International Journal of Homoeopathic Sciences

**E-ISSN:** 2616-4493
**P-ISSN:** 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(3): 371-375
Received: 20-04-2025
Accepted: 22-05-2025

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# Resolution of calcified cerebral granuloma using individualized homeopathic treatment: An evidence-based case report

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**DOI:** https://www.doi.org/10.33545/26164485.2025.v9.i3.F.1681

**Abstract**
**Background:** Granuloma is defined as a circumscribed, tiny lesion composed predominantly of collection of modified macrophages called epithelioid cells, and rimmed at the periphery by lymphoid cells and it becomes calcified when calcium deposits overtime making it hardened. Patients suffering with calcified granuloma in brain presents symptoms such as increased intracranial pressure, focal or generalized seizures and loss of sensory and motor function.
In homeopathy, calcified granuloma is approached as a manifestation of body's deeper constitutional Imbalance rather than just a localized pathology. The goal is to stimulate the body's own healing power to resolve or arrest such formations through individualized remedy selection.
**Case summary:** An 18-year-old male patient presented with recurrent attacks of generalized tonic-clonic seizures occurring at an interval of 2-3 hours within the same day. Neuroimaging revealed a calcified granuloma in right high parietal subcortical region. Based on individualized homeopathic assessment, the patient was prescribed Cuprum metallicum 200. The case was monitored over a period of 4 years, during which patient showed progressive clinical improvement. Follow-up CT imaging demonstrated the absence of the previously noted lesion, indicating complete resolution.
**Conclusion:** This case highlights the remarkable potential of individualized homeopathic treatment in addressing deep-seated sequelae such as calcified brain granuloma. This evidence-based outcome underscores the holistic and individualized remedy selection in resolving the sequelae of granuloma i.e., calcification.

**Keywords:** Homoeopathy, calcified granuloma, individualized, Cuprum metallicum

## Introduction

Granuloma is defined as a circumscribed, small lesion - typically about 1 mm in diameter, composed predominantly of modified macrophages known as epithelioid cells, surrounded by a rim of lymphocytes. Granuloma formation is a manifestation of type IV hypersensitivity reaction [1]. Over the time, granuloma can become calcified due to deposition of calcium salts, making them hardened and detectable on imaging modalities such as X- rays or CT scans.

Calcified granulomas are often asymptomatic and most commonly associated with healed infections, particularly Tuberculosis or Histoplasmosis. Common anatomical sites include the lungs, lymph nodes, liver, spleen, brain, kidneys, skin, soft tissues, bones.

In the brain, granulomas are more frequently caused by tuberculous infection. Cerebral tuberculomas may closely resemble neoplastic lesions and can produce clinical features due to either direct involvement of adjacent tissues or secondary effects such as raised intracranial pressure. Symptoms from localized involvement may include focal neurological deficits resulting from disrupted or abnormal activity in surrounding cerebral neurons. If the lesion becomes source of epileptic activity, it may trigger seizures, which can vary in nature depending on the site of origin and epileptic discharges - ranging from focal to generalized seizures[2].

Although headache is common symptom, it is not always present. When the granulomatous mass is large, it may elevate intracranial pressure. Common clinical manifestations of raised intracranial pressure include:

- Headache
- Impairment or altered level of consciousness

- Papilledema
- Vomiting
- Bradycardia
- Epileptic attacks

Focal neurological symptoms may arise depending on the location of the calcified granuloma in the brain. Common manifestations include:

- Left sided sensory disturbances - such as numbness, tingling, or reduced sensation on left side of the body
- Left sided motor weakness
- Apraxia - the inability to perform purposeful movements despite normal muscle function.

Cerebral tuberculomas often cause focal seizures due to irritation of surrounding brain tissue. These seizures may present as:

- Jerking movements or sensory disturbances localized to the left limb
- Secondary generalization leading to full body convulsions [3].

