

# A case of Large Ovarian Cyst cured with homoeopathy

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This case history shows how Homoeopathic treatment resolves the gross pathological changes in an individual with marked manifestations forming an exact portrait of signs and symptoms. The careful case taking and correct analysis of collected data leads the physician to easily recognize the remedy and the result is always miraculous.

Mrs. Ash, Female- 30 years, Date of consultation- 07-02-2014

## Presenting Complaints

This lady presented with heat in palms and soles and headache in right temporal region better after vomiting along with severe burning during urination, painful menses with premenstrual engorgement of breasts before and during menses.

## Clinical history

She was much restless, anxious, but thirst less, constipated with no urging for four to five days, hard, dry stool. Had offensive perspiration, with offensive leucorrhoea with fishy odour. She had right temporal headache with amelioration by vomiting for seven years along with heat in palms and soles. Now she had developed bland piles for a few months with dry hard stool and sluggish rectum.

Had severe burning during urination, premenstrual engorgement of breasts before and during usually always painful menses.

Had offensive perspiration.

She was multiparous, normotensive, normoglycemic, irritable, confused, introvert and dull lady.

## Past History

She was having recurrent history of right sided headache for last seven years. Headache better after vomiting with heat in palms and soles. Had history of recurrent calculi in either kidney.

## Mental Generals

- Restlessness
- Dull

- Anxious (About her health)
- Confused
- Irritable
- Introvert

## Physical Generals

- Thirst less
- Lean thin built
- Desires sweets and warm food
- Hot
- Better after vomiting
- The entire discharges offensive

## Clinical diagnosis

Right ovarian Cyst with tiny left renal calculi

## Clinical analysis

### Rubrics

Rubric	Miasm
<b>Irritability</b>	psora+++ sycosis+++
<b>Anxiety - health; about - own health; one's</b>	psora+++
<b>Dullness</b>	sycosis+ syphilis+++
<b>Confusion of mind</b>	psora++ sycosis+
<b>Restlessness</b>	psora++++
<b>Introspection</b>	psora+
<b>Sweets – desire</b>	psora+++ syphilis+
<b>Warm food – desire</b>	psora+++
<b>Discharges- offensive, fetid</b>	psora+ sycosis+
<b>Menses – painful</b>	psora+++ sycosis++ syphilis+
<b>Leukorrhea - offensive - fish-brine, like</b>	psora+ sycosis++
<b>Swelling - mammae - menses - before - agg.</b>	Psora+
<b>Swelling - mammae - menses - during - agg.</b>	Psora+

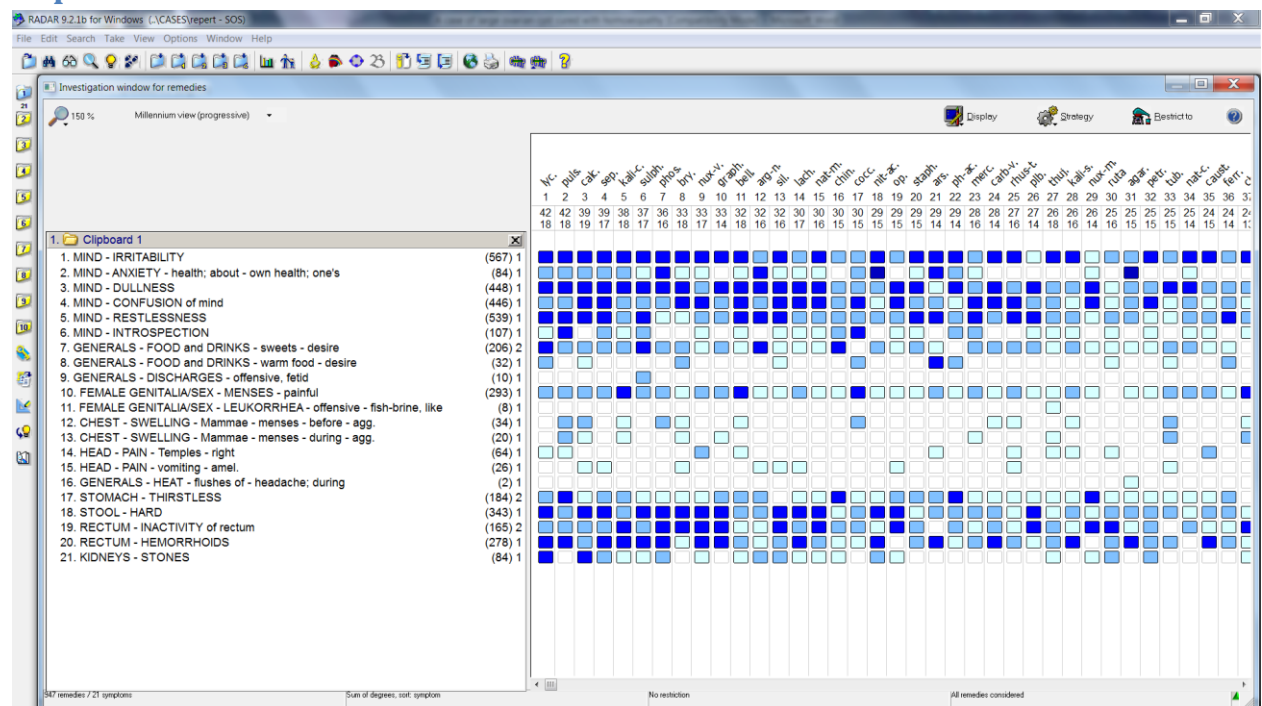
Head - pain - temples – right	psora+++
Head - pain - vomiting - amel.	Psora+
Heat - flushes of - headache; during	psora+
Thirstless	psora+
Stool – hard	psora++++
Inactivity of rectum	psora+++ syphilis+
Hemorrhoids	psora+++
Kidneys – stones	psora++ sycosis+

