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HOMOEOPATHIC TREATMENT OF COMBINED PATHOLOGY OF KIDNEY AND OVARIAN CYST WITH BULKY UTERUS

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ABSTRACT

All cysts in kidney is not polycystic kidney and all polycystic ovary is not PCOS – with this basic conception this article illustrates the treatment of combined pathology of simple cortical cyst in kidney and multiple cysts in ovary associated with thickened endometrium showing bulky uterus. A 27 yrs old female patient came with the complaint of pain around left iliac region since 4 months. After analyzing the symptoms of the case, the characteristic generals and particular symptoms were considered for framing the totality. Misamatic analysis and repertorial analysis both were done and Pulsatilla was prescribed in LM potency starting with 0/1. Within 6 months time patient became asymptomatic and all three pathological conditions disappeared (as detected by repeated ultrasonography done from the same centre). Once again the old saying "Homoeopathy can remove the symptoms, but the disease remains" proves to be utterly gibberish.

KEYWORDS: Cortical cyst, Polycystic ovary, Thickened endometrium, Pulsatilla.

INTRODUCTION

Cyst is an enclosed sac within body tissues (proliferation of epithelium), having a distinct membrane and generally containing a liquid material. Although the majority of cysts are benign, several varieties may be malignant or precancerous. Several organs, including

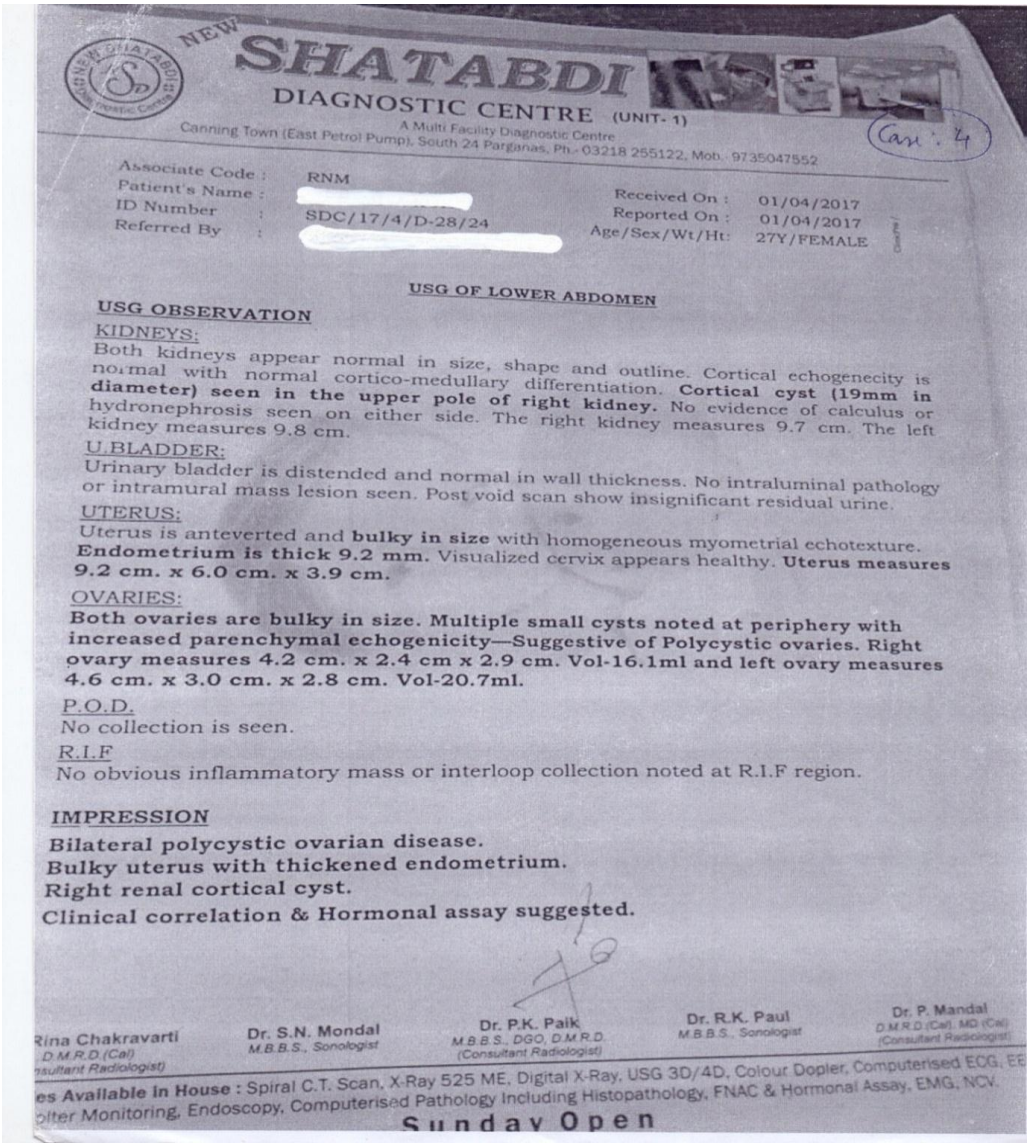
the kidney, liver, ovary and breast, are particularly susceptible to cyst formation and may become filled with numerous cysts of various sizes.[1]

