

Management of pelvic inflammatory disease with individualised homoeopathic medicine *Natrum muriaticum* in LM potency: A case report

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Abstract

Introduction: Pelvic inflammatory disease (PID) is a group of disorders that affects the female genital tract having varied presentation, ranging from asymptomatic to symptoms of reproductive disability, infertility, ectopic pregnancy, etc. With the homoeopathic treatment, promising results have been seen in research on various clinical disorders, but there is a paucity of research in the field of pelvic inflammatory disorders. A case of PID, treated with individualised homoeopathic medicine is presented. Further research is needed to confirm the role of homoeopathy in PID. **Case Summary:** A 38-year-old woman presented with pain in the lower abdomen, discharge per vagina and low back pain. The clinical history and ultrasonographic findings were suggestive of PID. After thorough case taking, repertoriation, and consulting with materia medica, the homoeopathic medicine *Natrum muriaticum* in LM scale was prescribed. Gradual improvement was observed in the condition of the patient. The Modified Naranjo criteria was used for causal attribution of improvement to the homoeopathic treatment.

Keywords: Gynaecology, Individualised homoeopathic medicine, Inflammation, Modified Naranjo criteria, Pelvic inflammatory disease

INTRODUCTION

Pelvic inflammatory disease (PID) consists of a group of infections that involve and damage the endometrium, fallopian tubes, ovaries and pelvic peritoneum.^[1] During the reproductive age, approximately 4% of women suffer from PID, the highest prevalence being in the second and third decades.^[2] Ascending infection spreads from the lower genital tract causing infection of the endometrium, fallopian tube and nearby structures. Endometritis is considered an intermediate stage in the pathogenesis of PID.^[3] The main diagnostic and presenting features include pelvic tenderness with inflammation of the lower genital tract or may have mild signs and symptoms. Subclinical PID results from the silent spread of infection to the upper genital tract.^[4] Although PID is primarily diagnosed clinically, imaging studies such as ultrasound may also help where symptoms are unspecific.^[5] Complications and major concerns of PID include reproductive disability, which presents with infertility besides ectopic pregnancy, and chronic pelvic pain is also an important symptom.^[4]

Conventional treatment options include antibiotics, surgical management and drainage of tubo-ovarian abscess.^[5] Such medicines are associated with adverse reactions and may lead to antibiotic resistance.^[6] Homoeopathy has shown promising results in various gynaecological disorders such as dysmenorrhoea, infertility, menopausal syndrome, polycystic ovarian syndrome and uterine fibroid, but there is a lack of homoeopathic research literature on PID.^[7-12] A case of PID, treated with individualized homoeopathic medicine, is presented here, demonstrating the scope of homoeopathy in this disease. The case report has been written as per the HOM-CASE CARE extension guidelines,^[13] and Modified Naranjo criteria for Homoeopathy (MONARCH)^[14] has been used for causal attribution.

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PATIENT INFORMATION

A 38-year-old lady, a homemaker, from low socioeconomic background, presented on 6th March 2019 with the complaint of crampy pain in the lower abdomen, which was more during menses, and also in the morning when she woke up, felt more on the left side; and this was there for 10 years. The pain was aggravated during menses, from lifting heavy weights, in the morning after she woke up, and was ameliorated by pressure. She also complained of discharge per vagina, which was thin, transparent and slightly offensive, and was worse before menses. She also had lower back pain with pain in both calves for 3 years, which ameliorated from pressure and walking. Menses were regular and lasted for 3–5 days, however, clotted and occasionally offensive. The ultrasonography report of 5th July 2018 revealed PID with a bulky uterus. The patient did not take any treatment so far, however.

There was a family history of hypertension and diabetes mellitus. The patient had two children, elder son was 17 years old and the younger one was 13 years old, both born at full term by normal vaginal delivery. However, the last delivery was a stillbirth which was 10 years ago, following which, tubectomy was done.

