



OVARIAN CYST WITH BULKY UTERUS TREATED WITH HOMOEOPATHIC CONSTITUTIONAL MEDICINE PULSATILLA NIGRICANS – AN EVIDENCE-BASED CASE REPORT

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ABSTRACT

Introduction: Ovarian cyst is an endocrine disorder, more commonly reported in women of reproductive age group. It affects approximately 30% of all women. 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. Hormonal therapy and oral contraceptive pills may be helpful in causing resolution in some cases. The patients are generally advised for surgical intervention in the conventional mode of therapy. Thus, Homoeopathy is the second choice of therapy as it is a simple system of medicine that treats the patient not the disease. We intend to report a case treated with homoeopathic constitutional medicine in women of reproductive age group suffering from bilateral ovarian cysts with a bulky uterus. **Case summary:** A 40-year-old female presented with complaints of irregular menstrual bleeding, constant dull pain in the lower abdomen and low backache. Ultrasound of the whole abdomen suggested bilateral ovarian cysts with a bulky uterus. Constitutional medicine *Pulsatilla nigricans* was prescribed on a centesimal scale which showed a positive effect in the case. Causal attribution of changes in her condition to the homoeopathic treatment was depicted by modified Naranjo criteria. Future observational studies and randomized control trials are suggested to ascertain the efficacy of homoeopathy in the case of ovarian cysts.

KEYWORDS : Bulky uterus, Constitutional medicine, Modified Naranjo criteria, Ovarian cyst, *Pulsatilla nigricans*

INTRODUCTION:

A cyst is a sac filled with fluid. An ovarian cyst^[1] is the enlargement of the ovary due to the collection of fluid inside the sac which is present in or on the ovaries. Any follicle larger than about two centimetres is termed an ovarian cyst. They may vary in size from a pea (small) to a much larger size, almost that of an orange.^[2] Functional and inflammatory enlargements of the ovary develop almost exclusively during the childbearing years.^[3] They are usually associated with abnormal gonadotropin or ovarian hormone production.^[4] An ovarian cyst is usually asymptomatic or may cause pelvic pain, dyspareunia, irregular bleeding, delayed menstruation and infertility. In rare cases, haemorrhage, rupture or torsion supervenes, in which case symptoms and signs of an acute abdomen develop, thus requiring emergency surgical management.^[5,6]

Patients with clear, simple ovarian cysts are diagnosed by ultrasound as a fast and non-invasive first choice of examination.^[7] A combination of oral contraceptives has been proposed for the treatment of functional ovarian cysts. The problem with this type of treatment option is that it can cause infertility in women.^[8]

The actual prevalence of ovarian cysts is unknown, as many patients are believed to be asymptomatic and undiagnosed, and the prevalence depends on the population studied. Approximately 4% of women will be admitted to the hospital for ovarian cysts by age 65. In a random sample of 335 asymptomatic 24-40-year old women, the prevalence of an adnexal lesion was 7.8%. Another study that examined ovarian cysts in postmenopausal women showed a prevalence of 2.5% for a simple unilocular adnexal cyst. In a survey of 33,739 premenopausal and postmenopausal women, 46.7% had an adnexal cyst on transvaginal ultrasound, with 63.2% showing resolution of the abnormality on subsequent ultrasounds.^[9]

Various articles are found on the effectiveness of homoeopathic medicines in ovarian cystic diseases.^[10-13] To add to this knowledge, this case report evaluates the effectiveness of constitutional homoeopathic remedy in bilateral ovarian cyst with a bulky uterus.

CASE REPORT:

Patient's information: A 40-year-old female visited the Outpatient Department on 20th March 2020, with complaints of irregular menstrual bleeding, profuse and delayed menses, constant dull pain in the lower abdomen and low backache for 3-4 months.

She had a moderate built and whitish complexion. She had a history of dysfunctional uterine bleeding (DUB) during her adolescence and episodes of irregular menstrual bleeding (Cystic ovary) two years ago, which was treated with modern medicine. The patient was married and

had three children (*two sons and one daughter*). Nothing related to her condition could be traced in her family history.

Generals:

The patient was anxious, mild and afraid of being alone. Her memory and intellect were good. She had a tendency for tearful mood but easily switched to a contented mood. The appetite was good with a desire for sour and salty things. She drank less water, and her tongue was dry. Sweat was moderate, non-offensive and did not stain the clothes. There were no symptoms related to bowels or urine. Her sleep was sound, with no dreams. She was sensitive to heat. Her menarche occurred when she was nine years old. Her menses were irregular and delayed and the flow was clotted and offensive. She had a history of dysfunctional uterine bleeding (DUB) as a teenager and instances of irregular menstrual bleeding (Cystic ovary) two years ago, both of which were treated with modern medicine. The patient had three children (two sons and one daughter).

