

## Complementary Use of Homeopathy with Conventional Therapy in Aplastic Anemia: A Case Report

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### Abstract

Aplastic anemia (AA) is a life-threatening hematological disease evident by impaired bone marrow function and subsequent pancytopenia, often leading to considerable clinical complications. Conventional treatments include immunosuppressive therapy and/or stem cell transplantation. Compared to younger patients, elderly AA patients have been associated to lower survival rates, a higher risk of dysplastic development, lesser response to first-line treatment and more severe thrombocytopenia. Some patients pursue complementary therapies alongside standard care to enhance recovery and reduce treatment-related stress. A 69-year-old woman with symptoms of fatigue, petechial hemorrhage and gingival bleeding was diagnosed with idiopathic severe aplastic anemia after a laboratory examination. She had conventional immunosuppressive treatment and adopted homeopathy as a supplemental therapy. Individualized Homeopathic Medicine Phosphorus in 30c potency along with supportive homeopathic medicines Lecithin in 6c potency and Ferrum Metallicum in 30c potency was prescribed to her during treatment. Over 2 years, the patient demonstrated significant hematological improvement and enhanced quality of life. This case illustrates the safe and potentially beneficial integration of classical homeopathy with standard treatment in aplastic anemia. Continued research efforts are essential to formulate integrative care frameworks that incorporate homeopathic support alongside conventional treatment to optimize clinical results and patient well-being.

**Keywords:** Aplastic Anemia, Complementary Therapy, Homeopathy, Immunotherapy, Integrative Medicine.

### Introduction

Due to damage to its stem cells, the bone marrow is unable to produce enough new blood cells in Aplastic Anemia (AA), a rare blood condition. Pancytopenia (a decrease in red blood cells, white blood cells and platelets) and a hypocellular bone marrow—without aberrant cellular infiltration or elevated reticulin fibrosis—are its defining characteristics (1).

In Europe, the incidence is 2 to 3 per million annually; in East Asia, it is higher. The distribution is bimodal, with peaks between the ages of 10 and 25 and in individuals over 60 years old and there is no difference between males and females (2).

The causes of AA can be divided into congenital and acquired forms, with acquired cases further classified as idiopathic or secondary. Idiopathic cases account for about 65% of all instances. It is widely believed that abnormal activation and over proliferation of T lymphocytes play a central role in the development of primary acquired AA. Secondary disorders result from certain known

variables, such as biological factors like bacterial and viral infections, ionizing radiation like X-rays and radioactive isotopes and chemical medication factors like chemotherapeutic medicines, benzene and its derivatives. Congenital causes are rare and include disorders including Shwachman-Diamond syndrome, Fanconi anemia, congenital keratosis and congenital pure red cell aplasia (3).

The presence and severity of cytopenias (anemia, thrombocytopenia and leukopenia) determine the signs and symptoms. Fatigue, dyspnea, fever, infections, bleeding tendencies and petechia are the most common symptoms (4).

Persistent pancytopenia that lasts longer than six months, the lack of abnormal marrow infiltration or enhanced reticulin fibrosis and typical findings on bone marrow aspiration and biopsy are necessary for the diagnosis. Patients must also have at least two of the following: a hemoglobin level of less than 10 g/dL, a platelet count of less

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(Received 19<sup>th</sup> August 2025; Accepted 12<sup>th</sup> March 2026; Published 08<sup>th</sup> April 2026)

than  $50 \times 10^9/L$ , or an absolute neutrophil count of less than  $1.5 \times 10^9/L$  (5).

AA treatment choices are depended upon the severity of the disease, the patient's age and performance and the availability of a compatible donor. Management approaches include supportive care—such as red blood cell and platelet transfusions, iron chelation therapy and infection prophylaxis—as well as immunosuppressive therapy and allogeneic stem cell transplantation.

