



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(2): 153-158

Received: 15-02-2023

Accepted: 17-03-2023

Dr. Neha I Patel

PG Co-Ordinator, HOD,
Professor - Department of
Repertory at Smt. AJ Savla
Homoeopathic Medical College
and RI Mehsana, Gujarat,
India

Dr. Suman Chaudhary

HOD, Associate Professor-
Department of Pathology at
Smt. AJ Savla Homoeopathic
Medical College and RI
Mehsana, Gujarat. Ph.D
Scholar Homoeopathic
University, Jaipur, Rajasthan,
India

Corresponding Author:

PG Co-Ordinator, HOD,
Professor - Department of
Repertory at Smt. AJ Savla
Homoeopathic Medical College
and RI Mehsana, Gujarat,
India

Individualised homoeopathic approach for infantile haemangioma: A case report

Dr. Neha I Patel and Dr. Suman Chaudhary

DOI: <https://doi.org/10.33545/26164485.2023.v7.i2c.822>

Abstract

Infantile haemangioma is the most common form of vascular tumours. It is a birthmark also known as strawberry birthmark is an abnormally dense group of blood vessels.

Case summary: This is a case report of a three-month-old girl child presented with diagnosed case of haemangioma. It was present on scalp with purple, dark red elevated round with large size. She was treated with individualised homoeopathic medicine. The assessment of haemangioma was done with Vancouver Scar at baseline and after homoeopathic treatment. Possible causal attribution of changes was assessed by Modified Naranjo criteria (Score 09 out of 13).

Keywords: Case report, Homoeopathy, Infantile haemangioma, strawberry birthmarks, Silicea

Introduction

In the infants haemangioma are the most common vascular tumours. At the time of birth infantile haemangioma are absent. However, it follows three stages, first phase is cellular proliferation, second phase is involution phase and ultimately last stage is regress. Morbidity depends on many factors as like site of haemangioma, size, and type. Morbidity may include from simple disfigurement, scarring and more serious occurrence like loss of vision, airway compression, congestive heart failure and death. Infantile haemangioma have high risk in the female gender, preterm birth, baby with low birth weight, products of multiple gestations [1, 2].

Infantile haemangioma is classified into main three forms i.e. superficial or deep or a combination of both. Haemangioma may be present solitary lesion or one of many and may vary in size from a few millimetres to centimetres in diameter. The superficial lesions have colour of bright red look as strawberry, raised, firm or slight compressible may appear as papules, nodules or plaques. The deeper haemangioma has bluish hue colour or skin colour and appear as nodule. Some time there may be mixed variety of haemangioma may be seen which have characteristics of both the superficial and deeper varieties [3].

Development of infantile haemangioma also have characteristics after the birth, first few weeks to months of life there may be sign present as a pallor patch, sign of vasoconstriction bruise like area and presence of group of telangiectasia may be seen at the site of appearance. Proliferations in superficial haemangioma have achieved mean growth up to three months and maximum up to one year and in a deep variety haemangioma have longer period of time, mean growth up to twelve to fourteen months up to two years [1, 2, 6].

Conventional treatment of haemangioma comprises drug therapy to hasten the progress and decrease the size of the lesion. Drug can be given in topical form, injectable form, oral or intravenous form. Conventional treatment also includes the laser therapy and surgery.

Homoeopathy has a role to play in the treatment of haemangioma without Surgery. Haemangioma is a type of Benign Vascular Tumour. According to Hahnemann Miasm is the cause creating the condition for chronic and constitutional complaints, including Tumour. Summarising the mysterious manifold Miasmatic manifestations, it is revealed that 'the psoric manifests most strongly the functional symptoms; the syphilitic has as its hallmark ulceration and destruction of tissues even to bone tissue; while the sycotic has an opposite manifestation infiltration and overgrowth of tissue.' Tuberculosis is the union of psora and syphilis [10, 13].

There is endothelial cell proliferation seen in the pathology of Haemangioma, so we can characterise it as Synoptic manifestations.

Hence, Constitutional Homoeopathic medicine can safely and effectively diminish proliferative growth and make recovers without any surgery/side effect [8,9].

