

## EFFICACY OF TREATMENT WITH INDIVIDUALIZED HOMOEOPATHIC MEDICINE IN ENCYSTED HYDROCELE OF A CHILD – A CASE REPORT

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### ABSTRACT

A hydrocele is a collection of fluid in between layers of tunica vaginalis of testes. Hydrocele may develop as primary or secondary and encysted hydrocele of the cord is a variety of primary type. Primary hydrocele in children may resolute spontaneously before 2 years of age. If any child is diagnosed to have hydrocele the physician or surgeon waits until 2 years of age (provided no complication arises) and then surgery is carried out. A child came for homoeopathic treatment when the physician and surgeon of modern medicine advised the patient to undergo surgical intervention. The child had already completed 2 years of age and his parents were not willing to undergo surgery. The case was taken for treatment explaining all the possible outcome. The individualized homoeopathic treatment (*Natrum muriaticum*) was given and the case was resolved within 6 months of treatment. The outcome of this case may be used as foundation for future studies of homoeopathic medicine in the treatment of hydrocele.

**KEYWORDS:** Primary hydrocele, inguinoscrotal swelling, encysted hydrocele, individualized homeopathic medicine.

### INTRODUCTION

A hydrocele is an abnormal collection of serous fluid between the two layers of tunica vaginalis of testis.<sup>[1]</sup> Normally the proximal portion of processus vaginalis gets obliterated and distal portion persists as tunica vaginalis. The tunica vaginalis is a potent portion for

accumulation of fluid provided it remains patent and communicates with the peritoneal cavity and develops congenital hydrocele.<sup>[2]</sup> Hydrocele may be of two different types – primary & secondary. Depending upon the site of the obliteration of processus vaginalis, the primary hydrocele is of four different varieties - 1. *Congenital Hydrocele*: here the processus vaginalis is patent and communicates with the peritoneal cavity 2. *Infantile Hydrocele*: here the processus vaginalis gets obliterated at the level of the deep inguinal ring & distal part remains patent and allows fluid accumulation. 3. *Encysted Hydrocele of the Cord*: here the central part of processus vaginalis remains patent and fluid accumulate here while the proximal and distal part gets obliterated. 4. *Vaginal hydrocele*: Processus vaginalis around the testes remains patent and as fluid accumulates, the testes become impalpable. Secondary Hydrocele results from some underlying condition, like infection (filariasis, tuberculosis of the epididymis, syphilis etc.), injury (trauma, post-herniorrhaphy hydrocele), or malignancy. This type of hydrocele tends to be small, except when results from filariasis. The mechanism responsible for development of hydrocele are patency of the processus vaginalis or defective absorption of fluid or excessive production of fluid (secondary hydrocele) or interference of lymphatic drainage as in filariasis. In adults, filariasis is globally the main cause of hydrocele<sup>[3]</sup> but in the United States, iatrogenic causes predominate (either trauma or post-herniorrhaphy complications).<sup>[4]</sup> A study carried out in a Nigeria hospital between 2002 and 2006 among the male neonates undergoing circumcision, for presence of hydrocele. A total of 2715 neonates were circumcised and 128 were found to have hydrocele (4.7%), of which 0.9% failed to resolve at the age of 2 years.<sup>[5]</sup> Processus vaginalis is found to be patent in 80-90% term male infants which declines to around 25-40% at 2 years of age. Autopsy data indicates that in 20% cases the processus vaginalis may remain patent until adult life. Breech presentation, low birth weight, and gestational progestin use have been found to be related with development of hydrocele.<sup>[6]</sup> The epidemiological prevalence is hard to obtain due to underreporting by many parents and children. Scrotal fluid collection is present in 60% to 80% of males at birth but declines to under 0.8% over 2 years of age. Demographic or racial differences are not so marked.<sup>[7]</sup> Clinically encysted Hydrocele presents as smooth, soft oval, fluctuant, irreducible, transilluminant swelling, having no impulse on coughing and is separate from testes but associated with spermatic cord at inguinal or inguinoscrotal or scrotal region. The swelling becomes less mobile on gentle traction to testis (Traction test).<sup>[8,9,10]</sup> Apart from clinical features, some investigations are necessary to confirm the diagnosis and evaluation. Imaging techniques like ultrasonography is of immense help.<sup>[11]</sup> Doppler evaluation with Ultrasonography<sup>[12]</sup>, M.R.I and plain abdominal radiography are also helpful.

