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Adjunctive homoeopathic treatment of COVID-19-positive cases of geriatric age group – A case series

Vinitha Edavattath Ramanan

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India, drvinithasajeev@gmail.com

Suhana P. Azis

Central Council for Research in Homoeopathy, New Delhi, India, sui.azis@gmail.com


K.C. Muraleedharan

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India

Divya Babu

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India

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Abstract

Introduction: The second wave of COVID-19 peaked during May 2021 and had a higher mortality and morbidity rates than the first wave. About 53% of people over 60 years of age died in India due to the pandemic by the end of July 2021. **Cases Summary:** Twenty reverse transcription-polymerase chain reaction-confirmed COVID-19-positive patients belonging to the geriatric age group were successfully treated with Homoeopathy. Seventeen of these consulted through in-person visits at a long-term care facility (LTCF) for the elderly, and three cases belonged to the home-isolated category. Out of those treated, 14 had comorbidities, such as type II diabetes mellitus, hypertension, chronic lung disease, or psychiatric ailments. Seventeen patients in the LTCF were on *Paracetamol* and *Azithromycin* for five days before undergoing COVID-19 test. Homoeopathy was subsequently started for the seventeen patients of LTCF. Regular monitoring of SpO₂ in 17 patients revealed SpO₂ ≤95 during the initial days of treatment. The mean age of the patient population, comprising 15 females and 5 males, was 77 years. Out of the seventeen symptomatic patients, eight had cough, dyspnoea or nasal congestion, while the rest had headache, malaise, myalgia or diarrhoea. The average SpO₂ reached 97 in the LTCF patients by the end of treatment. *Arsenicum album*, *Nux vomica*, *Bryonia alba* and *Gelsemium sempervirens* were the most commonly prescribed medicines. Notably, SpO₂ declined in two patients on the second day of treatment and normalised with *Carbo vegetabilis*. The average time for recovery from the illness was 12 days. This case series suggests a positive role of Homoeopathy in treating COVID-19-positive cases in the geriatric population by providing symptomatic relief and improving disease outcome.

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Adjunctive homoeopathic treatment of COVID-19-positive cases of geriatric age group – A case series

Vinitha Edavattath Ramanan^{1*}, Suhana P. Azis², K.C. Muraleedharan¹, Divya Babu¹

¹Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India,

²Central Council for Research in Homoeopathy, New Delhi, India

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Keywords: Adjunctive homoeopathic treatment, COVID-19, Geriatric population, Homoeopathy

INTRODUCTION

As per the COVID-19 weekly epidemiological update of World Health Organization, the Southeast Asia region continued to report a marked increase in cases and death incidences during May 2021. India accounted for over 90% of patients and deaths in the region. About 46% of the global patients and 25% of global deaths reported during the last week of April 2021 were from India. The highest number of patients reported from India was 2,597,285, which showed a 20% increase.^[1] In Kerala, a developed state in India, during the second week of May 2021, the highest number of cases peaked at a 7-day average of 37,918, which was the highest average during the second wave.^[2]

The presentation of COVID-19 is heterogeneous, ranging from asymptomatic to mild, moderate or severe. Age, gender and comorbidities are the main determinants of the disease

severity. Aging is a prominent risk factor for death due to immunosenescence and inflammaging.^[3]

The elderly are more susceptible to severe acute respiratory syndrome corona virus 2 (SARS-COV-2) due to immunosenescence, hyperinflammatory response, comorbidities and altered expression of angiotensin-converting enzyme-2.^[4] The study in 235 Caucasian patients aged above 65 concluded that male sex, crepitus on chest auscultation, a higher fraction of inspired oxygen and functionality were independent risk factors of mortality.^[5] The in-hospital mortality rate among 5,700 hospitalised COVID-19 patients

***Address for correspondence:** Vinitha Edavattath Ramanan, National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India.
E-mail: vinitha_sajeev@yahoo.co.in

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was 32.2% (70–79 years), 54.3% (80–89 years) and 52.3% (>90 years).^[6]

Long-term care facilities (LTCF) are high-risk centres for coronavirus infection due to the enclosed environment and the vulnerability of the residents to complications. The mortality rate among LTCF residents is more than 25%. There should be facilities for early detection of the cases to limit the outbreak. The staff should be educated regarding the needs of the residents. The contagious nature of SARS-COV-2 is due to the elevated viral loads in the upper respiratory tract. Asymptomatic cases contribute to transmission and disable early detection of patients in LTCF. The duration of reverse transcription-polymerase chain reaction (RT-PCR) COVID-19 positivity is longer for immune-compromised subjects and those with severe illness. Thus, more than half of nursing home residents continue to have positive test results even after 14 days. However, the virus may not be viable in these subjects after 20 days and is no longer infectious.^[7]

During the second wave of COVID-19 in Kerala during May 2021, there was a peak in COVID-19-positive cases with more than 20,000 cases per day. The total active patients were more than 2 lakhs in the state. The death toll had reached nearly 8000 in the state.^[2] The health authorities had allowed home isolation and teleconsultation facilities due to the lack of facilities in hospitals. National Homoeopathy Research Institute in Mental Health (NHRIMH) under Central Council for Research in Homoeopathy started a teleconsultation facility for the COVID-19-positive cases.

This case series presents twenty RT-PCR-confirmed COVID-19-positive cases of the geriatric age group managed with add-on homoeopathic medicines. Seventeen patients were treated at an LTCF, and three patients consulted through a telecommunication facility.

