

27-6-2024

Infantile haemangioma treated with Homoeopathy: A case report

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Kaur H, Singh R. Infantile haemangioma treated with Homoeopathy: A case report. Indian J Res Homoeopathy 2024;18:78-85.

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Introduction: Infantile haemangiomas (IH) are common benign tumours of infancy. Approximately, one in ten infants gets affected. The male-to-female ratio is variable, with some reports suggesting that females are more prone than males. In India, the prevalence of IH in various studies has been reported as varying from 0.1% to 0.28%. The head and neck are the regions where most of the haemangiomas are located. The lesions are apparent soon after birth and are followed by rapid proliferation during the first year of life and a gradual involution occurs over the next five to ten years. **Case summary:** This is a case of a six months old female child with IH on the scalp which was completely resolved within two years with homoeopathic treatment. The improvement was assessed using the Vancouver Scar Scale. The photographs of the lesion were taken during treatment to keep track of the progress. The follow-ups were recorded at regular intervals to look for any recurrences and complications. This case clearly exhibits that IHs undergo early resolution under homoeopathic treatment without any adverse effects of the medications. More such case reports and clinical trials are required to illuminate the effectiveness of homoeopathic treatment for the regression of IHs.

Acknowledgments and Source of Funding

Financial support and sponsorship: Nil

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Abstract

Introduction: Infantile haemangiomas (IH) are common benign tumours of infancy. Approximately, one in ten infants gets affected. The male-to-female ratio is variable, with some reports suggesting that females are more prone than males. In India, the prevalence of IH in various studies has been reported as varying from 0.1% to 0.28%. The head and neck are the regions where most of the haemangiomas are located. The lesions are apparent soon after birth and are followed by rapid proliferation during the first year of life and a gradual involution occurs over the next five to ten years. **Case Summary:** This is a case of a six months old female child with IH on the scalp which was completely resolved within two years with homoeopathic treatment. The improvement was assessed using the Vancouver Scar Scale. The photographs of the lesion were taken during treatment to keep track of the progress. The follow-ups were recorded at regular intervals to look for any recurrences and complications. This case clearly exhibits that IHs undergo early resolution under homoeopathic treatment without any adverse effects of the medications. More such case reports and clinical trials are required to illuminate the effectiveness of homoeopathic treatment for the regression of IHs.

Keywords: Case report, Homoeopathy, Infantile haemangioma, Vancouver Scar Scale

INTRODUCTION

Haemangiomas are the most common vascular and benign tumours of infancy.^[1,2] In India, the prevalence of infantile haemangioma (IH) in various studies has been reported as varying from 0.1% to 0.28%.^[2] They affect approximately one in ten children. They are evident in up to 12% of all children. IHs occur frequently in females than in males, in a ratio of approximately 3:1. Sixty percent of haemangiomas are located in the head and neck area, whereas 25% occur on the trunk and 15% on the extremities. Haemangiomas occur as a single lesion in 80% of the infants, but 20% may develop multiple tumours. At birth, the appearance is inconspicuous but rapid and intermittent growth is observed during the first year of life. Fifty percent of the lesions are usually involuted by the age of five years. This process of involution increases to nearly seventy percent by the age of seven years and about 90% by the age of nine years. Residual lesions may remain in 40–50% of all affected children in the form of telangiectatic cutaneous vessels, fibrous-fatty tissue or scar formations.^[1]

Foetuses exposed to chorionic villous sampling in-utero and pre-mature babies show a higher incidence. Most of the

haemangiomas are non-problematic and require no treatment, but approximately 10% may cause significant morbidity in the form of airway obstruction, ocular compression, functional impairment, or ulceration. Intralesional and systemic steroids, chemotherapeutic agents including vincristine and interferon-alpha, propranolol, laser therapy and surgical intervention are the most recent treatment options available for problematic haemangiomas.^[3]

As far as the miasmatic background of haemangiomas is considered, Dr. J. H. Allen (1854–1925) says, ‘In nevus or congenital markings of the skin, we see all these miasmatic elements present; these warty, pigmented growths, these wine-coloured patches, all have an underlying stratum of sycosis as well as of pseudo-psora’.^[4]

The scope of homoeopathy in treating IH is supported by two case reports showing successful and complete remission of the lesion under homoeopathic treatment.^[5,6] This case report adds further to this evidence.

