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Homoeopathic approach to primary intention healing in traumatic injury: Therapeutic roles of *Arnica montana* and *Calendula officinalis*: An evidence based case report

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Abstract

Healing by primary intention is characterized by minimal tissue loss and rapid restoration of tissue continuity, resulting in linear scars with reduced infection risk compared to secondary or tertiary healing. Homoeopathic medicines such as *Arnica montana* and *Calendula officinalis* are traditionally employed in managing wounds due to their anti-inflammatory, analgesic, antimicrobial, and tissue regenerative properties. While *Calendula* is widely used topically for its proven efficacy in accelerating wound repair, individualized homoeopathic treatment offers a complementary approach that addresses both local and systemic factors influencing healing. This case report presents the successful homoeopathic management of a 31-year-old male with a traumatic lacerated wound on the chin, by primary intention healing. Initial therapy with *Arnica montana* 30CH effectively addressed pain, inflammation, and bleeding, followed by *Calendula officinalis* 30CH during a mild infectious phase, advancing wound healing through its antimicrobial and regenerative properties. Healing progress was objectively monitored using the Numerical Rating Scale (NRS) for pain and the Southampton Wound Grading system. Over a 19-day period, the wound showed progressive improvement, culminating in complete closure and suture removal without complications. This case highlights the role of *Arnica montana* and *Calendula officinalis* in accelerating healing by primary intention.

Keywords: Primary wound healing, *Arnica montana*, *Calendula officinalis*, Homoeopathy, Southampton grading

Introduction

Primary healing, also known as healing by primary intention, refers to the process by which clean, surgical wounds or fresh traumatic wounds repair with minimal tissue loss and rapid restoration of anatomical continuity. By this intention, wound heals with complete closure and linear scar. This type of healing is involved with minimal loss of tissue, rapid epithelialisation, less infection with favourable aesthetic outcomes in comparison to secondary healing and tertiary healing. The biological mechanism underlying healing proceeds through four overlapping but distinct phases: Hemostasis, inflammation, proliferation and remodelling ^[1, 2]. Acute wounds represent a considerable global health burden, resulting in millions of hospital visits annually. In 2014, there were approximately 17.2 million hospital visits due to acute wounds, which include both surgical and traumatic injuries ^[3]. In India, the prevalence of acute wounds is estimated at 10.55 per 1000 population. *Calendula officinalis* has been verified in numerous studies as suitable topical agent for accelerating wound healing with proven anti-inflammatory and anti-microbial properties in various experimental and clinical studies ^[4]. Experimental and clinical evidence suggest that certain homeopathic remedies, particularly those derived from plants like *Arnica montana*, *Calendula officinalis*, and *Hypericum perforatum*, can enhance cellular mechanisms involved in tissue repair. For example, *Arnica montana* in low dilutions has been shown to stimulate fibroblast migration and modulate inflammatory responses, leading to accelerated wound closure in both in vitro and animal models ^[5]. This case provides an evidence of primary healing of wound without any external ointment only with internal homoeopathic medicines. Many injury cases are effectively treated solely with *Calendula* ointment, which is known for its anti-inflammatory, antimicrobial, and wound-healing properties that support tissue repair and prevent infection ^[6].

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However, some rare and more complex cases may require individualized homoeopathic medicines tailored to the patient's total symptom picture to achieve complete healing. This personalized approach with homoeopathic remedies often addresses deeper systemic imbalances and enhances the body's natural healing processes beyond what topical treatment alone can accomplish. The case highlights the therapeutic role of *Arnica montana* and *Calendula officinalis* in the healing by primary intention and their effects are assessed through the Numerical Rating Scale (NRS) [7] and Southampton Wound Grading [8] before and after treatment.

Case Presentation

Preliminary data

- **Name of the patient:** YY
- **Age:** 31 Years
- **Diagnosis:** Injury of Chin
- **Sex:** Male
- **Occupation:** Service
- **OPD/IPD:** XX
- **Address:** BHOSARI
- **Date of interview:** 7/6/2025
- **Chief Complaints:** (Include Location, Sensation, Modality and Concomitants).

