

## Effect of Homoeopathy in the Treatment of Subarachnoid Haemorrhage of Brain: A Case Report

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### ABSTRACT

A subarachnoid haemorrhage results from medical aneurysmal rupture or traumatic head injury. Subarachnoid Haemorrhage occurs in the subarachnoid space between the Arachnoid membrane and the Pia mater that surrounds the brain. Patients typically present complaining of a severe headache; however, only 10% of patients presenting to the emergency department complaining of a thunderclap headache end up having a subarachnoid haemorrhage. A case is presented in this paper with radiological evidence of a hyperdensity is noted in subarachnoid space with diffuse mild cerebral edema. Intracranial haemorrhage and Ischemic cerebrovascular accident were excluded. The patient was treated with homoeopathic medicines-Arnica Montana 3x, one drop in QDS followed by Arnica Montana 200, 3 doses. Follow-up imaging at 45 days showed complete resolution of the subarachnoid haemorrhage. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy.

**Keywords:** Subarachnoid haemorrhage; Quality of life; Homoeopathy; Case report

### INTRODUCTION

Subarachnoid haemorrhage results from medical aneurysmal rupture or traumatic head injury. Subarachnoid Haemorrhage occurs in the subarachnoid space between the arachnoid membrane and the pia mater that surrounds the brain. Patients typically present complaining of a severe headache; however, only 10% of patients presenting to the emergency department complaining of a thunderclap headache end up having a subarachnoid haemorrhage [1]. Associated symptoms may include neck pain, nausea/vomiting, and photophobia [2]. Although head trauma causes some cases of subarachnoid haemorrhage, up to 85% is the result of a ruptured saccular aneurysm [3]. These aneurysms often occur within the Circle of Willis and its branches.

Additionally, Autosomal Dominant Polycystic Kidney disease (ADPKD) is known to be associated with cerebral aneurysms in up to 8% of patients [3]. Females are more commonly affected than males [4]. Although this clinical entity is more common with older age, about 55% of patients with a subarachnoid haemorrhage present under age 55 [4]. Patients are at an

increased risk of subarachnoid haemorrhage if they have a history of smoking, hypertension, or excessive alcohol consumption [5]. Up to 10% of patients with a subarachnoid haemorrhage report a history of bending over, lifting heavy objects, or performing other strenuous activities, at the onset of their symptoms [4].

Diagnosing subarachnoid haemorrhage is via Non-Contrast CT Scan of Brain. It showed hyperdensity is noted in the supra-cellular cistern and perimesencephalic cistern with diffuse mild cerebral edema in subarachnoid space. Generally, if a non-contrast head CT is obtained within 6 hours of symptom onset, the diagnosis can be determined based on this imaging [6].

Evidence in support of the individualized homoeopathic treatment of subarachnoid haemorrhage remains compromised; few case reports could be identified after a careful search in different electronic databases [7,8]. Here another case report is presented.

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## CASE REPORT

A female patient, aged 45 years came to the outpatient department of National Institute of Homoeopathy, Kolkata, India on August 19, 2019 (OPD No. 662205/19) with complaints of severe bursting and throbbing pain in whole head from last 7 days which is aggravated from opening the eyes also talking loudly and relief by cold application. There was a concomitant symptom of vertigo on rising with pain extending to the neck.

### History of present complaints

Onset suddenly, duration 1 week, bursting-throbbing pain in the whole head with vertigo, aggravates from opening the eyes and relief by cold application over the head, history of allopathic treatment without any remarkable improvement.

### Past history

Head injury one month ago, treated by allopathic medicine.

### Family history

Maternal Uncle suffering from Pulmonary Tuberculosis.

Elder Brother has been suffering from hypertension (HTN) with diabetes (DM).

### Physical generals

- Appetite normal; nothing significant
- Thirst less, no desire to drink
- Desire for sweet++
- Urine not frequent, clear, sometimes offensive
- Stool regular, clear
- Sleep adequate

- Menstruation regular stays for 4-5 days
- Perspiration profuse, offensive

### Mental generals

Restless, can't stay long in one place; crying when pain increases intensely.

### The totality of symptoms [9]

- Restless, can't stay long in one place
- The desire for sweet++
- Perspiration profuse, offensive
- Severe bursting and throbbing pain in whole head aggravated from opening the eyes also talking loudly
- P/H of Head Injury

### Prescription

It is interesting to note that *Gelsemium sempervirens* is the only remedy listed in the Complete Repertory under the rubric "subarachnoid haemorrhage" (head-haemorrhage-bain-sub-arachnoid) [10]. Even though it had not been confirmed, there was no risk in giving a remedy to cover this eventuality. After considering Totality of Symptoms including causative modality, prescribed Arnica-Montana 3x, one drop in Four times in a day (QDS) followed by Arnica Montana 200, 3 doses, every single dose in a day.