During imaging, the other inguinoscrotal swellings for differential diagnosis are excluded, like inguinal hernia, testicular tumour, epididymitis, orchitis etc. Incarcerated inguinal hernia may mimic hydrocele but negative transillumination test, palpable bowel at the deep ring on digital examination and leucocytosis makes confirmation for incarcerated inguinal hernia. Malignant teratoma or other germ cell tumours can be differentiated by elevated serum alpha-fetoprotein and human chorionic gonadotrophin (hCG) levels. In cases of epididymitis or orchitis (causes secondary or reactive hydrocele) urinalysis and urine culture are helpful. Differential diagnoses of hydrocele include inguinal hernia, epididymal cyst, spermatocele, testicular tumor, scrotal edema, varicocele etc. Hydrocele may resolve spontaneously by 2 years of age. Most of the surgery are carried out after 2 years of age. Surgery is the treatment of choice for hydrocele., and it is warranted when hydrocele becomes complicated or symptomatic. For congenital hydroceles, herniotomy is performed, provided they do not resolve spontaneously. Two common surgical procedures are plication (mainly for thin-walled hydrocele) and excision & eversion<sup>[13]</sup> (for large & thick-walled hydrocele). Aspiration of fluid<sup>[14]</sup> can be performed but recurrences and infection may follow. Aspiration followed by injection of some sclerosant is effective but painful.<sup>[15]</sup> Some complications may develop following surgery like infection, pyocele, reactionary haemorrhage, sinus formation, atrophy of testicles, infertility<sup>[16]</sup>, rupture<sup>[17,18]</sup>, hernia of the hydrocele etc. So, prognosis of congenital hydrocele is much better and that of adult hydrocele depend upon the underlying causes.<sup>[6]</sup>

Homoeopathic literatures, Materia medica in particular, have repeated mentions of medicines, claimed to be of use in treating Hydroceles. Repertories have repeatedly suggested medicines like *Rhododendron*<sup>[19,20,21,22,23,24]</sup>, *Graphites*<sup>[19,20,21,22,23,24]</sup>, *Pulsatilla nigricans*<sup>[19,20,21,22,23,24]</sup>, *Silicea*<sup>[19,20,22,24]</sup>, *Sulphur*<sup>[19,20,21,22,23]</sup>, *Apis mellifica*<sup>[19,20,21,22,24]</sup>, *Fluoric Acid*<sup>[19,20,21,22,23]</sup>, *Iodum*<sup>[19,20,21,22,24]</sup>, *Digitalis*<sup>[19,20,21,22,23,24]</sup>, *Aurum metallicum*<sup>[19,20,21,22,23]</sup>. However, to best of my knowledge, hardly any cases of encysted hydrocele treated with homoeopathy have been reported and published till date.

## THE CASE DETAILS

**Present complaint** – A male child aged about 2 year (2 yr. 01 month) came to me on 21<sup>st</sup>. September'23, with the complain of painless scrotal swelling for more than one year.

**History of present complaints** – The parents had noticed the swelling one year back and then the size was smaller (nearly  $\frac{1}{2}$  of the present size). It was gradually increased to attain the present size. The child never complained of pain.



**Figure 1: Left sided hydrocele.**

Initially he had visited to a doctor of modern medicine at Institute of Child Health, Kolkata, and they after examining the child advised for the ultrasonography of the scrotum. The parents obliged and an USG of the scrotum was done in January'23. The sonologist confirmed it as left sided hydrocele with a depth of the hydrocele as 17 mm. Then, visited the doctor second time with the USG report. The doctor asked the parents to admit the child for surgical intervention. The parents were very anxious and were not ready to go for a surgical intervention at that tender age. Thereafter they went to some private practitioners of modern medicine but all of them advised the parents for surgery. They came to me with their child on 21.09.23 and explained the previous incidents and expressed that they were not willing to have surgery of hydrocele and wanted their child to have the conservative treatment. I didn't give any guarantee of cure on ethical grounds but assured them of doing my best for the benevolence of the child.

**Past history** - There were no such remarkable past history. Only occasionally he suffered from colds and catarrh and was treated by modern medicine.

**Family history** – Paternal and maternal sides have no significant medical or surgical history. Mother only suffers from acidity now & then.

**Personal history** – he has taken the scheduled vaccination till date. Now he is not taking any medicine regularly. His milestones (sitting, standing, teething, speech etc.) have no abnormalities.

**Mind and disposition** –The child is gentle, shy and timid; clings to the parents. He is jolly and friendly while sitting on his mother's lap. Emotionally he is very sensitive to scolding which results in easy tears (weeping). Little annoyance makes him to weep. Any attempt to comfort him or console him aggravates the condition. Fear of darkness was very marked.

