IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
http://internationaljournal.org.in/journal/index.php/ijayush/

International Journal
Panacea
Research library
ISSN: 2349 7025

Original Research Article | Volume 14 Issue 01 | January 2025

EFFICACY OF CROTALUS HORRIDUS IN CURING OF HENOCH SCHONLEIN PURPURA WITH A CASE PRESENTATION

Dr. Saritha[1], *Dr. Samudrala Bhavana[2], Dr. Sana Shirin[2], Dr. M. Divya[2]

[1]Asst Professor, [2]Intern of Dept of Organon of Medicine,

Hamsa Homeopathy Medical College, Hospital and Research Centre

*Corresponding Authors Email ID: samudralabhavana0202@gmail.com

ABSTRACT

Henoch Schonlein Purpura is a rare autoimmune disorder that is an IgA-mediated vasculitis characterised by inflammation of small blood vessels. It is a multisystem disorder which affects many organs in the body. It is typically seen in children and young adults presenting with palpable, non-blanching purpura, Arthritis, Gastrointestinal symptoms and Renal involvement. Crotalus horridus is one of the most efficient remedy in curing Henoch schonlein purpura.

SYNONYMS

IgA Vasculitis, Anaphylactoid purpura, purpura rheumatica

KEYWORDS

Henoch-schonlien purpura, IgA-vasculitis, Autoimmune disorder, purpura, Arthritis, Gastrointestinal symptoms, Renal involvement and Crotalus horridus.

ABBREVATIONS

IgAV -Immunoglobulin A vasculitis, HSP-Henoch schonlein purpura

INTRODUCTION

Henoch-schonlein purpura is an autoimmune and small-vessel vasculitis caused by immune complex deposition following an infectious trigger or by an unknown cause. It is a predominantly a disease of children and young adults. The usual presentation is with purpuric rash over the extensor surfaces of arms, buttocks and lower legs, accompanied by abdominal pain, gastrointestinal bleeding and polyarthralgia. Nephritis can also occur and may present up to 4 weeks after the onset of other symptoms.

Etiology

Exact cause is Unknown.

Environmental, Genetic, Iatrogenic and Antigenic factors appear to contribute to the etiology of IgA Vasculitis.

1. ENVIRONMENTAL FACTORS: Allergic reaction to certain food substances, exposure to cold weather and insect bites
2. GENETIC FACTORS: Genetic studies have found an association with HLA-DQA1 and DQB1.
3. ANTIGENIC FACTORS: Most of the patients present with the history of recent infection. Upper respiratory tract infections are the most commonly seen; however, patients may also present with an antecedent gastrointestinal tract or pharyngeal infection.

Group A Streptococcus has been found in cultures of greater than 30% of patients with IgAV with nephritis.

More recently, IgAV has also been found in association with COVID-19 infections. The virus is thought to damage blood vessels directly leading to inflammation and immune complex formation. IgAV has also seen with COVID-19 immunisations.

4. IATROGENIC FACTORS: Certain medications and vaccination.

Epidemiology

HSP is a rare disorder but most commonly seen in Children and young adults. More common amongst boys than girls.

Pathophysiology

The pathophysiology of HSP is unclear, however it is hypothesised that the immune system is triggered by an antigen that may be a viral or bacterial infection. Then in response to antigen there is a production of IgA antibodies from mucus membranes and other immunoglobulins (IgM, IgG, IgE) by the proliferation of plasma B cells.

Formation of immune complexes and deposition of these complexes in small vessels of skin, joints, kidneys and GI tract leads to the activation of inflammatory mediators such as prostaglandins and activation of complement system.

Deposition of immune complexes in skin causes palpable purpura and petechiae and in GI tract causes haemorrhages and in kidneys cause nephritis, IgA nephropathy.

Histopathology

Biopsy of affected tissue shows a vasculitis with IgA deposits in the capillary and sub endothelial vessel wall. The vessel wall shows leucocytoclastic vasculitis as seen by viable and necrotic neutrophilic infiltration. Circulating immune complexes are deposited in the vessel wall consisting of IgA, C3 and Fibrin and in some cases properdin suggesting activation of alternate complement pathway as the trigger event.

Signs and symptoms

The classical triad of HSP are purpura, arthritis and abdominal pain.

