



## Case Report

## Deep vein thrombosis cured by homeopathy: A case report

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## ARTICLE INFO

## Article history:

Received 9 November 2018

Received in revised form

31 July 2019

Accepted 3 October 2019

Available online 10 February 2020

## Keywords:

Deep venous thrombosis

Homeopathy

Doppler ultrasonography

Micro doses

## ABSTRACT

Venous thrombosis (VT) of deep vein is a life-threatening condition which may lead to sudden death as an immediate complication due to formation of thrombo-embolism. VT is associated with various risk factors such as prolonged immobilization, inflammation, and/or coagulation disorders including muscular or venous injury. Deep venous thrombosis (DVT) frequently occurs in the lower limb. Successful treatment of DVT exclusively with homeopathic remedies has rarely been recorded in peer-reviewed journals. The present case report intends to record yet another case of DVT in an old patient totally cured exclusively by the non-invasive method of treatment with micro doses of potentized homeopathic drugs selected on the basis of the totality of symptoms and individualization of the case. Since this report is based on a single case of recovery, results of more such cases are warranted to strengthen the outcome of the present study.

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## 1. Introduction

Venous thrombosis (VT) of deep vein is a life-threatening condition which may lead to sudden death as an immediate complication due to formation of thrombo-embolism. It may cause long-term morbidity due to development of pulmonary embolism (PE) or post thrombotic limb and venous ulceration. Deep venous thrombosis (DVT) frequently occurs in the lower limb [1], the first episode more in female where as males are more prone to suffer recurrence [2] (about 5% annually) with previous history of unprovoked thrombosis [3], the risk being higher than that of provoked venous thrombosis [4]. Both DVT and PE are known to have a steep age gradient relationship [5], the annual incidence being 1:100 000 in children, 1:10 000 in reproductive age, 1: 1000 in later middle age and 1:100 in very old age. Approximately, over half a million premature deaths occur in Europe, and three hundred thousand in USA due to venous thrombosis [6]; the estimated number of affected adults in the US by VTE is feared to be about 1.82 million by 2050 [7]. However, this disease is relatively rare in Indian subcontinent and Asia although the incidents are alarmingly increasing in recent years [8]. The possible risk factors for

development of venous thrombosis are: age, major surgery, malignancy, trauma, prolonged bed rest, myelo-proliferative disease, ankle sprain, infection, varicose vein, certain oral contraceptive drugs etc. [3, 9]

Common clinical symptoms of DVT in lower extremity comprise pain, calf tenderness, swelling, dilated superficial veins, pyrexia, redness or no apparent sign or symptoms. Sometimes cellulitis in the lower limb may develop into a DVT by accidental injury or infection. The only reliable way to confirm diagnosis is by using duplex ultrasonography, which has been used in this study, as it is non-invasive, hazard free, cost effective and more readily available.

Homeopathy, a holistic method of treatment introduced by a German physician Dr. Samuel Hahnemann, is popular in many countries because of its use of micro doses of ultra-highly diluted drugs and lack of any toxicity or side-effects. Published case reports of successful treatment of this serious condition only through homeopathy are relatively rare [10] in the literature. Specific and well defined criteria based on totality of both physical and mental symptoms [11] as well as careful individualization of the cases are followed for selection of the particular homeopathic drugs in this study, giving due consideration to the modern method of CARE guidelines in justifying the selection of suitable drugs as per reportorial support (Supplementary Table-1) for the main remedy and modified Naranjo algorithm (Supplementary Table 2) for homeopathy [12].

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Peer review under responsibility of Transdisciplinary University, Bangalore.

## 2. Case presentation

### 2.1. Complaint and brief history

#### 2.1.1. The patient

The patient was a retired non-teaching male staff member of a University, aged sixtyfive-years, about 5 feet 8 inches tall, weighing around 87 KGs but with stout muscular body, who visited the clinic first for treatment on 8th August, 2015.

#### 2.1.2. Physical examination and past personal history

He had been suffering from atopic dermatitis for the last fifteen years, and had an inflamed area with severe cellulitis on the left lower limb below the knee joint, more prominent around and below the ankle (Fig. 1). He occasionally used some antibiotic ointment on the region, but did not undergo any systematic medication. This cellulitis apparently got aggravated because of an accidental injury of the spot, attracting infection that turned it into a severe cellulitis. Physical examination of the affected limb revealed an area with severe cellulitis in the left lower limb that was causing a great pain to the patient also having a high body temperature. He also had tender palpable left inguinal lymph nodes. On query, it was revealed that he suffered from chronic obstructive pulmonary disease (COPD) with systemic hypertension for about twenty years and also suffered from a chronic kidney disease (CKD), for which he used to take allopathic medicines. He was also a moderate cigarette smoker. He was advised surgery for the suspected DVT by his allopathic doctor, but he did not agree to undergo surgery; hence he visited the homeopathic clinic for treatment.

**Mind and disposition:** Patient with a melancholic temperament with low spirits, yet with restlessness and with loquacity.

**Family history:** DVT of cousin brother who died of it.

#### 2.1.3. Prescriptions and follow-ups

He was advised to undergo Doppler ultrasonography (USG) to examine the state of internal arterial and venous systems under the inflamed area and to record noticeable changes, if any, after drug administration. First report of Color Doppler USG study of arterial and venous systems of left lower limb suggested that he had clear indication of development of deep venous thrombus involving popliteal and posterior tibial veins ([Supplementary Materials-Fig. 2A](#)).

#### 2.1.4. Homeopathic intervention

His principal symptoms and course of homeopathic medicines prescribed have been provided in [Table-1](#). Homeopathic remedies were prescribed in accordance with the homeopathic holistic principle based on the pathogenicity, guiding symptoms and with reportorial support [11].

