



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(2): 398-404
Received: 21-04-2024
Accepted: 13-05-2024

Dr. Rayba Khatoon
Post Graduate Trainee,
Department of Practice of
Medicine, The Calcutta
Homoeopathic Medical College
& Hospital, West Bengal
University of Health Sciences,
Kolkata, West Bengal, India

Dr. Sanjay Sarkar
MD, Lecturer, Department of
Practice of Medicine, West
Bengal University of Health
Sciences, Kolkata, West
Bengal, India

Dr. Javed Aquatar Bappa
MD, Lecturer, Department of
Homoeopathic Pharmacy, The
Calcutta Homoeopathic
Medical College & Hospital,
West Bengal University of
Health Sciences, Kolkata,
West Bengal, India

Dr. Shaista Perveen
MD, Department of Practice of
Medicine, West Bengal
University of Health Sciences,
Kolkata, West Bengal, India

Corresponding Author:
Dr. Rayba Khatoon
Post Graduate Trainee,
Department of Practice
Medicine, The Calcutta
Homoeopathic Medical College
& Hospital, West Bengal
University of Health Sciences,
Kolkata, West Bengal, India

Holistic approach in managing right ovarian heterogeneous cysts: A homoeopathic case report

Dr. Rayba Khatoon, Dr. Sanjay Sarkar, Dr. Javed Aquatar Bappa and Dr. Shaista Perveen

DOI: <https://doi.org/10.33545/26164485.2024.v8.i2f.1163>

Abstract

Background: "Heterogeneous" refers to the cyst having an irregular or mixed internal structure. The term "chocolate cyst" are commonly associated with endometriosis. This patient presented at the outpatient department (OPD) with a history of irregular menstruation for 6 months, accompanied by discomfort characterized by pain and a sensation of heaviness in the lower abdomen. Upon ultrasound examination (USG), the patient was diagnosed with a heterogeneous cyst localized within the right ovary.

Method: Following an extensive case analysis, repertorization, and consultation of reliable materia medica sources, the initial prescription of Aurum Muriaticum Natronatum 200c in a single dose was administered to the patient. Subsequently, significant improvements were observed in the patient's condition. Later, *Thuja occidentalis* 200c followed by 1M potency was prescribed intermittently, alongside placebos, until the patient achieved a state of being symptom-free.

Results: The assessment of the causal relationship between the clinical outcome and the homeopathic treatment was conducted using the Modified Naranjo Criteria for Homeopathy (MONARCH) tool. Remarkable enhancement was observed in the symptoms of the patient and the USG reports of the patient as well. The MONARCH score of (+9) strongly indicated that the positive clinical improvements were most likely linked to the effectiveness of the homeopathic treatment.

Conclusion: The current case report highlights the potential effectiveness of homeopathic remedies in managing heterogeneous ovarian cysts. However, to validate and broaden the scope of these findings, further clinical trials are imperative.

Keywords: Case report, chocolate cyst, Heterogenous ovarian cyst, Homoeopathy, MONARCH

Introduction

Endometriomas or "chocolate cysts" are cysts that form when endometrial tissue, similar to the tissue lining the inside of the uterus, grows abnormally outside the uterus. These cysts typically contain old, dark blood, giving them a chocolate-like appearance, hence the informal term. [1] Endometriosis is a prevalent gynaecologic condition characterized by an oestrogen-driven inflammatory process where the normal endometrial tissue grows outside the confines of the uterus. It impacts about 10% of women in their reproductive years and stands as a frequent culprit behind persistent discomfort, painful intercourse (Dyspareunia), severe menstrual pain (Dysmenorrhea), and fertility challenges. Predominantly, endometriosis manifests within the pelvic region, notably affecting the ovaries. [2] Endometriomas, prevalent on the ovaries, represent the primary form of endometriosis manifestation. Nonetheless, endometrial implants can extend beyond the ovaries, appearing in diverse abdominal areas like the bowel, past surgical scars, and, albeit rarely, in distant sites like the cerebellum. [3] Approximately 17 to 44% of women diagnosed with endometriosis will experience an endometrioma. [4] Endometriomas often result from ectopic endometrial tissue implantation, frequently on the ovary, leading to bleeding and subsequent hematoma formation. This process aligns with a woman's menstrual cycle, where hormonally active ectopic tissue sheds upon progesterone withdrawal after the corpus luteum breaks down. [5] The oldest and most widely accepted theory for developing endometriosis is retrograde menstruation. This theory suggests that endometriosis develops from the endometrial tissue traveling in a retrograde manner through the fallopian tubes and into the pelvis during a woman's natural menstrual cycle. This tissue then travels and seeds in different areas, creating the endometriosis lesions. Some of these lesions may seed in an ovary and begin the process of forming an endometrioma. [6] No one theory has been fully proven.

