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## Retrocerebellar arachnoid cyst treated by individualised homoeopathic medicine *Calcarea phosphorica*: A case report

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## Abstract

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**Case Summary:** This is a case of a 4-year-old male child with a retrocerebellar arachnoid cyst treated in the outpatient department of the National Institute of Homoeopathy, Kolkata, India. The presenting complaints included trembling of the whole body since one year, which was completely resolved within 18 months of individualised homoeopathic treatment. The case was thoroughly analysed and treated with individualised homoeopathic medicine *Calcarea phosphorica* in LM potency as the main medicine, and *Tuberculinum* 10M as an anti-miasmatic medicine. Regular follow-ups were taken and the patient improved significantly both symptomatically as well as clinically, assessed by MRI. This case shows the true potential of individualised homoeopathic medicines in treating such rare cases.

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none

# Retrocerebellar arachnoid cyst treated by individualised homoeopathic medicine *Calcarea phosphorica*: A case report

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## Abstract

**Introduction:** Arachnoid cysts are non-malignant malformations mainly relating to the arachnoid mater. Arachnoid cysts involving the posterior fossa are less common and are most often found in the cerebellopontine angle. Common presenting complaints include headache, visual disturbances, gait disturbances, and seizures. **Case Summary:** This is a case of a 4-year-old male child with a retrocerebellar arachnoid cyst treated in the outpatient department of the National Institute of Homoeopathy, Kolkata, India. The presenting complaints included trembling of the whole body since one year, which was completely resolved within 18 months of individualised homoeopathic treatment. The case was thoroughly analysed and treated with individualised homoeopathic medicine *Calcarea phosphorica* in LM potency as the main medicine, and *Tuberculinum* 10M as an anti-miasmatic medicine. Regular follow-ups were taken and the patient improved significantly both symptomatically as well as clinically, assessed by MRI. This case shows the true potential of individualised homoeopathic medicines in treating such rare cases.

**Keywords:** *Calcarea phosphorica*, Homoeopathy, LM potency, Paediatrics, Retrocerebellar arachnoid cyst

## INTRODUCTION

Arachnoid cysts are benign, fluid-filled, cyst-like malformations related to the arachnoid mater. They can be formed anywhere along the cerebrospinal axis, with a preference in the middle cranial fossa. Arachnoid cysts involving the posterior fossa are less common and are most often found in the cerebellopontine angle. Rarely, midline or unilateral posterior fossa arachnoid cysts exert a local mass effect, resulting in the symptoms and signs of cerebellar and brainstem dysfunction.<sup>[1]</sup> Arachnoid cysts constitute 1% of all intracranial masses and are benign cysts with cerebrospinal fluid (CSF) as their content.<sup>[1]</sup> Arachnoid cysts have an increased frequency in mucopolysaccharidoses.<sup>[2]</sup> Arachnoid cysts appear in the subarachnoid space and are asymptomatic, and common locations include the middle cranial fossa in the region of the temporal lobe and suprasellar region in the region of the third ventricle. Common presenting complaints include headache, visual disturbances, gait disturbances, and seizures. Rare manifestations include macrocephaly, focal neurologic deficits, cognitive decline, and cranial nerve palsies.<sup>[3]</sup> Large size of arachnoid cyst and features of raised intracranial pressure warrant surgical intervention.<sup>[4]</sup> Surgical treatment of arachnoid cysts can lead to complications such as pseudomeningocele, CSF leak, and subdural hygroma.<sup>[5]</sup>

The authors could not find any study reported for homoeopathic treatment of retrocerebellar arachnoid cysts while searching different databases. This case of retrocerebellar arachnoid cyst has been reported according to the HOM-CASE guidelines.<sup>[6]</sup> This case adds to the evidence that homoeopathic treatment can relieve the symptoms of a rare surgical condition like retrocerebellar arachnoid cyst. Furthermore, it can enhance the quality of life of the patient.

## PATIENT INFORMATION

A male child aged 4 years visited the outpatient department of the National Institute of Homoeopathy, Kolkata, India, on 6<sup>th</sup> August 2021. He presented with the chief complaints of inability to walk properly and frequent falls, often followed by episodes of whole-body trembling, which usually triggered after his mother's scoldings. During these episodes, he exhibited trembling and displayed aggressive behaviour

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towards his mother, including physical aggression, such as beating and biting his mother.

