



EFFICACY OF HAHNEMANNIAN SYSTEM OF MEDICINE IN HAEMORRHAGIC OVARIAN CYST - AN EVIDENCE BASED CASE STUDY

Dr. Vaidehi Bhatt,

Assistant Professor,
Department of Homoeopathic Pharmacy,
Rajkot Homoeopathic Medical College, Parul University, Rajkot, Gujarat, India

Abstract : An ovarian cyst is usually a relatively large, fluid-filled cystic structure (diameter greater than 3 cm) that originates from the surface or inside the ovary. Ovarian cysts can be simple or complex, depending on their internal material. Haemorrhagic ovarian cysts (HOCs) are commonly seen in clinical practice. Most of them resolve naturally during follow-up except in a minority of cases in which surgical intervention is needed. Ovarian torsion indicates partial or complete rotation of the ovary and a portion of the fallopian tube along its supplying vascular pedicle. It usually occurs in the reproductive age group, more on the right side (about 60%), and often presents with acute lower abdominal pain lasting for a few hours to 24 hours. It is one of the harmful conditions, hampering blood supply of ovary which may rise to overall necrosis of ovarian tissue and other difficulties, if not identified and managed in time. I present a case of a haemorrhagic ovarian cyst managed with homoeopathic medicines.

Index Terms - Haemorrhagic ovarian cysts, surgical intervention, homoeopathic medicines

I. INTRODUCTION

Ovarian cyst is any collection of fluid surrounded by a very thin wall with in an ovary. Any ovarian follicle that is larger than about 2cms is termed as ovarian cyst. Such cyst ranges in size from as smaller as pea to larger than an orange. Ovarian cyst affects women of all ages especially child bearing age.

II. CLASSIFICATION

Ovarian cyst are classified according to whether they are a variant of a normal menstrual cycle called functional cyst or a non – functional cyst.

Non – functional cyst may include –

- | | |
|----------------------|-----------------------|
| • Follicular cyst | • Thecal cyst |
| • Chocolate cyst | • Dermoid cyst |
| • Corpus luteum cyst | • Para ovarian cyst |
| • Hemorrhagic cyst | • Cystic adenofibroma |

Haemorrhagic cyst – It occurs when the small blood vessels in the wall of an existing cyst rupture and fill the cyst with blood.

III. SIGNS & SYMPTOMS

- ABDOMEN – Dull aching pain with in the abdomen or pelvis
- UTERINE bleeding –irregular periods. Pain during or shortly after beginning or end of menstrual periods.
- Fullness heaviness bloating in abdomen.
- Change in frequency or ease of urination.
- Difficulty with bowel movements due to pressure on pelvic anatomy.

IV. Case presentation

- Patients Name – Mrs. ABC
- Address – Rajkot
- Age – 26 years.
- Sex – Female.
- Marital Status – Married.
- Parity – P 1+0.

- Socio-economic group – Lower.
- Religion – Hindu.
- Occupation – Housewife.
- Weight – 51 kgs.
- Height – 4’10”
- B.P. – 110/70 mm of Hg.

V. Presenting complains

Main complains –

- (Location and Duration) – Right lower abdominal pain off and on since 2- 3 months.
- (Sensation) – Throbbing in nature with much sensitiveness.
- (Modalities) - < By motion, jar, pressure and mental tension. > By rest and lying on back for some time.
- (Concomitant) – The pain was accompanied with much flatulence > by flatus.

Other complains –

- Dysmenorrhea since 1 year. Pain especially before menses, in thighs, back and lower abdomen.
- Mild to moderate headache off and on since marriage. (Unspecific regarding location, sensation and modalities.)
- Moderate hair loss since 2-3 years.

VI. Patient as a person

Appetite -Diminished

Craving - Salty food. (H/o salt intake +)

Thirst - 6-8 glasses/day.

Tongue - Coated and moist.

Urine - Normal

Bowel - 1-2 times/day, formed, unsatisfactory.

Sleep - Disturbed. Sleeps late.