- Red-purple palpable purpuric rash over the extensor surfaces of arms, buttocks and lower legs but may also seen on face and trunk.

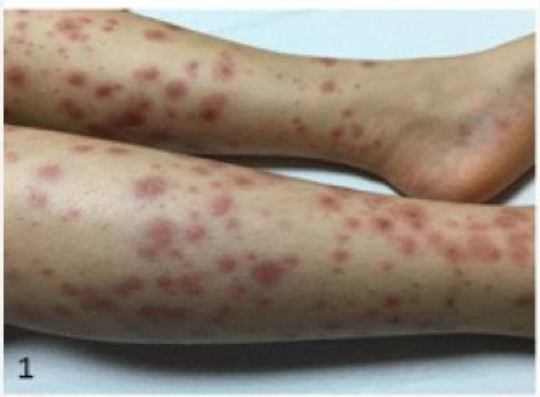


Figure 1: Red-purple palpable purpura in lower extremities.

- Polyarthralgia and swollen joints seen in 80% cases due to deposition of immune complexes. The predominantly involved joints are ankles, knees, elbow and joints of hands and feet.
- Colicky abdominal pain accompanied by nausea, vomiting, constipation or diarrhoea and may present bloody stools.
- Nephritis can also occur and may present up to 4 weeks after the onset of other symptoms such as haematuria and proteinuria.
- Fatigue
- Headache
- Fever
- Subcutaneous oedema
- CNS involvement is rare and there may be seizures, irritability, dizziness and intracranial haemorrhage.

Investigation:

- Physical and systemic examination
- Complete blood count
- Urine analysis
- Tissue biopsy
- Ultrasound of abdomen
- ANA profile

Complications:

1. KIDNEYS: Renal failure and Nephrotic syndrome
2. LUNGS: Pleural effusion and pulmonary haemorrhage
3. CNS: Neuropathy, CNS bleeding and seizures
4. GIT: Intussusception, Bowel infarction and perforation
5. GENITAL SYSTEM: Testicular torsion

CASE PRESENTATION

PRELIMINARY DATA

NAME: Samudrala Bhavana

D/O: S. Srinivas

AGE: 24Y

SEX: Female

OCCUPATION: Student

RELIGION: Hindu

MARITAL STATUS: Unmarried

ADDRESS: Siddipet

DATE OF CASE TAKING:07/12/24

PRESENTING COMPLAINTS

1. Red purplish palpable petechial skin rashes over the arms, both foot and lower legs on and off since 3 months.
2. Right knee joint and foot pain since 2 months on and off more from 10 days.

HISTORY OF PRESENTIN COMPLAINTS

Patient was apparently healthy 3 months back. Gradually started developing red purplish spots over the both lower limbs on and off but increased intensity from 10 days associated with purulent vesicular eruptions. Itching of eruptions aggravation at night, physical exertion. patient also developed pain in right knee joint and foot since 2 months on and off more from 10 days aggravated by walking, night.

PAST HISTORY

H/O Typhoid 5 years back

H/O Acute Tonsillitis 7 months back

H/O both LL Infection 4 months back

H/O Duodenal ulcers 3 months back

FAMILY HISTORY

Father-apparently healthy

Mother-suffering with Rheumatoid arthritis and Hypothyroidism

Siblings-2 younger sisters-apparently healthy

PERSONAL HISTORY

MENTAL GENERALS

Irritable

PHYSICAL GENERALS

1. Appetite – Increased
2. Thirst – thirsty, 2-3lit/day
3. Desires – not specific
4. Aversion – not specific
5. Urine – clear and no burning
6. Bowels – regular and satisfactory
7. Sleep – refreshed
8. Sweat – scanty
9. Dreams – not specific
10. Habits – not specific
11. Thermals – very chilly

MENSTRUAL HISTORY

Menarche at 12 yrs of age

Menstrual cycle - Regular,28 days cycle,3-4 days flow, no clots, white discharge present before menses.

LIFE SPACE INVESTIGATION

Patient was born and bought up in middle class family in siddipet. She studies well and had good grades since childhood. At present she is pursuing her graduation in BHMS. She had good memory and understanding skills. She had change of place 4 months back moved away from the family. Since then, she developed irritation and above complaints.