The complaint began when the patient was three years old and had progressively worsened, despite previous conventional treatment, which did not alleviate his symptoms. In addition, he also had incisor dental caries developed over the last couple of years.

All the milestones (walking, eruption of teeth, talking, and crawling) were reportedly delayed in the patient. During intrauterine development, his mother suffered from persistent abdominal pain throughout the gestational period. The patient was born with a birth weight of 2.5 kg through cesarean section due to uterine inertia; however, there was no reported hypoxia in the patient at the time of the birth.

His family history included diabetes mellitus type II on the maternal side. Other than that, nothing significant was elicited even after careful asking.

**Clinical findings**

The patient’s physical generals revealed a good appetite and a daily water intake of 2–3 litres. He had specific food desires, including half-boiled eggs, sweets and ice cream, while he was averse to fruits and intolerant to store-bought potato chips, which caused indigestion. His bowel movements were regular and satisfactory, urine was clear, and he perspired profusely, especially on the scalp, which occasionally would wet his pillow. His sleep was sometimes disrupted by episodes of crying lasting at least one hour due to horrible dreams. He showed a thermal reaction characterised by intolerance to extremes of temperature.

On the mental front, the patient demonstrated oversensitivity to noise, significant obstinacy and a tendency to resort to physical aggression such as beating and throwing objects, particularly directed towards his mother.

**Diagnostic assessment**

The patient’s mother was carrying his first magnetic resonance imaging (MRI) report dated 26 April 2021 during the first visit

on 06 August 2021. The MRI findings in multiplanar imaging of the brain obtained on T1, T2 and fluid-attenuated inversion recovery, diffusion-weighted imaging and susceptibility-weighted imaging sequences suggested the presence of a CSF intensity lesion measuring about 4.6 × 1.8 cm in the retrocerebellar region. The final impression conveyed the presence of retrocerebellar arachnoid cyst.

**Totality of symptoms**

- Obstinate
- Beats his mother when scolded
- Desire for eggs (soft-boiled) and sweets
- Profuse sweat on scalp wets pillow
- Horrible dreams
- Trembling of the body after anger
- Dental caries
- Milestones of development delayed.

**Therapeutic intervention**

The above symptoms were converted into rubrics, and the case was repertorised using Synthesis Repertory in Radar Opus version 3.2.17 - Beta version [Figure 1]. Even though *Calcarea carbonica* covered more symptoms in the repertorisation, on consulting the materia medica, *Calcarea phosphorica* was found to be more suitable according to the constitution of the patient.

**First prescription**

Based on the totality of symptoms, the homoeopathic medicine *Calcarea phosphorica* was prescribed in 0/1 potency, one dose to be taken in the morning empty stomach for 16 days. Before taking the medicine, ten strokes were asked to be given to the medicine bottle, then one tablespoon of medicine was dissolved in half a cup of water, followed by stirring. From this solution, one tablespoon was instructed to be taken, and the rest to be discarded. The medicine was dispensed as one medicated globule of size 10, mixed in 100 ml of distilled water and some rectified spirit was added to preserve the medicine.

