



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(1): 08-13

Received: 21-01-2024

Accepted: 25-02-2024

Dr. Amit Nayak

Professor, H.O.D.,
Department of Materia
Medica, State National
Homoeopathic Medical College
and Hospital, Lucknow, Uttar
Pradesh, India

Dr. Pooja Dubey

Associate Professor,
Department of Materia
Medica, Sophia Homoeopathic
Medical College, Gwalior,
Madhya Pradesh, India

Dr. Tatheer Fatima

PGT, Department of
Repertory, State National
Homoeopathic Medical College
and Hospital, Lucknow, Uttar
Pradesh, India

Dr. Shalini Singh

PGT, Department of Organon
of Medicine & Homoeopathic
Philosophy, State National
Homoeopathic Medical College
and Hospital, Lucknow, Uttar
Pradesh, India

Dr. Jaimala Yadav

PGT, Department of Materia
Medica, State National
Homoeopathic Medical College
and Hospital, Lucknow, Uttar
Pradesh, India

Corresponding Author:

Dr. Amit Nayak

Professor, H.O.D.,
Department of Materia
Medica, State National
Homoeopathic Medical College
and Hospital, Lucknow, Uttar
Pradesh, India

Holistic healing: Ovarian endometrioma managed with homeopathy- a case report

Dr. Amit Nayak, Dr. Pooja Dubey, Dr. Tatheer Fatima, Dr. Shalini Singh and Dr. Jaimala Yadav

DOI: <https://doi.org/10.33545/26164485.2024.v8.i2a.1112>

Abstract

Introduction: An ovarian endometrioma is a cystic lesion which arises from ectopic endometrial tissue within the ovary, and is a common cause of incessant pelvic pain, difficult sexual intercourse, and infertility. Although it is usually benign, but large cystic lesions have potential for malignant transformation. Studies have shown the presence of ectopic endometrial tissue at distant sites outside pelvic cavity, e.g., peritoneal cavity, thoracic cavity, brain, and even sciatic nerve. Laparoscopy and transvaginal endoscopy in sexually active adults are the investigations of choice. Genetic and environmental factors play an important role in the development of endometriosis.

Case summary: A case of endometrioma treated with standalone Homoeopathic medicine is reported. The case presented with pelvic pain and abdominal bloating, along with scanty and dark menstruation. The patient was treated with individualised homoeopathic medicine. The case was followed up regularly and assessed using clinical symptoms and radiological investigations. The patient showed much improvement within four months of treatment, and was completely cured within one year.

Keywords: Endometrioma, ovary, infertility, homoeopathy

Introduction

Endometriosis is defined as the aberrant presence of endometrial glands and stroma outside the uterine cavity ^[1]. Fluid filled, cystic lesion that develop in the ovary as a result of endometriosis is known as chocolate cyst or endometrioma. Endometrioma affects approximately 10%–15% of all women of reproductive age ^[2]. Up to 50% of women with infertility have endometriosis and 44% of such cases are due to ovarian endometrioma, making ovaries the most common site ^[1, 3]. 10% of premenopausal women also suffer from endometriosis ^[4]. Between 1860 and 1920s, fewer than 20 cases of endometriosis were reported in literature, but there has been a dramatic increase since then ^[5]. Endometriosis is a prevalent cause of persistent pain, dyspareunia, dysmenorrhea, and infertility ^[6]. Women suffering from endometriosis often experience difficulties achieving their education or employment goals. Depression, anxiety, and low self-esteem are frequently associated ^[7]. A cross sectional study reported that 59% of women with endometriosis had some form of psychiatric illness, the symptoms being more profound in patients with severe pain ^[8]. Sampson presented his theory of retrograde menstruation and implantation in 1925, however with this theory, it was challenging to explain that despite retrograde menstruation occurring in 90% of women, not all develop endometriosis ^[9]. Also, the theory could not explain the occurrence of endometriosis at distant sites outside the pelvic cavity or incidence in pre-pubertal females. Later, for extra pelvic endometriosis, theory of microembolization via pelvic veins was proposed. Peritoneal-pleural migration of endometrial tissue via diaphragmatic defects has been linked to thoracic endometrial syndrome ^[10]. Hence, a high degree of suspicion is needed when dealing with patients who report of having cyclical discomfort during their menstrual periods as endometrial tissue responsive to oestrogen, has been found at distant, unsuspecting sites of the body ^[6]. Consequently, endometriosis should be frequently considered as differential diagnosis in pubertal females as chances of disease onset is relatively higher due to increased availability of oestrogen, beginning of menstrual cycle and sexual activity ^[9]. Trans-vaginal sonography is the routine, non-invasive investigation of choice, however laparoscopic assessment and histologic confirmation of biopsy specimen is considered gold standard ^[11]. Although both medicinal and surgical treatments are available for the management of endometriosis, endometriotic tissue

