

# Homeopathic Treatment for COVID-19-Related Symptoms: A Case Series

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## Keywords

Homeopathy · COVID-19 · Coronavirus · Pandemic

## Abstract

**Background:** Severe acute respiratory syndrome due to coronavirus 2 (SARS CoV-2) is a novel infectious disease, which has quickly developed into a pandemic. The spectrum of COVID-19 symptoms is broad, ranging from a mild, self-limiting respiratory tract illness to severe progressive pneumonia, multi-organ failure and possible death. Despite much effort and multiple clinical trials, there are, to date, no specific therapeutic agents to treat or cure the coronavirus infection. **Case Reports:** The present paper presents 5 cases of patients with moderate to severe COVID-19 infections, 2 of them hospitalized in the intensive care unit, who were successfully treated with homeopathy. **Results:** All 5 patients responded to homeopathic treatment in an unexpectedly short time span, improving both physically and mentally. **Conclusion:** The present case series emphasizes the rapidity of response among moderate to severely ill patients to homeopathic treatment, when conventional medical options have been unable to relieve or shorten the disease.

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## Homöopathische Behandlung bei Symptomen im Zusammenhang mit COVID-19: eine Fallserie

### Schlüsselwörter

Homöopathie · COVID-19 · Coronavirus · Pandemie

### Zusammenfassung

**Hintergrund:** Das schwere akute respiratorische Syndrom bei Coronavirus-2-Infektion (Corona virus 2 severe acute respiratory syndrome, SARS CoV-2) ist eine neuartige Infektionskrankheit, die sich rasch zu einer Pandemie entwickelt hat. Das Spektrum der Symptome bei COVID-19 ist breit und reicht von einer leichten, selbstlimitierenden Atemwegserkrankung bis zu einer schweren progredienten Lungenentzündung, Multiorganversagen und möglichem Tod. Trotz enormer Anstrengungen und zahlreicher klinischer Studien existieren bis jetzt keine spezifischen therapeutischen Wirkstoffe zur Behandlung oder Heilung einer Infektion mit dem Coronavirus. **Fallberichte:** Die vorliegende Arbeit berichtet über 5 Fälle von Patienten mit mittelschwerer bis schwerer COVID-19-Infektion, davon 2 intensivmedizinisch behandelte Patienten, die erfolgreich homöopathisch behandelt wurden. **Ergebnisse:** Alle 5 Patienten sprachen nach unerwartet kurzer Zeit auf die homöopathische Behandlung an und zeigten sowohl eine körperliche als auch eine geis-

tige Besserung. **Schlussfolgerung:** Die vorliegende Fallserie betont das schnelle Ansprechen von Patienten mit mittelschwerer bis schwerer Erkrankung auf eine homöopathische Behandlung, nachdem mit den herkömmlichen medizinischen Möglichkeiten keine Linderung oder Verkürzung der Krankheit erreicht werden konnte. Die beschriebenen Beobachtungen sollten als Ermutigung gesehen werden, bei der Behandlung von Patienten mit COVID-19 in der akuten Krankheitsphase Homöopathie einzusetzen.

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## Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) is a novel infectious disease, which emerged in Wuhan, China, in late December 2019 and quickly developed into a pandemic [1, 2]. The spectrum of COVID-19 symptoms ranges from a mild, self-limiting respiratory tract illness to severe progressive pneumonia, multiorgan failure and possible death [3–7]. Despite much effort and current multiple clinical trials [8], there are, to date, no specific therapeutic agents to treat/cure a coronavirus infection.

