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

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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, 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 patient 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.
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 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)](imageurl)
Fig 4: CECT (whole abdomen)

Fig 5: USG Scan of 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 [10]. 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 general improvements 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-CARE CARE Extension care reporting guidelines were followed for reporting the case. Modified Naranjo Criterias score was 9, thus showing the causal attribution of the single homeopathic medicine Lycopodium clavatum towards cure of the ovarian endometrioma in this case (Table 2).

Conclusion
In this case, the individualised homeopathic 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


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