
To study the efficacy of Homoeopathic Medicines in treating a case of hydatid cyst in liver: A Case Report

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Abstract:- The aim of this study was to observe efficacy of homoeopathic medicines in cases of hydatid cyst in liver. Hydatid cysts are fluid-filled sacs caused by the *Echinococcus granulosus* tapeworm, predominantly affecting the liver. Conventional treatment typically involves surgical intervention and antiparasitic medications; however, challenges such as recurrence and patient tolerance necessitate exploration of alternative therapies. Homeopathy offers a personalized approach that may address the psychosomatic aspects of disease, enhance patient comfort, and promote overall well-being. A case of hydatid cyst in liver was reported in our clinic. Patient complained about giddiness and fear in the beginning. After CT scan he was diagnosed with Hydatid cyst in liver. He complained about pain in right hypogastrium region with aggravation from bending double and pressure. Patient is under homoeopathic treatment and is showing improvement.

Keywords: Hydatid cyst, Homoeopathic medicines, *Echinococcus granulosus*.

INTRODUCTION:-

Hydatid cyst, or hydatidosis, is a global parasitic zoonosis that is endemic to countries in the Mediterranean, Turkey, Australia, North Africa, Australia, New Zealand, South America, the Philippines, Northern China and the Indian subcontinent¹. The hydatid cyst is unique and localized in the right lobe of the liver in 65%. The most frequent extrahepatic locations are the lungs, the spleen and the peritoneum⁴. The term echinococcosis consists mainly two diseases, differing in presentation, behavior and clinical management. Cystic echinococcosis, caused by *Echinococcus granulosus*, in which fluid-filled cysts (also called hydatid) develop, mainly in liver and lung, and alveolar echinococcosis is caused by *Echinococcus multilocularis*, in which multi-vesiculated tumour like mass resembling lung tissue develops, mainly in liver¹¹. Echinococcal species that infect humans are (*E. granulosus*, *E. multilocularis*, *E. vogeli* & *E. oligarthus*) among which *E. granulosus* is the commonest echinococcal species found in Indian subcontinent¹¹. *E. multilocularis* is mainly common in arctic and alpine regions of northern hemisphere, including Europe, Asia and North America¹¹. The dog is infected by eating the viscera of sheep containing hydatid cysts. The infected faeces of the dog contaminate grass and farmland from where the ova are ingested by sheep, pigs and man. Thus man can get infected by handling dogs as well as by eating contaminated vegetables¹⁰.

The ova ingested by man are liberated from the chitinous wall by gastric juice and pass through the intestinal mucosa¹⁰. The embryo is liberated from the ovum in the small intestine and invades the blood stream, spreading to the liver. The resultant cyst grows very slowly, sometimes intermittently. It is composed of an enveloping fibrous pericyst, laminated hyaline membrane (ectocyst) and inner germinal layer (endocyst) that give rise to daughter cysts, or germinating cystic brood capsules in which larvae (protoscolices) develop. Over time, some cysts calcify and become non-visible. The diseases common in Middle East, North and East Africa, Australia and Argentina. Foci of infection persist in the UK in rural Wals and Scotlnd. E.Multilocularis, which has a cycle between foxes and voles, causes a similar but more severe infection, ‘alveolar hydatid disease’, which invades liver like cancer⁹. Biliary rupture may occur through a small fissure or bile duct fistula. A wide perforation allows the access of hydatid membranes to the main biliary ducts, which can cause symptoms simulating choledocholithiasis. Alternatively, it may produce a picture very similar to ascending cholangitis with fever, pain and jaundice⁴.

Computed tomography (CT) yields information equivalent with that derived by ultrasonography for diagnosis of a hydatid cyst of the liver⁵. Usually surgery is treatment of choice in this cases. When a hydatid cyst is diagnosed, treatment should be instituted to prevent complications such as infection, rupture of the cyst to the adjacent structures, or anaphylaxis, although most patients with hydatid cysts of the liver are asymptomatic or have few symptoms². The objectives of surgical treatment are (1) inactivating scolices, (2) preventing spillage of cyst contents, (3) eliminating of all viable elements of the cyst, and (4) managing the residual cavity of the cyst. The spectrum of the surgical procedure varies from a radical resective approach (pericystectomy or hepatic resection) to a conservative approach (drainage or obliteration of the cavity, or both)².

CASE REPORT:-

Patient description

A male patient of age 45 yrs came to outpatient department (Opd) of Dr. Virendra Jain in Arihant Homoeopathic Clinic, in Nashik on 4th June 2024 with a complain of pain in Right Hypogastric region, aggravation from bending double and by applying pressure. All the complaints first started with weakness since 2 months. Patient mentioned that he had dizziness at his work place with fearful feeling and was taken to the hospital for the same and was under treatment for 2 months, he was hospitalized and was advised to undergo surgery in hospital. And after taking allopathic treatment the patient came to Arihant Homoeopathic Clinic. The patient works in Police Department. He had a habit of drinking Alcohol, and eating Tobacco (now he eats tobacco only).

