Part 1 - Original Articles

Section-1 : Comprehensive Articles

Homeopathic Management of Ovarian Cysts – Case Reports

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Abstract

Introduction: Ovarian cysts are fluid filled sacs appearing in ovaries after ovulation. These ovarian cysts or adnexal masses range from normal physiological cysts (follicular or luteal cysts) to ovarian malignancy. The ovarian cyst can occur at any age group and are more common in females of reproductive age group. In an Indian case study, among 112 cases of ovarian tumors, 34.8 % cases were malignant and 65.2% cases were benign. 69.6% of the tumors were benign and 30.3% were malignant in girls >15 years of age. Ovarian cysts are classified into 2 types physiological and pathological. Follicular cysts and luteal cysts are included under physiological cysts. Pathological cysts or ovarian tumors may be of benign, malignant or borderline nature. Homeopathic treatment has marvellous effect in treatment of female reproductive diseases without causing much harm to the patients.

Conclusion: These two cases prove that homoeopathy is effective in treatment of ovarian cyst when it is treated based on the law and principles of homeopathy with minimum dose and potency.

Key words: Ovarian cysts, follicular or luteal cysts, homoeopathy, dose and potency.

Introduction:

Ovaries are almond shaped, grayish female intraperitoneal organ producing female gametes (oocytes) and hormones (progesterone and estrogen). It is attached to uterus via utero-ovarian ligament and pelvic side wall by infundibulopelvic ligament or suspensary ligament. Blood supply to ovaries is by ovarian artery and venous drainage is via right ovarian vein. During reproductive age ovaries produce a dominant follicle each month and are released during ovulation.[1]

Ovarian cysts are fluid filled sacs appearing in ovaries after ovulation. These ovarian cysts or adnexal masses range from normal physiological cysts (follicular or luteal cysts) to ovarian malignancy. [2] The ovarian cyst can occur at any age group and are more common in females of reproductive age group. Risk factors for ovarian cyst include drugs (tamoxifen, gonadotrophin), cigarette smoking, hypothyroidism and tubal ligation.[1]

The actual prevalence of ovarian cysts is unknown, as most of them are asymptomatic and remain undiagnosed. About 7% of women suffer from ovarian cyst at some point of life worldwide, and based on the study in Europe it is identified around 21.2% of ovarian cyst among healthy postmenopausal women. [3]About 4% of women after 65 years of age are identified with ovarian cyst. Among the ovarian cysts in postmenopausal women 2.5% were of simple unilocular adnexal cyst. Cystic teratomas or dermoids constitute more than 10% of overall ovarian neoplasms.[1]

Ovarian cysts are identified as the most common fetal and infant tumor, with a prevalence of more than 30%. As per the reports on December 20th, 2018, the incidence of ovarian carcinoma is approximately 15 cases per 100,000 women in each year worldwide. [4] In an Indian case study, among 112 cases of ovarian tumors, 34.8 % cases were malignant and 65.2% cases were benign. 69.6% of the tumors were benign and 30.3% were malignant in girls >15 years of age. Among benign neoplasms, mature cystic teratoma (27.6%) was the most common type of tumour in all age groups.[5]

Ovarian cysts are classified into 2 types physiological and pathological. Follicular cysts and luteal cysts are included under physiological cysts. Pathological cysts or ovarian tumors may be of benign, malignant or borderline nature. Benign ovarian cysts are common among young age group whereas malignant cysts are common among elderly age. Most of the ovarian cysts are asymptomatic. The commonest

symptoms include nausea, vomiting, pelvic pain, dysmenorrhea, and dyspareunia, or breast tenderness, fullness and heaviness in the abdomen and frequency and difficulty in emptying the bladder.[6]

Ovarian cysts may cause hemorrhage, rupture, or torsion.[6] Ovarian torsion with huge ovarian cyst can present with tachycardia and tenderness.[6,7,8] Most of the ovarian cysts are benign in nature, but can turn into malignancy in later stages.[9] The ovarian cysts are diagnosed by three-dimensional sonography, magnetic resonance imaging (MRI), and computed tomography (CT). Serum CA-125 is a tool to find out the malignant state of ovarian tumors.[3]

Homeopathy is a holistic system of medicine based upon the principle of “Similia Similibus Curenter” which means “let likes be treated by likes”.[11] Homeopathic treatment has marvelous effect in treatment of female reproductive diseases without causing much harm to the patients. According to Abhisake Sabud and Abhinandan Das, Phosphorus, Thuja and Silicea are the most common remedies having marked action on reduction in size of ovarian cysts.[12] For hemorrhagic ovarian cyst, Lachesis was found effective as per the report of Aman Deep.[13] Other beneficial remedies found in ovarian cyst include Lachesis, Natrum muriaticum and Lycopodium[13,14,15,16]

Case History

Two patients who had visited Practice of Medicine OPD of NHRIMH, Kottayam, Kerala with symptoms and diagnosis of ovarian cysts were treated with individualized ho moeopathic medicines. The details of both the cases are given below.

