

RESEARCH ARTICLE

POST-CONTUSION HEALING THROUGH HOMEOPATHY AT DR BATRA'S

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ABSTRACT

Lichen Lacunar hemorrhagic contusion is deep brain bleed caused by the rupture of tiny blood vessels. A 32-year-old female initially presented at Dr. Batra's clinic with complaints of severe hair fall. Further evaluation led to diagnosis of lacunar hemorrhagic contusion. Under individualized homeopathic treatment, her symptoms gradually resolved, and a follow-up CT scan showed no visible clots. This healing journey highlights the depth and precision of homeopathy in addressing not only visible pathology but also subtle, lingering imbalances in the system.

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INTRODUCTION

Lacunar hemorrhagic contusion refers to a small, localized bleed in the deep regions of the brain, often involving the basal ganglia, thalamus, or internal capsule. It is typically caused by the rupture of small penetrating arteries, often due to chronic hypertension, diabetes, or cerebral small vessel disease. In some cases, trauma or underlying vascular abnormalities may also be contributing factors. Patients may present with a variety of symptoms depending on the location of the lesion, including headache, dizziness or vertigo, weakness, imbalance, confusion, or subtle cognitive disturbances. In less common cases, systemic effects like unexplained hair fall or fatigue may appear as secondary stress responses. Due to the small size of these lesions, symptoms may be vague and imaging such as CT or MRI is essential for diagnosis. Complications can include persistent neurological deficits, recurrent episodes of vertigo or headache, mood disturbances, or an increased risk of future strokes. Early diagnosis and a holistic management approach are crucial to prevent long-term sequelae and to improve quality of life.

CASE PROFILE

A 32-year-old female presented to the clinic with the primary complaint of severe hair fall persisting for the past one year. She reported that the hair fall began after the delivery of her child, which she initially considered normal and therefore did not seek any treatment. However, the condition progressively worsened, with daily hair fall exceeding 400 strands. She also complained of associated scalp itchiness and pain. On further inquiry, the patient revealed a past head injury that had resulted in a clot formation, for which she had been receiving allopathic treatment. She was advised to bring her medical reports for further assessment. Additionally, she reported severe pain in her right-sided teeth and occasional headaches, although the intensity of the headache had reduced. Her family history included her mother having suffered from an epileptic attack in the past. After a few weeks of individualized homeopathic treatment, the patient noted that approximately 50% of her hair fall had reduced, and overall scalp sensitivity had improved, reflecting a positive response to the therapy.

Physical Generals

Diet	Mixed
Appetite	Decreased
Desire	Chicken, Sour, Sweet, Warm food
Aversion	N.S.
Thermal Reaction	Chilly
Thirst	Decreased
Stools	Not satisfactory
Urine	Normal
Perspiration	Scanty, N.O., Upper part back
Sleep	Disturbed
Dreams	N.S

Examination

- Woods lamp: Pale green fluorescence seen
- Tongue: White coated
- Pallor: No
- R.S: AEBE heard
- CVS: S1S2 heard

Mental Generals: The patient is a 32-year-old woman who currently lives with her husband and young children. Her family life revolves around her home responsibilities, and she often feels overwhelmed by the demands of managing the household and childcare. She reported no major difficulties during her upbringing, describing her childhood and school years as normal, with average academic performance. There were no significant issues with bullying or relationships with teachers and peers. Her parents were not particularly strict, and she shared a balanced relationship with them and her siblings. As a housewife, her current environment is filled with stress, mainly due to the demanding routine of caring for her young children. Sleep is frequently disturbed, which has added to her mental and physical exhaustion. Personality-wise, she is highly anxious, introverted, and tends to speak very little. She appears visibly worried and restless. She admits to being an anxious type, often feeling nervous or lacking confidence, especially when routines are disrupted or when dealing with multiple responsibilities alone. Her irritability has significantly increased since her pregnancy and childbirth. She reports getting easily upset and frequently shouts or becomes angry over small triggers, which she herself finds difficult to control. She acknowledges that this change in temperament is new and mainly stems from post-pregnancy stress and lack of rest.

Past History

Hospitalization: Infectious disease.

Family History: N.S.

