

Homoeopathic Treatment of Encysted Hydrocele: A Case Report

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Abstract

Encysted Hydrocele is a condition usually affecting children. A case of encysted hydrocele on left side inguinal canal in 11 year old male child was reported. The diagnosis was made encysted hydrocele on the basis of signs and symptoms and ultrasonography. The patient was suggested for the surgery, by the eminent Pediatrician. Surgery was not preferred by parents of the patient. The patient has shown interest to follow, homoeopathy treatment, willingly. A Homoeopathic medicinal management was done and found effective in the case of Encysted Hydrocele with abnormally enlarged scrotum. Patient was advised to follow the Homoeopathic management. Follow up has shownencourageous result.

Keywords: Encysted hydrocele, Homoeopathy, USG

Introduction:

A hydrocele is an abnormal collection of serous fluid in some part of the processus vaginalis, usually the tunica. Four types of congenital hydrocele are encountered 1) Vaginal hydrocele 2) Infantile hydrocele 3) Congenital 4) Hydrocele of the cord. Acquired hydroceles are primary or idiopathic or secondary to testicular disease. In encysted hydrocele of the cord there is a smooth oval swelling near the spermatic cord which is liable to be mistaken for an inguinal hernia. The swelling moves downwards and becomes less mobile if the testis is pulled gently downwards.^[1] Encysted hydrocele of the cord is caused by defect in the closure of the processus vaginalis, as the testicles migrate into the scrotum during foetal development. It is more commonly seen in childhood and rarely in adults. There are two variations of a spermatic cord hydrocele the encysted variety that does not communicate with the peritoneal cavity, and the funicular variety that communicates with the peritoneal cavity.^[2]

This article is a detailed report of a Homoeopathic medicinal management of Encysted hydrocele.

Case report:

An 11 year old male was presented in outpatient department with swelling in the left inguinal region extending to left testes since from 8 days duration with pain in abdomen on and off for the last 3 days, the patient had severe progressive pain in groin area. There was no history of constipation, loose motion or vomiting. General physical examination as well as systemic examination was normal. Abdominal examination was normal with no organomegaly and normal bowel sounds were present.

On local examination, a globular, soft, tender swelling, with negative cough impulse was present in the left inguinal region extending to left testis. The swelling could be felt completely separate from the testicle. Trans illumination test was positive. Ultrasound of scrotum showed encysted hydrocele on left side inguinal canal extending upto upper part testes.

History of presenting complaints:

- Pain at left inguinal region of drawing type in nature on examination swelling was noted at left inguinal region which was extending to the left testes since from 8 days.

- Pain in abdomen diffuse and Crampy in nature. Pain occurs always after eating anything since from last 3 days.

Past history:

Patient at the age of 6 year had Typhoid which was treated allopathically.

Family history:

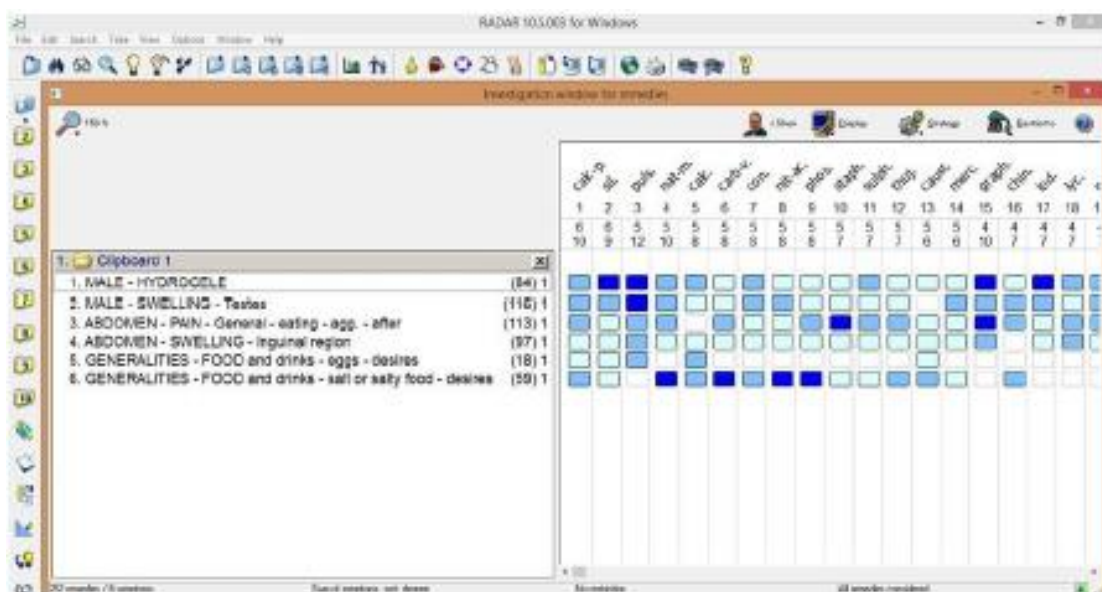
Father: Hyperacidity

Mother: Hypothyroidism

Personal history:

Patient by occupation is a student, belonging to middle class socioeconomic family. His appetite is good. He has desire for sweets, eggs, and salty thing. He is thirst less. Thermal reaction of patient is chilly.

Case was repertorised on the following symptoms by using RADAR 10.5.003 (Van Zandvoort R., Complete Repertory 4.5) is shown in Table 1.[3]



After analyzing the symptoms of the case on repertorisation a series of homoeopathic drugs. Were found to have covered the maximum presenting complaints. The remedy Calcarea phosphorica was prescribed on the basis of totality.

First prescription:

Calcarea phosphorica 30 / one dose

Phytum 30 / 6 globules TDS for 3 days

Follow up:

Treatment was commenced on 5 May 2016. The case was followed up after 3 days. Patient was brought on 8 May 2016 for first follow up same treatment was continued. On 25 May 2016 the patient was brought again. There was no pain in abdomen and swelling is slightly reduced same treatment was continued. On 12 June 2016 swelling was significantly reduced and there was no pain in abdomen. Calcarea Phosphorica 30 one dose was given and advised to follow up after 15 days. The patient was brought again on 30 June 2016. Examination of patient shows that the size and swelling was reduced significantly and returned to normal size. Same treatment was repeated. Patient was brought again on 17 July 2016. It has been observed that markedly improvement in the size. Hence it is advised to go for Ultrasonography.

Results:

On 21 July 2016 the patient was done Ultrasonography of scrotum for the confirmation of reduction in size. The USG report refers that the right testis measures 1.7 * 0.9 cms. Normal in size and echo texture. No focal lesion seen. Left testis measures 1.6 * 0.8 cms. Normal in size and echo texture. No focal lesion seen. Both testis show normal color flow. Both epididymii do not reveal any obvious lesion. No free fluid seen in scrotal sac.

Discussion:

Homoeopathic literature mentions many medicines for the condition of which a similimum can help a patient for keeping the disease at bay for a longer period as evidenced in this case. Homoeopathic remedies can offer gentle and safe relief. Patient has highest satisfaction after taking the treatment. Although the case was successfully treated a better compliance from the patient's side in terms of regular follow ups could have helped in quick recovery of patient.

Conclusion:

Encysted hydrocele in a child is common, now day's first choice of treatment is the surgery only. But Homoeopathy medicinal management has shown a remarkable recovery. It may open a new path to the clinicians and researchers for finding the medicinal option for the treatment of Encysted Hydrocele in child. Collectively it can be concluded that the Homoeopathic management may help to overcome on this issue.

References:

- 1) Bailey & Love's, Short Practice of Surgery, 23rd edition, page no. 1274
- 2) <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3251174/> [Last accessed on 28 November 2017 at 01:30 pm]
- 3) Van Zandvoort R. Complete Repertory 4.5. Accessed from RADAR 10.5.003 version Software