

Homoeopathic Management of Cystic and Bulky Ovaries: A Case Report

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ABSTRACT

Background: Ovarian excrescencies are fluid-filled structures that may be simple or complex. They're common findings generally discovered incidentally on physical examination or imaging. Ovarian excrescencies can cause complications, including rupture, haemorrhage, and torsion, which are considered gynaecological emergencies. Thus, it's essential to instantly diagnose and treat them to avoid high morbidity and mortality. In cases involving simple excrescencies exceeding 5 cm in periphery and complex cysts, surgical removal of the mass is constantly advised to save feasible ovarian tissue. With homoeopathic approach the treatment lasted for nearly 4 months with gradational reduction in pain intensity and sonographically no sensible abnormality was noted after treatment. In this case study a 32-time-old lady came to my clinic with a 32-time aged woman came to our clinic with burning pain the right ovarian region since 1 time along with fullness of the hypogastrium for last 8 months.

Method: After detailed case-taking and repertorization at first arsenicum album 0/1 was specified, after which case began to improve in the subsequent visits and after that she was given medicines as per the totality of the case from time to time till she came symptom free on his last visit.

Results: The casual association of clinical outcome to the homoeopathic treatment was estimated using Modified Naranjo Criteria for Homoeopathy (MONARCH) tool. Significant improvement was set up in the bulky and cystic ovaries as evidenced radiologically. The MONARCH score (9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment.

Conclusion: This current case report implies the efficacy of homoeopathic remedies in the treatment of bulky ovaries. However, it is essential to emphasize the necessity for additional clinical trials to substantiate these findings and delve into uncharted territories.

KEYWORDS: Bulky ovaries, Case report, MONARCH, Homoeopathy.

INTRODUCTION: The ovaries are the primary and essential sex organs of a female.^[1] The ovary is intricate in its embryology, histology, and steroidogenesis, and it carries the potential for malignancy. The origin of ovarian cysts or adnexal masses can vary from luteal or follicular cysts, which are physiologically normal, to ovarian cancer.^[2] Although ovarian cysts can develop at any age, they are more common in females during menarche and the reproductive years because of the production of oestrogen.^[3] Simple cysts are expected to occur in almost all age groups, and rate of malignancy is seen to be much higher in mixed cystic and solid and completely solid ovarian lesions than the simple cysts. While the majority of ovarian cysts are typically benign, age emerges as the foremost independent risk factor. Consequently,

post-menopausal women with any type of cyst should undergo thorough follow-up and treatment due to an elevated risk for malignancy^[4,5]. Non-neoplastic enlargement of the ovary commonly stems from the accumulation of fluid within the functional unit of the ovary. Causes encompass follicular cysts, corpus luteum cysts, theca lutein and granulosa lutein cysts, polycystic ovarian syndrome, and endometrial cysts (chocolate cysts). All of these, with the exception of the last one, are functional cysts of the ovary and are broadly denoted as a cystic ovary^[6]. The true prevalence of ovarian cysts is still yet to be known, as many patients are seen to be asymptomatic and undiagnosed, and the prevalence varies according to the geography and ethnicity. An adnexal lesion was 7.8% common in 335 asymptomatic women aged 24 to 40 who were included in a random sample.^[7] During the physical examination, the position, size, consistency, shape (regular or irregular), degree of tenderness, and mobility of the ovaries should all be ascertained by palpating them during the bimanual exam. Because of this, the pelvic examination's capacity to diagnose ovarian cysts is restricted. Factors such as pelvic anatomy, provider experience, and patient body habitus can all affect how difficult it is to palpate the ovaries.^[8] On the other hand, problems including pelvic pain, cyst rupture, blood loss, and ovarian torsion brought on by ovarian cysts need to be treated right away.^[9] Cyst size greater than 10 cm, ascites, papillary excrescences or solid components, irregularity, and high color are findings that increase the suspicion for malignancy. In the field of homeopathy, there have been notable case reports^[12-16] and a case series^[17] that compellingly demonstrate the efficacy of homeopathic remedies in the management of ovarian cysts. One noteworthy case report^[12], authored by Kumari P, underscores the successful treatment of an ovarian cyst patient using the homeopathic medicine *Conium maculatum*. A case study^[13] by Chakma et al. describes how homeopathy is used to treat ovarian cysts. The article emphasizes the administration of several medications, such as *Lycopodium clavatum*, *Arsenicum album*, and *Natrum muriaticum*, but in the end, *Pulsatilla Nigricans* is identified as the similimum that resulted in the case's cure. The purpose of the current case report is to assess the efficacy of homeopathic remedies chosen in this particular context to treat ovarian cysts based on the complete set of symptoms.

CASE REPORT: A 32 year aged women came to our clinic with burning pain the right ovarian region and scanty menses since 1 year along with fullness of the hypogastrium for last 8 months.

