

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 multi cystic 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

1. Gupta G, A case of Cystic Hygroma cured by *Calcarea carbonica*, *Homoeo Times*, Volume 6, Issue 9, September 2009.
2. Gupta G, A case of Large Cystic Hygroma, *Advancements in Homoeopathic Research*, Volume 2 No. 3 (40), August-October 2017.
3. Ling Xiu Ngui, Shashi Gopalan, Chiun Kian Chai, A rare case of spontaneous regression of huge neck lymphangioma post primary infection, *Egyptian Journal of Ear, Nose, Throat and Allied Sciences*, Volume 17, Issue 2, 2016, Pages 99-102, ISSN 2090-0740.

¹M.D. (Hom) PhD, Chief Consultant
Gaurang Clinic & Centre for Homoeopathic Research
²B.Sc., B.H.M.S.

Address for correspondence

Dr. Girish Gupta

Gaurang Clinic & Centre for Homoeopathic Research
B-1/41, Sector-A, Near Novelty Cinema (Aliganj)
Kapoorthala, Aliganj, Lucknow-24, UP, INDIA
Phone: 2326464, 4004370
WhatsApp number +917318520111
E-mail: girishguptadr@gmail.com

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.

Before Treatment – 17/02/2014



During Treatment – 14/06/2016



Last Follow-up – 26/06/2018



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:

Repertorisation Table		Reg. No. : 4608	Rep. Date : 15/04/2015
Patient Name : <i>[Redacted]</i>			
Normal Repertorisation		Calc	Sulph
Symptoms Covered		Phos	Sep
		Si	Lyc
		Chin	Kali-c
		Merc	Nux-v
		Nit-ac	Antic
		Cham	Puls
		Hep	
Totally		14	14
Symptoms Covered		13	12
[C] [Mind] Starting, startled: Sleep During:		2	2
[C] [Mind] Cheerfulness, gaiety, happiness: Tendency:		2	2
[C] [Back] Perspiration:		2	2
[C] [Head] Perspiration, scalp:		2	2
[C] [Extremities] Perspiration: Hand: Palms:		2	2
[C] [External Throat] Swelling: Cervical glands:		2	2
Symptoms 1 to 6		Total Symptoms : 6	Remedies 1 to 15
		Total Remedies : 410	page 1 of 1

Result of Repertorisation

Remedies	Calc carb	Sulph	Phos	Sepia
Totally	14	14	13	12
Symptoms Covered	6/6	6/6	6/6	6/6

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.

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

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.

INITIAL CT-SCAN REPORT

S-09471



LARGE CYSTIC LESION
Size: 82X72X43 mm Date: 07/04/2015

Name: - *[Redacted]* 07m Date: - 07.04.2015
Ref by: - Dr. Niraj Sinha MD Sex: - M

CT SCAN OF NECK (Plain & Contrast)

PHOTO: Continuous plain and contrast axial scan of neck was performed with beam collimation of 5 mm and slice size of 2.5 mm covering from C7 right down to the upper chest. Repetitive multi-phase reconstruction (SPP) was done in coronal and sagittal plane.

There is presence of large multiloculated cystic mass lesion measuring 8.2 x 7.2 x 4.3cm sized seen in the left side of the neck. The lesion is having large irregular cystic areas with thick enhancing septations. No calcification or fatty component is seen. The lesion is extending superiorly from the level of CVJ and inferiorly mildly extending into the anterosuperior mediastinum. The mass is occupying the multiple spaces of the neck including the submandibular, carotid and parapharyngeal as well as large component seen in the posterior triangle of the neck inferiorly. The mass is causing compression on the oropharynx towards the right side and displacing the carotid arteries anterosuperiorly however showing the normal contrast enhancement. The left internal jugular vein is markedly attenuated in caliber.

The thyroid gland is also displaced towards the right side.

Left subclavian vessels are compressed and displaced inferiorly.

The supra and infra hyoid neck is normal.

No evidence of soft tissue lesion or significant lymphadenopathy.

The pharynx and larynx are unremarkable.

The glottic region does not show significant abnormality.

The strap muscles are normal.

The salivary glands are normal.

The thyroid is normal.

The neck vessels are intact.

Cervical spine normal.

No parapharyngeal or retropharyngeal collection seen.

IMPRESSION: Large multiseptated transspatial cystic mass lesion in the left neck extending from the level of base of skull to inferiorly mildly into the anterosuperior mediastinum suggestive of lymphangioma as described.