However, the study, conducted at Sunderland Royal Hospital, retrospectively analyzed twelve infertile women with documented ultrasonographic evidence of chocolate cysts, who had undergone laparoscopy between 1989 and 1998 for endometriosis treatment or ovarian cyst aspiration. Through serial transvaginal ultrasonography, the research tracked ovarian follicles' progression, linking their development to chocolate cyst formation.

Laparoscopic confirmation established the presence of chocolate cysts in all patients, supported by ultrasonography data indicating their origin from ovarian follicles, suggesting a potential link between follicles and chocolate cyst development.^[7] Recognized general risk factors for endometriosis encompass nulliparity, early menarche (usually before 11 to 13 years old), late menopause, shorter menstrual cycles (less than 27 days), heavy menstrual bleeding, Mullerian anomalies, height exceeding 68 inches, low body mass index (BMI), high consumption of trans unsaturated fat, and prenatal exposure to diethylstilbestrol.

^[8] The pathophysiology of endometriomas, a subset of endometriosis, involves ectopic endometrial tissue responding to cyclical hormonal changes, leading to inflammation, new tissue formation, adhesions, and associated complications like infertility and chronic pelvic pain, typically presenting more severely than lower stage endometriosis.^[9] Symptomatic endometriosis commonly affects nulliparous reproductive-aged women with heavy or painful menstrual cycles lasting over seven days. They often experience chronic pelvic pain, dyspareunia, and may have shorter menstrual cycles. The pain typically precedes and lingers after menstruation onset.^[10] Endometriomas, resembling other cysts on imaging, often require surgery for definitive diagnosis. Lab tests like CBC, CA-125 aid in infection and anaemia assessment. Transvaginal ultrasound detects some endometriomas as cysts with unique appearances. MRI is more sensitive but cost-restrictive. CT scans offer limited benefits due to radiation exposure. Laparoscopy is vital for definitive diagnosis and evaluating disease severity, especially in severe symptoms or infertility cases.^[11] Treatment for endometriosis includes hormonal medication or surgery. Mild cases use oral contraceptives, progesterone, or GnRH agonists. Severe cases opt for surgery, involving lesion destruction or total hysterectomy based on symptoms and fertility goals. Laparoscopic surgeries reduce recurrence but may impact fertility. Considering fertility goals, surgery timing may vary, and post-surgery, oral contraceptives may be prescribed to prevent recurrence.^[12] Limited research exists on chocolate cysts. However, this study delved into naturopathic care utilization among 303 Australian women diagnosed with endometriosis, of which 60 sought naturopathic consultations. These individuals frequently sought various healthcare professionals in addition to naturopathy, including laparoscopic surgeons and acupuncturists. Naturopathic users displayed increased dyspareunia and a higher intake of vitamin D supplements. The study underscores their extensive use of both complementary and conventional medical services, highlighting the imperative need for further investigation into naturopathic therapies for managing endometriosis and its associated conditions, such as chocolate cysts.^[13] In a separate case report, successful treatment involved the use of individualized homeopathic remedy *Lachesis* in centesimal potency. This approach resulted in considerable patient improvement, supported by

subsequent follow-ups and laboratory investigations that demonstrated the complete regression of the cyst.^[14] In a different case series, complete resolution of ovarian masses was observed in three cases, confirmed through ultrasonography. Additionally, normalization of CA-125 values occurred in one case with an endometrial cyst. These patients experienced improvement within a timeframe of 4 to 15 months using *Thuja* and other personalized homeopathic medicines. The MONARCH score, calculated as +9/13 for the respective case, signified a positive attribution of homeopathy.^[15]

Case report

A 38-year-old unmarried woman sought consultation at our OPD at The Calcutta Homoeopathic Medical College and Hospital, reporting irregular menstrual cycles lasting 7 to 8 days accompanied by lower abdominal pain and a sensation of heaviness.

