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## A case study: Mesenteric lymphadenopathy treated by individualized homoeopathic medicine

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### Abstract

Mesenteric lymphadenopathy is an inflammatory condition affecting the lymph nodes whose presentation classically mistaken for acute appendicitis and intussusception. It is most commonly occur in children, adolescence and young adults. The most cause of mesenteric lymphadenopathy is infection especially tuberculous. A 30 year old female having mesenteric lymphadenopathy for 8 month. A complete case history was taken and on the basis of repertorisation and individualization Lachesis in 200 potency was given.

**Keywords:** Mesenteric Lymphadenopathy, Individualization, Repertorisation, Lachesis

### Introduction

Mesenteric lymphadenitis is an inflammatory process frequently caused by viral pathogen mainly adenovirus. Many causes of abdominal pain in children are seen in clinical practice such as gastroenteritis, appendicitis, mesenteric adenitis, constipation. In the first decade of life mesenteric adenitis is more common than acute appendicitis-not a surprising finding in view of the well-known proliferative response of the bodily lymphoid tissue in this period of life <sup>[1]</sup>.

Many causes of abdominal pain in children are seen in clinical practice like gastro-enteritis, appendicitis, mesenteric adenitis, constipation, Meckel's diverticulum, lactose intolerance, inflammatory bowel disease, hepatitis, parasitic infection, gastritis, urological and gynecological diseases <sup>[1]</sup>.

Acute mesenteric lymphadenitis causes right lower quadrant (RLQ) pain as in AA and its etiology may be due to primary (idiopathic) or secondary (infection, malignancy, etc.) reasons <sup>[2]</sup>, 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 leukemia <sup>[3, 4]</sup>. Mesenteric lymph nodes enlargement due to adenoviral infections, Crohn's disease, appendicitis, gastroenteritis, Yersinia infections, AIDS can be presented as incidental finding in asymptomatic children <sup>[5]</sup>. Primary or nonspecific mesenteric lymphadenitis has been usually defined as right-sided lymphadenopathy without an identifiable underlying inflammatory cause, and secondary, when an associated pathology is detected. In these patients, there are no further imaging abnormalities, except for a slight thickening of the terminal ileum wall and caecum in a minority of case <sup>[6, 7]</sup>.

The lymph nodes that become inflamed are in a membrane that attaches the intestine to the abdominal wall. Majority located alongside the terminal ileum and ileocecal junction, and receive lymphatic flow from adjacent intestine and the lymphoid tissue contained within the wall of the terminal ileum (Peyer patches) <sup>[8]</sup>.

### Epidemiology

Mesenteric lymphadenitis typically occurs in children, adolescents, and young adults of both sexes, although males might be slightly more frequently affected than females. Mesenteric Lymphadenitis is likely more common than acute appendicitis in the first decade of life <sup>[9]</sup>.

**Case study**

A 30 yr. old female, poor socioeconomic status, presented with severe abdominal pain and nausea & vomiting diagnosed to be suffering from mesenteric lymphadenopathy visited the OPD. The pain often becomes severe after eating usually at night. On examination there is tenderness over the abdomen (especially umbilical region). Her thermal is hot and with profuse perspiration on chest. She desired for spicy things and had aversion to milk. She can't bear tight clothing around waist but especially neck and having sun sensitivity. She had acute senses. She was very sharp, witty and communicative. Very cheerful and vivacious. She was graduated and wanted to study further but due to financial crisis she dropped out. She had a blind faith on god and worshipped a lot.

**Clinical findings**

**USG**

Few subcentimetric mesenteric lymphnodes largest size of 9x5mm with Left ovary bulky in size 33x16mm Mild fluid in cul-de-sac.

**Past history:** History of bleeding hemorrhoids

**Family history:** Father: Hypertensive and Diabetic

**Case Analysis**

**Physical General**

**Thermal:** Hot

**Aversion:** Milk

**Perspiration:** Profuse, on chest

**Mental General**

1. Witty
2. Communicative
3. Cheerful
4. Vivacious
5. Religious Affections

**Particular**

1. Severe abdominal pain
2. Nausea during Abdominal Pain
3. Vomiting At night
4. Pain severe after eating usually at night.
5. Pain & Tenderness over the abdomen (especially umbilical region).

