

Taming the Bleed Within: Individualised Homoeopathic Treatment of Severe Haemophilia A with Joint Involvement – A Case Report Assessed by Annualised Bleeding Rate and Gilbert Score

Dr. Vidhi A Parikh¹, Dr. Neha Patel²

¹*P.G Scholar, Department of Repertory and Case taking,*

Smt. A.J Savla Homeopathic Medical College and RI, Mehsana, Gujarat, India

²*Guide, P.G Co-ordinator and Professor, Department of Repertory and Case taking,*

Smt. A.J Savla Homeopathic Medical College and RI, Mehsana, Gujarat, India

Abstract— Background: Haemophilia A is an X-linked recessive bleeding disorder caused by deficiency of coagulation factor VIII. In severe disease, recurrent haemarthrosis leads to progressive arthropathy, functional limitation and dependence on factor replacement, which is costly and may be complicated by the development of inhibitors. Individualised homoeopathy, which selects a single remedy on the totality of mental and physical symptoms, is used by some patients as a supportive approach alongside standard care. This report describes a 19-year-old man with severe haemophilia A and joint involvement who received individualised homoeopathic treatment as an adjunct to on-demand factor replacement and was followed for 12 months, using the annualised bleeding rate and the Gilbert score as outcome measures.

Index Terms— Haemophilia A; Homoeopathy; Opium; Haemophilic arthropathy; Gilbert score; Annualised bleeding rate; Case report

I. INTRODUCTION

Haemophilia A is an inherited bleeding disorder caused by deficiency or dysfunction of coagulation factor VIII. It follows an X-linked recessive pattern and therefore affects males almost exclusively [1,2]. Severity is classified by baseline factor activity, and a level below 1 IU/dL (1%) is defined as severe haemophilia, characterised by spontaneous bleeding into joints and muscles [3].

The knees, elbows and ankles are the most frequent sites of bleeding. Repeated haemarthrosis causes

synovial inflammation, cartilage destruction and, eventually, haemophilic arthropathy with pain, stiffness, muscle wasting, deformity and reduced quality of life [1,2]. Current management relies on replacement of the missing factor, either on demand or as regular prophylaxis, and prophylaxis is the recommended standard where resources permit [1,4]. Replacement therapy remains costly and is not universally accessible, and the development of neutralising inhibitors against factor VIII can substantially reduce its effectiveness [1,2].

Outcome in haemophilia is judged by the number of bleeding episodes, expressed as the annualised bleeding rate, and by the condition of the joints. The Gilbert score is a clinical orthopaedic scale that assesses joint swelling, muscle atrophy, crepitus, range of motion, axial deformity and gait, with higher scores indicating greater joint damage [5].

Registry-based estimates place the prevalence of haemophilia A at birth at about 24.6 per 100,000 male births, of which about 9.5 are severe, and the large gap between the expected and the registered number of patients worldwide suggests that many remain undiagnosed [6]. India is reported to have the second highest number of patients with haemophilia A in the world, with 11,586 reported patients and an estimated prevalence of around 50,000 [7].

In a randomised trial in boys with severe haemophilia, early prophylaxis with factor VIII led to less joint damage than episodic treatment [4].

Published work on homoeopathy in haemophilia is limited. A case report of severe haemophilia A with a positive inhibitor (4 BU/mL), followed for four years, described fewer bleeding episodes, less pain and a smaller need for factor replacement, and the authors suggested a contribution to reduced inhibitor levels [8].

The published evidence is limited and must be read with caution. It rests mainly on a single case report, and the wider evidence for homoeopathy remains contested: a meta-analysis of randomised placebo-controlled trials of individualised homoeopathy found a small pooled effect, but with most trials at risk of bias [9], and a review by the Australian National Health and Medical Research Council concluded that there was no reliable evidence that homoeopathy is effective for treating health conditions [10]. Well-documented single cases with objective outcome measures therefore remain useful for defining the questions that controlled studies must answer.

Homoeopathy treats the person as a whole. Prescribing rests on the totality of symptoms, in which the mental generals, physical generals and characteristic particulars of the individual are evaluated and matched to a single similar remedy with the help of the repertory and Materia medica [11]. This report describes the course of a patient with severe haemophilia A treated by this approach as an adjunct to on-demand factor replacement, with clinical and laboratory follow-up over 12 months. The annualised bleeding rate and the Gilbert score were recorded together with factor consumption and laboratory data. The patient is identified by initials and case number only.

