

Case Report

A Case Report of Follicular Cyst

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Abstract Follicular cysts are also known as benign ovarian cysts or functional cysts. They are usually multiple and small as seen in case of cystic glandular hyperplasia of the endometrium or in association of fibroid. Cases of follicular cyst, both single and multiple, are being increasingly reported in women of reproductive age. A case of 21 years girl suffering from right ovarian follicular cyst. The appropriate evaluation includes medical history and physical examination, laboratory test and imaging. The treatment option includes conservative follow-up, and medical treatment. This review will explore the diagnosis appropriate work up and here was treated successfully by a single individualized homoeopathic medicine.

Keywords *Ovarian cyst; Individualized Homoeopathic Medicine; Pulsatilla*

Introduction

Follicular cysts are also known as benign ovarian cysts or functional cysts. They are usually multiple and small as seen in case of cystic glandular hyperplasia of the endometrium or in association of fibroid. Hyperestrinism is implicated as its cause. However, an isolated cyst may be formed in unruptured Graafian follicle, which may be enlarged but usually not exceeding 5 cm. The cyst is lined by typical granulosa cells without lutein cells or the cells may be flattened due to pressure. [1]

Cases of follicular cyst, both single and multiple, are being increasingly reported in women of reproductive age. It is probably the common end point of heterogeneous group of pathology. A follicular cyst is formed by the collection of fluid surrounded by a very thin wall within an ovary and any such follicle larger than about two centimeters qualifies for being termed as an ovarian cyst. Though most of them are small like a pea grain and benign or harmless in nature, some of them alarmingly grow in size and occasionally cause severe pain in the abdomen; patients bearing such large-sized cysts often complain of associated menstrual irregularities with excessive bleeding. [2]

Cystic follicles in the ovary are so common as to be virtually physiologic. In some patients, certain undesirable symptoms like dull aching or sudden sharp stitching pain in lower abdomen, pain during coition or even during bowel movements are also reported. If patients with these symptoms visit an orthodox medical practitioner or a surgeon, they are generally advised for surgical intervention to save the patient from further unwanted sufferings, which may even include a life-threatening condition in stray cases. In general, patients and homeopathic practitioners feel equally unsure if homeopathic remedies can give them relief from their pains and sufferings, and can remove these

cysts within a reasonable time span. This is partly because of lack of systemic research and publication of success/failure reports with proper and authentic documentation. [3]

Case Report

A 21 years girl came in OPD on 16/04/2021 which complains was a lower abdominal pain since last 18 day.

Present complains

A 21-year-old girl had presented with a history of dull, aching, stinging pain in lower abdomen and distension since last 18 days. Lower abdominal pain radiated to pelvic region. Which lower abdominal pain aggravated by bending forward and pressure.

Ultrasonography of the lower abdomen had been reported as a Follicular cyst (40x29) seen in right ovary and Excess bowel gas seen all abdominal cavity.

Associated complaints

There was distention of abdomen in the last 15 days. The stomach felt heavy; aggravated by little eating. Sometimes it was so much distended that she could not breathe properly at night, felt that her nose was blocked and had to get up from bed and go outside of the room to get some relief. There were continuous eructation and lot of flatulence which was aggravated by eating fast food continuous for 2-3 days. Due to excessive formation of gas, it leads to frequent severe headaches from the Centre of head. and nausea and vomiting also present. Tenderness in breast since last 12 days.

Past history

H/o chickenpox in 7 years back.

Family history

Father: - 58 years old, healthy and alive and farmer.

Mother: -52 years old, healthy and alive and housewife.

Personal and social history

Addiction: None

Occupation: Student

Surrounding at home: Good

Habit: Not specific

Number of children: 00

Diet: Vegetarian

Constitution: -

Dark complexion with height of 156 cm and weighing 62 kg (BMI= 25.47 kg/m² - overweight)

Physical Generals

Desire: Salty, spicy, sweet

Aversion: warm foods & drink and fatty food.

Appetite: good

Thirst: 1-2 liters/day with dry mouth

Stool: Unsatisfactory slight hard with two times

Urine: Sometimes pain in urinary bladder after micturition

Thermal reaction: Chilly++

Sleep: Disturbed during abdominal pain

Menstrual history

The patient had attained menarche at the age of 12 years. Her cycle was of generally 35 days and she had a flow of 6 days. Menstrual blood was dark red, scanty, not so profuse and much clotted. She had severe pain in lower abdomen during first two days of menses. Pain aggravated during lying on left side.

