Optimization of Homoeopathy in the management of Post-Traumatic Stress Disorder, the aftermath of COVID-19 pandemic: A Retrospective Case Series

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Abstract

Background: Psychological fragility caused to human life has been the largest aftermath of the pandemic posing a raised public health concern globally. This psychological impact is identified as Post-Traumatic Stress Disorder (PTSD) which was the most commonly diagnosed psychological disorder during this pandemic. These cases, if left untreated and unidentified may take a devastating transformation into psychotic disorders and cause gross damage to the individual and the community by disrupting human relations. Aims: Keeping in view the beneficial role of homoeopathy in dealing with psychological disorders based on its philosophy and previous studies, a clinical case series of 10 PTSD cases successfully treated with homoeopathy during this pandemic is presented here. Methods: 10 cases of PTSD consulted during the first wave of the pandemic diagnosed based on the clinical picture analogous to PTSD cluster symptomatology from the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) and objectively through Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) were treated with homoeopathic intervention. Homoeopathic medicine was prescribed based on the totality of each case through repertorization and in consultation with the sourcebooks of Homoeopathic Materia Medica (HMM). The cases were followed monthly for clinical improvement and every three months using the CAPS-5 score. The outcome was assessed after six months clinically and objectively through the CAPS-5 score. At the end of one year, further, to assess the causal attribution of clinical outcomes to homoeopathic intervention, a validated MONARCH (Modified Naranjo Criteria for Homoeopathy) tool was utilized. Results: The 10 diagnosed PTSD cases showed marked improvement assessed after one year of homoeopathic treatment. Significant improvement was found in the clinical picture affirmed through the CAPS-5 score and MONARCH tool. Conclusion: Homoeopathic medicines showed a significantly beneficial role in the management of PTSD during the pandemic in the presented 10 cases. Further validation through well-designed clinical trials is warranted.

Keywords: CAPS-5; Clinical Case series; Homoeopathy; MONARCH; Post-Traumatic Stress Disorder; Post-COVID; Retrospective.

Introduction

Mental disorders are a major threat to public health and their treatment poses a challenge to the medical fraternity [1]. As an aftermath of the COVID-19 pandemic, the most predicted and diagnosed illness of major public health concern is Post-Traumatic Stress Disorder (PTSD), an independent sequela of any traumatic event [2]. In a few recent surveys conducted during the first and second
phases of the pandemic, the prevalence of PTSD was found to be 28.2% [3-5] affirming the prevalence reported by the studies done in the last decade [6]. The overall prevalence of PTSD globally accounted for 12-15% and one in four people exposed to a traumatic event (natural or man-made) at some point in their lives [7]. In a previous meta-analysis and a recent review, it was observed that 17-44% of critical illness survivors especially those who required hospitalization/ICU reported clinically significant PTSD symptoms [8, 9] and a recent systematic review conducted during the pandemic also affirmed the same [10]. Numerous traumatic experiences during the pandemic as the mental shock of quarantine & isolation, loss of the near and dear, morbid fear of attaining COVID-19 infection, the stress of financial burden due to loss of employment accompanied by fear of future, domestic violence & sexual abuse in women due to home arrest during lockdowns, fear of social stigma led to the PTSD manifestations [4]. If PTSD is left untreated may transform into chronic states and severe psychotic disorders in the future threatening human life and posing a major challenge to the medical fraternity [11].

The diagnosis of PTSD remained controversial in the past but the advent of the Diagnostic Statistical Manual for Mental Disorders (DSM-IV) with defined criteria and more clarifications in DSM-V, the revised version by the American Psychiatric Association (2013) as continuation brought all of them to a halt. According to the clinical description and diagnostic criteria in DSM-V, PTSD was kept under a new category – Trauma and Stress-related disorders and has been defined based on different cluster symptomatology as the history of the specific traumatic event (Criterion A), intrusion, or re-experiencing the event (Criterion B), avoidant symptoms (Criterion C), negative alterations in cognitions and mood (Criterion D), increased arousal symptoms (Criterion E), duration of complaints more than 1 month (Criterion F), clinically significant distress or impairment (Criterion G) and not attributable to any substance abuse or medical condition (Criterion H) [12]. Based on this DSM-V, a clinician-administered PTSD scale (CAPS-5) has been developed and validated by Weather FW et al (2013) for the diagnosis and follow-up assessment of PTSD. This scale is considered the gold standard in the assessment of PTSD [13,14].