## Miasmatic analysis

			cancerous miasm tubercular miasm psoric miasm sycotic miasm syphilitic miasm				
			1	2	3	4	5
Sum of degrees			21	21	21	21	21
01. MIND - IRRITABILITY	1	642	118	106	195	150	121
02. MIND - ANXIETY - health; about - own health; one's	1	85	37	40	55	44	36
03. MIND - DULLNESS	1	508	108	93	178	135	113
04. MIND - CONFUSION of mind	1	569	120	104	180	135	122
05. MIND - RESTLESSNESS	1	697	122	112	192	153	134
06. MIND - INTROSPECTION	1	114	43	34	70	50	36
07. GENERALS - FOOD and DRINKS - sweets - desire	2	280	63	56	87	68	58
08. GENERALS - FOOD and DRINKS - warm food - desire	1	41	15	15	19	15	15
09. GENERALS - DISCHARGES - offensive, fetid	1	10	5	4	7	5	6
10. FEMALE GENITALIA/SEX - MENSES - painful	1	294	81	80	134	112	82
11. FEMALE GENITALIA/SEX - LEUKORRHEA - offensive - fish-brine, like	1	8	2	4	1	3	2
12. CHEST - SWELLING - Mammae - menses - before - agg.	1	53	17	20	22	18	15
13. CHEST - SWELLING - Mammae - menses - during - agg.	1	20	11	12	16	16	9
14. HEAD - PAIN - Temples - right	1	183	58	60	106	78	54
15. HEAD - PAIN - vomiting - amel.	1	27	12	14	17	13	11
16. GENERALS - HEAT - flushes of - headache; during	1	3	2	2	1	1	1
17. STOMACH - THIRSTLESS	2	186	56	53	106	80	59
18. STOOL - HARD	1	344	91	91	151	123	94
19. RECTUM - INACTIVITY of rectum	2	166	68	70	109	86	60
20. RECTUM - HEMORRHOIDS	1	278	88	81	129	104	87
21. KIDNEYS - STONES	1	87	28	23	38	43	27

All the miasms are equally present.

# Repertorization



Based on history of renal stones and mental as well as physical generals, Lycopodium seems to be the remedy of choice as it covers all the miasms present in this case. Since Lycopodium is covering not only miasms but also mental as well as physical symptoms, 200 c is the potency of choice.

## Prescription

07-02-2014

Lycopodium 200 one dose stat followed by placebo thrice daily.



**Dr Agarwal's** R.A. DIAGNOSTICS  
**PATHOLOGY, DIGITAL X-RAY & ULTRASOUND CENTRE**  
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ISO 9001 : 2008 CERTIFIED

Patient's name: MR [ ] Age/Sex: 32/F Ref. By: [ ] MS

Investigations: U/S ABDOMEN Thursday, February 06, 2014

**REPORT**

**LIVER**:- Is normal in size, regular in outline. No focal mass lesion is seen. Hepatic veins are normal. Intra-hepatic biliary radicles are not dilated.

**GALL BLADDER**:- Is normal in size. Gall bladder walls are not thickened. No mass/calculus is seen. CBD is normal in caliber.

**SPLEEN**:- Is normal in size with homogenous parenchyma. No focal mass lesion is seen.

**PANCREAS**:- Is normal in size & echotexture. No mass / calcification is seen. Pancreatic duct is not dilated.

**RIGHT KIDNEY**:- Is normal in size, shape and position. The parenchymal echotexture and central echo pattern are normal. No calculus is seen. There is no evidence of hydronephrosis.

**LEFT KIDNEY**:- Is normal in size, shape and position. The parenchymal echotexture and central echo pattern are normal. No calculus is seen. There is no evidence of hydronephrosis.

**URINARY BLADDER**:- Is normal in filling and contours. No mass/calculus is seen.

**UTERUS**:- Is normal in size. Endometrial lining is normal. No endometrial collection is seen.

-Right adnexal region shows a cyst, measuring approx 55x41 mm with septation, suggestive of ?ovarian cyst.

