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Resolution of subdural hygroma with Homoeopathy: A case report

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Abstract

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Keywords: Case report, Homoeopathy, Neurology, Subdural hygroma, *Tuberculinum*

INTRODUCTION

Subdural hygroma (SDH) is a collection of low-protein cerebrospinal fluid (CSF) in the subdural space. It may develop after the placement of a shunt with low pressure. It is the most probable representation of effusion that develop in response to the excess space in the cranial vault unoccupied by brain matter. The subdural collection may be haemorrhagic in nature. Sometimes, it is a result of over-drainage.^[1] SDH is commonly seen in post-traumatic lesions. Despite its common occurrence, the pathogenesis and clinical significance are still not so evident.^[2] Subdural (non-traumatic) hygroma has been mentioned under 8B02 under the International Classification of Disease-11. Traumatic SDH is commonly seen followed by trauma or neurosurgery whereas non-traumatic SDH is very much uncommon. Hence, the course of non-traumatic SDH is not well reported clearly.^[3] Most cases of SDH are asymptomatic but it may result in altered consciousness. SDH is most commonly seen in elderly patients after minor trauma, but can also be seen in children after infection. However, no data have been found for non-traumatic SDH specifying any particular age group.^[4] The causes of SDH are multi-dimensional. Traumatic brain

injuries are one of the leading causes of the development of SDH. It comprises 5–20% of space-occupying lesions.^[2,5] However, the conservative and surgical measures (burr-hole evacuation and subdural peritoneal shunt) regarding the management of SDH are ambiguous. In a prospective one year clinical study, no statistical significance was reported in the conservative treatment group and surgical treatment group, but the surgical group showed better outcomes (73.3%) than the conservative group (53.3%).^[4] Chronic subdural haematoma, cerebral atrophy and arachnoid cyst may be the differential diagnosis for SDH. However, to our knowledge, no case of treatment of SDH with homoeopathy has been reported to date. This case is thus, reported as an attempt to understand the potential role of homoeopathy in the treatment of SDH.

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Generals

The patient seemed to be anxious with a thermal reaction towards chilly; and a tendency to catch cold easily. She had a good appetite and a marked aversion to meat. Her tongue was observed to be moist with cracks and fissures all over. She generally consumed 4 litres of water daily and had no urinary problems. She used to sweat profusely all over, without any characteristic odour or unusual staining. Her sleep was regular and refreshing.

Diagnostic assessment

The patient was diagnosed with the left-sided SDH. The computed tomography (CT) scan of the brain [Figure 1] revealed evidence of thin concavo-convex hypodense collection in the left lateral border of brain parenchyma having a CT value the same as CSF.

Magnetic resonance imaging (MRI) of the brain [Figure 2] revealed mild subdural effusions over left cerebral convexity

and minimal subdural effusion over right cerebral convexity appearing T2W1 and hypointense in T1W1 not causing mild mass effect. The maximum thickness was about 7 mm on the left side. There was also minimal dural thickening over bilateral cerebral convexities. After the CT scan and MRI, the patient consulted a neurosurgeon who advised surgery. The patient was not in favour of this, considering the apprehensions about post-operative complications.

Therapeutic intervention

Ruta graveolens 30C was prescribed on the first visit based on the keynote indication of headache from eye straining, without repertorisation.^[6] The patient was asked to take 4 globules twice daily for 7 days. All the prescribed medicines were manufactured by a Good Manufacturing Practice (GMP)-certified pharmaceutical company and were dispensed in globules sized 30. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the period. On the next visit, *Ruta graveolens* 200C

