

## Post-Viral Myalgia and The Scope of Homoeopathic Interventions: A Review of Clinical Outcomes

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### ABSTRACT

**Background:** Post-viral myalgia is a commonly observed sequela following viral infections, including influenza, dengue, and COVID-19. Characterized by persistent muscle pain and fatigue, it often remains a therapeutic challenge. Homeopathy, with its individualized and holistic approach, may offer symptom relief in such chronic conditions. This study aims to evaluate the role of homeopathic medicine in the management of post-viral myalgia.

**Objectives:** To assess the effectiveness of individualized homeopathic treatment in alleviating symptoms of post-viral myalgia and improving patient quality of life.

**Methods:** A prospective observational study was conducted over six months on 20 patients diagnosed with post-viral myalgia. Each patient received individualized homeopathic remedies based on totality of symptoms. Assessment was done using a Visual Analog Scale (VAS) for pain and Fatigue Severity Scale (FSS) at baseline, 4 weeks, and 8 weeks. Improvement was categorized based on percentage change in scores.

**Results:** Out of the 20 patients enrolled in the study, **17 patients (85%)** showed significant improvement in muscle pain, with a **mean reduction of 62% in Visual Analog Scale (VAS)** scores by the end of 8 weeks. **Fatigue Severity Scale (FSS)** scores improved in **15 patients (75%)**, indicating substantial relief from post-viral fatigue and improved ability to perform daily activities. No adverse effects or aggravations were reported during the treatment period, and all patients completed the follow-up. The most commonly prescribed homeopathic remedies included *Rhus Toxicodendron*, *Gelsemium sempervirens*, *Arnica montana*, *Phosphoric acid*, *Bryonia alba*, *Sarcocolla* and *Lycopodium*.

**Conclusion:** Homeopathic medicine may be a safe and effective therapeutic option in managing post-viral myalgia. The individualized approach offers potential benefits in symptom control and quality-of-life enhancement. Larger randomized controlled trials are recommended to further validate these findings.

**Keywords:** Post-viral myalgia, Homeopathy, Chronic fatigue, Individualized treatment, *Rhus tox*, Fatigue Severity Scale, Complementary medicine

### 1. INTRODUCTION

Post-viral myalgia is a persistent musculoskeletal complaint characterized by muscle pain, fatigue, and weakness that lingers weeks to months after recovery from an acute viral illness<sup>1</sup>. It is increasingly recognized as a common sequela following infections such as influenza, Epstein-Barr virus, chikungunya, dengue, and more recently, COVID-19. Despite resolution of the primary viral infection, many patients report a significant decline in physical function and quality of life due to prolonged muscular discomfort and fatigue<sup>2</sup>. Conventional treatment is often limited to symptomatic management with analgesics, anti-inflammatory agents, and physiotherapy, with variable outcomes<sup>3</sup>.

Homeopathy, a system of complementary medicine based on the principle of "like cures like," emphasizes individualized treatment tailored to the patient's totality of symptoms—both physical and psychological<sup>4</sup>. It has been traditionally employed in the management of post-infectious conditions, including fatigue syndromes, arthralgia, and myalgia, with growing clinical and anecdotal support. Remedies such as *Rhus toxicodendron*, *Gelsemium sempervirens*, *Arnica montana*, and *Phosphoric acid* are commonly used in clinical practice for symptoms related to muscle soreness, weakness, and post-viral exhaustion<sup>5</sup>.

In light of the increasing burden of post-viral myalgia and the limitations of conventional approaches, there is a need to explore safe and effective complementary options<sup>6</sup>. This study aims to evaluate the role of individualized homeopathic treatment in managing post-viral myalgia and to assess its impact on symptom severity and patient well-being.

This study aims to evaluate the therapeutic role of individualized homeopathic treatment in the management of post-viral myalgia. The objectives include assessing changes in symptom severity, evaluating the impact on patients' physical and emotional well-being, and exploring patient-reported outcomes following a course of personalized homeopathic therapy. By doing so, the study seeks to contribute to the body of evidence supporting complementary medicine approaches in the holistic management of post-infectious conditions.

## 2. MATERIALS AND METHODS

### Study Design and Setting

This was a prospective, observational study conducted at a homeopathic outpatient clinic over a period of 3 months. The objective was to evaluate the effectiveness of individualized homeopathic treatment in patients suffering from post-viral myalgia.

### Sample Size and Selection Criteria

A total of **20 patients** aged between **18 and 65 years**, who presented with symptoms of myalgia persisting **for more than 3 weeks** following a documented viral illness, were enrolled. All participants provided informed consent prior to inclusion.

