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THE ROLE OF HOMOEOPATHY IN PLATELET RECOVERY IN A CASE OF ACUTE IMMUNE THROMBOCYTOPENIC PURPURA (ITP): AN OBSERVATIONAL CASE STUDY

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ABSTRACT

Background: Immune Thrombocytopenic Purpura (ITP) is a hematological autoimmune disorder marked by low platelet count and bleeding risks.

Objective: To document the clinical progression of platelet count normalization in adult ITP patient under classical homeopathic care.

Methods: A 43-year-old female diagnosed with ITP was treated and the serial CBC tests

over a 4-month period were analyzed.

Results: Platelet counts improved from 59,000/ μ L with individualized homoeopathic therapy. Conventional corticosteroid medication tapered off during this recovery.

Conclusion: This case supports further exploration into the immunomodulatory effects of homeopathy in haematological disorders.

Keywords: Immune Thrombocytopenic Purpura, individualized homoeopathic therapy, haematological disorder.

1. INTRODUCTION

ITP (or immune thrombocytopenia) also known as idiopathic thrombocytopenic purpura is a rare bleeding disorder associated with having decreased number of platelets which is known as thrombocytopaenia. [1]

Immune Thrombocytopenic Purpura (ITP) is a condition where the body's immune system mistakenly attacks and destroys its own blood clotting cells called platelets. This can lead to easy bruising and bleeding. [2]

Immune mediated destruction of platelets is a major part of the pathophysiology, but the underlying mechanisms which trigger autoantibody production are poorly defined. [3]

Thrombocytopenia is defined by platelet counts less than 150,000/ μ L [4]

Thrombocytopenia can be classified into three stages [4]

- Mild category having platelet count between 100,000 - 150,000/ μ L,
- Moderate thrombocytopenia having platelet count between 50,000 - 100,000/ μ L and
- Severe thrombocytopenia having platelet count < 50,000/ μ L

Types of ITP: [2]

There are two types of ITP

Primary ITP: In this type, the immune system targets and attacks platelets. Approximately 80% of all ITP cases are categorized as primary ITP. Healthcare professionals often refer to this condition as an autoimmune disorder.

Secondary ITP: This type may develop if there are underlying conditions, such as chronic infections, blood cancers, or autoimmune disorders, affecting platelet levels.

ITP is also classified based on the duration of the condition

Acute ITP: Typically, acute immune thrombocytopenia resolves within three months. It is more commonly observed in children than in adults.

Persistent ITP: This form of ITP disease lasts between three and 12 months.

Chronic ITP: Chronic ITP persists for a year or longer.

The incidence in adults has been estimated between 1.6 and 3.95 cases per 100, 000 people each year. The incidence tends to increase with age, and females have shown a higher incidence than males in patients younger than 60 years. [5]

2. CASE REPORT:

A 43-year-old female patient, a high school teacher, visited the clinic on 06-04-2025 accompanied by her husband, who was a laboratory technician. Patient has been recently diagnosed with Immune Thrombocytopenic Purpura. To obtain long-

term solution and avoid dependence on steroids, husband opted homeopathic treatment for his wife. The patient has been treated and cured of her chronic migraine few years ago at our clinic.

A bone marrow disorder was suspected and ruled out by haematologist. Afterwards, the patient was put on oral corticosteroids which failed to sustain platelet elevation but produced weight gain as a side effect.

She presented with a Complete Blood Count report from the previous day (05-04-2025) showing an initial platelet count of 59,000/ μ L.

Patient had following complaints:

Petechiae, fatigue, pain in legs, low grade fever, mild breathlessness on exertion in the

last 2-3 weeks. The blood spots accompanied generalized itching of body.

Patient had craving for hot food. Mentally she was in extreme anxiety state especially about her health and recovery since the diagnosis of ITP. Fears the disease is incurable. The rest of the physical generals and examination were unremarkable.

Homoeopathic Intervention:

From April 2025 to August 2025, the patient received Individualized homeopathic medicines based on totality of symptoms. Various medicines prescribed based on symptom similarity. Psychological counseling and moral support provided for patient and family. Regular monitoring was conducted with 10 serial CBC tests over a period of 4 months.

