COVID-19 and Homoeopathic Intervention- A Case Report

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Abstract Studies are going worldwide to develop an effective method for treatment against the global pandemic of COVID-19 but unfortunately no treatment method has been declared as a specific therapeutic approach against COVID-19. History stands as evidence where homeopathy intervention has been beneficial in both preventive and curative aspects of various epidemics. Holistic symptomatological aspect based on generalities enables Homeopathy to be effective in any disease condition. Selection of homeopathic remedy is always on basis of the totality of symptoms and in most cases the changes occurring in cellular and molecular level are not required except in few occasions of dose and potency determination. This concept of healing through homoeopathy is different from other conventional methods of treatment where molecular pathogenesis is the fulcrum of the drug protocols. Hence, in the era of fight to discover vaccine against COVID-19, the following case report shows how a COVID-19 positive individual with mild symptomatology of vomiting, fever, malaise, heaviness of head and loss of taste, recovers with prescription of Bryonia alba 200, followed by Tuberculinum 200, 1M and 10M and at the same time RT-PCR for SARS-CoV-2 becomes negative in the duration of two weeks. Therefore, this case report demonstrates why Homoeopathic intervention should be emphasized in the management of this international crisis.

Keywords Coronavirus disease; Bryonia; Tuberculinum; RT-PCR

Abbreviations OPD = Outpatient department; CO = Complain of; HO = History of; Contd = continued; st quo = status quo; RT-PCR = Real time PCR;

1. Introduction

The novel Coronavirus disease 2019 (COVID-19) is caused by Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) which has now turned into a global pandemic since its origin from Wuhan city of Hubei Province in China in December 2019 [1]. The spread of COVID-19 is rapid. Transmission is from close contact and droplet. There is scarce evidence to suggest airborne transfer. The mean incubation period is about 3–9 days with a range between 0–24 days. About 44 % of transmission is estimated to occur before symptoms arise [2].
This disease manifests with a wide clinical spectrum ranging from asymptomatic patients to septic shock and multiorgan dysfunction [3]. According to the standard issued by Nation Health Commission of the People’s Republic of China (6th edition), patients were divided into mild, common, severe and critical types based on the severity of the presentation [4]. The disease may be classified into mild (symptoms are mild, with no abnormal radiological findings), moderate (fever, cough, and other symptoms are present with pneumonia on chest CT), severe (respiratory distress, respiratory rate ≥ 30/min, oxygen saturation on room air at rest ≤ 93%, partial pressure of oxygen in arterial blood/FIO2 ≤ 300 mm Hg), and critical (respiratory failure occurs and mechanical ventilation is required, shock occurs, other organ dysfunction is present, requiring ICU monitoring and treatment) [5].

The most common symptoms include fever (82.2%) and cough (61.7%). These symptoms are similar to other viral respiratory diseases. However, the presentation of myalgia, sore throat, nausea, vomiting, and diarrhea may also suggest the infection. The most common comorbidity is hypertension (30.7%). This is followed by diabetes mellitus (14.3%) and cardiovascular diseases (11.9%) [2]. Severe organ dysfunction such as shock, acute respiratory distress syndrome, acute heart injury, and acute kidney injury can lead to death [6].

The preventive and curative aspect of Homoeopathy is well known in several viral epidemics [7]. Historically, Homoeopathy gained prominence following its usefulness for the management of the epidemics of Spanish Influenza, Chikungunya, Japanese Encephalitis, and Dengue Fever. In 1918, Spanish Flu pandemic infected 20% of the world population and killed about 30 million people. Homoeopaths treated 6602 cases with 55 deaths which is less than 1% and of 24,000 cases treated allopathically with mortality rate 28.2%. Gelsemium sempervirens was the common remedy used during the epidemic (Bryonia alba, Arsenic album, Baptisia and Eupatorium perfoliatum were used occasionally) [8, 9].

