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## Treatment of immune thrombocytopenia with homoeopathy: A case report

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### Abstract

Immune thrombocytopenia (ITP) also termed as idiopathic thrombocytopenic purpura is an acquired disorder in which there is immune mediated destruction of platelets and possibly inhibition of platelet release from megakaryocyte. Primary immune thrombocytopenia (ITP) is an autoimmune disorder characterized by a low platelet count ( $< 100 \times 10^9/L$ ) with a variably increased risk of bleeding. Patients usually present either with ecchymosis and petechiae or with thrombocytopenia incidentally found on a routine blood test. There is growing interest for the treatment of autoimmune diseases like ITP in alternative therapies, including Homoeopathy. This article deals with one such case of immune thrombocytopenia which was diagnosed after incidental finding during a routine complete blood count investigation, presented with the complaints of giddiness and blurred vision, which showed rewarding results following the administration of individualized homoeopathic medicine *Crotalus horridus* which improved the serum platelets levels also with symptomatic relief to the patient over a 1 year follow-up. Possible causal attribution of changes was explicitly depicted by Modified Naranjo Criteria. It shows positive role of homoeopathic treatment in improvement of immune thrombocytopenia in a young female.

**Keywords:** Immune thrombocytopenia, case report, homoeopathy, *Crotalus horridus*

### Introduction

Incidence of immune thrombocytopenia (ITP) is 1.6 to 3.9 per 100,000 patient-years, the risk increases with age and has a slight female preponderance. ITP is termed acute, persistent or chronic when its duration is  $< 3$  months, 3 to 12 months and  $> 12$  months, respectively [1]. In children it is usually an acute disease, most commonly following an infection, and with a self-limited course. In adults it is a more chronic disease, although in some adults spontaneous remission occurs, usually within months of diagnosis [2]. ITP is asymptomatic in some patients; however, when present, bleeding is the most common symptom and can be mild as in petechiae, purpura and epistaxis, or severe and even life threatening in cases of intracranial haemorrhage, and massive gastrointestinal or urinary tract bleeding [3]. Primary immune thrombocytopenia (ITP) is an acquired immune disorder characterized by an isolated thrombocytopenia (peripheral blood platelet count  $< 100 \times 10^9/L$ ) due to pathogenic anti-platelet autoantibodies, T cell-mediated platelet destruction, and impaired megakaryocyte (MK) function [4]. Secondary ITP is triggered by inherited or acquired predisposing diseases such as chronic infections, including *Helicobacter pylori* and human immunodeficiency virus (HIV), or autoimmune diseases such as systemic lupus erythematosus or rheumatoid arthritis. In the infectious cases, it may be that a viral antigen is recognized as being similar to a platelet antigen, a process termed molecular mimicry, which then gives rise to cross-reactive anti-platelet autoantibodies are affected by secondary ITP [5]. Constitutional prescription is one of the most important aspects of the homoeopathic therapeutic process. The choice of remedy is entirely based on the individual's totality of all mental and physical reactions. It is based on the Principle of Homoeopathy "SIMILIA SIMILIBUS CURANTER" [6]. This case report is an example how holistic approach can contribute to the prompt improvement of the patient. In this case based on individualisation and pathological findings *Crotalus horridus* was selected after repertorisation using Synthesis repertory. *Crotalus horridus* 200C followed by *Crotalus horridus* 1M potencies were used for the treatment with infrequent repetition. In homeopathic treatment *Crotalus horridus* is a drug of choice for haemorrhagic diathesis [7], *Crotalus horridus* potencies are used to treat blood disorders, many studies have been done in veterinary diseases [8, 9] and

thrombocytopenia in infectious diseases like dengue and COVID 19 [10]. Few cases of effective treatment of immune thrombocytopenia are also reported [11].

**Case report**

A 27-year-old female patient, Mrs S reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 13.01.2024 with the complaints of fatigue, giddiness and blurring of vision since 2 years.

**History of chief complaint**

Patient started with the c/o fatigue, giddiness and blurring of vision since 2 years, so she underwent a routine investigation and she was diagnosed with idiopathic thrombocytopenia, and she was put on corticosteroids. But there was slight improvement in platelet count but with no significant improvement in her symptoms, but the platelet count was fluctuating and was never more than 1lakh cells/cu mm after diagnosis. Thus to obtain long term solution patient opted for homeopathic treatment. Presently she complains of fatigue, giddiness and occasional blurring of vision.

