AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

HOMOEOPATHIC MANAGEMENT OF OVARIAN CYST – A CASE REPORT

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KEYWORDS: Ovarian cyst, CA-125, totality of symptoms, *Lycopodium clavatum*.

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ABSTRACT

Ovarian enlargements, cystic or solid, may occur at any age. Functional and inflammatory enlargements of the ovary develop almost exclusively during the childbearing years. They may be asymptomatic or produce local discomfort, menstrual disturbances, infertility, or in rare cases cause acute symptoms due to complications like haemorrhage, rupture or torsion. A case on dysmenorrhoea along with right ovarian cyst measuring about 52x45 mm has been presented which was treated with constitutional homoeopathic medicine *Lycopodium clavatum*. Literature review suggested spontaneous regression of cysts within 3 months with oral combined pills but in the presented case the subject had been suffering for last one year and was under hormonal treatment with no favourable results. In the case of simple cysts more than 5 cm in diameter and complex cysts, surgical removal of the mass is most often recommended in an attempt to preserve viable ovarian tissue. With homoeopathic approach the treatment lasted for nearly one year with gradual reduction in pain intensity and sonographically no detectable abnormality was noted after treatment.

INTRODUCTION

The ovaries are anatomically paired primary sex organs of human female. Anatomically they are located in the posterior leaf of the broad ligament in close proximity to the fallopian tubes on either sides of the uterus.[1,2] The ovary is complex in its embryology, histology, steroidogenesis, and has the potential to develop malignancy. Ovarian enlargement is classified under non neoplastic and neoplastic growths. Ovarian neoplasms exhibit a wide variation in structure and biological behaviour. Unlike the cervix and uterus, the ovaries are not clinically accessible, and therefore, easy screening methods for detecting ovarian neoplasms are not available. The ovary, after the uterus, is the second most common site for development of gynaecological malignancy, and the prognosis remains poor.[3,4] The non neoplastic enlargement of the ovary is usually due to accumulation of fluid inside the functional unit of the ovary. The causes include follicular cysts, corpus luteum cysts, theca lutein and granulose lutein cysts, polycystic ovarian syndrome, endometrial cysts (chocolate cysts). Except the last one, all are functional cysts of the ovary and loosely called cystic ovary.[3] Dermoid cysts are classified under germ cell tumours and comprise of 5-10% of all cystic tumours of ovary.[4] Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst.[5] Paraovarian cysts represent 5-20% of all adnexal masses in pathologically verified series. Histopathologically, they are classified into one of three categories: paramesonephric, mesonephric, or mesothelial. These are often misdiagnosed as ovarian cyst and need accuracy for correct diagnosis.[6] The development of functional cyst depends on ahormonally stimulated ovary, the incidence should be higher in menstruating patients, when the pituitary-gonadal axis is cyclically functioning, and lower in postmenopausal women. Regardless of the patient's age and the ultrasonographic features of the cystic contents, the size of the cyst and the rate

of regression are directly correlated. The frequency of spontaneous regression is 82.6% for cysts 4cm or smaller; 63.4% for cysts 4 to 6cm; and 28.6% for cysts 6 to 8cm. The period of complete regression can be as long as 3 months for cysts that are 6 to 8cm.[7]

The patients with ovarian cysts generally manifest some typical symptoms like-feeling of congestion in the abdomen with right- or left-sided soreness in the inguinal region; have a feeling of stinging, burning and sore sensation. Along with these, sometimes, they report complaint of tightness of the chest with an urge to urinate, occasionally with burning sensation in urine, bearing down sensation as if menses were to appear, sensitive and tenderness over abdomen. Patients experience amelioration of these symptoms by cold water application and warmth often aggravates.[8] Women carrying homozygous inactivating LHCGR mutations have hyper-gonadotropic hypogonadism with primary amenorrhea or oligomenorrhea, cystic ovaries, and infertility.[9] Mutations in the FSHR gene are associated with ovarian hyper stimulation syndrome that includes the presence of multiple serous and hemorrhagic follicular cysts.[10] Transvaginal ultrasonography (TVS) is the most commonly employed imaging modality for the assessment a gap between: of adnexal masses. The risk of malignancy index (RMI) combines ultrasound features, serum CA125 levels and the menopausal status of the patient and is used to characterize ovarian pathology.[11]

Case Report

Patient information: A married lady aged 27 years visited the outpatient department of National Institute of Homoeopathy, Kolkata on 20th June, 2016 with the complaints of pre-diagnosed features of ovarian cyst.