Recently a cluster-randomized double-blind, placebo-controlled trial was conducted in Kerala, India for prevention of Chikungunya during an epidemic outbreak in 2007. Bryonia alba 30C as genus epidemicus proved better than placebo in decreasing the incidence of Chikungunya in Kerala [10]. Since 1990 Japanese Encephalitis became an uncontrollable problem in India (especially Andhra Pradesh). Owing to doubtful efficacy of the existing vaccine the government chooses to adopt homoeopathic prophylactics (consisting of Belladonna, Calc carb and Tuberculinum separately administered in specific days at particular intervals). After its commencement in 1999 and till 2004, there appeared a drastic reduction in morbidity and mortality [11]. In a clinical trial supported by the Central Council for Research in Homoeopathy (CCRH) in patients with Dengue Hemorrhagic fever, an add on Homoeopathic treatment has shown early improvement in platelet count and decrease in hospital stay by 2 days [12]. Hence it is evident that Homeopathy has been used successfully to manage epidemic diseases (also viral epidemic diseases) since the time of Hahnemann.

2. Case report

A 30 years male patient ND, reported in the OPD on 01.07.2020 with symptoms of fever (101˚F) with history of vomiting (2 times) in last night. The vomitus was mainly containing undigested food particles with yellowish tinge. There no evidence of cough or shortness of breath or any signs of dehydration. However, there was severe weakness and patient wanted to lie down always and ailments was increasing on any kind of movement.

Past history

Patient had history of chronic bronchitis from childhood till the age of 11 years, for which allopathic and homoeopathic medicines were taken. He also suffered from migraine around the age of 15 years from which he suffered for 2 years and was healed by consuming homoeopathic medicines.
Family history

Father, uncle, and cousin brother suffered from tuberculosis (pulmonary). Grandfather died of throat cancer and grandmother died of liver carcinoma. Mother suffers from pyorrhea and urinary tract infections occasionally.

Personal history

Patient by occupation is a pharmacist working in DACRRI (H), Kolkata and by profession he is a health worker. He had habit of smoking (4 cigarettes per day) and history of occasional alcohol intake. He is unmarried and had hobbies of reading books and listening to music.

Generals

Patient is good-natured and well-behaved. During the acute phase he was looking severely exhausted and debilitated. There was a strong desire for water with dryness of mouth and fauces. Stool was hard and unsatisfactory since morning. Sweating was not occurring much and skin was dry and heated.

Local and systemic examination

Ectomorphic constitution, with height = 175 cm, weight = 65 kg (BMI = 21). Chest examination revealed normal chest movements on both sides, resonant lung fields, breath sounds was bronchial, and no added sounds was elicited. Skin imparted a heat sensation on touching and on measurement temperature was 101˚F as measured orally.

3. Analysis of the case

After analyzing the symptoms of the case, the characteristic generals and particular symptoms were considered for framing the totality. Extreme thirst for water with dryness of mouth, fever with weakness, least motion aggravation, wants to be quiet and prefers to lie down, perspiration scanty with dryness of skin, hard stool and bilious vomiting included in totality. Considering the above symptomatology, Kent Repertory was preferred and using HOMPATH software [13], systemic repertorisation was done. The repertorisation chart is given in the following Table 1.

<table>
<thead>
<tr>
<th>Table 1: The repertorisation chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryonia alba 200 was prescribed as it covered all symptoms and scored highest in the table as well. Arsenic album which has now gain popularity as a Homeoprophylaxis [14] is in the second position. However, curative and preventive drugs need not be the same which is again proved from this comparative analysis. Moreover in the study reports of eighteen COVID-19 positive patients in Hong</td>
</tr>
</tbody>
</table>
Kong, homoeopathic medicines such as *Bryonia alba* and *Gelsemium sempervirens* was used successfully in 4 and 12 cases respectively [15]. Hence, *Bryonia alba* 200 4 doses was prescribed in 30 ml aqua dist in fractional dosage format and was advised to take 10 drops, four times daily (QDS). On the 4th day of illness, medicine was changed to *Tuberculinum* 200, as fever was no more present and few symptoms were persisting. Use of this nosode was made basically due to indications from past history and family history of the patient [16]. Subsequently, the potency was raised to 1M and 10M for complete restoration of health.

