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Individualized homoeopathic management of umbilical hernia in an elderly female: A case report

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Abstract

Umbilical hernia is a rather common surgical problem managed surgically worldwide. An umbilical hernia is a protrusion of abdominal cavity contents (greater omentum, transverse colon or small intestine) through umbilicus. This may include pain or discomfort especially while coughing, lifting heavy weight & doing exercise. This case report documents the successful non-surgical management of umbilical hernia in a 75-year-old female through individualized Homoeopathic treatment based on totality of symptoms and miasmatic assessment. The patient exhibited marked abdominal pain, distension, vomiting, cramp-like sensations, and aggravation from rest, eating, evening and night. Mental and physical generals were prominently expressed. Following the administration of an individualized remedy, significant improvement in pain, distension, vomiting, and overall general health was observed. The case highlights the potential of Homoeopathy as a supportive, patient-centred therapeutic modality in conditions where surgery is declined.

Keywords: Homoeopathy, umbilical hernia, individualised treatment, miasmatic analysis, case report

Introduction

An umbilical hernia is a defect in the ventral abdominal wall, typically located near the umbilicus, and is often diagnosed during routine physical examinations. While many adult umbilical hernias are asymptomatic, approximately 65% will eventually require surgical repair, with 3% to 5% necessitating emergency intervention due to incarceration or strangulation of intra-abdominal contents such as the omentum or bowel. Ideally, surgical repair should be performed before such complications occur^[1]. Umbilical hernias are most common in newborns, babies and young children. But adults can get them, too. Umbilical hernias are three times more common in females than in males. Umbilical hernias present with a soft, visible bulge at or near the belly button, which may be constant or appear only when abdominal pressure increases, such as during lifting, coughing, or in infants, crying. In children these hernias are usually painless, while adults may experience discomfort, dull pain, or a feeling of pressure. Emergency attention is required if symptoms such as sudden or worsening abdominal pain, a bulge that becomes red, dark, purple, or firm, the presence of blood in stool, or associated nausea and vomiting occur, as these may indicate complications like obstruction or strangulation^[2].

In adults, increased abdominal pressure is the primary factor contributing to umbilical hernias, with common causes including obesity, multiple pregnancies, fluid accumulation in the abdominal cavity, previous abdominal surgery, and long-term peritoneal dialysis^[3].

Complications of an umbilical hernia include strangulation, in which blood flow to the herniated tissue is cut off, leading to inflammation, infection, and eventual tissue necrosis, making it a medical emergency requiring urgent treatment. Another complication is incarceration, where the protruded tissue becomes trapped in a weak area of the abdominal wall, potentially causing bowel obstruction with severe pain, nausea, vomiting, and sometimes difficulty passing urine. Infection may also occur when compromised blood supply to the abdominal wall results in significant pain and the development of infectious processes^[4].

The treatment for a hernia would be surgery to fix the weak spot in the abdominal wall. In adults, around 65% require surgical repair or it could become problematic^[5].

Potential complications after surgery include abscess formation, hematoma, seroma, fistula, bowel obstruction, mesh retraction, granuloma development, and recurrence of the hernia^[6].

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Homeopathy, as a holistic system of medicine, plays a pivotal role in the management of both acute and chronic diseases, offering a potential for permanent cure without causing harm to the patient. Homoeopathy is a system of medicine which treats the patient as a whole, with the principles of similia similibuscurenter. Individualization and exact similitum plays an important role in selection and administration of remedies to bring a permanent cure [7].

Patient information

A 75-year-old Hindu female presented with abdominal complaints. Her complaints began insidiously six months prior, starting with cutting and pressing pain around the umbilicus, followed by cramping and abdominal distention. Over time, she became unable to tolerate even small meals, which resulted in vomiting shortly after intake. Rest aggravated her condition, forcing her to pace continuously for relief. Symptoms worsened during the evening and night but improved with warmth, manual pressure and motion. She had been hypertensive for 20 years and was on allopathic medication. She refused surgical intervention and opted for homoeopathic treatment.

Past history

She had hypertension for the past 20 years and was on regular allopathic management. She had no history of diabetes, asthma or major surgeries.

Family history

Her father died at the age of 40 due to tetanus. Her mother lived a healthy life and died of old age around 20 years ago. No family history of similar abdominal or hernia-related conditions was reported.

