

# ROLE OF HOMOEOPATHY IN MANAGEMENT OF COVID-19 COMPLICATIONS

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## Abstract

### INTRODUCTION

First time on December 30, 2019, a report of a cluster of pneumonia of unknown aetiology was published on ProMED-mail, possibly related to contact with a seafood market in Wuhan, China. Following this till October 15, 2020, 38,394,169 confirmed cases of COVID-19, including 1,089,047 deaths have been reported to World Health Organization.

First time, this case was reported on December 31, 2019 by WHO Country Office in China but based on symptoms; its beginning can be traced in initial days of December 2019. Initially for first few cases (n=29), this infection was classified as "pneumonia of unknown etiology." Following intensive outbreak investigation by the Chinese Center for Disease Control and Prevention (CDC) and local CDCs, this infection was classified as novel viral infection belonging to the coronavirus (CoV) family. Finally on February 11, 2020, the WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, announced that the disease caused by this new CoV was a "COVID-19," which is the acronym of "coronavirus disease 2019".

This Coronaviruses are encapsulated, single-stranded RNA viruses that generally cause mild, cold-like illnesses in human beings and belongs to SARS-coronavirus-2 (SARS-CoV-2). Since December 2019, COVID-19 information has much evolved. Much information has been gathered about its transmission, symptomatology, diagnosis, treatment and prevention. Many clinical trials are undergoing regarding its vaccination. Along with this, many case reports have suggested about probable complications which arises during either the stage of illness or convalescence periods. These long-term effects of surviving COVID-19 have become a new focus of attention for clinicians and researchers.

### LONG COVID [COVID-19 Post-Intensive Care Syndrome]

Post-intensive care syndrome (PICS) refers to a patient with new or worsening impairment in any physical, cognitive, or mental domain after critical illness or intensive care. These impairments persist beyond the intensive care unit (ICU) hospitalization. PICS impairments often last more than a year and have a profound impact on patients' quality of life, as well as that of their family members, known as PICS-F. Individuals with PICS-F are most commonly affected in the domain of mental health. As many as 40% of patients with

PICS are unable to return to their former level of function, resulting in job loss and financial difficulties that can further complicate access to healthcare. Iatrogenic complications from polypharmacy and fragmentation of care also impact patient recovery as there is often a mismatch between the support needed relative to the support provided.

'Long covid' is the term that is being used to describe illness in people who have recovered from covid-19 but are still report lasting effects of the infection or have had the usual symptoms for far longer than would be expected. It includes COVID-19-associated acute respiratory distress syndrome, and involves persistent inflammation, immunosuppression, and catabolism. Substantial cardiovascular morbidity and mortality accompany PICS, even in young, fit populations without traditional cardiovascular risk factors. Many people, including doctors who have been infected, have shared their anecdotal experiences on social media, in the traditional media, and through patient's groups.

Patients with COVID-19 treated in the ICU that survive may be at higher risk for developing PICS given the constraints on social support (restricted visitation), prolonged mechanical ventilation with exposure to higher amount of sedatives, and limited physical therapy during and after hospitalization given the risk of disease transmission.

The post- COVID- 19 manifestation is largely similar to the post- SARS syndrome. In a study from the post-SARS era, it was observed that patients develop long term fatigue, diffuse myalgia, weakness, depression, and sleep-disordered breathing. It also increases the chances of higher rates of PTSD, depression, and substance abuse for patients, families, and health care workers.

Patients with severe illness due to COVID-19 often develop critical illness with hypoxemic respiratory failure, most commonly ARDS. Intensive care unit (ICU) stays of patients with ARDS are lengthy and characterised by severe hypoxaemia, extrapulmonary organ failures, and

a marked inflammatory response. Organs undergo microscopic damage at the time of acute inflammation and display imperfect repair, with acute kidney injury and cardiovascular

dysfunction transitioning to chronic kidney disease and post-ICU major adverse cardiac events. It could also lead to serious systemic consequences affecting most of the major organs including the digestive tract, liver and pancreas. A study has found that in patients who had recovered from COVID-19, 87.4% reported persistence of at least 1 symptom upto 0 days after onset of first COVID-19 symptoms. Another study has suggested that Survivors of the critically ill new type of coronavirus pneumonia (COVID-19) patients still have post-ICU syndrome (PICS) manifestations of varying degrees after leaving the ICU, and comprehensive respiratory rehabilitation interventions is required.