METHODS

Twenty patients in LTCF in Kurichy village of Kottayam, Kerala had symptoms of COVID-19, as on 12 May 2021. Three of them died before starting homoeopathic treatment. The investigation for cause of death revealed COVID-19 positive. All of them were primary contacts of a COVID-positive staff in the LTCF. All the patients were given *Paracetamol* and *Azithromycin* for five days from 12 May 2021 to 17 May 2021, considering the possibility of COVID-19. Cough and dyspnoea persisted in four cases, and antibiotics such as *Cefuroxime*, *Amoxicillin* and *Moxclav* were prescribed for five days from 18 May 2021 onwards. Eight of them were bedridden, and some had psychiatric ailments. Hence, the LTCF health authorities did a nasopharyngeal swab collection for RT-PCR at the centre itself, on 20 May 2021, and all turned COVID-19 positive.

Understanding the gravity of the situation and the limited ability of the staff in taking care of the bedridden residents, the homoeopathic physician (VER), assisted by a senior research fellow (JTK), consulted these seventeen cases as per

the request from the LTCF for documenting and assessing the severity of symptoms on 21 May 2021. Teleconsultation was not possible for initial case taking, since the patients could not communicate effectively due to their old age and comorbidities. All the caretakers in the LTCF were also COVID-19 positive and had limitations in communicating telephonically for case taking due to cough and dyspnoea.

The case taking was done in a pre-structured case recording proforma that documented the personal details, history of exposure, vaccination status, common symptoms of COVID-19 with gradation, general symptoms from a homoeopathic perspective, pre-existing clinical conditions before COVID-19 and medicinal management with follow-up details for each case. The common symptoms of COVID-19 such as fever, headache, malaise, cough, dyspnoea, sore throat, nasal congestion, myalgia, diarrhoea, anosmia and loss of taste were graded 1, 2 and 3 for mild, moderate and severe symptoms, respectively [Table 1]. Body temperature, SpO₂ and pulse rate were recorded for all cases in the LTCF and regularly monitored by the care takers, but not for the home isolated cases. Nine patients had SpO₂ ≤95 before the beginning of homoeopathic treatment. Out of the twenty patients, one had borderline diabetes receiving no treatment, two had both diabetes and hypertension and were under medications. Five patients had hypertension and were under medication, and one patient had hypertension and psychiatric ailments. Three patients had psychiatric ailments, and one had anaemia and psychiatric complaints. One case had bronchial asthma and was under *Deriphyllin* and *Asthalin*. Thus, 14 out of 20 patients suffered from various comorbidities, which are potential risk factors for the rise in mortality in the geriatric age group [Table 2].

Table 1: Number of patients presenting with each common symptom of COVID-19

Common presenting symptoms	Number of patients
Fever	6
Headache	6
Cough	9
Dyspnoea	7
Sore throat	4
Nasal congestion	2
Myalgia	9
Diarrhoea	7
Anosmia	6
Loss of taste	9
Hypoxia	9

The duration of follow-up and recovery varied from one week to 34 days. Three of these patients were asymptomatic and were regularly monitored for 7 days with no further complications. Six patients with only mild symptoms resolved within one week. Nine patients resolved within 2–3 weeks. The remaining two patients recovered within 34 days of treatment. The follow-up of the cases was done over telephone after the patients were discharged from the facility.

Table 2: Baseline data of the patients who were given homoeopathic treatment

S. no.	Age/sex	Total score of common symptoms of COVID-19	SpO ₂ baseline	Temperature (fahrenheit)	Co-morbidities, (if any)	Conventional medications, for COVID-19
1	101/F	11	95	98.9	Borderline DMT2	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Cefuroxime</i> 500 mg BD (18 May 2021–22 May 2021)
2	85/F	0	99	97.1	No comorbidity	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg 5 days (12 May 2021–17 May 2021)
3	80/F	4	94	97	No comorbidity	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 55 mg (12 May 2021–17 May 2021) <i>Amoxicillin</i> 625 - BD (18 May 2021–22 May 2021)
4	66/F	7	95	97	Hypertension, depression	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 55 mg (12 May 2021–17 May 2021) <i>Moxclav</i> 625 mg (18 May 2021–22 May 2021)
5	70/F	2	98	97	Psychosis	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 55 mg (12 May 2021–17 May 2021) <i>Sodium valparin</i> 200 mg
6	75/F	1	98	97	Bronchial asthma	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 55 mg (12 May 2021–17 May 2021) <i>Deriphyllin plain</i> <i>Asthalin</i> 4 mg
7	82/F	7	93	97.2	Hypertension, peripheral vertigo	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
8	65/F	2	98	97	Depression	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
9	75/F	1	96	97	Psychosis anaemia	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021) <i>Livogen</i>
10	82/F	1	95	97.2	No comorbidity	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
11	85/F	1	99	97	No comorbidity	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
12	85/F	0	96	97	Psychosis	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
13	68/M	6	95	99.1	Hypertension	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021) <i>Moxclav</i> 625 mg (18 May 2021–22 May 2021)
14	73/M	8	93	97	Diabetes, hypertension	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021) <i>Moxclav</i> 625 mg (18 May 2021–22 May 2021)
15	76/M	3	94	97	No comorbidity	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
16	85/M	0	96	97	Hypertension	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021) <i>Amlodipine</i> 5 mg
17	68/F	9	95	97	No comorbidity	<i>Paracetamol</i> 500 mg (12 May 2021–17 May 2021) <i>Azithromycin</i> 500 mg (12 May 2021–17 May 2021)
*18	65/F	14	-	Not recorded	Hypertension	Hypersensitivity reaction to conventional medicines, so she did not take any medicine given from PHC
*19	70/M	1	-	Not recorded	Hypertension	<i>Paracetamol</i> 500 mg (27 May 2021–1 May 2021) <i>Azithromycin</i> 500 mg (27 May 2021–1 May 2021) Anti-hypertensive
*20	77/F	26	-	Not recorded	Hypertension - under homoeopathic treatment diabetes	<i>Paracetamol</i> 500 mg (2 May 2021–7 May 2021) <i>Azithromycin</i> 500 mg (2 May 2021–7 May 2021) But the cough and dyspnoea was persisting so she shifted to Homoeopathy. Human mixtard insulin (30-0-25)