The first line of treatment as a part of conventional practice, for PTSD, is pharmacotherapy with associated psychotherapy, which is widely recommended. The only FDA-approved drugs commonly prescribed for the treatment of PTSD are selective serotonin reuptake inhibitors (SSRIs), beta-adrenergic receptor blockers as propranolol, mood stabilizers as topiramate, methylenedioxymethamphetamine (MDMA), second-generation anti-depressants and atypical antipsychotics [15]. Despite strong supporting evidence, psychotherapy along with pharmacotherapy comprising of the cognitive-behavioral model (CBT) and psycho-dynamic therapy (PDT) is often recommended for the effective treatment of PTSD [16]. However, evidence is very limited regards to the best practices in the management of PTSD cases [17]. The major challenge in regard to the treatment of mental disorders lies in patient compliance which experiences a hindrance due to prevailing cultural taboos and social stigmas of the community. Further, there is reported evidence that a significant percentage of patients suffering from PTSD opted for complementary and alternative treatment options [18]. The homeopathic system of medicine is one such complementary and alternative system of medicine having a wide scope in the management of psychological disorders with a long history of 200 years based on its holistic approach [19]. In this study, 10 clinical cases of PTSD benefitted through homeopathic treatment are presented.

Methods

Clinical and Diagnostic assessment
Cases were taken from the OPD of Drug Standardisation Unit (Homoeopathy) Extension centre, Hyderabad. Cases identified with at least 6 symptoms covering the four symptom clusters of PTSD with a history of a recent traumatic event and experiencing symptoms from more than a month as per DSM-V were enrolled for treatment. The symptom clusters are as below:

i) Criterion B - At least one re-experiencing symptom – (involuntary, recurrent memories of a past traumatic event, recurrent distressing dreams, flashbacks)

ii) Criterion C - At least one avoidance symptom (avoiding, things, places, people, events, objects related to traumatic event)

iii) Criterion D - At least two arousal and reactivity symptoms (Irritable behavior, anger outbursts, self-destruction, reckless, sleep disturbances, problems in concentration, exaggerated startling response)

iv) Criterion E - At least two cognition and mood symptoms (Inability to remember main part of the traumatic event, lack of interest, negative emotions, feelings, no trust in anyone, persistent distorted thoughts, anger, guilt, shame, horror, inability to experience positive emotions) [12].

The other criteria are essential for the diagnosis of PTSD. The cases were assessed by a clinical psychologist administering CAP-5 and to confirm the diagnosis to proceed for further treatment. All the 10 cases reported here were the representative sample from the first wave of the pandemic enrolled during September and October 2020.

**Homoeopathic intervention**

Initially, for the first 4 weeks, homoeopathic remedies were prescribed for all the cases based on their acute presentation of symptoms. In the meanwhile, the case was recorded as per the guidelines of homoeopathic organon of medicine [20]. The totality was built, repertorization was done using Zomeo software [21] and the final selection of the medicine arrived with the consultation of the Homoeopathic Materia Medica (sourcebook – Hering’s Guiding symptoms of Homoeopathic Materia Medica) [22] for subsequent administration after the acute symptoms subsided to a moderate extent. The medicine was administered orally and purchased from a standard homoeopathic pharmacy and in ultra-high dilutions of centesimal potency.
(200C, 1M, and 10M). The repetition was done as per the case requirement in strict compliance with the homoeopathic principles.

**Follow-up and outcome assessment**

Each case was followed weekly for the first month, later monthly for clinical assessment, and every three months for CAPS-5 score which was administered by the clinical psychologist to assess the improvement status. At six months assessment for evaluation through CAPS-5. Further, though there were no symptoms, the cases were still followed up every month for a further period of six months for observance of any recurrence, and medicine was repeated as per the need of the case (the second wave of the pandemic was witnessed). The Clinical psychologist has advised not to administer the CAPS-5 scale for further evaluation if symptoms did not exist. At the end of 1 year, to evaluate the casual attribution of clinical outcome to homoeopathic intervention validated MONARCH (Modified Naranjo Criteria for Homoeopathy) tool [23] was used. The methodology is given as a flow chart in Figure 1 and a baseline demography and detailed summary of the cases are given in Table 1 & 2.

Informed consent from the patients was obtained before the initiation of the treatment because they denied taking any other auxiliary management along with medication as psychotherapy sessions etc. This was not a pre-designed clinical trial and so the IEC approval was taken for the analysis and compilation of the data for presentation and publication purpose.

**Case profiles**

**Case 1**

*Patient (PR):* A 25-year-old single woman of Indian ethnicity working in a multinational company.

*Main symptoms:* The patient presented to the OPD with complaints of severe anxiety, fear of COVID-19, and sadness for the past one and half months. All complaints started after the death of her father suffering from COVID-19. She was accompanied by her mother. Initially seemed to be calm but after the conversation was initiated started expressing her anxiety. *Homoeopathic generals:* She was generally thermally chilly. The patient had a desire for spicy food and strong stimulants. She had an increased appetite and a constant desire to eat. Thirst is irresistible. Flatulent abdomen after eating. She had constipation with hard dry stool and profuse perspiration on exertion. She had a tendency for recurrent attacks of cold and cough.

