Cystic Hygroma Treated with Homoeopathic Medicines: Best Case Series

Girish Gupta¹, Dileep Pandey²

Introduction
Cystic Hygroma, also known as cystic lymphangioma is often congenital, benign, multiloculated lymphatic lesion that can develop anywhere but is classically found in the neck and axilla which may extend to mediastinum. This is a condition which usually affects children; very rarely it can appear in adults. Pathologically it is lymphatic malformation with multicystic areas filled with lymph.

Cystic Hygroma is categorized under diagnosis Code D18.12018 in ICD-10-CM.

It is harmless but disfiguring. Large lesions of Cystic Hygroma may produce pressure symptoms according to its location like dysphagia, heaviness in chest and difficulty in respiration etc. Infection and hemorrhage are rare complications of Cystic Hygroma.

Abstract
It is a retrospective study of cases of Cystic Hygroma treated in Gaurang Clinic & Centre for Homoeopathic Research, Kapoorthala, Aliganj, Lucknow. The main parameter of assessment was visual i.e. photography. Seven well followed up cases which responded to constitutional homoeopathic treatment are presented with photographic evidence. Results are positive and reproducible[1][2]. The time duration of treatment varied from case to case irrespective of size of the lesion.

Objective
To produce evidence in support of nonsurgical treatment of Cystic Hygroma with homoeopathic medicines.

Discussion
Spontaneous regression of lymphangioma is a rare entity [3]. The treatment of Cystic Hygroma is surgical excision of the lesion or sclerotherapy but possibility of recurrence cannot be denied. Homoeopathic medicines, however, have been found to be effective in regression of Cystic Hygroma.

Reference

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MODEL CASE – 1

Present Complaints:
A male child Mast. K. S. (Regn. No.: K-02007) of 1 year age was brought to clinic on 17/2/2014 for consultation from Navi Mumbai for the treatment of huge, painless, cystic swelling on right side of neck since birth. It started increasing fast since last one month.

Clinical Findings:
Large, cystic, non-tender swelling palpable in right side of neck disfiguring the face.

The case was taken up and following rubrics were selected for repertorisation.
- Obstinate, headstrong:
- Weeping, tearful mood: Tendency: easily:
- Active child:
- Starting, startled: sleep during:
- Frightened easily:
- Perspiration, scalp:

Repertorisation Chart:

<table>
<thead>
<tr>
<th>Remedies</th>
<th>Calc carb</th>
<th>Phos</th>
<th>China</th>
<th>Caust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totality</td>
<td>19</td>
<td>17</td>
<td>15</td>
<td>15</td>
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<tr>
<td>Symptoms Covered</td>
<td>8/8</td>
<td>7/8</td>
<td>8/8</td>
<td>7/8</td>
</tr>
</tbody>
</table>

Medicine selected: Calcarea carbonica

First prescription (17/02/2014): Calcarea carbonica 30 was prescribed weekly followed by Placebo for 4 weeks. Patient was taken back to Mumbai and parents were asked to send photographs by mail.

Reduction in the size of lesion. Same prescription was repeated on several visits.

Follow-up (13/10/2014): Photographs received. Condition static. Hence Calcarea carbonica 200 weekly followed by Placebo for 4 weeks.

Follow-up (21/11/2014): Photographs received. About 50 % reduction as compared to initial photographs. Same treatment on several visits.

Follow-up (03/04/2015): Photographs received. No further reduction. Calcarea carbonica 1000 single dose followed by Placebo.

Follow-up (15/06/2015): Photographs received. Condition as such. Calcarea carbonica 1000, fortnightly followed by Placebo for 6 weeks.

Follow-up (13/09/2015): Photographs received. Neck swelling as such. On review of the case, no other medicine seemed indicated hence Calcarea carbonica 1000, fortnightly followed by Placebo for 6 weeks.

Follow-up (28/10/2015): Photographs received. No marked change. Same prescription was repeated for 8 weeks.

