

Hanta Virus & Homoeopathy of AYUSH

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Abstract

Review Article

The article discusses about the Hanta viruses, the clinical manifestations, the related epidemiology, the treatment options that includes both preventive & curative approaches. It also discusses the supportive therapy. The public health dimensions of the Hanta viruses are also dealt with. The article discusses the role that homoeopathic therapeutics can play in the absence of any treatment options to deal with Hanta viruses. Homoeopathy can be a supportive therapy that can reduce not only the morbidity but also the fatality of Hanta cases due to all the strains. Homoeopathy has repeatedly proved its efficacy in viral diseases since the last two and half centuries.

Keywords: WHO, Hanta, Homoeopathy, AYUSH.

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INTRODUCTION

The travelers of Motor Vessel Hondius (MV Hondius) that was sailing from Argentina to Europe for a month-long journey in the South Atlantic Ocean. They started their journey on April 1st 2026. By 11th April 2026, the first fatality was reported because of Hanta virus infection. The World Health Organization was alerted by the April 2026 end. As of May 26, 2026, there were 13 cases that included 11 confirmed, 2 probable besides 3 deaths. The Andes strain of the Hanta virus that is native to Argentina & Columbia affected the ship's passengers. The fatalities were because of the high virulence of the virus as it affects locally & usually large-scale epidemics do not occur. [1]

Most travelers were from Europe & North America. The occupants of the ship were quarantined,

put under medical observation & relevant tests were done. There were two Indians who were part of the crew members & were quarantined in a medical facility in Netherlands. [1]

China & South Korea are the most affected countries in Asia & the virus thus got its name from the Hanta River in South Korea. [2-4]

This virus was discovered 75 years ago by scientists. The virus is an ancient virus from the microbial world. Before 1993, the human cases were only from Asia & Europe. In 1993, it travelled to North America as a couple from Navajo tribe died of Hanta Virus Related Respiratory Illness (HVRRI). The traditional oral records of the tribe show that HVRRI occurred between 1918 & 1934 in three mass illness

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episodes. Geneticists tell that Hanta infected deer mice in the Americas & it spread to humans after dense human settlements. [2-4]

Epidemiology

Most Hanta strains do not spread from human to humans. Hanta virus spreads through sputum droplets or through people touching 'fomites'. Fomites are objects contaminated by virus laden rodent secretions. The virus does not form viral clouds that drift far. It spreads only through intimate & close contact. Therefore, WHO stated that there is a very low potential for triggering a large-scale epidemic. [3]

Different strains have distinctive geographical distributions & occurrence. One strain dwells in Americas & the other strain dwells in Asia, Europe & Africa.[3]

Hanta virus is transmitted to humans from rodents i.e. mostly rats & mice. Rodents only carry the virus. When such carriers pass their excreta like urine, faeces & saliva, these excreta dry after some time. These dried excreta aerially transport the virus bearing dust into the human lungs. In the lungs, the virus multiplies in the epithelial cells lining the airways & inside the macrophages. Macrophages are immune system's front-line defenders. Thereafter, it spreads inside the body through the lymphatic system. [3]

Clinical Manifestations

The symptoms of the Hanta virus resemble those of ebola viruses. The American strain causes serious pneumonia like respiratory illness known as Hanta Virus Pulmonary Syndrome (HPS). The Asian, European & African strain attacks the kidneys & blood vessels & this condition is known as Hanta Virus Hemorrhagic Fever with Renal Syndrome (HFRS). Fever, body ache & cough are the other symptoms. The American strain is highly lethal with Case Fatality Rate of 35 to 50%. The other strain kills only 1 to 15% of affected cases.[3]

Hanta Virus & India

The virus has a long association with our nation. The Thottapalayam strain was discovered in 1964 from a shrew in Vellore. In 2016, a 12-year-old boy from Colaba in Mumbai died from HPS. An epidemiological survey conducted in Vellore used blood tests to identify Immunoglobulin M (IgM) & Immunoglobulin G (IgG) anti-viral antibodies to know the early & late immune responses. The study tested patients with kidney disease & people from a Particularly Vulnerable Tribe (PVT) that were snake & rat catchers. In 2008, the researchers reported that 38 of 661 persons had immunological evidence of prior Hanta virus infection. The actual number of serious illness or deaths that can be attributed to Hanta virus requires routine immunological profile of hospitalized cases with clinical features of HFRS or HPS. [5,6]

Dealing with Hanta

There are no vaccines or specific therapies/anti-viral drugs to deal with the virus. Symptomatic treatment is given while giving intensive care for severe cases. Affected persons are quarantined till tests rule out an actively replicating virus. Contacts are quarantined till the incubation period ends. The Incubation Period (IP) is long. It is one to eight weeks but usually two to three weeks. Cases & contacts should wear masks till they are certified to be virus free. [3]

As rats & mice are viral transmitters, high priority is to be given to domestic & municipal sanitation. Regular cleaning of floors will help remove traces of dry excreta of rats. [3]

