

# Removal of Large Sized Ovarian Cysts in Three Patients by Administration of a Single Remedy, *Thuja occidentalis*: Hormonal Assay and Ultrasonographic Images

**Keywords:** Human; Ovarian cyst removal; Homeopathy; *Thuja occidentalis*; Ultrasonography; Hormones

## Abstract

**Background:** Ovarian cysts in women of reproductive age are now more commonly reported. These are generally associated with irregularities in menstruation, sometimes causing severe abdominal pains and large-sized cysts may even create problem associated with fertility, pregnancy and child birth. Although surgical intervention is taken recourse to by the orthodox treatment for removal of unwanted cysts, some patients try to avoid surgery and adopt homeopathic mode of treatment rather hesitantly because of limited research documentation in this field. In this paper, we intend to document three patients showing typical symptoms of *Thuja occidentalis* and how they were cured of their ailments, including the removal of large sized cysts in their left ovary with the administration of different potencies of the single medicine.

**Methods:** The homeopathic remedy, *Thuja occidentalis*, was found to be appropriate for all three patients on the basis of totality of symptoms as well as in consultation with the repertory. Potencies were chosen as per the homeopathic doctrine as suggested in the "Organon of Medicine". The age of the patients varied from 16 years (youngest, unmarried) to 41 years (married), all of them having a large sized cyst in their left ovary apart from the associated menstrual problem and occasional pain in the abdomen.

**Results:** It took varying periods of time from 5 months to 30 months, for removal of all symptoms of ailment including the cyst. The case report is supported with trans-abdominal ultrasonographic evidence, before and after treatment. Data on certain hormonal assays as well as blood glucose level (fasting) of the patients prior to and after completion of the treatment have also been provided with a note on their possible implications as biomarkers, if any.

**Conclusion:** Homeopathic *Thuja occidentalis* could successfully remove ovarian cysts from all three patients and removed disease symptoms.

## Abbreviations

µg: Microgram; AM: After Medicine; BM: Before Medicine; DHEAS: Dehydroepiandrosterone Sulphate; dl: Decilitre; E2: Estradiol; F: Fasting; FSH: Follicle Stimulating Hormone; U: Units; LH: Leutinizing Hormones; mg: Milligram; ml: Millilitre; ng: Nanogram; pg: Picogram; PP: Post Prandial

## Introduction

Cases of ovarian cysts, both single and multiple, are being increasingly reported in women of reproductive age [1,2]. An



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ovarian cyst is formed by the collection of fluid surrounded by a very thin wall within an ovary and any such follicle larger than about two centimetres qualifies for being termed as an ovarian cyst. Though most of them are small like a pea grain and benign or harmless in nature, some of them alarmingly grow in size and occasionally cause severe pain in the abdomen; patients bearing such large-sized cysts often complain of associated menstrual irregularities with excessive bleeding. In some patients, certain undesirable symptoms like dull aching or sudden sharp stitching pain in lower abdomen, pain during coition or even during bowel movements are also reported. If patients with these symptoms visit an orthodox medical practitioner or a surgeon, they are generally advised for surgical intervention to save the patient from further unwanted sufferings, which may even include a life threatening condition in stray cases. In general, patients and homeopathic practitioners feel equally unsure if homeopathic remedies can give them relief from their pains and sufferings, and can remove these cysts within a reasonable time span. This is partly because of lack of systemic research and publication of success/failure reports with proper and authentic documentation.

In this communication, we report three cases of successful removal of large sized cysts by the administration of a single remedy, *Thuja occidentalis*, selected on the basis of totality of symptoms [3] and in consultation with the respective Repertories of Kent (Tables 1-3) [4,5]. *Apis mellifica*, *Belladonna*, *Lachesis*, *Arsenicum alb*, *Thuja occidentalis*, *Lycopodium clavatum*, *Calcarea carbonica* etc. are the

Table 1: Detailed repertory of patient 1.