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Received: 28 February 2023; **Accepted:** 24 May 2024

Access this article online

Quick Response Code:



Website:
www.ijrh.org

DOI:
10.53945/2320-7094.1834

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How to cite this article: Kaur H, Singh R. Infantile haemangioma treated with Homoeopathy: A case report. *Indian J Res Homoeopathy* 2024;18:78-85.

PATIENT INFORMATION

A 6-month-old female child was brought to the homoeopathic unit of a Central Government Health Scheme Wellness Centre, Shahdara, Delhi, India for a pinkish to purplish growth on the scalp [Figure 1].

History of presenting complaints

The parents reported that it was a slight pink swelling at birth, which rapidly increased in size. They consulted a paediatrician, and an ultrasound was done to rule out a connection with the brain parenchyma. It was found that the growth on the scalp was superficial and had no extensions to the meninges or the brain parenchyma. The paediatrician advised them to remove the growth through surgery. There was a history of the patient's elder sibling dying under the age of one year due to cerebellar agenesis. So her parents wanted to avoid any surgery, as they had lost a child previously, and chose to take homoeopathic treatment instead.

Clinical findings

On examination, the swelling was soft, non-tender, slightly warm, purplish, blanching on pressure, measuring approximately 3 × 2 cm and placed centrally on the vertex. There was no bruit or pulsation present over the swelling.

The patient was thin, had a fair complexion and had fine delicate skin with capillaries visible under the skin. She had sharp features. She was uncomfortable whenever her parents

lifted her from the bed. The child would take deep breaths on and off. She used to cry out loud during sleep with a shrieking sound. There was a tendency to catch cold on every exposure to a cold environment. Even though the patient was primarily on her mother's feed, she had recently been introduced to another diet and seemed to like salty foods more than sweets. She had frequent attacks of abdominal colic, which were better by passing the stool and flatus. She had pain in abdomen and would cry every time before passing stool. The dentition had just started, and the lower incisors had begun erupting.

Case analysis and repertorisation

The Kent's Repertory of Homoeopathic Materia Medica was used for the repertorisation of case, and after the analysis and evaluation of the symptoms, following rubrics were taken.^[7]

1. Mind, anxiety, children in, when lifting from the cradle
2. Mind, sighing
3. Mind, shrieking, sleep in
4. Generalities, emaciation
5. Generalities, cold in general agg
6. Stomach, desire, salty things
7. Stomach, desire, chocolate
8. Skin, excrescences (picked from cross-reference suggested against skin, tumours)
9. Abdomen, pain, cramping, gripping, stool, before
10. Abdomen, pain, cramping, gripping, stool, after, amel.

Repertorisation was done using the software Radar Opus 3.0.16 [Figure 2].

Therapeutic intervention

The patient was prescribed *Calcarea phosphorica* 200C/BD/3 days, 6 globules of size 30 (each dose), on 31 October 2020 considering the totality of the symptoms of the patient, the repertorial result and the dentition phase of the child. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the period.

Follow-up and outcome

Follow-up of the patient was done at regular intervals to monitor the progress of the case [Table 1]. The vascularity, thickness (height), pliability, pigmentation and severity of the haemangioma were assessed using the Vancouver Scar Scale (VSS) score [Table 2]. At baseline, the VSS score was 6 and categorised as 'moderate.'



Figure 1: Before treatment

	salph.	calc-p.	nit-ac.	puls.	calc.	phos.	nat-m.	cocc.	nux-v.	arg-n.	br.	mag-c.	hep.	thul.	agar.
1. Clipboard 1															
2. MIND - ANXIETY - children, in - when lifted from the cradle		2													
3. MIND - SIGHING	1	3	1	1				1	1	2					1
4. MIND - SHRIEKING - sleep, during	2	2	1	3	1	1	1	1		2	2	1	1		1
5. GENERALITIES - EMACIATION	3	2	3	2	3	3	3	2	3	2	1	2			2
6. GENERALITIES - COLD - in general agg.	2	3	3	2	3	3	2	2	3	1	2	2	3	2	2
7. SKIN - EXCRESCENCES	1	2	2		2	3	3	1		3					1
8. ABDOMEN - PAIN, - cramping, gripping - stool, - before	2		3	1	3	1	1	1				2	3		
9. ABDOMEN - PAIN, - cramping, gripping - stool, - after - amel.	3	2	1	1	1	2	1		2	3	2	3	1	2	3

