Abstract

Introduction: This is a case of multimorbidity in a 35-year-old patient suffering from hepatic hemangioma with ovarian cyst. There was hepatomegaly with multiple well-defined homogenously echogenic nodular lesion (largest nodule of size 1.64 X 1.64 cm) in both lobes of liver suggestive of haemangioma. The right ovarian cyst was 2.26 X 1.25 cm in size with pelvic congestion syndrome. Case Summary: This case was treated with individualized homoeopathy for a period of 5 months at the outpatient department (OPD) of Regional Research Institute for Homoeopathy, Agartala. Homoeopathic medicine Pulsatilla, was given to the patient on the basis of individualistic approach. The patient not only improved in her presenting complaints but also there was change in diagnostic parameters. Post treatment outcome corroborated with follow up laboratory investigations that showed significant changes. Ultrasonography revealed no obvious abnormality after homoeopathic treatment with improvement in pelvic congestion syndrome. This case report suggests that a correctly chosen homoeopathic medicine can be beneficial even in complicated and unusual cases.

Keywords: Hepatic haemangioma, Homoeopathy, Individualisation, Outcome in Relation to Impact on Daily Living, Ovarian cyst, Pulsatilla

Introduction

Hepatic haemangioma (HH) is the most common benign liver tumour and is frequently detected incidentally during imaging examinations,[1,2] consisting of clusters of blood-filled cavities, lined by endothelial cells, fed by the hepatic artery. Typical haemangiomas, the so-called capillary haemangiomas, range from a few mm to 3 cm, do not increase in size over time and therefore are unlikely to generate future symptomatology. Small (0 mm–3 cm) and medium (3 cm–10 cm) haemangiomas are well-defined lesions and may not require active treatment if there are no troublesome complaints. However, the so-called giant liver haemangiomas, of up to 10 cm (most commonly) and even 20+ cm in size (according to occasional reports) can and usually will develop symptoms and complications that require prompt surgical intervention or other kind of therapy.[3] HH generally presents with upper abdominal pain. The cause of HH is not known, it may be congenitally determined and there are researchers who reported cases of HH running in families, suggesting a possible genetic connection, others with mesenchymal origins.[3] There are no data in literature to advocate for malignant transformation. Prime management for HH is supervision through imaging methods at every 6 months or annually. According to the existing data, there is no known pharmacological therapy which is able to reduce the size of HH. Surgery is indicated if there is rapid growth in size or pain despite analgesics or both.[4] In Homoeopathy, there are no scientific papers found in terms of successful treatment outcome in HH. The positive outcome of this case shall add to an evidence of the usefulness of Homoeopathy in treating such a disease.

Ovarian cysts (OCs) are sacs filled with fluid which are present in or on the ovaries and are common during

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Patients with OC may have symptoms of irregular or non-existent periods, acne, weight gain, pelvic pain, high blood pressure, lower back pain, breast tenderness, abdominal pressure, dysmenorrhea, dyspareunia and nausea.[5-7] The two most common types of cysts are: (i) Follicle cysts – In a normal menstrual cycle, an ovary releases an egg each month and grows inside a tiny sac called a follicle. When the egg matures, the follicle breaks open to release the egg. Follicle cysts form when the follicle does not break open to release the egg. This causes the follicle to continue growing into a cyst; (ii) Corpus luteum cysts – Once the follicle breaks open and releases the egg, the empty follicle sac shrinks into a mass of cells called corpus luteum. Corpus luteum cysts form if the sac does not shrink. Instead, the sac reseals itself after the egg is released, filling up fluid inside. Most corpus luteum cysts go away after a few weeks. They may bleed or twist the ovary and cause pain.[5-7,9] When managing giant benign OCs, laparoscopy is considered a safe and minimally invasive surgical procedure. Ultrasound-guided drainage with excision of giant OCs is a safe and appropriate modality of treatment.[10] Various articles are found on effectiveness of homoeopathic medicines in ovarian cystic diseases, but most of them are mainly case reports.[11-15] This case report enlightens the readers about Homoeopathy as a treatment option for treating haemangioma with OC.

CASE REPORT

A female patient aged 35 years who was under supervision of a gynaecologist for some time came to the outpatient department of Regional Research Institute for Homoeopathy, Agartala, with complaints of dull-aching pain in the lower back (lumbosacral region) and in the lower abdomen (both occurs on and off but aggravated during menses; >from warm application). There was pain in the right upper quadrant of abdomen (no specific modalities) with scanty menses for the last 1½ months. Investigations revealed a cyst in the right ovary with HH and anaemia. With no significant change in complaints with 5–6 months of allopathic treatment, she switched over to Homoeopathy. On further enquiry, it was elucidated that all these complaints had started gradually, but pain in the right hypochondrium was worsening for the last 1½ months.

