29-9-2021

Homoeopathy for Post COVID 19 illnesses: A Case Series

Vaishali Shinde

Regional Research Institute for Homoeopathy, Mumbai Maharashtra, India, drvhsb@gmail.com

Ramesh Bawaskar

Regional Research Institute for Homoeopathy, Mumbai, Maharashtra, India, drbrsb@gmail.com

Follow this and additional works at: <https://ijrh.researchcommons.org/journal>

Part of the [Alternative and Complementary Medicine Commons](#)

Recommended Citation

Shinde V, Bawaskar R. Homoeopathy for Post COVID 19 illnesses: A Case Series. Indian J Res Homoeopathy [Internet]. 2021 Sep 29; 15(3):Article 4. Available from: <https://ijrh.researchcommons.org/journal/vol15/iss3/4>. Free full text article.

This Case Series is brought to you for free and open access by Indian Journal of Research in Homoeopathy. It has been accepted for inclusion in Indian Journal of Research in Homoeopathy by an authorized editor of Indian Journal of Research in Homoeopathy. For more information, please contact ijrhonline@gmail.com.

Homoeopathy for Post COVID 19 illnesses: A Case Series

Abstract

Introduction: As much as the prevention and treatment of COVID 19 has posed challenge, its post infection sequelae have not been any less challenging. There has been an emerging menace and concern for post COVID 19 illnesses. Patients with microbiological recovery from COVID-19 show most common symptoms like fatigue, dyspnoea, cough, headache, tightness of chest, arthralgia, muscle pain with drop in the quality of life. Limited treatment options are available in the conventional set up. **Cases summary:** We present nine cases that were treated for post COVID 19 symptoms at Regional Research Institute (H.), Mumbai, under Central Council for Research in Homoeopathy. Out of these, seven cases were of acute Post Covid condition and two presented with Chronic Covid sequelae. All these patients were under standard conventional care/treatment but had no resolution of Post Covid symptoms. The Post Covid symptoms reported in these cases were fatigue, dyspnoea on exertion, cough, profuse perspiration, chest tightness and profuse perspiration. *Bryonia Alba* was the most useful remedy apart from *Sulphur*, *Arsenicum Album*, *Rhus Toxicodendron* and *Calcarea Carbonicum*. The cases have demonstrated a positive role of homoeopathic treatment in relieving the Post COVID illnesses.

Acknowledgments and Source of Funding

\

Homoeopathy for post-COVID-19 illnesses: A case series

Vaishali Shinde*, Ramesh Bawaskar

Regional Research Institute for Homoeopathy, Mumbai, Maharashtra, India

Abstract

Introduction: As much as the prevention and treatment of COVID-19 has posed challenge, its post-infection sequelae have not been any less challenging. There has been an emerging menace and concern for post-COVID-19 illnesses. Patients with microbiological recovery from COVID-19 show most common symptoms such as fatigue, dyspnea, cough, headache, tightness of chest, arthralgia, and muscle pain with drop in the quality of life. Limited treatment options are available in the conventional setup. **Cases Summary:** We present nine cases that were treated for post-COVID-19 symptoms at Regional Research Institute (H.), Mumbai, under Central Council for Research in Homoeopathy. Out of these, seven cases were of acute post-COVID condition and two presented with chronic COVID sequelae. All these patients were under standard conventional care/treatment but had no resolution of post-COVID symptoms. The post-COVID symptoms reported in these cases were fatigue, dyspnea on exertion, cough, profuse perspiration, chest tightness, and profuse perspiration. *Bryonia alba* was the most useful remedy apart from *Sulphur*, *Arsenicum Album*, *Rhus Toxicodendron*, and *Calcarea Carbonicum*. The cases have demonstrated a positive role of homoeopathic treatment in relieving the post-COVID illnesses.

Keywords: *Bryonia alba*, COVID-19, Homoeopathy, Post-COVID illnesses

INTRODUCTION

The humankind has witnessed various viral pandemics tracing back to the Spanish flu in 1918 down to pandemics of H2N2 in 1957, H3N2 in 1968, SARS-CoV, H1N1 in 2009, MERS-CoV, and now the ongoing COVID-19. As challenging the prevention and treatment of COVID-19, its post-infection sequelae have been equally challenging. With the total 54,149,731 recovered COVID-19 cases globally and 9,606,111 recovered cases in India till April 2020,^[1] the post-COVID illnesses is an emerging concern.

