SIGNIFICANCE OF INDIVIDUALISED HOMOEOPATHIC MEDICINE IN A CASE OF NON-HEALING SCALP WOUND ALONG WITH STANDARD MANAGEMENT IN MODERATE HAEMOPHILIA B PATIENT: A CASE REPORT.

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Abstract: This article is an evidence-based case report to explore the role of individualized homoeopathic medicine as an adjuvant therapy along with standard management used in a case of non-healing scalp wound in a moderate haemophilia B patient. Add on homoeopathic medicines when prescribed on an individual basis lessens the suffering and hastens the recovery.

Index Terms - Haemophilia B, Individualised Homoeopathic medicine, Non-healing wound, Standard management, Case Report.

I. INTRODUCTION

Introduction:
Wound healing comprises several physiological mechanisms including coagulation, inflammation, formation of granulation tissue, and tissue remodeling. Coagulation with robust thrombin generation leading to fibrin formation is necessary for wound healing. The mechanism of wound healing is delayed due to many factors which affect these series of interactions. One such factor is the deficiency of the clotting factors. Haemophilia is a disease with a deficiency of clotting factor VIII (Haemophilia A) or factor IX (Haemophilia B). Histologically, the inundation of neutrophils and monocytosis is delayed and reduced in Haemophilia B. Patients with haemophilia have remarkably reduced ability to produce thrombin to form a stable hemostatic plug. We here report one such case of non-healing scalp injury in haemophilia B patient treated using homoeopathic medicines along with standard management.

Case Report:
An 8-year-old boy (K/C/O: Haemophilia B, 5 %) came with a complaint of a single, non-healing wound, irregular in shape, over the occipital region of the scalp following an injury after a fall on a cooking gas burner dated 18/05/2021.

History of presenting complaints:
After injury patient applied Hamamelis Virginica Q on the wound with his previous experience but the bleeding did not stop. Arnica Montana 30CH, Calendula officinalis 30CH, and Mercurius solubilis 30CH were the telephonic prescription based on acute totality. Also patient tried many home remedies which had worsened the wound rather than curing it. When the bleeding did not stop the patient was admitted to the civil hospital and factor infusion therapy was given. After discharge from the hospital, wound healing was still not accomplished. Almost 45 days after the injury, the patient visited HIH center Nashik on 01/07/2021.

Examination of wound (01/07/2021):
A partially healed wound with oozing bloody discharge along with unhealthy scab formation was seen on wound examination.
Family Genetic History of Haemophilia:
Maternal uncle is a Patient with Haemophilia (PWH), and Mother is a haemophilia carrier

Advice:
Factor infusion as per the requirement. The patient was advised to keep a close observation on changes occurring in the wound during treatment and to inform the physician accordingly. In case of any emergency, the patient was advised to get admitted to the hospital.

Repertorial totality: Fig.no. 1
MIND - KILL; desire to
GENERALS - INJURIES
GENERALS - WOUNDS - heal; tendency to - slowly
GENERALS - HEMORRHAGE - blood - non-coagulable
GENERALS - FOOD and DRINKS - mutton - desire
HEAD - SCALP; complaints of

Follow-ups and outcomes: Table no. 1

<table>
<thead>
<tr>
<th>Follow up Date</th>
<th>Presenting complaints</th>
<th>Discharges/ odor</th>
<th>Homoeopathic treatment</th>
<th>Standard treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/05/2021</td>
<td>A single, severely painful, non-healing scalp wound was present.</td>
<td>Oozing of frank blood from the site of injury.</td>
<td>1) Arnica montana 30 CH/1 dram in globule no 30/4 pills 5 times/ every 15 minutes – on day of injury followed by TDS for next 5 days 2) Hamamelis Virginica Q for Local application.</td>
<td>Factor – not taken because of non-availability of transport services.</td>
</tr>
<tr>
<td>23/05/2021</td>
<td>Admitted to the civil hospital due to persistent oozing of blood from the wound.</td>
<td>Oozing of purulent discharge along with blood from the wound was present because of the usage of home remedies.</td>
<td>Arnica montana 30 CH/1 dram in globule no 30/4 pills TDS for 10 days.</td>
<td>Patient infused factor 1200 I/U.</td>
</tr>
<tr>
<td>28/05/2021</td>
<td>CT scan was done on 26/05/2021 Normal. But bleeding from the wound was persistent</td>
<td>Oozing of blood was persistent from the wound.</td>
<td>The patient continued same the prescription.</td>
<td>Patient infused factor 1800 I/U</td>
</tr>
<tr>
<td>03/06/2021</td>
<td>The patient got discharged from the civil hospital.</td>
<td>Discharges stopped, and scab formation started.</td>
<td>Calendula 30 CH/ 1 dram/ 4 pills TDS x 15 days.</td>
<td>Factor infusion was not required.</td>
</tr>
</tbody>
</table>
### Follow-ups and outcomes: Table no. 1 (Continued)

