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## Homoeopathic constitutional medicine helps to cure ovarian cyst: A case report

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### Abstract

**Introduction:** In female's Ovarian Cyst is a very common benign gynaecological tumour, especially during their reproductive years and affecting 20-50% of women this day. As a result of this disease, so many symptoms are found such as irregular and painful menstruation & also true 75% of cases are asymptomatic. There is only treatment OCs include medical therapies, surgery, and newer options such as MRI-guided focused ultrasound (MRgFUS). The post-operative complication is very common for Ovarian Cyst. We present a case report that constitutional individualized homoeopathic medicines can also recover Ovarian Cyst without any complications & side effects. Homoeopathy can be a good alternative treatment for the management of Ovarian Cyst.

**Case Summary:** A 21-year-old, Hindu, unmarried woman from middle-class status family present at O.P.D of Kharagpur Homoeopathic Hospital. Her chief complaint was painful irregular menstruation with drowsiness. She was suffering from severe pain in the right iliac fossa & lumbar region. The character of pain was stitching, cutting & gradually increasing. Pain starts 1 to 2 days prior to menstruation & ended after 3 to 4 days of menstruation.

**Keywords:** MRI-guided focused ultrasound (MRgFUS), CARE guideline, modified Naranjo score criteria, homoeopathy, individualization & pelvic and/or transvaginal ultrasound

### Introduction

In recent times, there is an increasing incidence of diseases like, Diabetes, Hypertension, Obesity & Menstrual irregularity etc. affecting young people. The changed living habits due to increasing Job requirements, sedentary lifestyle & Competitive living are the main victim for lifestyle disorder problems <sup>[1]</sup>. In female's Ovarian Cyst is a very common benign gynaecological tumour, especially during their reproductive years and affecting 20-50% of women this day. As a result of this disease, so many symptoms are found such as irregular and painful menstruation, infertility, anaemia, pressure in the urinary bladder, abortions, recurrent pregnancy loss, lower abdominal or pelvic pain & abdominal enlargement etc. & also true 75% cases are asymptomatic <sup>[2]</sup>. This tumour is composed of smooth muscle. An estimated 70-80% of women will have a cyst in their lifetime <sup>[3]</sup>. The distribution of OC is broad as Follicle Cyst (75%), Corpus Luteum Cyst (15%), and other types of ovarian cysts include dermoid cysts, cystadenomas & endometriomas (10%). The incidence is twice more common in white women than in black. The prevalence rate is approx. 1 in 20 or 13.6 million women globally [3]. The aetiology is not clearly known but the tumour is oestrogen dependent with oestrogen receptors and develops during reproductive age. Heredity is a factor as it runs in families. Risk factors primarily include a) Age with an increasing incidence as women approach Perimenopause and b) African-American race c) positive family history (having a family member with Cyst increases the risk by 3 times), d) obesity (there is 2.3 times increased risk in women with BMI > 25.4 kg/m<sup>2</sup>) etc <sup>[4]</sup>.

The diagnosis of OC is confirmed by Pelvic Ultrasound and its management is controversial. Available treatments for OCs include medical therapies, surgery, and newer options such as MRI-guided focused ultrasound (MRgFUS) <sup>[5]</sup>. The proper treatment for each individual patient will depend on the patient's age and desire to retain ovaries and future fertility. Medical therapies are considered as the first-line treatment but their long-term uses develop adverse effects & Post-surgical complication is very dangerous for the patient <sup>[5]</sup>.

Homoeopathic treatment has been very fruitful and convenient. These Myomas (Tumour, cyst) can be dissolved with the help of homoeopathic medicine. While taking homoeopathic medicine women may continue their homework, they may save money and their operation may be avoided as well.

As for operation is concerned it makes the patient bodily, mentally and economically tensed. If such patients are given homoeopathic treatment, they cannot only be cured of the disease but they can keep themselves physically and mentally fit and avoid monetary burden also.

### Patient Information

A 21-year-old, Hindu, unmarried woman from middle-class status family present at O.P.D of Kharagpur Homoeopathic Hospital. Her chief complaint was painful irregular menstruation with drowsiness. She was suffering from severe pain in the right iliac fossa & lumbar region. The character of pain was stitching, cutting & gradually increasing. Pain starts 1 to 2 days prior to menstruation & ended after 3 to 4 days of menstruation.

