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The efficacy of homoeopathic medicines in pelvic inflammatory diseases: A case study

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Abstract

Pelvic inflammatory disease is an inflammation of the upper genital tract involving cervix, uterine wall, fallopian tubes and ovaries. An acute case of PID is been treated with homoeopathic medicine in this case study according to symptom similarity of the patient.

Keywords: Pelvic inflammation, similimum, homoeopathy, Individualization

Introduction

Pelvic inflammatory disease is a commonly occurring disorder in females which is caused by Neisseria gonorrhoeae, Chlamydia trachomatis, Mycoplasma genitalium, and Trichomonas vaginalis; Streptococcus etc. PID is a group of disorders can affect only single part of genital tract and can cause the disease namely cervicitis, endometritis, salpingitis and oophoritis. These infections ascend through vagina whatever may be the cause like during menstruation, childbirth, miscarriages, IUCD insertion or sexual intercourse, hence they are called Ascending infection.

In Homoeopathy having a wide range of medicines for female disorders according to symptoms similarity with individualization.

Case Study OPD No.: 22395 Date: 14/12/2023 Name: Reshma

Age: 31 yrs. Sex: Female

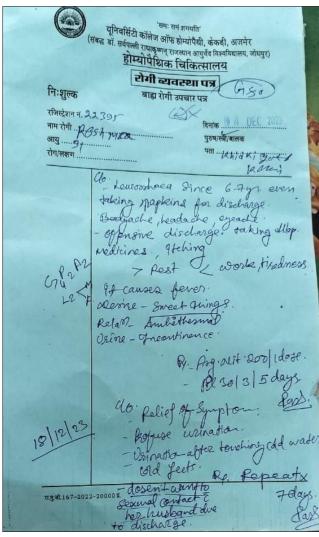
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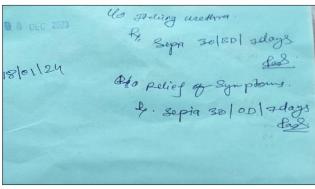
Diagnosis: PID

Presenting Complaints

- White discharge since 6 to 7 years even taking napkins for discharge.
- Discharge is offensive with itching of genitals and taking allopathic medicines.
- Discharge is aggravated by work and tiredness.
- Amelioration by rest.
- Complaints are associated with Bodyache, headache and eyeache.
- Pain also at pelvic region since 1 month.
- Bearing down sensation as if something is coming out from vagina.

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Past Medical History

Was taking modern medicines for white discharge.

Family History

Mother - menstrual irregularities, H/O Leucorrhoea

Personal History

Addiction - Tea

Diet - Non-vegetarian

Gynaecological and Obstetric History

Menses Regular. G4 P2 A2 L2 m1 f1

Physical Generals

- 1. Appearance lean, thin, wheatish, shy look
- 2. Appetite adequate
- 3. Desire sweet things

- 4. Thirst-not much
- 5. Sleep-sound
- 6. Urine-profuse urination esp. after touching cold water, itching of urethra also
- 7. Stool-sometime constipated
- 8. Thermal reaction-Neither chilly nor hot, ambithermal

Mentals

Joyful nature

Sexual history-Dosen't want to sexual contact with her husband due to discharge.

Physical Examinations

Height-5 feet

Weight-50 kg

Vital Signs

Pulse-75/min.

B.P.-100/70 mmHG

Temperature-98 F

R/R-15/min

General Examination

Pallor\Anemia - slight anaemic

Oedema – Not evident

Lymphadenopathy - Absent

Icterus - Absent

Cynosis - Absent

Build - Thin

Clubbing fingers/nails – Absent

Tongue - clean, moist

Skin - Healthy

Provisional Diagnosis

Pelvic inflammatory disease

Investigations

No investigations required because infections occurs due to unhygienic conditions and patient got relief within 2 or 3 follow ups.

Miasmatic Diagnosis

Symptomatically and depending upon the type i.e. chronic case. The case clearly indicated the dominancy of Psora.

Prescription

Date: 18/01/24

Rx. - SEPIA 30/2/7days

Follow Up Chart

- 1. 14/12/23- profuse leucorrhoea with intense itching of urethra. Rx- Argentum nitricum 200/1 dose, Placebo 30/3/5 days
- 2. 18/12/23 –Slight Relief of symptoms in leucorrhoea but profuse urination after touching cold water, cold feet,sexual contact desagree Rx. –Argentum nitricum200 1dose, placebo 30/3/7days
- 3. 28/12/23 –Till today there was slight relief in discharge but itching of urethra very much and accor.to previous history Rx Sepia30/2/7 days
- 4. 18/01/24 Much relief of symptoms. Leucorrhoea was absent, relief in urethral itching Rx- Sepia30/2/7 days

Case Discussion

This was a chronic case of PID having no much sensations, modalities and concomitant were present, some key symptoms clearly indicated SEPIA OFFICINALIS which we prescribed in 30th potency based on susceptibility of the case for speedy recovery and without least aggravation. In 1st prescription we prescribed Argentum nitricum 200/1dose with placebo. In 1st follow up patient was slight relieved so again repeated the Argentum nit. With Placebo. In 2nd follow up we observed slight relief but was not satisfied with medicines and new complaints added by patient, I change the medicine till previous medicinal action over and prescribe SEPIA with new totality of symptoms. In 3rd follow up patient was relieved in leucorrhoea symptoms as well as urinary complaints and her sexual problems. She was satisfied with this Rx, and advised to keep hygiene and take fresh food and water etc.

Conclusion

In this case study importance of homoeopathic medicines are shown according to patient symptom similarity basis. At starting phase one medicine is selected on the symptom similarity basis but further prescriptions are based upon patient's peculiar keynote symptom which was very beneficial and effective treatment for the patient.

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