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From inflammation to restoration: The homoeopathic way to tackle PID

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Abstract

Pelvic Inflammatory Disease (PID), a prevalent and often under diagnosed condition affecting women of reproductive age, presents a complex interplay of acute and chronic inflammatory responses within the pelvic organs. Conventional treatments, while effective in controlling infection, often fall short in addressing the recurrence, chronicity and individual susceptibility that mark the deeper layers of this disorder. This article explores the holistic potential of homoeopathy in managing PID from arresting acute inflammation to restoring systemic harmony. Drawing upon the principles of individualization, miasmatic understanding and the dynamic nature of disease, the homoeopathic approach not only aims to relieve physical symptoms but also targets the root energetic imbalance. Repertorial approaches, remedy indications and comparative miasmatic considerations are discussed to underline the homoeopathic promise in transforming inflammation into true restoration.

Keywords: Miasm, pelvic inflammatory disease, homoeopathy, repertory, micro-organism

Introduction

Pelvic inflammatory disease (PID) refers to a range of infections and inflammation affecting the upper genital tract, commonly involving the uterus (endometrium), fallopian tubes, ovaries, pelvic peritoneum and adjacent structures (parametrium). It results from the upward migration of microorganisms from the cervicovaginal canal to nearby pelvic organs.

The current terminology is employed to denote the specific organ pathology. Therefore, the infection can affect any or all of the following anatomical locations and is termed as endometritis, salpingitis, pelvic peritonitis, tubo-ovarian abscess or parametritis. Cervicitis is not included in the list ^[1].

Signs and symptoms ^[2]

- Discomfort in both the abdominal and pelvic areas, as well as pain during intercourse.
- Muco-purulent discharge from the vagina.
- Elevated fever (above 30 degrees Celsius).
- Significant bleeding between menstrual cycles or heavy menstrual flow.
- The classic triad typically consists of pelvic pain, discomfort during cervical movement and tenderness in the adnexa, often accompanied by fever.
- In more severe cases, rebound tenderness in the abdomen may be present; vaginal discharge might also be noticeable.
- Menorrhagia, metrorrhagia and urine problems may accompany menstruation in some women.

Epidemiology

The annual incidence ranges from 1-2% among sexually active women. Approximately 85% of cases result from spontaneous infections in sexually active females of reproductive age. The other 15% are linked to procedures that allow the pathogens to move upward.

Such iatrogenic procedures include endometrial biopsy, uterine curettage, IUD insertion and hysterosalpingography. Two-thirds of the cases occur in young women under 25 years old, while the remaining one-third is found in women aged 30 years or older ^[1].

Risk Factors ^[3]: Several factors can increase your likelihood of developing pelvic inflammatory disease, including:

- Being a sexually active woman who is under 25 years old.
- Having multiple sexual partners.
- Being in a sexual relationship with someone who has numerous sex partners.
- Engaging in unprotected sex.
- Regularly douching, which disrupts the balance of beneficial and harmful bacteria in the vagina and may conceal symptoms.
- A past history of pelvic inflammatory disease or sexually transmitted infections.
- Genetic predisposition.

Etiopathology

Pelvic Inflammatory Disease (PID) mainly occurs due to infections that ascend from the lower genital tract and involve various micro-organisms. The primary organisms causing acute PID include sexually transmitted pathogens like *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, which account for a significant proportion of cases. In addition to these pathogens, naturally occurring microbes from the vaginal flora contribute to the condition, including anaerobes such as *Bacteroides* species, *Gardnerella vaginalis*, *Mycoplasma hominis*, *Ureaplasma urealyticum* and enteric gram-negative bacilli like *Escherichia coli*.

PID can also be caused by iatrogenic factors, especially following medical procedures that disrupt the cervical barrier, including Dilation and Curettage (D&C), insertion of Intrauterine Devices (IUD), endometrial biopsy or hysteroscopy. Additionally, Pelvic Inflammatory Disease (PID) can arise during the post-abortion or postpartum phases, particularly if aseptic measures are not rigorously adhered to and is frequently linked to mixed infections caused by both aerobic and anaerobic bacteria.

The infection progresses through the endocervix and endometrium, eventually affecting the fallopian tubes, ovaries and peritoneal cavity, leading to inflammatory damage, causing scarring, adhesions and either partial or complete blockage of the fallopian tubes. This injury can lead to the destruction of ciliated epithelial cells on the fallopian tube's inner lining, hindering ovum movement and raising the likelihood of infertility and ectopic pregnancy. Additionally, adhesions can cause persistent pelvic pain [1].

