

Efficiency of Staphysagria in the Treatment of Follicular Ovarian Cyst and Large Sized Cholelithiasis Using 50 Millesimal Potency: A Case Report

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ABSTRACT

Cholelithiasis or gallstone disease is a very common recurring problem all over the world. And it is more common in females than in males. Abdominal ultrasound was the investigation of the choice for diagnosing cholelithiasis. Even though cholecystectomy is considered as a gold standard treatment for cholelithiasis, it has its own limitations, risks and post-operative complications and Follicular Ovarian Cyst Ovarian cyst is a fluid filled sac present on the ovary. Here, an alternative system of medicine, especially Homoeopathy being a system of holistic healing plays an important role in treating cholelithiasis and Follicular Ovarian Cyst. This is a case report of a patient with follicular ovarian cyst and large sized cholelithiasis which is successfully managed by Homoeopathic treatment without opting a surgery. Many Homoeopathic remedies like Chelidonium, Chionanthus, Lycopodium, China. etc., acts effectively in reducing the Cholelithiasis and Cholecystitis and Ovarian Cyst. Based on the General symptoms of the patient treated the case with Staphysagria which is effective in Follicular Ovarian Cyst and with Hepatic and Gall bladder disturbances.

Keywords: Homoeopathy, Staphysagria, Follicular ovarian cyst, Gallbladder, Cholelithiasis, Modified naranjo criteria for homoeopathy

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INTRODUCTION

Gall bladder is among the most common surgically resected organs for various reasons, including common non neoplastic conditions like cholecystitis, with or without calculi and empyema due to obstruction, stasis and infection and gangrene as a result of decreased/inadequate blood supply and ischemic necrosis due to various causes^[1], it afflict 10 to 30 % of the adult population and about 1-2 million new patients annually are found to have gallstones of which approximately 700,000 undergo cholecystectomy. Gall stones causes may be obesity, hyperlipidaemia, diabetes mellitus, high refined carbohydrate diet, low fibrin diet, pregnancy, iatrogenic, recurrent a calculus cholecystitis, crohn's disease, low protein diet, sickle cell anaemia^[1].

Ovarian cyst is a fluid filled sac present on the ovary or a pocket like structure on the surface of an ovary which filled

with somewhat solid, liquid or semisolid materials^[2]. Patients with Ovarian Cyst may have symptoms of irregular or non-existent periods, acne, weight gain, pelvic pain, high blood pressure, lower back pain, breast tenderness, abdominal pressure, dysmenorrhoea, dyspareunia and nausea^[3]. They can occur during the childbearing years or after menopause. Most ovarian cysts are benign (not cancer) and go away on their own without treatment. Rarely, a cyst may be malignant (cancer)^[4]. Types of Ovarian Cyst: Various types of ovarian cyst, such as

1. Dermoid Cyst- Also known as teratomas and forms from embryonic cells which contains tissue such as hair, skin, teeth.

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2. Cystadenomas-Present on the surface of an ovary and filled with liquid or mucosal material.
3. Endometriomas or Chocolate Cyst These are the result of endometriosis. Here some tissues attach on the ovary and form growth. It contains dark brown (chocolate) coloured fluidly material consist of blood some-times called chocolate cyst.
4. Functional Cyst - This one is the most common type and divided into two forms i.e. a) Follicular cyst b) Corpus luteumcyst^[4]

They rarely causes pain and usually harmless.

Homoeopathy plays an important role in combating the sufferings due to gallstone disease. There are several medicines in the homoeopathic *Materia Medica* which can be considered for Follicular ovarian cyst are *Apismellifica*, *Aurumiodatum*, *Collinsonia*, *Coffeacruata* etc. and for Gall stone medicines like *Calcarea carb*, *Chincona Officinalis*, *Natrum Sulphete*^[5].

CASE REPORT – PRESENTING COMPLAINTS

A female of short stature, aged about 37 years, came with the complaint of dull pain in the right hypochondria aggravated at afternoon at 3:30 pm with burning sensation in the chest & also with scanty menses of 1/28 days with pain in the left abdomen after 15 days & leucorrhoea last 3 days with itching in the genital region ameliorated after washing.

