



Case Report

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Homeopathic Intervention in Health Workers with COVID-19: Case Study

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Abstract

Introduction: The article brings two cases, both of health workers subject to multiple psychological stresses during the pandemic, diagnosed with COVID-19 and submitted to homeopathic therapy in the context of uncertainties surrounding therapies directed at SARS-CoV-2.

Case presentation: First case - Patient, 35 years old, asthmatic, with psychosomatic condition associated with dysgeusia, anosmia and lymphopenia. He was diagnosed with COVID-19 by means of PCR. A combination of Azithromycin, Hydroxychloroquine, Ivermectin and probiotic was performed with bronchodilator and Phosphorus 30 CH. There was complete remission. Second case - Patient, 56 years old, with comorbidities presented dizziness and headache associated with anxiety and fear of dying. Echocardiogram, two computed tomography scans and PCR were performed, which confirmed positive for COVID-19. Medications already in use were maintained, associating them with Azithromycin and Ivermectin. There was an overall improvement in symptoms.

Conclusion: Although there is no confirmation of homeopathic treatment as a responsible for the recovery of patients, such therapy may have contributed positively to reducing the time needed to recover the clinical status of patients.

Keywords

COVID-19, SARS-CoV-2, Homeopathy, Prophylactic Treatment

Introduction

COVID-19 has affected people worldwide, with more than 33 million global cases as of September 28, 2020 [1]. Health workers who are at the forefront of combating the disease, in addition to having affected their psychic state, becoming more anxious, insomniac and depressive, are also more exposed to the virus, increasing the risk of contagion [2]. According to the World Health Organization, there is no effective treatment for curing the disease as of now, therefore the available therapies aim to alleviate the symptoms caused by the infection [3].

Homeopathic treatment is based on comprehensive care for the individual and its efficiency has already been demonstrated in the treatment of respiratory complaints, with success rates equivalent to conventional treatment [4,5]. In addition, the use of homeopathy in epidemic diseases occurs with historical success, also obeying the principle of similarity, which governs homeopathic treatment in its classic approach, in which case it is important to know the “epidemic genius” of the pandemic disease [6].

The “epidemic genius” (a term used in homeopathy, a translation that was appropriate to designate the group of

symptoms that most characterize the epidemic disease) of COVID 19 was defined in a preliminary study with the composition of a group with some drugs, not excluding the need to use the individual similia medication, when necessary [7]. Thus, homeopathic treatment looks promising in combating COVID-19 disease, but further research is still needed to establish it as an effective therapy.

In this context, the objective of the present study was to report two clinical cases, where health workers with a proven diagnosis of COVID-19 were submitted to a homeopathic treatment and to evaluate the outcome of this therapeutic approach.

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Table 1: Evolution of case 1.

Day of evolution	Clinical evaluation
D1	Slow thinking, difficult concentration and feeling faint
D2	Myalgia and low fever
D3	Presented diarrhea and continuous fever (started <i>Phosphorus 30 CH</i> 1 time a day for 3 days)
D5	There was regression of pain (positive PCR test)
D7	No fever and improved mood
D10	Progressive improvement without clinical complaints
D15	Back to work
D30	Discharge without sequelae

D = Day of evolution.

Cases Presentation

Case 1

Identification: Man, 35 years old, health worker (medical doctor), date of birth (June 25, 1984).

Patient report: Patient reports that on Thursday night he felt a twinge in his stomach as if he was going to evacuate willingly and he didn't. He went to train and felt bad, he was sweating cold, he was on duty the night before and attributed it to physical tiredness. On the following day, he had sneezing and hyaline coryza, which was more intense than he had in rhinitis attacks, and dry cough. He had a feeling of tightness in his chest and used formoterol and butesonide, then he reported pain in his body. He went to the doctor, but it was a mild picture. Without fever (97.88 °F) (...) myalgias gradually increased and started sleeping face down, thinking that they were symptoms of COVID-19. There was no feeling of shortness of breath or wheezing, but the oximeter he placed fluctuated between 94 and 97. At 3.5 in the morning the fever started at 37.5 degrees and then 37.8. He did not use any medication to increase myalgias and drowsiness (asthenia), now with a headache, but bearable. He started homeopathic medication on the second day of illness with *Phosphorus 30 CH* five orally drops a day and continued using for 3 consecutive days.

