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**Dr. Pronomita Sen**  
Homoeopathic Practitioner,  
B.H.M.S from National  
Institute of Homoeopathy  
Department of Private,  
Holistic cure Homoeopathic  
Clinic, West Bengal, India

**Dr. Tanisha Srivasatava**  
Post Graduate Trainee,  
Department of Homoeopathic  
Pharmacy, Government  
Homoeopathic Medical  
College, Bhopal, Madhya  
Pradesh, India

**Corresponding Author:**  
**Dr. Pronomita Sen**  
Homoeopathic Practitioner,  
B.H.M.S from National  
Institute of Homoeopathy  
Department of Private,  
Holistic cure Homoeopathic  
Clinic, West Bengal, India

## Management of mesenteric lymphadenopathy by individualized homoeopathic medicine: A case report

**Dr. Pronomita Sen and Dr. Tanisha Srivasatava**

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### Abstract

Ultra-sonographic findings of enlargement of the mesenteric lymph nodes are common, especially in children, adolescents and young adults. It can be a symptom of a variety of medical conditions, including cancer, immunological problems, and infectious infections. Normal mesenteric lymph nodes, on the other hand, are frequently found by ultra-sonography and should not be mistaken as a sign of a pathological illness.

**Keywords:** Homoeopathy, mesenteric lymphadenopathy, NSS

### Introduction

Mesenteric adenitis is a syndrome marked by pain in the right lower quadrant caused by an inflammatory disease in the mesenteric lymph nodes. Mesenteric adenitis can be divided into two groups-Primary (Non-Specific) and Secondary. Primary mesenteric adenitis is mostly right sided without an identifiable acute inflammatory process and secondary is associated with detectable intra abdominal inflammatory process.<sup>[1]</sup> Lymph nodes are tissue groupings found throughout the body that filter germs, viruses, and waste items out of the bloodstream. The clinical presentation of abrupt onset right lower quadrant abdominal pain is quite similar to that of appendicitis, and it is so several causes of inflammatory response inside mesenteric lymph nodes are among the etiologies of mesenteric adenitis. Viral infections, bacterial infections, inflammatory bowel disease, and lymphoma are examples, many times misdiagnosed as such.

Because of its self-resolving nature and rarity, the prevalence of mesenteric adenitis is mainly unclear. However, in a case series investigation, 70 children were clinically diagnosed with acute appendicitis, but 16% of them were later diagnosed with mesenteric adenitis either by surgery, imaging, or clinical course.<sup>[2]</sup>

### Case Report

#### Patient Information

A male child of five years was brought at the OPD of Holistic cure Homoeopathic clinic at Kokrajhar, Assam on 25<sup>th</sup> December 2019 with constant nausea which was mainly aggravated after eating and not relieved by vomiting for a period of 15 days.

#### Clinical Findings

The patient presented with constant nausea which was aggravated during eating and not relieved by vomiting. On clinical examination there was slight tenderness on the right iliac fossa of the abdomen. There was loathing of food; thirst was less, desire for sweets. The child was irritable. The patient was from a low socio-economic background. No notable family history.

#### Diagnostic Assessment

The patient was advised an ultra-sonography of the whole abdomen which revealed a few enlarged mesenteric lymph nodes of 10- 12 mm approx. diameter suggesting Non-Specific Mesenteric Lymphadenopathy. Report is presented in Fig. 1.