Patient No. : 1															
Date : 02.01.2013															
Remedy	Thuj	Lach	Lil-t	Apis	Phos	Calc	Arg-n	Ust	Bry	Zinc	Ars	Arg-m	Cham	Lac-c	Pall
<b>Totality</b>	22	13	12	11	11	10	8	7	7	7	7	6	6	6	6
<b>Symptoms Covered</b>	15	5	7	6	6	4	4	5	4	4	3	4	4	4	4
[Kent ] [Vertigo] Closineyes:On:	2	3	0	2	1	0	2	0	0	1	2	0	1	0	0
[Kent ] [Genitalia female] Leucorrhoea:Greenish: Stains linen:	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female]Pain:Ovaries:Left:	2	3	2	0	2	0	0	3	0	2	0	3	0	2	0
[Kent ] [Genitalia female]Pain:Ovaries:Left: Lying on left:Agg:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Pain:Ovaries:Menses:During:	2	3	1	2	2	0	0	1	1	0	0	1	0	1	2
[Kent ] [Genitalia female] Pain:Ovaries:Urging to urinate, when:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Pain:Ovaries:Riding agg:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female]Pain:Ovaries: Urination, during:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Pain:Ovaries:Walking:	1	0	1	2	0	0	1	0	2	0	0	0	0	0	1
[Kent ] [Genitalia female]Pain:Ovaries:Extending:Limbs,down:	2	0	2	2	0	2	0	1	0	0	0	0	0	1	2
[Kent ] [Genitalia female]Pain:Ovaries: Extending:Limbs, down:Left:	1	0	1	1	1	0	0	1	0	0	0	0	1	0	0
[Kent ] [Genitalia female] Pain:Ovaries: Extending:To thighs:	2	0	2	2	2	2	2	1	2	0	2	1	1	2	1
[Kent ][Abdomen] Pain:Cramping, griping:Evening:	1	0	0	0	0	3	0	0	0	1	0	0	0	0	0
[Kent ] [Abdomen] Pain: Cramping, griping:Menses:Before:From hip to hip:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Generalities] Night:	2	3	3	0	3	3	3	0	2	3	3	1	3	0	0

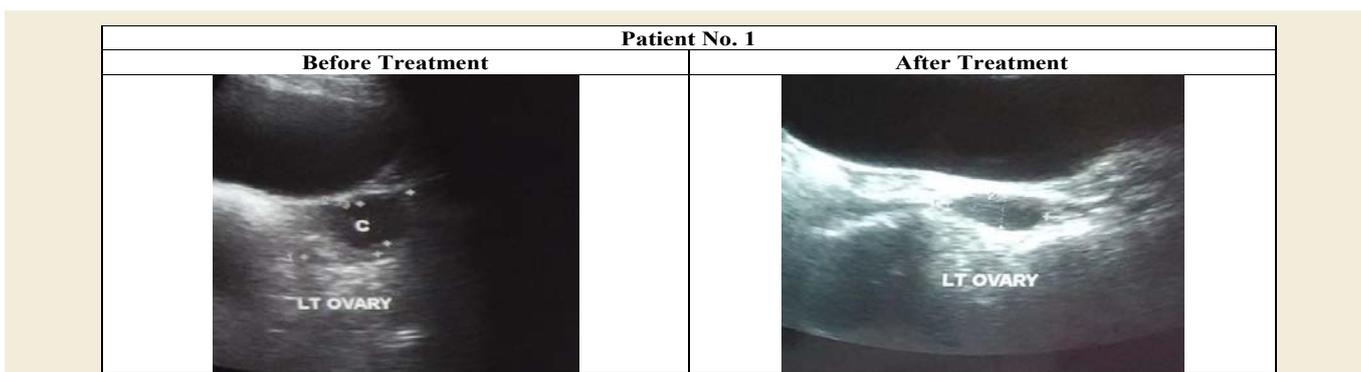


Figure 1: Images of Ultra-sonography of the patient No. 1 showing removal of the cyst from left ovary.

main drugs which are commonly used for treating cases of confirmed cysts, depending on specific guiding symptoms of the patients. Among the three patients under report, one patient had a “complex cyst containing debris and also having bulky left ovary”, which is considered as a relatively difficult case to cure. In another patient trans-abdominal ultrasonography (USG) revealed the occurrence of a big cyst (61.3 X 49.4 mm) with multiple thin septations. All the three patients reported pain in their left lower abdomen and had

menstrual problem. In course of our extensive studies being carried out on patients with ovarian single cysts and multiple cysts [6,7] that needed use of some other homeopathic remedies based on totality of their symptoms, the speciality of these cases is that only a single homeopathic remedy in increasing potencies was used in all the three cases to eliminate cysts, strictly following the Hahnemannian concept of prescribing [3].