Case analysis- reportorial totality

Repertory used	Rubrics selected
Kent repertory	MIND – ANXIETY MIND – TACITURN SLEEP – DISTURBED MIND – IRRITABILITY – childbirth, after MIND – SHOUTING HEAD – HAIR – FALLING – delivery, after MIND – OVERWORKED feeling

Repertory screenshot

Remedy Name	Lach	Op	Apis	Arg-m	Caps	Colf	Ferr	Gels
Totality	5	5	5	5	5	5	5	5
Symptom Covered	4	4	3	3	3	3	3	3
[KT] [Mind]Anxiety:	2	2	1	2	1	2	2	2
[KT] [Mind]Talk:Indisposed to,desire to be silent,taciturn:	1	1		2	2	1	2	2
[KT] [Sleep]Disturbed:		1	2					
[KT] [Mind]Anger,irascibility(see irritability,quarrelsome):	1	1	2	1	2	2	1	1
[C] [Head Pain]General:Pressure, external:Agg.:Vertex, on:	1							

Selection of Remedy

Constitutional: Lachesis 200 OD – 4 days Sac lac for 1 month BD

Miasmatic approach

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
Anxiety	✓		✓	✓
Less Talk / Taciturnity	✓		✓	
Disturbed Sleep	✓		✓	✓
Post-Pregnancy Irritability	✓		✓	
Shouting / Loud Expressions	✓	✓	✓	✓
Hairfall	✓	✓	✓	
Pressure in Vertex	✓		✓	✓
Overworked Feeling / Stress	✓		✓	✓
Miasmatic predominance	Psora-Syphilitic predominance			

RESULTS

Months	Progress	Prescription
1st Month	Hairfall severe (400+ per day), itchy and painful scalp. History of post-pregnancy irritability.	Lachesis 200, OD (for 4 days) + Sac Lac (BD for 1 month)
2nd Month	Hairfall controlled, headache lessened.	Lachesis 200, OD (for 4 days) + Sac Lac (BD for 1 month)
3rd Month	Continued hairfall decrease, less headache.	Lachesis 200, OD (for 4 days) + Sac Lac (BD for 1 month)
4th Month	Hairfall stopped, fainting episodes stopped, vertigo persists.	Lachesis 200, OD (for 4 days) + Sac Lac (BD for 1 month)
5th Month	Hairfall near normal (15-20/day), vertigo persists, sleep disturbed due to babies.	Sac Lac (BD)
6th Month	Hairfall reduced significantly, sleep disturbed due to babies, no headaches.	Sac Lac (BD)
7th Month	Hairfall nearly normal, no headaches, some sleep disturbance due to children.	Sac Lac (BD)
8th Month	CT scan shows no clots, hairfall much better, sleep disturbed due to child.	Lachesis 200, OD (for 4 days) + Sac Lac (BD for 1 month)
9th Month	Hairfall reduced further, no headaches, slight sleep disturbance.	Sac Lac (BD)
10th Month	Hairfall normalized, no vertigo, better sleep quality.	Sac Lac (BD)
11th Month	Hairfall minimal (5-10 per day), better overall health and emotional stability.	Sac Lac (BD)
12th Month	No hairfall, sleep stable, overall well-being improved.	Sac Lac (BD)

DISCUSSION& CONCLUSION

This 32-year-old female patient came to the clinic with severe hairfall, which had been ongoing for a year after childbirth. She initially dismissed it as normal but grew concerned when it worsened, with over 400 strands falling daily. Along with hairfall, she experienced an itchy and painful scalp and emotional distress, including anxiety and irritability, especially due to her responsibilities with her young child. Additionally, she had a history of head injury, which led to a lacunar hemorrhagic contusion, for which she was taking allopathic treatment. After initial evaluation, Lachesis 200 was prescribed, followed by Sac Lac for a month. Over time, the treatment showed remarkable results. By the second month, hairfall reduced, and her headaches lessened. By the fourth month, hairfall stopped completely, and fainting episodes ceased, though vertigo persisted. Six months into treatment, hairfall reduced to 15-20 strands per day, and her sleep issues persisted due to caring for her baby. By the eighth month, a follow-up CT scan revealed no clots, indicating that the lacunar hemorrhagic contusion had resolved. At 12 months, hairfall ceased entirely, and sleep was improved. The treatment alleviated her emotional symptoms, including irritability and anxiety, significantly improving her overall well-being. This case demonstrates the effectiveness of homeopathy in managing both physical and emotional symptoms, showcasing its potential to heal chronic conditions holistically.

