

Homoeopathic Management of Lower Abdominal Sub-Parietal Hematoma- A single Case Report

Siddhartha Pal^{1*}, Shreyasi Sengupta², Monoranjan Mondal³

¹M.D.(Hom.) National Institute of Homoeopathy, Kolkata; J.R.F, Dr.Anjali Chatterjee Regional Research Institute, Kolkata ² PG Scholar of Dept. of Practice of Medicine, The Calcutta Homoeopathic Medical College and Hospital, Kolkata

³Homoeopathic Medical Officer, S.H.D., Mungpoo, Dist-Darjeeling, Govt. of West Bengal

ABSTRACT:

Hematoma is a blood collection in an extravascular space. It results from bleeding from a vascular structure. Abdominal hematoma is a condition characterized by the accumulation of blood in the abdominal cavity, often resulting from trauma or surgery. While conventional medical approaches such as surgery and blood transfusions are commonly employed. Now a days, there is growing interest in complementary and alternative therapies. This article explores the management of large abdominal hematomas using homeopathic medicine. An obese female patient, 52years old, came to our clinic after fall from stairs, on abdomen. She had lower abdomen pain, soreness, ecchymosis and lump of 56*33*48 mm. On the basis of clinical examinations and USG findings the case was diagnosed as abdominal hematoma. Bellis perennis 1000 single dose in first visit, followed by Bellis perennis 1000 two doses in fourth visit and Bellis perennis 10000 single dose in sixth visit to cure the abdominal hematoma. The improvement of the case was assessed by Ultrasound reports at baseline, during and after treatment. The rationale of this report reflects the effective management of abdominal hematoma cases with individualized Homoeopathy.

KEYWORDS: Bellis perennis, Hematoma, Individualized Homoeopathy, SOL.

Received: 21.08.2023 Revised: 27.09.2023 Accepted: 01.10.2023 Published: 02.10.2023

Quick Response code



*Corresponding Author:

Dr. Siddhartha Pal

M.D.(Hom.) National Institute of Homoeopathy, Kolkata; J.R.F, Dr.Anjali Chatterjee Regional Research Institute, Kolkata, WB, India.

E-mail : palsiddhartha6990@gmail.com

INTRODUCTION:

A closed blunt injury may result in a bruise or contusion. There is bleeding into the tissues and visible discoloration. Where the amount of bleeding is sufficient to create a localised collection in the tissues, this is described as a haematoma. Depending on the location of the blood collection, hematomas are named accordingly, as: i.

intracranial hematoma, ii. Hemothorax, iii. pelvic hematoma, iv. abdominal hematoma [1,2,3] Initially the blood will be in fluid form, but will clot within minutes or hours. Later, after a few days, the haematoma will again liquefy.

Causes includes aging, anticoagulant therapy, platelet disorders, trauma, recent surgery, injection procedures and physical

exercise as well as increased intra-abdominal pressure from coughing, sneezing, vomiting, or straining during urination, defecation, or labour. [1]

The sign and symptoms observed during examinations are:

1. **Abdominal Pain:** Persistent, localized pain in the lower abdomen is a common symptom of hematoma. The pain can range from mild to severe.
2. **Swelling:** Swelling and tenderness in the affected area may be noticeable, especially if the hematoma is large.
3. **Bruising:** Discoloration or bruising on the skin over the lower abdomen can occur due to the collection of blood beneath the skin.
4. **Nausea and Vomiting:** In some cases, nausea and vomiting may accompany lower abdomen hematoma, particularly if it is causing internal pressure or affecting nearby organs.

Diagnosing lower abdomen hematoma typically involves a combination of medical history, physical examination, and imaging tests. [4] These tests may include:

1. **Medical History:** The doctor will inquire about recent injuries, surgeries, or medical conditions that might contribute to hematoma formation.
2. **Physical Examination:** A physical examination of the abdomen helps assess the location, size, and tenderness of the hematoma.
3. **Imaging Studies:** Imaging tests such as ultrasound, CT scans, or MRI scans can provide detailed information about the hematoma's size and location.
4. **Blood Tests:** Blood tests may be performed to check for underlying clotting disorders or other conditions.