Homeopathy, while controversial, is one of the most popular forms of complementary and alternative medicine. It is rooted in two theories. First, that “like cures like” – that is, disease can be cured by a substance that produces similar symptoms in healthy people. Second, “the law of minimum dose” – which means that the lower the dosage, the more effective the medication [9, 10]. Homeopathy is not an indicative method in which one medicine treats one disease. It is, rather, a system in which remedies are customized to individuals, based on broad themes and idiosyncratic characteristics identified from the totality of the presenting patient’s physical, mental and emotional symptoms [9, 10]. Moreover, each patient usually requires a series of medications to elicit a cure. Because homeopathic medications are subjective and unique to each individual, randomized clinical trials, designed to test how one medication treats one disease with one primary outcome, are ill-suited to examining homeopathic remedies.

We present 5 patients with COVID-19, who were successfully treated with homeopathy. Hospitalized at a tertiary medical center in Jerusalem for moderate to severe COVID-19-related symptoms, each of them requested homeopathic treatment in addition to conventional therapy from the hospital’s Center for Integrative Complementary Medicine, which was established over two decades ago to provide controlled and responsible complementary and alternative medicine therapies to hospitalized patients seeking such therapies. All 5 patients were over

18 years old and had confirmed COVID-19 infection at the time of admission. They received their homeopathic medications as small round pills (globules) at a concentration of  $10^{-60}$  of the stem solutions by a licensed pharmacy (Ne’ot Shoshanim Pharmacy, 44 Geulim Street, Holon, Israel).

## Cases

### Case 1

A morbidly obese (BMI = 54) 44-year-old female with uncontrolled diabetes mellitus and hypothyroidism (Hashimoto’s disease) presented at the Emergency Department with fever, dyspnea, dry cough and diarrhea, and a positive test for COVID-19 (SeeGene, GeneXpert, Liaison Focus). Her oxygen saturation at admission was 94%, chest radiography showed bilateral lung opacities, and her temperature was 37.8 °C. Her inflammation markers were elevated: C-reactive protein = 16.2 mg/dL (ref. range: 0–0.5 mg/dL) and D-dimer = 944 ng/mL (ref. range: 0–500 ng/mL). She complained of headache, sore throat and myalgia, and was chilled and shivery with a “stitch” pain on the left of her chest, which neither ibuprofen nor paracetamol relieved.

The patient was managed first by the Emergency Department medical team and then by that of the ICU after being diagnosed with severe viral pneumonia and at high risk for a hypercoagulable state. Clinical management was mainly supportive care, oxygen supply with high-flow oxygen therapy (HF) and awake prone positioning, together with therapeutic doses of enoxaparin (Clexane) and omeprazole (Prisolec). Treatment with cefuroxime was started for a furuncle in her left groin, unconnected to the COVID-19 diagnosis.

### 1st Day, 15:30 Homeopathic Treatment

*Arsenicum album*,<sup>1</sup> taken every 2 h, was prescribed in response to the patient’s presenting symptoms: a sensation of “sand in my mouth,” a heaviness in the right leg that felt “like wood,” stitching pain on the left of the chest, restlessness, anxiety, weakness and a constant thirst for sips of warm water.

During the night, the patient deteriorated and was transferred to the ICU. Her oxygen saturation had decreased further, requiring HF therapy, her chest radiography worsened dramatically, showing severe bilateral infiltrates and signs of lower lobe atelectasis, and her inflammation markers were aggravated. She continued receiving the homeopathic remedy two-hourly (except when she slept) along with her initial conventional medical treatment.

### 2nd Day

In the morning, she showed marked improvement. She had no fever and the pain around her heart had lessened. Her dyspnea, however, remained unchanged, and chest X-ray revealed an aggravation. *Antimonium tartaricum* (prescribed for aversion to being touched, thirstlessness during fever, warmth of bed aggravates) was therefore added to her *arsenicum album* therapy at 14:00. An hour later, she began suddenly to deteriorate. Assuming that the *antimonium tartaricum* was antagonizing *arsenicum album*, it was halted. The patient remained on two-hourly *arsenicum album*.

<sup>1</sup> All remedies were supplied as 30C potencies. A single dose was 3 globules.

### 3rd Day

The patient's condition improved significantly. She was without fever, required less supplementary oxygen, and could walk to the bathroom and shower unaided.