Periodical follow-ups done every three months till June 2016 revealed the patient to be free of any DVT related health issues. Till now, after about four years, there was no recurrence of DVT.

## 3. Results and discussion

The patient with apparent cellulitis actually transpired to be a patient afflicted with DVT on Doppler USG report ([Supplementary Materials Figs. 2A and 3A](#)). Systematic treatment with oral administration of suitable homeopathic drugs helped the patient to recover in about one month. This was evidenced by the Doppler USG test done after recovery of the patient ([Supplementary Materials Figs. 2B and 3B](#)).



**Fig. 1.** 1A. Photograph of left leg showing cellulitis (before drug). Fig. 1B–D. Left leg showing improvement and total cure (after drug).

**Table-1**

showing the salient symptoms for selection of the homeopathic remedies and follow-ups with necessary changes in medicine.

Sequence of visit and date	Symptom status	Prescription and advice
Day 1. Evening 08.08.2015	Erythematous skin on left foot, ankle and part of calf muscle, throbbing sensation. Tender palpable discrete left inguinal lymph nodes. Pyrexia (101 °F) with throbbing headache.	Belladonna 6C 6 doses at an interval of 4 h
Day 3 10.08.2015	Pyrexia continues. Erythema present, calf muscle tenderness with edema, unable to flex left knee joint.	Pyrogen 200C One dose. Advised for Doppler USG of affected limb to exclude possibility of DVT.
Day 4 11.08.2015	Inguinal lymph nodes have subsided. Fever subsided Calf muscle edema decreased. Burning, stinging pain in affected limb	Apis Mellifica 200C 2 doses at 12 h interval.
Day 5 12.08.2015	USG report came	Report shows deep venous thrombosis of Popliteal and Posterior Tibial veins.
Day 6 13.08.2015	Stinging pain gone, edema and other inflammatory features almost gone. Inguinal lymph nodes no more palpable.	No drug (Placebo)
Day 8 15.08.2015	Severe throbbing and bursting sensation returned. Better by elevation of the limb.	Vipera 200C 2 doses to be taken once daily.
Day 11 18.08.2015	Atrocious burning, markedly aggravating at night, Much psychological restlessness. Relief of burning pain with applying cold water.	Lachesis 200C. 3 doses, once daily
Day 14 21.08.2015	Burning sensation much relieved. No Calf tenderness and edema. Mind peaceful.	Placebo.
Day 19 26.08.2015	Limb almost normal Can walk freely and can flex left knee joint.	Placebo. Advised for Repeat Doppler USG of affected limb.
Day 33 09.09.2015	Doppler USG report- Normal, without DVT.	No medicine. The patient continued to be in good condition of limb since then to date (18.05.18) at regular follow ups.

Three main pathophysiological factors are attributed to the development of VT: a) damaged capillary endothelium due to injury or inflammation, b) diminished flow of blood through vein and c) increased coagulability of blood [9]. Treatment with the conventional medicines has therefore three major goals: i) thrombus to resolve, ii) minimize the chance of PE and iii) to prevent recurrence and post thrombotic syndrome. Generally a combination therapy of anticoagulant and vitamin K antagonist (VKA) (e.g. Warfarin) is initially recommended in the conventional treatment; recently, a target-specific non-vitamin K oral-anticoagulant therapy was on trial [13]. However, modern medicinal therapy has some reported limitations, namely, i) the anticoagulant does not act on existing clot, rather it prevents further coagulation, ii) use of heparin in medical patients does not change risk of death or pulmonary embolism, though its use decreases risk of DVTs; it also increases risk of major bleeding [14], iii) regular blood tests is essential; iv) risk of bleeding doubles with VKA treatment and is contraindicated in pregnant woman [15]. Further, the conventional treatment for DVT often requires expensive hospitalization.

In homeopathy, several drugs, namely, Arnica montana, Arsenicum album, Belladonna, Lachesis, Ledum palustris, Rhus Toxicodendron etc are known in clinical practice to have ability to dissolve blood clots and prevent recurrence of certain symptoms of VTE. However, Wadhvani [10] reported total cure of a DVT patient with LM potencies of a single medicine, Argentinum nitricum. Thus selection criteria of a specific homeopathic drug depends absolutely on a holistic approach [16] and may vary. It seems likely that homeopathic drugs can accelerate the natural process by activation of plasmin proteins through stimulation of activators to remove the clots (plasminogens) faster than normal process, a hypothesis which needs to be verified by suitable well designed studies, particularly in view of the suggested ability of homeopathic drugs to modulate gene expression by epigenetic modifications [17–20].

In the present case, five homeopathic drugs, namely, Belladonna, Pyrogenium, Apis mel, Vipera trova and Lachesis, were

systematically used depending on indicated symptoms and their corresponding changes. Homeopathic drugs offer definite advantages because i) they show no apparent aggravation or have no side-effects on judicious application, and ii). homeopathic treatment is cheaper and affordable. Incidentally, homeopathy is the second most popular choice of treatment in many countries including India and neighboring countries.

#### 4. Conclusion

Thus, homeopathy can play significant therapeutic roles in very serious diseases like DVT, provided the drugs are needs to be carefully selected on the basis of i) individualization of cases, ii) the totality of symptoms and personalized data, and iii) taking into consideration the pathogenicity level and proper diagnosis of the disease. Further, homeopathy may also be safely used in patients with conventional drug allergy (antibiotics) or other physical conditions preventing intake of conventional medicines.

#### Informed Consent

Signed “Informed Consent” was obtained from the patient on his first visit to the clinic after he filled up the form and agreed to undergo treatment for his ailment exclusively through homeopathy under care of the doctor.

#### Source of funding

None.

#### Conflict of interest

None.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jaim.2019.10.003>.

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