Simple cysts are discrete lesions within the kidney that are typically cortical, extending outside the parenchyma and distorting the renal contour. Approximately 70 to 80% are solitary, unilateral, and cortical.[2] Simple cysts are asymptomatic, except when complications such as haemorrhage, infection, or rupture lead to the development of complex cysts with calcification, demarcation irregularities, and multilobularity.[3] These are different from the polycystic kidney disease (PKD), which is a genetic disorder. Simple kidney cysts do not enlarge the kidneys, replace their normal structure, or reduced kidney function as in cases of PKD.

Ovarian cyst may be divided into 2 main categories - physiological and pathological. Physiological cysts are follicular cysts and luteal cysts. Pathological cysts are considered as ovarian tumours, which might be benign, malignant, and borderline. Benign tumours are more common in young females, but malignant are more frequent in elderly females.[4] Moreover it can be solitary or multiple in number. In case of multiple cysts in ovary it is important to differentiate the condition as a simple polycystic (PCO) ovary or polycystic ovarian syndrome (PCOS). The latter is a metabolic condition having irregular periods and altered FSH/LH ratios or external features of acne or hirsutism on face. The former is a condition in which ovary appears to have multiple cysts in USG due to high densities of partially mature follicles.[5]

CASE REPORT

A female patient (MK) of age 27 yrs came with the complaint of dull aching pain in left side of abdomen around the left iliac region for last 4 months. The pain was aggravating on pressure or bending. She came with an ultrasonography report of lower abdomen showing cortical cyst (19 mm in diameter) in upper pole of right kidney, multiple small cysts at periphery of both ovary with increased parenchymal echogenicity and bulky uterus with thickened endometrium (done on 01.04.17).



NEW SHATABDI DIAGNOSTIC CENTRE (UNIT- 1)
A Multi Facility Diagnostic Centre
Canning Town (East Petrol Pump), South 24 Parganas, Ph.- 03218 255122, Mob.- 9735047552

Case : 4

Associate Code : RNM
Patient's Name : [redacted]
ID Number : SDC/17/4/D-28/24
Referred By : [redacted]

Received On : 01/04/2017
Reported On : 01/04/2017
Age/Sex/Wt/Ht: 27Y/FEMALE

USG OF LOWER ABDOMEN

USG OBSERVATION

KIDNEYS:
Both kidneys appear normal in size, shape and outline. Cortical echogenecity is normal with normal cortico-medullary differentiation. **Cortical cyst (19mm in diameter) seen in the upper pole of right kidney.** No evidence of calculus or hydronephrosis seen on either side. The right kidney measures 9.7 cm. The left kidney measures 9.8 cm.

U.BLADDER:
Urinary bladder is distended and normal in wall thickness. No intraluminal pathology or intramural mass lesion seen. Post void scan show insignificant residual urine.