*Significant medical history:* She had chickenpox in childhood.

*Family history:* She had hypothyroidism.

*Treatment history:* She had consulted a psychiatrist but did not start the medication due to fear of addiction and also was advised to go for psychotherapy sessions but not reported.

Her fear is so severe that she could not perform her job with concentration. Hopelessness, grief, and constantly thinking life unworthy to live. Thoughts of suicide but again fear of death. She tries to hit her head to the wall, tries to squeeze her neck, and cut her wrist. Irritable does not want to talk, any contradictory talk raises anger and becomes violent.
shouting, screaming. Feeling of confusion. Sleep is disturbed and frightful dreams accompany, cries in sleep. Tendency to weep when alone. She is failing to perform her duties.

**Diagnostic assessment:** DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 63 by which the case was diagnosed as PTSD with severe symptoms.

**Prescription:** Initially due to the sleeplessness due to anxiety reported by the patient with so much intensity. *Coffea cruda* in 200C was prescribed with a dosage of 4 pills twice daily for 3 consecutive days followed by a placebo. In the meanwhile, the case was taken, the totality of symptoms was built, repertorized (Figure 3) and after consultation with Hering’s Guiding Symptoms of the Materia Medica, two doses of *Aurum metallicum* (*Aur*-met) 200 C were prescribed followed by a placebo to the patient on 1st September 2020.

**Follow-up and outcome:** In subsequent follow-ups, *Aur*-met was prescribed in 1M potencies in a single dose along with placebo to continue and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Mental anxiety had considerably improved within the initial 3 months and was able to attend her occupation. At six months assessment on 25th March 2021, she recovered to a marked extent from her symptoms and her work life resumed to normal with confidence. CAPS-5 score showed 12. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated twice during this period in single dose followed by a placebo. There was no recurrence of the complaints observed even though the patient had to experience adverse events (lost her mother to COVID-19 infection) in this period. At this juncture, on 5th Oct 2021, the MONARCH tool was administered and the score was +9/13. The patient was further asked to review and report if any complaint recurs in the future.

**Figure 3:** Repertorization sheet of Case No.1 along with symptom list

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Case 2

Patient (JKC): A 36-year married male of Indian ethnicity working as a government employee.
Main symptoms: The patient presented to the OPD with complaints of severe anxiety, fear of COVID-19, and sadness for the past 2 months. He was accompanied by his wife. His fear is so severe that he stopped attending his job. Previously he was very dedicated to his job, sincere and dutiful. He had a disturbed sleep with distressing and fearful dreams. Complaints started after his close colleague had contracted a COVID-19 infection and expired during his hospital stay. Increased irritability, little contradiction reacts with violent anger. Developed a fear of crowded or closed places with fear of infection.

Homoeopathic generals: He was generally thermally chilly. The patient had a desire for meat and spicy foods. Craving to eat spicy and rich food always seems to be indulged in eating. Desires coffee very much but after this incident seems to be addicted to coffee drinks 5 to 6 times a day. He had constipation with hard dry stool. Normally has an increased sexual desire but now the desire has much increased. Avoiding the thoughts and fear of COVID-19 indulges in a sexual act or concentrates on eating.

Significant medical history: Nothing specific.

Family history: The patient’s father was a known diabetic and on regular medication.

Treatment history: He consulted directly to the OPD.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 55 by which the case was diagnosed as PTSD with severe symptoms.

Prescription: Initially Piscidia erythrina, Mother tincture with 15 drops in 1/4th cup of water daily once at bedtime was prescribed to relieve the anxiety and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (Figure 4) and Materia Medica, Nux vomica (Nux vom) 200 C was prescribed followed by placebo to the patient on 25th September 2020.

Figure 4: Repertorization sheet of Case No.2 along with symptom list
Follow-up and outcome: In subsequent follow-ups, Nux vom was prescribed in 1M potencies in single dosage along with placebo and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend to his duties. At six months assessment on 30th March 2021, he recovered to a marked extent from his symptoms and his work life resumed to normal with confidence. CAPS-5 score showed 22. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated thrice in single doses followed by placebo during this period. At the end of 1 year on 10th Oct 2021, the Modified Naranjo Criteria score was administered and the score was + 9/13. The patient was further asked to review and report if any complaint recurs in the future.

Case 3

Patient (KDR): A 35-year married female of Indian ethnicity working as a software employee in a multinational company.

