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Case of pelvic inflammatory disease managed with individualized homoeopathic treatment

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Abstract

Pelvic Inflammatory Disease (PID) is a chronic inflammatory condition of the female genital tract, often leading to pelvic pain, vaginal discharge, and menstrual disturbances. Conventional management with antibiotics frequently faces limitations such as recurrence and antimicrobial resistance. Homoeopathy, through its individualized holistic approach, offers an alternative method of treatment. This article presents the case of a 25-year-old female with complaints of chronic lower abdominal pain, profuse thick white vaginal discharge, and headache. Detailed case-taking revealed significant physical, mental, and emotional characteristics, which guided repertorial analysis and final prescription. Sepia 1M was prescribed based on the totality of symptoms, resulting in marked improvement in both local and general complaints. This case highlights the scope of homoeopathy in the management of PID and emphasizes the importance of individualized remedy selection.

Keywords: Pelvic inflammatory disease, homoeopathy, sepia, case report, individualized treatment

Introduction

Pelvic Inflammatory Disease (PID) refers to infection and inflammation of the upper female genital tract, including the endometrium, fallopian tubes, ovaries, and pelvic peritoneum. It is a major gynecological disorder that can present in acute, subacute, or chronic forms.

Chronic PID occurs as a result of incomplete treatment, recurrent episodes, or long-standing inflammation that leads to fibrosis, adhesions, and distortion of pelvic anatomy. The incidence of pelvic infection is on the rise due to the rise in sexually transmitted infections. The incidence varies from 1-2% per year among sexually active women. About 85% are spontaneous infections. The remaining 15% follow some procedures, including endometrial biopsy, uterine curettage, insertion of IUD and hysterosalpingography.

Two-thirds are restricted to young women of less than 25 years and the remaining one-third limited among 30 years or older ^[1].

The most common causative organisms are *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, although mixed infections with anaerobic and facultative bacteria are frequently involved. Chronic PID is characterized by persistent pelvic pain, menstrual irregularities, vaginal discharge, infertility, and dyspareunia ^[2].

Homoeopathy, based on the principle of individualization, treats the patient as a whole rather than the disease in isolation. Remedies are selected after detailed analysis of mental, emotional, general, and physical characteristics, along with miasmatic tendencies. Several case reports and studies suggest that homoeopathic treatment can provide significant relief in PID without adverse effects. This article presents a case of PID in a young female patient, successfully managed with individualized homoeopathic medicine (Sepia), demonstrating the scope of holistic intervention in chronic gynecological conditions.

Case report

A 25 year old female reported in opd with chief complaints of Pain Lower abdomen since 1 month increased since 2 days Discharge from vagina since 1year increased since 4 days, Headache since 4 years (on & off).

Location	Sensation	Modalities	Concomitant
Lower abdomen (Rt & left iliac Region More in Hypogastrium) Duration:- 1m onth	Dull aching type of pain++	<after eating <during menses++ <Sitting erect >Moving	
Female Genital Onset:- gradual Duration:- 1year increased since 4days	Heaviness and lower back pain++ Thick white bland not offensive vaginal discharge which is profuse require frequent changing of undergarment (2 in a day)	<during menses ++	
Head B/L Temples and forehead since 4 year (on & off)	Drawing type of pain Ailm from- After exposure to sun and emotional stress	<after exposure to sun+ <emotional stress + <Loud Music >Induce vomiting	

Past History**Medical History:** Nothing Specific**Surgical History****Obstetric (Tubectomy:-6 years back)****Family History**

- **Father and Mother:** Died (Road accident)
- **Spouse:** Died (MI) at the age of 31
- **Children:** Two Male children Alive and apparently Healthy.

Gynaecological History• **Menstrual History****Menarche:** At age of 11 year**Regular 28- 30 days cycle, Flow:** last for 2-3 days**Character of flow:** Bright red and scanty, clots + Dysmenorrhea since 7 years took allopathic treatment not cured**Obstetric History**

P2L2A0

1 St child → ♂, 3.5 Kg, FTMVD

2 nd Child → ♂, 3 kg, FTMVD

Personal History

- **Diet:** Mixed
- **Appetite:** Reduced due to pain since 2 days
- **Thirst:** Thirsty for small quantity of water drink sip by sip
- **Desire:** Nothing Specific
- **Aversion:** Nothing Specific
- **Micturition:** 4-5 times in a day, o-1 in day
- **Bowel:** Once daily satisfactory
- **Perspiration:** Generalized, all over the body
- **Sleep:** Sound sleep
- **Dreams:** Nothing Specific
- **Habits:** Nil
- **Thermal:** Hot Patient

Life space Investigation

- The patient was born and brought up in Bagalkot. When she was only one and a half years old, her Parents died in accident. She had no siblings and was left without parents at a very young age. After this, she grew up in her paternal aunt's house.
- She studied up to 6th standard. She was never a bright student and discontinued her education. Later, she got married to her aunt's son. She shared a good

relationship with her in-laws and family members.