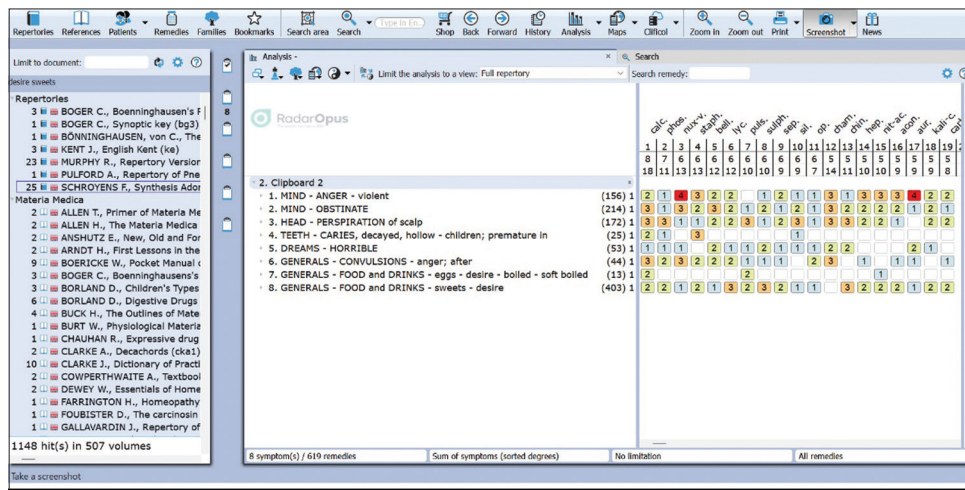


Figure 1: Repertorisation chart using Synthesis repertory, Radar Opus version 3.2.17 - Beta version

## Follow-ups and outcome

The patient was followed up almost every month for more than a year from 06 August 2021 to 14 December 2022. During the follow-ups, the change of medicine, potency and repetition were done as per the guidelines of the homoeopathic philosophy. The changes in the signs and symptoms, as well as the medicine prescribed in every follow-up, are provided in Table 1. The Modified Naranjo Criteria for Homeopathy (MONARCH), a causal attribution inventory tool, was used to determine if there was a causal relationship between the

homoeopathic intervention and treatment outcome.<sup>[7]</sup> The MONARCH score was +8 on a scale from ‘-6 to +13’, which is indicative of the possibility of the patient’s improvement resulting from the homoeopathic treatment [Table 2].

## DISCUSSION

Although benign in nature, arachnoid cysts produce symptoms which can pose certain difficulties to the patients. In modern medicine, there is not much scope for a definitive treatment

**Table 1: Timeline**

Date of visit	Symptoms	Prescription	Remarks
06 August 2021	Baseline symptoms	<i>Calcarea phosphorica</i> 0/1 16 doses OD×16 days Followed by <i>Calcarea phosphorica</i> 0/2 16 doses OD×16 days	Before taking the medicine, 10 strokes were given to the medicine bottle, then one tablespoon of medicine was dissolved in half a cup of water, followed by stirring. From this solution, one tablespoon was to be taken and the rest to be discarded.
21 August 2021	Patient came before finishing the medicine. Trembling after waking up decreased; No episodes of falling down; Does not beat his mother or anyone else anymore; Some eruptions appeared first on face then on scalp; Itching of whole body since 2 weeks; Itching aggravated at night while sleeping better whole day; Caries of incisors same; Appetite: Good; Thirst: Decreased, only drinks when he eats something; Intolerance: Nothing (earlier had intolerance to chips); Stool: Regular, satisfactory; Urine: Clear; Sweat: Decreased; Sleep: Does not wake up and cry anymore while sleeping; Dreams: No frightful dreams; Thermal Reaction: Can tolerate the extremes of temperature; Obstinacy decreased; Oversensitiveness decreased; Wants to play with dirty things; Apply the dirty things on the cheeks then start retching; Does not listen to his mother	<i>Calcarea phosphorica</i> 0/2 16 doses OD×16 days Followed by <i>Calcarea phosphorica</i> 0/3 16 doses OD×16 days Followed by <i>Calcarea phosphorica</i> 0/4 16 doses OD×16 days	<i>Calcarea phosphorica</i> 0/2 was given again as the patient came before finishing the medicine. <i>Calcarea phosphorica</i> 0/2, 0/3 and 0/4 were given in succession.
27 October 2021	Trembling of all limbs after waking up from sleep for 1 week but less than earlier; Has become obstinate; Falling down after running long (slightly decreased); Doesn't beat anyone anymore; Had an episode of fever before 25 days (took antipyretic medicine) Itching eruption not present anymore; Itching at the region of anus since 15 days aggravated at night Caries of incisors same; Appetite: Good; Thirst: Improved; No intolerance to chips now; Stool: Regular, satisfactory. occasionally hard; Urine: Sometimes burning at the urethral meatus; Sweat: Decreased; Sleep: Crying while waking up slightly decreased Now does not want to play with dirty things	<i>Calcarea phosphorica</i> 0/5 16 doses OD×16 days Followed by <i>Calcarea phosphorica</i> 0/6 16 doses OD×16 days	

(Contd...)

