
CONSTITUTIONAL APPROACH TO UMBILICAL HERNIA -A CASE REPORT

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ABSTRACT

Introduction: An umbilical hernia is a condition found in abdominal wall where the abdominal contents like fat or intestine start bulging through umbilicus. It presents as a soft swelling that may increase with pressure. Common causes for its development include factors that are responsible for increase in chronic abdominal pressure like obesity, multiple pregnancies, ascites or previous surgery.

Case summary: This is a case of 50 years old female who suffered from umbilical hernia and was successfully managed with constitutional medicine. This case report documents non-surgical management of umbilical hernia with Nux vomica, which helped to clear constitutional defects of patient and exhibited that structural changes can be very well managed with homoeopathic treatment.

Key words: Umbilical hernia, constitutional, Nux vomica, homoeopathy, case report

1. INTRODUCTION

The term Hernia is derived from a Greek word heron, meaning a bulge or protrusion. A Hernia is the bulging of the part of the normal contents like fat or intestine of the abdominal cavity through a weakened area in the abdominal wall. The ventral hernias are characterized by weakness in the anterior abdominal wall, and among them, umbilical hernia is one of the common types. More than 90% of umbilical hernia in adults are acquired in nature. The umbilical region represents a naturally weak area of the abdominal wall, making it a frequent site for herniation.^[1] Factors that increase intra-abdominal pressure, such as pregnancy, obesity, ascites and large abdominal tumors are known to predispose individuals to the development of an umbilical hernia.^[2]

According to the European Hernia Society, umbilical hernias are defined as ventral abdominal hernias occurring within 3 cm above or below the umbilicus. They constitute for 6% to 14% of all abdominal wall hernias in adults and are second in frequency only to inguinal hernias. The hernia sac commonly contains preperitoneal fat or omentum, and less frequently, a segment of the small intestine or colon. Many umbilical hernias are detected incidentally during routine physical examinations and may remain asymptomatic for long periods. In such cases, expectant management is often preferred over surgical repair. However, nearly 65% of adult patients eventually require surgical intervention, with 3% to 5% of these cases presenting as emergencies. Individuals with asymptomatic hernias should therefore be counseled on the signs and symptoms of complications like incarceration and strangulation and advised on safe lifting practices.^[3]

2. PATIENT INFORMATION

A 50 years old homemaker, K/C/O Uterine fibroids since 2018, presented with mild pain in umbilical region for 25 days along with acute constipation, with sticky and offensive stool. Pain aggravates when constipated and while sneezing and coughing. Patient complains of small swelling in umbilical region which increases in size with rise in intra-abdominal pressure like coughing and sneezing. Patient also has heaviness of abdomen and takes long time than usual to pass stool for 10-15 days. Before coming to me, patient had already visited surgeon who confirmed it to be umbilical hernia and advised patient to undergo USG, which showed absence of hernia but showed multiple intramural fibroids. Patient is not willing to take treatment for fibroids as she has no troublesome symptoms for it. She is concerned with hernia as she wants to avoid surgery.

2.1. Past History:

Patient suffered from chikungunya before 20 years. Since then, she sometimes has pain in finger joints of both hands.

2.2. Family history:

Her father died suddenly after having fall, with fracture of leg. Her mother suffers from Hypertension and is under medication. She has one brother and two sisters, all are healthy.

2.3. Physical Generals:

Her appetite is good but she prefers small meals at small intervals. Since few days she feels heaviness of abdomen after eating along with dyspepsia. She desires sweets every time after meal and has aversion to Chinese food. She drinks well and increases or decreases her water intake according to season. Since few days she feels constipated, taking very long to pass sticky and offensive stool. She perspires less and has sound sleep with no dreams. Thermally, she is ambithermal.

2.4. Gynaecology and Obstetrics History: (G₄P₂A₂L₂)

Patient has two children, one son and one daughter. She had two abortions out of which one was natural at third month and another was induced. Both deliveries were planned LSCS as she had hypertension just before parturition. Presently, she is not under any medication for hypertension. Her menses are regular with no complains. She has leucorrhoea sometimes after menses which is thin, watery and pinkish.

2.5. Mental Generals:

Patient cannot express herself much. Her pregnancy times were difficult as her in-laws were not supportive but husband was always with her. She likes to cook and try new recipes, along with reading good books. She is also religious and follows all rituals. Her son and daughter are both well settled in life. She feels she is having the best time of her life right now.

2.6. Investigations:

USG Abdomen on 25-06-2025: Multiple intramural uterine fibroids, largest in fundal wall measuring 36*42 mm and ET measures 6 mm. No hernia is observed.