Miasmatic Perspective [4-6]

From the miasmatic standpoint in classical Homoeopathy, Pelvic Inflammatory Disease (PID) is not merely a localized infection of the upper female genital tract, but a deeper expression of constitutional imbalance rooted in one or more of the fundamental miasm PSORA, Sycosis, Syphilis and in some cases, Tubercular.

The Psoric Miasm, being the miasm of deficiency and hypersensitivity, often presents in the early or functional stages of PID, where symptoms are marked by discomfort, irregular menstrual cycles and burning or itching sensations without significant pathological damage. It reflects the individual's struggle against internal and external stresses, with inflammation remaining on the surface.

In contrast, the Sycotic Miasm associated with suppression of gonorrhoeal infections and characterized by excess and overproduction manifests in PID through thick, offensive discharges, chronic pelvic congestion, induration and the formation of adhesions or cystic growths. This miasm

represents fixed, recurring and deep-seated disturbances, indicating the chronicity and complexity of the disease process.

The Syphilitic Miasm, representing destruction and degeneration, is implicated in advanced or severe cases of PID where there is ulceration, necrosis, chronic pelvic pain, infertility and anatomical damage to the reproductive organs. These cases often have a history of suppression or deep-seated venereal disease and the emotional state may reflect despair, suicidal ideation or nihilism.

The Tubercular Miasm, a hybrid of PSORA and syphilis, may be involved when PID presents in a changeable pattern, with recurrent acute flare-ups, intermittent high fevers, rapid debility and a strong tendency toward suppuration and relapse.

From a therapeutic viewpoint, identifying the dominant miasmatic influence helps guide constitutional prescribing, aiming not just to manage the acute infection but to uproot the chronic predisposition and prevent recurrence.

Homoeopathic medicines for PID [7, 8]

Apis Mellifica

Burning, stinging pain; sensitive, sore and swollen parts; worse from heat and pressure, better from cold applications; scanty urine and edematous conditions. Ovaritis, especially right side; soreness over uterus; stinging pains; effusion in pelvic cavity; discharges acrid and excoriating; cannot bear heat or pressure.

Belladonna

Inflammatory affections with sudden onset, intense redness, heat, dryness and burning pain, throbbing pulse; sensitive to the least jar or touch. Congestive conditions of the uterus and ovaries; sudden, violent attacks; patient is restless, with hot, dry skin and flushed face; pains come and go suddenly.

Hepar Sulphur

Extremely sensitive to touch, especially over inflamed parts; pains sharp and stitching; tendency to suppuration; better from warmth, worse from slightest cold draft. Extremely offensive leucorrhea. Tendency to abscess formation, especially in glands and connective tissue; discharges smell like old cheese; patient is chilly, oversensitive physically and emotionally.

Kali Bichromicum

Thick, ropy, yellow discharges, especially from mucous membranes; pains occur in small spots, can be covered with a finger-tip; chronic endometritis and ulceration of cervix with sticky discharges.

Lachesis Mutus

Left-sided complaints; symptoms progress from left to right; cannot bear anything tight around the waist or neck, all symptoms worse after sleep. Uterine congestion; left ovary very painful and swollen; pains relieved by menstrual flow; aggravation after sleep; sensitive to touch, even of bed clothes.

Medorrhinum

Chronic pelvic disorders due to suppressed gonorrhea; fishy-smelling discharge; worse from daylight and early morning; restlessness and extreme heat in genitals. Ovarian pain especially in left side or from ovary to ovary.

Metrorrhagia. In women with chronic PID and gonorrheal history; copious, acrid leucorrhea; vulvar irritation and itching; intense sexual desire followed by exhaustion.

Mercurius Solubilis

Inclination to perspire, but without relief; yellow-green discharges, slimy and offensive, worse at night with bone pains; tendency to suppuration. Dysmenorrhea, stinging pain in the ovaries Inflammation of mucous membranes; profuse, acrid and foul discharges; swollen glands; fever with night sweats, pelvic inflammation with pus formation.

Pulsatilla Nigricans

Changeable symptoms; mild, tearful, yielding disposition; wandering pains; better in open air, worse in warmth; no thirst. Inflammation of uterus and adnexa with thick, creamy, yellow leucorrhea; amenorrhea or delayed menses; emotional and clingy; worse in a warm room, better in cool air.

