

COVID-19: Three Chinese Case Reports

Last reviewed on March 13, 2020 |

<https://homeopathyplus.com/covid-19-three-cases/>

In February 2020, one of our homeopaths was asked to prescribe for 3 people in China, diagnosed with COVID-19, as the disease is now known.

The following three cases were taken (with some difficulty) with the aid of an interpreter on 20th February, 2020. All three had been diagnosed by CT scans and nucleic acid testing.

The first two cases, both males, presented with mild and limited symptoms. This is consistent with what is reported so far for about 80% of COVID-19 infections.

The third case had unique and distinctive symptoms which are of greater interest to homeopaths as they identify remedies with greater potential to treat the person's ill-health.

These distinctive symptoms, also reported by two other cases since then, are not among those commonly listed for this particular disease.

Perhaps they were present in other victims but overlooked because they weren't significant from the orthodox perspective, or perhaps they are only associated with a sub-set of infected cases.

Whatever the reason, they do allow the homeopath to narrow the field of potential remedies for those who present with them.

Getting the prescribed homeopathic remedies into the hands of those from the cases proved difficult in spite of the remedies already being in China.

This was because hospitalisation and strict quarantine measures meant relatives could not pass the remedies to family members once they were admitted into isolation.

As a result, the first two cases did not receive their remedies until fully recovered and discharged while the third only received her remedy 3 weeks after it was prescribed.

By this time, her symptoms had changed significantly so she didn't take it in case it was no longer a suitable. (A follow-up appointment with this person, who is much improved but still hospitalised, is being scheduled. I will provide an update on her progress in the near future.)

Despite these difficulties, the symptoms that emerged from the consultations – the third case in particular – provide useful information on potential remedies, and the realities and difficulties of homeopathic treatment during a pandemic such as this. (These difficulties are discussed more fully toward the end of this article.)

Loss of Senses – Bitterness of Taste – Drenching Sweats

The distinctive symptoms reported by the third case – loss of taste and smell, with a returning bitterness of taste – have also been reported by others infected with COVID-19 in China.

At the time of writing it is unclear whether these symptoms only arise in a subset of COVID-19 infections or if they are more widely experienced.

Another distinctive symptom reported by some is that of drenching night sweats.

Considerations and Difficulties

Lost in Translation

Cases taken through an interpreter, as these were, are vulnerable to inaccuracies. I repeatedly wondered if I was receiving the preciseness of information that I needed for an accurate prescription.

Illness with Weakness

When the patient is weak, breathless, and coughing, consultations with persistent questioning for clarification can be intolerable. With these three cases, I asked what I could and made use of what I obtained.

Paucity of Unique Symptoms

As being reported, many COVID-19 infections appear mild with few symptoms.

This was true for the first two cases in this article; there was little information on which to make confident homeopathic prescriptions.

Ideally in situations such as this, prophylactics, once known, could be used as treatment remedies to perhaps slow the spread of disease.

Effect of Quarantine

Isolation and hospitalisation are essential for controlling an epidemic but they also make it difficult for patients to receive the remedies they need.

In my 'China' experience, even family members lost contact with their loved ones once they were hospitalised and remedies couldn't be delivered.

I later learnt that the patients didn't even have tables or drawers in which to keep the remedies should they have reached them.

The Good and Bad of Technology

During an epidemic, consultations often have to be provided from a distance – either because of quarantine measures or differing locations.

This requires the use of technologies with extended consultation times when one or both parties have to master their use. T

Technologies also differ between countries, and this was certainly the case when providing consultations into China.

If the person is too ill to easily learn or manage the technology being used, this further complicates the consultation.

Should the person already be quarantined or hospitalised, it is likely they won't even have access to the necessary technology, including their personal phone.

I suspect this last reason alone is why, to date, it has been so difficult for homeopaths to conduct consults for the purpose of identifying important treatment and prophylactic remedies in this epidemic.

Effect of Other Interventions

The information collected from the third case was important but I did wonder how much it had been modified by medical treatment within the hospital.

