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## Individualised homoeopathic approach in a case of ovarian cyst with pelvic inflammatory disease

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### Abstract

Ovarian cysts are prevalent in women of reproductive age and are frequently complicated by Pelvic Inflammatory Disease (PID) and anaemia. Conventional management, such as hormonal therapy or surgical intervention, carries risks of recurrence and adverse effects. Individualized homoeopathic treatment seeks to address both the underlying pathological processes and the patient's constitutional susceptibility. This case report illustrates successful management through individualized homoeopathy.

**Keywords:** Homoeopathy, pharmacy, ovarian cyst with pelvic inflammatory disease, constitutional remedy, similimum

### Introduction

Ovarian cyst associated with Pelvic Inflammatory Disease (PID) is a frequently encountered gynaecological problem in women of reproductive age. An ovarian cyst refers to a fluid-filled sac that forms on or inside the ovary, whereas PID is an infectious and inflammatory condition affecting the upper reproductive organs such as the uterus, fallopian tubes, and ovaries. When PID occurs along with an ovarian cyst, inflammation may spread to the ovary and nearby pelvic tissues, causing symptoms like pelvic pain, irregular menstruation, abnormal vaginal discharge, and sometimes fever. This condition needs prompt medical attention, as untreated PID can lead to serious complications including chronic pelvic pain, infertility, and the formation of tubo-ovarian abscesses. Early detection and proper treatment are crucial to safeguard a woman's reproductive health.

**Case report:** A 39-years old female patient reported to OPD. She presented with complaints of lower abdominal pain occurring before, during, and after menses, associated with heavy menstrual bleeding with clots and white vaginal discharge, which aggravated before menstruation. Baseline haematology revealed a haemoglobin level of 7.6g/dl, suggestive of marked anaemia, with RBC indices showing a microcytic hypochromic picture. Pelvic ultrasonography showed a left ovarian cyst measuring 20×27mm, with Pelvic Inflammatory Disease (PID), along with the presence of uterine fibroids.

**Mental general:** The patient presents with marked anxiety about her health, frequent episodes of weeping, and irritability often becoming angry at trifles.

**Physical general:** Bowel movements are unsatisfactory (once daily). Thirst is decreased with aversion to fatty foods. Marked pallor suggests anaemia.

**LMP:** 9<sup>th</sup> Nov 2024; cycle regular (28 days) flow 4-5 days, using 3-4 pads/day

### Physical examination

**Built and nourishment:** Moderately built

**Blood pressure:** 120/80 mmHg

**Pulse rate:** 80 bpm

**Respiratory rate:** 16/min

**Temperature:** Afebrile

**Tongue:** Dry

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**Pallor:** Present

**Face:** Excessive hairs on chin and upper lip

**Per abdomen:** Lower abdominal tenderness

**Repertorization:** Synthesis Repertory by Dr. Frederik Schroyens

Repertorial totality

1. Mind - Anxiety - health; about
2. Mind - Irritability
3. Mind - Obstinate

4. Mind - Tearful mood
5. Mind - Weeping
6. Stomach - Fat food agg.
7. Rectum - Constipation - inactivity
8. Female genitalia/sex - Menses - copious
9. Female genitalia/sex - menses - painful
10. Generals a - anaemia
11. Generals - food and drinks - aversion

1 MIND - ANXIETY - health; about	×	FEMALE GENITALIA/SEX			
2 MIND - IRRITABILITY	×	8 FEMALE GENITALIA/SEX - MENSES			
3 MIND - OBSTINATE	×	copious			
4 MIND - TEARFUL mood	×	9 FEMALE GENITALIA/SEX - MENSES			
5 MIND - WEEPING	×	painful			
STOMACH		GENERALS			
6 STOMACH - FAT FOOD agg.	×	10 GENERALS - ANEMIA			
RECTUM		11 GENERALS - FOOD and DRINKS -			
7 RECTUM - CONSTIPATION -	×	aversion			
inactivity					
FEMALE GENITALIA/SEX		Remedies	ΣSym	ΣDeg	Symptoms
8 FEMALE GENITALIA/SEX - MENSES	×	puls.	9	22	1, 2, 3, 5, 6, 8, 9, 10, 11
copious		nux-v.	9	20	1, 2, 3, 5, 6, 8, 9, 10, 11
9 FEMALE GENITALIA/SEX - MENSES	×	nat-m.	9	18	1, 2, 3, 5, 6, 8, 9, 10, 11
painful					
GENERALS					
10 GENERALS - ANEMIA	×				
11 GENERALS - FOOD and DRINKS -	×				
aversion					

### Repertorial analysis

1. Pulsatilla 9/22
2. Nux vomica 9/20
3. Natrum muriaticum 9/18

### Prescription

Pulsatilla 200, BD, 6 doses for 3 days  
PL, BD, 7 days

### 1<sup>st</sup> follow up: 30/12/2024

**LMP:** 29<sup>th</sup> December 2024. The patient presented with dysmenorrhea, marked by the characteristic symptom that the more profuse the menstrual flow, the greater the suffering. A follow - up haematological investigation on 26<sup>th</sup> December 2025 revealed an increase in haemoglobin level to 8.1g/dl.

Rx - Actea racemosa 30/BD/3 days PLACEBO/BD/15 days

### 2<sup>nd</sup> follow up: 11/01/2025

No new complaint was there. Patient was having general improvement.