Main symptoms: The patient presented to the OPD with complaints of severe anxiety of COVID-19, fear, and sadness for the past 2 months. She was accompanied by her husband. Her fear was so severe that she stopped attending her job. Previously she was very sincere in her duties and enjoyed her work. She had sleeplessness due to the persistent thoughts of her friend with distressing and frightful dreams. Complaints started after the news that the parents of her colleague expired due to a COVID-19 infection suddenly within a few days of diagnosis before admitting them to a hospital. Constant brooding over the incident. She is basically an introvert turned completely silent now. If anyone approaches to console become angry and leave the place.

Homoeopathic generals: She was generally thermally hot. The patient had a desire for salt and salty foods. She had constipation with hard dry stool.

Significant medical history: She has one son 6 years old delivered through cesarean section. She had chickenpox in childhood. She had suffered from malaria during 15 yrs of age took allopathic treatment and was relieved. No relapses were found after that.

Family history: The patient’s father was a known hypertensive and on regular medication.

Treatment history: She consulted directly in the OPD.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 51 by which the case was diagnosed as PTSD with severe symptoms.

Prescription: Initially Ignatia 200C was prescribed with a dosage of 4 pills twice daily for one day followed by placebo to relieve the anxiety and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (Figure 5) and Materia Medica, two doses of Natrum muriaticum (Nat mur) 200 C was prescribed followed by placebo to the patient on 27th September 2020.

Follow-up and outcome: In subsequent follow-ups, Nat mur was prescribed in 1M potency monthly one dose along with placebo and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend her duties. At six months assessment on 28th March 2021, she recovered to a marked extent from her symptoms and her work life resumed to normal with confidence. CAPS-5 score showed 24. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated twice in single doses
followed by placebo during this period. At the end of 1 year on 15th Oct 2021, the Modified Naranjo Criteria score was administered and the score was + 9/13. The patient was further asked to review and report if any complaint recurs in the future.

**Figure 5: Repertorization sheet of Case No.3 along with symptom list**

![Repertorization Sheet]

**Case 4**

*Patient (GS):* A 32-year married female of Indian ethnicity working as a nurse in a reputed hospital.

*Main symptoms:* The patient presented to the OPD with complaints of severe anxiety of COVID-19, fear, and sadness for the past 3 months. She came alone. Her fear was so severe that she stopped attending her job. She witnessed continuous deaths in the hospital due to COVID-19 infection and developed anxiety, fear, and sleeplessness. Extreme sadness and trauma she had to undergo during the treatment of these patients with their attendant’s continuous shouting, cries, and yelling. Previously she was nurturing patients with utmost dedication and she was famous in the hospital for her sincere duties. She had sleeplessness due to the persistent thoughts of the distressing scenes of the hospital. She lost her confidence in managing patients. The continuous exposure to COVID-19 patients gave her the thought that he/she will die soon. The thought itself made her terribly sad and left her brooding. She became emotionally unstable cries and laughs. Persistent negative thoughts. She is from the beginning an introvert and these situations made her much more closed and silent.

*Homoeopathic generals:* She was generally thermally cannot tolerate both extremes of weather. The patient had a desire for sour, spicy foods, fried food. She had constipation. Urge for stool once in two days. Pain in the rectum while passing stool persists for hours after passing even though the stool was soft.

*Significant medical history:* She had two children - one boy 4 years old and one girl 2 years old delivered through cesarean section. She had chickenpox in childhood. She had suffered from Jaundice during 20 yrs of age took allopathic treatment and was relieved.

*Family history:* The patient’s father was a known diabetic and hypertensive on regular medication. Mother was a known diabetic on treatment.
Treatment history: She consulted directly in the OPD. Previously she consulted a psychiatrist in the hospital where she works and was diagnosed to have PTSD. The medications recommended by the psychiatrist were not taken except for the tranquilizer occasionally. She has a fear of addiction to the medication and was reluctant.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 54 by which the case was diagnosed as PTSD with severe symptoms.

Prescription: The case was taken, based on the totality of symptoms and after considering the repertory (Figure 6) and Materia Medica, two doses of Ignatia 200 C were prescribed followed by placebo to the patient on 30th September 2020.

Follow-up and outcome: In subsequent follow-ups, Ignatia was prescribed in 1M, 10M potencies in single doses along with placebo and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend to her duties. At six months assessment on 30th March 2021, she recovered to a marked extent from her symptoms and her work life resumed to normal with confidence. CAPS-5 score showed 12 with no PTSD symptoms. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated twice in single doses during this period followed by placebo. At the end of 1 year on 1st Oct 2021, the Modified Naranjo Criteria score was administered and the score was +9/13. The patient was further asked to review and report if any complaint recurs in the future.

Figure 6: Repertorization sheet of Case No.4 along with symptom list

Case 5

Patient (RL): A 22-year male of Indian ethnicity, an engineering student.

