

# Infantile hemangioma cured with homoeopathy - A case report

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## Abstract

**Introduction:** Infantile hemangioma (IH) is the most common benign vascular neoplasm in infants. It is characterized by endothelial cell proliferation which usually develops shortly after birth and grows most rapidly over the first 6 months. It is self-limiting in nature. However, in a small percentage of patients, hemangioma does not disappear completely. It may result in serious ocular or systemic complications. These patients may require drug therapy, surgical intervention, and/or laser therapy often during childhood at the cost of certain adverse events. **Case Summary:** The case reported here is of IH affecting the right eye in a 5-month-old female child who was cured completely with the help of homoeopathic medicine within 4 months. *Arnica montana* was prescribed as a specific remedy based on its physiological action. Follow-up was done every 2 weeks for 4 months. Vancouver scar scale (VSS) score and photographs were considered every month to assess the involution of hemangioma. For confirming complete recovery and no recurrence, follow-up for another 3 months was done after involution. VSS score reduced from 9 to 0 in 4 months duration. Complete cure in this case of hemangioma with homoeopathy can be considered as a reference to explore the utility of alternative modes of treatment like Homoeopathy to give a better therapeutic option for such conditions and avoid any kind of surgical intervention.

**Keywords:** *Arnica montana*, Eye, Homoeopathy, Infantile hemangioma, Vancouver scar scale

## INTRODUCTION

Infantile hemangioma (IH) is the most common vascular neoplasm of infancy which occurs due to rapidly dividing endothelial cells. It is also popularly known as birthmarks or cavernous hemangioma or strawberry naevus.<sup>[1]</sup> It occurs more commonly in females than males with a ratio of 4:1. The prevalence is approximately 10% of the population and identifiable risk factors include female sex, prematurity, low birth weight, and fair skin.<sup>[2]</sup>

It usually develops shortly after birth and grows most rapidly over the first 6 months. However, it may keep growing for up to 12–18 months. After that, it undergoes regression or involution, and 50% of all IH have completed involution by the age of 5 years, 70% by the age of 7 years, and 90% by the age of 9–12 years. However, in a small percentage of patients in whom hemangioma is not disappearing completely, residual fatty tissue or superficial skin telangiectasias remain. These patients may require drug therapy (propranolol/timolol/steroids/vincristine), surgery, and/or laser therapy often during childhood involving certain risks or side effects.<sup>[3]</sup>

Unilateral disease and upper eyelid involvement are more frequent in Infantile Periocular Hemangioma (IPH).<sup>[4]</sup> Over

60% of IHs occur in the head-and-neck region followed by the trunk (25%) and the extremities(15%).<sup>[5]</sup>

The majority of IH are isolated to the skin; however, some cutaneous IH can be associated with internal organ involvement or anomalies. These types of IH warrant special considerations based on location, size, growth features, potential complications, or possible association with underlying anomalies.<sup>[6]</sup>

IHs present shortly after birth most often as well-demarcated, flat, and erythematous red patches. At this stage, hemangiomas may be confused with other red lesions of birth, but rapid proliferation and vertical growth will trigger the diagnosis. In general speaking, hemangiomas do not spread outside their original anatomical boundaries. However, during proliferation, rapid growth can lead to exhaustion of blood supply resulting in ischemia, necrosis, ulceration, and bleeding.<sup>[7]</sup>

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IPH may also result in several systemic, cutaneous, or ocular complications. Ocular complications due to periocular lesions include ptosis, strabismus, telangiectasia, ulceration, scarring, and facial disfigurement, but the most common ocular complication of periocular capillary hemangiomas in infants is visual loss secondary to amblyopia. The incidence of amblyopia is interestingly high due to the early age of the tumor onset. It varies from 76% in older studies to 21% in recent studies. Strabismus results from both muscle infiltration and pressure effects of the tumor in some periocular infantile hemangiomas.<sup>[8]</sup>

Almost all vascular malformations and nearly 40% of hemangiomas eventually require intervention.<sup>[7]</sup>

Conventional treatment of hemangioma consists of laser therapy, and drug therapy to slow the growth and decrease the size of the lesion. These can be topical, injectable, oral or intravenous: propranolol, timolol, steroids, and vincristine. Medical and surgical options are available for the treatment of “problematic” hemangiomas. However, significant side effects accompany systemic therapy and have even led to the rejection of some agents as a treatment option. Surgery is usually required for painful and ulcerated non-healing hemangiomas, lesions interfering with breathing, vision or other vital functions or for hemangioma that does not completely involute.