FOLLOW-UP CT-SCAN REPORT

4/M A Prakash Radiology India Pvt Ltd
 *24-Jul-2014, M. 4Y Ref. DR GIRISH GUPTA
 24-Jul-2018 SOMATOM Scope
 13:53:30.24 CT VC30 - easyIQ version
 2 IMA 36 S-09471
 SP 258.6



RESIDUAL CYSTIC LESION
Size: 24.1X16.1 mm Date: 24/07/2018

PATIENT'S NAME: SHIVANSH OJHA AGE/SEX: 4YRS/M.
 REFERRED BY: DR : GIRISH GUPTA DATE: 24.07.2018

MSCT SCAN OF NECK
 High resolution 32 slice CT imaging was performed using contiguous plain and contrast axial scan of neck from base of skull to clavicle.

- Well defined, cystic lesion noted in the left side of neck, inferior to the level of thyroid gland at the level of inferior end plate of C6 vertebral body extending inferiorly slightly into the anterior mediastinum upto the inferior endplate of D1 vertebral body. Superiorly, it is abutting the inferior surface of left lobe of thyroid gland. Medially it is abutting the trachea. It is completely surrounding the left internal jugular vein, however lumen of left internal jugular vein is well opacified by contrast and appears normal. No enhancing septae noted. No evidence of calcification. It measures 2.41 cm x 1.61 cm in axial plane.
- Non-enhancing hypodense areas noted completely filling the right maxillary sinus, right sphenoid sinus, right frontal sinus and right ethmoidal air cells with intermittent hyperdense areas within and associated remodelling of the bones. There is blockage of right osteomeatal complex and right fronto-ethmoidal recess with narrowing of right sphenoidal recess. These suggest possibility of chronic sinusitis with inspissated secretion most likely.
- Minimal mucosal thickening noted in left maxillary sinus.
- The cervical soft tissues show normal configuration, and the cervical spine is normally positioned.
- The oral floor muscles are bilaterally symmetrical and normally developed. The spaces of the oral floor are clear and well defined.
- Imaged portions of the parotid and submandibular glands show no abnormalities.
- The pharynx and larynx show normal boundaries and normal wall thickness.
- The thyroid gland shows reasonable symmetry and normal size. The thyroid lobes have a normal internal structure.
- Cervical vessels that can be evaluated with CT have a normal appearance.
- The musculatures of neck appear normal. No significant lymphadenopathy noted.

IMPRESSION:
 In known case of cystic hygroma:

- Well defined, cystic lesion in left side of neck, extending from below the level of thyroid gland to inferiorly slightly into the anterior mediastinum with extent as described above. These suggest possibility of residual lesion.
- Non-enhancing hypodense areas completely filling the right maxillary sinus, right sphenoid sinus, right frontal sinus and right ethmoidal air cells with intermittent hyperdense areas within and associated remodelling of the bones. There is blockage of right osteomeatal complex and right fronto-ethmoidal recess with narrowing of right sphenoidal recess. These suggest possibility of chronic sinusitis with inspissated secretion most likely.
- Minimal mucosal thickening noted in left maxillary sinus.

Before Treatment – 15/04/2015



During Treatment – 29/07/2015



Last Follow-up – 19/11/2017



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 Venolymphatic 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:

Patient Name : Mast. K-02549		Reg. No. : 4608		Rep. Date : 15/04/2015												
Normal		Repertorisation														
Symptoms Covered		Calc	Sulph	Phos	Sep	Lyc	Chin	Kali-C	Merc	Nuxy	Nit-ac	Arac	Cham	Puls	Hip	
(C) (Mind)Starting, started Sleep During:	11	14	13	12	12	11	11	11	11	11	10	10	10	10	10	
(C) (Mind)Cheerfulness, gaiety, happiness:Tendency:	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	
(C) (Back)Perspiration:	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	
(C) (Head)Perspiration, scalp:	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	
(C) (Extremities)Perspiration:Hand Palms:	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	
(C) (External Throat)Swelling:Cervical glands:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Symptoms 1 to 6		Remedies 1 to 15														
Total Symptoms : 6		Total Remedies : 410														

Result of Repertorisation

Remedies	Calc carb	Sil	Nit-ac	Sulph
Totally	18	17	16	15
Symptoms Covered	8/8	8/8	7/8	8/8

Medicine selected:

Calcarea carbonica

First prescription (12/06/2016):

Calcarea carbonica 30 was prescribed weekly followed by Placebo for 8 weeks.