There is no history petichae, menorrhagia, easy bruising or obvious bleeding.

**Past history**

Medical history: h/o malaria at 16 years of age; took allopathic treatment history: she was on prednisolone 20mg for 2 years, discontinued since 1 month Surgical history: Nothing significant

Allergic history: Not allergic to drug, diet and dust

**Table 1: Family history**

<b>Father</b>	<b>Myocardial infarction</b>	<b>Alive</b>
Mother	Apparently healthy	Alive
Elder brother	Apparently Healthy	Alive
Husband	Apparently Healthy	Alive
One Son	Apparently Healthy	Alive

**Menstrual history**

**Past menstrual history**

Age of Menarche – At 14 years of age Cycles – Regular  
 Duration of menstrual period – 5 days (Table 01)  
 Flow – Moderate (D1- 2 pads; D2- 2pads; D3- spotting)  
 Colour of the flow – Bright Red  
 Smell – Not present Clots – Present (minimal)  
 Associated complaints –Pain in lower abdomen on 1st or 2nd day of menses

**Present menstrual history**

LMP – 20/12/2023  
 Cycles – Regular  
 Duration of menstrual period – 5 days  
 Flow – Moderate (D1- 2 pads; D2- 3pads; D3- 2 pads, D4- spotting, D5- spotting) Colour of the flow – Dark red  
 Smell – Not present Clots – Not present  
 Associated complaints - lower abdominal pain on 1st & 2nd day of menses  
 Leucorrhoea 3 days before menses  
 Gravida:1 Para:1 Livebirth:1 Abortion:0

**Table 2: Obstetrical history**

No.	Any complaints during pregnancy	History of abortion/ recurrence	Treatment taken	Type of Delivery	Child Alive/ dead/ still birth/ age	Birth weight
1.	Nothing specific	Nil	Nil	C- section	Alive/1.5years	2.8kg

**Personal history**

- Diet: Mixed
- Hunger: Tolerable
- Appetite: Reduced, easy satiety
- Thirst: Normal, drinks 2-3 litres/day
- Craving: Red meat
- Aversion: Nothing specific
- Bowel Habits: Regular, once/ 2days, normal consistency, satisfactory
- Bladder Habits: 4-5 times per day; 1-2 time per night
- Sleep: Sound, refreshing, sleepy during daytime
- Dreams: dead persons of
- Perspiration: generalised
- Thermal state: Hot patient
- Addiction: Nothing specific

**Life space investigation:** Patient hails from middle socio economic family background. Her father is a businessman and mother was a housewife. She was born and bought up in Chennai. She has one elder brother.

**Childhood:** Her childhood was happy she was pampered since she was the youngest child, since childhood she is an introvert, she doesn't share her emotions with anyone.

**Adulthood:** She was submissive as a person, she

discontinued her studies after 10th standard, as she was not interested in studies.

**Marriage:** Married at the age of 22 years. It was a love marriage, because of which there was a dispute with her family. There after she doesn't share good relationship with her family, this bothers the patient a lot, she started feeling isolated and detached from her family. She has good relationship with her husband.

**With Family:** She doesn't express her anger in front of in-laws, rather she tells it to her husband and complains about it, according to her husband she also feels jealous of her sister-in- law, when she gets attention in patient's husband's home.

**As a Person:** She is reserved, submissive, jealous, feels forsaken by her family. She feels anxious along with a feeling of faintness. She feels that her brain is becoming weak because of her disease.

**On Observation:** Reserved, Timid, patient was hesitant to answer the questions asked by the physician, was looking at her husband to answer.