II. CASE REPORT

2.1 Patient information

Table 1. Patient details

Case No.	S38E24	Date of first visit	14/05/2025
Patient	U.P.	Age / Sex	19 years / Male
Education	B. Com, Semester 4	Occupation	Student
Religion	Hindu	Residence	Mehsana

2.2 Presenting complaints

The patient reported stiffness and continuous pain in the right knee joint, with weeping during bleeding

episodes. The complaint was aggravated by winter, walking and playing. The right leg did not bend properly, and there was weakness of the left elbow, also worse in winter.

In the year before presentation, he had 15 bleeding episodes and had received factor VIII 1000 IU on 19 occasions. The last bleeding episode was on 28/04/2025, treated the same day with factor VIII 1000 IU.

2.3 Past, family and personal history

Past history: Swelling of the left elbow at 2 years, of the left knee at 5 years and of the right knee at 12 years, and repeated gum bleeding between 6 and 8 years of age. Each episode was treated with factor VIII on multiple occasions.

Family history: The maternal uncle (45 years) and a younger brother (15 years) have haemophilia A. The grandfather (75 years) has asthma.

Personal history: Appetite was normal with three meals a day. Thirst was moderate, with 2.5 to 3 litres of water daily. He desired spicy (+) and sour (++) food. He passed one stool and five to six urines a day, perspired generally and slept soundly. His thermal state was towards hot.

Mental generals: He was of a jolly nature, fond of company, talkative and given to jesting and fun-making. He enjoyed giving spiritual lectures and taking part in all activities. He believed that the disease was by God's will and that good treatment was also by God's grace. He wept at times because of severe pain in the right knee. He reported no fear of anything.

2.4 Clinical findings

General examination: Temperature 97.6°F, pulse 80/min, blood pressure 110/80 mmHg and weight 65 kg. The respiratory system and central nervous system were normal; the abdomen was soft, and cardiovascular examination revealed S1 and S2 heard normally.

Locomotor system: The right knee and left elbow were affected. Swelling was present in the right knee, with mild deformity of that joint and weakness of the left elbow. There was no muscle wasting above the affected joints.

2.5 Outcome measures

Two measures were used to assess outcome. The annualised bleeding rate is the number of bleeding

episodes in a year; at baseline it was 14.97, corresponding to the 15 episodes recorded in the preceding year. The Gilbert score is a clinical joint score based on examination of swelling, muscle atrophy, crepitus, range of motion, axial deformity and gait, and a lower score means less joint damage. The baseline Gilbert score was 11. The Gilbert score was then recorded at review on 30/08/2025, 28/11/2025, 20/02/2026 and 13/05/2026, and the annualised bleeding rate was recalculated at the final visit.

Factor VIII consumption (number of doses and strength), the activated partial thromboplastin time, the factor VIII activity and the inhibitor screen were recorded as secondary measures. The patient was seen monthly, and any bleeding, injury or use of factor in the interval was noted at each visit.

2.6 Investigations and diagnosis

Laboratory investigations were done at the Department of Immunohematology and Blood Transfusion, B. J. Medical College and Civil Hospital, Ahmedabad (28/12/2024), and repeated after 12 months of treatment at Madhuram Pathology Laboratory (20/05/2026). Prothrombin time was normal on both occasions. The baseline activated partial thromboplastin time (APTT) was markedly prolonged and the inhibitor screen was positive. Factor VIII activity was below 1%, confirming severe haemophilia A. A Bethesda assay was not reported, so the inhibitor titre could not be quantified. The blood reports are reproduced in Figure 1 (baseline) and Figure 2 (after 12 months); the patient's name has been masked.

At baseline (28/12/2024) the prothrombin time was 10.0 s against a control of 11.2 s (INR 0.89), whereas the APTT was 102 s against a control of 29.2 s. In the mixing study the 1:1 immediate mix gave APTT values of 33.2 s at 1 hour and 35.7 s at 2 hours, and the incubated mix gave 34.7 s and 41.7 s. The laboratory reported a factor VIII value below 1% (reference range 50 to 150%) and a positive inhibitor screen.

