

Innovations

A Case Report: Management of Mesenteric Lymphadenopathy and its Associated Chronic Low Back Pain through Individualized Homoeopathic Medicine

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Abstract: *Mesenteric lymphadenopathy is an inflammatory condition affecting the lymph nodes whose presentation is classically mistaken for acute appendicitis and intussusception. It most commonly occurs in children, adolescents, and young adults. This case report details the homoeopathic management of an 8-year-old girl presenting with Mesenteric Lymphadenopathy and an associated complaint of chronic low back pain. A complete case history was taken, and on the basis of repertorisation and individualization, the remedy Lachesis in 200 potency was given, which successfully addressed both conditions.*

Introduction

Mesenteric lymphadenitis refers to inflammation of the mesenteric lymph nodes. While this is the primary focus, it is important to consider co-morbidities such as chronic low back pain, which can significantly complicate a patient's presentation and influence case analysis. The presence of chronic low back pain in children warrants a thorough investigation to rule out musculoskeletal, neurological, or underlying systemic causes. Acute mesenteric lymphadenitis is a common benign cause of acute abdominal pain in children and young adults. The inclusion of all presenting complaints, including chronic low back pain, is vital for a true individualization in homoeopathy.

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.

Case Study

An 8-year-old girl presented with severe abdominal pain, nausea, and vomiting, diagnosed with mesenteric lymphadenopathy. In addition to the primary complaint, the patient reported a persistent, dull ache indicative of chronic low back pain, which had been present for several months. The abdominal pain often became severe after eating, usually at night. On examination, there was tenderness over the abdomen (especially around the umbilical region) and a palpable stiffness in the lumbar region, consistent with chronic low back pain. The patient exhibited thermal sensitivity (hot), profuse perspiration on the chest, a desire for spicy foods, and an aversion to milk.

Clinical Findings

An 8-year-old girl presented to the Out-Patient Department (OPD) with severe abdominal pain, nausea, and vomiting. The patient was diagnosed with mesenteric lymphadenopathy. In addition to the primary abdominal complaint, the patient reported a persistent, dull ache indicative of chronic low back pain, which was considered a significant co-morbidity for the individualized homoeopathic treatment.

Objective and Subjective Findings

The abdominal pain was reported to become severe after eating, usually at night. On examination, there was tenderness over the abdomen (especially around the umbilical region). The patient was hot thermal, with profuse perspiration on the chest, and could not bear tight clothing around the waist and neck. She exhibited a strong desire for spicy foods and an aversion to milk. Her mental state was described as sharp, witty, communicative, and showing an unusual religious fervor (excessive praying and fasting).

Diagnostic Report

USG Finding: Multiple enlarged lymph nodes (3-12mm in size) were seen in the right iliac fossa.

Repertorial Chart

The Repertorial Chart included rubrics for Mind: Religious affections, Loquacity, Generals: Tight clothing agg., Generals: Sun sensitivity, and a new, distinct rubric to represent the patient's secondary complaint: Back Pain: Chronic Low Back Pain (or a

similar rubric like BACK - PAIN - LUMBAR region - chronic). This comprehensive totality was used to select the simillimum.

Repertorial sheet

Rubrics		Source												
		Lach	Sep	Ars	Merc	Nat-m	Sulph	Bell	Calc	Carb-v	Cocc	Con	Lyc	Nux-v
Weighted		18	14	11	11	11	16	11	13	10	10	8	11	10
Rubrics covered		11	9	8	8	8	8	7	7	7	7	7	7	7
Rubric grades		18	14	11	11	11	16	11	13	10	10	8	11	10
WITTY	Mentals	2									1			
COMMUNICATIVE, expansive	Mentals	2												
VIVACIOUSNESS	Mentals	3	1	1	1	2	2	2		1	1	1	2	1
RELIGIOUS affections	Mentals	3	3	2	1	1	3	2	2	2		1	2	1
PERSPIRATION profuse	Chest	1	2						1		2			
FOOD and drinks milk aversion	Generals	1	2	1	1	1	2	1	2	2		1		1
PAIN General umbilicus region of	Abdomen	1	1	1	1	2	2	2	1	1	1	1	1	2
PAIN General eating agg. after	Abdomen	1	1	2	1	2	2	1		2	2	1	2	2
PAIN General night	Abdomen	1	2	1	3	1	2	2	3	1	1	1	1	
VOMITING General night	Stomach	2	1	2	2	1	2	1	3		2	2	2	2
NAUSEA pain, during	Stomach	1	1	1	1	1	1		1	1			1	1

