



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(1): 01-04

Received: 04-10-2022

Accepted: 06-11-2022

Dr. Beena Das TR

Associate Professor, Department
of Materia Medica Government
Homoeopathic Medical College,
Thiruvananthapuram, Kerala,
India

Dr. Jaysi C

Government Homoeopathic
Medical College, Calicut, Kerala,
India

Corresponding Author:

Dr. Beena Das TR

Associate Professor, Department
of Materia Medica Government
Homoeopathic Medical College,
Thiruvananthapuram, Kerala,
India

Empty sella syndrome managed with homoeopathy: A case report

Dr. Beena Das TR and Dr. Jaysi C

DOI: <https://doi.org/10.33545/26164485.2023.v7.i1a.720>

Abstract

The empty sella Syndrome, is a condition resulting from herniation of the subarachnoid space through the diaphragma sella, displacing the normal pituitary gland. Empty sella can be of two types: partial or complete. Partial means, cerebrospinal fluid fills less than 50% of the sella. Total means cerebrospinal fluid fills more than 50% of sella, with the thickness of gland being < 2 mm. This is a case of a 40-year-old female, with recurrent attacks of sudden and excruciating pain in head with redness in right eye. She was admitted on 5/2/2020 having IP NO: 747, at Govt. Homoeopathic Medical College Kozhikode, for excruciating pain in right side of head radiating to right eye, ear, face and back of head, with redness in right eye. Clinical diagnosis was made after reviewing MRI brain. As in conventional medication, without the analgesic, managed successfully with Homoeopathic Medications. After individualising the case, homoeopathic medicine Apis mellifica 6 C and Onosmodium Q was prescribed, and within 1 week, her ailments got better.

Keywords: Apis mellifica, empty sella syndrome, homoeopathy, onosmodium, case report

Introduction

Empty sella syndrome is a rare disorder, affecting sella turcica in the skull characterized by its enlargement or malformation. This may be either a partial empty sella where the sella turcica is partially filled with cerebrospinal fluid and in the floor of the sella lies a very small pituitary gland or complete, in which empty sella is completely filled with cerebrospinal fluid and pituitary gland cannot be visualized ^[1]. Like the patients having high blood pressure, many people with empty sella syndrome also have chronic headaches. But the Doctors aren't sure whether this headache is related to empty sella syndrome or not ^[2].

In rare cases, Empty Sella Syndrome is associated with swelling of the optic nerve inside the eye, spinal fluid leakage from the nose and vision problems ^[2]. These are due to the raised intracranial pressure inside the skull. Those adults and women who are obese and having high blood pressure, the Primary Empty sella syndrome are most commonly seen. Whereas, regression of pituitary gland within the cavity after an injury, surgery, or radiation therapy result in Secondary Empty sella syndrome ^[3]. Pituitary gland cannot be seen on the MRI scan if it shrinks or becomes flattened. This is called as Empty Sella Syndrome. If pituitary gland is visible on the MRI scan, suggests Partial empty sella ^[4]. The prevalence of Primary Empty Sella Syndrome ranges from 2% to 20%.

In males, the most common symptoms are headaches, impotence, high blood pressure, fatigue, low sex drive, and in females, in addition to above symptoms also suffer from infertility and no menstrual periods or irregular ones ^[5]. Endocrine abnormalities include GH deficiency is being the commonest, elevation of prolactin (PRL) and reduction of ADH are seen. These patients show a normal PRL rise with TRH stimulation (whereas patients with prolactinomas do not) ^[6]. Total empty sella syndrome means CSF fills more than half of sella and pituitary gland is around 2 mm thick ^[7]. Treatment is surgery to prevent CSF from leaking out of nose and medication such as ibuprofen (Advil, Motrin), for relief of headache. In secondary empty sella syndrome which is due to an underlying condition, needs to focus on treating such conditions for managing the symptoms ^[8].

Case study

A female of 40 years of age was admitted on 5/2/2020 having IP NO: 747, at Govt. Homoeopathic Medical College Kozhikode, for complaints of pain in right side of head radiating to right eye, ear, face and back of head for 12 days.

The complaints are worsened by pressure, lying on right side and is ameliorated by absolute rest. Complaint started as a sudden and excruciating pain with redness in right eye.