UTERUS:
Uterus is anteverted and **bulky in size** with homogeneous myometrial echotexture. **Endometrium is thick 9.2 mm.** Visualized cervix appears healthy. **Uterus measures 9.2 cm. x 6.0 cm. x 3.9 cm.**

OVARIES:
Both ovaries are bulky in size. Multiple small cysts noted at periphery with increased parenchymal echogenicity—Suggestive of Polycystic ovaries. Right ovary measures 4.2 cm. x 2.4 cm x 2.9 cm. Vol-16.1ml and left ovary measures 4.6 cm. x 3.0 cm. x 2.8 cm. Vol-20.7ml.

P.O.D.
No collection is seen.

R.I.F
No obvious inflammatory mass or interloop collection noted at R.I.F region.

IMPRESSION
Bilateral polycystic ovarian disease.
Bulky uterus with thickened endometrium.
Right renal cortical cyst.
Clinical correlation & Hormonal assay suggested.

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Past history

Typhoid once occurred in childhood. After menarche at age of 14 years there were few occasions of missed periods with wetness feeling and slight heaviness like periods in the lower abdomen. For this she took some homoeopathic medicines and the problem didn't reappear again. She is now married for 8 years, having two issues and one induced abortion. Now menses are regular but always scanty (stays for 1or 2 days) and very much painful on day one.

Family history

Mother is suffering from rheumatic pains of joints and also has predisposition of hyperuricemia. Father died 5 years ago due to some kind of tumour in brain.

Personal history

Patient is a housewife who lived in a joint family with her in-laws. She has no addiction as such although she prefers to drink tea for at least 7-8 per day.

Generals

She is a gentle lady, softly spoken, calm and quite in nature. She prefers to stay amidst of people. By nature she is very much fearful and anxious and cannot stay in darkness due to fear of ghosts. The fear is so much that she used to have nightmares and often wakes up screaming during sleep. Mentally she is very much emotional and sensitive and starts crying when lamenting about any touching incidents in history. Patient had a normal appetite with desire for salty food items and strong aversion to meat since childhood. Bowel movements and urination had no significant points of deviations. Patient had an extreme intolerance to the heat and in stuffed up rooms (i.e if doors and windows are all locked) she feels suffocated. There is constant preference of open air. She also had tendency of profuse sweating all over the body. Sleep is also disturbed with no definite cause i.e. idiopathic sleeplessness.

Local and systemic examination

Tongue was cracked and fissured all along the anterior surface. Tenderness was elicited on left iliac region on palpation without any palpable mass. An attempt was made to palpate both the kidneys by ballottement method, but both kidneys were not palpable. The vital signs were all within normal limits.

Analysis of the case

After analyzing the symptoms of the case, the characteristic generals and particular symptoms were considered for framing the totality. Weeping tendency, constant fear about darkness due to ghosts and always afraid to stay and wants people around, desire for salty things, aversion to meat, profuse perspiration all over the body, idiopathic sleeplessness, cracked tongue along with the particular symptoms of aching pain in left iliac region aggravation on bending were considered for totality evaluation.

Miasmatic analysis

Miasmatic evaluation of all the presenting symptoms was done with the help of "Chronic miasms in homoeopathy and their cure with classification of their rubrics/symptoms in Dr.

Kent's repertory by Dr. RP Patel" showed the predominance of psoric miasm with syphilitic adulteration.[6]

Symptoms/Rubrics	Miasm
Mind: Weeping, tearful mood, etc: Causeless	Psora + Latent Psora
Mind: Fear, ghosts of	Psora
Mind: Company: desire for	Psora
Stomach: Desires: salt things	Psora + Syphilis
Stomach: Aversion: meat	Psora + Syphilis + Latent Psora
Sleep: sleeplessness	Syphilis
Face: perspiration	Psora + Syphilis
Mouth: cracked: tongue fissured	Sycosis + Syphilis + Latent Psora
Genitalia female: menses scanty	Psora + Syphilis
Abdomen: Pain: Aching, dull pain: iliac region, left	Psora
Abdomen: Pain: Aching, dull pain: iliac region, bending on	Psora

