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Individualized homoeopathic approach in management of endometriosis: A case study

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Abstract
Endometriosis is a chronic gynecological disorder characterized by the ectopic presence of endometrial-like tissue outside the uterine cavity, often leading to pelvic pain, dysmenorrhea, dyspareunia, and infertility. The conventional management primarily focuses on hormonal therapy, analgesics, and surgical interventions, which may provide temporary relief but are often associated with relapse and side effects. Homoeopathy, based on the principle of individualization, offers a holistic approach by addressing both physical and emotional dimensions of the patient. This case study demonstrates the role of individualized homoeopathic treatment in the management of endometriosis, where the prescription was based on totality of symptoms, miasmatic background, and constitutional characteristics. Significant reduction in pain, improvement in menstrual regularity, and enhanced quality of life were observed, suggesting that homoeopathy may serve as a complementary option in the long-term management of endometriosis.

Keywords: Endometriosis, dysmenorrhea, pelvic pain, infertility, homoeopathy, individualized treatment, constitutional medicine, staphysagria, quality of life, complementary management

Introduction
Endometriosis is a progressive, estrogen-dependent condition affecting approximately 10-15% of women of reproductive age and up to 35-50% of women with infertility or chronic pelvic pain [1, 2]. It is defined as the presence of functional endometrial glands and stroma outside the uterine cavity, commonly involving the ovaries, fallopian tubes, pelvic peritoneum, and, less frequently, extra-pelvic sites [3]. The pathophysiology remains multifactorial, with theories including retrograde menstruation, coelomic metaplasia, immune dysfunction, and genetic predisposition [4].
Clinical manifestations include dysmenorrhea, chronic pelvic pain, menorrhagia, dyspareunia, and subfertility, which significantly impair the patient's quality of life [5]. Conventional management involves analgesics, hormonal therapy (oral contraceptives, progestins, GnRH agonists), and surgical excision, yet recurrence rates remain high, and long-term side effects are a concern [6].
Homoeopathy, with its individualized approach, aims not only at symptomatic relief but also at improving general health and vitality. Remedies are selected after detailed case-taking considering mental, emotional, physical, and miasmatic factors [7]. Previous studies and case reports have highlighted the potential role of individualized homoeopathy in gynecological conditions, including dysmenorrhea, ovarian cysts, and endometriosis [8, 9].
This article presents a case of endometriosis successfully managed with individualized homoeopathic medicine highlighting the importance of holistic prescribing in chronic gynecological disorders.

Case report
Name of the patient: Ms. XYZ
Age: 25 yr
Sex: Female
Marital status: Unmarried
Religion: Muslim
Date of first visit: 31/01/2023

Case presentation

Case history

A 25 years old woman presented to the outpatient department with complaints of severe dysmenorrhea for the last 4 years, which had progressively worsened over time. The pain was described as cramping, bearing-down, and radiating to the thighs, aggravated before and during menses, and slightly relieved by lying on the abdomen. Her menstrual cycle was regular (28-30 days), lasting 4-5 days, with dark clotted bleeding and associated nausea.

Associated complaints included constipation, irritability before menses, suppressed anger, and marked sensitivity to reproach. Sleep was disturbed due to pain, and she felt fatigued during menses.

There was a history of U.S.G diagnosis of endometriosis confirmed two years prior, and she was on oral hormonal therapy earlier, which was discontinued due to side effects (weight gain, mood swings).

Menstrual history: Regular [28-30 Days cycle]
L.M.P. - 20/12/2023
Duration - 4-5 days
Character of blood - dark red, clotted sometime.
Pain aggravated 2-3 days of menses

Past clinical history

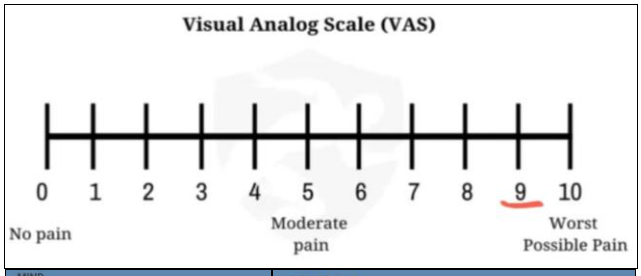
In 2014 she was diagnosed for right ovarian teratoma for which she got oophorectomy.

