Resolution of subdural hygroma with Homoeopathy: A case report

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How to cite this article  
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Abstract

Introduction: Subdural hygroma (SDH) is a collection of cerebrospinal fluid in the subdural space which may be idiopathic, traumatic or post-surgical occurring mostly in elderly patients. Case Summary: A 42-year-old female reported an acute complaint of compressing headache. The headache persisted even after initial prescriptions of *Ruta graveolens* 30C and 200C, which did not alleviate the condition. Further evaluation was done with a computed tomography scan, which revealed left-sided SDH. *Tuberculinum* 1M was prescribed, but even though the pain subsided, profuse, watery discharge began to ooze from both the ears and nose, which eventually stopped spontaneously. After six months, the headache recurred and *Tuberculinum* 1M was repeated. The magnetic resonance imaging scan initially showed subdural effusions, dural thickening and mild ischemic white matter changes and after homoeopathic treatment, no abnormality was reported. The management of SDH remains challenging, and documented cases of SDH treated with homoeopathic medicines could contribute to the evidence-based medical literature.

Acknowledgments and Source of Funding

Nil
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Abstract

Introduction: Subdural hygroma (SDH) is a collection of cerebrospinal fluid in the subdural space which may be idiopathic, traumatic or post-surgical occurring mostly in elderly patients. Case Summary: A 42-year-old female reported an acute complaint of compressing headache. The headache persisted even after initial prescriptions of Ruta graveolens 30C and 200C, which did not alleviate the condition. Further evaluation was done with a computed tomography scan, which revealed left-sided SDH. Tuberculinum 1M was prescribed, but even though the pain subsided, profuse, watery discharge began to ooze from both the ears and nose, which eventually stopped spontaneously. After six months, the headache recurred and Tuberculinum 1M was repeated. The magnetic resonance imaging scan initially showed subdural effusions, dural thickening and mild ischemic white matter changes and after homoeopathic treatment, no abnormality was reported. The management of SDH remains challenging, and documented cases of SDH treated with homoeopathic medicines could contribute to the evidence-based medical literature.

Keywords: Case report, Homoeopathy, Neurology, Subdural hygroma, Tuberculinum

Introduction

Subdural hygroma (SDH) is a collection of low-protein cerebrospinal fluid (CSF) in the subdural space. It may develop after the placement of a shunt with low pressure. It is the most probable representation of effusion that develop in response to the excess space in the cranial vault unoccupied by brain matter. The subdural collection may be haemorrhagic in nature. Sometimes, it is a result of over-drainage.[1] SDH is commonly seen in post-traumatic lesions. Despite its common occurrence, the pathogenesis and clinical significance are still not so evident.[2] Subdural (non-traumatic) hygroma has been mentioned under 8B02 under the International Classification of Disease-11. Traumatic SDH is commonly seen followed by trauma or neurosurgery whereas non-traumatic SDH is very much uncommon. Hence, the course of non-traumatic SDH is not well reported clearly.[1] Most cases of SDH are asymptomatic but it may result in altered consciousness. SDH is most commonly seen in elderly patients after minor trauma, but can also be seen in children after infection. However, no data have been found for non-traumatic SDH specifying any particular age group.[4] The causes of SDH are multi-dimensional. Traumatic brain injuries are one of the leading causes of the development of SDH. It comprises 5–20% of space-occupying lesions.[2,5] However, the conservative and surgical measures (burr-hole evacuation and subdural peritoneal shunt) regarding the management of SDH are ambiguous. In a prospective one year clinical study, no statistical significance was reported in the conservative treatment group and surgical treatment group, but the surgical group showed better outcomes (73.3%) than the conservative group (53.3%).[4] Chronic subdural haematoma, cerebral atrophy and arachnoid cyst may be the differential diagnosis for SDH. However, to our knowledge, no case of treatment of SDH with homoeopathy has been reported to date. This case is thus, reported as an attempt to understand the potential role of homoeopathy in the treatment of SDH.
Patient Information

A 42-year-old female presented to the outpatient department of Dr. Anjali Chatterji Regional Research Institute for Homoeopathy, Kolkata, West Bengal on 14 August 2020, with a severe, compressing headache occurring periodically for the past 2 days, occurring every 3 hours, lasting 10–15 mins and located around the forehead and eyes. The pain aggravated from straining eyes. The headache was so severe that she was not able to run her daily errands. The provisional diagnosis was made as cluster headache.

The patient was a housewife and reported that the headache appeared suddenly. On further enquiry, she informed about her habit of overusing electronic gadgets, especially, mobile phones and televisions; with a screen time of more than 4 hours. No history of refractive disorders of eyes or vision defects was reported.