Location	Sensation	Modalities	Concomitants
Chin	Pain	Not specific	Not specific

H/O: Lacerated wound on the chin by fall since 3 hrs day ago

O/E: Mild Bleeding, mild swelling with erythema. Sutures present

Sensation-Moderate Pain

Character-Not specific

Associated Complaint-Not specific

- **Past History:** Nothing specific
- **Family History**
- **Father:** NAD
- **Mother:** HTN
- **Brother:** Apparently healthy
- **Sister:** Apparently healthy

Personal History

- **Appetite:** Good 3 times per day
- **Bowel:** Satisfactory
- **Diet:** Mixed
- **Urine:** NAD
- **Thirst:** 2l/day
- **Perspiration:** On exertion
- **Desires:** Non veg
- **Aversion:** Spicy food
- **Habits:** Not specific
- **Sleep:** 7-8hrs refreshing

Thermal Reaction

- **Chilly/ Ambithermal/ Hot:** Chilly
- **Season:** Chilly
- **Bath:** Lukewarm water
- **Covering:** Seasonal
- **Woollen:** Seasonal
- **Fan:** Seasonal
- **Food:** As served
- **General Reactions (A/F; Desire, Aversion):** Not specific
- **Menstrual history:** NA
- **Mental Generals:** He was restless during the history.

General examination

Height: 155 cm

Weight: 78 KG

Temp: Afebrile

Clubbing:

Icterus:

Nails:

Absent

Edema

- **BP:** 110/84mmhg
- **Pulse:** 78beats/min
- **Tongue:** NAD
- **Cyanosis:** Absent
- **RR:** 17cpm
- **Skin:** NAD
- **Lymphadenopathy:** Absent
- **Pallor:** Absent

Local Examination

- **Site:** Between submental region and chin
- **Type of Wound:** Lacerated wound with irregular margins, likely due to trauma from a fall or blunt object.
- **Size:** Appears approximately 3-4 cm in length
- **Depth:** Superficial to moderately deep; subcutaneous tissue visible. No exposure of muscle or bone seen.
- **Bleeding:** Mild to moderate active bleeding noted at the wound edges.
- **Surrounding Area:** Mild swelling and erythema. No signs of cellulitis or infection at this stage.
- **Condition of Wound Edges:** Sutured
- **Signs of Infection:** Currently no mild pus, foul odor.
- **Functional Impact:** Pain likely on neck movement or jaw opening.

Systemic Examination

- **CNS:** Well oriented and conscious
- **Respiratory system:** AEBE Clear
- **Cardiovascular system:** s1 s2 heard
- **Gastro Intestinal system:** NAD
- **Investigation:** X ray of the skull was done to ensure no fracture.

Patient ID: 02834	Patient Name: MINU BORA, 50 Y
Age:	Sex: F
Accession Number: 1141	Modality: CR
Referring Physician:	Study: SKULL AP
Study Date: 09-Jun-2025	

X-RAY SKULL AP / LAT VIEW

PROTOCOL :- 1 view obtained.

CLINICAL BRIEF :- Not provided

OBSERVATIONS :-

Skull vault and diploic spaces appear normal.

Sutural and vascular markings appear normal.

Sella appears normal in size.

No obvious bony injury / erosions noted.

No pathological intracranial calcifications noted.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Fig 1: X-Ray report

Diagnosis: Injury of Chin (NAOZ)



Fig 2: Pre-treatment images

Hahnemannian classification of disease: Surgical Disease ^[9]

Analysis of case

- Lacerated injury of chin from fall (physical particular/common/objective)
- Bleeding (physical particular/ common/objective)
- Swelling (physical particular/common/objective)
- Pain (physical particular/common/subjective)
- Restless (Mental generals /generals/ subjective/will)

Evaluation of symptoms

- Lacerated injury of chin from fall
- Bleeding
- Swelling
- Pain
- Restless

Totality of symptoms

- Lacerated injury of chin from fall
- Bleeding
- Swelling
- Pain
- Restless

Repertorial approach: Clinical repertory

Repertorial totality

- Lacerated injury of chin from fall
- Bleeding
- Swelling
- Pain

Repertorisation

Table 1: Remedy Differentiation

<i>Arnica Montana</i> ^[10]	<i>Calendula Officinalis</i> ^[10]	Nitric Acid ^[10]
Arnica is indicated in the very early phase of tissue injury, especially for wounds that are cleanly incised or lacerated and where trauma has resulted in underlying bruising, soreness, swelling, or risk of internal bleeding even if there is skin break.	Open, clean lacerations with inflamed but healthy tissue and as a follow-up to support granulation and rapid healing.	Wounds and lacerations that are deep, slow to heal, very painful with sharp, splinter-like or sticking pains, and a strong tendency for tissue to ulcerate or develop unhealthy granulation tissue.