Follow-up (31/12/2015): Photographs received. Neck swelling started increasing. Hence Calcarea carbonica 1000 weekly followed by Placebo for 4 weeks.

Follow-up (27/01/2016): Neck swelling started regressing. Same prescription was repeated for 8 weeks.

Follow-up (28/03/2016): Neck swelling further reduced. Same prescription was repeated for another 6 weeks.

Follow-up (10/05/2016): Photographs received. Neck swelling considerably reduced. Same prescription for 4 weeks.

Follow-up (14/06/2016): Photographs received. Swelling much reduced. Same
prescription was repeated for another 8 weeks.

**Follow-up (17/08/2016):**
Photographs received. Swelling reduced. Same prescription was repeated for 12 weeks.

**Follow-up (21/11/2016):**
Photographs received. Swelling further reduced. Same prescription was again repeated for 8 weeks.

**Follow-up (22/01/2017):**
Photographs received. Progressive reduction in neck swelling. Same prescription was repeated for 8 weeks.

**Follow-up (30/03/2017):**
Photographs received. Significant reduction. Same prescription was repeated for 8 weeks.

**Follow-up (18/07/2017):**
Photographs received. Improvement continue. Only Placebo for 8 weeks.

Reduction in the size of lesion. Same medicine was repeated on several visits.

**Follow-up (23/01/2018):**
Photographs received. Improvement continued. Only Placebo for 8 weeks.

Reduction in the size of lesion. Same medicine was repeated on several visits.

**Follow-up (26/06/2018):**
Photographs received. Improvement continued. Only Placebo for 4 weeks.

Child is still under follow-up.

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### MODEL CASE – 2

**Present Complaints**

A male child Mast. S. O. (Regn. No.: S-09471) aged 7 months, a diagnosed case of Lymphangioma was brought to clinic on 15/4/2015 from Buxar (Bihar) for the treatment of soft painless hard swelling on left side of neck progressing rapidly.

**Investigation**

CT-Scan of Neck (Plain and contrast dated 07/04/2015): Large multi-septate trans-spatial cystic mass lesion measuring 82 x 72 x 43 mm in the neck extending from the level of base of skull to inferiorly mildly into the antero-superior mediastinum suggestive of Lymphangioma.
The case was taken up and following rubrics were selected for repertorisation.

- Starting, startled: sleep during:
- Cheerful
- Perspiration
  - scalp:
  - Palm
  - Back
- Throat – External - Swelling gland

**Repertorisation Chart:**

<table>
<thead>
<tr>
<th>Remedies</th>
<th>Calc carb</th>
<th>Sulph</th>
<th>Phos</th>
<th>Sepia</th>
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</thead>
<tbody>
<tr>
<td>Totality</td>
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<td>14</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Symptoms Covered</td>
<td>6/6</td>
<td>6/6</td>
<td>6/6</td>
<td>6/6</td>
</tr>
</tbody>
</table>

**Result of Repertorisation**

Medicine selected:

**Calcarea carbonica**

**First prescription (15/04/2015):**
Calcarea carbonica 30 was prescribed weekly followed by Placebo for 4 weeks.

**Follow-up (15/05/2015):**
No change in the size but on examination softening of lesion noticed. Calcarea carbonica 30 weekly followed by Placebo for 4 weeks.

**Follow-up (23/06/2015):**
Reduction in size observed. Same treatment continued.

**Follow-up (17/11/2017):**
After marked reduction no further improvement noticed for the last two months. Calcarea carbonica 200 was prescribed weekly followed by Placebo for 4 weeks.

Reduction in the size of lesion. Same prescription was repeated on several visits.

**Follow-up (08/03/2018):**
No swelling visible on the neck. Placebo for 8 weeks. CT Scan of neck was advised for internal assessment.