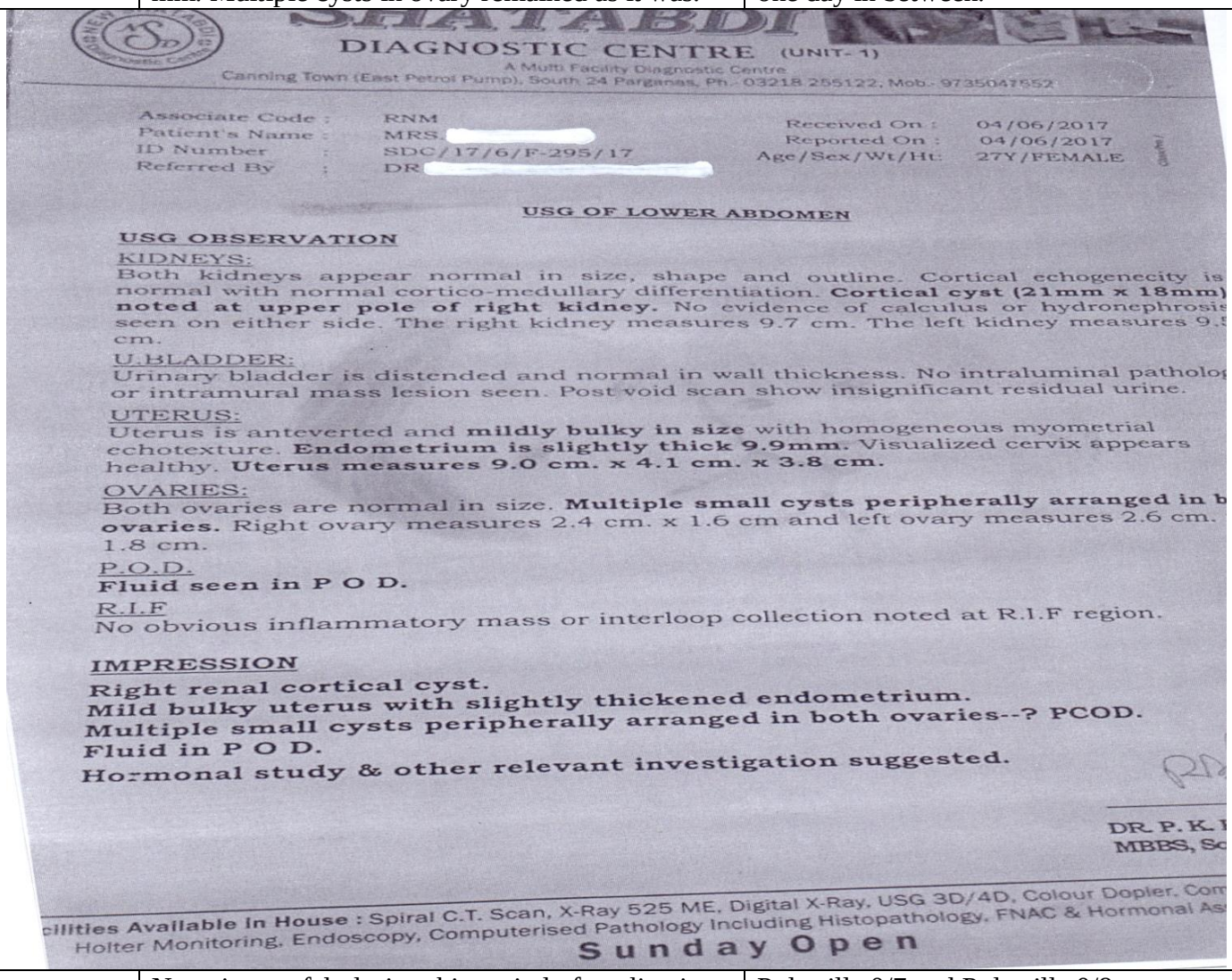
Considering the above symptomatology, Kent Repertory was preferred and using HOMPATH software[7], systemic repertorisation was done. The repertorisation chart is given in - ***Table 1***