**Physical generals**

The child is lean thin, light hair

Appetite is good.

Desires fish very much. No specific aversion or intolerance to any kind of food.

Thirst – no desire for water. Parents compel the child to have water. Thirstlessness prevails.

Stool – more or less regular, occasionally hard stools.

Urine – No complaints.

Perspiration – scanty. Moderately sweats in hot summer weather.

Sleep – playful at the time of sleep at night.

Thermal reaction – hot patient; prefers cold weather, fanning, open air.

**General tendencies** – takes cold easily; takes cold when chilling in a hot spell of weather, e.g., entering chilled air-conditioned room from warm or hot atmosphere.

**General survey**

Body weight – 12.5 Kg.

On clinical examination – no anaemia / cyanosis / jaundice / oedema was found.

Neck veins – not engorged. Neck glands, tonsils – not palpably enlarged.

Abdomen- no abnormality on inspection, palpation, percussion and auscultation.

Cardiovascular system – Pulse rate – 88 / min, regular. S1, S2 clearly audible. No murmur.

Respiratory system – Respiratory rate was 20 / min. O/E – chest – no adventitious sounds.

Inguino-scrotal region – inguinal region – N/A

A swelling on the left side of scrotum. Feel is cystic. Non tender.

Get above the swelling – present.

Transillumination test – positive.

Fluctuation test- present. Testes cannot be felt separately.

Right side of scrotum – testes can be felt. No swelling.

**U.S.G report** (28.01.2023) – *Left sided hydrocele.*

Both testes are normal in size; Right testes measures – 0.7 cm. x 1 cm; Left testes measures – 0.9 cm x 0.9 cm.; Both epididymis are normal; No SOL; No varicocele; Vascularity – normal; Left sided hydrocele having a depth of 17 mm.

**Diagnosis** – Left sided hydrocele (both clinically and sonographically).

**ICD 11** - GB00.Z (Hydrocele, unspecified)

### **CASE ANALYSIS**

as the mental symptoms and physical generals are prominent, the symptoms have been categorized following Kent's philosophy. The characteristic mental generals, characteristic physical generals and particulars have been evaluated.

#### **Mental generals**

Fear of darkness; Timidity; Jovial; Weeping disposition;

Weeping disposition aggravated from consolation, attempts to comfort him.

#### **Physical generals**

Desires fish; Thirstlessness; General tendency – tendency to take cold;

General modalities – Amelioration from open air

#### **Particulars**

Hydrocele

### **SELECTION OF THE REPERTORY**

Kent's repertory was selected as there are characteristic mental generals and physical generals (already mentioned in analysis of the case).

### **CONVERSION OF SYMPTOMS INTO RUBRICS (KENT'S REPERTORY)**

Mind, Fear dark

Mind, Timidity

Mind, Cheerful, gay, happy

Weeping tearful mood, etc:

Weeping tearful mood, etc: Consolation agg.:

Stomach, Desires fish

Stomach, Thirstlessness

Generalities, cold tendency to take

Generalities, Air Open: amel:

Genitalia male, Hydrocele

Genitalia male, Hydrocele Boys, of:

**Repertorial result** – Pulsatilla – 21/8, Natrum muriaticum 19/9, Sulphur 18/9, Lycopodium 18/8, Sepia 17/7, Phosphorous 16/9 etc.

**Repertorial analysis** – Total rubrics selected was 11; Pulsatilla tops the list covering 8 rubrics, followed by Natrum muriaticum covering 9 rubrics. Sulphur and Lycopodium were close competitor covering 9 and 8 rubrics respectively. Analysis shows that Natrum muriaticum covers 4 mental rubrics (out of 5) scoring 9 while Pulsatilla covers 3 rubrics (out of 5) scoring 7. Among the physical generals Natrum muriaticum scored 8 (covering 4) while Pulsatilla scored 8 (covering 3 rubrics). So altogether Natrum muriaticum covers more number of mental and physical general rubrics than Pulsatilla and also scored higher.

### FINAL SELECTION OF MEDICINE

Apart from the repertorial analysis, the mental symptoms, hot patient, susceptible to cold, strong desire for fish also favours the selection Natrum muriaticum. So, corroborating with the case analysis the final selection was Natrum muriaticum.

### PRESCRIPTIONS

21. 09. 23 - Rx, 1. Natrum muriaticum 200 / 2 doses in 15ml DW. OD for 2 days.