- From the beginning, she always wanted company, but she never shared her true feelings with anyone. She tends to cry over small matters but avoids crying in front of others. At the age of 21, she lost her husband suddenly due to a heart attack (MI). Since then, her life changed completely. After becoming a widow at very young age, she started worrying constantly about her children future. She often cries when remembering her husband. She becomes quarrelsome and irritable when spoken to. Her moods are very changeable - sometimes sad, sometimes irritable, she hides her feelings and says: "What will people do if I tell them?"
- She carries all her grief inside and does not express it openly. Though she wants company, she gets easily annoyed when people talk to her

Mentals

- Desire company
- Quarrelsome and irritable when spoken to
- Changeable of mood

Remember her husband and cry silently

- Keep emotions to herself
- Constantly worried about children future

General physical examination

- **Built nourishment:** Well built & nourishment
- **Scalp:** No dandruff Hair: evenly distributed black hair
- **Weight:** 46kg
- **Height:** 5.3ft
- **Eyes:** sclera-clear; conjunctiva-pale
- **Ear:** wax present
- **Nose:** No DNS, no polyps
- Teeth no carries
- **Extremities:** NAD

Systematic examination

- Per Abdomen
- **Inspection:** No scar marks, no distention of abdomen, striae +
- **Palpation:** Tenderness Present in Hypogastrium and Rt and Lf iliac fossa
- **Percussion:** Tympanic note Heard
- **Auscultation:** Bowel sound Heard

Per vaginal examination

- **External genitalia:** Normal.
- **Speculum:** Cervix healthy, thick white discharge present in vaginal canal.
- **Bimanual examination:** Uterus normal size, anteverted,

mobile, mild tenderness in fornices. No adnexal mass palpable, bilateral fornicial tenderness present.

Investigation Before treatment

Ref. By : Dr. JAVALAXMI RADDY
Age/Sex : 25 Yrs./F
Date : 07-Apr-2025

Thanks for referral madam,

ABDOMINAL AND PELVIC ULTRASOUND EXAMINATION REPORT

- The liver is normal in size and echotexture, with span of 11.1cm in right LA. The intra hepatic vascular and biliary channels are normal. The portal vein is normal in course and calibre. No evidence of any focal defect or mass lesion.
- The gall bladder is well distended with clear contents. No peri-cholecystic collection noted. GB wall thickness normal. The biliary tree is normal in appearance. CBD is normal.
- Pancreas is normal in size and appearance. Spleen is normal in size (7.3cm) and echotexture.
- **Few tiny papillary concretions noted in both kidneys.**
Both kidneys are normal in shape, size and echotexture without evidence of any focal defect, mass lesion, hydronephrosis. The renal cortical thickness and CMD well maintained on both sides. The Right kidney measures 9.4x2.4cm. The Left kidney measures 8.6x3.4cm.
- The urinary bladder is normal in appearance.
- The uterus is normal in size, shape and echotexture without evidence of any mass lesion. It measures 7.3x3.8x4.3cm. The myometrial echogenicity is maintained. The endometrial-myometrial interface is sharply demarcated. The endometrium measures 8mm.
- Both the ovaries are normal in size and echotexture. Rt ov - 34x20mm, Lt ov - 26x15mm. No focal lesion seen.
- Both the adnexae are clear with no evidence of ovarian or adnexal mass.
- **Minimal free fluid is seen in the pouch of Douglas.** There is no RPLN.
- **RIF:** No mass/lymphadenopathy seen.
- Appendix not visualized, no deep probe tenderness noted.
- No pleural or pericardial effusion seen.

IMPRESSION:-

- Minimal free fluid in POD - PID.
- Bilateral renal papillary concretions.