Table 1: (Continued)

Date of visit	Symptoms	Prescription	Remarks
02 December 2021	Trembling aggravated after waking up and when trying to eat Can walk but according to mother while he walks, he looked very weak; Playing with dirt started again; Has started chewing objects; Doesn't beat anymore except when extremely angry; Has become obstinate again; Waking up angry, trembles, says that he will beat others Now biting teeth; Caries of incisors same; Appetite: Good but after eating, complains of pain in abdomen; Thirst: Good, better than before; Stool: Clear, Regular, no more hard stool; Urine: Clear; Sweat: Decreased; Sleep: Crying while waking up has decreased	<i>Calcarea phosphorica</i> 0/7 16 doses (From 2 <sup>nd</sup> cup) OD×16 days Followed by <i>Calcarea phosphorica</i> 0/8 16 doses (From 2 <sup>nd</sup> cup) OD×16 days	Method of taking the medicine: Before taking the medicine, 10 strokes were given to the medicine bottle, then one tablespoon of medicine was dissolved in first half cup of water, followed by stirring. From this solution, one tablespoon was to be taken and to be mixed in the second half cup of water. From this second cup solution, one tablespoon was to be taken and the rest to be discarded. Due to noticeable homoeopathic aggravation as assessed by the symptoms presented by the patient, the patient was advised to take the medicine from second cup as per Homoeopathic principles <sup>[8]</sup>
07 January 2022	Patient better than before; Puts filthy things (sand, rubbish) in mouth	<i>Calcarea phosphorica</i> 0/9 16 doses (From 2 <sup>nd</sup> cup) OD×16 days Followed by <i>Calcarea phosphorica</i> 0/10 16 doses (From 2 <sup>nd</sup> cup) OD×16 days	
16 February 2022	Trembling of limbs much decreased; Weakness of lower limbs only in morning after waking up; Appropriate strength felt in limbs; Stubbornness less than before; Caries of incisors same; Still puts filthy things in mouth	<i>Calcarea phosphorica</i> 0/11 16 doses (From 2 <sup>nd</sup> cup) OD×16 days Followed by <i>Calcarea phosphorica</i> 0/12 16 doses (From 2 <sup>nd</sup> cup) OD×16 days Followed by <i>Calcarea phosphorica</i> 0/13 16 doses (From 2 <sup>nd</sup> cup) OD×16 days	
29 March 2022	Patient better than before; Trembling of limbs decreased; Falling down while walking decreased; Weakness decreased; Patient playing well; Stubbornness increased; Taking indigestible things in the mouth constantly; Caries of incisors same; Beating others decreased	<i>Calcarea phosphorica</i> 0/14 16 doses (From 2 <sup>nd</sup> cup) AD×32 days Followed by <i>Calcarea phosphorica</i> 0/15 16 doses (From 2 <sup>nd</sup> cup) AD×32 days	Due to noticeable homoeopathic aggravation as assessed by the symptoms presented by the patient, the patient was advised to take the medicine from the second cup and also to take it on alternate days as per Homoeopathic principles <sup>[7]</sup>
15 May 2022	Patient came before finishing the medicine. Patient was better than before; Small swelling below the ear appeared (lymph node swelling); Caries of incisors same; Trembling of the limbs slightly present; Falling down while walking absent; Stubbornness still present; Does what his parents forbid him to do; Beats others; Appetite: Good; Thirst: Good; Stool: Regular, Satisfactory; Urine: clear; Sleep: Sound	Continue the remaining doses of the previous medicine.	

(Contd...)