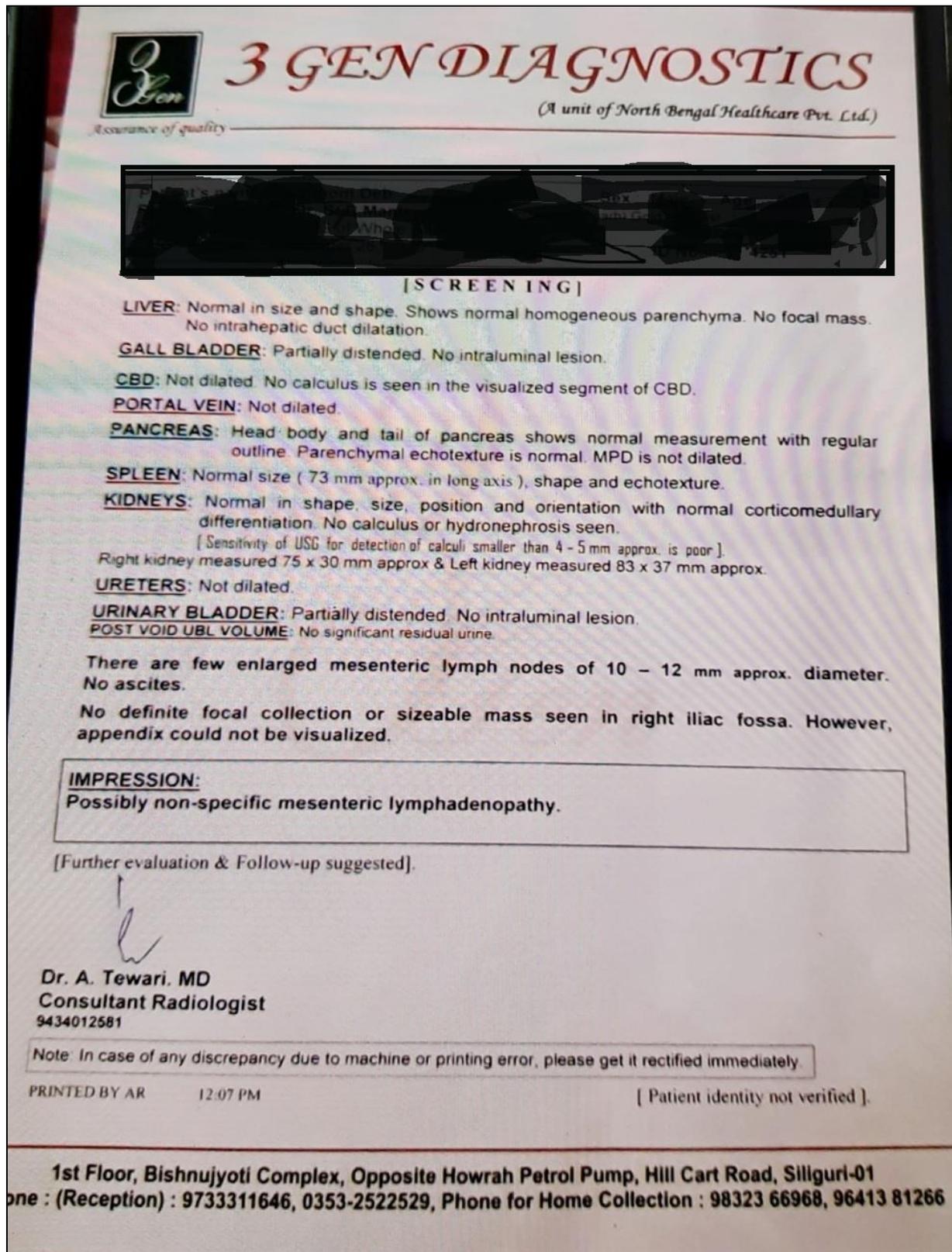


Fig 1: Report of Ultra-Sonography of the whole abdomen before treatment done on 26<sup>th</sup> of December, 2019.

#### Assessment Scale

Nausea Severity Scale (NSS) was used for evaluation of the frequency, duration and intensity of the nausea as shown in Table 1. The questions asked were accordingly to the questionnaire of Nausea Severity Scale.

The first follow-up was done after seven days and then assessment was done after every one month. Treatment was continued for a period of 11 months. Graph 1 records the decrement of NSS scores after each visit.