**Repertorial totality**

S. No.	Chapter	Rubric
1.	Mentals	WITTY
2.	Mentals	COMMUNICATIVE, expansive
3.	Mentals	VIVACIOUSNESS
4.	Mentals	RELIGIOUS affections
5.	Chest	PERSPIRATION Profuse
6.	Generals	FOOD and drinks milk aversion
7.	Abdomen	PAIN General umbilicus region of
8.	Abdomen	PAIN General eating agg. after
9.	Abdomen	PAIN General night
10.	Stomach	Vomiting General night
11.	Stomach	NAUSEA pain, during

**Repertorial Sheet <sup>[10]</sup>**

Rubrics	Source	Lach	Sep	Ars	Merc	Natrm	Sulph	Bell	Calc	Carb-v	Cocc	Con	Ufc	Nux-v
<b>Weighted</b>		18	14	11	11	11	16	11	13	10	10	8	11	10
<b>Rubrics covered</b>		11	9	8	8	8	8	7	7	7	7	7	7	7
<b>Rubric grades</b>		3	3	2	2	2	2	2	2	2	2	2	2	2
WITTY	(M)Mentals	2									1			
COMMUNICATIVE, expansive	(M)Mentals	2									1			
VIVACIOUSNESS	(M)Mentals	3	1	1	1	2	2	2		1	1	1	2	1
RELIGIOUS affections	(M)Mentals	3	3	2	1	1	3	2	2	2		1	2	1
PERSPIRATION profuse	(C)Chest	1	2						1	1	2			
FOOD and drinks milk aversion	(G)Generals	1	2	1	1	1	2	1	2	2		1		1
PAIN General umbilicus region of	(A)Abdomen	1	1	1	1	2	2	2	1	1	1	1	1	2
PAIN General eating agg. after	(A)Abdomen	1	1	2	1	2	2	1		2	2	1	2	2
PAIN General night	(A)Abdomen	1	2	1	3	1	2	2	3	1	1	1	1	1
VOMITING General night	(S)Stomach	2	1	2	2	1	2	1	3		2	2	2	2
NAUSEA pain, during	(S)Stomach	1	1	1	1	1	1		1	1			1	1

**Fig 1:** Showing repertorization of case from Complete Repertory using Cara Professional (Version 1.4)

**Analysis of repertorial result**

S. No.	Medicine	Mark obtain
1.	Lachesis	18/11
2.	Sepia	14/9
3.	Arsenic Album	11/8
4.	Mercurius Solubilis	11/8
5.	Natrum Muriaticum	11/8

**Selection of medicine (With reason)**

After analyzing the symptoms of the case mental, physical & particular symptoms were considered for the make totality. Repertorial analysis using complete repertory from CARA software was done considering the above symptomatology. The first five medicines with covered maximum rubric in the descending order are Lachesis, Sepia, Arsenic Album, Mercurius Solubilis, and Natrum Muriaticum. After going through textbook of materia medica. Chilly medicines are Sepia, Arsenic album, so they are ruled out and Arsenic Album, Mercurius Solubilis, Natrum Muriaticum are not cover strong mental symptom Witty & Communicative & one physical symptom profuse perspiration on chest so they are ruled out. Lachesis covered all rubric with important mental rubric & thermally hot. So Lachesis seemed to be the most suitable remedy in this case and prescribed in the 200 potency on the first visit.

**Prescription**

Date	Symptoms	Prescription
27/12/21	Severe Abdominal Pain with persist nausea and vomiting	<b>Rx.</b> Lachesis 200 1 dose Sac lac 30 x BD x 15 days

**Follow – up**

Date	Symptoms	Prescription
16/1/2022	Pain Relief Nausea Persist Vomiting Relief	Rx. Sac lac 30 x BD x 2 Months
17/3/2022	Condition Improved	Rx. Sac lac 30 x BD x 2 Months
19/5/2022	Condition Improved	Rx. Sac lac 30 x BD x 2 Months
18/7/2022	Condition Improved	Rx. Sac lac 30 x BD x 2 Months
On 5th august case was fully cured by USG report. Medicine stopped.		

**Before & after investigation report**



**Fig 2:** Investigation Report before & after Treatment

**Conclusion**

Generally mesenteric lymphadenopathy is more common in children but in clinical setting of our hospital we encounter many cases in young adults too. In this case we see the effectiveness of homoeopathic medicine on mesenteric lymphadenopathy. By giving Lachesis 200 single dose patient was gradually improved and get cured & bulky ovaries are also improved. If homoeopathic medicine is well selected on the basis of totality and individualisation then there is no need of repetition only single dose act miraculously.

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