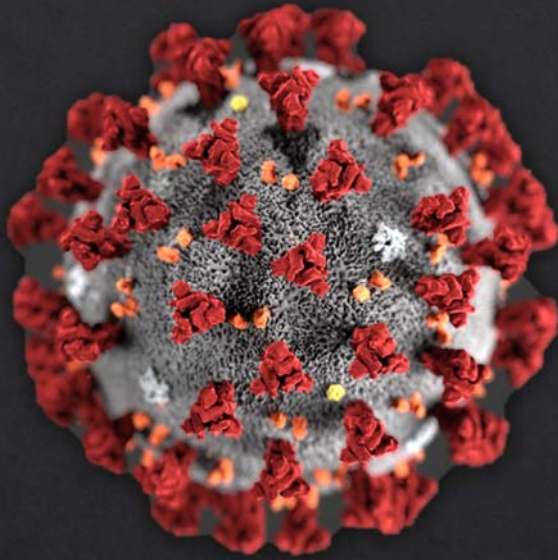


2020



# Corona virus and Homoeopathy

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# Corona virus and Homoeopathy

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This article is intended to study the Coronavirus Disease (COVID-19): Symptoms, Diagnosis, Treatment, & Prevention in respect of Homoeopathic terminology. On 31 December 2019, World Health Organization (henceforth referred as WHO) was alerted about an outbreak of several cases of pneumonia in Wuhan City, Central Hubei Province of China raising concern since the affected patients were geographically linked with a local wet market as a potential source with 12% risk of death.

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## Key words

Coronavirus Disease (COVID-19), Definition, Epidemiology, Pathogenesis, Symptoms, Signs, Complications, Diagnosis, Differential Diagnosis, Management, Prognosis, Prevention, Statistics & Updates

## Introduction

- COVID-19 is the infectious disease caused by the most recently discovered coronavirus SARS-CoV-2.
- Incubation period : 2–14 days

## Causative Agent

- Causing agent : Coronavirus SARS-CoV-2 (Novel coronavirus, nCoV, Wuhan virus, China virus)
- Reservoir : Undefined (?bats, snakes)

## Epidemiology

- Origin: Wuhan, Hubei, China
- 31<sup>st</sup> Dec 2019: WHO China office reported cases of pneumonia of unknown etiology.

### Epidemiological parameters

- Causative agent: SARS-CoV-2
- Source of infection: Cases
- Mode of infection: Droplets, Contact & Fomites
- Reproductive number (R0): 2- 2.5 (Number of secondary infections generated from one infected person)
- Incubation Period: 2.2-11.5 days (Median Incubation Period: 5.1 days)
- Age group affected: All age groups (Mostly 30+ age group)

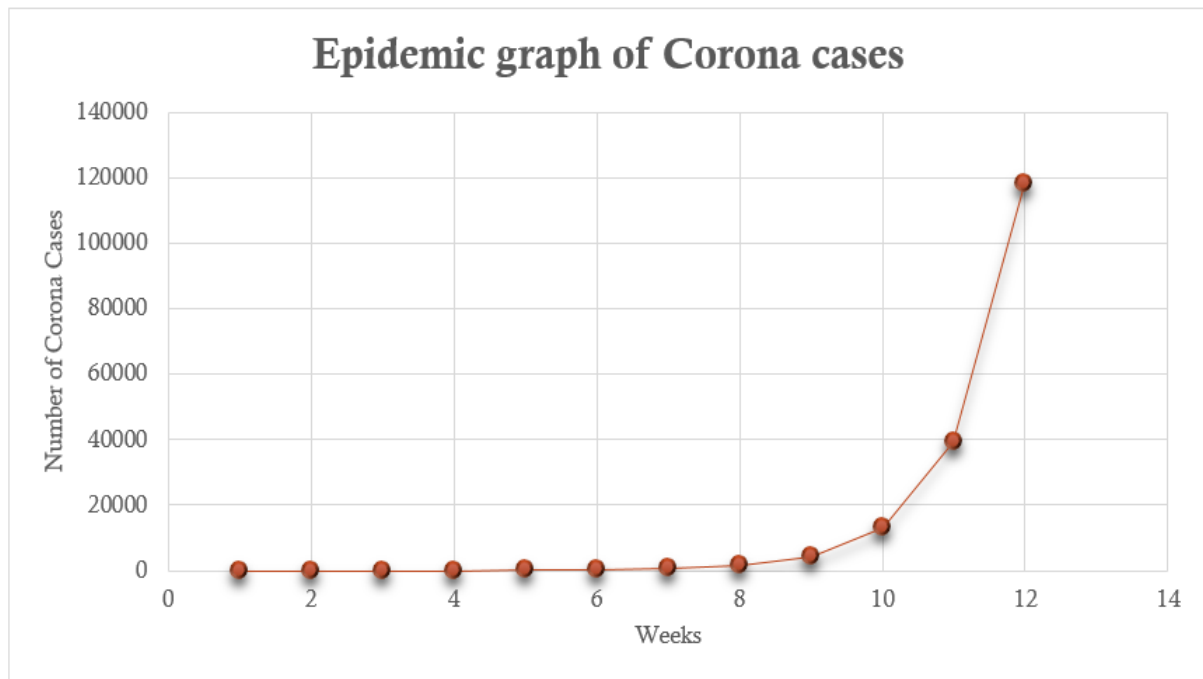
Note: Influenza spreads faster than COVID-19.

### Case fatality rate (CFR)

- Overall CFR: 2.0-3.7% (0.2-15%)
- >1% CFR in age 50+ years
- >10% CFR in age 80+ years
- CFR highest if co-existing morbidities (CVD, HTN, DM)

### Epidemic Curve

- More steeper the curve, More the requirements of ICU's



### WHO Risk Assessment (on 28<sup>th</sup> Feb 2020)

- China: Very High
- Regional: Very High
- Global: Very High

## Definitions of case

### 1. Suspect Case

- A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset.  
OR
- A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID19 case in the last 14 days prior to onset of symptoms;  
OR
- A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

### 2. Probable case

- A suspect case for whom testing for COVID-19 is inconclusive. (Inconclusive being the result of the test reported by the laboratory).