Equine anti-thymocyte globulin (ATG) is used in conjunction with cyclosporine A as part of standard immunosuppressive therapy (IST). The oral thrombopoietin receptor agonist Eltrombopag has shown effectiveness in improving hematologic response in AA case. For individuals under 40 years with severe AA and an HLA-matched sibling donor, hematopoietic stem cell transplantation (HSCT) is considered to be the first-line treatment (6).

Immunosuppressive treatment (IST) comprising Eltrombopag (EPAG), horse anti-thymocyte globulin (hATG) and cyclosporine (CSA) is commonly used to treat patients over 40 years. Allogeneic hematopoietic cell transplantation (HCT) from an alternate donor is only taken into consideration for patients who do not improve after IST. Although IST can help with pancytopenia, there is still a chance of developing clonal hematologic diseases and its effects are frequently short-lived (7).

ATG is relatively expensive, necessitates inpatient administration and is associated with a significant rate of adverse events, thereby limiting its application, particularly in elderly patients with SAA. Likewise, EPAG presents safety concerns, especially hepatotoxicity, which further constrains its use in older populations (8).

According to a study, using EPAG in conjunction to IST improves response rates. However, no discernible differences were found in relapse rates [29%] or clonal evolution [15%], although these events occurred earlier in the EPAG-treated group (9).

Patients with AA who are younger typically have very good long-term survival rates, but those who are 60 years of age or beyond continue to have poor results. Improving care for elderly patients is an important challenge, emphasizing the necessity of more research on this population (10).

In this regard, complementary approaches such as homeopathy are gaining attention within integrative medicine, particularly for immune-mediated and chronic disorders where individualized, supportive care is given priority (11, 12).

Where strong evidence for homeopathic treatment remains limited in AA, systematic documentation and scientifically rigorous case reports are needed to assess whether adjunctive homeopathy may contribute to symptomatic improvement, reduced transfusion dependence, or enhanced quality of life alongside conventional therapy.

This case contributes preliminary observational evidence and describes the clinical course of a patient with AA receiving individualized homeopathic treatment as complementary therapy.

## Methodology

### Patient-primary Concerned

A female patient of 69 years of age was diagnosed with severe aplastic anemia in February, 2023 and was receiving standard supportive care, including blood transfusions. Both the patient and her family had lost hope for recovery and experienced considerable anxiety regarding her prognosis. Subsequently, they sought alternative homeopathic treatment with the aim of supporting her health and promoting recovery. She commenced homeopathic treatment in July 2023. Complaints were fatigue, headache, vertigo, ecchymosis spots on limbs and loss of appetite. The patient was recently diagnosed with diabetes mellitus and hypertension within the past two years. She underwent an appendectomy approximately 30 years ago. She is married and is a homemaker. Her mother had a history of cardiovascular stroke and her father had liver disease with associated ascites.

### Clinical Findings

The patient appeared pale and tired, with ecchymosis spots visible on the upper limbs. Vital signs were within normal limits, with a pulse rate of 96 beats per minute, blood pressure at 130/74 mmHg, a respiratory rate of 18 breaths per minute and no fever. The patient weighed 69 kg and was 154 cm tall. There were no addictions reported. Appetite was decreased. Urination occurred 5-6 times daily, with a thirst level of approximately nine glasses of water per day. Bowel movements were regular, occurring twice daily. The patient

exhibited a chilly thermal reaction. Oral examination revealed a clean tongue with no bleeding of the gums. Normal cardiovascular, respiratory, abdominal and neurological findings.

Table 1 describe the timeline of patient clinical events on diagnosis, therapeutic interventions and outcome in initial phase.