Other complaints on further inquiry: Upon further investigation, the patient reported experiencing headaches specifically triggered by the onset of winter and intermittent occurrences of nosebleeds for last 3 months. Subsequent inquiry also revealed the presence of offensive breath since last 1 year. The patient also suffers from hypertension for last 8 months for which she takes allopathic drugs.

Medical History: The patient has a confirmed diagnosis of both type 2 diabetes and hypertension, for which she is under allopathic treatment.

Family History: The family history reveals a prevalence of type 2 diabetes mellitus among relatives.

Physical Examination: General survey revealed mild pallor and absence of jaundice, cyanosis, clubbing, and oedema., Pulse:74/min, BP:128/84, Body Weight:61 kg. On examining the oral cavity it was found that there were multiple caries tooth giving rise to the foul breath.

Clinical Diagnosis: The diagnosis was determined based on clinical observations that included pelvic pain and identification of enlargement or tenderness in the ovary during physical examination. Additionally, ultrasound reports (Figure 2, 3) revealed findings of a heterogeneous cyst on the right ovary and a bulky cyst on the left ovary. Alongside these ovarian findings, a concurrent diagnosis of hepatomegaly was also made.

Generalities: In the realm of physical symptoms, the patient exhibited a generally good appetite, a preference for cold food, and a strong aversion to meat. Profuse perspiration was noted, there was hard stool and tongue was found to be coated with a thick, white layer. Interestingly, the patient experienced relief from overall symptoms while in motion. Regarding mental aspects, the patient displayed an aversion to company, typically avoiding interactions with people, expressing a fear of strangers, and experiencing sensations of unfamiliar individuals in her room. Additionally, the patient experienced confusion while speaking.

Analysis and evaluation of symptoms

Mental Generals

- Aversion to company, typically avoiding interactions

with people

- Experiencing sensations of strangers in room
- Fear of strangers
- Confusion while talking

Physical Generals

- Desire cold food
- Aversion to meat
- Profuse perspiration

Particular symptoms

- Headaches specifically triggered by the onset of winter
- Ovaries enlarged
- Mense irregular
- Bloody discharge from nose
- Putrid odour from mouth

Totality of symptoms

- Aversion to company, typically avoiding interactions with people
- Experiencing sensations of strangers in room
- Fear of strangers
- Confusion while talking
- Desire cold food
- Aversion to meat
- Profuse perspiration
- Headaches specifically triggered by the onset of winter
- Ovaries enlarged
- Mense irregular
- Bloody discharge from nose
- Putrid odour from mouth

Repertorial Analysis

While considering the characteristic symptoms mentioned earlier, Kent's repertory was utilized, and systematic repertorization was conducted using the HOMPAT software. The resulting repertorization chart (Figure-1) indicated that *Lycopodium Clavatum*, and *Thuja occidentalis* covered the maximum number of symptoms, scoring 16, 15, respectively. Aurum Muriaticum Natronatum covered 6 symptoms with a score of 12, focusing on more specific symptoms.

Miasmatic Analysis

The miasmatic evaluation ^[16] of the symptoms in this case revealed a multi-miasmatic condition. Examples of Psoric manifestations included the aversion to company, etc. Additionally, there were elements suggestive of Sycosis due to the enlarged ovaries, and symptoms such as aversion to meat and desire for cold food aligned with Syphilitic miasm. Moreover ^[16] The most frequent location of the sycotic manifestations in women is in the pelvic organs. Pelvic inflammations such as inflammation of the ovaries, inflammatory diseases of the female pelvis may be traced to this taint. In the more chronic types we get cystic degeneration of the ovaries, the uterus and the fallopian tubes.

Therapeutic intervention

Basis of Prescription: Considering the totality of symptoms, past medical history, family history, and consulting our authentic Materia Medica ^[17], and the active

miasmatic state of the patient, at first homoeopathic medicine Aurum Muriaticum Natronatum, then *Thuja occidentalis* was considered the most suitable remedy for this case.

First Prescription: A single dose of potentized homoeopathic medicine Aurum Muriaticum Natronatum 200c, 1 dose was prescribed. The patient was instructed to take four globules of the medicine in the early morning, on an empty stomach from a good manufacturing company followed by placebo for the next 1 month.