**Table 1:** NSS scores on each visit

Visit	Q. No. 1 (Frequency In Days)	Q. No.2 (Frequency In Hours)	Q. No.3 (Duration)	Q.No.4 (Intensity)	NSS Score
1 <sup>ST</sup>	4	4	4	8	20
2 <sup>ND</sup>	4	4	4	8	20
3 <sup>rd</sup>	3	3	3	7	16
4 <sup>TH</sup>	3	3	2	6	14
5 <sup>TH</sup>	2	2	3	5	12
6 <sup>TH</sup>	2	1	3	4	10
7 <sup>TH</sup>	1	1	2	4	8
8 <sup>TH</sup>	1	1	2	4	8
9 <sup>TH</sup>	1	1	1	2	5
10 <sup>TH</sup>	1	1	1	1	4
11 <sup>TH</sup>	0	0	0	0	0

### Therapeutic Intervention

On 1<sup>st</sup> visit, the symptoms taken into account were constant nausea not relieved by vomiting, loathing of food, thirst less, desire for sweet and irritability. NSS score 20.

The rubrics selected from Repertory of the Homoeopathic Materia Medica by J.T. Kent were- Stomach, Nausea (P-504); Stomach, Loathing of Food (P-504); Stomach, Thirstless (P-530); Stomach, Desire, Sweets (P-486); Mind, Irritability (P-57) [3]. Also in Allen's Keynote it is mentioned under *Ipecac* that "in all diseases with constant and continual nausea." [4]

After analyzing the symptoms, the acute characteristics were taken into account and the medicine *Ipecacuanha* was selected and prescribed.

On 25<sup>th</sup> December, 2019, *Ipecacuanha 30* was prescribed in globules, six globules to be taken twice daily for three days and to report after seven days.

### Follow-Up and Further Interventions

On 2<sup>nd</sup> visit, the nausea was little reduced but still persisting. The loathing of food, thirst was less, little tenderness in right iliac fossa. NSS score was still 20.

A thorough follow-up was done. Some new symptoms appeared as shown in Table 2. The rubrics selected from Repertory of Homoeopathic Materia Medica by J.T. Kent were- Mind, Irritability (P-57); Stomach, Desires, sour, acids etc (P-486); Stomach, Aversion, fats and rich food (P-480); Stool, Hard(P-638); Generalities, HEAT, vital lack of (P-1367); Stomach, Nausea (P-504). [3]

After analyzing the symptoms the medicine *Hepar Sulphur* was selected and prescribed. *Hepar Sulphur 30* was prescribed as one drop of dilution in 30 ml aqua dist with few drops of rectified spirit (R.S.) with direction to take once daily for four days.

Table 2 shows the timeline of the treatment along with the NSS scores and medicine prescribed up to the 7<sup>th</sup> visit until any new symptoms appeared.

**Table 2:** Timeline of the treatment along with the NSS scores and medicine prescribed from 1<sup>ST</sup> to 7<sup>th</sup> visit.

Visit No.	Symptoms Presented On Each Visit	New Symptoms (If Appeared)	NSS Scores	Medicine Prescribed
1	Constant nausea not relieved by vomiting, loathing of food, thirst less, desire for sweet and irritability.	-	20	Ipecacuanha 30
2	Nausea little reduced, poor appetite, thirst less, tenderness on right iliac fossa, irritable	Hard stools, aversion to fatty food and tendency to catch cold easily.	20	Hepar Sulphur 30
3	Nausea reduced, appetite was poor, tenderness on right iliac fossa reduced, stools hard	No	16	Placebo
4	Frequency, duration & intensity of nausea was reduced, appetite better than before, stools hard but regular, thirst less. Chilly patient, irritable	No	14	Hepar Sulphur 200
5	Intensity & frequency of nausea reduced	No	12	Placebo
6	Intensity of nausea reduced	No	10	Hepar Sulphur 1m
7	Frequency & duration of nausea reduced but intensity remains same as 6 <sup>th</sup> visit. Appetite improved. Stools were hard but regular.	No	8	Placebo

On 8<sup>th</sup> visit, the patient came with some new symptoms and with no further improvement. NSS score was 8. Table 3 shows the timeline of the treatment from 8<sup>th</sup> to last visit. New case taking and change of remedy was recommended as new symptoms appeared in the mid of the treatment.