Presenting complaint: Patient presented with pain in right side of lower abdomen since one year which aggravated before and during menstruation, and was relieved by rest and warm application.

History of present complaint: The onset of the symptoms was insidious. There was heaviness and uneasiness in the lower abdomen during each menstrual nisus. The intensity of pain was gradually increasing and she had been taking hormonal supplements since 6 months without any relief. When she came for the homoeopathic treatment, it was unbearable.

Past history: Patient suffered twice from jaundice in childhood. (? Hepatitis A or E)

Family history: Father died of cerebrovascular accident two years ago. Mother alive, suffering from (?) osteoarthritis. Elder sister was suffering from primary infertility with polycystic ovarian syndrome.

Personal history: Patient was a school teacher and was married for one year, had no issues. She lived in a well-ventilated house. Her diet was regular and she was a non-vegetarian.

Physical generals

Appetite: very good+++
Thirst: profuse+++
Desire: for sweets+++, warm foods++, meat+
Aversion: Sour, pungent
Sweat: profuse+++, stains white, offensive++
Stool: constipated during menses
Urine: clear
Thermal reaction: Hot patient++

Menstrual history

Menarche: At the age of 13 years.
LMP: 13.07.2016
Cycle: Menses used to last for 3-4 days, clotted, extremely painful and usually delayed by 7-8days.
Other associated features: Leucorrhoea appeared only before menses.

Mental symptoms: She had a calm and quiet disposition. She was an intellectual person (teaching profession). She loved company.

General survey: The patient was mentally alert, conscious, without any features of anaemia, cyanosis, jaundice or clubbing. Blood Pressure: 122/80 mm of Hg, pulse: 70/min, weight: 58 kg.

Respiratory rate: 16/ min.

Temperature: afebrile

Physical examination: Tenderness in right iliac fossa on superficial palpation. On deep palpation a round lump can be felt in the right iliac fossa. Rovsing sign negative.

Laboratory investigation: Ultrasonography (USG) of lower abdomen done on 09.06.2016, impression: right ovarian cyst measuring about 52x45 mm.

Diagnosis: International Classification of Diseases classify ovarian cyst under 2020 ICD-10-CM

Diagnosis Code N83.201-Unspecified ovarian cyst, right side.[12]

Analysis and evaluation

1. She was an intellectual person
2. Calm and quiet disposition
3. She loved company
4. Hot thermal reaction
5. Desire for sweets and warm food
6. Pain in right side of lower abdomen before and during menses

7. Pain in right side of abdomen
8. Constipation during menses
9. Profuse and offensive perspiration
10. Right sided ovarian cyst