### Timeline

Patient came to the Outpatient Department on August 19, 2019, (Figure 1) with radiological evidence of subarachnoid haemorrhage of Brain and the complete resolution was done on September 30, 2019 (Figure 2).

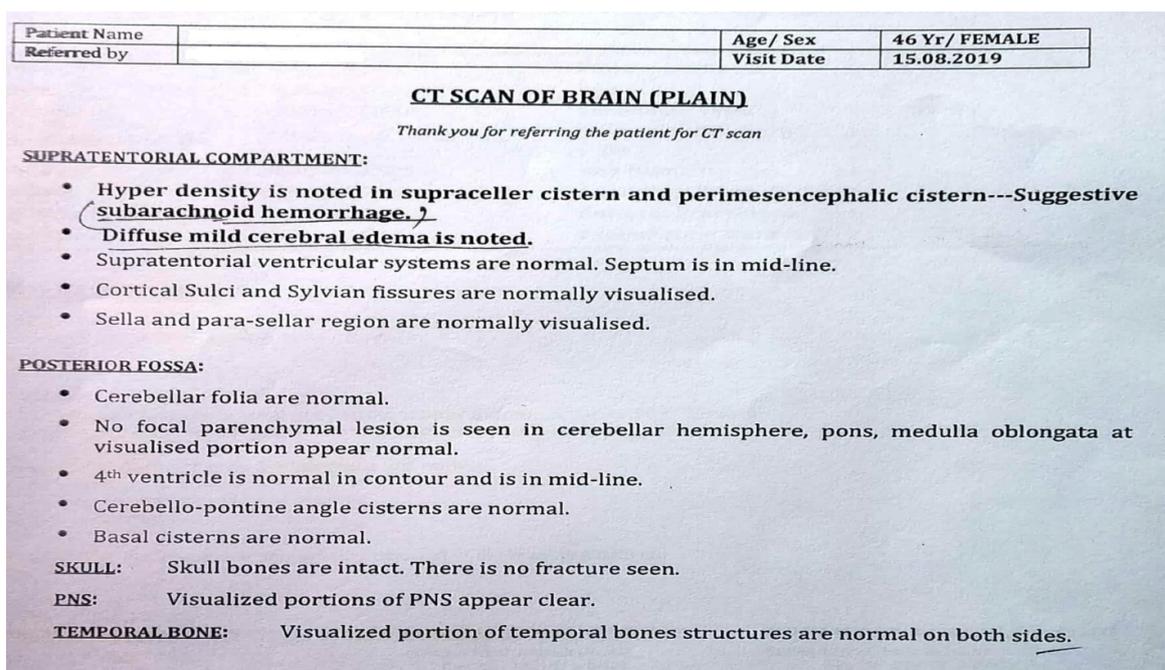


Figure 1: CT scan of the brain on August 15, 2019 shows subarachnoid haemorrhage with diffuse mild cerebral edema.