With the COVID-19 infection triggering several inflammatory pathways and with the underlying interplay of various intricate immune mechanisms, a number of cases are reported from all over the world with post-infection complications and sequelae from COVID-19. The residual symptoms in patients with microbiological recovery from COVID-19 show most common symptoms such as fatigue, dyspnea, cough, headache, tightness of chest, and muscle pain. An Italian study followed up 143 persons for 7 weeks post-discharge and found that 53% reported fatigue, 43% breathlessness, and 27% joint pain. This study also suggests that among the patients who had recovered from COVID-19, 87.4% reported

persistence of at least one symptom particularly fatigue and dyspnea.^[2]

A study done at Leeds Teaching Hospitals, UK, concluded that in COVID-19 patients fatigue, breathlessness and psychological distress were reported at 7 weeks after discharge with a clinically significant drop in the quality of life of many individuals.^[3]

In another study by Yvonne *et al.* after analyzing, 112 hospitalized patients and 2001 non-hospitalized patients of COVID-19 fatigue and dyspnea were the most common post-COVID symptoms at follow-up after 3 months from the onset of the symptoms.^[4]

The natural history and pathophysiology of SARS-CoV-2 infection have been a novel area of research. Severity of persistent symptoms after resolution of acute SARS-CoV-2 infection as well as risk factors associated with their development is presently

***Address for correspondence:** Dr. Vaishali Shinde,
Regional Research Institute for Homoeopathy, Mumbai, Maharashtra, India.
E-mail: drvhsb@gmail.com

Received: 23 December 2020; **Published:** 29 September 2021

Access this article online

Quick Response Code:

Available in print
version only

Website:
www.ijrh.org

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Shinde V, Bawaskar R. Homoeopathy for post-COVID-19 illnesses: A case series. Indian J Res Homoeopathy 2021;15:184-193.

being studied. The continual sequelae of COVID-19 represent multiple syndromes resulting from distinct pathophysiological processes along the spectrum of disease.^[5] The most commonly reported symptoms consist of dyspnea, fatigue, cough, arthralgia, and chest pain.^[3,6,7] Other reported symptoms include cognitive impairment, depression, myalgia, headache, fever, and palpitations.^[3,6-8] More serious complications appear to be rare but have been reported, including acute kidney injury,^[9] myocardial inflammation, ventricular dysfunction,^[10] etc.

Homoeopathy has shown promising results over many years; rather centuries, in controlling morbidity as well as mortality in various epidemics.^[11] Homoeopathy is suggested to be useful in boosting the immunological responses in various conditions^[12] and can thus be used as an adjuvant tool in the fight against COVID-19 and its sequelae.^[13] A number of medicines are mentioned in the homoeopathic literature^[14] for post-influenza conditions, namely, debility of influenza, influenza pain remaining, weakness after influenza, etc., which cover a wide range of action including weakness, respiratory, gastrointestinal, rheumatological, cardiac, renal, and neurological complaints if prescribed on the basis of symptom similarity.

We present here nine cases treated at the Regional Research Institute (H.), Mumbai, for post-COVID symptoms.

CASE REPORTS

Case 01

A 62-year-old female was detected to be COVID positive as per RT PCR report dated October 17, 2020. She was a mild symptomatic case and was advised home quarantine. On the 8th day of home quarantine, she developed ulcers in oral cavity and suffered from muttering delirium with complete loss of sleep. With an oxygen saturation drop at 90; she was immediately hospitalized. The hospital stay was 10 days. The patient was on oxygen therapy with injection remdesivir and multivitamins for initial 5 days. The patient had a medical history of diabetes mellitus. The patient experienced lingering symptoms of fatigue, general weakness, loss of weight, and bitter taste in mouth for which she visited the institute on November 21, 2020. She complained of vague body ache after slightest exertion, especially in evening with perspiration on slightest exertion associated with palpitations. Considering the totality [Table 1], *Sulphur* 30/8 doses twice daily (BD) were prescribed for 4 days. The patient was followed up on November 26, 2020, and reported 80% improvement in her symptoms. The body ache and generalized weakness were moderately improved. The tiredness was reduced slightly but was still quite troublesome. *Sulphur* 200 once daily (OD) for 8 days was prescribed. Next follow-up was taken telephonically on December 09, 2020, and the patient reported significant improvement in fatigue, weakness, palpitations, and body ache.