suppression for reduction of pain often has adverse effects and requires careful monitoring [13]. The need of surgery arises due to lack of effective conventional medical treatment available [12].

Case Report

On 11th May 2023, a 31 years old female presented with pelvic pain and abdominal bloating for the past one year.

History of presenting complaints

The patient started experiencing mild intermittent pelvic pain in April 2022, which gradually became constant by the end of September 2022. Eventually, her menses became scanty and the flow was dark and clotted.

Past History

Three years ago, the patient suffered from haemorrhoids and migraine which was treated with allopathic medication. There is no history of trauma or any other major chronic illness.

Family History

Father was diabetic and mother had bronchial asthma.

Physical Generals

The patient was more affected by cold. She had ravenous appetite. She was generally thirsty, craved sweets and did not like sour foods. Her bowel movements were irregular and she suffered from constipation. She felt better after passing flatus. Menstrual flow was scanty, thick, dark, and clotted. She was intolerant of tight clothing.

Mental Generals

The patient was weak willed and had low confidence. She was introverted and irritable. Although she was usually not expressive of her anger but sometimes, she had sudden outbursts of anger where she threw and broke objects. She was also very anxious about her health.

Life space investigation

The patient lived in a nuclear family belonging to middle socioeconomic strata. She had been married for four years and had no children. She was an only child and had good relations with her parents. She was good at studies but was not very diligent. Since childhood, she had been very reserved but after marriage, she had become more extroverted. The patient did not have good sexual relations with her husband as she felt concerned that she was not able to fulfil her responsibilities towards her marriage.

General physical examination

No abnormality was detected on general physical examination.

Local Examination

There was slight distention of abdomen with normal bowel sounds.

Investigation findings

USG Follicle Monitoring (09.02.2023)- Right ovary shows a

well-defined smooth margined rounded cyst with homogenous internal echoes measuring approximately 1.8 x 1.7 x 1.5 cms suggestive of endometrioma. (Figure 1)
Patient did not agree for further laparoscopic investigation.