Table 2: Detailed repertory of patient No. 2.

Patient No. : 2																
Date : 24/06/2015																
Remedy	Thuj	Lach	Kali-c	Calc	Nux-v	Bar-c	Graph	Alum	Anac	Phos	Zinc	Chin	Kali-p	Sulph	Tarent	
<b>Totality</b>	<b>16</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>5</b>						
<b>Symptoms Covered</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>
[Kent ] [Genitalia female] Pain:Ovaries:Left:	2	3	0	0	0	0	1	0	0	2	2	0	2	0	0	2
[Kent ] [Genitalia female] Pain:Ovaries:Left:Lying on left :Agg:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Pain:Ovaries:Urination,during:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Pain:Squeezing,ovaries:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Pain:Ovaries:Urging to urinate,when:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Mind]Anxiety:Sudden:	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
[Kent ] [Mind]Confusion of mind (see concentration):Morning:	2	3	1	2	1	2	2	1	2	1	1	2	1	3	0	0
[Kent ] [Mind] Thinking:Complaints,of:Agg:	1	2	0	1	2	2	1	2	0	1	0	0	0	0	0	0
[Kent ] [Generalities]Night:3 a.m.:	2	0	3	1	1	0	0	0	0	0	1	1	0	0	0	0
[Kent ] [Generalities]Coition:During:	1	0	2	0	0	1	2	0	1	0	0	0	0	0	0	0
[Kent ] [Mind]Obstinate:	1	1	2	3	3	0	0	3	3	1	1	2	2	2	3	3

Table 3: Detailed repertory of patient No. 3.

Patient No. : 3																
Date : 19/07/2015																
Remedy	Thuj	Lach	Bar-c	Graph	Ars	Sep	Plat	Kali-c	Zinc	Calc	Canth	Phos	Nat-m	Nux-v	Alum	
<b>Totality</b>	<b>18</b>	<b>13</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>Symptoms Covered</b>	<b>12</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>
[Kent][Genitalia female] Pain:Ovaries:Left:	2	3	0	1	0	0	2	0	2	0	0	2	0	0	0	0
[Kent][Genitalia female] Pain:Ovaries:Left:Lying on left :Agg:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent][Genitalia female] Pain:Ovaries:Urination,during:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent][Genitalia female] Pain:Burning:Ovaries:	2	3	0	0	3	2	2	0	1	0	2	0	1	0	0	0
[Kent][Genitalia female] Pain:Squeezing,ovaries:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent][Genitalia female] Pain:Ovaries:Urging to urinate,when:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Mind]Anxiety:Night:	1	2	2	2	3	1	1	1	1	2	1	2	2	1	2	2
[Kent] [Mind]Anxiety:Sudden:	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
[Kent][Mind]Confusion of mind(see concentration):Morning:	2	3	2	2	1	1	0	1	1	2	1	1	1	1	1	1
[Kent] [Mind] Thinking:Complaints,of:Agg:	1	2	2	1	1	1	0	0	0	1	0	1	1	2	2	2
[Kent] [Generalities]Night:3 a.m.:	2	0	0	0	0	1	0	3	1	1	0	0	0	1	0	0
[Kent] [Generalities]Coition:During:	1	0	1	2	0	1	1	2	0	0	2	0	0	0	0	0