### 4th Day

The patient had a headache, but her respiratory condition was stable overall. Homeopathic treatment continued unchanged. She was discharged from the ICU to the hospital's coronavirus unit.

### 5th Day

Her respiratory condition was much improved, with oxygen saturation at 97% without supplemental oxygen. Her main complaint at this point was a frontal sinus headache, with viscid coryza and tightly adhering scabs in her nose. Four-hourly *kali bichromicum* (prescribed for stringy mucus and coryza, fullness at the nose root) was added to the *arsenicum album*.

### 6th and 7th Days

The patient experienced fewer headaches, and acknowledged she was feeling better. We felt, however, that her improvement was insufficient. Her homeopathic treatment was changed to *ozone* (prescribed for coughing – worse when and after speaking, with an urge to vomit, better when prone).

### 8th Day

There was dramatic improvement of the headaches and cessation of the coryza, but the patient's liver enzyme levels (cholestatic and hepatocellular) had deteriorated. As the cause was unknown, homeopathic treatment was halted, along with the concurrent cefuroxime and omeprazole therapy. It should be noted that both cefuroxime and omeprazole may exhibit hepatotoxic effects [11, 12], whereas homeopathic remedies are not known to influence liver enzymes. The patient remained hospitalized without further homeopathic treatment until day 14, when she was discharged in good health.

### Case 2 (YB)

An obese (BMI = 32) 36-year-old female presented with cough, dyspnea, 90% oxygen saturation on room air, fever (38.7°C), myalgia, severe weakness, headache, dizziness, nausea, hematemesis and loss of sense of taste. She had given birth 10 months previously and was still nursing her baby.

The patient was diagnosed with severe COVID-19-related pneumonia. Inflammation markers on admission were high – C-reactive protein = 0.98 mg/dL (ref. range: 0–0.5 mg/dL); ferritin = 1,207 ng/mL (ref. range: females 7,280, males 17,300 ng/mL). The patient was managed with HF, and prescribed dexamethasone (6 mg) and prophylactic enoxaparin.

Additional symptoms important for homeopathic diagnosis included severe thirst for large quantities of cold water, which aggravated her nausea, weakness during fever, drowsiness – constant desire to close her eyes, chest pain, which worsened during deep inspiration, alternating chills and sweats, perspiration down her back and numbness in her legs.

### 1st Day

Two-hourly *phosphorus* was prescribed, and the patient was observed for any change.

### 2nd Day, 08:00

There was no improvement in the patient's condition. Her dizziness and nausea worsened after drinking cold water, although the nausea decreased with warm water, and she had severe dys-

pnea. *Arsenicum album* (prescribed for dyspnea, nausea with fever, hematemesis, desire for cold drinks) was administered two-hourly.

### 2nd Day, 13:00

The patient's gastrointestinal (GI) symptoms improved, and she could drink greater quantities without feeling nauseous. No improvement was seen in her respiratory symptoms. *Arsenicum album* treatment was continued.

### 2nd Day, 16:00

GI improvement continued, and the patient was able to eat. There was also an upturn in her respiratory condition. She could ambulate a little without oxygen support, but the slightest exertion still tired her. Because of her significant weakness, the treatment protocol was changed. *Arsenicum album* was replaced by alternating *phosphoric acid* (prescribed for desire for refreshing tastes, weakness during fever) and *stannum* (for weakness during fever and from talking, a feeling of weakness and hollowness in the chest) every 2 h.

One hour (17:00) after administration of *phosphoric acid*, the patient's respiratory symptoms continued to improve.

Two hours later (18:00), following *stannum* administration, her symptoms worsened significantly. *Stannum* was replaced with *arsenicum album* (for anxiety and restlessness, cold drinks aggravate, warm ameliorate), alternating with *phosphoric acid*.

### 2nd Day, 22:00

The patient's respiratory symptoms improved, she had reduced chest pain on deep inhalation, more energy and drank warm or cold water without nausea. Treatment continued unaltered.