**Table 1:** Information on episode of care organized as a timeline

Time	Clinical Event
February 2023	Symptoms: Exhaustion, petechiae, Headache, Vertigo, Gum bleeding, blood in urine, Diagnosis confirmed: idiopathic severe aplastic anemia.
March 2023	Started standard supportive care including blood and platelet transfusion as per advice.
June 2023	Complementary homeopathic treatment was initiated along with standard care
July, August 2023	Monthly follow up, no need for transfusions.
October 2023	Complete blood count improved; fatigue reduced; No blood or platelet transfusions were required.
November 2023	1 unit of Single Donor Platelets (SDP) advised.
December 2023	The patient continued on standard supportive care along with complementary homeopathic medicine, with no requirement for blood or platelet transfusions.
to November 2024	Haemoglobin levels improved, total leukocyte count normalized and platelet count exceeded 10,000. The patient remained physically active. Treatment with standard supportive care and complementary homeopathic medicine was continued, with no need for blood or platelet transfusions.

## Diagnostic Assessment

On 13<sup>th</sup> February 2023: Complete Blood Count, Hemoglobin: 8.5, Mean Corpuscular Volume: 91, Total Count: 2320, Differential Count: 23/70/2/5/0, Platelet: 3000, Serum Glutamate Pyruvate Transaminase: 11, Creatinine: 0.80, Antinuclear Antibody: negative, Anti-Neutrophil Cytoplasmic Antibodies: Negative, Perinuclear Anti-Neutrophil Cytoplasmic Antibodies: Negative, Activated Partial Thromboplastin Time: 33/28, Prothrombin Time: 16/14, International Normalized Ratio: 1.10, C-Reactive Protein: 8.6, Bilirubin: 0.87/0.49/0.38, Alkaline Phosphatase: 125, Protein: 7.8/4/3.80, Lactate Dehydrogenase: 84, HIV, HbsAg: Negative. Peripheral Smear: Pancytopenia, normocytic anemia. Bone Marrow Examination (Aspiration and Biopsy): On 15-02-2023, a bone marrow examination revealed hypocellular marrow with no evidence of dysplasia or increased blast cells. Bone marrow aspiration on 03-03-2023 showed hypocellular marrow with markedly suppressed normal hematopoiesis.

## Diagnosis

She was diagnosed to have AA, as evidenced by peripheral pancytopenia, anemia, thrombocytopenia, leukopenia, low reticulocyte counts and hypocellular bone marrow. According to Cammtta's criteria in view of absolute neutrophil count (ANC) less than 500/mm<sup>3</sup>, she was classified as severe Aplastic Anemia. Idiopathic Severe Aplastic Anemia, there is no history of hepatitis, exposure to drugs, chemicals or infections.

## Prognosis








AA is a rare bone marrow failure disorder that is treated with either allogeneic stem cell transplant or immunosuppressive therapy (IST) consisting of antithymocyte globulin (ATG), cyclosporine (CSA) and Eltrombopag. While treatment outcomes are favorable in younger patients, those over 60 years of age experience significantly poorer long-term survival (13).

## Therapeutic Intervention

**Standard Treatment (Allopathic):** Antithymocyte Globulin (ATG): Administered in March 2023. The treatment protocol included oral cyclosporine, tapered based on clinical response, along with subcutaneous romiplostim and oral danazol. Supportive therapy consisted of folic acid, methyl cobalamin and erythropoietin injections. Eltrombopag was administered for thrombocytopenia management. Tranexamic acid was recommended during bleeding episodes. Blood transfusion was indicated when hemoglobin was <7 g/dL and platelet transfusions for counts <10,000/ $\mu$ L and in the presence of active bleeding.

**Homeopathic Treatment:** Prescribing Approach Based on totality of symptoms:

- Mind, anxiety, future, about
- Mind, anxiety, health, about
- Mind, fear, death, of
- Vertigo, walking, while
- Head, anemia of the brain
- Mouth, haemorrhage, gums
- Urine, bloody
- Skin, ecchymosis Pressure aggravates
- Generalities, weakness, anemia
- Generalities, Bones, marrow

