

HOMOEOPATHIC MANAGEMENT OF TARGETED HAEMARTHROSES IN INHIBITOR POSITIVE HAEMOPHILIAC: A CASE REPORT

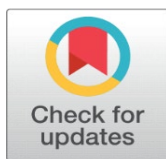
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Received 29 November 2023

Accepted 30 December 2023

Published 13 January 2024

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DOI

[10.29121/granthaalayah.v11.i12.2023.5422](https://doi.org/10.29121/granthaalayah.v11.i12.2023.5422)

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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ABSTRACT

Haemarthroses is common presentation in haemophilia patient. Due to recurrent use of clotting factor concentrates for treatment and prophylaxis, of which about 20 % of patients produce antibodies to factor VIII and factor IX. This results in development of inhibitors in such patients which complicates the case even more. Homoeopathy the alternative form of treatment can be used in such case. This case report presents the management of haemarthroses in a haemophilia inhibitor. Well selected homoeopathic similitum helped in reversing the haemophilic arthropathy in left knee joint of the patient and even controlled the recurrence of the haemarthroses in target joint. The result was assessed using Hemophilia joint health assessment scale (HJHS). The result of before and after treatment was extremely significant with a p value of 0.0009 The individual curative response of the case was assessed using Modified naranjo criteria for homoeopathic case reporting, casual attribution (MONARCH).

Keywords: Homoeopathy, Hemophilia, Targetjoint, Inhibitor, Hemarthroses

1. INTRODUCTION

Bleeding episodes in muskulokeletal system is very common in haemophilia. About 80% occur within the joints mainly elbows, knees and ankles [Rodríguez-](#)

[Merchán \(2019\)](#). When the haemorrhage persists or recurrent bleeds occur, intra-articular blood causes apoptosis of the chondrocytes. The synovial membrane usually hypertrophies as it reabsorbs blood, leading to accumulation of blood into joints. This a vicious cycle of chronic synovitis leads to joint destruction and classical haemophilic arthropathy, the involvement of target joint [Valentino et al. \(2012\)](#). Replacement of missing coagulation factors is usually the standard management in prevention and treatment of haemarthroses. Repeated exposure to replacement therapy **leads** to development of inhibitors against factor VIII (FVIII) or factor IX (FIX) in haemophilia patients. Haemarthroses is one of the most common complications in haemophilia and has major clinical and economic consequences [Minno et al. \(2010\)](#). About one-third of patients, following treatment with factor concentrates, usually develop an antibody (inhibitor) to that particular factor, making it inactive. This makes the patient more prone and at risk for life-threatening bleeding [Wight & Paisley \(2003\)](#).

2. CASE PRESENTATION

A pre-diagnosed case of severe haemophilia A and inhibitor positive presented on 24/01/2020 with left knee swelling on slightest trauma or strain.

Patient had vertigo since 2 days with restlessness due to pain. Aggravation-flexed knees, Amolieration-cold fomentation

Figure 1



Figure 1 Target joint - Lt. Knee

Right knee joint=33cm

Left knee joint =39.5 cm

Past history_Swelling of left knee joint intermittently since 2 years

Genetic and family history_maternal grandfather had haemophilia A

Local examination

Swelling with effusion

Leading to flexion and extension loss of left knee

Gait-limping

Walking, Stairs climbing, Running are not within normal limits according to global gait score (HJHS)

General examination-

Thirst-thirstless

All other general feature were within normal limits

Mind

Loquacious

Not serious about his studies

Miasmatic analysis-Syco-syphilitic

3. ASSESSMENT WITH SCALES

Table 1

Table 1 Hemophilia Joint Health Score Before Treatment - Summary Score Sheet [Morfini et al. \(2007\)](#)

	Left Knee		Right Knee	
Swelling	3	NE	0	NE
Duration (swelling)	1	NE	0	NE
Muscle Atrophy	0	NE	0	NE
Crepitus on motion	1	NE	0	NE
Flexion Loss	3	NE	0	NE
Extension Loss	3	NE	0	NE
Joint Total	15		0	

Sum of Joint Totals -15

Global Gait Score - 4

HJHS Total Score =19

4. RUBRICS AND REMEDIAL ANALYSIS

Figure 2

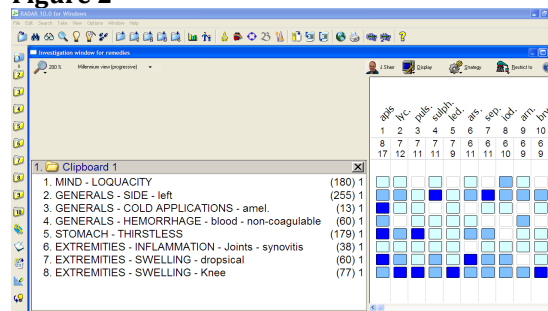


Figure 2 Repertorial Totality

Rx,

- 1) Apis Mel 30,5 doses 24 hourly in sacchrum lactis.
- 2) Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD.

