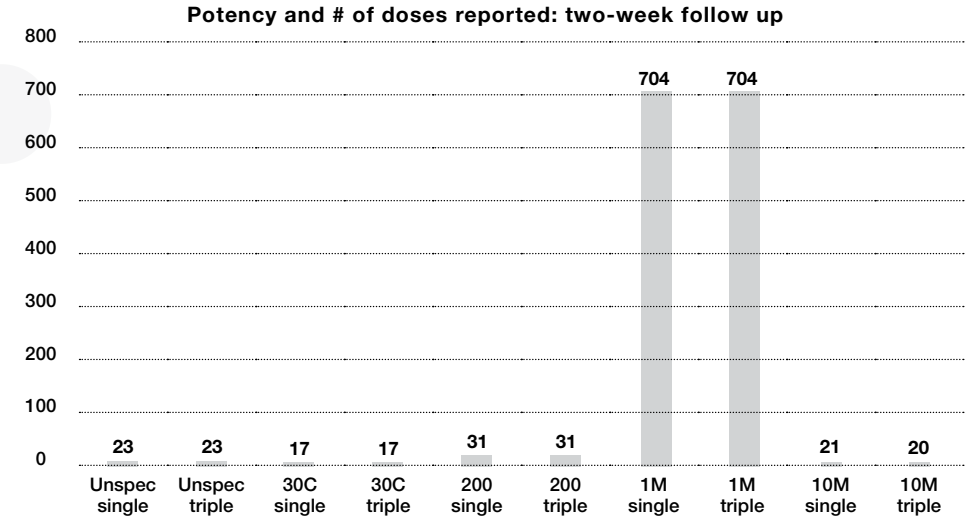


Chart 1.5a. Number of doses per potency reported in the two-week follow-up.

Chart 1.5a indicates how many doses and in what potency were reported in the two-week follow up. Registrants were instructed to take the 1M potency. Several HP Supervisors administered different potencies. Most doses given were in the 1M potency. Some individuals reported taking several potencies. A total of 796 single and 795 triple doses were reported. A total of 3181 total doses were reported in the two-week follow up (N= 796 people).

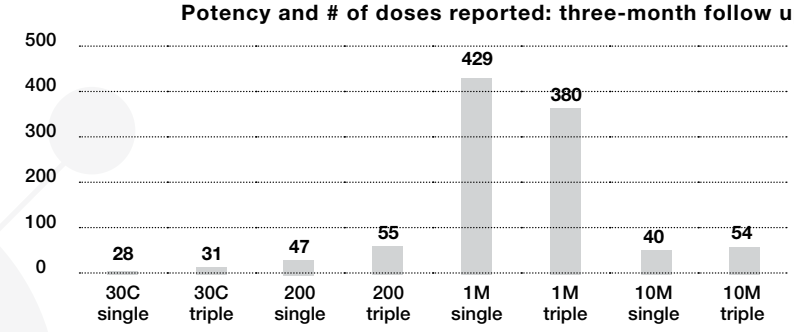
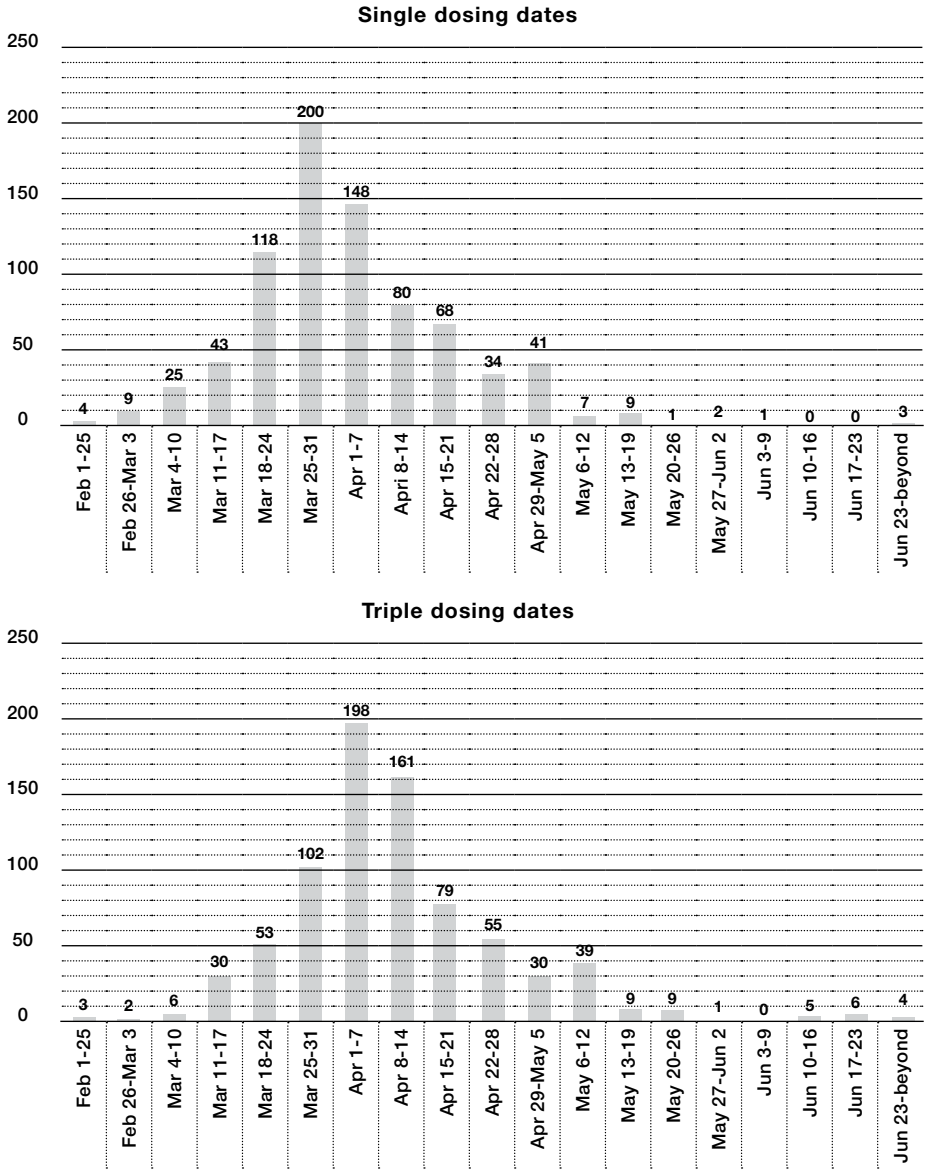


Chart 1.5b. Number of doses reported from three-month follow-up.

