Case Report
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Homeopathy in Epididymal Cyst Management: A Case Report

Nazmul Hasan[1*], Md. Abdul Matin[2]

[1]Dr. Nazmul's Chamber, Mirpur-1, Dhaka-1216, BANGLADESH
[2]Govt. Homeopathic Medical College and Hospital, Mirpur-14, Dhaka-1206, BANGLADESH

[*]Email for Correspondence: nazmul_1979@yahoo.com

ABSTRACT

An epididymal cyst is a scrotal complaint that is usually resolved by surgery. However, multiple post-surgical complications are common, including recurrence, hematoma, abscess, and chronic scrotal swelling. This case study presents homeopathic medicine managing a fairly large-sized epididymal cyst which might encourage physicians to re-think surgical options. A 24 years male presented with pain in the lower pelvic region and swelling in the scrotum; an ultra-sonogram of the scrotum diagnosed a 2.8 cm × 1.9 cm sized epididymal cyst, and Fine Needle Aspiration Cytology (FNAC) confirmed that it was a spermatocele. He was prescribed homeopathic medicine, i.e., *Arnica montana*, *Calcarea fluorica*, and *Calcarea phosphorica*, for his spermatocele. After seven weeks of homeopathic treatment, the cyst size was reduced to 4.8mm×2.2mm. This case study concludes that homeopathic medication resulted in a significant outcome. It also encourages the consideration of homeopathic remedies as an alternative to surgery in treating epididymal cysts.

Keywords: Epididymal Cyst, Spermatocele, Homeopathy, Scrotal Swelling

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INTRODUCTION

The epididymal cyst is also known as 'Spermatocele,' a benign membranous sac-like lesion with a definite thin border consisting of spermatozoa, present in sperm-carrying ducts containing semen (Venes, 2009). Pain in the pelvic region along with the scrotum is the chief complaint of spermatocele, and an association of a palpable mass is another complaint (Walsh et al., 2007, Dollard and Fobia, 2011). An asymptomatic spermatocele is usually diagnosed on routine checkups and seldom presents with clinical importance, yet some present with large size and may turn into solid neoplasm (Yagi et al., 2001). The worldwide prevalence of spermatocele is unavailable; however, in some parts, many cases are reported (Kemparaj and Mathew, 2017; Patel et al., 2020). For eventful spermatocele, conventionally, scrotal surgery is the principal treatment policy, and even sometimes explorative surgery is indicated (Rioja et al., 2011, Hikosaka and Iwase, 2008). However, this surgery is not only an expensive and complicated one to perform; but also post-surgery complication is almost inevitable, including recurrence, infection of the site or abscess, persistent scrotal swelling, hematoma, and atrophy of testes (Kiddoo et al., 2004; Lundström, 2017; Swartz et al., 2007). Some researchers also tried other options which are less expensive, less complicated, and with good results (Pieri et al., 2003). The current case study may cite an alternative therapeutic option to the invasive procedure for many patients, which is an advantage of accepting homeopathic medicine (Pareek, 2011).

CASE REPORT

Patient's information: A 24 years old male patient presented with pain in the pelvic region for more than one year; the pain was bothering him constantly, and it increased on walking or standing for a long time. There was a sensation as if radiating toward the tip of the scrotum. He did not have spermatorrhoea since this complaint. He had a history of trauma in the perineum and pelvic region.

Clinical findings: On pelvic examination, a space-occupying lesion, soft on apprehending yet hard enough to maintain its shape felt at the left of the scrotum, was moving side to side but returning to its original posture as soon as withdrawal of pressure.

Diagnostic assessment: The patient was advised to perform an ultra-sonogram of the scrotum with testes and a reasonably large left epididymal cyst measuring 2.8 cm × 1.9 cm (Fig. 1A); and FNAC confirmed the cyst as a spermatocele.