Clinical Impression: Background: Allergic rhinitis, asthma and autoimmune thyroiditis (underwent thyroid cancer withdrawal) Psychic symptoms: He reported difficulty concentrating to study at the beginning. He presented a feeling of anguish after leaving the shift where he witnessed several deaths. Copious cry when he returned home, he felt anguish over the situation.

Late symptoms: Dysgeusia and anosmia at the end of the second week that lasted for almost three weeks.

Other symptoms: sporadic dry cough and scratchy throat.

Tests performed/date/result: Blood count on the second day with Lymphopenia and PCR for COVID19 on the fifth day of illness, with a positive result for COVID-19.

Conduct followed by medical advice: He used azithromycin (5 days) + hydroxychloroquine (5 days), ivermectin (01) and probiotic (*Bacillus clausii*) daily. Because his asthma a

profiliatic used nebulization with bronchodilator by medical prescription at emergency and Homeopathic drugs them: Prescribed *Phosphorus 30 CH* used for 3 days (5 orally drops a day) from the third day (Table 1).

Case 2

Identification: Woman, 56 years old, health worker (medical doctor), date of birth (August 09, 1963).

Case Report

Patient reports that 6 days ago she felt dizzy, accompanied by headache, slow thinking, could not read or study. She had nausea in the first 3 days of symptoms and fever (100.4 °F) on the 3rd day. She was using prophylactic homeopathy with *Metalum Album 30 CH5* orally drops (one weekly dose) for a month and in the first week of illness she used one orally dose a day (5 drops) of *Chininum Arsenicosum 30 CH* was prescribed for 3 days in a row. After the sixth day, she no longer felt nausea and her blood pressure went back to normal (she had hypertensive spikes). On the sixth day the dizziness also disappeared and abdominal pain appeared in the liver region. Prescribed homeopathic treatment: *Phosphorus* and then *Cinchona* both one orally dose at *30 CH*. The second week, she was oligosymptomatic, but there was an important adynamia with difficulty breathing on exertion (climbing stairs) that persisted until one month after the disease (O₂ saturation was between 94 and 96). As hospitalization was not indicated, an outpatient echocardiogram was performed, which revealed mild pericardial effusion, remaining only under observation. The Homeopathic used was *Lachesis LM2*, 5 orally drops a day one week and then weekly doses, but with no improvement in adynamia and exertional dyspnea after one month, she was hospitalized for one week. The clinical case was moderate asthma dyspnea (asthma worsening in adolescence). She was followed up by the pulmonologist. At that time, *Ignatia 200 CH* (one orally dose) was performed in addition to the conventional treatment for bronchial asthma already started (bronchodilator and corticotherapy), which was maintained for ten days.

Clinical Impression

Background: Adolescent asthma, hypertension and breast cancer in the family (mother).

Table 2: Evolution of case 2.

Day of evolution	Clinical evaluation
D1	Dizziness + nausea + slow thinking + abdominal colic
D2	Dizziness + nausea + slow thinking
D3	Fever (100,4 °F) + dizziness
D5	Fever (100,4 °F) + dizziness
D7	Abdominal pain in the Right Hypochondrium
D10	Fewer initial symptoms
D15	Adynamia and need for corticosteroids due to increased asthma exacerbated by exertion
D30	Same clinical condition

D = Day of evolution.

Important symptoms: Dizziness ++/headache/adynamia +/-slowness +/-fear of dying +/-anxiety to study (can't study).

Tests performed/date/result: Two computed tomography, the first normal (June 02, 2020), with initial lesion on the second after 15 days of illness. Positive PCR for COVID19 on May 16, 2020. Echocardiogram (June 02, 2020) showed mild pericardial effusion.

Conduct followed by medical advice: As he did not show respiratory symptoms, they did not consider hospitalization at this stage of the disease. Outpatient follow-up. DRUGS USED: Anti-hypertensive drugs already in use, diuretics for hypertensive crisis, Azithromycin, and ivermectin from the fifth day according to the medical protocol for COVID19 and the homeopathic individualized orally doses. Other medicines in continuous use Clonazepan, antihypertensive drug) (Table 2).