Case 02

A 35-year-old female reported on October 15, 2020, with complaints of high-grade fever, body ache, headache, dry

cough, and general weakness which were managed by paracetamol, Vitamin C, and antibiotics for 5 days. She was subsequently detected COVID positive as per RT-PCR report on October 17, 2020, for which she was under observation at a quarantine center. Most of her complaints resolved within 4–5 days, except dry cough for which nothing had been effective. Hence, she visited our institute on November 21, 2020 for the complaint. Presenting complaints were dry cough with itching sensation in throat. Cough bouts lasted for 15–20 min with aggravation usually during eating, talking, at night and better by drinking warm water. The patient had increased thirst and Sleeplessness. The patient was anxious about persistent cough even after 1 month of COVID diagnosis. *Arsenic album* 200, 10 doses, twice daily (BD), were prescribed for 5 days. The patient visited for follow-up on November 26, 2020, wherein no significant improvement in cough was observed, rather character of cough changed to deep hollow cough. With no significant change seen in cough and need of an instant relief of cough which the patient sought a change of prescription was done and *Bryonia alba* 30 thrice daily (TDS) was prescribed for 7 days. Second follow-up was taken on telephone on December 09, 2020, wherein the patient reported moderate improvement in cough. The patient followed up on December 19, 2020, and reported significant improvement (90%) in cough bouts and the improvement was from *Bryonia* observed on the 4th day of taking it. *Bryonia alba* 200 was given subsequently for complete relief of cough for 4 days.

Case 03

A 37-year-old male was detected COVID positive on October 19, 2020; and a day before, he had high-grade fever. He suffered from headache, loss of appetite, and general weakness which were managed by paracetamol, Vitamin C, and antibiotic course for 5 days at a quarantine center. His all complaints resolved within 6–7 days, except for persistent headaches, fatigue, and mild feverish feeling, especially in evening, followed by profuse perspiration. The headache was in frontal and occipital regions, occurring daily for few hours and was quite troublesome. Hence, the patient visited our institute on November 21, 2020, with the above complaints. Considering the symptom totality, *Bryonia alba* 30 (10 doses) BD was prescribed for 5 days. The patient visited for follow-up on November 26, 2020, wherein complaints of headache and feverish feeling reduced significantly. Fatigue decreased moderately, but was still persistent. *Bryonia alba* 200 BD was given for 5 days. Telephonic follow-up was done on December 9, 2020, and the patient reported of significant improvement in most of his complaints. The patient reported to the institute on December 19, 2020, informing relief of all complaints except slight fatigue. The patient had presented with persistent headaches, fatigue, and mild feverish feeling followed by profuse perspiration. Out of these, all complaints decreased significantly with *Bryonia* except the fatigue. Hence, to complete the action of remedy, as an anti-miasmatic/intercurrent remedy, *Sulphur* 30/2 doses were given OD.

Table 1: Summary of cases

Case No.	Date of COVID test	Date of appearance of COVID symptoms	Home isolation/ quarantine center/ hospitalized	Mild case/ moderate/ severe case	Duration between COVID testing and initiation of homoeopathic treatment	Basis of selection of medicines	Medicine prescribed
01	17/10/20	25/10/20	Hospitalized	Moderate	35 days	[Complete] [Generalities]Weakness: Evening: Agg: [Complete] [Generalities]Weakness: Disease: Acute, in or after: [Complete] [Generalities]Weakness: Exertion: Agg.: Slight: [Complete] [Generalities]Weakness: Perspiration: With: [Complete] [Generalities]Emaciation: [Complete] [Generalities]Ill or sick feeling: [Complete] [Generalities]Weakness: Extreme: [Complete] [Generalities]Weariness: [Complete] [Taste]Bitter: [Complete] [Perspiration]Palpitation, during: [Complete] [Perspiration]Profuse:	<i>Sulphur</i>
02	17/10/20	15/10/20	Quarantine Centre	Mild	35 days	[Complete] [Cough]Dry: [Complete] [Cough]Influenza: After: [Complete] [Sleep]Sleeplessness: Restlessness, from: [Complete] [Sleep]Sleeplessness: Anxiety, from: [Complete] [Cough]Itching, from: [Murphy][Clinical]Convalescence, ailments, during or since :Pneumonia, after [Complete] [Head]Pain, headache: Bursting: Forehead: [Complete] [Head]Pain, headache: Forehead: [Complete] [Generalities]Weariness: [Complete] [Generalities]Weakness: Evening: Agg: [Complete] [Fever, Heat]Evening: [Complete] [Perspiration]Fever: After:	<i>Arsenic album</i>
03	19/10/20	18/10/20	Quarantine center	Mild	37 days	[Complete] [Chest]Breathing: Difficult, with: [Complete] [Generalities]Influenza: After: [Complete] [Generalities]Pain: Body, all over: [Complete] [Perspiration]Profuse: [Complete] [Respiration]Difficult: Exertion agg.: [Complete] [Respiration]Difficult: Expand lungs, cannot: [Complete] [Respiration]Difficult: Talking: Agg: [Complete] [Respiration]Difficult: Lying: Agg: [Complete] [Generalities]Lassitude: [Complete] [Generalities]Weariness:	<i>Bryonia alba</i>
04	22/09/20	17/09/20	Home isolation	Mild	23 days	[Complete] [Respiration]Difficult: Exertion agg.: [Complete] [Respiration]Difficult: Expand lungs, cannot: [Complete] [Respiration]Difficult: Talking: Agg: [Complete] [Respiration]Difficult: Lying: Agg: [Complete] [Generalities]Lassitude: [Complete] [Generalities]Weariness:	<i>Bryonia alba</i>
05	24/09/20	05/10/20	Home isolation	Mild	65 days	[Complete] [Respiration]Difficult: Exertion agg.: [Complete] [Respiration]Difficult: Expand lungs, cannot: [Complete] [Respiration]Difficult: Talking: Agg: [Complete] [Respiration]Difficult: Lying: Agg: [Complete] [Generalities]Lassitude: [Complete] [Generalities]Weariness:	<i>Bryonia alba</i>

(Contd...)

