



## A Case of Haemorrhagic Cyst

Sonia Mishra<sup>1</sup>, Rohan Mishra<sup>2</sup>

<sup>1,2</sup>Mishra Multispeciality Homeopathy Clinic, Raipur

### Abstract

A Female reproductive system consist of ovaries, fallopian tubes and uterus .ovarian cysts are fluid filled sacs or pockets in an ovary women have 2 ovaries each about the size and shape of almond on each side of uterus eggs develop and mature in the ovaries and are released in monthly cycles if fertilization does not happen if egg does not mature and ovulation does not happen then cyst are formed

Many females have ovarian cyst at some time large ovarian cyst cause symptoma like pelvic pain – a dull or sharp ache at lower abdomen, irregular menses ,dysmenorrhoea etc ... Haemorrhagic cyst is a type of ovarian cyst commonly seen in clinical practice becZ they are usually painful most haemorrhagic cyst are functional few of them can be neoplastic but they are universally benign

A female patient of age 23 years was suffering from pain at pelvic region with feeling of heavinessand irregular periods since 4 months USG was done and rt ovarian Haemorrhagic Cyst of 5.9x4.44x6.77cm volume 93.47 cc was detected on basis of totality of symptom puls was given to relieve complaints. Homeopathic medicines have remarkable effect on cases of haemorrhagic cyst if medicine is given on basis of individualization and proper potency.

**Key Word-** Homoeopathy, Cyst, Haemorhagic, Ovarian cyst etc.

**Corresponding Author:-** Sonia Mishra, Mishra Multispeciality Homeopathy Clinic, Raipur.

**Received – 10/05/2021**

**Revised- 21/6/2021**

**Accepted – 27/06/2021**

### INTRODUCTION

Haemorrhagic ovarian cyst is formed because of occurrence of bleeding in to a follicular or corpus luteum cyst very commonly seen in clinical practice.

**How to Cite this Article-** Mishra S., Mishra R., A Case of Haemorrhagic Cyst, TUJ. Homo & Medi. Sci. 2021;4(2):36.-40

**Types of Cyst**

1. Functional cyst
  - a. Follicular cyst
  - b. Corpus luteum cyst
2. Dermoid cyst
3. Haemorrhagic cyst
4. Cystic adenomas
5. Para ovarian cyst

Your ovaries normally grow cyst like structures called follicles each month. Follicles produce hormones estrogen and progesterone and release an egg when you ovulate .If a normal monthly follicle keeps growing it is known as a functional cyst.

A follicular cyst begins when the follicle does not rupture or release its egg but continues to grow. When a follicle releases its egg it begins producing estrogen and progesterone for conception this follicle is now called the corpus luteum sometimes fluid accumulates inside the follicle, causing the corpus luteum to grow into a cyst.

Functional cyst is usually harmless rarely cause pain and often disappears on its own within two or three menstrual cycles.

Haemorrhagic cyst, dermoid cyst, cystadenomas can become large causing the ovaries to move out of position this increases the chance of painful twisting of ovary which der blood flow.

Haemorrhagic cyst occurs when the small blood vessels in the wall of an existing cyst rupture and fill the cyst with blood

**Signs and Symptoms**

- Abdomen – Dull aching pain with in the abdomen or pelvis
- Uterine bleeding – Irregular periods, pain during or shortly after beginning or end of menstrual periods.
- Fullness heaviness bloating in abdomen
- Change in frequency or ease of urination
- Difficulty with bowel movements due to pressure or pelvic anatomy

**Case Report**

A 23 year old female came to Mishra multispeciality Homeopathy OPD under Dr Sonia Mishra on 31/11/2017 she was having c/o of irregular period with pain at pelvic area with bloating sensation at abdomen vomiting during menses since 5 months.

Name: Miss S. S.

Age: 23 YEAR

Sex: Female

Marital Status: Unmarried

Socio-Eco-Status: Middle

Religion: Hindu

Occupation: Job

### Present Complaint

K/C/O Dysmenorrhoea  
Pain at Pelvic Area with Vomiting  
Bloating Sensation at Lower Abdomen  
Character of Pain: Spasmodic Pain  
which Radiates From Lower Abdomen to  
Back

Modalities : > Hot Fomentation  
< Exertion/ During Periods

### Menstrual History

Time – Occurs early in 20 days interval  
LMP: 17/11/2017  
Quantity –scanty  
Character of blood- dark red bleeding  
with clots  
Duration- 2 days  
Concomitant: Vomiting during periods  
and headache prior to periods

### Family History

Mother: Fibroid  
Father: Diabetes mellitus  
Sister: PCOD

### Patient as A Person

Build: Chubby  
Gait: Normal  
Height: 5'  
Weight: 68 kgs

### Physical General

Diet: Mixed  
Appetite: Normal  
Thirst: Thirsty  
Desires: Oily, sweets  
Aversion: Milk

Stool: Satisfactory  
Urine: D/N : 4-5/0  
Thermal: Chilly  
Addiction: Sweets  
Sleep: Insomnia

### Mental General

Sensitive, Inconsoable was crying if  
consoled. Pt is mild gentle and shy gets  
angry easily but cannot express anger lives  
in a joint family feels that her parents  
always scold her even if she does right  
thing feels like she is an orphan has  
anxiety about future does not like to talk  
much.