Conservative treatment including bed rest and analgesics are appropriate in most patients with abdominal hematomas. Surgical intervention or transcatheter arterial embolization is recommended

when conservative management fails. [5] A haematoma should be evacuated by open surgery if large or causing pressure effects, or aspirated by a large-bore needle if smaller or in a cosmetically sensitive site. It may be necessary to await liquefaction (which may take several days) and to perform repeated aspirations, with appropriate antiseptic precautions. [6] Abdominal wall hematomas can be mistaken for several common acute abdominal conditions such as Appendicitis, Sigmoid diverticulitis, Perforated ulcers, Ovarian cyst torsion, Tumors, Incarcerated inguinal hernias.

CASE REPORT:

An obese female patient, 52 years old, came to our clinic after fall from stairs, on abdomen. She had lower abdomen pain, soreness, ecchymosis and lump of 56*33*48 mm (on USG it came out to be "lower abdomen sub parietal SOL-Hematoma"). Before coming to OPD, she had visited an allopath, who had given her medicines and suggested surgery, in case the lump didn't shrink. Reluctant towards surgery, she decided to give homoeopathy a try. The soreness aggravated on walking, pressure, warm application. Topical ice application was used for sometimes but provided temporary relief only. Past history revealed she had HTN and under treatment with Amlodipine. She is a housewife and has no addictions. Mental symptoms include weakness of memory. Physical generals revealed her appetite was less, thirst was moderate. She has marked craving for fish and pungent food. Stool habits were regular, urine was clear. Sweating was moderate with yellowish staining of the linen. Sleep was sound. Thermal reaction was hot patient. General survey: Patient was conscious, alert and cooperative. She was obese. Mild pallor was observed. Cyanosis, jaundice, clubbing or oedema not detected.

On examination: Purplish bruises contusions of different sizes on lower abdomen. Remedy selection and administration: On consulting with Materia Medica. [7] Bellis perennis 1000, one medicated globule number 20 was

dispensed in 10 ml of distilled water, the whole quantity to be taken fractionally in two days, one dose each in early morning empty stomach. She was also advised to maintain proper rest.

Table-1: Timeline and follow up:

Date	Follow-Up	Prescription	Justification [8]
09.10.2022	Soreness little reduced, contusion much fades, on palpation lump size also reduced	Placebo	Patient was improving hence no medicine was prescribed.
23.10.2022	Soreness same as before, contusions absent, on palpation lump size same as previous	Placebo	Patient was improving hence no medicine was prescribed.
13.11.2022	Soreness of abdomen present, on palpation lump reduced	Bellis perennis 1000/2 doses	Patient improves but stand still in position so required repetition of doses
27.11.2022	Abdominal mass size reduced (31*12 mm)	Placebo	Patient was improving hence no medicine was prescribed.
18.12.2022	Soreness absent, little abdominal lump felt on palpation	Bellis perennis 10000/1 dose	Patient improved certain amount but stand still again, so required higher potency
07.05.2023	On palpation abdominal lump not felt	Placebo	Patient was improving hence no medicine was prescribed.
28.5.2023	Abdominal lump absent on USG	Placebo	Patient was improved hence no medicine was prescribed.

M.: 9733490866 / 9732947491

NIRIKSHA DIAGNOSTIC CENTRE

BELPUKUR ★ AJODHYA ★ HOWRAH
(Beside Belpukur State Bank and Opposite to Petrol Pump)

Pt's Name :- Mrs. [REDACTED] Age :- 52 Y Sex :- Female

Ref by Dr.s :- S.K. Chakraborty. Date :- 18.09.2022.

REPORT ON ULTRASONOGRAPHY / X-RAY

USG OF WHOLE ABDOMEN

LIVER: It is normal in size. Echotexture is homogenous. There is no focal SOL is seen. Intra hepatic biliary radicals are not dilated. Porta hepatitis & periportal region are normal.

PORTA HEPATIS: CBD measure 4 mm size at porta. Portal vein measure 10 mm at porta hepatitis.

GALL BLADDER: It is normal distended. Its wall is not thickened. Lumen shows no calculi or SOL.

PANCREAS: Normal in size, shape and echopattern. No focal mass lesion is seen. MPD is not dilated.

SPLEEN: Normal in size, shape, echotexture Spleno-portal axis is patent. Its measures 80 mm.