### 3. Confirmed case

- A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

| Term               | Case definition  |
|--------------------|--|
| Suspect Case       | A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath or diarrhoea), <b>AND</b> a history of travel to or residence in a country/area or territory reporting transmission of COVID-19 disease during the 14 days prior to symptom onset. |
|                    | A patient/Health care worker with any acute respiratory illness <b>AND</b> having been in contact with a confirmed COVID-19 in the last 14 days prior to onset of symptoms   |
|                    | A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness breath)} <b>AND</b> requiring hospitalization AND with no other etiology that fully explains the clinical presentation  |
|                    | A case for whom testing for COVID-19 is inconclusive   |
| Lab confirmed Case | A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.  |



## Mode of Transmission

### 1. Human-to-Human transmission

Mode of infection: Droplets, Contact, & Fomites

- Droplet transmission (large respiratory droplets that people sneeze, cough or drip)
- Aerosol transmission (when someone coughs or sneezes in the room)
- Contact transmission (touching a contaminated surface then touching your mouth, nose or eyes)
- Direct transmission (kissing, shaking hands etc.)

Source of infection: Cases (Asymptomatic, Symptomatic)

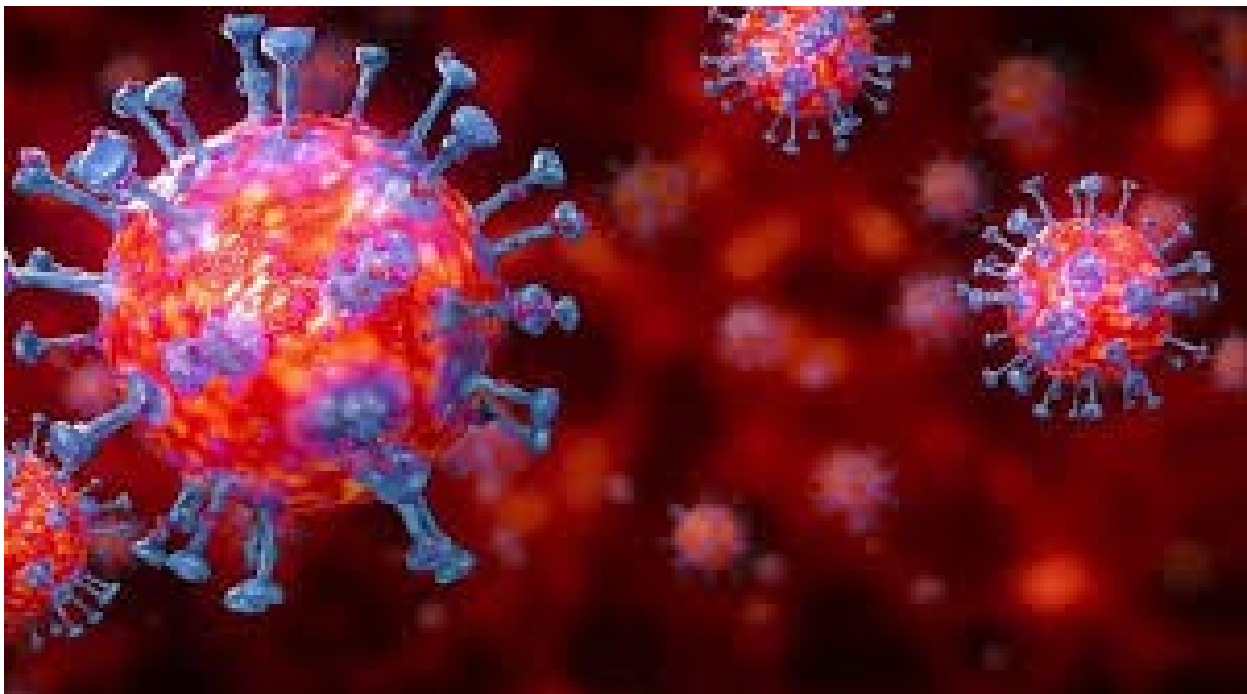
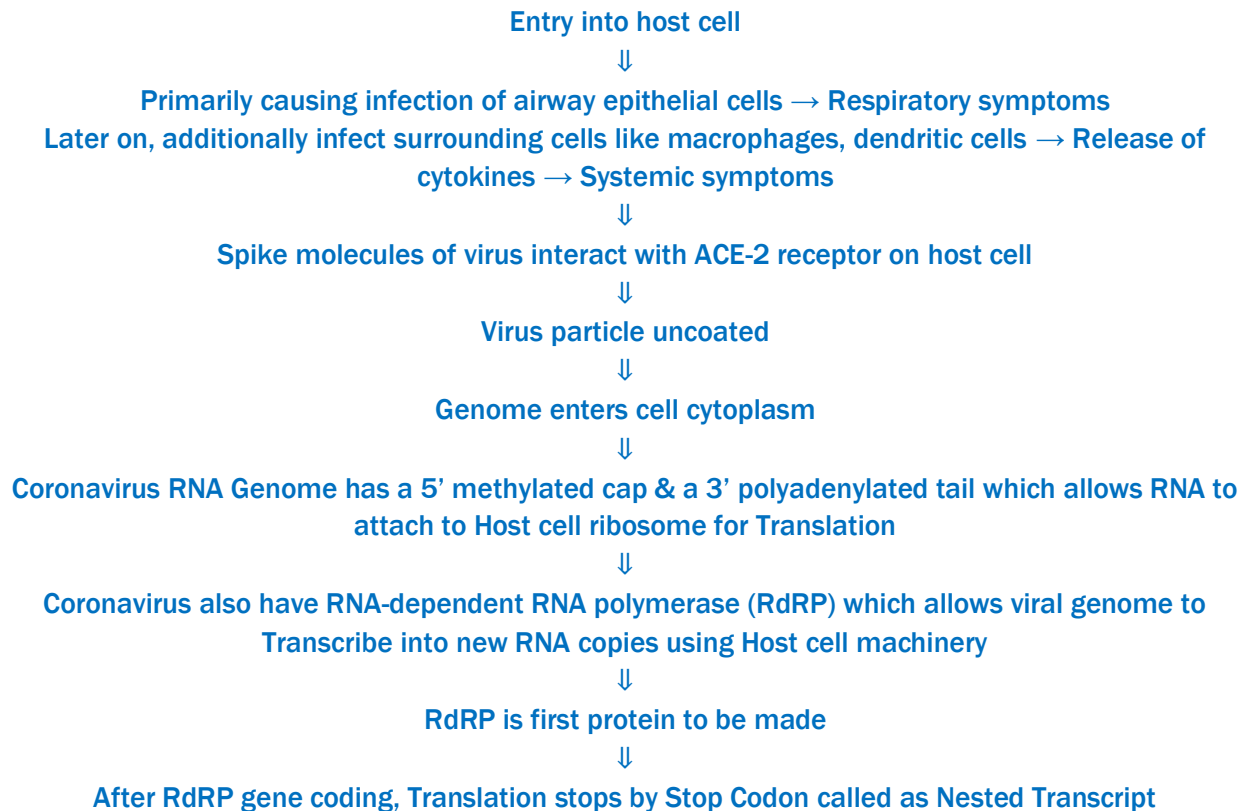
### 2. Animal-to-Human transmission