Follow-Up Assessments: The patient was consistently followed up at approximately monthly intervals for nearly 1 year 2 months. Details regarding alterations in signs and symptoms, along with the prescribed medications during each follow-up, are documented in Table-1.

Results

The patient exhibited gradual improvement following the administration of Aurum Muriaticum Natronatum 200c. There was a notable reduction in the patient's complaints, and these issues like chocolate cyst, bulky uterus, right adnexal cyst resolved completely within the span of almost 7 months of homoeopathic treatment and the pathological change from which the patient was suffering disappeared which is evident from the USG report [FIG-4, 5] done on 03/11/2023.

Discussion

Regarding this case patient presented with the irregular menstruation and lower abdominal pain, headaches specifically triggered by the onset of winter, nosebleed, foetorosis etc. USG revealed the presence of hepatomegaly, bulky uterus, heterogenous cyst on right ovary, and bulky and cystic left ovary. According to William Boericke the remedy Aurum Mur Natronatum has got a most pronounced effect on the female organs, and most of its clinical application has been based thereon and has more power over uterine tumours than any other remedy. An article by Raymond Sevar ^[18] highlighted four cases treated with Aurum Mur Natronatum, including two instances of uterine fibromyomas. A salt of gold, sodium and chlorine, chemical formula being $AuCl_3NaCl(2H_2O)$, introduced by Hale and Burnett in treatment of scirrhus carcinoma of uterus and breast. Among the symptom picture ^[18] of *Aurum Mur Natrum* sensitiveness, desire to be alone and loneliness is a very strong feature, which was very prominent in our case, we got many symptoms which are indicative of desire for alone and loneliness in this patient. Dr E B Nash ^[19] reported a case of liver derangement presenting with bilious vomiting and black tarry stool which was obstinate and not responding to many well selected remedies like Mercurius, Podophyllum, Lycopodium etc. and finally cured with Aurum Mur Natronatum. ^[19] In this case, despite Aurum Muriaticum Natronatum being in the 7th position in the repertorization, it was prescribed due to its symptom affinity toward pelvic organs, encompassing a comprehensive coverage of female symptoms. George Loukas ^[20] noted Burnett's consideration of Aurum Muriaticum Natronatum as a remedy for uterine cancer. Moreover, it has been extensively employed in treating cancers of the uterus and myofibromas. Based on a thorough consideration of characteristic symptoms, medical history, familial

background, personal history, and references from authentic materia medica, a single dose of Aurum Muriaticum Natronatum 200c was prescribed, followed by a placebo for a month as improvement was noted. Subsequently, on 28/11/2022, Aurum Muriaticum Natronatum 200c was administered again due to complaints of irregular menses without pelvic pain. Placebos were continued for three months with observed improvement. Due to significant mental symptoms, *Thuja occidentalis* 200c was prescribed on 27/3/2023 as a constitutional remedy. This was followed by *Thuja occidentalis* 1 M on 19/6/2023, and placebos were administered as improvement was evident. The patient's menstrual cycle became regular without pelvic pain, and no tenderness was detected during physical examination. Notably, the patient showed substantial improvement in mental symptoms, like experiencing reduced fear of strangers and no confusion while communicating. Considering *Thuja*'s classification as an anti-sycotic remedy and the patient's inclination towards a sycotic miasm as well, characterized by cysts, profuse perspiration, and other associated complaints, it was contemplated to pursue the case with *Thuja occidentalis* as a constitutional remedy for further treatment after observing subsequent improvement with Aurum Muriaticum Natronatum. Das *et al.* [21] illustrated a case involving an ovarian cyst where the homeopathic remedy Similimum Phosphorus was prescribed based on symptom similarity, individualization, and miasmatic analysis in alignment with the holistic principles

of Homeopathy. The treatment commenced with the administration of the constitutional homeopathic medicine Phosphorus, gradually progressing through increasing potencies. Subsequently, the complementary medicine Silicea was introduced, and finally cure was completed with anti-miasmatic drug *Thuja occidentalis*.

As per another case study by Billah *et al.* [22] a case of bulky uterus (12.7 cm* 5.7 cm * 3.4 cm) was treated homeopathically with *Thuja occidentalis* in LM potency which led to restoration of the size of the uterus along with subjective improvement of all the symptoms of the patient. As per a case series [23], which reported complete resolution of ovarian masses with notable improvement observed using *Thuja occidentalis*.

