

**INDIVIDUALISED HOMEOPATHIC MANAGEMENT OF PAEDIATRIC
INGUINOSCROTAL HERNIA WITH ENURESIS: A CASE REPORT****Dr. Vinodini Vasant Rao Patil^{*1}, Dr. Srikar Thota²**

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ABSTRACT

Background: Inguinoscrotal hernia and enuresis are common paediatric conditions typically managed through surgery and behavioural interventions, respectively. However, homeopathy is an individualized non-invasive therapeutic approach based on holistic principles. This case report presents the successful management of both conditions in a 5-year-old male child using homeopathy, thereby avoiding surgical intervention. **Case Summary:** The patient presented with a right-sided inguinoscrotal hernia, worsened by exertion, and primary enuresis occurring 4–5 nights weekly. A detailed constitutional assessment revealed right-sided complaints, flatulence, anticipatory anxiety, fear of darkness, a sensitive disposition, and a craving for sweets. Surgical evaluation recommended elective herniotomy, but the parents opted for homeopathic treatment for complete cure. **Intervention:** Based on totality of symptoms and repertorization, Tuberculinum, Phosphorus, Lycopodium clavatum, Argentum nitricum was prescribed in different doses and potencies. The remedy selection reflected both physical and mental characteristics, including right-sided pathology and emotional insecurity. **Outcome:** Over an 8-month period, significant improvements were noted. Enuresis episodes reduced progressively, and the hernia ceased to protrude after the fourth month. By the eighth month, both conditions resolved completely without recurrence, as confirmed during a 12-month follow-up. No adverse effects were reported. **Conclusion:** This case illustrates the potential of individualized homeopathy to treat structural and functional paediatric disorders holistically. It underscores the importance of considering both physical and emotional factors in remedy selection and calls for further clinical research into homeopathy role as an alternative in surgical conditions.

KEYWORDS: Inguinoscrotal hernia, enuresis, homeopathy, paediatrics, individualized treatment, surgery avoidance.

1. INTRODUCTION

In the paediatric population, inguinal hernias are common; their frequency ranges from 1% to 5% in full-term infants and is much higher in preterm neonates.^[1] The disease occurs when the processus vaginalis fails to obliterate, causing the contents of the abdomen to protrude into the scrotum or inguinal canal.^[2] The standard course of action to avoid problems like strangling or incarceration is to have surgery, namely a herniotomy.

About 15–20% of children over five suffer from enuresis, which is described as involuntary urine during sleep.^[3] It can be an unpleasant and socially restricting condition. Its aetiology is complex and includes bladder malfunction, emotional stress, genetic susceptibility, and delayed neurodevelopmental maturity. A child's occurrence of inguinal hernia and enuresis causes a special therapeutic difficulty and could be a sign of associated neuromuscular or constitutional abnormalities.^[4]

Homoeopathy is an individualised, holistic method that addresses the patient's entire range of symptoms, including emotional, constitutional, and physical ones.^[5] According to Hahnemann in the Organon of Medicine, it is founded on the idea that "similia similibus curentur" and uses similar remedies to activate the body's natural healing process, or vital force.^[6] Treatments are chosen based on the patient's individual symptoms, personality, and temperament rather than just the pathology.^[7]

This case report details the effective use of classical homoeopathy to treat a child who had enuresis and a right-sided inguinoscrotal hernia.^[8] The method resulted in a full and long-lasting recovery without the need for surgery, demonstrating the potential value of homoeopathy in treating some paediatric illnesses that are typically treated with surgery.^[9]

Homeopathic Case Report^[10]

Patient Name: Arhan

Age: 4 years

Sex: Male

4. Generals

Table 1: General Symptoms of Patient.

Aspect	Details
Appetite	Normal
Thirst	Thirstless
Desires	Marked craving for sweets (+++)
Sleep	Disturbed due to enuresis, dreams of dead persons
Perspiration	Perspires during sleep; throws off bedclothes
Thermal State	Sensitive to heat during perspiration

5. Mental Generals

- Highly irritable child
- Reacts strongly to restrictions or denial
- Becomes angry easily, may cry or throw tantrums
- Can be sensitive emotionally; mood changes are prominent

Date of First Consultation: 24/02/2024

Diagnosis: ICD-11 code: DD51, Right Inguinoscrotal Hernia,

ICD -11 code: 6C00 Enuresis

1. Chief Complaints

- Right Inguinoscrotal Hernia, as diagnosed by USG dated 25/08/2021:
 - Hernia lined by patent processus vaginalis
 - Impulse on crying and coughing
 - Fluid as major content
- Involuntary urination day and nighttime

2. Past Medical History

- History of hospitalization for gastroenteritis
- No other specific chronic illnesses reported

3. Family History

- Father diagnosed with Squamous Cell Carcinoma

6. Physical Examination

- On physical examination, a right-sided inguinoscrotal swelling was observed with a positive expansile cough impulse [24/02/2024, 25/04/2024, 15/6/2024].
- No physical abnormalities on inspection as of 25/12/2024
- No inguinal bulge or signs of hernia on either side

7. Investigations

Table 2: Investigation Findings.

