Idiopathic Thrombocytopenic Purpura Managed with Classical Homoeopathy: a Case Report

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ABSTRACT

Introduction: Idiopathic thrombocytopenic purpura (ITP) is a common haematological disorder, characterised by decreased platelet count for no detectable cause. It can be self-limiting but can also become a chronic affliction.

Case report: We present the case of a 2-year-old child with ITP refractory to steroidal treatment. The case was managed with individualised classical homoeopathy. While the child improved, haematologically, more impressive was the return of strong acute infection, absent since the onset of ITP. This is in accordance with the Levels of Health theory of George Vithoulkas and heralds a cure in the chronic disease.

Conclusions: There is need to investigate the role of classical homoeopathy in ITP with large case studies. The phenomenon of correlation between acute inflammation and chronic diseases needs to be investigated by immunological studies.

Keywords: Case report; idiopathic thrombocytopenic purpura; homoeopathy; personalised medicine; continuum theory; levels of health

INTRODUCTION

Idiopathic Thrombocytopenic Purpura is a common haematological disorder, characterised by abnormally low platelet number,[1] with a global incidence between 2.2 per 100,000 and 5.3 per 100,000 children per year.[2] It is classified into acute and chronic, where acute cases last for less than 3 months from the time of diagnosis and chronic for longer than 12 months. It is also classified into primary and secondary types, the secondary type associated with autoimmune diseases, malignancy, infections and other causes, and the primary idiopathic type associated with immunopathogenic mechanisms connected to increased/impairment in platelet destruction.

Clinically, patients present with platelet count less than 30×10^9 /L with tendency to bleed or bruise with minimal trauma. Petechiae, purpura and ecchymosis appear primarily in the lower and upper extremities. Widespread haematomas are seen in patients with a platelet count less than 10,000 u/L. Fatal complications may ensue from bleeding in rare cases.

Conventional management includes corticosteroids, intravenous immunoglobulins (IVIg), B cell depletion therapy, Rituximab (RTX), thrombopoietin receptor agonists (TPO-RA) and splenectomy.

Idiopathic thrombocytopenic purpura in children often resolves spontaneously or after a therapy within 6-12 months of diagnosis. 20-25% of children with newly diagnosed thrombocytopenic purpura develop chronic disease which lasts for more than 12 months.[3]

Case Report

Case Presentation: On 27/6/2018, a 2-year-old boy presented with ITP, diagnosed four months prior to homoeopathic consultation.

History of presenting complaints: It began as reddish - purplish patches, mostly on the knees and around the eyes. It worsened when the patient had mild fevers with coryza every month. The patches lasted for 5-7 days and subsided on their own. He was hospitalised for a short period two months prior to presenting to homoeopathy and was prescribed Wysolone (Prednisone) 20 mg (1 tablet once a day since then).

Laboratory investigations: On 19/03/2018, a complete haemogram revealed his platelet count to be 8000/cu mm (Normal: 150,000- 450,000/cu mm). (Fig 1)

On 5/6/2018: The platelets were still at 50,000 (Normal: 150,000- 450,000/cu mm). (Fig 2)

Past history: The boy was born by normal vaginal delivery and fully vaccinated. No post-vaccine reactions were observed.

He suffered repeated vomiting and indigestion at the age of 4 months to 1 year, which were treated conventionally. There was also severe constipation for some time.

Homoeopathic consultation: According to the parents, the patient was a bossy child, very intelligent and had excellent memory. He was possessive of his belongings and exhibited sibling jealousy++. He was selfish, highly irritable and restless. He was very particular about his appearance like clothing, hair etc. He kept everything clean and tidy. As observed by the physician, his expressions were very precise and cautious.

Refer to this table after 'Prescription: Sulphur 30C once daily for 5 days' on page 27

Date	Symptoms/findings	Platelet count	Treatment (homoeopathic/conventional)
13 July 2018	3 patches subsided, only one patch was remaining. Appetite improved. Weight gain by 1kg. An episode of cold, coryza and fever occurred with no increase in purpureal patches.		Wysolone 10mg/once a day continued
26 July 2018	No new patches of purpura or ecchymosis appeared on skin. Frequency and intensity of fever, cold and coryza reduced. Corticosteroids stopped completely.	69,000/cu mm	Wysolone stopped as patient clinically improving.
13 August 2018	He became obstinate but his selfishness and jealousy had reduced remarkably. Uncovering during sleep was still present. No new petechiae.	115,000/cu mm	Nil
12 October 2018	No more petechiae, no repeated episodes of cold, coryza and fever. Appetite was good. Obstinacy had reduced and he mixed well with siblings.	188,000/cu mm	Nil
12 November 2018	Patient developed sudden high-grade fever **103°F (39.4°C)** with left sided multiple cervical lymphadenopathy (Fig. 8). Swelling of cervical glands, soft to touch but very painful, even slight touch aggravated the pain. Thirst increased during fever+. Head was hot to touch but extremities were cold. He had aversion to milk +++, appetite was reduced due to fever. This acute was after 4 months from the first prescription. His WBCs were high 22,000/cu mm (Normal: 5000 – 10,000/cu mm), indicating infection.	325,000/cu mm.	Belladonna 200, three doses, 12-hourly. (Fig. 7 repertorisation)

Table 1. Follow-ups

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Generalities: Poor appetite+++, strong desire for sweet +++, indigestible things +++, chicken, fat, banana, and aversion to eggs++. He was thirsty and drank plenty of water at normal temperature. He was thermally hot and did not prefer covering; he uncovered his feet and slept mostly on the left side.

The case was repertorised (Fig. 3) on the Radar repertorisation software.