Figure 2: Repertorial sheet

Table 1: Details of follow-up

Date of follow-up	Complaints	Medicine, dose, repetition	Justification
1st Visit 31 October 2020	Pinkish to purplish growth on the scalp. The swelling was soft, non-tender, slightly warm, purplish, blanching on pressure.	<i>Calcarea phosphorica</i> 200C/BD/3 days	Considering the totality, <i>Calcarea phosphorica</i> was prescribed.
11 November 2020 1 ST follow-up	The haemangioma on the scalp had stopped growing further. The pain in the abdomen was better. There was no pain in the abdomen before passing stool, the child was not crying before passage of stool. Sleep was sound but on and off affected by the shrieking of the child. The purplish congestion of the lesion was there as if the blood would start oozing out of it.	<i>Hamamelis virginiana</i> 30C/TDS/5 days	The purplish congestion of the lesion was there as if the blood would start oozing out of it, so a pathological prescription of <i>Hamamelis virginiana</i> 30C/TDS/5 days was done so that the dose could be repeated frequently to avoid the lesion from ulcerating.
21 November 2020 2 nd follow-up	The size of the haemangioma had started decreasing, but the congestion was there. Pain in the abdomen was not improving further and the child had developed constipation. The patient liked to eat salty things. There was excessive irritability.	<i>Natrum muriaticum</i> 1M/OD/3 days	The patient liked to eat salty things. There was excessive irritability in the child, which led to the prescription of <i>Natrum muriaticum</i> 1M/OD/3 days.
17 December 2020 3 rd follow-up	The size of the haemangioma was reduced further, but the tendency to get affected very easily by the slightest exposure to cold was still there.	<i>Tuberculinum</i> 200C/OD/3 days	<i>Tuberculinum</i> 200C/OD/3 days was prescribed as an intercurrent depending on the symptomatology and miasmatic background of the case.
27 January 2021 4 th follow-up	The size of the haemangioma had come to a standstill. The tendency to get affected by cold was better, pain in the abdomen was better and the desires and aversion of the child were not so prominent. The stool was clear, appetite was good.	<i>Hamamelis virginiana</i> 30C/BD/5 days	A pathological prescription of <i>Hamamelis virginiana</i> 30C/BD/5 days was done.
27 February 2021 5 th follow-up	Reduction in the size of haemangioma. The child had developed urticaria during a fever in an upper respiratory tract infection, there was thirstlessness.	<i>Apis mellifica</i> 30C/BD/3 days	<i>Apis mellifica</i> 30C/BD/3 days was prescribed on the basis of acute totality.
10 April 2021 5 th follow-up	The size of the haemangioma was constantly under regression but due to dentition the child was irritable and had been eating mud and putting everything in the mouth.	<i>Cina maritima</i> 200C/BD/3 days	The child was irritable and had been eating mud and putting everything in the mouth. <i>Cina maritima</i> 200C/BD/3 days was prescribed on the basis of symptomatology.
12 June 2021 6 th follow-up	The haemangioma was better.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days to keep up the improvement of the patient.
06 July 2021 7 th follow-up	Improvement continued.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
28 July 2021 8 th follow-up	The size of the haemangioma was reduced further.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
04 September 2021 9 th follow-up	Improvement continues, The size of the haemangioma was reduced further. No associated complaints were there.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
29 October 2021 10 th follow-up	Improvement continues, The size of the haemangioma was reduced further.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
26 November 2021 11 th follow-up	Improvement continues, The size of the haemangioma was reduced further.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
28 December 2021 12 th follow-up	The lesion was visible as a very small swelling on the scalp.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
22 February 2022 13 th follow-up	Better.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
25 May 2022 14 th follow-up	Only a very slight pink swelling on the scalp remained.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis Virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.
06 October 2022 15 th follow-up	The lesion had almost disappeared only a slight pinkish hue of the skin remained.	<i>Hamamelis virginiana</i> 30C/BD/5 days	<i>Hamamelis Virginiana</i> 30C/BD/5 days prescribed as pathological to keep up the improvement.