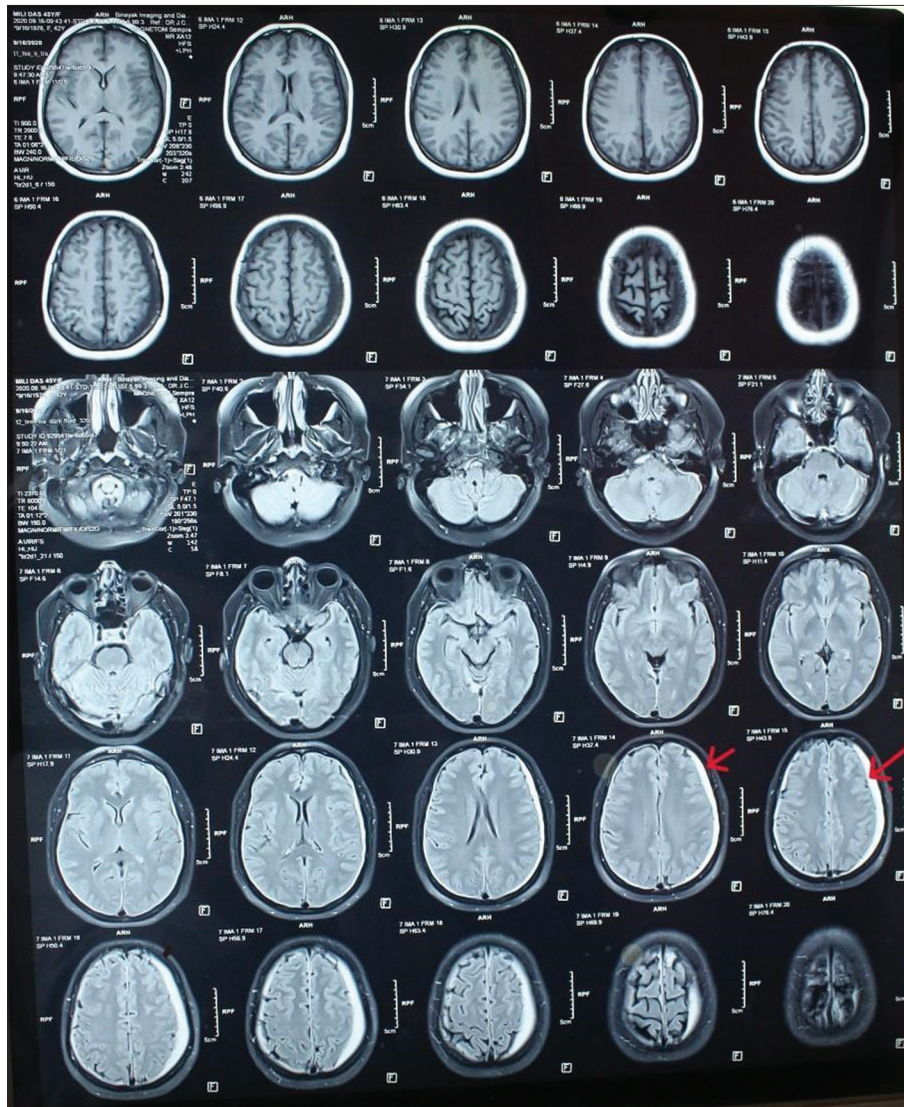


Figure 2: Magnetic resonance imaging brain T2FLAIR images showing left subdural hygroma (16 September 2020)

was prescribed to be taken twice daily, without any subsequent improvement. After this status quo condition and receiving the radiological finding, another keynote prescription was done considering the nature of headache, history of haemorrhoids and tendency for catching cold easily. Repertorisation was

done for these three symptoms with the help of software named Hompath Classic M.D version 8 using Kent Repertory^[7] and *Tuberculinum* 1M was prescribed [Figure 3]. Subsequently, the medicines were prescribed for a limited duration as per the need and was followed by placebo pills for rest of the period.