**Clinical diagnosis of calcified granuloma**

Cerebral calcified tuberculomas are typically identified via MRI imaging. On $T_1$ weighted MRI scans, they appear as hypointense (dark) areas due to the low signal intensity from calcified material.

Inactive, fully calcified tuberculomas usually exhibit no contrast enhancement. Active tuberculomas, on the other hand, may display ring or nodular enhancement on contrast-enhanced contrast $T_1$ weighted images, indicating residual granulomatous tissue. On CT scans, they appear as hyperdense (bright) because of calcium deposition. In many cases, these maybe visualized as calcified nodules with minimal or no contrast enhancement [4].

**Management of calcified granuloma with homoeopathy**

Homoeopathy aims to activate the body's innate self-healing mechanisms through the use of highly diluted remedies tailored to an individual's unique symptom profile and constitution. Rather than treating calcified granulomas as isolated pathological entities, homoeopathy addresses them as manifestations of deeper systemic imbalances. Key considerations in remedy selection include:

- **Individual constitution:** Understanding the patient's physical, mental, and emotional makeup helps stimulate the vital force to restore balance and promote absorption or resolution of granulomatous lesions.
- **Miasmatic background:** Granulomatous conditions are often associated with underlying miasms, such as sycotic or tubercular roots, and in some cases, syphilitic tendencies. Identifying the dominant miasm assists in selecting an appropriate remedy for long-term healing.
- **Underlying cause:** Whether the granuloma is a result of infection, autoimmune response, or foreign body reaction, identifying the cause is essential for targeted treatment.
- **Symptom picture:** A detailed analysis of presenting symptoms, including their nature, location, severity, and associated complaints, is crucial for individualized prescription.
- **Medical and family history:** A comprehensive review of the patient's medical history, along with relevant familial predispositions, provides deeper insight into chronic patterns and tendencies.

The calcified granuloma is an end product of chronic inflammatory process, an ultimate irreversible sequela.

**Patient information**

An 18-year-old male patient presented with the complaint of having 3 repeated episodes of generalized clonic tonic seizures with an interval of 2 - 3 hours on same day i.e., on 8/10/1994, and was treated with conventional treatment. He also presented with anxiety while driving a vehicle, trembling of hands, and anxiety when meeting new people.

**History of presenting complaints**

There were three recurrent attacks of generalized clonic tonic seizures with an interval of 2 - 3 hours on same day preceded by twitching of the left upper extremity followed by blurred vision and the patient then losing consciousness. During the attack there is stiffness of both extremities, frothing at the mouth, and the eyeballs turn upwards or sometimes towards the right side. During the post - epileptic period, there is drowsiness, weakness and body pain.

**Clinical findings**

A CT scan of brain was done on 23/1/1996 and is suggestive of calcified granuloma in right high parietal subcortical region.

**Case analysis and repertorization**

The case was treated initially with a remedy covering characteristic particular symptoms, and later constitutional remedy was indicated. Here, Cuprum Metallicum was considered as sector remedy covering characteristic symptoms:

1. Aura starts in the extremities
2. Complaints start on the left side
3. Epilepsy beginning with aura and frothing at the mouth with unconsciousness, settling as GTCS [5].

After considering the mental makeup of the patient, final picture is:

1. Anxious nature
2. Aura beginning in left arm - Silicea alone

(Boericke's repertory rubric - Nervous system - Epilepsy - Aura begins in left arm) [5]

3. Trembling in upper limbs epilepsy before - Silicea alone

(Kent's repertory rubric - Extremities - Trembling - Upper limbs - Epilepsy before) [6].

Based on the above symptoms, Silicea was considered as a more constitutional remedy. The sector remedy is able to relieve the chief complaints and a more constitutional prescription of Silicea has cured the case.

