Removal of Large Sized Ovarian Cysts by Potentized Homeopathic Remedies: A Myth or a Dependable Alternative Option

Abstract
Removal of large sized ovarian cysts by homeopathic treatment is generally not considered as a dependable option vis-a-vis removal via surgery. In this communication, we present three authentic cases of successful removal of big sized ovarian cysts by administration of a single potentized homeopathic remedy, Apis mellifica, selected on the basis of totality of symptoms, and authenticated with the aid of ultrasonographic as well as hormonal studies.

Keywords: Human; Ovarian cyst removal; Homeopathy; Apis mellifica; Ultrasonography; Hormones

Introduction
An ovarian cyst can be defined as a collection of fluid surrounded by a very thin wall within an ovary; any follicle larger than about two centimetres is termed as an ovarian cyst [1], and they vary in size from a pea (small) to much larger size, almost that of an orange. Although they are mostly found in women of reproductive age and most of them are harmless or benign in nature they are reported occasionally to cause severe pain in the abdomen with menstrual irregularities and cause excessive bleeding. In such cases when the cyst size is causing concern not only for its increasing size but also for causing certain undesirable symptoms like dull aching or sudden sharp stitching pain in lower abdomen, pain during coition or even during bowel movements it has to be treated with some seriousness; it also sometimes gives a full or bloated feeling after eating a small meal and also produces a constant nauseating or vomiting tendency. If patients with these symptoms visit an orthodox medical practitioner or surgeon, they are generally advised for surgical intervention to save the patient from further unwanted sufferings. There is a lack of confidence in both the patients and also in less experienced homeopathic practitioners to decide, particularly when the cyst size is alarming, if the patient should undergo surgical intervention or can undertake homeopathic course of treatment. Lack of many published case reports on successful removal of large sized ovarian cysts indicating efficacy of specific homeopathic remedies without necessity of any surgical intervention, is the main cause of such a dilemma. Thus, there is a need for documentation of cases of successful removal of cysts, preferably by well selected single homeopathic remedy. Practitioners of orthodox medicines or surgeons also find some cases where even after surgical intervention, there may be development of fast growing tissue with the risk of leading it to cancer at the site of surgical incision [2,3]. However, such cases are relatively few. For the treatment of large ovarian single cysts, homeopathic remedies are selected by taking into consideration totality of symptoms and based further on individualization of the particular patient in consultation with the repertorial rubrics [4] (Table 1). Several drugs are effectively used in different patients depending on their totality of symptoms and particularly taking into consideration some "repertorial guiding symptoms" [4-6] (Table 1); the most commonly used drugs are Apis mellifica, Belladonna, Lachesis, Arsenicum alb, Thuja etc. [4] (Table 1), of which Apis mel patients have typical symptoms as mentioned in Allen [5] and Boreicele [6] which can clearly distinguish them from that of the other drugs.

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 [4-6]. 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. In course of our extensive studies being carried out on patients with ovarian single cysts and multiple cysts [7,8], we are reporting here three cases of patients, who presented typical guiding symptoms that agreed well and justified with the selection of Apis mellifica as the single remedy without any ambiguity.
Table 1: Kent’s Repertory with chapter, page number and concerned rubric indicating *Apis mel* to be the first drug of choice for all three patients.

