

Ebola Virus & Homoeopathy of AYUSH

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Abstract

Review Article

The less known Bundibugyo ebola virus strain that causes an often-fatal haemorrhagic fever is the primary causative agent in the current outbreak in Democratic Republic of Congo (DRC) & Uganda. It is related to the more common Zaire ebola virus & the Sudan ebola virus, the outbreaks of the Bundibugyo virus are less documented. The article discusses about the ebola 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 ebola 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 ebola viruses. Homoeopathy can be a supportive therapy that can reduce not only the morbidity but also the fatality of ebola cases due to all the strains. Homoeopathy has repeatedly proved its efficacy in viral diseases since the last two and half centuries.

Keywords: WHO, Ebola, Bundibugyo, Homoeopathy, AYUSH.

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INTRODUCTION

On May 15th 2026, World Health Organization first alerted the outbreak of the Ebola virus. The alert was Public Health Emergency of International Concern (PHEIC). The current Ebola outbreak is associated with a quirky name 'Bundibugyo'. The name of the virus responsible for the current outbreak is the 'Bundibugyo Ebola Virus'. The name comes from the days when pathogens used to be named after the places they were discovered in. This conventional naming is no longer considered fashionable. The virus was first identified in 2007 in the Bundibugyo district of western Uganda. In the western region of Uganda, the district borders the Democratic Republic of Congo (DRC) & is the

headquarters of the Bwamba kingdom. After a mysterious illness broke out in 2007, the Bundibugyo Ebola virus was identified in diagnostic samples submitted to the Centre for Disease Control & Prevention, Atlanta, United States in November 2007 [1-3].

Previously documented Bundibugyo Ebola virus outbreaks had case fatality rates of 30% & 50% that is almost same as the fatality rates of the more common Zaire Ebola virus strain that caused havoc in Africa between 2014 & 2016. Hence, this virus may be deadly as 2014 virus but the real concern is that the outbreak has started in a conflict-ridden area. Thus, the process of case detection & contact tracing are very difficult to

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implement and on the top of it the access to care is further uneven. [1-3]

As of May 21, 2026, 83 confirmed cases that includes 9 fatalities, 746 suspected cases that includes 176 deaths have been reported from 15 health zones in the DRC. Four health workers have also died. An American national who is a surgeon contacted the virus during a surgery is being treated in isolation in Germany. [1-3]

This virus belongs to Orthoebolaviruses group that are ebola causing members of Filoviruses that also include the Marburg virus. Four species of the virus cause disease in humans. These are Ebola virus formerly called Zaire virus, Sudan virus, Tai Forest virus & Bundibugyo virus. The Bundibugyo virus had one outbreak in Uganda in 2007 & another one DRC in 2012. [2,3]

Currently, WHO has raised the public risk from the Ebola outbreak in DRC from 'high' to 'very high' category. Efforts are on to identify persons with suspected infection, trace their contacts, contain the spread of infection, isolate cases/suspected cases & admit them to a health facility. [2,3]

Clinical Manifestations

The symptoms of the Bundibugyo virus resemble those of other Orthoebolaviruses. It begins with an intense headache, high fever, bodyache & fatigue. This is known as the 'dry symptoms. As the infection progresses, 'wet symptoms' develop in the form of intense vomiting, diarrhea that are life threatening. The viruses also cause haemorrhagic fever, infecting the innate immune system thus triggering a massive inflammatory response that can lead to internal bleeding & organ failure. [2,3]

Dealing with Ebola

There are no vaccines or specific therapies to deal with the virus. Partners like Centre for Disease Control in Africa, WHO, National authorities of African nations & scientists at Oxford university are identifying opportunities to rapidly advance vaccine development. The earlier Ebola virus vaccines may not work for Bundibugyo virus. The triad of the curative approach that is available currently are 'supportive treatment', 'vaccines' & 'antibody therapies. [1-3]

Homoeopathic Angle

Homoeopathy can be used as cost-effective therapeutics especially for the poor African nations. As mentioned above, there are three primary stages that need to be dealt for the treatment of ebola viruses. The first stage is the 'Dry Symptom' stage. Here one needs to deal with the headache, 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 are 'Pyrogen', 'Cedron', 'Acetanilidum', 'Brucella Melitensis', 'China', 'Swertia Chiraita', 'Bellisper'. Here, low potencies are to be used for 'Pyrogen', 'Acetanilidum', 'Brucella Melitensis' & 'China'. All other drugs are to be given in Mother Tinctures. [6-10]

Given these medicines, the case will not graduate to 'wet symptoms. If the case moves on to these symptoms, the medicines are 'Arsenic Album', 'Veratrum Album', 'Camphor', 'Morphinum' & 'Amygdalus Persica'. Along with that 'Zinc Sulphate' and 'Bismuth Metallicum' are to be given in triturations. Simultaneously, the 'OZ' therapy that includes Oral Rehydration Solution (ORS) & Zinc in acetate/sulphate/gluconate once a day for 14 days are to be given. [6-10,4,5]

For the fatal haemorrhagic fever of Bundibugyo ebola virus, drugs like 'Haemamelis', 'Echinacea', 'Crotalus Horridus', 'Vipera', 'Cinnamonum', 'Mangifera Indica', 'Azadirachta Indica' can be given in mother tinctures & potencies depending upon availability. "Phosphorus" can be given in low potencies inter currently. [6-10]

Along with these medicines, all forms of management & supportive therapy are crucial so that the case fatalities decrease [4,5].

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. 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 African 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 homoeopathy 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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Declaration

The lead author declares that the contents in the article are suggestive in nature.

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REFERENCES

1. Wamala, J. F., Lukwago, L., Malimbo, M., Nguku, P., Yoti, Z., Musenero, M....Okware, S. I. (2010). Ebola Hemorrhagic Fever Associated with Novel Virus Strain, Uganda, 2007–2008. *Emerging Infectious Diseases*, 16(7), 1087-1092. <https://doi.org/10.3201/eid1607.091525>.
2. Claire M, the rare ebola virus behind the current outbreak, May 22, 2026, <https://scientificamerican.com>
3. WHO, Ebola Virus, <https://who.int.in>
4. WHO, Diarrhoea, <https://who.int.in>
5. NLEM, GOI, PIB, 13th September 2022, <https://pib.gov.in>
6. Murphy R, Lotus Materia Medica, 3rd edition, B. Jain publishers (P) Ltd, 2017, ISBN-978-81-319-0859-4.
7. Murphy R, Homoeopathic Medical Repertory, 3rd edition, B. Jain publishers (p) Ltd, 2017, ISBN-978-81-319-0858-7.
8. Phatak SR, A Concise Repertory of Homoeopathic Medicines, B. Jain publishers (P) Ltd, 2002, Reprint edition, ISBN-81-7021-757-1.
9. 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.
10. 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.