Chart 1.5b There was a total of 520 single and 544 triple doses reported from the 434 three-month follow-up respondents. This indicates that respondents took many more doses than they were initially instructed to. Some may have had continued exposure; others may have felt they needed additional support to resolve nosode responses; others had continued fear and anxiety as the pandemic persisted and so desired more support of the nosode. Also, as the pandemic seemed to be increasing in the months of June and July, FHCi also instructed registrants to repeat the triple dose and/or to increase the potency to the next level for the subsequent dosing series.



Charts 1.6a. and **1.6b** Single and triple dosing dates.

Chart 1.6a. and **1.6b** are derived from the two-week follow-up form. Here, the number of doses administered is reported by specific weeks. The first doses were reported in February 2020 and registration closed April 25, 2020. Instructions were to take the nosode on Saturdays. The week-long intervals identified were from Wednesday to the following Tuesday, given that some people did not take the dose on Saturday or the triple dose spanned two days (i.e. Saturday and Sunday). The peak of the single dose took place during the week of March 25-31 with 200 doses taken, and the peak of the triple dosing was April 1-7 with 198 doses. Some people waited two weeks or more before taking the triple dose.

Chart 1.7. This chart compares dosing dates with Novus-CV to reported Covid-19 cases and deaths in the United States 2020. Death rates are compared to the legend on the left and cases to the legend on the right.[xvii] The first single dose was administered on February 24, 2020. The week of March 25-31 was the peak dosing period for the single dose. The week of April 1-7 preceded the peak incidence of Covid-19 cases and deaths in the Spring in the US. The last doses recorded were on June 24. In June 2020 and October 16, 2020, FHCi recommended all HP Supervisors and Family Members repeat either the 1M triple dose or take a 10M triple dose. During the week of October 29, the mass annual influenza vaccination program was pushed.

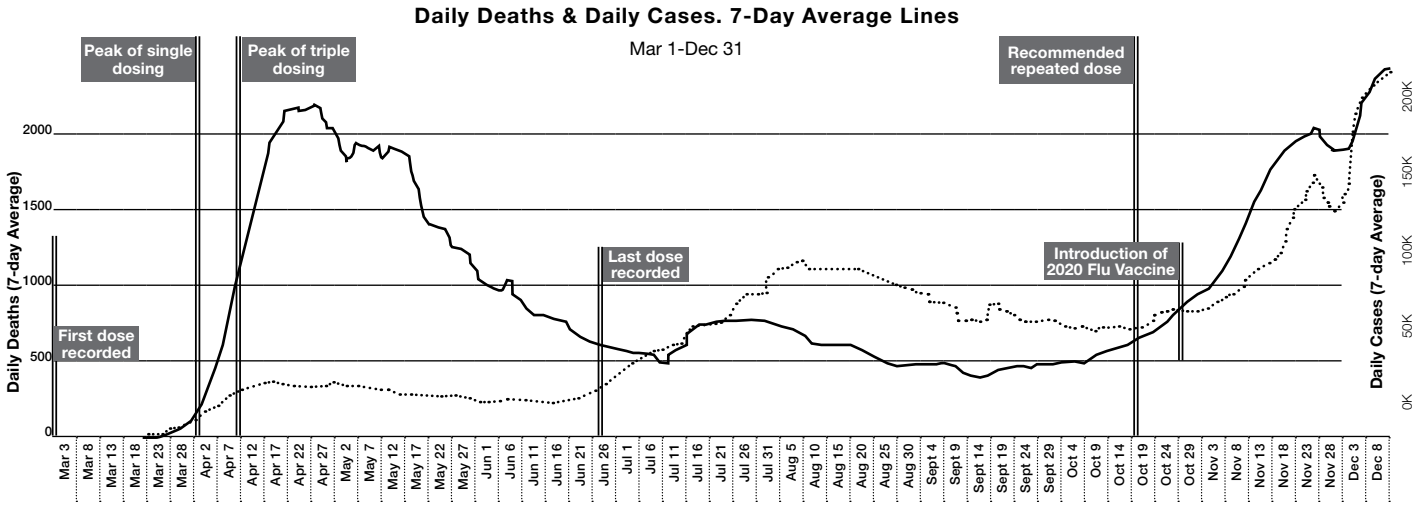


Chart 1.7 Comparison of dosing dates with Covid-19 incidence, cases, and death rates in the US. [xix]

	# people	# sx
active	63	281
single	314	1046
triple	218	919
Total		2246

Table 2.1. Number of people and number of symptoms at registration, after the single dose and triples doses.

	acute sx	all other	Totals
active or remained active	776	197	973
went way	746	214	960
cured	701	107	808
Total	2223	518	2741

Table 2.2. Total number of symptoms that were active, came and went, or were cured from all respondents upon registration, after the single dose and triple doses

2. Covid disease expression from Active cases, proving, and cured symptoms

Data for the charts and tables in this section were derived from the two-week follow-up forms. There were 63 registrants with Active Covid-19-like symptoms. We listed these symptoms in Tables 2.3a. and 2.3b. and used these charts as a reference point to evaluate the clinical expression of Covid-19. Nosode responses, proving symptoms, and cured symptoms were also evaluated to this symptom presentation. These symptoms were identified as cured with the nosode if they resolved after dosing.

Table 2.1 compares number of respondents with symptoms to the number of symptoms that at registration or came and/or went after the single and triple doses, respectively. There were 63 people with 281 Active symptoms, upon registration. 314 respondents developed or had a change in 1046 symptoms after the single dose. 218 had 919 symptoms after the triple dose.

Table 2.2. indicates the total number of unique symptoms, positive or negative, in Active acute disease expression, and in all other organ systems, after all dosing series that were either active or remained active (see Chart 2.4.*), went away, or cured. The list of acute immunological symptom categories is consistent with those identified in Charts 2.3a. and 2.3b., and includes symptoms listed upon registration, after the single dose, or triple dose (see Table 2.4. for itemised tallies). Symptoms could be as minor as a single short sharp cough to symptoms in multiple systems with body aches, fever, runny nose, and oppression on the chest. Symptoms also include mental and emotional symptoms, dreams, and other organs systems. There were a total of 2741 unique independent symptoms developed, resolved, or modulated in response to the single and triple doses of the nosode. Of the 776 acute symptoms listed as 'active or remained active,' 281 symptoms came from those with Active acute disease indicated in Table 1.1.