Therapeutic intervention: After laboratory assessment and considering the presenting symptoms, this patient was advised *Arnica Montana* 1M (*Arn. mont*.) orally in dilution form, 0.5 ml mixed with 60ml distilled water, distributed equally for seven days (2ml per 6 hours, 4×2×7= 56ml). Evaluating the follow-up, he was instructed to take *Arn. mont.* 10M, orally in dilution form, 0.5ml mixed with 60ml distilled water, distributed equally for 15 days (4ml in the morning, 4×15=60ml) and *Calcarea fluor* 30 (*Calc. fl.*), orally in dilution form, 0.5ml mixed with 60ml distilled water, distributed in 30 equal doses (2ml each time, midday and night, 2×2×15=60ml) for 15 days. Satisfactory re-assessment encouraged to continue this treatment with *Calc. fl.* 200, orally in dilution, 0.5ml mixed with 60ml distilled water, distributed equally for 30 days (1×2×30=60ml), and *Calc. phos.* 12X (*Calc. phos*.), triturated tablets, 4 grains each time, three times a day (1 tab = 1 grain, 4×3×30= 360 grains).

After completing these medicines, a follow-up evaluation was done by performing another ultra-sonogram of the scrotum.

During this homeopathic treatment period, the use of any other conventional and alternative medicine, topical or internal, was prohibited. However, as the patient had no other medical condition to consider, he was advised to take a regular diet containing high fiber to maintain good bowel motion.

RESULTS (FOLLOW-UPS AND OUTCOMES)

After seven days of *Arn. mont* 1M, the radiation of pain was stopped though the size and shape of the epididymal cyst remained unchanged, and pain in the lesion site was the same as before (Table 1). Following this, *Arn. mont.* 10M and *Calc. fl.* 30 were given for the next fifteen days; after this, the size and shape of the swelling felt more petite than the first visit, the consistency felt soft, and the pain reduced to a considerable margin. The follow-up findings inclined to continue *Calc. fl.* 200 and *Calc. phos.* 12X for the next thirty days. The epididymal cyst was found to be significantly reduced to 4.8mm × 2.2mm on the follow-up sonogram (Table 1, Fig. 1B).