About the drugs used and homeopathic doses administration

- Both cases used azithromycin and ivermectin from the fifth day according to medical protocol for SARS-COV2

- Case 2: Antihypertensive drugs were already in use and diuretics for hypertensive crisis. Other medicines in continuous use clonazepam for panic syndrome).

- About the homeopathic doses described in case reports 1 and 2: the treatment used in one dose or repeated doses are five drops. The homeopathic treatment is not a standardized protocol, because it is individualized for each patient.

Discussion

Both cases were patients with comorbidities, within the high risk group for COVID-19 due to being healthcare professionals who are constantly exposed to the virus at work. The age range of case 2 is an additional risk factor for severity, as it is close to sixty years of life, however, neither of them needed hospitalization. It is known that a chance of hospitalization in patients from high risk groups or health workers with Covid is greater due to exposure to a higher viral load associated with increased psychological stress and a prospective study revealed that there was a higher prevalence of cases per 100,000 frontline health workers care compared to the general population [8]. It is important to mention that case 1 worked on the front line and received a large viral load, and

case 2 worked in babies delivered by mothers with COVID-19 in labor, also with significant exposure. Despite presenting dysgeusia and mild anosmia in case 1 and only one case evolved with mild sequelae and entered phase 2, but without the need for early hospitalization, both cases were followed up until the thirtieth day after illness. Case 1 was promptly restored. He used homeopathic treatment only during phase 1 of the disease, for 5 days. Case 2 had been using homeopathic medication for a month (metalum album 30CH once a week as per medical advice) for prophylactic purposes. Even so, she developed the disease after acquiring it, but it had a more delayed evolution, not presenting the severity of phase 2, but she presented sequelae after COVID-19 after one month. The literature has shown the relevance of monitoring saturation to check the need for hospitalization, this was done in both patients [9]. She did not present respiratory symptoms characteristic of phase 2. There was no use of hydroxychloroquine in case 2, the remainder was similar in both, with the differential of prophylactic use of homeopathic a month earlier in case 2. In this case, even with late hospitalization, which occurred after one month of the acute phase, to treat sequelae, it did not require an intensive care unit (ICU).

In both cases, in addition to homeopathic medicines, at least one antibiotic (hydroxychloroquine and / or azithromycin) and an antifungal (ivermectin) were used, both with immunomodulatory effect. In case 1, there was a rapid response after the fifth day of illness with the use of homeopathy from the third day of symptoms on, which suggests that the early use of homeopathic treatment may have contributed to the rapid beneficial evolution and remission of the condition. In case 2, the use of previous homeopathy did not prevent the onset of the disease or symptoms, but the condition was atypical, being more drawn out and without neurological manifestations such as ageusia or anosmia, which suggests the non-involvement at central level.

It is important to highlight that the use of homeopathic medicines in both cases followed the classic homeopathic approach to epidemics [10], where the medicine closest to the symptoms of the disease at that time was used through an individualized case study. Finally, in case 2, the medication that covered the oldest symptoms that returned was finally used, as it was already a result of sequelae and no longer an acute illness. In this case, the individualized use of homeopa-

thy is highlighted [11]. This may have contributed to a better evolution of the late symptoms presented.

Conclusion

Although it is not conclusive that homeopathic treatment was directly responsible for the satisfactory clinical evolution and cure of the patients, as they during the symptomatic phase of the disease also used allopathic drugs, we conclude that homeopathic therapy may have contributed positively to the progress of the infected patients.

Case 1 evolved well with the treatment, showing a substantial improvement in the clinical condition after the use of homeopathic drugs. Likewise, case 2 although it had a greater progression of the disease, did not present a worsening clinical condition, suggesting that the use of homeopathic drugs, early in a prophylactic manner, may have contributed to its better prognosis.

In view of the results obtained in this report, with positive indications in the use of homeopathic therapy against a COVID-19, it is important that further studies with a significant number of patients are carried out in order to prove the benefit of this therapy and validate it as initial hypotheses generated in this project. Robust academic and standard clinical trials are needed in this field to prove the results.

The evaluation of both cases was impaired in terms of drug association, since both used the protocol of allopathic drugs in the initial phase of the disease, prescribed in parallel with homeopathic treatment, which can mask the results of the research.

Declaration of Interests

No conflict of interests declared.

Consent

Written consent obtained from patients

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