**General physical examination:**

Weight: 75 kg

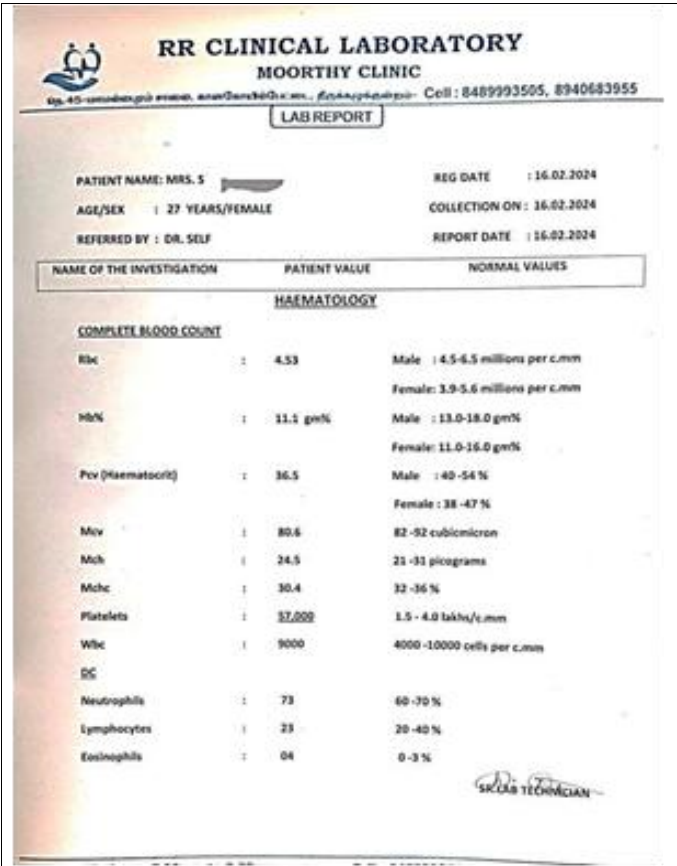
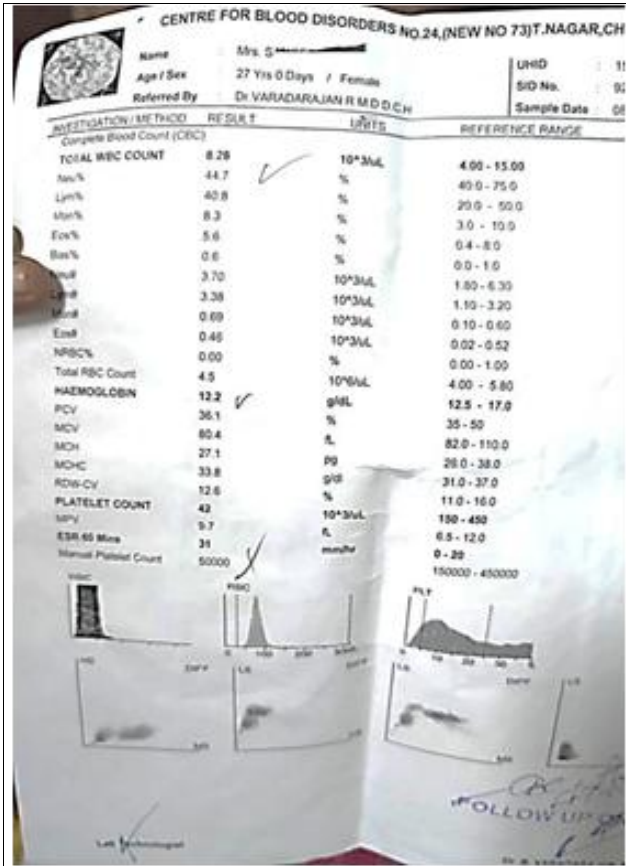
Height: 165 cm  
 BMI: 27.5 kg/mt<sup>2</sup>  
 Moderately built and nourished  
 Pulse: 72 / min, regular rhythm, normal volume  
 Blood pressure: 120/80 mmHg;  
 Respiratory rate: 16 breaths/min;  
 Temperature: Afebrile at the time of examination  
 Skin & nails: dryness of skin  
 Pallor present  
 No signs of cyanosis, clubbing, icterus, lymphadenopathy,

edema.

**Systemic examination:**

**Respiratory system:** No abnormality detected  
**Cardio vascular system:** No abnormality detected  
**Gastrointestinal system:** No abnormality detected  
**Nervous system examination:** No abnormality detected  
**Provisional diagnosis:** Immune thrombocytopenia

**Investigation done:** DATE: 16.02.2024



**Final diagnosis:** Immune thrombocytopenia

**Case analysis**

**Table 3:** Analysis of symptoms

Common symptoms	Uncommon symptoms
Fatigue Sleepy during day	Delusion that brain is becoming weak Feels anxious with faintness Timidity Craving for meat Dreams of dead Hot Patient Blurring of vision

**Evaluation of symptoms**

**Table 4:** Evaluation of symptoms

Mental general	Physical generals	Characteristic particulars
Delusion that brain is become weak 2+ Anxiety with faintness 3+ Timidity 2+	Craving for Meat 2+ Dreams of dead 2+ Hot Patient 2+	Blurring of vision+ Faintness 2+