Mode of infection: Droplets, Contact

| Term                     | Case definition  |
|--------------------------|--|
| <b>Contact</b>           | A contact is a person that is involved in any of the following:  |
|                          | <ul style="list-style-type: none"> <li>• Providing direct care without proper personal protective equipment (PPE) for COVID-19 patient</li> </ul>                        |
|                          | <ul style="list-style-type: none"> <li>• Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings)</li> </ul>  |
|                          | <ul style="list-style-type: none"> <li>• Travelling together in close proximity (within 1 m) with a symptomatic person who later tested positive for COVID-19</li> </ul> |
| <b>High risk contact</b> | Contact with a confirmed case of COVID-19  |
|                          | Travel to a province where COVID-19 LOCAL TRANSMISSION is being reported as per WHO daily situation report   |
|                          | Touched body fluids of patients (respiratory tract secretions, blood, vomitus, saliva, urine, faeces)  |
|                          | Touched or cleaned the linens, clothes or dishes of the patient  |
|                          | Close contact, within 3 feet (1 metre) of the confirmed case   |
|                          | Co-passengers in an airplane/vehicle seated in the same row, 3 rows in front and behind of a confirmed COVID-19 case   |
| <b>Low risk Contact</b>  | Shared the same space (same classroom/same room for work) or similar activity and not having high risk exposure to the confirmed/suspected case                          |
|                          | Travel in the same environment (bus/train/flight/any mode of transit) but not having high risk exposure as cited above   |
|                          | Any traveller from abroad not satisfying high risk criteria  |



## Pathogenesis



## Clinical Features

- Fever
- Dry cough
- Shortness of breath (SOB)
- Tiredness
- Aches and pains
- Nasal congestion
- Runny nose (Rhinorrhea)
- Anosmia, Ageusia
- Sore throat
- Headache
- Gastrointestinal symptoms like Diarrhea

Pneumonia appears to be the most common and severe manifestation of infection.

## Clinical Spectrum

Clinical spectrum of coronavirus disease 2019 (COVID-19) range from mild symptoms to severe illness and death for confirmed cases.

- 81% Mild
- 14% Severe (needs supplemental O<sub>2</sub>)
- 5% Critical (requires ventilation)

Most infections are self-limiting.

Factors determining the severity of disease are

- Age of individual (More severe in elderly)
- Immunity of host (More severe in patient with Comorbid conditions, immunocompromising conditions)

## Complications

- Pneumonia
- ARDS (main cause of death)

## Diagnosis

### 1. rRT-PCR

- Sensitivity-70% but Specific
- Genes: N, E, RdRP

- Specimens: URT (Nasopharyngeal swabs NPS, Oropharyngeal swabs OPS)
- Cost for rRT-PCR on NPS/OPS : 36-51 USD (~3500 INR)

### Sample collection

- Specimens: URT (Nasopharyngeal swabs NPS, Oropharyngeal swabs OPS) > LRT (BAL, Tracheal aspirate)
- Location: In OPS, Tonsillar pillars & Posterior oropharynx
- Specimen should be collected by Synthetic fiber swabs with plastic shafts (Should not use calcium alginate swabs with plastic shaft)
- Specimen should be collected as soon as PUI (Person Under Identification) is identified.
- Procedure: Tilt head → 90° parallel to palate
- Precautions to be taken: Use PPE in place, Use purple nitrite latex free glove.
- All respiratory specimen collection procedures should be done in negative pressure rooms.
- Both Induction of sputum collection OR Bronchoscopy are not recommended.

### Bronchoscopy

#### Benefits

- Helps in obtaining BAL samples in patients who are not able to expectorate sputum for checking bacterial culture/AFB smear/gene Xpert
- Bronchoscope can be used to clear out mucous plugs in ventilated patients.

#### Risks

- May cause some deterioration in clinical condition, especially in patients who are on high oxygen support.
- High risk of transmission of infection to providers.
- Significant utilization of valuable resources at this point (N95 respirators, physicians, respiratory therapists) – Supply of all these resources will be limited during the time of a pandemic.

#### Recommendations

- Bronchoscopy should not be done only for the purpose of ruling COVID-19. Risk of transmission of infection to others is extremely high through aerosols.
- It can be performed when sputum sample cannot be obtained to rule out alternative diagnosis like (Tuberculosis, bacterial/fungal pneumonias).
- It can be performed to suction out mucous plugs in ventilated patients.
- Consideration for use of a disposable bronchoscope if available.
- Consider bronchoscopy in patient's place of care to minimize the exposure.
- Minimize staff in room during procedure.
- Negative pressure room if available.
- All Personal Protective equipment should be used: Face shield/goggles, N95 mask, Contact isolation gown, Gloves.
- Standard disinfection protocols should be followed for cleaning your flexible bronchoscopes and video monitors.