The patient had a past history of cholecystectomy 4 years ago with no known post-operative complications and family history, except for the fact that her, mother has been suffering from rheumatic problems. The patient was of moderate built, fair complexion, homemaker by profession and was social and living happily with her spouse and one son. The mental generals reflected a very mild, gentle, co-operative nature, and loved company with desire for spices and dry fish. She had intolerance to meat (pork) which caused loose, mucoid stool. She was thirstless and thermally chilly (felt excessive chill in the winter season). Menses were regular but scanty and clotted for the last 2–3 years. Local and systemic examination revealed mild pallor with no other obvious abnormality.

Diagnostic focus and assessment

Investigations such as blood (routine), blood sugar (fasting and post-prandial), liver function test, ultrasonography (USG – whole abdomen and transvaginal), cervical Pap smear, quantiferon TB Gold, urine (routine and

![Figure 1: Ultrasound after treatment](http://www.ijrh.org)

![Figure 2: Ultrasound after treatment](http://www.ijrh.org)
culture) and Vitamin-D were carried out. USG (whole abdomen and transvaginal) and blood (routine) suggested hepatomegaly with multiple well-defined homogenously echogenic nodule lesions in both the lobes – suggestive of haemangioma (larger one is 1.64 cm × 1.64 cm) and right OC (2.26 cm × 1.25 cm) with pelvic congestion syndrome and low haemoglobin (9.80 g%). All other reports were normal. Post-treatment outcome corroborated with follow-up laboratory investigations with significant changes. USG (whole abdomen) revealed no obvious abnormality after 3–4 months of continuous homoeopathic treatment with improvement in pelvic congestion syndrome and haemoglobin level [Figures 1-4].

Therapeutic intervention
After analysing the symptoms of the case, the characteristic generals and particular symptoms were considered for framing the totality. Among important mental generals were prominent mildness, gentle attitude, liking for company and feeling bad when alone; decreased thirst, chilly patient, intolerance to meat (pork), desire for spices, scanty and clotted menstrual flow are among important physical generals, and particular symptoms such as pain in the hypogastrium during menses and hypochondrium and low back pain were considered for final selection of the medicine. Miasmatic evaluation of all the presenting symptoms was done with the help of Repertory of miasms,[16] which showed the predominance of Psora, as shown in Table 1. Repertorial analysis using Synthesis Repertory from the Radar software was done considering the above symptomatology.[17] The repertorisation chart is presented at Figure 5. The first six medicines with maximum score (based on mental and physical generals, important particular symptoms) in the descending order are Lycopodium, Pulsatilla, Arsenic, Belladonna, Sepia and Natrum mur. After going through textbooks of Materia Medica,[18,19] medicines such as Lycopodium – a right sided, hot, male-dominant drug does not cover the eliminating symptoms; Arsenicum album – although chilly patient but mental, restlessness, anxiety and thirstlessness are lacking; Belladonna – an acute remedy with opposite mentality to Pulsatilla and Sepia – a commonly used drug for climacteric complaints, especially heat flushes, irregular menses with relaxed pelvic organs, resulting in uterine prolapse were considered. The mild nature observed while talking, behaviour of the patient along with thirstlessness and aggravation from pork were very prominent in the patient and thus considered as eliminating rubrics: Pulsatilla seemed to be the most suitable remedy in this case and prescribed in the 30th potency on the 1st visit considering mildness, feels bad when alone; less thirst, intolerance to meat (pork), anaemia, scanty and clotted menstrual flow were among other important physical generals. Particular symptoms such as pain in the hypogastrium during menses and cyst in the ovary were also considered.

Prescription
The medicine was of SBL Pvt. Ltd Pharmaceutical Company and procured from local market.

Improvement assessment
The timeline of the case including the 1st visit and subsequent follow-up is given in Table 2. Time-to-time assessment of complaints was done with the help of Outcome in Relation to Impact on Daily Living (ORIDL)[20] instrument, and after 3–4 months of treatment, clinical improvement corroborated with laboratory investigations [Table 3]. Before and after treatment, key investigations are given in Figure 1.

