

A Case of Appendicitis in a young girl treated by Homoeopathy

Dr.Prasoon Choudhary

^a, Dr.GuruKiran N., Dr.Deepa Warpudkar- Rajenimbalkar

^a Professor, Dept.of Pediatrics, Dr.M.P.K Homoeopathic medical College, Hospital and Research Centre, Jaipur, Homoeopathy University, saipura- Sanganer Jaipur -302029

b Corresponding Author Practitioner Homoeo Hani Clinic,Chamarajanagar Karnataka. c Phd scholar,Dept of Pediatrics, Dr.M.P.K Homoeopathic Medical College, Hospital and Research Centre, Jaipur, Homoeopathy University, Saipura—Sanganer Jaipur -302029 Short Title: Case of Appendicitis Corresponding Author:

Dr Deepa Warpudkar -Rajenimbalkar

Keywords: Homoeopathy, Appendicitis, Junk food.

Abstract

Appendicitis is an inflamed appendix. Appendix is a small, tubular pouch, about the size of a finger, that protrudes from the lower right end of your large intestine. Poop (feces) moving through your large intestine can block or infect your appendix, leading to inflammation.

Chronic appendicitis is a rare condition that appears to occur when something irritates your appendix in an onand-off sort of way over a long period. Chronic appendicitis may go unrecognized because the symptoms don't escalate the way they do in acute appendicitis. But any type of appendicitis is serious.

Symptoms:

The most common symptoms of appendicitis are abdominal pain, nausea and loss of appetite.

In the typical presentation, abdominal pain begins in the middle of your abdomen, around your belly button. It may hover or may come and go for several hours. Eventually, the pain intensifies, and nausea and vomiting develop. Several hours later, the nausea passes, and the pain shifts to your lower right abdomen, where your appendix is. The pain becomes more focused and continues to worsen.

Diagnosis:

McBurney's sign. McBurney's point is the most typical location of the appendix, and tenderness there is the first thing that we examine.

Blumberg's sign. Pressure applied to the sore area feels worse when it's released (also known as rebound tenderness.

Introduction

Appendicitis is inflammation and infection of the appendix (a thin tube of tissue that is connected to intestines).

© 2024 IJNRD | Volume 9, Issue 1 January 2024 | ISSN: 2456-4184 | IJNRD.ORG Appendicitis seems to develop when the appendix becomes blocked either by hard fecal material (called a fecalith) or Swollen lymph nodes in the intestines.

Appendix is the reservoir for beneficial gut bacteria. The most common bacteria that can cause acute appendicitis are intestinal bacteria including Escherichia Coli and bacteria belonging to the Bactericides Fragilis group [4]. Their onset is sudden and has a definite course & quick expression of action.

Appendicitis is the most common cause of acute abdomen requiring surgery. Prompt diagnosis is necessary as delayed diagnosis may lead to increased morbidity and mortality due to complications like perforation, gangrene, and phlegm on formation [6]. There are some postoperative complications after appendectomy including wound infection, intra-abdominal abscess, retrocecal abscess, intestinal perforation with peritonitis, bleeding and adhesions occurred. Appendectomy is very dangerous for Comorbidity patients as well. So, here is the beauty of homeopathic management in acute appendicitis.

The paediatrician examined and advised for an investigation; USG abdomen.