### Physical Examination

Pulse: 70/min  
B.P.: 128/80 mmhg  
Pallar: Ab  
Tongue: Clean

### Systemic Emination

GIT: Soft /non tender  
C.N.S.: Conscious well oriented  
CVS: S<sub>1</sub>S<sub>2</sub> heard  
Resp: Clear

### Investigation:

Usg abdomen and pelvis

**Final Diagnosis:** Haemorrhagic Cyst Rt  
Ovary 5.94X4.44X6.77cm, Vol. 93.47

### Repertorial Analysis

1. Sensitive
2. Mild Gentle
3. Inconsoable
4. Anxiety About Future

5. Conversation Aversion To
6. Introvert
7. Thermal Chilly
8. Thirst :Unquenchble
9. Menses : Scanty
10. Desires : Sweet /Fatty Food
11. Aversion : Milk
12. Vomiiing Before Menses
13. Headache Before Menses
14. Spasmodic Pelvic Pain Amel Hot Fomentation
15. Radiating Pelvic Pain to Back.

	Flow : normal	
31/12/17	No complains at present Has reduced 2kg weight	S.I 200 2 dose od S.L 200 TDS x 15 Days
15/1/18	LMP : 1/1/2018 No pre menstrual symptom Menses 4 days flow normal ADVISED :USG	S.I 200 2dose od S.L 2TDS x 15 DAYS

**Analysis**

Out of 5 high grade medicine puls is covering all symptoms so puls becomes ultimate choice

**General Management**

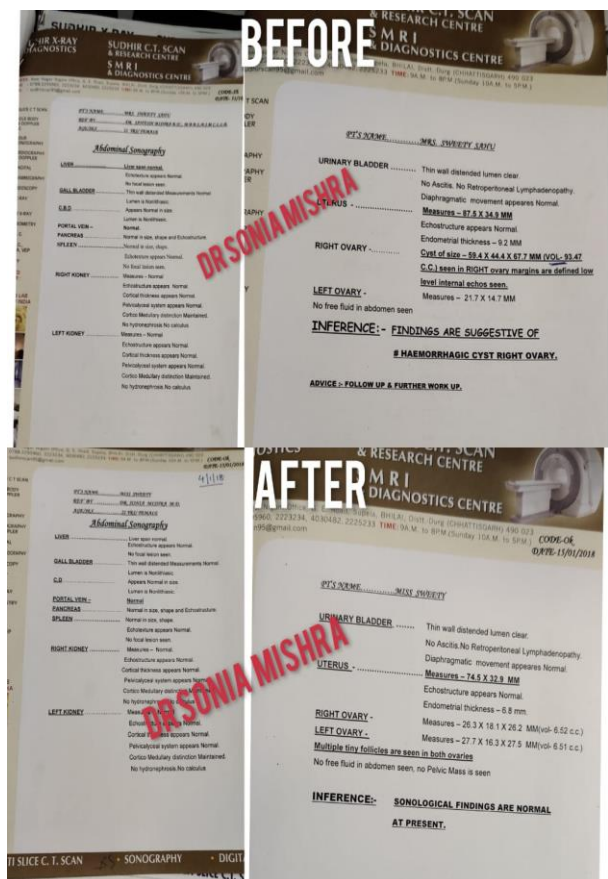
- Eat medicine regularly
- Avoid fatty food
- Exercise regularly to reduce weight

**Prescription**

Pulsatilla 200/2 dose OD  
S.L 200 TDS x 15 Days

**Follow Up-**

Date	Symptoms	Prescription
31/11/17	Pelvic pain radiating to back vomiting with spotting	Pulsatilla 200/2 dose OD S.L 2TDS x 15 DAYS
16/12/17	Pain reduced Irritability reduced Menses : 3 days	Pulsatilla 200/2 dose OD S.L 200 TDS x 15 Days



Pt Came Back After 15 Days with Usg Reports Done On 15/1/2018

Reports Revealed Normal Ovaries and Adnexia Pt Was Adviced To Stop Treatment and Report In Case Of Any Difficulty

### CONCLUSION

Above case show that Homoeopathy is effective in the Ovarian Cyst.

### REFERENCES

1. Fraser IS, Langham S, Uhl-Hochgraeber K. Health-related quality of life and economic burden of abnormal uterine bleeding. *Expert Rev Obstet Gynecol.* 2009;4(2):179–189. <http://www.aafp.org/afp/2013/0115/p98.html> - afp20130115p98-b7
2. <http://www.ncbi.nlm.nih.gov/pubmed/18007127>; Prentice A. Fortnightly review. Medical management of menorrhagia. *BMJ* 1999;319:1343-5.)
3. [http://healthguides.mapofmedicine.com/choices/map/abnormal\\_vaginal\\_bleeding4.html](http://healthguides.mapofmedicine.com/choices/map/abnormal_vaginal_bleeding4.html)
4. Bradlow J, Coulter A, Brooks P. Patterns of referral. *Oxford Health Services Research Unit* 1992:20-21
5. Adolescent Menorrhagia: Study of the Coagulation Profile in a Tertiary Centre in South India. *Journal of Clinical and Diagnostic Research.* 2011 December, Vol-5(8): 1589-1592
6. Chapter 40: Menstrual problems: menorrhagia and primary dysmenorrhagia Margaret C.P. Rees(Dewhurst's textbook of obstetrics and gynaecology 7th ed.- D. Edmonds(Blackwell,2007) BBS
7. <http://www.news-medical.net/health/What-is-Menorrhagia.aspx>
8. Boericke W. *New Manual of Homeopathic Materia Medica with Repertory.* 3rd edition. New Delhi : B. Jain Publisher (P) Ltd.
9. Allen HC. *Allen Keynotes Rearranged & Classified Reprint.* New Delhi: B. Jain Publishers (Pvt) Ltd, 2006
10. Clarke JH.A *Dictionary of Practical Materia Medica* 3rd New Delhi: B Jain Publishers (Pvt) Ltd 2006

**Conflict of Interest: None**

**Source of Support: Nil**



This work is licensed under a Creative Commons Attribution 4.0 International License