-There is no evidence of ascites.

**IMPRESSION :- USG FINDINGS SUGGESTIVE OF RIGHT OVARIAN CYST**

PLEASE CORRELATE CLINICALLY.

(PATHOLOGIST) DR. VIKRANT AGGARWAL MBBS, MD  
 CHECKED BY  
 (SONOLOGIST) DR. VIJAY AGGARWAL MBBS, MD

कम्प्यूटराईज्ड पैथोलॉजी डिजिटल एक्स-रे अल्ट्रासाउंड

The reported results are for information & interpretation of the referring Doctor or such other medical professionals who understand reporting units, reference ranges & limitations of the technologies. \* Results may vary from lab to lab & even time for the same parameter for the same patient. \* All investigations have their limitations & isolated laboratory investigations may not confirm the final diagnosis of the disease. They only help in arriving at diagnosis in conjunction with clinical signs & symptoms.

एम. पी. इण्टर कॉलेज और पोस्ट ऑफिस के बीच लेन में, रानीखेत रोड, रामनगर मो: 9927042317

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 Indian Hernia Society  
 Society of Endoscopic and Laparoscopic Surgeons of India  
 Association of Minimal Access Surgeons of India  
 Regn No. : 969

6936

Name: Mrs. Rajshree Patwari Age/Sex: 32/F Date: 6-2-14  
 Blawaniganj

**Faculties:**  
 Physician & Cardiologist  
 Dr. Brijesh Agarwal  
 MBBS MD (Med.)  
 Dental Surgeon  
 Dr. Vinti Agarwal  
 BDS PGCE (RDMC)  
 Endodontist  
 Orthopedician  
 Dr. Ankur Chaudhary  
 MBBS, MS (Ortho)  
 Monday - Friday  
 Urologist  
 Dr. M. Rastogi  
 MBBS, MS, MCh (URO)  
 Every Sunday  
 Lady Doctor  
 Dr. Niranjana Pant  
 EMO  
 Dr. Ganesh Chyauwal

Rt huge ovarian cyst  
 2. Ruptured

Mr  
 R/O - Ovarian cystectomy

Well abdomen  
 Mb, Tc, etc  
 cellular

- Tab Ophos 820 (41)  
 - R Calpal-T (41)  
 - R Seibor (41)  
 42

18-02-2014

Much Better in all respects. OVARIAN CYST DISAPPEARED COMPLETELY.

Placebo.



**Jeevan Rekha M.R.I. & C.T. Scan Centre**  
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Dr. D.N.Gangwar  
MBBS,MD(RADIO-DIAGNOSIS)

Dr. Nidhi Gupta  
MBBS,DNB(PATHOLOGY)

Date 17/02/2014 SRI No. 64 Reporting Date 17/02/2014  
Name [REDACTED] Age 32 Yrs. Sex F  
Ref. By Dr. Rajneesh K.Sharma BHMS,MD.

**ULTRA SOUND SCAN OF WHOLE ABDOMEN**

**Liver** is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder.

**Common bile duct** is not dilated. No calculus is seen in CBD.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen.  
RK 105x47mm & LK 111x44mm  
Collecting system does not show any dilatation or calculus right side. A calculus size 4mm is seen in left kidney. No hydronephrosis is seen in left side.

**B/L ureters** are not dilated.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.

Great vessels appear normal.

**Urinary bladder** is well distended, normal wall thickness, smooth in outline & does not show any calculus or mass lesion. Post void residual urine is nil.

**Both ovaries** are visualised and are normal. Right ovary measures 29x14mm & left ovary 30x17mm. No adnexal mass is seen.

**Uterus** is anteverted and measures 76x37x47mm. Myometrium shows normal echo-pattern. No focal space occupying lesion is seen.

**Endometrial echo** is normal. Endometrial thickness is 5mm.

No free fluid is seen in pouch of Douglas. B/L pleural space are clear.

**IMPRESSION :** Small left renal calculus.

Please correlate clinically

Dr. D. N. Gangwar  
MBBS, MD (Radiodiagnosis)  
Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with seven days  
No compensation liability stands.

M.R.I., Spiral C.T., Mammography, Digital X-ray, Ultrasound, Colour Doppler, OPG & Pathology  
Not For Medicolegal Purpose

## Result and discussion

Complete cure with a single dose within 10 days! The mental and physical generals simultaneously matched are often the key to the case. Though, Pulsatilla and Calcarea carb were also indicated in this case, the history of renal calculi and desires for food worked as keynote and the total miasmatic coverage by a single remedy resulted in this perfect cure.

This is a true miracle only possible by Homoeopathy.

## References

- Chronic miasms in Homoeopathy- Dr. R. P. Patel
- Organon of Medicine- Samuel Hahnemann- 5<sup>th</sup> and 6<sup>th</sup> ed.
- Radar 10