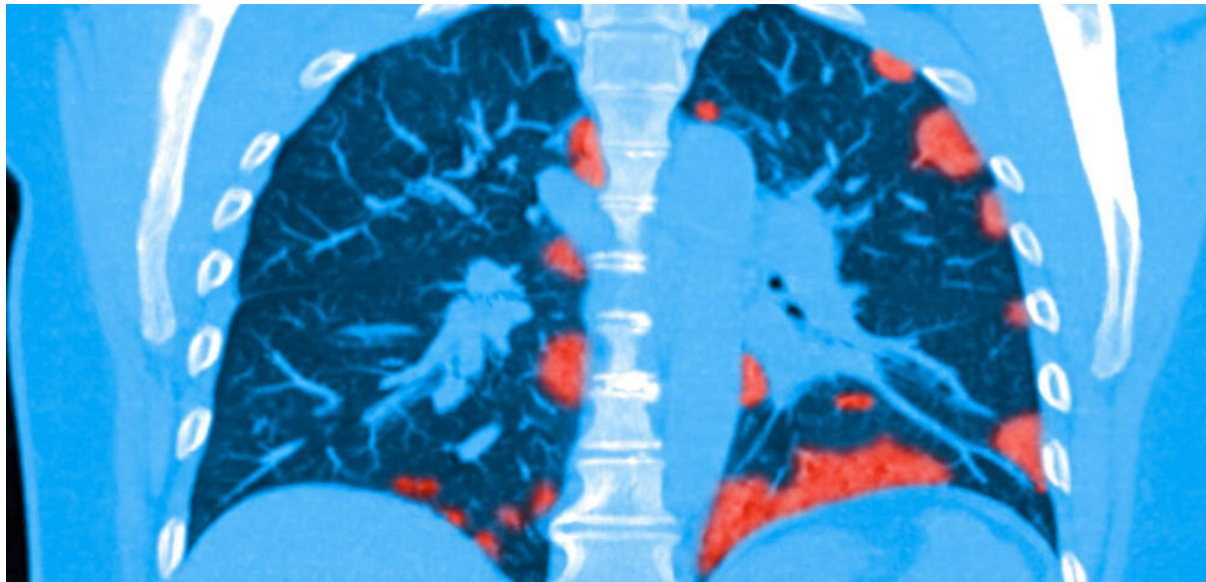
## 2. IgM-IgG Combo test (COVID-19 Rapid Test)

- Principle: Lateral flow immuno-chromatography to detect IgG & IgM antibodies.
- The IgM-IgG combined assay has better utility and sensitivity compared with a single IgM or IgG test.
- It can be used for the rapid screening of SARS-CoV-2 carriers, symptomatic or asymptomatic, in hospitals, clinics, and test laboratories.

## 3. Radiology

### Computed Tomography (CT Chest)

- Sensitivity-95%, Specificity-Low)
- Bilateral lung involvement on initial CT
- Usually affecting the sub pleural regions and the lower lobes
- Consolidative pattern in ICU patients
- Predominantly ground glass pattern in patients who were not in ICU



### Findings

- Multifocal ground glass opacities (GGO) & consolidation with a posterior & peripheral lung predilection.
- Smooth and irregular interlobular septal thickening, crazy paving pattern, air bronchogram and irregular pleural thickening.

### Stages

- Early stage (0-4 days after the onset of the symptoms), in which ground glass opacities (GGO) are frequent, with sub-pleural distribution and involving predominantly the lower lobes. Some patients in this stage could have a normal CT.
- Progressive stage (5-8 days after the onset of the symptoms), the findings usually evolved to rapidly involvement of the two lungs or multi-lobe distribution with GGO, crazy-paving and consolidation of airspaces.

- Peak stage (9-13 days after the onset of the symptoms), the consolidation becomes denser and it was present in almost all of the cases. Other finding was residual parenchymal bands.
- Absorption stage (>14 days after the onset of the symptoms), no crazy paving pattern was observed, the GGO could remain.

### Chest Radiography (CXR)

- The findings on CXR are not specific, and in the initial phases of the disease the studies could be normal.
- The most common features include lobar/ multi-lobar / bilateral lung consolidation.

### Lung ultrasound (USG)

- The USG findings are also not specific for COVID-19 infection.
- The findings include: Irregular pleural lines, sub-pleural areas of consolidation, areas of White lung and thick B lines.
- It is a tool that could be used at bed side avoiding the need for shifting infected patients to a Radiology suite.

## 4. Blood findings

### WBC Count

White blood cell count can vary. It does not provide accurate information about COVID-19.

- Leukopenia, leukocytosis, and lymphopenia have been reported. Lymphopenia is more common, seen in more than 80% of patients.
- Neutrophils: Normal to High

### Platelet Count

- Mild thrombocytopenia is commonly seen. However, thrombocytopenia is considered as a poor prognostic sign.

### Inflammatory Markers

- Serum Procalcitonin ↑ (in patients who require ICU care)
- C – reactive protein (CRP) ↑ (seems to track with disease severity and prognosis)

### Others

- Lactate: Mildly high
- Troponin: High
- Urea/Creatinine: Mildly high
- Albumin: Low
- Creatine kinase: High
- AST/ALT: High
- Ferritin: High

*High D-dimer levels & more severe lymphopenia have been associated with mortality.*

## 5. Pulmonary function tests (PFT)

### Risks

- Sources of cross infection in pulmonary function lab can occur due to close contact, direct contact and through aerosolized particles. Among these Droplets/aerosolized particles is the most common mode of transmission of infection.
- Numerous factors play a role in the virulence of an organism: source & strain of pathogen, route of infectivity, particle size, room temperature and infective dose of pathogen.