Case 1

A 19-year-old female patient, presented with complaints of severe dysmenorrhoea, irregular menses, colicky and occasional burning pain in upper abdomen since 2-years. Abdominal pain worse after food and better by lying on abdomen. Patient had taken conventional treatment for 1 year but got only temporary relief. Had past history of eczema and got relieved by homoeopathic treatment. Her appetite was good, thirstless. She had desire for chicken and spicy food, aversion to milk, intolerance to beef (causes urticaria), sweat more on forehead and dreams of accident. She is thermally hot. She had desire for company, fear of darkness, sensitiveness and interested in artistic works.

17/06/2022-USG-multiple gall bladder calculi, benign right ovarian cyst 3.2 x 2.2cm, mild polycystic changes.

Repertorization chart:

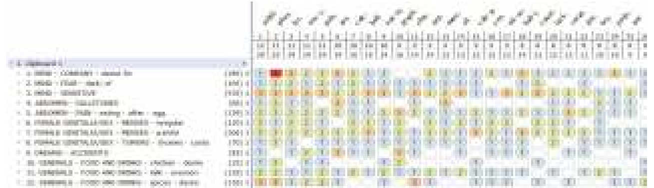

Figure 1 : Repertorization chart (Case1)

Based on the above totality, repertorization was done (Figure 1), by cross reference with Materia medica Pulsatilla was administered to the patient.

Follow up :

S. No	Date	Symptoms	Medicine
1	27-06-22	LMP-23-03-22, flow scanty, duration-1 day dysmenorrhoea present, burning pain in abdomen present <evening	Rx. Pulsatilla 200/4 dose (weekly once) 1-00. BT 1-1-1 for 1 month
2	18-07-22	LMP-30-06-22, duration 3 days, clots present, dysmenorrhoea on first day, pain in abdomen persist.	Rx.Sac lac/4 dose (weekly once) 1-00. BT 1-1-1 for 1 month
3	08-08-22	LMP-30-06-22, burning pain in abdomen reduced	Rx. Pulsatilla 200/8 dose (weekly twice) 1-00. BT 1-1-1 for 1 month
4	05-09-22	LMP-23-08-22, duration 3 days, clots present, flow normal, dysmenorrhoea present but reduced in intensity	Rx. Pulsatilla 200/8 dose (weekly twice) 1-00. BT 1-1-1 for 1 month
5	03-10-22	LMP 24-09-22, duration 3 days, clots absent, stringy discharge, moderate dysmenorrhoea on the first day, abdominal pain relieved.	Rx. Pulsatilla 200/4 dose (weekly once) 1-00. BT 1-1-1 for 1 month
6	07-11-22	LMP 01-10-22, duration 3 days, flow normal, mild dysmenorrhoea on first day	Rx. Pulsatilla 200/4 dose (weekly once) 1-00. BT 1-1-1 for 1 month
7	12-12-22	LMP 18-11-22, duration 5 days, mild dysmenorrhoea on first day, generals good.	Rx. Pulsatilla 200/4 dose (weekly once) 1-00. BT 1-1-1 for 1 month

SCANRON

ISO

Figure 2: Ultra sound report – Before treatment (Case 1)

SCANRON DIAGNOSTICS

Name : (19yrs / Female)
Doctor : Dr.Sidharth
Sc No : 11802
Result Date:01/10/2022

Usg abdomen /pelvis

Liver: Normal size(12.8cm)and echotexture.
No evidence of focal lesions.
No evidence of Intra hepatic biliary dilatation.
Portal vein/ hepatic veins / CBD within normal limits.
Gall Bladder: Distended and shows multiple(7-8 in numbers) calculus largest measuring about 6mm.
No e/o wall thickening/pericholecystic collection.
Pancreas: Normal size and echotexture. No e/o focal lesions.
No e/o calcification/duct dilatation.
Aorta and IVC: Normal.
Para aortic area: No evidence of lymphadenopathy.
Spleen: Normal size and echotexture. No e/o focal lesions.
Kidneys: Right kidney -8.8x4.5 cm, Left kidney -9.5x4.3 cm.
Normal size and echotexture bilaterally.
No e/o hydronephrosis / calculi / focal lesions bilaterally.
Bladder: Distended. No e/o wall thickening /mass lesion/diverticuli/calculi.
Uterus: Measures -5.6x3.4x3.2cm.Normal size and echotexture.
No e/o focal lesions.Endometrium -6mm
Ovaries: Right ovary-9ml,Left ovary-9ml
Multiple small follicles(more than 8 on each side and less than 6mm in size)are noted in both ovaries mainly arranged towards the periphery.
No e/o adnexal mass lesions.
Visualized small bowel loops are normal sized and show normal peristalsis. No e/o mass / collection.
No e/o free fluid in abdomen/ pelvis.