This time we did a repeated case taking and selected the following rubrics from Kent's Repertory:- Mind, Mood Changeable, Variable Etc(P-68); Stomach, Aversion, Food, Warm (P-481); Stomach, Desire, Cold Drinks (P-484); Mouth, Discoloration, Tongue, White(P-402); Sleep, Sleeplessness (P-1251); Perspiration, Odour, Offensive(P-1298); Stomach, Eructations, Rancid, Sour(P-496);

Abdomen, Flatulence (P-548); Generalities, Lying, side, on, painless, agg (p-1373). [3]

After analyzing the new symptoms the medicine *Pulsatilla 30* was selected and prescribed as one drop of dilution in 30 ml aqua dist with few drops of rectified spirit(R.S.) with direction to take once daily for four days. Patient was asked to report after one month.

On 9<sup>th</sup> visit, NSS score came down to 5. The symptoms were also ameliorated. *Pulsatilla 200* was selected and prescribed as one drop of dilution in 30 ml aqua dist with few drops of rectified spirit(R.S.) with direction to take once daily for two days. Patient was asked to report after one

month.

On 10<sup>th</sup> visit, the progress was good. NSS score came down to 4. *Pulsatilla 1M* was prescribed as two doses to be taken on early mornings for the next two days and asked to visit again after one month.

On 11<sup>th</sup> visit, NSS score was 0. The patient was asked to do another ultra-sonography of the whole abdomen. On 27<sup>th</sup> November, 2020 the report was done which showed normal abdominal organs with gassy distension of bowels shown in

Fig.2. The comparative representation of USG reports before and after treatment is given in Table 5. During the whole treatment proper diet and regimen of the patient was taken care of. After the treatment the patient was contacted from time to time reporting no relapse of the symptoms. The details of the medicines prescribed on each visit have been tabulated in Table 4, which include the potency, doses and vehicle used.

**Table 3:** Timeline of the treatment from 8<sup>th</sup> to last visit

Visit	Symptoms	New Symptoms (If Appeared)	Nss Scores	Medicine Prescribed
8	Nausea present as previous visit. Symptoms not showing any further improvement.	Flatulence which aggravated by lying on painless side, sour eructation, tongue white coated, aversion to warm food, desire for cold drinks, offensive perspiration, changeable mood.	8	Pulsatilla 30
9	Nausea reduced. Flatulence reduced, sour eructation still present.	No	5	Pulsatilla 200
10	Nausea reduced, appetite improved, tenderness on right iliac fossa reduced but slightly present, sour eructation only in mornings stools cleared.	No	4	Pulsatilla 1000
11	Nausea was not at all present. Sour eructation absent stools were normal.	No	0	Placebo

**Table 4:** Details of the Homoeopathic medicines used in the treatment

Visit	Medicine Prescribed	Potency	Doses	Days	Vehicle
1st	Ipecacuanha	30c	6	3	Globules
2nd	Hepar Sulphur	30c	4	4	Distilled Water
3rd	Placebo	—	—	—	—
4th	Hepar Sulphur	200c	2	2	Distilled Water
5th	Placebo	—	—	—	—
6th	Hepar Sulphur	1000c	2	2	Sacrum Lactis
7th	Placebo	—	—	—	—
8th	Pulsatilla	30c	4	4	Distilled Water
9th	Pulsatilla	200c	2	2	Distilled Water
10th	Pulsatilla	1000c	2	2	Sacrum Lactis
11th	Placebo	—	—	—	—

## Results and Discussion

The benefits of homoeopathic therapy in the treatment of clinical feature and underlying pathology are reflected in the preceding discussion. It is critical to build a unique approach to one's patient in order to practice homoeopathy successfully.