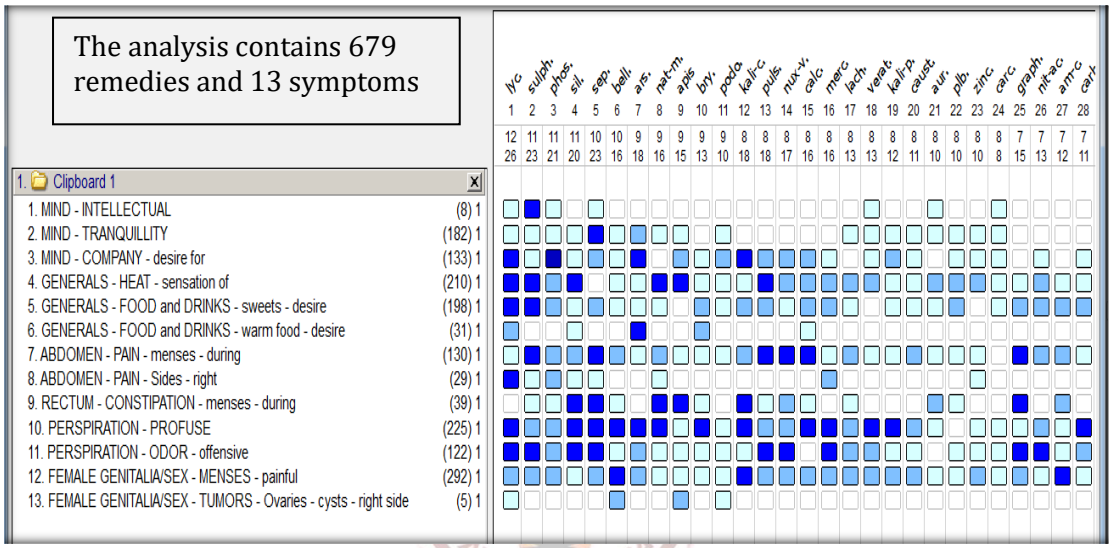
Case analysis

The case had characteristic mental and physical generals. Based on this individualised clinical picture, totality of symptoms was framed and the individualized homoeopathic medicine *Lycopodium clavatum* 30c was prescribed based on the susceptibility of the patient.[13] For analysis and evaluation of the case Kent's philosophy was consulted. Repertorization was done with repertorization software [RADAR®, version 10.0.028 (ck), Archibel 2007, Belgium] taking Repertorium Homeopathicum Syntheticum (Edition 9.1) as the case presented with characteristic mental picture and prominent physical symptoms.

Remedial analysis

Lycopodium clavatum (26/12), *Sulphur* (23/11), Phosphorus (21/11), *Silicea terra* (20/11) and *Sepia officinalis* (23/10), were the medicines in the top gradation. *Lycopodium clavatum* covered the maximum number of symptoms, i.e. 12 out of 13 symptoms with the highest gradation.

Table 1: Repertorial sheet



Remedy selection and administration/ Prescription: *Lycopodium clavatum* 30c, one dose in *saccharum lactis* (sac. lac.) for one day, followed by *Rubrum* once daily for one month.

Advice: To maintain local hygiene; avoidance of meat, dairy products; increase intake of fibre rich food; blood for serum CA 125.

Follow up:

Table 2: Follow up sheet

Date	Change in symptomatology	Prescriptions
31.08.2016	Pain abdomen reduced by nearly 50%, during menses stool remained constipated. Last menstrual period (LMP) on 18.08.2016. O/E: tenderness over right lower abdomen on deep palpation but not on superficial palpation, though lump can be felt. Generals nothing striking.	*Rubrum* once daily for one month. Advice: serum CA 125
28.09.2016	Pain abdomen same as earlier cycle, stool constipated. Last menstrual period (LMP) on 22.09.2016. O/E: tenderness over right lower abdomen remains. Lump over right lower abdomen palpable.	*Lycopodium clavatum* 200c, one dose in sac. lac. once daily for one day, followed by *Rubrum* once daily for one month.
02.11.2016	Pain abdomen reduced by nearly 80%. Bowel movement regular during last menstrual cycle. Last menstrual period (LMP) on 26.10.2016.	*Rubrum* once daily for one month.

	O/E: tenderness over right lower abdomen reduced by nearly 70%. Lump over right lower abdomen was difficult to elicit.	
18.01.2017	Patient was better, so did not visit in the last month. Pain abdomen was absent. Menstrual cycles for two consecutive months were on 30.11.2016 and 05.01.2017 respectively. O/E: lump over right lower abdomen not felt.	*Rubrum* once daily for one month.
01.03.2017	Pain abdomen slightly aggravated during last menses. Stool consistency hard. LMP on 09.02.2017. O/E: lump over right lower abdomen was not felt.	*Lycopodiumclavatum*1M, one dose in sac. lac. once daily for one day, followed by *Rubrum* once daily for one month. Advice: serum CA 125
19.04.2017	Pain abdomen almost absent. Bowel habits become regular. LMP on 10.03.2017 and 12.04.2017 respectively. O/E: No tenderness over right lower abdomen.	*Rubrum* once daily for one month. Advice: USG of lower abdomen.
07.06.2017	Overall better, menses were regular, stool regular. No pain or tenderness. LMP on 13.05.2017	*Rubrum* once daily for one month.
19.07.2017	Overall better. LMP on 13.06.2017 and 14.07.2017 respectively.	*Rubrum* once daily for one month. Advice: USG of lower abdomen.
02.08.2017	Overall better. USG of lower abdomen done on 25.07.2017 suggests no detectable abnormality.	To continue with *Rubrum* once daily for one month.