The patient appeared irritated during case taking when questioned. She liked to be alone. Her memory and intellect were good. Her appetite was good, her thirst was adequate and she preferred warm food and salt. Her bowel moments were regular, but her stools were dry, hard and unsatisfactory. The patient was, in general, aggravated in damp weather but was relieved in open air. Her menstrual cycle was regular, and flow was offensive with some clots.

Clinical examination

The patient had oily facial skin. A mild pallor was present. The blood pressure was 110/70 mmHg and the pulse rate was 76 beats/min. Axillary body temperature was 98.6°F. The rest of the general physical examination was also found to be normal. On systemic examination, the lower abdomen was slightly tender to deep palpation, especially the left iliac region.

Diagnostic assessment

The ultrasonography of the whole abdomen dated 5th July 2018 revealed “a bulky uterus in anteverted position. Uterus measured 9.3 × 4.7 × 6.4 cm. Free fluid was seen in the pouch of Douglas, suggestive of PID”. The patient was advised to get a recent USG done, to which the patient did not comply, as she was unable to afford the same.

Repertorisation

The totality of symptoms for this case included aversion to company, irritability when questioning, desire warm food, desire salt things, constipation with hard dry stool, lower abdominal crampy pain, open air amelioration in general and crampy pain more during menses. After analysis and evaluation of symptoms, the case was found to have more characteristic generals than particulars, so the *Repertory of Homoeopathic Materia Medica* by Kent^[15] was selected for repertorisation.

After repertorisation with Kent's Repertory using Homopath classic (Mind Technologies, Mumbai Maharashtra, India), giving priority to mental generals over physical generals and then to particular symptoms, *Sulphur* was found to cover 6 of 9 rubrics and scored the highest marks i.e., 14 while *Natrum muriaticum* covered 6 out of 9 rubrics and scored 13 marks [Figure 1].

After further consultation from different materia medica,^[16-18] *Natrum Muriaticum* was selected. The qualifying symptoms, besides mental generals, aversion to company, irritated while questioning, that were in favour of *Natrum Muriaticum* are: oily face, crampy pain in the abdomen, amelioration by pressure, craving for salty food, constipation, dry, hard, unsatisfactory stool and pain in the abdomen in the morning after waking up.^[18]

Therapeutic intervention

Individualised, single homoeopathic medicine *Natrum Muriaticum* was selected and prescribed in the LM scale, starting from LM/1, to be taken daily, once a day, in the morning on an empty stomach for 15 days, followed by LM/2 for the next 15 days in a similar manner. Before taking the medicine, 10 strokes were given to the medicine bottle, then one tablespoon of medicine was dissolved in half a cup of water, followed by stirring. From this solution, one tablespoon was to be taken and the rest to be discarded. The patient was advised to maintain local hygiene of the perinium.

Follow-up and outcomes

The patient was followed up for 5 months, and no complication or relapse of the symptoms was noted during this period [Table 1]. During the period of treatment, the patient improved symptomatically, and changes were evident by ultrasonography findings (i.e., USG dated 05 July 2018 showed bulky uterus and PID, USG dated 30 July 2019, showed a normal study and uterus size.). No homoeopathic aggravation, either subjective or objective, was noted during the treatment. Causal attribution was assessed by MONARCH [Table 2].

DISCUSSION

The spectrum of PID ranges from subclinical, asymptomatic infection to life-threatening illness. In our case, the patient primarily presented with lower back pain, accompanied by chronic pain in the lower abdomen with thin, transparent vaginal discharge and was afebrile.^[19] An acute case of PID lasts for 10–14 days, however, chronic PID may require surgery to deal with complications. In this case, the patient was suffering from symptoms of PID for 10 years and presented with the common symptoms of PID, though some important modalities were elicited in relation to the chronic pelvic pain. There also were some marked physical and mental generals, which further helped in the selection of individualised homoeopathic medicine.