DMT2: Diabetes Mellitus Type 2; BD: Twice daily; *: Home isolation cases

The homoeopathic medicines were selected based on the presenting symptom totality of each patient and prescription based on acute totality [Table 3].

RESULTS

Age distribution

Eight of 17 patients belonged to 65–74 years of age, seven to 75–84 and five to above 85 years of age category. Eight patients were bedridden due to old age [Figure 1]. The mean age of the group treated was 77, with 15 females and five males.

Morbidity profile

Out of the 17 symptomatic patients, eight had cough, dyspnoea or nasal congestion, while the rest had headache, malaise, myalgia or diarrhoea. Regular monitoring of SpO₂ was done in seventeen patients. SpO₂ was <95 in nine patients at the beginning of homoeopathic treatment. Three cases were

asymptomatic. The most common presenting symptoms among the symptomatic group were cough (9), myalgia (9) and loss of taste (9). Nine cases had hypoxia. Six patients presented with the pathognomonic symptom anosmia [Table 1]. The most common comorbidities reported among the patients were hypertension (8), psychiatric ailments (5) and diabetes mellitus (3) [Table 2].

Common presenting complaints

The most common general symptoms were decreased appetite (13) and weakness (10) [Table 4].

Homoeopathic prescription

Three asymptomatic patients were given *Arsenicum album* 30C for 7 days. Six patients, with no altered general symptoms as per homoeopathic perspective, also received *Arsenicum album* 30C until the resolution of the common symptoms of COVID-19. The selection of *Arsenicum album* was based on the advisory by Ministry of Ayush.^[8] Six cases with either weakness, cough,

Table 3: Course of treatment provided to the patients

S no.	General symptoms considered for prescription	Medicine prescribed (30C and 200C prescribed in No. 40 pills), 0/6 in saccharum lactose	Change in second prescription, (if any)	Sequalae (if any)	Medicine prescribed for sequalae	Duration of homoeopathic treatment	SpO ₂ at the end of treatment
1	Increased weakness with desire to lie down always	<i>Ars. alb.</i> 0/6 [1-1-1]	<i>Ars. alb.</i> 30C [4-4-4]	Oedema over the face especially about eyelids	<i>Apis.</i> 30C/4-4-4 (5 days)	18 days	96
2	No altered general symptoms	<i>Ars. alb.</i> 30C [4-4-4]	Nil	Nil	-	7 days	99
3	Unsatisfactory bowel movements. Dry stool for 2 days Chilliness	<i>Nux vom.</i> 30C [4-4-4]	<i>Carbo veg.</i> 30C/ [4-4-4-4] on second day due to fall in SpO ₂	Nil	-	8 days	97
4	Weakness cough dyspnoea	<i>Ars. alb.</i> 30C [4-4-4]	Nil	Post COVID weakness	<i>Psor.</i> 200C/2 doses [1-0-0] 2 days	11 days	98
5	No altered generals	<i>Ars. alb.</i> 30C [4-4-4]	Nil	Nil	-	7 days	98
6	No altered generals	<i>Ars. alb.</i> 30C [4-4-4]	Nil	Nil	-	7 days	97
7	Increased thirst with sensation of dryness of mouth. Bitter taste in mouth. Weakness, myalgia, cough	<i>Bry.</i> 30C/[4-4-4]	Nil	Nil	-	7 days	97
8	No altered generals	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Nil	-	7 days	96
9	No altered generals	<i>Ars. alb.</i> 30C/[4-4-4]	<i>Carbo veg.</i> 30C/at 15 min interval, on 2 nd day due to fall in SpO ₂ to 85.	Fever on 13 th day. [98 °F] Fever recurred [98.2 °F]	<i>Sulph.</i> 200C/2 doses [1-0-0] <i>Tuber.</i> 200C/5 doses [1-0-0] once in 3 days	34 days	97
10	Decreased appetite	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Nil	-	7 days	99
11	Decreased appetite Chilliness Vomited twice- yesterday	<i>Nux vom.</i> 30C/[4-4-4]	Nil	Nil	-	7 days	95
12	No altered generals	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Nil	-	7 days	98
13	No altered generals	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Nil	-	11 days	98
14	Decreased appetite	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Cough with dyspnea	<i>Phos</i> 30C/5 doses [1-0-0]	15 days	95

(Contd...)

