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Add on homoeopathic management of a scrotal hematocele in a diagnosed severe haemophilia patient: Evidence based case report

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Abstract

This article is an Evidence based case study of adjuvant Homoeopathic therapy of scrotal hematocele along with standard factor management. Add on Homoeopathic medicine substantially resolved the scrotal hematocele in the severe haemophilia patient.

Keywords: Scrotal hematocele, haemophilia, homoeopathy, standard factor management

Introduction

Hematocele is an unusual scrotal disorder in children, and is generally associated with direct trauma to the inguinoscrotal region [1]. Hematocele is defined as a collection of blood between the parietal and visceral layers of the tunica vaginalis that causes an increase in scrotal size [2]. Hematoceles are usually painful and rarely have an idiopathic origin [3, 4].

In haematocele of recent occurrence the tunica sac contains coagulated fresh blood. If the hematocele is older, the tunica sac appears filled with spongy material several times larger than the testicular volume. Most of this material is fibrin and cholesterol granulomas. In chronic hematocele the blood clot is totally or partially organized and consists of connective tissue that contains numerous newly formed blood vessels and hemosiderin-laden macrophages [5, 6].

The scrotum is relatively protected from severe damage due to its inherent mobility and the presence of the cremasteric reflex and tunica albuginea. The incidence of scrotal or testicular injury in trauma is <1%, and while it is generally not life threatening, prompt diagnosis and appropriate management are critical to prevent morbidity [7, 8]. Common blunt mechanisms of injury in scrotal trauma include motor vehicle, and bicycle accidents [9]. Ultrasound is only really indicated in the case of scrotal trauma without haematocele, looking for rupture of the tunica albuginea or intratesticular haematoma [10].

Scrotal haematocele is a rare presentation in haemophilia. Homoeopathy medicine have shown marked results in management of haemophilia as an add on therapy [11, 12, 13]. This case report is on management of scrotal haematocele with homoeopathy as add on to factor therapy, to reduce the span of suffering and improve general condition of patient.

Case report: A Seven year old male patient pre-diagnosed as Severe Haemophilia type A (<1%) telephonically communicated to the homoeopathic consultant at 8:00 pm on 03/07/2019 from a remote village with the complaint of pain and swelling at scrotal region following trauma. The case was taken telephonically according to protocol of Homoeopathy in Haemophilia (HIH) (www.homoeopathyinhaemophilia.com).

History of Presenting Complaints: The trauma was due to fall from a bicycle while riding on it two hours ago. The patient got injured at scrotal region as he accidentally hit himself to the rod of bicycle during fall.

Family History: There is no known case of Haemophilia in the Family of both sides and the marriage between the parents is non Consanguineous.

Mental Symptoms: The child was very restless due to pain. He did not want to be talk, or examined by any person for fear of pain while touching the affected part.

Assessment

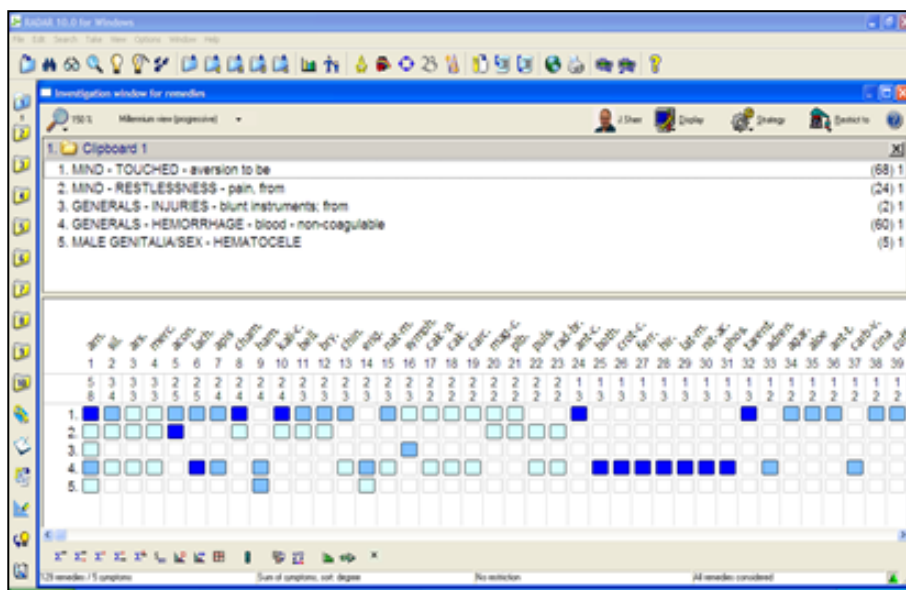
- Adaptive /maladaptive (modified) behavioral scale^[14].
- A. Activity level- score - 2
- B. Co-operation- score - 0
- C. Communication Skill- score – 2

Cumulative score-04

- Wong baker pain rating scale¹⁵ - 8

Repertorial Totality



- Mind - Touched - aversion to be
- Mind - Restlessness - pain, from
- Generals - Injuries - blunt instruments; from
- Generals - Hemorrhage - blood - non-coagulable
- Male Genitalia/Sex - Hematocele

**Prescription**

Arnica montana 30 / 1 dram in globule number 30 / 4 pills given immediately from emergency Homoeopathic Medicine Kit and was advised to take 4 pills two hourly for 3 times plus RICE (Rest, Ice, Compression and Elevation). The patient's parents were advised to keep close observation

and report to the physicians on change of any event during the episode. The parents photographed the changes and sent it to physicians through Whatsapp messenger. The patient was advised for Factor concentrate infusion and hospitalization in Nasik Civil Hospital for standard management.