Remedy Name	Puls	Phos	Sulph	Ars	Lyc	Carb-v	Calc	Kali-c	Nat-m	Nux-v	Sep	Merc
Totality	22	21	19	18	18	17	16	14	14	14	14	13
Symptom Covered	10	8	8	8	8	8	7	7	6	6	6	6
[KT] [Abdomen]Pain:Aching,dull pain (see Boring,Gnawing,etc.):Iliac region:Left:	1											
[KT] [Abdomen]Pain:Aching,dull pain (see Boring,Gnawing,etc.):Iliac region:Bending,on:	1											
[KT] [Mind]Weeping,tearful mood,etc.:Causeless:	3		3	1	2			1	2			
[KT] [Mind]Fear (see anxiety):Ghosts,of:	2	2	2	2	2	2		1			1	
[KT] [Mind]Company:Desire for:	2	3		3	3	1	2	3		2	2	1
[KT] [Stomach]Desires:Salt things:		3	1			3	2		3			
[KT] [Stomach]Aversion:Meat:	3	2	3	2	2	2	3	2	2	3	3	2
[KT] [Sleep]Sleeplessness:	3	3	3	3	2	2	3	3	2	3	3	3
[KT] [Face]Perspiration:	3	2	2	2	3	3	3	1	2	3	2	3
[KT] [Mouth]Cracked:Tongue fissured:	1	3	2	3	2	2	2			1		2
[KT] [Genitalia female]Menses:Scanty:	3	3	3	2	2	2	1	3	3	2	3	2

After repertorisation, many medicines were competing with each other, namely Pulsatilla, Phosphorus and Sulphur. But considering the thermal reactions of the patient and her nature as a habitual tea drinker and also referring to the crisis which occurred in the initial periods of menarche, Pulsatilla was decided to be the most Similimum. Ultimately on consultation with materia medica, which stated "When first serious impairment of health is referred to age of puberty"[8] indicates Pulsatilla and hence Pulsatilla 0/1 and 0/2, OD for 16 days each, one after the other was prescribed on the 1st baseline visit on **16.04.17.**

RESULTS

Follow-Up Date	Indications For Prescription	Medicine With Doses
18.05.17 (1st Follow-up)	Intensity of the pain in left iliac fossa is reduced to some extent but constant dull aching sensation persisted. LMP was 20.04.17 but as usual duration of flow was only 2 days.	Pulsatilla 0/3 and Pulsatilla 0/4 Marked 16 doses in aqua dist 100 ml, OD x 16 days. After 0/3 finishes, 0/4 starts from the next consecutive day.
15.06.17 (2nd Follow-up)	Intensity of the pain remarkably reduced to some extent and frequency of occurrence also slowed down. LMP was 24.05.17 but duration of flow remained the same with scanty flow. Patient did an USG (done on 04.06.17) on her own decision which showed the same pathology but with some minor positive and negative changes. For example-Cortical cyst of kidney increased in diameter by 2mm, endometrium became thicker by 7mm but uterus size decreased by 2 x 21 x 1 mm. Multiple cysts in ovary remained as it was.	Although the status of pathology was confusing, but betterment of the patient symptomatically indicated to continue with the same medicine but at a increased interval, i.e instead of OD (once daily), it was prescribed for AD (alternate days). Pulsatilla 0/5 and Pulsatilla 0/6 Marked 16 dose in aqua dist 100 ml, AD x 16 days After 0/5 finishes, 0/6 starts after a gap of one day in between.
	No pain was felt during this period of medication.	Pulsatilla 0/7 and Pulsatilla 0/8,



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Associate Code : RNM
Patient's Name : MRS.
ID Number : SDC/17/6/F-295/17
Referred By : DR
Received On : 04/06/2017
Reported On : 04/06/2017
Age/Sex/Wt/Ht: 27Y/FEMALE

USG OF LOWER ABDOMEN

USG OBSERVATION

KIDNEYS:
Both kidneys appear normal in size, shape and outline. Cortical echogenecity is normal with normal cortico-medullary differentiation. **Cortical cyst (21mm x 18mm) noted at upper pole of right kidney.** No evidence of calculus or hydronephrosis seen on either side. The right kidney measures 9.7 cm. The left kidney measures 9.5 cm.

U.BLADDER:
Urinary bladder is distended and normal in wall thickness. No intraluminal patholo or intramural mass lesion seen. Post void scan show insignificant residual urine.

