



SCAR ENDOMETRIOSIS MANAGED WITH ULTRA-HIGH DILUTIONS OF NATRUM MURIATICUM: A CASE REPORT

¹DR.ABHIJITH SAI SANKAR R. S. ¹

²DR. NAVYA SRI NAKIREKANTI²

³DR.RISHITHA PRASAD PADALA³

⁴DR.PRAGNYA SRI ANAGALLA⁴,

⁵DR.NARLA P SHIVANI⁵

¹DR.ABHIJITH SAI SANKAR R. S. ¹

ASST. PROFESSOR DEPT OF HOMOEOPATHIC MATERIA MEDICA HAMS HOMEOPATHY MEDICAL COLLEGE
HOSPITAL & RESEARCH CENTRE SIDDIPET DISTRICT, TELANGANA STATE 502279.MAIL ID:

Manusankar.Is.Here@Gmail.Com.

²DR. NAVYA SRI NAKIREKANTI

INTERNEE:2019-20 BATCH, HAMS HOMEOPATHY MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE,
SIDDIPET DIST TELANGANA STATE, 502279

EMAIL: Navyanakirekanti@Gmail.Com

³DR. RISHITHA PRASAD PADALA

INTERNEE: 2019-20 BATCH, HAMS HOMEOPATHY MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE ,
SIDDIPET DIST TELANGANA STATE, 502279

EMAIL: Rishitinnu@Gmail.Com,

⁴DR.PRAGNYA SRI ANAGALLA

INTERNEE: 2019-20 BATCH, HAMS HOMEOPATHY MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE,
SIDDIPET DIST TELANGANA STATE, 502279

EMAIL: Pragnyasrianagalla@Gmail.Com,

⁵DR.NARLA P SHIVANI

INTERNEE: 2019-20 BATCH, HAMS HOMEOPATHY MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE,
SIDDIPET DIST TELANGANA STATE, 502279

ABSTRACT:

Scar endometriosis is a rare form of extra-pelvic endometriosis in which endometrial tissue proliferates within or around surgical scars, most commonly following caesarean sections. It typically presents with cyclical pain, swelling, discharge at the scar site and is often misdiagnosed as other post-surgical complications. The aetiology has been attributed to iatrogenic transplantation of endometrial cells during surgery, vascular or lymphatic dissemination, or metaplastic transformation of local cells under hormonal influence. Diagnosis is supported by imaging, particularly ultrasonography and MRI, and confirmed through histopathology, with laparoscopy considered the gold standard. Conventional management usually involves surgical excision; however, recurrence is not uncommon. This case report presents a 37-year-old female with a history of persistent pain at her caesarean

section scar, diagnosed as scar endometriosis. Despite prior surgical and allopathic interventions, her symptoms persisted. Individualised homoeopathic management with Natrum muriaticum 6x was prescribed, selected after repertorisation and correlation with MateriaMedica. Significant clinical improvement was observed, with progressive relief of pain, better general well-being, and reduction in scar induration. This case highlights the efficacy of homoeopathic treatment in managing scar endometriosis holistically, addressing both physical symptoms and the associated emotional distress, thereby demonstrating the potential of homoeopathy as an integrative therapeutic approach.

KEY WORDS: Scar endometriosis, Caesarean section, Surgical scar, Chronic pelvic pain, Natrum muriaticum, Homoeopathic management.

Introduction:

Scar endometriosis is a condition where tissue (glands and stroma) similar to the lining of the uterus starts growing in or around a surgical scar – usually after abdominal or pelvic surgeries like a caesarean section (c-section). This tissue can respond to hormonal changes just like the normal uterine lining leading to pain, swelling, or even bleeding around the scar. Scar endometriosis is also called as incisional endometrioma, it is a rare form of extra pelvic endometriosis, that occurs in those incisions where the endometrial tissue might come into contact.¹