Table 3: (Continued)

S no.	General symptoms considered for prescription	Medicine prescribed (30C and 200C prescribed in No. 40 pills), 0/6 in saccharum lactose	Change in second prescription, if any	Sequalae if any	Medicine prescribed for sequalae	Duration of homoeopathic treatment	SpO ₂ at the end of treatment
15	Decreased appetite	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Post COVID weakness	<i>Psor</i> 200C/2 doses [1-0-0] 2 days	15 days	99
16	No altered generals	<i>Ars. alb.</i> 30C/[4-4-4]	Nil	Nil	-	7 days	99
17	Weakness, myalgia, anosmia and loss of taste	<i>Gels.</i> 200C [4-4-4]	Nil	Sleeplessness after COVID	<i>Psor.</i> 200C three doses from the 6 th day onwards for 3 days. But she developed Anxiety disorder also and switched to psychiatric medications	10 days	97
18	Decreased appetite Increased thirst Decreased sleep Chilliness with desire to cover	<i>Bry.</i> 30C/[4-4-4] 2 days	<i>Bry.</i> 200C [2 days] <i>Bry.</i> 1M [5 days]	Post COVID weakness Anosmia Loss of taste	<i>Psor.</i> 200C/ daily one dose for 3 days followed by 1 dose on alternate days	34 days	-
19	No altered generals	<i>Ars. alb.</i> 30C/[4-4-4]	<i>Ars. alb.</i> 200C started as BD from 4 th day onwards and continued for 5 days	Nil	-	15 days	-
20	Right sided headache with nausea Cough followed by dyspnea Sore throat. Decreased appetite. Increased thirst for warm water	<i>Ars. alb.</i> 200C/[1-0-1]	Nil	Nil	-	10 days	-

Ars. alb.: Arsenicum album, *Nux vom.*: Nux vomica, *Gels.*: Gelsemium, *Bry.*: Bryonia, *Carbo veg.*: Carbo vegetabilis, *Psor.*: Psorinum, *Sulph.*: Sulphur, *Tuber.*: Tuberculinum, *Phos.*: Phosphorus

[1-1-1]: 1 poppy seed in saccharum lactose globule 3 times a day; [4-4-4]: 4 globules (globule size 40) 3 times a day; [1-0-1]: 1 drop of medicine in saccharum lactose twice in a day

Table 4: Number of patients presenting with each general symptom of COVID-19 from homoeopathic perspective

General symptoms	Number of patients
Weakness	10
Dryness of mouth	2
Decreased appetite	13
Increased thirst	4
Vomiting	1
Altered bowel movements	9
Chilliness	3

dyspnoea or decreased appetite also received *Arsenicum album* 30C. Thus, *Arsenicum album* was prescribed to 15 out of 20 patients, and *Bryonia alba* and *Nux vomica* for two cases each. *Gelsemium sempervirens* was prescribed in one case. *Carbo vegetabilis* 30C was prescribed in case numbered 3 and 9, when there was a fall

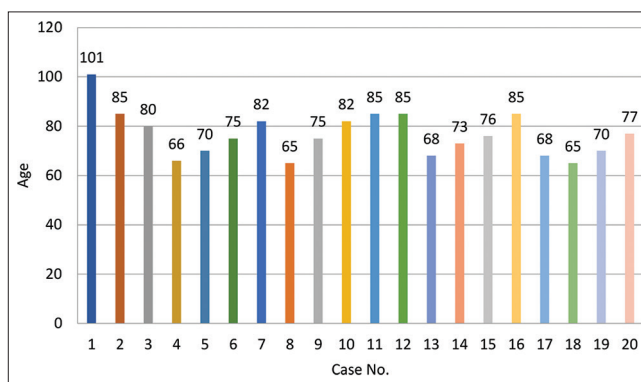


Figure 1: Age distribution of the cases

in SpO₂ to 92 and 85, respectively. The saturation was noted to be normalised in these patients after giving *Carbo veg.* 30C, thus not requiring further oxygen supplementation [Figures 2 and 3].

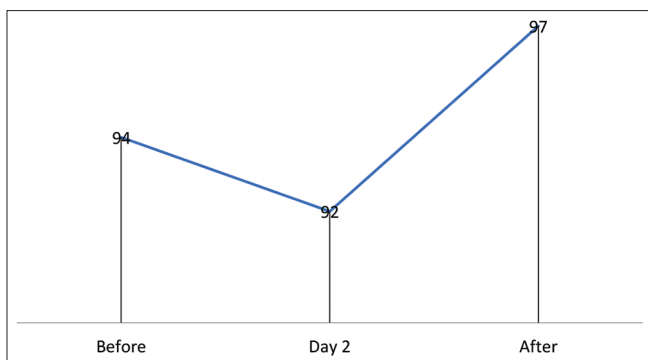


Figure 2: SpO₂ trend in case number 3

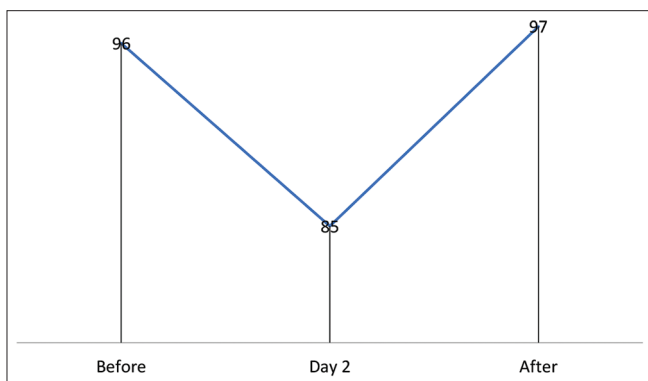


Figure 3: SpO₂ trend in case number 9

One of the above two cases with low oxygen saturation developed an intermittent fever after two weeks, for which *Sulphur* 200C, followed by *Tuberculinum* 200C were prescribed which in turn provided relief. The 101-year-aged female patient developed oedema of the face, especially eyelids, during the 11th day after testing COVID-19 positive. She was prescribed *Apis mellifica* 30C, four pills 3 times a day with great relief for the symptoms and no complications were reported. Post-COVID-19 weakness was reported in three cases, which was successfully treated successfully with *Psorinum* 200C. The cough persisted in a 73-year-old male patient, and he was treated with *Phosphorus* 30C with substantial relief. Thus, the patients treated underwent regular monitoring until the complete resolution of all symptoms. The mean SpO₂ reached 97 in the LTCF patients by the end of treatment [Figure 4].