After the diagnosis he was advised to stop drinking alcohol and stop eating tobacco. Now the patient has stopped drinking alcohol but still consumes tobacco.

Past Medical History:- Patient had Haemorrhoids, Fistula and Fissures.

Family History:- Mother had tuberculosis and Grandmother had Asthma. Father- apparently healthy.

Generalities:-

Appetite- decreased

Perspiration:- Profuse (generally all over body)

Dreams:- of ghosts, negative energy around him

Addiction:- Alcohol, tobacco

Thermals:- Towards hot (Aggravation from sun).

Mind:-1) dreams of ghosts.

2) when patients goes to unknown places he has delusion that someone is there and feels that his body has stiffened.

3) cannot take his decision.

4) he used to beat his wife in anger.

Diagnostic assessment :-

- 1) CT abdomen and pelvis was done. Large cystic lesion with thin imperceptible wall and irregular margins was seen in right lobe of liver., segment VII and VIII and small portion of segment V. it shows fine septation within and multiple small calcification of septae and along the wall. It measures 15.7 X 16.5 X 13.3 cm.
- 2) Similar lesion with multiple peripheral as well as central calcifications are seen in the segment V, VI, VII, of liver, the larger lesion measuring 6.9 X 4.3 X 9.5 cm.

Case analysis and Totality of symptoms :-

Following complete case taking in accordance with homoeopathic principles, the following characteristic

symptoms were taken into consideration after analysis and evaluation:

- 1) Anger with striking
- 2) Dreams of ghost
- 3) Perspiration profuse
- 4) Desire for tobacco

- 5) Weakness in general
- 6) Pain in abdomen aggravation by bending double.

Therapeutic intervention-

First prescription:

Dioscorea 1M/ stat dose

Followed by : Quericus glandium spiritus 30/ 3pills/TDS/ 20 Days

Hydrastis mother tincture/ 15 drops/in half cup of water/ BD/ Before Meal/ 20 days

Table 1: Treatment timeline including follow-ups

Date with number of Follow-ups	Complaints/symptoms	Intervention
18 th June 2024	<p>Patient complaint of pain in abdomen with aggravation by bending double and by applying pressure. Weakness was still present.</p> <p>Physical generals:- Appetite- decreased Urine- satisfactory Stool- constipated BP- 130/90 mmHG Pulse- 78bpm</p>	<p>Dioscorea 1M/ stat dose Quericus glandium spiritus 30/3pills/BD/ 20 Days Hydrastis mother tincture// 15 drops/in half cup of water/ BD/ Before Meal/ 20 days</p>
9 th July 2024	<p>Patient complained of pain in abdomen reduced. Weakness has reduced by 40%.</p> <p>Physical generals:- Appetite-Slightly increased Urine- satisfactory Stool- satisfactory BP- 120/90 mmHG Pulse- 74bpm</p>	<p>Dioscorea 1M/ Stat dose Quericus glandium spiritus 30/3pills/BD/ 20 Days</p> <p>Hydrastis mother tincture/ 15 drops in half cup of water/ BD/ Before meal/ 30 Days</p>
9 th August 2024	<p>Pain in abdomen aggravation from bending double, intensity of pain has decreased and now there is no constant</p>	<p>Quericus glandium spiritus 30/3pills/BD/ 20 Days</p>

		<p>pain. Dizziness aggravation by oily food.</p> <p>Physical generals:- Appetite-Slightly increased Urine- satisfactory Stool- satisfactory BP- 130/90 mmHG Pulse- 74bpm</p>	<p>Hydrastis mother tincture// 15 drops/in half cup of water/ BD/ Before Meal/ 30 days</p>
12 th 2024	September	<p>Pain in abdomen is better now. But still there is aggravation from oily food.</p> <p>Physical generals:- Appetite-Slightly increased Urine- satisfactory Stool- satisfactory BP- 130/80 mmHG Pulse- 74bpm</p>	<p>Quercus glandium spiritus 30/3pills/BD/1 month</p>

