

CLINICAL And EXPERIMENTAL HOMEOPATHY

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A case of HYDROCELE

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Abstract:

Hydrocele is an abnormal collection of serous fluid within the tunica vaginalis or some part of processus vaginalis. Treatment in modern medicine is usually surgical, which the patients want to avoid. In homoeopathy, different remedies that are mentioned for hydrocele, but there is deficiency of published case study or a research work with documentary evidence about hydrocele being treated with individualized homoeopathic treatment. This case of 2 ½ years old boy with hydrocele adds on documentary evidence. The case was differentially diagnosed as an incidence of epididymo-orchitis is very common. *Rhux toxicodendron* in fifty millesimal potency was prescribed according to totality of symptoms.

Keywords: Homoeopathy, hydrocele, totality of symptoms

Introduction:

Hydrocele is an abnormal collection of serous fluid within the tunica vaginalis or some part of processus vaginalis.¹ The cause is usually idiopathic and can occur in any age, especially in adults. It is one of the commonest benign growths of the scrotum. Complications can arise after a trauma causing rupture, haematocele, pyocele or rare conditions like atrophy of testis in longstanding cases. The usual treatment in modern medicine is tapping of the hydrocele or inversion and eversion of the sac. The patients urge to get medical treatment rather than undergoing surgical operations, so they turn up to homoeopathy. The homoeopathic literature guides us to many medicines but there is lack of documentation with published cases.

This case report with history, follow-ups and photographs adds documentary evidence to the homoeopathic literature.

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Case:

Chief complaint:

Swelling of right scrotum since 5months

History of presenting illness:

A 2 ½ years old boy was referred to the surgical OPD on 27.7.2010 with swelling of right scrotum since 5 months. The mother complained of swelling of right scrotum, which increased in size gradually. There was mild pain when the swelling started. There was no h/o fever or trauma when it started.

Past history:

Intra-uterine history- Normal

Mode of delivery- Caesarean section (cause not known)

First illness- Pneumonia- 1 ½ years ago

General Physical examination:

- Mental state and consciousness- Conscious and Well oriented with time, place and person
- Built and Nutrition: Average
- Gait- Normal
- Decubitus: Of choice
- Facies- Normal
- Pallor- Absent
- Icterus- Absent
- Cyanosis- Absent
- Oedema- Absent
- Clubbing- Absent
- Pulse- 90/min
- Respiration- 20/min
- Temperature- Normal

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Local examination:

Inspection-

Skin and subcutaneous tissue: Tense, normal rugosity of the skin lost. (Figure 1)

Extent of swelling: Restricted to the scrotum

Impulse on coughing: Negative

Palpation-

Temperature: Normal like surrounding skin

Tenderness: Absent

Extent: Limited to Scrotum

Shape: Ovoid

Surface: Smooth

Margins: Regular

Consistency: Cystic

Get above the swelling- Can get above the swelling

Fluctuation: Positive

Transillumination test: Positive

Reducibility: Absent

Impulse on coughing: Absent

Testis- can be palpated posteriorly

Epididymis- Not palpated

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Spermatic cord- Palpable

Lymph nodes- Not palpable

Left scrotum was normal.(Figure 2)

The photograph as on 27.7.2010



Figure 1

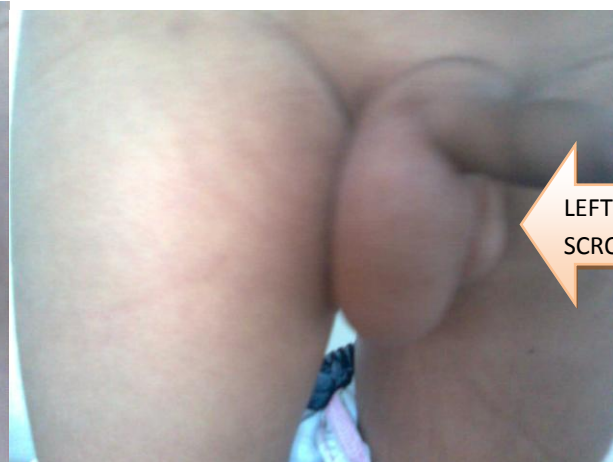


Figure 2

Summary of the case:

A 2 ½ years old boy presented with swelling of right scrotum since 5 months. On examination, there was no tenderness; we can get above the swelling; fluctuation and transillumination test was positive; impulse on coughing and reducibility was negative. Lymph nodes were not palpable.

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Differential diagnosis:

- Vaginal hydrocele
- Epididymo-orchitis
- Haematocele
- Pyocele

Final diagnosis: Right-sided Vaginal hydrocele

Physical generals:

- Appetite-good
- Desire-MILK, chocolate, sweets, fried egg, warm food
- Thirst- 5-6 glasses per day
- Tongue- clean, moist
- Stool- regular, desire to play with water and whenever he does that he has constipation
- Urine-clear
- Sleep-sound but RESTLESS

Mental symptoms:

- Headstrong

Totality of symptoms:

- Right sided scrotal swelling
- Derire MILK, warm food
- Stool constipated when playing with water
- Sleep RESTLESS

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Prescription:

Rhus tox 0/1 thrice daily was started from 29.7.2010

Follow up:

20.8.10 – 70% relief in swelling till around 10.8.2010, then again size increased.

Rhus tox 0/2 thrice daily was given

7.9.2010 – No change

Rhus tox 0/3 twice daily

4.10.2010 – No swelling (Figure 3,4)

The photograph as on 4.10.2010



Figure 3.



Figure 4.

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Discussion:

This case shows that Homoeopathic medicines selected on individualization have resolved the scrotal swelling in around less than three months. Rhustoxicodendron was selected on the basis that the child had a right sided hydrocele, great desire for milk and was very restless during sleep. He also had constipation whenever he used to play with water. Homoeopathic medicines mentioned in the Complete repertory with four marks are Apis, Ars, Graph, Iod, Nux, Puls, Rhod, Rhus, Sil, Sulph. Out of the above, Rhustoxicodendron is the most similar to the case. Restlessness is a strong indication for Rhustoxicodendron. Boger mentions that the patient can't rest in any position.² Restlessness in sleep is prominent in this medicine.³ Desire for milk⁴ and right sidedness is also peculiar to this medicine. Complaints after getting wet is a red strand of this remedy.

Fifty millesimal potency was chosen for frequent repetitions in minutest dose.⁵

Conclusion:

This case with photographic evidence gives a positive evidence of treatment of hydrocele by homoeopathic medicine, Rhustoxicodendron in fifty millesimal potency. Further clinical trials can be taken up to establish the efficacy of Individualized homoeopathic medicines in cases of hydrocele.

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Nil

Conflicts of Interest:

Nil

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