For example, the patient said she was not thirsty and only drank a little...but she was also receiving intravenous therapy. Was she being fully hydrated by the IV fluid or was it only being used for medication purposes?

She also reported a dry cough with scanty, white expectoration but most likely was receiving antibiotics and other medications for her pneumonia that may have altered the nature of these two symptoms. \

In spite of this, I still chose to prescribe on them as she had reported that they had been fairly consistent throughout the course of her illness.

Information on Case Prescriptions

For many homeopaths reading these cases, potential remedies will readily spring to mind.

That won't be the case for those just starting their homeopathic journey but, unfortunately, we are unable to provide that information for them.

[Regulatory bodies, in Australia at least](#), have legislated that homeopathic remedies cannot be presented in the public domain as being useful for COVID-19.

To do so would mean they would be perceived as 'advertising' and action taken even though the named remedies have only been presented in the context of information or cases.

This legislation was introduced to stop the spread of misinformation and people taking advantage of those seen as gullible but it also has the short-sighted effect of suppressing qualified and valuable information for those who may need it most.

While the names of prescribed remedies in these cases can't be provided, it is still permissible to discuss them within consultations. Knowing this, appointments can be made so that this information can be more freely discussed.

If this is something you would like to do, we strongly recommend that appointments be made with suitable practitioners who always qualify or reference the material they share with you so you can then validate it for yourself.

If you would like to discuss the matter further with us, our [free support and information service](#) is always available.

Cases are presented below.

Case 1: COVID-19 in a 62-Year-Old Male

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Background

[More information on other cases and how the case-takings were conducted.](#)

The initial source of infection was unknown though two other relatives were diagnosed at the same time as this patient.

History

26th January 2020 – Day 1

- Onset of low-grade fever at 7pm (37.6C – 38.2C).
- Sweat at 11pm with resolution of fever.
- No other symptoms.

27th February 2020 – Day 2

- Low-grade fever – 37.6C – 38.2C – no other symptoms.
- Onset at 7pm – sweat at 11pm – fever resolves.

28th January 2020 – Day 3

- Low-grade fever – 37.6C – 38.2C – no other symptoms.
- Onset at 7pm – sweat at 11pm – fever resolves.

29th January 2020 – Day 4

- No fever (on this day and days 5 – 9).

5th January 2020 – Day 10

- Fever returns – 37.4 at 8am on rising.
- Fever 38.6 in evening.
- Medicine taken (type unknown) – followed by sweat resolution of fever.
- (No symptoms or fever between days 11 – 15).

8th February 2020 – Day 13

- No symptoms.
- Went to hospital for check with relatives – COVID-19 suspected from results of CT scan. Nucleic acid test collected.

9th February 2020 – Day 14

- No symptoms.

10th February 2020 – Day 15 (day of consultation)

- Previous history collected.
- COVID-19 confirmed by nucleic acid test.

- Currently:
 - No fever.
 - No breathing difficulties.
 - No symptoms – just history and diagnosis.
- For admission to ‘shelter hospital’ tomorrow.
- General temperament:
 - ‘Warm hearted’.
 - Caring and considerate.

Prescription

With no symptoms being present at the time of the consultation, only a confirmed diagnosis of COVID-19, I made a general ‘constitutional’ prescription for this man but the [remedy](#) did not reach him before he was hospitalised and quarantined on the following day. I have since heard that he has been discharged and is fully recovered.

Case 2: COVID-19 in a 35-Year-Old Male

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Background

[More information on other cases and how the case-takings were conducted.](#)

This person lived with parents who had recently been hospitalised with confirmed COVID-19. The source of their infection is unknown. This patient is a smoker, diabetic, and has a history of pneumonia treated by hospitalisation and antibiotics in 2019.

History

30th January 2020

- Sore, aching muscles of neck, waist, back and arms. Preferred to lay still – pain worsened by movement.
- Nose blocked but no mucous discharge.

10th February 2020 – Day 11

- Attended hospital with parents who were diagnosed with COVID-19 via CT scan and nucleic acid test – subsequently admitted to hospital.
- His own CT scan revealed pneumonia. Told he had COVID-19 and given two medicines to take at home – type unknown but told they were for COVID-19. Nucleic acid test.