**Follow-up (01/08/2018):**
CT-Scan of Neck (Plain and contrast dated 24/07/2018): Cystic lesion measuring 24.1 x 16.1mm in the left side of neck.
Table 1: Symptoms produced following 56 dose schedule

FOLLOW-UP CT-SCAN REPORT

Before Treatment – 15/04/2015

During Treatment – 29/07/2015

Last Follow-up – 19/11/2017

Research
MODEL CASE – 3

Present Complaints

A male child Mast. K. (Regn. No.: K-02549) aged 1 year 9 months, a diagnosed case of Cystic Hygroma was brought to clinic on 12/6/2016 from Mumbai for the treatment of soft painless, swelling on left side of neck progressing slowly, observed by parents on 10th day after birth. Sclerotherapy was done till 20/04/2016 but no regression observed.

Investigation

MRI of Neck (Dated 04/07/2015): CE MRI neck of a 10 months old male child reveals a large multiloculated lesion involving multiple compartments on left side. MRI features are suggestive of a Veno-lymphatic malformation.

The case was taken up and following rubrics were selected for repertorisation:

- Obstinate
- Finger in mouth
- Starting, startled: sleep during:
- Timidity
- Salivation excessive
- Indigestible thing desire
- Food salty desire
- Perspiration Palm

Repertorisation Chart:

<table>
<thead>
<tr>
<th>Remedies</th>
<th>Calc carb</th>
<th>Sil</th>
<th>Nit-ac</th>
<th>Sulph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totality</td>
<td>18</td>
<td>17</td>
<td>16</td>
<td>15</td>
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<tr>
<td>Symptoms Covered</td>
<td>8/8</td>
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<td>7/8</td>
<td>8/8</td>
</tr>
</tbody>
</table>
During Treatment – 25/01/2018

Investigation:

USG of Neck and axilla (Dated 04/09/2016): Large Lymphangioma on left side of neck and axilla.

The case was taken up and following rubrics were selected for repertorisation.

- Talkative
- Extrovert
- Active child
- Frightened easily
- Sentimental
- Food salty desire
- Food Cold drink desire
- Food milk aversion
- Thirst increased

Repertorisation Chart:

Result of Repertorisation:

<table>
<thead>
<tr>
<th>Remedies</th>
<th>Phos</th>
<th>Calc carb</th>
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<td>10/10</td>
<td>8/10</td>
</tr>
</tbody>
</table>

Medicine selected:

Phosphorus

First prescription (19/03/2017):

Phosphorus 30 was prescribed weekly followed by Placebo for 4 weeks.

Follow-up (14/03/2017):

Phosphorus 30 weekly followed by Placebo for 4 weeks.

Reduction in the size of lesion. Same medicine was repeated on several visits.

MODEL CASE – 4

Present Complaints:

A male child Mast. A. (Regn. No.: A-008551) aged 3 years, a diagnosed case of Cystic Hygroma was brought to clinic on 19/3/2017 from Bareilly for the treatment of soft painless, swelling on left side of neck and left axilla since 7 month of age. No apparent reduction in the size of lesion observed after 11 sessions of Scrlerotherapy.

Last Follow-up – 02/07/2018
Follow-up (03/09/2017):
No further reduction

*Phosphorus* 200 weekly followed by Placebo for 4 weeks.

Follow-up (22/10/2017):
Almost 90% reduction in size of cystic lesion was observed

*Phosphorus* 200 weekly followed by Placebo for 4 weeks.

**Before Treatment (19/03/2017)**

**During Treatment (19/03/2017)**

**Last Follow-up (04/10/2017)**

Only photographic evidence of three cases (Case No. 5, 6 and 7) of Cystic Hygroma who responded to Homoeopathic treatment is being presented. Other details are not being given to cut short the size of paper.

**MODEL CASE – 5**

**Before Treatment (27/01/2008)**

**During Treatment (14/09/2008)**
MODEL CASE – 6
Before Treatment (27/11/2007)

During Treatment (16/02/2010)

MODEL CASE – 7
Before Treatment (10/10/2007)

During Treatment (03/04/2008)

During Treatment (04/11/2007)

During Treatment (30/11/2007)