Furthermore, surgery becomes difficult in some cases depending on their location, size, possible association with underlying anomalies and their potential complications.<sup>[3]</sup>

Homoeopathic literature shows that hemangiomas can be treated successfully. A case series has been documented wherein homoeopathic medicines have resolved hemangiomas completely and without any side effects.<sup>[3]</sup>

This case report presented here is another proof of the beneficial effect of homoeopathy in bringing about the cure and avoiding any such interventions at a later stage.

### CASE REPORT

A 5-month-old female child was brought in the Outpatient Department of Dr. D. P. Rastogi Central Research Institute of Homoeopathy, Noida with a complaint of reddish swelling over the right eye (upper eyelid) since 4 months which was small in size initially but was gradually increasing and spreading all over the eye [Figure 1].

As per the version of the parents, at birth, the lesion was not observed, but within a month, reddish discoloration appeared on the right upper eyelid which gradually increased in size.

On consulting a pediatrician, it was advised to drain the blood through a surgical procedure. However, the child’s mother was apprehensive and not willing to any surgical procedure due to the fear of scarring on the eye of the child and if any complication would affect the vision of the child which was a greater risk in future. Thus, she opted for homoeopathic treatment.

On examination – The swelling was reddish, blood-filled, and painless around 2 × 2 cm and yielding on pressure. The lesion was large enough to cover half the right eye.

Vancouver scar scale (VSS) Score was used to assess the vascularity, thickness (height), pliability and pigmentation of the hemangioma [Table 1]. VSS score at baseline was nine and categorized as “severe.”

The child was on the mother’s feed and top feed. The appetite, bowel motions, sweat, and sleep pattern were normal. No



Figure 1: Baseline photo

Table 1: The Vancouver scar scale score baseline

Scar characteristic	Normal range	Baseline score of patient
Vascularity		
Normal	0	
Pink	1	
Red	2	2
Purple	3	
Pigmentation		
Normal	0	
Hypopigmentation	1	
Hyperpigmentation	2	2
Pliability		
Normal	0	
Supple	1	
Yielding	2	2
Firm	3	
Ropes	4	
Contracture	5	
Height		
Flat	0	
<2 mm	1	
2–5 mm	2	
>5 mm	3	3
Mild		
Moderate	1–4	
Severe	5–8	
Vascularity	9–13	9

other specific physical or mental symptom could be elicited in the child.

### Case analysis

#### First prescription

*Arnica montana* 200, TDS for 1 day followed by Sac Lac 30, TDS for 2 weeks (2 globules size 20 = 1 dose), were given to the patient on 7/7/2018.

Pathological prescription was done based on the physiological action of the drug as no specific physical/mental or any other peculiar symptom could be elicited in the child.

Follow up of the patient was done fortnightly or as per the requirement.

Details of follow-ups are given in Table 2 and photographs of lesions are shown in Figures 2-5.

## RESULTS

Hemangioma resolved gradually after the prescription of *Arnica montana* in higher potency. There was a significant reduction in the size of the hemangioma after 2 months and it resolved completely after 4 months of treatment.

Follow-up was done every 2 weeks. VSS scores and photographs were taken every month to assess the involution of hemangioma. VSS Score reduced from 9 to 4 in 2 months and from 4 to 0 in 4 months [Table 3].

Possible causal attribution of the changes, in this case, was assessed using Monarch Evaluation (Modified Naranjo Criteria for Homoeopathy).<sup>[9]</sup> The total score was 08 in this case which was suggestive of attribution of clinical outcome to homoeopathic medicine [Table 4].

After complete resolution, follow-up for further 3 months was done to confirm the complete recovery and no recurrence.