Table 2.3a. identifies the number of a type of immunological symptoms, including emotional and generals, respondents had at the time of registration. These symptoms are listed according to the order or prevalence the CDC identified.[xx] There were 63 individuals with Active symptoms upon registration, of which 17 had ongoing symptoms for more than 2 weeks. 26 had fever, of which 18 were low grade fevers. 33 had lung complaints. 43 had cough, of which 5 were recurring or intermittent. 3 of the 14 with stomach complaints had chest symptoms before or after vomiting.

Fever		Lung		Cough		Body aches		Headache		Sinus		Throat		Stomach		Rectum		Emotions		Generals	
Totals	26		33		43		19		25		38		10		14		10		24		
Low grade (98.7°-99.9° F / 37°-37.9° C)	18	Lung Sx	13	Cough	11	Slight / unspecific	6	Headache	13	Sinus sx	3	Throat sore / tender	5	Indigestion	1	Diarrhoea	9	Fear / anxiety	11	Fatigue / weakness	7
Medium (100°-101.9° F / 38°-38.8° C)	4	Severe	4	Recurring / intermittent	5	Ear	1	Off and on	1	Runny nose	19	Swollen lymph	1	Nausea	3	Loose stools	1	Restless	2	Suspected CV / cold on registration	63
High (102°-105° F / 38.9°-40.5° C)	3	Intermit-tent	1	Persistent	2	Eyes	1	Recurring / intermittent	2	Runny nose and sneezing	2	Fiery	1	Cramping / vomiting	1			Excited / curios	2	Sx of long duration (>2 weeks)	17
Chills	1	Slight	3	Change-able	3	Back, neck and head	1	Slight / brief	2	Inflamed	1	Throat ache	1	Vomiting / diarrhoea	3			Apathy	2	Cold-like, flu-like with GI Sx	2
		Diffi-culty to breathe / short-ness	3	Productive/ semi-productive	2	Back, neck, testicles	1	Constant / daily / chronic	3	Congest-ed	2	Tingling	1	Chest sx before or after vomiting	3			Stable	2		
		Wheez-ing / Asthma	3	Wet unpro-ductive	1	Neck / shoulders	3	Short	1	Stuffy dry	2	Ache	1	Indigestion	1			Emotional	2		
		Pressure /heavy	2	Unproduc-tive	1	Hips and lower back	1	Mild	1	Post-nasal discharge	3			Stomach ache	1			Confusion	1		
		Tightness	4	Tickling / scratching	2	Extremities	2	Severe	2	Like a cold	2			Retching	1			Depressed / spacy	2		
				Dry cough	9	Bones	1			Green snot	1										
				Wet cough	3	Severe	2			Loss of taste and smell	2										
				Yellow / green discharge	4					Smells exacer-bated	1										

Table 2.3a. Number and type of acute symptoms of the 63 suspected Active cases at registration.

Fever	Lung	Cough	Body aches	Headache	Sinus	Throat	Stomach	Rectum	Emotions	Generals
At night	Tightness	At night	Recurring	Intermittent	Recurring	Intermittent	Intermittent	Diarrhoea	Recurring	Worse
Recurring	Constricted	Seldom	All over	Daily / constant	Intermittent	Sore	Hurt	Stress	Undercurrent	Sick
Up and down	Wheezing	Occassional	Slight	Right side	Blockage	Fiery	Pit	Loose	Intense	Fighting
On and off	Shortness	Intermittent	Dull	Sharp	Inflamed	Tingling	Awful		Stable / grounded	Paroxismal
Not sure if fever	Tickling	Inconsistent	Terrible	Brief / mild	Dry	Scratchy	Bad		Concerned	Bad
Slight / small / mild	Congested	Paroxysmal	Bruised / sore	Scalp hurt	Plugged	Swollen	Upset		Alert / curious / excited	We don't know
Chills and heat	Try to clear lungs	Persistent	Heaviness	Frontal / forehead	Sore				Speed /out of control	Continuing
Flushed feeling	Heaviness	Slight	Hurts						Anxios / concerned / nervous	Fatigue
Very low / low	Chest hurts	Wheezing	Achy						Feaful / panic	
Numbing / cold sensations	Pressure	Scratching / tickling							Worry	
	Hard	With lethargy							Emotional / sensitive	
		Tight							Indecision	
		Changing							Left out	
		Reactive							Spaced out	
		Productive							Confusion	
		Deep							Disinterest	
		Drowning							Tired	

Table 2.3b. Quality, sensation, and intensity of Active acute symptoms in respondents.

Table 2.3b. shows compilation of the qualitative descriptors and time modalities identified by respondents. These descriptors begin to formulate a characteristic symptom picture upon which to understand Novus-CV. These themes and qualities were consistent throughout all symptom categories: intermittent, recurring and symptoms coming and going. Pressure, tight, heaviness, blocked, sharp pains. Stabbing, tingling, tickling, stitching, and scratching sensations were experienced in multiple systems.

Chart 2.4. identifies the number of acute immunological symptoms in their relative categories upon registration. It follows the change in appearance or the resolution of new symptoms, or resolution of active symptoms, after the single dose and triple dose, respectively. Within each column there are three series identified.*

- **Series 1** identifies the number of symptoms that were reported Active at registration or symptoms that became active after dosing that did not go away.
- **Series 2** identifies the number of symptoms that were reported activated after dosing that went away within the week after the single dose and within the two weeks after the triple dose, and before completing the form.
- **Series 3**** are those symptoms that were active upon registration that were either cured after the single or triple dose or, in the third column of that category, were the unresolved single dose symptoms that resolved with the triple dose.

Symptoms came on and disappeared within minutes or days after taking the doses. Most symptoms were mild, intermittent, or fleeting.*** There were positive and negative symptoms, relapsed and cured symptoms. Whatever the situation a 1 was tallied. Some respondents wrote long paragraphs detailing symptoms in multiple systems. These symptoms were not tallied as separate symptoms but kept in their entirety (see **List 2.5.** below). E.g., of the 63 Active cases upon registration, there were 26 fever /chills symptoms, 33 lung symptoms, 43 coughs, 19 body aches, and so on. Of the 57 (43+14) coughs that came on after the single dose, 43 went away; 39 of the 43 coughs were cured with the single dose. After the triple dose, 17 of the initially Active and/or single dose activated coughs were cured. We see this trend of resolution through the doses in all symptom categories. As the fever increased through the dosing series, the more limiting aspects of the cough, sinus, headache, and body aches resolved. We also saw that the vomiting and diarrhea induced resolved other symptoms This is in line with the circle of disease process: a fever is needed to resolve the immune response set up by an infectious agent.