Modified Naranjo Criteria [24] were applied, as outlined in Table 2. Evaluation based on these criteria revealed a notable improvement in the primary symptom, clinical amelioration occurring within a plausible timeframe post-medication intake, betterment in other symptoms and overall wellbeing, absence of alternative factors influencing the improvement, and objective enhancement observed in the patient's pathological condition through photographic evidence of the affected areas. Cumulatively, the assessment resulted in a total score of (+9), indicating a strong association between the administration of the homeopathic medicine and the observed positive changes in the patient's health condition.

Table 1: Follow up sheet

| Date | Symptoms | Prescription |
|---------|--|----------------------------------|
| Day 1 | Chief complaints | Aurum muriaticum natronatum 200c |
| Day 34 | There was noticeable improvement with significant reduction in the intensity of pelvic pain but continued irregularity in the menstrual cycle, which commenced earlier and lasted for 9 days. | Placebo 30 |
| Day 62 | The patient exhibited irregular menstrual cycles and mild pelvic pain again. | Aurum muriaticum natronatum 200c |
| Day 83 | Menstrual irregularity persisted, yet the patient reported an absence of pelvic pain. | Placebo 30 |
| Day 125 | Improvement was evident as the patient reported a regular menstrual cycle lasting for 4 days without experiencing pelvic pain. However, there was an increase in the frequency of headaches in the past few weeks. | Placebo 30 |
| Day 153 | Improvement has been noted. Even there is no occurrences of nosebleeds since the initiation of treatment. However, the patient continues to experience headaches along | Placebo 30 |
| Day 181 | Although there was improvement in symptoms, the patient didn't experience complete satisfaction. Considering the patient's background of sycotic miasm, delicate appearance and repertorization. | <i>Thuja occidentalis</i> 200c |
| Day 202 | Improvement has been noted in all spheres for exam, pelvic pain, regularity in menstrual cycles, and a decrease in the frequency of headaches. | Placebo 30 |
| Day 237 | Improvement was observed in all the spheres. | Placebo 30 |
| Day 265 | Significant improvement has been observed, as headaches have become extremely infrequent. | <i>Thuja occidentalis</i> 1 M |
| Day 293 | Improvement observed | Placebo 30 |
| Day 328 | Improvement seen with the absence of any previously reported complaints. | Placebo 30 |
| Day 355 | Improvement | Placebo 30 |
| Day 377 | Improvement | Placebo 30 |
| Day 405 | Improvement | Placebo 30 |

Table 2: Modified Naranjo criteria

| CL | Modified naranjo Algorithm | Yes | No | Not sure or N/A |
|----|---|-----|----|-----------------|
| 1 | Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed? | +2 | | |
| 2 | Did the clinical improvement occur within a plausible timeframe relative to the medicine intake? | +1 | | |
| 3 | Was there a homeopathic aggravation of symptoms? | | | 0 |
| 4 | Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)? | +1 | | |
| 5 | Did overall well-being improve? (Eq-5D-5L) | +2 | | |
| 6 | Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? | | | 0 |
| 7 | Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance? <ul style="list-style-type: none"> From deeper to more superficial aspects of the individual? From the top downwards? | | | 0 |
| 8 | Did 'old symptoms' (Defined as nonseasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? | | | 0 |
| 9 | Are there alternative causes (i.e., other than the medicine) that -with a high probability - could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions) | | +1 | |
| 10 | Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.) | +2 | | |
| 11 | Did repeat dosing, if conducted, create similar clinical improvement? | | | |
| 12 | Total | +9 | | |