Discussion
No scholarly articles were found in PubMed, Researchgate, Google Scholar, ISeek, CORE-Hom and AYUSH Research Portal (search made during December 2018 to March 2019) regarding works carried out till date on scope of Homoeopathy in HH. However, a few case reports on Ovarian Cyst treated with Homeopathy have been published,[11-15] but mostly are of case reports. This is a rare case successfully treated with homoeopathic medicines. In this case individualistic approach, attitude and manner of conversation of patient, her mental condition temperament, characteristic physical

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### Table 1: Miasmatic analysis

<table>
<thead>
<tr>
<th>Rubric</th>
<th>Chapter</th>
<th>Miasm</th>
<th>Page number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildness</td>
<td>Mind</td>
<td>Psora</td>
<td>62</td>
</tr>
<tr>
<td>Company, desire for, alone, while aggravation</td>
<td>Mind</td>
<td>Psora</td>
<td>11</td>
</tr>
<tr>
<td>Heat, vital lack of</td>
<td>Generalities</td>
<td>Psora</td>
<td>1242</td>
</tr>
<tr>
<td>Thirstless</td>
<td>Stomach</td>
<td>Psora</td>
<td>477</td>
</tr>
<tr>
<td>Food, pork, aggravation</td>
<td>Generalities</td>
<td>Not classified</td>
<td>1240</td>
</tr>
<tr>
<td>Menses, scanty</td>
<td>Genitalia, female</td>
<td>Psora, Lt. Psora</td>
<td>654</td>
</tr>
<tr>
<td>Menses, clotted</td>
<td>Genitalia, female</td>
<td>Psora, sycosis</td>
<td>652</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Generalities</td>
<td>Sycosis</td>
<td>1228</td>
</tr>
<tr>
<td>Pain, aching, dull, hypochondria, right</td>
<td>Abdomen</td>
<td>Psora</td>
<td>505</td>
</tr>
<tr>
<td>Pain, aching, dull, hypogastrium, menses during</td>
<td>Abdomen</td>
<td>Psora</td>
<td>507</td>
</tr>
<tr>
<td>Pain, hypogastrium, warmth, amel.</td>
<td>Abdomen</td>
<td>Psora</td>
<td>508</td>
</tr>
<tr>
<td>Pain, aching, lumbosacral region</td>
<td>Back</td>
<td>Psora</td>
<td>827</td>
</tr>
<tr>
<td>Tumours, ovaries, cysts</td>
<td>Genitalia, female</td>
<td>Psora, sycosis</td>
<td>670</td>
</tr>
</tbody>
</table>
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Table 2: Follow-up and outcomes

