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Case Report Open Access

Case Report on Patient with Post-COVID Neurological Syndrome Treated with Bioregulatory Medicine

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Abstract

SARS-CoV-2 is the virus responsible for the last pandemic that put health systems around the world on edge and during which 6,283,025 people have died to date. In addition, the symptoms following infection by the virus have been varied in their presentation and severity and have also been a great challenge for health professionals in different specialties. In this case, we will see how an adult patient with 2 episodes of mild SARS-CoV-2 infection presented a severe post-COVID neurological syndrome that progressed well with bioregulatory medicine.

Keywords: Case report; Bioregulatory medicine; Alternative medicine; Post COVID syndrome

Introduction

In December 2019, an outbreak of severe pneumonia was detected in Wuhan, capital of Hubei province in China; and soon, on January 7, 2020, SARS-CoV-2 (Severe Acute Respiratory Syndrome 2) virus was identified as the causative agent of the new coronavirus disease, COVID 19 which spread very rapidly and easily all over the world. Thus, on March 11, 2020, the WHO (World Health Organization) declared the pandemic and even today we continue to search for treatments and solutions to reduce the risk of infection, manage the disease, its sequelae and prevent the death of those affected [1-6].

In Colombia the registration of cases began to be carried out from March 6, 2020, and to date there are 6,103,455 cases registered, with 139,854 deaths while, worldwide there are 527,338,359 confirmed cases with 6,283,025 deaths [1,3]. The virus is transmitted through contact with droplets from the upper respiratory system of infected persons, and by other routes of infection: orofecal, vertical, sexual. Its clinical presentation can range from mild symptoms (the most common presentation) such as cough, fever, chills, diarrhea, to severe pneumonia, with ventilatory failure associated with pneumonia being the main cause of death (85%).

Although the disease can occur at any age, those most affected are middle-aged men, the elderly and people with certain conditions such as smoking, underlying pulmonary diseases, arterial hypertension, diabetes, etc. [4]. However, not only these populations are affected by what has been called Post COVID syndrome, which is characterized by pain, fatigue, muscle weakness, anxiety, insomnia, depression and general deterioration of the quality of life, which can affect even those with mild COVID [7-8]. The BrMS (Bioregulatory Medicine of Systems) approach is a great tool for the management of patients in both the acute and postviral stages of COVID and involves, as a starting point, it involves identifying the patient's state of infammation as a result of the disturbance of the terrain, sometimes so severe that suppressive treatment must be chosen and/or the use of bioregulation as an adjunct. However, some patients can also benefit from MBrS alone during and after treatment obtaining excellent results.

Case Presentation

This is a 40-year-old female patient, a native and resident of the municipality of Caucasia, Antioquia, Colombia; she works as a school teacher, who consulted on August 11, 2021 due to severe asthenia and adynamia, fainting sensation, dizziness, dyspnea, loss of strength, holocreanean prickling sensation and paresthesia in the extremities, predominantly in the left hemisphere. This same condition began to appear after infection by COVID 19, with which she was hospitalized in May 2021 for 10 days in the general ward due to low saturation levels.

Another doctor indicated ozone therapy in ozonized saline solution 2 days ago, with which she felt great worsening and therefore decided to consult again for a change of therapy. I decided to formulate at that moment serotherapy with Cerecomp®, Neuroinjeel®, Coenzyme®, Ubichinon® and orally neurexan®. She returned 2 weeks later, without any improvement and with loss of her working capacity, she was also unable to sleep and consulted the Caucasia emergency department on several occasions due to paresthesias in the left hemibody, sometimes with episodes of chest pain accompanied by facial fushing, heat waves, red eyes and left tinnitus, for which she was prescribed pregabalin 75 mg every night with which she did not get better and therefore performed Chinese acupuncture in TM20, VB20, VB8, VG14.

After 3 days the patient returned, she said that she felt much better: headache, paresthesia and headache, paresthesias in the left hemibody and has managed to fall asleep, however, she persists with hot flashes. I formulate Gelsemium-Homaccord® oral drops, chelated Zinc and magnesium chelated, antiviral essential oil mixture and she received acupuncture on R3, R7, R10, VG14 and V20 [9,10].