KIDNEYS: Rt and Lt kidney measure 90 mm and 97 mm in size respectively in bi-polar length. Parenchymal echogenicity is normal. There is no calculus or SOL or hydronephrosis in either kidney. Cortico-medullary differentiation is well maintained.

URINARY BLADDER: It is normally distended. Its wall not thickened. No echoreflexive SOL in urinary bladder PVR is insignificant.

UTERUS: It is normal in size, shape and antverted measuring 74x28x44 mm in size. Myometrium shows no focal SOL. Endometrial cavity is empty. Endometrial thickness is 5 mm at present. Cervix appear normal.

OVARIES: Right ovary measure 28x15 mm in size. Normal shape, size and echotexture. No SOL is seen. Left ovary measure 28x15 mm in size. Normal shape, size and echotexture. No SOL is seen.

POUCH OF DOUGLAS: Clear.

RIF&LIF: There is no detectable focal SOL.

Note:- A 56x33x48mm in size fluid(bleed)collection is seen at lower abdomen of sub parietal region.

IMPRESSION: Lower abdomen sub parietal SOL— Hematoma.

Adv:- C.T Scan abdomen are suggested.

(Please correlate clinically and rescan suggested if needed)

Dr. K. D. Saha

Consultant Sonologist / Radiologist.

★ Ultrasonography, X-Ray, Pathology & E.C.G. (CT Scan Ecocardiography Booking only) ★

Not Valid for Medico Legal Purpose

Fig-1: USG findings on first consultation on Dated: 18.09.2022

M.: 9733490966 / 973294749

NIRIKSHA DIAGNOSTIC CENTRE
BELPUKUR ★ AJODHYA ★ HOWRAH
(Beside Belpukur State Bank and Opposite to Petrol Pump)

Pt.s Name :- Mr. [REDACTED] Age :- 52 Y Sex :- Female
Ref by Dr.s :- S. Pal. Date :- 27.11.2022

REPORT ON ULTRASONOGRAPHY / X-RAY

USQ OF LOWER ABDOMEN

KIDNEYS:
Rt and Lt kidney measure 90 mm and 97 mm in size respectively in bi-polar length. Parenchymal echogenicity is normal in right kidney. There is no calculus or SOL or hydronephrosis in either kidney. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
It is normally distended. Its wall not thickened. No echoreflexive SOL in urinary bladder. PVR is insignificant.

UTERUS:
It is normal in size, shape and antverted measuring 76x27x45 mm in size. Myometrium shows no focal SOL. Endometrial cavity is empty. Endometrial thickness is 8 mm at present. Cervix appear normal.

OVARIES:
Right ovary measure 29x17 mm in size. Normal shape, size and echotexture. No SOL is seen.
Left ovary measure 28x19 mm in size. Normal shape, size and echotexture. No SOL is seen.

POUCH OF DOUGLAS: Clear.
RIF&LIF: There is no detectable focal SOL.
Note:- A 31x12 mm in size fluid (blood) collection is seen at lower abdomen of sub parietal region.

IMPRESSION: Lower abdomen sub parietal SOL - Hematoma.

Adv:- C.T Scan of lower abdomen are suggested.
(Please correlate clinically and rescan suggested if needed)

Dr. K.D. Saha.
Consultant Sonologist / Radiologist.

★ Ultrasonography, X-Ray, Pathology & E.C.G. (CT Scan Ecocardiography Booking only) ★
Not Valid for Medico Legal Purpose