### Past History

She has been suffering from Chickenpox since the age of 12 years. Treated homoeopathically. There was no history of palliation.

### Family History

Her mother was suffering from gout problems & Father was suffering from hypertension.

### Mental Symptom

Affection of the mind in general; dizziness of the mind. Anguish & uneasiness, esp. when alone, or in stormy weather. Great indifference to everything, great forgetfulness in the morning.

### Physical General

She was tall, slender & bright. Her appetite was Moderated & Desire Spicy food, salted things, cold food, ice cream, meat & Aversion- to tobacco smoke. Her Thirst was moderated (1-2 liter/ day)/Thirstlessness. Her Tongue was dry, swollen, and chalky yellow coated. She was always chilly, her upper lip sweated & her urine was always normal, specially stool was constipated & stool was knotty hard, small, and difficult to evacuate. She sleeps well enough/Normal, there was no specific Dream. She was a Hot patient.

**Miasmatic Milestone:** Psorico- sycotic.

### Menstrual History

Painful Irregular menstruation with heavy bleeding, flow, bright red & Pain in right iliac fossa with rt. lumbar region. The pain started before 1 or 2-day prior to menstruation & gradually increased. Pain stops after 2 or 3 days of post menstruation period. Sometimes Periods may last longer than normal. After menses: weakness, blue circles around both eyes along with shooting headaches.

### General Survey

The patient was conscious, alert, and cooperative. Clinically, mild pallor was observed; cyanosis, oedema, jaundice, or clubbing were not detected. She was thin, slender & tall built and her weight was 45 kg.

### On examination and Diagnostic assessment

A careful, systematic examination of the abdomen was essential. While right lower quadrant tenderness to palpation was the most important physical examination finding. The abdominal examination should begin with an inspection followed by auscultation, and gentle palpation (beginning at a site distant from the pain). Pelvic and/or transvaginal ultrasound revealed it was found to be a case of a large OC. She had taken treatment from Gynaecologist for spontaneous conception from 2014 to 2016 off and on. It was found that there was no other significant pathological cause or reproductive factors (male factors, tubal, Uterus and hormonal factors) for failure to conceive except Ovarian Cyst.

### Totality of Symptoms

A detailed case taking was done to construct the totality, as per principles of Homoeopathy. The following characteristic symptoms were considered for drug selection:

- Dizziness of the mind.
- Anguish & uneasiness, esp. when alone, or in stormy weather+++
- Forgetfulness in the morning.
- Stool constipated & Stool was knotty hard, small, and difficult to evacuate.
- Painful Irregular menstruation with heavy bleeding, bright red++
- Pain in right iliac fossa++ with rt. lumbar region.
- Periods that may last longer.
- After menses: weakness, blue circles around both eyes.
- After menses: shooting headaches.
- Desire: meat+++ , ice cream+++ , Hot food++ , Salted things++
- Aversion- to tobacco smoke++
- pain was stitching++ , cutting++ & gradually increased++
- Tall, slender & bright++
- H/C relation: Chilly ++

### Choosing the drug

Homoeopathic remedies were purely chosen on the basis of Totality of Symptoms & Prescribed by the "A Dictionary of Practical Materia Medica" by John Henry Clarke [6]. The homoeopathic Similimum Phosphorus was prescribed on the basis of symptom similarity, individualisation, and miasmatic analysis with the holistic concept of Homoeopathy. Treatment was started with constitutional homoeopathic medicine Phosphorus with increasing potencies (30CH, 200CH, 1M) and after that complementary medicine Silicea was given (200CH, 1M), completed with miasmatic drug *Thuja* (1M, 10M) [6, 7].

The final outcome and possible causal attribution of the changes, in this case, were assessed using the 'Modified Naranjo Criteria' as proposed by the HPUS Clinical data Working Group [8]. The total score of the outcome as per the Modified Naranjo Criteria was 09, which was close to the maximum score of 13 [9]. This explicitly shows the positive causal attribution of the individualized homoeopathic treatment towards this case of Ovarian Cyst.