GENERAL PHYSICAL EXAMINATION

Appearance: moderate built

Oedema- over the right foot

VITAL DATA

BP-120/70 MMHG

Temperature- Afebrile

Pulse rate- 77/min

Respiratory rate- 18/min

Height- 157cms

Weight- 69kgs

SYSTEMIC EXAMINATION

1. DERMATOLOGY:

Inspection - Red purplish petechial rashes over both lower limbs with vesicular eruptions

palpation -Tenderness over the dorsal region of right foot

2. OTHER: No abnormality detected

PROVISIONAL DIAGNOSIS

? Henoch schonlein purpura

DIFFERENTIAL DIAGNOSIS

Idiopathic thrombocytopenic purpura

Hypersensitivity vasculitis

Thrombotic thrombocytopenic purpura

Wegener's granulomatosis

LABORATORY INVESTIGATIONS

Performed:

CBP- normal count

CUE- Blood - +++, protein- trace amount, pus cells-5-6/HPF, Epithelial cells- 3-4/HPF

RFT- normal

LFT- normal

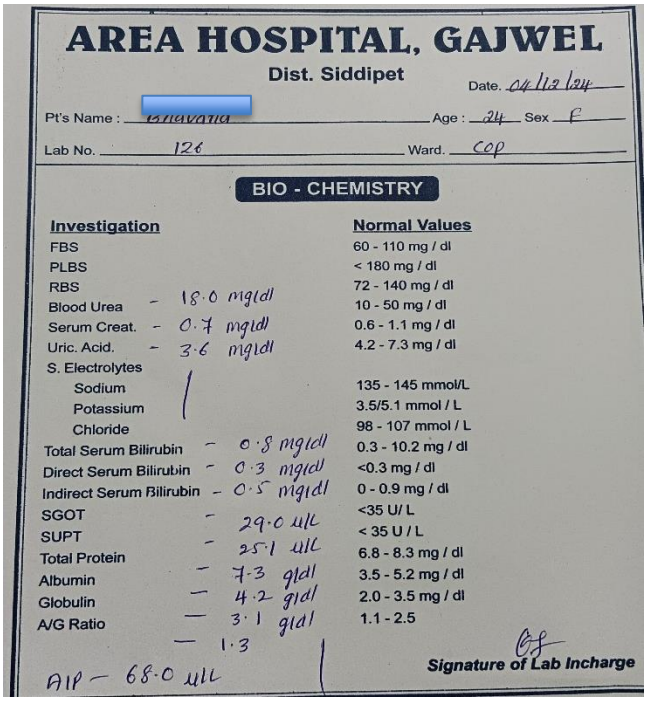
CRP - Negative

Fever profile

Advised:

Skin and renal biopsy

Specific IgA antibody test



AREA HOSPITAL, GAJWEL

Dist. Siddipet

Date. 04/12/24

Pt's Name : [redacted] Age : 24 Sex F

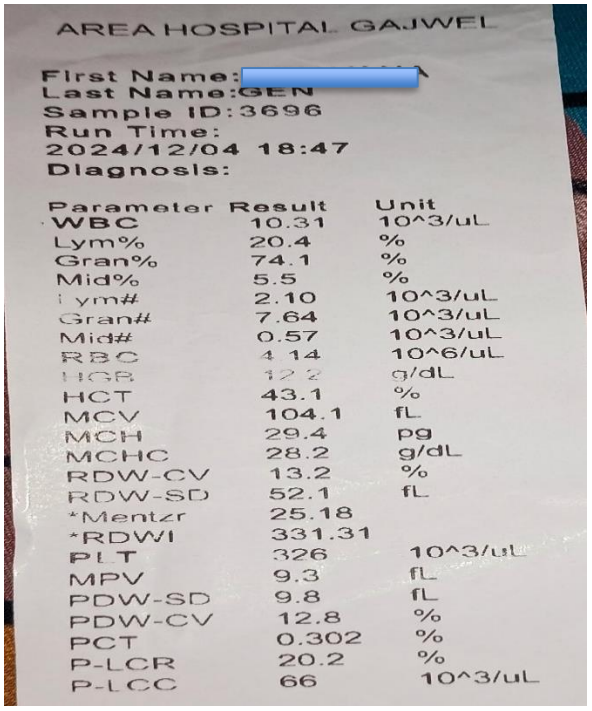
Lab No. 126 Ward. Cop

BIO - CHEMISTRY

Investigation		Normal Values
FBS		60 - 110 mg / dl
PLBS		< 180 mg / dl
RBS		72 - 140 mg / dl
Blood Urea	18.0 mg/dl	10 - 50 mg / dl
Serum Creat.	0.7 mg/dl	0.6 - 1.1 mg / dl
Uric. Acid.	3.6 mg/dl	4.2 - 7.3 mg / dl
S. Electrolytes		
Sodium		135 - 145 mmol/L
Potassium		3.5/5.1 mmol / L
Chloride		98 - 107 mmol / L
Total Serum Bilirubin	0.8 mg/dl	0.3 - 10.2 mg / dl
Direct Serum Bilirubin	0.3 mg/dl	<0.3 mg / dl
Indirect Serum Bilirubin	0.5 mg/dl	0 - 0.9 mg / dl
SGOT	29.0 u/L	<35 U/ L
SUPT	25.1 u/L	< 35 U / L
Total Protein	7.3 g/dl	6.8 - 8.3 mg / dl
Albumin	4.2 g/dl	3.5 - 5.2 mg / dl
Globulin	3.1 g/dl	2.0 - 3.5 mg / dl
A/G Ratio	1.3	1.1 - 2.5

AIP – 68.0 u/L

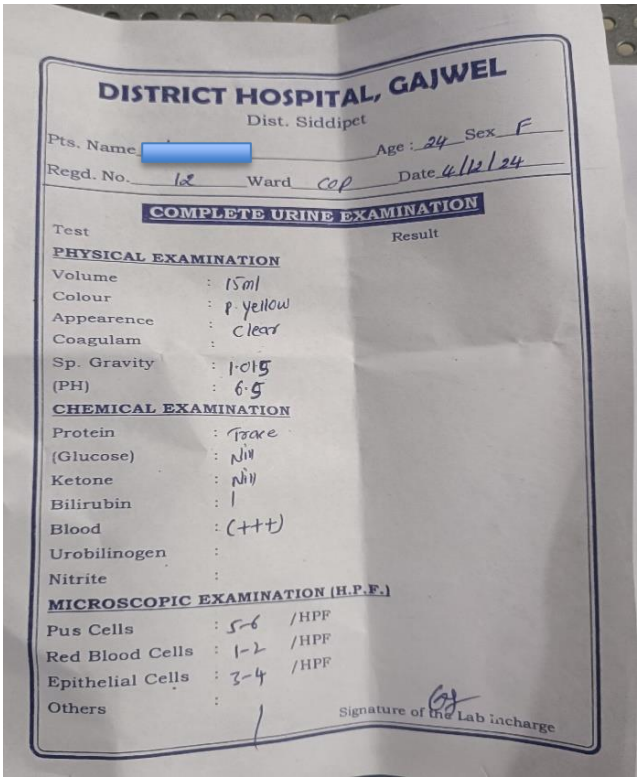
Signature of Lab Incharge



AREA HOSPITAL GAJWEL

First Name: [redacted]
Last Name:GEN
Sample ID:3696
Run Time:
2024/12/04 18:47
Diagnosis:

Parameter	Result	Unit
WBC	10.31	10^3/uL
Lym%	20.4	%
Gran%	74.1	%
Mid%	5.5	%
Lym#	2.10	10^3/uL
Gran#	7.64	10^3/uL
Mid#	0.57	10^3/uL
RBC	4.14	10^6/uL
HGB	12.2	g/dL
HCT	43.1	%
MCV	104.1	fL
MCH	29.4	pg
MCHC	28.2	g/dL
RDW-CV	13.2	%
RDW-SD	52.1	fL
*Mentzr	25.18	
*RDWI	331.31	
PLT	326	10^3/uL
MPV	9.3	fL
PDW-SD	9.8	fL
PDW-CV	12.8	%
PCT	0.302	%
P-LCR	20.2	%
P-LCC	66	10^3/uL