**Table 1: (Continued)**

Date of visit	Symptoms	Prescription	Remarks
13 June 2022	Patient better than before. Obstinacy still present but less than before; Pain in abdomen aggravated in summer; Does not apply dust on the face or body; Does not fall down anymore; Does not beat anyone; No more trembling present; Caries of incisors same; Appetite: Good; Thirst: Good; Stool: Satisfactory, Regular; Urine: Clear; Sleep: Sound	<i>Calcarea phosphorica</i> 0/16 16 doses AD×32 days (From 2 <sup>nd</sup> cup)	
05 July 2022	Trembling aggravated after waking up from sleep; Fever, 2 weeks before, for 2 days (took antipyretic medicine) From 1 week trembling of the body relapsed; Loss of balance, falling down; Walked by drawing the left leg; Obstinacy increased; Tremors (intentional); Caries of incisors same; Appetite: Good; Thirst: Good; Stool: Clear, Regular; Urine: Clear; Sleep: Sound	<i>Tuberculinum</i> 10M/1 dose	Nosode <i>Tuberculinum</i> was chosen to remove the miasmatic block keeping in view the constitutional features of the child.
22 August 2022	CT scan dated 17 August 2022 No obvious intracranial abnormality; Adenoid hypertrophy; No tremors; Caries of incisors same; Appetite: Good	No medicine prescribed as the improvement continued.	There was marked improvement in the symptoms; hence, as per homoeopathic principles, no medicine was prescribed.
27 September 2022	Trembling only during fever; Stubborn more at home; Caries of incisors same; Desire: Sweet, salty, egg, meat, fish, warm food; Thirst: Good; Sleep: Sound; Eyes watering from reading	No medicine prescribed as the improvement continued.	
14 December 2022	Better than before; No trembling even in fever; Excessive anger - Beats when angry; Caries of incisors same; Appetite: Good; Thirst: Less; Stool: Satisfactory, Regular; Urine: Clear; Sleep: Sound; MRI Study of Brain dated 19 February 2023 shows: No significant detectable intracranial abnormality. Right maxillary, ethmoidal and sphenoidal sinusitis noted.	No medicine prescribed as the improvement continued.	

AD: Alternate days, OD: Once daily, MRI: Magnetic resonance imaging, CT Scan: Computed Tomography Scan

of retrocerebellar arachnoid cysts. For larger cysts, surgery is advised.

Arachnoid cysts are usually detected incidentally on cross-sectional imaging during evaluation for seizures or headache. Patients with arachnoid cysts present with vague symptoms, and this often leads to delays in diagnosis. On imaging, arachnoid cysts follow CSF signal intensity

on all MRI sequences which can help differentiate them from epidermoid cysts. Epidermoids show restriction on diffusion-weighted MRI sequences. No contrast enhancement is seen on computed tomography/MRI.<sup>[4]</sup>

Shunting of cyst contents into the ventricle, cystoperitoneal shunt, fenestration into adjacent arachnoid spaces and open craniotomy are the surgical options for cyst removal.<sup>[5]</sup>

**Table 2: Assessment of outcome of treatment by Modified Naranjo Criteria for Homeopathy (MONARCH)**

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3. Was there a homeopathic aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptoms or condition (i.e. were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1		
5. Did overall well-being improve? (Suggest using a validated scale)			0
6A. <i>Direction of cure</i> : Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B. <i>Direction of cure</i> : Did at least one of the following aspects apply to the order of improvement of symptoms: -from organs more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1		
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8. Are there alternate causes (other than the medicine) that, with a high probability, could have caused the improvement? (consider known course of the disease, other forms of treatment and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (In this case by MRI scan of the Brain)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0
<b>Total score</b>			<b>+8</b>
Note: Maximum score= +13, Minimum score= -6			

Regarding point 3 of the MONARCH criteria, there was indeed some aggravation in the case, but it wasn't initial as is usually seen in centesimal potency. The aggravation happened at the end of the treatment as medicine was prescribed in LM potency; MRI: Magnetic resonance imaging

While searching for the online medical database, we could not find any study regarding or relating to the homoeopathic treatment of retrocerebellar arachnoid cysts. However, some case reports related to intracranial cysts and brain tumours were found.<sup>[9,10]</sup>

This case, treated with individualised homoeopathic medicine selected on the basis of the totality of symptoms and repertorial analysis, showed complete resolution of the arachnoid cyst. The patient was first given *Calcarea phosphorica* in LM potency up to 0/16, followed by *Tuberculinum* 10M, which not only completely resolved the symptoms, but also the cyst was no longer detectable in the follow-up MRI. The total outcome score as per MONARCH was +8, which is near to the maximum score +13 [Table 2]. This clearly demonstrates the positive causal attribution of the individualised homoeopathic treatment in this case.

This particular case shows the potential of individualised homoeopathic medicine in treating rare conditions like retrocerebellar arachnoid cysts and how it managed the symptoms effectively, along with the improvement in the quality of life of the patient, while also preventing surgery. A limitation of this case report is the unavailability of the original MRI/CT scan films, which could not be reviewed as they were reportedly misplaced by the patient's parents.