The patient had been suffering from haemorrhoids for the past five months, for which the homoeopathic medicine, Acid nitricum 30C was prescribed on 23 March 2020, to be taken twice daily for consecutive three days. There was no history of trauma or any surgery.

The family history was not significant and her parents were apparently healthy.

Clinical findings

On inspection, the pupils were observed to be normal bilaterally. All the superficial and deep reflexes were found to be normal. No neck rigidity was observed.

Figure 1: NCCT head showing left subdural hygroma (08 September 2020)
Generals
The patient seemed to be anxious with a thermal reaction towards chilly; and a tendency to catch cold easily. She had a good appetite and a marked aversion to meat. Her tongue was observed to be moist with cracks and fissures all over. She generally consumed 4 litres of water daily and had no urinary problems. She used to sweat profusely all over, without any characteristic odour or unusual staining. Her sleep was regular and refreshing.

Diagnostic assessment
The patient was diagnosed with the left-sided SDH. The computed tomography (CT) scan of the brain [Figure 1] revealed evidence of thin concavo–convex hypodense collection in the left lateral border of brain parenchyma having a CT value the same as CSF.

Magnetic resonance imaging (MRI) of the brain [Figure 2] revealed mild subdural effusions over left cerebral convexity and minimal subdural effusion over right cerebral convexity appearing T2W1 and hypointense in T1W1 not causing mild mass effect. The maximum thickness was about 7 mm on the left side. There was also minimal dural thickening over bilateral cerebral convexities. After the CT scan and MRI, the patient consulted a neurosurgeon who advised surgery. The patient was not in favour of this, considering the apprehensions about post-operative complications.

Therapeutic intervention
*Ruta graveolens* 30C was prescribed on the first visit based on the keynote indication of headache from eye straining, without repertorisation. The patient was asked to take 4 globules twice daily for 7 days. All the prescribed medicines were manufactured by a Good Manufacturing Practice (GMP)-certified pharmaceutical company and were dispensed in globules sized 30. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the period. On the next visit, *Ruta graveolens* 200C

*Figure 2:* Magnetic resonance imaging brain T2FLAIR images showing left subdural hygroma (16 September 2020)
was prescribed to be taken twice daily, without any subsequent improvement. After this status quo condition and receiving the radiological finding, another keynote prescription was done considering the nature of headache, history of haemorrhoids and tendency for catching cold easily. Repertorisation was done for these three symptoms with the help of software named Hompath Classic M.D version 8 using Kent Repertory [7] and Tuberculinum 1M was prescribed [Figure 3]. Subsequently, the medicines were prescribed for a limited duration as per the need and was followed by placebo pills for rest of the period.

Figure 3: Repertorial Chart dated 09 September 2020

Figure 4: Magnetic resonance imaging brain showing complete resolution of subdural hygroma (26 February 2022)
Totality of the symptoms
After the failure of the initial two prescriptions, the following symptoms were considered for framing the totality of symptoms:
- Compressing pain in the forehead
- Headache aggravated by eye strain
- Rectal bleeding during stool
- External palpable perianal mass
- Tendency to catch cold.

Follow-up and outcomes
On the first two visits, Ruta graveolens 30C and 200C were prescribed. When Ruta graveolens was of no help, the case was repertorised based on three keynotes as the guiding symptoms and Tuberculinum 1M was prescribed [Figure 3 and Table 1]. The patient was advised not to consume any medicines on his own, other than the prescribed homoeopathic medicine.

