Case Report

Homoeopathic Treatment of Calcified Granuloma of Brain: A Case Report

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Abstract

Granuloma of the central nerve system is the most common radiological abnormality found in patients with acute onset seizures. Neurocysticercosis (NCC) and tuberculoma are the most common causes of this granuloma. A case is presented in this paper with radiological evidence of single ring enhancing lesion in the right frontal lobe with a thick and irregular wall. Malignancy and HIV were excluded. The patient was treated with constitutional homoeopathic medicines - Tuberculinum bovinum 0/1, 16 doses, followed by Pulsatilla nigricans 0/1 - 0/5, 16 doses each. Follow-up imaging at 3 months showed complete resolution of the calcified granuloma. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorization in individualized homoeopathic prescription.

Keywords
Brain granuloma; Quality of life; Homoeopathy; Case report

Introduction
Granuloma of the central nervous system is one of the most common radiological abnormalities seen in the patients with acute onset seizures in India and many other developing countries. Neurocysticercosis (NCC) is the most likely cause of this granuloma. A single degenerating cyst is the most frequent finding associated with NCC in the Indian subcontinent [1]. Single cysticercus granuloma is one which measures less than 20 mm in diameter, may be associated with cerebral edema not severe enough to produce midline shift, and occur in patients with seizures and normal neurological status, without evidence of active systemic disease. When this granuloma resolves spontaneously, it either disappears or changes into a calcified nodule, and the diagnosis of NCC is very likely. The second most common cause of computed tomography (CT)-detected granuloma is tuberculoma. In patients with this granuloma, similar clinical and neuro-
imaging features are also present. Granuloma visualized on CT scanning is the most common radiological abnormality in Indian patients with new-onset seizures [2]. In 1980, Tandon and Bhargava [3] first reported these lesions; at that time these CT-enhancing lesions were presumed to be tuberculoma and often were treated with empirical anti-tubercular drugs. Subsequently, histopathological studies of brain tissue biopsy samples have suggested that, in majority, CT-enhancing lesions represent dying cysterceral lesions (larval stage of tapeworm *Taenia solium*) [4]. In India, both tuberculosis and cysticercosis are common; hence difficult to differentiate between tuberculoma and a cysticercal granuloma. Some granulomas “heal” by becoming calcified. These patients present with headache and other symptoms, symptomatic therapy is instituted [5].

Evidences in support of individualized homoeopathic treatment of calcified granuloma of brain remains compromised; only a single case report could be identified after a careful search in different electronic databases [6]. Here another case report is presented.

**Case proper**

A female patient, aged 25 years, residing Ghaghata, West Bengal came to the outpatient department of National Institute of Homoeopathy on February 1, 2016 (OPD No. 10152/16) with complaints of pain and heaviness of whole head since 6 months with burning in eyes and dizziness of vision, associated with seizures since 6 years which were aggravated after 2-3 months of delivery. There was a concomitant symptom of cough with difficulties in breathing since 6-7 years.

**History of present complaints:** Onset gradual, duration 6 yrs, headache aggravates while thinking, cough and dyspnoea aggravates at night and early morning, history of allopathic treatment without any remarkable improvement.

**Past history:** Pneumonia at the age of 5 years

**Family history:** Brother having breathing difficulty (Tuberculosis?).

**Physical generals:**
- Appetite less, does not like to eat especially in the morning, feels heavy.
- Thirst less, drinks little in long intervals.
- Desire for spicy food, fatty food, meat.
- Aversion to sweet.
- Urine frequent, burning while urination, offensive.
- Stool constipated, 1-2 day’s interval.
- Sleep deprived, only by taking sedatives.
- Dreams of flowing water.
- Tongue dry.
- Thermal reaction ambithermal, burning of whole body.
- Menstruation irregular, stays for 3-4 days; leucorrhoea before menses.
- History of Mantoux test Positive (Jan 9, 2016)
- Developmental milestone delayed.

**Mental generals:** Weeping disposition, fear of darkness, fear of dog, wants to be alone all the time, easily forgetful, usually extroverted.

**Totality of Symptoms** [7]:
- Fear of dog.
- Fear of darkness.
- Easily forgetful.
- Tendency to catch cold easily.
- F/H of Tuberculosis.
- Delayed milestones.
- Desire for meat, fatty food.

**Prescription:** *Tuberculium bovinum*, 16 doses in100 ml aqua dist, one dose every morning in empty stomach. But after
completion, no improvement was observed. So the case was retaken, followed by evaluation & repertorization.

Timeline: Radiological imaging was done twice during the period of treatment, on January 11, 2016 and April 13, 2016.

C. T. scan of brain on March 31, 2015 shows calcified granuloma in rt. frontal region of brain

MRI of brain (plain study) on Jan 11, 2016 suggesting calcifying granuloma or tuberculoma at rt. superficial frontal region

C. T. scan of brain on April 13, 2016 showing normal study

Evaluation of symptoms:
- Mental General: Weeping disposition, fear of darkness, sensation as if limb is absent.
- Physical General: Thirst less, drinks little in long intervals; Desire for spicy food, fatty food, fish; Thermal reaction ambithermal; burning of whole body

Characteristics particular: Pain and heaviness of whole head since 6 months with burning in eyes and dizziness of vision.
This case was repertorized by using the software RADAR®, using Kent’s Repertory [7]. The repertorial results were analyzed giving more importance on the mental as well as physical general symptoms than particular symptoms for selection of medicine. *Pulsatilla nigricans* 0/1 was prescribed, 16 doses in 100 ml aqua dist., one dose in empty stomach every morning. Then in subsequent follow-ups from Feb. 15, 2016 to April 17, 2016, potency was gradually increased up to 0/5 with gradual improvement in symptoms with a general improvement.

### Assessment by Modified Naranjo score:

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes</th>
<th>No</th>
<th>Not sure /NA</th>
</tr>
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<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+1</td>
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<td>2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
<td>+1</td>
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<td>3. Was there an initial aggravation of symptom?</td>
<td>+0</td>
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<td>4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?</td>
<td>+1</td>
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<td>5. Did overall wellbeing improve?</td>
<td>+0</td>
<td></td>
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<td>6. Did the course of improvement follow Hering’s Rule?</td>
<td>+2</td>
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<td>7. Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>+0</td>
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<td>8. Are there alternate causes (other than the medicine) that—with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)</td>
<td>+1</td>
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<td>9. Was the effect confirmed by objective evidence as measured by external observation(s)?</td>
<td>+2</td>
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<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>+0</td>
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The final causal attribution score in this case was assessed using the Modified Naranjo Criteria, as proposed by the HPUS Clinical data Working Group, June 2014 [8]. The total score was 8, thus suggesting a ‘probable’ association between the medicine and the outcome [definite: ≥ 9; probable 5-8; possible 1-4; and doubtful ≤ 0]. Reporting of this case adhered to the Hom-CASE-CARE guideline [9].

Conclusion
A case presented with radiological evidence of single ring enhancing lesion in the right frontal lobe with a thick and irregular wall. The patient was treated with constitutional homoeopathic medicines – *Tuberculinum bovinum* 0/1, 16 doses, followed by *Pulsatilla nigricans* 0/1 · 0/5, 16 doses each. Follow-up imaging at 3 months showed complete resolution of the calcified granuloma. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorization in individualized homoeopathic prescription. Totality of symptoms gives the clue about the selection of medicine which has resemblance to the Potential Differential Field (PDF), but sometimes it may mislead the plan of treatment. At this point, repertorization is needed for treating the cases in better way.

References

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