Endometriosis is a condition in which tissue similar to the uterine lining begins to grow outside the uterus, most commonly affecting women of reproductive age. One proposed cause is surgical cell transfer (iatrogenic transplantation), where fragments of endometrial tissue are inadvertently relocated during abdominal or pelvic surgeries such as caesarean section, and later grow within scars or incisions. Another theory suggests dissemination through blood vessels or lymphatic channels, allowing endometrial cells to travel and implant in distant sites, including surgical scars. Additionally, under the influence of hormones or chronic inflammation, certain cells may undergo transformation into endometrial-like tissue, as described in the metaplastic theory². Grossly, endometriosis may appear as small red, black, or bluish cysts and nodules on pelvic organs or peritoneal surfaces. Microscopically, diagnosis is confirmed by the presence of endometrial-type glands, supportive stroma, and evidence of bleeding such as hemosiderin-laden macrophages³. Clinically, scar endometriosis can present with pain, swelling, or brownish discharge at the scar site, often cyclical with menstruation. More generally, endometriosis may cause severe menstrual cramps, dyspareunia, painful bowel movements, irregular bleeding, chronic abdominal pain, bowel disturbances, or bladder pain resembling urinary tract infection⁴. Diagnostic evaluation typically begins with a pelvic examination to detect nodules, cysts, or irregular growths, although smaller lesions may be missed without imaging. Ultrasound is useful in identifying ovarian endometriomas, while MRI provides greater detail on the size and location of lesions. Laparoscopy remains the gold standard, offering direct visualization of endometrial implants and assessment of their extent and distribution⁵.

HOMOEOPATHIC MANAGEMENT ON SCAR ENDOMETRIOSIS:^{6,7,8}

Calcarea flourica:

- Indicated for fibrous indurations, scar hardening and glandular swellings.
- Hard lumps in the abdominal wall.
- Helpful in reducing fibrotic changes.
- Marked whiteness of skin.
- scar tissue, adhesions after operations⁶.

Silicea:

- Indicated for hard lumps, scar tissue, slow healing wounds, or suppuration.
- Induration and pus formation in old scar tissue.
- Scars suddenly become painful, pus offensive, promotes expulsion of foreign bodies from tissues.
- Chilly patient^{6,7}.

Bellis perennis:

- First remedy in injuries to the deeper tissues after major surgeries.
- Pain and induration in the abdominal wall
- Sore bruised feeling, especially after surgeries

- Uterus feels sore, as if squeezed.
- Useful in deep muscle trauma, post operative recovery and scar pain^{7,8}.

Thiosinaminum:

- Pain, tenderness, or a burning sensation at the site of a previous operation—most commonly a caesarean section scar.
- Thiosinaminum is especially useful when the pain worsens on touch, stretching, or movement. The scar site develops into a firm, nodular mass, Thiosinaminum helps soften this thickened tissue.
- Indicated when scar tissue becomes congested and painful during menstruation, reflecting endometrial cell activity inside the scar.^{6,8}

Case Presentation:

Preliminary data: A 37-year-old married Christian female presented to the Outpatient Department with a chief complaint of persistent pain at the site of her caesarean section scar for twelve years. The onset of symptoms was noted approximately two years following her second pregnancy. The patient reported a gradual increase in the intensity of pain over the past six months.

History of presenting complaints: Patient was apparently healthy 12 years back. She underwent Lower segment caesarean section (LSCS) 12 years back, the post operative period was uneventful and she was discharged on the third post-operative day, and the suture was removed on the 8th post-operative day.

She then gradually developed pain at the site of the caesarean scar after 2 years of the surgery which is of the pricking type, non-radiating and confines to the site of the scar. The pain at the site of scar was present continuously, pain was aggravated on exertion and during travelling and the pain was ameliorated by lying on the back. She also had pain in the lumbar region that is extending to the lower abdomen.

Treatment history: The patient initially consulted a private clinic, where she was prescribed allopathic medications and underwent an ultrasonography evaluation of the abdomen and pelvis. The ultrasound revealed a well-defined hypoechoic lesion measuring 10x6 mm in the deep plane with mild vascularity located below the right lateral suture site. She was advised to undergo surgical excision of the lesion for the management of endometriosis. However, the patient later presented to the outpatient department of our hospital, expressing reluctance to proceed with the surgical intervention.