<table>
<thead>
<tr>
<th>Date of 1st visit and follow-ups</th>
<th>Complaints/description</th>
<th>Medicine prescribed</th>
<th>ORIDL score (outcome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st visit-10 February 2017</td>
<td>LMP was on 2 February 2017 (scanty, clotted flow lasted for 2 days); had pain in lower abdomen with mild low back pain during menses</td>
<td><strong>Pulsatilla</strong> 30C; 6 doses, BD followed by placebo for 7 days</td>
<td>To be assessed in subsequent follow-ups</td>
</tr>
<tr>
<td>2nd visit-27 February 2017</td>
<td>No significant change in complaints of pain in right side of abdomen and mild-to-moderate low back pain</td>
<td><strong>Pulsatilla</strong> 200C; 4 doses, BD followed by placebo for 7 days</td>
<td>Pain in the right hypochondrium = 0 Low back pain = 0 Overall well-being = 0</td>
</tr>
<tr>
<td>3rd visit-13 March 2017</td>
<td>No pain in right hypochondria for the last 3-4 days. Back pain improved. All generals are almost same. No new complaints</td>
<td>Placebo given for 7 days</td>
<td>Pain in the right hypochondrium = 3 Low back pain = 2 Overall well-being = 2</td>
</tr>
<tr>
<td>4th visit-17 March 2017</td>
<td>Old complaints are better. New complaint of dull, aching pain in right thigh for 1 day following blunt trauma with bluish discoloration. LMP-3 March 2017 but pain in lower abdomen less than last menstrual cycle with no back pain. Flow scanty, clotted and lasted for 3 days</td>
<td><strong>Arnica</strong> 30C; 9 doses, TDS for 3 days</td>
<td>Pain in lower abdomen = 2 Scanty menses = 0 Clotted menstrual flow = 0 Overall well-being = 2</td>
</tr>
<tr>
<td>5th visit-24 March 2017</td>
<td>Bluish discoloration persisting but pain much improved. No appearance of old complaints</td>
<td>Again <strong>Arnica</strong> 30C; 6 doses, BD repeated</td>
<td>Pain in the right hypochondrium = 3 Low back pain = 3 Pain in right thigh = 3 Overall well-being = 2</td>
</tr>
<tr>
<td>6th visit-4 April 2017</td>
<td>Both pain and bluish discoloration disappeared. LMP-1 April 2017 lasted for 3 days; flow mild improved but clotted; no pain in abdomen. On and off pain in the back and right hypochondrium</td>
<td><strong>Pulsatilla</strong> 200C; 4 doses, OD followed by placebo for 15 days</td>
<td>Pain in the right hypochondrium = 2 Low back pain = 2 Pain in right thigh = 4 Pain in lower abdomen = 3 Scanty menses = 1 Clotted menstrual flow = 0 Overall well-being = 2</td>
</tr>
<tr>
<td>7th visit-24 April 2017</td>
<td>Pain in the back and right hypochondrium was improving but aggravated for the last 3 days. General weakness, drowsiness for 2-3 days. Patient had pork 2 days back but no such problem of loose, mucoid stool observed this time</td>
<td><strong>Pulsatilla</strong> 1000C; 2 doses, OD followed by placebo for 20 days</td>
<td>Pain in the right hypochondrium = -1 Low back pain = -2 Pain in right thigh = 4 Loose, mucoid stools after pork = 3 Overall well-being = -1</td>
</tr>
<tr>
<td>8th visit-18 May 2017</td>
<td>LMP-2 May 2017 flow moderate with no pain in lower abdomen and first time no clot observed. Low back pain completely disappeared within 5 days of intake of last medicine but the pain in the right hypochondrium still continuing on and off</td>
<td><strong>Pulsatilla</strong> 1000C; 1 dose followed by placebo for 15 days</td>
<td>Pain in the right hypochondrium = 2 Low back pain = 3 Pain in lower abdomen = 3 Scanty menses = 2 Clotted menstrual flow = 3 Pain in right thigh = 4 Overall well-being = 3</td>
</tr>
<tr>
<td>9th visit-12 June 2017</td>
<td>Patient is doing well; no old symptoms or new complaints. LMP-1 June 2017 where flow was moderate, no clots and lasted for 4 days. She was advised for USG (W/A) and blood (R/E)</td>
<td>Placebo for 15 days</td>
<td>Pain in the right hypochondrium = 3 Low back pain = 3 Pain in lower abdomen = 4 Scanty menses = 3 Clotted menstrual flow = 3 Pain in right thigh = 4 Overall well-being = 4</td>
</tr>
<tr>
<td>10th visit-12 July 2017</td>
<td>Patient doing well and reporting after 1 month with USG report which showed normal study and there was also increase in Hb level but below normal. She was advised to take meals regularly with iron rich food items. Patient did not turn up for any further visits almost for the last ½ years. She is still chilly, mildness and other mentals are same as earlier but pork aggravation, presenting complaints and menstruation-related complaints are much improved</td>
<td>Placebo given for 15 days</td>
<td>Pain in the right hypochondrium = 4 Low back pain = 4 Pain in lower abdomen = 4 Pain in right thigh = 4 Overall well-being = 4</td>
</tr>
</tbody>
</table>

OD: Once daily; BD: Twice daily; TDS: Thrice daily; OPD: Outpatient department; USG: Ultrasonography; LMP: Last menstrual period; W/A: Whole abdomen; R/E: Routine examination; ORIDL: Outcome in Relation to Impact on Daily Living; Hb: Haemoglobin
generals and particulars were taken into consideration. The ORIDL instrument\textsuperscript{[20]} (formerly referred to as the Glasgow Homoeopathic Hospital Outcomes Scale) has been used in this case to measure patient’s views of the outcome of their care. The scale allows the person to assess their outcome by relating this to impact on their daily life.

Although HH and OCs have chances of self-regression, we cannot wait for a considerable period to let them resolve spontaneously. There are reports where probability for self-regression of HH or OC is mentioned ranging from a few weeks to months, but none of them has given tangible data or mentioned about any observational studies to assert that HH and OCs are self-regressing. There is no conclusive scientific evidence that these abnormal growths may turn into malignancy; however, to avoid unseen complications, sometimes, surgical removal is suggested.\textsuperscript{[4,10]} At this juncture, Homoeopathy may have a role to play as it is safe to use, it may help to annihilate the abnormal growth and restore the health. The beauty and core concept of Homoeopathy is individualisation, i.e., treat the patient not the disease. With individualistic approach, this patient was benefitted by homoeopathic medicines (positive ORIDL score).