Main symptoms: The patient presented to the OPD with complaints of severe fear of COVID-19 and anxiety for the past 2 months. He was accompanied by his father. His fear is so severe that he could
not concentrate on his studies. Aversion to studies. He seems to be very depressed showing no interest in any work. Desires to be alone. Thoughts persistent regarding health. This panic started after the news of the death of the father of his close friend. Watching news updates of COVID-19 made him very much apprehensive. Complaining strong tendency to commit suicide. Developed aversion to life. He wants to end himself thinking that anyways COVID-19 infection is going to end every human life. He had a disturbed sleep with frightful dreams. The Father of the patient consulted a psychiatrist for help. The psychiatrist diagnosed the case as PTSD and prescribed medication and advised psychotherapy sessions with non-compliance.

**Homoeopathic generals:** He was generally thermally chilly. The patient had a desire for meat and spicy foods. He had constipation with hard dry stool.

**Significant medical history:** Nothing specific.

**Family history:** The patient’s father was a known diabetic and on regular medication.

**Treatment history:** He consulted directly with OPD. Previously Antidepressants and tranquilizers prescribed by the psychiatrist were used for 1 month and stopped abruptly. The patient was reluctant to take medication and never turned for psychotherapy sessions even with much persuasion from the family.

**Diagnostic assessment:** DSM-5 criterion of cluster symptoms were present and the CAPS-5 scale showed 53 by which the case was diagnosed as PTSD with severe symptoms.

**Prescription:** Initially *Piscidia erythrina*, Mother tincture with 15 drops in 1/4th cup of water daily once at bedtime was prescribed to relieve the anxiety and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (Figure 7) and Materia Medica, two doses of *Aurum metallicum* (*Aur met*) 200 C were prescribed followed by placebo to the patient on the 25th September 2020.

**Follow-up and outcome:** In subsequent follow-ups, *Aur met* was prescribed in 1M potency in single doses of once a month continued with placebo, and was followed for 6 months with monthly

**Figure 7: Repertorization sheet of Case No.5 along with symptom list**
symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend his duties. At six months assessment on 30th March 2021, he recovered to a marked extent from his symptoms and could continue his education at his normal pace. CAPS-5 score showed 12. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated thrice in single doses during this period followed by placebo. At the end of 1 year on 10th Oct 2021, the Modified Naranjo Criteria score was administered and the score was + 9/13. The patient was further asked to review and report if any complaint recurs in the future.

Case 6


Main symptoms: The patient presented to the OPD with complaints of severe anxiety and fear of COVID-19, along with depression for the past 2 months. She was accompanied by her husband. Complaints started after the expiry of her parents due to a COVID-19 infection. She has served them during their hospital stay. Her fear was so severe that she stopped performing household chores, remains all day silently thinking of the incident. She had sleeplessness due to the persistent thoughts of her parents with distressing and frightful dreams. Eats nothing, shuts herself in a room. She is by nature an introvert.

Homoeopathic generals: She was generally thermally hot. The patient had a desire for salt and salty foods. She had constipation with hard dry stool.

Significant medical history: She has one son 6 years old delivered through cesarean section. No significant illness in the past.

Family history: The patient’s father and mother recently died of a COVID-19 infection.

Treatment history: Her husband brought her for consultation directly in the OPD.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 61 by which the case was diagnosed as PTSD with severe symptoms.

Prescription: Initially Ignatia 200C was prescribed with a dosage of 4 pills twice daily for one day followed by a placebo to relieve the anxiety and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (Figure 8) and Materia Medica, two doses of Natrum muriaticum (Nat mur) 200 C were prescribed followed by placebo to the patient on 5th October 2020.

Follow-up and outcome: In subsequent follow-ups, one dose of Nat mur was prescribed in 1M potency every month along with placebo to continue and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend her duties. At six months assessment on 5th April 2021, she recovered to a marked extent from her symptoms and her routine life resumed to normal with confidence. CAPS-5 score showed 12. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated four times in single doses during this period followed by placebo. At the end of 1 year on 20th November 2021, the Modified Naranjo Criteria score was administered and the score was + 9/13. The patient was further asked to review and report if any complaint recurs in the future.
Case 7

Patient (KG): A 45-year married male of Indian ethnicity, a business person having a cloth business having frequent traveling.

Main symptoms: The patient presented to the OPD with complaints of severe fear of COVID-19 and anxiety for the past 1 month. He came alone. His fear was so severe that he could not tackle his business. He seems to be very depressed. Thoughts persistent regarding health. This panic started after the death of his wife. Due to his regular traveling for his cloth business, he contracted a COVID-19 infection. He recovered but his wife was hospitalized and died. He had a disturbed sleep with frightful dreams.