Table 2: Vancouver Scar Scale (VSS) score chart

Scar characteristic	Score		Baseline	6 th month	12 th month	18 th month
Vascularity	Normal	0	2	1	1	1
	Pink	1				
	Red	2				
	Purple	3				
Pigmentation	Normal	0	0	0	0	0
	Hypopigmentation	1				
	Hyperpigmentation	2				
Pliability	Normal	0	2	2	1	0
	Supple	1				
	Yielding	2				
	Firm	3				
	Ropes	4				
Height	Contracture	5				
	Flat 0	0	2	2	1	0
	<2 mm	1				
	2-5 mm	2				
Severity	>5 mm	3				
	Mild	1-4	6	5	3	1
	Moderate	5-8				
	Severe	9-13				

The size of the haemangioma stopped increasing after the first prescription, which gradually reduced [Figure 3], and subsequently disappeared by the time the child was 2.5 years of age [Figure 4]. The size of the haemangioma stopped increasing after the first prescription, which gradually reduced [Figure 3], and subsequently disappeared by the time, the child was 2.5 years of age [Figures 4 and 5]. VSS score reduced from 6 to 1 over the visits, as shown in Table 2.

The predominant miasm in the case was pseudo-psora or tubercular miasm.

Modified Naranjo Criteria for Homoeopathy (MONARCH) was used in this case for assessing the likelihood of a causal relationship between intervention and the outcome.^[8] The total score was 9 in this case which was suggestive of the attribution of clinical outcome to the homoeopathic intervention [Table 3].

DISCUSSION

A homoeopathic prescription to a 6-month-old child for a localised lesion, without any associated complaints, is a challenge in itself. The symptoms in this case were obtained from the parents and from the observations made during examination. The remedies were prescribed keeping in view the totality of the symptoms and miasmatic background. Although the child was being primarily treated for the haemangioma on the scalp, the acute complaints of the child were also addressed with homoeopathy, as and when required.

In the follow-ups, the medicines were changed according to the presenting signs and symptoms of the patient. *Tuberculinum* was prescribed as an intercurrent when the case came to a standstill and did not show any further improvement.



Figure 3: During treatment

Hamamelis virginiana was a pathological prescription and was repeated frequently so that the improvement continues and the lesion does not ulcerate.

IHs undergo a proliferative stage, followed by involution and then they typically resolve by approximately four years of age. The options for treatment of these are vast and include oral, topical and intralesional corticosteroids, systemic interferon alpha, oral and topical beta-blockers, laser treatment and surgical excision. However, all these may cause side effects and adverse drug reactions (ADR). Oral propranolol can cause asthma or airway hyperreactivity, oral steroids cannot be used for a long duration and cause ADRs. Topical ointments may cause local irritation and ulceration. Surgical procedures have risks associated with anaesthesia,

Table 3: Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there a homeopathic aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
5. Did overall well-being improve?	+1		
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B. Direction of cure: did at least one 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 downward?	+1		
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	
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider a known course of disease, other forms of treatment and other clinically relevant interventions)			0
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0
Total score: + 9			



Figure 4: After treatment

bleeding risk, iatrogenic injuries and residual scar formation. Skin atrophy, pigmentary changes, bleeding and ulceration can be the adverse effects of laser treatment.^[9]

Two case reports of children with IH have been documented before that were treated with homoeopathic medicines. There was 88.8% improvement in the first case during ten months and 100% in the second case during ten months of follow-up. These cases show that early treatment of IH with homoeopathic medicine chosen on the basis of individualisation can diminish proliferative growth and hasten resolution in a gentle manner without any associated adverse effects.^[5] Another case report of IH affecting the right eye in a 5-month-old female child is reported to be completely cured with the help of homoeopathic medicine within four months of treatment with *Arnica montana*. The remedy was prescribed as a specific, based on its physiological action which shows that specific remedies might also have a role in treating such cases.^[6]

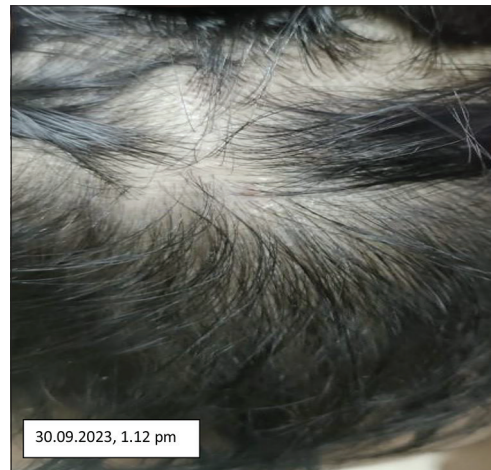


Figure 5: Follow-up

Homoeopathy can heal these congenital lesions if the medicines are chosen correctly. However, as the well-being patient is the utmost priority for any physician, a timely referral of the patient is also paramount in cases with complications. A timely intervention of modern treatment methods can be life-saving or prevent severe impairment of functions of the associated organs.

