

A Case of Empty Sella Syndrome with Trigeminal Neuralgia Cured with Homoeopathy

© Dr. Rajneesh Kumar Sharma

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Case History

Pt's name- Mrs. Ranjna Kaushik **Age-** 32 Yrs Female

Occupation- Teacher

P/C

This lady presented with periodical shooting pain in right temporal region, extending to right cheek and right side of forehead associated with formications < 10 years. Pains were < in morning exactly at 6 am. She is gradually increasing weight. Her appetite is decreased and is constipated with hard stool but with daily evacuations.

Further enquiries

Head fees chilly and < in open air

Desire salt

Aversion sweets and fats

Irritable, angered easily < consolation

Hot patient

Investigations

MRI Head- 19-05-2005- Imaging features are suggestive of – a possible neurovascular conflict of right trigeminal nerve with right superior cerebellar artery. Empty sella.

Diagnosis

Empty sella syndrome with Trigeminal neuralgia

Rubrics

S. No.	Degree	Rubrics
1	3	HEAD - COLDNESS, chilliness, etc. - icy
2	3	HEAD - COLDNESS, chilliness, etc. - air; in open - agg.
3	1	FACE - PAIN - Nerves - Trigeminal neuralgia
4	1	FACE - PAIN - neuralgic - nerves - trigeminus
5	2	HEAD - PAIN - shooting pain
6	3	HEAD - PAIN - periodical - day - every
7	3	HEAD - PAIN - periodical - day - every - hour; at the same
8	1	HEAD - PAIN - periodical - hour - certain; at
9	2	HEAD - PAIN - periodical - hour - same; at the - morning
10	1	GENERALS - OBESITY
11	2	GENERALS - FOOD and DRINKS - salt - desire
12	1	GENERALS - FOOD and DRINKS - fat - aversion

Repertorization

	cedr.	mur-ac.	calc-sil.	spig.	mag-p.	lac-c.	cimic.	kali-bi.	aur-m-n.	spong.
	472	379	357	350	323	303	289	284	281	280
1	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	1
3	1	-	-	1	1	-	2	-	-	-
4	3	-	-	3	1	-	-	-	-	-
5	2	1	1	1	1	1	1	2	-	1
6	1	1	1	1	-	-	-	-	1	-
7	1	1	-	1	-	-	1	3	-	-
8	-	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	1	-	-
10	-	1	-	1	1	1	1	2	-	1
11	-	1	1	-	1	3	-	-	1	1
12	-	-	-	-	-	2	-	1	2	1
13	-	-	1	-	-	1	-	-	-	1

Result

Cedron is the similimum one.

Prescription

Rx

12-08-2008

Marked clock like periodicity

Cedron 30 TDS

26-09-2008

Better. CECT Head with coronal scan of sellar region- 27-08-2008 – No obvious abnormality detected.

Cedron 30 TDS

02-12-2008

No marked symptoms. Almost cured.

Cedron 30 BD

05-01-2009

Asymptomatic. Cured.

Sac Lac TDS

Result

Complete cure of empty sella syndrome with trigeminal neuralgia by classical Homoeopathy.



Himalayan Institute Hospital Trust
 SWAMI RAM NAGAR, DEHRA DUN-248 140 (Uttanchal)
 Tel.: No. 0135-2412081-86,2412020 Extn. 247 MRI 333

DEPARTMENT OF RADIOLOGY

Name: Mrs. Ranjana Patient ID: 20020001137
 Age & Sex : 32 Yrs. / FEMALE Ref. By : DR.
 Date : March 19, 2005

MRI HEAD

Multiplanar MR imaging of the cranium was done on a 1.5 Tesla magnet using a dedicated head coil. T1, T2 weighted images were obtained in axial, sagittal and coronal planes using SE & GE sequences. Ciss 3D and 3D TODF MR angiograms was also obtained.

- The base angiogram and the Ciss 3D images demonstrate the right superior cerebellar artery in close approximation, curving medially over the root entry zone of the right trigeminal nerve in its cisternal course. The contralateral trigeminal nerve appears normal.
- Both the Meckles cave including the nerves in the lateral wall of cavernous sinus appears normal.
- No mass is seen in the cavernous sinus region with symmetry maintained.
- The sella is mildly enlarged with the pituitary flattened and CSF seen filling the sella.
- 7th - 8th nerve complex appear normal.
- Both the cerebral hemispheres demonstrate normal signal intensities. No focal abnormality is seen.
- Both cerebellar hemispheres and brainstem are normal.
- Ventricular system and basal cisterns are normal.
- Septum is in midline.
- Vessels around circle of Willis are normal.

IMPRESSION : Imaging features are suggestive of :-

- ♦ A possible neurovascular conflict of the right trigeminal nerve with the right superior cerebellar artery.
- ♦ Empty sella.

DR. SUHAIL AHMAD KHAN, MD
 Assistant Professor, (Rad.)

DR. RANJAN KUKRETI, MD
 Associate Professor, (Rad.)

Jeevan Rekha

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Date	27/08/2008	Srl No.	17	Reporting Date	27/08/2008
Name	MRS. Ranjana Kaushik	Age	39 Yrs.	Sex	F
Ref. By	Dr. Rajneesh K.Sharma MD				

CT HEAD - PLAIN & CONTRAST WITH CORONAL SCAN OF SELLA REGION

Contiguous axial sections were taken from the base of skull to vertex (5mm thickness in posterior fossa and 10 mm thickness in the supra tentorial region) before & after administration of non-ionic contrast IV.

POSTERIOR FOSSA

Both cerebellar hemispheres show normal attenuation. No focal lesion seen. The brainstem shows no abnormality. The fourth ventricle appears normal. CP angle cisterns and cisterna magna appear normal.

SUPRA - TENTORIAL

Both cerebral hemispheres show normal attenuation. No focal enhancing lesion is visualized.

Basal ganglia are normal. The third and lateral ventricles appear normal. The basal cisterns, sylvian fissures and subarachnoid spaces appear normal. Midline structures appear normal.

Sellar, suprasellar & parasellar region appears normal. Cavernous sinuses appear symmetrical & show normal attenuation. Bony cranium is normal.

IMPRESSION : No obvious abnormality detected.

Please correlate clinically.

Dr. D.N.Gangwar
 MBBS, MD (Radiodiagnosis)
 Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with seven days
 No compensation liability stands.

*Spiral C.T. Scan *Mammography *Digital X-ray *Ultrasound *Echo Cardiography
 Not for medicolegal purpose