**Table 1:** Total Follow up

Consultation	Date	Medicine	Doses	Improvement
1 <sup>st</sup>	07/07/2014	Phosphorus 30 Sac Lac 200	3 doses OD& BD 20 days	Pain abdomen Slightly Decreased
2 <sup>nd</sup>	06/08/2014	Phosphorus 200 Sac Lac 200	1 dose OD& BD 20 days	Pain Decreased
3 <sup>rd</sup>	08/09/2014	Phosphorus 1M Sac Lac 200	1 dose OD& BD 20 days	Pain Subside but sometimes pain occurs
4 <sup>th</sup>	25/09/2014	Sac Lac 1000	BD 25 days	Generally, no pain
5 <sup>th</sup>	07/10/2014	Silicea 200 Sac Lac 200	1 dose OD BD 20 days	Stool 1-2 days interval and stool hard & Pain in the abdomen during menses.
6 <sup>th</sup>	10/11/2014	Silicea 1M Sac Lac 200	1 dose OD BD 20 days	Stool normal but 1-2 days interval, Cough, sore throat& Pain was ameliorated
7 <sup>th</sup>	09/12/2014	Sac Lac 1000	BD 30 days	Stool, menses regular and normal
8 <sup>th</sup>	10/01/2015	Sac Lac 1000	BD 30 days	Stool, menses regular, Thirst increased
9 <sup>th</sup>	12/02/2015	Sac Lac 2000	BD 30 days	Appetite Increased
10 <sup>th</sup>	14/04/2015	Thuja 1M Sac Lac 200	1 dose OD BD 20 days	Appetite good, During menses tiredness, restlessness in leg
11 <sup>th</sup>	15/05/2015	Sac Lac 200	BD 30 days	No new complaints
12 <sup>th</sup>	17/08/2015	Sac Lac 1000	BD 30 days	No Complaints
13 <sup>th</sup>	14/10/2015	Thuja 10M Sac Lac 200	1 dose OD BD 30 days	During menses tiredness is present & no others complain
14 <sup>th</sup>	16/12/2015	Sac Lac 200	BD 30 days	No Complaints
15 <sup>th</sup>	05/02/2016	Sac Lac 1000	BD 30 days	No Complaints
16 <sup>th</sup>	10/04/2016	Thuja 10M Sac Lac 200	1 dose OD BD 30 days	No Complaints
17 <sup>th</sup>	12/07/2016	Sac Lac 200	BD 30 days	No Complaints

**Table 2:** Total Naranjo Score

SL.NO	Item/ Question	Yes	No	Not sure or N/A
01	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
02	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
03	Was there an initial aggravation of symptom? (Need to define in glossary)	+1	0	0
04	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1	0	0
05	Did overall wellbeing improve? (Suggest using a validated scale)	+1	0	0
06 (A)	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
06 (B)	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards.	+1	0	0
07	Did old symptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
08	Are there alternate causes (other than the medicine) that-with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant intervention)	-2	+1	0
09	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+1	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+2	0	0
Total score = Maximum score=13 Minimum score=02		Score=10		

The interpretation of the total Naranjo Score predicting drug action is as follows: Total scores range from -4 to +13; the reaction is considered definite if the score is 9 or higher, probable if 5 to 8, and possible if 1 to 4, and doubtful if 0 or less.

