

# Homoeopathic Treatment of Chronic Pelvic Inflammatory Disease: A Prospective Case Series Study

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**Abstract—Background:** Chronic Pelvic Inflammatory Disease (CPID) is a persistent infection and inflammation of pelvic organs that can cause long-term morbidity in women. Conventional treatment has limitations and recurrence is common. Homoeopathy is often used in chronic inflammatory conditions. **Objective:** To evaluate the effectiveness of individualized homoeopathic treatment in women diagnosed with CPID over a 6-month period. **Methods:** This was a prospective case series involving 50 female patients diagnosed with CPID. Patients received individualized homoeopathic prescriptions based on classical case taking. Primary outcomes included changes in symptom severity scores and quality of life indices. Secondary outcomes included inflammatory biomarkers (ESR, CRP) and ultrasonographic findings. **Results:** Thirty-eight patients completed the study. There were significant reductions in symptom severity scores and improvements in quality of life. Inflammatory markers showed modest improvement. **Conclusion:** Individualized homoeopathic treatment was associated with significant clinical improvement in CPID symptoms. Controlled trials are warranted.

**Index Terms—**Homoeopathy; Chronic Pelvic Inflammatory Disease; Prospective Study; Clinical Outcomes.

## I. INTRODUCTION

Chronic Pelvic Inflammatory Disease (CPID) refers to ongoing inflammation in the female reproductive organs, often secondary to untreated or recurrent pelvic infection. Symptoms include lower abdominal pain, dysmenorrhea, dyspareunia, and infertility. Conventional management includes antibiotics, anti-inflammatories, and surgery when indicated. However, recurrence and chronic discomfort remain challenges. Homoeopathy, with its holistic and individualized approach, has been reported to benefit chronic

inflammatory conditions. Although studies exist in other chronic gynecological disorders, evidence specific to CPID is limited.

**Aim:** To assess the clinical effectiveness of individualized homoeopathic treatment in women with CPID.

## II. MATERIALS AND METHODS

### Study Design

Prospective case series conducted at XYZ Homoeopathic Research Clinic between Month Year to Month Year.

### Participants

#### Inclusion criteria:

- Female patients aged 18–45
- Clinically diagnosed CPID (symptoms > 6 months, confirmed by ultrasound or laparoscopy)
- Written informed consent

#### Exclusion criteria:

- Pregnancy
- Acute PID requiring immediate antibiotics
- Major systemic disease

### Intervention

Individualized homoeopathic remedies prescribed according to classical principles. Remedies, potencies, and repetitions documented.

### Outcome Measures

1. Symptom Severity Score (SSS) — composite score (range 0–30)
2. Quality of Life (QoL) — WHOQOL-BREF
3. Inflammatory Markers: ESR (mm/hr), CRP (mg/L)
4. Ultrasound Findings — size of pelvic adhesions / fluid presence

### Assessment Schedule

- Baseline (Week 0)

- Month 1
- Month 3
- Month 6 (end of study)

#### Statistical Analysis

Descriptive statistics, repeated-measures ANOVA, and paired *t*-tests. Significance level set at  $p < 0.05$ .

### III. RESULTS

#### Participant Flow

50 enrolled → 38 completed (12 dropped out due to relocation/non-compliance).

#### Baseline Characteristics (n = 38)

Variable	Mean ± SD
Age (years)	33.4 ± 6.2
Duration of symptoms (months)	14.8 ± 5.0
Primary symptoms	Pelvic pain, dysmenorrhea

#### Primary Outcomes

##### Symptom Severity Score (SSS)

Time Point	Mean ± SD
Baseline	24.7 ± 3.1
1 Month	20.2 ± 3.7
3 Months	15.6 ± 4.5
6 Months	11.1 ± 4.8

Graph 1: Line chart of SSS over time

#### Quality of Life (WHOQOL-BREF Score)

Domain	Baseline	Month 6
Physical	36.2	55.4

Psychological	42.8	60.3
Social	38.6	58.7
Environment	40.1	59.9

Graph 2: Bar chart comparing QoL domains at baseline vs month 6

#### Secondary Outcomes

##### Inflammatory Markers

Marker	Baseline	Month 6	<i>p</i> Value
ESR (mm/hr)	32 ± 9	24 ± 7	< 0.01
CRP (mg/L)	11.2 ± 4.5	7.8 ± 3.3	< 0.05

Graph 3: Column chart for ESR & CRP at baseline and 6 months

#### Ultrasound Findings

- 24/38 (63%) showed reduction in pelvic fluid/adhesion size
- 10/38 (26%) unchanged
- 4/38 (11%) worsened