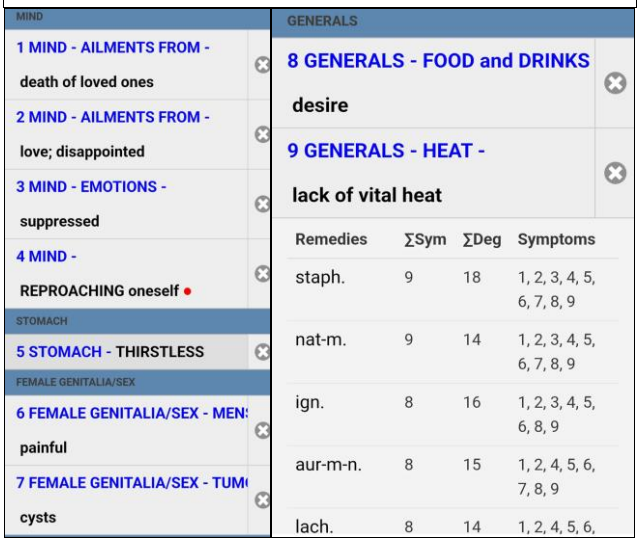
Physical generals

Appetite: Normal, prefers warm food.
Thirst: Thirstless
Desires: Sweet
Thermal: Chilly patient.
Sleep: Disturbed during menses.
Mental generals: Submissive, but prolonged suppression of emotions and indignation, often weeps when alone.

Physical examination

Abdomen: Mild tenderness in hypogastrium during palpation.
USG Abdomen: Suggestive of small well defined hypoechoic cystic lesion [1.92 x 1.92 x 2.07 cm with volume approx. 3.99 cc in left ovary.
Other systemic examination: Within normal limit.
Analysis of the case
Chief complaints: Severe dysmenorrhea, dyspareunia, constipation.
Mental generals: Complains after death of loved one, suppressed anger, sensitivity to reproach, tendency to weep when alone.
Physical generals: Chilly patient, Thirstless, disturbed sleep.
Particulars: Dark clotted menses, bearing-down pelvic pain, constipation.
Totality of symptoms pointed towards the constitutional medicine.
VAS score before treatment - 09