FIG 1: BEFORE HOMEOPATHIC TREATMENT

<text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text>		improving lives together 🖄 aarogya.cnr2022@gmail
<text><text><text><text><section-header><text><text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text></text></section-header></text></text></text></text>	YE	
<text><text><text><text><section-header><text><text><text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></section-header></text></text></text></text>	ಹೆಚ್.	ವಿ. ಆರ್. ಕಾಂಪ್ಲೆಕ್ಸ್, ಸರ್ಕಾರಿ ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ ಎದುರು, ಜೋಡಿ ರಸ್ತೆ, ಚಾಮರಾಜನಗರ-571 313
<section-header> LIVER: Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra dexta heaptic bilinger gadicles are normal. Portal vein and CBD are normal. CALL DELEN: Detended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection. PLEN: Mana in size and shows normal echo pattern. No focal lesion. CACREAS: Normal in size & shows normal echopattern. Mana in size and shows normal echo pattern. No focal lesion. CACREAS: Normal in size & shows normal echopattern. Marcias: <li< td=""><td>1 I</td><td>NameRef. By: Dr. Shashidhar kumarD No: 10214Date: 13.11.2023</td></li<></section-header>	1 I	NameRef. By: Dr. Shashidhar kumarD No: 10214Date: 13.11.2023
Liver is normal in size and shows normal echotexture. No focal mass lesions seen, niral and extra hepatic billary radicles are normal. Portal vein and CBD are normal. GALI BLADER: Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection. SPLEN: Mormal in size and shows normal echo pattern. No focal lesion. PACEAS: Normal in size & shows normal echopattern. MINEYS: Mix 6.6 x 2.6 cms. Lix 7.0 x 3.6 cms. Doth kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Critico-medullary differentiation is well maintained. JINENY Distended , with normal wall thickness. No internal echoes within. No calculi. JINENY DIATION SET UNITIES: Normal for age. No ascites. Appendix is mild dilated measuring 5.5 mm in diameter . No mass / collection noted. Mesenteric lymph nodes noted largest measuring 14 x 8 mm. IMPRESSION: AppenDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. Distended Radial Dilated Distanted - SUBACUTE / CHRONIC APPENDICITIS. Distanter Radialogist Markes, DMRD, (DNB). Consultant Radialogist Marke Radiologist Markes, No Tseares Markes, DMRD, versel Markes, No Reg. No. 75487		ULTRASOUND ABDOMEN & PELVIS
 GALL BLADDER: Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection. SPLEEN: Mormal in size and shows normal echo pattern. No focal lesion. PANCREAS: Normal in size & shows normal echopattern. MINEYS: Ri: 6.6 2.6 cms. Li: 70 x 3.6 cms. Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained. URINARY BLADDER: Distended, with normal wall thickness. No internal echoes within. No calculi. UTERUS AND OVARIES: Normal for age. No ascites. Appendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted. Mosenteric lymph nodes noted largest measuring 14 x 8 mm. IMPRESSION: AppenDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. Cancultant Radiologist Mathematical limitations has to be correlated 	Τi	ver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra
 collection. SPLEEN: Normal in size and shows normal echo pattern. No focal lesion. CANCREAS: Normal in size & shows normal echopattern. CANCREAS: Normal in size & shows normal echopattern. MINEYS: Mix 6.6 x 2.6 cms. Mix 7.0 x 3.6 cms. Mot kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained. DIMENTY BLADDER: Distended, with normal wall thickness. No internal echoes within. No calculi. DITERUS AND OVARIES: Normal for age. No ascites. Moppendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted. Accesteric lymph nodes noted largest measuring 14 x 8 mm. MINENSION: APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. Dist. Suresh mayak, DMRp, (DNB). Cansultant Radiologist MUTESOUND Utrasound Scan being an investigation with technical limitations has to be correlated 	GA	ALL BLADDER:
Normal in size and shows normal echo pattern. No focal lesion. PANCREAS: Normal in size & shows normal echopattern. KIDNEYS: RK: 6.6 x 2.6 cms. LK: 7.0 x 3.6 cms. Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained. URINARY BLADDER: Distended, with normal wall thickness. No internal echoes within. No calculi. UTERUS AND OVARIES: Normal for age. No ascites. Appendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted. Mesenteric lymph nodes noted largest measuring 14 x 8 mm. IMPRESSION: APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. URINARY BLADDEL Dr. Suresh nayak. DMRD, (DNB). Consultant Radiologist KMC Reg. No. 75487		
 KIDNEYS: R.K.: 6.6 x 2.6 cms. L.K.: 7.0 x 3.6 cms. Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Corico-medullary differentiation is well maintained. DITENTY OF CONTINUES Mathematical and thickness. No internal echoes within. No calculi. DITENTY OF CONTINUES Mo ascites. Appendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted. Mesenteric lymph nodes noted largest measuring 14 x 8 mm. MITTENSION: Appendix IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. DITENSION: DITENSION:		
RK: 6.6 x 2.6 cms. LK: 7.0 x 3.6 cms. Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained. <u>URINARY BLADDER:</u> Distended, with normal wall thickness. No internal echoes within. No calculi. <u>UTERUS AND OVARIES</u> : Normal for age. No ascites. <u>Appendix is mild dilated measuring 5.5 mm in diameter.</u> No mass / collection noted. <u>Messenteric lymph nodes noted largest measuring 14 x 8 mm.</u> <u>IMPRESSION:</u> <u>APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS.</u> <u>Dr. Suresh nayak. DMRD, (DNB).</u> <u>Consultant Radiologist</u> <u>KMC Reg. No. 75487</u>	Ē	PANCREAS: Normal in size & shows normal echopattern.
Distended, with normal wall thickness. No internal echoes within. No calcult. <u>UTERUS AND OVARIES</u> : Normal for age. No ascites. <u>Appendix is mild dilated measuring 5.5 mm in diameter.</u> No mass / collection noted. <u>Mesenteric lymph nodes noted largest measuring 14 x 8 mm.</u> <u>IMPRESSION</u> : <u>APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS.</u> <u>Dr. Suresh nayak. DMRD, (DNB).</u> <u>Consultant Radiologist</u> <u>KMC Reg. No. 75487</u> Ultrasound Scan being an investigation with technical limitations has to be correlated		RK: 6.6 x 2.6 cms. LK: 7.0 x 3.6 cms. Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen.
No ascites. Appendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted. Mesenteric lymph nodes noted largest measuring 14 x 8 mm. <u>IMPRESSION</u> : APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. Dr. Suresh nayak. DMRD, (DNB). Consultant Radiologist KMC Reg. No. 75487 Ultrasound Scan being an investigation with technical limitations has to be correlated		URINARY BLADDER: Distended, with normal wall thickness. No internal echoes within. No calculi.
Appendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted. Mesenteric lymph nodes noted largest measuring 14 x 8 mm. IMPRESSION: APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. Dr. Suresh nayak. DMRD, (DNB). Consultant Radiologist KMC Reg. No. 75487 Ultrasound Scan being an investigation with technical limitations has to be correlated	U	TERUS AND OVARIES: Normal for age.
APPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS. Dr. Suresh nayak. DMRD, (DNB). Consultant Radiologist KMC Reg. No. 75487 Ultrasound Scan being an investigation with technical limitations has to be correlated	AD	pendix is mild dilated measuring 5.5 mm in diameter. No mass / collection noted.
Dr. Suresh nayak. DMRD, (DNB). Consultant Radiologist KMC Reg. No. 75487 Ultrasound Scan being an investigation with technical limitations has to be correlated	IM	IPRESSION:
Consultant Radiologist KMC Reg. No. 75487 Ultrasound Scan being an investigation with technical limitations has to be correlated	AP	PPENDIX IS MILD DILATED - SUBACUTE / CHRONIC APPENDICITIS.
	Ult	Consultant Radiologist KMC Reg. No. 75487

