



"RIGHT TUBO OVARIAN MASS RESOLUTION WITH HOMEOPATHIC TREATMENT: A CASE REPORT"

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Abstract: Adnexal mass of ovary are a common gynaecological concern, often necessitating medical intervention. While conventional treatments typically involve surgical removal or hormonal therapies, this case report presents an alternative approach to managing an ovarian mass using homeopathic remedies. A 67-year-old female patient presented with right tubo ovarian adnexal mass measuring about 3.6x3.4x2.4cm and subserosal fibroid which was treated with homeopathic medicine Bryonia based on homeopathic totality of symptoms. Over a period of 3 months, follow-up examinations and imaging, ultimately leading to its complete resolution. This case underscores the potential effectiveness of homeopathy in the management of ovarian adnexa and highlights the importance of individualized treatment plans within this complementary medical approach. Further research and exploration of homeopathy in gynaecological conditions are needed.

Keywords: Adnexa, Homeopathy, Bryonia, CA 125.

Introduction

The ovaries are a pair of small, almond-shaped organs located in the pelvis of the female reproductive system. They play a crucial role in reproduction and hormone production. The ovaries are situated laterally to the uterus, connected by the utero-ovarian ligament, covered by the mesovarium within the broad ligament, and linked to the pelvic sidewall through the infundibulo pelvic (suspensory) ligament. They are primarily supplied by the ovarian artery directly from the aorta. Venous drainage is unique: the right ovarian vein connects to the inferior vena cava, while the left ovarian vein drains into the left renal vein. Ovulation can lead to the formation of ovarian cysts, with adnexal masses being relatively common. Management depends on the characteristics of the lesion, the patient's age, and risk factors. Most cysts in reproductive-age women are benign and don't require surgery, but complications like pain, rupture, bleeding, and torsion may necessitate immediate attention.¹

Ovarian cysts and adnexal masses can have various causes, ranging from normal physiological processes (like follicular or luteal cysts) to potentially malignant conditions. They are more common in reproductive years and tend to increase in menarchal females due to hormonal changes. Simple cysts are common across all age groups, but mixed cystic and solid as well as completely solid ovarian lesions have a higher likelihood of being malignant. While most cysts are benign, age is a key independent risk factor, and post-menopausal women with any cyst type should receive appropriate monitoring and treatment due to a heightened risk of malignancy.² The exact prevalence of ovarian cysts remains uncertain due to many patients being asymptomatic and undiagnosed. Prevalence varies based on the studied

population. About 4% of women may require hospitalization for ovarian cysts by age 65. In a random sample of 335 asymptomatic women aged 24 to 40, the prevalence of adnexal lesions was 7.8%.³ Another study examining ovarian cysts in postmenopausal women found a 2.5% prevalence of simple, single-chambered adnexal cysts.⁴ Follicular cysts develop when ovarian follicles do not rupture during ovulation, appearing as smooth, thin-walled, and single-chambered structures. They can form in the follicular phase due to factors such as excessive FSH stimulation or a missing LH surge at mid-cycle, which typically triggers ovulation. These cysts grow in response to hormonal stimulation.

Corpus luteal cysts can vary in appearance and may contain debris. They are common in pregnancy and typically resolve by the end of the first trimester. These cysts, along with follicular cysts, can become haemorrhagic but are usually asymptomatic and self-resolve.⁵ Theca lutein cysts result from excess hCG, often in pregnancy. Polycystic ovary syndrome affects 5-10% of reproductive-age women, causing infertility. It's often linked to diabetes and cardiovascular disease, characterized by enlarged ovaries with multiple small follicular cysts.⁶ Dermoid cysts, or mature cystic teratomas, display diverse appearances due to containing elements from all three germ layers. Some may include struma ovarii, a thyroid-rich teratoma. Though typically benign, about 1-2% can turn malignant.⁷ Endometriosis involves endometrial tissue outside the uterus, often affecting the ovary, resulting in chocolate cysts due to dark, gelatinous contents.