### Follow-ups & outcomes

The evidence of OC have been submitted as images (Before

and after treatment) as follows: -

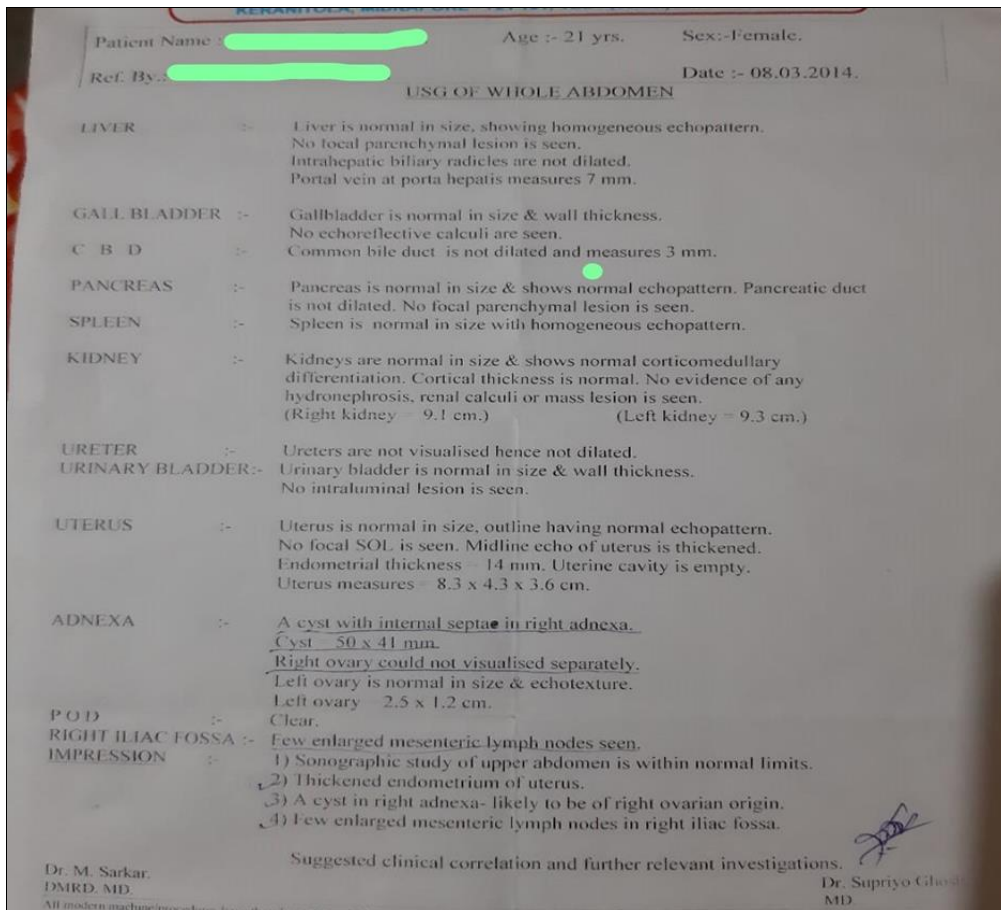


Fig 1: (Before Treatment)

