

Review Article

Lymphadenopathy and Its Homoeopathic Management: A Review

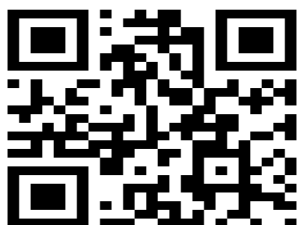
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ABSTRACT

The child presenting with enlarged lymph node is a common problem in paediatric practice, most enlarged lymph nodes are caused by a response to a benign local, or generalised infection, very few are due to more serious conditions (e.g malignancy). This contribution aims to provide a simple and pragmatic approach based on general introduction, causes, classification, also this article describes the effectiveness and regulation of homoeopathic medicines.

Keywords: Lymphadenopathy, Homoeopathy



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INTRODUCTION

Lymph node is small bean shaped organ of Immune system which contains cluster of cells covered by a capsule of connective tissue. Size of lymph node varies from 1-2cm. The inner structure of lymph node is divided into peripheral cortex & central medulla. The cortex consists of several rounded aggregates of lymphocytes called lymphoid follicles. The medulla is composed of cords of plasma cells & some lymphocytes.

Lymphadenopathy is a swelling or enlargement of lymph nodes. Enlargement of lymph nodes may occur due to variety of reasons some occur due to local infections while others can appear due to systemic conditions or diseases. A similar term lymphadenitis which refers to inflammation of the lymph nodes.

Etiology

1) Regional Lymphadenopathy:

- **Viral:** adenovirus, mumps, enterovirus, abrovirus, rubella, herpes simplex virus, infectious mononucleosis.

- **Bacterial:** streptococcal & staphylococcal infection, tuberculosis, plague, brucellosis, filariasis, syphilis, melioidosis, lymphogranuloma venereum, scrub typhus.

- **protozoal:** trypanosomiasis, cutaneous leishmaniasis.

2) Generalised Lymphadenopathy:

- **Viral:** HIV, hepatitis, cytomegalovirus, mumps, measles, dengue fever.

- **Bacterial:** TB, typhoid fever, septicaemia,

- **Protozoal:** visceral leishmaniasis, toxoplasmosis.

3. Primary haematological causes

Leukaemia, hodgkin's disease, non-hodgkin's lymphoma, myeloproliferative lymphoma.

4. Other causes-

SLE, sarcoidosis, RA, sjogren's syndrome, drug reaction

Classification

According to duration

- acute
- chronic

According to site of involvement

- localised
- generalised
- dermatopathic

Symptoms

The symptoms of lymphadenopathy depend upon the case, patient & the underlying cause, the common symptoms are:

- Enlarged lymph nodes
- Fever
- Tender nodes
- Warmth or Redness over nodes
- Pain

Differential Diagnosis

- Subcutaneous lesions e.g. Lipoma, Abscess, Hernia
- Skin lesions- e.g. sebaceous cyst
- Neck-Brachial cleft cysts, Cystic hygromas of salivary glands.

Investigations

- Full blood count- WBC Count raised in infection or malignancy.
- Blood Film- Leukaemia
- Acute phase reactants- ESR & CRP often raised in infection & malignancy
- Liver Function test- Liver infiltration
- Infection- Swab from primary infection site for culture & sensitivity, viral titres (e.g. Epstein Barr Virus, HIV, Hepatitis.)
- Investigation for TB.
- Syphilis serology
- Autoantibody screen- SLE, R.A.
- Chest X-ray- TB, Primary/Sec. Malignancy, Sarcoidosis.
- CT Scan- Nodal distribution, Staging of Lymphoma.
- Fine needle aspiration.
- Senile node biopsy

EXAMINATION OF LYMPHATIC SYSTEM-

A) History-

Following points are particularly noted while taking the history of patient-

1) Age- Tuberculosis lymphadenopathy & Syphilis are diseases of the young age. Acute lymphadenitis can occur at any age. Primary malignant lymphomas occur at young age. Secondary malignant lymphadenopathy occurs in old age.

2) Duration- In acute lymphadenitis history is short where as it is long in chronic lymphadenitis, tuberculosis etc.