The homoeopathic treatment is based on the individualisation of the patient. After repertorization, both *Sulphur* and *Natrum*

Remedy Name	Nat-m	Sulph	Nux-v	Puls	Carb-v	Cham	Lyc	Sep	Calc	Nat-c	Aloe	Hrt-ac	Ans	Caloc
Totality	10	10	10	14	13	13	13	12	11	11	11	11	11	10
Symptom Covered	7	7	6	6	6	6	6	6	6	6	5	5	4	6
[K.T] [Mind]Company-Aversion to:	3	2	3	2	2	3	2	2	1	2	1			2
[K.T] [Mind]Irritability (see anger).Questioned,when:	1		3	1		2								1
[K.T] [Stomach]Desires:Warm Food:							2							3
[K.T] [Stomach]Desires:Salt things:	3	1			3				2		2	2		
[K.T] [Rectum]Constipation (see inactivity).Insufficient,incomplete,unsatisfact	3	3	3		1	2	2	2	1	3	3	3		1
[K.T] [Abdomen]Pain.Cramping,griping:	2	3	3	3	3	3	3	2	3	2	3	2	2	3
[K.T] [Abdomen]Pain.Cramping,griping.Menses.During:	2	3	2	2		2		2	1	1		2		2
[K.T] [Generalities]Wet Weather:		2	1	3	2	1	2	2	3	2		2	3	
[K.T] [Generalities]Air:Open :Amet:	2	2		3	2		2	2		1	2		3	1

Figure 1: Repertorization sheet

Table 1: Therapeutic intervention and follow-up record

Date	Symptoms	Prescription	Repetition	Investigation
06 March 2019	Pain in the lower abdomen Low back pain Discharge per vagina	<i>Natrum mur.</i> LM 1, 16 doses Placebo	Once daily, in the morning. 4 globules daily at night	Ultrasound dated 05 July 2018 showed a bulky uterus and PID. Advised: Ultrasonography Lower abdomen
13 April 2019	Pain in the lower abdomen decreased; Low back pain is also better Discharge per vagina same as before	<i>Natrum mur.</i> LM 2 16 doses	Same as before	
10 May 2019	Pain in lower abdomen much better than before; Low back pain decreased further	<i>Natrum mur.</i> LM3 16 doses	Same as before	-
15 June 2019	No pain in lower in lower abdomen. Low back pain is much better. Discharge per vagina slight better	<i>Natrum mur.</i> LM4 16 doses	Same as before	Advised to repeat ultrasonography of whole abdomen
02 August 2019	No pain in lower abdomen; Low back pain occurs rarely; Discharge per vagina was same as before	Placebo 200		Ultrasound revealed normal study (30 July 2019)

PID: Pelvic inflammatory disease

Table 2: MONARCH inventory

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3. Was there a homoeopathic aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to main presenting complaint, improved or changed)?	+1	0	0
5. Did overall well-being improve? (suggest using validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	0	0
6. (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6. (B) <i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement of symptoms: • -From organs of more importance to those of less importance? • -From deeper to more superficial aspects of the individual? • -From the top downwards?	+1	0	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternative causes (other than the medicine) that—with a high probability— could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Total score : +7

* the numbers in bold font represent the option selected

muriiaticum were found to be covering a maximum number of rubrics. Finally, *Natrum muriiaticum* was selected to be

prescribed based on the symptoms: the oily face, craving for salty food, dry, hard, unsatisfactory stools, and lower

abdominal pain; aggravated in the morning. The medicine was given in the LM potency so that frequent repetition could be done for quick recovery in this chronic case. The medicine continued for 6 months, with a gradual relief in symptoms [Table 1]. The latest ultrasound (dated 30 July 2019) also reported normal findings.

The causal attribution, determined by MONARCH, could be established, as the total score was 7 [Table 2]. Domain 10 “Did the repeat dosing, if conducted, create similar clinical improvement” was given a zero mark as the explanation of this domain is whether repeat dosing of the previously selected medicine helped, when the disease was in abeyance/under remission with similar symptoms.^[20] In this case, these conditions were not met.

After going through the available literature databases, no research article on PID treated with homeopathic treatment could be found. We only found a single case report,^[21] in which the patient was also treated with constitutional homeopathic medicine in centesimal scale potency. This substantiates that the polycrest remedies are of utility in PID.