| Remedy | Lyc | Thuj | Sil | Carb-v | Nat-m | Sulph | Aur-m-n | Puls | Merc | Nit-ac | Sep | Tub | Calc | Nux-v | Ars |
|---|-----|------|-----|--------|-------|-------|---------|------|------|--------|-----|-----|------|-------|-----|
| Totality | 16 | 15 | 14 | 13 | 13 | 13 | 12 | 12 | 12 | 12 | 12 | 12 | 11 | 11 | 11 |
| Symptoms Covered | 8 | 8 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 5 | 5 | 5 | 5 | 4 |
| [Kent] [Mind]Company:Aversion to:Presence of strangers, to: | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| [Kent] [Mind]Delusions, imaginations, hallucinations, illusion:Strangers seemed to be in the room: | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Kent] [Mind]Fear (see Anxiety):Strangers, of: | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Kent] [Mind]Confusion of mind (see Concentration):Talking, while: | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Kent] [Stomach]Desires:Cold:Food: | 2 | 2 | 2 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Kent] [Stomach]Aversion:Meat: | 2 | 1 | 3 | 2 | 2 | 3 | 0 | 3 | 2 | 2 | 3 | 2 | 3 | 3 | 2 |
| [Kent] [Perspiration]Profuse: | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 2 | 3 |
| [Kent] [Head]Pain,headache in general:Winter headaches: | 0 | 0 | 2 | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Kent] [Genitalia female]Enlarged (see swollen):Ovaries: | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Kent] [Genitalia female]Menses:Irregular: | 2 | 0 | 2 | 0 | 0 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 |
| [Kent] [Nose]Discharge:Blood: | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 3 | 3 | 2 | 2 | 2 | 2 | 3 |
| [Kent] [Mouth]Odour (breath):Putrid: | 2 | 0 | 0 | 2 | 3 | 1 | 2 | 2 | 3 | 3 | 0 | 3 | 1 | 2 | 3 |

