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Dr. Sibani Padhy
P.G. Scholar 2023-2026 Batch, R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, India

Dr. Khirod Bisoi
P.G. Scholar 2022-2025 Batch, R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, India

Corresponding Author:
Dr. Sibani Padhy
P.G. Scholar 2023-2026 Batch, R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, India

Efficacy of homoeopathy in the treatment of pediatric mesenteric lymphadenopathy: A case report

Sibani Padhy and Khirod Bisoi

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Abstract
Pediatric mesenteric lymphadenopathy is a common radiologic and clinical finding, often presenting with nonspecific abdominal symptoms. While typically benign, most commonly due to viral or bacterial infections, it may mimic more serious conditions such as appendicitis, lymphoma, or inflammatory bowel disease. This article provides a comprehensive overview of the etiologies, clinical presentation, diagnostic approach, and management strategies of mesenteric lymphadenopathy in children. A case report aims to shed light on the scientific intricacies of mesenteric lymphadenopathy, the implications for patient care, and the role of homoeopathy in its treatment.

Keywords: Mesenteric lymphadenopathy, homoeopathy, phosphorus

Introduction
Mesenteric lymphadenopathy refers to the enlargement of lymph nodes within the mesentery, frequently encountered in the pediatric population. It may be an incidental finding or associated with abdominal pain and systemic symptoms, often mimicking appendicitis or any intra-abdominal conditions. Mesenteric adenitis can be divided into two groups-Primary and Secondary. Primary mesenteric adenitis is typically right-sided, without an identifiable acute inflammatory process, whereas secondary mesenteric adenitis is associated with a detectable intra-abdominal inflammatory process. [1] Such as viral infection like herpes simplex, rubella, measles, HIV, CMV, EBV, bacterial infection like streptococci, staphylococci, Tuberculosis, primary and secondary syphilis, immunologic disease – rheumatoid arthritis, juvenile rheumatoid arthritis, systemic lupus erythematosus. Malignant disease – hematologic, like Hodgkin's disease, non-Hodgkin's disease, acute or chronic lymphocytic leukaemia [2, 3].
The lymph nodes that become inflamed are in a membrane that attaches the intestine to the abdominal wall. The majority are located alongside the terminal ileum and the ileocecal junction, and receive lymphatic flow from the adjacent intestine and the lymphoid tissue contained within the wall of the terminal ileum (Peyer patches) [4].
In children, mesenteric lymphadenopathy often presents with non-specific symptoms, making diagnosis challenging. Advances in imaging techniques, particularly ultrasonography, have enhanced the detection and evaluation of mesenteric lymph nodes; however, interpreting these findings in the context of the clinical presentation remains critical.
In the homoeopathic perspective, mesenteric lymphadenopathy is viewed as a manifestation of an underlying constitutional imbalance and lowered vitality. Homoeopathy aims not only to reduce the inflammation and swelling of the lymph nodes but also to strengthen the immune system and correct the predisposition to recurrent infections. Remedies are prescribed on the basis of individualised symptomatology, taking into account the child's physical, mental, and emotional state.

Case Report
A 6-year-old female child, of poor socioeconomic status, presented with recurrent severe abdominal pain, nausea & vomiting, diagnosed to be suffering from mesenteric lymphadenopathy, visited the OPD. The Pain is cramping in nature and often becomes severe after eating food and before stool, and is relieved after bending double and pressure. Colic frequency is 3 to 4 times per day. She often gets nausea and vomiting after drinking

water. She tends to pass loose stools two to three times a day, along with a feeling of fullness in the abdomen.
On examination, there is tenderness over the abdomen (especially the umbilical region). Sometimes pain radiates to the right iliac fossa region. Her thermal is chilly. She desired ice cream and cold things. She experiences extreme anxiety when left alone, often becoming frightened by delusions of dead people around her. She has a strong desire for company and consistently longs for the comforting presence and care of those around her. When spoken to, she answers slowly and in a soft voice, reflecting her mild and gentle nature.

Clinical finding USG
Mesenteric lymphadenopathy. No matting or necrosis largest size of 11×6mm.
Past history- History of pneumonia.
Family history- Mother: Hypertensive.

Diagnosis
The case was diagnosed as mesenteric lymphadenopathy on the basis of history and clinical presentation, and investigation reports. The diagnosis comes under a specific code, BD90, in ICD-11.

Case analysis
Physical general
Diet - Mixed.
T/R- chilly patient
Desire- ice cream and cold drink
Aversion - Nothing specific
Stool- loose stool 2-3 times a day
Urine - Clear, frequent, no peculiar odour.
Thirst- normal.
Skin – Oily
Perspiration- normal, non-offensive,
Sleep- disturbed