The limitation of this case report is that we were unable to do a longer follow-up of the case, and the final effect of treatment on vaginal discharge could not be known. Such cases of abnormal vaginal discharge may point towards more investigations, for example, ruling out sexually transmitted diseases etc. which could not be done in this case. Further, the gold standard test for the diagnosis of PID, exploratory laparotomy, could not be used for diagnosis and for considering the outcome effect.

Despite these limitations, this case report is unique as there is a gap in evidence-based literature on the management of PID through homeopathic medicine. This paucity of data puts an emphasis on the need for further research with robust design on this subject.

CONCLUSION

This case report highlights the positive impact of individualised constitutional homeopathic treatment in PID selected in a classical manner. A research study with a robust design and appropriate sample size is recommended for further strengthening the evidence.

Declaration of patient consent

The patient was informed about the publication of her data in journal and written consent was taken from the patient.

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Nil.

Conflicts of interest

None declared.

REFERENCES

- Curry A, Williams T, Penny ML. Pelvic inflammatory disease: Diagnosis, management, and prevention. *Am Fam Physician* 2019;100:357-64.
- Khan S, Ansari MA, Vasenwala SM, Mohsin Z. A community based study on pelvic inflammatory disease in postmenopausal females: Microbiological spectrum and socio-demographic correlates. *J Clin Diagn Res* 2017;11:LC05-10.
- Safrai M, Rottenstreich A, Shushan A, Gilad R, Benshushan A, Levin G. Risk factors for recurrent pelvic inflammatory disease. *Eur J Obstet Gynecol Reprod Biol* 2020;244:40-4.
- Jennings LK, Krywko DM. Pelvic inflammatory disease. In: StatPearls. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499959> [Last accessed on 2023 May 26].
- Chappell CA, Wiesenfeld HC. Pathogenesis, diagnosis, and management of severe pelvic inflammatory disease and tuboovarian abscess. *Clin Obstet Gynecol* 2012;55:893-903.
- Calhoun C, Wermuth HR, Hall GA. Antibiotics. In: StatPearls. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535443> [Last accessed on 2022 May 24].
- Ghosh S, Ravindra RK, Modak A, Maiti S, Nath A, Koley M, et al. Efficacy of individualized homeopathic medicines in primary dysmenorrhea: A double-blind, randomized, placebo-controlled, clinical trial. *J Complement Integr Med* 2021;20:258-67.
- Anita L, Prema D, Blany L. Effectiveness of homeopathic treatment in female infertility. *Reprod Med Int* 2018;1:6-11.
- Panozzo M, Rossi EG, Picchi M, Di Stefano M, Cervino C, Nurra L. Women and complementary medicine: Eleven years of experience at a homeopathic clinic for women in a public hospital. *Eur J Integr Med* 2016;8:423-31.
- Nayak C, Singh V, Singh K, Singh H, Gupta J, Lamba CD, et al. Management of distress during climacteric years by homeopathic therapy. *J Altern Complement Med* 2011;17:1037-42.
- Bordet M, Colas A, Marijnen P, Masson J, Trichard M. Treating hot flushes in menopausal women with homeopathic treatment--results of an observational study. *Homeopathy* 2008;97:10-5.
- Oberai P, Indira B, Varanasi R, Rath P, Sharma B, Soren A, et al. A multicentric randomized clinical trial of homeopathic medicines in fifty millesimal potencies vis-à-vis centesimal potencies on symptomatic uterine fibroids. *Indian J Res Homeopathy* 2016;10:24-35.
- Van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med* 2016;25:78-85.
- Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.
- Kent JT. *Repertory of Homoeopathic Materia Medica*. New Delhi: B. Jain Publishers Pvt Ltd.; 2012.
- Allen HC. *Keynotes and Characteristics with Comparison of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes*. New Delhi: B. Jain Publishers Pvt Ltd.; 2012.
- Boericke W. *New Manual of Homoeopathic Materia Medica with Repertory*. 3rd ed. B. Jain Publishers Pvt Ltd.; 2012.
- Kent JT. *Lectures on Homoeopathic Materia Medica*. 2nd ed. B. Jain Publishers Pvt Ltd.; 2012.
- Crossman SH. The challenge of pelvic inflammatory disease. *Am Fam Physician* 2006;73:859-64.
- Rutten L. *Prognostic Factor Research in Homoeopathy*. New Delhi: Central Council for Research in Homoeopathy; 2019. p. 158.
- Pandey S, Pandit R. Pelvic inflammatory disease treated with homeopathic medicine *Calcarea carbonica*: A case report. *Indian J Res Homeopathy* 2020;14:287-92.