Fig 1: Repertorization chart

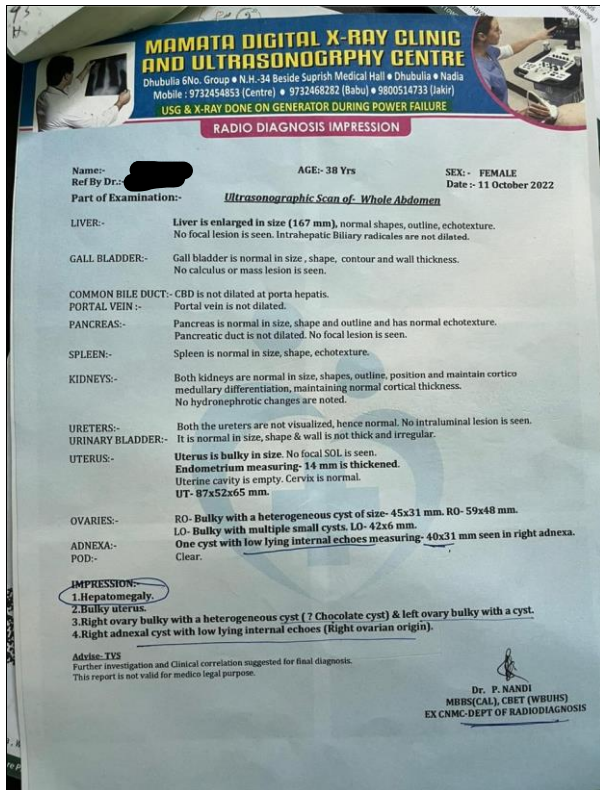


Fig 2: Ultrasonographic report before treatment

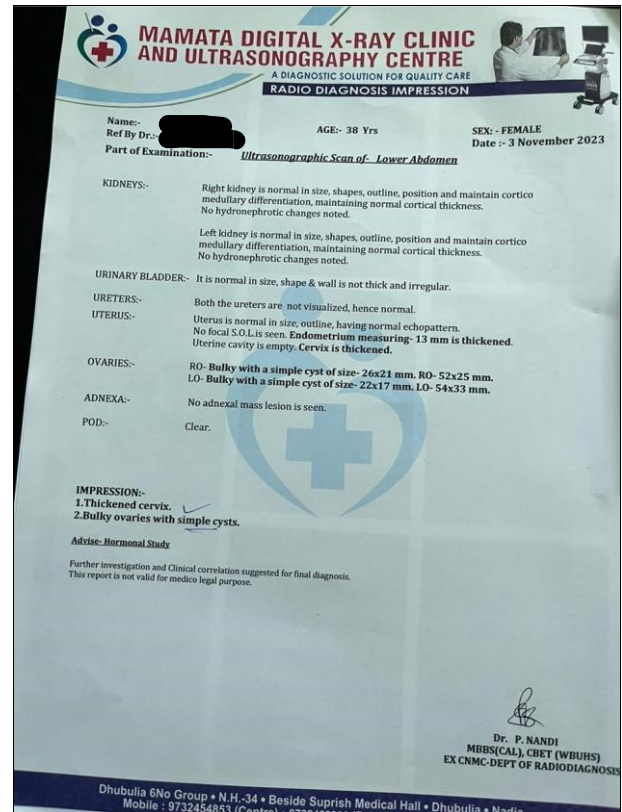


Fig 4: Ultrasonographic report after treatment

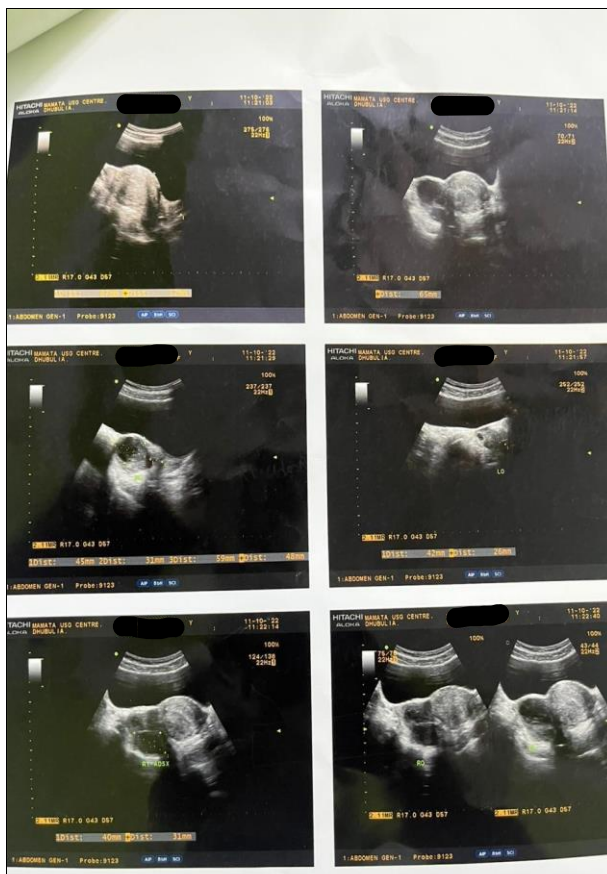


Fig 3: Ultrasonographic report before treatment



Fig 5: Ultrasonographic report after treatment

Conclusion

This case report underscores the effectiveness of homeopathy in addressing conditions such as chocolate cysts. Here the uniqueness of the case might be the application of Aurum murnatronatum, a rare but useful

remedy having more affinity towards uterine pathologies. This case report advocates for personalized homeopathic treatment and highlights the necessity for further research to delve into the potential advantages of homeopathic medicines in managing chocolate cysts and other related

pelvic diseases.

Conflicts of Interest

None

Consent of the Patient

The information obtained from the patient is intended for circulation within a scientific database for clinical purposes. It includes clinical data, and the patient has been assured of the confidentiality and privacy of this information.

Acknowledgements

We would like to express our gratitude to the patient who generously shared their clinical information and consented to the publication of this case report. We extend our appreciation to the healthcare team involved in the patient's care. Furthermore, we extend our acknowledgment to the esteemed faculties of The Calcutta Homoeopathic Medical College and Hospital for their unwavering support and encouragement in furthering the advancement of homeopathic knowledge through the publication of this case report.