Clinical Diagnosis: Right ovarian endometrioma

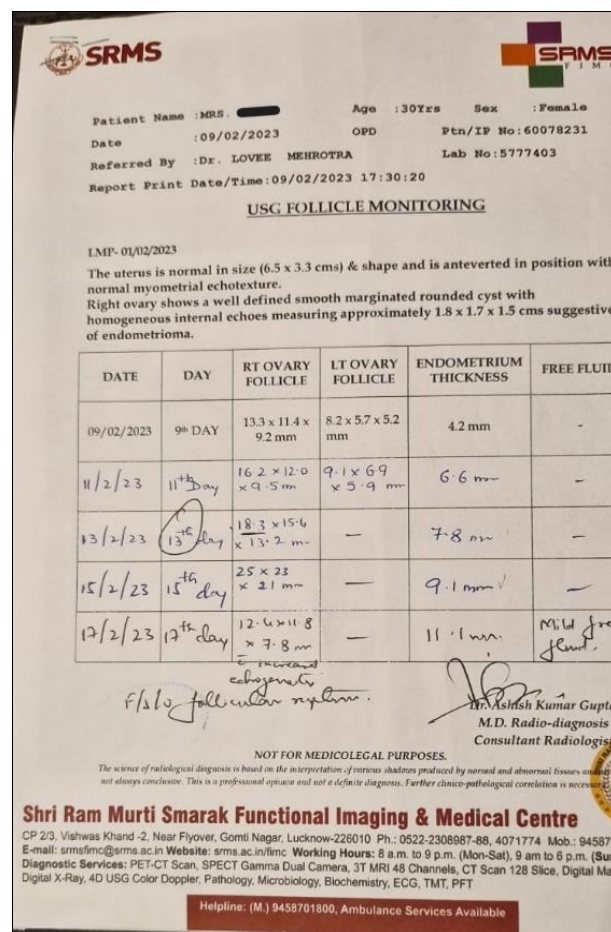


Fig 1: USG Follicle Monitoring on 09.02.2023

Totality of symptoms

- Anxiety about one's own health
- General amelioration from discharge of flatus
- Ravenous appetite
- Weak willed
- Changeable mood
- Reserved person
- Suppressed anger

Repertorization and remedy analysis

Repertorium Homeopathicum Syntheticum (Edition 9.1) was consulted using R.A.D.A.R. software as the case presented with characteristic mind and physical symptoms. *Lycopodium* (36/15), *Staphysagria* (30/15), *Ignatia amara* (26/15), *Monilia albicans* (25/15) and *Natrum muriaticum* (25/15) were the medicines in the top gradation (Figure 2). *Lycopodium clavatum* was selected as the indicated remedy in consultation with materia medica.

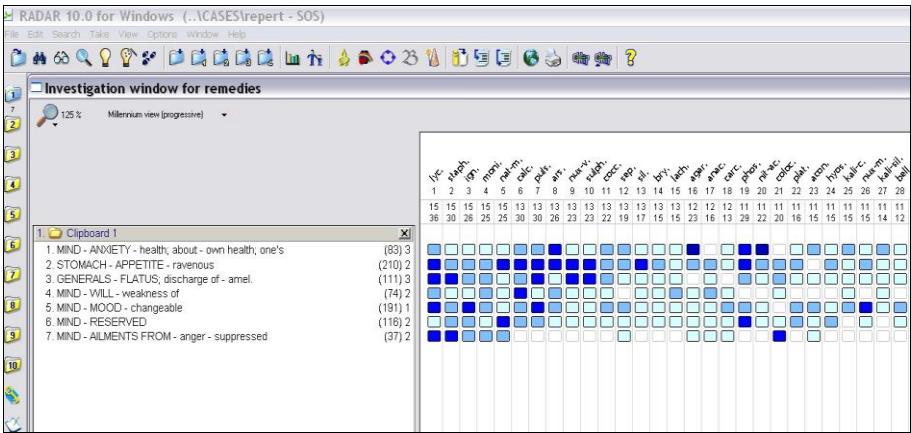


Fig 2: Repertorial analysis

Remedy selection and administration

Lycopodium 200c three medicated globules number 10 was dispensed, each to be taken at an interval of 10 minutes early morning on empty stomach, followed by Sac Lac four globules thrice daily, for 2 weeks.

Patient education and general management

The patient was advised to increase intake of water, citrus fruits, and dietary fibre; and to reduce dietary fat and avoid dairy products. The patient was educated

Follow up and outcome: The patient was followed up

monthly for 1 year. There was initial improvement of general symptoms and the pain was reduced but mild pain was persistent even after three months. Thereafter a single dose of *Lycopodium* 1M was prescribed and marked changes in symptomatology were elicited by four months (Table 1). Although the symptoms improved significantly after 4 months, the patient was followed up for 1 year to observe any relapse of symptoms. On 24.01.2024, USG of whole abdomen showed normal study (Figure 3, Figure 4). The CECT whole abdomen done on 24.01.2024 also showed normal study (Figure 5).