Repertorisation: Normal		Symptom Options						Remedy Options					
Clipboards		Tub	Nat-m	Sil	Hem	Tub-c	Lyc						
0	1	4	0	0	0	Remedy Name							
		Totality						11	10	10	9	9	9
Symptoms Covered		5	4	4	4	4	4						
[KT] [Head]Pain,headache in general:Forehead,in:Periodic:		2		2									
[KT] [Head]Pain,headache in general:Straining eyes,from:		2	3	3		2	3	3					
[KT] [Rectum]Haemorrhoids:External:		2	1	2	3	1	2						
[KT] [Rectum]Haemorrhage from anus:Stool:During:		2	3		3	2	1						
[KT] [Generalities]Cold :Tendency to take:		3	3	3	1	3	3						

Figure 3: Repertorial Chart dated 09 September 2020

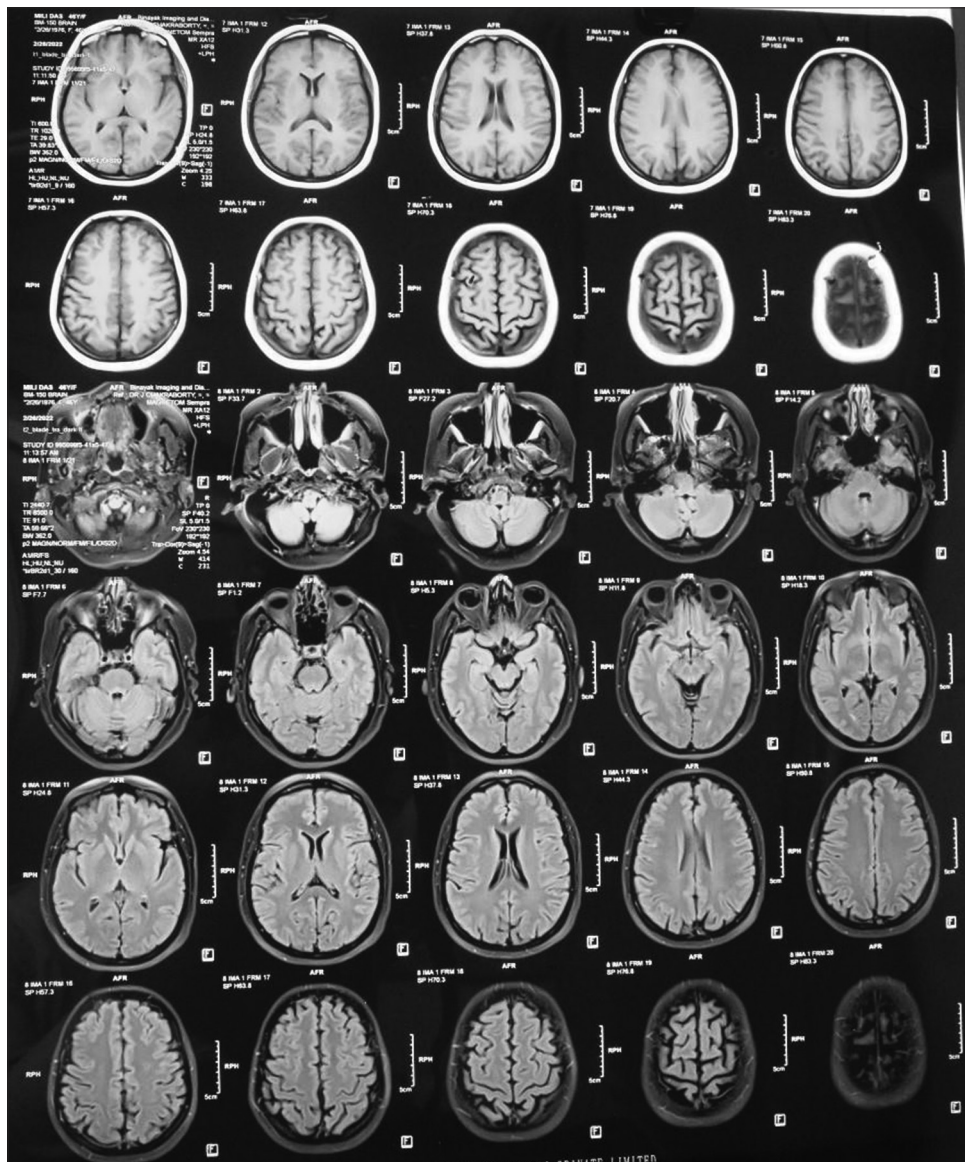


Figure 4: Magnetic resonance imaging brain showing complete resolution of subdural hygroma (26 February 2022)