Dreams - Events of day.

Perspiration - Normal (non-offensive and non-staining)

Palms and Soles - Dry and warm (no heat, burning or sweating).

Thermal - Hot (likes winters). Likes Fan, aversion to covering, bathes daily.

Habits - Tea 5-7 cups daily.

VII. Menstrual History

- Menarche at the age of 14 years.
- Irregular in first 3-4 years after menarche. Regular (28-29 days), flow profuse (3-5 days), clotted, offensive, painful++ (since last 2-3 years)
- L.M.P. 28-06-19.
- H/o use of OCP 1 year back.
- No discharge P/V.

VIII. Obstetrical History

- P1+0, FTNHD 2 years back.
- Uneventful Pregnancy.

IX. Past History

- Recurrent tonsillitis in childhood.
- Milestones: Normal.
- Vaccination: Normal.

X. Family History

Father - Hypertension (rest Normal).

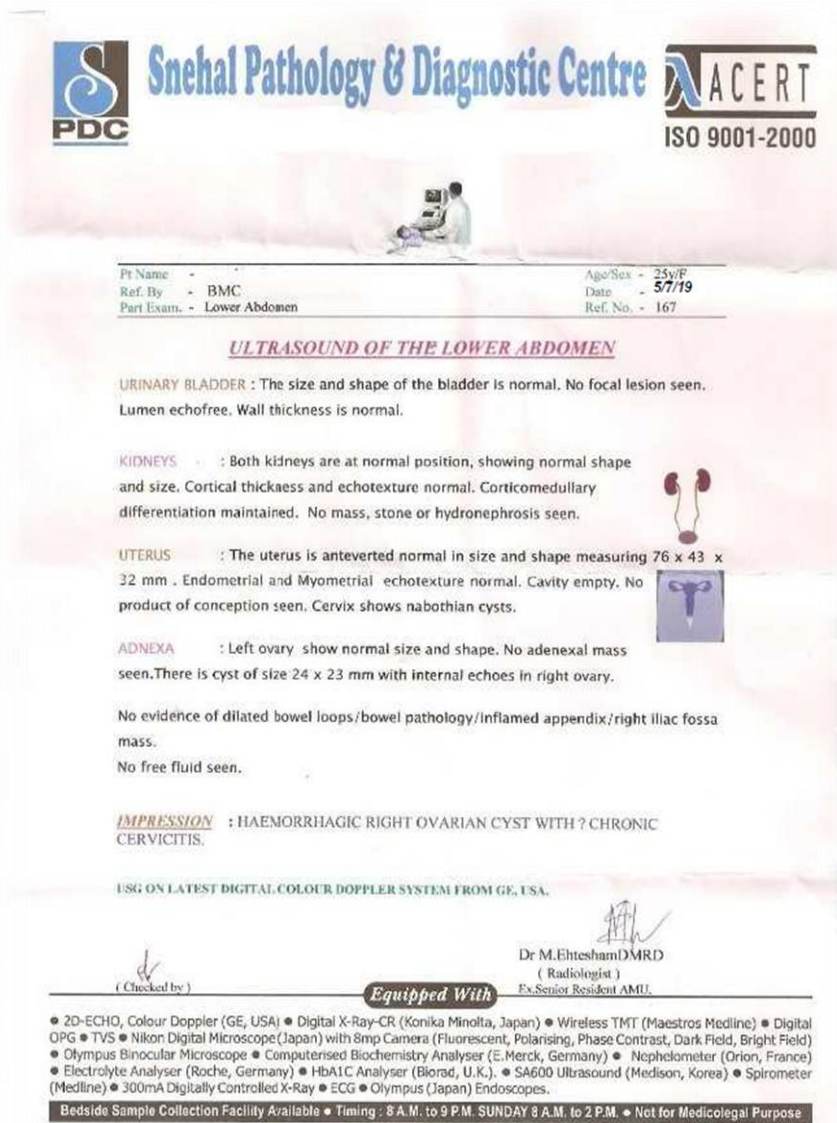
XI. Physical Examination

- General physical and systemic examination was normal.
- Tenderness was present all over lower abdomen especially Right Iliac Fossa.
- No organomegaly was present.