**Totality of symptom**

Delusion of brain becoming weak 2+  
 Anxiety with faintness 3+  
 Timidity +  
 Dreams of dead people 2+

Craving for meat 2+  
 Blurring of vision +  
 Faintness 2+

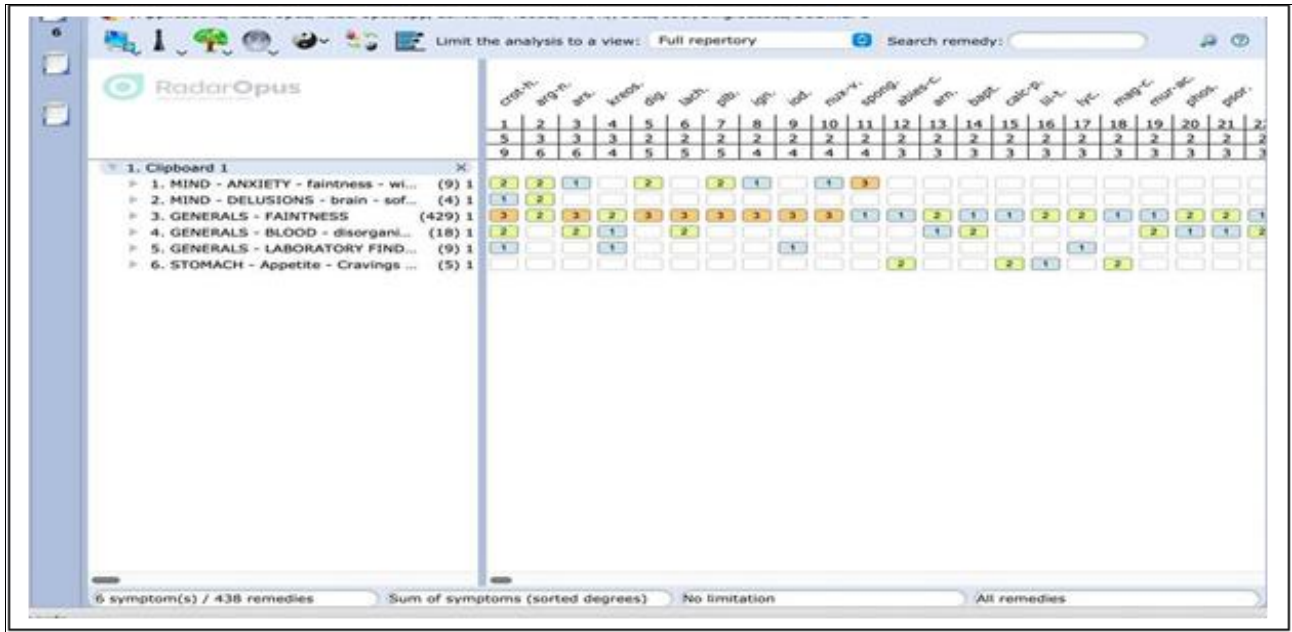
**Selection of repertory:** Synthesis repertory, radar software

**Repertorial totality and results**

**Repertorial totality**

1. Mind- Anxiety- faintness- with faintness
2. Mind- Delusions- brain-softening

3. Generals- Faintness
4. Generals- Blood- disorganization
5. Generals- Laboratory Findings- platelets decreased
6. Stomach- Appetite- cravings- meat