DISTRICT HOSPITAL, GAJWEL

Dist. Siddipet

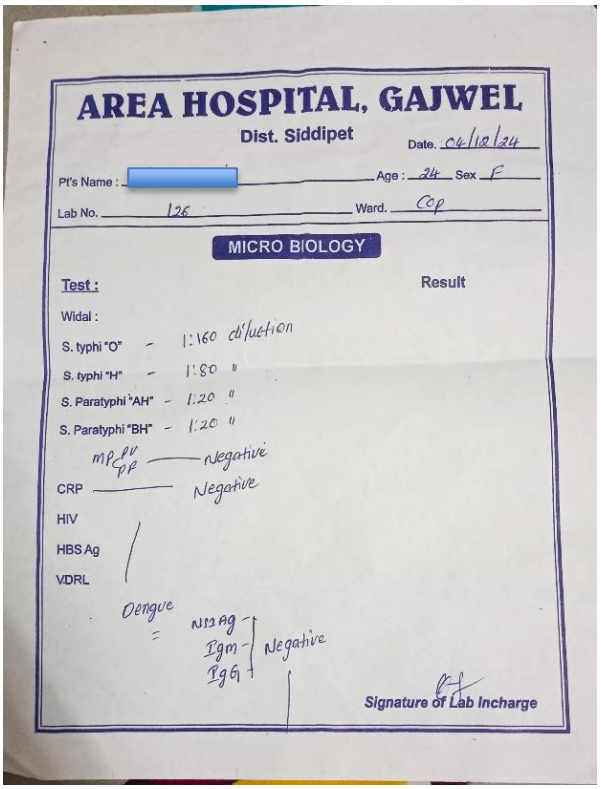
Pts. Name [redacted] Age : 24 Sex F

Regd. No. 12 Ward Cop Date 4/12/24

COMPLETE URINE EXAMINATION

Test	Result
PHYSICAL EXAMINATION	
Volume	15ml
Colour	P. yellow
Appearence	Clear
Coagulam	
Sp. Gravity	1.015
(PH)	6.5
CHEMICAL EXAMINATION	
Protein	Trace
(Glucose)	Nil
Ketone	Nil
Bilirubin	
Blood	(+++)
Urobilinogen	
Nitrite	
MICROSCOPIC EXAMINATION (H.P.F.)	
Pus Cells	5-6 /HPF
Red Blood Cells	1-2 /HPF
Epithelial Cells	3-4 /HPF
Others	

Signature of the Lab incharge



AREA HOSPITAL, GAJWEL

Dist. Siddipet

Date. 04/12/24

Pt's Name : [redacted] Age : 24 Sex F

Lab No. 126 Ward. Cop

MICRO BIOLOGY

Test :	Result
Widal :	
S. typhi "O"	1:160 dilution
S. typhi "H"	1:80 "
S. Paratyphi "AH"	1:20 "
S. Paratyphi "BH"	1:20 "
MP/PV/PF	Negative
CRP	Negative
HIV	
HBS Ag	
VDRL	
Dengue	
NS1 Ag / Igm / IgG	Negative

Signature of Lab Incharge

CLINICAL DIAGNOSIS

Henoch schonlein purpura

CASE PROCESSING

ANALYSIS OF SYMPTOMS

MENTAL GENERALS:

Irritable

PHYSICAL GENERALS:

Increased appetite

Very chilly patient

PARTICULARS:

Red purplish palpable petechial skin rashes over the arms, both foot and lower legs

Associated with purulent vesicular eruptions

Itching of eruptions

Agg at night, physical exertion

Pain in right knee joint and foot

Agg by walking and night

CLASSIFICATION OF DISEASE

Dynamic true chronic mixed miasmatic disease (psoro syphilitic)

DIAGNOSIS OF MIASM

1. GENERAL PHYSICAL CONSTITUTION: Moderate built and complexion
2. AGG AND AMEL PERTAINING TO STATE: agg at night
3. DESIRES AND AVERSION PERTAINING TO STATE: Not specific
4. TENDENCIES AND DIATHESIS: Haemorrhagic diathesis
5. MIND AND DISPOSITION: Irritable
6. PRESENTING CHARACTERISTICS: Red purplish palpable petechial skin rashes over the arms, both foot and lower legs. Associated with purulent vesicular eruptions.

Itching of eruptions. Agg at night, physical exertion. Pain in right knee joint and foot. Agg by walking and night.

TOTALITY OF SYMPTOMS

Irritable

Increased appetite

Very chilly patient

Red purplish palpable petechial skin rashes over the arms, both foot and lower legs

Associated with purulent vesicular eruptions

Itching of eruptions

Agg at night, physical exertion

Pain in right knee joint and foot

Agg by walking and night.