Date	Investigation	Findings
25/08/2021	USG Abdomen	Right inguinoscrotal hernia; fluid content; impulse on crying/coughing
25/12/2024	Repeat USG	Normal testes, no hernia seen

8. Follow-up

Table 3: Follow ups with Prescription.

24/02/2024	<ul style="list-style-type: none"> • Tuberculinum 1M – 2 Powder doses • Phosphorus 30 	Child presented with recurrent episodes of enuresis and visible swelling in the inguinoscrotal region, particularly after physical exertion. History of recurrent upper respiratory infections and general restlessness prompted the selection of <i>Tuberculinum</i> as an intercurrent remedy. <i>Phosphorus</i> was prescribed for constitutional support based on sensitivity, thirst, and mild fearfulness.
25/04/2024	Nux Vomica 30 - 2 powder doses Lycopodium30	Post intercurrent dose, appetite had improved, but irritability and bloating noted. Child was constipated, with hard stools and incomplete evacuation. <i>Nux Vomica</i> prescribed for acute correction of digestive imbalance. <i>Lycopodium</i> selected based on right sided hernial presentation, and anticipatory anxiety.

15/06/2024	Lycopodium 30 – 2 powder doses Arum Met 30	Child remained emotionally sensitive. Continued improvement in hernial swelling. Enuresis showed stagnation at 2–3 episodes per week. <i>Arum Met</i> introduced due to local mucosal irritation and behavioural restlessness.
20/06/2024	Lycopodium 1M – 2 powder doses	Improvement noted. enuresis occurred once in the past week. Hernial bulge appeared smaller and did not increase with crying or straining. General well-being and appetite significantly improved.
24/8/2024	Lycopodium 1M – 2 powder doses	No enuresis reported over past 3 weeks. Hernial swelling minimal and only occasionally visible during strenuous activity. The child is energetic, emotionally stable, and school performance has improved. No further acute symptoms observed.
25/10/2024	NO MEDICINES GIVEN	Child is asymptomatic. No recurrence of hernia swelling or enuresis in the past two months. General health, appetite, sleep, and mood are stable. Mentally alert and emotionally well-balanced.

9. Follow-Up and Outcome

Follow-up USG on 25/12/2024:

- No evidence of right inguinoscrotal hernia
- Both testes of normal size and shape

Other Improvements Noted

- Bedwetting reduced in frequency
- Sleep improved with fewer disturbing dreams
- Irritability significantly reduced
- Child appears more cheerful and responsive.