IJNRD2401137

After going through the reports, the doctor advised for surgery.

After hearing this, the parents got tensed and they opted for homoeopathic treatment.

After case-taking, examining the patient (McBurney's point), considering the totality repertorizing the case, homoeopathic similimum was prescribed.

Quick Repertorisation × Keynotes	10									
Record	Re <u>c</u> ord Clear 🥰						Alternate Symptoms			
Strategies/Filters Applied	Favorite Rej	pertories			[Knerr] [Throat]Swallowing:Ears:Painful in right [Knerr] [Throat]Tonsils:Swollen:Hypertrophy, ch					
Sort on Totality (Descending)			*	[Knerr] [Throat]To	onsils:Swollen:	Hypertrophy, w tion]Pulse:Acce			
Symptoms: 3 Remedies: 876	Show Repertorisation Tools			Pre	Prescribe Remed		Record			
Remedy Name		Sulph	Coloc	Kali-c	Plb	Sil	Pyrog			
Totality		6	5	5	5	5	4			
Symptoms Covered		2	2	2	2	2	2			
Kingdom		*		×.	*	1	et			
[Murphy] [Clinical]Appendicitis, (see Intestines, chapter):Chronic: (13)		2	1	1	1	1	1			
[Complete] [Rectum]Constipation: (875)	3	4	4	4	4	4	3			

The girl use to snore while sleeping due to hypertrophy of the tonsils. o/e: there was a hypertrophied tonsil. RX

Sulphur iod 200 2 doses/15 days

Follow-up:

After 15 days, the abdomen pain has reduced drastically, the girl use to pass the regular stools.

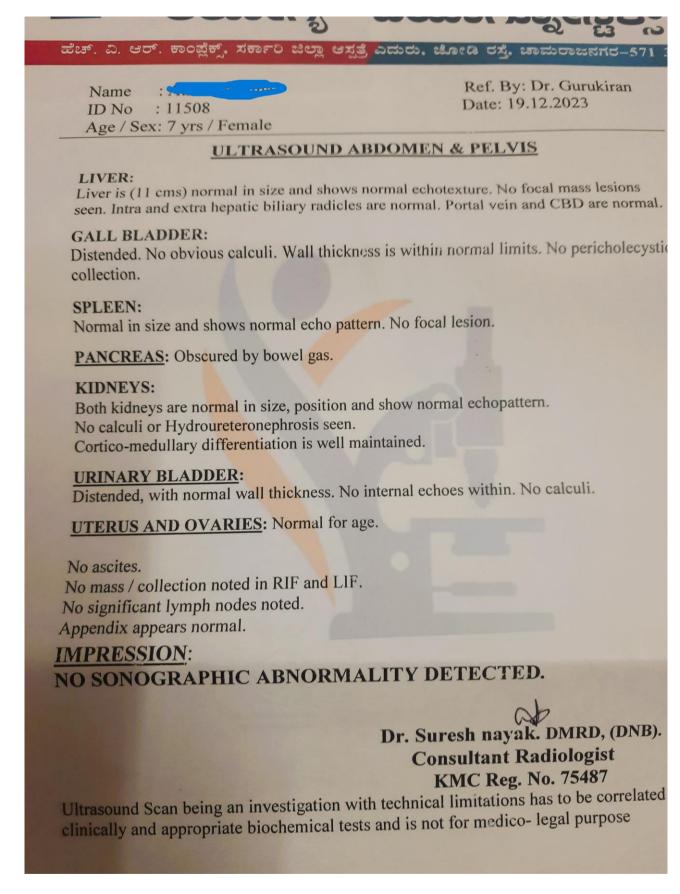
The appetite was improved well. The snoring while sleeping has also reduced drastically.

one more dose of sulphur iod 200 was prescribed and advised to visit after 15 days.

In the next follow-up the patient got much better, after examining (McBurney's point) there was no tenderness. Then advised for a USG abdomen & pelvis.

Research Through Innovation

© 2024 IJNRD | Volume 9, Issue 1 January 2024 | ISSN: 2456-4184 | IJNRD.ORG FIG 2: AFTER HOMOEOPATHIC TREATMENT



This patient used to have all kinds of junk foods (especially baked products) on a regular basis. As a result, constipation and irregular stool habits were cultivated. After the homoeopathic treatment, the girl was advised strictly to avoid junk foods.

This case of a appendicitis is successfully treated with homoeopathic medicines where surgery has been avoided.

Children who ate fast food and fried foods more than three times per week were at a higher risk of developing appendicitis those who ate these foods less frequently.