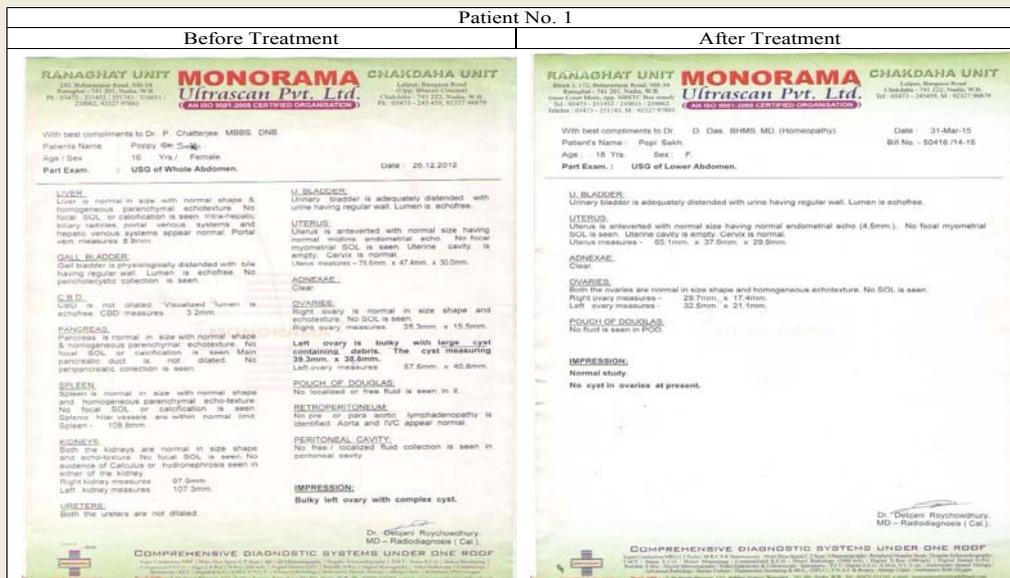


Figure 2: Ultra-sonographic reports of the patient No. 1 showing removal of the cyst from left ovary.

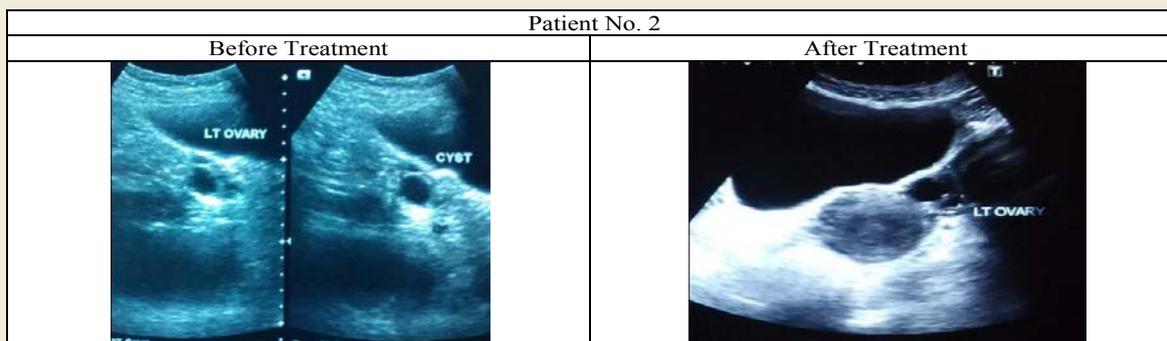


Figure 3: Images of Ultra-sonography of the patient No. 2 showing removal of the cyst from left ovary.

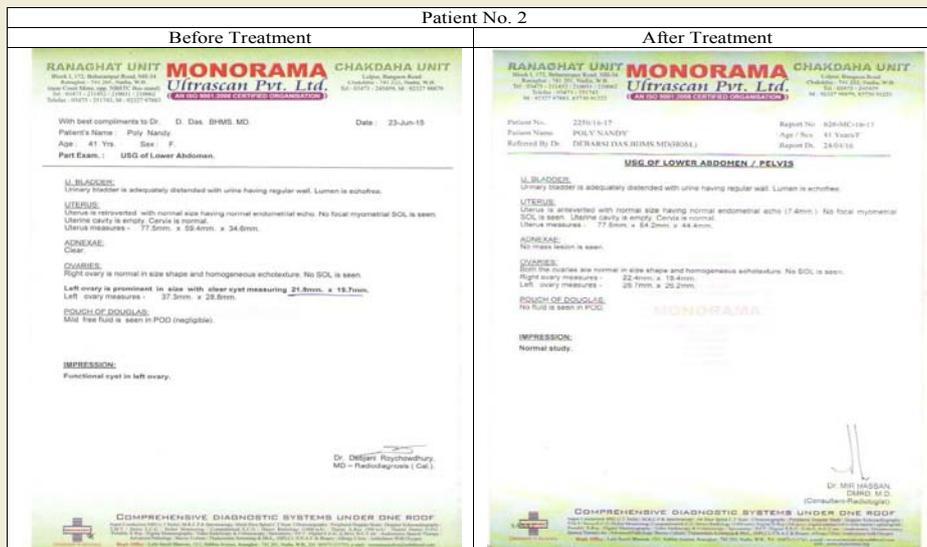


Figure 4: Ultra-sonographic reports of the patient No. 2 showing removal of the cyst from left ovary.

