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CASE-REPORT

Title: Lobular capillary hemangioma cured with classical homoeopathic treatment: A case report

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ABSTRACT

Lobular capillary haemangioma (LCH) or Pyogenic granuloma (PG) are common benign vascular tumours that affect the epithelium and mucous membrane. It is a misnomer as they are not granulomatous, but rather a type of reactive enlargement that is an inflammatory response to local trauma such as, stone, broken teeth, rough dentures or foreign objects. Sometimes, caused by Herpes virus type 1, Orf virus and/or Human papilloma virus 2. The tumor consists of capillary proliferation, lymph nodes and fibromyxoid tissues. The tumor consists of capillary proliferation, venules and fibroid tissue. The standard treatment is excision followed by electro surgery of the base, though recurrence is frequent. Here, we report a case of a girl of 9 years and 10 months with LCH, which was successfully treated with Classical Homoeopathic treatment and no recurrence in 2 years of follow-up.

Keywords: *Homoeopathy, Inflammatory hyperplasia, Lobular capillary haemangioma, Pyogenic granuloma, Case report*

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INTRODUCTION

Lobular capillary haemangioma (LCH) or Pyogenic granuloma (PG) are common benign vascular tumors affecting the skin and mucous membranes. They are a type of reactive enlargement that is an inflammatory response to local trauma like calculus, broken teeth, rough dentures or foreign objects. Sometimes, caused by Herpes virus type 1, Orf virus and/or Human papilloma virus 2.[1] The tumor consists of capillary proliferation, lymph nodes and fibroid tissues.[1] There are variants of pyogenic granuloma including the disseminated, subcutaneous, intravenous, or use of medicines like OCPs, isotretinoin2, anti-metabolite like capecitabine,[3] EGFR-inhibitor like afatinib, gefitinib[4]. Patients with LCH may report a painless, bright red lesion.[5] The lesion discharges spontaneously or following contact, while peripheral nerve injury or systemic inflammatory disease may be called forth. [5] The commonest sites of involvement of LCH are Head, neck, hand, chest and abdomen. Diagnosis is done clinically, while excision biopsy is confirmatory. Excision of LCH is indicated if bleeding, discomfort, cosmetic issue and malignant possibility exist. LCH has also been reported to be occur in the central nervous system, Ocular sites, throughout the gastrointestinal tract, upper respiratory tract, in the bladder, and in the internal blood vessels. In this article, a case report with skin involvement is discussed.

Treatment includes removal of the provoking factor for LCH development, if it clearly exists. Shave, punch or scalpel excision with curettage and electro-dissection is a standard surgical option.[6] Adolescents and young adults have higher recurrence of multiple satellite lesions after history of prior surgical or laser removal, especially on the trunk. Pyogenic granulomas left untreated may be atrophied, become fibromatous, and slowly regress with time.[5] As there was higher chance of recurrence in our patient, it was a good scope for homeopathic treatment. We decided to take this case under consideration and treated successfully.

PATIENT INFORMATION

A girl of 9 years and 10 months of Debra, Paschim Medinipur, West Bengal came to the Out Patient Department of Midnapore Homoeopathic Medical College and Hospital on 25th May of 2016. Her primary complaint was a growth at about two inches below of her left nipple. Pulmonary tuberculosis of her mother found as family history. Constitutionally the patient is thin, malnourished, dark hair, dark eyes and dark complexioned but rigid muscular fibres. Upper eyelids are slightly dropping. Patient had less appetite, desire for pungent and salt, aversion to sweet, chilly. Stool irregular but soft. Kind hearted, Cannot be left alone. It appeared gradually about 6 months ago and treated by local homoeopathic physician

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without any help. Then allopathic physician advised for excision of the tumor. But her father decided to bring her to the OPD.