Surveillance is another effective tool to deal with viral diseases. Consortiums like INSACOG established in India during COVID that included 38 national laboratories for genome sequencing. The Integrated Diseases Surveillance Program (IDSP) & One Health Program (OHP) are in place for pathogen surveillance.[7]

Homoeopathic Angle

Homoeopathy can be used as cost-effective therapeutics especially for the poor nations across the continents. As mentioned above, the lung is the primary organ that is attacked. Here one needs to deal with the cough, high fever, body ache & fatigue. As it is an acute condition, medicines need to be repeated & given more frequently. As this is an acute infection, the drugs for fever are 'Pyrogen', 'Cedron', 'Acetanilidum', 'Brucella Melitensis', 'China', 'Swertia Chiraita', 'Septicimin', 'Coccal Co'. For body ache & fatigue, 'Bellisper', 'Arnica', 'Ruta' can be given. Here, low potencies are to be used for all the drugs. 'Pyrogen', 'Acetanilidum', 'Brucella Melitensis' & 'China' are to be given in potencies. All other drugs are to be given in Mother Tinctures. [8-13]

For the cough & lungs involvement, drugs like 'Pneumococcin', 'Fel Vulpis', 'Aspidosperma', 'Pectens Jacobeus', 'Luffa Operculata', 'Castanea Vesca', 'Stannum Iod', 'Bacillinum', 'Pix Liquida', 'Allium Sativa', 'Tussilago Farfara', 'Cetraria Islandica', 'Helix Tosta', 'Gridendelia' & 'Chloralum' can be prescribed. [8-13]

For the HFRS, drugs like 'Haemamelis', 'Echinacea', 'Crotalus Horridus', 'Vipera', 'Cinnamomum', 'Mangifera Indica', 'Azadirachta Indica', 'Boerhavia Diffusa', 'Terebinth', 'Renum', 'Merc Cor', 'Zingiber' & 'Solidago' can be given in mother tinctures & potencies depending upon availability. 'Phosphorus' can be given in low potencies inter currently. [8-13]

Along with these medicines, all forms of management & supportive therapy are crucial so that the case fatalities decrease.

CONCLUSION

As the issues of viral diseases are in the surging mode across the globe, the issues of organ failures are also in the surge because of the viral issues. Latest example is the COVID 19 virus. It is here that the inclusion of the suggested medicines from the homoeopathic therapeutics will not only benefit the homoeopathic fraternity but also the public at large & especially the poor nations & if a case is found in India.

It is a step towards the achievement of fostering the public health ministry of nations & motivating the personnel associated with the ministry where especially the homoeopathy therapeutic has the capability towards gaining popularity in viral infectious diseases.

The essential properties of homoeopathic medicines in line with the essential medicines like cost effectiveness, clinical effectiveness and no side effects will only boost the use & popularity of the therapeutics.

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REFERENCES

1. Hantavirus cluster linked to cruise ship travel, multi-country. Disease Outbreak News. World Health Organization. May 4, 2026. <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599>.
2. Andes hantavirus outbreak in cruise ship. European Centre for Disease Prevention and Control. Updated May 25, 2026. <https://www.ecdc.europa.eu/en/infectious-disease-topics/hantavirus-infection/surveillance-and-updates/andes-hantavirus-outbreak>.
3. About Hantavirus. CDC. <https://www.cdc.gov/hantavirus/about/index.html>. Updated 2026.
4. Doran B et al. The MV Hondius: A case for real time epidemiological surveillance, news, articles, May 26, 2026. Infection Control Today, <https://www.infectioncontrolday.com>
5. Chandy S et al. Hanta virus infection: a case report from India, Indian Journal of Medical Microbiology, v27, i03, Case Reports, July-September 2009, pp267-270.
6. Chandy S et al. Evidence of Hanta virus infection among rodents in South India, international Journal of Infectious Diseases, v12, i01, E131, December 2008.
7. GOI, NHM, Surveillance Programs, <https://nhm.gov.in>
8. NLEM, GOI, PIB, 13th September 2022, <https://pib.gov.in>
9. Murphy R, Lotus Materia Medica, 3rd edition, B. Jain publishers (P) Ltd, 2017, ISBN-978-81-319-0859-4.
10. Murphy R, Homoeopathic Medical Repertory, 3rd edition, B. Jain publishers (p) Ltd, 2017, ISBN-978-81-319-0858-7.
11. Phatak SR, A Concise Repertory of Homoeopathic Medicines, B. Jain publishers (P) Ltd, 2002, Reprint edition, ISBN-81-7021-757-1.
12. Allen, H C, Key notes and characteristics with comparisons of some of the leading remedies of the Homoeopathic Materia Medica with Bowel Nosodes, Reprint edition, B. Jain publishers Pvt. Ltd, 1993, ISBN-81-7021-187-5, book code, B-2001.
13. Boericke William, New Manual of Homoeopathic Materia Medica with Repertory, reprint edition, 2008, B. Jain publishers private limited, New Delhi, pages- 362-366, ISBN- 978-81-319-0184-7.