3) Which group was first affected?

This may give clue to diagnosis in case of generalised involvement of lymph nodes.

4) Pain-

5) Fever-

6) Loss of appetite & weight

7) Pressure effects

8) Past history

9) Family history-

b) Physical examination-

General survey-

Malnutrition, cachexia, anemia & loss of weight are often seen in cases of tuberculous lymphadenitis, primary & secondary malignant lymphadenopathies.

Local examination-

a) Inspection-

Swellings at the known site of lymph nodes should be considered to have arisen from them unless some outstanding clinical findings prove their origin to be otherwise.

1) Swellings-

A) Position-

It will not only give an idea as to which group of lymph nodes is affected but also the diagnosis(e.g. Hodgkin's disease, TB affect the cervical group of lymph nodes, Secondary stage of syphilis involves the epitrochlear & occipital groups.

b) Number-

Number is important whether single or multiple groups are involved. A few conditions are known to produce generalised involvement of lymph nodes.(e.g. Hodgkin's disease, TB, Lymphosarcoma, Sarcoidosis)

c) Skin over the swelling-

b) Palpation-

Consistency-

Enlarged lymph nodes should be carefully palpated with palmar aspects of the 3 fingers. While rolling the fingers against the swelling slight pressure is maintained to know the actual consistency of the swelling.

It must be remembered that normal lymph nodes without enlargement are not palpable. Enlarged lymph nodes may be soft, elastic & rubbery (Hodgkin's disease) or Firm, discrete & shotty (Syphilis) or stony hard (Sec. Carcinoma) or variable consistency soft, firm & hard in places depending on the rate of growth (Lymphosarcoma)

Drainage area-

Whenever a patient comes with enlarged lymph nodes it should be the routine practice to examine its drainage area. This is important in inflammatory & neoplastic lesion of lymph nodes.

General examination-

1. Lymph nodes in other parts of the body should be examination reveals many cases of hidden generalised involvement of lymphatic system.E.g. Hodgkin's disease, lymphosarcoma, lymphatic leukaemia, TB, Brucellosis, sarcoidosis etc.

2. Always examine-

a) Spleen

b) Liver

c) Mesenteric & Iliac lymph nodes.

3. Examine the lungs for tuberculosis & sec. metastasis.

4. Syphilitic stigma- In syphilis.

5. Parotid & lacrimal glands- In sarcoidosis.

Homoeopathic management of lymphadenopathy-

1) Belladonna-

The remedy in all glandular swelling of an inflammatory character with rapid swelling threatening suppuration. Swollen lymph nodes in the axillary region. Red shining streaks radiating from glands with great heat & stitching pains indicates Belladonna. Swelling, suppuration & induration of inguinal or cervical glands are well marked when attack is acute & very painful.

2) Iodum-

The remedy corresponds to indolent swellings, those large, hard & usually painless & esp. about the neck, or may be anywhere. Enlarged mesenteric & Bronchial glands.

3) Phytolacca decandra-

Phytolacca acts chiefly upon the glandular system, particularly on the throat & mammary glands. It is pre-eminently a glandular remedy. There is glandular swelling with heat & inflammation, esp of neck, particularly the submaxillary & parotid glands which are very much HARDENED LIKE STONE.

It has got ability to delay the formation of malignant growth.

4) Palcareea fluorica-

Long lasting & indolent glandular enlargements of cervical lymphatic glands where the hardness is pronounced. Also enlargements of the bronchial & mesenteric glands, worse in damp weather, better from hot fomentation & rubbing. It solidified indurations.

5) Cistus-

Glandular enlargement of submaxillary glands with caries of the jaw. Scrofulous glandular swellings, an impure breath is an indication. The glands become inflamed, indurated & ulcerated.

6) Carbo animalis-

Indurated axillary glands. Glands are hard as a stone in inguinal region & surrounding tissues also even hard. INDURATION is the keynote.

7) Mercurius-

This remedy follows Belladonna well & it is the first specific in scrofulous subjects where the swelling in the parotid & submaxillary glands develops rapidly with great pain. Induration of the lymph glands of throat & neck. It is more useful in these disorders in higher potencies.

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