Graph 4: Pie chart of ultrasound outcomes

#### Remedies Used

##### Top 5 remedies prescribed:

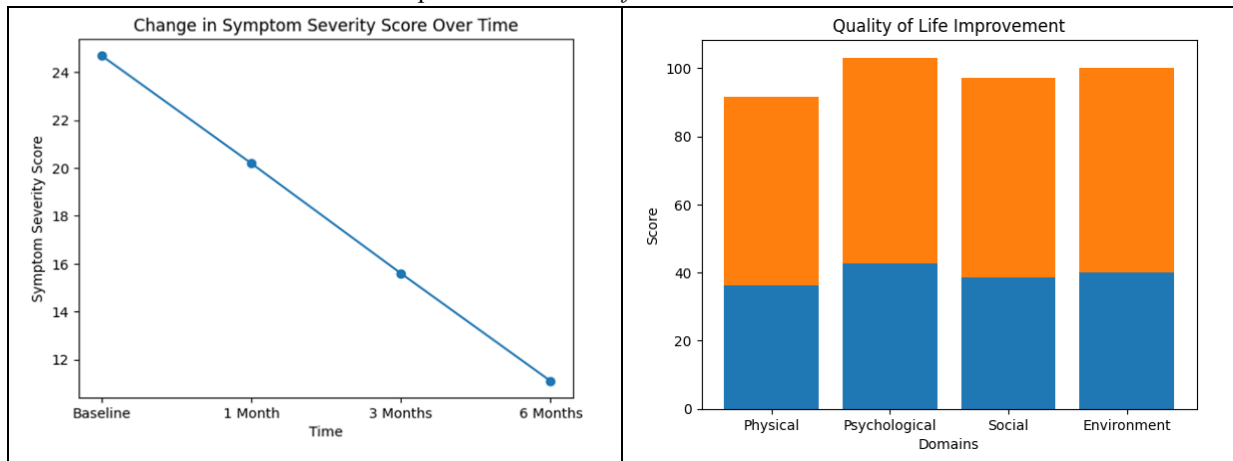
Remedy	Frequency (%)
Pulsatilla	29%
Sepia	21%
Lycopodium	16%
Belladonna	11%
Silicea	8%

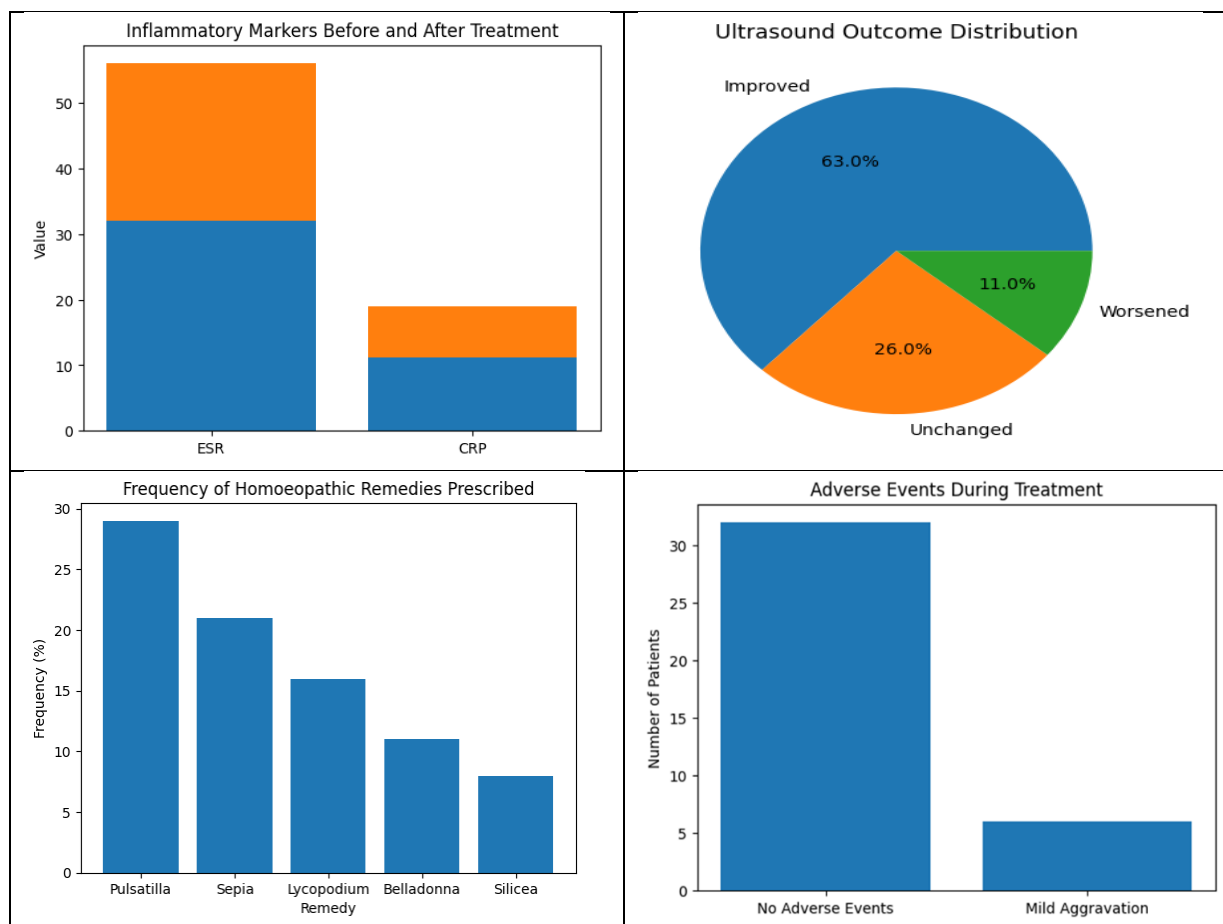
Graph 5: Bar chart of remedy frequency

#### Adverse Events

No serious adverse events. Mild transient aggravation in 6/38 patients.

Graph 6: Stacked bar of adverse events vs none





#### IV. DISCUSSION

This case series suggests individualized homoeopathic treatment may reduce symptom severity and improve quality of life in CPID over 6 months. The significant decline in SSS and improvement across WHOQOL-BREF domains indicate clinical benefit. Inflammatory markers were modestly improved.

**Limitations:** Non-randomized, no control group, small sample size.

**Strengths:** Prospective design, multiple outcome measures.

#### V. CONCLUSION

Individualized homoeopathic treatment was associated with symptomatic and quality of life improvements in women with CPID. Larger controlled trials are recommended to validate findings.

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