

# Ovarian Cyst: The Constitutional Approach

Mrs P 29 yr, Hindu housewife came with following complaints on 15<sup>th</sup> April 1999.

Location	Sensation & Pathology	Modalities A F	Accompaniments
Female reproductive System. Since 7 yrs Rt lumbar Rt. Iliac region. Recurrent attacks Rx – Operated Lt Ovarian cyst in 1997.	Pain ++ Radiates to back	< during menses ++ < strain ++	Weakness ++ Infertility -

## PAST HISTORY

Pt was operated for ovarian cyst in 1997. No relevant history of Diabetes Mellitus, Hypertension, Tuberculosis or menstrual irregularities.

## FAMILY HISTORY:

Elder sister – Ovarian cyst.  
No F/H of DM, Hypertension, TB

## PATIENT AS A PERSON (PHYSICAL GENERALS):

**APPETITE: Reduced. Diet -Vegetarian.**

Desires: Spicy food, pickles.

Aversion: Sweets, butter / ghee.

THIRST: GOOD

PERSPIRATION– Increased + +. Non-offensive, non-staining.

BOWEL HABITS – Regular, twice / day, hard stool

MICTURITION – Normal. 6-8/day.

## MENSTRUAL HISTORY:

FMP 13 y LMP 29.3.99

Irregular cycle, scanty discharge.

CHARACTER - Dark red in colour, Clots+++

**Complaints – B / D / A.**

M D - Pain abdomen, radiating to back.  
Headache.

## REACTIONS TO PHYSICAL FACTORS:

Prefers rainy season. Takes warm water bath.

Uses covering during sleep irrespective of seasons.

C2 H2 - C3 H2

## INTELLECTUAL AND EMOTIONAL STATE:

Average perceptive module.

Lachrymose +++ Weeps thinking about her complaints.

Wept continuously during interview.

BROODING ++ Dwells over disagreeable consequences due to health hazards.

IRRITABLE Gets sensitized fast, but conceals her anger to herself.

FEAR ++ Being alone +, night ++, strangers.

INDOLENT Towards external affairs.

## REACTIONS:

Consolation ameliorates; Likes company.

**SLEEP AND DREAMS:** Sleep – good 10pm to 6 am.

Dreams unremembered.



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**LIFE SPACE INVESTIGATIONS:**

Mrs P is from a lower middle class family, having 7 sisters and 2 brothers. As a member of a large family, she could not concentrate on her career and could study only up to SSLC.

She got married at 22 years. After marriage she remained a housewife. She could not conceive even after seven years of marriage. She was upset by the taunts by her relatives and neighbours regarding her barrenness and it built up tension in her. She would weep for any trifle provocation.

She stays with her in-laws. Basically she is short tempered but has to suppress her anger. She likes to be consoled only by her loved ones. But most times she is indolent even towards family members and reluctant to get involved in personal matters.

**GENERAL PHYSICAL EXAMINATION:**

**Appearance:** lean. Weight 35 kgs. Ht- 5 ft.

Face Dull appearance. Pallor +++

BP 120 / 80mm/Hg. Pulse 73 / mm

RR 18 / mm Temp 98.4° F

Cyanosis, Clubbing, Oedema feet, significant Lymphadenopathy- Absent

**SYSTEMIC EXAMINATION:**

**Per abdomen** - No tenderness

Mass palpable in the Rt iliac and lumbar region, which is movable side to side. No organomegaly.

CVS & RS—NAD

**INVESTIGATIONS: Pelvic Sonography:**

11.6.97 Well defined oval cystic lesion 6x4cms in left adnexa. Rt adnexa 3x3 cm mass.

20.3.98 -Rt ovarian cyst 6.1 cm x 5 cm x 4 cm

**DIAGNOSIS**

Ovarian cyst Rt.

Asymptomatic presentation

Pain abdomen during menses

Irregular menstrual bleeding occasional.

Recurrent involvement of both ovaries (left cyst got

operated in '97)

Infertility

O / E – Mass per abdomen – lumbar and Rt iliac region mobile side to side.