### 3rd Day, 08:00

Dexamethasone was stopped because of bradycardia. The homeopathic treatment protocol continued unchanged. The patient was feeling significantly better. She had slept without supplementary oxygen and was virtually free of chest pain on inhalation. Her oxygen saturation was 98% on room air, and her sense of taste was returning.

An hour later (09:00), she suddenly suffered severe abdominal pain, which worsened with movement, but improved when bending. She experienced no burning during urination. No change was made to the treatment protocol.

### 3rd Day, 10:00

There was no improvement in the patient's GI complaint. Her abdominal pain increased and extended to her lower extremities, and her respiratory symptoms worsened. *Arsenicum album* was replaced with *Bryonia alba* (for respiratory symptoms concomitant with abdominal complaints). With the slightest movement aggravating her pain, the patient remained motionless.

An hour later (11:00), her GI symptoms were significantly improved, as was her respiratory status. The patient was exhausted. She was given a single dose of *phosphoric acid* (for desire for refreshing tastes).

An hour later (12:00), her exhaustion had decreased. She was given alternating *phosphoric acid* and *Bryonia alba*.

### 3rd Day, 17:00

The patient felt considerably better, was free of abdominal pain and was able to walk. No change was made to the treatment protocol.

#### 4th Day, Morning

The patient experienced burning pain while urinating, and antibiotic treatment was started (ciprofloxacin, due to penicillin sensitivity). She had no fever, her respiration was better, her appetite was good, and her sense of taste continued to improve.

She was discharged the next day, after 5 days in hospital.

#### Case 3 (TSI)

A slightly obese (BMI = 31) 40-year-old male with no known comorbidities was admitted following a week of headache, fever (39°C), muscle ache and dyspnea with a severe suffocating cough, aggravated by speaking. Oxygen saturation was 99% with nasal cannula. At admission, he fainted. He was extremely weak, and suffered back pain and muscle stiffness, ameliorated by a very hot shower. He had lost his senses of smell and taste, and had no appetite. The patient was diagnosed with severe COVID-19-related pneumonia.

Due to clinical and radiological deterioration, he was treated with dexamethasone (6 mg) for 5 days, prophylactic enoxaparin and HF oxygen therapy.

Important from a homeopathic perspective was his intense thirst for small quantities of cold water; as cold water exacerbated his cough, he drank it lukewarm. His rising fever aggravated his other complaints. These symptoms indicated treatment with *arsenicum album*.

#### 1st Day, 13:30

The patient was started on two-hourly *arsenicum album*.

#### 2nd Day, 08:00

Following his final dose of *arsenicum album* the day before, the patient had slept through the night. His suffocating cough remained but was significantly less frequent and less severe. His backache and general body pain were also much improved, and his appetite had returned. He ordered a large breakfast from the hospital cafeteria.

Highly satisfied with the effect of *arsenicum album*, the patient requested an additional dose. When administered, he immediately went into a sustained bout of coughing (the so-called “first aggravation,” a good indication in homeopathy that the acute disease will likely respond to the applied remedy), followed by marked improvement.

#### 2nd Day, 10:00

The patient’s cough was greatly improved, with fewer coughing fits and the irritation in his throat that had triggered them (especially when he breathed deeply) much diminished. He could speak without coughing, and his energy level increased. It was decided that he continue with the *arsenicum album* through the day and night, as needed.

#### 4th Day, 10:00

The patient felt far better, free of both fever and body aches. His appetite was good, and his cough had reached the point that it no longer bothered him. He remained extremely thirsty. Two issues continued to trouble him: one was his “weak lungs” (he was still dyspneic and had difficulty with any physical effort and with talking); the other was severe eructation, especially after eating. The *arsenicum album* was changed to *stannum* (for weakness aggravated by talking), 4 times daily.