Mental general

She was an irritable and easily tearful, generally fear from live alone in dark room. She was average in studies. She only studied due to fear of parents. She was sensible to every social influence. She was non-diligent. She was a hard worker. She mixes up very easily with other people. She was religious despair and she thought to do bad with them but later on leave it upon god. She was dangerous to do certain things well established in society as good for the human race. If she has fight with someone then she would not talk for average one month with that person but later on she initiated by herself. She boldly could stand up for right things in front of the authority. She was imagined that' milk is not good to drink, so not take it. She roamed freely and did everything that she wanted to without anyone's support. And also, aversion to marriage If someone spoke rude to her then she got hurt and felt that she does not have any respect. She was not answer question unless hard pressure by teachers.

Physical examination

General Physical Examination

Build: Normal built

Nutrition: Good

Height: -154 cm

Weight: - 55 Kg

Pulse: 78/ minute

Temperature: 98.6 F

Respiration Rate: 16 /minute

Blood pressure- 128/84mm/hg

Systemic examination Per Abdomen

Inspection- No abnormality detected

Palpation- Tenderness over right ovarian region

Diagnosis: - Follicular cyst in right Ovary based upon ultrasound reports

Justification of diagnosis: USG

Analysis & Evaluation of Symptoms

S.N.	SYMPTOMS	ANALYSIS	EVALUATION	MIASM ^[7]
1.	Irritable	Mental general	+++	Psora
2.	Religious despair	Mental general	++	Psora
3.	Weeping Easily tearful	Mental general	++	Psora
4.	Thermal- chilly	Physical general	++	Psoro-syphilitic
5.	Aversion- to fatty food, Warm drink	Physical general	+++	Psora
6.	Desire-seasoned food, spicy, sweets	Physical general	++	Syphilis
7.	Thirst- less	Particular	+++	Syphilis
8.	Right follicular ovarian cyst	Particular	+++	Psoro-syphilitic
9.	Pain in lower abdomen	Particular	+++	Psora

Reportorial Sheet

Remedy	Puls	Phos	Sulph	Lyc	Nat-m	Chin	Ars	Sep	Verat	By	Calc	Lach	Hep	Caust	Nit-ac	Arg-m
Totally	42	36	35	34	33	33	32	30	30	29	28	27	27	26	26	26
Symptoms Covered	11	11	10	11	11	10	9	9	9	9	9	9	8	9	9	8
Kingdom																
[Complete] [Mind]IRRITABILITY: (829)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]DESPAIR,Religious: (37)	4		3	3	1		4		4		3	4				
[Complete] [Mind]WEEPING, TEARFUL, MOOD:Easy: (97)	4	1	1	1	3	1		3			3	2			4	3
[Complete] [Generalities]COLDNESS, LACK OF VITAL HEAT: (755)	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4
[Complete] [Generalities]FOOD AND DRINKS:Fat and rich food:Aversion: (111)	4	3	3	1	4	4	3	3		3	1	1	3		1	
[Complete] [Generalities]FOOD AND DRINKS:Warm:Drinks:Aversion: (28)	4	4			1	1			3	1					1	
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires: (300)	3	3	4	4	2	4	2	3	1	3	3	1	3	1	3	
[Complete] [Generalities]FOOD AND DRINKS:Spices, condiments, piquant, highly seasoned food:Desires: (126)	3	4	4	1	3	4	3	1	3	3			3	1	1	
[Complete] [Stomach]THRISTLENESS: (390)	4	4	4	4	3	4	4	4	3	4	2	4	3	3	3	
[Complete] [Female Genitalia]TUMORS Ovaries:Right: (13)		1		4												
[Complete] [Abdomen]PAIN:Hypogastrium: (508)	4	4	4	4	4	3	4	4	4	3	4	4	3	4	3	

► The Repertorisation was done using zomeo (complete Repertory). Pulsatilla Pratensis covers maximum rubrics at particular level with highest scoring medicine.

Prescription

R_x
Pulsatilla Pratensis 200/1 Dose /OD

Selection of remedy with justification: In reportorial analysis Pulsatilla Pratensis cover most of the symptom and highest score. After consulting Materia Medica Pulsatilla Pratensis as found to be most appropriate for this case covering general including physical and mental picture as well as thermal reaction. [7,8]

Selection of potency with justification: It best on susceptibility of the patient.