*The number of symptoms comes from registrant responses. Some respondents were more attentive to detail than others. Respondents were to describe the symptom and duration. Some checked that symptoms appeared in a particular category but did not identify what the symptom was. These generic symptoms are tallied as generic in their category. The went away categories, while listing only the immediate responses, are not accurate as to complete resolution as the

respondent did not necessarily indicate the duration of the symptoms. Resolution of symptoms was verified according to their comments with the symptom (i.e., "Was dizzy after dosing. Lasted 1 day") or in their final comments in the two-week and three-month follow-ups (i.e., "Overall I am feeling much better; all symptoms have resolved." "I had felt a deep exhaustion in the pit of my stomach/solar plexus. After the triple dose, I saw a decrease in that anxiety and exhaustion.") Proving symptoms resolved in all respondents. Those that were cured remained so.

**The dosing schedule was to be a single dose followed a week later by the triple dose. Two weeks after the doses, they were to complete the two-week follow-up. Not all participants took the doses on schedule or completed the forms on time. Nonetheless, their symptoms are more or less tallied according to this schema.

***Not a single adverse event was reported. Adverse events as defined by the National Institute of Health guidelines for research on human subjects are defined as a death, life-threatening adverse drug or device experience, inpatient hospitalisation or prolongation of existing hospitalisation, a persistent disability/ incapacity, or a congenital anomaly/birth defect.[xxi]

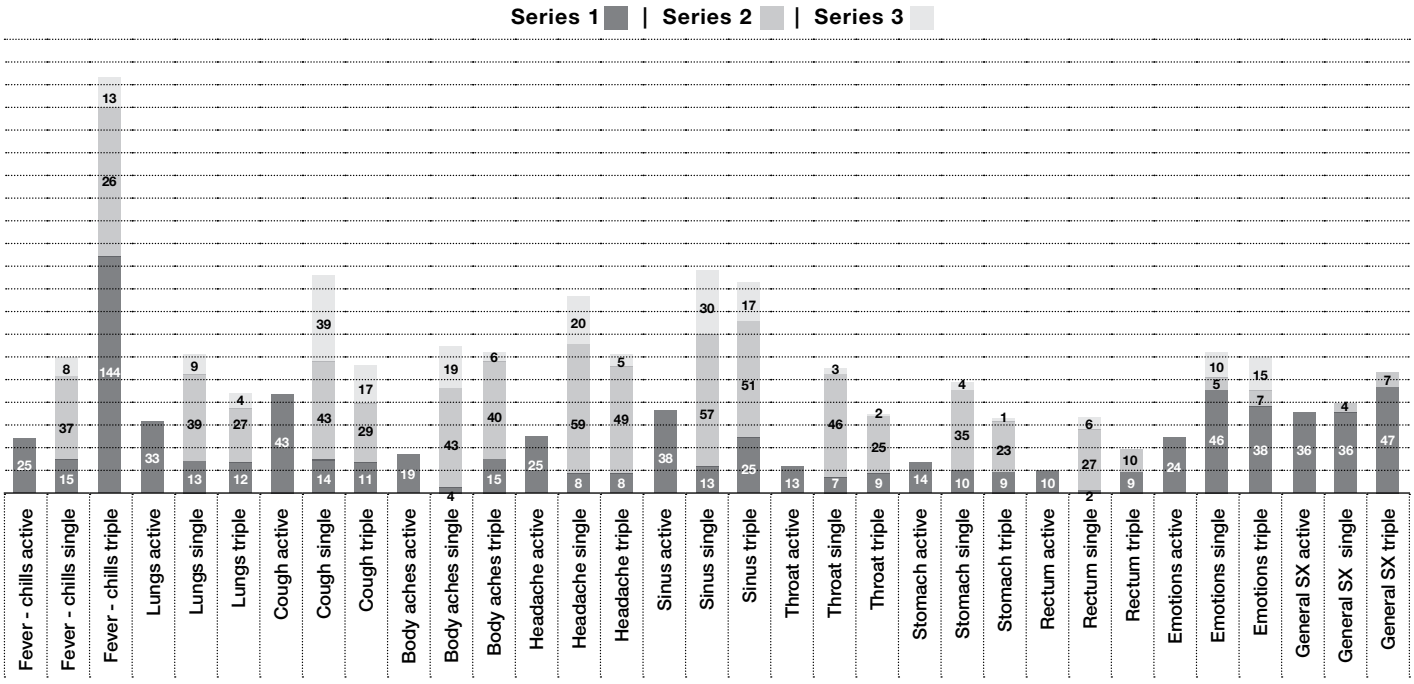


Chart 2.4. Number of and changes in acute immunological symptoms upon registration after the single and triple doses.

List 2.5. Case examples of the acute immune system transformational process. What follows are the direct statements of respondents as they moved through nosode responses and Active disease resolution.

- 13-year-old boy: About 2 hours after dose, N had red cheeks, but I do not think he had a fever. He said he felt fine. He fell asleep around 5 PM that night, which was strange because he is usually up until 10 or 11. I tried to wake him up at 7:00 PM, 8:00 PM, and after 10:00 PM, but he was too sleepy to stay up. He slept until 2 AM and was completely fine the next day.
- 46-year-old female: After the first dose there was a dense tightness and lurching with pains moving around the body as if adrenaline were released. Worsened by physical fatigue throughout day: very heavy feeling in body and emotions. Then 3 very good near symptom-free days with amelioration of multiple pains and discomfort in the whole body, a sense of confidence and inner peace where before there had been discomfort emotionally and psychologically. Freedom from a kind of burning in my whole system; nose, throat with mucus, and having to swallow a lot - this was all immediately relieved.
- 39-year-old male: Nausea and feeling tired, without energy. These symptoms started one day after the first dose and lasted one day.
- 32-year-old female: Depressed, angry, hopeless, stuck, frustrated and suicidal. *Fatigue* with lack of energy and motivation and suicidal thoughts, which all improved with the onset of a fever, a throat tickle and sore throat.