2.7. Clinical examination:

Patient was moderately overweighting with BMI of 26.48 kg/m². Her vitals showed blood pressure of 140/90 mm of Hg, pulse 76/min with normal temperature and respiratory rate.

Abdominal examination: On inspection, a small bulge was observed in umbilical region which became more prominent when patient was asked to cough. On palpation, hernia was

reducible type. The lump was soft and contained fatty tissue. In supine position hernia did not reduce on its own. Other systems were normal.

2.8. Diagnosis:

Based on clinical examination, diagnosis of umbilical hernia was confirmed.

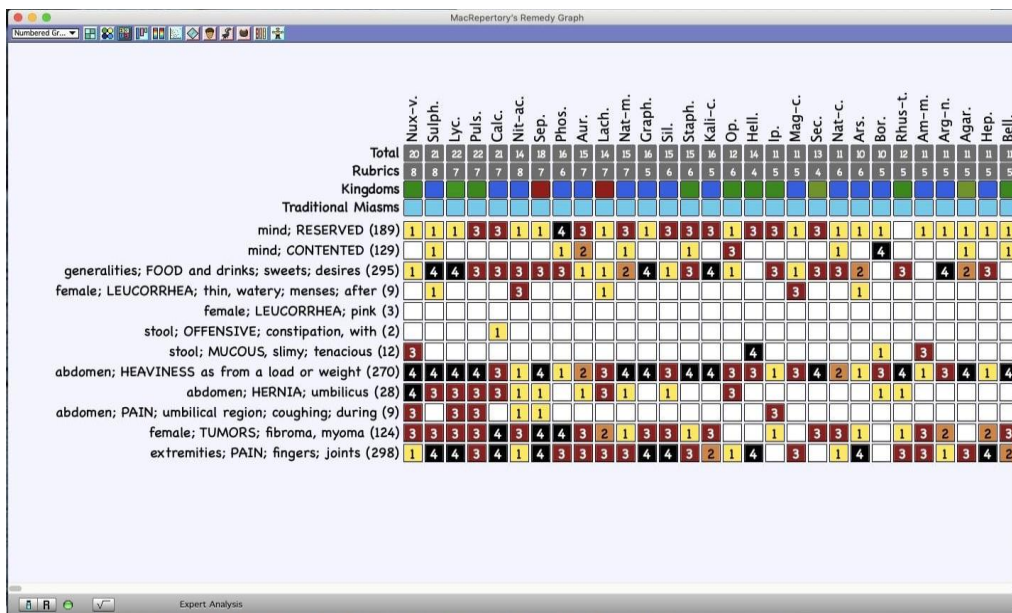
2.9. Totality of symptoms

- 1) Reserved by nature
- 2) Contented with life
- 3) Desires sweets after each meal
- 4) Constipation with sticky and offensive stools
- 5) Umbilical hernia
- 6) Pain in umbilical region < sneezing, coughing
- 7) Heaviness of abdomen
- 8) Uterine fibroids
- 9) Pain in finger joints
- 10) Leucorrhoea thin, watery and pink after menses

2.10. Repertorial totality

- Mac repertory was used for repertorisation
- 1) Mind – Reserved
 - 2) Mind – contented
 - 3) Generalities- Food and drinks – sweets- desires
 - 4) Female-Leucorrhoea-thin, watery-menses-after
 - 5) Female-Leucorrhoea-pink
 - 6) Stool-offensive-constipation-with
 - 7) Stool-mucous-slimy, tenacious
 - 8) Abdomen-Heaviness as from a load or weight
 - 9) Abdomen-hernia-umbilicus
 - 10) Abdomen-Pain-umbilical region-coughing-during
 - 11) Female-Tumours-fibroma-myoma
 - 12) Extremities-Pain-fingers-joints

2.11. Reportorial Analysis



2.12. Prescription:

Date: 28/06/2025

Nux vomica 30, one dose stat

Sac. Lac 30/BD after meals for 30 days

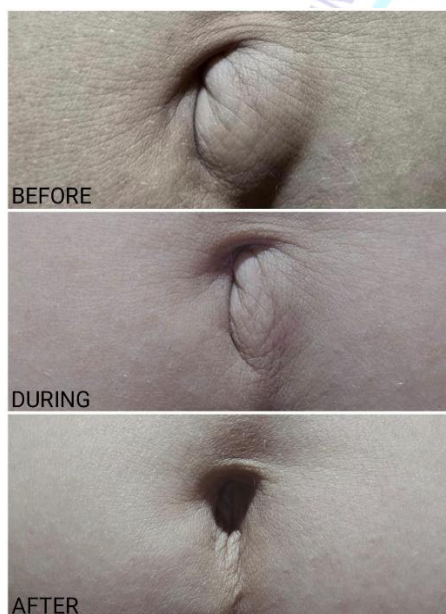
After repertorisation, Nux vomica appeared first in repertory chart though sulphur and Lycopodium scored more marks than it. Nux v. covered majority of rubrics with more marks especially those which were presenting complain of the patient. So Nux vomica was selected as first prescription. Patient was also advised to wear hernia belt and avoid lifting heavy weights.