#### 5th Day, Morning

The patient’s dyspnea had improved significantly, he felt generally well and had slept soundly. He was discharged that day, with the *stannum* halted on discharge.

#### Case 4 (LH)

The patient was an obese (BMI = 33) 35-year-old male with diabetes mellitus and hypertension. He had fever unresponsive to antipyretic therapy, he was very weak, had severe diarrhea, a dry cough and dyspnea, with oxygen saturation of 93% in room air. His respiratory condition deteriorated in the Emergency Department, his oxygen saturation falling to 87%, necessitating supplementary oxygen via nasal cannula. Dexamethasone therapy was initiated on admission but soon discontinued because of its impact on his blood pressure and glucose level.

Noteworthy from the homeopathic perspective were his extreme thirst and the worsening of his dyspnea after stool.

#### 1st Day, 13:20

The patient was prescribed *phosphorus* (for polydipsia) every 2 h.

#### 1st Day, 17:30

Following 2 doses of *phosphorus*, the patient’s diarrhea stopped and his fever normalized. There was no respiratory improvement. Insulin therapy had been started due to the patient’s worsening diabetes status. Two-hourly *phosphorus* continued.

#### 2nd Day, Morning

During the night, the patient’s respiratory condition worsened. He had severe dyspnea and cough, which was aggravated by speaking, deep inhalation or prone position. He felt constriction in his chest. *Phosphorus* treatment was discontinued and replaced by two-hourly *Lobelia purpurascens* (identified as an important remedy for coronavirus, it treats dyspnea, drowsiness, dizzy headache between eyebrows, inability to keep eyes open, chill without shivering, white and paralyzed tongue).

#### 2nd Day, 12:00

There was notable improvement in the patient’s cough, to the point that he could talk without coughing. The sensation of constriction had decreased, but he remained extremely weak and fatigued. Two-hourly *Lobelia purpurascens* was continued.

#### 2nd Day, 16:00

The patient’s cough had virtually disappeared, and his chest constriction and speech dyspnea had gone altogether. He felt far better than on the previous night. *Lobelia purpurascens* was stopped.

#### 3rd Day, 10:30

The patient experienced a sleepless night, during which he perspired heavily. His cough returned accompanied by a suffocating sensation, but this was not as severe as 24 h earlier. Two-hourly *Lobelia purpurascens* was reinitiated.

#### 3rd Day, 12:30

There was significant improvement in the cough. From his first dose of the homeopathic medication, the patient could talk without coughing. His oxygen saturation, without supplementary oxygen, was also improved (94%).

#### 3rd Day, 22:00

The patient felt well, and continued with *Lobelia purpurascens*, as needed.

#### 4th Day, 9:30

The patient suffered another sleepless night, experiencing a suffocating sensation when he lay down, which triggered his cough. He described feeling “as if a grain is stuck in my throat ... like air is being pressured through my nose ... like there’s too much air.”



4th Day, 11:00

*Lobelia purpurascens* was replaced with *ozone* every 2 h (for a sensation of inhaling smoke and dryness, bifurcation of bronchial tubes which causes coughing). The patient's cough improved immediately, and *ozone* was continued, 4 times daily.

5th Day, 8:30

The patient had a very good night. He continued with *ozone* 3 times a day until discharge, 2 days later. He was hospitalized a total of 7 days, during 6 of which he received homeopathic treatment.

#### Case 5 (LH)

A 62-year-old male was hospitalized with fever and severe shortness of breath. He was diagnosed with critical COVID-19-related pneumonia and acute respiratory distress syndrome with hypoxemic respiratory failure (oxygen saturation 70%). Due to refractory hypoxia, the patient was transferred to the ICU to be intubated and mechanically ventilated. He was treated with remdesivir, dexamethasone, a therapeutic dose of enoxparin and initially with HF. His condition was complicated by an abdominal *Clostridium difficile* infection, which was treated with oral vancomycin and intravenous metronidazole.