**Table 4:** Details of symptoms, prescription details dose, repetition, potencies used, outcome and periodic follow-ups to record improvements, if any, noticed in Patient No. 1 (Age: 16 years, unmarried).

Visit	Symptoms	Medicine given	Period of taking medicine	Advised to come after
First Visit 02.01.2013	Leucorrhoea thick greenish greenish stains linen, severe pain left lower abdominal and left inguinal regions, menstruation scanty, clotted blood, worse left side, at every menstrual period pain in left abdomen; profuse perspiration before menses; vertigo when closing eyes; sensitive body, rapid exhaustion and emaciation; chilly patient, left sided body ache; mind very obstinate; fixed idea Modalities- Worse at night; from heat of the bed, pain generally felt more in early morning and afternoon. Better left side; while drawing up lower limbs.	<b>Thuja 30 C</b>	Twice daily for 10 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 20 days	Advised to report after 30 days
04.02.2013	Improving,	Placebo	1 month	1 month
06.03.2013	Improving,	Placebo	1 month	Advised to report after 30 days
04.04.2013	Pain relapsed	<b>Thuja 30 C</b>	Twice daily for 10 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 20 days	Advised to report after 30 days
09.05.2013	Improving,	Placebo	1 month	1 month
10.06.2013	Improving,	Placebo	1 month	Advised to report after 30 days
09.07.2013	Improving,	Placebo	1 month	Advised to report after 30 days
05.08.2013	Profuse bleeding occurred and pain also reappeared.	<b>Thuja 200 C</b>	Twice daily for 2 days, with placebo for the rest 28 days	1 month
07.09.2013	Not such improvement	<b>Thuja 200 C</b>	Twice daily for 2 days, with placebo for the rest 28 days	1 month
10.10.2013	Improving,	placebo	1 month	1 month
07.11.2013	Improving,	placebo	1 month	Advised to report after 30 days
11.12.2013	Improving,	placebo	1 month	Advised to report after 30 days
06.01.2014	Profused bleeding with pain in abdomen in last period.	<b>Thuja 1000 C</b>	2 doses for 2 days, once daily, rest of the days placebo	Advised to report after 2 months
12.03.2014	Improving,	placebo	2 months	Advised to report after 2 months
08.05.2014	Improving,	placebo	2 months	Advised to report after 2 months
10.07.2014	Improving,	placebo	2 months	Advised to report after 2 months
07.09.2014	Improving,	placebo	2 months	Advised to report after 2 months
10.11.2014	Improving,	placebo	2 months	Advised to report after 2 months
03.01.2015	Patient doing well but discharge of leucorrhoea persisted.	<b>Thuja 1000 C</b>	2 doses for 2 days, once daily, rest of the days placebo	Advised to report after 2 months
08.03.2015	Improving,	placebo	2 months	Advised to report after 2 months
04.05.2015	Doing well without any complaint	placebo	2 doses, once daily for 2 days Placebo for 2months	2 month, Advised for another USG.
31.6.2015 Final visit	Reported no complaint ,vast improvement	No medicine prescribed	Advised to report if any problem recurs in future	USG showed no abnormality. (Figures1,2)

**Comment:** This patient showed immense patience and cooperated fully by taking the homeopathic remedies on a regular basis for a long time. She believed that since the homeopathic remedies removed most of her painful symptoms in a reasonably short period and since she was an unmarried young girl, she or her senior family members did not want her to undergo surgical removal by incision in the abdomen for obvious reasons.

### Materials and Methods

The common general symptoms of all the three patients as well as minor individual deviations have been summarized in (Tables 4-6) for the three patients. All of them had large single cysts located

in their left ovary. They visited the clinic mainly with the complaint of nagging pain in the left abdominal region and some menstrual problem. They were first advised to perform trans-abdominal ultrasonography (USG) at the earliest which they complied with. USG reports confirmed presence of large sized cysts in all of them (Figures