Table 01: Observational Data of Platelet Count

Date	Platelet Count	Interpretation
05-04-2025	59,000/ μ L	Below normal
08-04-2025	146,000/ μ L	Substantial rise begins
12-04-2025	297,000/ μ L	Within normal range
20-04-2025	294,000/ μ L	Within normal range
28-04-2025	238,000/ μ L	Stable but slightly low
05-05-2025	258,000/ μ L	Stable but slightly low
26-05-2025	336,000/ μ L	Normal
09-06-2025	305,000/ μ L	Normal
20-06-2025	276,000/ μ L	Normal with slight variation
20-07-2025	348,000/ μ L	Normal
Note: The date on the printed laboratory sheet for the final report was corrected manually at the clinical laboratory due to a typographical printer date error at the time of issue.		

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 44 SEX: Female
REFERRED BY: SELF, DATE: 05/04/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	12.5 g/dL	11 - 16 g/dL
HAEMOGLOBIN %	86.13	-
WBC COUNT	5400 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	57 %	40 - 70 %
Lymphocytes	40 %	20 - 50 %
Eosinophils	02 %	00 - 06 %
Monocytes	01 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	59000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.09 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	34.4 %	33 - 50 %
MCV	84.11 fL	76 - 96 fL
MCH	30.56 pg	26 - 38 pg
MCHC	36.34 g/dL	31 - 37 g/dL
RDW-CV	12.1 %	11 - 14.5 %
M.P.V.	9.8 fL	9 - 13 fL

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 1: Baseline CBC report dated 05-04-2025 (platelet count: 59,000/cu.mm).

[Note: The patient's true age was 43 years; the age of 44 recorded on the baseline report was an inadvertent clerical entry error]

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 08/04/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	12.7 g/dL	11 - 16 g/dL
HAEMOGLOBIN %	87.50	-
WBC COUNT	16000 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	76 %	40 - 70 %
Lymphocytes	18 %	20 - 50 %
Eosinophils	04 %	00 - 06 %
Monocytes	02 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	146000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.25 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	35.8 %	33 - 50 %
MCV	84.24 fL	76 - 96 fL
MCH	29.88 pg	26 - 38 pg
MCHC	35.47 g/dL	31 - 37 g/dL
RDW-CV	12.2 %	11 - 14.5 %
M.P.V.	11.2 fL	9 - 13 fL
P.C.T.	0.16 %	0.08 - 1 %

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 2: Complete blood count report dated 08-04-2025 showing initial platelet elevation to 146,000/cu.mm and corticosteroid-associated leukocytosis (WBC: 16,000/cumm).

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 12/04/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	13.5 g/dL	11 - 16 g/dL
HAEMOGLOBIN %	93.02	-
WBC COUNT	16500 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	87 %	40 - 70 %
Lymphocytes	11 %	20 - 50 %
Eosinophils	02 %	00 - 06 %
Monocytes	00 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	297000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.47 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	38.1 %	33 - 50 %
MCV	85.23 fL	76 - 96 fL
MCH	30.20 pg	26 - 38 pg
MCHC	35.43 g/dL	31 - 37 g/dL
RDW-CV	12.2 %	11 - 14.5 %
M.P.V.	10.3 fL	9 - 13 fL
P.C.T.	0.31 %	0.08 - 1 %

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 3: Complete blood count report dated 12-04-2025 showing platelet count normalized to 297,000/cu.mm (WBC: 16,500/cumm).

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 20/04/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	13.2 g/dL	11 - 16 g/dL
HAEMOGLOBIN %	90.95	-
WBC COUNT	17700 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	89 %	40 - 70 %
Lymphocytes	08 %	20 - 50 %
Eosinophils	02 %	00 - 06 %
Monocytes	01 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	294000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.37 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	37.8 %	33 - 50 %
MCV	86.50 fL	76 - 96 fL
MCH	30.21 pg	26 - 38 pg
MCHC	34.92 g/dL	31 - 37 g/dL
RDW-CV	12.4 %	11 - 14.5 %
M.P.V.	10.1 fL	9 - 13 fL

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Note: All investigations have their limitations. The result obtained refers only to the sample governmentment & tested. Further investigation never confirm the final diagnosis they only help in arriving at a final diagnosis in conjunction with clinical presentation. Correlate with clinical condition. Laboratory does not take the responsibility of Patient's identity. See for further legal purpose.

