

**OPTIMIZING WOMEN'S HEALTH: HOMEOPATHIC
MANAGEMENT OF PELVIC INFLAMMATORY DISEASE****Dr. Kirtika Tyagi*, Dr. Shivani Mishra and Dr. Arun Nishad**

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ABSTRACT

A polymicrobial infection of the upper genital tract is known as pelvic inflammatory disease (PID). It is clinically characterized by three main symptoms and signs: pelvic discomfort, tenderness in the adnexa, and cervical motion. Homeopathy works on the principle of treating symptoms with substances that produce similar symptoms, and research indicates that homeopathy can help in alleviating symptoms of PID, preventing further complications, and aiding in the restoration of women's health.

KEYWORDS: Pelvic inflammatory disease, Infection, women, Homoeopathy.

INTRODUCTION

Pelvic inflammatory disease (PID) implies inflammation of the upper genital tract involving the uterus, fallopian tubes as well as the ovaries.

Because most of the cases of PIDs are due to ascending or blood-borne infection, the lesion is often bilateral, though one fallopian tube may be more affected than the other.

As ovaries are closely linked to the fallopian tube, they are also involved in this infection.^[1]

Etiology and Epidemiology

The main pathogens responsible for PID are *Neisseria gonorrhoeae* (30%), *Chlamydia trachomatis* (30%), and *Mycoplasma hominis* (10%) are the main sexually transmitted organisms, which range from 60% to 75%. Almost invariably, at some point, there is an association between the secondary microorganisms often found in the vagina. They include *Bacteroides* species: *fragilis* (20%) and *bivius*; group B *Streptococcus* and *Staphylococcus*

and Pepto streptococcus and Pepto coccus.^[2] The classic high-risk patient is a menstruating woman younger than 25 years who has multiple sex partners, does not use any contraception, and lives in an area with a high prevalence of sexually transmitted diseases (STDs).

According to an article from 2016, PID causes over 100,000 women to become infertile annually and accounts for a significant share of ectopic pregnancies that arise as a result of PID. PID accounts for 94% of all morbidity associated with STDs.^[3]

Pathophysiology

Infection of the upper female genital tracts leads to inflammatory damage, which results in scarring, adhesion, and partial or total obstruction of fallopian tubes. This can result in the loss of ciliated epithelial cells along with the fallopian tube lining, resulting in impaired ovum transport and increases the risk of infertility and ectopic pregnancy.^[3]

Clinical Features

Bilateral lower abdominal and pelvic pain, which is dull in nature. The onset of pain is more rapid and acute in gonococcal infection (3 days) than in chlamydial infection (5–7 days) •

- There is fever, lassitude, and headache.
- Irregular and excessive vaginal bleeding is usually due to associated endometritis.
- Abnormal vaginal discharge, which becomes purulent and or copious.
- Nausea and vomiting.
- Dyspareunia.
- Pain and discomfort in the right hypochondrium due to concomitant perihepatitis (Fitz-Hugh Curtis syndrome) may occur in 5–10 percent of cases of acute salpingitis. The liver is involved due to transperitoneal or vascular dissemination of gonococcal or chlamydial infection.^[4]

Diagnostic Criteria of Pid^[4]

Minimum criteria

- Lower abdominal tenderness
- Abnormal uterine bleeding
- Adnexal tenderness
- Cervical motion tenderness
- Mucopurulent cervical or vaginal discharge

- Oral temperature >38.3 C

Definitive Criteria

- Histopathological evidence of endometritis on biopsy
- Imaging study (TVS/MRI) evidence of thickened fluid-filled tubes \pm tubo-ovarian complex
- Laparoscopic evidence of PID

Investigations^[1]

- CBC- increase leucocyte count by more than 10,000 per cumm
- Rise in ESR and C-RP
- Cervical and high vaginal swab culture for both aerobic and anaerobic organisms is necessary – urethral swab culture should be done if gonorrhea is suspected and to diagnose Chlamydial infection. Direct chlamydial enzyme immunoassay and direct immunofluorescence examination of the smear are also helpful. In the case of IUCD, a vaginal smear should be studied for the presence of Actinomyces
- Laparoscopy- Laparoscopy is considered the “gold standard”.
- Sonography- Dilated and fluid-filled tubes, fluid in the pouch of Douglas or adnexal mass suggest PID.

Prognosis

It has been stated that despite adequate treatment, 15% of patients fail to respond to antibiotics, 20%-25% have at least one recurrence, and 20% develop chronic pelvic pain. About 15% of patients have infertility, and 8% of those who conceive will have an ectopic pregnancy.^[1]

Preventive Measures For Pid

Safe and Clean Birth Practices: Hospital delivery is ideal. Realizing that the country cannot provide enough beds and that it is not easy for rural women to come to the urban centers for delivery, the Government of India has started a training program for ‘dais’ in aseptic techniques. This may help to reduce the incidence of puerperal infection.

Safe Abortion Practices: Induced abortions are carried out free of cost in government institutions to avoid criminal abortions in India. Though one continues to see such postorbital septic cases admitted to hospitals, the number has decreased during the last two decades.