Remedy	Am	Calen	Nit-ac	Led	Sulph	Nat-m	Staph	Nux-v	Bell	Hep	Ph-ac	Puls	Rhus-t	Carb-an	Hydr
Totally	7	7	5	4	4	4	4	3	3	3	3	3	3	3	3
Symptoms Covered	3	3	2	3	3	2	2	3	2	2	2	2	2	1	1
[Knerr] [Upper Face]Injuries:Lacerated wounds:	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Generalities]Wounds:Bleeding:	3	1	3	1	1	2	1	1	0	1	1	1	1	3	3
[Ajit] [Trauma] GENERALITIES:Emergency:Wounds:Swelling, of:	2	0	0	2	2	0	0	1	2	0	0	2	2	0	0
[Murphy] [Clinical]Wounds, general, (see Cuts, Lacerations, Punctures, Stab):Painful:	2	3	2	1	1	2	3	1	1	2	2	0	0	0	0

Fig 3: Repertorisation sheet**Remedy selection:** *Arnica montana***Potency selection:** 30 CH*Arnica montana* 30CH

4-4-4 X 3DAYS

Numerical Rating Scale-6

Southampton Wound Grade-II

Advice dressing with clean water and sterile Guage.

Prescription

RX,

Table 2: Follow-Up Criteria

Follow up	Signs and symptoms	Prescription	Justification	NRS scale	Southampton Grade
4 th day (10/6/2025)	Tissue viable, bleeding absent, mild pus -like discharge but no fever or throbbing pain. Edges are advancing.	<i>Calendula Officinalis</i> 30CH 4-4-4 X 3DAYS	Calendula, which has strong wound healing, anti-inflammatory, and antimicrobial properties. Calendula helps clear infection, promotes healthy granulation, and supports wound healing ^[10]	3	IV
8 th day (14/6/2025)	Pus resolved. Edges are advancing. No bleeding. Tissue is viable. Mild serous discharge.	<i>Calendula Officinalis</i> 200CH 4-4-4 X 1DAY SAC LAC 4-4-4 X 4 DAYS	Serous discharge presents towards healing. The same medicine is repeated with high potency according to aphorism 245-251 ^[11]	2	III
13 th day (19/6/2025)	Infection resolved, wound advancing normally.	SAC LAC 4-4-4 X 3 DAYS		0	I
19 th day (25/6/2025)	Completely healed. Stitched removed (Figure 5)	No medicines		0	0

**Fig 4:** During treatment**Fig 5:** Post treatment**Results**

The follow-up observations during treatment demonstrated a progressive and favorable wound healing trajectory (Figure 4, 5). On the 4th day (10/6/2025), the tissue was viable with the absence of bleeding, though mild pus-like discharge persisted without fever or throbbing pain. The pain score on the Numerical Rating Scale (NRS) was 3, and the Southampton wound grade was IV. *Calendula officinalis* was prescribed (Table 2).

The wound edges were advancing under the prescription of *Calendula officinalis* 30CH, known for its strong wound

healing, anti-inflammatory, and antimicrobial properties that help clear infection and promote granulation tissue formation.

By the 8th day (14/6/2025), the wound edges were advancing, pus had resolved, pain was mild and mild serous discharge was noted, indicating advancement towards healing under the prescription of *Calendula officinalis* 30CH, known for its strong wound healing, anti-inflammatory, and antimicrobial properties that help clear infection and promote granulation tissue formation. *Calendula officinalis* was repeated at a higher potency of

200CH for one day, supplemented with Sac Lac for four days. The serous discharge signified healing progress, justifying remedy repetition with increased potency in accordance with *Organon aphorisms* (§245-251). The NRS decreased to 2, and the Southampton grade improved to III. On the 13th day (19/6/2025), infection resolved completely, the wound advanced normally, and only Sac Lac was prescribed. Pain was absent (NRS 0), and healing grade improved further to I on the next follow up.