General management [5]

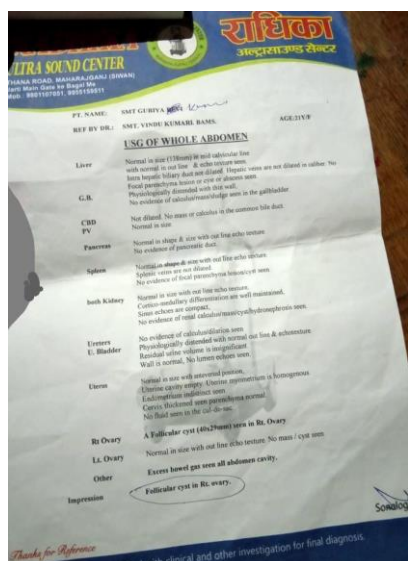
The patient was advised –. Gradually increase the intake of high fiber carbohydrates.

- Emphasize lean protein foods.
- Include mono unsaturated and omega 3 fatty acid foods.
- Include different fruits and vegetables.
- Drink minimum 2-liter water.
- Do regular exercise.

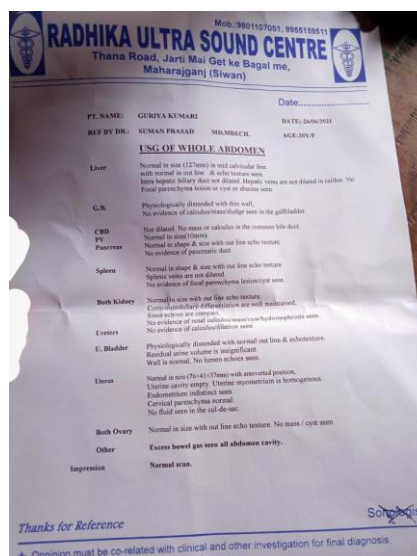
Follow up Sheet: -

Date of visit	Change in symptom	Prescribed medicine /potency / dose
01/05/21	<ul style="list-style-type: none"> ○ Improvement in lower abdomen pain. ○ Irritability slight reduce, ○ distention of abdomen reduces, ○ Flatulence subsides, ○ Nausea and vomiting tendency reduce. 	Placebo /BD/For 15 days Dressing
15/05/21	<ul style="list-style-type: none"> ○ Improvement in lower abdomen pain. ○ Irritability slight reduce, ○ distention of abdomen much reduces, ○ Nausea subside and vomiting tendency reduce. 	Placebo 1 dram /BD Dressing
22/05/21	<ul style="list-style-type: none"> ○ Much Improvement in lower abdomen pain. ○ Irritability reduces, ○ distention of abdomen slight present. ○ Vomiting tendency much reduce. 	Placebo 1 dram /BD Dressing
29/05/21	Complaint was stand still	Pulsatilla Pratensis 200/6 Dose /BD
11/06/2021	Better complain with no new symptom	Placebo 1 dram /BD
26/06/21	<ul style="list-style-type: none"> ○ No lower abdominal pain. ○ No distention of abdomen. ○ Normal USG report. 	Placebo 1 dram /BD

	<ul style="list-style-type: none"> ○ No any follicular cyst/mass in USG report. ○ Bowel gas seen abdominal cavity in USG report.
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BEFORE TREATMENT



AFTER TREATMENT

Discussion & Conclusion

Follicular cysts are also known as benign ovarian cysts or functional cysts. They are usually multiple and small as seen in case of cystic glandular hyperplasia of the endometrium or in association of fibroid. Hyperestrinism is implicated as its cause. However, an isolated cyst may be formed in unruptured Graafian follicle, which may be enlarged but usually not exceeding 5 cm. The cyst is lined by typical granulosa cells without lutein cells or the cells may be flattened due to pressure.

Hahnemann mentions in aphorism 186 of the Organon of Medicine, the book of doctrines of homeopathy, describe the homeopathic approach on surgical conditions. Those so-called local maladies which have been produced short time previously, solely by an external lesion, still appear at first site to deserve the name of local disease. The treatment of such disease is related to surgery, but this is right only in so far as the affected parts required mechanical aid, where by the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means. [4,5]

This case highlights the role of Homeopathy for rapid healing. The patient had taken allopathic treatment before. On the basis of presenting symptoms and Repertorisation, **Pulsatilla Pratensis** was prescribed. Other similar remedy was Phosphorus. The selected drug Pulsatilla Pratensis covers the following symptoms; Right follicular ovarian cyst, Pain in right lower abdomen, Irritability, nausea and vomiting, distention of abdomen, bowel gas seen abdominal cavity and Weeping Easily tearful.

This case shows usefulness of Homeopathy in such cases and prevent their complication.

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