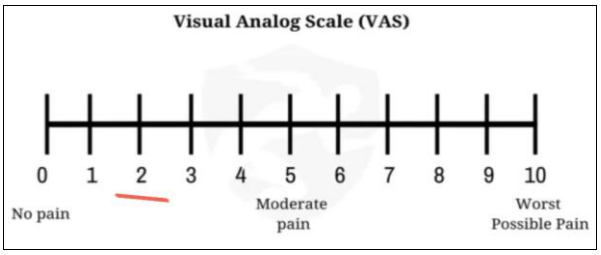
Prescription

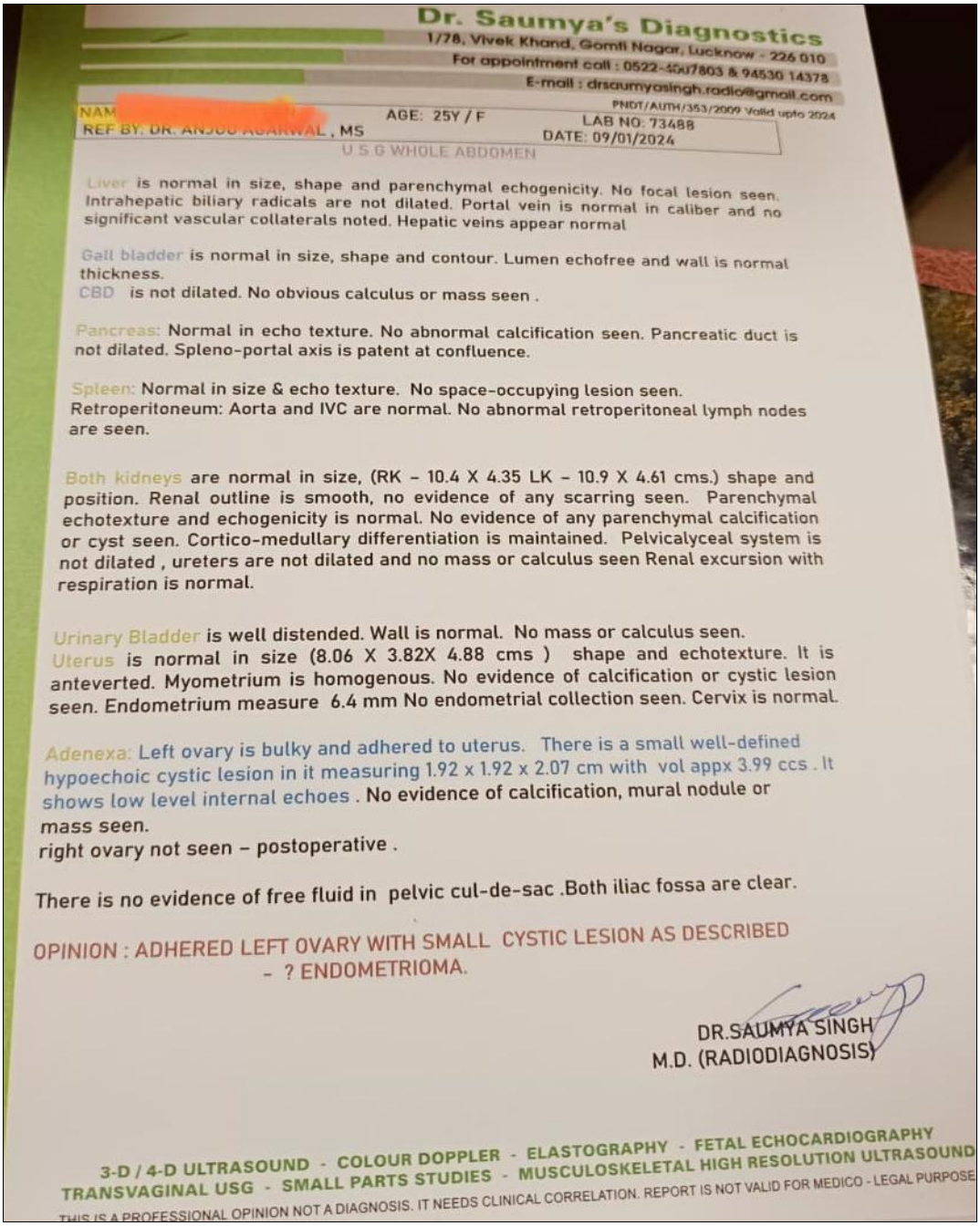
Staphysagria 200C one dose, followed by placebo for 15 days, was prescribed based on the totality of symptoms (marked sensitivity to emotions, suppressed anger, bearing-down pelvic pain).
Follow-up assessments were made every month.

Follow-up

At 1 month: Dysmenorrhea intensity reduced.
Constipation improved.
Sleep quality better.
At 3 months: Marked reduction in dysmenorrhea.
Emotional stability improved; patient reported less irritability. relations.
Menses became less clotted.

At 6 months: Dysmenorrhea minimal, managed without analgesics.
No recurrence of cyst on repeat USG.
General well-being improved, fatigue absent.
VAS score after treatment-02





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PNDT/AUTH/353/2009 Valid upto 2024

NAM [redacted] AGE: 25Y / F LAB NO: 73488
REF BY: DR. ANJOO AGARWAL , MS DATE: 09/01/2024

U.S.G WHOLE ABDOMEN

Liver is normal in size, shape and parenchymal echogenicity. No focal lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in caliber and no significant vascular collaterals noted. Hepatic veins appear normal

Gall bladder is normal in size, shape and contour. Lumen echofree and wall is normal thickness.
CBD is not dilated. No obvious calculus or mass seen .