In this particular case, there was no associated adverse effect of IH, nor was there any communication with the brain tissue, so that posed no threat to the patient’s life. The patient’s parents were well aware of the risks of the conventional treatment methods. They had lost a child previously and did not want to take any risk for this child. They tried to opt for a safe treatment process with Homoeopathy. There was a complete regression of the lesion before the age of three years with this gentle healing method. The reporting of the case has been done according to the HOM-CASE guidelines.

CONCLUSION

Haemangiomas undergoing early resolution with homoeopathic treatment and without any adverse effects can revolutionise the treatment of IHs. A single case, however, might not be sufficient evidence; more cases of a similar kind and further clinical studies are required to illuminate the effectiveness of homoeopathic treatment in the regression of IHs.

Declaration of patient assent

Informed written consent for the publication of this report was taken from the patient's parents, and anonymity of their child was assured to the best extent possible.

Financial support and sponsorship

Nil.

Conflict of interest

None declared.

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Hémangiome infantile traité par homéopathie – Un cas

Introduction: Les hémangiomes infantiles (HI) sont des tumeurs bénignes courantes de la petite enfance. Environ un nourrisson sur dix est touché. Le ratio hommes-femmes est variable, certains rapports suggérant que les femmes sont plus sujettes que les hommes. En Inde, la prévalence de l'HI dans diverses études a été rapportée comme variant de 0,1 % à 0,28 %. La tête et le cou sont les régions où se trouvent la plupart des hémangiomes. Les lésions sont apparentes peu après la naissance et sont suivies d'une prolifération rapide au cours de la première année de vie et d'une involution progressive au cours des cinq à dix années suivantes.

Résumé de cas: Il s'agit d'un cas d'une fillette de six mois avec une HI sur le cuir chevelu qui a été complètement résolue en deux ans avec un traitement homéopathique. L'amélioration a été évaluée à l'aide de l'échelle des cicatrices de Vancouver. Les photographies de la lésion ont été prises pendant le traitement pour suivre l'évolution. Les suivis ont été enregistrés à intervalles réguliers pour rechercher d'éventuelles récurrences et complications. Ce cas montre clairement que les HI subissent une résolution précoce sous traitement homéopathique sans aucun effet indésirable des médicaments. D'autres rapports de cas et essais cliniques de ce type sont nécessaires pour mettre en lumière l'efficacité du traitement homéopathique pour la régression des HI.

Infantiles Hämangiome mit Homöopathie behandelt – Ein Fallbericht

Einleitung: Infantile Hämangiome (IH) sind häufige gutartige Tumoren im Säuglingsalter. Ungefähr jeder zehnte Säugling ist betroffen. Das Verhältnis von Männern zu Frauen ist variabel, wobei einige Berichte darauf hindeuten, dass Frauen anfälliger sind als Männer. In Indien wurde die Prävalenz von IH in verschiedenen Studien mit 0,1 % bis 0,28 % angegeben. Kopf und Hals sind die Regionen, in denen sich die meisten Hämangiome befinden. Die Läsionen sind kurz nach der Geburt sichtbar und werden im ersten Lebensjahr von einer schnellen Proliferation gefolgt und in den nächsten fünf bis zehn Jahren kommt es zu einer allmählichen Involution. **Fallzusammenfassung:** Dies ist ein Fall eines sechs Monate alten weiblichen Kindes mit IH auf der Kopfhaut, das innerhalb von zwei Jahren mit homöopathischer Behandlung vollständig behoben wurde. Die Verbesserung wurde anhand der Vancouver-Narbenskala bewertet. Die Fotos der Läsion wurden während der Behandlung aufgenommen, um den Fortschritt zu verfolgen. Die Nachuntersuchungen wurden in regelmäßigen Abständen aufgezeichnet, um nach Rezidiven und Komplikationen zu suchen. Dieser Fall zeigt deutlich, dass IHs unter homöopathischer Behandlung ohne Nebenwirkungen der Medikamente vorzeitig abklingen. Weitere solcher Fallberichte und klinischer Studien sind erforderlich, um die Wirksamkeit der homöopathischen Behandlung bei der Rückbildung von IHs zu beleuchten.