**Therapeutic intervention**

Individual homoeopathic medicine Cuprum metallicum was chosen and Cuprum metallicum 200 was indicated twice a day for one day.

| Date | Complaints | Prescription | Remarks |
|---|---|---|---|
| 13/10/1994 | Epileptic attack of 3 episodes in one day with a gap of 2 - 3 hrs. Attack preceded by twitching of left upper extremity, followed by blurred vision then losing consciousness. GCTS with drowsiness, weakness and body pains after attack. | Cup. Met 200<br>2 doses<br>BD | |
| 29/12/1994 | Pain in left arm and forearm | Cup. Met 200<br>1 dose | |
| 6/01/1995 | Itching of whole body with pain in left arm | Cup. Met 200<br>1 dose | Exteriorisation of internal malady. |
| 23/01/1996 | | | CT scan report showing calcified granuloma in right high parietal subcortical region. |
| 27/01/1995 | Itching of inguinal region<br>< undressing<br>Pain in left shoulder - on and off | Placebo<br>15 doses<br>BD | |
| 3/02/1995 | Pain in left upper extremity on and off.<br>Coldness on and off of left hand.<br>Trembling of hands.<br>Anxiety while driving vehicle.<br>Anxious meeting new people. | Silicea 200<br>1 dose | Aura begins in left arm - Silicea (Boericke's Repertory)<br>Trembling upper limbs, Epilepsy before - Silicea (Boericke's Repertory) |
| 5/03/1995 | Pain in Upper extremities | Silicea 200<br>1 dose | |
| 13/12/1995 | Epileptic attack similar to previous episode after 14 months | Cup. Met 200<br>3 doses<br>TID | Appearance of old symptoms once again. |
| 7/01/1996 | | Cup. Met 1M<br>1 dose | |
| 12/01/1996 | Pain in left shoulder since morning.<br>Pain in right side of scrotum<br>Swollen testicle with tenderness. | Cup. Met 1M<br>1 dose | |
| 3/06/1996 | | Cup. Met 1M<br>1 dose | |
| 13/08/1996 | Reeling sensation - still present | Cup. Met 1M<br>1 dose | |
| 2/09/1996 | | Cup. Met 1M<br>1 dose | |
| 30/11/1996 | | Cup. Met 1M<br>1 dose | |
| 4/01/1997 | Frontal head ache at 10 pm | Cup. Met 1M<br>1 dose | |
| 13/02/1997 | | Cup. Met 1M<br>1 dose | |
| 28/04/1997 | Abscess in left popliteal fossa | Belladonna 200<br>12 doses<br>TID | |
| 5/05/1997 | Abscess subsided | Cup. Met 1M<br>1 dose | |
| 18/09/98 | | | CT scan report showing no evidence of calcified granuloma. |

**Case discussion**

A Calcified granuloma evident in the MRI is a source of suffering presented as GCTS. It could possibly be a sequela of a tuberculoma since the syphilitic granuloma can be ruled out by a negative serology report for syphilis, and being vegan, the possibility of schistosomiasis also can be safely ruled out.

The miraculous resolution of a calcified structure is the unique capability of the Homoeopathic system of medicine that goes beyond the limitations of any system of medicinal management.