SELECTION OF REPERTORY

Kent repertory

EVALUATION OF SYMPTOMS

Irritable

Increased appetite

Very chilly patient

Red purplish palpable petechial skin rashes over the arms, both foot and lower legs

Associated with purulent vesicular eruptions

Itching of eruptions

Agg at night, physical exertion

Pain in right knee joint and foot

Agg by walking and night

REPERTORIAL TOTALITY AND RUBRIC CONVERSION

MIND-Irritability

SKIN-Eruptions-petechiae

EXTREMITIES-eruptions-vesicles

EXTREMITIES-pain-knee, rheumatic-walking on

EXTREMITIES-pain-foot, rheumatic-walking while

SELECTION OF REMEDY

Crotalus horridus is selected as it covers all the symptoms

Purpura haemorrhagica

Red purplish Petechial skin rashes

Tendency to haemorrhages

Bloody and albuminous urine

Right sided remedy

Eruptions are surrounded by purplish and mottled skim and oedema

Septicaemia, boils and carbuncles

SELECTION OF POTENCY AND DOSE

Crotalus horridus 200c, 1 dose

SL-15 days

GENERAL MANAGEMENT

Regular diet and regimen

Maintain personal hygiene

Avoid allergens

FOLLOW UP

23/12/24-petechial rashes reduced but slight itching present

Patient is feeling better

Rx: Crotalus horridus 200c 1 dose, SL-15 days

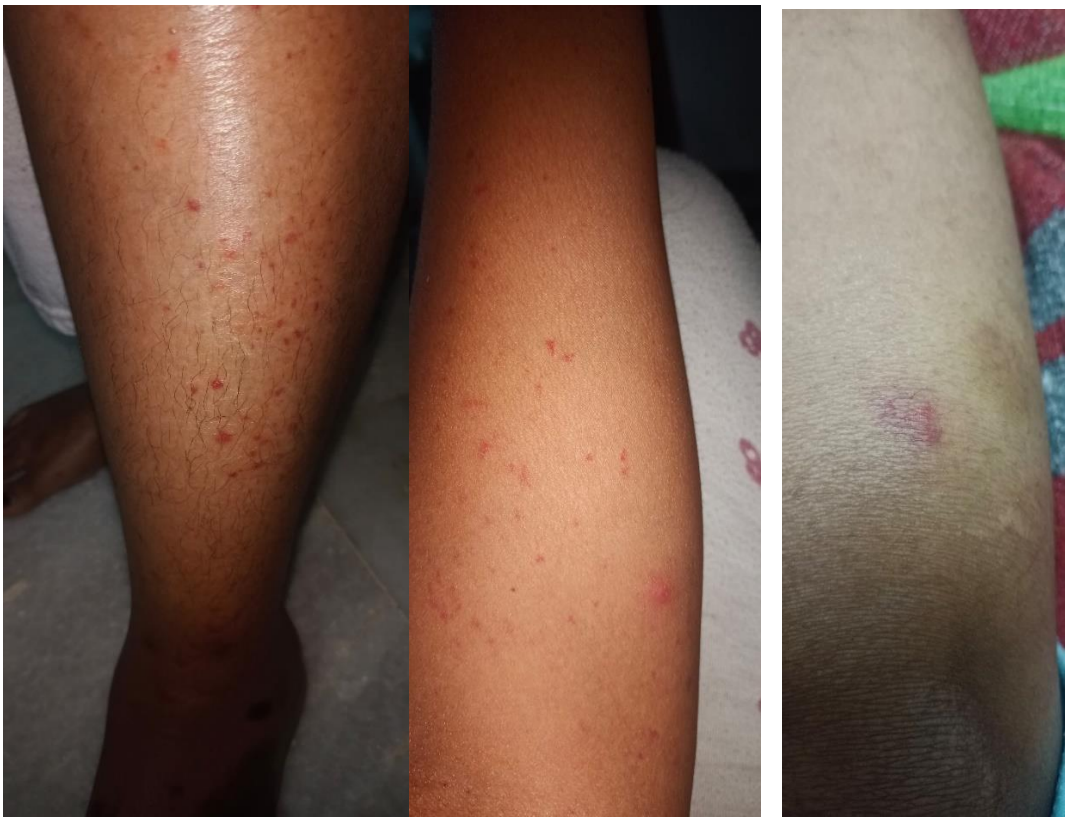
CROTALUS HORRIDUS

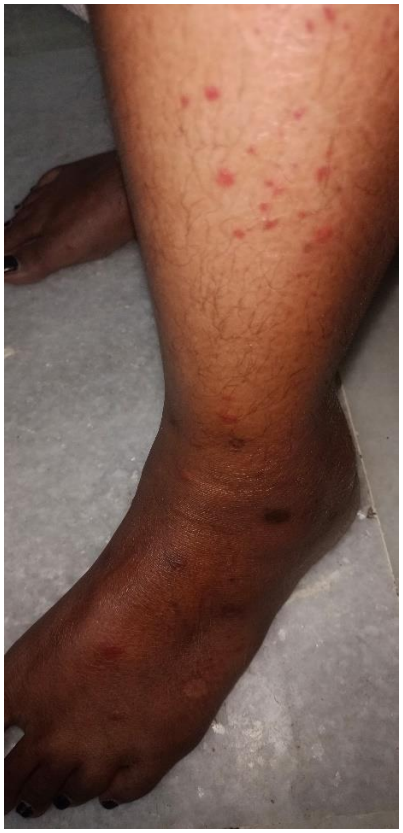
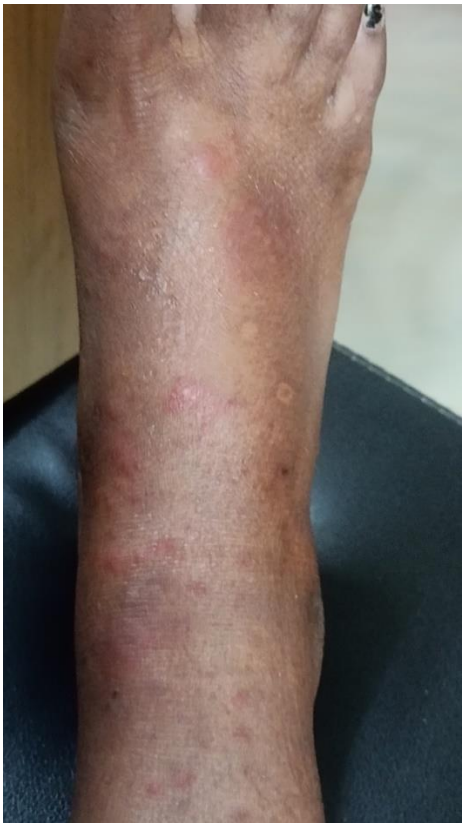
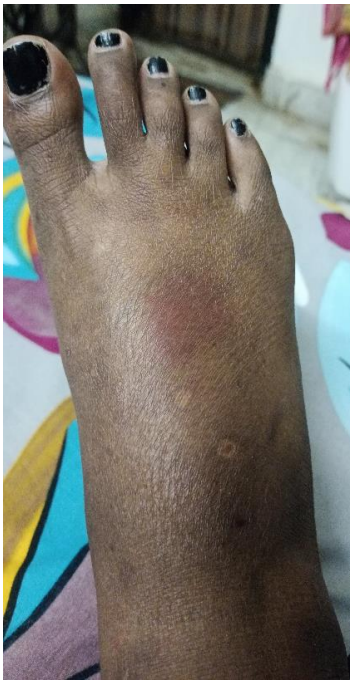
This remedy had a great and excellent action in low septic states, general disorganisation of blood, haemorrhages and jaundice. Blood decomposition, haemorrhages (dark fluid that forms no clots), tendency to carbuncles, malignant scarlatina, yellow fever, the plague, cholera, give opportunity to use this remedy. Haemorrhagic diathesis. More right sided in its action.