| Symptoms                          | Symptoms References with Grade and Medicines                                                                 | Chapter | Page No |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------|---------|---------|
| **Tumour Ovaries**                | *Tumours*<br>Calc., coc-c., lyc., nit-ac.<br>encysted : Bar-c., calc., carb-s., graph., kali-c., lyc., nit-ac., rhod., sabin., sep., sil., sulph.<br>erectile : Ars., carb-an., carb-v., kreos., lach., lyc., nit-ac., phos., plat., sep., sil., sulph., thuj.<br>bleeding : Arn., coc-c., kreos., lach., phos., puls., thuj.<br>blue : Carb-v.<br>burning : Calc., carb-an., thuj.<br>itching : Nit-ac.<br>pricking : Carb-v.<br>sticking : Nit-ac.<br>hard : Carb-v.<br>Genitalia female | 745     |
| **Ovaries**                       | *Ovaries*<br>Apis*, apoc., ars-i., ars., bar-m., calc., coloc., fl-ac., graph., hep., iod., lach., lyc., plat., podo., staph., stram., syph., thuj., zinc.<br>right : *Apis*, fl-ac., iod., Lyc., podo.<br>left : Lach., podo.<br>cysts : Apis*, bov., bufo., canth., carb-an., coloc., iod., kali-br, lach., merc., murx., plat., prun-s., rhod., rhus-t., thuj.<br>fibroids : Apis., calc., coloc., fl-ac., hep., iod., lach., merc., plat., podo., staph., thuj.| 744     |
| **SWOLLEN**                       | *SWOLLEN*<br>Am-c., ambr., apis., ars-i., Ars., asaf., aur-m., aur-s., aur., bell., bry.<br>calc-p., calc-s., calc., cann-s., canth., carb-an., carb-v., coc-c., coll., coloc., con., dig., ferr-i., goss., graph., helon., kali-bi., Kreos., lac-c., lach., lil-t., meph., merc., nat-s., Nit-ac., nux-v., phos., podo., Puls., Rhus-t., sec., sep., sulph., thuj., urt-u..........| 744     |
| **Ovaries**                       | *Ovaries*<br>Alum., apis*, ars., atro., bell., brom., bufo., carb-ac., coll., coloc., con., cub., goss., graph., ham., iod., kali-br, kali-i., lach., lila-t., med., nat-h., nux-m., pall., staph., syph., thuja., ust-i.............<br>right : *Apis*, lyc., pall.<br>left : Brom., carb-ac., graph., kali-br, Lach., lil-t., nat-h.<br>menses, before : Brom.<br>during : *Apis*, brom., nat-h.| P-744   |
| **Pain in Right lower Abdomen**   | *Pain in Right lower Abdomen*<br>stinging pain; sense of tightness; bearing-down<br>Tightness in ovarian region on raising arms :<br>2nd grade symptoms *Apis*<br>Genitalia female | 744     |
| **Touch Aggravation**             | *Touch Aggravation*<br>Apis 1st grade<br>Urine scanty<br>Vertigo : closing eyes : on *Apis* grade 2 symptoms<br>Vertigo : lying : while-*Apis* grade 2 symptoms<br>Constriction urinating during - *Apis* grade 2 symptom<br>Warmth Aggravation<br>Pressure Aggravation<br>Genitalia female | 1407    |
| **Urine scanty**                  | *Urine scanty*<br>1st grade symptoms-*Apis* 1st grade<br>Vertigo : closing eyes : on *Apis* grade 2 symptoms<br>Vertigo : lying : while-*Apis* grade 2 symptoms<br>Constriction urinating during - *Apis* grade 2 symptom<br>Warmth Aggravation<br>Pressure Aggravation<br>Genitalia female | 688     |
| **Vertigo on closing eyes**       | *Vertigo*<br>Vertigo : closing eyes : on *Apis* grade 2 symptoms<br>Vertigo : lying : while-*Apis* grade 2 symptoms<br>Constriction urinating during - *Apis* grade 2 symptom<br>Genitalia female | 98      |
| **Vertigo on lying down**         | *Vertigo*<br>Vertigo : lying : while-*Apis* grade 2 symptoms<br>Genitalia female | 101     |
| **Burning urethra during**        | *Burning urethra during*<br>Constriction urinating during - *Apis* grade 2 symptom<br>Urethra | 669     |
| **Warmth Aggravation**            | *Warmth Aggravation*<br>*Apis* 1st grade<br>Genitalia female | 1412    |
| **Pressure Aggravation**          | *Pressure Aggravation*<br>*Apis* 1st grade<br>Genitalia female | 1392    |

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Case Presentation

Case study

The common general symptoms of all the three patients as well as minor individual deviations have been mentioned in Tables 2-4 for the three patients. All of them were confirmed cases of bearing large single cysts located in right ovary. They visited the clinic mainly with a complaint of nagging pain in the right abdominal region and some menstrual problem. They were first advised to perform trans-ovarian ultra-sonography (USG) at the earliest which they complied with. USG reports confirmed presence of large sized cysts in all of them.