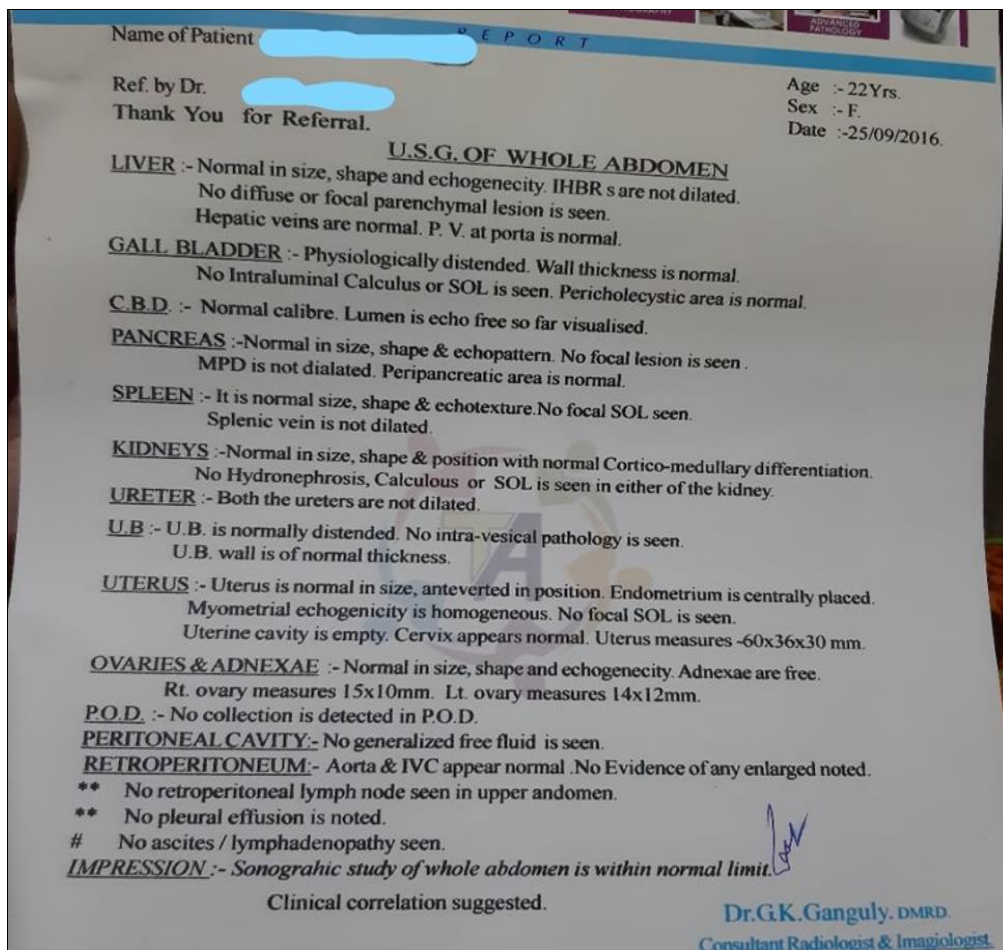


Fig 2: (After Treatment)



## Discussion

Cases of the Ovarian Cyst are increasing globally. So, early detection of Cysts and their treatment is necessary to maintain the health of women. OC affect a woman's quality of life, as well as her fertility and gynaecological outcomes. Some studies show that those who are pregnant along with OC, suffer infertility & the rate is a significant discrepancy in the pregnancy rate for infertile women (11% with Cysts versus 25% without Cysts) and removing the Cysts increased the pregnancy rate from 25% to 42% [10, 11]. Modern treatments for OCs include medical therapies, surgery, and newer options such as MRI-guided focused ultrasound (MRgFUS) but their long-term uses develop adverse effects & post-surgical complication is very dangerous for the patient [12, 13, 14]. Whereas taking homoeopathic medicine women may continue their homework, they may save money and their operation may be avoided as well. This case was a perfect example of avoiding surgery & significant due to its huge ovary & ovarian cyst size recovered with the individualized constitutional homoeopathic treatment [15, 16, 17]. We followed the CARE guideline for reporting the outcomes [18]. Before treatment, the endometrium thickness was 14 mm & ovary 50 × 41 mm & According to symptom similarity Phosphorus 30, Sac Lac 200 was given. After that potency was increased up to Phosphorus 1M & other complaints were ameliorated gradually. In the 5<sup>th</sup> follow up patient complained were appear like, constipation & pain during menses. So, Silicea 200 was given due to its followed well by Phosphorus & Continued Silicea 1M up to the next follow-up & complaints were almost ameliorated. In the 10<sup>th</sup> follow up the patient was feeling restlessness & tiredness during menses. In that circumstance, we were given *Thuja occident 1M* due to its miasmatic nature of anti-sycotic & remove the miasmatic blockage of OC. *Thuja* continued up to 10 M when all complaints were ameliorated & Sac Lac given because we observed that any complaints still persist or not. So, in the 17<sup>th</sup> follow-up, we clearly understand that patient felt confident & better about her gynaecological complaints. We showed in the USG report that no focal SOL in the myometrium & both ovaries were normal in size. We also use the modern Naranjo Score for predicting drug action & the score was 10 out of 13. This case clearly shows that a OC surgical case was recovered by the treatment of Homoeopathic remedies without complications & side effects.

## Conclusion

This case report has shown that constitutional individualized homoeopathic medicines can also recover Ovarian Cyst without any complications & side effects. Homoeopathy can be a good alternative treatment for the management of Ovarian Cyst. Further RCTs with long follow-ups need to be conducted for beneficiary homoeopathy.

## Declaration of patient consent

The author certifies that she has obtained the appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published.

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## Conflicts of interest

None declared.

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Nil

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