Symptoms may include unilateral lower abdominal pain, which can vary in intensity and type (sharp or dull). In cases of cyst rupture or ovarian torsion, sudden severe pain, along with nausea and vomiting, can occur. Additionally, ovarian cysts can lead to irregular menstrual cycles and abnormal vaginal bleeding.⁸

Cancer antigen 125 (CA125) is a cell membrane protein found in healthy ovarian tissues and ovarian cancers. Elevated levels are common in ovarian cancer, especially when combined with transvaginal ultrasound in postmenopausal women for evaluation. Transvaginal ultrasound is the preferred imaging method to distinguish benign from malignant masses. Three common complications of ovarian cysts frequently seen in the emergency department include: Rupture, Haemorrhage, Torsion

CASE REPORT

Patient information: A lady aged 67 years visited the outpatient department of National Research Institute In Mental Health, Kottayam on 19/06/2023, with the complaints of pain and heaviness in right side of lower abdomen extending to right thigh for last 4 months which aggravated on physical exertion 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 right side of lower abdomen. Consulted Physician did USG and MRI Pelvis, and CA 125. Diagnosed with Right tubo ovarian lesion and subserosal fibroid. She had been on conventional treatment for 4 months without any relief.

Past history:

Patient suffered from chicken pox at 10 yrs. took conventional treatment.

Suffered from COVID in 2020. took conventional treatment.

Family history:

4 siblings, patient is youngest of family. Father died of Asthma. Mother died, suffered from type 2 DM. Elder brother suffering from Type 2 DM

Personal history: Patient is a housewife and was married at age of 17 year, with 3 children. she was a non-vegetarian.

Physical generals

Appetite: Moderate

Thirst: Increased for large quantities of water

Desire: warm food

Aversion: eggs

Sweat: profuse

Stool: Regular

Urine: Normal flow

Thermal reaction: Hot patient

Menstrual history

Menarche: At the age of 13 years. Menses was regular no history of menorrhagia or dysmenorrhoea.

Menopause: 55 years

Obstetric history

G3P3A0L3, Normal vaginal delivery, no complications

Mental symptoms:

calm, sensitive to emotions, desire travelling

General survey: The patient was mentally alert, conscious, without any features of anaemia, cyanosis, jaundice or clubbing. Blood Pressure: 140/80 mm of Hg, pulse: 72/min, weight: 65 kg. Respiratory rate: 16/ min.

Temperature: afebrile

Physical examination: Tenderness is present in right iliac fossa on superficial palpation.

Rovsing sign negative.

Laboratory investigation: Ultrasonography (USG) of abdomen done on 03.06.2023, impression:

1]right adnexa show solid hetero echoic lesion measuring 3.6x3.4x2.4cm [volume 16cc] with vascular supply arising from uterus

2]pedunculated right lateral wall subserosal fibroid

On 08/06/2023 CA 125 -12.44U/ml

Analysis and evaluation

calm, sensitive to emotions, desire travelling

Thermal reaction: Hot patient

Thirst: Increased for large quantities of water

Desire: warm food; Aversion: eggs

Pain and heaviness in right side of lower abdomen extending to right thigh which aggravated on physical exertion and relieved by rest and warm application.

Case analysis

Based on Homeopathic totality of symptoms and individualisation did repertorisation using RADAR synthesis. Bryonia Alba 30c was prescribed based on the susceptibility of the patient.

Remedial analysis

Bryonia [12/6] , Phosphorus[12/6], Calcarea carb[7/6], Natrum mur[9/5] ,Tuberculinum [7/5],Belladonna[5/5] were the remedies in the top gradation.

Table :1 Repertorial Sheet

Remedy selection and administration/ Prescription: Bryonia 30, two doses in saccharum lactis (sac. lac.) weekly once at night, followed by Blank tablets 1 grain thrice daily for 15 days given on 19/07/2023.

Follow Up**Table :2 Follow up Sheet**

DATE	CHANGE IN SMPTOMS	PRESCRIPTION
02/08/2023	General relief of symptoms Pain in right side of lower abdomen reduced by 50%, Heaviness in abdomen present Other generals good	1] BRYONIA 200/4 DOSES Weekly one dose at night 2] BT ₁ [1-1-1] For one month
02/09/2023	General relief of symptoms Pain in right side of lower abdomen reduced Heaviness in abdomen reduced than before Generals good	1] BRYONIA 200/4 DOSES Weekly one dose at night 2] BT ₁ [1-1-1] For one month
15/09/2023	Feels better No pain in abdomen. On examination no tenderness in abdomen	1] Sac lac /4 doses (weekly one dose at night) 2] BT ₁ [1-1-1]