Fig-2: USG findings on first consultation on Dated: 27.11.2022

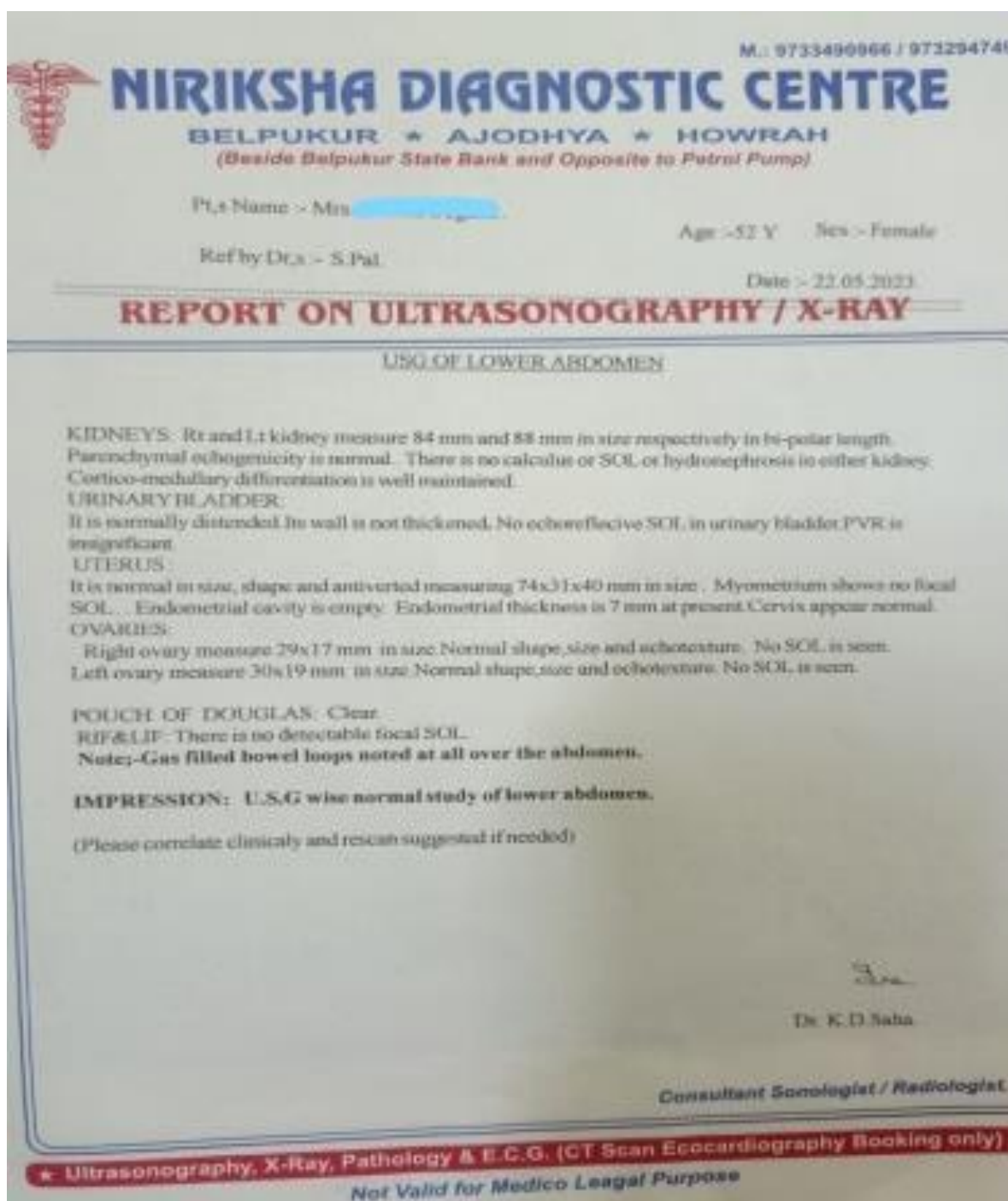


Fig-3: USG findings on first consultation on Dated: 22.05.2023

DISCUSSION:

Abdominal hematomas can pose a significant medical challenge, often necessitating surgical intervention and blood transfusions. However, some patients may seek alternative treatments to alleviate their condition and promote natural

healing. Homeopathy, a holistic system of medicine, offers an intriguing avenue for such cases. In Homoeopathy, detailed case-taking is done to elucidate the constitutional makeup of the patient and a single remedy is selected on the basis of the totality of symptoms.

Bellis perennis, commonly known as the daisy, is a well-known homeopathic remedy that has been used for various conditions, including abdominal trauma and hematomas. Its potential to reduce pain, inflammation, and promote the body's natural healing process makes it a noteworthy candidate for the management of abdominal hematomas.^[8]

Benefits of *Bellis perennis* in Abdominal Hematoma:

In Pain Relief: *Bellis perennis* is renowned for its ability to relieve pain, especially in the abdominal region. Patients suffering from abdominal hematomas often experience discomfort and pain, which can be effectively alleviated with this homeopathic remedy.