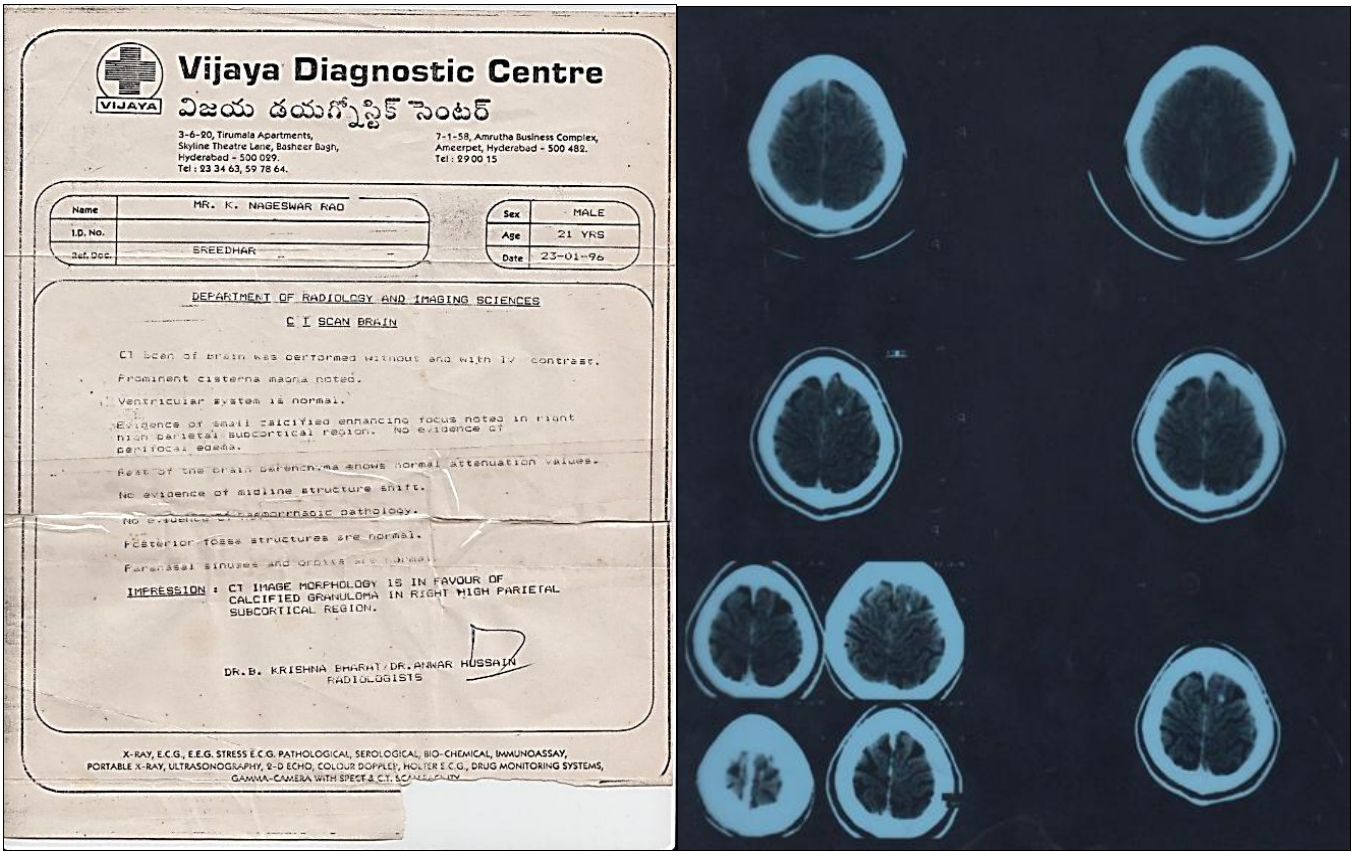
"While gross pathological tissue changes, organic lesions, morphological disproportions, neoplasms and the physical effects of mechanical causes are not primarily included within the domain of Similia, and therefore not the object of Homoeopathic treatment - Stuart Close Pg. No: 52." [7]

We came across many numbers of cases of phosphate stones in the urinary tract being dissolved by Homoeopathic treatment; it can be speculated of Homoeopathic treatments can reverse the secretion of lithogenic urine into non lithogenic urine.

But in this particular case of Intracranial Calcified Granuloma, the resolution of calcified mass appears to be an enigma, but the stalwarts like JH Allen quote -

"The process of absorption taking place in any abnormal growth, under the law of Similia, through the influence of a potency, is nothing more than a cessation of miasmatic action and the retrograde metamorphosis of the life force resuming its normal again, and as we analyze the perverted life action as a whole it leads us back not only to cause but to a true conclusion of the unknown - finds the secret power, the miasm, that is behind the perversion and which neutralizes its action and annuls its power over the organism."[8]

That the process of absorption takes place in abnormal growths under the influence of law of Similia.



