

An Observational Study of Electro Homoeopathy Medicine in Ovarian Cyst Treatment

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Abstract: *The Ovarian Cysts are a set of structures adjacent to the uterus that consist of the ovaries and fallopian tubes. Even though the fallopian tubes are one of the major adnexal structures. In premenopausal women, the ovaries function to produce numerous follicles a month, with one dominant follicle maturing and undergoing ovulation. As a result of ovulation, a fluid-filled sac known as an ovarian cyst can form on one or both ovaries. Adnexal masses or ovarian cysts are not uncommon, with 20% of women developing at least one pelvic mass in their lifetime. The mixture of electrohomeopathy medications for ovarian cysts treatments has a good concept to clear your ovarian cysts issues of any kind. In this observational study we have includes 4 female patients suffering from different kind ovarian cysts. The all patients treated with electrohomeopathy medications for certain durations and found the electrohomeopathy medicines effectively remove all cysts.*

Keywords: Ovarian Cysts, Adnexal masses, electrohomeopathy

1. Introduction

The Ovarian Cysts are a set of structures adjacent to the uterus that consist of the ovaries and fallopian tubes. Even though the fallopian tubes are one of the major adnexal structures The ovaries are suspended laterally to the uterus via the utero-ovarian ligament, covered by the mesovarium, which is one of the three components of the broad ligament, and connected to the pelvic sidewall via the infundibula pelvic ligament, which is also known as the suspensory ligament of the ovary. The blood supply to the ovaries comes directly from the ovarian artery, a direct branch of the aorta. The venous drainage is unique as the right ovarian vein drains directly into the inferior vena cava, whereas the left renal vein drains the left ovarian vein. In premenopausal women, the ovaries function to produce numerous follicles a month, with one dominant follicle maturing and undergoing ovulation.

As a result of ovulation, a fluid-filled sac known as an ovarian cyst can form on one or both ovaries. Adnexal masses or ovarian cysts are not uncommon, with 20% of women developing at least one pelvic mass in their lifetime. More than thirty types of ovarian masses have been characterized by various subcategories, and management is determined by the characteristics of the lesion, the age of the patient, and the risk factors for malignancy. In women of reproductive age, most ovarian cysts are functional, benign, and do not require any treatment or management. However, ovarian cysts can lead to complications such as pelvic pain, cyst rupture, blood loss, and ovarian torsion that require prompt management. [1]

The etiology of ovarian cysts or adnexal masses ranges from physiologically normal (follicular or luteal cysts) to ovarian malignancy. Ovarian cysts can occur at any age but are more common in reproductive years and have an increased occurrence in monarthal females due to endogenous hormone production. Simple cysts are the most likely to occur in all age groups, and mixed cystic and solid and completely solid ovarian lesions have a higher rate of

malignancy than simple cysts. Although most ovarian cysts are benign, age is the most important independent risk factor, and post-menopausal women with any type of cyst should have proper follow-up and treatment due to a higher risk for malignancy. [2]

2. Functional Cysts

Follicular and Corpus Luteal Cysts

Follicular and corpus luteal cysts are considered functional or physiologic cysts, and both occur during the normal menstrual cycle. Follicular cysts arise when follicles fail to rupture during ovulation and can appear smooth, thin-walled, and unilocular. In the follicular phase, follicular cysts may form because of a lack of physiological release of ovum due to excessive FSH stimulation or absence of the usual LH surge at mid-cycle just before ovulation. These cysts continue to grow because of hormonal stimulation. Follicular cysts are usually larger than 2.5 cm in diameter. Granulosa cells lead to excess estradiol production, which in turn leads to decreased frequency of menstruation.

Without pregnancy, the life span of the corpus luteum is 14 days. If the egg is fertilized, the corpus luteum continues to secrete progesterone until its dissolution at 14 weeks, when the cysts undergo central hemorrhage. If the dissolution of the corpus luteum does not occur, it may result in a corpus luteal cyst, which usually grows to 3cm. Corpus luteal cysts can appear complex or simple, thick-walled, or contain internal debris. Corpus luteum cysts are always present during pregnancy and usually resolve by the end of the first trimester. Both follicular and corpus luteal cysts can turn into hemorrhagic cysts. They are generally asymptomatic and spontaneously resolve without treatment. [3]

Theca Lutein Cysts

Theca lutein cysts are luteinized follicle cysts that form as a result of overstimulation in elevated human chorionic gonadotropin (hCG) levels. They can occur in pregnant women, women with gestational trophoblastic disease, multiple gestation, and ovarian hyper stimulation.