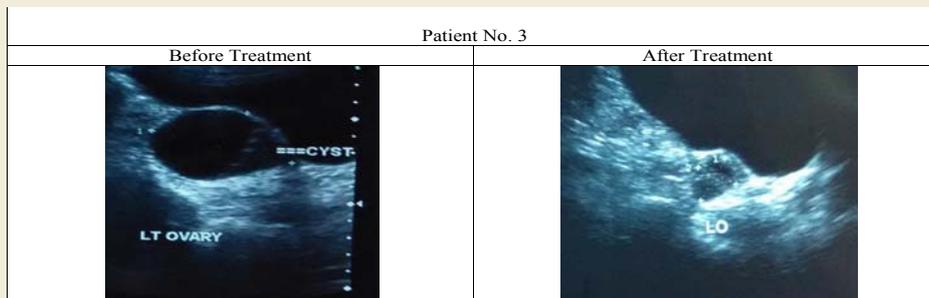


Figure 5: Images of Ultra-sonography of the patient No. 3 showing removal of the cyst from left ovary.

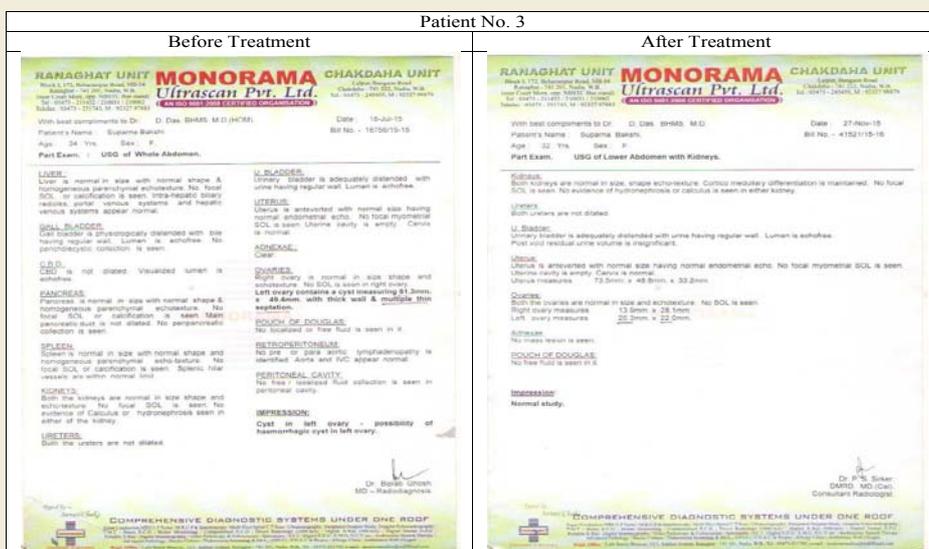


Figure 6: Ultra-sonographic reports of the patient No. 3 showing removal of the cyst from left ovary.

Table 5: Details of symptoms, prescription details dose, repetition, potencies used, outcome and periodic follow-ups to record improvements, if any, noticed in Patient No. 2 (Age 41, Married).

Visit	Symptoms	Medicine given	Period of taking medicine	Advised to come after
First Visit 24.6.2015	All general symptoms of Thuja as stated above present; in addition, sensitive and pain felt during coition	<b>Thuja 30 C</b>	Twice daily for 8 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 22 days	Advised to report after 30 days
28.07.2015	Improvement of her pain in the abdomen	Placebo	1 month	One month
25.08.2015	Feeling of weakness gradually improving; discharge of leucorrhoea also diminished considerably	Placebo	1 months	Advised to report after 30 days
27.09.2015	Left abdominal pain of moderate and bearable intensity; vertigo still persisting, but at longer intervals	<b>Thuja 200 C</b>	Twice daily for 2 days, with placebo for the rest 28 days	One month
26.10.2015	Felt mild pain in the abdomen once only, otherwise doing well	placebo	1 month	One month
29.11.2015	Most of the symptoms gradually improving and she continued feeling good, now with regular and normal menstruation	placebo	1 month	Advised to report after 30 days
24.12.2015	Profused bleeding with pain in abdomen in last period	<b>Thuja 1000 C</b>	2 doses for 2 days, once daily, rest 28 days placebo	One month
23.01.2016	Improving gradually but rather slowly	placebo	1 month	Advised to report after 30 days
29.2.2016	Left abdominal pain felt in this last cycle again	<b>Thuja 1000 C</b>	2 doses for 2 days, once daily, rest 28 days placebo	One month