Both the HH and OC were improved as evident from follow-up investigation. Pork aggravation altered; low back pain secondary to pelvic congestion also improved. Although this single case report cannot draw any certain conclusion, more number of case reports and observational studies/clinical trials on HH and OC are warranted.

### Acknowledgement

We are thankful to Dr. Anil Khurana, Director General In-charge, Dr. Raj K. Manchanda, Ex-Director General, CCRH, for their suggestions to report such success stories in systematic manner for dissemination among scientific community. Last but not the least, we are grateful to the patient who gave consent to share this case report.

### Informed consent

Due consent was obtained from the patient to disseminate the information as scientific case report. The patient understands that her name, photographs and initials will not be published.

### Financial support and sponsorship

Nil.
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Conflicts of interest
None declared.

References

Un cas d'hémangiome hépatique avec kyste ovarien traité par l'homéopathie

Introduction : Il s'agit d'un cas de multimorbidity chez une patiente de 35 ans souffrant d'hémangiome hépatique avec kyste ovarien. Il y avait une hépatomégalie avec de multiples lésions nodulaires échogènes homogènes bien définies (le plus grand nodule mesurait 1,64 x 1,64 cm) dans les deux lobes du foie suggérant un hémangiome. Le kyste ovarien droit mesurait 2,26 x 1,25 cm et était accompagné d'un syndrome de congestion pelvienne. Résumé du cas : Ce cas a été traité par homéopathie personnalisée pendant une période de 5 mois au service de consultations externes de l'Institut régional de recherche en homéopathie d’Agartala. Le médicament homéopathique Pulsatilla a été administré à la patiente conformément à une approche individualiste. Non seulement la patiente s’est moins plainte mais il y a également eu un changement dans les paramètres de diagnostic. Les résultats après le traitement ont été corroborés par des examens de laboratoire de suivi qui ont montré des changements significatifs. L'échographie n'a révélé aucune anomalie évidente après le traitement homéopathique et a révélé une amélioration du syndrome de congestion pelvienne. Ce rapport de cas suggère qu'un médicament homéopathique bien choisi peut être bénéfique même dans des cas compliqués et inhabituels.

Caso de hemangioma hepático con quiste de ovario tratado con homeopatía

Introducción: Se trata de un caso de multimorbilidad en un paciente de 35 años con un hemangioma hepático y quiste de ovario. Se constató una hepatomegalia con múltiples lesiones nodulares bien definidas, homogéneamente ecogénicas (nódulo más grande de tamaño: 1,64 X 1,64 cm) en ambos lóbulos hepáticos, que es indicativa de hemangioma. El quiste de ovario tenía un tamaño de 2,26 x 1,25 cm con síndrome de congestión pélvica. Resumen del caso: Este caso se trató con homeopatía individualizada durante un periodo de 5 meses en el departamento ambulatorio del Regional Research Institute for Homeopathy, Agartala. La paciente recibió el medicamento homeopático Pulsatilla, sobre la base de un planteamiento individualizado. Durante el tratamiento, no solo mejoraron sus molestias, sino que también se produjo un cambio en los parámetros diagnósticos La ecosografía reveló ninguna anormalidad obvia después del tratamiento homeopático con mejoría en el síndrome de congestión pélvica.

Este informe de caso clínico indica que un medicamento homeopático correctamente elegido puede ser beneficioso incluso en casos inhabituales y complicados.

同様以順勢療法處理肝臟血管瘤合併卵巢囊腫的個案

簡介：這是一位35歲的肝臟血管瘤合併卵巢囊腫的多發病例。肝臟腫大伴多發清晰的均勻回聲結節性病變（最大結節大小為1.64×1.64 cm），位於肝臟兩葉，顯示有血管瘤。右側卵巢囊腫大小為2.26×1.25 cm，伴有盆腔充血綜合症。

病例總結：本病例在阿加爾塔拉地區人類腫瘤研究所門診部（OPD）進行了與期5個月的個人化治療。在個人化治療的基礎上給予患者順勢療法藥物--白頭翁。患者不僅在主訴方面有所改善，而且在診斷參數方面也有所改變。隨訪化驗室調查證實了治療後的結果，顯示出顯著的變化。超聲波檢查顯示在使用順勢療法治療後，盆腔充血綜合症得到改善並已無明顯異常。本病例報告表明，即使在複雜和不尋常的個案中，正確選擇的順勢療法藥物可以有助益。