CLINICAL FINDINGS

The patient was examined very carefully and observed following data:

The tumor was a cauliflower like growth about two cm's diameter, multi lobulated, dark red in colour, persistently oozing a thin, slight offensive bloody fluid which moistened and stiffened her clothing. There was a tickling sensation at night. The discharge worse from contact and pressure and better from moistened with wet clothes (Fig 1).

Figure 1: multi lobulated tumor with oozing on first visit

The anamnesis is as follows:

1. Cauliflower like growth.
2. Bleeding easily from contact and pressure.
3. Better from moistened with wet clothes.
4. Tickling sensation, worse at night
5. Offensive discharge.
6. Chilly patient.
7. Desire for Salt and chilli, aversion to sweet.
8. Family history of tuberculosis.
9. Patient is dark, thin with rigid muscular fibres.
10. Partial dropping of upper eyelids.
11. kind hearted, cannot be left alone.

DIAGNOSTIC ASSESSMENT

From the clinical features was clearly suggestive of lobulated capillary haemangioma (pyogenic granuloma). The party refused to take surgical measure so biopsy was not an option as well as irritating the tumor (LCH) might hamper the cure. A confirmed diagnosis could be made later on from the clinical, so we took plenty of photographs from different angles.

THERAPEUTIC INTERVENTION AND FOLLOW-UP

Finding a distinct totality it was so evident that our medicine must shed off the tumor and we decided make a confirm diagnosis by excision biopsy thereafter.

From the above totality and consultation with Kent repertory Causticum 0/1, 14 doses, BD was prescribed for 7 days, to be taken orally and also to apply locally. Follow up timeline is mentioned in table 1.

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Table 1: Timeline including follow up of the case

FOLLOW UP DATES	***INDICATION AND JUSTIFICATION FOR PRESCRIPTION***	***REMEDIES WITH DOSE***
1st June, 2016	The oozing decreased significantly, the size of the tumour also reduced, the colour of the tumour became more darker than former and the tickling sensation also lesser than before. ***(Fig 2)***	Causticum 0/2, 14 doses, BD X 7 Days
8th Jun 2016	The tumour was almost dry. Only faint stain was seen on her clothes. About half of the tumour was necrosed, dry and black. Rest of portion also dry and chocolate colour. Tickling sensation also absent. Size greatly reduced and base of the tumour became narrow**.** ***(Fig 3)***	Causticum 0/3, 14 D, BD X 7Days
15.06.2016,	Improvement continued, tumour entirely dried up, became darker, base became thin. But a new symptom appeared that was continuous itching on the base. ***(Fig 4)***	Causticum 0/4, 14 doses, BD X 7days
22.06.2016	Improvement continued.	Causticum 0/5, 14 doses. BD X 7 days
29.06.2016	No discharge, tumour dry, but some lobules of upper part of the tumour found fleshy, viable, as if there were revascularization in it.	Causticum 0/6 , 14 doses BD followed by Causticum 0/7 , 14 doses BD
20.07.2016	Progress wasn't satisfactory. The necrosed lower portion of the tumour reduced considerably, but some viable lobules of upper portion of the tumour had not reduced at all. I thought tubercular miasm might cause an obstacle to cure**.** ***(Fig 5)***	Tuberculinum 1M/2 doses for two days followed by Causticum 1M/2doses. OD for two days orally and apply locally for two weeks.
03.08.2017.	The girl along with her father came OPD with the separated tumour in a phial, in which medicine was dispensed. Her father said it shed off on 01.08.2016 while she was playing with her friends. We took several photographs of the tumour and the root, where it was. There was slight elevated, raw surface at the base of the tumour. Her father asked me if they sould come again or not. I replied they need come unless and until the skin of that site become quite normal as well as surroundings.	Causticum 1M/2doses with same direction
17.08.16	There was slight elevated scar tissue at the place of tumour,	Placebo for two weeks
31.08.16	The colour of skin appeared about normal. But there was slight indurated tissue at the sight of tumour. The general health of the girl also was improved.	Placebo for 1month
19.10.16	The skin appeared almost normal. There was no induration. She was suffering from car sickness with less appetite, that was her old symptom. Reappeared after the tumour disappeared ***(Fig 6)***	Cocculus indica 200/2doses, OD for 2 days and sufficient placebo.