Homoeopathic generals: He was generally thermally hot. The patient had a desire for sweets and an aversion to meat. His bowel movement was totally disturbed with constipation alternating with diarrhea irrespective of the food he takes.

Significant medical history: He was diagnosed as diabetic during the COVID-19 infection.

Family history: The patient’s father and mother were known, diabetic. Father died of myocardial infarction.

Treatment history: He consulted directly in the OPD. Previously tranquilizers prescribed by the physician were used for 15 days and stopped abruptly. The patient was reluctant to take the allopathic medication with fear of being tagged as a mental patient.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 53 by which the case was diagnosed as PTSD with severe symptoms.

Prescription: Initially Piscidia erythrina, Mother tincture with 15 drops in 1/4th cup of water daily once at bedtime was prescribed to relieve the anxiety and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (figure 9) and
Materia Medica, two doses of Lycopodium (Lyc) 200 C were prescribed followed by placebo to the patient on 25\textsuperscript{th} October 2020.

\textit{Follow-up and outcome:} In subsequent follow-ups, Lyc was prescribed in 1M potencies of single dose once in two months along with placebo to continue and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend to his business back. At six months assessment on 20\textsuperscript{th} April 2021, he recovered to a marked extent from his symptoms and could continue his business dealings at his normal pace. CAPS-5 score showed 12. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated four times in single doses during this period followed by placebo. At the end of 1 year on 10\textsuperscript{th} November 2021, the Modified Naranjo Criteria score was administered and the score was +9/13. The patient was further asked to review and report if any complaint recurs in the future.

\textbf{Case 8}

\textit{Patient (KS):} A 40-year married female of Indian ethnicity, home-maker.

\textit{Main symptoms:} The patient presented to the OPD with complaints of severe anxiety and fear of COVID-19 for the past 2 months. She was accompanied by her husband. Complaints started after the death of her only son due to a COVID-19 infection. She has served his son during the hospital stay. Her fear was so severe that she stopped performing household chores, remains all day silently thinking of the incident. She had sleeplessness due to the persistent thoughts of her son with distressing and frightful dreams. Constantly seen restless always thinking and walking in the house. She exhibited excessive cleanliness, washing things again and again bought from outside. Also started washing her hands repeatedly with fear of infection.

\textit{Homoeopathic generals:} She was generally thermally chilly. The patient had a desire for fruits. She had constipation with hard dry stool.
Significant medical history: She has one son 20 years old who died with a COVID-19 infection. No significant illness in the past.

Family history: The patient’s father and mother were known diabetics and hypertensive on medication.

Treatment history: Her husband brought her for consultation directly in the OPD. Prior went to a psychiatrist who diagnosed the case as suffering from PTSD. He has prescribed medicines but the patient is reluctant to take medicines.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 54 by which the case was diagnosed as PTSD with severe symptoms.

Prescription: Initially Aconitum napellus 200C was prescribed with a dosage of 4 pills twice daily for three days followed by a placebo to relieve the restlessness and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (Figure 10) and Materia Medica, two doses of Arsenicum album (Ars alb) 200 C were prescribed followed by placebo to the patient on 20th October 2020.

Follow-up and outcome: In subsequent follow-ups, Ars alb was prescribed in 1M potency in single doses once in two months along with placebo to continue and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend to her daily chores. At six months assessment on 20th April 2021, she recovered to a marked extent from her symptoms and her routine life resumed to normal with confidence. CAPS-5 score showed 12. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated thrice in single doses during this period followed by placebo. At the end of 1 year on 20th November 2021, the Modified Naranjo Criteria score was administered and the score was +9/13. The patient was further asked to review and report if any complaint recurs in the future.

Figure 10: Repertorization sheet of Case No.8 along with symptom list
Case 9

Patient (NM): A 21-year male of Indian ethnicity, pharmacy student.

Main symptoms: The patient presented to the OPD with complaints of severe fear of COVID-19 and anxiety for the past 2 months. He was accompanied by his father and mother. His fear is so severe that he could not concentrate on his studies. He seems to be very depressed showing no interest in any work. Thoughts persistent regarding health and future. This panic started after the death of his classmate and close friend with a COVID-19 infection. Watching news updates of COVID-19 made him very much apprehensive. Exhibited irritability and violent anger. He starts a quarrel about silly things, any small contradiction reacts violently. He wants to end himself thinking that anyways COVID-19 infection is going to end every human life. He had sleeplessness and disturbed sleep with frightful dreams. The Father of the patient consulted a psychiatrist. The psychiatrist diagnosed the case as PTSD and prescribed medication and advised psychotherapy sessions.

