
Evidence based management for the COVID-19 pandemic using HOMOEOPATHY

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ABSTRACT

COVID-19 has become a pandemic that has impacted lives over the world. Alternative treatment methods have risen up to show its efficacy in the prevention and management of the disease. The concept of Genus Epidemicus has been taken into consideration and has helped to mitigate the spread of disease. Management of mild, moderate, severe cases as well as cases with complicated co-morbidities has been treated effectively using homoeopathy. As these findings emerge, there is an urgent need for an updated paper on the efficacy of homoeopathic treatment in the prevention and management of the disease. In response to this call, we review what is an evidence-based review of homoeopathic management on COVID 19.

1. Introduction

A study with 40 confirmed cases of COVID 19 has provided evidence to support the efficacy of medical management by Homoeopathy. Even though many diagnostic or confirmatory tests have been used or followed for confirming COVID 19 (ie: Nasopharygeal swabs, Sputum samples, Alveolar lavage etc.), CT and CBC analysis were considered as diagnostic in these 40 cases^[1]. As suggested by medscape even though oral and nasal swabs prove negative, the presence of viral pneumonitis via CT still confirms the presence of the disease.

PREVALENCE

July 31 was the first reported case. Till date 40 cases have been recorded out of which 3/4th of the cases followed proper medical advice and follow ups. 2 patients have been referred for other treatments and 2 patients are drop outs. 1 patient out of the later has demised. 5 cases showed complete recovery , but no evidence of follow up. 11 cases have reported complete recovery.

Course of DISEASE

Emerging evidence has been collated in an attempt to delineate the course of the disease. The World Health Organisation (WHO) estimates that the incubation time from infection to presentation of symptoms is

5.2 days, with a range of 1–14 days [17]. Furthermore, the mean time from presentation of symptoms to seeking medical advice is 5.8 days, and to hospital admission is 12.5 days [4]. The stages of the disease from onset of symptoms have been classified based on non-contrast enhanced chest computed tomography (CT) findings and can be divided into early (0–4 days), progressive (5–8 days), peak (9–13 days), and absorption stages (≥ 14 days) [18]. Early stage disease consists of subpleural ground glass opacities (GGO) located in the lower lung lobes. The progressive stage demonstrates bilateral distribution of the infective process and diffuse GGO. Presence of dense consolidation, crazy-paving pattern and residual parenchymal bands indicates transmission into the peak stage. Finally, the absorption stages, which may last more than 26 days, appears to demonstrate a better controlled disease process on CT, gradual resolution, and signs of recovery.

2. Presentation

Signs AND symptoms

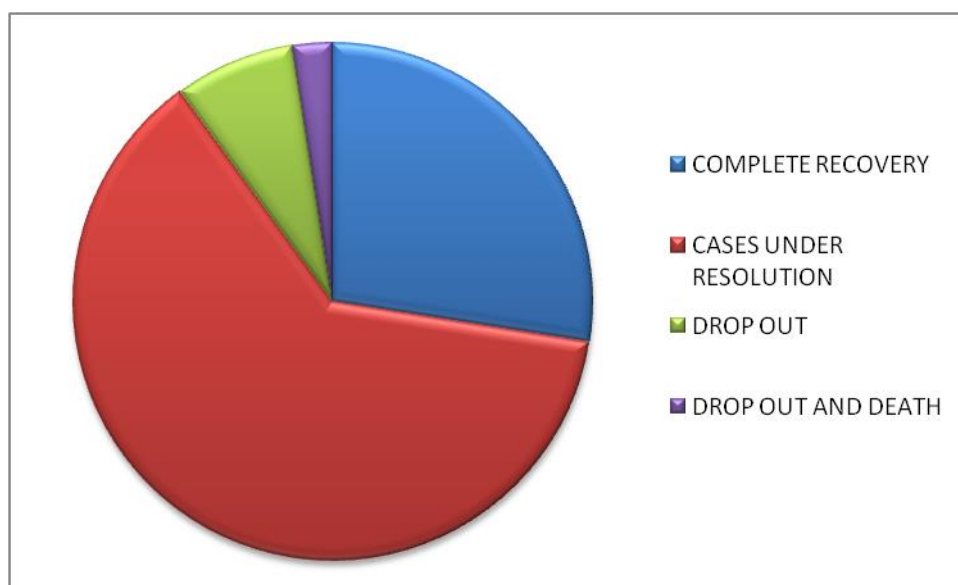
Symptomatic representation shows a main feature of mild fever, malaise, body pain, tiredness (90% of the cases). Less than 5% of the cases showed dyspnoea, increased respiratory frequency and cough along with the other symptoms. 20% of the cases presented with a blood oxygen saturation less than 93%. No cases with multi-organ failure, respiratory shock or failure. Self reported fever cases that showed ageusia, anosmia are stronger predictors of COVID 19 diagnosis.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS

Key laboratory results on admission include leucocytes below or above the normal range; neutrophils above the normal range; lymphocytes, haemoglobin and platelets below the normal range. Key liver findings may include elevated C-reactive protein, lactate dehydrogenase, D-Dimer.

Radiological findings concurrent with viral pneumonitis include ground glass opacities, patchy or dense consolidation, crazy paving pattern and residual parenchymal bands indicates transmission into the peak state of the disease. Reabsorption demonstrates a better control in the disease progression and gradual resolution indicates signs of recovery.

Fig. 1.



3. Management

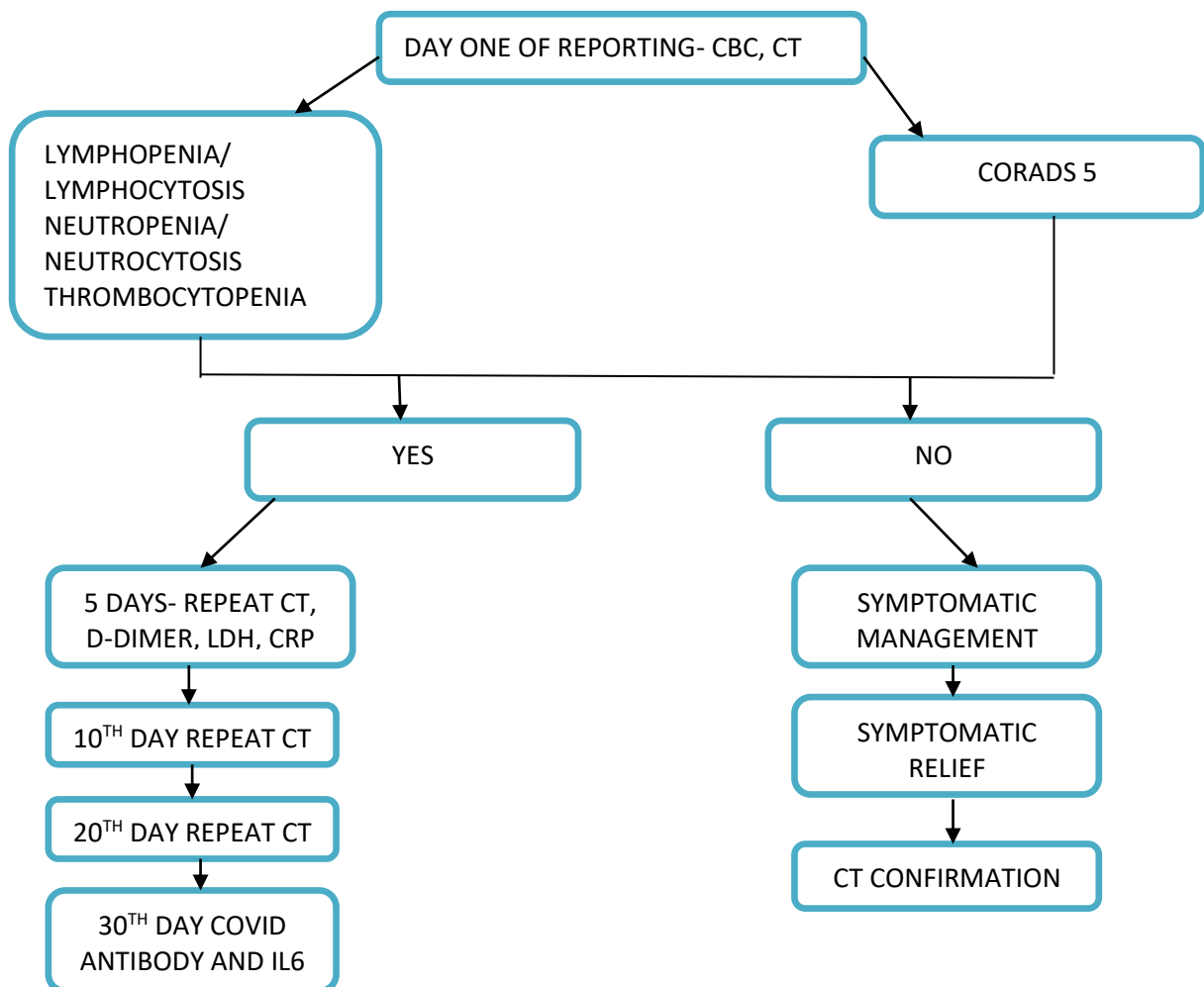
Prevention

As early as January when COVID-19 was declared a medical emergency, the use of PPE, mask and sanitizer were widely advocated. However on a medical preventive aspect the concept of GENUS EPIDEMICUS was invoked in the selection of preventive drugs. Medicines like Arsenicum Album, Hepar Sulph, Rhus tox, Eupatorium and Camphor were selected based on the global presentation.

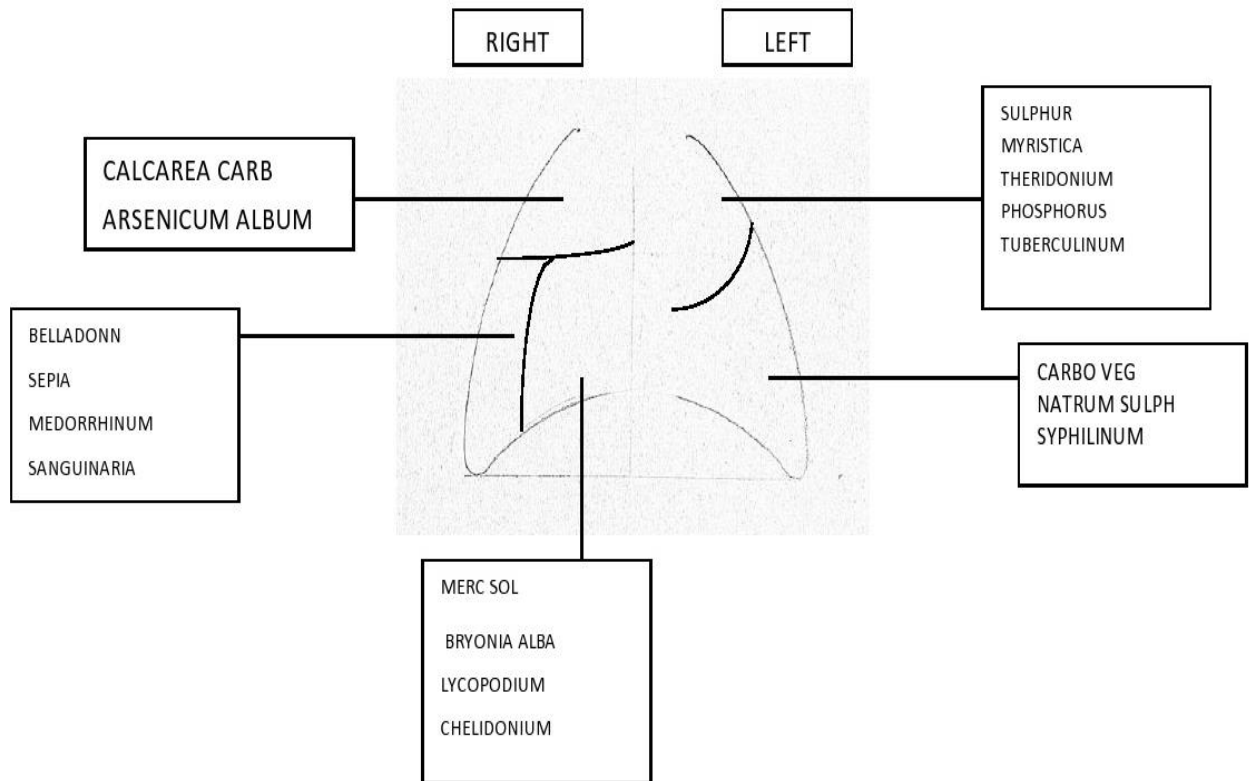
Symptoms included fever, malaise, break bone pain, throat pain, breathless, cough, anosmia, ageusia and diarrhea.