Prise en charge de la maladie inflammatoire pelvienne avec la médecine homéopathique individualisée Natrum muriaticum en LM puissance: Un rapport de cas

L'Introduction: La maladie inflammatoire pelvienne est un groupe de troubles qui affectent le tractus génital féminin ayant une présentation variée, allant de l'asymptomatique aux symptômes d'incapacité reproductive, infertilité, grossesse ectopique, etc. Avec le traitement homéopathique, Des résultats prometteurs ont été observés dans la recherche sur divers troubles cliniques, mais il y a peu de recherche dans le domaine des troubles inflammatoires pelviens. Un cas de maladie inflammatoire pelvienne, traité avec la médecine homéopathique individualisée est présenté. D'autres recherches sont nécessaires pour confirmer le rôle de l'homéopathie dans la maladie inflammatoire pelvienne.

Résumé du cas: Une femme de 38 ans a présenté des douleurs au bas de l'abdomen, des pertes par vagin et des lombalgies. Les antécédents cliniques et les résultats ultrasonographiques suggéraient une maladie inflammatoire pelvienne. Après la prise de cas approfondie, la repertorisation et la consultation avec materia medica, la médecine homéopathique Natrum muriaticum dans l'échelle LM a été prescrite. L'état du patient s'est amélioré graduellement. Les critères modifiés de Naranjo pour l'attribution causale ont été utilisés pour évaluer l'amélioration après le traitement homéopathique.

Behandlung einer entzündlichen Beckenerkrankung mit dem individualisierten homöopathischen Arzneimittel Natrum muriaticum in LM-Potenz: Ein Fallbericht

Einleitung: Beckenentzündungskrankheiten sind eine Gruppe von Erkrankungen, die den weiblichen Genitaltrakt betreffen und sich auf unterschiedliche Weise äußern, von asymptomatisch bis hin zu Symptomen der Fortpflanzungsunfähigkeit, Unfruchtbarkeit, Eileiterschwangerschaft usw. Die homöopathische Behandlung hat in der Forschung bei verschiedenen klinischen Erkrankungen vielversprechende Ergebnisse erbracht, aber auf dem Gebiet der entzündlichen Erkrankungen des Beckens gibt es nur wenig Forschung. Es wird ein Fall einer entzündlichen Beckenerkrankung vorgestellt, die mit einer individualisierten homöopathischen Medizin behandelt wurde. Weitere Forschung ist notwendig, um die Rolle der Homöopathie bei entzündlichen Beckenerkrankungen zu bestätigen.

Zusammenfassung des Falles: Eine 38-jährige Frau stellte sich mit Schmerzen im Unterbauch, Ausfluss aus der Scheide und Schmerzen im unteren Rücken vor. Die Anamnese und der Ultraschallbefund deuteten auf eine entzündliche Beckenerkrankung hin. Nach gründlicher Fallaufnahme, Repertorisation und Beratung mit der Materia Medica wurde das homöopathische Arzneimittel Natrum muriaticum in LM-Skala verordnet. Bei der Patientin wurde eine allmähliche Besserung des Zustands beobachtet. Zur Beurteilung der Besserung nach der homöopathischen Behandlung wurden die modifizierten Naranjo-Kriterien für die Kausalattribution herangezogen.