At his family's request, homeopathic treatment began on his 12th ICU day. At this point, the patient had psychomotor agitation and acrid, watery diarrhea (*C. difficile* colitis). Three-hourly administration of *arsenicum album* (for dyspnea with fever, watery diarrhea with fever, acrid diarrhea, extreme anxiety and restlessness) was begun.

The patient calmed after the first dose. After the second, his diarrhea ceased. On his third day of treatment, he was extubated without complications, and transferred to a coronavirus isolation ward. He was discharged on the seventh day to continue his recuperation at home.

## Discussion

We have described the clinical courses of 5 patients with confirmed COVID-19 infection, all moderately to severely ill. Two were critical and hospitalized in the ICU. To the best of our knowledge, this is the first time that a tertiary medical center has permitted homeopathic therapy of patients under treatment for COVID-19-related illness. For the homeopaths involved, it was their first opportunity to treat moderately to severely ill COVID-19 patients in a highly controlled environment.

We do not explain here the homeopathic rationale for the remedies prescribed, as this exceeds the scope of this case series. Our aim here is not to prove the efficacy of homeopathy in combating COVID-19-related complications or to present a broader explanation of homeopathic techniques.

Rather, this paper seeks to:

- 1 raise the possibility of using complementary medicine within a conventional medical setting, specifically to treat patients with complications from COVID-19 infection;
- 2 present the surprisingly rapid response of COVID-19 patients to homeopathic treatment;
- 3 suggest that this case series (and many other instances in homeopathic literature) may justify examining ho-

meopathic techniques in a randomized controlled environment, in the knowledge that no efficient response to the coronavirus yet exists, and homeopathy may offer a safe, inexpensive and fast-acting addition to the arsenal combating this complex disease.

Several conclusions are evident from the cases presented:

- 1 homeopathy's effect may be expected within minutes or, at most, hours;
- 2 contrary to classical homeopathic consultations, which may extend over an hour, correct medications for patients with acute COVID-19 symptoms may be determined in minutes;
- 3 there were no observable adverse effects to homeopathic treatment of COVID-19;
- 4 therapy can be administered via telehealth services, increasing safety of treating patients with active infection;
- 5 patient satisfaction was high; scoring their experience of homeopathic therapy on a 7-point scale, ranging from "It greatly improved my condition" to "It greatly aggravated my condition," all 5 patients indicated it had greatly improved their condition.

It should be noted that classical homeopathy either waits or adjusts the potency of remedies in chronic diseases rather than changing them if they are initially ineffective. In acute disease, however, "We do not allow this first dose to exhaust its action nor leave the patient to the full duration of the action of the remedy" [13]. Not only should they be changed as frequently as necessary [13], but, in acute disease, it is imperative to match the different phases of the disease with new remedies to suit its developing picture [14].

## Conclusion

In light of the limited treatment modalities offered by conventional medicine for COVID-19, especially in more severe disease, the results of the described homeopathic treatment in the 5 cases presented are impressive. A controlled randomized study may corroborate these encouraging early findings and facilitate evidence-based decision-making for the role of homeopathy in treating COVID-19, adding a potentially quick and effective treatment modality which is both safe and inexpensive.

## Statement of Ethics

The patients consented to anonymous publication of their data, with written informed consent provided by all 5.

This research has been exempted from Ethics Commission approval as treatment was administered as a part of the services offered by the hospital.

## Conflict of Interest Statement

The authors have no conflict of interest to declare.

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No funding was received for this study.

## Author Contributions

Patients were given homeopathic remedies by J.S., J.F. and M.O. ICU patients were treated with conventional medicine by P.L. and Y.H. Patients hospitalized in other hospital departments were treated conventionally by R.K. and A.J. Pulmonary consultations and treatments were performed by G.I. Conceptualization and preparation of the first draft of this paper were carried out by M.O. Study data were collected by R.K. and G.I. All authors read the draft, added ideas and approved the final version.

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