2.13. Follow-up and outcome:

DATE	SYMPTOMS	INTERPRETATION	PRESCRIPTION
30/07/2025	Size of bulging in umbilical region reduced. Patient has no constipation, no offensive and sticky stool, no heaviness of abdomen, no pain in umbilical region and feels mentally better	Favourable	Rx Rubrum 30 one dose BD, for 30 days
29/08/2025	Patient feels better in other complaints but has gas and eructations with heaviness	Unfavourable	Rx Nux Vomica 200 C one dose Stat.

	in abdomen. Size of bluging in umbilical region increases when she has gas in abdomen.		Sac. Lac. 30 BD, for 30 days
30/09/2025	Patient is better in all gastric complaints. Size of bulging in umbilical region is reduced and is almost in line with abdominal wall.	Favourable	Rx Rubrum 30 one dose BD, for 30 days
31/10/2025	Patient is better in all complaints. No bulging in umbilical region.	Favourable	Rx Rubrum 30 one dose BD, for 30 days
29/11/2025	No bulging. Umbilicus appears normal in size and shape. Patient feels better	Favourable	Rx Rubrum 30 one dose Stat.

3. RESULTS BEFORE DURING AND AFTER TREATMENT



3.1. Discussion:

Umbilical hernia is a common defect of the abdominal wall in which abdominal contents protrude through the umbilical ring. Clinically, it mostly presents as a palpable bulge in all cases, associated with discomfort in more than half of cases and pain in about one fifth to two-fifth of patients. Diagnosis of umbilical hernia is primarily clinical and is usually made

on physical examination, supplemented by imaging in complex cases. Umbilical hernias typically present with a palpable bulge at or near the umbilicus. In many cases, the bulge is often reducible, meaning it can be gently pushed back into the abdominal cavity, but may become irreducible in advanced or long-standing cases. Clinical examination has high sensitivity, ranging from 95% to 98%, although its specificity may be reduced in obese individuals or in those with small defects. Imaging is considered mainly for cases where complications are suspected or clinical findings are inconclusive.^[4]

Umbilical hernia is a relatively common surgical condition, and elective surgical repair is generally recommended after diagnosis. In allied science, where it is believed that surgery is the only option to treat umbilical hernia, homeopathy can offer a better option to resolve such hernias.

In present case, 50 years old lady, approached surgeon first and was advised a small surgery. Due to her concern with surgery, she approached me at the earliest and started her treatment. In this case it was a very early stage of hernia, which helped to yield better results. On reportorial analysis, Nux vomica medicine was considered as it covered maximum symptoms, of which patient actually wanted to get relief. In this case patient had more physical particular symptoms, so considering concept of posology, a lower potency was selected which acted initially and gave favorable response but soon gastric symptoms returned. So, same medicine was prescribed in next higher potency which helped patient to become free from her symptoms including hernia. Patient also suffered from uterine fibroid but had no symptom related to it, so could not verify effectiveness of this individualized medicine on it. This case serves as an example that whenever constitutional approach is selected considering mental, physical generals and particulars, it yields best results in homeopathy.

Her miasmatic evaluation suggests sycotic miasm in background which is very much covered by Nux vomica. Gastro-intestinal system is the key area for this medicine. After treatment with individualized medicine Nux vomica, patient was relieved from umbilical hernia and related symptoms.

This case highlights that a constitutional medicine can restore patient's vitality and improve structural changes to avoid surgeries in incipient stages. Individualized medicine covers symptoms, modalities, miasm and helps to provide successful management of the case.

Though, in this case outcome is favourable, it should be noted that results may vary as it depends on multiple factors in considering constitutional approach. Further studies are suggested to evaluate role of constitutional approach in management of umbilical hernia.

3.2. Conclusion: This case highlights the successful role of constitutional approach in managing umbilical hernia. Nux vomica, prescribed on basis of reportorial analysis resulted in favourable outcome with improvement in physical and general symptoms.

3.3. Conflict of interest: There is no conflict of interest

4. References

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