XII. Life Space

- Born and brought up in Gondal.
- Father was a driver, mother housewife.
- Patient was eldest of 3 siblings, all sisters.
- Educated in Gondal, completed Graduation despite financial difficulties.
- Was an average student.
- Took the job of a teacher after completing Graduation for few months.
- Married 3 years back.
- Husband works as a receptionist in a Private Clinic.
- Since marriage living in a joint family with 12 members.
- Presently wants to pursue her job to which in-laws disagrees.

- She remained upset because of mother in law as she was short-tempered, dominating, insulting and even abusive at times.



XIII. Daily Routine –

- Woke up early around 5:00 am.
- Helped husband who left for work around 8:00 am.
- Took breakfast around 11:00 am.
- Had lunch around 3:00 pm.
- Was able to take a nap for half an hour occasionally if the baby is asleep.
- Only able to eat dinner after 10:00 pm.
- Was able to sleep after 11:30 pm.

XIV. Mind

- Irritability 3+,
- Solitude desires (now),
- Consolation aggravation,
- Fastidious 2+,

- Anger suppressed,
- Weeps when alone.

XV. Miasmatic Analysis
Miasm – Sycotic

XVI. INVESTIGATION

- ULTRASONOGRAPHY OF PELVIS DATE (05-07-19):
- HAEMORRHAGIC RIGHT OVARIAN CYST MEAS. 24 x 23 MMS.
- CERVIX SHOWS NABOTHIAN CYSTS.
- ? CHRONIC CERVICITIS.

XVII. ANALYSIS AND EVALUATION OF SYMPTOMS :-

Chapter	Rubrics selected	Symptoms
Mind	Ailments from silent grief	Mental General
Mind	Ailments from mortification	Mental General
Mind	Ailments from anger suppressed	Mental General
Mind	Ailments from honor wounded	Mental General
Mind	Irritability	Mental General
Mind	Company aversion to	Mental General
Mind	Consolation aggravates	Mental General
Mind	Fastidious	Mental General
Mind	Weeping alone when	Mental General
Generalities	Food and drink, salt desire	Physical General
Female - Genitals	Tumors, cysts, ovaries	Particular

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Ovary ; cysts		+		
Ailments ; silent grief		+		
Ailments ; Anger suppressed		+		

Clipboard 1

1. MIND - AILMENTS FROM - mortification (70) 1
2. MIND - AILMENTS FROM - anger - silent grief, with (28) 1
3. MIND - AILMENTS FROM - anger - suppressed (45) 1
4. MIND - AILMENTS FROM - honor, wounded (20) 1
5. MIND - IRRITABILITY (64) 1
6. MIND - COMPANY - aversion to (28) 1
7. MIND - CONSOLATION - agg. (55) 1
8. MIND - FASTIDIOUS (66) 1
9. MIND - WEEPING - alone, when (10) 1
10. GENERALS - FOOD and DRINKS - salt - desire (150) 1
11. FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts (70) 1