Table 2: Details of symptoms, prescriptions, and improvements of the Patient No. 1 (Age: 19 years, unmarried).

| Visit               | Symptoms                                                                 | Medicine Given | Period of Taking Medicine | Advised to Come After |
|---------------------|--------------------------------------------------------------------------|----------------|---------------------------|-----------------------|
| First Visit 18.04.2015 | USG showed mild diffuse fatty change of liver, bulky uterus, complex cyst in right ovary, size- 89.1 mmX56.1 mm  
General symptoms: Sensation of stiffness and as of something torn off in the interior of the body; abdomen sore and sting ing pains, pain in right lower abdomen; menses scanty, painful, dysmenorrhea, with heaviness of lower abdomen; sense of tightness; bearing-down, as if menses were to appear; tenderness felt at perineum region; leukorrhea at onset of menstruation; much prostration, and cannot concentrate her mind when attempting to read or study even a story book; vertigo on lying down or closing eyes; burning and soreness when urinating, pain and urine scanty.  
Modalities: Aggravated by warmth, touch and pressure; feels better in open air, and cold bathing; | Apis 30          | Twice daily for 10 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 20 days | Advised to report after 30 days |
| 20.05.2015          | Improvement of her pain in the abdomen.                                    | Placebo        | 1 month                   | 1 month               |
| 19.06.2015          | Feeling of weakness gradually improving; urinary symptoms also improved considerably. | Placebo        | 1 month                   | Advised to report after 30 days |
| 22.07.2015          | Once experienced moderate (bearable) pain with burning feeling in the urethra, in 1st week of July2015. | Apis 200      | Twice daily for 2 days, with placebo for the rest 28 days | 1 month |
| 19.08.2015          | Felt mild pain in the abdomen once only, otherwise doing well.              | Placebo        | 1 month                   | 1 month               |
| 23.09.2015          | Status of patient further improved in respect of all symptoms and she continued to feel good with regular and normal menstruation.  
                              | placebo         | 1 month                   | Advised to report after 30 days |
| 20.10.2015          | Reported bleeding in last cycle quite profuse and pain recurred. Once urethral burning felt. | Apis 1 M       | 2 doses for 2 days, once daily, rest 28 days placebo | Advised to report after 30 days |
| 18.11.2015          | Reported remarkable improvement                                              | Placebo        | 2 doses, once daily for 2 days Placebo for 1 month | 1 month, Advised for another USG. |
| Final visit 18.12.2015 | No complaints, the patient was doing well and has not reported so far. | No medicine prescribed | Advised to report if any problem recurs in future | USG showed no abnormality. (Figure 1 & 2) |

Treatment

The detailed initial symptoms of the three patients, who visited the clinic on different dates, their prescriptions made, and their gradual symptomatic amelioration as well as hormonal data has been summarized in Table 2-5 and Figure 1-7. The USG images of the respective patients have been provided showing the status before the beginning of homeopathic drug administration and also after the treatment was complete (Figure 1-6), for patients 1-3, respectively. For statistical analysis of the hormonal data, standard student “t” tests were performed before and after administration of the homeopathic medicines.
Table 3: Details of symptoms, prescriptions, and improvements of the Patient No. 2 (Age 26, unmarried).

