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A Case Study: Mesenteric Lymphadenitis Treated by Individualized Homoeopathic Medicine *Nux vomica*

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ABSTRACT

Mesenteric lymphadenitis is an inflammation of the mesenteric lymph nodes and is a common cause of acute abdominal pain in children. Conventional medicine often resorts to symptomatic or supportive therapy. Homoeopathy offers a unique individualized approach to healing. This case study presents an 8-year-old girl with USG-confirmed mesenteric lymphadenitis, who was successfully treated with Nux vomica based on her characteristic gastrointestinal and constitutional symptoms [1,2] particularly her disturbed bowel function. The post-treatment ultrasound confirmed complete recovery.

KEYWORDS

Mesenteric Lymphadenitis, *Nux Vomica*, Homoeopathy, Paediatric, Ultrasonography

INTRODUCTION :

Mesenteric adenitis is a condition marked by discomfort in the lower right quadrant of the abdomen, arising due to inflammation in the mesenteric lymph nodes. It can be classified into two forms: primary (nonspecific), which typically lacks a clearly identifiable source of acute inflammation and often occurs on the right side, and secondary, which is associated with another intra-abdominal inflammatory condition.[3]

Though considered self-limiting and relatively rare, the actual prevalence of mesenteric adenitis is not well established. However, in one clinical study involving children suspected of appendicitis, about 16% were ultimately diagnosed with mesenteric adenitis following imaging, surgery, or further evaluation.[4]

Primary or nonspecific mesenteric lymphadenitis is distinguished by right-sided lymph node enlargement in the absence of a clearly defined underlying pathology. In contrast, the secondary form involves evident imaging or clinical signs of an associated disease. Occasionally, mild thickening of the terminal ileum or caecal wall may be seen on imaging. [3,6]

The affected lymph nodes are located in the mesentery, a thin tissue that anchors the intestines to the abdominal wall. They are predominantly situated near the terminal ileum and ileocecal region, draining lymph from the intestines and Peyer's patches—specialized lymphoid follicles embedded in the intestinal lining. [5]

Nux vomica, known for its action on the digestive system, is especially useful in patients presenting with bowel disturbances such as constipation, frequent ineffectual urging, and a sensation of incomplete evacuation—often aggravated by sedentary habits and emotional irritability. [1,2,7]

This report illustrates the complete resolution of mesenteric lymphadenitis following individualized treatment with *Nux vomica*.

CASE SUMMARY

Patient Information:

Name: Miss XYZ
Age: 8 years 8 months
Gender: Female
Place: Dhanbad, Jharkhand

Chief Complaints:

Recurrent abdominal pain for 3 weeks, associated with constipation and frequent, ineffectual urging for stool. Sleep was disturbed due to pain and restlessness.

History of Present Illness:

Pain localized around the umbilical region and right lower abdomen. The pain was aggravated after meals and relieved slightly by rest. She experienced frequent urge for stool, but evacuation was incomplete and unsatisfactory. Irritability and disturbed sleep were prominent features.

General & Mental Generals:

Appetite: Moderate
Thirst: Moderate
Tongue: Clean
Bowel: Unsatisfactory stool, frequent urging without relief
Sleep: Disturbed due to pain
Mental State: Irritable, oversensitive, becomes angry easily, doesn't want to be consoled

Clinical Examination:

Pulse: 86 bpm
Temperature: Afebrile
Grade-I tenderness in the lower abdomen
No palpable mass or organomegaly

Investigations:

Ultrasound Whole Abdomen (Dated 06-02-2025):
- Liver, pancreas, spleen, gallbladder, kidneys: Normal
- Enlarged mesenteric lymph nodes (largest: 13 mm)
- Impression: Mesenteric lymphadenitis (Non-specific adenitis)


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RADIOLOGY REPORT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: [redacted]	IPD No.	:		
Age	: 8 Yrs 8 Mth	UHID	:	ADJ000150551	
Gender	: FEMALE	Bill No.	:	ADJOP250005633	
Ref. Doctor	: SELF	Bill Date	:	06-02-2025 11:52:11	
Ward	:	Room No.	:		
		Print Date	:	06-02-2025 16:51:42	

USG -FOR WHOLE ABDOMEN

Liver- Normal in size and echotexture.No focal lesion seen. IHBR not dilated.

Gall bladder- Distended, wall appears normal. No calculus is seen.
CBD-Not dilated. Lumen is echofree.

Pancreas- Normal in morphology and echotexture.MPD is not dilated.

Spleen- Normal in size and echo-texture. No evidence of varices seen at present.

Bilateral kidneys-Normal in size, position ,morphology and echotexture.CMD is maintained. No calculus or hydronephrosis seen.
Right kidney measures-83mm x 36mm Left kidney measures-88mm x 39mm
Bilateral ureters- Normal in course and caliber.

Urinary bladder-Distended. Wall appears normal. No evidence of calculus seen.no diverticula/trabeculations seen.
Uterus & ovaries-Paediatrics size.

Others-Few enlarged mesenteric lymph nodes seen (The largest lymph node measures--13 mm). No significant ascites or bowel wall thickening noted .

IMPRESSION- **-Mesenteric lymphadenitis(Non specific adenitis)**

Please correlate clinically and with other investigation.

.....End of Report.....