<table>
<thead>
<tr>
<th>Follow up Date</th>
<th>19/06/2021</th>
<th>01/07/2021</th>
<th>14/07/2021</th>
<th>07/08/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting complaints</td>
<td>The patient scratched the wound and bleeding resumed.</td>
<td>The patient visited the HIH center in Nashik. Oozing of blood along with unhealthy scab formation was seen.</td>
<td>Oozing of blood from the wound stopped within 24 hours of prescription. But a huge scab was still present.</td>
<td>The scab fell with minimal and linear scar formation.</td>
</tr>
<tr>
<td>Discharges/odor</td>
<td>Oozing of blood started after scratching</td>
<td>Oozing of bloody discharge.</td>
<td>No discharges.</td>
<td>No discharges.</td>
</tr>
<tr>
<td>Homoeopathic treatment</td>
<td>Mercurius Solubilis 30CH/4pills x 1 hourly 3 times a day/ Then SOS.</td>
<td>1) Nitricum Acidum 30 CH / 3 doses / 24 hourly. 2) Sac lac 30/ 2 dram/ 4-4 daily.</td>
<td>1) Nitricum Acidum 200/ IDose-stat. 2) Thiosinaminum 30 CH/ 1 dram / 4-4 x 15days to start from 15/07/2021</td>
<td>Nihilinum 200 CH / 1 dram / 4-4 x 7 days</td>
</tr>
<tr>
<td>Standard treatment</td>
<td>Factor infusion 250 I/U</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Collection of photographsTelephonically and in OPD: Table no. 2

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tr>
<td>18/05/2021 (Telephonic)</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>19/06/2021 (Telephonic)</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td>26/06/2021 (Telephonic)</td>
<td><img src="image3.png" alt="Image" /></td>
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<tr>
<td>01/07/2021 (OPD)</td>
<td><img src="image4.png" alt="Image" /></td>
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<tr>
<td>14/07/2021 (Telephonic)</td>
<td><img src="image5.png" alt="Image" /></td>
</tr>
<tr>
<td>07/08/2021 (OPD)</td>
<td><img src="image6.png" alt="Image" /></td>
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</table>

### Discussion:

Haemophilia B is an inherited bleeding disorder where hemostasis is affected and the blood coagulation cascade is altered. Hemostasis is a physiological mechanism that leads to the cessation of bleeding from the blood vessel\(^7\). A healthy wound healing involves hemostasis as a fundamental phase and is subsequently followed by the inflammatory, proliferative, and tissue remodeling or resolution phase\(^8\).

After the injury, the damaged blood vessels contract rapidly and form a blood clot preventing exsanguination from vascular damage. Platelets are the principal contributors to hemostasis and coagulation and are activated when they encounter the vascular subendothelial matrix. Platelet receptors like glycoprotein VI interact with extracellular matrix (ECM) proteins (eg. fibronectin, collagen, and von Willebrand factor), promoting adherence to the blood vessel wall. Thrombin subsequently triggers platelet activation, inducing a conformation change and release of alpha and dense granules containing bioactive molecules which reinforce coagulation. An insoluble clot (eschar) of fibrin, fibronectin, vitronectin, and thrombospondin forms, primarily serving to plug the wound and prevent bleeding\(7,8,9\&10\).

Here is a case of a moderate haemophilia B with a non-healing scalp wound leading to an unhealthy scab formation caused due to fall on a cooking gas burner. According to the level I protocol and from previous experience patient applied Hamamelis Virginica Q (mother tincture) locally at the site of injury from the emergency kit of homoeopathic thrombostatic medicines and Arnica Montana 30CH orally was prescribed telephonically to manage the emergency\(^11\) bleeding. Factor infusion was advised on the day of injury but was not possible due to the non-availability of transport services. Meanwhile, the patient
tried various home remedies to stop the bleeding but this, in turn, worsened the wound rather than curing it. Bleeding from the wound did not stop so the patient got admitted to a civil hospital for 11 days and infused factor. After Arnica Montana 30CH, Calendula officinalis 30CH and Mercurius Solubilis 30CH were also prescribed telephonically on the acute totality but these did not yield a significant result which indicates that level II protocol also failed in this case. After 45 days of injury, the patient visited IIIH center Nashik. After the examination of the wound and conspiciously observing the patient's personality Nitricum Acidum 30CH was prescribed as an individualised homoeopathic medicine, level III protocol (Fig.no.1). Within 24 hours of prescription, the oozing of blood stopped but the scab was still present. Thiosinaminum 30CH was prescribed to complement the action of Nitricum Acidum, for the elimination of scab, and for resolving the scar tissue formation, restoring the cosmetic value as desired by the patient. Homoeopathic software RADAR- 10.5\textsuperscript{13} was used for Repertorization.

From this case, it was concluded that homoeopathic medicines prescribed according to the level protocol I and II does not always help in treating the patient, but on the contrary when prescribed on the principles of homoeopathy that is level III protocol (individualization) always gives the desired results within the period. However, contradicting the process of delayed wound healing which is commonly characterized by the formation of hypertrophic scar\textsuperscript{4,14,15}, this particular patient developed a minimal and linear scar which was truly possible after prescribing individualized homoeopathic medicine alone. As shown in tables no.1& 2 there was a marked improvement seen in the wound healing in terms of shape, size, edges, discharge, odor, and pain. The patient was assessed using Modified Naranjo Criteria in Homeopathy\textsuperscript{15} (MONARCH) based on 10 domains with a score of 10 out of 13.

Conclusion:
Homoeopathic medicines prescribed on the basis of level protocol I and II did not show much result in this particular case, but when prescribed on the principles of homoeopathy (individualization) that is level III protocol showed desired results. Injury to the haemophilia patients are a common incidence and therefore a larger multicentric trial for injury management with a fair number of cases following level III protocol is warranted.

Patient's perspective:
The patient was relieved from his sufferings and was very satisfied as well as the scar formed was minimal and linear got concealed within the hair restoring the cosmetic value with homoeopathic treatment.

Conflict of Interest:
None to declare.

Informed consent:
Written informed consent was obtained for the publication of photographs and data for scientific purposes.

References:
13. RADAR (2021) 10.5-open the homeopathic software. Jain publishers, India.