There are many Homoeopathic medicines plays role in case of Haemangioma. The most commonly used medicines are Ars Alb, Arnica, Calc carb, Carbo animals, Carbo veg, Fluoric acid, Kreosote, Lachesis, Lycopodium, Mercurius, Nat Mur, Nit Acid, Phosphorus, Pulsatilla, Rhus tox, Silices, Sulphur, Thuja [11, 12].

Material and methodology

A case from the Out Patient Department of the SH Gardi

Homoeopathic Hospital attached with Sm. AJ Savla Homoeopathic medical College Mehsana, Gujarat is presented here. The case was a diagnose case of haemangioma. Prescription was based on individualisation done after full case taking followed by analysis, evaluation and repertorisation. Selection of Potency of medicine made as per guideline by Hahnemann mentioned under organon of medicine. The Assessment was done according to Vancouver Scar Scale at baseline of treatment and after the treatment. The case was assessed for the likelihood of causality between the homoeopathic intervention and outcome as per Modified Naranjo criteria for Homoeopathy.

Table 1: Vancouver Scar Scale [4]

Sign/Symptoms	0	1	2	3	4	5
Pigmentation	Normal colour	Hypopigmentation	Hyperpigmentation			
Vascularity	Normal	Pink	Red	Purple		
Pliability	Normal	Supple	Yielding	Firm	Banding	Contracture
Height (mm)	Normal	<2	>2 and <5	>5		
Grading Score		Mild (1-4)	Moderate (5-8)	Severe (9-13)		

Case

A three months old girl child from Mehsana Gujarat came with known case of haemangioma since birth:

- Location: Scalp.
- Sensation: purple dark red elevated round large sized (Fig. 1).
- Associate complaint: Recurrent coughing with rattling. Coughing aggravation from lying down without expectoration, mild fever.

Her mother during time of pregnancy was gain weight in the last trimester and history of weakness during pregnancy. The baby was delivered by caesarean section. Her birth weight was 3.3 kg. She is a second chid of her mother. At the time of birth, girl child was having haemangioma at scalp region. Haemangioma was increase in the thickness or height with months. The size of lesion is increases day by

day. A paediatrician had given an opinion for surgical procedure if it will not stop to increases in size. But parents do not want to go for any surgical procedure or to take risk for bay, they have consulted for Homoeopathic Treatment.

She was constipated. She was going stool once per three days. Her stool was offensive. During sleep she became easily startle from least noise.

In the family history, her grandmother having diabetes mellitus. Maternal grandmother having hypertension, asthma, diabetes mellitus and joint pain. Grandfather having diabetes mellitus.

On Examination

Inspection: Swelling was Purplish, blood filled, size around 4x4 cm. (Fig. 1).

Palpation: Painless on touch, yielding on pressure.



Fig 1: Haemangioma at baseline)

Diagnosis: Infantile Haemangioma

The baseline assessment of the case was done according to

Vancouver Scar Scale on the first visit and score was 09 and categorised as severe.

Table 2: Baseline Assessment-Vancouver scar scale of the patient on the first visit

Sign/Symptoms	0	1	2	3	4	5
Pigmentation			2			
Vascularity			2			
Pliability			2			
Height (mm)				3		
Total Score	09					
Severity	Severe					

Totality of symptoms:

1. Startled sleep from least noise.
2. Haemangioma: scalp.
3. Coughing aggravation lying down.
4. Rattling cough, no expectoration.
5. Stool: constipated, offensive.

Analysis of Symptoms

1. Startled sleep from least noise – general symptom/objective symptom.
2. Haemangioma: scalp – physical particular/objective symptom.
3. Coughing AGG lying down - physical particular modality/objective symptom.
4. Rattling cough, no expectoration- physical particular/objective symptom.
5. Stool: constipated, offensive - physical general/objective symptom.
6. Homoeopathic diagnosis of the case: Miasmatic Disease.

Miasm: Psora+3, Sycosis +3, Syphilis+3.

Repertorisation was done after analysis and evaluation of the symptoms.