This paucity of data puts an emphasis on the need for further research with robust design on this subject. The usefulness of Homoeopathy in such rare diseases can be taken up in further research studies.

## CONCLUSION

The results reveal that an arachnoid cyst can be treated effectively with Homoeopathy. By adhering to the principle

of individualisation in Homoeopathy, the patient showed improvement in all aspects; social, mental and physical. Even the underlying pathology was removed. This case report is, however, only an observation, based on which a new avenue to conduct rigorous research on this condition on a large sample size can be planned.

## Declaration of patient consent

The authors certify that the parents had given their written consent for the images and other clinical information to be reported in the journal. The parents understand that their child's name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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## Conflicts of interest

There are no conflicts of interest.

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## **Кyste arachnoïdien rétrocérebelleux traité par un médicament homéopathique personnalisé, *Calcarea phosphorica* : rapport de cas**

**Introduction:** Les kystes arachnoïdiens sont des malformations bénignes principalement localisées dans l'arachnoïde. Les kystes arachnoïdiens touchant la fosse postérieure sont moins fréquents et se localisent le plus souvent dans l'angle pontocérébelleux. Les symptômes les plus fréquents sont des céphalées, des troubles visuels, des troubles de la marche et des convulsions.

**Résumé du cas:** Il s'agit du cas d'un enfant de 4 ans présentant un kyste arachnoïdien rétrocérebelleux, traité en consultation externe à l'Institut national d'homéopathie de Calcutta, en Inde. Les symptômes comprenaient des tremblements de tout le corps depuis un an, qui ont complètement disparu en 18 mois grâce à un traitement homéopathique personnalisé. Le cas a été analysé en profondeur et traité par *Calcarea phosphorica* (à dilution faible) comme médicament principal, et *Tuberculinum* 10M comme antimiasmatique. Un suivi régulier a été effectué et l'état du patient s'est amélioré significativement, tant sur le plan symptomatique que clinique, comme l'a montré l'IRM. Ce cas illustre le véritable potentiel des médicaments homéopathiques individualisés dans le traitement de ces cas rares.

## **Retrozerebelläre Arachnoidalzyste, behandelt mit individualisiertem homöopathischen Arzneimittel *Calcarea phosphorica*: Ein Fallbericht**

**Einleitung:** Arachnoidalzysten sind gutartige Fehlbildungen, die hauptsächlich die Arachnoidea betreffen. Arachnoidalzysten, die die hintere Schädelgrube betreffen, sind seltener und finden sich meist im Kleinhirnbrückenwinkel. Häufige Beschwerden sind Kopfschmerzen, Sehstörungen, Gangstörungen und Krampfanfälle.

**Fallzusammenfassung:** Es handelt sich um einen 4-jährigen Jungen mit einer retrozerebellären Arachnoidalzyste, der in der Ambulanz des National Institute of Homoeopathy in Kalkutta, Indien, behandelt wurde. Zu den Beschwerden gehörte seit einem Jahr anhaltendes Zittern am ganzen Körper, das innerhalb von 18 Monaten nach individualisierter homöopathischer Behandlung vollständig abklang. Der Fall wurde gründlich analysiert und mit dem individualisierten homöopathischen Arzneimittel *Calcarea phosphorica* in LM-Potenz als Hauptarzneimittel und *Tuberculinum* 10M als antimiasmatischem Arzneimittel behandelt. Regelmäßige Nachuntersuchungen führten dazu, dass sich der Zustand des Patienten sowohl symptomatisch als auch klinisch deutlich verbesserte, was durch eine MRT-Untersuchung bestätigt wurde. Dieser Fall zeigt das wahre Potenzial individualisierter homöopathischer Arzneimittel bei der Behandlung solcher seltener Fälle.