## DISCUSSION

It is well known that IHs can undergo spontaneous resolution in a few years; however, in a small percentage of patients in whom hemangioma is not disappearing completely, residual fatty tissue, or superficial skin telangiectasias remain. These patients may require drug therapy (propranolol/timolol/steroids/vincristine), surgery and/or laser therapy often during childhood involving certain risks or side effects.<sup>[3]</sup> Nearly 40% of hemangiomas eventually require intervention.<sup>[7]</sup>

Conventional treatment can help relieve the complaints associated with hemangiomas through surgery, laser therapy, drug therapies, etc., but there are chances of recurrence, scarring etc., and complications based on location, size, and possible association with any underlying anomalies whereas in this case treatment with specific homoeopathic remedy has completely cured the hemangioma without any scar/complications/recurrence.

*Arnica* is clinically used as a specific remedy for extravasations of blood, hemorrhages, ecchymoses, etc. In homoeopathic literature, the specific physiological action of *Arnica* has been mentioned quite frequently by the stalwarts.

“*Arnica* cures hemorrhages of many kinds: Dilatation and rupture of blood vessels; extravasations of blood; strokes, etc”.<sup>[10]</sup> “Chief action of *Arnica* is on blood and blood vessels, particularly on capillaries. It causes reabsorption of extravasated blood”.<sup>[11]</sup>

“If you take *Arnica* internally in large doses, you will have mottled spots, bluish spots, which become yellowish, due

**Table 2: Follow-up**

Date of follow-up	Medicine with doses, Repetition	Justification
21/07/2018	<i>Arnica montana</i> 200/1 dose SL30/TDS/2 weeks	There was no improvement, therefore 1 dose was repeated
04/08/2018	SL30/TDS/2 weeks	Mild improvement was noted with respect to size therefore SL was prescribed VSS score - 8
18/08/2018	<i>Arnica</i> 1M/TDS/1 day SL30/TDS/2 weeks	There was no further improvement, therefore potency was raised
04/09/2018	SL30/TDS/2 weeks	There was significant improvement noted concerning color and size therefore SL was prescribed VSS score - 4
20/09/2018	SL30/TDS/2 weeks	Improvement continued therefore SL was prescribed
06/10/2018	<i>Arnica</i> 1M/TDS/1 day SL30/TDS/2 weeks	There was an overall significant improvement but mild visible discoloration of skin was persisting therefore potency was repeated once again VSS score - 3
08/11/2018	SL30/TDS/1 month	Hemangioma was resolved completely and there was no discoloration, therefore SL was prescribed. The patient's parents were advised for further follow up in next few months to confirm complete resolution and no further recurrence
06/12/2018	SL30/TDS/1 month	There was no recurrence therefore SL was prescribed VSS score - 0
05/01/2019	SL30/TDS/1 month	There was no recurrence therefore SL was prescribed
12/02/2019	SL30/TDS/1 month	There was no recurrence therefore SL was prescribed with advice to discontinue the treatment and report back in case of any complaints

VSS: Vancouver scar scale

**Table 3: Vancouver scar scale score chart of patient**

Scar characteristic	At baseline	At 1 month	At 2 months	At 3 months	At 4 months
Vascularity					
Normal					0
Pink			1	1	
Red	2	2			
Purple					
Pigmentation					
Normal					0
Hypopigmentation					
Hyperpigmentation	2	2	2	2	
Pliability					
Normal			0	0	0
Supple					
Yielding	2	2			
Firm					
Ropes					
Contracture					
Height					
Flat				0	0
<2 mm			1		
2–5 mm		2			
>5 mm	3				
Total score	9	8	4	3	0

**Table 4: Modified Naranjo Criteria for homoeopathy**

S. No.	Domains	Yes	No	Not sure/NA
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3	Was there a homeopathic aggravation of symptoms?		0	
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)			0
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B	Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms: • From organs of more importance to those of less importance? • From deeper to more superficial aspects of the individual? • From the top downwards?		0	
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations and clinical examination)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?		0	

Total score: 8

to ecchymoses, from extravasations of the small capillaries. It is an extravasation of blood from the capillaries and sometimes from the larger vessels.<sup>[12]</sup> “*Arnica* promotes the absorption of the clot.” Dr Wm. Morris Butler has also quoted that *Arnica* acts as a sheet anchor for dissolving blood clots.<sup>[13]</sup>

The above quotes from the stalwarts were considered for prescribing *Arnica montana* in this case. Moreover, the

physical and mental symptoms could not be elicited in this case of a child who was just 5 months old. Therefore, *Arnica montana* was prescribed as a specific remedy based on the physiological action of the drug. Hemangioma on the eye was completely resolved with *Arnica* without leaving any scar mark.