Table 2

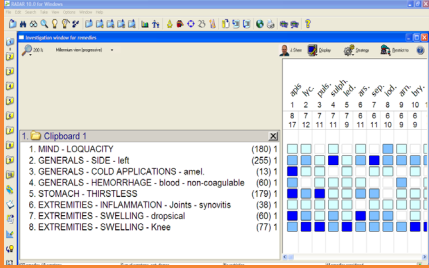
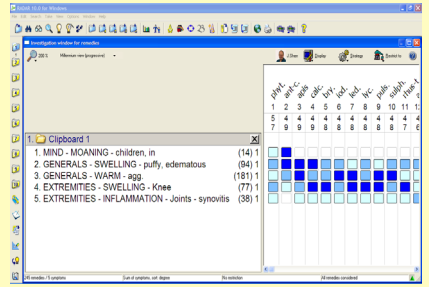
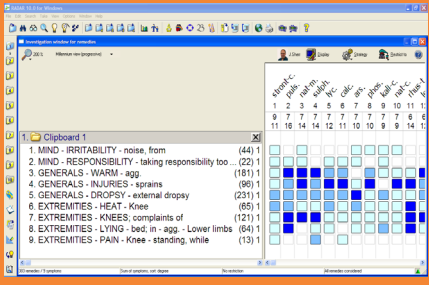
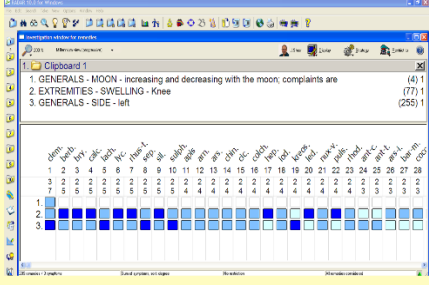

Table 2 Follow Up Chart			
Date	Symptoms	Justification and Image	Medicine
03/04/2021	<p>The patient was lost to follow up for almost an year due COVID-19 restrictions.</p> <p>When he returned his left knee swelling was almost the same.</p> <p>Right knee joint=34cm Left knee joint =39.5 cm</p>	 <p>Figure 3 Repertorial Sheet</p>	<p>Apis Mellifica 30 in saclac powder 3 doses 24 hourly</p> <p>Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD</p>
14/06/2021	<p>Partial relief</p> <p>Right knee joint=34cm Left knee joint =37cm</p>	 <p>Figure 4 Repertorial Sheet</p>	<p>Phytolacca Decandra 30 in saclac powder 3 doses 24 hourly</p> <p>Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD</p>
18/07/2021	<p>Right knee joint=34.5 cm Left knee joint =38 cm</p>	 <p>Figure 5 Repertorial Sheet</p>	<p>Strontium Carbonicum 30 in saclac powder 3 doses 24 hourly</p> <p>Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD</p>
03/9/2021	<p>Swelling of left knee increased since 2days.</p> <p>Earlier the swelling had reduced to and flexion increased.</p> <p>Right knee joint-35.5 Left Knee joint-37.5cm</p>	 <p>Figure 6 Repertorial Sheet</p>	<p>Clematis Erecta 30 in saclac powder 3 doses 24 hourly</p> <p>Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD</p>
20/11/2021	<p>Right knee joint=36.5 Left knee joint =36.5</p>	 <p>Figure 7 Left Knee Measurement</p>	<p>Sulphur 0/1, 3 doses 24 hourly.</p> <p>Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD</p>



Figure 8 Right Knee Measurement



Figure 9 Both the Knees (Normal)

11/04/2022

Target joint completely resolved.
No recurrence of bleeding since last 6 months.