Remedy Name	Phos	Nit-ac	Sulph	Nat-m	Calc	Sep	Nux-v
Totally	33	31	29	28	27	26	26
Symptoms Covered	9	9	9	8	8	8	7
Kingdom							
[Complete ] [Mind]Anxiety:Health, about: (317)	4	4	4	4	4	4	4
[Complete ] [Mind]Anxiety:Future, about: (197)	4	3	4	4	4	3	3
[Complete ] [Mind]Fear:Death, of: (285)	4	4	3	3	4	3	4
[Complete ] [Vertigo]Walking:While: (266)	4	3	4	4	4	3	4
[Complete ] [Head]Anemia, brain: (49)	4	3	1	3	3	3	3
[Complete ] [Mouth]Hemorrhage:Gums: (238)	4	4	4	4	4	4	4
[Complete ] [Urine]Red:Blood red: (15)					3	3	
[Complete ] [Skin]Ecchymosis: (183)	4	3	3	3	1		4
[Complete ] [Skin]Ecchymosis:Pressure agg.: (1)							
[Complete ] [Generalities]Weakness:Anemia, in: (36)	4	4	3	3		3	
[Complete ] [Generalities]Bones:Marrow: (34)	1	3	3				

**Figure 1:** Repertorisation sheet by Zomeo Pro LAN software

Repertorisation of the case with Zomeo Pro Lan software shown total grading score and number of symptoms covered was highest for medicine Phosphorus followed by Nitric acid, Sulphur, Natrum muriaticum and others , as shown in Figure 1.

### Prescribed Remedies

Phosphorus 30c potency, 4 pills (Medicated with globules of No. 40) weekly, the medicine matched the most rubrics with the highest score and was confirmed after reviewing the Materia Medica. Syphillinum 1M potency, Miasmatic medicine. Follow-up Remedy: Lecithin 6c potency, 4 pills twice daily (for exhaustion, anemia, general recovery, nutritional support, Improve energy). Ferrum metallicum 6c potency, for anemia-related symptoms.

## Results

### Outcome Measures

Treatment response was assessed by Clinical improvement, haematological recovery (Improved

blood count), reduction in transfusion dependency and decreased infection frequency.

The clinical history with therapeutic intervention and alterations in haematological parameters is shown in Table 2. Showed significant improvement in haemoglobin levels, decreased transfusion needs and just one instance involving the use of antibiotics.

Observed patient reported changes on clinical parameters indicate improvement with the treatment, as shown in Table 3.

Patient's quality of life, as reflected in the ORDIL (Outcome related to impact on daily living) score +3, indicated major improvement in main complaint, overall coping with problems and overall well-being (14). No medication interactions were observed during the course of therapy. MONARCH: The Modified Naranjo Criteria for Homeopathy (MONARCH) was utilized to evaluate the likelihood of a causal relationship. After two years of treatment, a score of +9 indicated that the patient's clinical improvement was attributable to the homeopathic therapy administered (15).

**Table 2:** Follow-up History of the Case

Follow-up	Hb (g/dl)	WBC (Cumm)	Platelets (Cumm)	Prescription
February 2023	8.5	2320	3000	Diagnosis confirmed, Started supportive care
March 2023	7.6	3930	10,000	ATG given, standard care, transfusion advised based on CBC
April 2023	5.5	2170	<3,000	On standard supportive care, transfusion advised
May 2023	6	2430	<3,000	On standard supportive care, transfusion advised
June 2023	5.5	2020	8,000	On standard supportive care, transfusion advised
July 2023	7.1	2460	16000	Complementary Homeopathy along with standard conventional care. Prescribed Phosphorus 30C 4 pills weekly and Lecithin 6C 4 pills twice a day
August 2023	6.7	3180	31000	Complementary Homeopathy along with standard conventional care continued. No transfusions advised.
October 2023	7.6	2640	11,000	Complementary Homeopathy along with standard conventional care continued. No transfusions advised.
November 2023	7.5	2890	10,000	Complementary Homeopathy along with standard conventional care.