Follow-up (01/09/2016):

Swelling slightly reduced. Calcarea carbonica.30 weekly followed by Placebo for 8 weeks.

Follow-up (10/01/2017):

Further reduction. Calcarea carbonica.30 weekly followed by Placebo for 8 weeks.

Follow-up (01/03/2017):

Swelling slightly reduced. Calcarea carbonica.200 weekly followed by Placebo for 8 weeks.

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

Follow-up (28/08/2017):

Swelling slightly reduced. Calcarea carbonica.1M weekly followed by Placebo for 4 weeks.

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

Follow-up (25/01/2018):

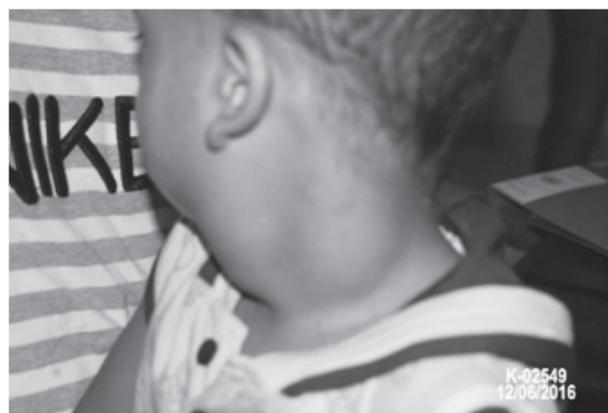
Slightly increased. Calcarea carbonica.1M weekly followed by placebo.

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

Follow-up (02/07/2018):

Swelling further reduced. Calcarea carbonica.1M weekly followed by placebo.

Before Treatment – 12/06/2016



During Treatment – 25/01/2018



Last Follow-up – 02/07/2018



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 Sclerotherapy.

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:

Repertorisation Table																
Patient Name : Mast. A. (Regn. No. : 3368)		Reg. No. : 3368														
Normal Repertorisation		Rep. Date : 19/03/2017														
		Phos	Calc	Sulph	Ign	Nat-m	Lach	Stram	Acon	Ars	Arg-n	Nat-c	Chin	Sep	Tub	Bell
	Totally	23	17	16	15	15	15	15	14	14	14	14	13	13	12	12
	Symptoms Covered	10	9	10	8	8	7	6	8	8	7	7	8	7	9	8
[C](Mind)Loquacity.		2	1	1	1	1	4	3	1	1	1	2				1
[C](Mind)Extroverted.		1		2	1		2				1					1
[C](Mind)Active.		3	2	1	2		3	1	1	1		1	1	2	1	1
[C](Mind)Fear Dark.		2	2	1		1	4	2	1	1	1	1	1	1	1	1
[C](Mind)Frightened easily.		2	2	2	2	2	3	2	3	3	3	1	1	3	3	2
[C](Mind)Sentimental.		2	1	2	3	2	1		1	1		1	1	2	1	
[C](Generalities)Food and drinks Salt or salty food Desires.		3	2	1		3				3	2					2
[C](Generalities)Food and drinks Cold Drinks, water Desires.		3	2	1	2			3	3	2	2	3	2	1	2	
[C](Generalities)Food and drinks Milk Aversion.		2	2	2	2	1	1	1		1		3	1	2	1	1
[C](Stomach)Thirst.		3	3	3	2	3	2	3	3	3	3	2	3	1	1	2
Symptoms 1 to 10		Total Symptoms : 10					Remedies 1 to 15					Total Remedies : 489				

Result of Repertorisation:

Remedies	Phos	Calc carb	Sulph	Ign
Totally	23	17	16	15
Symptoms Covered	10/10	9/10	10/10	8/10

Medicine selected:

Phosphorus

First prescription (19/03/2017):

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

Follow-up (14/03/2017):

Phosporus 30 weekly followed by Placebo for 4 weeks.

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

Follow-up (03/09/2017):

No further reduction

Phosporus 200 weekly followed by Placebo for 4 weeks.

Follow-up (22/10/2017):

Almost 90% reduction in size of cystic lesion was observed

Phosporus 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)



During Treatment (16/02/2010)



MODEL CASE – 7

Before Treatment (10/10/2007)



MODEL CASE – 6

Before Treatment (27/11/2007)



During Treatment (04/11/2007)



During Treatment



During Treatment (30/11/2007)



During Treatment (03/04/2008)