SKIN INDICATIONS:

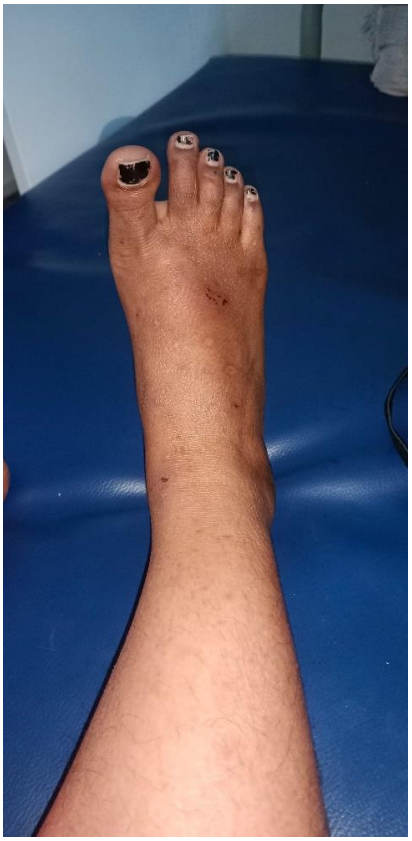
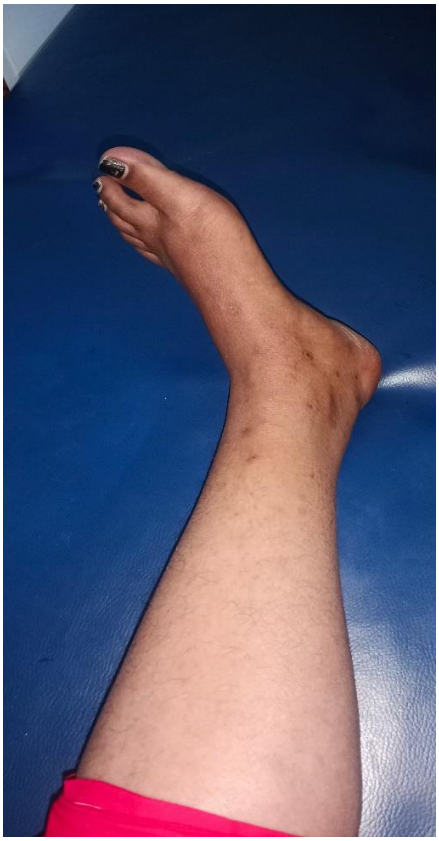
Swelling and discolouration, skin tense and shows every tint of colour, with excruciating pain, vesication, sallow yellow colour of the body. Great sensitiveness of right half of the body. Purpura haemorrhagica. Haemorrhage from every part of the body. Bloody sweat. Chill blains, felons and dissecting wounds. Pustular eruptions, insect stings, post vaccination eruptions and bad effects of post vaccination. Lymphangitis and septicaemia. Boils, carbuncles and eruptions are surrounded by purplish, mottled skin and oedema.

BEFORE HOMEOPATHIC TREATMENT:



AFTER HOMEOPATHIC TREATMENT (WITHIN 1 WEEK)

CONCLUSION

Homeopathy can work effectively even in curing Autoimmune diseases and many chronic diseases within a short span of time when selected similimum. Here in this case Crotalus has shown its miraculous action and had cured wonderfully.

REFERENCES

1. Textbook of Principles and practice of medicine by Davidsons edited by stuart H.Ralston, Ian D. Penman, Mark W.J.Strachan,Richard P. Hobson 24th edition.
2. Textbook of pathology by Harsh Mohan, foreword by Ivan Damjanov, 8th edition.
3. **https://www.ncbi.nlm.nih.gov/books/NBK537252/**
4. **https://en.wikipedia.org/wiki/Henoch%E2%80%93Sch%C3%B6nlein_purpura**
5. **https://www.webmd.com/skin-problems-and-treatments/henoch-schonlein-purpura-causes-symptoms-treatment**
6. Kent J.T., Repertory of Homeopathic Materia Medica. (6th edition). B. Jain Publishers (P) LTD; 2005
7. Boger C.M.., A Synoptic Key of the Materia Medica (4th edition). B. Jain Publishers (P) LTD; 20083. Phatak S.R., A Concise Repertory of Homeopathic Materia Medica. (3rd edition). B. Jain Publishers (P) LTD; 2004
8. Boericke W, Boericke OE. Pocket Manual of Homeopathic Materia Medica & Repertory Comprising the Characteristics and guiding symptoms of all remedies (Clinical and Pathogenetic) Including Indian drugs. 9th ed. New York. B. Jain Publishers (P) LTD; 1927
9. Allen HC. Keynotes and Characteristics with Comparisons of some of the leading remedies of Materia Medica. New Delhi. B. Jain Publishers (P) LTD; 2009
10. Phatak Repertory