<table>
<thead>
<tr>
<th>Date</th>
<th>Status of the patient</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 August 2020</td>
<td>Compressing headache, aggravating eye strain.</td>
<td>Ruta graveolens 30C, 4 globules daily for 7 days. The patient was asked to stop the medicine if the intensity of the headache was reduced.</td>
</tr>
<tr>
<td>26 August 2020</td>
<td>No significant improvement.</td>
<td>Ruta graveolens 200C, 4 globules daily for 7 days. The patient was asked to stop the medicine if the intensity of the headache was reduced.</td>
</tr>
<tr>
<td>09 September 2020</td>
<td>No improvement. CT scan report [Figure 1] of the brain on 08 September 2020 revealed evidence of thin concavo-convex hypodense collection in the left lateral border of brain parenchyma having CT value the same as CSF. The patient was diagnosed with left-sided subdural hygroma.</td>
<td></td>
</tr>
</tbody>
</table>
| 07 October 2020    | The intensity of the headache was reduced. The patient complained of discharges from both sides of the nose. However, the patient was able to perform her daily chores. MRI [Figure 2] on 16 September 2020 revealed mild subdural effusions over left cerebral convexity and minimal subdural effusion over right cerebral convexity appearing T2W1 and hypointense in T1W1 not causing mild mass effect. The maximum thickness was about 7 mm on the left side. There was also minimal dural thickening over bilateral cerebral convexities. In the prescription column, please add: No medicine was prescribed as the improvement was continued.
| 05 November 2020   | The intensity and frequency of the headache were reduced. Nasal discharges increased further. No complaints related to haemorrhoids were reported. In the prescription column, please add: No medicine was prescribed as the improvement was continued. |
| 02 December 2020   | The intensity and frequency of the headache were reduced. Doing good overall. No new complaints were reported. No nasal discharges were reported further. In the prescription column, please add: No medicine was prescribed as the improvement was continued. |
| 23 January 2021    | Headache relieved. No new complaints were reported. MRI on 14 January 2021 revealed minimal patchy periventricular and deep white matter T2 FLAIR hyperintensities without restrictions consistent with mild ischemic white matter changes. In the prescription column, please add: No medicine was prescribed as the improvement was continued. |
| 18 February 2021   | Patient doing well overall. In the prescription column, please add: No medicine was prescribed as the improvement was continued. |
| 22 March 2021      | Re-appearance of headache in mild form for the past few days.                          | No medicine was prescribed as improvement continued. |
| 30 April 2021      | No headache and the patient was better.                                               | No medicine was prescribed as improvement continued. |

Table 1: Follow-ups

Discussion
Considering the presenting complaints of severe headache due to overstraining of the eyes, Ruta graveolens was prescribed as the first prescription to the patient with no relief. Increasing the potency from 30C to 200C also did not help. Then, the keynote methodology was used for prescription, in which the three most remarkable and troublesome symptoms were considered that is, headache, history of haemorrhoids and tendency to catch cold easily. Tuberculinum was the first medicine covering all the symptoms and scored 11, followed by Natrum muriaticum and Hamamelis virginica [Figure 3]. Five symptoms for repertorisation were considered after analysing the case. Out of these, four were covered by the first 3 medicines but the ‘periodicity’ was covered only by Tuberculinum. The patient specifically mentioned that her headache took place every 3 hours. After this prescription, the patient complained of some
nasal and ear discharges with reduced intensity of headache. However, the same medicine was continued with the view of not interrupting the action of medicine. The entire course of treatment spanned around 1.5 years for complete resolution [Figure 4]. Modified Naranjo Criteria for Homoeopathy (MONARCH) was used for causal attribution.\(^8\) The score was 10, which was suggestive of a definite association between the prescribed medicine and the outcome, both symptomatically and as per the radiological evidence [Table 2].

SDHs are common post-operative complications following decompressive craniectomy.\(^9\) However, in this patient, there was no history of trauma or surgery. Hence, this case was unique from that point of view where no obvious trauma was traceable. SDHs are silent in nature, there are no obvious symptoms supporting the diagnosis. Most of the patients are asymptomatic and the diagnosis is mostly discovered on brain neuroimaging. Some of the uncommon symptoms include non-specific headaches and altered mental status. SDH may give rise to a life-threatening condition. While the management of SDHs is still a matter of discussion, an invasive method is one of the preferred choices for neurosurgeons.\(^4\) Homoeopathy may play a key role in the management of such cases. While searching for different medical databases, no case of non-traumatic SDH in the adult age group could be found to be reported. The present case is unique in the age perspective as well. A case series revealed that Manganum, a homoeopathic remedy, demonstrated effectiveness in alleviating nine cases of post-dural puncture headaches resulting from trauma characterised as positional headaches. Out of 12 cases, nine showed improvement solely through the use of homoeopathic medicine, without any additional treatment.\(^10\) This particular case stands out due to its non-traumatic nature. To this day, there have been no reported cases of homoeopathy of SDH originating from non-traumatic causes.