Neoplastic Cysts

These cysts arise from the inappropriate overgrowth of cells within the ovary and may be malignant or benign. The benign cysts are serous, mucinous, and cystadenomas. Malignant cysts arise from all ovarian subtypes. These most frequently arise from the surface epithelium and are partially cystic. Other malignant cysts include teratomas, endometriomas.

Sign & Symptoms of Ovarian Cysts

Although the majority of ovarian cysts are incidental findings on physical exam or at the time of pelvic imaging, a detailed medical history with particular attention placed on gynecological history, family history, and physical examination should still be performed at each visit. Ovarian cysts can be symptomatic or asymptomatic. Symptoms that women may experience include unilateral pain or pressure in the lower abdomen. Pain may be intermittent or constant and characterized as sharp or dull. If an ovarian cyst ruptures or ovarian torsion is present, the patient may experience a sudden onset of acute severe pain, possibly associated with nausea and vomiting. The menstrual cycle can become irregular, and abnormal vaginal bleed may occur. [4]

Risk factors for ovarian cyst

Infertility treatment-Patients treated with gonadotropins or other ovulation induction agents may develop cysts as part of ovarian hyper stimulation syndrome.

- Tamoxifen
- Pregnancy-In pregnancy, ovarian cysts may form in the second trimester when HCG levels peak. [5]
- Hypothyroidism
- Maternal gonadotropins-The trans placental effects of maternal gonadotropins may lead to the development of fetal ovarian cysts. [6]
- Cigarette smoking
- Tubal ligation-Functional cysts have been associated with tubal ligation sterilizations. [7]

Diagnosis

Ovarian cysts represent the most common type of abdominal tumor in female neonates, occurring in up to 30% of female newborns. Because of advances in technology and the routine use of screening ultrasound studies in ob-

stetrics, ovarian cysts are now frequently detected prenatally. At birth, maternal hormonal stimulation is withdrawn, which typically results in spontaneous resolution of ovarian cysts within the first year of life. While most simple cysts resolve, lesions that are large, complex, or symptomatic may cause complications. [8]

Pathophysiology

During the normal menstrual cycle, the follicular phase is characterized by increasing follicle-stimulating hormone (FSH) production. That leads to the selection of dominant follicles for priming to release from the ovary. In a normal functioning ovary, estrogen production from the dominant follicle leads to a surge of luteinizing hormone (LH), resulting in ovulation. After ovulation, follicular remnants form a corpus luteum, which produces progesterone. This inhibits FSH and LH production. If pregnancy does not occur, the progesterone declines and FSH, LH rises, and the next cycle begins. [9]

Electro homeopathy and its role in management of Ovarian Cysts

Materials and methods

Electrohomeopathy is a drug system that is used to treat a range of diseases and ailments. The concept of electrohomeopathy is that more than one of the organs involved or affected by the condition occurs when disease occurs in the body, because the entire body is interconnected and very complex as well. This prophylactic study was conducted in Rajasthan by various Electrohomeopathy practitioners while data was available for specific cases. The case study period included in this article from year 2018 to 2021, data included from the Indian state Rajasthan. The cases were closely observing by Electrohomeopathy practitioners. In this specific study prevention care given to hundreds of the women across the Rajasthan. Total 5 patients include in this article which all are suffering from ovarian cysts in their sonographic reports. All age group female patients included in this study.

Clinical Source for Data During Study

E Dr. Hemant Sethiya Herbal life Electrohomeopathy by (Rajasthan)

Treatment

All the patient received controlled prophylactic treatment depends in the severity, symptoms, age group, body weight and clinical condition. Duration of the treatment included 43 days to 90 days depend on the severity. Below is the prophylactic therapy given to all 5 patients on the various Electrohomeopathy practitioners. All the patients received prophylactic Electrohomeopathy treatment.