References

1. Kasper D, Fauci A, Hauser S, Longo D, Jameson JL, Loscalzo J. Harrison's Manual of Medicine. 20th ed. Columbus, OH: McGraw-Hill Education; c2019.
2. Vercellini P, Viganò P, Somigliana E, Fedele L. Endometriosis: Pathogenesis and treatment. *Nat Rev Endocrinol.* 2014 May;10(5):261-75.
3. Meggyesy M, Friese M, Gottschalk J, Kehler U. Case Report of Cerebellar endometriosis. *J Neurol Surg A Cent Eur Neurosurg.* 2020 Jul;81(4):372-6.
4. Exacoustos C, De Felice G, Pizzo A, Morosetti G, Lazzari L, Centini G, *et al.* Isolated Ovarian Endometrioma: A History Between Myth and Reality. *J Minim Invasive Gynecol.* 2018 Jul-Aug;25(5):884-91.
5. Ozkan S, Murk W, Arici A. Endometriosis and infertility: epidemiology and evidence-based treatments. *Ann N Y Acad Sci.* 2008;1127:92-100.
6. Gajbhiye RK, Montgomery G, Pai MV, Phukan P, Shekhar S, Padte K, *et al.* Protocol for a case-control study investigating the clinical phenotypes and genetic regulation of endometriosis in Indian women: the ECGRI study. *BMJ Open,* 2021, 11.
7. Bougie O, Yap MI, Sikora L, Flaxman T, Singh S. Influence of race/ethnicity on prevalence and presentation of endometriosis: A systematic review and meta-analysis. *BJOG.* 2019;126:1104-15.
8. Bendigeri T, Warty N, Sawant R, Dasmahapatra P, Padte K, Humane A, *et al.* Endometriosis: Clinical experience of 500 patients from India. *Indian Pract.* 2015;68:34-40.
9. Bendigeri T, Warty N, Sawant R, Dasmahapatra P, Padte K, Humane A, *et al.* Endometriosis: clinical experience of 500 patients from India. *Indian Pract.* 2015;68:34-40.
10. Bhurke AV, Das Mahapatra P, Balakrishnan S, *et al.* Clinical characteristics and surgical management of endometriosis-associated infertility: A multicenter prospective cohort study. *Int J Gynecol Obstet;* c2022.
11. Hansen KE, Kesmodel US, Baldursson EB, Kold M, Forman A. Visceral syndrome in endometriosis patients. *Eur J Obstet Gynecol Reprod Biol.* 2014 Aug;179:198-203.
12. Kvaskoff M, Bijon A, Clavel-Chapelon F, Mesrine S, Boutron-Ruault MC. Childhood and adolescent exposures and the risk of endometriosis. *Epidemiology.* 2013;24(2):261-9.

13. Young SW, Groszmann Y, Dahiya N, Caserta M, Yi J, Wasson M, *et al.* Sonographer-acquired ultrasound protocol for deep endometriosis. *Abdom Radiol (NY).* 2020 Jun;45(6):1659-69.
14. Mahajan PS, Tayade KR. Homoeopathic treatment of chocolate cyst: A case report. *Homoeopath Links [Internet];* c2023. Available from: <http://dx.doi.org/10.1055/s-0042-1757227>.
15. Ramanan VE, Radhakrishnan R. Non-invasive resolution of pathological ovarian masses with homeopathic treatment—A case series. *Homeopathy [Internet].* 2022;111(03):194-201. Available from: <http://dx.doi.org/10.1055/s-0041-1735849>.
16. Roberts HA. Principles & Art of Cure by Homoeopathy: A Modern Textbook with Word Index. 3rd ed. New Delhi, India: B Jain; c2023.
17. Boericke W. *Materia Medica.* New Delhi, India: B Jain; c2002.
18. Sevar R. Aurum muriaticum natronatum—four case reports. *Homeopathy.* 2007 Oct;96(04):258-69.
19. Nash EB. *Leaders in Homoeopathic Therapeutics: With Grouping & Classification.* 6th ed. New Delhi, India: B Jain; c2021.
20. Aurum Muriaticum Natronatum [Internet]. *Medicinbio.com.* [cited 2023 Nov 18]. Available from: https://www.medicinbio.com/English/aurum_muriaticum_natronatum.htm.
21. Sabud A, Das A. Homoeopathic constitutional medicine helps to cure ovarian cyst: A case report. *Int J Hom Sci.* 2022;6(4):319-24.
22. GR DJ, Billah MA, Hakim A. Management of bulky uterus with constitutional homoeopathic medicine: A case report.
23. Ramanan VE, Radhakrishnan R. Non-invasive resolution of pathological ovarian masses with homeopathic treatment—A case series. *Homeopathy.* 2022 Aug;111(3):194-201. doi: 10.1055/s-0041-1735849. Epub 2021 Dec 27. PMID: 34959245.
24. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, *et al.* Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy.* 2020;109:191-7.

How to Cite This Article

Khatoun R, Sarkar S, Bappa JA, Perveen S. Holistic approach in managing right ovarian heterogeneous cysts: A homoeopathic case report. *International Journal of Homoeopathic Sciences.* 2024; 8(2): 398-404.

Creative Commons (CC) License

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 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.