History of present complaints: patient had consulted a allopathic physician with no such significant improvement.

Past history: chicken pox Intra-uterine history: hyperemesis Gravidarum

Family history: Grand mother: bronchial asthma and mother: T₂DM

Clinical diagnosis: On general survey there was Yellowish discolouration of the tongue. and otherwise the general survey did not reveal any other abnormalities and Examination of the gastro-intestinal system and cardiovascular system was also normal. On detailed case taking menses was found to be irregular onset of the cycle being late and discharge is scanty.

Generalities:

Regarding the generalities patient has got desire for fatty food, lukewarm food, sour, milk and there was a general aggravation from the sour food. Appetite of the patient is below normal, Thirst is moderate about 2-3 litres per day with dry mouth, and there is Sour taste in mouth, perspiration occurs only over the face, sleep is unrefreshing, and thermally the patient is hot, and patient has got desire for open air, and regarding the Mental generals patient whenever angry is ameliorated from consolation, weeping disposition, and there is anxiety when alone.

ANALYSIS AND EVALUATION OF SYMPTOMS:

Mental general

Anger ameliorated from consolation
Weeping disposition
Anxiety when alone

Physical general

Menses scanty
Desire for fatty food, lukewarm food, sour, milk
general aggravation from the sour food
Sour taste in mouth
Unrefreshing sleep
Desire for open air
Appetite decreased
Perspiration only on the face

Particular

Burning pain the right ovarian region
Fullness of the hypogastrium.
Dryness of tongue and mouth.
Yellowish discolouration of the tongue.

TOTALITY OF SYMPTOMS:

- Anger ameliorated from consolation
- Weeping disposition
- Anxiety when alone
- Menses scanty
- Desire for fatty food, lukewarm food, sour, milk
- general aggravation from the sour food
- Sour taste in mouth
- Unrefreshing sleep
- Desire for open air
- Appetite decreased
- Perspiration only on the face

- Burning pain the right ovarian region
- Fullness of the hypogastrium.
- Dryness of tongue and mouth.
- Yellowish discolouration of the tongue.

The miasmatic evaluation of the symptoms of this case was done and the predominant miasm was found to be **Psoric**. Considering the above-mentioned characteristic symptoms, Kent’s Repertory was preferred and using HOMPAT software, systemic repertorization was done. The Repertorization chart is given in

Fig:B.

Filters Applied: Sort by Totality												
Symptoms: 14												
Remedies: 299												
Remedy Name	Ars	Nat-m	Sulph	Sep	Nux-v	Phos	Lyc	Chin	Arg-n	Rhus-t	Merc	
Totally	24	24	23	23	22	22	21	19	19	19	18	
Symptoms Covered	14	12	12	11	12	11	9	11	10	10	10	
Kingdom	Minerals	Minerals	Minerals	Animals	Plants	Minerals	Plants	Plants	Minerals	Plants	Minerals	Mi
[Kent] [Mind]Consolation :Agg: (23)	2	3		3	1		1	1			1	
[Kent] [Mind]Weeping, tearful mood, etc.: (166)	1	3	3	3	2	2	3	1	2	3	1	
[Kent] [Mind]Fear (see Anxiety):Alone, of being (see Company): (43)	3			2	1	3	3		3		1	
[Kent] [Mouth]Taste:Sour: (100)	2	2	2	2	3	3	3	2	3	1	2	
[Kent] [Mouth]Dryness:Tongue: (127)	3	2	3	2	2	2	2	3	2	3	3	
[Kent] [Mouth]Discoloration:Tongue:Yellow: (81)	1	1	2	2	2	2	1	2		3	3	
[Kent] [Mouth]Dryness:Thirst,with: (41)	1	3	1			2		2	1	2		
[Kent] [Stomach]Appetite:Easy satiety: (67)	1	2	2	2	2	2	3	3	1	1	1	
[Kent] [Stomach]Appetite:Diminished: (112)	1	1	1	1	1	1	2	1	2	1	1	
[Kent] [Stomach]Desires:Milk: (27)	2	2	1		2					3	2	
[Kent] [Stomach]Desires:Fat: (5)	1		2		2							
[Kent] [Stomach]Desires:Sour,acids,etc.: (77)	2	2	2	2		2		1	1	1		
[Kent] [Face]Perspiration: (114)	2	2	2	2	3	2	3	2	2	3	3	
[Kent] [Generalities]Food:Sour :Agg: (29)	2	1	2	2		1	1	1	2	2		
[Kent] [Sleep]Unrefreshing: (111)	2	2	2	2	2	3	2	3	2	2	2	
[Kent] [Genitalia female]Pain:Ovaries:Right: (16)	1				3				2	3		
[Kent] [Genitalia female]Pain:Burning:Ovaries: (24)	3	1	2		1			3		2		
[Kent] [Genitalia female]Menses:Scanty: (101)	2	3	3	3	2	3	2	3	2		3	
[Kent] [Abdomen]Heaviness,as from a load,etc.:Hypogastrium: (16)	1			1								

Repertorization chart-[Fig:B]

Repertorial analysis: After repertorial analysis of the totality of symptoms, it was found that Arsenicum album covered maximum number of rubrics and scored maximum (32/17), followed by remedies like sulphur(28/13), natrum muriaticum(26/13), lycopodium(26/12), and sepia(26/12).