Past history

The patient had a history of chicken pox 16 years back, for which allopathic treatment was done. She also suffered from herpes 10 years back, for which allopathic medication was chosen. She also had a history of anaphylactic shock due to multiple drug allergy, which are avoided by her since then.

Family history

The patient's father had a myocardial infarction. Her mother suffers from asthma. The patient's elder sister is suffering from cardiac complaint.

Personal history

She got married at the age of 18 and has 2 children. She had a divorce 13 years back. Later, she had her second marriage 4 years back.

Generals

She has a habit of drinking tea up to 6 to 8 glass daily. She has a good appetite, with much preference to consumption of warm food and drinks. She doesn't get thirsty often. She has a desire for pungent things. She has an intolerance to pulses and potatoes causes stomach pain and heartburn for her. She avoids oyster as it causes itching. Her bowel habits are regular with soft stools. Her urine output is normal in frequency, nature and quantity. She perspire more, all over the body. She get adequate, undisturbed sleep. Her body thermal is hot.

Mentally, she is quite fastidious and prefers everything to be kept neat and tidy. She gets angered very easily. She also weeps quite quickly. She is very meticulous and hardworking, and takes her housework very seriously. She is very much triggered by witnessing injustice and does not support it.

Menstrual and Obstetric history

She had attained menarche by 13 years of age, with irregular menses for one year. Her last menstrual period was on 16/08/2019. Her obstetrical details are as follows. She conceived 3 times of which one was aborted. She gave birth to two children, which were full term normal vaginal delivery.

Totality of symptoms

Mentals:- fastidious; cannot support injustice; sympathetic
 Physicals:- thirst less; Prefer warm food and drinks;
 Intolerance to oyster, causes itching
 Particulars:- right sided headache; head ache with redness of right eye; < pressure

Physical examination

Well-built and nourished; Not icteric; No pallor; No clubbing; No cyanosis

No lymphadenopathy; Pedal Oedema

Blood pressure: 126/80mm/hg; Pulse rate: 72/min;

Respiratory rate: 16/min



Fig 1: Redness and congestion of right eye during headache

Investigations

Blood R/Hb-11.2%; WBC - 7.5 x 10³; ESR=35; RBC - 4.44 x 10⁶; Platelets=3.41 L

N - 52%; L - 48%

RBS -101mg %;

TFT - T3 -0.96ng/ml; T4 - 7.72mg/dl; TSH - 1.0mIU/ml

Reportorial totality

Sympathetic

Cannot support injustice

Appetite - decreased

Thirst less with dryness of mouth.

