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HOMEOPATHIC MANAGEMENT OF BILATERAL OVARIAN ENDOMETRIOMAS WITH LONG-STANDING ENDOMETRIOSIS: A CASE REPORT AT DR BATRA'S

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Abstract

Endometriosis is a chronic estrogen-dependent inflammatory disorder associated with pelvic pain, menstrual irregularities, ovarian endometriomas, infertility, and significant psychological distress. This case reports a 33-year-old married female suffering from endometriosis for 14 years with bilateral ovarian endometriomas, recurrent pelvic pain, menstrual disturbances, and severe emotional stress. Individualized homoeopathic treatment, combined with regular monitoring and counselling, resulted in progressive reduction of ovarian cyst size, restoration of regular menstruation, reduction in pelvic pain, improvement in emotional well-being, and eventual ultrasonographic resolution of endometriotic cysts.

Introduction

Endometriosis is characterized by the presence of endometrial tissue outside the uterine cavity, producing chronic inflammation, adhesions, ovarian cyst formation, and recurrent pelvic pain. Ovarian endometriomas ("chocolate cysts") are among the most common manifestations and frequently require long-term hormonal suppression or surgery.

This case demonstrates the role of individualized homoeopathic treatment in a patient with chronic bilateral ovarian endometriomas associated with long-standing emotional stress and marital conflicts.

Patient Information

- Age: 33 Years
- Gender: Female
- Marital Status: Married
- Occupation: Technical Manager, British Telecom
- Family Type: Nuclear Family
- Husband: Employed in Private Bank

Chief Complaints

Endometriosis since 14 years

Associated with:

- Bilateral ovarian endometriomas
- Dysmenorrhoea
- Pelvic pain
- Menstrual irregularity
- Mood swings
- Sleep disturbances
- Anxiety and emotional stress

Initial ultrasonography revealed:

Right Ovary

- $49 \times 26 \times 43$ mm
- Volume: 27.58 mL
- Endometriotic cyst measuring $32 \times 19 \times 32$ mm

Left Ovary

- $41 \times 26 \times 38$ mm
- Volume: 20.74 mL

Subsequent imaging demonstrated bilateral endometriomas.

History of Present Illness

The patient had been suffering from endometriosis since the age of 18 years.

Management over the years included:

- Hormonal therapy
- Endoreg administration
- Injectable hormonal suppression
- Repeated periods of medically induced amenorrhea

Despite treatment, cysts persisted and symptoms recurred whenever medication was discontinued.

She approached for homoeopathic treatment with the hope of reducing dependence on hormonal therapy and improving overall quality of life.

Physical Generals

Parameter	Findings
Appetite	Normal
Craving	Sour
Thirst	Decreased (approx. 500 ml/day)
Water Preference	Cold Water
Perspiration	Scanty
Sleep	Disturbed
Dreams	Animals, snakes, fearful dreams
Thermal State	Ambithermal
Preference	AC, Winter
Urine	Clear
Stool	Satisfactory

Mental Generals

The emotional sphere was highly characteristic.

Childhood

- Inferiority complex since childhood
- Sensitive and emotional
- Influenced strongly by father
- Stress during school and college years
- Non-strict and supportive parents

Work Life

- Technical Manager at British Telecom
- Responsible for a team of 18 people
- Good relationship with seniors
- Constant job insecurity

Personality

- Extroverted
- Attention seeking
- Easily hurt
- Anxious
- Impatient
- Polite and obedient
- Not punctual
- Easily offended by comparisons

Anxiety

Anxiety was aggravated by:

- Marital conflicts

- Fear of rejection by husband
- Uncertainty and lack of planning

Emotional Triggers

- Husband comparing her with other women
- Feeling neglected or undervalued
- Lack of emotional support
- Mother-in-law's cancer diagnosis
- Financial instability
- Marital disharmony after love marriage

Weeping Tendency

Patient frequently cried while narrating emotional experiences.