The patient showed mild improvement in the beginning which proved the correct selection of the remedy but as there was





Figure 2: Photo after 1 month of treatment



Figure 5: Photo after 4 months of treatment



Figure 3: Photo after 2 months of treatment



Figure 4: Photo after 3 months of treatment

not much improvement despite repetition of the drug in the same potency, thus a higher potency of the medicine was prescribed.

Furthermore, the direction of improvement in hemangioma was in the opposite order of the development. Hemangioma initially developed from the inner corner of the right eye spreading laterally toward the outer canthi as reported by parents. After medicine, resolution started from outward (lateral angle) toward inner canthi which further substantiated the correct selection of medicine as per point no. 6A of Modified Naranjo Criteria for Homoeopathy.

The patient showed marked improvement when the potency was raised and the lesion resolved completely within 4 months and no recurrence was noted after another 3 months of follow up. As mentioned by Stuart Close, Susceptibility varies in different individuals according to age, temperament, constitution, habits, character of disease, and environment.<sup>[13]</sup> When the symptoms correspond closely to the characteristic symptoms of the case, we give the high potencies-30<sup>th</sup>, 200<sup>th</sup>, 1 M, or higher, according to the prescriber's degree of confidence and the contents of his medicine case. The higher the degree of susceptibility and the higher the potency. Susceptibility is greatest in children and young and therefore the medicines which have a peculiar affinity for those organs should be given in the medium or higher potencies.<sup>[14]</sup> This case has substantiated the homoeopathic concepts wherein varied approaches in prescribing medicines are available in Homoeopathy and for a case like this where mental and physical symptoms could not be elicited, the pathological prescription with an understanding of the physiological action of *Arnica* has shown results. This has been also confirmed that in the case of children and where pathology is not too deep, higher potency of the medicine is most useful.

## CONCLUSION

Complete resolution of hemangioma within 4 months and non-recurrence of the same is a documentary evidence of complete cure by homoeopathy in the light of modern medicine.

Thus, such surgical conditions can be well managed with homoeopathy without causing any discomfort or adverse reaction. This system of medicine has a lot to offer to the medical profession, especially where surgical intervention is the primary choice of treatment and there is a definite need to explore the utility of alternative modes of treatment like homoeopathy to give a better therapeutic option for such conditions. Thus more such case studies and/or research trials can be taken up for evaluating the effectiveness of the homoeopathic system of medicine.

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### Declaration of patient assent

Informed consent for the publication of this report was taken from the patient's parents.

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Nil.

### Conflicts of interest

None declared.

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## Titre: Rapport de cas d'hémangiome infantile guéri par homéopathie

**Résumé: Introduction:** L'hémangiome infantile est le néoplasme vasculaire bénin le plus fréquent chez les nourrissons. Il se caractérise par une prolifération de cellules endothéliales qui se développe généralement peu après la naissance et croît le plus rapidement au cours des six premiers mois. Il est de nature autolimitative. Cependant, chez un petit pourcentage de patients, l'hémangiome ne disparaît pas complètement. Il peut entraîner de graves complications oculaires ou systémiques. Ces patients peuvent avoir besoin d'un traitement médicamenteux, d'une intervention chirurgicale et/ou d'une thérapie au laser, souvent pendant l'enfance, au prix de certains effets indésirables. **Résumé du cas:** Le cas rapporté ici est celui d'un hémangiome infantile affectant l'œil droit chez une enfant de sexe féminin âgée de 5 mois qui a été complètement guérie à l'aide d'un médicament homéopathique en 4 mois. Arnica montana a été prescrit comme remède spécifique en fonction de son action physiologique. Un suivi a été effectué toutes les 2 semaines pendant 4 mois. Le score de l'échelle des cicatrices de Vancouver (VSS) et des photographies ont été pris en compte chaque mois pour évaluer l'involution de l'hémangiome. Pour confirmer la guérison complète et l'absence de récurrence, un suivi de 3 mois supplémentaires a été effectué après l'involution. Le score VSS est passé de 9 à 0 en 4 mois. La guérison complète de cet hémangiome avec l'homéopathie peut être considérée comme une référence pour explorer l'utilité des modes de traitement alternatifs comme l'homéopathie pour offrir une meilleure option thérapeutique pour de telles conditions et éviter toute sorte d'intervention chirurgicale