At first, the patient had consulted an allopathic physician who advised her for ultrasonography (USG) of the whole abdomen. On USG, having a big gallstone of 2.09 x 3.65cm in size also with Fol. Cyst in Right ovary of 1.64 x 1.11 cm. The doctor advised her to undergo cholecystectomy and Oophorectomy, but the patient was afraid to undergo any surgery so that she tried alternative treatment for the complaint, she undergoes various treatment but unfortunately did not had the expected results and finally came for homoeopathic treatment, as the complaints when the discomfort gradually increased. The patient was married at the age of 26 but got divorced having no children and belonged to good socioeconomic background. No addictions were reported. In the physical generals, Patient was thermally Hot, her appetite is lost and she craves for sweets and spicy especially before 5 days of menses and having aversion to meat, her thirst is reduced only 1 litre per day but as soon as she drinks she vomits. Having difficulty in passing stool 2 days once and normal urine output but with itching. Sleep disturbed due to the complaints and dreams of future.

On Examination

Patient was conscious and oriented; dark complexion; short

stature and normal built; no pallor, no cyanosis, no jaundice, no lymphadenopathy, no pitting pedal oedema, etc., Pulse - 78/min; Blood Pressure - 122/90 mm of Hg; Resp. Rate - 20/min. On Palpation, swelling and Tenderness⁺⁺ in the right hypochondria was found. No signs of ascites; no rigidity and normal bowel sounds heard. Respiratory system, cardiovascular system and central nervous system were found clinically normal.

Selection of Remedy and Potency

While analysing the case, the general and particular symptoms were classified as per the intensity and evaluated. Characteristic mental generals, physical generals were considered for erecting the totality of symptoms. Considering the totality, Kent repertory was selected and repertorisation was done with HOMPETH software^[6]. After repertorisation, from the list of drugs i.e., *Staphysagria*, *Arsenicum album*, *Apismellifica*, *Kali Carbonicum*, *lycopodium*, etc., from this *Staphysagria* was selected after referring the Kent *Materia Medica*. And '*Staphysagria*'^[5] was prescribed in 50 millesimal potency starting with 0/1st potency on 01st March 2022 for one month in Liquid dose of 30ml, 10 drops in both morning and evening on empty stomach. Followed by 1st follow up on 04th April 2022 she experienced the Reduced pain, Leucorrhoea aggravated but Irregular Menses Improved, Prescribed 0/2 potency and then 0/3 potency in 2nd follow up on 2nd May 2022 patient experiences No pain, Menstrual cycle and Leucorrhoea gets normal and on 3rd Follow up 07th June 2022 about 4 months after the first visit there she was advised to take USG of the abdomen, which showed No Ovarian Follicular Cysts and marked reduce in gallstone size. She was so happy about her menstrual cycle gets back to normal and happy about the reduction in the size of the gall stones, she had developed much hope on homoeopathy.

REPERTORIZATION – KENT REPERTORY

USG Report

DISCUSSION

This case of Follicular Ovarian Cyst with Large sized Cholelithiasis, is much more common on women as they are more susceptible than male. The patient was well socially and economically good. As the patient was more concerned about her brother and she didn't get what she wants fairly and gets disappointed. And much dowry issues makes much mental suffering to her, this makes her much frustration and also feels that she's going to die because of the complaint and wants her mom to die who is ill before she dies because her should can't be alone.. As she was more apprehensive about any surgical procedure, she opted to homoeopathy.

Figure 1: Repertorial Chart

Remedy Name	Staph	Ars	Apis	Kali-c	Lyc	Nat-m	Sep	Hep	Nit-ac
Totality / Symptom Covered	13 / 6	13 / 6	11 / 5	11 / 5	11 / 5	11 / 5	11 / 5	10 / 5	10 / 5
[Kent] [Mind] Indignation: (12)	3	2							
[Kent] [Mind] Anger/irascibility (see irritability, quarrelsome): (137)	3	3	2	3	3	3	3	3	3
[Kent] [Mind] Discontented, displeased, dissatisfied etc.: (126)	2	2	1	2	2	3	2	2	2
[Kent] [Mind] Death/Prement of: (46)	1	1	3	1	2	1	1	2	2
[Kent] [Stomach] Thirstless: (87)	2	2	3	2	2	1	2	1	1
[Kent] [Genitalia female] Menses: Scanty: (101)	2	2	2	3	2	3	3	2	2