Dreams

- Recurrent dreams of snakes
- Animals
- Fearful and negative dreams

Significant Life Stressors

1. Love marriage followed by marital disharmony
2. Mother-in-law diagnosed with cancer
3. Financial instability
4. Living away from parents
5. Lack of emotional validation
6. Continuous need for affection and attention

Clinical Totality

Mental Rubrics

- Anxiety about trifles

- Confidence, want of self-confidence
- Weeping easily
- Consolation ameliorates
- Sympathetic disposition
- Attention seeking
- Emotional dependence
- Fearful dreams

Physical Rubrics

- Endometriosis
- Ovarian cysts
- Sleep disturbed
- Decreased thirst
- Craving for sour food

Repertorial Analysis

The leading remedies emerging from repertorization were:

1. Pulsatilla
2. Causticum
3. Natrum Muriaticum
4. Staphysagria
5. Sepia
6. Ignatia
7. Lachesis

The final selection was guided by the patient's emotional dependence, anxiety, sensitivity to neglect, marital conflicts, jealousy, insecurity, and emotional intensity.

Remedies	puls.	caust.	nat-m.	nux-v.	sep.	staph.	sil.	carc.	ign.	phos.	aur.	cocc.	graph.	sulph.	calc.	con.	trit-vg.	vanil.	bar-c.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	4
Intensity	12	10	9	9	7	6	10	8	8	8	7	7	7	7	6	6	6	6	9
Result	6/12	6/10	6/9	6/9	6/7	6/6	5/10	5/8	5/8	5/8	5/7	5/7	5/7	5/7	5/6	5/6	5/6	5/6	4/9
Clipboard 4																			
MIND - ANXIETY - trifles, about		1	1	1	1	1	2		2	1	1	1	1	1	1	2			1
MIND - CONFIDENCE - want of self-confidence	2	1	2	2	1	1	3	2	1	1	2	1	1	1	1	1	2	2	4
SLEEP - RESTLESS	3	2	2	2	2	1	3	1	2	1	2	3	3	3	2	1	1	1	3
FEMALE GENITALIA/SEX - ENDOMETRIOSIS	1			1	1														
MIND - WEEPING - trifles, at	1	3	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	
MIND - CONSOLATION - amel.	4	1	1			1	1	1		2						1	1	1	
MIND - SYMPATHETIC	1	2	2	2	1	1		3	2	3	1	1	1	1	1		1	1	1

Prescription

Constitutional Remedy

Lachesis

Basis of Selection

- Suspicious nature
- Emotional intensity
- Jealous tendencies
- Relationship conflicts
- Strong emotional reactions
- Insecurity regarding spouse
- Mood fluctuations

Acute Remedy

Nitric Acid

Intercurrent

Acetic Acid

Follow-Up Timeline

Follow-up Table

Date	Clinical Status	USG Findings	Outcome
18 Feb 2023	Endometriosis since 14 years. Amenorrhea due to hormonal suppression. Mood swings, depression, urinary frequency, anxiety.	Rt ovary: 2.7 × 2.7 cm endometrioma. Lt ovary: 3.0 × 2.6 cm endometrioma. Bilateral bulky ovaries.	Baseline
29 Apr 2023	Mood improved. Better anger management. Mild spotting for 4–5 days.	No fresh imaging.	Early emotional improvement
27 Nov 2023	Stress manageable. Mild abdominal discomfort. Hormonal therapy discontinued under gynecologist supervision.	Rt lesion reduced to 1.3 × 0.5 cm. Lt lesion reduced to 1.4 × 1.0 cm.	Significant cyst reduction
03 Mar 2024	Menstrual cycles resumed. Emotional state improved though occasional weeping persisted.	Only small residual left-sided lesion measuring 1.36 × 0.98 cm.	Continued improvement
25 Aug 2024	Anxiety reduced. Sleep improved. Better marital adjustment.	Left ovarian lesion reduced to 1.0 × 0.8 × 0.6 cm. Right lesion not visualized.	Near-complete resolution
01 Dec 2024	Regular menses. Pain significantly reduced. Overall well-being improved.	Small residual left ovarian lesion measuring 1.8 × 1.0 × 0.8 cm (endometriotic/chronic hemorrhagic cyst).	Stable improvement
22 Jun 2025	Menstrual flow regular. Pain mild and manageable. No major pelvic complaints.	Uterus normal. No significant endometriotic lesion reported.	Clinical remission
20 Jun 2026	Regular cycles, minimal pain, emotionally stable, improved quality of life.	Bilateral ovaries bulky but normal morphology. No endometrioma visualized. Dominant follicle present in right ovary.	Complete radiological resolution