Figure 4: Complete blood count report dated 20-04-2025 showing sustained normal platelet levels at 294,000/cu.mm (WBC: 17,700/cumm)

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 28/04/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	13.4 g/dl	11 - 16 g/dl
HAEMOGLOBIN %	92.33	-
WBC COUNT	17600 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	78 %	40 - 70 %
Lymphocytes	17 %	20 - 50 %
Eosinophils	03 %	00 - 06 %
Monocytes	02 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	238000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.48 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	38.3 %	33 - 50 %
MCV	85.49 fL	76 - 96 fL
MCH	29.91 pg	26 - 38 pg
MCHC	34.99 g/dl	31 - 37 g/dl
RDW-CV	12.4 %	11 - 14.5 %
M.P.V.	9.7 fL	9 - 13 fL
P.C.T.	0.23 %	0.08 - 1 %

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 5: Complete blood count report dated 28-04-2025 showing stable platelet count at 238,000/cu.mm during prednisolone tapering to 20 mg/day (WBC:17,600/cumm)

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 05/05/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	13.0 g/dl	11 - 16 g/dl
HAEMOGLOBIN %	89.57	-
WBC COUNT	17200 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	85 %	40 - 70 %
Lymphocytes	10 %	20 - 50 %
Eosinophils	03 %	00 - 06 %
Monocytes	02 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	258000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.38 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	38.0 %	33 - 50 %
MCV	86.76 fL	76 - 96 fL
MCH	29.68 pg	26 - 38 pg
MCHC	34.21 g/dl	31 - 37 g/dl
RDW-CV	12.1 %	11 - 14.5 %
M.P.V.	9.8 fL	9 - 13 fL

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 6: Complete blood count report dated 05-05-2025 showing stable platelet count at 258,000/cu.mm (WBC: 17,200/cumm).

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 26/05/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	13.5 g/dl	11 - 16 g/dl
HAEMOGLOBIN %	93.02	-
WBC COUNT	14500 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	69 %	40 - 70 %
Lymphocytes	25 %	20 - 50 %
Eosinophils	04 %	00 - 06 %
Monocytes	02 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	336000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.55 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	38.6 %	33 - 50 %
MCV	84.84 fL	76 - 96 fL
MCH	29.67 pg	26 - 38 pg
MCHC	34.97 g/dl	31 - 37 g/dl
RDW-CV	12.4 %	11 - 14.5 %
M.P.V.	8.9 fL	9 - 13 fL

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 7: Complete blood count report dated 26-05-2025 showing normal platelet count at 336,000/cu.mm (WBC: 14,500/cumm).

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 09/06/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	13.5 g/dl	11 - 16 g/dl
HAEMOGLOBIN %	93.02	-
WBC COUNT	10600 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT	-	-
Neutrophils	67 %	40 - 70 %
Lymphocytes	27 %	20 - 50 %
Eosinophils	04 %	00 - 06 %
Monocytes	02 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	305000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.33 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	38.2 %	33 - 50 %
MCV	84.33 fL	76 - 96 fL
MCH	29.80 pg	26 - 38 pg
MCHC	35.34 g/dl	31 - 37 g/dl
RDW-CV	12.4 %	11 - 14.5 %
M.P.V.	10.1 fL	9 - 13 fL
P.C.T.	0.31 %	0.08 - 1 %

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 8: Complete blood count report dated 09-06-2025 showing normal platelet count at 305,000/cu.mm with normalization of leukocyte count (WBC: 10,600/cumm) prior to corticosteroid cessation

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 20/06/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	12.3 g/dL	11 - 16 g/dL
HAEMOGLOBIN %	84.75 %	-
WBC COUNT	6200 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT		
Neutrophils	59 %	40 - 70 %
Lymphocytes	35 %	20 - 50 %
Eosinophils	04 %	00 - 06 %
Monocytes	02 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	276000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	4.12 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	34.7 %	33 - 50 %
MCV	84.22 fL	76 - 96 fL
MCH	29.85 pL	26 - 38 pL
MCHC	35.45 g/dL	31 - 37 g/dL
RDW-CV	12.5 %	11 - 14.5 %
M.P.V.	9.5 fL	9 - 13 fL
P.C.T.	0.27 %	0.08 - 1 %

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 9: Complete blood count report dated 20-06-2025 showing sustained platelet levels at 276,000/cu.mm and normal total leukocyte count (WBC: 6,200/cumm) following complete discontinuation of corticosteroids.