The patients improved steadily with the above medications, without any casualties. The average time for recovery was 12 days. No adverse events were reported during telephonic follow-up after COVID-19 infection for about eight months after the discharge or the last follow-up. There were no fatalities post-Homoeopathy initiation, contrasting with the earlier three fatalities during conventional treatment.

DISCUSSION

Here, we reported 20 RT-PCR confirmed COVID-19-positive cases diagnosed during the second wave of COVID-19 in the NHRIMH Kottayam, Kerala, India. All the 20 patients

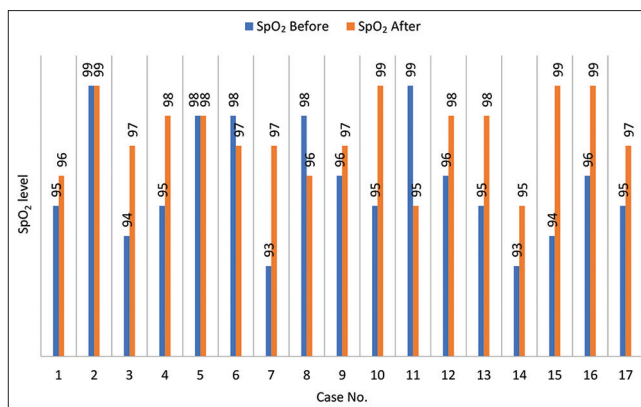


Figure 4: SpO₂ levels before and after treatment

belonged to the age group >65 years and were treated with Homoeopathy along with the conventional medications. One case received only homoeopathic treatment. Research has shown that the age of ≥60 years and comorbidities such as diabetes mellitus, hypertension and chronic lung disease are major risk factors for COVID-19 in the elderly. Apart from this, the residents of LTCF are vulnerable to communicable respiratory infections.^[9] The general symptoms of the patient were considered for the selection of the medicine. The prescription was based on keynote symptoms and repertory was not used due to urgency of prescription and, hence, paucity of time to repertorise.

Only two patients recorded a high temperature among the 17 cases in the LTCF, apparently as a result *Paracetamol* taken to control the spikes in the temperature. Hence, the exact symptom picture of fever was not available. The three home-isolated patients reported fever during case taking, although it could not be measured.

As per the descriptive study by Niu *et al.*, the most common presenting symptoms in the older age group were fever, cough, dyspnoea and fatigue.^[10] Apart from the above symptoms, the cases also presented with hypoxia, myalgia, loss of taste, decreased appetite, and altered bowel movements.

As regards the dosage, the first prescription was not changed unless there was a change in the symptom totality. In three cases (case 1, 18 and 19), the potency was raised on subsequent visits, depending on the need of each case. Dr. JT Kent (1849–1916) has suggested in his chapter on the second prescription that as long as the curative action of the medicine is continuing, we should never change the remedy. Higher potencies of the same remedy should be tried before changing the first prescription.^[11]

Psorinum 200C was noted to relieve post-COVID19 weakness in three cases, as also reported in the literature that the homoeopathic medicine *Psorinum* revives the lack of reaction after severe acute diseases. The patients also complain of lack of appetite after acute diseases in cases requiring *Psorinum*.^[12]

A 101-year-old female patient, who reported with severe cough, dyspnoea and fever, and was also taking *Paracetamol*

and *Cefuroxime*, largely benefited from *Arsenicum album* in the LM potency. This potency was chosen considering her advanced age. The LM potency helps to avoid homoeopathic aggravation and also helps in palliation in disease conditions with advanced age.^[13] When she became stable, the potency was changed to 30C and *Psorinum* 200C was continued for nine more days. She developed facial oedema on the 11th day, for which *Apis mellifica* 30C, four pills 4 times a day, continued for 5 days. The oedema was better from the 2nd day onwards.

In case number 3, an 80-year-old female patient, the SpO₂ was 94 on day 1, and it dropped to 92 on day 2. *Carbo vegetabilis* 30C was given four pills 4 times a day for 2 days, along with *Amoxicillin*. The saturation became 94 on the 3rd day and 96 on the 4th day. The first prescription of homoeopathic medicine, *Nux vomica* 30C was stopped for these 2 days and started again from the 5th day. The patient recovered completely without further complications within 8 days of treatment.

In case number 9, a 75-year-old female patient, the saturation dropped to 85 on the 2nd day. The homoeopathic medicine *Carbo vegetabilis* 30C started four pills at 15 min intervals for 1 day. The saturation became 95 on the same day, and the first prescription of *Arsenicum album* 30C continued for 8 days. However, she developed a fever on the 9th day, and *Sulphur* 200C, two doses along with *Paracetamol* for 2 days, was given with relief. Homoeopathic medicine *Sulphur* prevents relapses in acute diseases. However, the fever recurred. Hence, *Tuberculinum* 200C started once in 3 days for 2 weeks with reported improvement. *Tuberculinum* gives relief when *Sulphur* or the best-selected remedy fails to relieve.^[11]

Case number 17, a 68-year-old female health care worker in the LTCF, developed sleeplessness and anxiety disorder after witnessing the death of three residents on consecutive days before initiating homoeopathic treatment. Homoeopathy relieved the symptoms of COVID-19, but the anxiety and sleeplessness persisted. Hence, she switched to conventional psychiatric medicines for the same.