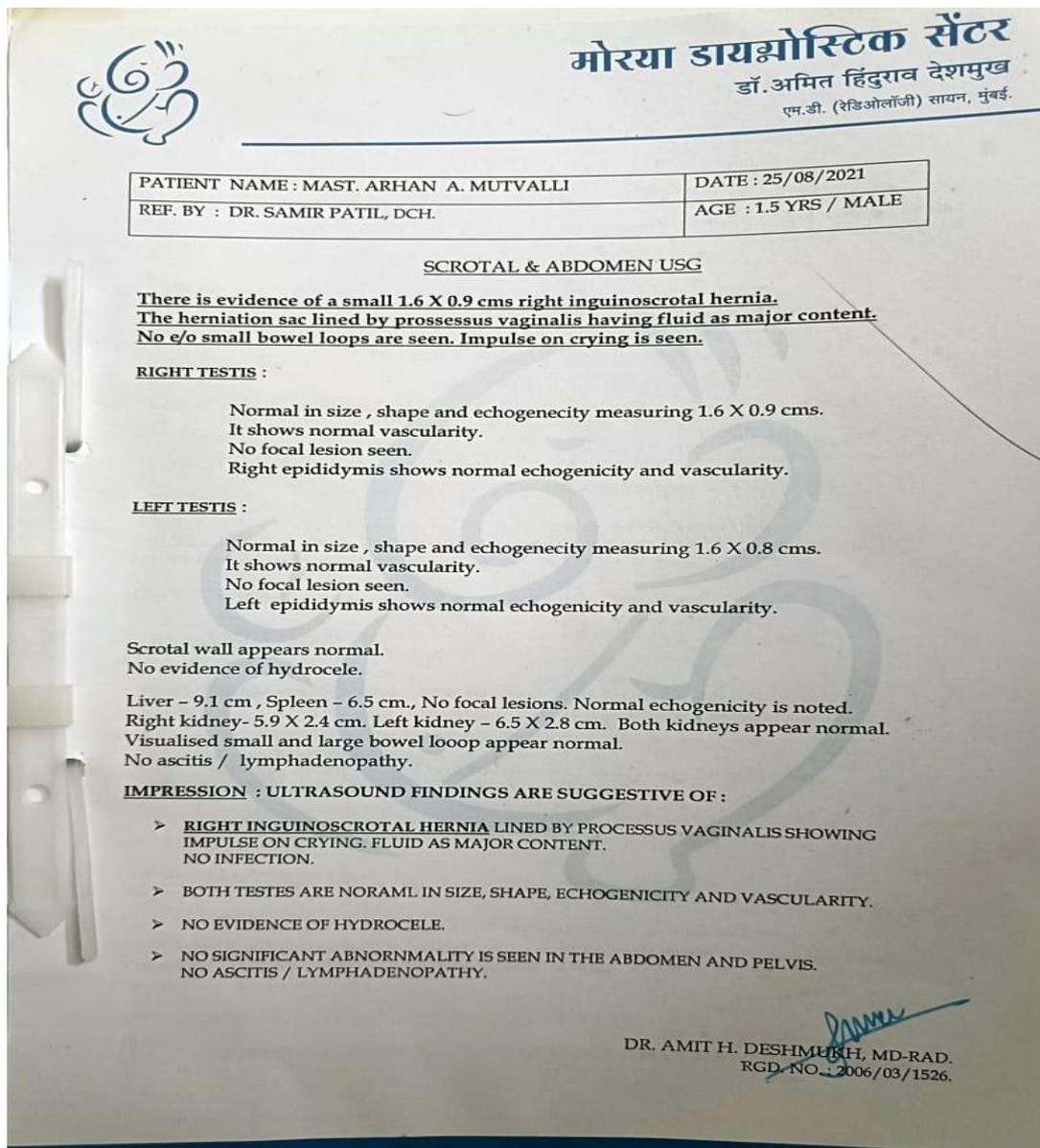


Fig. 1: USG Abdomen & Scrotum Before Treatment.

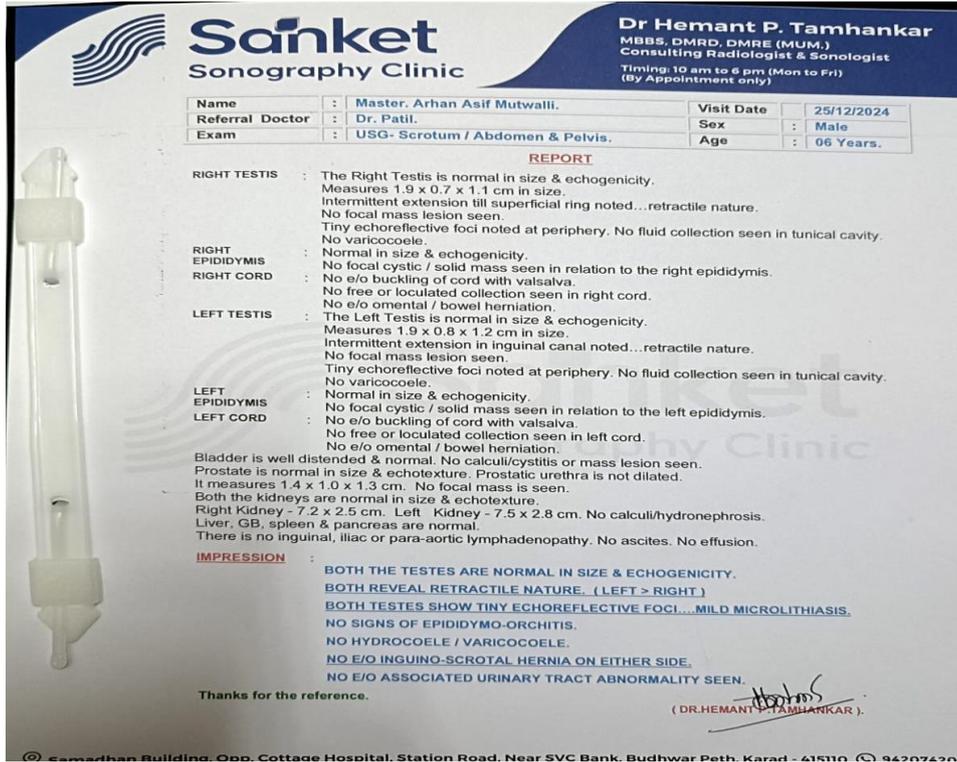


Fig. 2: USG Abdomen & Scrotum After Treatment.