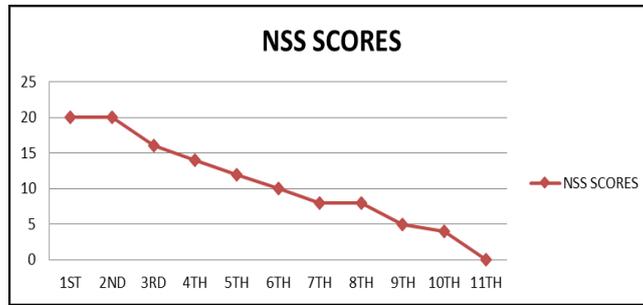
In this case, management of mesenteric lymphadenopathy, by the use of individualized homoeopathic remedies is presented. The comparisons of the USG reports before and after the treatment have been tabulated in Table 5 which shows declining of the underlying pathology (Graph 1).

On the 1<sup>st</sup> visit, severe nausea was the most prominent symptom. After repertorization and analysis of the case *Ipecacuanha* was selected. On 2<sup>nd</sup> visit, a new group of symptoms appeared without any further improvement of the patient. The NSS scores of both 1<sup>st</sup> and 2<sup>nd</sup> visit were 20. This provided a reason to change the remedy from *Ipecacuanha* to *Hepar Sulphur* after individual analysis of the case. The symptoms that were taken into account for prescribing *Hepar Sulphur* were nausea, hard stools, and aversion to fatty food, desire for sour food, chilly patient and irritability.

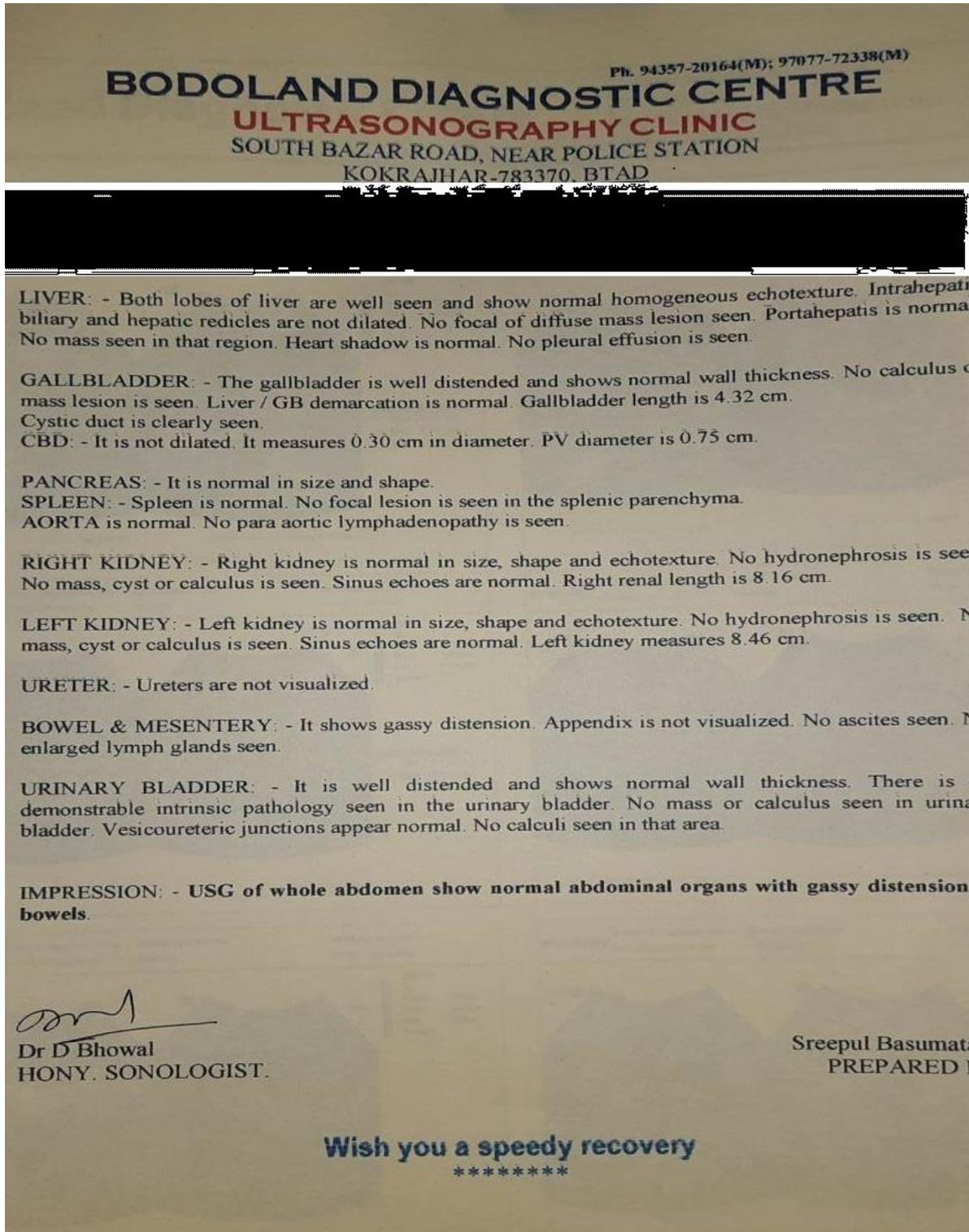
Since the action duration of *Hepar Sulphur* is 50 days<sup>[5]</sup>, we alternated *Hepar Sulphur* with placebo every month so that the action of the medicine is not disturbed. *Hepar Sulphur* was used in 30C, 200C and 1M potencies in succession. Every time before the change of potency it was assured that the action of the medicine has exhausted and was incapable of showing any further improvement. This process was continued till the 7<sup>th</sup> visit.