Table 1: (Continued)

Case No.	Date of COVID test	Date of appearance of COVID symptoms	Home isolation/quarantine center/hospitalized	Mild case/moderate/severe case	Duration between COVID testing and initiation of homoeopathic treatment	Basis of selection of medicines	Medicine prescribed
06	17/06/20	15/06/20	Home isolation	Mild	112 days	[Complete] [Chest]Pain: Left: [Complete] [Chest]Pain: Cough: After: [Complete] [Chest]Constriction: [Complete] [Chest]Constriction: Anxiety, with:	<i>Rhus tox</i>
07	30/09/20	26/09/20	Hospitalization	Mild	33 days	[Complete] [Cough]Dry: [Complete] [Cough]Dry: Evening: [Complete] [Cough]Dry: Night: [Complete] [Generalities]Weakness: Evening: Agg: [Complete] [Generalities]Weariness: Exertion: Agg:	<i>Bryonia alba</i>
08	02/09/20	09/09/20	Hospitalized	Moderate	28 days	[Complete] [Respiration]Difficult: [Complete] [Respiration]Difficult: Bed, in: [Complete] [Respiration]Difficult: Eating: After: [Complete] [Respiration]Difficult: Expand lungs, cannot: [Complete] [Respiration]Difficult: Motion: Agg. [Complete] [Respiration]Difficult: Sleep: Falling asleep, on: [Complete] [Respiration]Difficult: Walking: Agg. [Complete] [Generalities]Weariness: Exertion: Agg. [Complete] [Generalities]Lassitude: Waking, on:	<i>Bryonia alba</i>
09	15/08/20	11/08/20	Hospitalized	Moderate	115 days	[Murphy] [Clinical]Convalescence, ailments, during or since :Pneumonia, after [Complete] [Chest]Pain: Cough: During: Dry cough : [Complete] [Respiration]Difficult: Exertion agg: [Complete] [Respiration]Difficult: Pain, during: Chest, in: [Complete] [Chest]Pain: Inspiration: Agg. [Complete] [Chest]Pain: Inspiration: Agg.: Deep: [Complete] [Generalities]Weariness: [Murphy] [Chest]Pain, chest: Pneumonia, after	<i>Bryonia alba</i>

Case 04

A 33-year-old female was suffering from cold, cough, and mild fever from September 17, 2020, for 2 days, for which 5 days of azithromycin were taken. She later tested positive for COVID as per RT PCR report on September 22, 2020, and was home quarantined for 10 days. During home quarantine, she took antibiotics along with Vitamin C and paracetamol SOS. The patient did not have any medical history of any major illness. On October 5, 2020, the patient started complaining of throat pain worsening on swallowing, severe body ache, dyspnea on exertion, and profuse perspiration all over body and on palms

and soles. The patient was again prescribed with 7 days course of azithromycin, which failed to resolve her symptoms. She visited our institute for the same group of lingering symptoms on October 15, 2020. Considering the totality of presenting symptoms, *Bryonia alba* 30 TDS was prescribed for 7 days. The patient returned for follow-up on October 22, 2020, with 100% improvement in her throat pain, moderate improvement in other complaints. Slight body ache and dyspnea persisted; for which *Bryonia alba* 200 BD was prescribed for 7 days. On subsequent follow-up on November 3, 2020, the patient had only complained of profuse perspiration all over body,

especially on palms and soles. Perspiration was non-offensive and non-staining. She was asked to take *Calcarea Carbonicum* 1M three doses at bed time (HS) for three nights. The patient came for follow-up on December 3, 2020, and reported significant improvement in not just her symptom of perspiration on palms and soles, but overall general state of health.