Sporadically there were self reported fever cases which had high suspicion of COVID 19. In such individuals when infection is confirmed or identified, rapid isolation and home quarantine were advised. The use of stethoscopes, blood pressure cuffs and mercury thermometers were avoided. NPI like Omega 369, Calcium and Vitamin D, Zinc, Vitamin C and herbal decoctions were advised.

4. Diagnostic protocol



5. MEDICAL MANAGEMENT



CALCAREA CARBONICUM:

- Fever- chills at 2 PM, chill with sweat in head and neck.
- Tickling cough < night.
- Palpitation < night.

ARSENICUM ALBUM

- Fever- periodically marked.
- Intermittent fever.

- Marked exhaustion on exertion.
- Thirst for hot water- drinks in sips.

BELLADONNA

- Hot head, feet are cold.
- Dry cough <night.
- Larynx very painful.
- Moaning at every breath.
- Shifting joint pains.

SEPIA OFFICINALIS

- Fever with hot flushes, feet cold and wet with thirst.
- Dyspnoea < sitting >dancing/walking rapidly.

MEDORRHINUM

- Fever- wants to be fanned all the time. Chills up and down the spine.
- Pain in finger joints and back.
- Dyspnoea >knee chest position.
- Cough dry – laryngeal <night.

SANGUINARIA

- Cough- dry, waking him at night and not ceasing till he sits up in bed.
- Coryza followed by diarrhea.

MERCURIUS SOLUBILIS

- Fever- Profuse perspiration without relief. Creeping chilliness.
- Alternate heat and chill in single spots.
- Trembling extremities with prostration.
- Cough in two paroxysms.
- Inability to lie on affected side- right.

BRYONIA ALBA

- Fever with joint pains.
- Pulse full, hard, tense and quick.
- Dryness- thirst for large quantities of water at long intervals.
- Cough dry at night.

LYCOPODIUM

- Fever- Chills between 3 to 4 PM.
- Pneumonia- neglected. With great dyspnoea and flaying of alae nasae.

PHOSPORUS

- Fever- chills every evening.
- Profuse perspiration.
- Stitching pain in extremities.
- Weakness, trembling every exertion.
- Tightness around the chest.
- Cough- talking, laughing, eating.

CARBO VEGETABILIS

- Fever- exhaustive sweat. Wants to be fanned. Cyanosis.
- Coldness with thirst.
- Pain in the joints, weak, heavy, stiff- feels paralyzed.
- Hemorrhages in lungs.

NATRUM SULPH

- Must hold chest while coughing.
- Dyspnoea during damp weather. Humid asthma.
- Sycotic pneumonia.
- Post nasal dripping.

- Smell of discharge.

POST COVID MEDICINES:

All these medicines to be given post COVID-19 to prevent sequelae.

- SULPHUR.
- TUBERCULINUM.
- BOTHROPS.
- ARNICA.
- LACHESIS.

6. MY EXPERIENCE WITH COVID

SARS WAS 1

MERS 2

COVID?

PANDEMICS ARE SCARY

TREATING THEM ARE VERY WEARY

SO IS COVID

DON'T KNOW WHAT I DID

THERE WERE MANY WHO GOT INFECTED

THEIR SYMPTOMS REFLECTED

SHOULD WE TREAT THEM?

IF NOT NOW, THEN WHEN?

SO DID WE START...

ETHICAL APPROVAL:

None needed

AUTHOR CONTRIBUTION:

Dr. Bagyavasan Kannan: role in concept production, writing of manuscript, editing and approval.

Dr. Nowshika Vijayakumar: role in writing of manuscript.

Dr. Jeba Delphin: compilation of data.