In a study about 90 % patients report symptoms even after recovery from COVID-19 and only 10.8 % of all subjects have no manifestation. Subjects post recovery suffered from several symptoms and diseases. The most common symptom reported was fatigue (72.8 %), more critical manifestations like stroke, renal failure, myocarditis, and pulmonary fibrosis were reported by a few percent of the subjects. There was a relationship between the presence of other comorbidities and severity of the disease. Also, the severity of COVID- 19 was related to the severity of post- COVID- 19 manifestations.

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Heart conditions associated with COVID-19 include inflammation and damage to the heart muscle itself, known as myocarditis, or inflammation of the covering of the heart, known as pericarditis. COVID-19, especially in older people with underlying illness may cause severe disease and death that may involve heart damage. Young adults with COVID-19, including athletes, can also suffer from myocarditis.

Severe coagulopathy is also seen in patient with COVID-19 pneumonia possibly due to its multifocal thromboembolic disease involving the pulmonary, cerebral, and renal circulations include coagulopathy due to COVID-19 versus cardioembolic cause in the setting of atrial

fibrillation. COVID-19 pneumonia seems to have role as a precipitant factor for acute venous thrombo-embolism.

## HOMOEOPATHY IN LONG COVID

Scientific evidence in various epidemics clearly showcase that Homoeopathy can be used both therapeutically and /or as prophylactic with success using approaches like Genus epidemicus, nosodes etc. Its greatest successes have been recorded in the prevention & treatment of flu like illnesses. Homeopathy have given the best results during pandemics even in Hahnemann time, when the mortality was very less in Homoeopathy in compare to modern medicine. Homeopathy is a system of therapeutics based on law of similars.

Like cures like '*Similia Similibus Curentur*'. It is an universal law, where patient is prescribed a similimum on the basis of '*Totality of Symptoms*'. The disease is a reaction of the patient to unfavourable environment factors and that this reaction manifests through signs and symptoms the patterns of this reaction and the essence of these sign and symptoms gives totality of symptoms. The physician relies on the wholeness of symptoms revealed during the entire evolution of the infection, and prescribes an ultra - high diluted succussed solution product which has been proven to heal similar conditions. This is a great advantage in this timing while Covid-19 disease is in rapid development, because the diagnosis of the indicated ultra-high diluted succussed solution product is based on individual symptoms (if these are very characteristic) or on the totality of symptoms, and not in the pathology.

Homoeopathic medicines that can help in managing Long COVID complications are:

**1. GELSEMIUM-** It acts upon the nervous system, causing various degrees of motor paralysis. General prostration with Muscular weakness. Dizziness, drowsiness, dullness, and trembling is present along with Slow pulse, tired feeling, mental apathy. Complete relaxation and prostration of whole muscular system with entire motor paralysis. Desire to be quiet, to be let alone; does not wish to speak or have any one near her, even if the person be silent. Lack of muscular co-ordination; confused; muscles refuse to obey the will. The heart is feeble and the pulse is feeble, soft and irregular. There is palpitation during the febrile state. Palpitation, with weakness and irregularity of the pulse. It is accompanied by extreme restlessness from threatened suffocation.

**2. PHOSPHORICUM ACIDUM-** "Debility" is very marked in this remedy, producing a nervous exhaustion. Mental debility first; later physical. Is listless, apathetic; indifferent to the affairs of life; prostrated and stupefied with grief; to those things that used to be of most interest. The patient pines and emaciates, grows weaker and weaker, withered in the face; night sweats; cold sweat down the back; cold sweats on the arms and hands more than on the feet; cold extremities; feeble circulation, feeble heart; catches cold on the slightest provocation and it settles in the chest; dry, hacking cough; catarrhal conditions of the chest; tuberculosis; pallor with gradually increasing weakness and emaciation.

