

EXPLORING THE IMPACT OF INDIVIDUALIZED HOMEOPATHIC APPROACH IN TREATING MESENTERIC LYMPHADENOPATHY: A CASE STUDY

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ABSTRACT

This case study examines the efficacy of an individualized homeopathic approach in treating mesenteric lymphadenopathy, an inflammation and swelling of the lymph nodes in the mesentery that can lead to abdominal pain and digestive disturbances. The subject of this case, diagnosed with mesenteric lymphadenopathy, presented with symptoms of abdominal discomfort, fever, and fatigue. Through careful case analysis, a tailored homeopathic remedy was selected based on the patient's unique symptom profile, medical history, and constitutional characteristics. Over a treatment period, the patient demonstrated significant improvement in both symptom severity and frequency, along with enhanced overall well-being. Follow-up assessments through clinical and diagnostic measures showed a marked reduction in lymph node swelling. This study suggests that an individualized homeopathic regimen may offer a promising complementary approach for managing mesenteric lymphadenopathy,

though further research and controlled studies are recommended to substantiate these findings.

2- KEYWORDS: Mesenteric lymphadenopathy, Case study, Lymph node inflammation, abdominal pain, Constitutional prescribing, Holistic approach, Symptom-based treatment.

3- INTRODUCTION

Mesenteric lymph node enlargement has been associated with infections of the gastrointestinal or upper respiratory tract caused by various viral, bacterial, mycobacterial, and parasitic organisms. Enlarged mesenteric lymph nodes are nonspecific findings often observed in conjunction with a variety of medical and surgical conditions in pediatric patients experiencing abdominal pain. Incidentally, enlarged mesenteric lymph nodes (MLN) are occasionally detected, especially when an ultrasound (USG) is performed. They are also associated with several pathological conditions, including Crohn's disease, appendicitis, gastroenteritis, *Yersinia* infection, cat scratch disease, and AIDS. However, the prevalence and significance of such enlarged MLN have rarely been assessed.

In clinical practice, many causes of abdominal pain in children are commonly observed, such as gastroenteritis, appendicitis, mesenteric adenitis, constipation, Meckel's diverticulum, lactose intolerance, inflammatory bowel disease, hepatitis, parasitic infections, gastritis, and urological and gynecological diseases. Acute mesenteric lymphadenitis causes right lower quadrant (RLQ) pain similar to acute appendicitis, and its etiology may be primary (idiopathic) or secondary to factors such as infections or malignancy. Infections causing this condition include viral agents (e.g., herpes simplex, rubella, measles, HIV, CMV, EBV) and bacterial pathogens (e.g., streptococci, staphylococci, tuberculosis, primary and secondary syphilis). Immunologic diseases, such as rheumatoid arthritis, juvenile rheumatoid arthritis, and systemic lupus erythematosus, and malignant conditions, including Hodgkin's disease, non-Hodgkin's lymphoma, and acute or chronic lymphocytic leukemia, are also implicated. Mesenteric lymph node enlargement due to adenoviral infections, Crohn's disease, appendicitis, gastroenteritis, *Yersinia* infections, and AIDS can be observed as an incidental finding in asymptomatic children.

Primary or nonspecific mesenteric lymphadenitis is typically defined as right-sided lymphadenopathy without an identifiable underlying inflammatory cause, while it is considered secondary when an associated pathology is detected. In such patients, there are generally no additional imaging abnormalities, except for a slight thickening of the terminal ileum wall and cecum in a minority of cases.

4- 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.