	nat-m.	aur-m-n.	carc.	staph.	lyc.	phos.	aur.	ign.	sep.	ars.	plat.	com.	sulph.	nux-v.	arg-n.	china.	puls.	coloc.	pall.	acon.	anac.	bell.	sil.	thui.	verat.	calc.	graph.	kali-c.	zinc.	merc.	falco-pe.	aloe.	dry.	ph-ac.	alum.	aur-s.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
11	11	10	9	9	9	8	8	8	8	8	8	8	8	7	7	7	7	6	6	6	6	6	6	6	6	6	6	6	6	6	5	5	5	5	5	5	5
30	20	14	21	18	16	13	17	15	13	13	12	12	13	12	12	12	11	15	11	10	10	10	10	10	10	10	9	9	9	9	7	6	11	10	10	9	9
3	2	2	4	3	1	2	3	1	1	1	1	2	2	2	2	2	2	2	4	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3	2	1	3	3	1	1	3	-	1	1	-	-	1	-	1	2	1	2	-	2	-	1	-	-	1	-	-	1	-	-	2	2	1	-	-	-	-
2	2	1	3	3	1	1	2	1	1	-	-	-	-	1	-	1	3	-	1	1	-	1	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-
2	1	1	2	-	1	1	-	-	1	-	1	1	-	1	-	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
3	2	1	3	3	3	3	1	3	3	3	2	3	2	3	2	3	2	2	3	2	3	2	3	3	3	2	3	3	3	2	1	2	3	3	3	2	2
4	2	1	3	2	1	2	3	3	1	2	2	2	3	2	3	2	2	2	2	1	3	2	-	2	1	1	1	-	1	1	2	1	1	2	-	-	-
4	2	2	1	1	2	1	3	4	2	2	1	1	1	1	1	1	-	-	1	1	-	2	3	1	-	1	1	2	1	1	2	-	-	-	-	-	-
2	2	2	-	1	1	1	-	1	3	1	1	1	2	1	-	-	1	-	-	2	-	1	1	-	-	2	2	-	1	3	-	1	2	-	-	-	
2	2	-	-	1	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1	2	1	-	4	-	-	1	-	-	2	1	-	3	-	2	-	-	-	1	-	1	2	4	2	-	-	1	1	2	-	1	-	1	-	-	-
1	2	1	1	1	2	1	-	1	1	2	1	1	-	1	-	1	1	2	2	-	-	1	1	1	-	1	1	1	1	-	1	-	-	-	-	-	-

XVIII. Repertorial Analysis

- Symptoms were selected for Repertorial analysis and the medicines with maximum coverage were –
 - ✓ Natrum mur = 30/11,
 - ✓ Aur – m – n = 20/11,
 - ✓ Carcinosisin = 14/10,
 - ✓ Stapy = 21/9,
 - ✓ Lyco. = 18/9,
 - ✓ Phos = 16/9 and
 - ✓ Aur = 13/09.

Out of these **Natrum muriaticum** was selected.

Justification for first prescription

- Natrum mur was selected as Similimum as it not only covers the maximum no. of symptoms, i.e. 10 but also scores the maximum compared to all other medicines.
- Natrum mur. Covers all the ailments which form the basis of Prescription.
- Although Staphysagria also covers all the ailments, but it scores low against Natrum mur and it neither covers the rubric *weeping when alone* nor has *desire/craving for salt*.
- Ignatia also covers all the ailments but does not cover the important symptom *Fastidious* and also scores low.

XIX. First prescription

Date – 6/07/19

Name of medicine – Natrum mur.

Potency – 200

Dosage – Single dose.

Placebo was given for 2 weeks.

Belladonna 30 (SOS for any episode of pain).

XX. General Supportive care –

- Patient was advised hot fomentation and rest in an episode of pain.
- Although there were no dietary restrictions, patient was advised not to take excessively spicy or fatty food.
- She was advised meditation and light breathing exercise for relaxation and control of stress.
- Since the cyst was benign as evident from Ultrasonography, screening for Cancer (CA 125) was not undertaken.

XXI. First Follow - Up

Date: 22-07-19

Pain in lower abdomen was much better.

There were no new complaints.

Only placebo was given for 2 weeks.

She didn't use Belladonna which was given for pain.

Second Follow - Up

Date – 08-08-19

L.M.P. 28-07-19, flow much better with no clots.

Dysmenorrhea (pain during menses) much better.

No episode of pain since July 2009

Placebo repeated for 2 weeks.

Third Follow - Up

Date – 23-08-19

Presently asymptomatic.

Headache too didn't returned from July 2009.
Placebo repeated for 2 weeks.

Fourth Follow - Up

Date – 11-09-19

Patient returned with Ultrasonography report which she underwent herself without consulting or being advised by me.

Since she felt perfectly normal she now wanted to stop treatment.