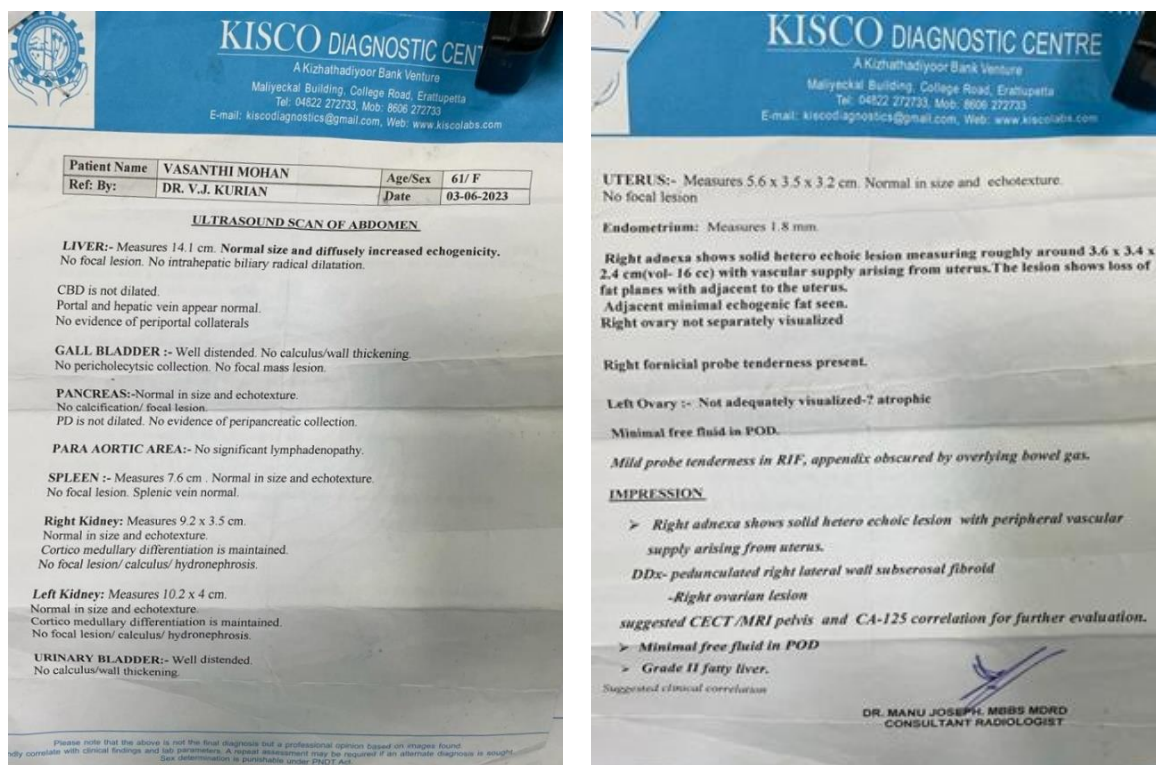


Figure 1.USG ABDOMEN BEFORE TREATMENT

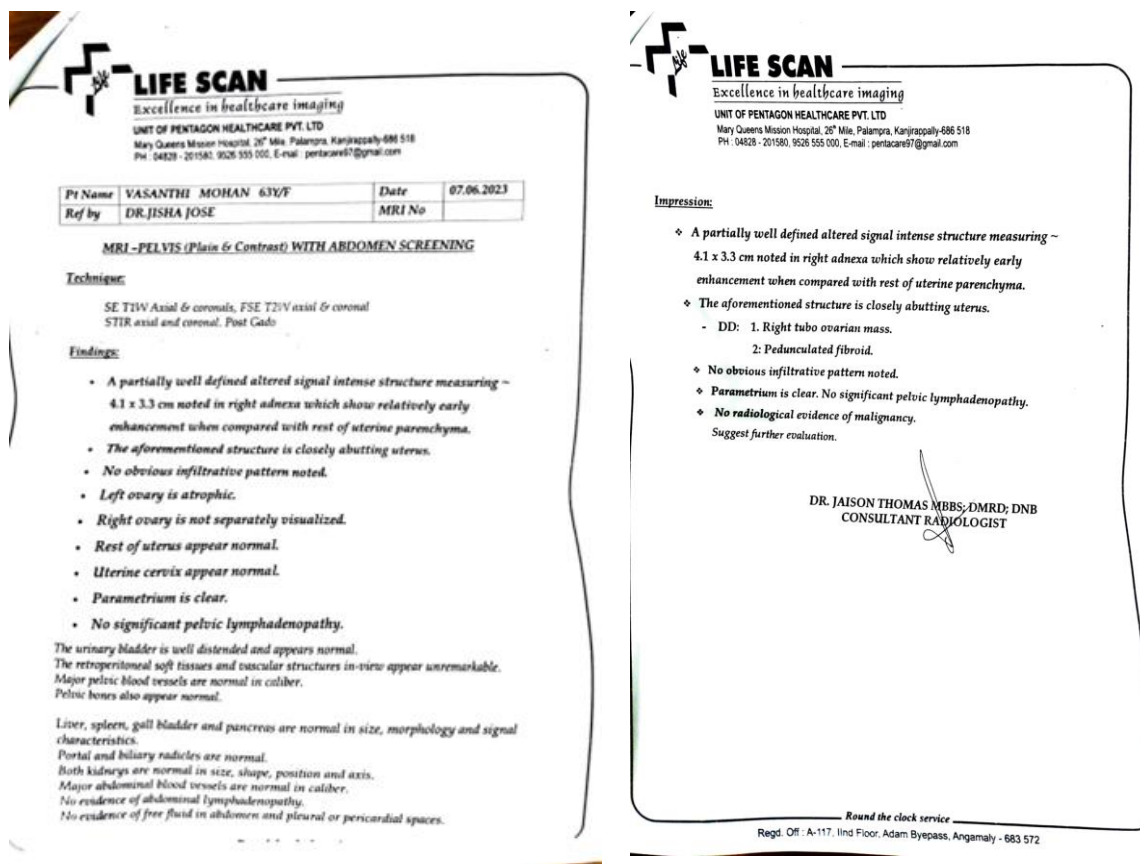