| Visit          | Symptoms                                                                 | Medicine Given | Period of Taking Medicine | Advised to Come After |
|---------------|--------------------------------------------------------------------------|----------------|---------------------------|-----------------------|
| First Visit 12.03.2014 | 11/3/2014 Bulky right ovary and presence of right ovarian cyst [47mmX35 mm] Pain right lower abdomen, menses alternately scanty and profuse, painful, with heaviness of lower abdomen, stinging pain; sense of tightness; bearing down, as if menses were to appear; abdomen sore and tenderness felt at perineum region; leucorrhoea at onset of menstruation, vertigo on closing eyes, burning and soreness in urethra, urine scanty. Modalities-Aggravated by warmth, touch and pressure; feels better in open air, and cold bathing. | Apis 30        | Twice daily for 8 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 22 days | Advised to report after 30 days |
| 18.04.2014    | Improvement of her pain in the abdomen.                                  | Placebo        | 1 month                   | One month             |
| 20.05.2014    | Feeling of weakness gradually improving; urinary symptoms also improved considerably. | Placebo        | 1 months                  | Advised to report after 30 days |
| 17.06.2014    | Right abdominal pain of moderate and bearable intensity with burning feeling in the urethra, | Apis 200       | Twice daily for 2 days, with placebo for the rest 28 days | One month             |
| 21.07.2014    | Felt mild pain in the abdomen once only otherwise doing well.            | placebo        | 1 month                   | One month             |
| 29.08.2014    | Presenting symptoms gradually improving, Status of patient further improved and she continues to feel good with regular and normal menstruation | placebo        | 1 month                   | Advised to report after 30 days |
| 24.09.2014    | Profused bleeding with pain in abdomen.                                  | Apis 1 M       | 2 doses for 2 days, once daily, rest 28 days placebo | One month             |
| 23.10.2014    | Doing well without any complaint.                                        | placebo        | One month, Advised for another USG |                       |
| Final visit 26.11.2014 | Reported vast improvement                                                | No medicine prescribed | Advised to report if any problem occurs in future | USG showed no abnormality. (Figure 3&4) |
Table 4: Details of symptom, prescriptions, and improvements of the Patient No. 3 (Age 16 years, unmarried).

| Visit                  | Symptoms                                                                 | Medicine Given | Period of Taking Medicine | Advised to Come After |
|------------------------|--------------------------------------------------------------------------|----------------|---------------------------|-----------------------|
| First Visit 29.07.2014  | Right ovary shows a cyst extending into the Pouch of Douglas. Size not mentioned. General Symptoms: Severe pain in right lower abdomen, suppressed menses and scanty also, with heaviness of right lower abdomen, stinging pain; sense of tightness; bearing-down, as if menses were to appear; abdomen sore and stinging pains, tenderness felt at perineum region; leucorrhoea at onset of menstruation, frequently amenorrhoea for two or three months; burning sensation during urination; burning and soreness in urethra, and urine scanty. feels very tired, vertigo on closing eyes, craving of milk, thirst less. Modalities: Aggravated by warmth, touch and pressure; feels better in open air, and cold bathing. | Apis 30        | Twice daily for 8 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 22 days | Advised to report after 30 days |
| 25.08.2014              | Pain right abdomen gradually improving, feeling of weakness gradually improving; urinary symptoms also improved considerably. | Placebo        | 1 month                   | One month             |
| 21.09.2014              | Reappearance of right abdominal pain of bearable intensity with burning feeling in the urethra, Menstrual flow normal last month. | Apis 200       | Twice daily for 2 days, with placebo for the rest 28 days | One month             |
| 15.10.2014              | Symptoms that bothered her gradually improving. Status of patient further improved and she continued to feel good with regular and normal menstruation, no pain felt in this month. | placebo        | 1 month                   | One month             |
| 16.11.2014              | Reported painful and profuse bleeding in the last menstrual cycle.       | Apis 1 M       | 2 doses for 2 days, once daily, rest 28 days placebo | One month             |
| 19.12.2014              | Doing well without any undesirable symptoms. Advised to visit if any symptom recurs. | placebo        | One month                 | one month, Advised for another USG |
| Final visit 6.01.2015    | No complaints till now and have not visited so far.                      | No medicine prescribed | Advised to report if any problem occurs in future | USG showed no abnormality. (Figure 5& 6) |