SELECTION OF REPERTORY:

Case repertorized through Murphy's Repertory, as clinical rubrics with their medicines are well represented in Murphy's Repertory. [6]

Table 02: Repertorial Totality

Chapter	Rubric	Medicine with Grade	Page No
Clinical	Purpura Idiopathica	Arn ⁺² , Ars ⁺² , Crot-H ⁺² , Hama ⁺² , Lach ⁺² , Phos ⁺² , Sulph-ac ⁺²	460
Clinical	Purpura Idiopathica - weakness with	Ars ⁺² , Sulph-ac ⁺²	460
Clinical	Purpura Idiopathica - itching with	Phos ⁺¹ , Sulfon	460
Mind	Anxiety health about -health about their	Ars ⁺⁴ , Phos ⁺⁴	1519
Mind	Doubtful recovery of	Ars ⁺² , Phos ⁺² , Lach ⁺²	1584
Mind	Thoughts disease of -incurable of some	Ars ⁺³	1704

PARVATI CLINICAL LABORATORY
Old KHB Colony, BASAVAKALYAN - 585 327, Dist-Bidar, Karnataka

PATIENT'S NAME: [REDACTED] AGE: 43 SEX: Female
REFERRED BY: [REDACTED] DATE: 20/07/2025

COMPLETE BLOOD COUNT

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
HAEMOGLOBIN	11.9 g/dL	11 - 16 g/dL
HAEMOGLOBIN %	81.99 %	-
WBC COUNT	6200 /cumm	4000 - 11000 /cumm
DIFFERENTIAL COUNT		
Neutrophils	62 %	40 - 70 %
Lymphocytes	31 %	20 - 50 %
Eosinophils	04 %	00 - 06 %
Monocytes	03 %	00 - 06 %
Basophils	00 %	00 - 01 %
Platelet Count	348000 /cu.mm	150000 - 450000 /cu.mm
RBC Count	5.12 x10 ⁶ /ul	3.5 - 5.5 x10 ⁶ /ul
HCT	42.9 %	33 - 50 %
MCV	83.79 fL	76 - 96 fL
MCH	23.24 pL	26 - 38 pL
MCHC	27.74 g/dL	31 - 37 g/dL
RDW-CV	12.7 %	11 - 14.5 %
M.P.V.	9.8 fL	9 - 13 fL

Haematology done on - Sysmex XP 300 (Fully Automated Haematology Analyzer)
End of Report

Lab Technician

Figure 10: Complete blood count report dated 20-07-2025 showing continued normal platelet count at 348,000/cu.mm and normal total leukocyte count (WBC: 6,200/cumm) under homoeopathic maintenance alone. (Note: Date manually corrected on the printed laboratory sheet due to a typographical printer error).

SELECTION OF MEDICINE:

After analyzing the totality of symptoms and repertorization, *Arsenicum Album* was prescribed initially with favorable outcome. After change of symptoms that is extreme

debility and desire for juicy things *Phosphoricum Acidum* was prescribed. Patient's condition steadily improved with stable generals.

First Prescription: *Arsenicum Album* 200 BD for 2 Weeks

Table 03: Follow Up

Date	Change	Prescription
20-04-2025	Platelet level steadily rising, no blood spots, no fever weakness improved, leg pain less but occasional breathlessness. Anxiety somewhat less	<i>Arsenicum Album</i> 200 BD for 2 Weeks
07-05-2025	Platelet level steadily rising, Complaints of extreme debility, pain in legs, mild breathlessness on exertion persisted. Desire for juicy things	<i>Phosphoricum Acidum</i> 1 M 3 doses Sac Lac for 2 Weeks
26-05-2025	Platelet level steadily rising, weakness less, breathlessness on exertion occasionally, mild afternoon fever, Anxiety increased	<i>Arsenicum Album</i> 1M 3 doses Sac Lac for 2 Weeks
10-06-2025	Platelet level steadily rising, Weakness improved, no breathlessness, no fever, Anxiety reduced	Sac Lac for 2 Weeks
26-06-2025	Better in all respects, platelet count normal and stable	Sac Lac for 2 Weeks
21-07-2025	Better in all respects, platelet count normal and stable	Sac Lac for 2 Weeks
05-08-2025	Better in all respects, platelet count normal and stable	Treatment stopped

The conventional treatment consisted of **prednisolone**, administered as follows:

Table 04: Tapering schedule of Corticosteroid

Date	Prednisolone regimen
5 April 2025	60 mg/day orally once daily as started by hematologist
8 April 2025	60 mg/day
13 April 2025	Reduced to 40 mg/day
21 April 2025	40 mg/day continued
28 April 2025	Reduced to 20 mg/day
6 May 2025	Reduced to 10 mg/day
26 May 2025	Reduced to 05 mg/day
10 June 2025	Prednisolone discontinued

Following discontinuation of corticosteroid therapy on **10 June 2025**, follow-up assessments on **26 June 2025**, **21 July 2025** and **5 August 2025** were conducted without corticosteroid treatment; homeopathic treatment alone was continued during this period.