25.3.2016	Doing well without any complaint	placebo	One month	Advised to report after one month and advised for another USG
<b>Final visit</b> <b>25.4.2016</b>	Reported vast improvement	No medicine prescribed	Advised to report if any problem occurs in future	USG showed no abnormality (Figures 3 and 4)

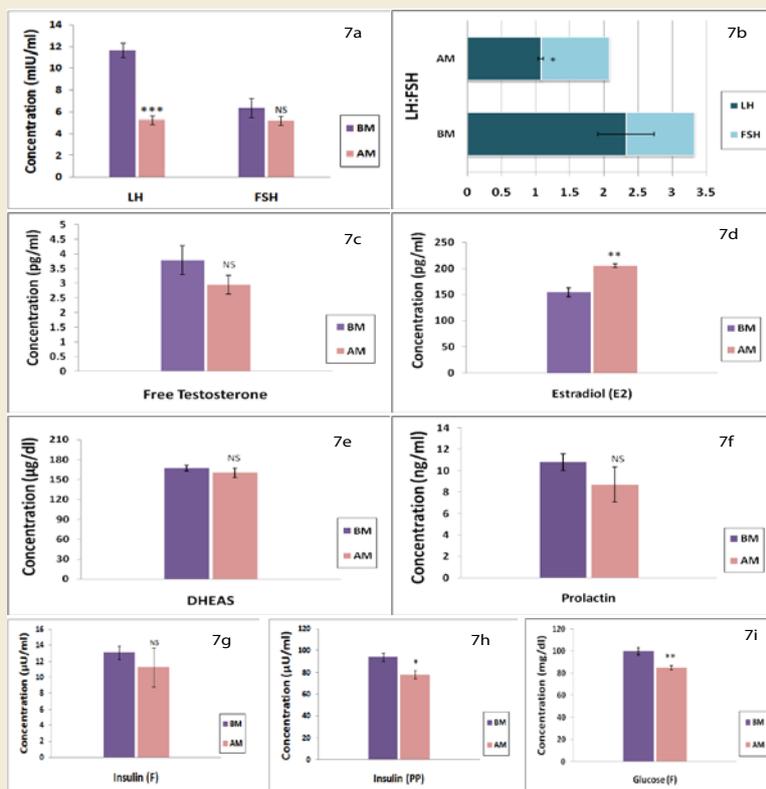
**Comment:** It took about 10 months to remove all symptoms of ailment including the removal of the big cyst in this patient. She also cooperated and took medicines at regular intervals as advised.

**Table 6:** Details of symptoms, prescription details dose, repetition, potencies used, outcome and periodic follow-ups to record improvements, if any, noticed in Patient No. 3 (Age 32 years, Married).

Visit	Guiding Symptoms	Medicine given	Period of taking medicine	Advised to come after
First Visit 19.07.2015	All typical symptoms of <i>Thuja</i> present; in this patient, the mind symptom (very obstinate, anxiety, was prominent)	<b>Thuja 30C</b>	Twice daily for 8 days (at least 45 minutes to 1 hr before or after any food) and Placebo for another 22 days	Advised to report after 30 days
20.8.2015	No such improvements noticed	<b>Thuja 200 C</b>	Twice daily for 2 days, with placebo for the rest 28 days	One month
21.09.2015	Symptoms gradually improving. Status of patient further improved and she continued to feel good with regular and normal menstruation, no pain felt in this month	placebo	1 month	One month
25.10.2015	No pain felt, discharge of leucorrhoea stopped, pain during coition was still present, otherwise doing well	<b>Thuja 1000 C</b>	2 doses for 2 days, once daily, rest 28 days placebo	one month, Advised for another USG
Final visit 28.11.2015	No complaints till now and has not visited so far	No medicine prescribed	Advised to report if any problem occurs in future	USG showed no abnormality. (Figure 5 and 6)

**Comment:** This patient showed remarkable improvements at the minimum time of treatment and she was completely cured of her ailments including removal of the cyst in about five months' time.

**Figure 7:** Graphical representations of hormonal parameters.



<0.05\*, p<0.01\*\*, p<0.001\*\*\* NS=Non significant; BM=Before medicine; AM=After medicine.