Prepare By. N.PARWEEN
DR. PRAMOD KUMAR MBBS, DMRD. Visiting Consultant

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

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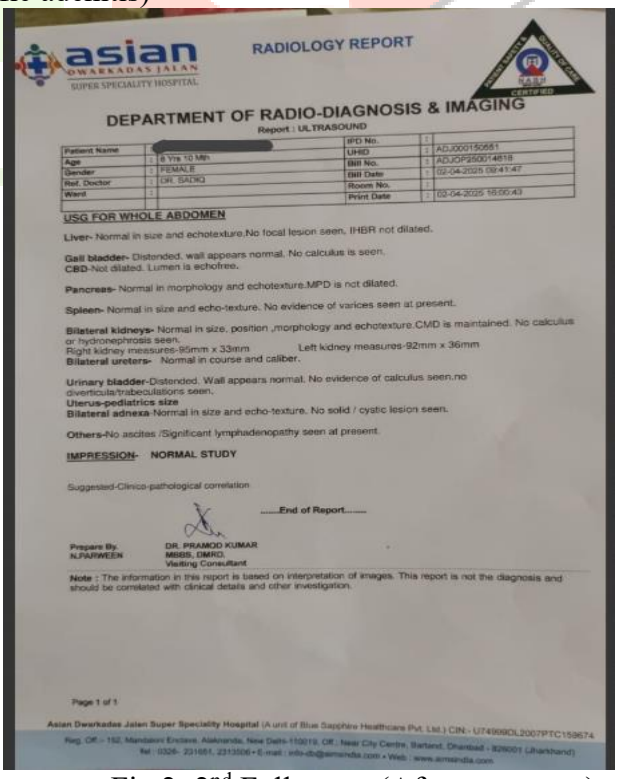
Fig 1: Before treatment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RADIOLOGY REPORT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: [redacted]	IPD No.	:		
Age	: 8 Yrs 10 Mth	UHID	:	ADJ000150551	
Gender	: FEMALE	Bill No.	:	ADJOP250014618	
Ref. Doctor	: DR. SADIQ	Bill Date	:	02-04-2025 09:41:47	
Ward	:	Room No.	:		
		Print Date	:	02-04-2025 16:05:43	

USG FOR WHOLE ABDOMEN

Liver- Normal in size and echotexture.No focal lesion seen, IHBR not dilated.

Gall bladder- Distended, wall appears normal. No calculus is seen.
CBD-Not dilated. Lumen is echofree.

Pancreas- Normal in morphology and echotexture.MPD is not dilated.

Spleen- Normal in size and echo-texture. No evidence of varices seen at present.

Bilateral kidneys- Normal in size, position ,morphology and echotexture.CMD is maintained. No calculus or hydronephrosis seen.
Right kidney measures-95mm x 33mm Left kidney measures-92mm x 36mm
Bilateral ureters- Normal in course and caliber.

Urinary bladder-Distended. Wall appears normal. No evidence of calculus seen.no diverticula/trabeculations seen.
Uterus-pediatrics size
Bilateral adnexa-Normal in size and echo-texture. No solid / cystic lesion seen.

Others-No ascites /Significant lymphadenopathy seen at present.

IMPRESSION- **NORMAL STUDY**

Suggested-Clinico-pathological correlation

.....End of Report.....

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Fig 2: 2nd Follow up (After treatment)

Diagnosis:
Mesenteric Lymphadenitis – Non-specific (Acute Phase)
Individualization and Prescription:
Totality of Symptoms:
- Frequent ineffective urging for stool
- Incomplete evacuation of bowels
- Disturbed sleep
- Irritability, oversensitivity
- Pain < after eating

Repertorial Rubrics from Synthesis Repertory:[8]
- MIND – IRRITABILITY
- MIND – OFFENDED, easily
- RECTUM – INEFFECTUAL urging
- RECTUM – INCOMPLETE evacuation
- SLEEP – INTERRUPTED
- STOMACH – PAIN – after eating

Remedy Selected:
Nux Vomica 200CH
Rationale for Remedy:
Nux vomica is indicated in persons with high sensitivity, mental irritability, and prominent gastrointestinal disturbances. Its keynote symptoms include ineffectual urging, frequent need for stool, and sensation as if the rectum is still full—exactly matching this case.
Treatment Plan:

Date	**Symptoms**	**Prescription**
06-02-2025	USG showed mesenteric lymphadenopathy (13 mm). Patient had frequent, ineffective stool urges.	*Nux vomica 200CH* 3 doses; HS-3 days Placebo BD × 15 days
Follow up date	**Symptoms**	**Prescription**
20-02-2025	Pain reduced. Stool urges subsided. Sleep improved	Placebo BD × 15 days
02-04-2025	No pain. Stool habits regular. USG shows NORMAL study.	Placebo BD × 15 days

Follow-up USG Report (Dated 02-04-2025):
- No mesenteric lymphadenopathy
- All abdominal organs normal
- Impression: Normal Study

DISCUSSION:
The selection of Nux vomica was based on the core gastro-intestinal and constitutional symptoms, particularly related to bowel habits. The patient improved both symptomatically and objectively, as confirmed by follow-up imaging. The role of Nux vomica in managing incomplete defecation, ineffectual urging, and abdominal pain is well-established in classical Homoeopathy.
This case provides clinical as well as radiological evidence of the curative action of an individualized homoeopathic remedy. The short recovery period and absence of recurrence strengthen the evidence.
CONCLUSION:
Homoeopathy, when practiced on the basis of symptom totality and individualization, can offer effective and gentle treatment for acute abdominal conditions like mesenteric lymphadenitis. Nux vomica proved curative in this case, highlighting its importance in treating paediatric cases presenting with abdominal pain and disturbed bowel function.

DECLARATION:
Parental consent was obtained for the use of clinical data and images in this case study.

CONFLICT OF INTEREST:
Not available

FINANCIAL SUPPORT:
Not available

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