UTERUS:
Uterus is anteverted and **mildly bulky in size** with homogeneous myometrial echotexture. **Endometrium is slightly thick 9.9mm.** Visualized cervix appears healthy. **Uterus measures 9.0 cm. x 4.1 cm. x 3.8 cm.**

OVARIES:
Both ovaries are normal in size. **Multiple small cysts peripherally arranged in b ovaries.** Right ovary measures 2.4 cm. x 1.6 cm and left ovary measures 2.6 cm. 1.8 cm.

P.O.D.
Fluid seen in P O D.

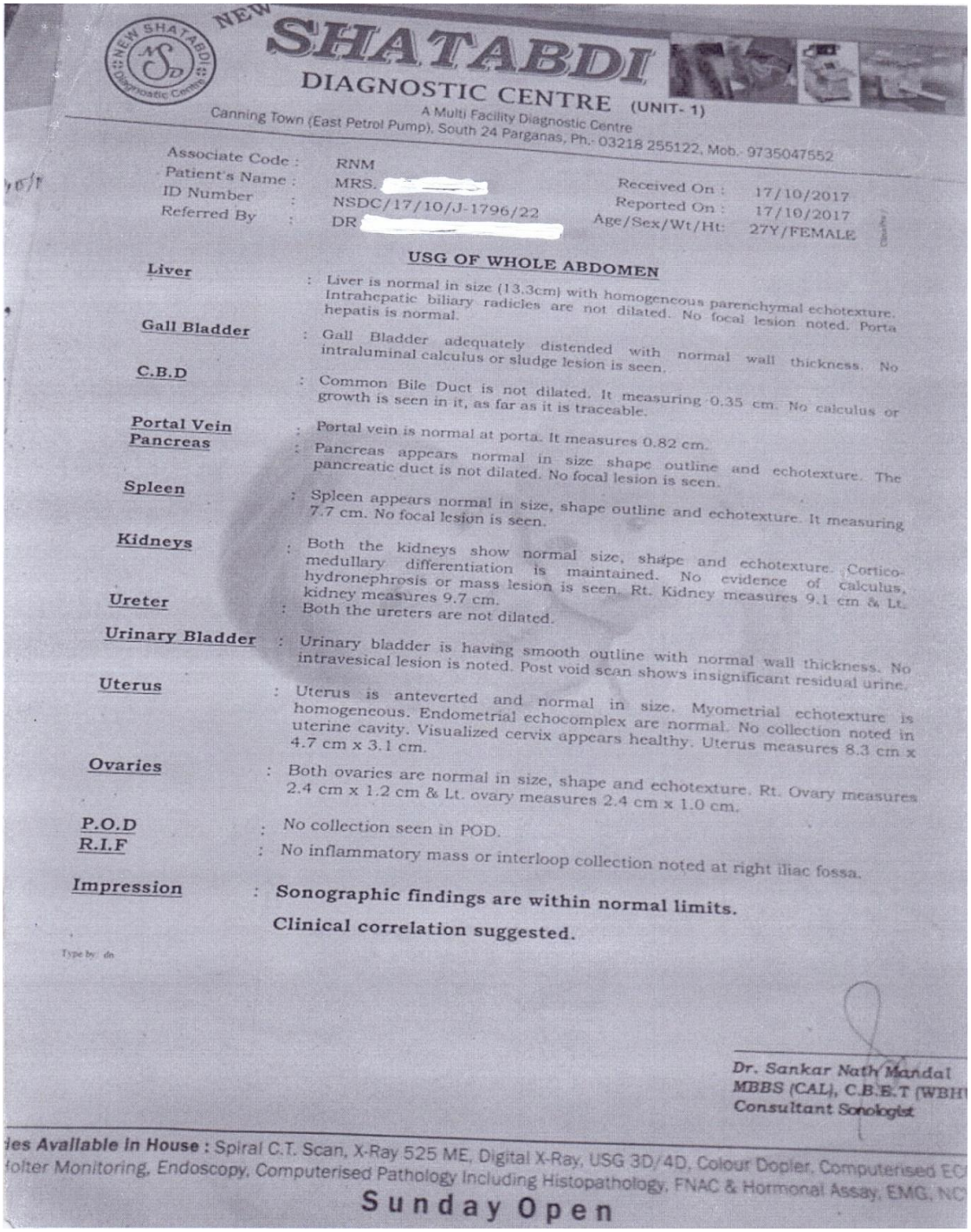
R.I.F
No obvious inflammatory mass or interloop collection noted at R.I.F region.