IMPRESSION
1. Cholelithiasis.No evident features of cholecystitis
2. Both ovaries shows mild polycystic changes
3. Uterus appears normal.No focal lesions
4. Endometrium -6mm

(As compared to previous USG the cyst in right ovary has completely resolved)

Kindly correlate clinically

Figure 3: Ultra sound report – After treatment (Case 1)

Case 2

A 48-year-old female, presented with complaint of backpain and mood swings associated with menses. Back pain occurs 2 days before menses, worse by movement and relieved by menstrual flow. LMP-April 2022, of 3 days duration, with moderate bleeding. Patient was diagnosed with ovarian cyst for 8 years. She took allopathic medications for a short duration of 3 months, and was doing follow up imaging studies every year. Her recent USG dated -11/07/2022- revealed 3.9 x 2.2 x 2 cm thin-walled right ovarian cyst, grade 1 fatty liver changes. Known case of Type 2 diabetes mellitus for 7 years and under allopathic medications.

Past history of chicken pox, typhoid, hepatitis and umbilical hernia which was surgically treated.

Generalities - Desire for egg and milk, aversion to sweets, intolerance to flatulent food, hard stools, profuse perspiration, thermally hot. Mentally she had anticipatory anxiety and easily angering nature.

Repertorization chart :

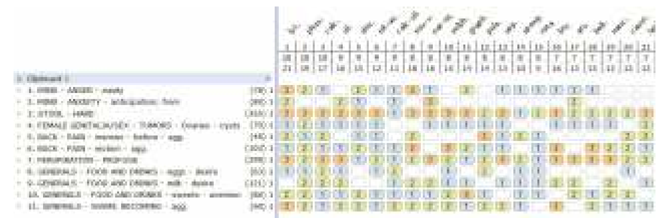

Figure 4 : Repertorization chart (Case2)

Based on the above totality, repertorization was done (Figure 4) and with Materia medica cross reference Bryonia alba was administered to the patient

Follow up:

S. No	Date	Symptoms	Medicine
1	19-07-22	Low back ache extending to heels ‹ standing › rest, constipation, hair fall	Rx. Bryonia 30/2 dose (weekly once). 1-00. BT 1-1-1 for 15 days.
2	01-08-22	Low back ache reduced, constipation present, hair fall persist	Rx. Bryonia 30/8 dose (weekly twice) 1-00. BT 1-1-1 for 1 month
3	05-09-22	low back ache reduced, thirst increased, stool regular, other generals good	Rx. Sac lac/4 dose (weekly once), 1-00. BT 1-1-1 for 1 month
4	03-10-22	Heart burn, with frequent eructation, low back pain ‹ sitting, hard stool difficult to pass, thirst increased	Rx. Bryonia 1M /2 dose (weekly once), 1-00. BT 1-1-1 for 1 month
5	21-10-22	Heart burn increased, back pain reduced, head ache since3 days, hard stool difficult to pass, sleep reduced.	Rx. Sac lac/8 dose (weekly twice), 1-00. BT 1-1-1 for 1 month
6	14-11-22	Heartburn persists, head ache relieved, constipation reduced.	Rx. Sac lac/8 dose (weekly twice), 1-00. BT 1-1-1 for 1 month
7	05-12-22	Heartburn occasionally, low back ache reduced, constipation absent, headache for 2 days	Rx. Bryonia 1M /2 dose (once in 2 weeks), 1-00. BT 1-1-1 for 1 month
8	04-01-23	Head ache relieved, backpain relieved, heartburn relieved (occasionally present), constipation absent	Rx. Sac lac/4 dose (weekly once), 1-00. BT 1-1-1 for 1 month

Figure 5: Ultra sound report – Before Treatment (Case 2)

Radiology Report

Age/Gender : 47 Years 7 Months / FEMALE

Visit : OP-001

USG ABDOMEN & PELVIS

OBSERVATIONS:

Liver: Mild hepatomegaly (13.2 cm). [illegible]

Gallbladder: Distended. No calculus or wall thickening seen.

Spleen: Normal in size and echotexture. No focal lesion seen.

Pancreas: [illegible]

Kidneys: Right kidney: [illegible] Left kidney: [illegible]

U. Bladder: Distended. No calculus or mass seen.

Uterus: [illegible]

Ovaries: Right ovary: [illegible] Left ovary: [illegible]

[illegible] Follicular cyst (1.7 x 1.6 cm) in right ovary.

No ascites seen.

IMPRESSION:

Mild hepatomegaly with grade I fatty changes.

Follicular cyst (1.7 x 1.6 cm) in right ovary.

Dr. JACOB JOSE, MD, DNB

Consultant Radiologist

[illegible]

Figure 6: Ultra sound report – After Treatment (Case 2)

Discussion and Conclusion: The above two cases prove that homoeopathy is effective in treatment of ovarian cyst when it is treated based on the law and principles of homeopathy with minimum dose and potency.

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