Totality of the symptoms

After the failure of the initial two prescriptions, the following symptoms were considered for framing the totality of symptoms:

- Compressing pain in the forehead
- Headache aggravated by eye strain
- Rectal bleeding during stool
- External palpable perianal mass
- Tendency to catch cold.

Follow-up and outcomes

On the first two visits, *Ruta graveolens* 30C and 200C were prescribed. When *Ruta graveolens* was of no help, the case was repertorised based on three keynote as the guiding symptoms and *Tuberculinum* 1M was prescribed [Figure 3 and Table 1]. The patient was advised not to consume any medicines on his own, other than the prescribed homoeopathic medicine.

DISCUSSION

Considering the presenting complaints of severe headache due to overstraining of the eyes, *Ruta graveolens* was prescribed as the first prescription to the patient with no relief. Increasing the potency from 30C to 200C also did not help. Then, the keynote methodology was used for prescription, in which the three most remarkable and troublesome symptoms were considered that is, headache, history of haemorrhoids and tendency to catch cold easily. *Tuberculinum* was the first medicine covering all the symptoms and scored 11, followed by *Natrum muriaticum* and *Hamamelis virginica* [Figure 3]. Five symptoms for repertorisation were considered after analysing the case. Out of these, four were covered by the first 3 medicines but the ‘periodicity’ was covered only by *Tuberculinum*. The patient specifically mentioned that her headache took place every 3 hours. After this prescription, the patient complained of some

Table 1: Follow-ups

Date	Status of the patient	Prescription
14 August 2020 Baseline visit	Compressing headache, aggravating eye strain.	<i>Ruta graveolens</i> 30C, 4 globules twice daily for 7 days. The patient was asked to stop the medicine if the intensity of the headache was reduced.
26 August 2020	No significant improvement.	<i>Ruta graveolens</i> 200C, 4 globules twice daily for 7 days. The patient was asked to stop the medicine if the intensity of the headache was reduced.
09 September 2020	No improvement. CT scan report [Figure 1] of the brain on 08 September 2020 revealed evidence of thin concavo–convex hypodense collection in the left lateral border of brain parenchyma having CT value the same as CSF. The patient was diagnosed with left-sided subdural hygroma.	<i>Tuberculinum</i> 1M, 2 doses. 4 globules to be taken in the morning on an empty stomach for consecutive 2 days.
07 October 2020	The intensity of the headache was reduced. The patient complained of discharges from both sides of the nose. However, the patient was able to perform her daily chores. MRI [Figure 2] on 16 September 2020 revealed mild subdural effusions over left cerebral convexity and minimal subdural effusion over right cerebral convexity appearing T2W1 and hypointense in T1W1 not causing mild mass effect. The maximum thickness was about 7 mm on the left side. There was also minimal dural thickening over bilateral cerebral convexities. In the prescription column, please add: No medicine was prescribed as the improvement was continued.	No medicine was prescribed as improvement continued.
05 November 2020	The intensity and frequency of the headache were reduced. Nasal discharges increased further. No complaints related to haemorrhoids were reported. In the prescription column, please add: No medicine was prescribed as the improvement was continued.	No medicine was prescribed as improvement continued.
02 December 2020	The intensity and frequency of the headache were reduced. Doing good overall. No new complaints were reported. No nasal discharges were reported further. In the prescription column, please add: No medicine was prescribed as the improvement was continued.	No medicine was prescribed as improvement continued.
23 January 2021	Headache relieved. No new complaints were reported. MRI on 14 January 2021 revealed minimal patchy periventricular and deep white matter T2 FLAIR hyperintensities without restrictions consistent with mild ischemic white matter changes. In the prescription column, please add: No medicine was prescribed as the improvement was continued.	No medicine was prescribed as improvement continued.
18 February 2021	Patient doing well overall. In the prescription column, please add: No medicine was prescribed as the improvement was continued.	No medicine was prescribed as improvement continued.
22 March 2021	Re-appearance of headache in mild form for the past few days.	<i>Tuberculinum</i> 1M, 2 doses. Four globules to be taken in the morning on an empty stomach for consecutive 2 days.
30 April 2021	No headache and the patient was better.	No medicine was prescribed as improvement continued.