11.02.20 – Day 12 (day of consultation)

- Waiting results of nucleic acid tests.
- No new or current symptoms – no longer has muscle pain

- No fever
- Feels well.
- Appetite unchanged, prefers spicy flavours which is a normal for him.
- Slightly thirstier than normal but mouth not dry – prefers cold tea.
- Recent itching on abdomen but because no longer working since becoming sick has not bothered showering and wonders if this is the reason (choosing not to shower as it is Winter and cold where he lives).
- General and long-standing information that is unchanged with infection:
 - Prefers company.
 - Tendency to impatience and irritability.
 - Sleeps on right side.
 - Thick, green phlegm in throat from being a smoker which is able to be expectorated and which is worse in the morning
 - Not a consistently hard worker – prefers relaxation.

Prescription

With no symptoms present at the time of the consultation, only a confirmed diagnosis of COVID-19, I made a general ‘constitutional’ prescription for this man but the [remedy](#) did not reach him before he was hospitalised and quarantined on the following day. I have since heard that he has been discharged and is fully recovered.

Case 3: COVID-19 in a 38-Year-Old Female

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Background

[More information on other cases and how the case-takings were conducted.](#)

Patient’s exposure and point of contagion are unknown. I took the case of this patient via a screen device on day 24 of her symptoms and while she was hospitalised.

History

The first symptom to appear was a cough followed by loss of taste and smell and then the fever.

COVID-19 infection was confirmed on the fourth day after symptoms appeared, after which the patient was hospitalised.

As the sense of taste started to return (day 5), bitterness of taste was a distinctive symptom. (This has also been reported by other cases, since then).

22nd January 2020 – Day 1

- Appearance of first symptom – dry cough from itching in the throat.

- Following onset of cough, and before fever, patient lost her senses of taste and smell.

23rd January 2020 – Day 2

- Loss of senses of taste and smell (this symptom occurred before the fever but after the cough, and lasted for many days.)

24th January 2020 – Day 3

- Onset of fever (senses of taste and smell already lost).

25th January 2020 – Day 4

- COVID-19 confirmed – patient hospitalised at this point (and still hospitalised at time of the interview).
- Intravenous (IV) and oral treatments started – types and names unknown.

26th January 2020 – Day 5

- Taste started to return but everything tasted bitter – intense bitter taste.

11th February 2020 – Day 24 (day of homeopathic interview)

- Patient still hospitalised and on IV/oral medications – types unknown.
- Sense of taste now normal.
- Sense of smell almost normal.
- Things no longer taste bitter.
- Cough – every minute or so throughout consult, sometimes several times a minute – mostly single coughs that were dry, hoarse, and slightly wheezy. The patient said that this is how the cough had been throughout the duration of her illness but that at one point it had been so severe that she couldn't breathe and thought she might die. There had been no modalities-things that worsen or improve a symptom – but the cough was caused by an itching sensation in her throat.
- Expectoration – scanty and white, and consistent intermittently throughout the illness.
- Mostly thirstless – only wanting 300-500mls a day – but mouth not dry.
- When asked about her temperament and behaviour before and since the illness, she said she was:
 - Emotional – crying easily.
 - Frequently felt lonely and unloved (she also shared that a broken relationship had broken down following the birth of her child last year. Postnatal depression followed and though improved, she had still been seeing a counsellor at the time of falling ill).
 - Frequently angry with herself and partner about the broken relationship.
 - “Loves” babies and children (in response to my specific question about this).

Prescription

The homeopathic [remedy](#) for this case, as would be expected, was based on the unique, and identifying symptoms of the case.

These were: loss of taste and smell followed by a return of bitterness of taste; lack of thirst; type of cough and expectoration, and the patient's emotional state.

A 3-week delay in the remedy reaching this patient meant that though still hospitalised, symptoms had changed and there was concern that the remedy would no longer be suitable so it was not taken.

A follow-up appointment with this patient is being scheduled and updated information will be presented once available.