

Role of individualized homeopathic Medicine in the Management of Endometritis:

A Case Report of Successful Treatment with Pulsatilla

Dr. Bhavinbhai Bharatbhai Modi*, Dr. Dhruni Yogeshbhai Birari**, Dr. Dixita Vaibhav Upadhyay***

*Professor & Head, Department of Practice of Medicine, **, Associate Professor & Head, Department of Homoeopathic Materia Medica, ***, Assistant Professor, Department of Homoeopathic Materia Medica, C.N. Kothari Homoeopathic Medical College & Research Center, Vyara, Gujarat

Abstract: Background: Endometritis is an inflammatory condition of the endometrial lining, commonly caused by ascending infections of the genital tract. Despite standard antibiotic therapy, chronic and recurrent cases remain a therapeutic challenge. Objective: To explore the role of individualized homeopathic medicine in the management of chronic endometritis through a documented case. Case Presentation: A 30-year-old female presented with chronic leucorrhoea, irregular menstruation, and pelvic discomfort for six months. She had a history of recurrent antibiotic use with only temporary relief. Based on individualized symptom totality—including emotional disposition, thermal modalities, and general characteristics—*Pulsatilla* was prescribed. Results: Progressive improvement was observed over a period of three months, with complete resolution of symptoms and no recurrence during six months of follow-up. Conclusion: Individualized homeopathic treatment may offer a supportive therapeutic option in chronic endometritis, particularly in cases with recurrent symptoms. Further controlled studies are recommended to validate these findings.

Keywords: Endometritis; Homeopathy; Pulsatilla; Individualized treatment; Chronic inflammation; Case report.

Author for correspondence: Dr. Bhavinbhai Bharatbhai Modi. Professor & Head, Department of Practice of Medicine, C.N. Kothari Homoeopathic Medical College & Research Centre, Vyara, Gujarat Mo. No. 9879610234. E mail: drbbmodi@yahoo.co.in

Introduction: Endometritis refers to inflammation of the endometrial lining, frequently resulting from ascending infection originating in the lower genital tract. It may present as acute or chronic disease and is often associated with pelvic inflammatory disorders [1]. The condition is of clinical importance due to its association with infertility, chronic pelvic pain, and adverse reproductive outcomes.

Although antibiotic therapy is the mainstay of treatment, recurrence and persistence of symptoms are not uncommon, especially in chronic cases. Homeopathy, based on individualized prescribing and holistic assessment, may provide an alternative or complementary approach in such conditions.

Types

Endometritis is broadly classified into:

- **Acute endometritis:** Characterized by rapid onset and marked inflammatory response, typically associated with infection.
- **Chronic endometritis:** A low-grade, persistent inflammation often linked with infertility and recurrent pregnancy loss.
- **Postpartum endometritis:** Occurs

following childbirth, particularly after cesarean delivery [1].

Histopathologically, acute forms show neutrophilic infiltration, whereas chronic forms demonstrate plasma cell infiltration within the endometrial stroma [2].

Etiology

The condition is commonly polymicrobial, involving both aerobic and anaerobic organisms. Frequently implicated pathogens include *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Escherichia coli*, *Streptococcus* species, and anaerobic bacteria [2].

Predisposing factors include:

- Multiple sexual partners
- Poor genital hygiene
- Invasive gynecological procedures
- Intrauterine device usage
- Postpartum and post-abortal states [1]

Pathology / Pathogenesis

Endometritis typically develops due to ascending infection that breaches the cervical barrier, allowing microbial colonization of the uterine cavity [1].

The inflammatory response leads to:

- Endometrial edema

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- Cellular infiltration
- Disruption of normal endometrial function

Chronic cases are marked by plasma cells, stromal fibrosis, and altered endometrial receptivity, which may contribute to infertility [1,2].

Clinical Features : Clinical manifestations vary with disease type.

Acute endometritis:

- Fever
- Lower abdominal pain
- Abnormal vaginal discharge
- Irregular bleeding

Chronic endometritis:

- Often asymptomatic
- Infertility
- Recurrent pregnancy loss
- Intermenstrual spotting

Postpartum endometritis:

- Fever with uterine tenderness
- Foul-smelling lochia [1]

Laboratory Investigations: Diagnostic evaluation includes:

- Complete blood count showing leukocytosis
- Elevated inflammatory markers (ESR, CRP)
- Cervical and vaginal cultures
- Screening for sexually transmitted infections
- Endometrial biopsy (gold standard for chronic cases) [3]

Ultrasound Findings

- Thickened or irregular endometrial lining
- Intrauterine fluid collection
- Retained products of conception (in postpartum cases)

However, findings are generally non-specific and primarily assist in excluding complications [3].

Complications : Untreated or inadequately treated endometritis lead to:

- Infertility
- Chronic pelvic pain
- Tubo-ovarian abscess
- Septicemia
- Increased risk of ectopic pregnancy [1]

Management

Non-Pharmacological Management

- Adequate rest and hydration
- Maintenance of genital hygiene
- Counseling regarding safe sexual practices

Pharmacological Management (Conventional)

Broad-spectrum antibiotic therapy remains the cornerstone of treatment. Common regimens include combinations of cephalosporins, doxycycline, and metronidazole to cover polymicrobial infections [1].