Case 05

A 45-year-old female, though asymptomatic, got RT PCR test done for travel permission; tested COVID positive on September 24, 2020. She was advised home quarantine for 14 days. She had slight tiredness and weakness. The patient was on paracetamol SOS and multivitamin supplement during the quarantine period, homemade herbal *kadha*; which she used to consume occasionally from the past 3–4 months. She had no medical history of any major illness. On October 5, 2020, she complained of general weakness, dyspnea on exertion, and back pain for which she was prescribed analgesics and an antibiotic course for 7 days, but with no effect. The patient visited our institute for the same group of symptoms on November 21, 2020; considering the symptom totality, *Bryonia alba* 30 BD was prescribed for 5 days. On follow-up on November 26, 2020, there was 30–40% reduction in severity of dyspnea, backache, and general weakness, so *Bryonia alba* 200 BD for 8 days was prescribed. For dyspnea on exertion, she was already assessed and treated by Allopathic doctor, moreover, the patient was relieved in the 1st follow-up itself, so no investigations were advised. On telephonic follow-up on December 9, 2020, she said that there was further improvement of 10–20% in all her complaints. Follow-up on December 15, 2020, revealed that her general weakness, back pain had reduced significantly, complaint of dyspnea on exertion had reduced moderately. *Bryonia alba* 200 was prescribed twice daily for 5 days to complete the recovery.

Case 06

A 44-year-old male was tested COVID positive (RT PCR) on June 17, 2020, after developing fever, body ache, loss of taste, and smell from June 15, 2020. The patient was home quarantined for 15 days and was emotionally disturbed as he was all alone at home and experienced social discrimination from neighborhood. He was on paracetamol, antibiotic course for 7 days, and multivitamins; which helped him to recover from his illness but he had persistent mild left-sided chest pain and slight chest tightness without any other systemic or vital findings. Hence, the patient visited our institute for its treatment on October 9, 2020. Considering the symptom totality, *Rhus toxicodendron* 30 BD was prescribed for 15 days. On follow-up on November 24, 2020, chest pain reduced 50–60%, but the chest tightness was persistent. *Bryonia alba* 30 BD was prescribed for 15 days. On telephonic follow-up on December 9, 2020, the patient reported of complete improvement in his complaints.

Case 07

A 65-year-old male was detected COVID positive as per RT PCR test on September 30, 2020. He complained of fatigue and dry cough since September 26, 2020, and was advised hospital

admission for 5 days. He was prescribed antibiotic course of 5 days and multivitamins. There was persistent dry cough with fatigue thereafter, so the patient visited our institute for the same complaint on November 3, 2020. The patient had a history of urticaria on and off for 2 years and fistula in ano. Considering the acute totality, *Bryonia alba* 200 TDS was prescribed for 7 days. The patient reported on November 10, 2020, with significant relief in dry cough and fatigue. There was urticaria which reappeared for 2 days. *Arsenic album* 1M three doses OD were given with rubrum. Telephonic follow-up was alone on December 10, 2020, which revealed that cough and fatigue complaints were completely improved and urticaria had also disappeared.

Case 08

A 56-year-old male was detected COVID positive as per RT PCR test on September 2, 2020. He was home quarantined as he was asymptomatic, but on September 9, 2020, developed fever, general weakness, and breathlessness for which he was hospitalized and managed with intravenous medications, paracetamol, multivitamins, and antibiotics; along with it, he was given oxygen therapy for 8 days. The patient was later discharged from hospital after 12 days of admission, but the complaint of general weakness, dyspnea on exertion continued, so on September 30, 2020, the patient visited our institute for treatment. Considering the symptom totality, *Bryonia alba* 30 TDS was prescribed for 15 days. On December 9, 2020, follow-up was taken which reported that dyspnea was relieved significantly with moderate relief in general weakness. *Bryonia alba* 30 BD was given for 7 days. Next follow-up taken on December 22, 2020, reported significant relief in both dyspnea and general weakness.

Case 09

A 53-year-old male patient was detected COVID positive, RT PCR was done on August 15, 2020, as he was suffering from fever, general weakness, and breathlessness on exertion from August 11, 2020. He was on antihypertensives, was hospitalized, and managed with oxygen therapy for 8 days. The patient was discharged from hospital after 12 days of admission; but the complaints of general weakness, dyspnea on exertion, dry cough, and chest pain on deep inspiration continued; so on December 10, 2020, the patient visited our institute for its treatment. Considering the symptom totality, *Bryonia alba* 30 TDS was prescribed for 15 days. On December 15, 2020, the patient reported marked improvement with 80% decrease in the complaints of dyspnea and weakness and significant relief in complaints of chest pain and dry cough; so considering the remedy reaction, *Bryonia alba* 30 TDS was continued for next 7 days. On December 23, 2020, telephonic follow-up was done and the patient reported significant improvement in all his complaints, that is, dyspnea on exertion, general weakness, chest pain, and dry cough.