In Reduction of Inflammation: Inflammation is a common response to hematoma formation. *Bellis perennis* is believed to have anti-inflammatory properties that may help reduce the swelling associated with hematomas.^[9]

In Improved Blood Circulation: *Bellis perennis* is thought to enhance blood circulation, which can aid in the body's natural healing process. This may facilitate the reabsorption of blood within the hematoma.

Several case studies have reported positive outcomes when using homeopathic remedies for the management of abdominal hematomas.^[10-11] While these cases do not replace rigorous clinical trials, they offer insights into the potential of this homeopathic remedy. Visual proof is presented here to support this result and progress of the treatment.

CONCLUSION:

The use of homeopathic medicine like *Bellis perennis* shows promise in reducing pain, inflammation, and promoting natural healing. The integration of homeopathy into mainstream medicine continues to be an

exciting area of exploration, offering potential benefits to patients with various medical conditions.

Limitation of study:

This is a single case report. In future, case series can be recorded and published to establish the effectiveness of Individualized Homoeopathic medicine in cases of abdominal hematoma. It is essential to acknowledge that further research, including controlled clinical trials, is needed to establish the efficacy of *Bellis perennis* in the management of abdominal hematomas.

Consent of patient:

The authors certify that they have obtained appropriate patient consent form. The patient has agreed that her images and other clinical information is to be reported in the journal. The patient understood her name and initials will not be included in the manuscript and due efforts will be taken to conceal her identity.

Acknowledgement:

The authors deeply acknowledge the patient for allowing us to collect the data.

REFERENCES:

1. Elder T, Tuma F. Bilateral vertebral artery transection following blunt trauma. *Int J Surg Case Rep.* 2018;51:29-32.
2. Ogobuiro I, Wehrle CJ, Tuma F. *Anatomy, Thorax, Heart Coronary Arteries* 2022. Available from: <https://pubmed.ncbi.nlm.nih.gov/30521211/> [Last accessed on 23.07.2023]
3. Kalra A, Wehrle CJ, Tuma F. *Anatomy, Abdomen and Pelvis, Peritoneum* 2021. Available from: <https://pubmed.ncbi.nlm.nih.gov/30521209/> [Last accessed on 23.07.2023]
4. Berna JD, Garcia-Medina V, Guirao J, Garcia-Medina J. Rectus sheath

- hematoma: diagnostic classification by CT. *Abdom Imaging*. 1996;21:62–64.
5. Nakayama T, Ishibashi T, Eguchi D, Yamada K, Tsurumaru D, Sakamoto K, Hidaka H, Masuda H. Spontaneous internal oblique hematoma successfully treated by transcatheter arterial embolization. *Radiat Med*. 2008;26:446–449.
 6. Rimola J, Perendreu J, Falco J, Fortuno JR, Massuet A, Branera J. Percutaneous arterial embolization in the management of rectus sheath hematoma. *AJR Am J Roentgenol*. 2007;188:W497–502.
 7. Boericke W. *Pocket Manual of Homoeopathic Materia Medica and Repertory*. New Delhi: B.Jain Publishers, 13th Impression 2015.p-115-116.
 8. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B.Jain Publishers, 10th Impression 2012.p-238-239.
 9. Sarembaud A. Breast trauma, homeopathic indications for the daisy, *Bellis perennis*. *La Revue d'Homéopathie*. 2017 Dec;8(4):e57–60.
 10. Oberbaum M, Galoyan N, Lerner-Geva L, Singer SR, Grisaru S, Shashar D, et al. The effect of the homeopathic remedies *Arnica montana* and *Bellis perennis* on mild postpartum bleeding--a randomized, double-blind, placebo-controlled study--preliminary results. *Complementary Therapies in Medicine*. 2005;13(2):87–90.
 11. Lotan AM, Gronovich Y, Lysy I, Binenboym R, Eizenman N, Stuchiner B, et al. *Arnica montana* and *Bellis perennis* for seroma reduction following mastectomy and immediate breast reconstruction: randomized, double-blind, placebo-controlled trial. *European Journal of Plastic Surgery*. 2020 ;43(3):285–94.

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Pal S, Sengupta S, Mondal M Homoeopathic Management of Lower Abdominal Sub-Parietal Hematoma- A single Case Report. *Int. J. AYUSH CaRe*. 2023;7(3):327-334.