In the case number 18, symptoms such as decreased appetite and sleep persisted after recovery. Hence, the homoeopathic medicine *Bryonia alba* was raised to 200C from 30C from the 3rd day onwards. After 4 days, the potency was raised to 1M, since the symptoms persisted. She received stand-alone Homoeopathy since was reportedly hypersensitive to conventional medications.

A study from the province of Guangdong by *Ka Lun* and *Yeun Ying* reported the symptom pictures of *Bryonia* [in 4] and *Gelsemium sempervirens* (in 12) out of 18 cases. The study sample mainly constituted young people.^[14] Rutten *et al.*'s observation from the data collection during the COVID-19 pandemic states, symptoms 'fatigue' and 'headache' served as better differentiation between medicines.^[15] The retrospective cohort study by Clapers *et al.* and the genus epidemicus study in Spain proposed *Arsenicum album*, *Bryonia alba*, *Nux vomica*, and *Gelsemium sempervirens* as commonly prescribed

medicines.^[16] The present study could clinically verify the above findings.

In a randomised controlled clinical trial by Adler *et al* on 86 COVID-19-positive cases, the patients in the Homoeopathy group reported significantly earlier symptom reduction and lesser hospitalisation rates in the Homoeopathy group compared to the placebo group.^[17] In another randomised controlled clinical trial by Nayak *et al*, both the Homoeopathy and placebo group received standard care, and the Homoeopathy group had a significantly earlier recovery compared to the placebo group. All the cases were under 60 years of age unlike the present study in which all the cases were above 65 years of age. *Arsenicum album* and *Bryonia* were commonly prescribed which coincides with our study. However, another remedy *Phosphorus* was prescribed in the present study for persisting cough after the fever stage. The most common comorbidities were hypertension, diabetes mellitus and chronic lung disease which are also a similar finding in our study where apart from the above-mentioned comorbidities, five cases had psychiatric ailments.^[18] A 61-year-old case of pleural effusion following COVID-19 infection improved with *Phosphorus*.^[19] A single blind placebo controlled clinical trial by Kaur *et al.* also suggested earlier recovery time and decreased mortality rate in Homoeopathy group compared to the placebo group.^[20]

The study by Hand *et al.* reported three deaths out of 20 cases in an LTCF where the inpatients were diagnosed with different respiratory tract infections, including Coronavirus infection. H CoV-NL63 respiratory infection was the cause of death in the deceased patients. They had comorbidities such as dementia, cardiovascular disease, cancer, multiple sclerosis, parkinson's disease, diabetes mellitus, hypertension, asthma, and chronic kidney disease.^[8]

1/5th of all LTCF residents diagnosed with SARS-COV-2 infection died of COVID-19 during the first wave. No deaths were reported among the workers.^[21] Lee *et al.* assessed the predictors of mortality in LTCF and suggested that death continued to increase rapidly for 15 days after SARS-COV-2-positive testing. The 30-day mortality rate was 28.7% among the residents.^[22]

It is evident from the above-cited studies that there is a significant death rate in the geriatric population due to COVID-19. However, no deaths were reported in the study sample till the date of this manuscript preparation (8 months after the infection) and the reporting of three deaths in the same cohort of the population in the LTCF before the commencement of homoeopathic treatment. The successful management of this high-risk population without any adverse events throws some evidence on the scope of Homoeopathy in the treatment of COVID-19 in the geriatric population.

CONCLUSION

This case series suggests a positive role of Homoeopathy in treating COVID-19-positive cases in the geriatric population

by providing symptomatic relief and improving disease outcome. Further documented evidence, like clinical trials, could substantiate the effectiveness of Homoeopathy in reducing mortality as well as morbidity needs in the geriatric population.

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Conflicts of interest

The authors declare no conflicts of interest.

Patient informed consent

Written informed consent was obtained from the LTCF authorities and the home isolated cases for publication of the results of the treatment. Consent could not be taken from the LTCF inmates individually.

***Editors' Note:** IJRH Editorial Board discourages such practices where individual consent is not sought before reporting.

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Traitement homéopathique d'appoint des cas positifs de COVID-19 chez les personnes âgées - Série de cas

Introduction: La deuxième vague de COVID-19 a atteint son pic en mai 2021 et a enregistré des taux de mortalité et de morbidité plus élevés que la première vague. Environ 53 % des personnes de plus de 60 ans sont décédées des suites de la pandémie en Inde à la fin juillet 2021.