Figure2.MRI PELVIS BEFORE TREATMENT

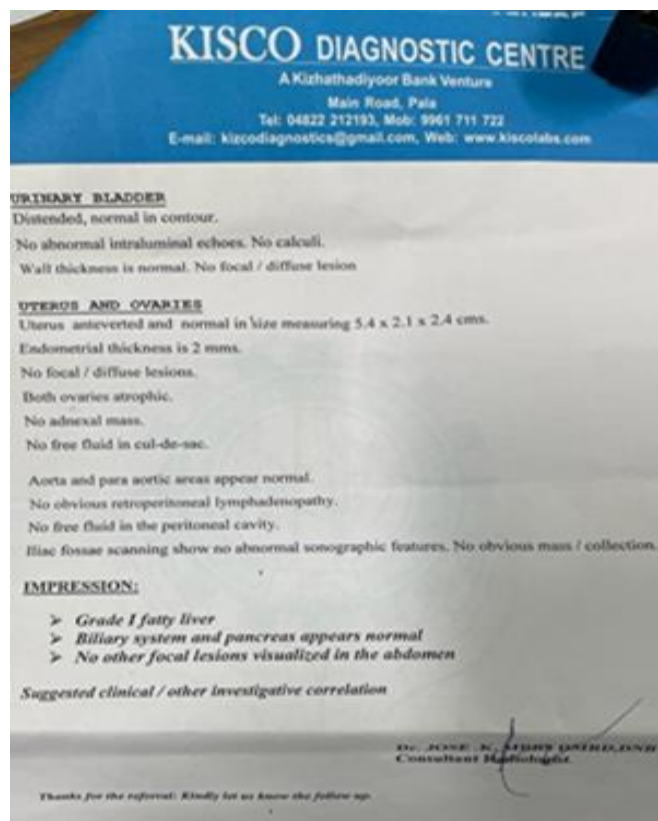
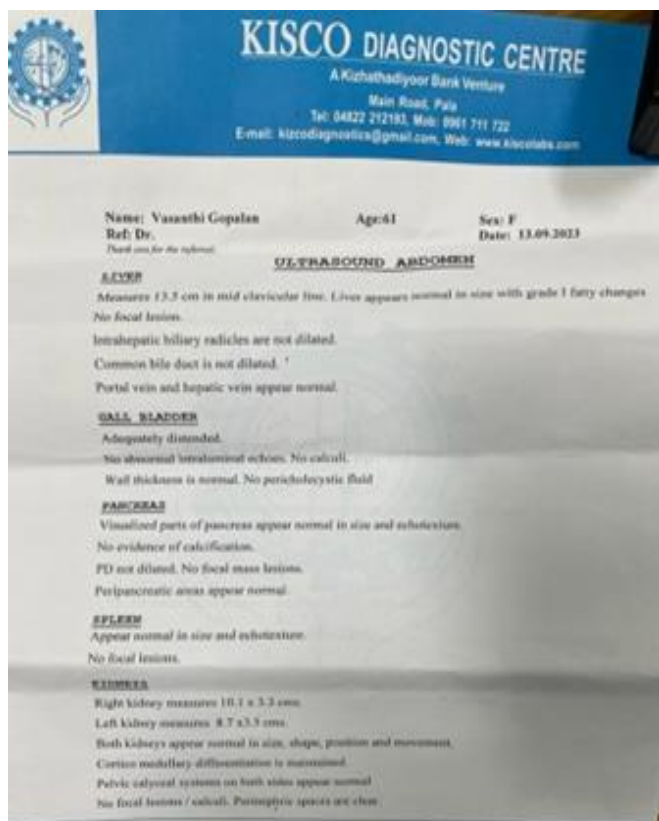
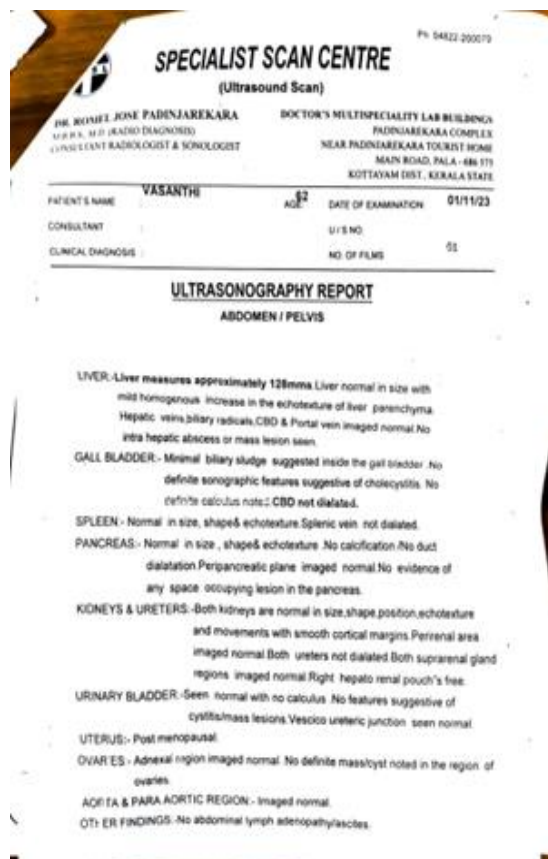