DISCUSSION OF THE CASE: In this specific case the case complained of burning pain in the right ovarian region along with scanty menses was advised to undergo a ultrasound of whole abdomen which

revealed the “bulky and cystic ovaries”. Considering the entire case, along with characteristic physical and mental symptoms, and consulting our authentic Materia Medica,^(18,19) the final choice for this remedy for this case was Arsenicum album 0/1, 30 doses, twice daily for 15 days, administered on 06/06/2023. Followed by which there was a marked improvement in all the symptoms especially regarding the chief complaints. The details of the follow-up is mentioned in table- 1. The case demonstrated effective management, as evidenced by imaging radiology conducted before [Figure- A] and after the treatment [Figure- C]. The Modified Naranjo Criteria^[20] were applied to establish the casual relationship between the homoeopathic medicine and the changes in the patient's symptoms and signs [Table-2]. The criteria were enhancement in other symptoms(+1), enhancement in the primary symptom(+2), clinical enhancement that happened within a reasonable quantum of time after taking drug, and overall well-being (+2). likewise, as reported by transvaginal sonography of the uterus(+2), there was an objective enhancement in the pathological condition of the case and no other factor that could have contributed to the enhancement(+1). Grounded on the result, the overall score is 9.

CONCLUSION: This case report highlights the effectiveness of homoeopathy in the management of conditions like “bulky and cystic ovaries”. The positive outcomes observed in this case suggest that homeopathy can be a valuable therapeutic option. However, further studies and clinical interventions with homeopathic medicines are necessary to establish their efficacy in similar conditions. Overall, this case report supports the use of individualized homeopathic treatment and emphasizes the need for more research to explore the potential benefits of homeopathic medicines in the treatment of bulky and cystic ovaries and other similar diseases.

CONFLICTS OF INTEREST: None

CONSENT OF THE PATIENT: Obtained from Patient, to circulate this clinical information and display images on a scientific database, and the patient was also assured of the confidentiality of the same.

FUNDING: No such.

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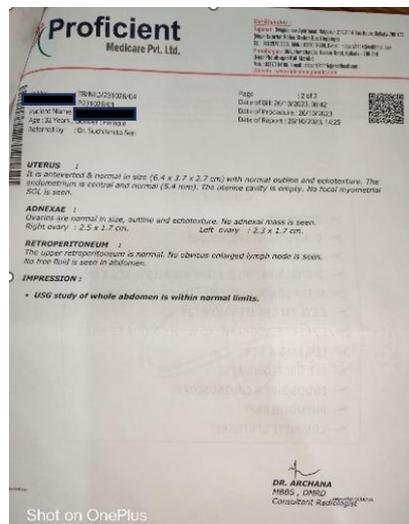
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Figure Captions:

- **Ultra-sonography(lower abdomen) report before treatment [Figure-A]**
- **Repertorization chart: [Figure-B]**
- **Ultra-sonography(whole abdomen) report before treatment [Figure-C]**



Ultra-sonography(lower abdomen) report before treatment [Figure-A]



Ultra-sonography(whole abdomen) report before treatment [Figure-C]

FOLLOW-UP SHEET [TABLE NO. 1]

Date	Complaints of the patients	Prescription made
10/7/23	Menstrual complaints Improved along with restoration of the normalcy of the cycle.	Arsenicum album 0/2, OD for 15 doses.
25/7/23	Marked improvement seen.	Arsenicum album 0/3, OD for 30 doses
24/8/23	Menstrual complaints Improved significantly along with restoration of the normalcy of the cycle.	Arsenicum album 0/4, OD for 30 doses
25/9/23	Marked improvement seen.	Arsenicum album 0/5, OD for 30 doses
27/10/23	No such complaints.	Arsenicum album 0/6, OD for 30 doses

MODIFIED NARANJO CRITERIA-(TABLE NO.-2)

CL	Modified Naranjo algorithm	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3	Was there a homeopathic aggravation of symptoms?			0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1		
5	. Did overall well-being improve? (Eq-5D-5L)	+2		
6	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
7	Direction of cure: Did at least one 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?			0
8	Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
9	Are there alternative causes (i.e., other than the medicine) that –with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	

10	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
11	Did repeat dosing, if conducted, create similar clinical improvement?			
12	Total	+9		