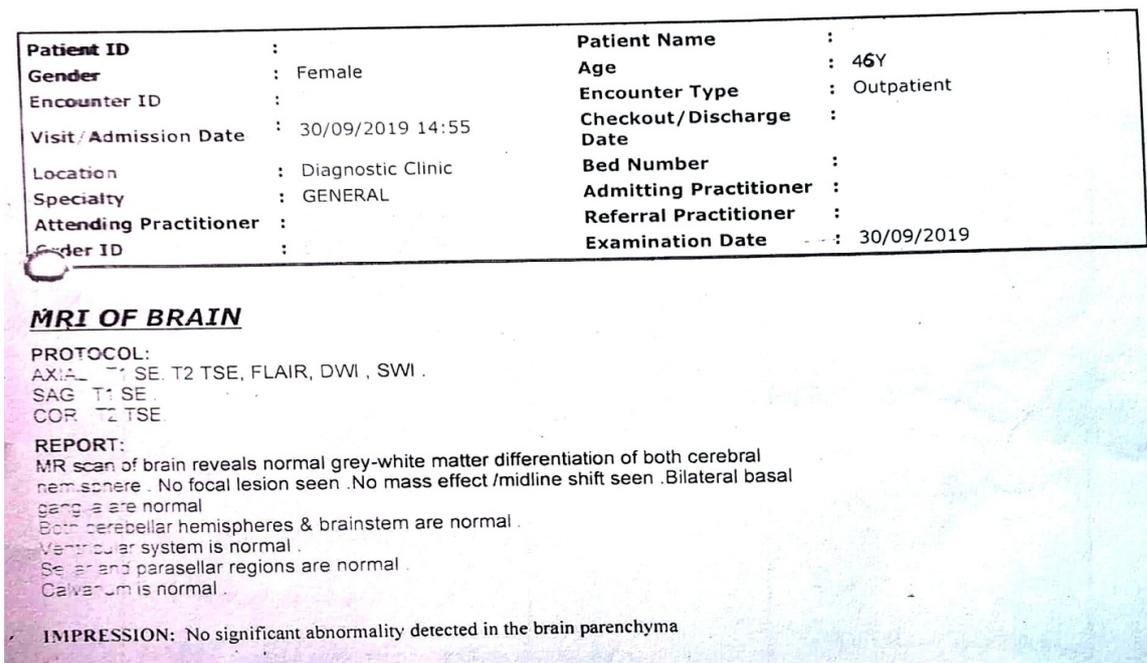


Figure 2: MRI of the brain on september 30, 2019, shows no significant abnormality.

Assessment by modified Naranjo score

Table 1: Assessment by modified naranjo score.

Items	Yes	No	Not Sure/NA
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptom?		0	
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
Did overall wellbeing improve?			0
Did the course of improvement follow Hering’s Rule?	+2		
Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? e.g. known course of the disease, other forms of treatment and other clinically relevant intervention)		+1	
Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0

The final causal attribution score (Table 1), in this case, was assessed using the Modified Naranjo Criteria, as proposed by the HPUS Clinical data Working Group, June 2014 [11]. The total score was 8, thus suggesting a “probable” association between the medicine and the outcome [definite: ≥9; probable

5-8; possible 1-4; and doubtful ≤ 0]. Reporting of this case adhered to the Hom-CASE-CARE guideline [12].

## DISCUSSION

In this report, it was a confirmed case of Subarachnoid Haemorrhage of Brain of middle-aged women without a significant family history. Thus, conservative management was appropriately considered and kept under observation by the treating surgeon. However, this case does not fall under those categories of Subarachnoid Haemorrhage showing spontaneous regression and had a progressive increase in complication and thus had been advised to get operated by surgery before coming to homoeopathic treatment. Patient's choice for homoeopathic treatment was guided by the factors such as fear of surgery, age of the patient, recurrence of complication after surgery and finally positive response on homoeopathic treatment.

In this case, Arnica Montana was selected as a Similimum on the totality of characteristics symptoms consultation with Materia Medica which was given more priority in this case. Arnica Montana with subsequent higher potencies from 3x to 200 was prescribed according to the response of the medicine, which follows the principles of Homoeopathy. Finally, the treatment outcome of the resolution of subarachnoid haemorrhage making it clinically as well as radiologically almost subside was highly satisfactory. The total score of the outcome as per Modified Naranjo Criteria was 8 in this case, which was close to the maximum score of 13. This explicitly shows the causal attribution of the single medicine homoeopathic treatment Arnica Montana toward resolution of the Subarachnoid Haemorrhage in this case.

Evidence in support of the individualized homoeopathic treatment of subarachnoid haemorrhage of Brain remains compromised; Mueller [7] reported a Subarachnoid Haemorrhage after Head Injury was treated with *Arnica montana* and *Symphytum officinalis* with significant improvement. Abbas et al. [8] presented a pilot study about cerebral stroke patients treated with *Causticum*, *Arnica montana*, *Nux vomica*, *Lycopodium* and *Lachesis* with effective results.

Significant resolution of Subarachnoid Haemorrhage of Brain of middle-aged women along with improvement in other symptoms on an individualized single homoeopathic medicine reestablishes the importance of holistic concept along with particular pathological diagnosis in Homoeopathy. Thus, the outcome of this case indicates the usefulness of the homoeopathic treatment.

## CONCLUSION

This case shows the positive role of homoeopathic treatment in Subarachnoid Haemorrhage of Brain with spontaneous

regression. It again proves the importance of individualized homoeopathic treatment based on a holistic basis also in particular pathological diagnosis. It may also suggest that the constitutional homoeopathic treatment may be given preference over surgical intervention as the first-line of treatment in spontaneously non-regressing Subarachnoid Haemorrhage of Brain.

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