5- CASE STUDY

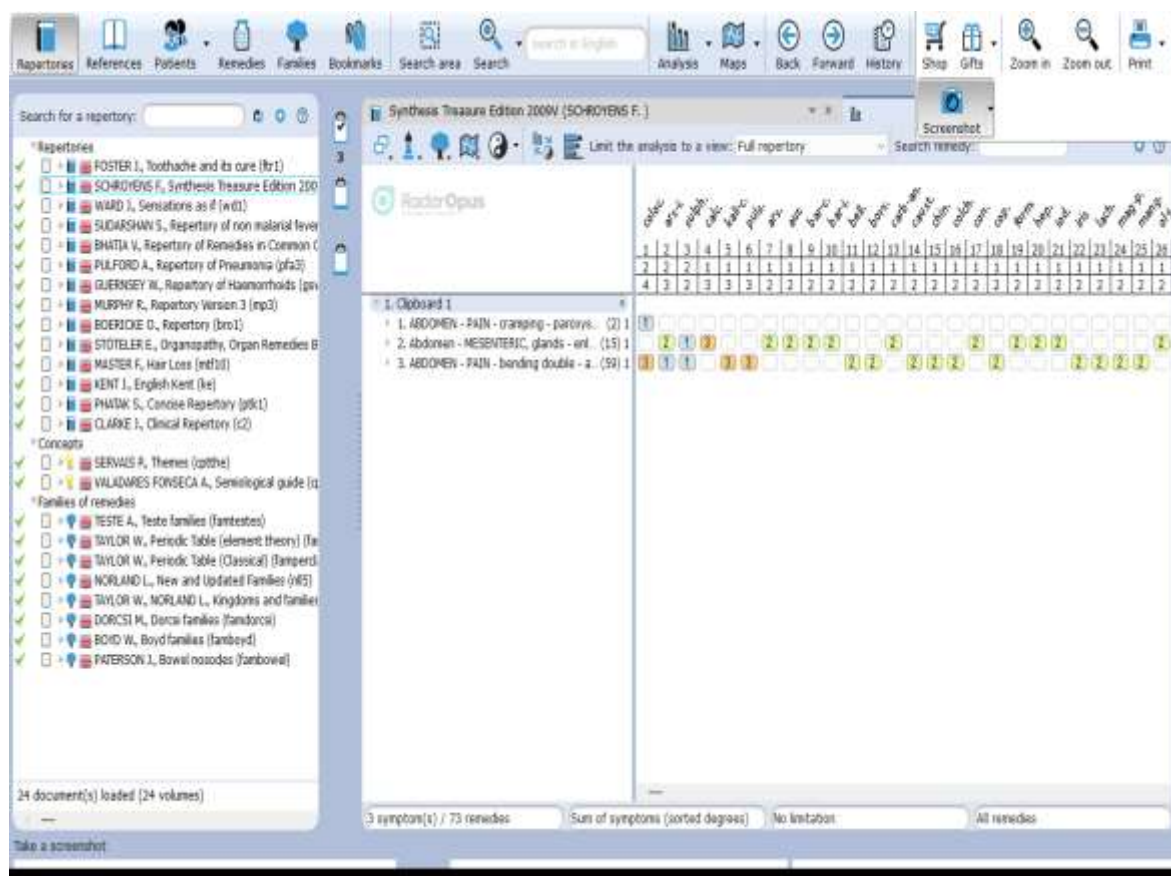
CASE NO.1

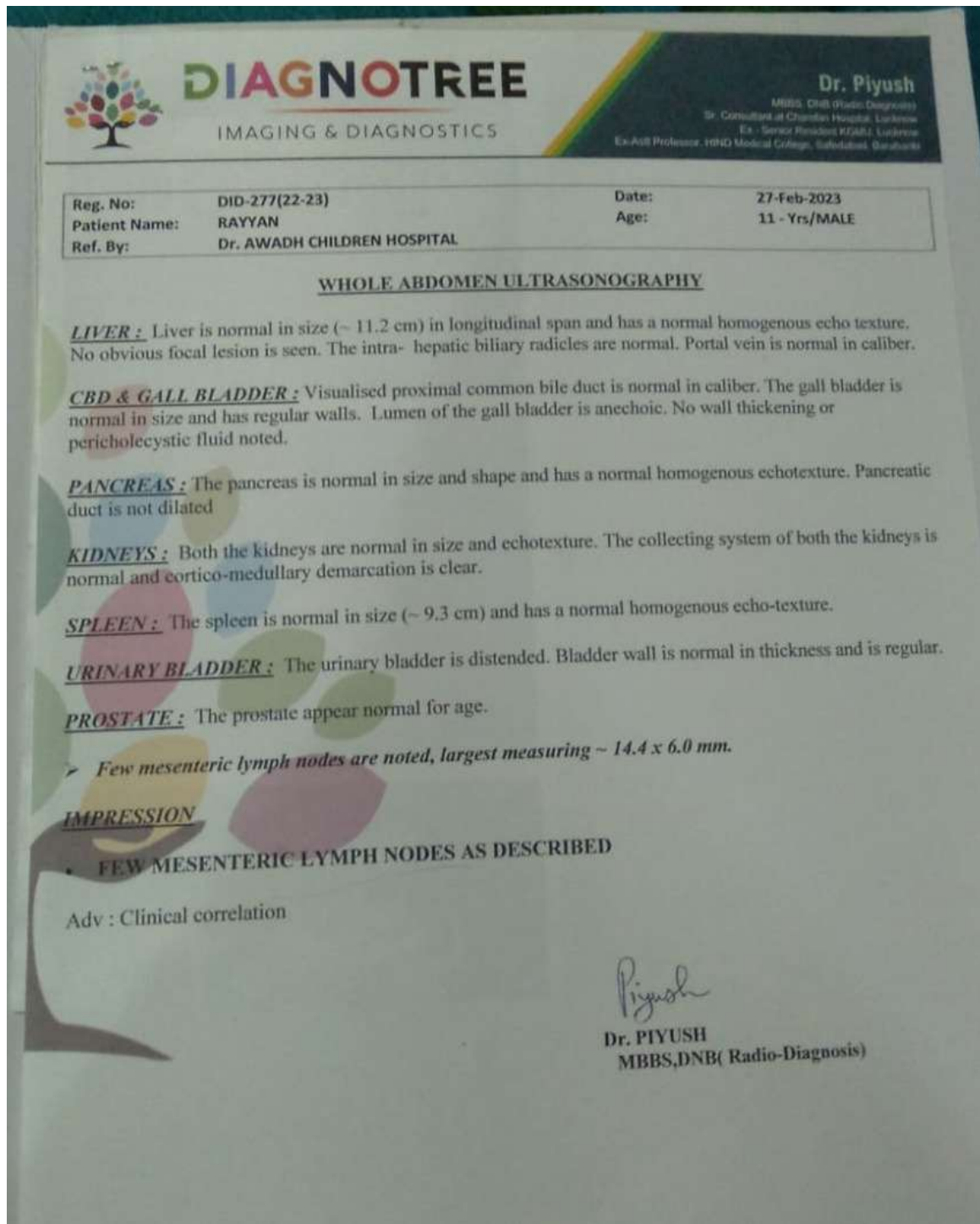
- **Patient Information-**. Name- Rayan Age- 11 year male
- **History of Present Complaints-** A young boy Rayan age 11yrs. came to my clinic on 26 April 2023 with recurrent abdominal colic which was worse by eating, nausea sensation, and restlessness since 2 month. Also complained of weight loss with weakness, On observation lean, thin emaciated
- **Past History-** Tuberculosis
- **Family History- Father-**Normal,
Mother-Normal

- **Vital Sign- Temperature-** Normal
Pulse- 70/min.
Respiratory rate- 14/min

- **Appearance- Weight-** 30kg.
Built-Lean
- **Physical General**
 - **Appetite-**Normal
 - **Thirst-**Normal
 - **Desire-**Salty things
 - **Aversion-**sour, acidic
 - **Stool-**Constipated bowel
 - **Urine-**Profuse
 - **Perspiration-** on exertion,
 - **Sleep-** Normal
 - **Dreams-** Normal
 - **Thermal-**Hot
- **Systemic Examination**
 - **Head-** NAD
 - **Eye-**NAD

- ENT-NAD
- Teeth/Gums-NAD
- GIT- Recurrent colic abdomen, worse by eating and better by bending double.