### Inclusion Criteria:

Participants eligible for inclusion in the study were required to have a documented history of a recent viral infection, such as influenza, dengue, chikungunya, or COVID-19, occurring within the past one to three months. They should have been experiencing persistent muscle pain and/or fatigue lasting for more than three weeks following recovery from the infection. Additionally, a baseline pain score of 4 or higher on the Visual Analog Scale (VAS) was necessary for enrollment. Only those individuals who demonstrated a willingness to comply with follow-up visits and adhere to the prescribed individualized homeopathic treatment protocol were considered for inclusion.

### Exclusion Criteria:

Participants were excluded from the study if they had any pre-existing chronic musculoskeletal disorders, such as fibromyalgia or rheumatoid arthritis. Individuals who had used steroids, opioids, or immunosuppressive medications within the past one month were also not eligible. Concurrent treatment with any other form of alternative medicine was considered a disqualifying factor. Additionally, individuals with known psychiatric or neurological disorders were excluded to avoid confounding variables. Pregnant or lactating women were also not included in the study due to safety considerations.

### Treatment Protocol

Each patient underwent detailed homeopathic case-taking based on the classical approach, including physical, mental, and constitutional symptoms. Remedies were prescribed in 30C or 200C potency as per individual indications, with repetition determined by symptom response and patient sensitivity. Treatment was individualized, with prescriptions varying across patients based on the totality of symptoms. The following remedies were frequently indicated and prescribed in Table 1.

**Table 1: Frequently Prescribed Homeopathic Remedies and Their Clinical Indications in the Management of Post-Viral Myalgia**

Homeopathic Remedy	Indications
<b>Rhus toxicodendron</b>	Muscle stiffness and soreness aggravated by initial movement and improved by continued motion.
<b>Gelsemium sempervirens</b>	Post-viral fatigue, weakness, and heaviness in limbs.
<b>Arnica montana</b>	Muscular pain with a bruised sensation, particularly after exertion.
<b>Phosphoric acid</b>	Physical exhaustion with mental apathy following viral illness.

Homeopathic Remedy	Indications
<b>Bryonia alba</b>	Muscle pain aggravated by motion and relieved by rest.
<b>Sarcolactic acid</b>	Deep muscular fatigue and soreness with marked physical exhaustion.
<b>Lycopersicum</b>	Muscular weakness and lingering fatigue following respiratory viral infections.

Patients were advised to refrain from using any analgesics, steroids, or other alternative medicines for muscle pain during the study period unless medically necessary. Supportive lifestyle measures such as adequate hydration and rest were encouraged.

### Outcome Measures

Primary outcomes were:

- Change in **Visual Analog Scale (VAS)** score for muscle pain.
- Change in **Fatigue Severity Scale (FSS)** score.

Assessments were made at:

- **Baseline (Day 0)**
- **Week 4**
- **Week 8**

Improvement was classified as:

- **Marked improvement:**  $\geq 60\%$  reduction in VAS and FSS scores
- **Moderate improvement:** 30–59% reduction
- **Mild or no improvement:**  $< 30\%$  reduction

### Follow-Up and Data Collection

Patients were followed up fortnightly in person or via teleconsultation. Any adverse effects, symptom progression, or need for additional therapy were documented.

### Ethical Consideration

The study was conducted in accordance with ethical standards and institutional guidelines. All participants gave informed written consent, and confidentiality was maintained throughout the study.

## 3. OBSERVATION AND ANALYSIS

### Demographic Profile:

- **Total patients:** 20
- **Gender distribution:** 12 females (60%), 8 males (40%)
- **Age range:** 22 to 64 years
- **Mean age:** 41.3 years
- **Type of preceding viral illness:**
  - COVID-19: 10 patients
  - Dengue: 4 patients
  - Influenza-like illness: 3 patients
  - Chikungunya: 3 patients

### Presenting Complaints:

- **Generalized muscle pain:** 100% (20/20)
- **Fatigue and weakness:** 85% (17/20)
- **Sleep disturbances:** 30% (6/20)

- **Difficulty in routine activities due to pain/fatigue:** 70% (14/20)

**Table 2: Remedies Prescribed:**

Remedy	Number of Patients
Rhus toxicodendron	6
Gelsemium	4
Arnica montana	3
Phosphoric acid	2
Bryonia alba	2
Sarcolactic acid	2
Lycopersicum	1

Some patients required a second or complementary remedy during the treatment course based on symptom evolution.