IMPRESSION
Right renal cortical cyst.
Mild bulky uterus with slightly thickened endometrium.
Multiple small cysts peripherally arranged in both ovaries--? PCOD.
Fluid in P O D.
Hormonal study & other relevant investigation suggested.

DR. P. K.
MBBS, Sc

cilities Available In House : Spiral C.T. Scan, X-Ray 525 ME, Digital X-Ray, USG 3D/4D, Colour Dopler, Com
Holter Monitoring, Endoscopy, Computerised Pathology Including Histopathology, FNAC & Hormonal As
Sunday Open

17.08.17 (3rd Follow-up)	LMP was 21.07.17 and duration of flow increased to 3 days with notable increase in the amount of flow. General symptoms like disturbed sleep now seem to be improving which was gave a feel good sensation of overall well being.	Marked 16 dose in aqua dist 100 ml, AD x 16 days After 0/7 finishes, 0/8 starts after a gap of one day in between. Patient was now advised to repeat the USG once again.
18.10.17 (4th Follow-up)	Patient was asymptomatic. USG of whole abdomen revealed findings with normal limits (done on **17.10.17**)	No medicine was required as patient was cured from the trio of pathologies i.e. cortical cyst of kidney, multiple cysts in ovary and bulky uterus.



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Associate Code : RNM
Patient's Name : MRS. [redacted]
ID Number : NSDC/17/10/J-1796/22
Referred By : DR [redacted]
Received On : 17/10/2017
Reported On : 17/10/2017
Age/Sex/Wt/Ht: 27Y/FEMALE

USG OF WHOLE ABDOMEN

Liver : Liver is normal in size (13.3cm) with homogeneous parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal lesion noted. Porta hepatis is normal.

Gall Bladder : Gall Bladder adequately distended with normal wall thickness. No intraluminal calculus or sludge lesion is seen.

C.B.D : Common Bile Duct is not dilated. It measuring 0.35 cm. No calculus or growth is seen in it, as far as it is traceable.

Portal Vein : Portal vein is normal at porta. It measures 0.82 cm.

Pancreas : Pancreas appears normal in size shape outline and echotexture. The pancreatic duct is not dilated. No focal lesion is seen.

Spleen : Spleen appears normal in size, shape outline and echotexture. It measuring 7.7 cm. No focal lesion is seen.

Kidneys : Both the kidneys show normal size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus, hydronephrosis or mass lesion is seen. Rt. Kidney measures 9.1 cm & Lt. kidney measures 9.7 cm.

Ureter : Both the ureters are not dilated.

Urinary Bladder : Urinary bladder is having smooth outline with normal wall thickness. No intravesical lesion is noted. Post void scan shows insignificant residual urine.

Uterus : Uterus is anteverted and normal in size. Myometrial echotexture is homogeneous. Endometrial echocomplex are normal. No collection noted in uterine cavity. Visualized cervix appears healthy. Uterus measures 8.3 cm x 4.7 cm x 3.1 cm.

Ovaries : Both ovaries are normal in size, shape and echotexture. Rt. Ovary measures 2.4 cm x 1.2 cm & Lt. ovary measures 2.4 cm x 1.0 cm.

P.O.D : No collection seen in POD.

R.I.F : No inflammatory mass or interloop collection noted at right iliac fossa.

Impression : **Sonographic findings are within normal limits.**

Clinical correlation suggested.

Type by: dn

Dr. Sankar Nath Mandal
MBBS (CAL), C.B.E.T (WBH
Consultant Sonologist

ies Available In House : Spiral C.T. Scan, X-Ray 525 ME, Digital X-Ray, USG 3D/4D, Colour Dopler, Computerised EC
Holter Monitoring, Endoscopy, Computerised Pathology Including Histopathology, FNAC & Hormonal Assay, EMG, NC

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CONCLUSION

Symptoms are language of the disease which warns the body about the internal derangements and hence medicine is always prescribed after a detailed case taking, giving importance both to mental and physical attributes as well as the particular symptoms. The above case study is another successful reflection of this scientific philosophy.

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