Table 5: Hormonal parameters of each patient.

| Sl. No | Blood Parameter | Pt. No - 1 BM | Pt. No - 1 AM | Pt. No - 2 BM | Pt. No - 2 AM | Pt. No - 3 BM | Pt. No - 3 AM | Significant Level Between BM vs. AM |
|--------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------------|
| 1.     | LH mIU/ml      | 15.04         | 5.05          | 16.50         | 5.25          | 17.56         | 7.56          | ***                               |
| 2.     | FSH mIU/ml     | 4.70          | 4.90          | 4.55          | 4.15          | 6.55          | 7.16          | NS                                |
| 3.     | LH:FSH Ratio   | 3.2:1         | 1.03:1        | 3.62:1        | 1.26:1        | 2.68:1        | 1.05:1        | ***                               |
| 4.     | S. Free Testosterone pg/ml | 4.7 | 3.05 | 4.25 | 4.60 | 5.47 | 3.25 | *                                |
| 5.     | DHEAS µg/ml    | 180.22        | 189.06        | 206.58        | 210           | 201.23        | 195.22        | NS                                |
| 6.     | Prolactine ng/ml | 12.89         | 11.90         | 9.15          | 10.20         | 12.36         | 9.02          | NS                                |
| 7.     | E₂ ( Estradiol) pg/ml | 209.34        | 250.08        | 150.22        | 187.88        | 187.02        | 201.53        | NS                                |
| 8.     | Insulin (F) µIU/ml | 12.87         | 14.65         | 8.20          | 8.75          | 14.25         | 9.25          | NS                                |
| 9.     | Insulin (PP) µIU/ml | 90.55         | 82.44         | 100.03        | 96.45         | 95.22         | 89.25         | NS                                |
| 10.    | Glucose (F) mg/dl | 105.87        | 92.14         | 96.47         | 90.46         | 110.21        | 105.25        | NS                                |

p<0.05*, p<0.01**, NS= Non significant, BM= Before medicine, AM= After medicine

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Results and Discussion

From analysis of the change in ameliorating symptoms or recurrence of unwanted symptoms, the suitable potencies were prescribed; initially all three patients received the 30C potency and advised to come after one month. In all the patients, amelioration of symptoms like irregularity of menstruation, reduction in intensity of pain was noticed after administration of the 30C potency to a varying degree. Whenever there was a recurrence of symptoms after a period of steady amelioration, the next higher potency was chosen. And when all the symptoms were totally gone gradually, the final USG was advised for checking whether the cysts had also been removed. In all the patients, USG revealed presence of the cysts before drug administration, but finally in all the cases there was no more any trace of the cysts.

Figure 1: Images of Ultra-sonography of the patient No. 1 showing removal of the cyst from right ovary.

Figure 2: Ultra-sonographic reports of the patient No. 1 showing removal of the cyst from right ovary.

Figure 3: Images of Ultra-sonography of the patient No. 2 showing removal of the cyst from right ovary.

Figure 4: Ultra-sonographic reports of the patient No. 2 showing removal of the cyst from right ovary.

Figure 5: Images of Ultra-sonography of the patient No. 3 showing removal of the cyst from right ovary.