Figure 3.USG ABDOMEN AFTER THREE MONTHS OF HOMEOPATHIC TREATMENT



IMPRESSION

- Tenderness elicited on transducer pressure in the region of right iliac fossa. No definite sonographic features suggestive of mass/ abscess noted at the time of scan.
- Small calculus measuring approximately 4mm suggested in middle calyceal region of right kidney without hydronephrosis. Right ureter not dilated.
- Left kidney, urinary bladder, Vesicoureteric junction imaged normal. Left ureter not dilated.
- Mild fatty infiltration of liver is suggested. (Grade-I). Portal vein not dilated.
- Cortical thickness cortico- medullary differentiation of both kidneys are normal.
- Normal Spleen and pancreatic region.
- Please correlate with clinical & laboratory findings.

Dr. Romel Jose Padinjarekara MD
Radiologist & Sonologist
Enclosed Photographs(1)

Figure 4.USG ABDOMEN /PELVIS AFTER TREATMENT

Discussion:

There are many "disease-specific" remedy in homeopathy. Each prescription is unique and tailored to the individual case. Constitutional remedies are selected based on psycho-neuro-endocrine axis and aim to reverse pathological changes in the ovaries. This case aligns with previously published clinical studies supporting individualized homeopathic treatments for ovarian mass.

Conclusion:

This case report highlights the effectiveness of individualized homeopathic treatment for adnexal mass based on homeopathic principles. Encourages homeopathic physicians to rely on homeopathic philosophy in treating such cases rather than resorting to disease-specific patent medicines. Homeopathy, based on the principles of individualization, provided relief for a 67-year-old woman suffering from pain and heaviness in the lower abdomen attributed to a right tubo ovarian mass and subserosal fibroid. Bryonia Alba 30c was selected as the remedy, resulting in improved symptoms. Further studies are required to validate the efficacy of homeopathic interventions in such cases.

Patient Consent:

Written informed consent was obtained from the patient for the publication of this case report.

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Conflicts of Interest:

No conflicts of interest.

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