Surgical Management

Surgical intervention is reserved for complications and may include:

- Drainage of abscess
- Removal of retained products of conception
- Rarely, hysterectomy in severe refractory cases

Role of Individualized Homeopathic Medicine

Homeopathy is based on the principle of individualization, wherein treatment is tailored according to the totality of symptoms, including mental, emotional, and physical characteristics.

In chronic inflammatory conditions such as endometritis, individualized remedies may help restore systemic balance and improve long-term outcomes.

Case Report

Patient Information

A 30-year-old female presented with complaints of persistent leucorrhoea, irregular menstrual cycles, and mild pelvic discomfort for six months.

History

The patient had undergone repeated courses of antibiotics, which provided only temporary relief. She reported a mild, emotional temperament, a tendency to weep easily, and a preference for fresh air. She also described a marked lack of thirst.

Clinical Findings

- Mild uterine tenderness
- Non-offensive vaginal discharge

Investigations

- Ultrasound: Thickened endometrium
- Diagnosis: Chronic endometritis

Totality of Symptoms

- Mild, yielding personality
- Emotional sensitivity with weeping
- Thirstlessness
- Aggravation in warm environment
- Relief in open air

Repertorization

The case was analyzed using a repertorial approach based on the totality of symptoms. The following rubrics were selected from Kent's Repertory:

Selected Rubrics

1. Mind – Mildness
2. Mind – Weeping – easily
3. Mind – Desire for company
4. Generalities – Heat – aggravates
5. Generalities – Open air – ameliorates
6. Stomach – Thirstlessness
7. Female genitalia – Leucorrhoea
8. Female genitalia – Menses – irregular

Repertorial Analysis (Kent’s Repertory)

| Rubric | Pulsatilla | Sepia | Calcarea carb | Natrum mur |
|--------------------|------------|-------|---------------|------------|
| Mildness | 3 | 1 | 1 | 1 |
| Weeping easily | 3 | 1 | 1 | 2 |
| Desire for company | 3 | 1 | 1 | 1 |
| Worse heat | 3 | 2 | 2 | 2 |
| Better open air | 3 | 1 | 1 | 1 |
| Thirstlessness | 3 | 1 | 2 | 1 |
| Leucorrhoea | 3 | 3 | 2 | 2 |
| Irregular menses | 3 | 3 | 2 | 2 |

Total Score

| Remedy | Total Score |
|--------------------|-------------|
| Pulsatilla | 24 |
| Sepia | 13 |
| Calcarea carbonica | 12 |
| Natrum muriaticum | 12 |

Interpretation

Pulsatilla scored highest across mental, general, and particular symptoms, especially in key modalities such as:

- Thirstlessness
- Amelioration in open air
- Emotional sensitivity
- Hormonal irregularity

This repertorial result strongly supported the selection of *Pulsatilla* as the constitutional remedy.

B. Materia Medica Correlation

The final prescription was confirmed through consultation of standard materia medica sources.

Pulsatilla in Materia Medica

According to James Tyler Kent

- Marked **mildness and yielding disposition**
- Tendency to **weep easily and seek consolation**
- Symptoms **changeable in nature**
- **Aggravation from heat and amelioration**

in open air

- Strong affinity for **female reproductive system disorders**

According to William Boericke

- Indicated in **menstrual irregularities and leucorrhoea**
- Characteristic **thirstlessness**
- Complaints are **better in fresh air**
- Hormonal disturbances with **emotional lability**

According to Constantine Hering

- Prominent action on **uterus and ovaries**
- Suited to **gentle, emotional individuals**
- Useful in **chronic catarrhal conditions** of genital tract
- Symptoms often **shift and vary in intensity**

C. Remedy Selection Justification

The prescription of *Pulsatilla* was based on:

- **Mental generals:** Mild, emotional, weeping disposition
- **Physical generals:** Thirstlessness, thermal modality (worse heat, better open air)
- **Particulars:** Leucorrhoea and menstrual irregularities

The close correspondence between the patient’s symptom totality and the remedy picture across repertory and materia medica confirms the **principle of individualization**, which is central to homeopathic prescribing.

11D. Clinical Significance

This case highlights:

- The importance of **integrating repertory and materia medica**
- The effectiveness of **constitutional prescribing**
- The role of homeopathy in **chronic inflammatory gynecological conditions**

Prescription :

Based on the totality of symptoms, *Pulsatilla 1000C* was administered as a single dose, followed by placebo.

Follow-Up and Outcome

| Duration | Clinical Response |
|----------|-------------------------------------|
| 2 weeks | Reduction in discharge |
| 1 month | Improvement in menstrual regularity |
| 3 months | Complete resolution of symptoms |
| 5 months | No recurrence observed |

Discussion: The case illustrates the application of individualized homeopathic prescribing in a

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chronic gynecological condition. The selection of *Pulsatilla* was guided by the patient’s constitutional characteristics rather than solely by pathological diagnosis.

Pulsatilla is traditionally associated with symptoms such as hormonal irregularities, leucorrhoea, and emotional sensitivity. The favorable outcome in this case suggests a potential role for individualized homeopathy in managing chronic endometritis, especially when conventional therapies fail to provide sustained relief.

Conclusion: Endometritis remains a significant clinical condition with potential long-term reproductive consequences. While conventional antibiotic therapy is essential in acute management, individualized homeopathic treatment may serve as a complementary approach in chronic and recurrent cases. Further systematic research is warranted to establish its efficacy.

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