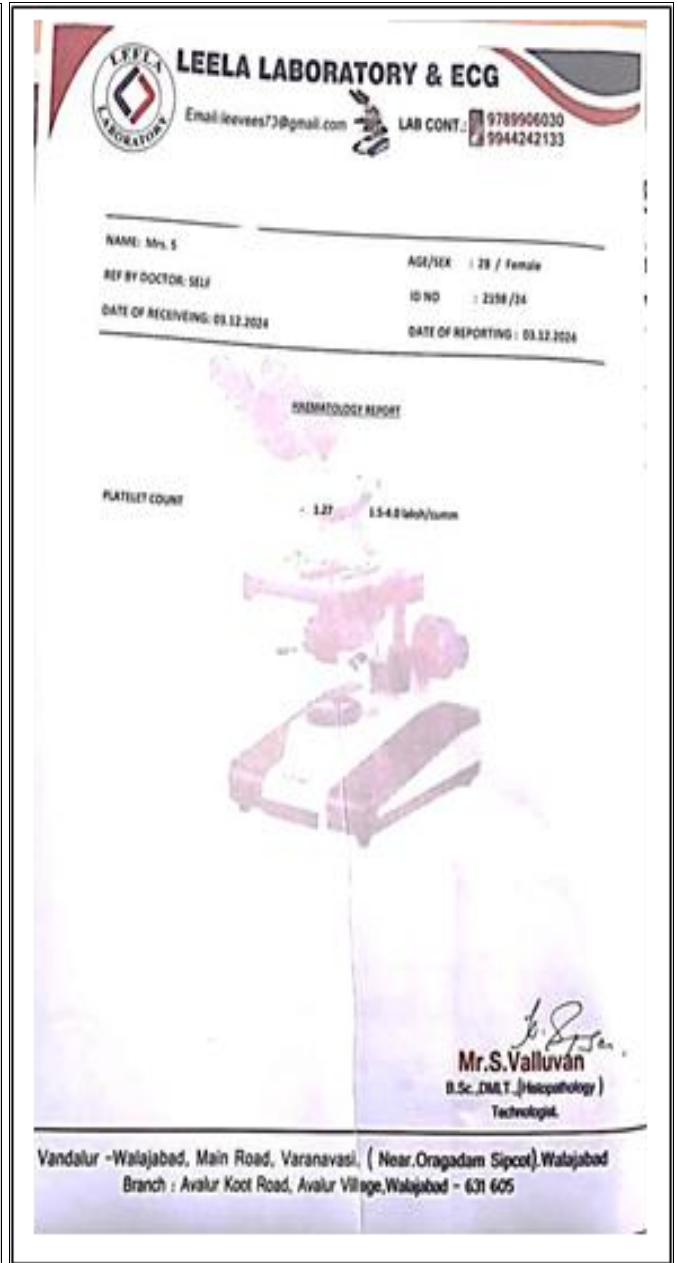
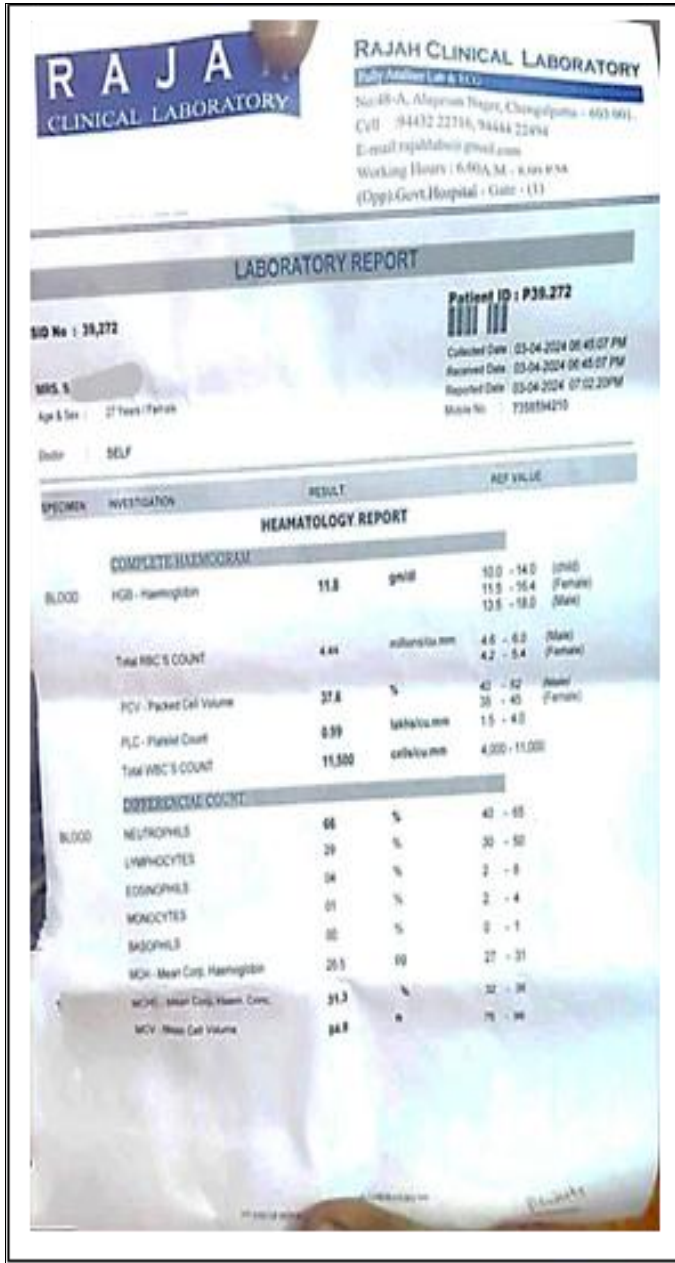
**Prescription: Rx:** *Crotalus horridus* 200 /one dose per week/ 4 doses