Repertory sheet

Remedy Name	Sil	Sulph	Nux-v	Phos	Calc	Bry	Puls	Lac
Totality	21	21	20	19	17	17	17	16
Symptoms Covered	7	7	7	6	6	5	5	6
Kingdom								
[Complete] [Heart & Circulation] Tumors, blood vessels, angioma, he...	4	3	1	4	3		3	4
[Complete] [Mind] Starting, startled: Trifles, about: (21)	3	3	3		1			
[Complete] [Rectum] Constipation: Children, in: (50)	3	3	4	1	4	3		1
[Complete] [Stool] Offensive: (211)	4	4	3	3	3	4	4	4
[Complete] [Cough] Lying: Agg.: (161)	3	4	3	4	3	4	4	3
[Complete] [Cough] Rattling: (88)	3	3	3	3	3	3	3	3
[Complete] [Expectoration] Scanty: (79)	1	1	3	4		3	3	1

Fig 2: Repertory Sheet

Prescription: Date: 30-12-19

First Prescription: Silicea 1 M, 1 dose followed by SL BD with mother’s milk for 15 Days were given to the patient on Date: 30/12/2019. Medicine is selected after confirmation in

Materia Medica and Miasm of patient.

Follow up

Table 3: Follow up

Sr. No	Date	Complaints	Treatment	Image
1	16-01-2020	Relives in cough. No new spot of lesion seen. No change in the size of swelling.	Sac Lac BD for 15 Days.	
2	03-02-2020	No complaint of cough. Improvement in constipation. No change in the size of swelling.		
3	18-02-2020	Still mild constipation is there. No change in Size of swelling. So need to repeat same medicine with same potency	Silicea 1 M, 1dose followed by Sac Lac for 30 Days	
4	18-03-2020	Relives in constipation. Height of swelling slightly diminished. Over all well.	Sac Lac BD for 30 Days.	
5	16-04-2020	Occasionally constipated. Height of swelling diminished but not remarkable.	Sac Lac BD for 30 Days.	





6	14-05-2020	Height of swelling remarkably diminished. Pliability not seen. Also a colour of lesion become light. In centre of lesion healing seen by regeneration of new skin.	Sac Lac BD for 30 Days	
7 8 9	15-06-2020 16-07-2020 20-08-2020	Improvement seen	Sac Lac BD for 30 Days	
10	21-09-2020	In centre of lesion majority area replace with normal skin texture. Marked improvement seen. No need to repeat medicine.	Sac Lac BD for 30 Days	
11, 12, 13, 14, 15, 16	19-10-2020 25-11-2020 22-12-2020 21-01-2021 22-02-2021 24-03-2021	Follow up is taken at every monthly. It is seen that the surrounding complaints like constipation and cough is cured totally. No repeat attack of cough till day. The size and height of lesion is improved at every follow up. So medicine is not repeated.	Sac Lac BD for 30 Days	
17	20-04-2021	Majority of area is filled with a skin.	Sac Lac BD for 30 Days	
18 to 25	18-05-2021 22-06-2021 21-07-2021 19-08-2021 22-09-2021 26-10-2021 23-11-2021 22-12-2021	Improvement is seen in every follow up	Sac Lac BD for 30 Days	
26	20-01-2022			

Table 4: Follow up chart as per the Vancouver Scar Scale

Sign/Symptoms	Score at follow up visits			
	6 th	10 th	17 th	26 th
Pigmentation	1	1	1	0
Vascularity	2	1	1	0
Pliability	0	0	0	0
Height (mm)	1	1	0	0
Total Score	4	3	2	0
Severity	Mild	Mild	Mild	Normal

Discussion

In this case, we have an objective symptoms and family history. All information given by parents, as mentioned under guideline by Master Hahnemann In case taking aphorism 83 to 104. In paediatric cases we have very limited symptomatology, generally they are available in objective form. These types of cases are lacking in subjective type of symptoms. So approach in case is mainly depends on objective symptoms and family/past history. A

repertorisation done from Complete Repertory where we have integrated approach of Boger and kent. Boger said Objective symptoms are true telling symptoms of the case. The case was assessed for the likelihood of causality between the Homoeopathic intervention and outcome as per modified Naranjo criteria for Homoeopathy. Under MoNarCh domains 3, 6, 7, 8 were not established in the report but other domains were largely established. The total score of the outcome was 09 (Table No. 5)