Table 1: Possible MOA of Electrohomeopathy medicines

<i>Electrohomeopathy medicine</i>	<i>Possible targeted organ and MOA</i>
Scrofoloso-1	Lymphatic, respiratory and metabolic and digestive remedy
Scrofoloso-10	Digestive and nervous system
Vermifugo-1	Anti-helminthic, anti-microbial and anti-allergic remedies.
Linfatico-1	lymphatic and glandular channel
Angiotico-1	Circulatory system mostly artery and components of blood
Angiotico-3	Circulatory system enhances the activity of heart
Febrifugo-1	Act on thermostat having anti pyretic and nervine action
Pettorale-4	Act on respiratory system, pneumogastric nerve, vagus nerve, arise from hypothalamus of brain
Pettorale-1	Act on respiratory system helpful in upper RTI in larynx, trachea, and bronchioles also alveoli
Canceroso-5	It acts on venous system, skin, glandular structures as liver, gall bladder and pancreas
Canceroso-13	Mucus membrane most in Upper respiratory track like throat, larynx, pharynx and vocal cord.
Red electricity	Nervous system stimulates the body functions and increase the body activities of body organs. Also give strength to organs and systems
White Electricity	Act on CNS control sympathetic and parasympathetic system
Blue electricity	Control circulatory system arterial nerves, capillaries and hear

Table 2: Treatment to Patients

<i>Prophylactic Electrohomeopathy medicine</i>	<i>Doses</i>
S2, C2, Ven-1	10 drops each three time in a day
S5, C5	10 drops each three time in a day
S3, C3	10 drops each three time in a day
C1	10 drops each three time in a day

3. Results

This study includes 5 patients those suffering from ovarian cysts for a long time. All 5 patients have treated with electrohomeopathy medicines which given in table-1 for 43 to 160 days. Before the treatment a sonographic obser-

vation shows the type of cysts in the patient's ovaries and after treatment one more sonographic reports observed that all patient's ovaries are normal in size and all types of ovarian cysts removed successfully. The table-3 shows the results of this study.

Table 3: Results of Study

<i>Patients</i>	<i>Observation Before Treatment</i>	<i>Date</i>	<i>Observation after treatment</i>	<i>Observation Date</i>	<i>Treatment Duration</i>
1	Polycystic ovaries	01-08-2021	Normal	15-10-2021	75 days
2	Hemorrhagic cyst	26-06-2020	Normal	18-09-2020	82 days
3	Simple cyst	01-02-2021	Normal	13-03-2021	43 days
4	Hemorrhagic cyst	27-05-2018	Normal	07-11-2018	160days
5	Simple cyst	14-06-2021	Normal	19-09-2021	90 days

Limitations and challenges

Electrohomeopathy is a new system of medicine still fighting for recognition. With the limited resources practitioners giving excellent result in most of the disease. Long term study is required with larger sample size for the development reliable therapy against the Kidney Stones. More research should be done on healing, antibacterial, antiviral, anti-inflammatory properties of these medicines. Further research is needed and effective study on other herbal plants is also needed under controlled condition. To find out the efficacy of the Electrohomeopathy medicine clinical trials should be done in an increased number. Other physiological and biochemical effects Electrohomeopathy medicine should be evaluated. There is limitation of biochemistry and scanning which need to be increased.

It is totally plants-based system of medicine people of the world specially India looking strong alternative of conventional system which are leading to serious consequence of the health. Government, regulatory authority and WHO should encourage alternative system of medicine specially Electrohomeopathy which is struggling for consideration

even though pathy having excellent result against acute and chronic diseases.

4. Conclusion

Ovarian cysts are one of most common type of abdominal tumor in female neonates, occurring in up to 30% of female newborns. Some of the medical condition increases the risk of pelvic pain, cyst rupture, blood loss, and ovarian torsion that require prompt management. The cyst can be developed in premenopausal women, the ovaries function to produce numerous follicles a month, with one dominant follicle maturing and undergoing ovulation. In this condition a fluid-filled sac known as an ovarian cyst can form on one or both ovaries. Adnexal masses or ovarian cysts are not uncommon, with 20% of women developing at least one pelvic mass in their lifetime. Improvement of diagnostic modalities has led to a better understanding of the disease. Some technique for the treatment of ovarian cysts such as allopathic and herbal medication or removal of stones through surgery is now in trends. But most of the people preferred herbal therapy for removal of ovarian cysts. These days Electrohomeopathy medicine also used for the treatment of ovarian cysts which is the

safest and inexpensive treatment ever but the treatment needs time for their effect.

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