2. Phytum 30 in globules number 40; 2 globules BD for 2 weeks.

Advices were – 1. To avoid injury to the scrotum; Not to palpate or compress manually. To contact if any new development or any aggravation of symptoms.

2. Blood for TC, DC, ESR, Hb%, CRP, Urine for M/E.

### Follow up

07. 10. 23 – No obvious changes. No pain. Swelling same as before. Appetite, thirst, stool, sleep etc. were same as before.

Rx,

1. Phytum 1M, 2 doses in 15 ml DW, OD for 2 days

2. Nihilinum 30 in globules number 40; 2 globules BD for 2 weeks.



25.10.23 – the father stated that the swelling appears to soften a little bit. Size of the swelling was same as before. Thirst is increased a little. O/E, the swelling is softened than before, the tenseness of the swelling is little bit less. Other generalities were unaltered. Vitals were normal.

Rx,

Phytum 1M, 14 doses in 15 ml DW, OD for 14 days

10.11.23 – The softening was continued for 4-5 days after last medication, then comes to a standstill. Others same as before. Generalities same as before. No new symptoms. The parents confessed that due to some financial problem they failed to do the laboratory investigations. As the swelling was painless and no new symptoms were developed, I didn't ask for the investigations anymore.

Rx,

1. Natrum Mur 1M / 1 dose in 10 ml DW.

2. Rubrum 30 in globule number 40. Three globules once daily for 4 weeks.

Adv. – To report if any new symptoms or aggravation of the existing symptoms.

15.12.23 - The size is reduced considerably. Swelling is softened much than before. No pain. The child is jovial, happy and playful. The weeping disposition is less than before. Timidity is reduced. Thirst is increased and now wants to drink water of his own. Stool is regular and satisfactory. Appetite, urine, sleep etc are normal. Vitals are within normal limits.

Rx

1. Phytum 1M, 28 doses in DW. To be taken once daily in empty stomach for 4 weeks.

25.01.24 - The size of the hydrocele was further reduced. On clinical examination it was much smaller and softer. Thirst much increased. Weeping disposition much reduced. The parents reported that tendency to take cold is also reduced remarkably. Appetite, stools, urine, sleep were normal. No new symptoms. As amelioration was going on, I didn't disturb the case by any repetition.

Rx

1. Natrum mur. 10M / 0, one dose in DW. To be taken in empty stomach.

2. Rubrum 200, in globules number 40. Three globules, once daily for 4 weeks.

04.03.24 - The patient had no complaint. On examination the scrotal sac looks normal. No evidence of swelling was palpated. Both testes are palpable and no abnormality was detected.



Weeping disposition much less than before. The case appeared to be cured. For confirmation patient was advised to have a USG of the scrotal sac and to visit with the report on next visit.

Rx

1. Phytum 10M / 0, one dose in DW. To be taken in empty stomach for 4 weeks.

Adv. – USG of the scrotal sac

17.04.24 - Patient was better. No complaint at all. O/E, no swelling was palpated. But the parents regretted for not being able to have the USG due to some financial issues. I re-advised them for the USG of the scrotal sac so that no trace of the hydrocele is left behind and medicine can be given accordingly.

Rx

Phytum 10M / 0, 42 doses in sac lac. To be taken in empty stomach once daily for 6 weeks.

11.07.24 - The patient had no trace of hydrocele. There were no complaints from the parents as well. O/E, scrotal sac was normal, testes were palpably normal.

The **USG** report was completely normal (appendix -2). No evidence of any hydrocele. Since March '24, no hydrocele was evident clinically. The patient was declared cured.

Rx

1. Phytum 1000, in globules number40. Three globules, once daily for 4 weeks.

Adv. To report immediately if any symptoms develop. Otherwise, no need to come for the treatment of hydrocele.



21.09.2023



15.12.2023



04.03.2024



17.04.2024

Fig.-2 Pictures taken at different follow up visits

Almost within 6 months the hydrocele was cured (clinically). As the patient was unable to have the USG done due to some personal problem, the case was declared as 'cure' medically only after having the USG report with clinical corroboration.

