Management of pelvic inflammatory disease with individualised homoeopathic medicine Natrum muriaticum in LM potency: A case report

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Case summary: A 38-year-old woman presented with pain in the lower abdomen, discharge per vagina, and low back pain. The clinical history and ultrasonographic findings were suggestive of pelvic inflammatory disease. After thorough case taking, repertorization, and consulting with materia medica, the homoeopathic medicine Natrum muriaticum in LM scale was prescribed. Gradual improvement was observed in the condition of the patient. The Modified Naranjo criteria (MONARCH) was used for causal attribution of improvement to the homoeopathic treatment.

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Management of pelvic inflammatory disease with individualised homoeopathic medicine *Natrum muriaticum* in LM potency: A case report

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**Abstract**

**Introduction**: Pelvic inflammatory disease (PID) is a group of disorders that affects the female genital tract having varied presentation, ranging from asymptomatic to symptoms of reproductive disability, infertility, ectopic pregnancy, etc. With the homoeopathic treatment, promising results have been seen in research on various clinical disorders, but there is a paucity of research in the field of pelvic inflammatory disorders. A case of PID, treated with individualised homoeopathic medicine, is presented. Further research is needed to confirm the role of homoeopathy in PID. **Case Summary**: A 38-year-old woman presented with pain in the lower abdomen, discharge per vagina and low back pain. The clinical history and ultrasonographic findings were suggestive of PID. After thorough case taking, repertoriation, and consulting with materia medica, the homoeopathic medicine *Natrum muriaticum* in LM scale was prescribed. Gradual improvement was observed in the condition of the patient. The Modified Naranjo criteria was used for causal attribution of improvement to the homoeopathic treatment.

**Keywords**: Gynaecology, Individualised homoeopathic medicine, Inflammation, Modified Naranjo criteria, Pelvic inflammatory disease

**INTRODUCTION**

Pelvic inflammatory disease (PID) consists of a group of infections that involve and damage the endometrium, fallopian tubes, ovaries and pelvic peritoneum.[1] During the reproductive age, approximately 4% of women suffer from PID, the highest prevalence being in the second and third decades.[2] Ascending infection spreads from the lower genital tract causing infection of the endometrium, fallopian tube and nearby structures. Endometritis is considered an intermediate stage in the pathogenesis of PID.[3] The main diagnostic and presenting features include pelvic tenderness with inflammation of the lower genital tract or may have mild signs and symptoms. Subclinical PID results from the silent spread of infection to the upper genital tract.[4] Although PID is primarily diagnosed clinically, imaging studies such as ultrasound may also help where symptoms are unspecific.[5] Complications and major concerns of PID include reproductive disability, which presents with infertility besides ectopic pregnancy, and chronic pelvic pain is also an important symptom.[4]

Conventional treatment options include antibiotics, surgical management and drainage of tubo-ovarian abscess.[5] Such medicines are associated with adverse reactions and may lead to antibiotic resistance.[6] Homoeopathy has shown promising results in various gynaecological disorders such as dysmenorrhoea, infertility, menopausal syndrome, polycystic ovarian syndrome and uterine fibroid, but there is a lack of homoeopathic research literature on PID.[7-12] A case of PID, treated with individualized homoeopathic medicine, is presented here, demonstrating the scope of homoeopathy in this disease. The case report has been written as per the HOM-CASE CARE extension guidelines,[13] and Modified Naranjo criteria for Homoeopathy (MONARCH)[14] has been used for causal attribution.

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**Patient Information**

A 38-year-old lady, a homemaker, from low socioeconomic background, presented on 6th March 2019 with the complaint of crampy pain in the lower abdomen, which was more during menses, and also in the morning when she woke up, felt more on the left side; and this was there for 10 years. The pain was aggravated during menses, from lifting heavy weights, in the morning after she woke up, and was ameliorated by pressure. She also complained of discharge per vagina, which was thin, transparent and slightly offensive, and was worse before menses. She also had lower back pain with pain in both calves for 3 years, which ameliorated from pressure and walking. Menses were regular and lasted for 3–5 days, however, clotted and occasionally offensive. The ultrasonography report of 5th July 2018 revealed PID with a bulky uterus. The patient did not take any treatment so far, however.

There was a family history of hypertension and diabetes mellitus. The patient had two children, elder son was 17 years old and the younger one was 13 years old, both born at full term by normal vaginal delivery. However, the last delivery was a stillbirth which was 10 years ago, following which, tubectomy was done.

The patient appeared irritated during case taking when questioned. She liked to be alone. Her memory and intellect were good. Her appetite was good, her thirst was adequate and she preferred warm food and salt. Her bowel moments were regular, but her stools were dry, hard and unsatisfactory. The patient was, in general, aggravated in damp weather but was relieved in open air. Her menstrual cycle was regular, and flow was offensive with some clots.

**Clinical examination**

The patient had oily facial skin. A mild pallor was present. The blood pressure was 110/70 mmHg and the pulse rate was 76 beats/min. Axillary body temperature was 98.6°F. The rest of the general physical examination was also found to be normal. On systemic examination, the lower abdomen was slightly tender to deep palpation, especially the left iliac region.