- Respiratory-NAD
- Urinary-NAD
- Extremities- NAD
- Totality of Symptom's
 - Abdomen Pain cramping - Paroxysmal
 - Abdomen- Mesenteric glands- enlarged
 - Abdomen-Pain- bending double - amelioration





PRESCRIPTION: - 26 April 2023

Rx,

Colocynth 200/ 2 doses

SLx 30 for 3 days

FOLLOW UP

Date	Symptoms	Remedy
1 May 2023	Colic relief but patients history of tuberculosis	Rx Ars. Iod.- 30 SL x 30 TDS for 1 month.
1 June 2023	Improvement Stand Still	Ars. Iod – 200 (2 Doses) SL x 30 TDS for 1 month.
1 July 2023	Appetite -normal Weight- increase, Feel -better	Ars. Iod – 200 (2 Doses) SL x 30 TDS for 1 month. Advised Ultrasound Abdomen
10 Nov.2023	Patient reports were normal	

Reg No.: HMEE-2227257
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Name: Mast. RAYAN Age/sex: 11Years /M
 Ref by: SELF Date: 10.11.2023

ULTRA SOUND OF WHOLE ABDOMEN

LIVER: Liver is normal in size and shape. Echotexture is homogeneous. Margins are smooth and regular. No focal mass is seen. No intra hepatic biliary radical dilatation is seen. Portal vein is normal in dimension.