### Recommendations

- All kinds of pulmonary function tests should be avoided among patients with a strong suspicion of upper or lower Respiratory tract infection.
- In COVID 19 endemic zones it would be wise to avoid PFTs for a major proportion of patient to avoid spread of infection and usage of PFT should be limited for time being for only pre-operative fitness assessment.
- All patients who are enrolled to perform a PFT should be segregated, since this helps in preventing the spread of infection. Performing a chest x-ray prior to PFT would help to rule out Respiratory infections to certain extent.
- Contact in waiting room with potentially infectious patients should be minimized. Surgical facemasks, tissues, and waste container, alcohol-based sanitizers should be made easily available for infectious patients.
- All connections between the patient and the PFT machine (tubing's & valves) should be cleaned and disinfected before re-use.
- Disposable items in PFT lab like mouth pieces can be a reservoir of microorganisms and hence should be disposed carefully.
- Usage of personal protective equipments helps in reducing the risk of cross contamination.

### Differential Diagnosis (D/D)

- H1N1
- H5N1
- Flu A & B
- RSV
- Rhinovirus
- Parainfluenza
- Allergy

### Management

There is no specific antiviral treatment recommended for COVID-19, and no vaccine is currently available.

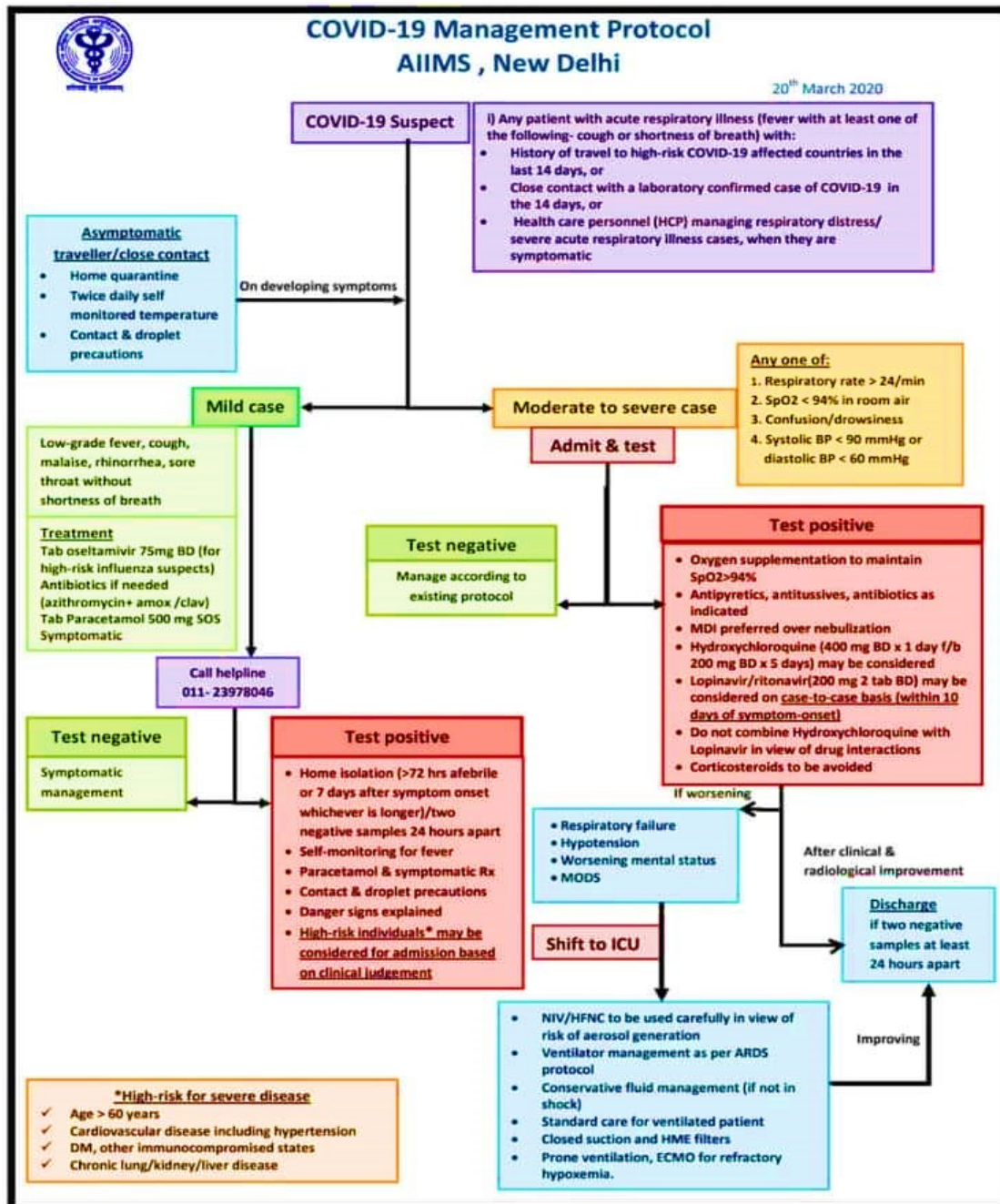
- No drug of choice
- Oxygen support



- Oxygen saturation to be maintained above 90%
- Conservative fluid management
- Empirical antibiotics, anti-viral (Oseltamivir)
- High dependency / ICU care when needed

For treating the COVID-19 patient, various guidelines have been formulated by different hospitals & institutions.

## 1. AIIMS Potocol





## 2. Other Protocol

### A. Mild Disease (81%)

These patients usually present with symptoms of

- An upper respiratory tract viral infection
- Low grade fever , cough, malaise, rhinorrhoea, sore throat without any warning signs
- Shortness of breath
- Haemoptysis
- Gastro-Intestinal symptoms: Nausea, vomiting, Diarrhea
- Without change in mental status ( i.e.: confusion, lethargy)
- Non immunocompromised

Recommendation: Consider for home isolation in asymptomatic/mild disease.