LSMC Assessment

Level	Observation
L1 (Mental)	Anxiety, insecurity, attention-seeking behaviour, marital stress markedly improved
L2 (General)	Sleep improved, emotional stability increased, energy better
L3 (Physical Generals)	Menstrual regularity restored, dysmenorrhea reduced
L4 (Pathological)	Bilateral endometriomas progressively reduced and eventually resolved on serial USG
L5 (Structural)	No residual endometriotic cyst seen on latest imaging

Serial Ultrasonography Comparison Showing Reduction in Endometriotic Cysts

Date	Uterus & Endometrium	Right Ovary	Left Ovary	Endometriotic Cyst(s)	Interpretation
Feb 2023 (Baseline)	Uterus normal, Endometrium 5.6 mm	Bulky, 14.4 cc	Bulky, 16.2 cc	Rt: 2.7 × 2.7 cm Endometrioma; Lt: 3.0 × 2.6 cm Endometrioma	Bilateral ovarian endometriomas
Jun 2023	Retroverted uterus, Endometrium 7.1 mm	15.4 cc	15.1 cc	Rt: 1.69 × 0.9 cm ; Lt: 2.01 × 1.05 cm	Significant reduction in cyst size
Nov 2023	Uterus normal, Endometrium 3.6 mm	14.1 cc	13.4 cc	Rt: 1.3 × 0.5 cm ; Lt: 1.4 × 1.0 cm	Further reduction of bilateral endometriomas
Mar 2024	Retroverted uterus, Endometrium 8.4 mm	Mild bulky ovary	Mild bulky ovary	Only small left lesion 1.36 × 0.98 cm	Near-complete resolution
Aug 2024	Endometrium 3.7 mm	11.2 cc	10.9 cc	Left lesion 1.0 × 0.8 × 0.6 cm	Residual minimal cyst only
Feb 2026	Uterus normal	12 cc	10 cc	Left ovarian cyst 2.8 × 2.1 × 2.4 cm (Haemorrhagic/Endometriotic)	Temporary recurrence/residual lesion
Jun 2026 (Final)	Uterus normal	13.6 cc with dominant follicle	13.7 cc	No endometrioma visualized	Complete radiological resolution

Overall Cyst Reduction

Parameter	Baseline (2023)	Final (2026)
Right Endometrioma	2.7 × 2.7 cm	Not visualized
Left Endometrioma	3.0 × 2.6 cm	Not visualized
Menstrual Function	Hormonal suppression / irregular	Regular cycles
Pelvic Pain	Moderate–Severe	Mild, manageable
Disease Status	Bilateral Endometriosis with Endometriomas	Clinical and Radiological Remission

Outcome Assessment

Parameter	Baseline	Final Outcome
Endometriotic Cysts	Bilateral	Resolved
Menstrual Cycle	Suppressed/Irregular	Regular
Pelvic Pain	Significant	Mild
Mood Swings	Severe	Minimal
Anxiety	Severe	Controlled
Sleep	Disturbed	Improved
Quality of Life	Poor	Significantly Improved

Clinical Report

USG Transvaginal (TVS)
12:20:08,24-Aug-2024

Max Patient ID: EHPG.0984862

Age/Gender: 34/W
Procedure: USG Transvaginal (TVS)
Study Date: 24-AUG-2024
Report Approved By: Dr. Manjari Jaiswal

USG Transvaginal (TVS) of 24-AUG-2024:
Results:

Uterus is anteverted and anteфлекed, and is normal in size, measures 7.8 x 3.4 x 3.0 cm. No focal lesion seen. Endometrial thickness measures 3.7mm.