GALL BLADDER: Gall bladder is well distended. Walls are normal in thickness. Lumen is echo free. No focal mass or calculus seen.

CBD: CBD is normal in calibre. Lumen is echo free.

PANCREAS: Pancreas is normal in size. Echotexture is normal. No pancreatic duct dilatation is seen. No focal mass lesion seen.

SPLEEN: Spleen is normal in size. Echotexture is normal. No focal mass lesion seen.

RIGHT KIDNEY: Right kidney is normal in size, shape, position and echogenicity. Margins are smooth and regular. Pelvicalyceal system not dilated. Corticomedullary differentiation is well maintained. No mass or calculus seen. Right ureter is not dilated.

LEFT KIDNEY: Left kidney is normal in size, shape, position and echogenicity. Margins are smooth and regular. Pelvicalyceal system not dilated. Corticomedullary differentiation is well maintained. No mass or calculus seen. Left ureter is not dilated.

URINARY BLADDER: Urinary bladder is well distended. Walls are normal in thickness. No evidence of any focal mass is seen. No calculus seen.

PROSTATE: Prostate is normal in size and shape. Margins are smooth. No calcifications are seen. No focal mass is seen.

IMPRESSION: DISTENDED BOWEL LOOP SEEN.

Kindly correlate clinically.

DR. SATYA PRAKASH
 (MBBS, DMRE)
 Reg No. (18051, 3358)
 Consultant Radiologist

*Please intimate us for any typing mistakes and sent the report for correction within 7 days.
 *Ultrasound is not the modality of choice to rule out subtle bowel lesions.

अल्ट्रासाउण्ड
 २डी, ईको, डी.वी.एच.
 सुविधा उपलब्ध है।

24 घण्टे x 7 दिन सेवा उपलब्ध है।
 If Clinical Correction is Not Established Kindly Repeat The Test At No Additional Cost

पता : बाबा बाफानी काम्पलेक्स, प्रथम तल, निकट महिला अस्पताल व बाबा पेट्रोल पम्प,
 नाका सतरिख, अयोध्या रोड, (फैजाबाद रोड) बाराबंकी-225001

NOT VALID FOR MEDICO LEGAL PURPOSE

CASE NO- 2

- **Patient Information-**. Name- Shifa Fatima Age- 6 years female
- **History of Present Complaints-** Came to the clinic on 10-10-2022 complaining of paroxysmal colic in abdomen which was worse by eating, lying and better by backward bending since 2 months.
She also complains of constipation & muscle fatigue.
- **Family History** -Patient had a family History of thyroid problem, her mother was Suffering from Hypothyroidism
- **Vital Sign- Temperature-** Normal

Pulse- 70/min.

Respiratory rate- 15/min

- **Appearance- Weight-** 27kg.