OUTCOME:

The patient experienced

- Complete and sustained normalization of platelet counts within a short time.
- Complete cessation of petechiae and bleeding episodes.
- Resumption of normal daily activity and school work.
- Side effects of immunosuppressive drugs minimized.
- Heavy doses of corticosteroid medicines tapered off during this recovery.

Homoeopathic Management and follow up care with low platelet counts:

In conditions such as acute Immune thrombocytopenic purpura (ITP), individualization includes careful evaluation of the nature of bleeding, bruising tendencies, constitutional features and any previous exposures like viral infections. Overexertion and rough activities should be avoided. Aspirin and NSAIDs should be avoided due to bleeding risk. Regular medical follow-up and platelet monitoring are required.

3. DISCUSSION:

In patients with acute ITP, corticosteroid therapy can cause a rapid, temporary rise in total leukocyte and neutrophil counts, while lymphocyte and eosinophil counts may decrease. These changes are predictable effects of high-dose steroids and generally

normalize after dose reduction or discontinuation.

In the present case, although high-dose steroids caused a temporary rise in leukocyte and neutrophil counts, the patient showed continued clinical improvement during homeopathic treatment, evidenced by a steady rise in platelet count, reduced breathlessness, weakness, and leg pain.

This case shows that individualized classical homoeopathy may play supportive and complementary to conventional treatment in acute ITP particularly in improving platelet count by reducing symptom burden, and overall immune regulation. The underlying immunomodulatory effect of the prescribed homeopathic medicines is evident by the steady increase in platelet count and sustained normalization supported by regular lab tests. To prevent the serious complications, particularly severe haemorrhage early diagnosis, careful clinical evaluation, and appropriate monitoring are essential. While conventional treatment focuses on maintaining safe platelet levels and controlling acute bleeding, homoeopathic management emphasizes individualized care based on the totality of symptoms, offering a holistic approach.

4. CONCLUSION:

Skilful application of homoeopathy and integrating it with conventional care, under appropriate clinical supervision, may offer a holistic and patient-centered strategy in patients with acute ITP as supported by this case. This prospective observational case study highlights the importance of well-designed clinical observation,

documentation, and need of controlled trials to establish results more conclusively.

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Conflict of Interest: There is no conflict of interest.

Financial support: No grant or funding for research

Declaration of patient consent: Patient consent was obtained in the appropriate written consent form.

6. REFERENCES:

1. Provan D, Arnold DM, Bussel JB, et al. *Updated international consensus report on the investigation and management of primary immune thrombocytopenia*. **Blood Advances**. 2019;3(22):3780-3817. <https://doi.org/10.1182/bloodadvances.2019000812>
2. Neunert C, Terrell DR, Arnold DM, et al. *American Society of Hematology 2019 guidelines for immune thrombocytopenia*. **Blood Advances**. 2019;3(23):3829-3866. <https://doi.org/10.1182/bloodadvances.2019000966>
3. Harrington WJ, Minnich V, Hollingsworth JW, Moore CV. *Demonstration of a thrombocytopenic factor in the blood of patients with thrombocytopenic purpura*. *J Lab Clin Med*. 1951;38:1-10. Available from: <https://pubmed.ncbi.nlm.nih.gov/14850832/>
4. Strauss G, Vollert C, von Stackelberg A, Weimann A, Gaedicke G, Schulze H. Immature platelet count: a simple parameter for distinguishing thrombocytopenia in pediatric acute lymphocytic leukemia from immune thrombocytopenia. *Pediatr Blood Cancer*. 2011;57:641–647. <https://doi.org/10.1002/pbc.22907>
5. González-López TJ. Editorial: Immune thrombocytopenia (ITP)—diagnosis and treatment. *Front Med (Lausanne)*. 2024;11:1385113. doi: [10.3389/fmed.2024.1385113](https://doi.org/10.3389/fmed.2024.1385113)
6. Murphy R. *Homoeopathic Medical Repertory*. 3rd rev. ed. New Delhi: B. Jain Publishers (P) Ltd.; 2016: p. 460, 1519, 1584, 1704.