### Table 1: (Continued)

<table>
<thead>
<tr>
<th>Date</th>
<th>Status of the patient</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 August 2021</td>
<td>The patient was doing well overall.</td>
<td>No medicine was prescribed as improvement continued.</td>
</tr>
<tr>
<td>28 September 2021</td>
<td>No new complaints were reported.</td>
<td>No medicine was prescribed as improvement continued.</td>
</tr>
<tr>
<td>17 November 2021</td>
<td>No new complaints were reported.</td>
<td>No medicine was prescribed as improvement continued.</td>
</tr>
<tr>
<td>28 December 2021</td>
<td>No new complaints were reported.</td>
<td>No medicine was prescribed as improvement continued.</td>
</tr>
<tr>
<td>18 January 2022</td>
<td>No new complaints were reported.</td>
<td>No medicine was prescribed as improvement continued.</td>
</tr>
<tr>
<td>03 February 2022</td>
<td>No new complaints were reported.</td>
<td>No medicine was prescribed as improvement continued.</td>
</tr>
<tr>
<td>03 March 2022</td>
<td>No complaints of headache or any other.</td>
<td>MRI finding reveals no obvious abnormality on 26 February 2022 [Figure 4]</td>
</tr>
</tbody>
</table>

MRI: Magnetic resonance imaging, CSF: Cerebrospinal fluid, CT: Computed tomography

### Table 2: Modified Naranjo Criteria

<table>
<thead>
<tr>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was there homoeopathic aggravation of symptoms?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition, (i.e., were other symptoms not related to the main presenting complaint ultimately improved or changed)?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did overall well-being improve?</td>
<td></td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>6. (A). Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>6. (B). Direction of cure: did at least one of the following aspects apply to the order of improvements of symptoms:</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>- from organs of more importance to those of less importance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- from deeper to more superficial aspects of the individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- from the top downward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did 'old symptoms' (defined as non-essential and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8. Are there alternatives causes (other than the medicine) that with a high probability–could have produced the improvement? (consider a known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td></td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted create similar improvement?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Total score = +10
Recurrence has been documented in cases following surgery or trauma. However, there is no evidence supporting recurrence in non-traumatic cases of subdural haematoma (SDH). To validate recovery without any relapse, supporting evidence [Figure 4], has been provided. A repeated MRI of the brain on 02 December 2022 revealed no obvious abnormality. Clinically also, the patient reported no symptoms or signs related to the hygroma at the end of the follow-ups, thus suggesting an effective treatment with homoeopathy.

Conclusion
This case study contributes to filling of the gap in the homoeopathic literature about the management of SDH and demonstrates the potential of homoeopathic medicines in treating conditions such as these, which are typically addressed through surgical intervention. However, more work in this area is warranted.

Declaration of patient consent
Informed, written consent was obtained from the patient for reporting the clinical information, with best efforts in not revealing any personal identity.

Financial support and sponsorship
Nil.

Conflict of interest
None declared.

References
Résolution de l’hygroma sous-dural avec homéopathie – Une étude de cas

Introduction: L’hygroma sous-dural (SDH) est une collection de liquide céphalo-rachidien dans l’espace sous-dural qui peut être idiopathique, traumatique ou post-chirurgicale survenant principalement chez les patients âgés. Résumé de cas: Une femme de 42 ans a signalé une plainte aiguë de céphalée comprimée. Le mal de tête a persisté même après les prescriptions initiales de *Ruta graveolens* 30C et 200C, ce qui n’a pas soulagé la maladie. Une évaluation plus approfondie a été effectuée avec une tomodensitométrie, qui a révélé une SDH du côté gauche. *Tuberculinum* 1M a été prescrit, mais même si la douleur s’est atténuée, des écoulements abondants et aqueux ont commencé à suinter des oreilles et du nez, qui ont fini par s’arrêter spontanément. Après 6 mois, le mal de tête est réapparu et *Tuberculinum* 1M a été répété. L’imagerie par résonance magnétique a d’abord montré des épanchements sous-duraux, un épaissement de la durale et de légères modifications de la substance blanche ischémique et après traitement homéopathique, aucune anomalie n’a été rapportée. La prise en charge de la SDH reste difficile, et des cas documentés de SDH traités avec des médicaments homéopathiques pourraient contribuer à la littérature médicale fondée sur des preuves.
顺势疗法解决硬膜下水肿 - 病例报告

简介：硬膜下水肿（SDH）是硬膜下腔内脑脊液的集合，可能是特发性、创伤性或术后，主要发生在老年患者中。

病例摘要：一名42岁女性主诉急性压迫性头痛。即使在最初开具Ruta graveolens 30C和200C处方后，头痛仍然存在，但这并没有缓解病情。通过计算机断层扫描进行进一步评估，结果显示左侧SDH。开了结核菌1M，但即使疼痛消退，耳朵和鼻子都开始渗出大量的水样分泌物，最终自行停止。6个月后，头痛复发，结核1M重复。磁共振成像扫描最初显示硬膜下积液、硬脑膜增厚和轻度缺血性白质改变，顺势疗法治疗后未见异常报告。SDH的管理仍然具有挑战性，记录在案的用顺势疗法药物治疗的SDH病例可能有助于循证医学文献。