

Add on Homoeopathic Management of a Frontline Worker of COVID-19: Case Study

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ABSTRACT

COVID-19 pandemic has affected the entire world and the maximum affected are the people from medical fraternity. Even after taking the best possible measures these frontline workers are at high risk of suffering with the disease. This article hereby presents the add on homoeopathic management of a case of COVID 19 frontline worker. It describes how homoeopathic medicines can effectively manage the sequel of the disease. The case is evaluated using Modified Naranjo criteria.

Key Words: COVID-19, homoeopathy, frontline worker, Naranjo criteria.

INTRODUCTION

Corona viruses are a large family of viruses that cause the common cold as well as more serious respiratory illness. The transmission of corona virus is reported through respiratory droplets, human contact and faecal-oral route. ^[1]

While the world is still struggling with the current pandemic of COVID-19, medical community and scientists are still trying to find ways to control its spread. Currently due to absence of any definite treatment protocol and considering the escalating medical costs of infrastructural requirements in health care as well as development of vaccine are some of the few challenges being faced. Alternative approaches to handle the situation are a must that require to be explored.

Table 1: Symptoms of COVID-19 ^[2]

Sr. no	Mild cases	Moderate cases	Severe cases
1.	Asymptomatic	Fever	Dyspnea
2.	Cough	Expectoration with coughing	Nausea
3.	Throat irritation	Fatigue	Vomiting
4.	Nasal symptoms	Myalgia	Diarrhoea
5.			Acute cardiac injury

In India, the first case of COVID-19 was identified on January 30, 2020 and the number has been increasing steadily since then. Currently, as on 12th September, 2020, the virus has affected 205 countries and territories and 2 international conveyances. As per world-o-meter analysis there are around 4,663,93 out of which 77,537 is number of deaths which are registered due to covid-19 in India, along with many unregistered deaths of those people who are unable to reach hospital due lack of medical knowledge or proper guidance. ^[3]

MANAGEMENT OF COVID-19

The concept of prevention and treatment of epidemic disease was first put forward by Samuel Hahnemann in the Organon of Medicine 5th edition in aphorism 102-the whole extent of such an epidemic disease and the totality of its symptoms is ascertained from the sufferings of several patients of different constitutions. ^[4]

At this time, there are no specific established treatments or vaccines available for COVID-19. However, many ongoing clinical trials are evaluating potential treatments. As the world struggles to respond to the COVID-19 pandemic, WHO's standard recommendations for the public are to minimize exposure and to restrict transmission of a range of illnesses. These include personal and respiratory hygiene, use of personal protective equipment, boosting immunity and identification and quarantine of suspected or confirmed cases. [5]

In the absence of any known conventional treatment or vaccination so far, and lack of guidelines, many research papers and information available on the web build the knowledge pool, which is serving as the basis for managing/ combating this novel illness and guiding policy decisions.

This article reviews the role of add on homoeopathy in controlling epidemics afflicting the mankind in the past while summarizing the scope of this approach in the current COVID-19 pandemic. Suggested medicines are as adjuvant to standard management guidelines in the hospital setting only with approval of authorities, medicines such as Phosphorous, Cheildonium Majus, Veratrum viride, Iodum, Camphora, Cinchona officinalis, Lycopodium clavatum, Arsenicum iodatum, Antimonium arsenicosum, Stannum metallicum, Carbo vegetabilis can be prescribed. [6]

CASE REPORT

Working with an organisation named West coast as a Medical Officer, patient encountered with Covid-19. Around 11 of staff members were all together found positive (including 4 doctors). After which rest of the staff was investigated as they all belonged to high risk contacts. As per Ayush Guidelines [3] for covid-19 she was hospital quarantined while her RT-PCR reports were awaited.