## **रेट्रोसेरेबेलर एराक्नॉइड सिस्ट का उपचार व्यक्तिगत होम्योपैथिक दवा कैल्केरिया फॉस्फोरिका द्वारा: एक केस रिपोर्ट**

**परिचय:** एराक्नॉइड सिस्ट गैर-घातक विकृतियाँ हैं जो मुख्य रूप से एराक्नॉइड मेटर से संबंधित हैं। पोस्टीरियर फोसा को शामिल करने वाले एराक्नॉइड सिस्ट दुर्लभ हैं और अक्सर सेरिबेलोपॉनटाइन कोण में पाए जाते हैं। सामान्य प्रस्तुत लक्षणों में सिरदर्द, दृष्टि में गड़बड़ी, चाल में असंतुलन और दौरे शामिल होते हैं।

**केस सारांश:** यह एक 4 वर्षीय बालक का केस है, जिसका उपचार भारत के कोलकाता स्थित नेशनल इंस्टीट्यूट ऑफ होम्योपैथी के बाह्य रोगी विभाग में रेट्रोसेरेबेलर एराक्नॉइड सिस्ट के लिए किया गया। प्रस्तुत शिकायतों में एक वर्ष से पूरे शरीर में कंपन शामिल था, जो व्यक्तिगत होम्योपैथिक उपचार के 18 महीनों के भीतर पूरी तरह से ठीक हो गया। इस मामले का गहन विश्लेषण किया गया और मुख्य दवा के रूप में एलएम पोर्टेंसी में व्यक्तिगत होम्योपैथिक दवा कैल्केरिया फॉस्फोरिका और एंटी-मियास्मेटिक दवा के रूप में ट्यूबरकुलिनम 10 एम के साथ इलाज किया गया। नियमित फॉलो-अप किए गए और रोगी में लक्षणात्मक रूप से स्पष्ट सुधार देखा गया, जबकि नैदानिक सुधार की पुष्टि एमआरआई द्वारा की गई। यह केस ऐसे दुर्लभ मामलों के इलाज में व्यक्तिगत होम्योपैथिक दवाओं की वास्तविक क्षमता को दर्शाता है।

## Quiste aracnoideo retrocerebeloso tratado con medicamento homeopático individualizado *Calcarea fosforica*: Reporte de un caso

**Introducción:** Los quistes aracnoideos son malformaciones no malignas que se relacionan principalmente con la aracnoides. Los quistes aracnoideos que afectan la fosa posterior son menos comunes y se encuentran con mayor frecuencia en el ángulo pontocerebeloso. Las molestias de presentación comunes incluyen cefalea, alteraciones visuales, alteraciones de la marcha y convulsiones.

**Resumen del caso:** Se presenta el caso de un niño de 4 años con un quiste aracnoideo retrocerebeloso tratado en la consulta externa del Instituto Nacional de Homeopatía, Calcuta, India. Las molestias de presentación incluían temblores en todo el cuerpo desde hacía un año, que se resolvieron por completo en 18 meses tras el tratamiento homeopático individualizado. El caso fue analizado exhaustivamente y tratado con el medicamento homeopático individualizado *Calcarea fosforica* en potencia LM como principal fármaco, y *Tuberculinum* 10M como antimiasmático. Se realizaron seguimientos regulares y el paciente mejoró significativamente, tanto sintomática como clínicamente, según se evaluó mediante resonancia magnética. Este caso demuestra el verdadero potencial de los medicamentos homeopáticos individualizados en el tratamiento de casos tan poco frecuentes.

## 个体化顺势疗法药物磷酸钙治疗小脑后蛛网膜囊肿：一例病例报告

**引言：**蛛网膜囊肿是一种主要与蛛网膜相关的非恶性畸形。累及后颅窝的蛛网膜囊肿较少见，最常发生在小脑桥脑角。常见症状包括头痛、视力障碍、步态障碍和癫痫发作。

**病例摘要：**本例患者为一名4岁男孩，患有小脑后蛛网膜囊肿，在印度加尔各答国家顺势疗法研究所门诊部接受治疗。患者自一年前开始出现全身颤抖症状，经个体化顺势疗法治疗后，症状在18个月内完全缓解。该病例经过全面分析，并采用个体化顺势疗法药物（LM 效力的磷酸钙）作为主要药物，以及结核菌素 10M 作为抗瘴气药物进行治疗。患者定期随访，MRI 检查显示，患者的症状和临床症状均显著改善。该病例展现了个体化顺势疗法药物在治疗此类罕见病例方面的真正潜力。