DISCUSSION

Post-COVID syndrome is a multisystemic disease occurring after the COVID-19 infection; a better understanding of

pathophysiology of disease is required for applying various therapeutic options in post-COVID syndrome. As it involves several systems of the body, the clinical management requires “patient as a whole” perspective.^[15]

This is one of the few reporting in context to the use of homoeopathy to manage post-COVID-19 illnesses and mentions nine cases of post-COVID-19 illnesses that have been treated with homoeopathic prescription based on presenting

acute totality of the complaints. Medicines were given in centesimal potencies, and the potency selection and repetition of doses were done as per the need of the case. Table 1 presents the patients information with date of RT-PCR done, the onset, mode of treatment, and the basis of prescription. Table 2 gives the details of follow-up of patients and the prescription details.

In absence of agreed definition of post-COVID sequelae, the author has described all there cases on clinical definition,

Table 2: Follow-up of cases

Case No.	No. of follow-ups	Date	Post-Covid symptoms	Prescription
01.	Baseline	21/11/2020	Fatigue, generalized weakness, loss of weight, bitter taste in mouth. Vague body aches, increased perspiration with palpitations	<i>Sulphur</i> 30/8 doses BD × 4 days
	FU 1	26/11/2020	80% relief in general weakness, body ache and fatigue	<i>Sulphur</i> 200 OD × 8 days
	FU 2	09/12/2020	Significant improvement in fatigue, weakness, and body aches. Palpitations also decreased	No prescription
02.	Baseline	21/11/2020	Paroxysm of dry cough lasting 15–20 min, itching sensation in throat, sleeplessness, anxiety	<i>Arsenic album</i> 200 10 doses BD × 5 days
	FU 1	26/11/2020	No change in cough; pattern changed to deep hollow cough	<i>Bryonia alba</i> 30 TDS × 7 days
	FU 2	09/12/2020	Moderate improvement in cough	No medication
	FU 3	19/12/2020	Significant improvement in cough	<i>Bryonia Alba</i> 200 4 doses/once daily
03.	Baseline	21/11/2020	Frontal and occipital headache daily for few hours, fatigue, and mild feverish feeling, especially in evening followed by profuse perspiration	<i>Bryonia alba</i> 30 10 doses BD × 5 days
	FU 1	26/11/2020	Headache and feverish feeling reduced significantly. Fatigue decreased moderately but still persistent	<i>Bryonia alba</i> 200 BD × 5 days
	FU 2	09/12/2020	Significant improvement in most of his complaints.	No medication
	FU 3	19/12/2020	Relief of all complaints except a slight fatigue	<i>Sulphur</i> 30/2 doses/OD
04.	Baseline	15/10/2020	Throat pain worsening on swallowing, severe body ache, dyspnea on exertion, and profuse perspiration	<i>Bryonia alba</i> 30 TDS × 7 days
	FU 1	22/10/2020	Throat pain completely better, moderate improvement in other complaints. Slight body ache and dyspnea persisted	<i>Bryonia alba</i> 200 BD × 7 days
	FU 2	03/11/2020	All complaints decreased significantly except for profuse perspiration	<i>Calcarea Carb</i> 1M 3 doses/HS
	FU 3	03/12/2020	Significant improvement in all symptoms including perspiration	No medicine
05.	Baseline	21/11/2020	General weakness, dyspnea on exertion, and back pain.	<i>Bryonia alba</i> 30 BD × 5 days
	FU 1	26/11/2020	30–40% improvement in complaints of general weakness, exertional dyspnea, and back pain	<i>Bryonia alba</i> 200 BD × 8 days
	FU 2	09/12/2020	Further 20% improvement in complaints of general weakness, exertional dyspnea, and back pain	No medicine
	FU 3	15/12/2020	General weakness and back pain reduced significantly, dyspnea on exertion reduced moderately	<i>Bryonia alba</i> 200 BD × 5 days
06.	Baseline	09/10/2020	Persistent left-sided chest mild pain and slight chest tightness without any other systemic and vital changes	<i>Rhus Tox</i> 30 BD × 15 days
	FU 1	24/11/2020	50–60% improvement in chest pain, chest tightness persistent	<i>Bryonia alba</i> 30 BD × 15 days
	FU 2	09/12/2020	Complete relief from chest pain and chest tightness	No medicine
07.	Baseline	03/11/2020	Persistent dry cough, fatigue	<i>Bryonia alba</i> 200 TDS X 7 days.
	FU 1	10/11/2020	Dry cough, fatigue better. Urticaria for 2 days	<i>Arsenic album</i> 1M 3 doses/ OD <i>Rubrum</i> BD/15 days
	FU 2	10/12/2020	Complete relief in complaints of cough and fatigue.	No medicine
08.	Baseline	30/09/2020	Dyspnea on exertion, general weakness	<i>Bryonia alba</i> 30 TDS × 15 days
	FU 1	09/12/2020	Dyspnea significantly, moderate relief in general weakness.	<i>Bryonia alba</i> 30 BD × 7 days
	FU 2	22/12/2020	Dyspnea significantly, general weakness relieved significantly.	No medicine
09.	Baseline	10/12/2020	General weakness, dyspnea on exertion, dry cough, and chest pain on deep inspiration	<i>Bryonia alba</i> 30 TDS × 15 days
	FU 1	15/12/2020	Marked (80%) relief in dyspnea on exertion and general weakness. complete relief in complaints of chest pain and dry cough	<i>Bryonia alba</i> 30 TDS continued for next 7 days
	FU 2	23/12/2020	Significant relief in dyspnea on exertion, general weakness, chest pain, and dry cough	No medicine