Figure 6: Ultra-sonographic reports of the patient No. 3 showing removal of the cyst from right ovary.
In order to correlate if hormonal activities in the patients during the treatment were also modulated we advised the patients to check up if there were any hormonal changes associated with the abolition of the cysts. The data in respect of certain probable hormones known to be associated with the formation/removal of cysts were therefore also recorded, both prior to and after completion of drug administration. The results of changes of the different important hormones have been enlisted in Table 5 and represented in the bar diagrams to show if the changes were statistically significant (Figure 7). An appraisal of the data would reveal that significant changes in the important hormones like LH (highly significant p<0.001), LH/FSH ratio (p< 0.001), and pre-testosterone (p<0.05) occurred during the period of drug administration to the end of the treatment period. These hormonal changes are significant in that the lower level of LH as well as the LH/FSH ratio are considered favourable factor for
promoting fertility and other associated phenotypic problems [8].
Apart from these remarkable changes, there were also indication
of favourable changes in certain hormones like estradiol, prolactin,
DHEAS and insulin (both fasting and pp) although these changes
were statistically insignificant. The glucose level for both fasting
and pp in all the patients were favourably modulated, though they
did not show statistical significance, partly because of the range
which is considered normal for a person varies (eg. between
80 and 110/120 mg/dl). Similarly all the symptoms had almost
gone away in all three patients and their final USG also confirmed
removal of their cysts.

Conclusion

In conclusion, the results of the present study would indicate
that proper selection of the homeopathic remedy matching the
totality of symptoms and in consultation with the Kent’s rubric [4]
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. This can curtail
cost of treatment for the economically under-privileged section
of the people as well, particularly residing in remote areas where
medical amenities and infra-structural facilities for doing surgery
are by and large are still unavailable [9].

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References

1. OWH (2015) Ovarian cysts.
2. Benifla JL, Hauuy JP, Guglielmina JN, Walker-Combrouze F, Bocquet
   L, et. al. (1992) Celioscopic removal of cysts: a fortuitous histological
discovery of an ovarian carcinoma. A case report. J Gynecol Obstet
   Biol Reprod 21(1): 45-49.
3. Renolleau C, Darai E, Madelein P, Benifla JL, Neu AM (1997)
   Laparoscopy and ovarian cancer: dangers and precautions. Contracept
   Fertil Sex 25(9): 5-10.
4. Allen HC (2002) Keynotes and characteristics with comparisons of
   some of the leading remedies of the Materia Medica with nosodes.
   (2nd edn), B Jain Publishers Pvt. Ltd., New Delhi, India.
5. Boericke W (2002) Pocket Manual of Homeopathic Materia
   Medica & Repertory: Comprising of the Characteristic and Guiding
   Symptoms of All Remedies [clinical and Pahtogenetic [sic]] Including
   Indian Drugs. (2nd edn), Jain Publishers (P) Ltd., New Delhi, India.
6. Kent JT (1985) Lectures on Homeopathic Materia Medica: Together
   with Kent’s "new Remedies" Incorporated and Arranged in One
   Alphabetical Order. (2nd edn), B Jain Publishers Pvt. Ltd., Noida,
   India.
7. Das D, Das I, Kayal SK, Khuda-Bukhsh AR (2016) Efficacy of
two traditionally used potentized homeopathic medicines, Calcarea
   carbonica and Lycopodium clavatum, used for treating PCOS
   patients: I. Effects on certain important external guiding symptoms.
   TANG [HUMANITAS MEDICINE] 6(1): 1-6.
8. Das D, Das I, Kayal SK, Khuda-Bukhsh AR (2016) Efficacy of
two commonly used potentized homeopathic drugs, Calcarea
   carbonica and Lycopodium clavatum, used for treating polycystic
   ovarian syndrome (PCOS) patients: II. Modulating effects on certain
   associated hormonal levels. TANG [HUMANITAS MEDICINE]. 6(1):
   1-7.
9. Banaszewska B, Spaczyński RZ, Pelesz M, Pawełczyk L (2003)
   Incidence of elevated LH/FSH ratio in polycystic ovary syndrome
   women with normo- and hyperinsulinemia. Rocz Acad Med Bialymst
   48: 131-134.