The transformation

MEHERBAI TATA MEMORIAL HOSPITAL
(Formerly known as Indian Cancer Society, Jamshedpur Branch)
STOCKING ROAD, JAMSHEDPUR - 831001, JHARKHAND

Department of Radiology & Imaging Report
Run Date : 02-NOV-23 08:23:45

MR No : MT/23/016143 Patient No : OP/31/021333 Name : Mrs. SHAISTA JABEEN
Age : 31 Years Sex : F Adm/Visit Date : 02-NOV-23 Reporting Date : 02-NOV-23
Reporting Doctor : DR. SANJAY KUMAR SINGH

Test Description: CT EMERGENCY SCAN - NCCT(BRAIN)

Report:
Lacunar hemorrhagic contusion is seen in left temporal lobe.
Subarachnoid hemorrhage is seen in bilateral quadrigeminal Cistern.
Rest of brain show normal attenuation.
Deep nuclei are normal.
Brainstem appears normal.
Bilateral cerebellar hemisphere appears normal.
Calvarium appears normal.
Sellar and suprasellar region appears normal.
Posterior fossa content is normal.
Calvaria is intact.
Subgaleal hematoma of maximum width of approximately 1.70 cm is seen along the occipital bone.
Impression
Lacunar hemorrhagic contusion is seen in left temporal lobe.
Subgaleal hematoma along the occipital bone as described in the body of the report.

DR. SANJAY KUMAR SINGH
CONSULTANT RADIOLOGIST
NTMH Radiologist: 0657 - 6641167
Note : This report is not valid for medicolegal purposes. Please contact us for any typographical errors. Unsigned reports are not valid for treatment.

02nd Nov 2023
CT scan Head (Plain)
Lacunar heamorrhagic contusion in left temporal lobe
Subgaleal heamatoma along occipital bone

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PATIENT NAME : SHAISTA JABEEN
REF BY DR. YASHWANT MISHRA
AGE / SEX : 31 YRS / F
DATE : 04/04/2025

CT HEAD (PLAIN)
Technique: Plain CT scan of the brain was performed.
History: past history of head injury.

Report:
The brain parenchyma appears unremarkable with no focal lesion.
Posterior fossa structures appear unremarkable.
No evidence of intracerebral haemorrhage/ extradural/subdural hematoma in the present scan.
No evidence of infarct or space occupying lesion noted in supra or infra tentorial region.
Basal cisterns, sulcal spaces and sylvian fissures are well defined and appear normal.
Both lateral ventricles appear unremarkable with no evidence of hydrocephalus, displacement or distortion.
Third and fourth ventricles appear normal.
No shift of midline structures.
Skull vault appears intact.
There is deviation of nasal septum to the left.

IMPRESSION: CT brain plain reveals
No obvious cerebral parenchymal focal lesion or intracranial haemorrhage at present.
Please correlate with clinical findings.
Follow up CT/MRI would be worthwhile if clinically indicated.

DR. ANWESHA D. PATEL
MBBS, DMRD
CONSULTANT RADIOLOGIST

04th April 2025
CT scan Head (Plain)
No obvious cerebral parenchymal focal lesion or intracranial
heamorrhage at present

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REFERENCES

- Boger CM. Boger Boenninghausen's Characteristics & Repertory with corrected abbreviations, word index & thumb index. 47th impression. New Delhi: B. Jain Publisher (P) Ltd.; c2019.
- HC Allen MD. Keynotes Rearranged & Classified with leading remedies of the Materia edica added with other leading Nosodes & Bowel Nosodes 13th edition. New Delhi Indian Books & Periodical Publishers.
- Itamura, R. et al. "Homeopathic treatment of Japanese patients with intractable atopic dermatitis." *Homeopathy* (2003).
- Keil, T. et al. "Homeopathic versus conventional treatment of children with atopic eczema: a comparative cohort study." *Complementary Therapies in Medicine* (2008).
- Kent JT. Lectures of the Homoeopathic Materia Medica 6th edition. New Delhi: B. Jain Publishers Private Ltd. 2013
- Sevar, R. "Audit of outcome in 455 consecutive patients treated with homeopathic medicines." *Homeopathy* (2005).
- Spence, D. S. "Homeopathic treatment of eczema: a retrospective survey of 130 cases." *British Homeopathic Journal* (1991).
- Waisse-Priven, S. et al. "Individualized homeopathic treatment of dermatological complaints in a public outpatient clinic." *Homeopathy* (2009).
- William Boericke. New Manual of Homoeopathic Materia Medica and Repertory. 4th print