After 12 months (20/05/2026) the prothrombin time was 10.0 s against a control of 10.5 s (INR 0.94), and the APTT was 75.0 s against a control of 28.0 s. The immediate mix gave 33.3 s and 33.1 s, and the incubated mix gave 33.1 s and 35.6 s. The factor VIII value was still below 1.0%, the inhibitor screen was reported as negative, and the Bethesda assay was not

applicable. The laboratory interpreted the findings as severe haemophilia A.

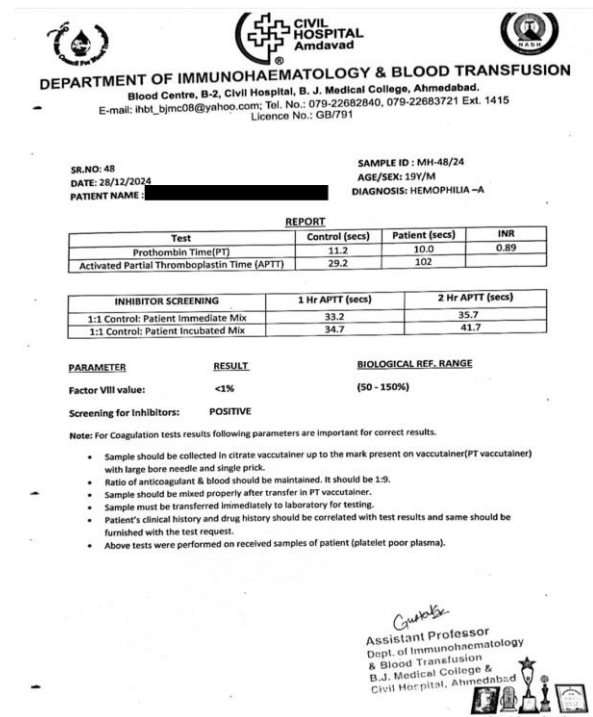


Figure 1: Coagulation profile, factor VIII assay and inhibitor screening at baseline (28/12/2024)



Figure 2: Coagulation profile, factor VIII assay and inhibitor screening after 12 months (20/05/2026)

2.7 Analysis and evaluation of symptoms

The symptoms were classified as mental generals, physical generals and physical particulars and graded by intensity. The mental generals were gesture making (++), loquacity (+++), superstitious nature (+++) and weeping while in pain (++). The physical generals were desire for open air (+++), a hot thermal state (++), desire for sour food (++) and haemophilia (+++). The particulars were right knee stiffness (+++) and left elbow weakness (+++).

In evaluating the case, the characteristic mental generals and the physical generals were given precedence over the particulars of the affected joints. Stiffness and swelling of the knee are common features of haemophilic arthropathy and therefore carry less individualising value, whereas the combination of loquacity, gesture making, a superstitious outlook, weeping with pain and a desire for open air is uncommon and characteristic of this patient. The haemorrhagic tendency was retained as a general symptom, because it expresses the disease state of the whole person.

2.8 Totality and repertorisation

The totality of symptoms comprised gesture making, loquacity, superstitious nature, weeping while in pain, desire for open air, hot patient, haemophilia, right knee stiffness and left elbow weakness. The case was repertorised with RadarOpus software using the Synthesis Repertory [12] and nine rubrics, which are listed in Table 2. The analysis covered 489 remedies and nine symptoms, with intensity considered (Figure 3).

Table 2. Repertorial totality

No.	Rubric
1	Mind – Loquacity
2	Generals – Haemorrhage, blood, non-coagulable
3	Mind – Gestures, makes
4	Mind – Superstitious
5	Mind – Weeping, pains, with the
6	Extremities – Stiffness, knees
7	Extremities – Weakness, elbows
8	Generals – Air, open, desire for open air
9	Generals – Heat, sensation of

Repertorization Chart

VIDHI Parikh

This analysis contains 489 remedies and 9 symptoms
Intensity is considered
Sum of symptoms (sorted degrees)