published in British Medical Journal by Greenhalgh *et al.* As per this definition, the post-COVID sequel is classified into two, that is, after onset of first COVID-19 symptom if complaints exist beyond 3 weeks is a post-acute COVID-19 and if same sequelae goes beyond 12 weeks, it is chronic COVID.^[16]

Even though large numbers of papers have been published in scientific journals and preprint hosting websites, a clear clinical picture of COVID-19 aftermath is vague. In such circumstances, homoeopathic therapeutics can be administered to treat such patients based on the presenting totality of symptoms. These nine cases have demonstrated a positive role of homoeopathic treatment in relieving the post-COVID symptoms.

Every COVID-19 affected individual is not manifesting with the post-COVID sequelae. Variations exist in individual response of patients in time to recover from inflammatory and other immune reactions,^[17,18] deconditioning and mental factors such as post-traumatic stress.^[19,20] Here, among the reported nine cases of post-COVID sequelae, seven cases belong to post-acute COVID condition and two falls into chronic COVID sequelae. All these patients were confirmed cases of COVID-19 and under standard conventional care/treatment but after no resolution of post-COVID symptoms, the patients reported to the Outpatient Department of Regional Research Institute (H.), Mumbai. Out of the nine cases, six cases reported of having fatigue, four patients presented with dyspnea on exertion, and among them, three were with cough. Three patients reported with profuse perspiration which was not previously reported before COVID infection. Chest tightness was reported in two patients.

All patients were treated on the basis of presenting totality [Table 1] and the results were promising when evaluated retrospectively. Patients verbal consent was take for reporting their cases. The biochemical and radiological evidences of improvement are essential to make the study more scientific. These evidences also demonstrate the efficacy of homoeopathy. However, all the cases presented here, had been treated as general OPD cases and whatever documents were available had been recorded as evidence. The positive results of homoeopathic treatment were observed in a few follow-ups thus relieving the suffering of patients in shortest time. However, long-term follow-ups are definitely needed to finally conclude the efficacy in post-COVID illnesses. Among nine patients, eight got relief from *Bryonia alba* and one from *Sulphur*. A few medicines such as *Arsenicum album*, *Rhus toxicodendron*, and *Calcarea carbonicum* were prescribed as per the necessity [Table 2].

Bryonia alba was also found useful in treating COVID-19 cases successfully by To *et al.* at Hong Kong.^[21] It was also found useful remedy in chikungunya.^[22] It was also observed that during Spanish flu pandemic in 1918, *Bryonia alba* had acted well.^[23] *Bryonia alba* exhibits strong antiviral and anti-inflammatory properties due to the pharmaceutical action of its alkaloids such as 20-dihydrocucurbitacin, 24-dihydrocucurbitacin D (DHCD), and Vitexin.^[24,25]

CONCLUSION

This case series report depicts that the recovered cases of COVID-19, which have persistent post-COVID illnesses, can be successfully treated with homoeopathic medicines. As spectrum of post-COVID is still to unearth and limited treatment options are available in the current conventional scenario for post-COVID sequelae, homoeopathic therapeutics have promising results to display in shortest time and in an affordable manner. *Bryonia alba* seems useful in treating most of the sequelae of post-COVID illness. Further methodical research/clinical studies can be taken up to highlight the role of homoeopathy in post-COVID illness.

Financial support and sponsorship

Nil.

Conflicts of interest

None declared.