Résumé du cas: Vingt patients COVID-19 positifs confirmés par PCR (réaction en chaîne par polymérase) appartenant à la tranche d'âge gériatrique ont été traités avec succès par homéopathie. Dix-sept d'entre eux ont consulté en personne dans un établissement de soins de longue durée (ESLD) pour personnes âgées, et trois cas appartenaient à la catégorie des personnes isolées à domicile. Parmi les personnes traitées, 14 présentaient des comorbidités, telles que le diabète de type II, l'hypertension, une maladie pulmonaire chronique ou des troubles psychiatriques. Dix-sept patients de l'ESLD ont reçu du paracétamol et de l'azithromycine pendant cinq jours avant de subir un test COVID-19. Un traitement homéopathique a ensuite été instauré pour les dix-sept patients de l'ESLD. Une surveillance régulière de la SpO₂ chez 17 patients a révélé une SpO₂ ≤ 95 pendant les premiers jours de traitement. L'âge moyen de la population de patients, composée de 15 femmes et 5 hommes, était de 77 ans. Sur les dix-sept patients symptomatiques, huit présentaient une toux, une dyspnée ou une congestion nasale, tandis que les autres souffraient de céphalées, de malaises, de myalgies ou de diarrhées. La SpO₂ moyenne atteignait 97 chez les patients de l'ESLD à la fin du traitement. *Arsenicum album*, *Nux vomica*, *Bryonia alba* et *Gelsemium sempervirens* étaient les médicaments les plus fréquemment prescrits. Notamment, la SpO₂ a diminué chez deux patients le deuxième jour de traitement et s'est normalisée avec *Carbo vegetabilis*. Le délai moyen de guérison était de 12 jours. Cette série de cas suggère un rôle positif de l'homéopathie dans le traitement des cas positifs de COVID-19 au sein de la population gériatrique, en apportant un soulagement symptomatique et en améliorant l'évolution de la maladie.

Begleitende homöopathische Behandlung von COVID-19-positiven Fällen in der Altersgruppe der älteren Menschen – Eine Fallserie

Einleitung: Die zweite COVID-19-Welle erreichte im Mai 2021 ihren Höhepunkt und wies höhere Mortalitäts- und Morbiditätsraten als die erste Welle auf. Bis Ende Juli 2021 starben in Indien etwa 53 % der über 60-Jährigen an der Pandemie.

Fallzusammenfassung: Zwanzig mittels Reverse-Transkriptase-Polymerase-Kettenreaktion (RPC) bestätigte COVID-19-positive Patienten der Altersgruppe der älteren Menschen wurden erfolgreich homöopathisch behandelt. Siebzehn von ihnen besuchten eine Langzeitpflegeeinrichtung für ältere Menschen, drei Fälle gehörten zur Kategorie der häuslichen Isolation. Von den Behandelten wiesen 14 Komorbiditäten wie Typ-2-Diabetes mellitus, Bluthochdruck, chronische Lungenerkrankungen oder psychiatrische Erkrankungen auf. Siebzehn Patienten in der Langzeitpflegeeinrichtung erhielten fünf Tage lang Paracetamol und Azithromycin, bevor sie sich einem COVID-19-Test unterzogen. Anschließend wurde bei den siebzehn Patienten der Langzeitpflegeeinrichtung eine homöopathische Behandlung begonnen. Eine regelmäßige Überwachung der Sauerstoffsättigung bei 17 Patienten ergab in den ersten Behandlungstagen eine Sauerstoffsättigung von ≤ 95. Das Durchschnittsalter der Patienten, die aus 15 Frauen und 5 Männern bestand, betrug 77 Jahre. Von den siebzehn symptomatischen Patienten litten acht an Husten, Atemnot oder verstopfter Nase, während der Rest unter Kopfschmerzen, Unwohlsein, Myalgie oder Durchfall litt. Die durchschnittliche Sauerstoffsättigung erreichte bei den Patienten in der Langzeitpflegeeinrichtung bis zum Ende der Behandlung einen Wert von 97. *Arsenicum album*, *Nux vomica*, *Bryonia alba* und *Gelsemium sempervirens* waren die am häufigsten verschriebenen Medikamente. Bemerkenswerterweise sank die Sauerstoffsättigung bei zwei Patienten am zweiten Behandlungstag und normalisierte sich mit *Carbo vegetabilis*. Die durchschnittliche Genesungszeit betrug 12 Tage. Diese Fallserie deutet auf eine positive Rolle der Homöopathie bei der Behandlung von COVID-19-positiven Fällen in der geriatrischen Bevölkerung hin, da sie symptomatische Linderung und einen verbesserten Krankheitsverlauf bietet.

बुजुर्ग आयु वर्ग के कोविड-19 पॉजिटिव मामलों में सहायक होम्योपैथिक उपचार - एक केस सीरीज

परिचय: कोविड-19 की दूसरी लहर मई 2021 के दौरान चरम पर थी और इसमें पहली लहर की तुलना में मृत्यु दर और रुग्णता दर अधिक थी। जुलाई 2021 के अंत तक महामारी के कारण भारत में 60 वर्ष से अधिक आयु के लगभग 53% लोगों की मृत्यु हुई।

केसों का सारांश: वृद्ध आयु वर्ग के बीस रिवर्स ट्रांसक्रिप्शन-पोलीमरेज़ चैन रिप्लिकेशन-पुष्टि किए गए कोविड-19 पॉजिटिव रोगियों का होम्योपैथी से सफलतापूर्वक इलाज किया गया। इनमें से सत्रह बुजुर्गों के लिए दीर्घकालिक देखभाल सुविधा (LTCF) में व्यक्तिगत रूप से परामर्श किया गया और तीन केस घर-पृथक श्रेणी में थे। इलाज किए गए लोगों में से 14 को सह-रुग्णताएँ थीं जैसे कि टाइप 2 मधुमेह, उच्च रक्तचाप, पुरानी फेफड़ों की बीमारी या मानसिक बीमारियाँ। एलटीसीएफ (LTCF) के सत्रह मरीज कोविड-19 टेस्ट से गुजरने से पहले पांच दिनों तक पैरासिटामोल और एज़िथ्रोमाइसिन का सेवन कर रहे थे। इसके बाद एलटीसीएफ (LTCF) के सत्रह मरीजों के लिए होम्योपैथी शुरू की गई। 17 मरीजों में SpO₂ की नियमित निगरानी से पता चला कि इलाज के शुरुआती दिनों में SpO₂ ≤95 रहा। रोगी आबादी की औसत