List 2.6. provides a monogram of the themes of the nosode Novus-CV. A complete Materia Medica of all symptoms was compiled and published in the American Homoeopath.[xxii]

Monogram, regions of affinity, and modalities of Novus-CV

- **Monogram:** pyretic, glandular, rheumatic, purgative, exudative, soporific, irritant. Glass-like, scratchy. Reactive, immediate, sudden, intermittent, changing, transforming, resolving. Weakness, fatigue, lethargy. Polarised. Dry or wet. Exonerative discharges. Contraction and expansion. Blocked and runny. Life force versus exhaustion. Anxiety and restless versus calm and centered. Isolated and separation versus community and integration.
- **Regions:** immune system, lungs, head, sinus, throat and glands, stomach and rectum. Nerves. Left and right sides, alternating sides, or both sides.
- **Modalities:**
  - **Worse:** in the morning, on waking, late afternoon, evening, night, with excercise, from motion and continued motion, getting wet.
  - **Better:** from massage, initial motion, lying, intermittent fasting.

List 2.6. Monogram of Novus-CV.

3. Cohort results.

From either the two-week or three-month follow-ups, respondents were identified who declared that they had Previous Covid-19-like disease in the months of November 2019 to registration in February through April 24th, 2020, Active symptoms upon registration, or who were Exposed to people who had Previous or Active Covid-19-like disease.

Table 3.1. follows the 268 individuals belonging to one of the three cohorts of the 846 respondents: Previous disease (Prev.), Active Covid-like disease (SX reg), or where Exposed to those with either, Before or During the dosing period (Be Du). Covid-19-like disease was verified by comparing the symptoms they reported against the clinical profile described in **Tables 2.1-2.7.** 141 females and 126 males were identified, and one did not specify gender. 72 of the 89 with Previous disease had resolved their condition prior (Re pr.) to registration. Of the 62 with Active symptoms upon registration, 17 were the unresolved Previous cases. 135 respondents were exposed to those who had Previous disease or Active disease. Of all groups, 132 reported developing or resolving immune/proving symptoms During the dosing period. Of these respondents 132 developed and had a change in symptoms During. 124 of the 268 did not develop or have a change in any symptoms.

		Gender			Prior Covid-like		Expos	Active SX		
File number		F	M	N/S	Prio Reg	Re Pr.	Be Du	SX-Reg	During 2 wk	No Sx
Totals	268	141	126	1	89	72	135	62	132	124

Table 3.1. Number of respondents who had identified Previous Covid-19-like disease, resolved Previous, Active disease upon registration, or had Exposure, Before or During dosing, to either cohort.

Table 3.2a. is a sampling of the 89 respondents who stated they had Previous (Prev.) Covid-19-like disease expression and follows them through their progression through the dosing series, nosode responses, and three-month follow-up. Families are grouped by file numbers and are shaded darker if they had a change in symptoms During the dosing period. A change in symptoms means they developed new or resolved symptoms (increased health and vitality).

Of the 89 with Previous disease, 17 had Active symptoms upon registration; 38 had a change in symptoms, of which all resolved During the dosing period; 42 did not develop any symptoms (No sx); 14 had a relapse in symptoms (Sx re); 47 who had either Active symptoms and/or developed symptoms During had their symptoms resolve (Pr sx rs) by the end of the dosing period. 43 did not submit a three-month follow-up.

Of those who did not resolve, the details are as follows: 3 respondents with Previous disease that had Resolved prior (Re pr.) to dosing had half of their symptoms resolve; 1 respondent who had Previous disease that was still Active upon registration, had no change of symptoms During, but not all the symptoms had resolved as the time of three-month follow-up (e.g., see Respondent File NCV-00087.2 after table).

Of the 89 with Previous disease, 14 had a relapse of symptoms (Sx re) with the nosode which subsequently resolved upon dosing; 43 did not submit the three-month follow up (No 3). Of the ten tests (9 respondents), 10 tests were negative, despite having clear Covid-19-like disease. One respondent reported testing twice.

E.g., family NCV-0007 had 5 members, 4 of which had Previous disease of which all resolved. NCV-0007.5 had Active disease and is followed on **Table 3.2b**. NCV-0007.4 reported a change in symptoms in one or more symptoms but not full blown Covid-19-like disease During. Their symptoms resolved be the end of the dosing period (Pr sx rs). NCV-00065.3 is the only person in their family who had Previous disease. There were 7 other members in this family potentially exposed to NCV-00065.3. Their results are tracked in **Table 3.2c**. under exposure. For NCV-00061 their symptoms relapsed (Sx re) sometime after dosing but upon redosing resolved (Pr sx rs). Both NCV-00026.2 and NCV-00028.1 had Previous disease, which was still Active at the time of registration. Both had a change in symptoms During, which all resolved by the time they completed the two-week follow-up. All 39 of the individuals who had a change in symptoms resolved by the end of the dosing period, including the 17 with Active symptoms upon registration. Of the 17 respondents with Active symptoms all but 0.5 resolved (See **Table 3.2b**. for explanation: 97.1% cure rate).

Ac sx re =	Active Covid-Like symptoms at registration
Be Du =	Exposed to Covid Before or During the dosing period
No SX =	Symptoms did not develop or did not change
Pr reg. =	Existing Covid-like symptoms prior to registration
Pr sx rs =	Previous symptoms resolved by end of dosing period
Prev. =	Previous Covid-like disease expression
Re pr. =	Resolved Covid-like disease prior to registration
SX re. =	Covid-like Symptom relapse
SX reg. =	Active Covid-like disease during dosing period

			Gender			Covid-like Sx expr.		Expos	Active SX			Change in Sx with Rx				From 3 Months after					Testing			
File number		Age	F	M	N/S	Prev.	Re pr.	Be Du	Sx reg	During	No sx	Sx re	Pr sx rs	Ac sx re	did not	Exp	Active	Redose	Resol	No3 Mo	Test	N test	Pos	Neg
Totals	89		53	35	1	89	72	0	17	38	42	14	47	0	2	0	0	0	0	43	10	37	0	10
NCV-00007.1	1	30-39	1			1	1				1									1				
NCV-00007.2	1	30-39			1	1	1				1									1				
NCV-00007.3	1	6-11		1		1	1				1									1				
NCV-00007.4	1	0-5		1		1	1			1			1							1				
NCV-00026.2	1	19-29	1			1			1	1			1							1				
NCV-00028.1	1	50-59	1			1			1	1			1									1		
NCV-00028.4	1	6-11	1			1	1				1									1				
NCV-00033.2	1	40-49		1		1	1			1			1								1			1
NCV-00041.2	1	50-59		1		1	1			1			1								1			1
NCV-00054.2	1	30-39	1			1	1			1			1									1		
NCV-00054.3	1	0-5	1			1	1				1											1		
NCV-00054.4	1	0-5	1			1	1			1			1									1		
NCV-00060.3	1	0-5		1		1	1				1									1				
NCV-00061	1	50-59	1			1	1				1		1									1		
NCV-00063.1	1	30-39	1			1	1				1									1				
NCV-00065.3	1	12-18		1		1	1				1											1		
NCV-00066.3	1	0-5		1		1			1	1			1									1		
NCV-00073.2	1	30-39		1		1	1				1											1		
NCV-00073.3	1	0-5		1		1	1				1											1		
NCV-00073.4	1	0-5		1		1	1				1											1		
NCV-00073.5	1	0-5		1		1	1				1											1		
NCV-00074.2	1	0-5	1			1	1			1			1									1		

Table 3.2.a Responses of those with Previous disease.