Table 1: (Continued)

Date	Status of the patient	Prescription
25 August 2021	The patient was doing well overall.	No medicine was prescribed as improvement continued.
28 September 2021	No new complaints were reported.	No medicine was prescribed as improvement continued.
17 November 2021	No new complaints were reported.	No medicine was prescribed as improvement continued.
28 December 2021	No new complaints were reported.	No medicine was prescribed as improvement continued.
18 January 2022	No new complaints were reported.	No medicine was prescribed as improvement continued.
03 February 2022	No new complaints were reported.	No medicine was prescribed as improvement continued.
03 March 2022	No complaints of headache or any other. MRI finding reveals no obvious abnormality on 26 February 2022 [Figure 4]	No medicine was prescribed.

MRI: Magnetic resonance imaging, CSF: Cerebrospinal fluid, CT: Computed tomography

Table 2: Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there homeopathic aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom 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?	+1		
6. (A). Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			Not sure
6. (B). Direction of cure: did at least one of the following aspects apply to the order of improvements of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downward			Not sure
7. Did 'old symptoms' (defined as non-essential and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternatives causes (other than the medicine) that with a high probability—could have produced the improvement? (consider a known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination , etc.)	+2		
10. Did repeat dosing, if conducted create similar improvement?	+2		
Total score= +10			

nasal and ear discharges with reduced intensity of headache. However, the same medicine was continued with the view of not interrupting the action of medicine. The entire course of treatment spanned around 1.5 years for complete resolution [Figure 4]. Modified Naranjo Criteria for Homoeopathy (MONARCH) was used for causal attribution.^[8] The score was 10, which was suggestive of a definite association between the prescribed medicine and the outcome, both symptomatically and as per the radiological evidence [Table 2].

SDHs are common post-operative complications following decompressive craniectomy.^[9] However, in this patient, there was no history of trauma or surgery. Hence, this case was unique from that point of view where no obvious trauma was traceable. SDHs are silent in nature, there are no obvious symptoms supporting the diagnosis. Most of the patients are asymptomatic and the diagnosis is mostly discovered on brain neuroimaging. Some of the uncommon symptoms include non-

specific headaches and altered mental status. SDH may give rise to a life-threatening condition. While the management of SDHs is still a matter of discussion, an invasive method is one of the preferred choices for neurosurgeons.^[4] Homoeopathy may play a key role in the management of such cases. While searching for different medical databases, no case of non-traumatic SDH in the adult age group could be found to be reported. The present case is unique in the age perspective as well. A case series revealed that *Manganum*, a homoeopathic remedy, demonstrated effectiveness in alleviating nine cases of post-dural puncture headaches resulting from trauma characterised as positional headaches. Out of 12 cases, nine showed improvement solely through the use of homoeopathic medicine, without any additional treatment.^[10] This particular case stands out due to its non-traumatic nature. To this day, there have been no reported cases of homoeopathy of SDH originating from non-traumatic causes.