### B. Severe Disease & Critically ill patients

#### *Severe Disease (14%)*

- Respiratory rate > 30/min
- SpO<sub>2</sub> <93%
- PaO<sub>2</sub>/FiO<sub>2</sub> <300
- Lung infiltrates >50% within 24- 48 hours

#### *Critically ill (5%)*

- Respiratory failure (need of mechanical ventilation)
- Septic shock
- MODS

Recommendation: Consider for Admission in Hospital isolation room.

## Prognosis

The vast majority of infected patients (e.g. >80%) don't get significantly ill and don't require hospitalization.

### Among hospitalized patients

- 10-20% of patients are admitted to ICU
- 3-10% requires intubation
- 2-5% die

### Epidemiological risk factors

- Older Age
- Male sex

- Medical comorbidities
- Chronic pulmonary diseases
- Cardiovascular disease
- Chronic kidney disease
- Diabetes

## Homoeopathic treatment

Corona virus affects the person as a whole, not his particular organs or parts; and symptoms in different individuals are not alike. This is well proved that no two Covid patients are alike.

Therefore, only holistic treatments can treat this disease. Homoeopathic system of healing is based on holistic approach and theory of individualization. Therefore only Homoeopathic treatment can cure this pandemic.

## Common Rubrics of Corona victims-

- FEVER - FEVER, HEAT IN GENERAL
- COUGH - COUGH IN GENERAL
- RESPIRATION – DIFFICULT
- GENERALS – WEARINESS
- GENERALS - PAIN – Muscles
- EXPECTORATION - COPIOUS
- HEAD – PAIN
- EXPECTORATION – BLOODY
- RECTUM – DIARRHEA
- RESPIRATION – ACCELERATED
- MIND - CONFUSION OF MIND
- THROAT – INFLAMMATION
- NOSE – DISCHARGE
- CHEST – PAIN
- STOMACH – NAUSEA
- STOMACH – VOMITING
- EYE - DISCOLORATION – red
- NOSE – CONGESTION
- CHILL - CHILL IN GENERAL
- THROAT – CONGESTION
- THROAT - INFLAMMATION – Tonsils
- GENERALS - INFLAMMATION - Glands; of
- SKIN - ERUPTIONS – rash
- THROAT - PAIN - Pharynx
- HEAD - LIGHTNESS; SENSATION OF
- ABDOMEN – PAIN
- STOMACH - APPETITE – wanting

## Repertorization

1. Clipboard 1

- 1. FEVER - FEVER, HEAT IN GENERAL (292) 2
- 2. COUGH - COUGH IN GENERAL (214) 1
- 3. RESPIRATION - DIFFICULT (520) 1
- 4. GENERAL - WEARINESS (368) 1
- 5. GENERAL - PAIN - Muscles (257) 1
- 6. EXPECTORATION - COPIOUS (164) 1
- 7. HEAD - PAIN (768) 1
- 8. EXPECTORATION - BLOODY (231) 1
- 9. RECTUM - DIARRHEA (687) 1
- 10. RESPIRATION - ACCELERATED (247) 1
- 11. MIND - CONFUSION OF MIND (574) 1
- 12. THROAT - INFLAMMATION (340) 1
- 13. NOSE - DISCHARGE (469) 1
- 14. CHEST - PAIN (453) 1
- 15. STOMACH - NAUSEA (716) 1
- 16. STOMACH - VOMITING (512) 1
- 17. EYE - DISCOLORATION - red (307) 1
- 18. NOSE - CONGESTION (114) 1
- 19. CHILL - CHILL IN GENERAL (251) 1
- 20. THROAT - CONGESTION (4) 1
- 21. THROAT - INFLAMMATION - To... (167) 1
- 22. GENERAL - INFLAMMATION - ... (109) 1
- 23. SKIN - ERUPTIONS - rash (136) 1
- 24. THROAT - PAIN - Pharynx (66) 1
- 25. HEAD - LIGHTNESS; SENSATIO... (30) 1
- 26. ABDOMEN - PAIN (546) 1
- 27. STOMACH - APPETITE - wanting (386) 1

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- 25. HEAD - LIGHTNESS; SENSATION OF (30) 1
- 26. ABDOMEN - PAIN (546) 1
- 27. STOMACH - APPETITE - wanting (386) 1

Indicated remedies with view one (Sum of degrees and symptoms)-

ars > phos > sulph > puls > sil > bell > bry > lyc > calc > sep > acon > merc > nux-v > hep  
 > carb-v > cham > nat-m > rhus-t > ip > nit-ac > verat > chin > apis > cupr > dulc > lach >  
 arn > ferr > graph > canth > kali-bi > psor > iod > mez > ph-ac > ant-t > con > caust > chel  
 > kali-c > bar-c > sec > thuja > zinc > alum > aur > stann > am-c > caps > spong > colch >  
 dros > petr > sang

Indicated remedies with view two (sum of small rubrics and remedies)-

ars-i > dros > phyt > bar-m > cop > ferr-p > guaj > merc-c > pyrog > sang > ail > bapt > canth  
> coff > euph > euphr > samb > sec > squil > tub > aesc > aur-s > brom > calad > calc-I >  
camph > caps > carrbn-s > iod > ip > kreos > lat-m > led > seneg > alumn > ant-t > ars-s-f >  
aur-m > calc-sil > chir-fl > cemic > cupr > kali-chl > kali-s > psor > sabin > sars > sul-ac > sul-  
i > teucr > acet-ac > am-c > am-m > anac > apis

For the patients having loss of taste and smell, the remedies can be selected by eliminating the remedies not covering these symptoms.