Homoeopathic remedy for appendicitis is very effective and they will give long lasting relief.

The foods we consume can significantly impact our digestive health, and studies suggest that certain foods may increase the risk of developing appendicitis.

Acknowledgement: None

Conflict of Interest: None

Source of Funding: None

References

1. Wikipedia contributors. Appendicitis [Internet]. Wikipedia, The Free Encyclopedia. 2023. Available from: https://en.wikipedia.org/w/ index.php?title=Appendicitis &oldid=1146003988

2. Mefanet C. Slovak medical faculties network. Acute appendicitis [Internet]. Wikilectures.eu. [cited 2023 Mar 27]. Available from: https:// www.wikilectures.eu/w/Acute_appendicitis

3. Humes DJ, Simpson J. Acute appendicitis. BMJ [Internet]. 2006;333(7567):530-4. Available from: http://dx.doi.org/10.1136/bmj.38940.664363.AE

4. Appendectomy [Internet]. Hopkinsmedicine.org. 2019 [cited 2023 Mar 27]. Available from: https://www.hopkinsmedicine.org/health/treatment- tests- and-therapies/appendectomy

5. Kent JT. Lectures on homoeopathic materia medica: Together with Kent's new remedies incorporated & arranged in one alphabetical order. B Jain; c2022.

6.Homoeopath Software.

7.Clarke JH. The Prescriber. 3rd edition. New Delhi: B. Jain Publishers (P) Ltd; 2015: 80

8. Homoeopathic medical repertory" by Dr. Robin murphy: a keynote study on different editions .

9. Complete Repertory to the Homcopathic Materia Medica

Research Through Innovation

Sulphur iod 200 2 doses/15 days Follow-up:

After 15 days, the abdomen pain has reduced drastically, the girl use to pass the regular stools.

The appetite was improved well. The snoring while sleeping has also reduced drastically.

one more dose of sulphur iod 200 was prescribed and advised to visit after 15 days.

In the next follow-up the patient got much better, after examining (McBurney's point) there was no tenderness. Then advised for a USG abdomen & pelvis.

b316

© 2024 IJNRD | Volume 9, Issue 1 January 2024 | ISSN: 2456-4184 | IJNRD.ORG

ಹೆಚ್. ವಿ. ಆರ್. ಕಾಂಪ್ಲೆಕ್, ಸರ್ಕಾರಿ ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ ಎದುರು, ಜೋಡಿ ರಸ್ತೆ, ಚಾಮರಾಜನಗರ

Name . (

: 11508 ID No

Ref. By: Dr. Gurukiran Date: 19.12.2023

Age / Sex: 7 yrs / Female

ULTRASOUND ABDOMEN & PELVIS

LIVER:

Liver is (11 cms) normal in size and shows normal echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:

Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection.

SPLEEN:

Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Obscured by bowel gas.

KIDNEYS:

Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:

Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES: Normal for age.

No ascites. No mass / collection noted in RIF and LIF. No significant lymph nodes noted. Appendix appears normal.

IMPRESSION: NO SONOGRAPHIC ABNORMALITY DETECTED.

Dr. Suresh nayak. DMRD, (DNB). **Consultant Radiologist** KMC Reg. No. 75487

Ultrasound Scan being an investigation with technical limitations has to be correlated clinically and appropriate biochemical tests and is not for medico- legal purpose

Homoeopathic treatment

This patient used to have all kinds of junk foods (especially baked products) on a regular basis. As a result, constipation and irregular stool habits were cultivated. After the homoeopathic treatment, the girl was advised strictly to avoid junk foods.

This case of a chronic appendicitis is successfully treated with homoeopathic medicines where surgery has been avoided.

After

IJNRD2401137

Discussion

Children who ate fast food and fried foods more than three times per week were at a higher risk of developing appendicitis those who ate these foods less frequently.

Homoeopathic remedy for appendicitis is very effective and they will give long lasting relief.

