

Original Research Article

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A CLASSICAL HOMEOPATHIC MANAGEMENT OF IRREGULAR MENSTRUAL CYCLE WITH OVARIAN RETENTION CYST A CASE TREATED AT DR BATRA'S HOMEOPATHY CLINIC

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Abstract

Irregular menstrual cycle associated with ovarian retention cyst and infertility often reflects deep-seated hormonal and emotional imbalance. This case documents the successful management of such a condition through individualized classical homeopathy after failure of conventional approaches. A comprehensive evaluation of life space, mental generals, and physical symptoms guided constitutional prescribing. Gradual and sustained improvement was observed across physical, emotional, and functional parameters during long-term follow-up. **A definite transformation was achieved at Dr Batra's Homeopathy Clinic.**

Introduction

Gynecological disorders such as irregular menstruation and ovarian cysts are frequently influenced by chronic emotional stress, suppressed grief, and hormonal dysregulation. Conventional management often offers temporary symptomatic relief, whereas classical homeopathy aims at restoring health by addressing the individual as a whole. This case demonstrates the role of constitutional prescribing based on totality, life-space evaluation, and miasmatic understanding.

Case Profile

- **Age/Sex:** Adult female

- **Marital Status:** Married (10 years)
- **Occupation:** Homemaker
- **Duration of Complaint:** 11 months
- **Diagnosis:**
 - Irregular menstrual cycle
 - Retention cyst of right ovary
- **Differential Diagnosis:** Dysmenorrhoea
- **Associated History:** Primary infertility

Investigations

- **USG Abdomen:** Focal right tubal dilatation with right ovarian retention cyst

Mental Symptoms

The patient reported a **stable and emotionally secure childhood**, despite financial limitations. She completed her schooling and college education without emotional disturbances. She described herself during childhood and early adulthood as calm, tolerant, emotionally reserved, and non-reactive to criticism.

Following marriage, her emotional state gradually deteriorated. The absence of childbirth became a persistent emotional stressor. Repeated remarks and taunts from family members—especially her mother-in-law—regarding infertility resulted in **deep emotional hurt**. Initially, she suppressed her feelings, avoided confrontation, and internalized her grief.

Over the years, prolonged emotional suppression led to **increasing irritability, anger, and emotional reactivity**, particularly when criticized about childlessness. She expressed that earlier she would remain silent, but later she began answering back and reacting strongly. Her emotional sensitivity was focused entirely on the issue of infertility, leading to sadness, grief, and feelings of injustice.

She identified her **happiest phase as life before marriage**, when she felt free from pressure, expectations, and emotional burden. Her mental state reflected **long-standing suppressed grief evolving into irritability and anger**, closely associated with her physical complaints.

Physical Generals

- **Appetite:** Increased
- **Thirst:** Decreased
- **Perspiration:** Profuse, yellow staining, non-offensive
- **Thermal Reaction:** Ambithermal
- **Sleep:** Disturbed, ~6 hours; prefers sleeping on abdomen
- **Dreams:** Amorous
- **Seasonal Preference:** Rainy season

Particulars

- Irregular menstrual cycles
- Pain during menses
- Pain in left ovary during menstruation
- Clotted flow at times
- Marked weakness during menses

Totality of Symptoms

1. Long-standing grief due to infertility
2. Suppression of emotions
3. Emotional hurt with sensitivity to criticism
4. Increasing irritability and anger
5. Irregular, painful menses
6. Ovarian retention cyst

LSMC Analysis

- **Location:** Ovaries, uterus
- **Sensation:** Cramping, aching pain
- **Modalities:**

- Worse before and during menses
- Better with reassurance and rest
- **Concomitants:** Weakness, emotional exhaustion

Repertorial Consideration

- Mind – Ailments from grief
- Mind – Suppression of emotions
- Mind – Irritability from long-standing mental stress
- Female genitalia – Menses irregular
- Female genitalia – Dysmenorrhoea
- Female genitalia – Ovarian cyst

Miasmatic Understanding

The case predominantly exhibited a **sycotic miasm** (cystic pathology, hormonal imbalance) with a **psoric background** (emotional sensitivity, functional disturbance). The prescription was aimed at addressing both layers constitutionally.