L.M.P. 27-08-19 with normal flow and no pain.

Headache too didn't return.

Follow up investigation –

Ultrasonography (10-09-19) – No adnexal mass





SHIKHAR DIAGNOSTIC CENTRE

2733629
4017642

EQUIPPED WITH WHOLE BODY DIGITAL COLOUR DOPPLER SYSTEM & 3D ULTRASOUND

Patient Name :
Referred By : Dr. Vaidehi Bhatt

ID No: 46945
Date : 10/09/2019

ULTRASOUND PELVIS

Urinary bladder is well distended. Walls are normal in thickness. No evidence of any focal mass is seen in urinary bladder. No calculus shadow is seen.

Uterus is antverted. It is normal in size and shape. It measures 62x33x40mm in longitudinal, anteroposterior and transverse diameters respectively. Margins are smooth. Myometrial echo texture is normal. No focal mass is seen in uterus. Endometrial echoes are centrally placed. Endometrial echoes are normal in thickness. No fluid collection is seen in endometrial cavity.

Both Ovaries are normal in size and shape. Rt ovary measures 21x13mm in size. Lt ovary measures 19x11mm in size. Echo texture is normal. No adnexal mass or pathology is seen on either side. Pouch of Douglas is free.

High resolution sonography was done for the evaluation of right iliac fossa. No evidence of appendicitis is seen. No collection or mass is seen.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

No significant abnormality is seen in uterus and adnexae.

Dr. Nidhi Mittal
MD (Radio Diagnosis)

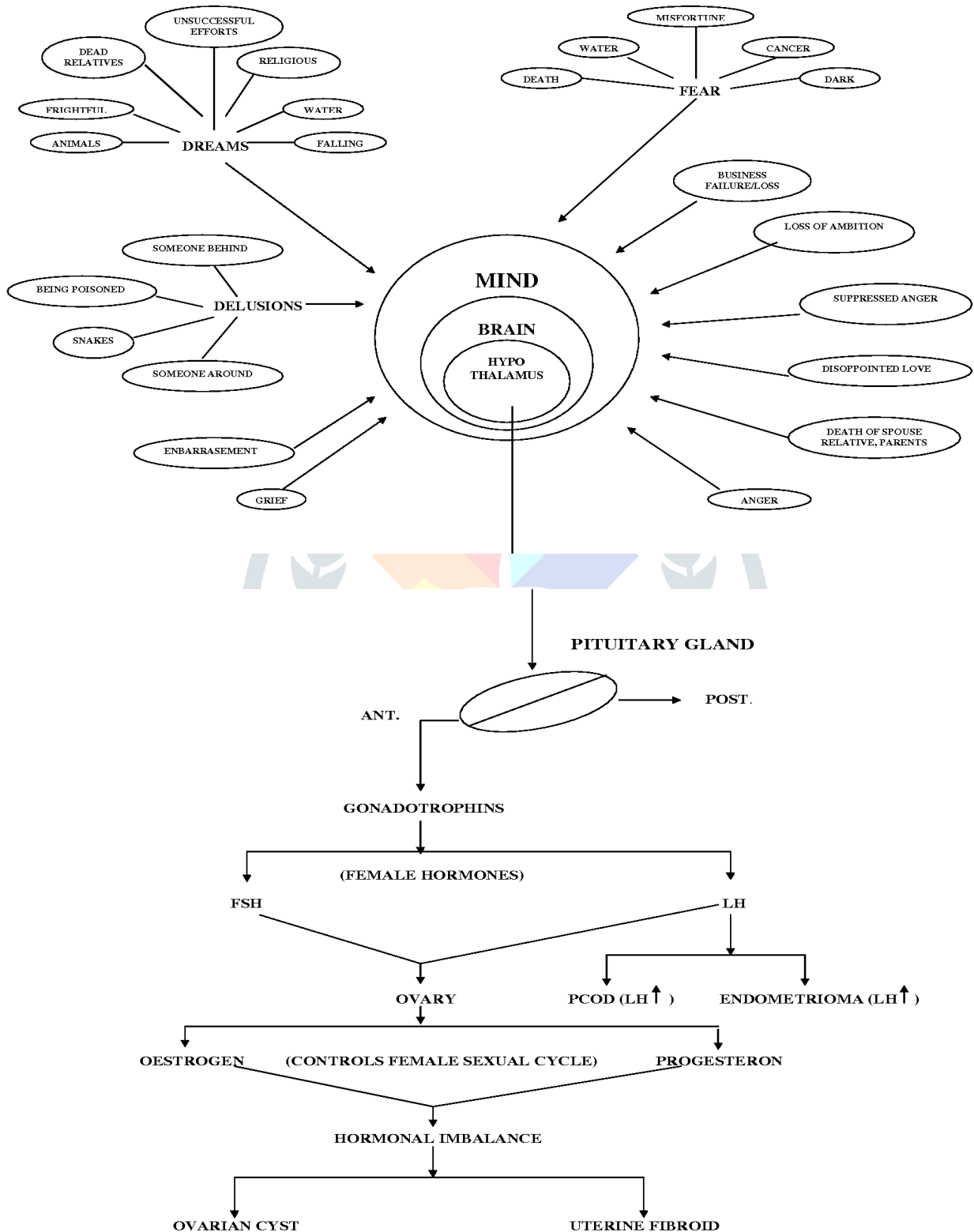
FACILITIES : General Ultrasound, High Resolution Ultrasound, Whole Body Colour Doppler, Advanced 3D, Extended Field of View (Panoramic) Sonography, X-Ray, Pathology, Endoscopy, Allergy Testing, PFT, ECG