Respondent file number: NCV-00087.2

Previous disease expression: Female 20 years old reported *"Flu February 2020. I have not been tested but think I had the disease about a month before I took the nosode. I was sick in February and believe I had Covid-19. I had all of the symptoms and went to the doctor after about 4-5 days of getting progressively worse, feeling increasingly scared. The doctor said it was not a cold, she tested me for the flu and said it was not the flu, but she did not know what it was. My cough lasted for at least a month. I felt totally out of it when I went to the doctor. Lungs and chest hurt. My lungs felt heavy. Had to cough. Felt like it was dry but felt like there was a lot of congestion in my upper lungs. The cough has lasted a really long time, like over a month. Current fever for a few days, body hurt a lot. Headaches for a long time. Felt like I was being left out. Felt very sensitive."*

Active disease upon registration: March 20, 2020: *"Fear and Anxiety. Claustrophobia. Vulnerable, frustrated, and fear of disease."*

Response to single dose: Respondent did not report any change in symptoms.

Response to Triple dose: Respondent did not report any change in symptoms.

Three-Month follow up: September 24, 2020: Respondent reported that she *"had fear"* before taking the nosode, she had a *"neutral feeling"* during dosing, and a *"feeling of well-being"* at the time of the three-month follow-up. *"I am currently being tested every 3 days at Boston University. Always negative. I truly believe I had Covid-19 in February, but the medical establishment was not able to recognise it. I lost my sense of smell and taste; I had a dry cough for at least a month after the worst of it was over. I continue to experience some cognitive fogginess. My mood became depressed during the illness; this continued for some time after and has not fully resolved. There is also some anxiety."*

Comments: in this case she only reported on mental and emotional symptoms.

Table 3.2b. 63 respondents had Active symptoms upon registration, 1 of which we had no follow-up from and so is not included in this table. 49 of those developed or had a change of symptoms During. 12 did not (No sx). 17 of those had Previous disease. 16.5 respondents with Previous unresolved symptoms resolved (Pr sx rs) after dosing and 43.5 of those with Active symptoms resolved. When an individual recovered 50% of their symptoms they were tallied as 0.5, accordingly 2 respondents reported half of their symptoms did not resolve (Did not) equaling 1. Giving a homoeopathic 97.1% efficacy rate for Previous cases and 96.66% efficacy rate for Active disease.

E.g., NCV-0007.5 had what we determined was an Active symptom of a headache lasting more than 7 days upon registration which resolved with the nosode as it was not mentioned further. 7 tests in 4 people all showed negative.

			Gender			Covid-like Sx expr.		Expos	Active SX			Change in Sx with Rx				From 3 Months after					Testing			
File number		Age	F	M	N/S	Prev.	Re pr.	Be Du	Sx reg	During	No sx	Sx re	Pr sx rs	Ac sx re	did not	Exp	Active	Redose	Resol	No3 Mo	Test	N test	Pos	Neg
Totals	62		37	25	0	17	0	4	62	49	12	8	16.5	43.5	1	7	0	0	0	32	7	26	0	7
NCV-00007.5	1	60-69	1						1	1				1		1				1				
NCV-00008.1	1	6-11	1						1		1			1								1		
NCV-00008.2	1	30-39	1						1	1				1								1		
NCV-00008.4	1	0-5		1					1	1				1								1		
NCV-00016.2	1	50-59		1					1	1				1								1		
NCV-00026.2	1	19-29	1			1			1	1			1							1				
NCV-00028.1	1	50-59	1			1			1	1			1									1		
NCV-00030.1	1	40-49	1						1		1			1						1				
NCV-00034.1	1	60-69	1						1	1				1								1		
NCV-00035.2	1	30-39		1					1	1				1						1				
NCV-00051.1	1	60-69	1						1	1				1								1		
NCV-00051.2	1	60-69		1					1	1				1								1		
NCV-00057.1	1	30-39	1						1		1			1		1					1			1
NCV-00066.3	1	0-5		1		1			1	1			1									1		
NCV-00075.5	1	40-49		1					1					1								1		
NCV-00081.1	1	40-49	1						1	1				1								1		
NCV-00087.2	1	19-29	1			1			1		1		0.5		0.5						2			2
NCV-00092.1	1	40-49	1			1			1		1		1									1		
NCV-00110.1	1	60-69	1						1	1				1						1				
NCV-00110.2	1	70-79		1					1	1				1						1				

Table 3.2.b Response in respondents with Active disease.

Table 3.2c. shows the 135 respondents exposed to either Active or Previous cases. 4 of those exposed had Active disease upon registration. 56 developed short-lived proving symptoms During. Of those 55.25 resolved which is (98.7% resolution rate). Of the 135 with definite exposure, 76 had no symptoms. 0 of the 135 exposed developed Covid-19. Of the total 434 three-month respondents, 0 developed Covid-19. Follow-up was open to Oct 1, 2020. Efficacy of HP in those exposed to Previous or Active cases was 100%. When compared to national contraction rates to those exposed you would expect, depending on location between .84-1.11 people to be infected when exposed to those with active disease.[xxiii]