Remedy Selection & Reason for Prescribing

Constitutional Remedy

Pulsatilla

Reason for Selection:

- Emotional sensitivity with suppressed grief
- Mild, yielding nature evolving into irritability
- Symptoms aggravated before menses
- Irregular menstrual cycles with dysmenorrhoea
- Better with consolation and emotional support

Potency

- **Pulsatilla 200C**, single dose

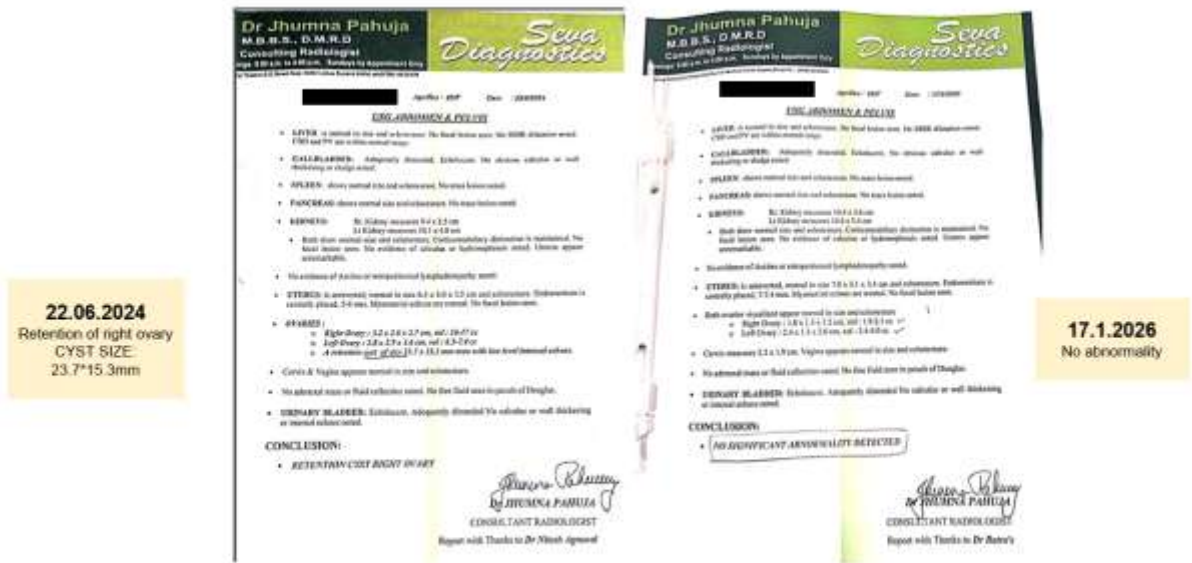
Supportive remedies were used when required for pain relief and hormonal support, without disturbing the constitutional action.

Detailed Follow-Up with Prescription

Date	Clinical Status	Prescription	Response
27/03/2025	Severe pain during menses, irregular cycle, weakness	Pulsatilla 200C single dose + Sac lac	Mild improvement
28/04/2025	Pain during menses reduced	Sac lac	Improvement maintained
16/06/2025	Cycle becoming regular, pain much better	Sac lac	Stable
15/07/2025	LMP 17 June, 4 days bleeding, minimal pain	Sac lac	Marked relief
15/08/2025	Menses regular, abdominal heaviness, back pain	Mag Phos 6X (short course)	Pain relieved
09/09/2025	Pain during menses better overall	Sac lac	Stable
04/11/2025	Regular cycles, mild residual pain	No repetition	Stable
11/12/2025	Mild pain, normal flow, generals good	Sac lac	Sustained improvement

Transformation Assessment

Parameter	Before Treatment	After Treatment
Menstrual cycle	Irregular, painful	Regular
Ovarian pain	Severe	Mild/occasional
Emotional state	Suppressed grief, irritability	Emotionally stable
Weakness	Marked	Absent
Quality of life	Poor	Improved



Discussion

This case emphasizes the importance of addressing emotional causation in chronic gynecological disorders. Suppressed grief related to infertility acted as a maintaining cause for both hormonal imbalance and ovarian pathology. Constitutional prescribing based on totality allowed gradual restoration of emotional equilibrium, which was reflected in physical improvement. Minimal repetition respected homeopathic principles and ensured sustained action of the remedy. The case highlights the role of life-space analysis and long-term follow-up in achieving lasting results.

Conclusion

Classical homeopathy, when practiced with detailed case-taking and constitutional understanding, can effectively manage irregular menstrual cycles and ovarian retention cysts. Addressing emotional suppression and grief proved essential for sustained recovery. The patient experienced significant improvement in menstrual regularity, pain, and emotional well-being, demonstrating holistic healing through individualized homeopathic care.

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