DISCUSSION

The case presented here was selected on the basis of totality of symptoms in consultation with Repertorium Homeopathicum Syntheticum and Lotus Materia Medica and was treated with individualized homoeopathic medicine *Lycopodium clavatum* in different potencies. The general wellbeing of the patient was improved and pre-post treatment result was sonographically favourable. The patient said she would do blood for CA 125 as per financial availability but could not manage.

The simple, multiple and proliferous cysts constitute in a very large majority of instances the disease known as ovarian dropsy and for which operative measures are chiefly demanded.[14] Dr Samuel Hahnemann in §80 of Organon of Medicine has mentioned dropsy as secondary manifestation of Psora.[15] Dr Guernsey extended the favourable prognosis to all kinds of ovarian enlargements. He had further said that all such growths are of dynamic origin and that the pertinent use of a remedy homoeopathic to the particular case in question will certainly contract the diseased condition. [16] In the secondary stage of Sycosis the most frequently met sycotic inflammations are to be found in the pelvic diseases of women. Cystic degeneration of the ovaries, cervix and uterus are some of the more severe changes due to these inflammatory conditions.[17] Dr S K Banerjea has classified ovarian tumours and polycystic conditions under sycotic miasm.[18] Homoeopathic repertories were consulted and following repertorial rubrics were obtained:

Female Genitalia/Sex - Tumors - Ovaries – cysts

Apis.arg-met.Aur-m-n.bell.Bov.brom.Bufo.canth.carb-an.carc.Coloc.foll.Iod.kali-bi.Kali-br.Lach.lyc.merc.murx.naja.ov. Pall.Phos.Plat.podo.prun.rhod.Rhus-t.syc.syph.thuj.[19]

Female - CYSTS, genitalia - cysts, ovarian

APIS. apoc. arn. ars. aur. Aur-i. aur-m-n. bell. Bov. bry. Bufo canth. carb-an. chin. Colch. Coloc. con. ferr-i. form. graph. Iod. Kali-br. kali-fcy. Lach. lil-t. Lyc. med. merc. murx. Ov. Plat. prun. rhod. Rhus-t. sabin. sep. syc. syph. ter. THUJ. zinc.[20]

Homoeopathy is based on individualization where totality of symptoms can determine the most appropriate remedy. It is indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art.[15] Therapeutically few medicines which are indicative in ovarian cysts include:

Apis mellifica

Ovary enlarged, swollen and indurated; ovarian tumors; cysto-ovarium size of head; ovarian dropsy

with an unusually white and transparent skin, pains aggravation from touch and heat amelioration by lying on right side; ovarian dropsy and anasarca. [21]

Bovista lycoperdon

Ovarian cyst; soreness between labia and thighs; every few days a show between menses; after midnight painful urging towards genitals, with great heaviness in small of back, amelioration next morning by a bloody discharge.[21]

Cantharis vesicatoria

Cysto-ovarium; much tenderness and burning in ovarian region; dysuria, cutting burning in passing only a drop or two, which is often bloody, or strangury complete; stitches in ovarian region, arresting breathing, or violent pinching pain, with bearing down towards genitals; sterility.[21]

Colocynthis

Ovarian cysts with pain in abdomen upon straightening up; walks bent with hands pressed upon painful side.[21]

Iodium

Chronic congestion, usually with leucorrhoea; ovarian cysts and dropsy, with great bearing-down pain, induration and enlargement; induration and swelling.[21]

Kalium bromatum

Neuralgia of ovaries; pain, swelling, tenderness of left ovary; diminution of sexual desire; ovarian tumors.[21]