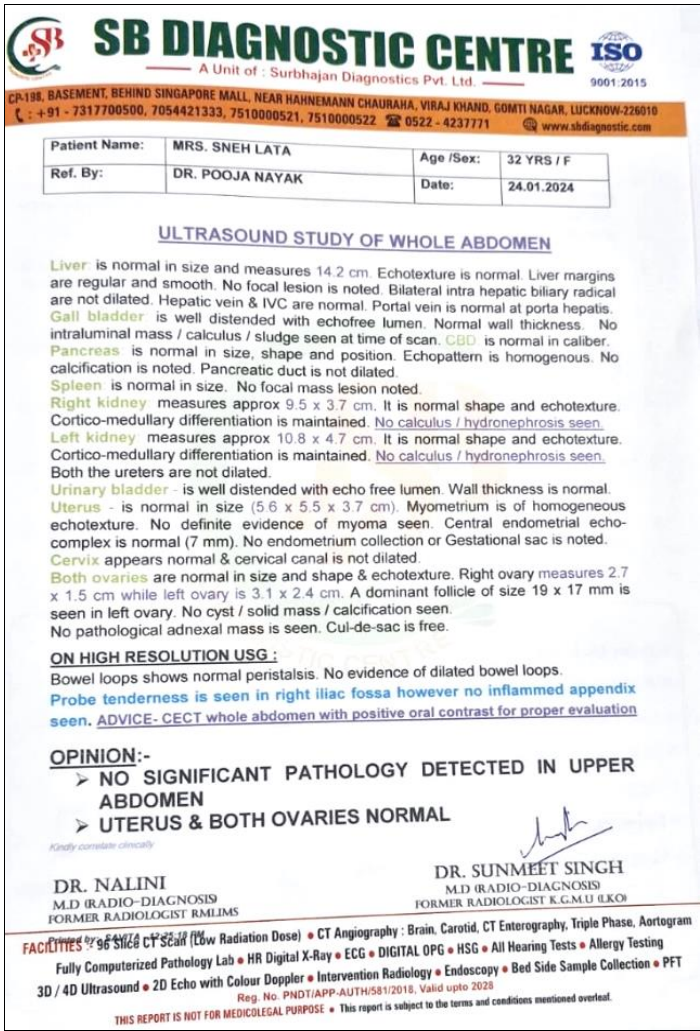


Fig 3: USG (whole abdomen)