Table 1: Follow-up

F/U	Date	Description	Photo	Prescription								
1	02/07/2019	As per the advice the patient was hospitalized for standard management.		In Civil Hospital:- Factor VIII was injected Intravenously one Vial of 250 IU.								
2	03/07/2019	The symptomatic condition of patient remained the same.		In Civil Hospital:- Factor VIII was injected Intravenously two Vials of 250 IU each.								
3	04/07/2019	<p>Add on homoeopathic management was re-evaluated to relieve the symptoms of the patient and to improve the general condition.</p> <table border="1"><thead><tr><th colspan="2">Signs</th></tr></thead><tbody><tr><td>Erythema</td><td>present</td></tr><tr><td>Oedema</td><td>present</td></tr><tr><td>Tenderness</td><td>present</td></tr></tbody></table> <p>A. Adaptive /maladaptive (modified) behavioral scale- total score- Activity level- score - 2 Co-operation- score - 0 Communication Skill- score - 2 B. Wong baker pain rating scale - 8</p>	Signs		Erythema	present	Oedema	present	Tenderness	present		After complete evaluation on the basis of reportorial totality and therapeutic indication Arnica Montana 200 / 1 dram in globule number 30 / 4 pills / 3 times a day for 5 days was prescribed.
Signs												
Erythema	present											
Oedema	present											
Tenderness	present											
4	05/07/2019	The condition of patient had started improving and		In Civil Hospital:- Factor VIII was injected								


		patient was discharged from hospital.		Intravenously one Vial of 250 IU.
5	08/07/2019	<p>The Scrotal hematocoele resolved completely.</p> <p>A. Adaptive /maladaptive (modified) behavioral scale- total score-</p> <ul style="list-style-type: none"> • Activity level- score - 8 • Co-operation- score - 8 • Communication Skill- score - 6 <p>B. Wong baker pain rating scale - 0</p>		Homoeopathic: Sac Lac / 1 dram in globule number 30 / 4 pills / 8 hour of Interval for 15 days.

Table 2: Assessment according to Modified Naranjo Criteria ^[16].

Domain		Yes	No	N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed	+2	0	0
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+2	0	0
3.	Was there an initial aggravation of symptoms?	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved)?	+1	0	0
5.	Did overall well-being improve? (suggest using validated scale)	+2	0	0
6 A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6 B	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 downwards?	0	0	0
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	+1	0	0
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
	Total score	11	0	0

Discussion

This is a case of 7 year old child suffering with severe haemophilia A, residing at a remote village 9.8 km away from Nashik city. The patient had injury while riding the bicycle which led to scrotal hematocoele. Emergency consultation was done telephonically and was advised for standard factor management.

The case was not substantially improved with the low potency of indicated medicine. The evaluation of the case was done again by using Fleiss Kappa manner between TK, OK and GM and following the directives of Master Hahnemann in Organon of Medicine, 6th edition in aphorism 280 ^[17], the potency of Arnica Montana was raised from 30 to 200. The patient was advised to take Arnica Montana 200 / 4 pills / 3 times a day for 5 days. This initiated marked improvement in the patient and the patient was free from pain and the Scrotal Hematocoele resolved within 4 days.

The patient was assessed using The Modified Naranjo Criteria for Homeopathy-Causal Attribution (MONARCH) in order to support the casual inference of outcome concluded in the case study, based on the 10 domains in the criteria as listed in Table 2. Domain 1 is fulfilled which is about improvement in the main symptom or condition for which the homeopathic medicine was prescribed as scrotal haematocoele improved completely. Domain 2 is about clinical improvement occurring within a plausible timeframe relative to the drug intake, which was fulfilled as the medicine helped to recover the condition of the patients within 4 days. According to Domain 3 there is no initial aggravation of symptoms. Domain 4 was fulfilled as the effect encompasses more than the main symptom or condition that is it covered the suprapubic swelling and the surrounding ecchymosis. Domain 5 was fulfilled as overall

well-being of the patient improved. Domain 6 is about directions of cure. No symptoms improved in the opposite order. According to Domain 7 old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) did not reappear during the course of improvement. Domain 8 is about alternate causes other than the medicine that, with a high probability, could have caused the improvement. Yes, the factor VIII therapy was given to the patient 3 times during the course of treatment. But initially there was no appreciable change in the condition of patient. But after increasing the potency of Arnica Montana from 30 to 200 marked improvement was seen in the patient. According to domain 9 the health improvement was confirmed by objective evidence such as pain rating scale, adaptive & mal adaptive behavioral score and relevant photographs of the patient. Repeated dosing, if conducted, can create similar clinical improvement if selected on the basis of homoeopathic principles. Homoeopathy and Factor therapy recovered the patient fast and also cut short the duration of hospital stay.

Conclusion

On the basis of symptom similarity and acute totality of this case, Arnica Montana 200 along with Standard Factor Management can efficiently manage scrotal hematocoele in severe haemophilia patient.

Declaration of Patient Consent

The authors certify that they have obtained appropriate patient consent in written from the parents. The parents have given consent for images and other clinical information for the sake of scientific interest and publication of data.

Conflicts of Interest: Authors declare no conflict of interest.

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