Sabina

Pain from sacrum to pubes, profuse, bright red hemorrhage with clots; symptoms worse from heat and least motion; often useful in uterine hemorrhage and inflammation. Inflammation of uterus, with bearing-down pains; bleeding between periods; worse from motion and heat; burning in the back, extending to pubic region.

Sepia Officinalis

Sense of bearing down in the pelvic region, as if everything would escape through the vulva; must cross legs to prevent prolapse; indifferent, sad, irritable; uterine pains extend to the back. Uterine and ovarian affections, especially in worn-out women; chronic pelvic congestion, yellow-green leucorrhea; menses too late and scanty; better with exercise.

Repertorial Approach

Boericke's Repertory^[8]

- [Female Sexual System] Tubes, fallopian, inflammation (salpingitis)
- [Female Sexual System] Ovaries: Inflammation (ovaritis): Acute
- [Female Sexual System] Ovaries: Inflammation (ovaritis): Chronic, with induration
- [Female Sexual System] Uterus: Inflammation (endometritis, metritis): Acute
- [Female Sexual System] Uterus: Inflammation (endometritis, metritis): Chronic
- [Fever] Septic fever
- [Female Sexual System] Uterus: Haemorrhage with: Septic fever
- [Female Sexual System] Coition: Painful
- [Female Sexual System] Conception: Difficult (sterility)
- [Female Sexual System] Leucorrhoea, remedies in general: Type: Offensive
- [Female Sexual System] Leucorrhoea, remedies in general: Type: Purulent, staining, yellow
- [Female Sexual System] Menorrhagia
- [Female Sexual System] Ovaries: Abscess
- [Female Sexual System] Pelvic: Abscess

Kent's Repertory^[9]

- Genitalia female: Inflammation: Ovaries
- Genitalia female: Inflammation: Ovaries: Suppressed gonorrhea, after
- Genitalia female: Inflammation: Uterus
- Genitalia female: Pain: Uterus
- Genitalia female: Pain: Ovaries
- Genitalia female: Pain: Ovaries: Coition, after
- Genitalia female: Pain: Ovaries: Menses: after
- Genitalia female: Pain: Ovaries: Menses: before
- Genitalia female: Pain: Ovaries: Menses: During
- Genitalia female: Leucorrhoea: Offensive
- Genitalia female: Leucorrhoea: Purulent
- Genitalia female: Leucorrhoea: Yellow
- Genitalia female: Leucorrhoea: Greenish
- Genitalia female: Menses: Irregular
- Genitalia female: Coition: Painful
- Genitalia female: Vaginismus: Coition: During
- Genitalia female: Sterility
- Genitalia female: Metrorrhagia
- Abdomen Pain: Drawing: Inguinal region: Extending: Around pelvis

Supportive Lifestyle Measures

- **Engage in safe sexual practices:** Utilize condoms and limit the number of sexual partners.
- **Refrain from vaginal douching:** It disrupts the natural balance of flora and heightens infection risk.
- **Keep the genital area clean:** Rinse with plain water and steer clear of harsh soaps.
- **Stay well-hydrated and ensure adequate rest:** This supports immune function and recovery.
- **Use warm compresses:** They can ease lower abdominal or pelvic discomfort.
- **Abstain from sexual activity during acute infections:** This helps to avoid additional irritation or transmission.
- **Schedule regular medical checkups:** This is especially crucial after STIs or if symptoms return.
- **Naturally enhance your immune system:** Consume a well-rounded diet rich in fruits, vegetables and probiotics.
- **Avoid self-treatment:** Only take antibiotics or Homoeopathic remedies with professional guidance.
- **Manage emotional stress:** Stress can negatively impact hormonal balance and immune health.

Conclusion

Pelvic Inflammatory Disease affects not only physical health but also emotional stability and overall quality of life. Although conventional medicine provides essential methods for acute treatment, it often falls short of achieving complete restoration. Homoeopathy, with its personalized and holistic perspective, comes into play to fill that void-focusing on the individual rather than merely the disease. By targeting the underlying issues, boosting vitality and lowering the likelihood of recurrence, Homoeopathy creates a gentler, more sustainable healing journey. For women looking for a more comprehensive and integrative strategy for managing PID, Homoeopathy offers not just relief, but a sense of renewal.

Conflict of Interest

Not available

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