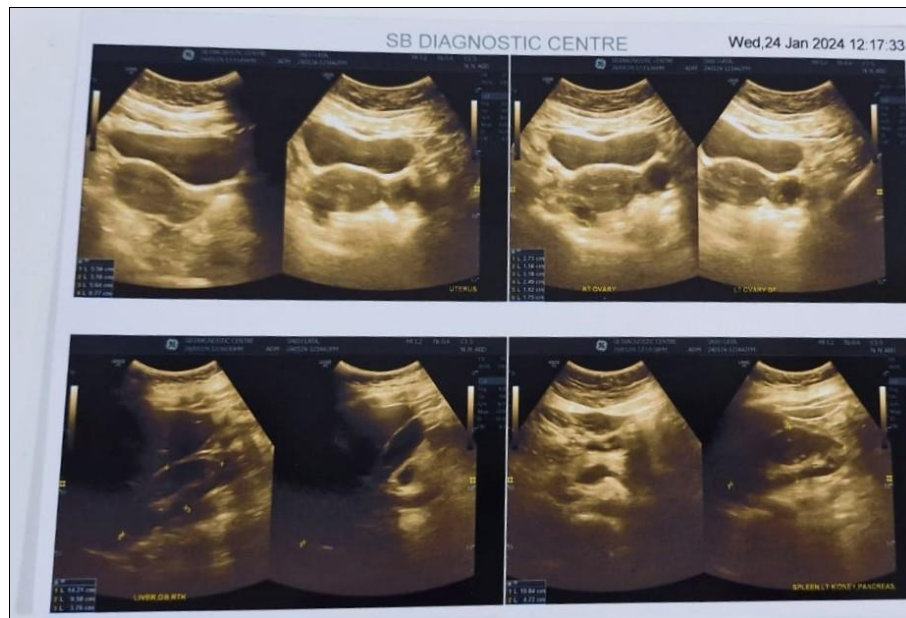




Fig 5: USG Scan of whole abdomen


SB DIAGNOSTIC CENTRE


A Unit of : Surbhajan Diagnostics Pvt. Ltd.

CP-193, BASEMENT, BEHIND SINGAPORE MALL, NEAR HAHNEMANN CHAURAHA, VIRAJ KHAND, GOMTI NAGAR, LUCKNOW-226010
 ☎ : +91 - 7317700500, 7054421333, 7510000521, 7510000522 ☎ 0522 - 4237771 🌐 www.sbdidiagnostic.com

Patient Name:	MRS. SNEH LATA	Age /Sex:	32 YRS / F
Ref. By:	DR. POOJA NAYAK	Date:	24.01.2024

CECT WHOLE ABDOMEN

5 & 10 mm contiguous axial sections were obtained covering entire abdomen and pelvis with negative oral contrast and after injection of non ionic IV contrast. Post imaging reconstructions were made in sagittal and coronal planes.

LIVER: is normal in size, outline and attenuation. Liver parenchyma is showing homogeneous enhancement. No focal lesion is noted. Intrahepatic biliary radicals are not dilated. Intrahepatic portal and hepatic venous channels are normally visualized. Portal vein is normally visualized.

GALL BLADDER: is well distended. No obvious GB wall thickening or mass lesion is noted. (CT is not a modality of choice for gall bladder and biliary calculi, USG are advised for the same).

PANCREAS: Pancreatic head, body and tail are showing normal homogeneous enhancement. Pancreatic duct is not dilated. No pancreatic calcification.

SPLEEN: is normal in size, outline and enhancement. No focal lesion seen.

KIDNEYS: Both kidneys are normal in size, shape, outline and shows normal homogeneous enhancement. No sizable renal calculus / hydronephrosis seen.

URINARY BLADDER: is adequately distended. Bladder wall is of normal thickness. No sizable intraluminal mass lesion is noted.

UTERUS: is anteverted. It is normal in size and outline. It shows homogeneous attenuation. No obvious mass is visualized.

BOTH OVARIES: are normal in size and attenuation. Dominant follicles are seen in both ovaries.

No obvious adnexal mass is seen.

No significant free fluid is noted in the peritoneal cavity / pelvis.

Negative oral contrast is seen filling stomach, small bowel & large bowel loops. No abnormally thickened / edematous bowel loop is seen. No dilated bowel loops. No bowel origin mass lesion is seen. I.C. junction is normal.

No evidence of inflamed appendix seen.


Few normal size lymphnodes are seen in right iliac fossa with short axis diameter < 1 cm.

Aorta & IVC show normal CT appearance

No pleural effusion is noted in lower part of pleural cavity on either side.

OPINION :

➤ **NO SIGNIFICANT PATHOLOGY SEEN**


DR. SUNMEET SINGH
 M.D (RADIO-DIAGNOSIS)
 FORMER RADIOLOGIST K.G.M.U (LKO)

Printed by: SA VITA - 5:20:23 PM

FACILITIES : 96 Slice CT Scan (Low Radiation Dose) • CT Angiography : Brain, Carotid, CT Enterography, Triple Phase, Aortogram
 Fully Computerized Pathology Lab • HR Digital X-Ray • ECG • DIGITAL OPG • HSG • All Hearing Tests • Allergy Testing
 3D / 4D Ultrasound • 2D Echo with Colour Doppler • Intervention Radiology • Endoscopy • Bed Side Sample Collection • PFT
 Reg. No. PNDIAPP-AUTH/581/2018, Valid upto 2028
 THIS REPORT IS NOT FOR MEDICOLEGAL PURPOSE • This report is subject to the terms and conditions mentioned on back.