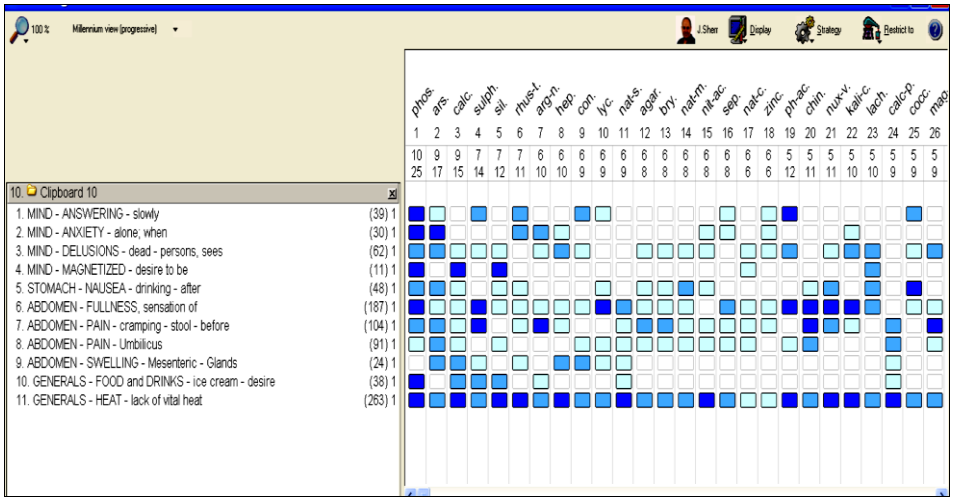
Mental general
- She has extreme anxiety when she is alone.
- Delusions of dead people around her and gets frightened.
- Desire company and consolation amelioration.
- Answers very slowly with a soft voice when questions are asked.
- Desired to be magnetised.

Particulars
- Cramping pain in the abdomen after eating food and before stool, and is relieved after bending double and applying pressure.
- Pain in the umbilical region often radiates to the right ileocecal region.
- Nausea and vomiting after drinking water.
- loose stools two to three times a day, with a fullness sensation in the abdomen.

Table 1: (Repertorial totality)

Sl.no	Chapters	Rubrics
1	MIND	ANSWERING-slowly
2	MIND	ANXIETY- alone, when
3	MIND	DELUSIONS-dead-persons, sees
4	MIND	MAGNETIZED-desire to be
5	STOMACH	NAUSEA-drinking-after
6	ABDOMEN	FULLNESS, sensation of
7	ABDOMEN	PAIN-cramping-stool-before
8	ABDOMEN	PAIN-Umbilicus
9	ABDOMEN	SWELLING-Mesenteric-Glands
10	GENERALS	FOOD and DRINKS- ice cream- desire
11	GENERALS	HEAT-Lack of vital heat

Repertorial sheet (synthesis 9.0)



Analysis of Repertorial Result
After repertorisation, PHOSPHORUS got the highest marks (25/10) marks and on second position was ARSENIC ALBUM (17/09) marks.

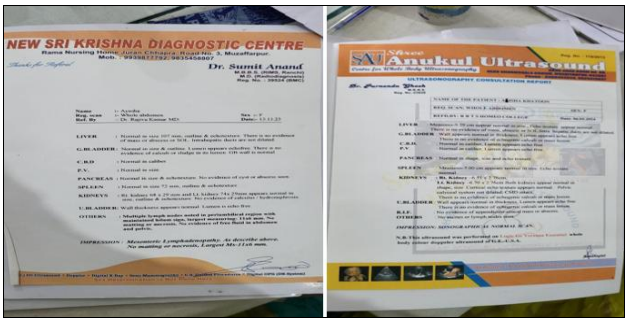
Therapeutic intervention and follow-up-
Taking into account the totality of symptoms, repertory analysis, and reference to the materia medica, Phosphorus was selected as an individualised homoeopathic medicine for this case.

Baseline prescription: Phosphorus–200/ 3 dose/O.D., on 29/12/2023, followed by placebo, was prescribed for 15 days. Follow-ups were conducted over a period of two and a half months.

Results
After the first prescription, the patient responded favourably, and abdominal colic frequency and intensity were much reduced. Recommend a balanced diet and proper hygiene practices. Follow-up is summarised in Table 2.

Table 2: Follow up record

Date	Observation	Prescription	Justification
19/01/2024	The frequency of colic reduced from 4 times a day to 2 times a day.	PLACEBO	
23/01/2024	The patient experienced an intense colic attack last night.	Phos-1M/1 dose/only once	Improvement after the first prescription, but then it came to stand still condition; hence, a higher dose of the same medicine was prescribed.
05/02/2024-	Colic attack frequency reduced to only 3 times in past 12 days**.**	PLACEBO	
20/02/2024-	No episode of colic in the last 1 week**.**	PLACEBO	
08/03/2024-	Colic complaints subsided completely With a normal U.S.G report	PLACEBO	



Before After

Discussion

Mesenteric lymphadenopathy refers to the enlargement of lymph nodes in the mesentery, which may be reactive, inflammatory, infectious, or neoplastic in origin, affecting people of all ages, especially common in children and young adults. Many homoeopathic medicines are indicated for mesenteric lymphadenopathy, but the selection of medicines relies on the individuality of the patient. In this case as well, a case totality was formed through symptom analysis and evaluation. After repertorisation, a couple of medicines were suggested, but the most indicated medicine (i.e., Phosphorus) was selected on the basis of symptom similarity. During follow-up visits, the patient's condition was carefully evaluated, and suitable interventions were provided as needed. After administering the first prescription, the patient responded very well and her abdominal colic intensity and frequency reduced within 15 days; however complete cure of the patient was visible after two and a half months of treatment. The patient was overall better, and no new complaints were reported at the end of the treatment.

Conclusion

This case demonstrates the positive outcomes of individualised homoeopathic treatment for Pediatric mesenteric lymphadenopathy. However, additional studies with larger sample populations are required to substantiate the efficacy of homoeopathic treatment for mesenteric lymphadenopathy.

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Conflict of Interest

Not available

Financial Support

Not available

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