Case of Pituitary Microadenoma and ACONITE

A 23 yr old male sought consultation for hypertension. He was on antihypertensives for last 3 yrs and there was a progressive increase in dosage of the medication needed, gradual, nevertheless increasing. On presentation he was anxious, had palpitations and raised BP despite having taken regular allopathic medication in the morning. There was some stress in the family. Aconite 200/3 doses/ od was given. Given his age, he was also advised some tests, which included 24 hr urine VMA, serum aldosterone levels and renal artery doppler and some other basic investigations. A follow up after 5 days showed his anxiety levels reducing and his BP stabilizing. He was again given aconite 200 but this time only sos, whenever he felt anxious. During conversation an observation was made which was missed in the first consultation. The patient's hands were thick and seemed big for his arms. I asked him if there had been any change in shoe size recently which he denied. I asked him to show an old photograph of himself, before hypertension had set in. What was seen raised an alarm. Immediately I sent him for an endocrinology consult with aconite 200 sos. What was feared was proven right, when he returned a week later. The patient had a pituitary microadenoma as seen in his MRI(advised by endocrinologist). It was this culprit that raised his BP and that thickened his jaw (discerned from comparison of him with his old photograph), his growth hormone (GH) was going off the roof (also advised by endocrinologist) and he was heading towards acromegaly and diabetes. It is here that he mentioned that also experienced profuse sweating. His diagnosis was made within 12 days, and he felt much relieved of his anxiety. His BP readings were more settled now. But this was only a calm before the storm and his pathology had to be tackled. I gave him aconite again, this time alternate day for another 10 days as patient was also sent for a neurology consult. This was the last time I saw this patient, a country wide lockdown had been imposed due to COVID 19 pandemic.

Explanation

A young patient with hypertension should be evaluated to find out the underlying cause of hypertension. This patient had a progressive increase of hypertension, becoming refractory to medicine. This is what raised a reg flag and kicked my medical training into action. Hypertension in young adult should first

be evaluated for surgically correctable causes (as per medical literature). The most common include:

- Renal artery stenosis (diagnostic modality used- renal artery doppler)
- Hyperaldosteronism (diagnostic modality used- serum aldosterone levels)
- And pheochromocytoma (diagnostic modality used- 24 hour urinary VMA)

It was a relief to see all the tests negative. However, the cause was still unknown. It was a casual observation that led to his diagnosis. Had his big hands, gone unnoticed or the observation shoved under the carpet and had not his old photograph been compared with his present self, it would be no one knows how long before his diagnosis would be made. He had no other symptoms, no headaches, no vision disturbance. Aconite was a purely symptomatic prescription. He was anxious and had high BP. It would not have helped in the long run. After his diagnosis was made, I had to give him a deeper acting medicine that would target his pathology as well. Before I had a chance to further his case the circumstances (pandemic) ended the treatment prematurely and patient was lost to follow up. This case emphasizes the need for diagnostic skills in homeopathic physicians. It epitomizes Aphorism 3 of Organon of Medicine: the physician must know, what is to be cured in a disease (knowledge of disease, indications). It was not his hypertension that needed treatment but a deeper lurking pathology.

Aude Sapere

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