On 8<sup>th</sup> visit, another group of new symptoms appeared as shown in Table 3. After proper case-taking and repertorisation, the case was analyzed and *Pulsatilla* was the selected remedy. It was used in 30C, 200C and 1M potencies in succession on every month as there was amelioration of the symptoms each time. The whole treatment took the duration of approximately 11 months.

The whole treatment was done based on the facts of Organon of Medicine [Aphorism 168-171] which directs to administer a new medicine only after re-examining the case and after the completion of action of the previous medicine.<sup>[6]</sup> Homoeopathy emphasizes a comprehensive approach to each individual. As a result, it had a broader range of therapy options than modern drugs in similar circumstances.



**Graph 1:** The results of Nausea Severity Scale scores visit by visit in the discussed case



**Fig 2:** Report of Ultra-Sonography of the whole abdomen after treatment done on 27<sup>th</sup> of November, 2020

**Table 5:** Ultra-Sonography reports- Before & after the treatment

Sonography Report	Date	Results
Before Treatment	26th December, 2019	Non-Specific Mesenteric Lymphadenopathy
After Treatment	27 <sup>th</sup> November, 2020	Normal Abdominal Organs With Gassy Distension Of Bowels.

**Conclusion**

Homoeopathy leads us to a holistic approach towards the treatment of a case. The morbidly affected vital force is to be restored by the principles underlying *similia similibus curentur* whatever may be the nosological name of the disease. However the diagnosis of the disease is still important for the prognosis of the disease and for the advices that are needed to be given to the patient for proper diet and regimen during the whole course of treatment. Hence, it can be concluded that a case of non-specific mesenteric lymphadenopathy in children can be managed with a holistic individualized homoeopathic approach through a long course of treatment duration of approximately 11 months. However clinical trials should be warranted in more such cases.

**Conflict of Interest**

There are no conflicts of interest.

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