Rx - PLACEBO/BD/1 Month

### 3<sup>rd</sup> follow up: 10/02/2025

**LMP:** 23<sup>rd</sup> January 2025. The patient reported improvement in menstrual flow and dysmenorrhea, along with concurrent relief in mental generals.

Rx - PLACEBO/BD/15 days

### 4<sup>th</sup> follow up: 21/02/2025

**LMP:** 20<sup>th</sup> February 2025. The patient showed general improvement, and repeat ultrasound along with CBC was advised.

Rx - PLACEBO/BD/15 days

### 5<sup>th</sup> follow up: 07/03/2025

Repeat ultrasonography demonstrated complete resolution of the left ovarian cyst, with adnexa and pouch of Douglas appearing normal. Clinical examination further revealed significant improvement in pallor.

Rx - PLACEBO/BD/15 days

**SHREE SHYAM**  
DIAGNOSTIC & ULTRASOUND CENTRE  
Colour Dopler Ultrasound, B.P.S. Ultrasound, T.V.S. Level 2, Digital X Ray,  
Ultrasound Scrotum, Routine Ultrasound, ECG, All type of blood Investigation

4D Ultrasound Available

REPORT

Pl. Name : [REDACTED] Age: Y/F

DR. : Kalpana Pundir 25/11/2024

**Ultrasound Lower Abdomen With Trans Vaginal Sonography**

URINARY BLADDER : U.B. is well distended. No filling defect seen.  
Wall thickness is normal.

UTERUS : Uterus is normal in size. It shows presence of  
A hypochoic lesion of size 17 x 22 mm in is seen posterior wall uterus s/o uterine  
fibroid. Endometrial is thickened.

ADENEXA : well defined cystic lesion measuring: 20 X 27 mm.  
is seen in left ovary, right Ovary is Normal

POUCH OF DAUGLAS : Minimal Amount Free Fluid Seen In P.O.D.

IMPRESSION : SMALL UTERINE FIBROID  
RIGHT OVARIAN CYST & PID.  
Left

ADV : HOMONAL STUDY, TSH

FOLLOW OF SCAN

**SHREE SHYAM**  
DIAGNOSTIC & ULTRASOUND CENTRE  
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Ultrasound Scrotum, Routine Ultrasound, ECG, All type of blood Investigation

4D Ultrasound Available

REPORT

Pl. Name : [REDACTED] Age: Y/F

DR. : Kalpana Pundir 03/03/2025

**Ultrasound Lower Abdomen With Trans Vaginal Sonography**

URINARY BLADDER : U.B. is empty

UTERUS : Uterus is normal in size.  
Simple echogenic lesion measuring : 18x20mm  
Is seen in posterior wall of uterus.

ADENEXA : B/L adenexa are clear.

POUCH OF DAUGLAS : Clear

IMPRESSION : SMALL UTERINE FIBROID.

**OUT-PATIENT HEALTH CARE CARD**

Date: 26/12/24 OPD No. [REDACTED]

Name : [REDACTED] Age/Sex : 32/f

S/o W/o D/o : [REDACTED]

Address : [REDACTED]

DATE	DIAGNOSIS & TREATMENT
Lab. Inv. Adv.	Registration Time : .....
HB - 8.1 gm/dl	Consultation Time : .....
TLC	Lab. Collection Time : .....
DLC	Drug Dispensing Time : .....
ESR	
BT/CT	
BLOOD GROUP	
VDRL	
HIV	
HBSAg	
Typhoid	
Dengue	
UPT	
Malaria	
Blood Sugar	
Urine Alb./Sug.	

26/12/24

बेटियों को करो स्वीकार करो उनका पूरा सत्कार।  
जच्चा बच्चा की जांच कराएं - स्वास्थ्य केन्द्र में प्रसव करवाएं।

26/12/2024

**OUT-PATIENT HEALTH CARE CARD**

Date: 17/03/25 OPD No. [REDACTED]

Name : [REDACTED] Age/Sex : 32/f

S/o W/o D/o : [REDACTED]

Address : [REDACTED]

DATE	DIAGNOSIS & TREATMENT
Lab. Inv. Adv.	Registration Time : .....
HB - 12.5 gm/dl	Consultation Time : .....
TLC	Lab. Collection Time : .....
DLC	Drug Dispensing Time : .....
ESR	
BT/CT	
BLOOD GROUP	
VDRL	
HIV	
HBSAg	
Typhoid	
Dengue	
UPT	
Malaria	
Blood Sugar	
Urine Alb./Sug.	

17/03/25

बेटियों को करो स्वीकार करो उनका पूरा सत्कार।  
जच्चा बच्चा की जांच कराएं - स्वास्थ्य केन्द्र में प्रसव करवाएं।

17/03/2025

### Discussion

Ovarian cysts associated with PID and anaemia are conventionally managed by hormones or surgery, which often carry risks of recurrence and adverse effects. In this case, individualized homoeopathic prescription, based on Kent's philosophy emphasis on mental generals, physical

generals, and characteristic particulars, led significant improvement. PULSATILLA200 was selected for its correspondence to the patient's constitutional picture and gynaecological affinity. Within three months, there was marked clinical recovery with relief in dysmenorrhea, menorrhagia and leucorrhoea, along with improvement in

mental state. Objective findings, including ultrasonographic resolution of the ovarian cyst, PID and correction of anaemia, substantiate the therapeutic response.

### Conclusion

Individualised homoeopathic treatment cured the ovarian cyst with PID and anaemia, with marked improvement in general health and mental well-being.

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