Built- normal

- **Physical General**

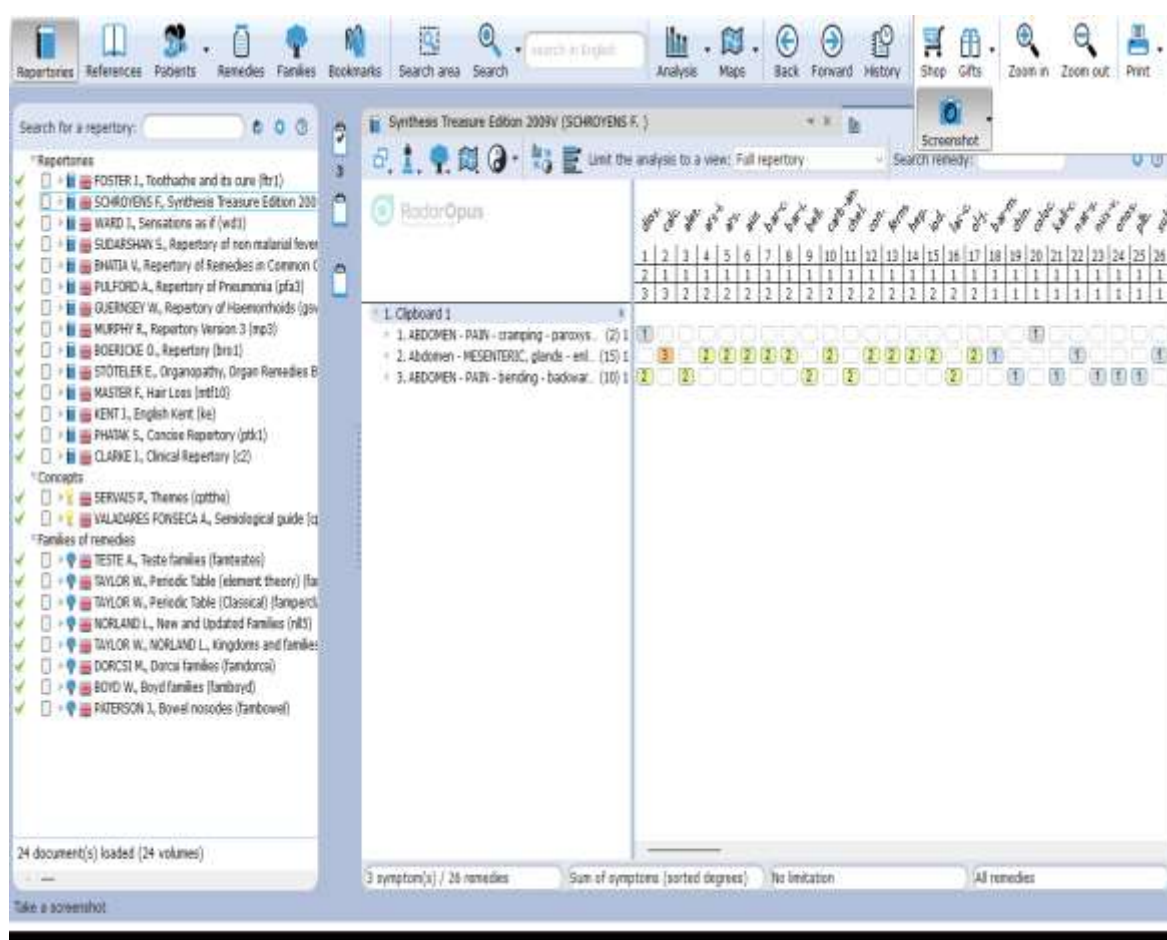
- **Appetite-**Normal
- **Thirst-**Increase
- **Desire-** Eggs
- **Aversion-**sour, acidic
- **Stool-** Normal
- **Urine-** Normal
- **Perspiration-** Excessive
- **Sleep-** Normal
- **Dreams-** Normal
- **Thermal-** Chilly

- **Systemic Examination**

- **Head-** NAD
- **Eye-**NAD
- **ENT-**NAD
- **Teeth/Gums-**NAD

- **GIT-** Recurrent colic abdomen which was worse by eating, lying and better by backward bending

- **Respiratory-NAD**
- **Urinary-NAD**
- **Extremities- NAD**
- **Totality of Symptom's**
 - Abdomen-Pain- cramping- Paroxysmal
 - Abdomen- Mesenteric, glands- enlarged
 - Abdomen- Pain- bending- backward amelioration



PRESCRIPTION: - 10-10-2022

Rx,

Dioscorea 200/ 2 doses

SL x 30- for 3 days

FOLLOW UP

Date	Symptoms	Remedy
15-10-2022	Colic relief but no relief in constipation & fatigue etc	Rx Calcarea Carb- 30 SL x 30 TDS for 1 month.
17-11-2022	She has a mild relief in her bowel Lethargy and fatigue was relieved considerably.	Calcarea Carb – 200 (2 Doses) SL x 30 TDS for 1 month.
18-12-2022	The subsequent follow up showed further improvement in her symptoms	Calcarea Carb – 1M (2 Doses) SL x 30 TDS for 2 month.
12-2-2023	Patient was much better. The patient has her good appetite with regular bowel movements with no pain.	SL x 30 TDS for 2 month. Advised Ultrasound Abdomen

Mughal Darbar Campus
Near Nagar Palika, Barabanki
Ph.: 9120982070
E-Mail : diagnosticcity@gmail.com

CDC City Diagnostic Centre
A Unit of Lucknow Health Care Services (P. LTD.)