Fig 4: CECT (whole abdomen)

Discussions

Ovarian endometriomas are significantly associated with follicle loss with or without surgery and infertility is a frequent cause of concern in women with endometriosis^[13]. Destruction of ovarian tissue due to cysts or surgical interventions significantly diminishes ovarian reserve^[14]. Diagnosis of endometriosis is usually delayed as the cyclical pain is often misunderstood and ascribed to other causes specially in puberty or young women. Longer the delay in diagnosis, more extensive is the disease diagnosed on laparoscopy^[15]. The case reported here was approached according to the concept of individualisation. The patient was of reproductive age and the persistent pain and infertility was causing her physical, mental, and emotional distress. Initially, a single dose of *Lycopodium* 200C was prescribed and there was some improvement of symptoms. The generals improved drastically but after 3 months of follow up, the improvement had come to a standstill. Eventually the case was reanalysed and *Lycopodium* 1 M was prescribed, and there was a marked improvement in the local symptoms as well as the general condition of the patient. HOM-CASE CARE Extension case reporting guidelines were followed for reporting the case. Modified Naranjo Criteria score was 9, thus showing the causal attribution of the single homoeopathic medicine *Lycopodium clavatum* towards cure of the ovarian endometrioma in this case (Table 2).

Conclusion

In this case, the individualised homoeopathic treatment not only cured the ovarian endometrioma, but also helped in the gradual improvement of general well-being. Thus, this case hints at the positive role of homoeopathy in the treatment of endometriosis, and ovarian endometrioma.