Month	Score	Haemoglobin (g/dL)	Platelet Count (10 <sup>9</sup> /L)	Clinical Notes
January 2024	6.5	3450	8,000	1 Unit of SDP advised. Improvement in symptoms, haemoglobin level and platelet counts, but not for white blood cell count. So, Miasmatic medicine Syphilinum was prescribed, a single dose of 1M potency, Phosphorus 30C 4 pills weekly, Ferrum Met 30 4 pills twice a day One episode of minor epistaxis
June 2024	8.6	4320	14,000	Complementary Homeopathy along with standard conventional care. Phosphorus 30C weekly, Ferrum Met 30 4 pills twice a day. No transfusions.
December 2024	8.2	3840	16000	Complementary Homeopathy along with standard conventional care continued. No transfusions advised. Appeared a small boil on lower limb treated with Antibiotic medicine.
January 2025	9.7	4900	17000	Complementary Homeopathy along with standard conventional care continued. No transfusions advised.
April 2025	9.2	3630	16000	Complementary Homeopathy along with standard conventional care continued. No transfusions advised.
July 2025	10	5470	34000	Complementary Homeopathy along with standard conventional care continued. No transfusions advised.

**Table 3: Clinical Evaluation at Baseline and Follow-up**

Symptoms	February 2023	March 2023	June 2023	October 2023	January 2024	June 2024	January 2025	June 2025
<b>Fatigue</b> (Severe, Moderate, Mild, None)	Severe	Severe	Severe	Moderate	Moderate	Moderate	Mild	Mild
<b>Bleeding/Bruising</b> (Frequent, Occasional, Rarely, Never)	Frequent	Frequent	Frequent	Occasional	Occasional	Rarely	Rarely	Rarely
<b>Infections</b> (Frequency in number)	0	0	1	0	0	0	0	0
<b>Appetite</b> (Poor, Moderate, Good)	Poor	Poor	Poor	Moderate	Good	Good	Good	Good
<b>Energy level</b> (1 -10 scale) 0 meaning "no fatigue" 10 meaning fatigue severe. Mild (1-3), Moderate (4-6) and Severe (7-10)	9	8	7	6	5	5	3	3

## Discussion

Standard immunosuppressive treatment may have had a major role in the hematologic recovery in this instance. However, improvements in laboratory markers and quality of life seemed to be correlated with the adjunct use of homeopathic remedies, suggesting a possible supportive function in the integrative care of AA. From a homeopathic standpoint, the following remedies—Phosphorus 30c, Lecithin 6c, Ferrum Metallicum 6c and Syphilinum 1M— have shown therapeutic effects in AA and have worked well in conjunction with traditional treatment.

Phosphorus, a well-known homeopathic remedy, is typically used to treat problems such as haemorrhagic tendencies, tissue degeneration and disorders of blood and bone (16-18). In this case Phosphorus might have supported regeneration of blood cells, thereby potentially aiding recovery in bone marrow insufficiency. Lecithin is recognized for its role in cell membrane integrity and important for vital processes. In homeopathy, it is used to support nutrition and in haematological disorders. The restorative capacity of Lecithin may have contributed to enhance initial phase for recovery. Ferrum Metallicum, is commonly

employed in homeopathy for anemia and related conditions marked by pallor, fatigue and low blood counts. Its action is understood to enhance haemoglobin synthesis (17). Syphilinum, considered a deep-acting miasmatic remedy in homeopathy, is often indicated in chronic degenerative conditions where tissue destruction is present (16). The syphilitic miasm is associated with profound tissue breakdown and failure of reparative mechanisms, which can be conceptually linked to the pathophysiology of AA characterized by marrow hypoplasia and systemic weakness (19-21). Syphilinum's potential to address this underlying chronic miasmatic influence may enhance the body's ability to heal and restore (22). It has been observed in a study that homeopathic complex medication exhibited immunomodulatory effects, whether used alone or in combination with other therapeutic agents (23, 24). A case report illustrated the potential for the treatment of Myelodysplastic syndrome with multilineage dysplasia and ring sideroblasts. Patient was prescribed Calcarea Phos 3x and Lacithenium 3x for the regeneration of bone marrow (25). Although no placebo-controlled data exist to confirm the efficacy of homeopathic treatment in

AA, the patient's clinical improvement suggests a potential benefit worthy of further investigation. It is important to acknowledge the possibility of spontaneous remission and the predominant effect of immunosuppressive therapy.