**3. ARSENICUM ALBUM-** It includes exhaustion, and restlessness, with nightly aggravation, are most important. Great exhaustion after the slightest exertion. This, with the peculiar irritability of fiber, gives the characteristic irritable weakness. There is Great prostration, with rapid sinking of the vital force with mental restlessness, but physically too weak to move; cannot rest in any place: changing places continually; fear of death; thinks it useless to take medicine, is incurable, is surely going to die. The surface of the body is pale, cold, clammy, and sweating, and the aspect is cadaveric. Anxiety, restlessness, prostration, burning and cadaveric odors are prominent characteristics.

**4. CHELIDONIUM MAJUS-** A prominent liver remedy, covering many of the direct reflex symptoms of diseased conditions of that organ. The jaundiced skin, and especially the constant pain under inferior angle of right scapula, are certain indications. Constant pain under the lower and inner angle of right scapula. Patient suffers from Constipation with hard, round balls stool like sheep's dung. There may be alternate constipation and diarrhoea. There is Congestion and soreness in the liver, with jaundice. Right-sided pneumonia, complicated with liver troubles, or jaundice.

**5. ANTIMONIUM TARTARICUM-** Through the pneumogastric nerve it depresses the respiration and circulation. Clinically, its therapeutic application has been confined largely to the treatment of respiratory diseases, rattling of mucus with little expectoration has been a guiding symptom. There is much drowsiness, debility and sweat. when the patient coughs there appears to be a large collection of mucus in the bronchi; it seems as if much would be expectorated, but nothing comes up. The face is covered with a cold sweat and is cold and pale. In cases of pneumonia; when first coming down with a chill, it may be a very violent attack, such an attack as from its violence produced prostration early. Paroxysms of coughing, with suffocating obstruction of respiration, dyspnoea, compelling one to sit up, shortness of breathing from suppressed expectoration.



**6. BAPTISIA-** The symptoms of this drug are of an asthenic type, simulating low fevers, septic conditions of the blood, malarial poisoning and extreme prostration. Indescribable sick feeling. Great muscular soreness and putrid phenomena always are present. All the secretions are offensive-breath, stool, urine, sweat, etc. Epidemic influenza. Chronic intestinal toxæmias of children with fetid stools and eructations. Patient has aversion to mental exertion; indisposed, or want of power to think. Perfect indifference; don't care to do anything, inability to fix the mind to work. There is stupor, patient falls asleep whilst being spoken to, confused as if drunk. He cannot keep his mind together, a wild wandering feeling. This scattered feeling is further exemplified in the illusion that the body is double; limbs separated and conversing with each other; can't sleep because body seems scattered about and cannot collect pieces. There is a dull heavy sensation in head with drowsiness and heavy eyelids.

**7. HYDROCYANIC ACID-** Convulsions and paralysis are the leading notes of the medicine's action. It acts on the medulla and through the vagus nerve on heart and respiration. The breathing is irregular and gasping. The heat is greatly disturbed, blueness and coldness of surface, pulse feeble, imperceptible. Respiration profound, frequent, and stertorous. Anxious respiration. Paralysis of the lungs. Violent constriction of the diaphragm, with a sense of suffocation. Tightness of the chest (first and second days). Tightness of the chest, gradually extending into the right side of the chest and becoming a pain which extends over the whole chest and makes breathing difficult (third day). Pressure and tightness in the chest (first day). Pressive pain in the chest.

**8. LAUROCERASUS-** Dyspnoea, with sensation as if lungs would not be sufficiently expanded, or as if pressed against spine. Spasmodic oppression of chest. Gasping, suffocating spells; clutches at heart; palpitation. Cough is dry, almost constant, titillating cough; throat and mouth feel as if burnt with whistling sound. Cough, with evening aggravation, severe cramps in chest, and rapid sinking of vital forces.

**9. NAJA TRIPUDIANS-** Uneasiness and dull, heavy pain in chest. Lancinating pains that aggravates on deep inspiration. Asthmatic constriction of chest; cannot expand lungs; followed by mucous expectoration. Pain in left pectoral muscles in forenoon. Suicidal insanity, broods constantly over imaginary troubles. Simple hypertrophy of heart. For restoring a heart damaged by acute inflammation, or from relief of sufferings of chronic hypertrophy and valvular lesions. Angina pains extending to nape of neck, left shoulder and arm with anxiety and fear of death. Damaged heart after infectious diseases. Marked symptoms of low tension.