Declaration of patient consent

Informed patient consent was obtained to disseminate the clinical information on a scientific platform.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Cranney R, Condous G, Reid S. An update on the diagnosis, surgical management, and fertility outcomes for women with endometrioma. *Acta Obstetrica et Gynecologica Scandinavica* [Internet]. [cited 2024 Mar 2]. 2017 Mar 11;96(6):633-43. Available from: <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13114> doi:10.1111/aogs.13114
2. Alson S, Jokubkiene L, Henic E, Sladkevicius P. Prevalence of endometrioma and deep infiltrating endometriosis at transvaginal ultrasound examination of subfertile women undergoing assisted reproductive treatment. *Fertility and Sterility* [Internet]. [cited 2024 Mar 2]. 2022 Nov;118(5):915–23. Available from: [https://www.fertstert.org/article/S0015-0282\(22\)00483-6/fulltext](https://www.fertstert.org/article/S0015-0282(22)00483-6/fulltext) doi:10.1016/j.fertnstert.2022.07.024
3. Rafique S, Decherney AH. Medical Management of endometriosis. *Clinical Obstetrics & Gynaecology* [Internet]. [cited 2024 Feb 25]. 2017 Sep;60(3):485-96. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5794019/> doi:10.1097/grf.0000000000000292
4. Martire FG, Giorgi M, D'Abate C, Colombi I, Ginetti A, Cannoni A, *et al.* Deep infiltrating endometriosis in adolescence: Early diagnosis and possible prevention of disease progression. *Journal of Clinical Medicine* [Internet]. [cited 2024 Mar 3]. 2024 Jan 18;13(2):550. Available from: <https://www.mdpi.com/2077-0383/13/2/550> doi:10.3390/jcm13020550
5. Molgaard CA, Golbeck AL, Gresham L. Current Concepts in Endometriosis. *The Western Journal of Medicine* [Internet]. [cited 2024 Mar 5]. 1985 Jul;143(1):42–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1306221/pdf/westjmed00167-0044.pdf>
6. Hoyle AT, Puckett Y. Endometrioma. [Updated 2023 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; c2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559230/>
7. Missmer SA, Tu F, Soliman AM, Chiuve S, Cross S, Eichner S, *et al.* Impact of endometriosis on women's life decisions and goal attainment: A cross-sectional survey of members of an online patient community. *BMJ Open* [Internet]. [Cited 2024 Mar 5]. 2022 Apr, 12(4). Available from: <https://bmjopen.bmj.com/content/12/4/e052765.citation-tools> doi:10.1136/bmjopen-2021-052765
8. Vannuccini S, Lazzeri L, Orlandini C, Morgante G, Bifulco G, Fagiolini A, *et al.* Mental health, pain symptoms and systemic comorbidities in women with endometriosis: A cross-sectional study. *Journal of Psychosomatic Obstetrics & Gynecology* [Internet]. [cited 2024 Mar 3]. 2017 Oct 13;39(4):315-20. Available from: <https://www.tandfonline.com/doi/full/10.1080/0167482X.2017.1386171> doi:10.1080/0167482x.2017.1386171
9. Koninckx PR, Fernandes R, Ussia A, Schindler L, Wattiez A, Al-Suwaidi S, *et al.* Pathogenesis based diagnosis and treatment of endometriosis. *Frontiers in Endocrinology* [Internet]. [cited 2024 Mar 3]. 2021 Nov 25, 12. Available from: <https://www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2021.745548/full> doi:10.3389/fendo.2021.745548
10. Joseph J, Sahn SA. Thoracic endometriosis syndrome: New observations from an analysis of 110 cases. *The American Journal of Medicine* [Internet]. [cited 2024 Feb 5]. 1996 Feb;100(2):164-70. Available from: [https://www.amjmed.com/article/S0002-9343\(97\)89454-5/abstract](https://www.amjmed.com/article/S0002-9343(97)89454-5/abstract) doi:10.1016/s0002-9343(97)89454-5
11. Rolla E. Endometriosis: Advances and controversies in classification, pathogenesis, diagnosis, and treatment. *F1000Research* [Internet]. [cited 2024 Mar 3]. 2019 Apr 23;8:529. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6480968/> doi:10.12688/f1000research.14817.1
12. Urman B. Pearls and pitfalls in surgery for endometrioma. *Women's Health* [Internet]. [cited 2024 Mar 6]. 2015 Sept;11(5):677-83. Available from: <https://journals.sagepub.com/doi/10.2217/whe.15.54> doi:10.2217/whe.15.54
13. Brosens I, Puttemans P, Gordts S, Campo R, Gordts S,

- Benagiano G. Early stage management of ovarian endometrioma to prevent infertility. Facts, views & vision in ObGyn [Internet]. [cited 2024 Mar 9]. 2013;5(4):309–14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987377/>
14. Kitajima M, Khan KN, Harada A, Taniguchi K, Inoue T, Kaneuchi M, *et al.* Association between ovarian endometrioma and ovarian reserve. *Frontiers in Bioscience*. 2018 Jan 1;10(1):92–102. doi:10.2741/e810
15. Gałczyński K, Józwiak M, Lewkowicz D, Semczuk-Sikora A, Semczuk A. Ovarian endometrioma – a possible finding in adolescent girls and Young Women: A mini-review. *Journal of Ovarian Research* [Internet]. [cited 2024 Mar 3] 2019 Nov 7, 12(1). Available from: <https://ovarianresearch.biomedcentral.com/articles/10.1186/s13048-019-0582-5> doi:10.1186/s13048-019-0582-5

How to Cite This Article

Nayak A, Dubey P, Tatheer F, Singh S, Yadav J. Holistic healing: Ovarian endometrioma managed with homeopathy- a case report. *International Journal of Homoeopathic Sciences*. 2024; 8(2): 08-13.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.