GUIDELINES
for
HOMOEOPATHIC
PRACTITIONERS
for
COVID 19
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PRACTITIONERS
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COVID-19 is an infectious disease caused by the "novel corona virus". Common symptoms are fever, dry cough, breathing difficulty. Some patients also have aches and pains, nasal congestion, runny nose, sore throat, nausea, vomiting or diarrhoea.

Historical Background
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(1). As on 4th April 2020, globally 205 countries are affected. There are 1,051,635 cases diagnosed out of which 56,985, died(2).

Current Status of Covid19 in India
In India, the first case was detected on 30th January 2020, thereafter day by day the number of cases of COVID19 infection are increasing. With the spread over more than 28 states isolation and social distancing is the general measures taken up by the public promoted by the government in the form of lock down since 24th March 2020. Among the confirmed cases 60-65% of the subjects belong to eight states viz., Kerala, Maharashtra, Delhi, Andhra Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh and Telangana with more than 200 cases detected(3).
**Definition**

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**Diagnosis**

**Clinical presentation**

Patients with COVID19 infection exhibit a wide range of symptoms. Most cases reported have mild disease, and nearly 20% appear to progress to severe disease, including pneumonia, respiratory failure and in some cases death(4). Fever (98%), cough (82%), shortness of breath(55%), fatigue (70%), myalgia(44%) and sputum production (33%) are most common symptoms reported whereas less common symptoms include headache (15%), diarrhoea (10%), nausea and vomiting (10%) and haemoptysis(5%)(5).

**Case definition**

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

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Case definition

A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath or diarrhoea), AND 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 AND 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 of breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation

A case for whom testing for COVID-19 is inconclusive

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

The description of term 'Contact' is given below:

<table>
<thead>
<tr>
<th>Term</th>
<th>Case definition xii,xiiixiv,</th>
</tr>
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<tbody>
<tr>
<td><strong>Contact</strong></td>
<td>A contact is a person that is involved in any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Providing direct care without proper personal protective equipment (PPE) for COVID-19 patient</td>
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<tr>
<td></td>
<td>• Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings)</td>
</tr>
<tr>
<td></td>
<td>• Travelling together in close proximity (within 1 m) with a symptomatic person who later tested positive for COVID-19</td>
</tr>
<tr>
<td><strong>High risk contact</strong></td>
<td>Contact with a confirmed case of COVID-19</td>
</tr>
<tr>
<td></td>
<td>Travel to a province where COVID-19 LOCAL TRANSMISSION is being reported as per WHO daily situation report</td>
</tr>
<tr>
<td></td>
<td>Touched body fluids of patients (respiratory tract secretions, blood, vomitus, saliva, urine, faeces)</td>
</tr>
<tr>
<td></td>
<td>Touched or cleaned the linens, clothes or dishes of the patient</td>
</tr>
<tr>
<td></td>
<td>Close contact, within 3 feet (1 metre) of the confirmed case</td>
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<tr>
<td></td>
<td>Co-passengers in an airplane/vehicle seated in the same row, 3 rows in front and behind of a confirmed COVID-19 case</td>
</tr>
<tr>
<td><strong>Low risk Contact</strong></td>
<td>Shared the same space (same classroom/same room for work) or similar activity and not having high risk exposure to the confirmed/suspected case</td>
</tr>
<tr>
<td></td>
<td>Travel in the same environment (bus/train/flight/any mode of transit) but not having high risk exposure as cited above</td>
</tr>
<tr>
<td></td>
<td>Any traveller from abroad not satisfying high risk criteria</td>
</tr>
</tbody>
</table>
Warning Signs

- Pre-existing underlying serious illness such as cardiovascular disease, diabetes, end stage renal disease, vacuities
- Greater severity of pneumonia at presentation
- Radio opacity and/or pulmonary infiltrates in chest X-ray
- Older age group
- Immunocompromised medical condition
- Organ failure

Homoeopathic Approach

It is advised that before taking up for homoeopathic medicines for prophylaxis, Amelioration and mitigation, physician must acquaint himself of above sections.

In case of epidemics or pandemics, first approach is to follow preventive measures and educate people about general measures and to provide such interventions which will keep their immunity enhanced. Homeopathy therefore recommends issuing of public notice for Genus epidemicus identified by the designated experts for immunity enhancement and practitioners may suggest the same to the people and as per the Advisory issued by Ministry of AYUSH(6).

Second approach is to provide homoeopathic symptomatic mitigation to affected persons. Homoeopathic medicines are also useful in the treatment of communicable diseases like Influenza Like Illness(7)(8), dengue(9), acute encephalitis syndrome(10). Several studies are also published which shows the immune modulatory potential of homoeopathic medicines in preclinical studies(11)(12)(13)(14)(15)(16). These medicines can be prescribed in an integrated manner or standalone depending on the severity on a case to case...
**Therapeutic Aid**

As a system with wholistic approach medicine were selected based on the presenting signs and symptoms of each patients(17)(18)(19)(20). The medicines given here are suggestive based on their use and studies in the past in diseases of similar presentation like COVID-19 (21)(22)(23). Patients of COVID-19 are to be treated with adjuvant Homoeopathic medicines with the permission from local health authorities and Medical Superintendent of the Hospital. Homoeopathic doctors must follow all preventive measures (using PPEs) as are required for dealing with COVID 19 patients.

**The remedies according to different stages of disease are given below:**

**Mild Disease** (Symptomatic Amelioration and Mitigation Approach):

Medicines like Aconite napellus, Arsenicum album, Bryonia alba, Gelsemium sempervirens, Rhus tox. Eupatorium perfoliatum, Ipecacaucunha, Belladonna, Camphora, may be used depending upon the symptoms similarities.

**Severe disease but not in critical condition:**

It is defined by following criteria (Dyspnoea, respiratory frequency ≥ 30/min, blood oxygen saturation (SpO2) ≤ 95%, PaO2/FiO2 ratio < 300, and/or lung infiltrates > 50% within 24 to 48 hours)/)
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.

**Posology**

The medicine selected for each patient is tailored to person specific, taking into consideration, his/her mental make-up, physical symptoms, and characteristic particulars etc. In case of long term illness, besides the above mentioned factors, age, occupation, previous illnesses and life circumstance unique to that individual irrespective of the disease which he/she is suffering from, are also taken into consideration; thus the dictum “Homoeopathy treats the patient but not the disease”.

After the appropriate medicine is selected, it is essential to decide the requisite potency, dose and repetition which is imperative for optimum response and faster recovery in each case. Different types of potencies such as decimal or centesimal potencies can be employed for treatment as are required for acute diseases. However, selection of potency of the remedy is dependent on various factors like susceptibility of the patient (high or low), type of disease (acute/chronic), seat/ nature and intensity of the disease, stage and duration of the disease and also the previous treatment of the disease(24).
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**References**


iii. [https://www.covid19india.org/](https://www.covid19india.org/) [accessed 4 April 2020]


xii. Santana FRD, Coelho CP, Cardoso TN, Hurtado ECP, Benites NR, Laurenti MD et


Disclaimer

These guidelines are in addition to the standard treatment guidelines of Ministry of Health and Family Welfare, Govt of India and also vetted by the Interdisciplinary AYUSH Research and Development Task Force setup by Ministry of AYUSH, Govt of India.
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