1. Clipboard 1

	op.	lach.	sulph.	phos.	puls.	ars.	bell.	plb.	staph.	carb.	lyc.	nat-m.	nat-s.	plat.	aur.	carb-v.	stram.	rhust.	zinc.
1. MIND - LOQUACITY (220)	1	2	1	2	1	1	2	2	1	1	1	1	1	1	2	3	1	1	1
2. GENERALS - HEMORRHAGE - blood - non-coa... (65)	1	3	1	3	1	1	1	1	1	1	2	1	2	1	2	2	2	2	2
3. MIND - GESTURES, MAKES (189)	1	3	1	2	3	1	1	2	1	1	2	2	1	1	1	1	2	2	2
4. MIND - SUPERSTITIOUS (23)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. MIND - WEEPING - pains - with the (44)	1	1	2	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1
6. EXTREMITIES - STIFFNESS - Knees (115)	1	1	1	3	2	2	2	1	2	1	3	2	2	3	1	2	3	2	2
7. EXTREMITIES - WEAKNESS - Elbows (28)	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. GENERALS - AIR; OPEN - desire for open air (170)	1	1	2	3	1	3	2	1	1	1	3	2	2	2	3	3	2	1	1
9. GENERALS - HEAT - sensation of (251)	1	2	2	3	2	3	1	1	2	1	1	3	3	3	2	2	1	1	2

Figure 3: Repertorial sheet (RadarOpus, Synthesis Repertory). The patient's name has been masked.

The repertorial result is given in Table 3. Opium covered all nine rubrics and ranked first.

Table 3. Repertorial analysis (rubrics covered / sum of degrees)

Rank	Remedy	Score
1	Opium	9/13
2	Lachesis	8/16
3	Sulphur	7/15
4	Phosphorus	7/14
5	Pulsatilla	7/12

Selection of the remedy. Opium covered all nine rubrics, including the characteristic mental generals, and was selected as the similimum.

2.9 Therapeutic intervention

On 14/05/2025 Opium 200 was prescribed as one dose weekly together with Sac Lac (SL) twice daily for one month. This was continued as four weekly doses per month, with SL, from 30/05/2025. On 30/08/2025 Bryonia 200 twice daily for three days was added for an acute swelling of the right elbow after heavy weight

lifting, and the constitutional remedy was raised to Opium 1M. From then on Opium 1M was given as four weekly doses a month, or as two doses per quarter during the stable phase in September and November 2025. Hamamelis Q, 10 drops three times daily, was

used when local swelling or bleeding occurred. Factor VIII was given on demand and was not withheld.

2.10 Follow-up and outcome

The patient was reviewed monthly. The progress record is summarised in Table 4.

Table 4. Progress record and follow-up

Date	Symptom changes	Prescription
30/05/2025	Weakness of left elbow partially improved. Mild swelling in right knee. No pain; no factor needed.	Opium 200 weekly x 4; SL
30/06/2025	Swelling in left elbow; weakness of left elbow cured completely. Played a cricket tournament and won; no factor needed.	Opium 200 weekly x 4; SL
30/07/2025	No swelling or pain in joints. No factor needed. Climbed Girnar Mountain without pain or swelling.	Opium 200 weekly x 4; SL
30/08/2025	Gilbert score 1. Swelling in right elbow after heavy weight lifting; pain aggravated even by the slightest air. Factor VIII 500 IU x 1.	Bryonia 200 BD x 3 days; Opium 1M weekly x 4; SL
29/09/2025	Slight swelling in left elbow, two episodes, resolved by itself. No factor needed.	Opium 1M, 2 doses quarterly; SL
18/10/2025	One episode of left elbow swelling. Mild stiffness in knee. Played Garba daily during Navratri. No factor needed.	Opium 1M weekly x 4; SL
28/11/2025	Gilbert score 1. Feels very well. Climbed Girnar Mountain without pain or swelling. No factor needed.	Opium 1M, 2 doses quarterly; SL
20/12/2025	Walks 8 km daily without tiredness. No knee pain. Painless sprain of right ankle. Factor VIII 500 IU x 1.	Opium 1M weekly x 4; SL
19/01/2026	No swelling. Feels very well. No factor needed.	Opium 1M weekly x 4; SL
20/02/2026	Gilbert score 0. No complaints; increased confidence. Played games and danced at a friend's wedding without swelling.	Opium 1M weekly x 4; SL
20/03/2026	Mild swelling in right elbow. Factor taken because of upcoming examinations (four papers remaining). Otherwise, no complaints.	Opium 1M weekly x 4; SL
20/04/2026	Painless swelling in right elbow since morning, attributed to heavy physical work the previous day.	Opium 1M weekly x 4; Hamamelis Q TDS; SL
13/05/2026	ABR 5; Gilbert score 0. No swelling or pain in right elbow. Much improved in left elbow and right knee.	Opium 1M weekly x 4; SL

Clinical and laboratory outcomes at baseline and at 12 months are compared in Table 5.