Recurrence has been documented in cases following surgery or trauma. However, there is no evidence supporting recurrence in non-traumatic cases of subdural haematoma (SDH). To validate recovery without any relapse, supporting evidence [Figure 4], has been provided. A repeated MRI of the brain on 02 December 2022 revealed no obvious abnormality. Clinically also, the patient reported no symptoms or signs related to the hygroma at the end of the follow-ups, thus suggesting an effective treatment with homoeopathy.

CONCLUSION

This case study contributes to filling of the gap in the homoeopathic literature about the management of SDH and demonstrates the potential of homoeopathic medicines in treating conditions such as these, which are typically addressed through surgical intervention. However, more work in this area is warranted.

Declaration of patient consent

Informed, written consent was obtained from the patient for reporting the clinical information, with best efforts in not revealing any personal identity.

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Nil.

Conflict of interest

None declared.

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Résolution de l'hygroma sous-dural avec homéopathie – Une étude de cas

Introduction: L'hygroma sous-dural (SDH) est une collection de liquide céphalo-rachidien dans l'espace sous-dural qui peut être idiopathique, traumatique ou post-chirurgicale survenant principalement chez les patients âgés. **Résumé de cas:** Une femme de 42 ans a signalé une plainte aiguë de céphalée comprimée. Le mal de tête a persisté même après les prescriptions initiales de *Ruta graveolens* 30C et 200C, ce qui n'a pas soulagé la maladie. Une évaluation plus approfondie a été effectuée avec une tomodynamométrie, qui a révélé une SDH du côté gauche. *Tuberculinum* 1M a été prescrit, mais même si la douleur s'est atténuée, des écoulements abondants et aqueux ont commencé à suinter des oreilles et du nez, qui ont fini par s'arrêter spontanément. Après 6 mois, le mal de tête est réapparu et *Tuberculinum* 1M a été répété. L'imagerie par résonance magnétique a d'abord montré des épanchements sous-duraux, un épaississement de la durale et de légères modifications de la substance blanche ischémique et après traitement homéopathique, aucune anomalie n'a été rapportée. La prise en charge de la SDH reste difficile, et des cas documentés de SDH traités avec des médicaments homéopathiques pourraient contribuer à la littérature médicale fondée sur des preuves.

Auflösung des subduralen Hygroms mit Homöopathie – Ein Fallbericht

Einleitung: Das subdurale Hygrom (SDH) ist eine Ansammlung von Liquor cerebrospinalis im subduralen Raum, die idiopathisch, traumatisch oder postoperativ sein kann und vor allem bei älteren Patienten auftritt. **Fallzusammenfassung:** Eine 42-jährige Frau berichtete über eine akute Beschwerde über drückende Kopfschmerzen. Die Kopfschmerzen blieben auch nach der ersten Verschreibung von *Ruta graveolens* 30 °C und 200 °C bestehen, was den Zustand nicht linderte. Eine weitere Auswertung erfolgte mit einer Computertomographie, die eine linksseitige SDH ergab. *Tuberculinum* 1M wurde verschrieben, aber obwohl die Schmerzen nachließen, begann starker, wässriger Ausfluss aus Ohren und Nase zu sickern, der schließlich spontan aufhörte. Nach 6 Monaten traten die Kopfschmerzen wieder auf und *Tuberculinum* 1M wurde wiederholt. Die Magnetresonanztomographie zeigte zunächst subdurale Ergüsse, durale Verdickungen und leichte Veränderungen der ischämischen weißen Substanz und nach homöopathischer Behandlung wurde keine Anomalie berichtet. Die Behandlung von SDH bleibt eine Herausforderung, und dokumentierte Fälle von SDH, die mit homöopathischen Arzneimitteln behandelt wurden, könnten zur evidenzbasierten medizinischen Literatur beitragen.

