



Incisional Hernia and Homoeopathic Intervention

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Abstract

Increasing rate of caesarean sections in the present day scenario is a well-documented fact. A raise in cesarean sections in the country leading to high incidence of Incisional Hernia near Umbilicus mainly in upper segment caesarean section (Midline Vertical section). An incisional hernia results from an incompletely healed surgical wound. It is usually seen as an abdominal wall defect at the site of previous incision following breakdown in the continuity of the fascia closure. As many people state that there is limitation in Homoeopathy for surgical cases, I want to present the case to through light in this aspect with Homoeopathy.

Keywords

Incisional hernia; Umbilicus; Midline Vertical Caesareans Section

Introduction

Incisional hernia arises through a defect in the musculofascial layers of the abdominal wall in the region of a postoperative scar. Thus they may appear anywhere on the abdominal surface. Midline Vertical Caesarean Section is one of the reported causes leading to incisional hernia that may be clinically visible months or years after index surgery.

Incidence

Incisional hernias have been reported in 10%–50% of laparotomy incisions and 1–5% of laparoscopic port-site incisions. Usually hernia appears at end of incision so it appears as Umbilical Hernia.

Aetiology

Factors predisposing to their development are patient factors (obesity, general poor healing due to malnutrition, immunosuppression or steroid therapy, chronic cough, cancer), wound factors (poor quality tissues, wound infection) and surgical factors (inappropriate suture material, incorrect suture placement) [1-3]. Incisional hernia occurs most often in obese individuals, and a persistent postoperative cough and postoperative abdominal distension are its precursors. An incisional hernia usually starts as a symptomless partial disruption of the deeper layers of a laparotomy wound during the immediate or very early postoperative period. Often the event passes unnoticed if the skin wound remains intact after the stitches have been removed (or because subcuticular stitches have been used which remain in place). Attacks of partial intestinal obstruction are common and strangulation is liable to occur at the neck of a small sac or in a loculus of a large one.

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Clinical features

These hernias commonly appear as a localised swelling involving a small portion of the scar but may present as a diffuse bulging of the whole length of the incision. There may be several discrete hernias along the length of the incision and unsuspected defects are often found at surgery. Incisional hernias tend to increase steadily in size with time. The skin overlying large hernias may become thin and atrophic so that peristalsis may be seen in the underlying intestine. Vascular damage to skin may lead to dermatitis. Attacks of partial intestinal obstruction are common because there are usually coexisting internal adhesions. Strangulation is less frequent and most likely to occur when the fibrous defect is small and the sac is large. Most incisional hernias are broad-necked and carry a low risk. The contents of ventral incisional hernia are usually small bowel loops or omentum.

Case Report

Patient named Bhagyaxmi aged 30 years visited OPD of Aarogya Homoeo Care with Regd No: 120 with Pain in umbilical region mainly after exertion and mild swelling in the umbilicus with no prominent discharge and the swelling related with exertion for 6 months. Since then she didn't consult any physician for the complaint. No other complaint along with it on further investigation she revealed pain in umbilicus since delivery's there was a suspicion of Hernia was advised her to go for Urine specific gravity of abdomen and pelvis to rule out Incisional/Umbilical hernia. All physical generals good except Bowel movement which she complains alternate days or sometimes 2 to 3 times per day with incomplete evacuation. Stool is hard. She usually desires warm weather as cannot tolerate cold weather. Sleepy in the morning hours. She is Thirstless. Menses regular. 2 children C section, one missed abortion at 3rd month and one induced abortion.

Usg of abdomen and pelvis: November 2016

Usg of abdomen and pelvis: July 2017

Usg of abdomen and pelvis: February 2018

Selection of medicine

[Complete][Abdomen]Hernia: Umbilical; NUX VOMICA 3 marks

[Borieke][Abdomen]Hernia: Umbilical; NUX VOMICA 3 marks

Weakness of abdominal ring region (Nux Vomica)[Materia medica by Boericke.W]

Physical generals: Constipation with frequent ineffectual urging, incomplete and unsatisfactory. Patient cannot tolerate cold weather.

H.C.Allen: Has cured umbilical hernia with obstinate constipation after nux failed.

Discussion and Conclusion

The recommended threshold of caesarean section by WHO is 15% only. The caesarean section rate in Asia, particularly China has risen much more and has reached epidemic proportions of 46% India has much more reasonable caesarean rate of 18%. Post-operative incisional hernias following Caesarean sections are a common occurrence. Various studies have reported it to be in range of 3.1% to 5.6% of women who have had caesarean section. 7-10 Incidence is

Table 1: Course and Progress of Treatment.