शिशु रक्तवाहिकाबुद् का होम्योपैथी से इलाज – एक केस रिपोर्ट

परिचय: शिशु रक्तवाहिकाबुद् (IH) शैशवावस्था का सामान्य ट्यूमर हैं। लगभग, दस शिशुओं में से एक इससे प्रभावित होता है। कुछ रिपोर्टों से पता चलता है कि महिलाएं पुरुषों की तुलना में अधिक प्रवृत्त हैं। भारत में विभिन्न अध्ययनों में शिशु रक्तवाहिकाबुद् की व्यापकता 0.1 प्रतिशत से 0.28 प्रतिशत के बीच बताई गई है। सिर और गर्दन वे क्षेत्र हैं जहां अधिकांश रक्तवाहिकाबुद् स्थित हैं। जन्म के तुरंत बाद घाव स्पष्ट होते हैं और जीवन के पहले वर्ष के दौरान तेजी से प्रसार होते हैं। इसका अगले पांच से दस वर्षों में क्रमिक विकास होता है। **केस सारांश:** यह छह महीने की बच्ची का केस है जिसके खोपड़ी पर शिशु रक्तवाहिकाबुद् था जिसे होम्योपैथी उपचार के साथ दो साल के भीतर पूरी तरह से हल कर लिया गया। वैक्यूमर निशान पैमाने (VSS) का उपयोग करके सुधार का मूल्यांकन किया गया। प्रगति पर नज़र रखने के लिए उपचार के दौरान घाव की तस्वीरें ली गईं। अनुवर्ती किसी भी पुनरावृत्ति और जटिलताओं को देखने के लिए नियमित अंतराल पर हुआ। इस मामले से स्पष्ट पता चलता है कि शिशु रक्तवाहिकाबुद् किसी प्रतिकूल प्रभाव के बिना होम्योपैथी उपचार के तहत समाधान हो सकता है। शिशु रक्तवाहिकाबुद् इसके प्रतिगमन के लिए होम्योपैथी उपचार की प्रभावशीलता को स्पष्ट करने के लिए इस तरह की अधिक केस रिपोर्ट और नैदानिक परीक्षाओं की आवश्यकता है।

Hemangioma infantil tratado con homeopatía – Presentación de un caso

Introducción: Los hemangiomas infantiles (HI) son tumores benignos frecuentes de la infancia. Aproximadamente, uno de cada diez bebés se ve afectado. La proporción entre hombres y mujeres es variable, y algunos informes sugieren que las mujeres son más propensas que los hombres. En la India, se ha informado que la prevalencia de HI en varios estudios varía entre el 0,1% y el 0,28%. La cabeza y el cuello son las regiones donde se localizan la mayoría de los hemangiomas. Las lesiones son evidentes poco después del nacimiento y son seguidas por una rápida proliferación durante el primer año de vida y se produce una involución gradual durante los siguientes cinco a diez años. **Resumen del caso:** Se trata de un caso de una niña de seis meses de edad con HI en el cuero cabelludo que se resolvió completamente en dos años con tratamiento homeopático. La mejoría se evaluó mediante la escala de cicatrices de Vancouver. Las fotografías de la lesión se tomaron durante el tratamiento para realizar un seguimiento de la evolución. Los seguimientos se registraron a intervalos regulares para detectar recurrencias y complicaciones. Este caso muestra claramente que los HI se resuelven precozmente bajo el tratamiento homeopático sin ningún efecto adverso de los medicamentos. Se necesitan más informes de casos y ensayos clínicos de este tipo para iluminar la efectividad del tratamiento homeopático para la regresión de los IH.

顺势疗法治疗的婴儿血管瘤 - 病例报告

简介： 婴儿血管瘤（IH）是婴儿期常见的良性肿瘤。大约十分之一的婴儿会受到影响。男女比例是可变的，一些报告表明女性比男性更容易发生。在印度，各种研究中报告的 IH 患病率从 0.1% 到 0.28% 不等。头部和颈部是大多数血管瘤所在的区域。病变在出生后不久就很明显，随后在出生后的第一年迅速增殖，并在接下来的五到十年内逐渐消退。

病例摘要： 这是一个六个月大的女婴头皮上有IH的病例，通过顺势疗法治疗在两年内完全解决。使用温哥华疤痕量表评估改善情况。在治疗期间拍摄病变的照片以跟踪进展。定期记录随访，以寻找任何复发和并发症。该病例清楚地表明，IH在顺势疗法治疗下早期消退，药物没有任何不良反应。需要更多这样的病例报告和临床试验来阐明顺势疗法治疗对 IH 消退的有效性。