REFERENCES

1. Dover Delaware. COVID-19 Coronavirus Pandemic. USA: Dover Delaware; 2020. Available from: <https://www.worldometers.info/coronavirus> [Last accessed on 2020 Dec 21].
2. Carfi A, Bernabei R, Landi F, Gemelli against COVID-19 Post-Acute Care Study Group. Persistent symptoms in patients after acute COVID-19. *JAMA* 2020;324:603-5.
3. Halpin SJ, McIvor C, Whyatt G, Adams A, Harvey O, McLean L, *et al.* Postdischarge symptoms and rehabilitation needs in survivors of COVID-19 infection: A cross-sectional evaluation. *J Med Virol* 2021;93:1013-22.
4. Yvonne MJ, Herck M, Delbressine J, Vaes A, Meys R, Machado F, *et al.* Persistent symptoms 3 months after a SARS-CoV-2 infection: The post-COVID-19 syndrome? *ERJ Open Res* 2020;6:1-10.
5. Clinical Care Information for COVID-19. USA; 2021. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/late-sequelae> [Last accessed on 2021 Apr 17].
6. Banda JM, Singh GV, Alser O, Alhambra DP. Long-Term Patient-Reported Symptoms of COVID-19: An Analysis of Social Media Data, Med Rxiv; 2020.
7. Lambert NJ, Survivor Corps. COVID-19 "Long Hauler" Symptoms Survey Report. Indiana University School of Medicine; 2020. Available from: <https://www.dig.abclocal.go.com/wls/documents/2020/072720-wls-covid-symptom-study-doc.pdf> [Last accessed on 2020 Dec 21].
8. Ngai JC, Ko FW, Ng SS, To KW, Tong M, Hui DS. The long-term impact of severe acute respiratory syndrome on pulmonary function, exercise capacity and health status. *Respirology* 2010;15:543-50.
9. Peleg Y, Kudose S, D'Agati V, Siddall E, Ahmad S, Nickolas T, *et al.* Acute kidney injury due to collapsing glomerulopathy following COVID-19 infection. *Kidney Int Rep* 2020;5:940-5.
10. Puntmann VO, Carerj ML, Wieters I, Fahim M, Arendt C, Hoffmann J, *et al.* Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from Coronavirus disease 2019 (COVID-19). *JAMA Cardiol* 2020;5:1265-73.
11. Chaudhary A, Khurana A. A review on the role of Homoeopathy in epidemics with some reflections on COVID-19 (SARS-CoV-2). *Indian J Res Homoeopathy* 2020;14:100-9.
12. Shinde V, Bawaskar R. Homoeopathy and immunology-a narrative review. *Indo Am J P Sci* 2021;8:117-25.
13. Shinde VH, Bawaskar R. Integration of complementary and alternative medicines in health care system to combat COVID 19-a validation. *J Drug Deliv Ther* 2021;11:96-100.
14. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. New Delhi: B. Jain; 2002.
15. Gemelli Against COVID-19 Post-Acute Care Study Group. Post-

- COVID-19 Global Health Strategies: The Need for an Interdisciplinary Approach. *Aging Clin Exp Res* 2020;32:1613-20.
16. Greenhalgh T, Knight M, A'Court C, Buxton M, Husain L. Management of post-acute covid-19 in primary care. *BMJ* 2020;370:m3026.
 17. Lan L, Xu D, Ye G. Positive RT-PCR test results in patients recovered from COVID-19. *JAMA* 2020;323:1502-3.
 18. Tay MZ, Poh CM, Rénia L, MacAry PA, Ng LF. The trinity of COVID-19: Immunity, inflammation and intervention. *Nat Rev Immunol* 2020;20:363-74.
 19. Forte G, Favieri F, Tambelli R, Casagrande M. COVID-19 pandemic in the italian population: Validation of a post-traumatic stress disorder questionnaire and prevalence of PTSD symptomatology. *Int J Environ Res Public Health* 2020;17:4151.
 20. Jiang HJ, Nan J, Lv ZY, Yang J. Psychological impacts of the COVID-19 epidemic on Chinese people: Exposure, post-traumatic stress symptom, and emotion regulation. *Asian Pac J Trop Med* 2020;13:252-9.
 21. To KL, Fok YY. Homoeopathic clinical features of 18 patients in COVID-19 outbreaks in Hong Kong. *Homoeopathy* 2020;109:146-62.
 22. Nair KR, Gopinadhan S, Kurup TN, Kumar BS, Aggarwal A, Varanasi R, *et al.* Homoeopathic genus epidemicus '*Bryonia alba*' as a prophylactic during an outbreak of Chikungunya in India: A cluster-randomised, double-blind, placebo-controlled trial. *Indian J Res Homoeopathy* 2014;8:160-5.
 23. Shinde V. Homoeopathy in pandemic Spanish flu 1918. *Indian J Res Homoeopathy* 2020;14:152-9.
 24. Park CS, Lim H, Han KJ, Baek SH, Sohn HO, Lee DW, *et al.* Inhibition of nitric oxide generation by 23, 24-dihydrocucurbitacin D in mouse peritoneal macrophages. *J Pharmacol Exp Ther* 2004;309:705-10.
 25. Ninfali P, Antonelli A, Magnani M, Scarpa ES. Antiviral properties of flavonoids and delivery strategies. *Nutrients* 2020;12:2534.