Meanwhile since the patient had a lot of anxiety about the reports, worry about

family, contacts, multiple thoughts regarding what if she tested positive, she developed her first symptom, i.e. of pain in throat. On the same day she had come across in more contact with the doctors which further added to her anxiety. She was worried and restless about report, family, further disease progress. She couldn't think of anything much and took a single dose of Calcrea Carbonicum 200 considering the rubric MIND-ANXIETY DARK IN. Complaints of pain in throat subsided.

Her reports arrived on 19th July in which she was tested negative, and came home. On the 23rd of July again she had this symptom of pain in throat, with sensation of generalised weakness, anosmia. On 24th of July, evening, she had fever 101°F with chills, suddenly developed body pain, anxiety, restlessness and associated with ageusia and anosmia was persistent. Next day she again underwent Rapid antigen test which was positive. Since she had to go to quarantine centre, she underwent all the conventionally prescribed treatment as per standard protocol which was prescribed in the quarantine centre.

Tb Hcqs 400 mg bd on first day then 200mg bd

Tb Fluvir 75mg bd

Tb Doxycycline 100mg bd

Inj Augemntin 1.2gm Iv bd

Inj Dexona Iv 8hourly

Inj Pan 40 Iv od

Tb Zincovit 50 bd

Tb Limcee 500 tds

Tb Azee 500 Mg od.

Tb Ecosprin 75mg hs

Inj febrinil sos.

Oxygen support on high concentration mask during episodes of fever.

She was put on high concentration oxygen support around 3-4 litres/min as her SpO2 levels would drop specially in episodes of fever.

Since she had complaints of ageusia, she couldn't eat food properly and so developed weakness more. She had persistent temperature spikes every 8-10

hours ranging from 102-104 since 25/07/2020 to 2/08/2020. With the above mentioned treatment complaints of dry cough subsided, steroids helped subside fever for a day or so, but she had profound generalised weakness, loss of appetite, cramps in lower limbs due to prolong sitting and chills with fever.

Since there was no generalized improvement after taking all the above mentioned treatment, fever and weakness persisted. So, add on homoeopathic management was started along with this as she had been suffering with fever for 9 days at a stretch.

As per telephonic conversation with Dr. TK and Dr. OK on 2 Aug 2020,

Complaints on 2/08/2020 were, high grade fever with chills only subsided in response to steroids, breathlessness, SpO2 drops to 90-92 during fever, associated with chills, severe body ache, headache, she was unable to walk without support due to profound generalised weakness, ageusia, anosmia, anorexia, weight loss of around 2.5 kgs in one week. Cramps in legs and hands associated with sleeplessness.

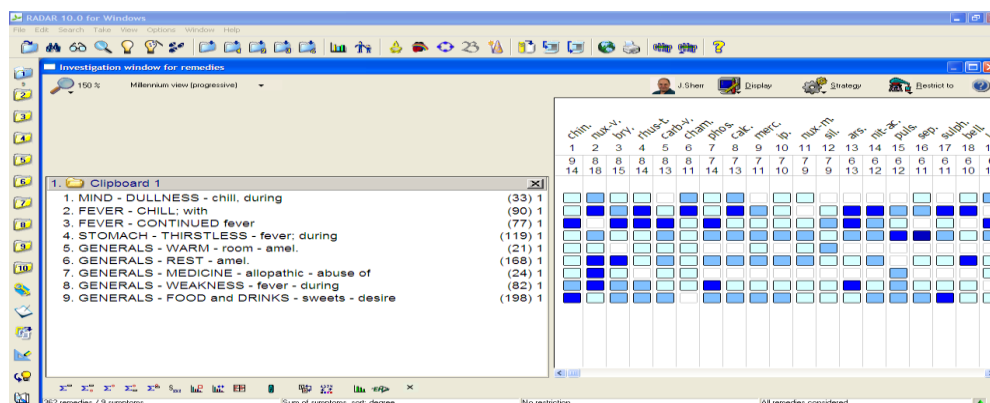
Physical generals

- Activity reduced
- Thirst less ++
- Desire warm drinks, warm room open air.
- Sweet desire ++

Mental generals –

- Rest desire++

Considering the repertorial totality,



On the above mentioned totality and considering Theory of Acute as per Dr Prafull Vijaykar in Fleiss Kappa manner, Dr. TK and Dr. OK prescribed Cinchona 30

TDS for 3 days along with incentive spirometry, deep breathing exercises, and steam inhalation was advised.