General physical symptoms

Her appetite was diminished with easy satiety. Thirst was markedly reduced, consuming less than one litre of water per day. She suffered from constipation and passed stool with difficulty. Sweating was generalised and her sleep was disturbed, with loud snoring. She frequently experienced dreams in which she screamed. She tolerated cold food and drinks well. She had a strong desire for travelling and was intolerant to spicy food, with an aversion to junk food. Thermally, she was a hot patient.

Mental generals

Mentally, she exhibited a highly changeable mood. She was restless, irritable and experienced anger with indignation. She had a religious disposition and was always chanting. She avoided conversations, disliked answering questions and avoided visiting friends. These mental symptoms formed an important part of the totality.

Clinical examination

The patient was conscious and oriented, short and moderately overweight with a BMI of 26.67 kg/m². Vital signs showed blood pressure of 140/100 mmHg, pulse 78/min and temperature 98.6°F. Systemic examination revealed normal respiratory and cardiovascular findings. Abdominal examination revealed a visible bulge around the umbilicus, more prominent on coughing and reducible on manual pressure. The central umbilicus appeared wider with reddish discoloration. Mild tenderness was present with diminished bowel sounds. No abnormalities were detected in the nervous system.

Diagnosis

Based on the clinical presentation, a provisional diagnosis of Umbilical Hernia was made. Associated symptoms included abdominal pain, distention, constipation and vomiting.

Evaluation and totality of symptoms

The totality was constructed by integrating mental generals, physical generals and particular symptoms. Prominent mental symptoms included restlessness, irritability, anger with indignation, religious chanting, and aversion to talking or answering. Physical generals such as constipation, diminished appetite, reduced thirst, disturbed sleep with snoring, hot thermal state, desire for travelling, and intolerance to spicy food were important indicators.

Particular symptoms were led by cutting and pressing abdominal pain, cramping sensation, distended abdomen, and vomiting after minimal food intake. Modalities such as < eating, < drinking, < evening, < night, < rest, and > heat, > pressure, > motion were crucial in defining the individuality of the case.

The miasmatic evaluation suggested a mixed psoric-sycotic background.

Repertorial analysis

Remedy Name	Coloc	Sulph	Nux-v	Puls	Rhus-t	Cham	Ars	Sep	Bell	Stann	Verat	Bry
Totally	35	34	32	31	31	29	28	28	27	27	27	26
Symptoms Covered	11	11	11	9	9	10	9	9	8	8	8	10
Kingdom												
[Complete] [Mind]Restlessness, nervousness: (1214)	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Anger:Indignation, from: (3)												
[Complete] [Mind]Religious affections: (171)	1	4	1	4	3	3	4	4	4	1	4	
[Complete] [Mind]Answer, answering, answers:Aversion to: (120)	1	4	1	3	2	1	1		1	3	3	1
[Complete] [Rectum]Constipation: (906)	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Company:Aversion to: (448)	3	3	4	4	4	4	4	4	4	3	3	3
[Complete] [Abdomen]Pain:Cutting: (402)	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Abdomen]Pain:Pressure:Amel.: (140)	4	1	1	1	3	1		1	3	4		2
[Complete] [Abdomen]Pain:Eating:While: (57)	3	3	3				2	1			2	1
[Complete] [Abdomen]Pain:Warmth:Amel.: (90)	3	3	4	3	4	1	4	3				1
[Complete] [Abdomen]Pain:Rest:Agg.: (4)												
[Complete] [Abdomen]Pain:Anger, vexation agg.: (16)	4	3	3			4						3

Fig 1: Repertorisation chart

Follow up**Table 1:** Followup chart

Date	Inference	Prescription
20-03-2016	Severe cutting & pressing pain in umbilicus, crampy distension, vomiting, < anger, < rest, < evening/night. Bulging Severe with reddish discoloration.	Rx Colocynth 30/ 1 Dose
30-03-2016	Patient reported marked improvement. Pain markedly reduced. Bulging & reddish discoloration reduced visibly.	Rx Colocynth 200/ 1 Dose Magnesium phosphoricum 6X alternate days for 2 weeks.
05/05/2016	Marked improvement in symptoms. Bulging & discoloration visibly reduced. She feels pain when gets angry.	Rx Staphysagria 200/1 D
15/06/2025	Occasional discomfort only on anger. No major pain episodes.	Rx Colocynth 200/1 D- SOS
12/07/2025	The Patient remained comfortable, no pain, no bulging, no discoloration. Hernia clinically stable and asymptomatic Umbilicus normal clinically.	No medicine needed