			Gender			Covid-like Sx expr.		Expos	Active SX			Change in Sx with Rx				From 3 Months after					Testing			
File number		Age	F	M	N/S	Prev.	Re pr.	Be Du	Sx reg	During	No sx	Sx re	Pr sx rs	Ac sx re	did not	Exp	Active	Redose	Resol	No3 Mo	Test	N test	Pos	Neg
Totals	135		62	73	0	0	0	135	4	56	76	1	0	55.25	1.75	80	0	0	0	55	11	67	0	11
NCV-00008.3	1	6-11		1				1			1					1						1		
NCV-000016.1	1	30-39	1					1			1					1						1		
NCV-00016.3	1	0-5		1				1			1					1						1		
NCV-00026.1	1	60-69	1					1		1				1						1				
NCV-00028.2	1	40-49		1				1			1									1				
NCV-00028.3	1	12-18	1					1			1									1				
NCV-00030.3	1	12-18		1				1			1									1				
NCV-00030.4	1	6-11	1					1			1									1				
NCV-00030.5	1	70-79	1					1			1									1				
NCV-00030.6	1	60-69	1					1		1				1						1				
NCV-00033.1	1	40-49	1					1		1				1		1					1			1
NCV-00033.3	1	6-11		1				1		1				1		1					1			1
NCV-00033.4	1	0-5		1				1		1				1		1					1			1
NCV-00034.2	1	70-79		1				1		1				1						1				
NCV-00035.1	1	30-39	1					1		1				1						1				
NCV-00035.3	1	6-11	1					1			1									1				
NCV-00035.4	1	0-5		1				1			1									1				
NCV-00035.5	1	0-5	1					1			1									1				
NCV-00041.1	1	50-59	1					1		1				1		1						1		
NCV-00041.3	1	19-29	1					1			1					1						1		
NCV-00041.4	1	12-18	1					1			1					1						1		

Table 3.2.c Responses in respondents who were Exposed to those with Previous disease and/or Active disease.

4. Final health outcomes

Charts 4.1-4.3 show the 'fear-wellness' parameters before, during, and after the dosing periods. As fear and anxiety surrounding Covid-19 is paramount to the strength of an individual's immune system, the three-month follow-up was intended to review these parameters. While 38 respondents reported fear (a) before dosing this number had reduced to 8 after dosing. Meanwhile the well feeling increased from 119 before to 174 after dosing. 34 individuals reported feeling invincible.

Chart 4.4. reflects the relative autonomy individuals felt at the end of their participation in the research. 162 of 434 respondents (23%) felt clear in what they must do, they were doing it, and their bodies were working for them. 0.5% had no confidence in their health or what they were doing.

Table 4.5. 68 of the 434 three-month respondents acquired a Covid test through either private lab or hospitals. All tests came back negative regardless of Previous disease, Active disease, or nosode stimulated immunological symptoms During that correspond with the associate clinical presentation of Covid-19 used as our reference point.

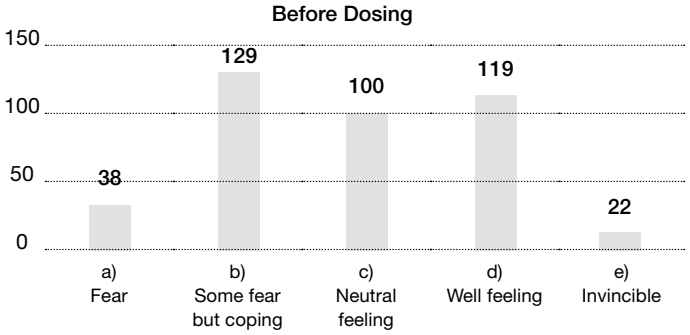


Chart 4.1 Fear-Wellness parameters Before dosing.

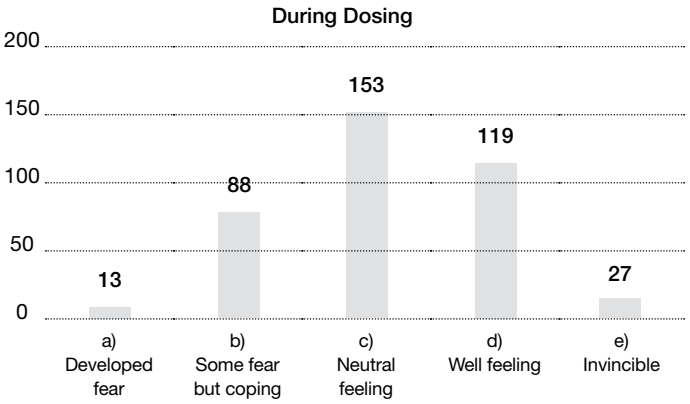


Chart 4.2 Fear-Wellness parameters during dosing.

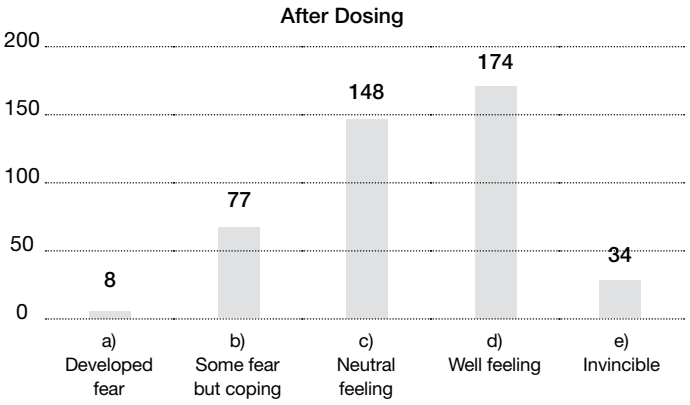


Chart 4.3 Fear-Wellness parameters after dosing

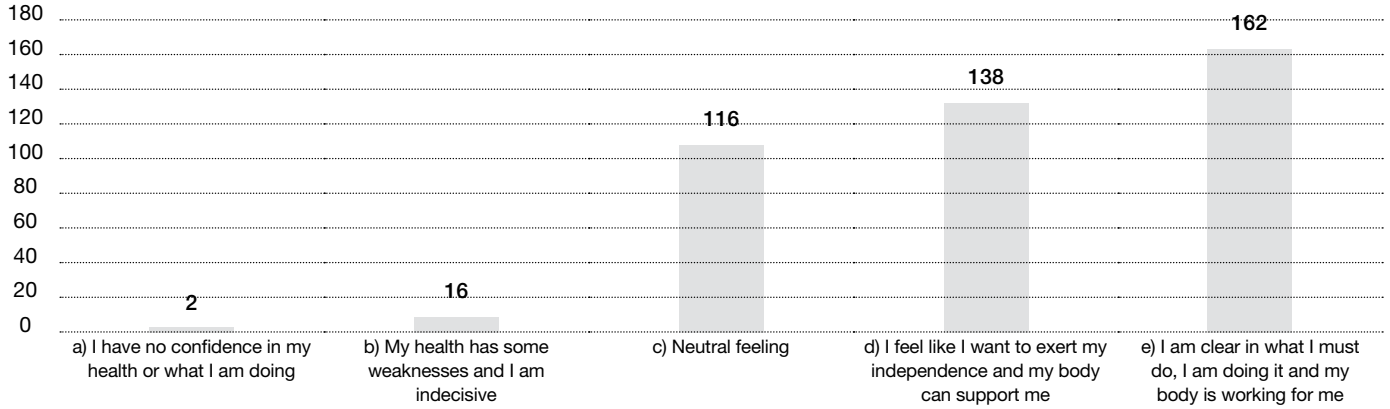


Chart 4.4. Autonomy mirrored by immune system strength.