Pancreas: Normal in echo texture. No abnormal calcification seen. Pancreatic duct is not dilated. Spleno-portal axis is patent at confluence.

Spleen: Normal in size & echo texture. No space-occupying lesion seen.
Retroperitoneum: Aorta and IVC are normal. No abnormal retroperitoneal lymph nodes are seen.

Both kidneys are normal in size, (RK – 10.4 X 4.35 LK – 10.9 X 4.61 cms.) shape and position. Renal outline is smooth, no evidence of any scarring seen. Parenchymal echotexture and echogenicity is normal. No evidence of any parenchymal calcification or cyst seen. Cortico-medullary differentiation is maintained. Pelvicalyceal system is not dilated , ureters are not dilated and no mass or calculus seen Renal excursion with respiration is normal.

Urinary Bladder is well distended. Wall is normal. No mass or calculus seen.
Uterus is normal in size (8.06 X 3.82X 4.88 cms) shape and echotexture. It is anteverted. Myometrium is homogenous. No evidence of calcification or cystic lesion seen. Endometrium measure 6.4 mm No endometrial collection seen. Cervix is normal.

Adenexa: Left ovary is bulky and adhered to uterus. There is a small well-defined hypoechoic cystic lesion in it measuring 1.92 x 1.92 x 2.07 cm with vol appx 3.99 ccs . It shows low level internal echoes . No evidence of calcification, mural nodule or mass seen.
right ovary not seen – postoperative .

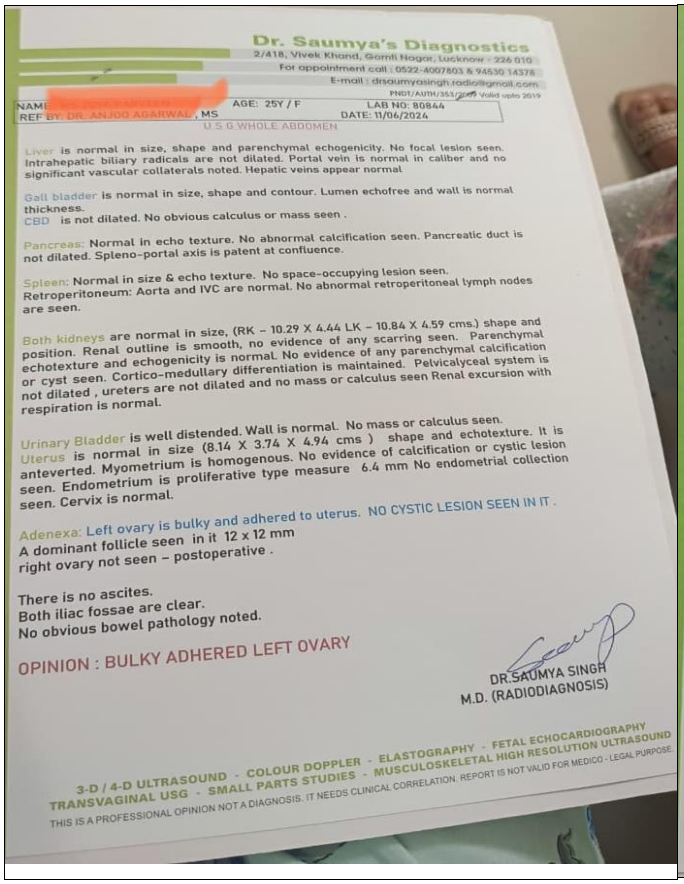
There is no evidence of free fluid in pelvic cul-de-sac .Both iliac fossa are clear.