Hypersensitivity to drugs

Cough without expectoration

Oedema & itching of lower limbs aggravation hanging

Hammering Pain in rat side of head aggravation by pressure

Rubrics selected

Mind - sympathetic

Head - pain - sides - right

Face - pain - sinuses - maxillary

Mouth - dryness - thirst less

Stomach- appetite - diminished

Cough- dry - night aggravation

Extremities - itching - knees

Extremities - swelling - lower limb - evening aggravation

Reportorial Result

Phos - 13/8

Puls - 13/8

Causti -11/7

Nat.mur -9/7

Bell - 11/6

Igna - 10/6

Lycos - 10/6

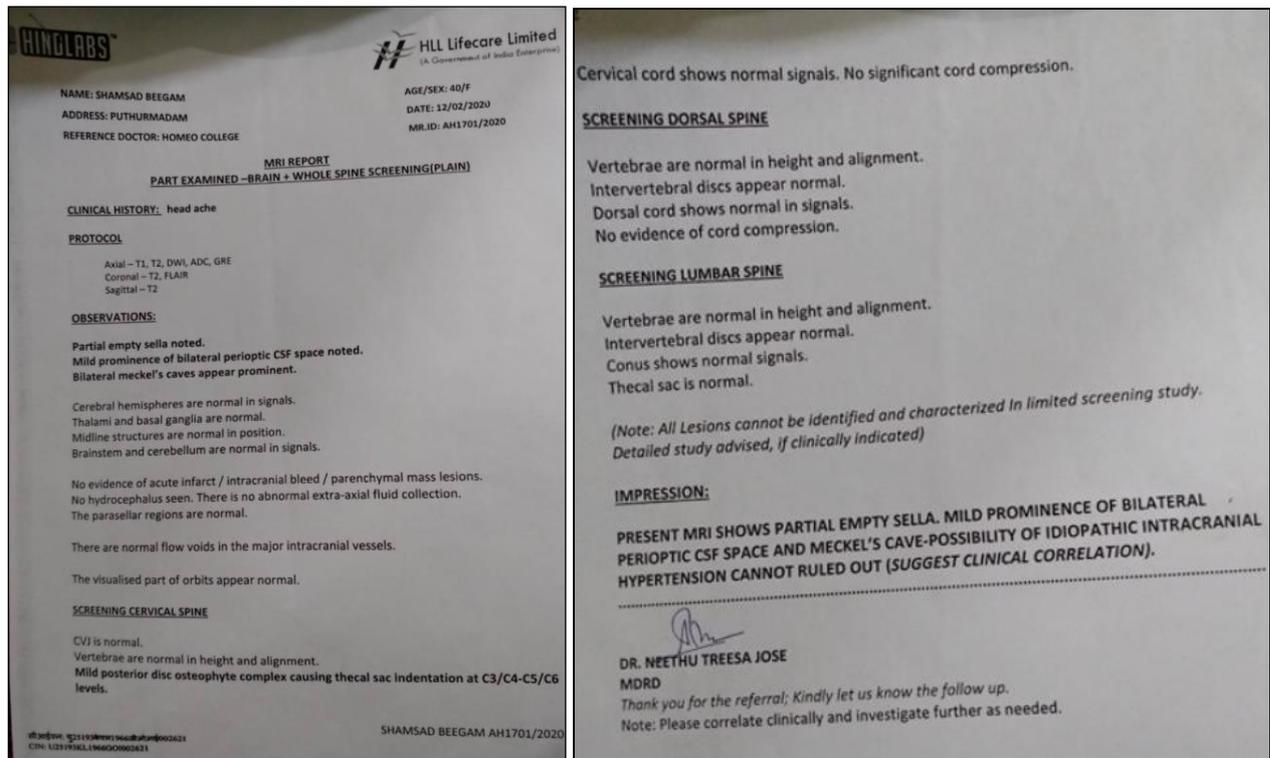


Fig 2: MRI:- Brain + whole spine screening (plain)

Impression

- Partial empty sella
- Mild prominence of B/L periotic

CSF Space & Meckel's Cave (Idiopathic Intracranial Hypertension?)

Prescription

05/02/20 – Bell 30/2d

Symptoms persists

07/02/20 – Phos 30 /2d

Symptoms persists

09/02/20: 1) Onosmodium Q (10-10-10)

2) Apis mellifica 6C (1-1-1)

Symptoms got relieved and discharged

Discussion

The case was managed with Onosmodium Q initially to lessen the severity of the headache. Once the pain became tolerable, the tincture administration was stopped and Apis Mellifica 6C was given. There was visible change, as the headache was relieved, the redness of eyes with its' shrinkage became reversed. When a patient comes to us with right sided headache, migraine or Tension headache can be a common diagnosis. In such a situation medicines like Belladonna, Glonoine, Sepia, Natrum muriaticum, Bryonia Alba, Gelsemium, Melilotus Alba can be considered. In conventional treatment, analgesics is the choice of treatment.

Conclusion

Headache of Empty Sella Syndrome case was successfully managed by administration of Homoeopathic Medicines in lower potencies. However individualized Homoeopathic constitutional medicines and anti miasmatic medicines are necessary to prevent its recurrence.

Acknowledgement

Acknowledge the Hospital staff, PG students of Govt. Homoeopathic Medical College Calicut. Patient consent was taken prior to case taking.

Rare Medicines for Headache

Onosmodium: Marked association of eye symptoms and head symptoms, with muscular tiredness and weariness. Chiefly left sided occipito-frontal pain in morning on waking. Pain in mastoid and temples.

Cedron: The most marked characteristic of this drug is periodicity. It's particularly useful in marshy countries, tropical or in damp conditions. Pain from temple to temple across eyes and pain over whole right side of face

Lobelia purpurascens: Headache especially between eyebrows with nausea, vertigo; Eyes cannot be kept open.