Date	Symptoms	Homoeopathic Medicine	Management
07/11/2016	Pain in Umbilical Region. Bowel ineffectual, Stool hard	In one dram bottle of 30 size globules 3 to 4 drops of Nuxvomica 30 dilution and shake it 2 times with cap fixed. Patient will be advised to take it daily one time 6 pills. Along with it Thuja 1M dilution 3 drops in half dram bottle with 40 size globules 12 pills is given and advised to take every alternate Sunday on that day stop the above medication.	<ul style="list-style-type: none"> • Avoid lifting heavy weights • Usage of abdominal belt while working except eating and sleeping • Weight control
26/12/2016	No prominent change. Pain in the Umbilical region<exertion associated with distension of abdomen. Bowel ineffectual. Stool hard	In one dram bottle of 30 size globules 3 to 4 drops of Nuxvomica 200 dilution and shake it 2 times with cap fixed. Patient will be advised to take it daily one time 6 pills. Along with it Thuja 1M dilution 3 drops in half dram bottle with 40 size globules 12 pills is given and advised to take every alternate Sunday on that day stop the above medication.	<ul style="list-style-type: none"> • Avoid lifting heavy weights • Usage of abdominal belt while working except eating and sleeping • Weight control
02/02/2017	Patient felt better. Bowel: slightly better stool hard	In one dram bottle of 30 size globules 3 to 4 drops of Nuxvomica 200 dilution and shake it 2 times with cap fixed. Patient will be advised to take it daily one time 6 pills. Along with it Thuja 1M dilution 3 drops in half dram bottle with 40 size globules 12 pills is given and advised to take every alternate Sunday on that day stop the above medication.	<ul style="list-style-type: none"> • Avoid lifting heavy weights • Usage of abdominal belt while working except eating and sleeping • Weight control
09/04/2017	Patient felt better initially again gradual pain in the umbilical region. Bowel improved	In one dram bottle of 30 size globules 3 to 4 drops of Nuxvomica 200 dilution and shake it 2 times with cap fixed. Patient will be advised to take it daily one time 6 pills in the morning In one dram bottle of 30 size globules 3 to 4 drops of cocculus200 dilution and shake it 2 times with cap fixed. Patient will be advised to take it daily one time 6 pills in the night Along with it Thuja 1M dilution 3 drops in half dram bottle with 40 size globules 12 pills is given and advised to take every alternate Sunday on that day stop the above medication.	<ul style="list-style-type: none"> • Avoid lifting heavy weights • Usage of abdominal belt while working except eating and sleeping • Weight control
12/06/2017	Patient feeling better. Bowel good	Medicine same as above is given	Same as above
15/07/2017	Patient feeling better. Bowel good. Patient came with Scan report.	Medicine same as above is given	Same as above
15/08/2017	Patient feeling better. Bowel good	Medicine same as above is given	Same as above
Patient didn't consult for about 5 months			
20/02/2018	Patient feeling better. Bowel good. Patient came with Scan report	Medicine same as above is given	Same as above
31/03/2018	Patient feeling better. Bowel good.	Medicine same as above is given	Same as above
Patient didn't consult for about 10 months. Scan report yet to be done			

significantly higher in patients with multiple caesarean sections than in those patients with single caesarean. Risk of incisional hernia following midline vertical incision is much higher than in transverse Pfannenstiel incision or Joel C. Cohen incision. Diagnosis of incisional hernia is made within 12 months of index surgery in half of patients while another 30% are diagnosed in second and third year after caesarean section.

Occurrence of incisional hernia is likely in presence of predisposing factors such as poor surgical suture technique especially with 'absorbable catgut'. Interrupted fascial suturing is more likely to give way and result in incisional hernia. Presences of obesity, sepsis, diabetes, anemia, poor nutritional status, smoking and chronic cough are other demographic factors that increase risk of incisional hernia [2].

In initial practice there was great inhibition that Homoeopathy has many limitations and was afraid to take up some surgical cases and Emergencies. As Mrs. Bhagyalaxmi was not interested in surgery after being diagnosed with hernia visited for medication. Her consent taken regarding it and started treatment (Table 1).

As all have gone through the way it was prescribed might be quit not digestible to many but it is already stated that author was not confident enough to take up the case so repeated the remedy and even

alternated with another remedy daily and given the other remedy as undercurrent also. The main aim was to however help the patient not to go for surgery. Initially there was no change but patient believed and had a long wait, then slowly change started for which evidence is provided through Scans in the case report.

Of course the author is indebted to the patient as she believed in him and continued to use medication with hope as it helped me to take a step forward to take many surgical and emergencies.

References

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