In 2023, the patient underwent a hysterectomy due to the history of menorrhagia and irregular menstrual cycle. Prior to hysterectomy, she had delivered two children through lower segment caesarean section (LSCS). Her first child, a male, was born 12 years ago, and her second male child was born 10 years ago through an emergency LSCS. The patient reported no history of contraceptive use. There was no family history of gynaecological malignancies or related disorders.

Past history:

- The patient has a history of nasal polyps since the age of 18 years, for which she underwent allopathic treatment; however, no significant relief was achieved.
- She has a history of renal calculi and experienced relief following allopathic medication.
- She was diagnosed with Grade 1 fatty liver and received allopathic treatment, which provided only temporary relief.

The patient's physical generals revealed that her sleep was disturbed due to pain at the site of the caesarean scar, though she preferred sleeping on the affected side as it provided some relief. Her thirst was moderate, while her appetite had been decreased for the past one month prior to her visit to the Outpatient Department. She expressed a marked desire for sweets and an aversion to fruits. Urination was generally clear, pale in colour, and odourless, though occasionally accompanied by a burning sensation. Her stools were regular in frequency, but she reported bleeding per rectum for the past month, with the blood being fresh, bright red, and appearing at the end of

defecation. Perspiration was profuse, particularly on the chest and back, and occurred only on exertion. Regarding her thermal state, the patient was intolerant to heat, preferred cold and open air, felt more comfortable in a cold environment, and could be classified as a hot patient.

Mental generals: The patient is experiencing significant emotional distress due to chronic grief related to her husband's alcoholism and incidents of domestic violence. As a result, she suffers from severe headaches and exhibits symptoms of heightened irritability and anger over minor triggers, sometimes she felt like killing her husband.

General examination: The patient's general condition was fair. There was no evidence of pallor, icterus, cyanosis, lymphadenopathy, dehydration, or oedema. Vital signs were within normal limits.

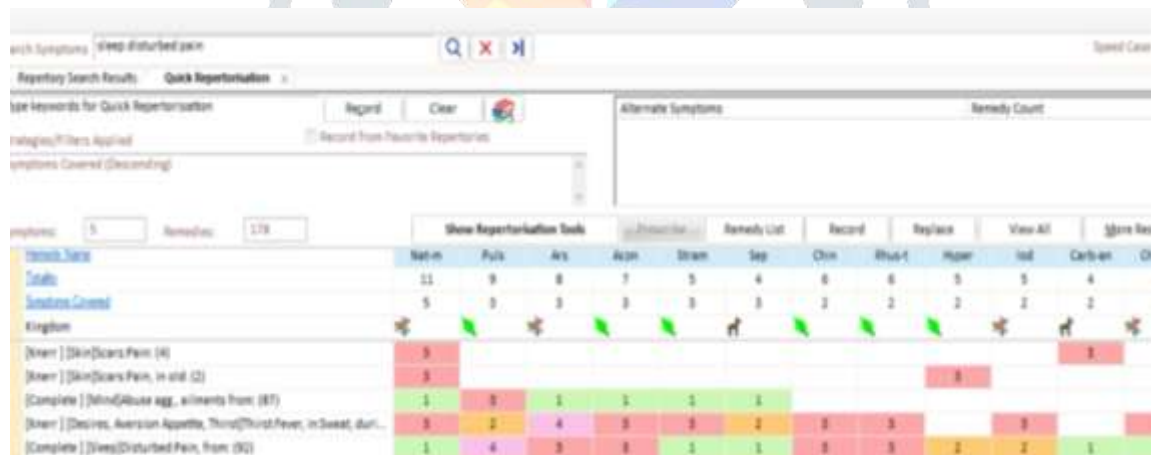
On abdominal examination, the abdomen appeared normal in shape with a centrally positioned, inverted umbilicus, and all quadrants moved equally with respiration. A caesarean scar was noted in the lower abdomen. On auscultation, bowel sounds were present. Palpation revealed a palpable mass with mild tenderness in the lower abdomen, and percussion elicited a dull note over the same region.

Investigations: Ultrasound of abdomen and pelvis was done, revealed a well-defined hypoechoic lesion of size 10x6mm noted in deep plane with mild vascularity below right lateral suture site was seen, which suggested likely to be a scar endometriosis.