**Follow UP**

**Table 5:** Follow up

Date	Observation	Prescription	Doses
16/02/24	Fatigue better Blurring of vision not present Faintness better Sleep during daytime improved Platelet count improved- 57,000 cells/ mm3	Rx: PL	BD for 1 month
03/04/24	Fatigue better Blurring of vision not present Faintness better Sleep during daytime improved Platelet count improved- 99,000 cells/ mm3	Rx: PL	BD for 1 month
30/07/24	Fatigue reappeared Blurring of vision present Faintness present H/o Fever, cough with scanty expectoration Thirst increased Platelets decreased- 18,000 cells/ mm3	Rx: 1. <i>Crotalus horridus</i> 1M 2. PL	1 dose BD for 1 month
17/08/24	Fatigue better Blurring of vision not present Faintness better Sleep during daytime improved Platelet count improved- 25,000 cells/ mm3	Rx: PL	BD for 1 month
07/10/24	Fatigue better Blurring of vision not present Faintness not present Sleep during daytime improved Platelet count improved- 98,000 cells/ mm3	Rx: PL	BD for 1 month
3/12/24	Fatigue better Blurring of vision not present Faintness not present Sleep during daytime not present Platelet count improved- 1,27,000 cells/ mm3	Rx: PL	BD for 1 month





**Discussion**

In the above case, patient presented with the complaints of giddiness, fatigue and blurring of vision on January 3rd 2024. Patient had discontinued the previous medication. Her Complete blood count showed low platelet count of 42,000 cells /c. mm. *Crotalus horridus* 200 weekly one dose was prescribed after repertorising based on the totality of the patient considering her mental generals, physical generals and pathology, with the help of Synthesis repertory in RADAR Software. After first prescription patient's giddiness reduced her platelet count improved to 57000 cells/ c.mm, followed by 99,000 cells/ c.mm in next follow up which was in April. Patient improved for six months and was symptomatically better, in the 7th month after an acute attack of viral flu, symptoms reappeared and the platelet count had dropped to 18,000 cells/c.mm, now *Crotalus horridus* 1M was prescribed. Patient improved consistently

for the next 6 months. Latest follow up was on 3rd December 2024 and the platelet count was 1,27,000 cells/c.m with significant symptomatic improvement. This shows that homoeopathic remedies acts at the deeper level in immune mediated diseases like ITP and the remedies action is not just limited to symptomatic level, but also at the level of laboratory findings. Further studies with large effect sizes have to be done to provide a conclusive evidence, to assess the action of homeopathic remedies in the treatment of immune thrombocytopenia. Also, in the following case the changes in the casual attribution were assessed using Modified Naranjo Criteria6 (Table 06). Total score as per the criteria in this case is (+9) which is relatively close to the total of +13 which signifies the positive casual attribution of individualized homoeopathic remedy to the clinical outcome.

**Table 6:** Assessment of Modified Naranjo Criteria Score

	Modified Naranjo Criteria	Yes	No	Not sure	Case
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3.	Was there an initial aggravation of symptoms?	+1	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms ultimately improved or changed)?	+1	0	0	+1
5.	Did overall well-being improve?	+1	0	0	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms —from organs of more importance to those of less importance —from deeper to more superficial aspects of the individual —from the top downward.	+1	0	0	
7.	Did old symptoms (defined as non seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0
8.	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
	Total score (Maximum score= +13; Minimum score = -6)				+9

**Conclusion**

This one such case, which is an evidence to showcase that homoeopathy is having scope in treatment of autoimmune diseases like Immune thrombocytopenia with significant improvement of a patient in terms of symptoms and laboratory value of platelets without steroid therapy. Further studies with large sample size are recommended to evaluate the effectiveness of homoeopathic treatment in Immune thrombocytopenia.

**Conflict of Interest:** None

**Financial support:** None

**Declaration of patient consent:** Patient consent was obtained in the appropriate written consent form. In the form the patient has given her consent for mentioning her clinical information to be reported in the journal. The patient understands that her name and initials will not be published.

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