Discussion:-

Cystic echinococcosis is still a major problem, especially in rural areas. The condition is mostly asymptomatic. Even though mortality due to echinococcosis is very low, it can produce a very disabling illness. In symptomatic cases, the clinical manifestations are highly variable and depend on the following: (a) the organ involved; (b) size and site of the cyst; (c) interactions between expanding cysts and adjacent organs; and (d) complications caused by rupture of the cyst⁷. Hydatid disease is endemic in India. The annual incidence is varying, 1 to 200 per 100000 population⁸. Although the majority of liver hydatid cysts are symptomless, some patients present with vague abdominal pain. Others present with complications such as intraperitoneal leakage, infection and rupture to adjacent structures, for instance the biliary or bronchial tree³. While exploring online medical databases, we could not find any case studies related to homoeopathic treatment of Hydatid Cyst. Incidence of Hydatid disease affecting various organs/tissues are Liver 63%; Lungs 25%; Muscles 5%; Bones 3%; Kidney 2%; Spleen 1%; Brain 1%; Other sites (Orbit, Breast, Thyroid, Urinary bladder)⁷. Ultra Sonogram should be the first imaging choice in abdominal hydatid cysts⁷. Most primary infections consist of a single cyst, but up to 20% - 40% of infected people have multiple cysts. The symptoms depend not only on the size and number of cysts, but also on the mass effect within the organ and upon surrounding structures⁴.

A cross sectional study was done where laproscopic management for hydatid cyst in liver was found to be effective⁶. Hydatid disease is an important health problem in India. It is prevalent in communities from low socio economic status and in rural areas, who are unaware

of this parasite. Hydatid disease has quite an impact on morbidity due to higher infection rate in farmers and house wives, who are mainly involved in cattle raising job in rural areas. On the basis of symptoms narrated by patient an totality was formed¹⁶. Patient is still undergoing Homoeopathic treatment. Different Source books of Materia Medica was used for selection of medicine. In this we have observed Kents 2nd Observation that is Long aggravation, but final and slow improvement¹² and the miasm of patient is syphilitic¹⁶. Minimum dose was selected as the pathology of the patient was deep¹⁶. Patient was given an diet to follow because, not only medicines but an proper diet helps to annihilate an disease condition in human body¹⁶. Randomized controlled trials can be done in future for better understanding the efficacy and safety of homeopathic treatment.

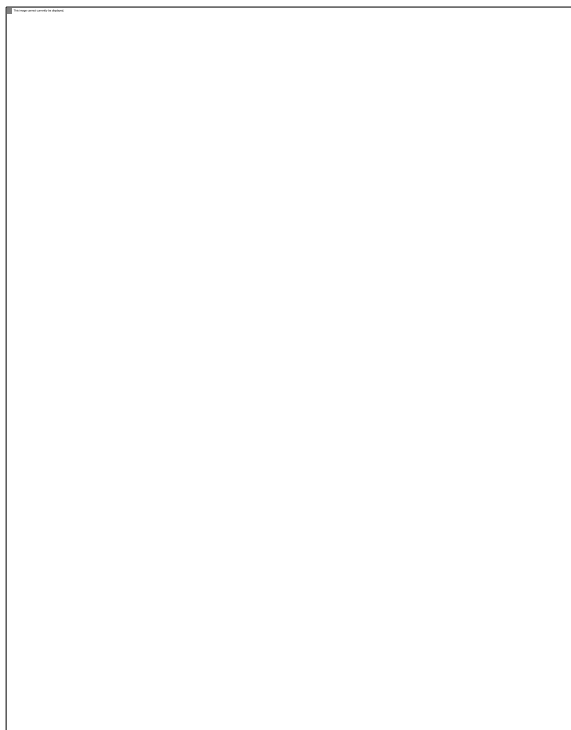


Fig 1- Before treatment

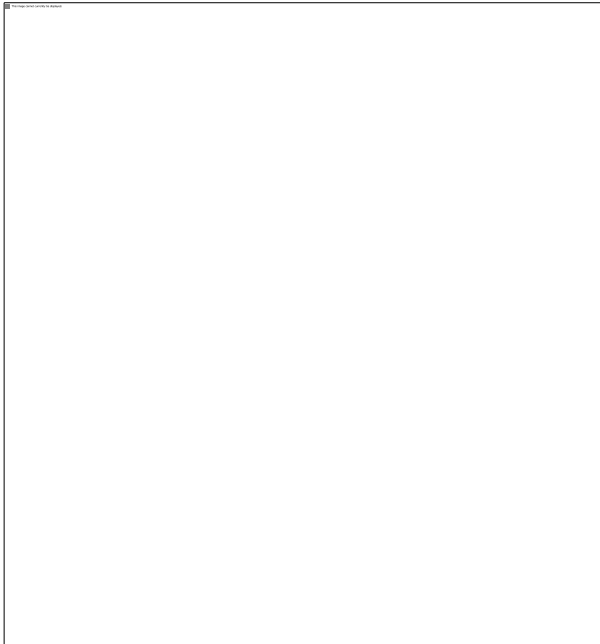


Fig 2 – During treatment

Conclusion:-

This case report of Hydatid cyst in liver demonstrated positive outcomes after homoeopathic intervention. By adhering to the principle of individualisation in Homoeopathy, the patient showed improvement in all physical, mental and pathological aspects. Thus improvement in personal hygiene and awareness regarding disease in the community will result in control and even eradication of this morbid condition.

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