Opinion to be correlated Clinically, Not Valid for Medicolegal Purpose.
Timing :- 8:30 A.M. to 8:30 P.M. Sunday 8:30 A.M. to 2:00 P.M.

XXII. Conclusion

In conclusion, the results of the present study would indicate that proper selection of the homeopathic remedy matching the totality of symptoms and in consultation with the Synthesis Repertory can remove cysts from the ovary without any surgical intervention and this can serve as an alternative option, at least in patients where surgery also has some risk or undesirable. This can curtail cost of treatment for the economically under-privileged section of the people as well, particularly residing in remote areas where medical amenities and infra-structural facilities for doing surgery are by and large are still unavailable.

XXIII. Mental factors leading to ovarian cyst



REFERENCES

- [1] Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of the Materia Medica with nosodes. (2nd edn), B Jain Publishers Pvt. Ltd., New Delhi, India. 2002.
- [2] Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory: Comprising of the Characteristic and Guiding Symptoms of All Remedies (clinical and Pahtogenetic [sic]) Including Indian Drugs. 2nd edn. Jain Publishers (P) Ltd., New Delhi, India. 2002.
- [3] Kent JT. Lectures on Homeopathic Materia Medica: Together with Kent's "new Remedies" Incorporated and Arranged in One Alphabetical Order. 2nd edn. B Jain Publishers Pvt. Ltd., Noida, India. 1985.
- [4] Das D, Das I, Das J, et al. Efficacy of two traditionally used potentized homeopathic medicines, Calcarea carbonica and Lycopodium clavatum, used for treating PCOS patients: I. Effects on certain important external guiding symptoms. TANG [HUMANITAS MEDICINE]. 2016;6(1):1–6.
- [5] Das D, Das I, Das J, et al. Efficacy of two commonly used potentized homeopathic drugs, Calcarea carbonica and Lycopodium clavatum, used for treating polycystic ovarian syndrome (PCOS) patients: II. Modulating effects on certain associated hormonal levels. TANG [HUMANITAS MEDICINE]. 2016;6(1):1–7.
- [6] Banaszewska B, Spaczyński RZ, Pelesz M, et al. Incidence of elevated LH/FSH ratio in polycystic ovary syndrome women with normo- and hyperinsulinemia. Roczniki Akad Med Białymst. 2003;48:131–134.