आयु, जिसमें 15 महिलाएं और 5 पुरुष शामिल थे, 77 वर्ष रही। सत्रह रोगसूचक मरीजों में से आठ को खांसी, सांस फूलना या नाक बंद होने की समस्या थी, जबकि बाकी को सिरदर्द, अस्वस्थता, मांसपेशियों में दर्द या दस्त की समस्या थी। इलाज के अंत तक एलटीसीएफ मरीजों में औसत SpO₂ 97 तक पहुंच गया। *आर्सेनिकम एल्बम*, *नक्स वोमिका*, *ब्रायोनिया अल्बा* और *जेल्लीमियम सेंपरविरेंस* सबसे अधिक निर्धारित दवाएं थीं। उल्लेखनीय रूप से, इलाज के दूसरे दिन दो मरीजों की SpO₂ में गिरावट आई, जो *कार्बो वेजीटाबेलिस* देने के बाद सामान्य हो गई। बीमारी से ठीक होने में औसत समय 12 दिन लगा। यह केस सीरीज वृद्ध आबादी में कोविड-19 पॉजिटिव मामलों के उपचार में होम्योपैथी लक्षणान्मक राहत प्रदान करने और रोग के परिणामों में सुधार लाने में प्रभावी भूमिका निभा सकती है।

Tratamiento homeopático adyuvante de casos positivos de COVID-19 en el grupo de edad geriátrica - Serie de casos

Introducción: La segunda ola de COVID-19 alcanzó su punto máximo en mayo de 2021 y presentó tasas de mortalidad y morbilidad más altas que la primera. Alrededor del 53 % de las personas mayores de 60 años murieron en India debido a la pandemia a finales de julio de 2021.

Resumen del caso: Veinte pacientes positivos para COVID-19, confirmados mediante reacción en cadena de la polimerasa con transcriptasa inversa (RCP), pertenecientes al grupo de edad geriátrica, fueron tratados con éxito con homeopatía. Diecisiete de ellos acudieron en persona a un centro de atención a largo plazo (CAP) para ancianos, y tres casos pertenecían a la categoría de aislamiento domiciliario. De los tratados, 14 presentaban comorbilidades, como diabetes mellitus tipo II, hipertensión, enfermedad pulmonar crónica o enfermedades psiquiátricas. Diecisiete pacientes en el LTCF estuvieron tomando paracetamol y azitromicina durante cinco días antes de someterse a la prueba de COVID-19. Posteriormente se inició la homeopatía para los diecisiete pacientes del LTCF. El monitoreo regular de SpO₂ en 17 pacientes reveló SpO₂ ≤95 durante los días iniciales de tratamiento. La edad media de la población de pacientes, compuesta por 15 mujeres y 5 hombres, fue de 77 años. De los diecisiete pacientes sintomáticos, ocho tenían tos, disnea o congestión nasal, mientras que el resto tenía dolor de cabeza, malestar, mialgia o diarrea. El promedio de SpO₂ alcanzó 97 en los pacientes del LTCF al final del tratamiento. *Arsenicum album*, *Nux vomica*, *Bryonia alba* y *Gelsemium sempervirens* fueron los medicamentos prescritos con mayor frecuencia. Cabe destacar que la SpO₂ disminuyó en dos pacientes en el segundo día de tratamiento y se normalizó con *Carbo vegetabilis*. El tiempo promedio de recuperación de la enfermedad fue de 12 días. Esta serie de casos sugiere un papel positivo de la homeopatía en el tratamiento de casos positivos de COVID-19 en la población geriátrica, proporcionando alivio sintomático y mejorando la evolución de la enfermedad.

COVID-19 阳性老年患者辅助顺势疗法治疗 - 病例系列

引言: 第二波 COVID-19 疫情在 2021 年 5 月达到高峰, 死亡率和发病率高于第一波。截至 2021 年 7 月底, 印度约有 53% 的 60 岁以上老年人死于疫情。**病例摘要:** 20 名经逆转录聚合酶链式反应 (RT-PCR) 确诊的 COVID-19 阳性老年患者成功接受了顺势疗法治疗。其中 17 名患者在老年长期护理机构 (LTCF) 进行面诊就诊, 3 名患者属于居家隔离患者。在接受治疗的患者中, 14 名患有合并症, 例如 II 型糖尿病、高血压、慢性肺病或精神疾病。该长期护理机构中的 17 名患者在接受 COVID-19 检测前服用了五天的扑热息痛和阿奇霉素。随后, 这 17 名患者开始接受顺势疗法治疗。对 17 名患者的 SpO₂ 进行定期监测, 结果显示治疗初期 SpO₂ ≤95。患者群体的平均年龄为 77 岁, 其中包括 15 名女性和 5 名男性。在 17 名有症状的患者中, 8 名出现咳嗽、呼吸困难或鼻塞症状, 其余患者出现头痛、不适、肌痛或腹泻症状。治疗结束时, 该长期护理机构患者的平均 SpO₂ 达到 97。白砷、马钱子、白泻根和常绿钩吻是最常用的处方药。值得注意的是, 治疗第二天两名患者的 SpO₂ 下降, 服用植物碳后恢复正常。患者平均康复时间为 12 天。本病例系列表明顺势疗法在老年 COVID-19 阳性病例治疗中发挥了积极作用, 可缓解症状并改善病情。