पेडू में सूजन के रोग का व्यक्तिगत होम्योपैथिक दवा नैट्रम म्यूरिएटिकम का एलएम पोटेंसी द्वारा उपचार: एक केस रिपोर्ट

परिचय: पेडू में सूजन के रोग मादा जननांग पथ पर बुरा प्रभाव डालने वाले ऐसे विकार है जो अलग-अलग रूप में प्रस्तुत होता है, कोई लक्षण ना होने से लेकर प्रजनन अक्षमता, बांझपन, एक्टोपिक गर्भावस्था आदि लक्षण हो सकते हैं। विभिन्न चिकित्सकीय रोगों पर किए गए शोधों में होम्योपैथिक उपचार से आशाजनक परिणाम देखे गए हैं, लेकिन पेडू में सूजन संबंधी शोध कम हुए हैं। यहां, पेडू में सूजन का एक केस प्रस्तुत है, जिसमें उपचार व्यक्तिगत होम्योपैथिक दवा से हुआ था। पेडू में सूजन के रोग में होम्योपैथी की भूमिका की पुष्टि करने के लिए और शोध होने की आवश्यकता है।

केस का सारांश: एक 38 वर्षीय महिला ने पेट के निचले हिस्से में दर्द, योनि से स्राव होने और पीठ के निचले हिस्से में दर्द के लक्षण प्रस्तुत किये। नैदानिक इतिहास और अल्ट्रासोनोग्राफिक निष्कर्ष से पेडू में सूजन के रोग का लक्षण पता लगा। पूरी तरह से केस समझने, रेपर्टोराइजेशन और मटेरिया मेडिका परामर्श के बाद, एलएम स्केल में होम्योपैथिक दवा नैट्रम म्यूरिएटिकम लेने की सलाह दी गई। मरीज की हालत में धीरे-धीरे सुधार हुआ। होम्योपैथिक उपचार के बाद सुधार के कारण आंकलन संशोधित नारन्जो मानदंड द्वारा हुआ।

Manejo de la enfermedad inflamatoria pélvica con medicina homeopática individualizada *Natrum muriaticum* en la potencia LM: Un informe de caso

Introducción: La enfermedad inflamatoria pélvica es un grupo de trastornos que afectan al tracto genital femenino teniendo una presentación variada, que van desde ser asintomáticos hasta síntomas de discapacidad reproductiva, infertilidad, embarazo ectópico, etc. Con el tratamiento homeopático, se han visto resultados prometedores en la investigación sobre diversos trastornos clínicos, pero hay escasez de investigación en el campo de los trastornos inflamatorios pélvicos. Se presenta un caso de enfermedad inflamatoria pélvica, tratada con medicina homeopática individualizada. Se necesita más investigación para confirmar el papel de la homeopatía en la enfermedad inflamatoria pélvica.

Resumen del caso: Una mujer de 38 años que presentó dolor en la parte inferior del abdomen, secreción por vagina y lumbalgia. La historia clínica y los hallazgos ecográficos fueron sugestivos de enfermedad inflamatoria pélvica. Después de una minuciosa toma de casos, repertorización y consulta con materia médica, se prescribió el medicamento homeopático *Natrum muriaticum* en escala LM. Se observó una mejoría gradual en la condición del paciente. Los criterios modificados de Naranjo para la atribución causal se utilizaron para evaluar la mejoría después del tratamiento homeopático.

使用具有LM效力的个体化 势 法 物 *Natrum muriaticum* 治 盆腔炎：一病例报告

介：盆腔炎是一 影响女性生殖道的疾病，有多种表 ，从无症状到生殖障碍、不孕、异位妊娠等症状。通过 势 法治 ，在各种 床疾病的研究中已 看到了有希望的 果，但在盆腔炎 域的研究却很少。介 了一例盆腔炎，用个体化 势 法 物治 。需要 一步的研究来 实 势 法在盆腔炎中的作用。

病例 ：一名38 的女性出 下腹疼痛、阴道分泌物和腰痛。 床病史和超声 查 果提示盆腔炎。 过充分的病 例 取、复 和查 本草，处方了LM量表的 势 法 物夏草。 察到病人的病情逐 好 。采用改良的Naranjo因 果归因 准来 估 势 法治 后的改善情况。