Bilateral ovaries are bulky in size.
Right ovary measures 3.3 x 2.7 x 2.3 cm with volume 11.2cc
Left ovary measures 3.7 x 3.1 x 1.6 cm with volume 10.9cc
A well-defined cystic lesion of size – 1.0 x 0.8 x 0.6 cm with homogenous low level echoes is seen in left ovary; suggestive of left ovarian endometriotic/ chronic hemorrhagic cyst.

No free fluid seen in POD.

Advise: Clinical correlation.

24 Aug 2024:
Residual left ovarian endometrioma present (1.0 × 0.8 × 0.6 cm).



INVESTIGATION REPORT

Age Sex:	36 Year(s)/Female	Location:	Patparganj
UHID:	EHPG.584862	IPNo:	0
Ref. Doctor:	Dr. Dr. Laxima Nagar	OrderDate:	13/06/2026
		ReportDate:	13/06/2026

USG Transvaginal (TVS)

Results:

Uterus is retroverted, and is normal in size, measures –9.6 x 5.0 x 3.4 cm. No focal lesion seen. Endometrial thickness measures –6.2 mm.

Bilateral ovaries are bulky in size, however are normal in shape and echogenicity.

Right ovary measures –3.3 x 2.3 x 2.6 cm, approx 13.0cc in volume and shows a dominant follicle measuring –1.7 x 1.6 cm.

Left ovary measures –3.7 x 3.5 x 1.9 cm, approx 13.7 cc in volume

Mild free fluid seen in POD.

Advise: Clinical correlation.

PKCS Patient Info@127

13 Jun 2026: No endometriotic cyst visualized in either ovary

Discussion

This case highlights the close relationship between chronic emotional stress and endocrine-gynecological pathology.

The patient's presentation was dominated by:

- Anxiety
- Emotional dependency
- Marital insecurity
- Attention seeking
- Consolation amelioration
- Weeping tendency

Simultaneously, objective imaging demonstrated progressive reduction in endometrioma size over successive follow-ups, eventually leading to complete resolution of detectable cystic pathology.

Learning Points

- Long-standing endometriosis often has significant emotional dimensions.
- Management should address both pathology and psychological burden.
- Regular counselling and lifestyle modification improve outcomes.
- Serial ultrasonography provides objective assessment of progress.
- Individualized homoeopathic prescribing can be integrated with regular gynecological monitoring.

Conclusion

A 33-year-old female suffering from bilateral ovarian endometriomas and endometriosis for 14 years demonstrated gradual clinical and ultrasonographic improvement following individualized homoeopathic treatment. Over a 3-year follow-up period, ovarian cysts reduced progressively and eventually resolved, while menstrual regularity, emotional stability, and quality of life improved substantially. This case highlights the importance of individualized treatment and long-term follow-up in chronic gynecological disorders.

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References

1. Giudice LC. Clinical Practice: Endometriosis. *New England Journal of Medicine*. 2010;362:2389–2398.
2. Zondervan KT, Becker CM, Missmer SA. Endometriosis. *New England Journal of Medicine*. 2020;382:1244–1256.
3. Hahnemann S. *Organon of Medicine*, 6th Edition.
4. Kent JT. *Lectures on Homoeopathic Philosophy*.
5. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*.
6. Sahni A. *Homeopathic Management of Endometriotic Cyst*. Case manuscript.