Table: 2- FOLLOW UP

FOLLOW UP	OBSERVATION	PRESCRIPTION
5 Aug 2020	Consultation was again made with Dr. TK and Dr. OK. Anosmia and aguesia was better and patient started eating. At that time symptoms persisted were, breathlessness on minimal exertion, profound general weakness, tachycardia, pulse ranged from 105-130. Sleeping in supine position caused breathlessness more.	Pyrogen 200 one dose was given in sugar of milk stat.
5 Aug 2020	After 6 hours patient started feeling better After 8 hours breathlessness reduced and duration of incentive spirometry increased from 5 minutes to 8 minutes. Thirst increased. <div style="text-align: center;"> </div>	Rubrum 200 4 Pills bd for 7 days.

Table no: 2 continued....		
6 Aug 2020	SpO2 level increased to 96 from 93-94, patient was able to walk up to 5-6 minutes without feeling dyspnoea.	Rubrum continued.
7 Aug 2020	SpO2 improved to 98 and duration of walk improved up to 15 mins. Incentive spirometry speed duration and intensity further improved.	Rubrum continued.
8 Aug 2020	Patient was able to do all house hold chores, no breathlessness, no fever no gen weakness overall general condition was improved.	Rubrum continued.

On 9th of Aug patient was advised to take Calc phos 6x / 5 pills / od and Avena Sativa Q / 5 drops HS dissolved in half cup

of water, in the state of convalescence for 5-7 days to overcome general weakness and nervous exhaustion in post febrile status.

Table: 3-EVALUATION ON THE BASIS OF NARANJO CRITERIA

SR NO	QUESTION	ANSWER	SCORE
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+2
3	Was there a homeopathic aggravation of symptoms?	Yes	+1
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes, associated feeling of debility and bitter taste in mouth also resolved.	+2
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes. Sleep cycle improved, fear reduced overall feeling of well being.	+1
6	A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? B Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	A. No B. No	A. 0 B. 0
7	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	Not noted.	0
8	Are there alternative causes (i.e., other than the medicine) that-with a high probability-could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	Yes, breathing exercises spirometer steam inhalation also helped along with medicines.	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	With clinical examination. Measurement of temperature, pulse and efforts taken to perform spirometry, 6 mins walk test 6 min run test.	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Medicines not repeated as it was sub acute case.	0
			Total-11

DISCUSSION

Covid 19 pandemic has affected almost maximum of frontline workers. This case study is add-on homoeopathic management of COVID 19 frontline worker according to disease and sequel of the illness. Homoeopathic medicines brought about symptomatic relief as well as the general condition of the patient improved. Cinchona officinalis was prescribed on the basis of totality and presenting complains.

The patient's general condition along with other symptoms improved except breathlessness and persistent disproportionate tachycardia. Pyrogen was prescribed and the condition of the patient improved within 4 days.

In convalescence period biochemic preparation of Calcarea phosphorica 6X along with Avena Sativa mother tincture helped to recover from post febrile exhaustion and gaining strength and vigour.

The result was assessed using The Modified Naranjo Criteria for Homeopathy-Causal Attribution (MONARCH) in order to support the casual inference of outcome concluded in the case study, based on the 10 domains in the criteria as listed in Table 3. The total score on evaluation is 11 (maximum 13).

Considering the current pandemic, treating the sequel of the disease is need of the hour on the basis of symptom similarity and totality of the patient.

CONCLUSION

Homoeopathic medicines proved to be effective adjunct for modifying the course of the disease as well as manage the sequel of the disease.

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