Lycopodium clavatum

Delayed menses with undeveloped breasts at puberty. Dysmenorrhoea violent with fainting. Pains in right ovary, from right to left. Ovarian tumours. Ovarian dropsy.[22]

Thuja occidentalis

Inflammation, with pain in the left ovary, extending through the left iliac region into the groin and sometimes into the left leg, frequently worse from walking or riding, so that she has to lie down (during menses); burning pain in the ovary; ovarian affections and pains are worse during menses; affections connected with gonorrhoea or syphilis. Cysto-ovarium. [21]

Dr. Percy Wilde has recorded two well-marked cases of unilocular ovarian cyst, both of which were rapidly cured by *Apis 3x*. In one four years, in the other two, had elapsed since the recovery, and in neither had there been any re-filling of the cyst. Dr. Hallock reports a case in which what seemed a fibrocystic ovarian growth, consequent on a kick in the region, disappeared under *Apis 3*, though an operation had been recommended. [16] Another case of ovarian cyst was recorded in the Edinburgh Medical Journal for 1868, in which, after a single tapping, the continuous use of the Potassium bromide, in doses of five, ten, and fifteen grains, effected a complete cure.[23] A study conducted by Bukhsh et al. on large sized ovarian cysts in three patients all having guiding symptoms of *Thuja occidentalis* were cured by the use of different potencies of the single remedy. The study concluded that proper selection of the homeopathic remedy matching the totality of symptoms can remove cysts from the ovary without any surgical intervention although some allopathic drugs are also used to ameliorate symptoms.[24] Another study by Das et al. indicated that proper selection of the homeopathic remedy matching the totality of symptoms and in consultation with the Kent's rubric 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.[8] A single-blind, randomised, placebo-controlled pilot study in polycystic ovary syndrome conducted by Central Council for Research in Homeopathy, New Delhi, showed homoeopathic medicine *Pulsatilla* as the most frequently indicated medicine in such condition. Homoeopathic intervention (HI) along with life style modification (LSM) had shown promising outcome in managing polycystic ovarian syndrome and improvement in quality of life (QOL); thus homoeopathic intervention alleviated not only the disease per se but also the patient as a whole.[25] A case study by Rath P. also suggested homoeopathy can take care of chronic hormonal syndrome in an individual, where allopathic hormone-related treatment or surgery is otherwise advised. Non-recurrence of complaint in the past 3 years suggested that PCOS could be treated successfully through individualised homoeopathic medicine with lifestyle management.[26] Dr J C Burnett forbade salt, milk and pepper in cases of mammary tumours from ovarian and uterine irritation and recommended a partial exclusion of meat from patient's dietary regime.[27] Dr. Samuel Lilienthal advised a strict milk and fruit diet which ought to be observed in treating ovarian tumours.[20] A retrospective case-control study indicated a positive relationship between the high levels of dietary protein and the functional ovarian cysts. Giving the direct relationship between protein consumption and the functional ovarian cysts, the decrease in the protein intake may prevent the occurrence of the functional ovarian cysts.[28] Another case-control study suggested dietary fats might affect the ovarian function. Meat and dietary production contain saturated fat that

was probably associated with functional ovarian cysts concluded the study.[29]

CONCLUSION

Individualized homoeopathy showed favourable results in the management of ovarian cysts. Several other studies also corroborated the same. However multi centric randomized controlled trials with adequate sample size would further elucidate on the effectiveness of homoeopathic treatment in such conditions. Proper dietary advices and maintenance of healthy life style should be advocated to get optimal results.

ACKNOWLEDGEMENT

The authors acknowledge the Director, National Institute of Homoeopathy; departmental heads of Organon of Medicine and Practice of Medicine, National Institute of Homoeopathy; the patient's consent was taken, without which the case study could not have been done.

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Cite this article as:
Arunava Nath, Deb Kumar Palit, Nivedita Kundu. Homoeopathic Management of Ovarian Cyst – A Case Report. AYUSHDHARA, 2019;6(5): 2393-2399.
Source of support: Nil, Conflict of interest: None Declared