## DISCUSSION

Encysted hydrocele is a variety of primary hydrocele where the serous fluid collects between the two layers of tunica vaginalis of testes. The central part remains patent but the either ends (proximal & distal) gets obliterated. Clinically it was provisionally diagnosed as hydrocele and the ultrasonography made the confirmed diagnosis of encysted hydrocele. The age of the child was of 2 years 1 month at the time of visit and the physicians and surgeon of modern medicine advised for surgical intervention. As the parents of the child were not interested for surgery at that tender age, they resorted to homoeopathy. Hydrocele has the chance of spontaneous resolution by 2 years of age and surgery, if required, is carried out after 2 years of age. The patient came to me after completion of 2 years and I took the case and started his treatment. The case was managed by individualized homeopathic medicine. Here, totality of symptoms was the sole guide in the selection of the medicine. The Kent's repertory was used as the patient had prominent mental and physical general symptoms. Selection of the remedy was done following repertorization and analysis of the result in comparison with the totality of the symptoms. The case was resolved within 6 months with clinical corroboration. Due to some personal issues the parents were unable to do the ultrasonography as advised but they did it on a later date. Then the clinical findings are corroborated with the ultrasonography. The Ultrasonography report done on 10.07.2024 showed there is no existence of any hydrocele. As there are no such case reports published so far regarding treatment of hydrocele by homoeopathic medicine, this case report opens up a new aspect that hydrocele can also be treated by homoeopathy. More such clinical studies are required for further confirmation of the efficacy of individualized homoeopathic treatment in hydrocele.

## CONCLUSION

Homoeopathy has its foundation in individualized treatment and homoeopathy has no specific remedy for the nosological name of the diseases except the remedy chosen on the basis of totality of symptoms. In the above case the selection of remedy done on the basis totality of symptoms and the encysted hydrocele showed the desired result. Although Natrum muriaticum was the remedy in the aforesaid case, it should never be taken as granted that the same medicine will be effective in all the cases of hydrocele. Individualized homoeopathic

medicine is the medicine of choice in each and every case of hydrocele. This case can be taken as a pilot study as no such cured case reports are available to the best of my knowledge. Possible complications of the surgical treatment can be avoided in homoeopathic mode of treatment in hydrocele. Even the treatment with conventional individualized homoeopathic medicine itself has no side effects. Though the case report is of a child, individualized homoeopathic treatment can be tried for adult hydrocele as well. Several case reports with positive outcome will generate data for future studies and the homoeopathic fraternity will be able to treat the cases of hydrocele with confidence.


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## Appendix -1

 **Institute of Child Health**  
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**ULTRASONOGRAPHY OF INGUINO- SCROTAL REGION**

Name	:		Age : 17months,	Sex : Male
Regd No	:		Date : January 28, 2023	

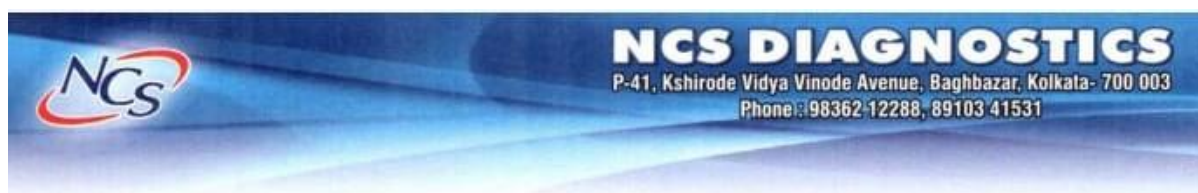
Both testes are normal in size and seen in scrotal sac.  
Right testis measures 0.7 cm. x 1.0 cm.  
Left testis measures 0.9 cm. x 0.9 cm.  
Vascularity is normal.  
No SOL seen.  
Both epididymids are normal.  
No varicocele seen  
Left sided hydrocele noted, depth 17 mm.  
**IMPRESSION** : \* Left sided hydrocele.

*Sudeshna*

Dr. S. Dasgupta  
MD, (Radiology).

Dr, Sudeshna Malakar  
MD, DNB, Radiodiagnosis.  
FRCR ( UK ).

## Appendix -2



NAME	[REDACTED]	AGE / SEX	2 Y 10 M/MALE
REF. BY	DR. ARIJIT PAL CHOUDHURY	DATE	10/07/2024
REPORT OF	USG OF SCROTUM	USG NO.	

## REPORT

Realtime Ultrasonography of scrotum has been performed.

Both the testes are normal in size, position and shows homogeneous echogenicity. There is no evidence of any focal abnormality of the testes.


The right testis measures 1.8 x 1.4 x 1.0 cms.


The left testis measures 1.3 x 1.4 x 0.9 cms.

Head of both epididymis is normal in size and echo-configuration.

Both inguinal region appears normal.

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10/07/24  
DR. NAVEEN B.  
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