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DISCUSSION

Homeopathic treatment provides holistic approach to the patient. It eliminates the fundamental cause or the miasm behind a case by removal and annihilation of the disease manifestations. In this case the complaints like cauliflower like growth, easily bleeding from contact, offensive discharge are strongly suggestive of sycotic background of the patient. The general symptoms like better from moisture, droopy eye lids, dark thin rigid muscular fibre, chilliness, aversion to sweet, irregular stool led us to choose Causticum over other drugs which came in repertorisation (figure 2) and chose Causticum(18/6) over Phosphorus(19/7) because of marked ptosis in the patient. But, a standstill condition took place after the 7th prescription; there was no improvement despite well selected medicine. So, we considered there must be any obstacle in the road to recovery decided to give a dose of Tuberculinum as there is a history of tuberculosis in the family followed by Causticum which remained unchanged till end. After the tumor fall off the most favourable sign of the cure was reappearance of old symptom (motion sickness) which was absent from the development to the shedding off of the LCH. The treatment followed Hering's law of cure. Even the ptosis improved too. The patient visited the OPD with her other family members, no recurrence observed till 2018 (author was transferred thereafter). In a case report by Bharti Wadhwa, Anamika Singh reported CH affecting the right eye in a five-month-old baby, who was completely cured within four months with the help of homoeopathy.[7] Arnica Montana has been prescribed as an individualized treatment based on its physiological properties.[7]

Remedy	Phos	Caust	Sulph	Calc	Lyc	Nat-c	Con	Merc	Nit-ac	Nux-v	Sep	Graph	Arg-n	Ars	Kali-c
Totality	19	18	16	15	14	14	13	13	13	13	13	12	12	11	11
Symptoms Covered	6	5	6	6	5	4	5	5	4	4	4	5	3	3	3
[Complete] [Chest]Tumors:Bloodvessels:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Chest]Tumors:Mammae:Left:	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
[Complete] [Chest]Swelling:Left:	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
[Complete] [Generalities]Food and drinks:Salt or salty food:Desires:	4	3	3	3	2	3	3	1	4	0	3	2	4	0	0
[Complete] [Generalities]Food and drinks:Chili peppers:Desires:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Generalities]Food and drinks:Sweets:Aversion:	3	4	4	1	3	0	0	3	3	3	0	4	4	3	3
[Complete] [Clinical]Tuberculosis:Hereditary:	3	0	3	3	0	0	0	1	0	0	0	0	0	0	0
[Complete] [Eyes]Heaviness:Lids:Upper:	0	4	1	0	0	3	0	0	0	3	3	1	0	0	0
[Complete] [Mind]Company:Desire for:	4	3	1	3	4	4	4	4	2	3	3	1	4	4	4
[Complete] [Skin]Tumors:Suppurating, painless:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Skin]Swelling:	4	4	4	4	4	4	4	4	4	4	4	4	0	4	4

Figure 2: Repertorial analysis- Complete Repertory

CONCLUSION

Lobular capillary haemangioma is more commonly observed in females in the late first and second decades of life, as in the mentioned patient. Causticum is proved to be effective in the treatment of the patient which was selected on the basis of individualisation of case. According to the photographs attached above it is evident that the patient is completely cured. Long-term follow-up shows no recurrence.

