

## **DAY-BY-DAY PROGRESSION OF COVID-19 (from symptomatic point of view)**

### **Day 1-3**

- Cold and flu like symptoms
- Fever
- Mild or no throat pain

### **Day 4**

- Increased throat pain
- Sore voice
- Fever 36.5 degree centigrade
- Mild headache and diarrhoea or cramps

### **Day 5**

- Throat pain very severe, worse eating or drinking
- Soreness of voice increases
- Dry cough
- Joint pains worse motion
- Weakness

### **Day 6**

- Increase in fever, 37 degree centigrade
- All above symptoms increase in intensity
- Nausea, vomiting and diarrhoea increase
- Starts feeling shortness of breath in a mild way
- Body ache or pain from joints extends to fingers
- Increase in weakness

### **Day 7**

- Intensity of fever increases 38 degree centigrade
- Excessive coughing with sputum
- All above symptoms worsen

### **Day 8**

- Cough worsens, usually dry
- Severe difficulty in breathing
- Heaviness and pain in chest
- All above symptoms further worsen

- Toxic appearance of the patient
- Fever, intense, above 38 degree centigrade

## **Day 9**

- All the symptoms become much worse
- Cyanosis
- Kidney failure
- Respiratory failure
- Multi-organ failure

This is not a strict pattern though many patients follow it.

Understanding the day wise evolution will help a homeopath to assess the situation from a miasmatic diagnosis, remedy diagnosis and overall management.

## **CLINICAL CLASSIFICATION (from Pathological point of view)**

### **Mild to moderate cases**

- Fever, nasal congestion, dry cough, fatigue, sputum formation, shortness of breath, sore throat, headache, body ache, chills, nausea, vomiting, diarrhoea, loss of smell and taste etc.
- This constitute 80% of patients.
- The difference in mild and moderate cases is that the above symptoms are mild in the former and there is no pneumonia while in the latter the symptoms are more intense and manifestations of pneumonia are seen in imaging.

### **Severe cases**

- Adults who meet any of the following criteria: respiratory rate;  $\geq 30$  breaths/min; oxygen saturations; 93% at a resting state; arterial partial pressure of oxygen (PaO<sub>2</sub>)/oxygen concentration (FiO<sub>2</sub>);  $\leq 300$  mmHg. Patients with  $> 50\%$  lesions progression within 24 to 48 hours in lung imaging should be treated as severe cases.
- Pneumonia with fluid accumulation
- This constitutes 14% of patients.

### **Critical cases**

- Extensive pneumonia
- Meeting any of the following criteria: occurrence of respiratory failure requiring mechanical ventilation; presence of shock; other organ failure that requires monitoring and treatment in the ICU.
- This constitutes 6% patients.

A fact to be noted is that not all people go through all the stages of infection. There may jumping from a mild variety to critical in a rapid way. This jumping is a tubercular miasmatic characteristic and you must think to intervene with *Tuberculinum* at this stage. Rather, every patient who has recovered from COVID-10 must be given a dose of Tubeculinum 1M in order to prevent the relapse. More doses of Tuberculinum can be thought of relevant to the individual instance.