	Number of respondents who tested	PCR test	+	-	Serological test	+	-	IgE test	+	-	IgM test
Total	68	56	0	56	19	0	19	1	0	1	4

Chart 4.5. Testing results of all 434 three-month respondents.

Discussion

This research project explores several facets which are pivotal to verifying the tenets of homoeopathy and homoeoprophylaxis:

1. **Tenet:** *Potentised remedies* made from pathological sources have the capacity to activate and modulate immune symptoms in those sufficiently susceptible.[xxiv]

2741 unique symptoms were brought on, resolved, or modulated after the administration of the 1M potency of Novus-CV made from potentised nasopharyngeal discharge of active Covid-19 cases. This demonstrates that there was a susceptibility in the population to this nosode and that in *potency* it did have the capacity to affect the human system.

2. **Tenet:** Homoeopathic *provings* of a potentised substance provide the clinical indications of that substance.[xxv]

To date this was the largest proving ever done. 796 respondents reported over 2741 symptoms in all organ systems including the immune system. *Proving this nosode* demonstrated that immunological substances produce immunological symptoms and that when symptoms were viewed in totality they looked like the symptoms of active Covid-19 disease. Furthermore, the symptoms compiled an extensive Materia Medica providing the clinical indications for the homoeopathic use of Novus-CV.

3. **Tenet:** *Resolution* of infectious disease processes require a specific elimination route.[xxvi]

As demonstrated, 96.66% of active cases with body aches, headaches, lung congestion and cough recovered as 222 fevers, 146 runny noses, numerous vomiting and diarrhoeal discharges developed in response to the nosode. These were the necessary elimination pathways of the disease and once completed individuals reported feeling better.

4. **Tenet:** The clinical presentation of active disease provides a basis for differentiating acute disease versus proving symptoms.[xxvii]

The clinical presentation of those with active Covid-19-like disease upon registration provided a clear symptom picture upon which to evaluate the proving symptoms developed by participants. While the combined proving symptoms provide a clinical presentation of Covid-19, individual respondents may have only had anywhere from 1-7 individual fleeting symptoms in any organ system. Accordingly, during the proving process, even though 314 respondents had *developed and resolved* 1046 individual symptoms in several organ systems from the single dose, and 218 developed and resolved 919 individual symptoms from the triple dose, review of their individual symptom presentation and subjective reports determined these were mild-short-lived proving symptoms not Covid-19-like disease.

5. **Tenet:** The founding homoeopathic principle of *'like cures, like,'* is verifiable.[xxviii]

Such that when Novus-CV nosode while differing in kind, was *similar* in presentation to the 62 Active cases such that the nosode had the capacity to cure 96.66% of them. Additionally, in the 17 of those who had unresolved previous disease 16.5 resolved, indicating a 97.01% efficacy rate.

6. **Tenet:** *Homoeoprophylaxis* with a nosode, as the center point of the disease expression, may lower infection rates.[xxix]

In the 434 respondents, of which 135 had definite exposure, Novus-CV demonstrated 100% efficacy in *preventing disease*. As no long-term issues or adverse events were reported, it is demonstrated that this nosode provides *a non-toxic method of immunisation*.

7. **Tenet:** Susceptibility to *Contagion* is based on miasmatic pre-disposition according to homoeopathic philosophy. [xxx]

In Aphorism 5 of the Organon of Medicine, Hahnemann describes contagion as rooted in miasm.[xxxi]

§ 5 §

Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration.

Kent's interpretation: "The probable exciting cause of the disease is the inflowing of the cause as an invisible, immaterial substance, which having fastened upon the interior, flows from the very center to the outermost of the economy, creating additional disorder. This is true of Psora, Syphilis and Sycosis and of every acute contagious disease known to man. When the physician is thoroughly conversant with the very image of the sicknesses that exist upon the human race, he is **then** prepared to study the Materia Medica. All the imitations of miasms are found in drugs. By application, the physician must fill his mind with images that correspond to the sicknesses of the human race. It is being conversant with symptomatology, with the symptom images of diseases, that makes one a physician. The physician must also be acquainted with the chronic miasms - Psora, Syphilis, and Sycosis. Psora is the cause of all contagion, if man did not have Psora, he would not have had the other two chronic miasms."

Thus, as Novus-CV prevented disease in the 434 three-month respondents we conclude that the immunological responses developed had the ability to reduce *miasmatic susceptibility*.

8. **Tenet:** The sacrifice of acute disease is the *liberator of chronic disease*.[xxxii]

It follows then that as respondent's health improved throughout the dosing period and after, that the basic tenets of Hahnemann's Chronic Diseases are correct.[xxxiii] By activating the *sacrifice of bodily discharges and a fever,* underlying chronic health patterns can be reduced.

9. **Tenet:** As chronic disease is rooted in miasm, and acute disease is the liberator of miasms, it follows *nosodes have the capacity to cure miasmatic disease by law of similars.*[xxxiv]

If a miasmatic predisposition is at the root of all infectious disease, it follows that the acute disease expression of Covid-19 must be an attempt for the human body to *liberate itself* from a deep miasmatic condition. By giving the nosode to 10,000's of people it follows that we have the potential to not only shift an individual's health but also to unravel the very core of the miasmatic prison the health of humanity is currently bound by.

Conclusions

Application of Novus-CV in all age groups, by review of symptoms reported, proves to be safe not only in activating mild short-lived immunological symptoms that facilitate detox elimination pathways, but also works to move an individual out of chronic or relapsing states to an improved state of health and wellbeing. Accordingly, induction of all immunological processes is necessary to the overall health of humans.

Not a single respondent had definite expression of Covid-19-like disease during the study period, despite at least 135 who had definite exposure to those with previous or active disease. Despite previous or active no-one tested positive despite clear indications, our results would be in support of the concept that perhaps Covid-19 is an infective process but not a contagious disease. Regardless, the application of Novus-CV is effective in past cases and when used prophylactically appears to be 100% effective in preventing individuals from developing disease.

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Photo: Adobe Stock

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