Homoeopathic generals: He was generally thermally chilly. The patient had a desire for meat and spicy foods. He had constipation with hard dry stool.

Signifcant medical history: Nothing specific.

Family history: The patient’s father was a known diabetic and on regular medication.

Treatment history: He consulted directly with OPD. Previously Antidepressants and tranquilizers prescribed by the psychiatrist were used for 1 month and stopped abruptly. The patient was reluctant to take medication and never turned for psychotherapy sessions even with much persuasion from the family.

Diagnostic assessment: DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 52 by which the case was diagnosed as PTSD with severe symptoms.

Figure 11: Repertorization sheet of Case No.9 along with symptom list

Prescription: Initially due to the sleeplessness and anxiety reported by the patient, Coffea cruda in 200C was prescribed with a dosage of 4 pills twice daily for 3 consecutive days followed by a placebo. In the meanwhile, the case was taken, the totality of symptoms was built, repertorized, (Figure 11)
and after consultation with Hering’s Guiding Symptoms of the Materia Medica, two doses of *Nux vomica* (*Nux vom)* 200 C were prescribed along with placebo to continue to the patient on 1\textsuperscript{st} November 2020.

**Follow-up and outcome:** In subsequent follow-ups, *Nux vom* was prescribed in 1M potencies in single dosage once in a month along with placebo to continue and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend college. At six months assessment on 30\textsuperscript{th} April 2021, he recovered to a marked extent from his symptoms and could continue his education at his normal pace. CAPS-5 score showed 13. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated four times in single doses during this period followed by placebo. At the end of 1 year on 10\textsuperscript{th} November 2021, the Modified Naranjo Criteria score was administered and the score was + 9/13. The patient was further asked to review and report if any complaint recurs in the future.

**Case 10**

**Patient (KK):** A 28-year single female of Indian ethnicity, a high school teacher.

**Main symptoms:** The patient presented to the OPD with complaints of severe anxiety and fear of COVID-19, along with depression for the past 2 months. She was accompanied by her mother. Complaints started after the death of her father due to a COVID-19 infection. She has served her father during the hospital stay. Her fear was so severe that she could not concentrate on her profession. She had sleeplessness due to the persistent thoughts of her father with distressing and frightful dreams. She was by nature an introvert and now became more engrossed in herself. Very silent and uninterested in anything around her.

**Homoeopathic genitals:** She was generally thermally hot. The patient had a desire for salty food. She had constipation with hard dry stool and pain stitching in the rectum remaining for hours after stool.

**Significant medical history:** No significant illness in the past.

**Family history:** The patient’s father and mother were known diabetics and hypertensive on medication. Father died due to COVID-19 infection.

**Treatment history:** Her mother brought her for consultation directly in the OPD. Her mother was very much worried about her and does not want her daughter to be labeled as a mental patient as it would be a hurdle in the path of her marriage.

**Diagnostic assessment:** DSM-5 criterion of cluster symptoms were present and CAPS-5 scale showed 59 by which the case was diagnosed as PTSD with severe symptoms.

**Prescription:** Initially *Ignatia* 200C was prescribed with a dosage of 4 pills twice daily for three days followed by a placebo to relieve the restlessness and sleeplessness. In the meanwhile, the case was taken, based on the totality of symptoms and after considering the repertory (Figure 12) and Materia Medica, two doses of *Natrum mur* (*Nat mur)* 200 C were prescribed along with placebo to continue to the patient on 20\textsuperscript{th} November 2020.

**Follow-up and outcome:** In subsequent follow-ups, *Nat mur* was prescribed in 1M potency in single dosage once in a month along with placebo to continue and was followed for 6 months with monthly symptomatic assessment and three-monthly CAPS-5 scoring. Fear has considerably improved within the initial 3 months with good sleep and was able to attend school. At six months assessment on 30\textsuperscript{th} April 2021, she recovered to a marked extent from her symptoms and her routine life resumed to
normal with confidence. CAPS-5 score showed 13. The patient was further followed up for the next 6 months throughout the second phase of the pandemic. The medicine was repeated thrice in single dosage during this period followed by placebo. At the end of 1 year on 30th November 2021, the Modified Naranjo Criteria score was administered and the score was +9/13. The patient was further asked to review and report if any complaint recurs in the future.

**Figure 12: Repertorization sheet of Case No.10 along with symptom**

Discussion

The pandemic has left human life in uncertainty, controversy, and highly emotional turmoil which led to unimaginable psychological trauma. The traumatic experiences of the pandemic threw many into anxiety and fear of the future. These consequences led to the manifestations of PTSD in some. Such cases who came for homoeopathic treatment are presented here. The holistic approach in the homoeopathic system of medicine exhibits its unique application in the treatment of psychological disorders. The approach of Hahnemann in his organon dealing with mental disorders from aphasims 210-230 [20] gives the approach that can be applied for their effective treatment.