Myrica cerifera: aching pain in eyeballs. Pressure in forehead and vertex. Dull, heavy aching in forehead and temples on waking in the morning. Stiffness and pain in nape of neck.

Paris quadrifolia: - cannot brush hair, due to soreness of top of head. Head feels very large, expanded. Aches, as from pulling a string from eyes to occiput. Occipital headache, with a feeling of weight.

Saponaria officianaris: left side stitching pain, supraorbital; worse, evening, motion. Congestions to head; tired feeling in nape. Sensation of drunkenness; constant endeavor to go left-wards.

Indium met: Pain in head when straining at stool. During stool bursting pain in head. Dull pains in forehead and temples, with nausea, sleepiness and weakness.

Lactusa virosa: Heat of face and headache, with general coldness. Dull, heavy, confused, dizzy. Headache, with affections of respiratory organs

Mntholum: Headache frontal, pain over frontal sinus, which descends to eyeballs. Mental confusion. Pain in face above zygoma with numbness. Left sided supra orbital pain.

Physostigma venenosum: Constant pain on top; with constrictive feeling of head and vertigo. Pain over orbits patient cannot raise eyelids. For general tetanic rigidity and cerebro-spinal meningitis. Spastic conditions of the face-muscles.

Melilotus officianalis: The special manifestations of this drug is congestions and hemorrhages. Violent headaches that are very congestive and nervous

Lamium album: Backward and forward motion of head is seen with headache.

Yucca filamentosa: Aching in head as if top of head would fly off. Throbbing of arteries of forehead.

Financial support and sponsorship: Nil.

Conflicts of interest: None declared.

Reference

1. Empty Sella Syndrome [Internet]. NORD (National Organization for Rare Disorders). [Cited 2021 Mar 6]. Available from: <https://rarediseases.org/rare-diseases/empty-sella-syndrome/>
2. Empty Sella Syndrome: Symptoms, Causes, Diagnosis, and More [Internet]. Healthline; c2017, [Cited 2021 Mar 6]. Available from: <https://www.healthline.com/health/empty-sella-syndrome>
3. Empty Sella Syndrome Information Page | National Institute of Neurological Disorders and Stroke [Internet]. [Cited 2021 Mar 6]. Available from: <https://www.ninds.nih.gov/Disorders/All-Disorders/Empty-Sella-Syndrome-Information-Page>
4. Aruna P, Sowjanya B, Reddy PA, Krishnamma M, Naidu JN. Partial Empty Sella Syndrome: A Case Report and Review. *Indian J Clin Biochem.* 2014 Apr;29(2):253–6.
5. What Is Empty Sella Syndrome? [Internet]. WebMD. [Cited 2021 Mar 6]. Available from: <https://www.webmd.com/brain/empty-sella-syndrome-facts>
6. Westland S, Mason H, Bano G, Rich P. Endocrine and radiological abnormalities in empty sella syndrome. *Endocrine Abstracts* [Internet]. 2013 Mar 1 [Cited 2021 Mar 6];31. Available from: <https://www.endocrine-abstracts.org/ea/0031/ea0031p262>
7. Empty Sella Syndrome Information Page | National Institute of Neurological Disorders and Stroke [Internet]. [Cited 2021 Mar 6]. Available from: <https://www.ninds.nih.gov/Disorders/All-Disorders/Empty-Sella-Syndrome-Information-Page>
8. Empty Sella Syndrome: Symptoms, Causes, Treatments [Internet]. [Cited 2021 Mar 6]. Available from: <https://www.webmd.com/brain/empty-sella-syndrome-facts>
9. Richard Hughes. *A Manual of Pharmacodynamics*, Sixth edition. B. Jain Publishers (P) Ltd (1).
10. Samuel Hahnemann, *Organon of Medicine* (fifth and sixth edition), M. Bhattacharyya & Co. (P) Ltd (117-8).
11. William Boericke, *Boericke's New Manual of Homoeopathic Material Medical with Repertory*, Ninth edition; B. Jain Publishers, (P) Ltd (430).

How to Cite This Article

Dr. Beena Das TR and Dr. Jaysi C. Empty Sella syndrome managed with homoeopathy: A case report. *International Journal of Homoeopathic Sciences.* 2023; 7(1): 01-04.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.