Table 1: Prescription and Follow-Up

Date	Observations	Medicine with Doses and Repetition
01/03/22	symptoms of dull pain in the right hypochondria with burning sensation in the chest & also with scanty menses of 1/28 days & leucorrhoea with itching in the genital region	R _x Staphysagria 0/1 Aq.sol (10 ⁰ -0-10 ⁰) BF 30 days
		SL – Pills 1Dram 4 pills (4-0-4) 30 days
04/04/22	Pain Reduced, Leucorrhoea aggravated but Irregular Menses Improved	R _x Staphysagria 0/2 Aq.sol (10 ⁰ -0-10 ⁰) BF 30 days
		SL – Pills 1Dram 4 pills (4-0-4) 30 days
02/05/22	No pain, Menstrual cycle and Leucorrhoea gets normal	R _x Staphysagria 0/3 Aq.sol (10 ⁰ -0-10 ⁰) BF 30 days
		SL – Pills 1Dram 4 pills (4-0-4) 30 days
07/06/22	No Symptoms, USG shows No Fol. Cysts and marked reduce In stone size	R _x Staphysagria 0/4 Aq.sol (10 ⁰ -0-10 ⁰) BF 30 days
		SL – Pills 1Dram 4 pills (4-0-4) 30 days

Figure 2: Before the Treatment

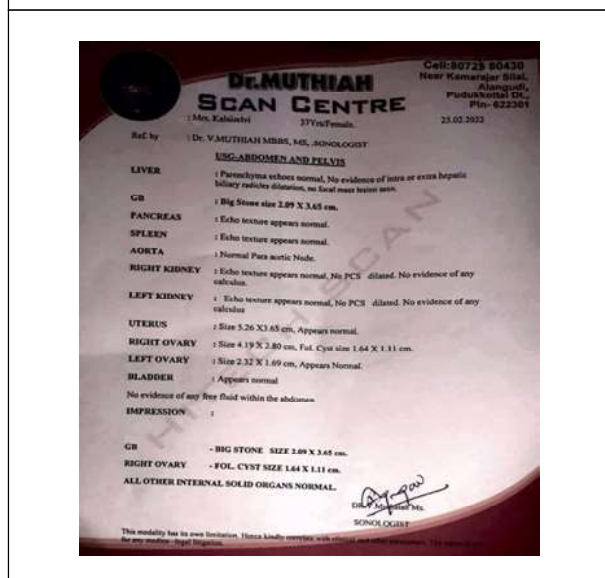
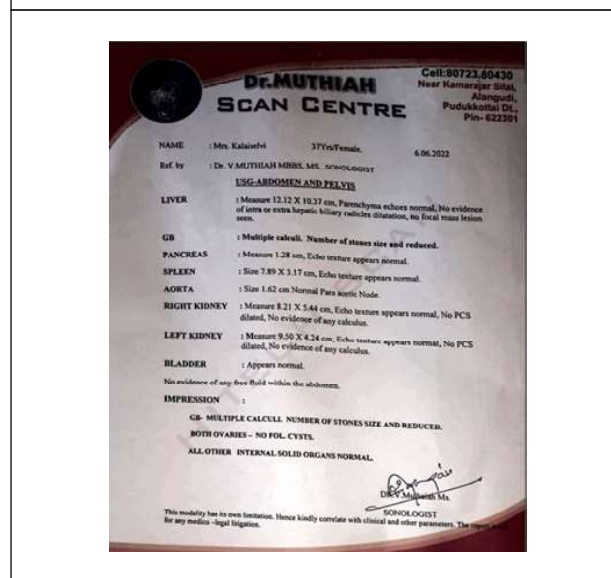


Figure 3: After the Treatment



Homoeopathy is a medicine of holistic science which considers patient as a whole. Homoeopathy is a system of therapeutics which treats the patient, not the disease. It also aims at a rapid, gentle and permanent restoration of health^[7]. and selected on the basis of causation, prominent modality, miasm, constitution, totality of the symptoms, etc.^[8]. In this case, there were prominent mental and physical and characteristic symptoms thus the case is prescribed based on totality of symptoms and by Repertorization shows Staphysagria (13/6), Arsenicum album (12/6), Apismellifica (11/5), Kali Carbonicum (11/5), lycopodium (11/5) came as leading remedies. Staphysagria was selected as it covered much symptoms and accordance to Kent Materia Medica which shows the efficiency in relieving gall stone colic and in dissolving gall stones and Follicular Ovarian Cyst^[9].