OPINION : ADHERED LEFT OVARY WITH SMALL CYSTIC LESION AS DESCRIBED
– ? ENDOMETRIOMA.

DR.SAUMYA SINGH
M.D. (RADIODIAGNOSIS)

3-D / 4-D ULTRASOUND - COLOUR DOPPLER - ELASTOGRAPHY - FETAL ECHOCARDIOGRAPHY
TRANSVAGINAL USG - SMALL PARTS STUDIES - MUSCULOSKELETAL HIGH RESOLUTION ULTRASOUND
THIS IS A PROFESSIONAL OPINION NOT A DIAGNOSIS. IT NEEDS CLINICAL CORRELATION. REPORT IS NOT VALID FOR MEDICO - LEGAL PURPOSE

Before treatment - 09/01/2024



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NAME: [redacted] AGE: 25Y / F LAB NO: 80844
REF BY: DR. ANJOO AGARWAL , MS DATE: 11/06/2024

U.S.G WHOLE ABDOMEN

Liver is normal in size, shape and parenchymal echogenicity. No focal lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in caliber and no significant vascular collaterals noted. Hepatic veins appear normal.

Gall bladder is normal in size, shape and contour. Lumen echofree and wall is normal thickness.
CBD is not dilated. No obvious calculus or mass seen .

Pancreas: Normal in echo texture. No abnormal calcification seen. Pancreatic duct is not dilated. Spleno-portal axis is patent at confluence.

Spleen: Normal in size & echo texture. No space-occupying lesion seen.
Retroperitoneum: Aorta and IVC are normal. No abnormal retroperitoneal lymph nodes are seen.

Both kidneys are normal in size, (RK – 10.29 X 4.44 LK – 10.84 X 4.59 cms.) shape and position. Renal outline is smooth, no evidence of any scarring seen. Parenchymal echotexture and echogenicity is normal. No evidence of any parenchymal calcification or cyst seen. Cortico-medullary differentiation is maintained. Pelvicalyceal system is not dilated , ureters are not dilated and no mass or calculus seen Renal excursion with respiration is normal.

Urinary Bladder is well distended. Wall is normal. No mass or calculus seen.
Uterus is normal in size (8.14 X 3.74 X 4.94 cms) shape and echotexture. It is anteverted. Myometrium is homogenous. No evidence of calcification or cystic lesion seen. Endometrium is proliferative type measure 6.4 mm No endometrial collection seen. Cervix is normal.

Adenexa: Left ovary is bulky and adhered to uterus. NO CYSTIC LESION SEEN IN IT .
A dominant follicle seen in it 12 x 12 mm
right ovary not seen – postoperative .

There is no ascites.
Both iliac fossae are clear.
No obvious bowel pathology noted.

OPINION : BULKY ADHERED LEFT OVARY

DR.SAUMYA SINGH
M.D. (RADIODIAGNOSIS)

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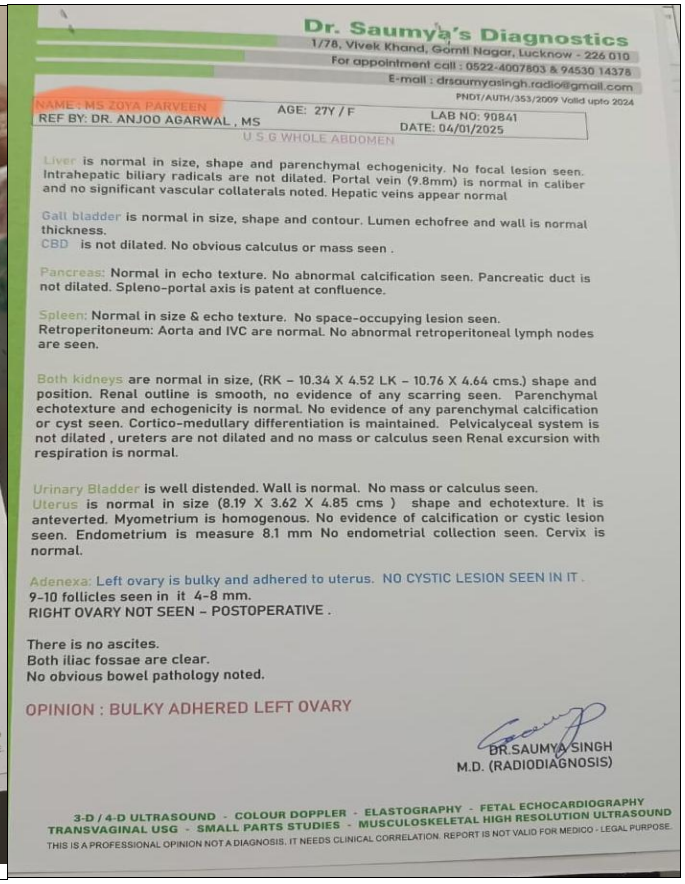