Table 5. Outcome measures at baseline and after 12 months

Parameter	Baseline	After 12 months
Annualised bleeding rate	14.97	5
Gilbert score	11	0
Factor VIII use	19 doses of 1000 IU in the preceding year	500 IU on two occasions; one unquantified pre-examination dose
Factor VIII activity	<1%	<1.0%
APTT (patient/control)	102 s / 29.2 s	75 s / 28.0 s
Prothrombin time (INR)	10.0 s (0.89)	10.0 s (0.94)
Inhibitor screening	Positive	Negative

III. DISCUSSION

This patient had a high bleeding burden, with an ABR of 14.97 and a Gilbert score of 11 at entry, together with chronic right knee involvement. After 12 months of individualised treatment, the ABR was 5, and the Gilbert score fell to 0 by February 2026 and remained there. Over the same period, he completed physically demanding activities, including mountain climbing, cricket, and Garba dancing, and his left elbow weakness improved. The direction of change, with fewer bleeding episodes and less factor use, is similar to that described in an earlier case report [8]; the present report adds the Gilbert score and ABR recorded together with laboratory data over 12 months.

3.1 Choice of remedy and course of response

The remedy was selected on the characteristic mental generals rather than on the haemophilia diagnosis alone. Opium was the top-ranked remedy and covered all nine rubrics, and the cheerful, talkative and fearless disposition of the patient supported the choice, in keeping with the remedy picture of Opium in the *Materia medica* [13]. The acute joint injuries that occurred during follow-up, such as the elbow swelling after heavy lifting and the ankle sprain, settled with minimal factor replacement, and local Hamamelis Q was used as an adjunct for bleeding and bruising.

3.2 Factor VIII activity and inhibitor findings

Factor VIII activity stayed below 1% at the end of the study, so the clinical improvement cannot be attributed to a rise in the circulating factor. The APTT remained prolonged, although it was shorter than at baseline. The inhibitor screen changed from positive to negative, but the screen was qualitative and no Bethesda titre was available, so this finding has to be interpreted with caution. Variation in assay methods between two laboratories, and the natural fluctuation of inhibitor activity, are possible explanations.

3.3 Strengths of the report

- The patient was reviewed monthly for 12 months, with dated records of symptoms, prescriptions and factor use at each visit.
- Outcomes were recorded with validated measures (the annualised bleeding rate and the Gilbert score), together with factor consumption.

- Laboratory data were documented at baseline and after 12 months, and the original reports are reproduced with the patient's name masked.

3.4 Limitations

This report has the usual limitations of a single case. There was no control, the natural variability of bleeding frequency cannot be excluded, and the patient continued on-demand factor replacement and received local Hamamelis Q. Changes in physical activity, adherence to rest and joint protection, and the placebo response may also have contributed. The two sets of blood tests were reported by different laboratories. The outcomes were recorded with validated measures (ABR and the Gilbert score), but the findings should be regarded as hypothesis-generating.

IV. CONCLUSION

In this patient with severe haemophilia A, individualised homoeopathic treatment with Opium, given as an adjunct to on-demand factor replacement, was followed over 12 months by a reduction in the annualised bleeding rate from 14.97 to 5, a fall in the Gilbert score from 11 to 0, minimal factor consumption and a return to normal physical activity. The inhibitor screen also changed from positive to negative, although factor VIII activity remained below 1%. These observations are consistent with a possible supportive role of homoeopathy in the management of haemophilia, but they do not prove causation. Controlled studies with larger samples and quantitative inhibitor assays are needed to confirm these findings.

Patient Consent and Ethics

Written informed consent was obtained from the patient for publication of this case. Personal identifiers have been removed.

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