**Diagnostic assessment**

The ultrasonography of the whole abdomen dated 5th July 2018 revealed “a bulky uterus in anteverted position. Uterus measured 9.3 × 4.7 × 6.4 cm. Free fluid was seen in the pouch of Douglas, suggestive of PID”. The patient was advised to get a recent USG done, to which the patient did not comply, as she was unable to afford the same.

**Repertorisation**

The totality of symptoms for this case included aversion to company, irritability when questioning, desire warm food, desire salt things, constipation with hard dry stool, lower abdominal crampy pain, open air amelioration in general and crampy pain more during menses. After analysis and evaluation of symptoms, the case was found to have more characteristic generals than particulars, so the *Repertory of Homoeopathic Materia Medica* by Kent was selected for repertorisation.

After repertorisation with Kent’s Repertory using Hompath classic (Mind Technologies, Mumbai Maharashtra, India), giving priority to mental generals over physical generals and then to particular symptoms, Sulphur was found to cover 6 of 9 rubrics and scored the highest marks i.e., 14 while Natrum muriaticum covered 6 out of 9 rubrics and scored 13 marks [Figure 1].

After further consultation from different materia medica,[16-18] Natrum Muriaticum was selected. The qualifying symptoms, besides mental generals, aversion to company, irritated while questioning, that were in favour of Natrum Muriaticum are: oily face, crampy pain in the abdomen, amelioration by pressure, craving for salty food, constipation, dry, hard, unsatisfactory stool and pain in the abdomen in the morning after waking up.[18]

**Therapeutic intervention**

Individualised, single homoeopathic medicine Natrum Muriaticum was selected and prescribed in the LM scale, starting from LM/1, to be taken daily, once a day, in the morning on an empty stomach for 15 days, followed by LM/2 for the next 15 days in a similar manner. Before taking the medicine, 10 strokes were given to the medicine bottle, then one tablespoon of medicine was dissolved in half a cup of water, followed by stirring. From this solution, one tablespoon was to be taken and the rest to be discarded. The patient was advised to maintain local hygiene of the perinium.

**Follow-up and outcomes**

The patient was followed up for 5 months, and no complication or relapse of the symptoms was noted during this period [Table 1]. During the period of treatment, the patient improved symptomatically, and changes were evident by ultrasonography findings (i.e., USG dated 05 July 2018 showed bulky uterus and PID, USG dated 30 July 2019, showed a normal study and uterus size.). No homoeopathic aggravation, either subjective or objective, was noted during the treatment. Causal attribution was assessed by MONARCH [Table 2].

**Discussion**

The spectrum of PID ranges from subclinical, asymptomatic infection to life-threatening illness. In our case, the patient primarily presented with lower back pain, accompanied by chronic pain in the lower abdomen with thin, transparent vaginal discharge and was afebrile.[19] An acute case of PID lasts for 10–14 days, however, chronic PID may require surgery to deal with complications. In this case, the patient was suffering from symptoms of PID for 10 years and presented with the common symptoms of PID, though some important modalities were elicited in relation to the chronic pelvic pain. There also were some marked physical and mental generals, which further helped in the selection of individualised homoeopathic medicine.

The homoeopathic treatment is based on the individualisation of the patient. After repertorization, both Sulphur and Natrum
Tyagi and Khanna: PID treated with homoeopathy

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muriaticum were found to be covering a maximum number of rubrics. Finally, Natrum muriaticum was selected to be prescribed based on the symptoms: the oily face, craving for salty food, dry, hard, unsatisfactory stools, and lower did not require further intervention.

PID: Pelvic inflammatory disease

Table 2: MONARCH inventory

<table>
<thead>
<tr>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?</td>
<td>+2</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</td>
<td>+1</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>3. Was there a homeopathic aggravation of symptoms?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to main presenting complaint, improved or changed)?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Did overall well-being improve? (suggest using validated scale or mention about changes in physical, emotional, and behavioral elements)</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. (B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• –From organs of more importance to those of less importance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• –From deeper to more superficial aspects of the individual?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• –From the top downwards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Are there alternative causes (other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)</td>
<td>-3</td>
<td>+1</td>
<td>0</td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td>+2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total score:</strong></td>
<td>+7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* the numbers in bold font represent the option selected

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**Table 1: Therapeutic intervention and follow-up record**