The patient was scheduled for an appointment in a month but did not return until April 2022, when she said that she had not returned because she already felt very well, however, she had a new COVID 19 infection in January 2022 with reactivation of the sequelae of the first infection and with great compromise in her quality of life and functionality. She cannot sleep unless she takes Acetaminophen+Hydrocodone, she feels very anxious when traveling by car with fatalistic ideas, fasciculations of the left buccinator muscle, daily left hemicranial headache, fatigue, episodes of thoracic oppression predominantly in the evening that last an average of 8 to 10 hours, also the heat generates a feeling of embers in the soles of her feet, she already feels that the neurexan does not work,

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and she also reports that while taking multivitamins she was sweating, with fatigue and chest tightness.

At that moment I decide to start a daily nasal spray with Traumeel®, Coenzyme®, Ubichinon®, Lymphomyosot® and stimulate the points VC17, TM20, VB20, V18 and V19 and quote in a month, after which the patient returns reporting that the improvement has been enormous, she qualifies it in 90%, she also says that the nasal spray helps her to feel better in acute episodes of chest tightness or anxiety; She is already working without limitations, with improvement in her vitality, sleep, chest tightness, however in the last days prior to the review with reappearance of ember sensation in her feet and persistence of fatalistic ideas that appear when she travels in a car. She started management with biopuncture on points V20, VB20, TM20, R3, VC17 with Cerecomp®. In the last review on 03.06.22 she reported that she presented on average once a month a little oppressive chest pain that lasted a short time and did not limit her daily activities and did not generate anxiety.

Results

On 07.09.21, 3 and a half months after the infection, the PCFS scale was applied, which grade 3: the patient suffered from moderate functional limitation: Usual tasks/activities at home or at work have been structurally modified (reduced) due to symptoms pain, depression or anxiety", the activities must be done with support or must be assumed by others (Figure 1).

On reapplying the scale in April 2022, when she consulted again after a new infection by the virus in January 2022, the patient was classified with limitation grade 3 again and finally, in the last review on 03.06.22, she obtained a grade 1 classification, as she only has occasional mild chest pain (on average once a month, of short duration) and it does not affect her daily activities (Figure 1).

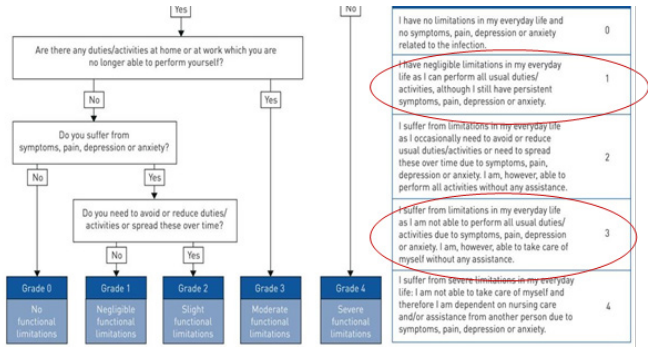

Figure 1: Pre-infection check-up to identify the quality of life of patients.

Integrative Medicine can contribute to the quality of life of patients in a significant way. It is important the continuous research in this field to contribute to the evidence of these therapies in emerging cases such as the one described in this report.

Discussion and Conclusion

Approximately 70% of patients with SAR-CoV-2 infection may develop sequelae, and the average duration of symptoms may be about 200 days.

It is not yet clear who is most susceptible to these symptoms and their prolonged duration. Symptoms and prolonged duration of symptoms, however, symptoms may worsen with the onset of new infections with the same virus.

In order to assess the functionality of patients and the severity of their symptoms, some previously designed scales have been used, such as previously designed scales such as FACIT-F (Functional Assessment of Chronic Illness Therapy-Fatigue Scale of Chronic Illness Therapy-Fatigue Scale) for fatigue, the Mini-mental test, SF-36v2 (Short Form 36 Version 2), the MoCA scale (Montreal Cognitive Assessment); to assess mental symptoms and cognition, and the symptoms and cognition and the PCFS (Post-COVID-19 Functional Status), which seeks to evaluate the patient's symptoms to 8 weeks after follow-up during virus infection and 6 months after infection.

This scale has not been validated; however it has been used by several researchers on the subject, so we chose it as a scale to objectify this case. This scale should be used to assess recovery after SARSCoV-2 infection; the PCFS scale covers the full range of functional limitations, including changes in lifestyle, sports and social activities. The assignment of a PCFS score refers to the average status of the last 7 days (as an exception, when assessed at discharge, it refers to the status on the day of discharge).

Symptoms include (but are not limited to) dyspnea, pain, fatigue, muscle weakness, memory loss, depression and anxiety. In case you are in doubt between 2 grades, you should always choose the higher grade, with more limitations. A pre-infection check-up would be ideal but it is not always possible and is optional.

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