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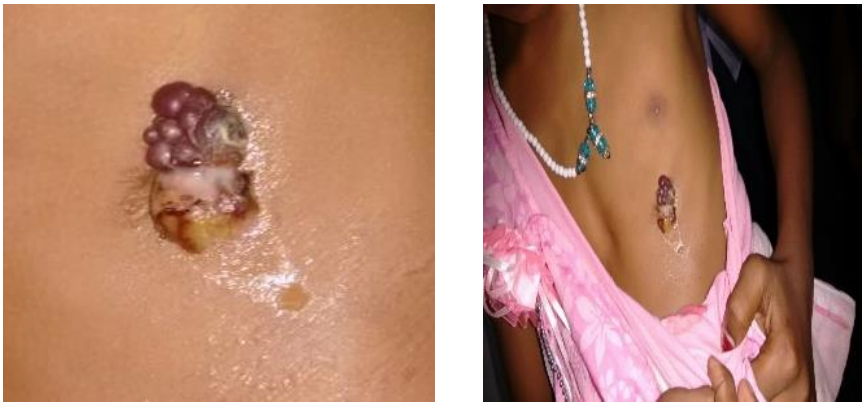

Figure 3: oozing and size is decreased, color is darker

Figure 4: Improvement

Figure 5: marked improvement, tumor almost dried up

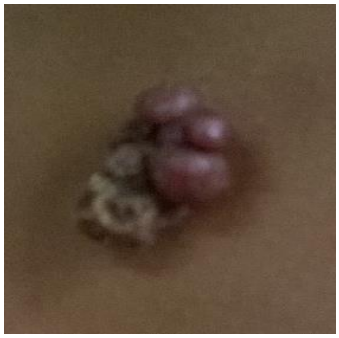

Figure 6: lower portion necrosed, revascularization of upper part

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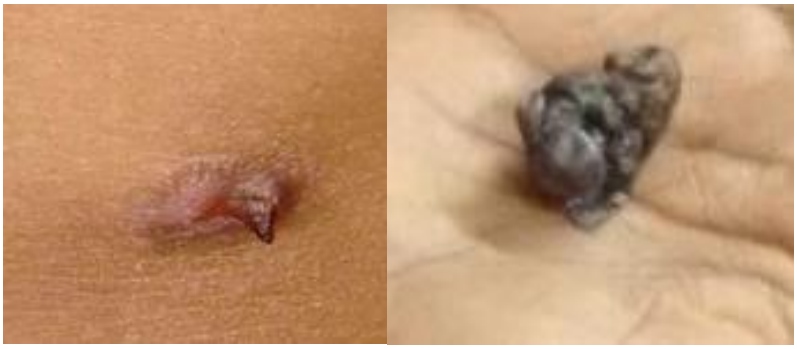

Figure 7: tumor fall off, root remains

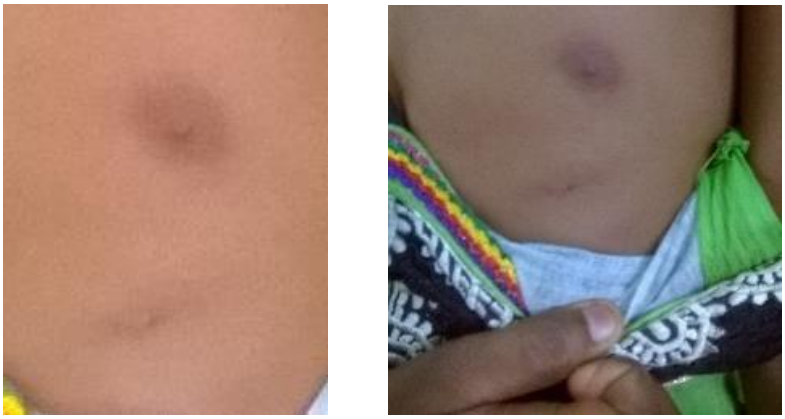

Figure 8: normal skin with no induration

PATIENT PERSPECTIVE AND CONSENT

It was clearly explained to the father of the patient that a biopsy is needed to know whether the tumor was benign or malignant and it wouldn't help anyway in the course of homoeopathic treatment. We started our treatment after taking verbal consent of the father. We wanted that specimen from her father and preserved in that phial in formalin and kept at the department of Materia Medica.

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CONFLICT OF INTEREST: None Declared.

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