Clinical findings: Clinical findings were tenderness of the lower abdomen. The last menstrual period (LMP) was on 12th march 2020 and the duration of menses was 10 days. Ultrasonography (USG) of the whole abdomen suggested bilateral ovarian cysts with a bulky uterus [100x52x31]. [Figure 1]

Repertorial analysis and Therapeutic intervention:

Repertorisation was done by HOMPAT^[14] Classic M.D. Repertory Version 8.0 software (Mind Technologies, Mumbai, Maharashtra, India) using Kent repertory, giving priority to mental generals over physical generals and then to particular symptoms. [Chart 1]

On the basis of repertorial analysis, and upon consulting Homoeopathic Materia Medica, *Pulsatilla nigricans* was selected for the first prescription. The indications for prescription were anxious and mild patient, a tearful mood that easily shifted to a contented mood, desire for sour and salty things, thirst for less quantity of water, dry tongue, irregular and delayed menses and the clotted and offensive menstrual flow.

Two doses of *Pulsatilla nigricans* 200c were prescribed on the day of the first visit (20th March 2020) along with a placebo for 4 weeks. The patient was advised to avoid junk food and exercise regularly. Marked improvement of symptoms was noted in the subsequent follow-ups [Table 1]. The modified Naranjo criteria (MONARCH) were used for assessing causal attribution of improvement to the homoeopathic medicine and the total score was 9 [Table 2]^[15]. After a complete course of treatment, the ovary and uterus were reported to be normal in USG. [Figure 2]

The patient was followed for another 6 months, and no complication or relapse of the symptoms was reported.

DISCUSSION: Ovarian cysts are fluid-filled sacs that develop on the surface of an ovary or within it. In most cases, ovarian cysts are harmless. But if cysts become too large, they can cause an enlarged uterus and lead to more significant complications such as bleeding, infection due to uterine inflammation, hysterectomy, loss of fertility, miscarriage and other pregnancy complications^[16]. Hence, to avoid surgical intervention and several negative consequences, homoeopathy is a safe, simple, cost-effective, and effective alternative mode of therapy.

The present case report suggests a successful treatment of bilateral ovarian cyst with a bulky uterus and restoration of the well-being with the help of constitutional homoeopathic medicine.

In this case report, the patient's mental condition, characteristic physical general and particular symptoms were taken into the consideration. Two doses of *Pulsatilla nigricans* in 200 potency were prescribed. A marked improvement of the symptoms was noted gradually in subsequent visits and marked resolution after the complete course of treatment. No complication or relapse of symptoms was noted for 6 months after stopping homoeopathic treatment.

The present case report was found to be very similar to Chakma and Sarangi case report^[17] in which the individualized medicine *Pulsatilla nigricans* was found very effective in the treatment of hepatic haemangioma with ovarian cyst.

As it was a case report, a study may be carried out on a large sample size which may provide more logical statistical data.

This case report also describes how a constitutional medicine, in a minimum dose, can help in relieving the symptoms with the permanent restoration of health. As per Dr Stuart Close, *Individualization is the cardinal principle of a true pathology as well as of true therapeutics.*^[18] Appropriate constitutional and anti-miasmatic medicines, when given in proper dosage, can be effective in the treatment of disease. Selection of potency, dose and repetition must be in strict accordance with the guideline laid down in the *Organon of medicine.*^[19]

CONCLUSION:

This case has highlighted the importance of a holistic approach in the treatment considering the individuality of a patient for remedy selection, and not just disease symptoms. However, it would not be appropriate to generalize the usefulness of Homoeopathy in cases of ovarian cyst with a bulky uterus based on this single case report. Therefore, observational and randomized control trials are suggested to ascertain the result obtained in the present case report.

Consent: The written consent of the patient was obtained.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent to use her reports and other clinical information for reporting in a journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of interest: None declared.



Figure 1: USG of the abdomen on 19/03/20

Figure 2: USG of the abdomen on 16/09/20

Chart 1: Repertorisation chart

Table 1: Follow up and Intervention

Date of follow up	Main complaints	Investigation findings	Prescription
20 March 2020	Irregular menstrual bleeding Profuse and delayed menses, Constant dull pain in the lower abdomen Low backache LMP- 12th March 2020 Menses lasted for 10 days	USG of the whole abdomen revealed Bilateral ovarian cysts with a Bulky uterus. [Figure 1]	Pulsatilla nigricans 200/2 Doses /OD
22 May 2020	LMP- 10th May 2020 Menses lasted for 8 days Dull pain in the lower abdomen- decreased (↓) Low backache- better (↓↓)		Placebo
10 July 2020	LMP- 2nd July 2020 Menses lasted for 4-5 days Dull pain in the lower abdomen- decreased (↓) Low backache- much better (↓↓↓)		Placebo
14 August 2020	LMP- 5th August 2020 Menses lasted for 4-5 days No pain in the lower abdomen No backache		Placebo
18 Sept 2020	Regular menstrual bleeding (LMP- 7th September 2020) Menses lasted for 4-5 days No pain in the lower abdomen No backache	USG of the whole abdomen showed normal finding. [Figure 2]	Placebo

Table 2: Assessment by Modified Naranjo Criteria score

S.N.	Item	Yes	No	Not sure/N/A
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3.	Was there an initial aggravation of the symptom? (need to define in the glossary)		0	
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5.	Did overall wellbeing improve? (suggest using a validated scale)	+1		

6. (A)	The direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
(B)	The 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		0	
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?		0	
8.	Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider a known course of the disease, other forms of treatment, and other clinically relevant interventions)		+1	
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?			0

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