Reg. No: CDC-15347/22-23	Date: 08/08/2022
Patient Name: SHIFA FATIMA	Age: 4.5 YRS/ F
Ref. By: DR MUSHTAQ AHMAD BUMS	

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER The liver is normal in size (9.3 cm) in longitudinal span and has a normal homogenous echo texture. No focal lesion is seen. The intra hepatic biliary radicles are normal.

GALL BLADDER Adequately distended with smooth regular wall. No obvious calculus or SOL.

CBD Normal Calibre.

PORTAL SYSTEM Portal channels are normal. No mass/SOL at Porta hepatis. Portal vein is not dilated.

PANCREAS The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

GREAT VESSELS Great vessels are normal.

KIDNEYS **Right kidney** is normal in shape, size and position. Renal outlines are smooth with normal reflectivity & preserved cortico-medullary demarcation. Collecting system is not dilated. No calculus or cyst noted.
Left kidney is normal in shape, size and position. Renal outlines are smooth with normal reflectivity & preserved cortico-medullary demarcation. Collecting system is not dilated. No calculus or cyst noted.

SPLEEN The spleen is normal in size (6.8 cm) and has a normal homogenous echo-texture.

URINARY BLADDER The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus or SOL present.

UTERUS & CERVIX The uterus is normal for age.

Subcentimeter mesenteric lymph node noted measuring size 13.1 x 8.9 mm. **

FINAL IMPRESSION :- MESENTERIC LYMPHADENITIS.


ADVISE : Please correlate clinically .

Reported By
Dr RASHID AZMI (MD)
Consultant Radiologist

Note : If clinical correction is not established kindly repeat the test at no additional cost. Assuming you for more diagnostic value in future.

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REGISTRATION NO. : _____

PATIENT NAME : _____

REFERRED BY : _____

Report

AGE \ SEX : 6-Yrs \ FEMALE

DATE : 25-Dec-2023

RADIOLOGICAL EXAMINATION REPORT

SONOGRAPHY WHOLE ABDOMEN

LIVER : Liver is normal in size (9.6cm), shape, outline and echopattern. Echogenicity of liver parenchyma is normal. Intrahepatic billiary radicles are seen normaly. Portal vein and CBD are normal dimension. Porta is free.

GALL BLADDER : Gall bladder is distended and its lumen is anechoic. No mass or calculus is seen. GB wall is not thickened. No pericholecystic fluid is seen.

PANCREAS : Pancreas is normal in size, shape and echopattern. Echogenicity of parenchyma is normal. No peripancreatic fluid or lymph node is seen.

SPLEEN : Spleen is normal in size (6.7cm), shape, outline and echopattern. Splenic vein is normal in diameter.

RETROPERITONIUM : No peripancreatic, pre or para aortic lymph node mass is seen.

BOTH KIDNEYS : Both kidneys are normal in size measuring 8.3x4.0cm & 8.1x3.7cm right and left respectively with normal shape, outline and echopattern. Corticomedullary differentiation of both kidneys are well maintained. Central sinus complex is seen normaly. No mass lesion or calculus seen.

URETERS : Visualised part of both ureters are seen normaly.

URINARY BLADDER : Urinary bladder is distended and the lumen is anechoic. UB wall is normal in thickness. No calculus or mass is seen.

UTERUS : Uterus is juvenile.

OPINION : NO OBVIOUS ABNORMALITY IS SEEN.

KINDLY CORRELATE CLINICALLY
NOT FOR MEDICO LEGAL PURPOSES.

~~~~~ End of report ~~~~~

## 6- CONCLUSION

In this case study, the "Exploring the Impact of Individualized Homeopathic Approach in Treating Mesenteric Lymphadenopathy," two patients with mesenteric lymphadenopathy were treated with individualized homeopathic protocols. Both cases showed notable improvement in symptoms and overall well-being, indicating that a personalized approach may positively impact mesenteric lymphadenopathy management.

While these two cases provide encouraging insights, they represent a limited scope. Future studies with larger, diverse samples and extended follow-up periods are recommended to further assess the effectiveness and consistency of individualized homeopathic treatments for this condition.

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