-Suggested clinical correlation

Age/Sex: 25/Female
Ref Dr : Dr Pradeep Reddy
OPD no:4577/2025
IPD no :0246/2025

Hematology Report

Test Name	Result	Reference Range
Haemoglobin	10.8 gm%	M: 14 - 18, F: 12 - 16 %
Total WBC Count	7,000 Cells/Cumm	4000 - 11000 Cells/Cumm
Differential Count		
Polymorphs	63%	38 - 70 %
Lymphocytes	32%	20-45%
Eosinophils	03%	00 - 06%
Monocytes	02%	00-10%
Basophils	00%	00-01%
RBC Count	4.50 Million/Cumm	3.5 - 5.5 million / Cumm
PCV	33%	M: 40 - 55 %, F: 35 - 45 %
MCV	74fL	82 - 98 fL
MCH	24pg	27 - 32 pg
MCHC	33g/dl	31 - 38g/dl
Platelet Count	3.69Lakhs/Cumm	1.5 - 4.0 Lakhs /cumm
ESR	25 mm/hr	M: 5-20 F: 5-25mm/hr

Dr. Pradeep Reddy
Lab Technician
BVVS. HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
BAGALKOT - 587 101

After treatment

B. V. SANGHVI
COLLEGE & HANAGAL SHRI KUMARESHWAR
CENTRE NANAVAGAR, BAGALKOT - 587 102

DATE OF RADIO - DIAGNOSIS : 4/7/25
Sex : F
IPNo / OPN :
GRAPHY REPORT OF ABDOMEN

cm, normal in size and echotexture

Shape & Contour :
Echopattern :
Intrahepatic Structures :
a) Biliary Radicals :
b) Portal Vein :
c) Hepatic Veins :
d) Porta Hepatis :
• Gall Bladder : Well distended = clear contents
a) Wall Thickness :
b) Lumen :
c) Capacity :
• C.B.D. :
• Spleen : 10cm (N)
Size :
Echopattern :
• Pancreas : head & body visualized
Size : appears normal
Echopattern :
Duct :
• Paraortic & Pericaval Areas :
• Adrenals :

• **Kidneys** :
Size (cms) : Length (cms) Breadth (cms) Cortical thickness (cms)
Right : 9.4 x 2.4 cm
Left : 8.6 x 3.4 cm
Shape & Contour : Both kidneys are normal in shape & echotexture.
Cortical echopattern : No elo calculus / hydronephrosis
Corticomedullary Differentiation :
Collecting System :
Calculi :
Other Lesions :
Bowels : Visualized bowel loops appear normal
Ascites : Nil
Pleural Effusion :
Pericardial Effusion :
Flanks & Iliac Fossae :
Pelvis : UB = normal in appearance
uterus = normal in size, 7.3x3.8x4.3 cm
B/L ovaries = normal in size
ET = 8mm
Impression :
- No significant sonological abnormality detected
Dr. Pooja
Radiologist

Provisional Diagnosis

- Pelvic Inflammatory Disease (GAO5)

Differential Diagnosis

- Endometriosis

- Ovarian Cyst

Final Diagnosis

- Pelvic Inflammatory Disease (GAO5)

Analysis of symptoms

Common symptoms	Uncommon symptom
<ul style="list-style-type: none"> Pain in lower abdomen and backache Vaginal discharge 	Dull aching type of pain <after food >during Menses >Motion <ul style="list-style-type: none"> Whitish thick vaginal discharge Forehead and temples, drawing type of pain <sun exposure <noise >inducing vomit Desire company Quarrelsome and irritable when spoken to Changeable of mood Remember her husband and cry silently Keep emotions to herself Constantly worried about children

Evaluation of symptoms**Mentals**

- Grade 1(G1)
- Desire company
- Worried about children
- Quarrelsome and irritable when spoken to
- Changeable moods
- G2:-
- G3:-

Physicals

- G1: -
- G2:-appetite decreased
- Thirst for small quantity of water
- G3:-Hot patient

Particular

- G1: -
- G2:-Dull aching pain in abdomen
- Heaviness as of of stone
- <After eating,<during Menses
- Drawing type of pain in forehead and temples<sun

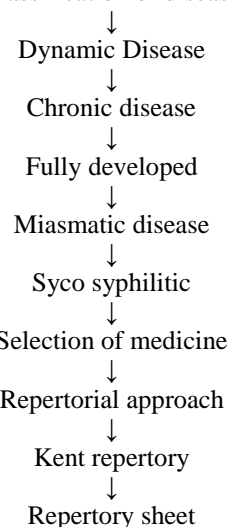
Exposure,
noise>vomiting
White thick vaginal discharge <Before Menses
G3:- pain abdomen
Vaginal discharge