- Contraception barrier- methods to prevent STD. Oral contraceptives, especially minipills, are also effective.

Management of Pid^[5]

Published guidelines determine the suggested course of treatment for PID and considers the infection's severity, clinical manifestation, and knowledge of its polymicrobial origin. Current CDC management guidelines mandate that outpatient treatments for mild to moderate illnesses consist of parenteral and oral regimens.

As soon as the specimens are collected, antimicrobial treatment is started. The Centres for Disease Control and Prevention (CDC) guidelines for treating sexually transmitted infections (STIs) state that mild to severe PID patients should receive a single injectable dose of cefoxitin or ceftriaxone, as well as twice-daily oral doxycycline dosage, either with or without metronidazole. Doxycycline and cephalosporins can also be used together. Patients who have a history of cephalosporin allergy are advised to consider azithromycin or levofloxacin as substitutes.

Surgical intervention is needed if the size of the abscess is more

- The abscess fails to respond to antibiotics in 48-72 hours.
- Abscess collection in POD.
- Pockets of pus collection in the abdomen or pelvis.

Homoeopathic Management In Cases of Pid

1. **Sepia Officinalis**^[6] The discharge is varied. Yellowish, thick leucorrhoea. Acrid leucorrhoea with pain when walking. Leucorrhoea with discharge of fetid, mucous flocks. Acrid leucorrhoea with soreness of the pudendum before the menses. Leucorrhoea during the climacteric period and pregnancy. Leucorrhoea of yellow or greenish water or bad-smelling fluids. Discharge like pus. Milky leucorrhoea flows only in the daytime, with burning pain and excoriation of the thighs—yellowish leucorrhoea discharge in the morning, bearing down in the pelvic organs.
2. **Kreosoteum**- It cures profuse, watery, sometimes yellowish leucorrhoea; the acidity is marked it causes excoriation of the parts that come in contact with it; it also causes soreness, smartness, red spots, and itching in the vulva, burning itching pains and violent itching in vagina and labia. Menses too early, prolonged, and intermittent.^[7]

3. **Pulsatilla Nigricans**-Affections in general on the female genital and uterus, drawing pressing pains extending towards the uterus with qualmishness towards morning, contractive pains in the left side of the uterus like labor pains, obliging her to bend double; spasmodic pains or drawing tension in the uterus, burning pains in vagina and pudenda leucorrhoea thick like cream.^[8]
4. **Viburnum Opulus**- menses too late, scanty, lasting a few hours, offensive in order with crampy pains, cramps extend down thighs, bearing down pains before. The ovarian region feels heavy and congested. Aching in sacrum and pubis with pain in anterior muscles of thighs. Spasmodic and membranous dysmenorrhoea leucorrhoea excoriating, smarting, and itching of genitals.^[9]
5. **Mercurius Solublus**-burning and stinging in ovaries. Screaming from pain. Stinging, tearing, and cutting pains in ovaries. Copious excoriating leucorrhoea parts are raw, sore, inflamed, and itching.^[10]
6. **Sabina**-Menses profuse, bright. Uterine pains extend into the thighs. Leucorrhoea is corrosive and offensive. Pains from the sacrum to the pubis and from below upwards shoot up the vagina.^[10]
7. **Phosphorus**-Profuse uterine bleeding, Aversion to coitus, tearing in genital organs and stitching upwards from the vagina into the uterus, smarting, corrosive leucorrhoea.^[9]
8. **Medorrhinum**-Leucorrhoea: thin, acrid, excoriating, and fishy. There is so intense pruritis ovarian pains, worse on the left side or from ovary to ovary.^[10]
9. **Natrum Muraticum**-Menses irregular; usually profuse. Vagina dry. Leucorrhoea is acrid and watery. Bearing-down pains; worse in the morning.^[10]
10. **Alumina**-leucorrhoea acrid and profuse running down the heels, worse during the daytime, relived by cold bathing.^[10]
11. **Calcera Carbonica**-Leucorrhoea, with burning and itching of the vulva. Milk-like discharge during micturition or flowing only at times. Cervical leucorrhoea, the albuminous discharge, and attended with great lassitude and debility. Burning pains in the cervical canal, stitches in the cervix uteri, aching in the vagina, and itching in the pudendum.^[1]
12. **TILIA EUROPAEA**-Intense sore feeling about the uterus, bearing down with hot sweat, but without relief, much slimy leucorrhoea when walking. Soreness and redness of external genitals. Pelvic inflammation.^[9]

CONCLUSION

The holistic approach to managing Pelvic Inflammatory Disease (PID) through homeopathy offers a promising alternative for enhancing women's health. Homeopathy, with its focus on tailored remedies for symptom management, provides a practical and comprehensive strategy for treating PID. Unlike conventional treatments that primarily rely on antibiotics or surgical interventions, homeopathic remedies are personalized to address specific symptoms such as leucorrhoea, pain, and inflammation, leading to more targeted and effective care. Furthermore, homeopathy considers the emotional and psychological well-being of the patient, contributing to a more thorough and holistic healing process.

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