**10. PHOSPHORUS-** Hard, dry, tight, racking cough with congestion of lungs. Sweetish taste while coughing. Burning pains, heat and oppression of chest. Tightness across chest with great weight on chest. Sharp stitches in chest; respiration quickened, oppressed. Much heat in chest. Pneumonia, with oppression; worse, lying on left side. Whole body trembles, with cough. Violent palpitation with anxiety, while lying on left side. Pulse rapid, small, and soft. Heart dilated, especially right. Feeling of warmth in heart. Sensation of fatigue in chest. Congestion in chest, with sensation of heat which ascends to throat. Anxiety about heart with nausea and a peculiar hunger, somewhat > by eating, distressing even in bed.

**11. CROTALUS HORRIDUS-** Action feeble, pulse tremulous. Palpitation, especially at menstrual period. Trembling feeling of heart. Cough, with bloody expectoration. Tickling from a dry spot in larynx. Hoarseness, with weak, rough voice. Bruised pain from larynx to chest. Cough with stitch in left side and bloody expectoration. Excessive oppression of chest. Burning in chest with heat in forehead. Pneumonia with tendency to gangrene. Lungs seem passive. Much pain in heart, through left shoulder-blade and down left arm. Palpitation with sore pain in and about heart; feeling as if heart tumbled over. Heart tender when lying on left side. Pulse hardly perceptible. Phlebitis; varicosis; varicocele.

**12. CARBO VEGETABILIS-** Cough with itching in larynx; spasmodic with gagging and vomiting of mucus. Deep, rough voice, failing on slight exertion. Hoarseness; worse, evenings, talking; evening oppression of breathing, sore and raw chest. Wheezing and rattling of mucus in chest. Occasional spells of long coughing attacks. Cough, with burning in chest; worse in evening, in open air, after eating and talking. Spasmodic cough, bluish face, offensive expectoration, neglected pneumonia. Breath cold; must be fanned. Hémorrhage from lungs. For the bad effects of exhausting diseases, whether in young or old; cachetic persons whose vitality has become weakened or exhausted. Persons who have never fully recovered from the exhausting effects of some previous illness. Ailments from use of quinine. Bad effects from loss of vital fluids; haemorrhage from any broken down condition of mucous membranes. In the last stages of disease, with copious cold sweat, cold breath, cold tongue, voice lost, this remedy may save a life. Laboured respiration and shortness of breath, while walking. Wheezing and rattling of mucus in the chest. Great difficulty of respiration, and oppression of the chest. Frequent want

to take a deep inspiration. Want of breath, esp. in the evening in bed. Compression and cramp-like constriction in the chest. The chest is tight, with a sensation of fullness and anxiety.

**13. ARNICA MONTANA-** The face or head and face alone is hot, the body cool. Unconsciousness; when spoken to answers correctly but unconsciousness and delirium at once return. Says there is nothing the matter with him. Angina pectoris; pain especially severe in elbow of left arm. Stitches in heart. Pulse feeble and irregular. Cardiac dropsy with distressing dyspnœa. Fatty heart and hypertrophy. Coughs depending on cardiac lesion, paroxysmal, at night, during sleep, worse exercise. Dyspnœa with hæmoptysis. Influenza. Thrombosis. Hematocele. Respiration short, panting, difficult, and anxious. Rattling in the chest. Oppression of the chest and difficulty of breathing. Respiration frequently slow and deep. Shootings in the chest and sides, with difficulty of respiration, aggravated by coughing, but breathing deeply, and by movement; better from external pressure. Beating and palpitation of the heart. Pain from liver up through left chest and down left arm, veins of hands swollen, purplish; sudden pain as if heart squeezed or had got a shock (angina pectoris).

Keywords- Covid-19, Dyspnoea, palpitation, respiration, angina pectoris, influenza

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