AA patients now have a significantly higher chance of survival due to the development of new pharmaceuticals, advancements in hematopoietic stem cell transplantation (HSCT) methods and improved immunosuppressive therapy (IST) procedures. However, the illness and its therapies are often linked to a number of side effects, such as respiratory problems, dry mouth, skin rashes, nausea, vomiting, diarrhea, decreased physical ability, exhaustion, anxiety and oral ulcers. Prolonged treatment durations and a propensity for frequent changes in disease status are features associated with its clinical course. In fact, people who have AA frequently struggle with the condition for a long time and face many obstacles, such as ongoing symptoms, adverse effects from long-term medication, significant financial burdens, trouble returning to social and professional activities and severe psychological distress (26). In this regard, integrative methods are becoming more often recognized as clinically significant rather than merely optional. By strengthening systemic resilience, regulating immunological function and boosting patient-reported outcomes like vitality and well-being, complementary therapies like homeopathy—which emphasize customized, patient-centred care—may provide extra assistance. When used alongside standard medical treatment, these approaches may help address persistent symptoms, mitigate treatment-related side effects and contribute to a more holistic management of AA.

## Conclusion

In this instance, the integrated approach seemed to augment the patient's intrinsic healing capacity and improve overall vitality and symptom management, potentially through immunological regulation. With minimal events of infection and a transfusion-free state, the recovery went smoothly. Although study findings point to possible advantages, more investigation is needed to prove their effectiveness. Research should look into immunological markers, quality of life indicators and haematological outcomes to

determine a more precise therapeutic role for homeopathy as an adjuvant.

Compared to the homeopathic intervention, the conventional therapy follow-up was less detailed in this case; however, results were assessed using accepted clinical assessment criteria. Because the results in this study are based on the clinical outcome of a single patient, their generalizability is restricted. Prospective controlled trials are needed to validate and generalize these findings.

## Abbreviations

1M: 1st Potency of Millesimal scale, 30c: 30 Potency of Centesimal scale, 3x: 3rd Potency of Decimal scale, 6c: 06 Potency of Centesimal scale, CBC: Complete Blood Count, Hb: Haemoglobin, SDP: Single donor platelets, WBC: White Blood Cells.

## Acknowledgement

The authors express their gratitude to the patient for giving consent to share her clinical information for research purpose.

## Author Contributions

Zankhana Poorav Desai: conceptualization, study design, literature search, data collection, data analysis, manuscript draft, editing, review, approval, Poorav Hemubhai Desai: conceptualization, study design, data collection, clinical management, data analysis, manuscript editing, review, approval, Ketan V Shah: literature search, manuscript preparation, editing, review, approval.

## Conflict of Interest

The authors declare no conflict of interest.

## Data Availability

The corresponding author can provide the data supporting the findings of this case study upon reasonable request.

## Declaration of Artificial Intelligence (AI) Assistance

The authors admit that in order to improve the language and rectify grammar in this manuscript, they used AI tools. The core research, analysis and conclusions remain solely those of the authors.

## Ethical Approval

Ethical approval was not required for this case report. Written Informed Consent was obtained from the patient for publication and anonymously

sharing her clinical information, ensuring her identity remains confidential.

## Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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**How to Cite:** Desai ZP, Desai PH, Shah KV. Complementary Use of Homeopathy with Conventional Therapy in Aplastic Anemia: A Case Report. *Int Res J Multidiscip Scope.* 2026; 7(2): 549-556.  
DOI: 10.47857/irjms.2026.v07i02.07695