A homoeopathy extension of the CARE clinical case reporting guideline (HOM-CASE) recommends use of the Modified Naranjo Criteria for Homoeopathy, which enables assessment

of the likelihood of assigning causal relationship between a homeopathic intervention and a clinical improvement, it is a tool for attributing the likelihood of a causal relationship between homoeopathic intervention and clinical outcome in quality case reports^[10]. The modified Naranjo criteria score of this patient after treatment was 10/13, which indicates there is a definite relationship between the result observed and the prescribed medicine (Table 3).

Based on the kappa values, the κ values were interpreted as follows:

- $\kappa < 0$, “less than chance agreement”;
- $\kappa 0.01$ to 0.20 , “slight agreement”;
- $\kappa 0.21$ to 0.40 , “fair agreement”;
- $\kappa 0.41$ to 0.60 , “moderate agreement”;
- $\kappa 0.61$ to 0.80 , “substantial agreement”;
- $\kappa 0.81$ to 0.99 , “almost perfect agreement”

Domains	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0
3. Was there an initial aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5. Did overall well-being improve? (suggest using validated scale)	+1	0	0
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:			
–from organs of more importance to those of less importance?	+1	0	0
–from deeper to more superficial aspects of the individual?			
–from the top downwards?			
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?	+1	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Note: Maximum score = 13, Minimum score = -6.

Table 3: Assessment According to Modified Naranjo Criteria

S. No.	Modified Naranjo Criteria	Answers	Scores
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	YES	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	YES	+1
3	Was there a homeopathic aggravation of symptoms?	YES	+1
4	Did the effect encompass more than the main symptom or condition?	YES	+1
5	Did overall well-being improve?	YES	+1
6.A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	NO	0
6.B	Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms:	NO	0
	–from organs of more importance to those of less importance?		
	–from deeper to more superficial aspects of the individual?		
	–from the top downwards?		
7	Did “old symptoms” reappear temporarily during the course of improvement?	NO	0
8	Are there alternative causes that with a high probability could have produced the improvement?	NO	+1
9	Was the health improvement confirmed by any objective evidence?	YES	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	YES	+1
	Total		+10

Table 4: Domain-Wise Mean Percentage Agreement and Kappacalculation Between Modified Naranjo Criteria for Homoeopathy Domains and Evaluated Case Report

Domain	Agreement (%)	Kappa (K)	Inference	Valid (K > 0.40)
1	100	1	Perfectagreement	Yes
2	100	1	Perfectagreement	Yes
3	96.7	0.8	Substantialagreement	Yes
4	83.3	0.6	Moderateagreement	Yes
5	91.1	0.7	Substantialagreement	Yes
6A	46.7	0.03	Slightagreement	No
6B	50.3	0.18	Slightagreement	No
7	67.8	0.46	Moderateagreement	Yes
8	97.5	0.86	Almostperfectagreement	Yes
9	99.2	0.5	Moderateagreement	Yes
10	56.1	0.38	Fairagreement	Yes

Eligible case reports had to fulfil a minimum of nine items of the CARE Clinical Case Reporting Guideline checklist and a minimum of three of the homeopathic HOM-CASE

CARE extension items^[10]. The higher the score, the more likely there is therapeutic causality, a low score does not rule out causal attribution to homeopathic treatment, but in such

cases, justification of why the changes are considered to be due to the prescribed HMP(s) is even more important^[11].

CONCLUSION

“Health is that balanced condition of living organism in which the integral, harmonious performance of the vital function tends to the preservation of the organism and the normal development of individual”^[12]. Thus the results shows that the homoeopathic treatment on the basis of totality of symptoms by using generals and characteristic particulars shows the efficacy of the drug Staphysagria by showing the disappearance of signs and symptoms along with USG evidence of Absence of Follicular Cyst in the ovary and marked improvement in the size of the stone in the Gallbladder and shows the positive effect of Homoeopathy in the treatment of gall stone and Follicular Cyst in the ovary. Thus we can conclude that Staphysagria used with a holistic approach is very effective in managing the cases of Cholelithiasis & Follicular Cyst in the ovary.

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