Analysis of repertorial result

S.NO.	MEDICINE	MARK OBTAIN
1.	LACHESIS	18/11
2.	SEPIA	14/9
3.	ARSENIC ALBUM	11/8
4.	MERCURIUS SOLUBILIS	11/8
5.	NATRUM MURIATICUM	11/8

Selection of Remedy

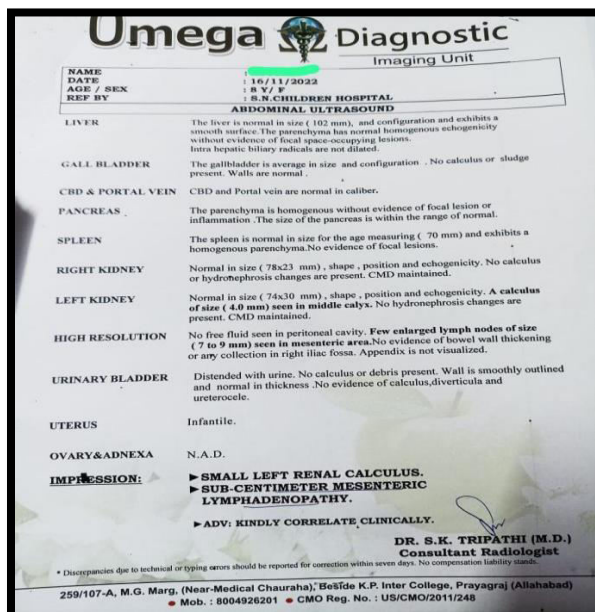
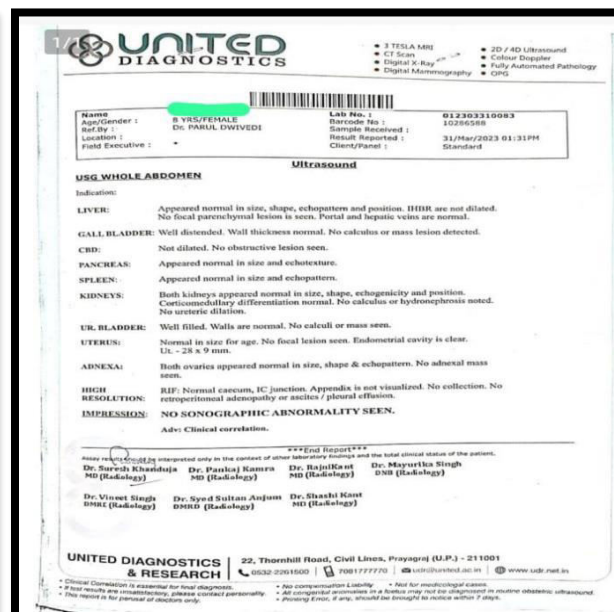
The selection of the remedy was based on the complete symptom totality, which included the manifestation of chronic low back pain alongside the abdominal complaints and the unique mental and general symptoms. The repertorial totality incorporated characteristic rubrics such as Mind: Religious affections and Generals: Tight clothing agg. and a key particular rubric for chronic low back pain was also selected. All rubrics related to Mind and Generals were worked out on the basis of totality, which led to the prescription of Lachesis in 200 potency.

Prescription:

Date	Symptoms	Prescription
16/11/2022	Severe abdominal pain with persist nausea and vomiting	Rx, Lachesis 200 1 dose Sac lac 30 BD x 15 days

Follow up:

Date	Symptoms	Prescription
01/12/2022	Pain relief Nausea persist Vomiting relief	Rx, Sac. Lac. 30 BD x 1 months
02/01/2023	Condition improved	Rx, Sac. lac 30 BD x 1 months
03/02/2023	Condition improved	Rx, Sac. lac 30 BD x 1 months
31/03/2023	Condition improved	Rx, Sac. lac 30 BD x 1 months

Investigation Before and after treatment**Before Treatment****After Treatment**

Discussion

The management of this case, involving both Mesenteric Lymphadenopathy and chronic low back pain, demonstrates the efficacy of individualized homoeopathy. The concurrent presentation of an uncommon childhood complaint like chronic low back pain with Mesenteric Lymphadenopathy made the repertorisation more complex, requiring careful selection of both general and particular rubrics, including one for the chronic low back pain. The selection of Lachesis was validated by the complete symptom picture, leading to marked relief in both the abdominal symptoms and the chronic low back pain.

Conclusion

This case report concludes that individualized homoeopathic treatment is highly effective not only in the management of Mesenteric Lymphadenopathy but also for complex cases presenting with co-morbidities such as chronic low back pain. The constitutional homoeopathic medicine provided a promising and complete therapeutic result, offering relief for both the primary and associated complaints, including the patient's chronic low back pain.

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