Table 5: Monarch inventory (improved version of the modified Naranjo criteria for Homoeopathy).^[5]

Domains	Yes	No	Not sure or N/A	Score for successfully treated cases
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0	+1
Was there an initial aggravation of symptoms?	+1	0	0	0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1
Did overall well-being improve? (suggest using validated scale)	+1	0	0	+1
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 aspect 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?	+1	0	0	0
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?	+1	0	0	0
Are there alternate causes (other than 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)	-3	+1	0	+1
Was the health improvement confirmed by any objective evidence? (E.G. Laboratory test, clinical observation, etc.)	+2	0	0	+2
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
Total Score: 09				

Conclusion

This series of follow up have resolved haemangioma completely without any side effect and painful procedure with Homoeopathic individualized approach. It shows that infantile haemangioma is successfully treated with the Homoeopathy.

Acknowledgement

The authors are thankful to all reviewers for reviewing and editing the article. Also thankful to Smt A. J. Savla Homoeopathic medical college and RI, Mehsana Gujarat to encouraging and to give support to us to write the article.

Financial support and sponsorship: Nil.

Conflict of interest: There are no conflicts of interest.

References

1. Abraham A, Job AM, Roga G. Approach to Infantile Hemangiomas. *Indian J Dermatol.* 2016 Mar-Apr;61(2):181-6. DOI: 10.4103/0019-5154.177755. PMID: 27057018; PMCID: PMC4817443.
2. Smith CJF, Friedlander SF, Guma M, Kavanaugh A, Chambers CD. Infantile Hemangiomas: An Updated Review on Risk Factors, Pathogenesis, and Treatment. *Birth Defects Res.* 2017 Jul 3;109(11):809-815. DOI: 10.1002/bdr2.1023. Epub 2017 Apr 12. PMID: 28402073; PMCID: PMC5839165.
3. George A, Mani V, Noufal A. Update on the classification of haemangioma. *J Oral Maxillofac Pathol* 2014;18:S117-20
4. Baryza MJ, Baryza GA. The Vancouver Scar Scale: an administration tool and its interrater reliability. *J Burn*

- Care Rehabil. 1995 Sep-Oct;16(5):535-8. PMID: 8537427. DOI: 10.1097/00004630-199509000-00013.
5. Lamba CD. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020 Nov;109(04):191-7.
 6. KL, Mancini AJ. Article. *Indian J Paediatr Dermatol* 2018;19:293-303.
 7. Richter GT, Friedman AB. Hemangiomas and vascular malformations: Current theory and management. *Int J Pediatr* 2012 Jan 1;2012:645678.
 8. Shaikh MI. Role of homoeopathic medicine in the treatment of infantile haemangioma. *Indian J Res Homoeopathy*. 2019;13(1):55-61.
 9. Tavakoli M, Yadegari S, Mosallaei M, Aletaha M, Salour H, Lee WW. Infantile periocular haemangioma. *J Ophthalmic Vis Res*. 2017;12:205-11.
 10. Clarke JH. *A Dictionary of Practical Materia Medica*. Vol. 1. New Delhi: B Jain Publishers (P) Ltd; c2009. p. 171.
 11. Dubey SK. *Text Book of Materia Medica*. 3rd ed. Calcutta: Books and Allied (P) Ltd; c1999. p. 51. 12. Kent JT. *Lectures on Homoeopathic Materia Medica*. 2+ Ed. New Delhi: B Jain Publishers (P) Ltd; v2009. p. 144.
 12. Dewey WA. *Practical Homoeopathic Therapeutics*. 3rd Ed. New Delhi: Jain Publishing Co; c2009. p. 37.
 13. Close S. *The Genius of Homoeopathy, Lectures and Essays on Homoeopathic Philosophy*. 1st Ed. New Delhi: B Jain Publishers (P) Ltd; c1979 p. 192-4.

How to Cite This Article

Neha I Patel, Suman Chaudhary. Individualised homoeopathic approach for infantile haemangioma: A case report. *International Journal of Homoeopathic Sciences*. 2023;7(2):153-158.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.