The cases were thoroughly studied and prescribed with individualized homoeopathic medicines. Initially, acute phase remedies such as Aconite, Coffea cruda, Ignatia in centesimal potencies, and Piscidia erythrina in mother tincture form were used as per the indications of the cases and after thorough evaluation prescribed with appropriate similimum followed repertorization of the symptom totality in consultation with sourcebooks of Materia Medica. For the final selection of the remedy, Hering’s Guiding Symptoms of our Materia Medica [22] was consulted. It is the most mature and practical materia medica of the times considered one of the important sourcebooks of Homoeopathy. The sourcebooks where proving symptoms were laid as per their sequence of occurrence and situation helps a lot in arriving at perfect similimum. At the end of one year, all the cases showed no PTSD symptoms on CAPS-5 score and also significant MONARCH score attributing...
the outcome to Homoeopathic treatment. The summary of the cases is shown in Table 2. The cases which could be followed further on a long-term basis only were selected for presentation here. The cases were asked to report if any symptoms recur in the future. The homoeopathic medicines indicated and found useful in these cases were Arsenic album, Aurum met, Ignatia, Lycopodium, Natrum muriaticum, and Nux vomica as shown in Figure 2.

Table 1:

<table>
<thead>
<tr>
<th>Age &amp; gender wise distribution of cases</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30 yrs of age</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>31-40 yrs of age</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41-50 yrs of age</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

Further, along with the suffering of PTSD manifestations, it was found that most of the patients suffered from the trauma of being stigmatized as mental patients. Even with much civilization and advancements reached, people are still under cultural taboos and social stigmas related to mental disorders and this is a real hindrance for their timely treatment perspective [24].

Eventually, an introspection into the historical perspective, shows that PTSD was identified as fright neurosis (1800), and traumatic neurosis (1920) after World War I but was not clearly defined. PTSD was recent nomenclature (1980) and PTSD symptom clusters were defined clearly from DSM-V which is the current modern text for diagnosing mental disorders. But the picture of these clusters is already depicted in our medicines written in our sourcebooks as Hering’s Guiding Symptoms of our Materia Medica way back in 1879-1891. This illustrates the magical outcome of the meticulously conducted homoeopathic pathogenetic trials/drug proving done by our masters with utmost precision which holds good even at this point in time and proves homoeopathy as a medical science ahead of its time.

However, retrospective case series are considered an inferior level of evidence when compared to prospective studies. The patients are taken by convenient sampling method and the results cannot
be attributed to the general population due to the selection bias. But the positive outcome achieved through homoeopathic management in these types of cases adds food for thought to take up further research in this field. Further validation through well-designed clinical trials is warranted.

**Table 2:** Summary of ten cases as per HOM-CASE CARE Guidelines

<table>
<thead>
<tr>
<th>Description</th>
<th>Case-1</th>
<th>Case-2</th>
<th>Case-3</th>
<th>Case-4</th>
<th>Case-5</th>
<th>Case-6</th>
<th>Case-7</th>
<th>Case-8</th>
<th>Case-9</th>
<th>Case-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of conventional medical treatment &amp; Psychotherapy</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Tranquilizers were used occasionally</td>
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<tr>
<td>Antidepressants &amp; Tranquilizers were used for 3 months &amp; stopped</td>
<td>No</td>
<td>Tranquilizers</td>
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<tr>
<td>Diagnosed as per DSM-5 symptom cluster</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
<td>Present</td>
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<td>Present</td>
</tr>
<tr>
<td>Diagnostic assessment as per CAPS-5 (Clinical psychologist)</td>
<td>63</td>
<td>55</td>
<td>51</td>
<td>54</td>
<td>53</td>
<td>61</td>
<td>53</td>
<td>54</td>
<td>52</td>
<td>59</td>
</tr>
<tr>
<td>Duration of Homoeopathic Intervention in months</td>
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<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Summary of ten cases as per HOM-CASE CARE Guidelines</td>
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*Abbreviations: C – Centesimal potency; CAPS-5 – Clinician administered PTSD Scale; DSM-5 – Diagnostic and Statistical Manual for Mental Disorders.

**Conclusion**

Homoeopathic medicines showed a significantly beneficial role in the management of PTSD during the pandemic in the presented 10 cases. Further validation through well-designed clinical trials is warranted.

**Patient consent**

The consent of the patients for the dissemination of case details was obtained by promising to maintain strict anonymity of identification.

**Acknowledgment**

The authors would like to thank the patients for their consent to take homeopathic treatment with prompt compliance to follow-ups and detailed reporting.

**References**