Figure 10 Follow Up After 6 Months

Placebo in 30 number globules, 2 drachm bottle to be taken 4 pills BD

Table 3

Table 3 Hemophilia Joint Health Score After Treatment - Summary Score Sheet-14

	Left Knee		Right Knee	
Swelling	0	NE	0	NE
Duration (swelling)	0	NE	0	NE
Muscle Atrophy	0	NE	0	NE
Crepitus on motion	0	NE	0	NE
Flexion Loss	0	NE	0	NE
Extension Loss	0	NE	0	NE
Joint Pain	0	NE	0	NE
Strength	0	NE	0	NE
Joint Total	0		0	

Sum of Joint Totals -0
 + = Global Gait Score 0

HJHS Total Score =0

5. DISCUSSION

Haemarthroses, that is intra-articular haemorrhages are a frequent finding usually observed in patients with haemophilia [Rodriguez-Merchan et al. \(2011\)](#), [Buzzard & Beeton \(2008\)](#), [Buzzard & Jones \(1988\)](#). The extravasation of blood into the joint is the most important event that leads to development of haemophilic arthropathy [Hermans et al. \(2011\)](#), [Lafeber et al. \(2008\)](#), [Roosendaal et al. \(2008\)](#). The functional prognosis becomes very poor once arthropathy develops [Nilsson et al. \(1992\)](#). Long-term prophylaxis aimed in order to establish factor levels over 1 IU dL, if started at an early age, prevents the onset of chronic haemophilic arthropathy [Roosendaal et al. \(2008\)](#). However, after the replacement therapy about 10% and 30% of patients with severe haemophilia A and 2–5% of patients with severe haemophilia B usually develop anti FVIII and anti FIX antibodies respectively [Rodriguez-Merchan et al. \(2003\)](#) When present, these inhibitors inactivate the biological activity of infused FVIII or FIX, making the patient refractory to treatment [Morfini et al. \(2007\)](#), [Lamba et al. \(2020\)](#). Haemophilic arthropathy along with inhibitors is quite a challenge.

This case presents homoeopathic management of case of chronic haemarthroses in haemophilia inhibitor. Left knee joint over the period of two years was found to be the target joint. Rest all joints were normal functionally and anatomically. This target joint swelling had completely hampered the routine of the patient. As the left leg had flexion and extension loss to severe degree even daily chores seemed difficult. Walking, climbing stairs, running was obscured. When the patient presented at Homoeopathy in haemophilia research centre, he was already diagnosed with inhibitor. The case was thoroughly analysed. Left knee joint was severely swollen ([Figure 1](#)) with effusion. After a thorough case taking Apis mellifica 30 was prescribed. Later on, due to COVID-19 pandemic the patient was lost to follow up. Over the time recurrent haemorrhages had caused chronic haemophilic arthropathy in

over left knee. Apis mellifica, strontium carb and phytolacca were prescribed ([Table 2](#)) with moderate changes in the patient. Each medicine though brought down the swelling to moderate degree, but recurrence of swelling at target joint was the concern and hence it was changed time to time. Fresh anamnesis was done and typical symptom of aggravation during full moon and new moon was noticed. New totality was formed ([Figure 6](#)) and Clematis Erecta was prescribed. This brought about the desired results and the swelling was completely resolved. Both the knees measured equal and were normal functionally and anatomically. After the pathology had resolved, sulphur 0/1 which was found to be constitutional was prescribed to inhibit the recurrence of swelling. For next 6 months regular follow, up was taken. No episodes of recurrence of bleeding at target joint were seen.

The syco-syphilitic changes that had occurred in target joint were completely reversed. The joint health was evaluated using Hemophilia joint health assessment score (HJHS). The difference of before and after treatment using HJHS score was tested with paired t-test. The two-tailed P value equals 0.0009. By conventional criteria, this difference is considered to be extremely statistically significant. Modified Naranjo criteria for homoeopathy, casual attribution (MONARCH) [St-Louis et al. \(2022\)](#) inventory was used to assess curative response

of the case. The score of MONARCH is 10. Reporting of the case strictly adheres to HOM-CASE-CARE [Van Haselen \(2016\)](#) guidelines.

6. CONCLUSION

Haemarthroses was effectively managed in a diagnosed inhibitor positive Haemophiliac with homoeopathic Intervention.

7. DECLARATION OF PATIENT CONSENT

The authors testify that they have obtained proper patient and parents' consent in written format from the patient. The patient has given consent for clinical information and images for the sake of scientific interest and publication of data.

8. PATIENTS PERSPECTIVE

The case being a paediatric case, mothers perspective was taken. According to her slightest trauma frequently caused swelling in left knee joint. Homoeopathic treatment reduced frequency and reversed the hemophilic arthropathy. It has brought his sons routine back to normal.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

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