Prescription: Sulphur 30 C once daily for 5 days.

Refer to **Table 1. Follow-ups** on page 26 at this point.

Follow-up after 4 days: Fever reduced after Belladonna. Appetite improved again. Swelling of cervical glands reduced considerably. No more petechiae, ecchymosis or coryza. On enquiry the parents reported that there was a history of high-grade fever when the child was 8 months old, but there was no lymphadenopathy associated then.

Discussion

The relation between acute and chronic diseases has been explained in the groundbreaking theories Levels of Health[4] and The Continuum Theory[5], by Prof Vithoulkas. In this case we see an excellent example of this. While it is true that there is a possibility for self-resolution of ITP in children, we must look beyond mere statistics. Here, the child had gone from having a high fever at 8 months' age to getting repeated low-grade fevers with mild upper respiratory symptoms around the time of onset of the ITP. As per homoeopathic understanding, this implies two things: i) that the patient had gone from being able to produce an efficient acute inflammatory response to being affected repeatedly with inefficient acute inflammation; ii) the patient developed acute inflammation despite having a potentially chronic disease, indicating a better health level and therefore a better prognosis[4]. This case behaved exactly as predicted by the theories. When the right remedy was prescribed, the chronic state started to improve but, at the same time, one may observe the increased WBCs all along. This means that the patient had infection but was not able to mount a response to it, efficiently. When the platelets rose to normal, the fever rose as well, indicating that the organism finally had the ability to mount an efficient response to the infection. This was followed by stability in the chronic condition and elevation of the boy's health to a better level.

Sulphur in our materia medicas is presented as one of the most widely applicable remedies. It is interesting here that the boy presented with the alternative picture of Sulphur, who we expect to be untidy and dirty[6]. Here there was excessive neatness and order. This, as has been recorded, can be Sulphur too[7]. Of course, the strategy used here was totality of symptoms. Considering that this case was of Group B according to Levels of Health, we expect the acutes to be severe and they may require treatment[4]. This was proven true with the appearance of massive lymphadenopathy. The remedy indicated as per repertorisation, was Belladonna, which in its proving produces sudden and intense inflammation[6]. With such careful handling of the acute episodes alone, can we see improvement later in the chronic condition as well. If these acutes are not handled with the right remedy, there is danger of the patient slipping back to the chronic condition post-acute.

Conclusions

This case report shows a beneficial effect of classical homoeopathy in idiopathic thrombocytopenic purpura. However, there is need for further investigations to prove its relevance in this disease. The authors found the connection between acute and chronic disease in accordance with the Levels of Health Theory and the Continuum Theory in this case.

References

1. Onisâi M, Vlădăreanu A-M, Spînu A, Gaman M, Bumbea H. Idiopathic thrombocytopenic purpura (ITP)–new era for an old disease. *Romanian Journal of Internal Medicine.* 2019;57(4):273-283.
2. Terrell DR, Beebe LA, Vesely SK, Neas BR, Segal JB, George JN. The incidence of immune thrombocytopenic purpura in children and adults: a critical review of published reports. *American journal of haematology.* 2010;85(3):174-180.
3. Jung JY. Clinical course and prognostic factors of childhood immune thrombocytopenia: single center experience of 10 years. *Korean journal of pediatrics.* 2016;59(8):335.
4. Vithoulkas G. *Levels of HEALTH*. 3rd revised edition
   Alonissos, Greece: International Academy of Classical Homoeopathy; 2019.
5. Vithoulkas G, Carlino S. The "continuum" of a unified theory of diseases. *Med Sci Monit*. 2010;16(2):15.
6. Kent JT. *Lectures on Materia Medica*. New Delhi, India: B Jain Publishers Pvt Ltd; 1995.
7. Homoeopathy IAoC. E Learning Program by Prof. Vithoulkas. In. Alonissos, Greece: International Academy of Classical Homoeopathy; 2020:https://www.vithoulkas.edu.gr/member.

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Dr Seema Mahesh is a renowned classical homoeopath from Bangalore, India , practising for the past 18 years. After completing homoeopathic medical education as a topper of the Rajiv Gandhi University, she went on to complete her PG diploma at the International Academy of Classical Homeopathy, Greece, under the teachings of Prof George Vithoulkas. Further she has been involved in the research committee of the Academy and is currently the Director of Research at IACH Greece. She is instrumental in taking the core concepts of classical homoeopathy as propounded by Prof Vithoulkas to the conventional medical journals and conferences. Having published 18 scientific papers so far, in peer reviewed medical journals, and hundreds of articles on non peer review platforms, she has also presented posters on homoeopathic concepts of health, disease and cure evidenced through case studies and controlled studies at conventional medical conferences on immunology and autoimmunity at NewYork, Fiji, Dublin, Krakow, Stockholm, Harvard Medical School, Amsterdam, London, Madrid, Vancouver, Tel Aviv, Istanbul and New Delhi. Her presentation at Harvard won her an award of excellence. Her papers on gangrene and psoriasis have been downloaded an all time record number of times.

She has been invited to teach homoeopathy all over the world including USA, Mexico, Brazil, Israel, Australia, Egypt, Germany, Greece, Turkey, Thailand, Malaysia etc. She is currently a research scholar at the esteemed Taylor's University Malaysia, researching on the concepts of fever treatment in the elderly, where she is training under the supervision of Prof Lai, who is the Cochrane trainer for systematic reviews in Malaysia.

Editor's note:

Figures 1 to 9 have been omitted due to image quality. We will endeavour to publish high-resolution images in the December 2021 edition, along with an introduction to the other author of this article, Dr Nikhil Jamdar.