Discussion

Umbilical hernia is a common abdominal wall defect occurring in both children and adults, with adult cases often associated with increased intra-abdominal pressure resulting from obesity, chronic cough, constipation, or multiple pregnancies. While the standard recommendation for adult umbilical hernia remains surgical repair to prevent incarceration or strangulation, a significant proportion of elderly patients decline surgery due to age, comorbidities, financial constraints, or fear of operative risks. In such situations, homoeopathy may offer a supportive, individualized therapeutic approach directed toward symptom alleviation and improvement in general well-being.

In the present case, the 75-years-old female presented with progressive abdominal symptoms including cutting pain, cramping, vomiting immediately after small meals, and abdominal distension. Her symptomatology significantly impacted her daily functioning, particularly due to constant restlessness and inability to remain still because resting aggravated her pain. She refused surgical intervention, providing an opportunity to explore non-surgical conservative homoeopathic management.

Homoeopathic therapeutics emphasize the totality of symptoms, integrating mental generals, physical generals, and characteristic particulars. In this patient, mental symptoms such as irritability, anger with indignation, religious disposition, restlessness, and marked aversion to talking were highly characteristic and formed an important part of the totality. These symptoms, along with physical generals like diminished thirst, disturbed sleep with snoring, constipation, desire for travelling, intolerance to spicy food,

hot thermal state, and easy satiety, pointed towards a clear constitutional disturbance. The modalities (< rest, < evening/night, < eating/drinking, > warmth, > pressure, > motion) played a crucial role in remedy differentiation.

Repertorial analysis and consultation with *Materia Medica* strongly indicated *Colocynth* as the similimum. The keynote features of *Colocynth* crampy abdominal pains, relief from pressure and bending double, pains brought on or aggravated by anger, and marked irritability closely matched the patient's presentation. The prescription of *Colocynth* 30C, followed by 200C, resulted in a consistent, progressive improvement across domains: reduction in cutting and cramping pains, decreased abdominal distension, better tolerance to food, reduced vomiting, and visible reduction in hernial bulge and discoloration. The supportive administration of *Magnesium phosphoricum* 6X, well known for its antispasmodic effects, contributed to the relief of abdominal cramps.

The miasmatic evaluation suggested a mixed psoric-sycotic predominance, frequently seen in chronic abdominal wall weakness and connective tissue laxity. Addressing the miasmatic background through individualized medicine likely contributed to the stabilization of her general health and the reduction of symptom recurrence.

Although Homoeopathy cannot reverse anatomical defects such as the hernial opening, the goal here was functional improvement, pain relief, reduction in abdominal tension, and improved quality of life all of which were demonstrably achieved. No adverse events or aggravations were noted during the course of treatment. This case adds clinical value by documenting stepwise improvement in an elderly patient who avoided surgery. This case demonstrates that individualized Homoeopathic treatment when carefully matched with totality, miasm, and modalities may offer meaningful symptomatic relief and improved functionality even in structural conditions traditionally treated surgically. However, further research, case series, and clinical studies are needed to evaluate reproducibility and to define the scope and limitations of homoeopathic management in abdominal wall hernias.

Conclusion

This case demonstrates that individualized homoeopathic management, based on a thorough assessment of mental, physical generals, characteristic particulars, and miasmatic background, can offer significant therapeutic benefit in patients with umbilical hernia who decline surgical intervention. The selected similimum led to marked improvement in abdominal pain, distention, vomiting, appetite, sleep, and overall general health. While surgery remains the standard treatment for adult umbilical hernias, this case highlights the potential role of homoeopathy as a supportive, non-invasive, and patient-centred modality that can enhance quality of life and reduce symptom burden, particularly in elderly patients who are unfit or unwilling to undergo operative procedures. Further well-documented studies are warranted to explore the broader applicability of homoeopathy in similar surgical conditions.

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