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>Repetition</th>
<th>Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 March 2019</td>
<td>Pain in the lower abdomen; Low back pain</td>
<td><em>Natrum muri.</em></td>
<td>Once daily, in the morning. 4 globules daily at night</td>
<td>Ultrasound dated 05 July 2018 showed a bulky uterus and PID. Advised: Ultrasonography Lower abdomen</td>
</tr>
<tr>
<td></td>
<td>Discharge per vagina</td>
<td>LM 1, 16 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placebo</td>
<td>Same as before</td>
<td></td>
</tr>
<tr>
<td>13 April 2019</td>
<td>Pain in the lower abdomen decreased; Low back pain is also better</td>
<td><em>Natrum muri.</em></td>
<td>Same as before</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharge per vagina same as before</td>
<td>LM 2, 16 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 May 2019</td>
<td>Pain in lower abdomen much better than before; Low back pain decreased further</td>
<td><em>Natrum muri.</em></td>
<td>Same as before</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharge per vagina same as before</td>
<td>LM 3, 16 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 June 2019</td>
<td>No pain in lower abdomen; Low back pain is much better. Discharge per vagina slight better</td>
<td><em>Natrum muri.</em></td>
<td>Same as before</td>
<td>Advised to repeat ultrasonography of whole abdomen</td>
</tr>
<tr>
<td></td>
<td>Discharge per vagina slight better</td>
<td>LM 4, 16 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 August 2019</td>
<td>No pain in lower abdomen; Low back pain occurs rarely; Discharge per vagina was same as before</td>
<td>Placebo 200</td>
<td></td>
<td>Ultrasound revealed normal study (30 July 2019)</td>
</tr>
</tbody>
</table>

PID: Pelvic inflammatory disease

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**Figure 1:** Repertorization sheet
abdominal pain; aggravated in the morning. The medicine was
given in the LM potency so that frequent repetition could be
done for quick recovery in this chronic case. The medicine
continued for 6 months, with a gradual relief in symptoms
[Table 1]. The latest ultrasound (dated 30 July 2019) also
reported normal findings.

The causal attribution, determined by MONARCH, could
be established, as the total score was 7 [Table 2]. Domain 10
“Did the repeat dosing, if conducted, create similar clinical
improvement” was given a zero mark as the explanation
of this domain is whether repeat dosing of the previously
selected medicine helped, when the disease was in abeyance/
under remission with similar symptoms.[20] In this case, these
conditions were not met.

After going through the available literature databases, no
research article on PID treated with homoeopathic treatment
could be found. We only found a single case report,[21] in which
the patient was also treated with constitutional homoeopathic
medicine in centesimal scale potency. This substantiates that
the polycrest remedies are of utility in PID.

The limitation of this case report is that we were unable to do a
longer follow-up of the case, and the final effect of treatment on
vaginal discharge could not be known. Such cases of abnormal
vaginal discharge may point towards more investigations, for
example, ruling out sexually transmitted diseases etc. which
could not be done in this case. Further, the gold standard test
for the diagnosis of PID, exploratory laparotomy, could not
be used for diagnosis and for considering the outcome effect.

Despite these limitations, this case report is unique as there is
a gap in evidence-based literature on the management of PID
through homoeopathic medicine. This paucity of data puts an
emphasis on the need for further research with robust design
on this subject.

**Conclusion**

This case report highlights the positive impact of individualised
constitutional homoeopathic treatment in PID selected in
a classical manner. A research study with a robust design
and appropriate sample size is recommended for further
strengthening the evidence.

**Declaration of patient consent**

The patient was informed about the publication of her data in
journal and written consent was taken from the patient.

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Nil.

**Conflicts of interest**

None declared.

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Prise en charge de la maladie inflammatoire pelvienne avec la médecine homéopathique individualisée Natrum muriaticum en LM puissance: Un rapport de cas

L’Introduction: La maladie inflammatoire pelvienne est un groupe de troubles qui affectent le tractus génital féminin ayant une présentation variée, allant de l’asymptomatique aux symptômes d’incapacité reproductrice, infertilité, grossesse ectopique, etc. Avec le traitement homéopathique, Des résultats prometteurs ont été observés dans la recherche sur divers troubles cliniques, mais il y a peu de recherche dans le domaine des troubles inflammatoires pelviens. Un cas de maladie inflammatoire pelvienne, traité avec la médecine homéopathique individualisée est présenté. D’autres recherches sont nécessaires pour confirmer le rôle de l’homéopathie dans la maladie inflammatoire pelvienne.

Introducción: La enfermedad inflamatoria pélvica es un grupo de trastornos que afectan al tracto genital femenino teniendo una presentación variada, que van desde ser asintomáticos hasta síntomas de discapacidad reproductiva, infertilidad, embarazo ectópico, etc. Con el tratamiento homeopático, se han visto resultados prometedores en la investigación sobre diversos trastornos clínicos, pero hay escasez de investigación en el campo de los trastornos inflamatorios pélvicos. Se presenta un caso de enfermedad inflamatoria pélvica, tratada con medicina homeopática individualizada. Se necesita más investigación para confirmar el papel de la homeopatía en la enfermedad inflamatoria pélvica.

Resumen del caso: Una mujer de 38 años que presentó dolor en la parte inferior del abdomen, secreción por vagina y lumbalgia. La historia clínica y los hallazgos ecográficos fueron sugestivos de enfermedad inflamatoria pélvica. Después de una minuciosa toma de casos, repertorización y consulta con materia médica, se prescribió el medicamento homeopático *Natrum muriaticum* en escala LM. Se observó una mejoría gradual en la condición del paciente. Los criterios modificados de Naranjo para la atribución causal se utilizaron para evaluar la mejoría después del tratamiento homeopático.