- NOSE - SMELL - diminished: (81) *Alum.* alum-sil. am-m. **ANAC.** anh. ant-t. *Arg-n.* arist-cl. asaf. aur. **BELL.** benz-ac. brass-n-o. bry. bung-fa. **CALC.** calc-s. calc-sil. *Caps.* carb-an. caust. chel. *Cocc. Coloc.* con. crot-t. *Cycl.* diphtox. dream-p. gink-b. graph. *Hell. Hep.* **HYOS.** *Ip.* just. kali-bi. kali-br. kali-c. kali-i. kali-sil. kola laur. *Lyc. Mag-m.* mang. mentho. *Merc. Merc-c. Mez.* morg-p. mur-ac. nat-ar. **NAT-M.** nit-ac. *Nux-v.* olnd. op. osm. *Phos.* plb. *Positr. Puls.* rhod. rhus-t. ruta sang. sec. sel. **SEP. SIL.** spect. stram. sul-ac. sulph. syc. tab. teucr. verat. zinc. zinc-p.
- NOSE - SMELL - wanting: (107) ail. *Alum.* alum-p. alum-sil. *Am-m.* amyg-p. *Anac. Ant-c.* ant-s-aur. *Ant-t.* apoc-a. arg-n. *Ars. Ars-i.* ars-s-f. arund. asaf. aspar. *Aur.* aur-ar. aur-i. aur-s. **BELL.** *Bry.* bufo **CALC.** calc-i. **CALC-S.** calc-sil. camph. *Caps.* carb-an. *Carbn-s.* card-m. *Caust. Cham.* chel. chlor. cocc. cod. con. *Cupr.* cycl. dulc. *Elaps Graph. HEP.* *Hyos. Ign. Iod. Ip.* just. *Kali-bi. Kali-c. Kali-i.* kali-n. kali-p. *Kali-s.* kali-sil. lach. laur. lem-m. *Lyc.* m-ambo. m-arct. *Mag-m.* mag-p. mang. med. **MERC.** *Mez.* morg-p. *Nat-ar. Nat-c.* **NAT-M.** nit-ac. *Nux-m. Nux-v.* olnd. *Op.* phel. **PHOS. PLB.** positr. *Psor. PULS.* rhod. *Rhus-t.* ruta *Sang. Sarr.* sec. **SEP. SIL.** spig. stram. *Sul-ac.* sul-i. *Sulph.* syc. *Syph. Teucr.* thala. tub-a. verat. *Zinc.* zinc-m.
- MOUTH - TASTE - wanting, loss of taste: (127) acon. aeth. all-c. allox. alum. alum-p. alum-sil. am-m. amyg-p. *Anac. Ant-c. Ant-t. Apis* arg-met. arg-n. ars. aster. atra-r. atro. *Aur.* aur-ar. aur-m. bar-c. **BELL.** berb. beryl. *Borx. Bry.* cact. *Calc.* calc-ar. calc-f. calc-sil. cann-s. *Canth.* carb-an. carb-v. card-m. caust. chin. chlf. chlor. cina coca cocc. coff. *Crot-h.* cupr. *Cycl.* dros. form. formal. gins. gymne. hell. helon. *Hep.* heroin. *Hyos.* hyper. ip. just. *Kali-bi.* kali-br. kali-c. kali-chl. kali-i. kali-n. kali-s. kalm. kreos. lyc. m-arct. m-aust. mag-c. *Mag-m. Merc.* merl. mez. morg-p. myris. nat-c. **NAT-M.** nat-s. *Nux-m. Nux-v.* op. osteo-a. ox-ac. ozone *Par.* ph-ac. **PHOS.** plan. plb. podo. positr. *Psor. ptel. PULS.* ran-s. rheum rhod. rhus-t. rhus-v. ruta sabad. sang. sars. sec. seneg. *Sep. SIL.* spect. spig. staph. stram. stront-c. *Sul-ac. Sulph.* syc. syph. *Ther. thuj.* tub. *Verat.* zinc.

## Mild symptomatic patients in prodromal stage

### Belladonna 30c

Sudden violent symptoms. Throbbing pain. Redness and heat Of affected parts.

### Arsenicum album 200c

Prostration, anxiety, restlessness, thirst for sips, frequent interval. Better by warmth in general.

**Ferum phos 30c**

Initial stage of fever and inflammation of lungs. Superficial congestion with prostration in an anemic looking patient. Worse night and 4-6 am.

**Camphora 1000c**

Insensibility of senses, no anxiety. Loss of smell or taste. Icy coldness. Too much panic and anxiety. Closes down and answers no questions. Sudden weakness.

**Arnica montana 30c**

Says nothing ails him. Severe soreness, bruised feeling with lameness. Bed feels hard. Foul breath and discharges.

**Mild symptoms with initial flu like illness**

**Bryonia 200c**

Severe myalgia, headache, least motion aggravates. Dryness with scanty discharges. Dry cough with stitching pain in chest, better by support. Thirst for large quantities.

**Merc sol 30c**

Worse heat, cold, night,. Metallic taste with salivation, indented tongue. Easy, profuse foul sweat, no relief.

**Eupatorium perfoliatum 200c**

Bruised feeling. Violent bone pains. Headache with sore eyeballs. Chills with rigors, thirsty, nauseated and vomits. Painful violent cough, chest pain, head hurts.

**Gelsemium 200c**

Aching, sore. Tired, weak and tremors. Head heavy with diplopia and vertigo. Drowsy, slurred speech. Chill heat alternating moving up and down the spine. Thirstless.

**Rhus tox 200c**

Chilliness, stiffness, soreness, backache, joint pains. Better by movements. Skin eruption during fever. Tongue red at the tip.

**Mild symptoms with throat infection**

**Belladonna 30/ 200c**

Symptoms appear and disappear suddenly. Thirstless. Fiery red throat. Sharp throbbing, worse draft of air.

**Merc sol 30c**

Worse heat, clod, night. Metallic taste. Salivation. Indented tongue. Ulcers in throat with pain in deglutition.

**Hepar sulph 30/200c**

Worse draft of cold air. Sharp splinter like pain better by warm drinks. Offensive purulent discharges.

**Ars iod 6/30c**

Weakness. Raw burning pain. Better hot drinks. Post nasal drip with hacking cough. Thin, acrid, profuse discharges. Burning heat.

**Kali mur 30/200c**

Discharges milky white and thick. Slow onset. Worse open air, cold drinks. Stitching pain I throat that shifts. Eustachian block causing deafness.

**Mild symptoms with diarrhea, loss of taste and smell.**

**Nux vomica 30/200c**

Violent actions. Cough, vomiting, loud retching. Chilliness. Backache, unable to move. Bitter taste. Coated tongue. Frequent ineffectual urge to stool.