**Table 7:** Showing the changes of blood parameters before and after treatment.

SL. No.	Blood Parameter	Pt. No.- 1		Pt. No.- 2		Pt. No.- 3		Significant level between BM vs.AM
		BM	AM	BM	AM	BM	AM	
1.	LH mIU/ml	12.08	4.8	12.40	6.44	9.7	5.02	***
2.	FSH mIU/ml	3.97	4.70	7.70	5.90	6.03	4.23	NS
3.	LH:FSH Ratio	3.04:1	1.02:1	1.61:1	1.09:1	1.60:1	1.18:1	*
4.	S. Free Testosterone pg/ml	3.50	2.95	2.50	3.85	4.58	2.50	NS
5.	DHEAS µg/dl	174.54	158.22	160.45	150.39	159.47	180.97	NS
6.	Prolactine ng/ml	12.08	10.04	10.14	12.70	08.90	6.04	NS
7.	E <sub>2</sub> (Estradiol) pg/ml	175.9	210.8	158.75	198.48	140.98	200.44	**
8.	Insulin( F) µU/ml	11.00	9.54	12.55	18.44	14.84	8.54	NS
9.	Insulin (PP) µU/ml	98.20	89.54	82.47	74.24	96.54	74.47	*
10.	Glucose( F) mg/dl	100.54	90.45	90.44	82.41	104.47	85.11	**

For statistical analysis of the hormonal data, standard student “t” tests were performed before and after administration of the homeopathic medicines. Significance levels: p<0.05\*, p<0.01\*\*, p<0.001\*\*\*

NS=Non Significant; BM= Before Medicine; AM= After Medicine

1-6).

## Discussion

In the present study, all three patients showing guiding symptoms of *Thuja occidentalis* were cured by the use of different potencies of the single remedy, but the time taken to cure was different for each patient, ranging from 5 months for the fastest removal of symptoms to as much as 30 months of regular treatment. It was not properly understood why the same remedy took different span of time to make total cure of ailments in the different patients. But the patient who took the maximum time had a complex type of cyst containing debris. It may possibly be one of the reasons. However, it may be recalled that this patient was firmly advised the immediate removal of cyst by surgical intervention and yet this case could also get finally cured by the single homeopathic drug. But as mentioned earlier, as she was a young unmarried young girl aged 16 years, this was a strong motivation for her not to undergo surgical removal and firmly adopted homeopathy as the next alternative/dependable option.

To understand if the removal of cyst was reflected in the manifestation of hormonal changes as well, we monitored the data when they first received homeopathic treatment and at the end of the study when their USG reports clearly stated that the cyst had already been removed. Analysis of the data of hormonal changes (Table 7) would reveal that significant favourable changes were found in the levels of LH, LH/LH/FSH ratio, E<sub>2</sub>, and Insulin PP. There was also a concomitant significant change in the blood glucose level. Thus, elevated LH level and corresponding LH/FSH ratio, insulin level and decreased level of E<sub>2</sub> may also serve as a cautionary note for suspecting the presence of ovarian cysts in the patients. Thus one way through which the homeopathic remedies might have worked could be intermediated through triggering suitable hormonal changes towards their and making optimal hormonal changes.

In this study, it was also an objective to test the hypothesis if a single remedy, as suggested by Hahnemann [3] could completely cure the case, providing that the symptoms completely agreed for the drug selected. The results of this study provide strong evidence in support of his proposition made more than two hundred years ago!

From the results and outcome as detailed in (Tables 4-6) and (Figures 1-7) it could be demonstrated with authenticated evidences that specific homeopathic remedy, if selected on the basis of totality of symptoms, can yield spectacular success by suitable use of potencies, even in removing large sized ovarian cysts. Unfortunately, many practitioners might have not many reports on removal of single cysts by single homeopathic remedies are available in the literature, particularly published in peer-reviewed journals/magazines [8] though works on successful removal of multiple cysts in PCOS has occasionally been reported [6,7,9]. The USG images of the respective patients have been provided showing the status before the beginning of homeopathic drug administration and also after the treatment was complete (Figures 1-6) for patients 1-3, respectively.

In conclusion, the results of the present study would indicate that proper selection of the homeopathic remedy matching the totality of symptoms can remove cysts from the ovary without any surgical intervention although some allopathic drugs are also used to ameliorate symptoms [10]; this can serve as an alternative option, at least in patients where surgery also has some risk or undesirable. This can curtail cost of treatment for the economically under-privileged section of the people as well, particularly residing in remote areas where medical amenities and infra-structural facilities for doing surgery are by and large are still unavailable.

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