Finally, at the 19th day (25/6/2025), the wound was completely healed, and the sutures were removed. No further medication was required, and the Southampton grade reached 0, signifying complete wound closure and restoration.

Discussion

The present case report aligns well with previous research supporting the effectiveness of *Arnica montana* and *Calendula officinalis* in wound healing by primary intention. Multiple studies have documented the anti-inflammatory, analgesic, and hemostatic properties of *Arnica montana*, which contribute to reducing pain, swelling, and internal bruising in acute traumatic injuries^[12]. Clinical trials and systematic reviews have indicated its usefulness in postoperative and traumatic wound management by promoting early tissue repair and minimizing hematoma formation. This corresponds with the case findings where *Arnica montana* was successfully used in the initial inflammatory phase, reducing pain and controlling bleeding^[13].

Similarly, *Calendula officinalis* has a well-established role in wound care, evidenced by its antimicrobial, anti-inflammatory, and tissue regenerative activities. Research shows that *Calendula* supports granulation tissue formation, reduces secondary infection risk, and enhances epithelialization, which is critical in advancing wound healing especially when infection risk arises. The case's clinical progression, including reduced pus formation and resolution of infection following *Calendula* administration, corroborates these documented effects^[14].

In comparison to earlier reports combining *Arnica* and *Calendula*, this case emphasizes the importance of sequential and individualized remedy selection, guided by clinical symptoms, pain intensity measured by NRS, and objective wound grading (Southampton scale). The integration of supportive remedies like Sac Lac to maintain healing after active intervention also parallels homeopathic literature advocating for maintenance therapy once the acute phase resolves. Thus, the clinical outcome in this case not only supports but adds valuable practical evidence to existing research on homoeopathic medicines accelerating uncomplicated laceration healing with minimal complications.

Overall, these findings reinforce the complementary roles of *Arnica montana* in early trauma management and *Calendula officinalis* in infection control and tissue regeneration, consistent with prior experimental and clinical studies in homoeopathy and phytotherapy. The objective assessments used further strengthen the reliability and reproducibility of these effects in clinical practice^[14, 15]. These findings are consistent with retrospective clinical studies and experimental research that advocate the use of *Arnica montana* for its anti-inflammatory, analgesic, and hemostatic benefits in acute traumatic wounds, facilitating

pain control and minimizing swelling and hematoma formation. *Calendula officinalis* has been scientifically validated for promoting granulation tissue formation, epithelialization, and antimicrobial effects, reducing infection risk, and improving wound tensile strength, which guided its introduction during the infectious phase in this case^[16].

In Hahnemann's *Organon of Medicine* (Aphorisms §§185-203), local diseases caused by physical trauma such as cuts, burns, bruises, or fractures are described as generally superficial and capable of spontaneous healing with minimal intervention. The vital force plays a critical role in naturally restoring balance and promoting this healing process. However, more severe injuries may provoke systemic responses fever, pain, and malaise indicating deeper tissue involvement and necessitating mechanical aid such as sutures, bandages, or surgical corrections alongside appropriate homoeopathic remedies. For instance, dislocations require reduction, and certain wounds necessitate stitching to restore structural integrity^[17].

Conclusion

This case report demonstrates the effective homoeopathic management of a traumatic lacerated wound of the jaw using *Arnica montana* in the early phase followed by *Calendula officinalis* during the risk of secondary infection. The sequential approach led to accelerated healing by primary intention, as objectively evidenced by progressive reductions in pain intensity (NRS scale) and improvement in wound condition (Southampton grading) over a 19-day period.

The outcome supports the holistic and individualized nature of homoeopathic treatment in wound care, combining symptom-based remedy selection with supportive local management. This approach offers a promising alternative therapy, particularly in uncomplicated lacerations, helping reduce healing time, infection incidence, and patient discomfort. Further prospective, controlled studies are warranted to confirm these benefits and optimize homoeopathic medicines for wound management.

Conflict of Interest

Not available

Financial Support

Not available

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