**Pulsatilla 200c**

Thirstless. Short of breath with air hunger. Better open air. Profuse bland, yellow discharge. Bland taste. Coated tongue. Heavy deranged stomach. Changeable symptoms.

**Camphora 1M**

Sudden diarrhea. Blackish, involuntary stools. Cramps in calves with diarrhea. Great prostration, icy coldness of body with collapse. Pulse feeble. Cold perspiration.

**Chin ars 30/200c**

Continuous yet oscillating fever. Weakness, profuse exhaustive sweat at night. Egg, fish cause diarrhea. Cardiac dyspnea, palpitation, worse ascending stairs after an acute infection.

**Zinc mur 1M**

Fagged, exhausted yet restless especially feet. Suppression of discharges lead to nervous system involvement. Altered sense of smell and taste. Convulsions. Sensitive spine. Spasmodic cough with dyspnea, better sputum. Worse eating sweat.

**Moderate Symptoms with early lower respiratory infection**

**Bryonia alba 200c**

Slow onset. Myalgia. Headache. Worse least motion. Thirst for large quantities. Dry hard cough with stitching pain in chest better by support. Blood streaked sputum. Dry tongue, dry hard stools.

**Phosphorus 200c**

Insidious onset, ends severe, rapid disease. Increasing debility. Burning pain. Craves cold drinks which ameliorate. Painful hard cough, sputum hemorrhagic, worse lying on left side, in cold windy weather.

**Arsenicum album 200c**

Weak, anxious, restless. Thirst for sips of water at frequent intervals. Cough, dyspnea worse from cold air, lying down. Better warm drinks, sitting up. Internal burning heat, externally cold.



**Ipecac 30c**

Rattle in chest. Scanty sputum. Hemoptysis, profuse bright red blood. Dyspnea with nausea. No thirst. Clean tongue.

**Antim tart 200c**

Drowsy. Thirstless. Profuse thick secretions. Chest rattle. Cough loose, yet cannot raise sputum. Suffocative shortness of breath before cough. Vomiting after cough. Worse lying down, damp weather. Better sitting, vomiting, sputum.

**Moderate Symptoms with lower respiratory infection**

**Antim ars 200c**

Rattling chest. Prostration. Increased thirst. Lots of mucus in chest. Excessive dyspnea, cough worse cold drinks. Better warmth.

**Lycopodium 200c**

Pneumonia right sided first, followed by left. Short rattling breathing. Craves air but is chilled by it. Lumpy green foul sputum. Worse cold drinks. After eating and 4-8 pm. Better by warm food. Noisy flatulence.

**Phosphorus 200c**

Increasing debility. Burning pain. Craves cold drinks which ameliorate. Pneumonia with painful tightness of chest. Blood in sputum. Worse lying on left side, thunderstorms.

**Kalium carb 200c**

Dyspnea, worse least motion. Hard choking cough ends in vomiting. Sputum tough. Green mucous. Stabbing chest pain. Worse cold draft of air and 3-4 am, lying on left or painful side. Better warmth.

**Chelidonium maj 200c**

Dyspnea with flapping of the alae nasi and tightness of chest. Cough rattling with little expectoration. Deep pain in right chest. Worse urinating, 4 am and 4 pm. Better deep breathing, hot food, bending backward.

**(Post COVID) Convalescence, slow delayed recovery**

**Sulphur 30/200c**

Complaints recur, slow reaction, weakness. Incipient pneumonia. Active mind. Emaciation. Loss of appetite.

**Carbo veg 30/200c**

Lack of vitality and vigor. Old age, weakness, low, emaciated states. Exhausting diseases. Loud eructation and flatulence.

**Zincum met 200c/1M**

Exhaustion of mind and body. Brain fog and depression. Suppressions worsen the state. Nerves fagged, loss of smell, taste. Twitching and formication.



**Tuberculinum bovinum 1M**

Warm room worse. Ill effects of influenza. Inflammation of bronchi. Weakness after severe infection.

**Influenzinum 200c**

Not well since influenza like illness. Clears residual symptoms like cold or cough. Weakness emaciation after influenza.

**Psorinum 200c**

Prevents ill effects of infectious diseases lasting for years. Relapse of symptoms. Lack of reaction. When well selected remedies fail to improve.

**Bio-Chemic Tissue salts. Adjuvant to Indicated homoeopathic medicines**

**Ferrum phos 6x**

Early stage of inflammation, fever. Pale anemia and superficial congestion.

**Kali mur 6x**

Discharges milky white, thick. Stitching pain that shifts. Slow onset. Eustachian catarrh. Worse in open air, cold drinks.

**Kali sulph 6x**

Profuse yellow discharges. Coarse rattle in chest. Slow inflammation. Worse warmth and evening.

**Natrum sulph 6x**

Worse damp air. Expectoration profuse green. Greenish yellow thick pasty tongue at base.

- Suggested medicines are as adjuvant to Standard Management guidelines in the hospital setting only with the approval of authorities and willingness of the patient/guardian.
- The prescription is to be given only by institutionally qualified practitioner.
- Medicines like Phosphorus, Chelidonium, Veratrum Viride, Iodum, Camphora, Cinchona officinalis, Lycopodium, Ars. iod., Antim ars., Stannum met, Carbo veg., can be prescribed on symptomatic indication.

## Bibliography



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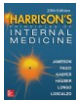
Radar 10



Radar Opus 2.1.11



Guidelines for Homoeopathic Practitioners for Covid 19



High-Quality Clinical Data to Guide Management of Patients with COVID-19 Is Still Lacking  
April 24, 2020



Clotting Disorders > THROMBOPHILIA Book: Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9e ... COVID-19-Associated Coagulopathy June 2020 Critically ill patients with COVID-19 have significant coagulation abnormalities which can result in venous thromboembolism, ischemic stroke, myocardial infarction, and arterial thrombosis and embolism. Institutional and society guidelines...