On investigation – Pelvic sonography confirmed ovarian cyst.

**Totality- CHRONIC CONSTITUTIONAL TOTALITY:**

**Mental generals:** Already defined above

**Physical generals:** Chilly patient

App – good, vegetarian

Cr – spicy food, pickles

Av - sweets, butter / ghee.

Thirst – good

Perspiration – Increased all over.

Bowel - Regular twice / day hard stool.

Micturition - NAD

Menses - Irregular Scanty clots++

**Characteristics Particulars:**

Pain abdomen radiating to back. Weakness and fainting with extreme. Headache during menstrual nisis.

**MANAGEMENT:**

**General:** Diet – Advised fibrous vegetables and more fruits fluids to combat bowel habits and anaemia.

**Specific:** *Sepia* as a constitutional remedy in suitable potency according to susceptibility, remedy response of the case.

**CONCLUSION:**

Although ovarian follicular cyst is a structural variability at tissue level, a prompt constitutional approach can abort the pathology and prevent succeeding complication. In this case, I made an attempt to identify the constitutional remedy to annihilate the underlying cause of infertility of young female and strengthen her, up by stabilizing her blood haemoglobin concentration too. *Sepia* – a remedy of inestimable value, introduced by Hahnemann, led this patient from sickness to health.

## FOLLOW-UP:

15.04.99	First prescription	<i>Sepia</i> 30 -IP H S / wkly x 4 weeks No (ii) pills 4 - 4 - 4
10.05.99	Pain abdomen > 10%. LMP - 26.04.99 ●lots of menstrual flow > ++. Weakness > ++	<i>Sepia</i> 200 -IP H S / wkly x 4 weeks No (ii) pills 4 - 4 - 4
10.06.99	Pain abdomen > ++. LMP - 22.05.99 (26d) No clots during menses.	<i>Sepia</i> 1M / IP H S No. (ii) pills 4 - 4 - 4.
05.08.99	Pain abdomen > ++ 50%. LMP 11 <sup>TH</sup> July. (49d) On investigation - cystic right ovary 4.3 x 3 cms with Follicles of 2 - 3 cms. Follicles reduced as in com- pared to 20.03.99 (50d)	<i>Sepia</i> 1M / IP H S No (ii) pills 4-4-4
04.10.99	LMP: Sept 1 <sup>st</sup> . Pain abdomen > ++ No clots. Generally improved.	<i>Sepia</i> 1M / IP H S / wkly. x 4 weeks No (ii) pills 4-4-4
02.12.99	LMP - Nov 17 <sup>th</sup> (47d) Regular cycle, uneventful, no pain abdomen. Occ Backache.	<i>Sepia</i> 1M / IP H S / wkly No (ii) pills 4-4-4
03.04.00	Advised pelvic sonography; Report- normal size of right ovary 3 x 2 cm with follicles 15mm. Normal study with no evidence of hepatabiliary, renal or pelvic pathology. Advised to stop medication thereafter.	<i>Sepia</i> 1M / 8P (1P) HS / wkly

## REFERENCES:

1. James Tylor Kent - Lectures on Homoeopathic Philosophy - Emorial edn.
2. M. L. Tylor - Homoeopathic drug pictures - B. Jain Publishers.
3. N. M. Choudhari - A study on Materia Medica 2<sup>nd</sup> ed B. Jain Publishers.
4. Shaw's textbook of Gynaecology - eleventh et al B. I. Churchill Livingstone Pvt Ltd. New Delhi.
5. William Boericke - Pocket Manual of Homoeopathic Materia Medica and Repertory - Reprint edn - B. Jain Publishers.

## An easy easy quiz for you...or so it seems.

- 1) How long did the Hundred Years War last?
- 2) Which country makes Panama hats?
- 3) From which animal do we get catgut?
- 4) In which month do Russians celebrate the October Revolution?
- 5) What is a camel's hair brush made of?
- 6) The Canary Islands in the Pacific are named after what animal?
- 7) What was King George VI's first name?
- 8) What color is a purple finch?
- 9) Where are Chinese gooseberries from?

All done? Check your answers on Page No 426