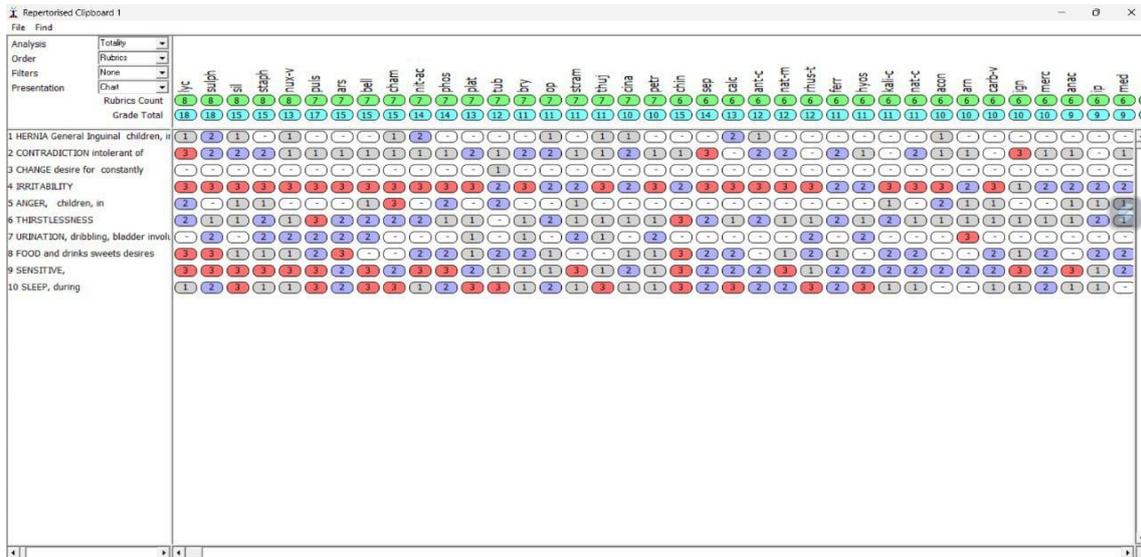


Fig.3: Repertorization of the case details showing the probable remedies from synthesis.^[11,12]

DISCUSSION

This case study demonstrates how individualised classical homoeopathy can be used to cure ailments that are usually treated with surgery. A 5-year-old boy's concurrent cure of enuresis and an inguinoscrotal hernia shows the value of a comprehensive, patient-centred approach.

To avoid complications, surgical correction is the primary treatment for juvenile hernias in traditional medicine.^[13] This case raises the possibility of a non-invasive treatment. The entire range of symptoms from physical manifestations like enuresis and a right-sided

hernia to mental-emotional characteristics like anticipatory anxiety, a fear of the dark, and digestive issues guided the choice of medication. This appearance is consistent with the remedies indications as described by Kent, Clarke, and Boericke.^[14,15,16]

Instead of just suppressing symptoms, the improvement timeline which includes early emotional and urinary modifications followed by later structural correction indicates systemic rebalancing. This reinforces the theory of vital force explained by Hahnemann (Organon, Aphorism 9), which explains the dynamic restoration of health by potentised medicines.^[17] Furthermore, such

homeopathic effects can be viewed via a scientific lens according to psychoneuroimmunological (PNI) models.^[19] Through neuroendocrine modulation made possible by the treatment, stress-related dysregulation of pelvic floor and bladder function have been restored.^[19]

Importantly, no adverse effects were observed, and the child remained relapse-free after few months of treatment. In contrast, surgical approaches, while effective, carry risks such as anaesthesia complications and recurrence.

This case supports the consideration of homeopathy as a complementary and even primary option in select surgical conditions.^[20] It also encourages further clinical documentation and exploration into homeopathy role in structural disorders.

CONCLUSION

This case report demonstrates the successful individualised homeopathic management of a paediatric inguinoscrotal hernia with coexisting enuresis, avoiding the need for surgical intervention. The therapeutic outcome highlights the potential of classical homeopathy to address not just the anatomical pathology but also the underlying functional and psychosomatic contributors to disease., Medicines selected on the totality of symptoms, facilitated holistic recovery encompassing emotional, digestive, urological, and structural conditions. This case explains the value of integrating classical principles with patient-centred (patient as a whole) care and supports the need for further clinical documentation and research into homeopathy role in managing surgical conditions in paediatric populations.

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