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NAME : MS ZOYA PARVEEN AGE: 27Y / F LAB NO: 90841
REF BY: DR. ANJOO AGARWAL , MS DATE: 04/01/2025

U.S.G WHOLE ABDOMEN

Liver is normal in size, shape and parenchymal echogenicity. No focal lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein (9.8mm) is normal in caliber and no significant vascular collaterals noted. Hepatic veins appear normal.

Gall bladder is normal in size, shape and contour. Lumen echofree and wall is normal thickness.
CBD is not dilated. No obvious calculus or mass seen .

Pancreas: Normal in echo texture. No abnormal calcification seen. Pancreatic duct is not dilated. Spleno-portal axis is patent at confluence.

Spleen: Normal in size & echo texture. No space-occupying lesion seen.
Retroperitoneum: Aorta and IVC are normal. No abnormal retroperitoneal lymph nodes are seen.

Both kidneys are normal in size, (RK – 10.34 X 4.52 LK – 10.76 X 4.64 cms.) shape and position. Renal outline is smooth, no evidence of any scarring seen. Parenchymal echotexture and echogenicity is normal. No evidence of any parenchymal calcification or cyst seen. Cortico-medullary differentiation is maintained. Pelvicalyceal system is not dilated , ureters are not dilated and no mass or calculus seen Renal excursion with respiration is normal.

Urinary Bladder is well distended. Wall is normal. No mass or calculus seen.
Uterus is normal in size (8.19 X 3.62 X 4.85 cms) shape and echotexture. It is anteverted. Myometrium is homogenous. No evidence of calcification or cystic lesion seen. Endometrium is measure 8.1 mm No endometrial collection seen. Cervix is normal.

Adenexa: Left ovary is bulky and adhered to uterus. NO CYSTIC LESION SEEN IN IT .
9-10 follicles seen in it 4-8 mm.
RIGHT OVARY NOT SEEN – POSTOPERATIVE .

There is no ascites.
Both iliac fossae are clear.
No obvious bowel pathology noted.

OPINION : BULKY ADHERED LEFT OVARY

DR.SAUMYA SINGH
M.D. (RADIODIAGNOSIS)

3-D / 4-D ULTRASOUND - COLOUR DOPPLER - ELASTOGRAPHY - FETAL ECHOCARDIOGRAPHY
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After treatment - 11/06/2024 **04/01/2025**

Discussion

This case illustrates the significance of individualized homoeopathic prescribing in chronic gynecological disorders like endometriosis. The selected remedy, Staphysagria, was prescribed on the basis of constitutional symptoms-especially suppressed emotions, sensitivity to reproach, bearing-down pelvic pains [7]. The patient showed consistent improvement in both physical and emotional spheres.

Conventional treatment modalities for endometriosis often provide only temporary relief, with recurrence being common. Homoeopathy, through individualized medicine, aims to restore balance by addressing the underlying susceptibility and miasmatic background [10].

The improvement in this case supports the scope of homoeopathy as a complementary system of care, especially in cases where conventional therapy is limited or poorly tolerated.

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