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7-1-58, Amrutha Business Complex, Ameerpet, Hyderabad - 500 482. Tel : 2900 15

| | | | |
|---|---|---|---|
| Name | MR. K. NAGESWAR RAO | Sex | MALE |
| I.D. No. | | Age | 21 YRS |
| Ref. Doc. | SREEDHAR | Date | 23-01-96 |

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

C T SCAN BRAIN

CT Scan of brain was performed without and with IV contrast.

Prominent cisterna magna noted.

Ventricular system is normal.

Evidence of small calcified enhancing focus noted in right high parietal subcortical region. No evidence of perifocal edema.

Rest of the brain parenchyma shows normal attenuation values.

No evidence of midline structure shift.

No evidence of intracranial pathology.

Posterior fossa structures are normal.

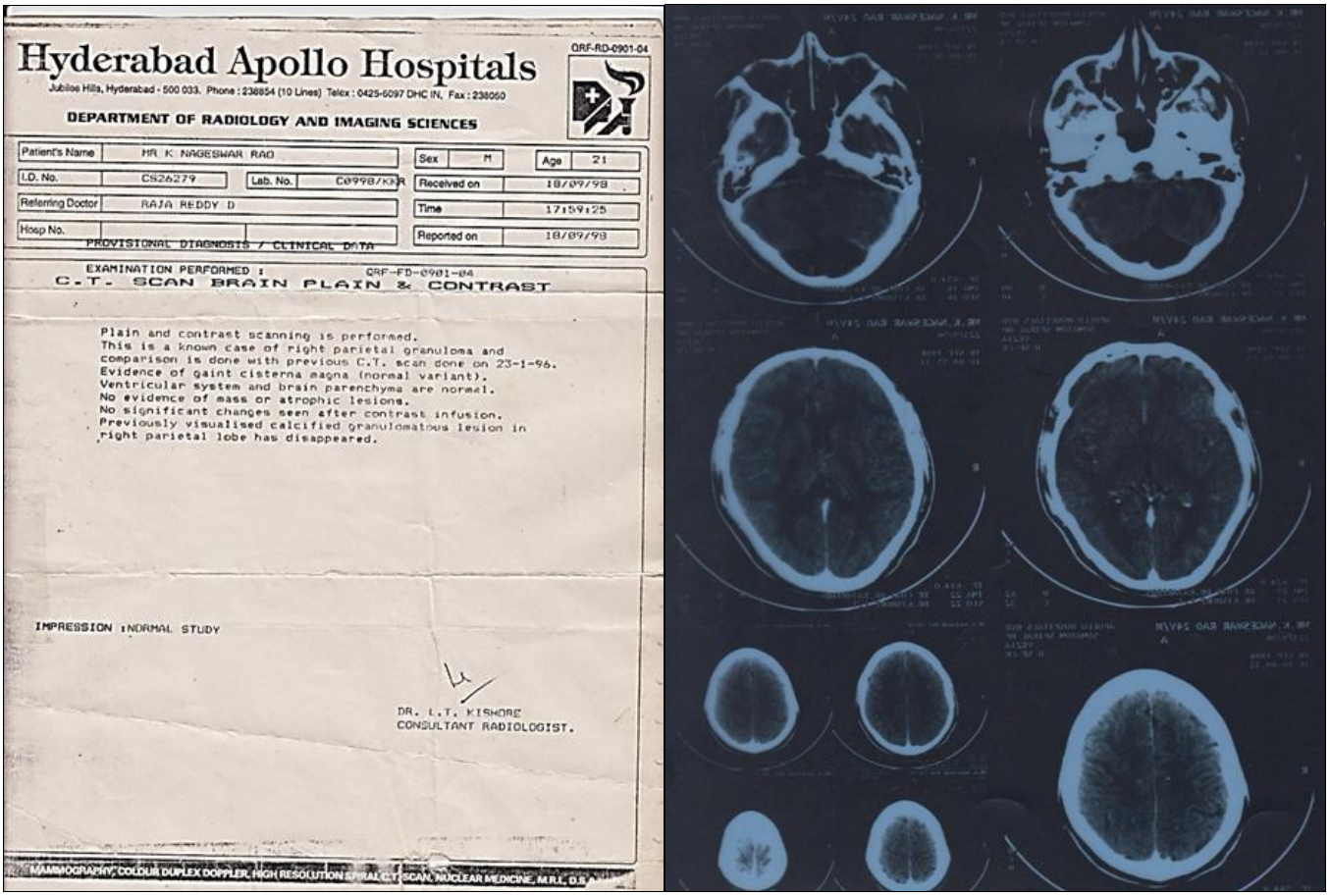
Paranasal sinuses and orbits are normal.