Totality of symptoms

- Desire company
- Quarrelsome and irritable when spoken to
- Changeable mood
- Remember her husband and cry silently
- Keep emotions to herself
- Constantly worried about children

Appetite reduced

- Thirst for small quantity of water
- Pain in lower abdomen dull aching type of pain <During Menses>motion
- Heaviness in abdomen
- White thick vaginal discharge <Before Menses
- Drawing type of pain in bilateral temples and forehead

Classification of disease

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Repertorisation Sheet - Zomeo LAN 3.0

Physician Name : Dr. BVVSHMC , Patient Name : , Reg. No. : , Date : 19/09/2025

Remedy	Sep	Calc	Ars	Sulph	Puls	Nat-m	Graph	Alum	Bov	Zinc	Phos	Kali-c	Aur	Carb-v	Lyc
Totality	23	18	17	16	16	15	15	13	13	13	13	13	12	12	12
Symptoms Covered	10	9	8	9	7	9	6	8	8	8	7	6	7	7	5
[Kent] [Mind]Company:Desire for:	2	2	3	0	2	0	0	0	1	1	3	3	0	1	3
[Kent] [Mind]Quarrelsome:	2	1	2	3	0	2	0	1	2	1	2	2	3	0	2
[Kent] [Mind]Irritability (see anger):Spoken to,when:	2	0	1	2	0	1	2	0	0	0	0	0	1	0	0
[Kent] [Mind]Mood:Changeable,variable,etc.:	2	2	2	1	3	1	1	2	1	3	1	2	2	0	3
[Kent] [Abdomen]Heaviness,as from a load,etc.:	3	2	1	2	0	2	3	1	1	1	1	2	1	2	3
[Kent] [Abdomen]Pain:Aching,dull pain (see Boring,Gnawing,etc.):	3	2	3	2	3	2	3	2	1	1	3	3	1	2	1
[Kent] [Genitalia female]Leucorrhoea:White:	3	2	2	1	2	3	3	2	2	2	1	0	2	2	0
[Kent] [Genitalia female]Leucorrhoea:Bland:	1	1	0	2	2	1	0	2	0	0	0	1	0	1	0
[Kent] [Genitalia female]Leucorrhoea:Thick:	2	3	3	1	2	1	0	1	2	2	0	0	2	2	0
[Kent] [Genitalia female]Leucorrhoea:Menses:Before:	3	3	0	2	2	2	3	2	3	2	2	0	0	2	0

Reportorial result and final Remedy

- **Sepia:** 23/10
- **Calc carb:** 18 /9
- **Ars:** 17 /8

- **Sul:** 16/9
- **Final Remedy:** SEPIA
- **Potency:** 1 M.3P (1P /HS) 3days

Date	Symptoms	Prescription
7/ 4/25	1 st visit	Rx:- SEPIA1M 3P 1P /HS×3days
11/5/25	Irritability while speaking Slightly reduced, appetite improved, pain in lower abdomen slightly Reduced, vaginal discharge slightly reduced, headache slightly reduced	Rx:- RUBRUM 4-0-4×15 days Before breakfast
28/5/25	Mentally improved, vaginal discharge slightly increased, lower abdominal pain still present	SEPIA 1M 1P /HS×1day Sac lac 4-0-4×1month
30/6/25	Mentally improved, generals improved, vaginal discharge reduced, pain in lower abdomen reduced, no Headache	RUBRUM 4-0-4×15 days

Conclusion

This case of a 25-year-old female suffering from chronic Pelvic Inflammatory Disease highlights the importance of individualizing treatment based on the totality of symptoms rather than pathology alone. The patient presented with characteristic physical complaints such as dull aching lower abdominal pain, profuse thick white vaginal discharge, and recurrent headaches, along with significant mental and emotional features including grief, irritability, mood changes, and a strong desire for company. A repertorial analysis pointed towards Sepia, which was prescribed in 1M potency. Subsequent follow-ups demonstrated marked improvement in mental state, reduction in vaginal discharge, relief of abdominal pain, and overall betterment in general health. This case emphasizes that homoeopathic management, when based on holistic consideration of physical, mental, and emotional symptoms, can provide effective relief in chronic cases of PID.

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Conflict of Interest

Not available.

Financial Support

Not available.

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