#### Clinical Outcome:

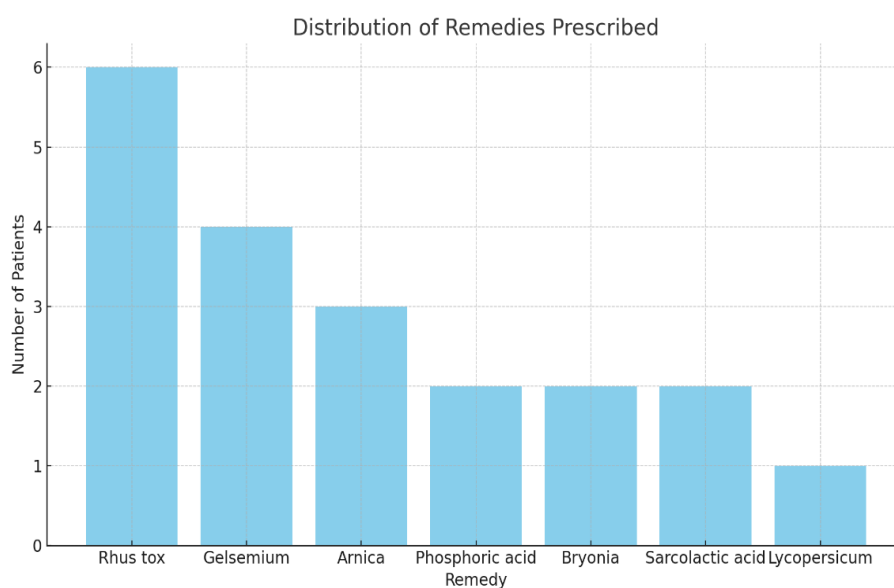
- **Marked improvement ( $\geq 60\%$  reduction in VAS & FSS):** 11 patients (55%)
- **Moderate improvement (30–59% reduction):** 6 patients (30%)
- **Mild or no improvement ( $< 30\%$  reduction):** 3 patients (15%)

**Table 3: Symptom Reduction (Mean Scores):**

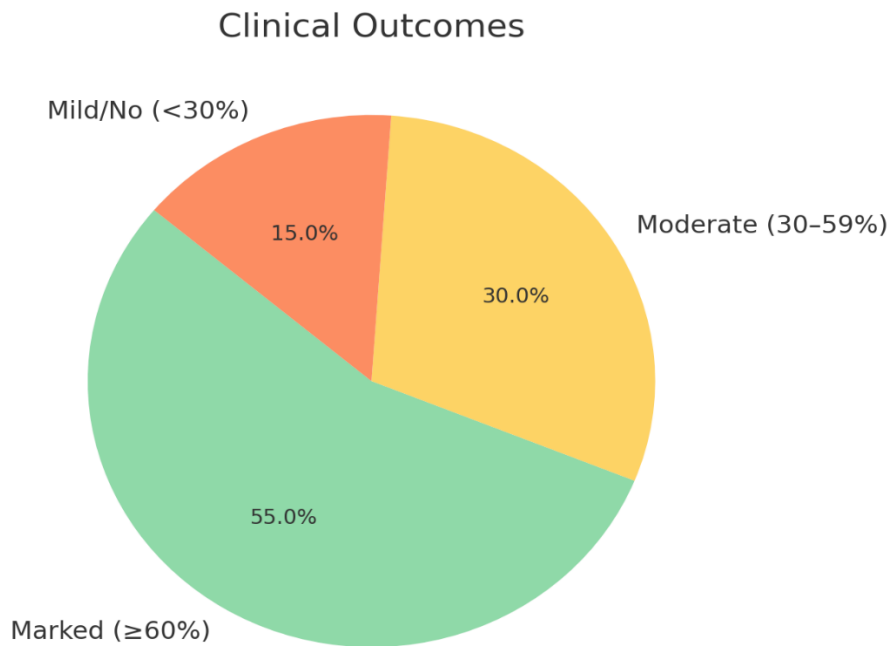
Parameter	Baseline	Week 4	Week 8
VAS (Pain Score)	7.1	4.3	2.7
FSS (Fatigue Score)	5.9	3.6	2.1