## Titel: Fallbericht eines homöopathisch geheilten infantilen Hämangioms

**Abstrakt: Einleitung:** Das infantile Hämangiom ist die häufigste gutartige vaskuläre Neubildung bei Säuglingen. Es ist durch eine Endothelzellproliferation gekennzeichnet, die sich normalerweise kurz nach der Geburt entwickelt und in den ersten 6 Monaten am schnellsten wächst. Es ist von Natur aus selbstlimitierend. Bei einem kleinen Prozentsatz der Patienten verschwindet das Hämangiom jedoch nicht vollständig. Dies kann zu schwerwiegenden okulären oder systemischen Komplikationen führen. Diese Patienten benötigen möglicherweise eine medikamentöse Therapie, einen chirurgischen Eingriff und/oder eine Lasertherapie oft während der Kindheit auf Kosten bestimmter unerwünschter Ereignisse. **Zusammenfassung der Fälle:** Bei dem hier berichteten Fall handelt es sich um ein infantiles Hämangiom am rechten Auge bei einem 5 Monate alten Mädchen, das mit Hilfe homöopathischer Arzneimittel innerhalb von 4 Monaten vollständig geheilt wurde. Arnica montana wurde aufgrund seiner physiologischen Wirkung als spezifisches Heilmittel verschrieben. Follow-up wurde alle 2 Wochen für 4 Monate durchgeführt. Der Wert der Vancouver Scar Scale (VSS) und Fotos wurden jeden Monat berücksichtigt, um die Rückentwicklung des Hämangioms zu beurteilen. Um eine vollständige Genesung und kein Rezidiv zu bestätigen, wurde nach der Involution eine Nachbeobachtung für weitere 3 Monate durchgeführt. VSS-Score innerhalb von 4 Monaten von 9 auf 0 reduziert. Eine vollständige Heilung in diesem Fall von Hämangiomen mit Homöopathie kann als Referenz angesehen werden, um den Nutzen alternativer Behandlungsmethoden wie Homöopathie zu untersuchen, um eine bessere therapeutische Option für solche Erkrankungen zu bieten und jegliche Art von chirurgischem Eingriff zu vermeiden.

## शीर्षक: होम्योपैथी के साथ ठीक किए गए शिशु रक्तवाहिकाबुर्द का विषय अध्ययन

**सार: परिचय:** शिशु रक्तवाहिकाबुर्द शिशुओं में सबसे आम सौम्य संवहनी अबुर्द है। यह एंडोथेलियल सेल प्रसार की विशेषता है जो आमतौर पर जन्म के तुरंत बाद विकसित होता है और पहले 6 महीनों में सबसे तीव्रता से बढ़ता है। यह प्रकृति में आत्म-सीमित है। हालांकि, रोगियों के एक छोटे से प्रतिशत में, हेमंजियोमा पूरी तरह से गायब नहीं होता है। इसके परिणामस्वरूप गंभीर ओकुलर या प्रणालीगत जटिलताएं हो सकती हैं। इन रोगियों को कुछ प्रतिकूल घटनाओं की कीमत पर बचपन के दौरान अक्सर औषधीय उपचार, शल्य चिकित्सीय हस्तक्षेप और / या लेजर थेरेपी की आवश्यकता हो सकती है। **विषय सारांश:** यहां रिपोर्ट किया गया केस 5 महीने की महिला बच्चे में दाईं आंख को प्रभावित करने वाले शिशु हेमंजियोमा का है जो 4 महीने के भीतर होम्योपैथिक दवा की मदद से पूरी तरह से ठीक हो गया था। आर्निका मोंटाना को इसकी शारीरिक क्रिया के आधार पर एक विशिष्ट उपाय के रूप में निर्धारित किया गया था। अनुवर्ती उपचार में 4 महीने के लिए प्रत्येक सप्ताह में की गई थी। वैकूवर स्कार स्केल (वीएसएस) स्कोर और तस्वीरों को हर महीने हेमंजियोमा के इनवोल्यूशन का आकलन करने के लिए माना जाता था। पूर्ण रूप से अच्छा होने की पुष्टि करने और कोई पुनरावृत्ति नहीं होने के लिए, अन्य 3 महीने के लिए अनुवर्ती जटिल कार्य के बाद किया गया था। वीएसएस स्कोर 4 महीने की अवधि में 9 से 0 तक कम हो गया। होम्योपैथी के साथ रक्तवाहिकाबुर्द के इस मामले में पूर्ण इलाज को होम्योपैथी जैसे उपचार के वैकल्पिक तरीकों की उपयोगिता का पता लगाने के लिए एक संदर्भ के रूप में माना जा सकता है ताकि ऐसी स्थितियों के लिए एक बेहतर चिकित्सीय विकल्प दिया जा सके और किसी भी प्रकार के सर्जिकल हस्तक्षेप से बचा जा सके।