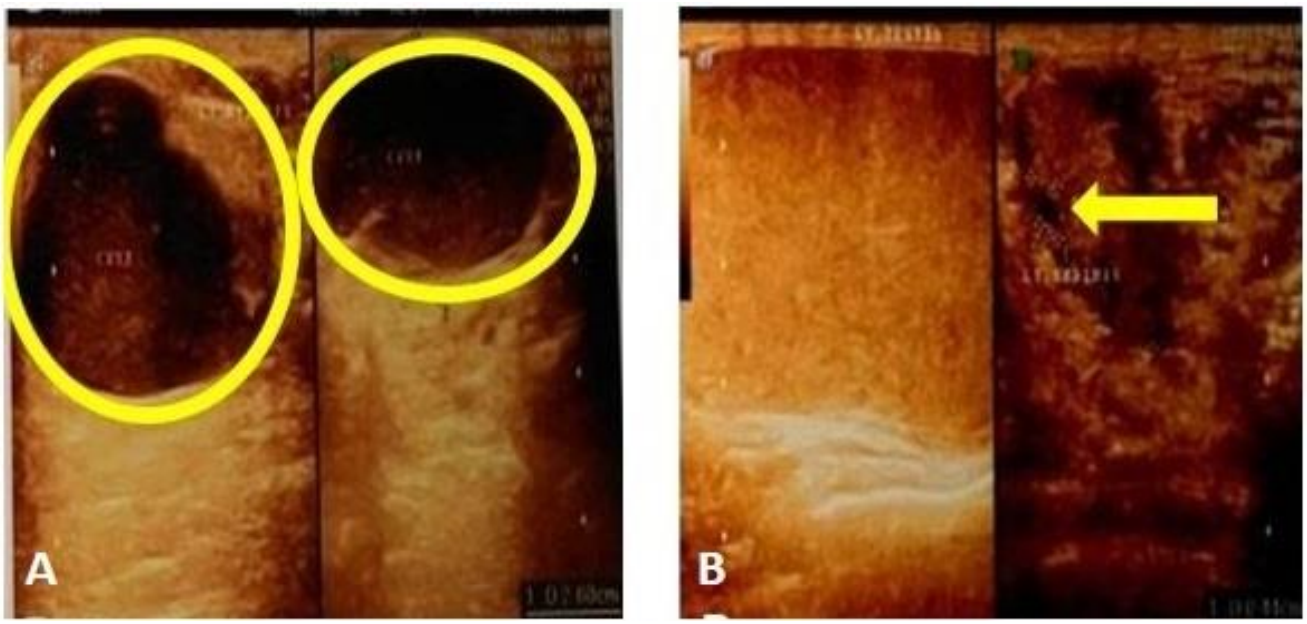

Figure 1: A: Sonographic image of left epididymis consisting of a reasonably large cyst (marked within the ring) with a typical texture of testes. B: Significant reduction of the cyst size noted (marked with an arrow)

Table 1: The chronological follow-up of the case

Frequency of Visit	Clinical presentation	Diagnosis	Advised Treatment	Justification
1st Visit	Pain in the pelvic region for more than one year Pain radiating towards the tip of the scrotum A soft swelling felt in the left scrotum History of pain in the scrotum and perineum region	USG confirmed a case of epididymal cyst in the left scrotum	*Arn. mont.* 1M six hourly for 7seven days	Considering the history of trauma
2nd visit	Radiation of pain reduced, though the pain and other features remained the same. The swelling felt unchanged.	Not done	*Arn. mont.* 10M OD, Before meal *Calc. fl.* 30, BD, After a meal for fifteen days	Pain yet to subside The hardness of the swelling remained unchanged
3rd visit	The pain subsided; swelling felt softened and reduced in size	Not done	*Calc. fl.* 200, BD, before a meal *Calc. phos.* 12X, TDS, 12 grains. for thirty days	Swelling slightly reduced To help in faster healing
4th visit	Swelling felt reduced significantly	USG revealed a tiny epididymal cyst	No medicine advised	An epididymal cyst is managed

USG-Ultra sonogram, OD-Once daily, BD-Twice a day, TDS-Thrice a day

DISCUSSION

Homeopathic medicine is a popular treatment policy and a member of alternative medical care among the various treatment options. Several homeopathic medicines are recommended for spermatocele, including *Arn. mont., Cantharis, Graphites, Pulsatilla, Spongia,* etc. (Schroyens, 1993). The selection of homeopathic medicine is based on individual characteristics, following the phenomenon, *Arn. mont.,* is widely indicated for its proven property such as reducing pain sensation if bruised, muscular pain due to trauma, sprain injury, controlling swelling, ecchymosis, and related infections (Stevinson et al., 2003; Vermeulen, 1997). Here, in this case, the respective use of *Arn. mont.* for seven days in 1M and fifteen days in 10M potencies, was indicated due to pain in the pelvic region, radiation of pain with a history of trauma, and the use of high strength in an acute state of diseases shown in organon of medicine, the treatment guideline by Hahnemann (2002). *Calc. fl.* is a known agent to correct vessel wall irregularities, maintain the elasticity of tissues, and enhance faster healing (Vermeulen, 1997); after reducing pain, use of *Calc. fl.* for fifteen days along with *Arn. mont.,* was thus justified to reduce the swelling size. *Calc. fl.* in two hundred potencies for thirty days to help in the healing process. In addition, *Calc. phos.* in a triturated form, is used to reduce swelling of the testes and tuning up the genital organs (Carey, 1996) and used this along with *Calc. fl.* to pace up the healing of the epididymal cyst. The follow-up ultra-sonogram performed at the end of treatment shows a significant reduction in cyst size (Fig. 1B).

CONCLUSION

Surgery is considered the gold standard for spermatocele treatment because no specific medicinal treatment exists. This single case study will encourage the practice of homeopathic medicines in the epididymal cyst. To avoid post-surgery complications, physicians may consider this alternative approach and justify this clinical triumph.

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