<table>
<thead>
<tr>
<th>Follow-Up Date</th>
<th>Indications for Prescription</th>
<th>Medicine with Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.07.2020</td>
<td>Fever subsided, weakness was marked, appetite decreased, new CO - heaviness of head</td>
<td><em>Bryonia alba</em> 200 10 drop x QDS x contd</td>
</tr>
<tr>
<td>03.07.2020</td>
<td>Fever re-appeared in the evening (100°F), weakness increased along with bodyache, appetite not improved, heaviness of head persisting</td>
<td><em>Bryonia alba</em> 200 10 drop x QDS x contd</td>
</tr>
<tr>
<td>04.07.2020</td>
<td>Fever again subsided (98.2°F), heaviness of head decreased but was persisting</td>
<td><em>Bryonia alba</em> 200 10 drop x QDS x contd</td>
</tr>
<tr>
<td>05.07.2020</td>
<td>Heaviness of head – st quo, weakness decreased to some extent, new CO - loss of taste, discomfort in the chest (O/E – no chest congestion, no added sounds)</td>
<td><em>Tuberculinum</em> 200 4 doses in 30 ml aqua dist 10 drop x QDS x contd</td>
</tr>
<tr>
<td>06.07.2020</td>
<td>Heaviness of head – st quo, weakness – st quo, loss of taste – persisting, discomfort of chest - decreased</td>
<td><em>Tuberculinum</em> 200 10 drop x QDS x contd</td>
</tr>
<tr>
<td>07.07.2020</td>
<td>Test was advised as symptoms were standstill. Nasopharyngeal and oropharyngeal swabs were collected for qualitative RT-PCR</td>
<td><em>Tuberculinum</em> 200 10 drop x QDS x contd</td>
</tr>
<tr>
<td>08.07.2020</td>
<td>Heaviness of head – st quo, weakness – decreased, appetite – increased, loss of taste – persisting, discomfort of chest – almost disappeared</td>
<td><em>Tuberculinum</em> 200 10 drop x QDS x contd</td>
</tr>
<tr>
<td>09.07.2020</td>
<td>Patient tested positive for SARS-COV-2. Heaviness of head – st quo, weakness – decreased, appetite – increased, loss of taste – persisting</td>
<td><em>Tuberculinum</em> 1M 2 doses in 30 ml aqua dist 10 drop x BD x contd</td>
</tr>
<tr>
<td>10.07.2020</td>
<td>Patient was called from Kamarhati Municipality for further management. Patient responded by saying that he prefers home isolation as he is doing well and is under strict surveillance for his home physician. Accordingly he was permitted to stay safe at home and if any complications aroused then he should inform the authorities. CO = Heaviness of head – st quo, weakness – much decreased, appetite – increased, taste – slightly reappearing</td>
<td><em>Tuberculinum</em> 1M 2 doses in 30 ml aqua dist 10 drop x BD x contd</td>
</tr>
<tr>
<td>11.07.2020</td>
<td>Heaviness of head – st quo, weakness – decreased to great extent, appetite – improving well, taste – much perceivable now</td>
<td><em>Tuberculinum</em> 1M 2 doses in 30 ml aqua dist 10 drop x BD x contd</td>
</tr>
<tr>
<td>12.07.2020</td>
<td>Patient was improving in all aspects, but the heaviness of the head was still persisting</td>
<td><em>Tuberculinum</em> 10 M 1 doses in 30 ml aqua dist 10 drop x OD x contd</td>
</tr>
<tr>
<td>23.07.2020</td>
<td>Patient now totally asymptomatic now and was under observation in home isolation</td>
<td>Repeat RT-PCR test for SARS-COV-2 was advised.</td>
</tr>
</tbody>
</table>
4. Discussion

Currently, the treatments include supportive care and no specific anti-virals or vaccine has been developed, as this is primarily dependent on the severity of the illness. From a research standpoint, various drugs are being developed at an extremely quick pace and new targets are being identified every day, and also numerous drugs are also undergoing clinical trials. Researchers are very curious about how to provide the best protection to the public before a vaccine can be made available. Indian medicinal herbs are a promising field for treatment of various illnesses [17] Ayurveda and Siddha practices originated in India and are still widely used among the Indian population. By identifying certain phytocompounds, it is possible to effectively characterize medicinal herbs that could help to
alleviate the infection. Hence, by repurposing the Indian medicinal plants, more innovative treatment options can be penned down for their role in defeating this viral transmission. At a time of worldwide anxiety, it is imperative to find long term solutions to prevent the transmission of such pandemics. So, it's time for all the citizens to join hands together to fight against coronavirus by practicing self-hygiene and social distancing [18].

**Conclusion**

With no established conventional specific treatment or vaccine available for COVID-19 infection, evidence-based homoeopathy medicine should be considered with proper documentation. Although the use of homeopathy medicine by us showed shows potential effects in the treatment of COVID-19 infection in an individual COVID patient but control randomized trials need to be conducted to substantiate the findings.

**References**