### Título: Caso de hemangioma infantil curado con homeopatía

**Resumen: Introducción:** El hemangioma infantil es la neoplasia vascular benigna más común en lactantes. Se caracteriza por la proliferación de células endoteliales que generalmente se desarrolla poco después del nacimiento y crece más rápidamente durante los primeros 6 meses. Es auto-limitante en la naturaleza. Sin embargo, en un pequeño porcentaje de pacientes, el hemangioma no desaparece por completo. Puede provocar complicaciones oculares o sistémicas graves. Estos pacientes pueden requerir terapia farmacológica, intervención quirúrgica y/ o terapia con láser a menudo durante la infancia a costa de ciertos acontecimientos adversos. **Resumen del caso:** El caso aquí reportado es de hemangioma infantil que afecta el ojo derecho en una niña de 5 meses de edad que fue curada completamente con la ayuda de la medicina homeopática dentro de los 4 meses. Arnica montana fue recetado como un remedio específico basado en su acción fisiológica. El seguimiento se realizó cada 2 semanas durante 4 meses. La puntuación de la escala de la cicatriz de Vancouver (VSS) y las fotografías se consideraron cada mes para evaluar la involución del hemangioma. Para confirmar la recuperación completa y la ausencia de recurrencia, se realizó un seguimiento durante otros 3 meses después de la involución. Puntuación VSS reducida de 9 a 0 en 4 meses de duración. La curación completa en este caso de hemangioma con homeopatía puede considerarse como una referencia para explorar la utilidad de modos alternativos de tratamiento como la Homeopatía para ofrecer una mejor opción terapéutica para tales condiciones y evitar cualquier tipo de intervención quirúrgica.

标题: 顺势疗法治愈婴儿血管瘤病例报告

摘要: 引言: 婴儿血管瘤是婴儿中最常见的良性血管肿瘤。它的特点是内皮细胞增殖, 通常在出生后不久发展, 并在头6个月内生长最快。它本质上是自我限制的。然而, 在一小部分患者中, 血管瘤不会完全消失。它可能导致严重的眼部或全身并发症。这些患者可能需要药物治疗, 手术干预和/或激光治疗经常在儿童期间以某些不良事件为代价。个案摘要: 这里报道的病例是一名5个月大的女婴右眼的婴儿血管瘤, 她在4个月内用顺势疗法药物完全治愈。山金车蒙大拿被规定为基于其生理作用的特定补救措施。随访每2周进行一次, 持续4个月。每个月考虑温哥华疤痕量表(VSS)评分和照片, 以评估血管瘤的恶化。为确认完全康复, 无复发, 复诊后再随访3个月。VAS评分在4个月内从9降至0。在这种情况下, 完全治愈血管瘤与顺势疗法可以被认为是探索替代治疗方式的实用性的参考, 如顺势疗法, 为这种情况提供更好的治疗选择, 并避免任何类型的手术干预。