होम्योपैथी के साथ सबड्यूरल हाइग्रोमा का समाधान – एक केस रिपोर्ट

परिचय: सबड्यूरल हाइग्रोमा (SDH) सबड्यूरल सतह में मस्तिष्कमेरु द्रव का एक संग्रह है जो ज्यादातर बुजुर्ग रोगियों में होने वाले अज्ञातहेतुक, अभिघातज या शल्य चिकित्सा के बाद हो सकता है। **केस सारांश:** एक 42 वर्षीय महिला ने सपीडना सिरदर्द के तीव्र रोग की शिकायत की। *रूटा ग्रेवीओलेस* 30 सी और 200 सी के शुरुआती दवा देने के बाद भी सिरदर्द बना रहा और आगे का मूल्यांकन एक परिकलित टोमोग्राफी के साथ किया गया, जिसमें बाएं तरफा SDH का पता चला। *ट्यूबरकुलिनम* 1M विहित की गई जिससे दर्द तो कम हो गया, लेकिन, दोनों कान और नाक दोनों से विपुल, पानी का स्त्राव शुरू हो गया, जो अंततः बंद हो गया। 6 महीने के बाद, सिरदर्द की पुनरावृत्ति हुई और *ट्यूबरकुलिनम* 1M दोहराया गया। चुंबकीय अनुनाद इमेजिंग स्कैन से शुरू में सबड्यूरल इफ्यूजन, ड्यूरल थिकनिंग और हल्के इस्केमिक व्हाइट मैटर परिवर्तन देखे गये जो होम्योपैथी उपचार के बाद नहीं मिले। SDH का प्रबंधन चुनौतीपूर्ण है, और होम्योपैथी दवाओं के साथ इलाज किए गए SDH के प्रलेखित मामले साक्ष्य-आधारित चिकित्सा साहित्य में योगदान करते हैं।

Resolución del higroma subdural con homeopatía – Relato de un caso

Introducción: El higroma subdural (SDH) es una acumulación de líquido cefalorraquídeo en el espacio subdural que puede ser idiopática, traumática o postquirúrgica y que ocurre principalmente en pacientes de edad avanzada. **Resumen del caso:** Una mujer de 42 años informó una queja aguda de cefalea comprimida. El dolor de cabeza persistió incluso después de las prescripciones iniciales de *Ruta graveolens* 30C y 200C, que no aliviaron la afección. La evaluación adicional se realizó con una tomografía computarizada, que reveló SDH del lado izquierdo. Se recetó *Tuberculinum* 1M, pero a pesar de que el dolor disminuyó, comenzó a supurar una secreción acuosa y profusa tanto de los oídos como de la nariz, que finalmente se detuvo espontáneamente. Después de 6 meses, la cefalea reapareció y se repitió *Tuberculinum* 1M. La resonancia magnética mostró inicialmente derrames subdurales, engrosamiento dural y cambios leves de la sustancia blanca isquémica y, después del tratamiento homeopático, no se informó ninguna anomalía. El tratamiento de la DSS sigue siendo un reto, y los casos documentados de DSS tratados con medicamentos homeopáticos podrían contribuir a la literatura médica basada en la evidencia.

顺势疗法解决硬膜下水肿 - 病例报告

简介：硬膜下水肿（SDH）是硬膜下腔内脑脊液的集合，可能是特发性、创伤性或术后，主要发生在老年患者中。

病例摘要：一名 42 岁女性主诉急性压迫性头痛。即使在最初开具 *Ruta graveolens* 30C 和 200C 处方后，头痛仍然存在，但这并没有缓解病情。通过计算机断层扫描进行进一步评估，结果显示左侧 SDH。开了结核菌 1M，但即使疼痛消退，耳朵和鼻子都开始渗出大量的水样分泌物，最终自行停止。6 个月后，头痛复发，结核 1M 重复。磁共振成像扫描最初显示硬膜下积液、硬脑膜增厚和轻度缺血性白质改变，顺势疗法治疗后未见异常报告。SDH 的管理仍然具有挑战性，记录在案的用顺势疗法药物治疗的 SDH 病例可能有助于循证医学文献。