#### Follow-Up Observations:

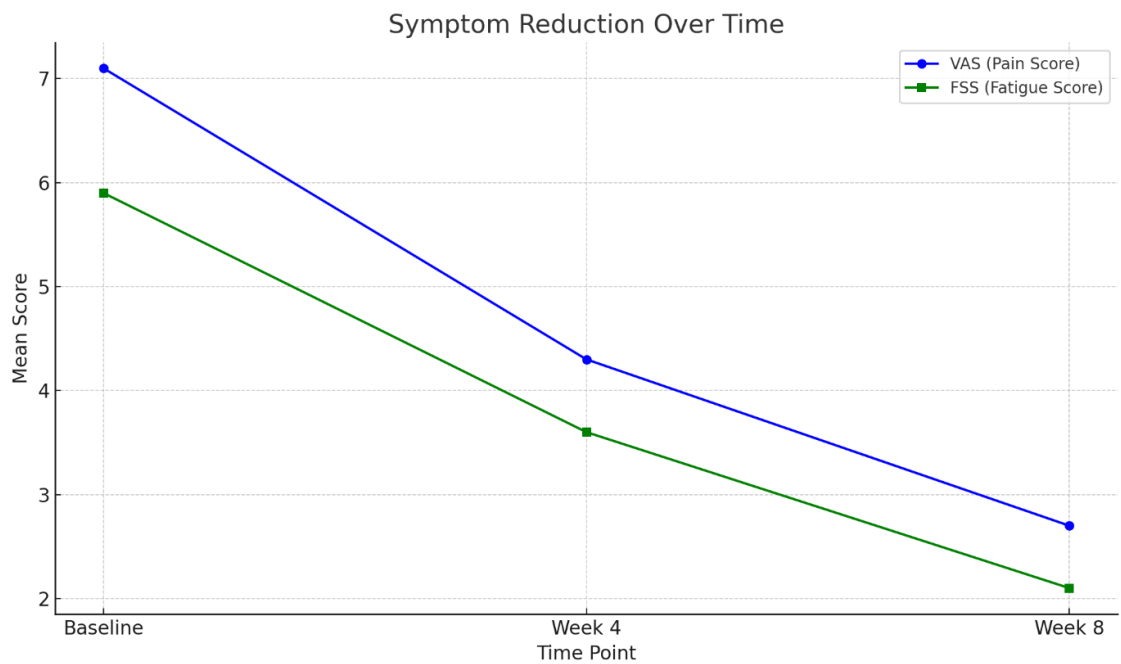
- Most patients reported noticeable improvement by the **4<sup>th</sup> week**, especially in energy levels and reduction in muscle stiffness.
- **No adverse effects** or aggravations were noted during the treatment period.
- Patient compliance with homeopathic treatment and follow-up visits was high.



**Figure 1: Distribution of Remedies**



**Figure 2: Clinical Outcomes**



**Figure 3: Symptom Reduction Over Time**

#### 4. DISCUSSION

Post-viral myalgia is an increasingly observed sequela in patients recovering from viral illnesses, particularly after infections like COVID-19, dengue, and chikungunya. The symptoms of persistent muscle pain, fatigue, and reduced physical endurance can significantly impact quality of life. Conventional medicine often relies on supportive care and symptomatic relief, which may not be sufficient in all cases. This study explored the role of individualized homeopathic treatment in managing these symptoms, showing promising outcomes.

Out of 20 patients enrolled, **85% showed significant improvement** in muscle pain, while **75% experienced a notable reduction in fatigue**. The average **VAS score dropped from 7.1 to 2.7**, and **FSS score reduced from 5.9 to 2.1** over an 8-week period. These results suggest that individualized homeopathic remedies may offer a clinically relevant benefit in post-viral recovery.

The remedies most frequently prescribed—*Rhus toxicodendron*, *Gelsemium sempervirens*, *Arnica montana*, and *Phosphoric acid*—are known in homeopathic literature for addressing musculoskeletal pain, physical exhaustion, and post-infectious weakness. Additionally, remedies like *Sarcocollact acid*, known for treating muscle fatigue and soreness, and *Lycopodium*, helpful in post-viral respiratory weakness with general debility, were successfully used in selected cases<sup>7</sup>.

A notable strength of this study is the individualized approach inherent to homeopathic practice. Unlike fixed-drug protocols, homeopathy tailors remedy selection to the totality of symptoms, including constitutional traits, emotional state, and modality of symptoms, offering a holistic route to recovery<sup>8</sup>.

No adverse events were reported, underscoring the safety profile of homeopathic medicines. The study also had a high patient compliance rate, suggesting patient satisfaction and confidence in the therapeutic approach.

However, this study has limitations. The sample size was small ( $n = 20$ ), and the design was observational without a control group, limiting the ability to draw definitive conclusions about efficacy. The placebo effect, natural course of disease, and psychosocial factors may have contributed to the outcomes. Future studies should include randomized controlled trials with larger sample sizes to establish stronger evidence.

### Implications for Practice

The findings suggest that homeopathy may serve as a supportive or integrative option in post-viral myalgia, especially in cases where conventional options are insufficient or poorly tolerated. Given the chronicity and complexity of post-viral syndromes, a safe, individualized, and patient-centred approach like homeopathy warrants further scientific exploration.

## 5. CONCLUSION

This observational study highlights the potential role of individualized homeopathic treatment in the management of post-viral myalgia. A significant proportion of patients experienced marked improvement in both muscle pain and fatigue over an 8-week treatment period. Remedies such as *Rhus toxicodendron*, *Gelsemium sempervirens*, *Arnica montana*, *Phosphoric acid*, *Sarcocollact acid*, and *Lycopodium* were effectively used based on symptom profiles.

The absence of adverse effects and high patient compliance further support the safety and acceptability of homeopathic medicine in this context. While the results are promising, they must be interpreted with caution due to the small sample size and lack of a control group. Nonetheless, this study provides a foundation for future research, encouraging larger, controlled trials to validate the efficacy and broaden the integration of homeopathy in post-viral recovery protocols.

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