IMPRESSION : CT IMAGE MORPHOLOGY IS IN FAVOUR OF CALCIFIED GRANULOMA IN RIGHT HIGH PARIETAL SUBCORTICAL REGION.

DR.B. KRISHNA BHARATI/DR.ANWAR HUSSAIN
RADIOLOGISTS

X-RAY, E.C.G., E.E.G. STRESS E.C.G. PATHOLOGICAL, SEROLOGICAL, BIO-CHEMICAL, IMMUNOASSAY, PORTABLE X-RAY, ULTRASONOGRAPHY, 2-D ECHO, COLOUR DOPPLER, HOLTER E.C.G., DRUG MONITORING SYSTEMS, GAMMA-CAMERA WITH SPECT & CT SCANNER

**Fig:** MRI report dated 21-01-1996



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ORF-RD-0901-04

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

| | | | | | |
|---|---|---|---|---|---|
| Patient's Name | MR K NAGESWAR RAO | Sex | M | Age | 21 |
| I.D. No. | CS26279 | Lab. No. | C0998/KR | Received on | 18/09/98 |
| Referring Doctor | RAJA REDDY D | | | Time | 17:59:25 |
| Hosp No. | | | | Reported on | 18/09/98 |

PROVISIONAL DIAGNOSIS / CLINICAL DATA

EXAMINATION PERFORMED : ORF-FD-0901-04

C.T. SCAN BRAIN PLAIN & CONTRAST

Plain and contrast scanning is performed.
This is a known case of right parietal granuloma and comparison is done with previous C.T. scan done on 23-1-96.
Evidence of gaint cisterna magna (normal variant).
Ventricular system and brain parenchyma are normal.
No evidence of mass or atrophic lesions.
No significant changes seen after contrast infusion.
Previously visualised calcified granulomatous lesion in right parietal lobe has disappeared.

IMPRESSION :NORMAL STUDY

DR. L.T. KISHORE
CONSULTANT RADIOLOGIST.

MAMMOGRAPHY, COLOUR DUPLEX DOPPLER, HIGH RESOLUTION SPIRAL CT SCAN, NUCLEAR MEDICINE, M.R.I., D.S.

**Fig:** MRI report dated 18-09-1998

## Conclusion

This case highlights the remarkable potential of individualized homeopathic treatment in addressing deep-seated pathological conditions such as calcified granuloma

of brain. This evidence-based outcome underscores the holistic and individualized remedy selection in managing chronic neurological conditions and resolving pathological sequelae.

**Informed consent**
The authors validate that they have procured all essential patient consent.

**Financial support and sponsorship**
Nil

**Conflicts of intertest**
Nil

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**How to Cite This Article**
Prasad GSS, Supriya PV. Resolution of calcified cerebral granuloma using individualized homeopathic treatment: An evidence-based case report. International Journal of Homoeopathic Sciences. 2025;9(3):371-375.