Final diagnosis: Scar endometriosis.

Analysis of case: After analysing the disease condition and considering the totality of the patient, an individualised Homoeopathic medicine was selected after Repertorisation using Homopathsoftware and further reference to MateriaMedica.

Reportorial totality:



Remedy	Nat-in	Puls	Ars	Acen	Stram	Sep	Chin	Rhus-t	Hepar	Ind	Carben	Ch
Nat-in	11	9	8	7	5	4	6	5	5	4		
Puls	5	3	3	3	3	3	3	2	2	2	2	
Ars												
Acen												
Stram												
Sep												
Chin												
Rhus-t												
Hepar												
Ind												
Carben												
Ch												

Medicine Administered: Natrum muriaticum 200C, 1 dose

Natrum muriaticum 6X

Efficacy of Natrum muriaticum in treating the scar endometriosis:

- Old cicatrices become painful; especially at the site of previous injuries or operations; soreness and tension in scar tissue.
- Pain and drawing in old scars
- Ailments from grief, or long-continued emotional suffering
- Intense thirst for large quantities of cold water during fever.
- Thirst continues even into the sweating stage
- Sleep disturbed, restless sleep due to aching in various parts of the body.

Follow up

Date	Symptoms	Prescription
13/05/2025	Persistent scar pain at the site of her C-section scar, disturbed sleep due to pain , ailments from abuse, sweat during exertion	Rx: Natrum muriaticum 200c, 1 dose Natrum muriaticum 6x
14/06/2025	Pain relieved slightly, complaints better than before	Rx: Natrum muriaticum 6x
15/07/2025	Amelioration of complaints, general good	Rx: Natrum muriaticum 6x

Clinical assessment:**Fig 1 and 2 before treatment**



MEDICARE GENERAL HOSPITAL

(A Unit of Medicare Educational Trust)

Father Colombo Health City, H.No.19-3-159/B, Hunter Road,
Rangasaipet (Post), Thimmapur (H), Warangal-506 005 Telangana.
Ph: +91 917 9171883, 8282 888 108

IP/OP NO		DATE	21-11-2024
NAME		AGE / SEX	34 Y / F
REFERRED BY	GYN		

Thanks for the reference

USG ABDOMEN

LIVER: 14.0 cms, normal in size and shows increased homogeneous echotexture.
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct show normal caliber.

GALL BLADDER: is distended and shows smooth walls. Wall thickness is normal.
No evidence of sludge / calculus. No evidence of pericholecystic collection.

SPLEEN: 11.3 cms, appear normal in size and shows normal echo pattern.

PANCREAS: Head and proximal body visualised. Rest of the parenchyma obscured by bowel gas shadows.

KIDNEYS: Both the kidneys are normal in size, shape and show normal cortico-medullary differentiation.
No evidence of hydronephrosis or calculus.

Right kidney measures: 10.1 x 3.6 cm.

Left kidney measures: 10.2 x 4.2 cm.

URINARY BLADDER: is minimally distended with smooth walls.
No evidence of diverticulum or calculus.

UTERUS: Post hysterectomy status.

OVARIES: Both ovaries are normal in size and appear normal.

OTHERS: No evidence of free fluid noted in peritoneal cavity.
Visualised Small bowel loops appear normal.

Evidence of few focal hypoechoic areas largest measuring – 10 x 9 mm noted in the muscular planes of the lower abdomen at suture site with minimal internal vascularity.

IMPRESSION:

- Grade-I fatty liver.
- Evidence of few focal hypoechoic areas in the muscular planes of the lower abdomen at suture site with minimal internal vascularity – Likely Scar endometriosis.

Suggested clinical correlation!

DR. M. SATHISH
CONSULTANT RADIOLOGIST

TELANGANA VAIDYA VIDHANA PARISHAD DISTRICT HOSPITAL, PEDDAPALLY

Date: 16/4/25


Patient Name: _____ Age: _____ Sex: _____

Referrid Doctor: _____

ULTRASOUND ABDOMEN & PELVIS

Liver	Size Focal Lesions CBD	Echotexture } Intralopatic portal/Biliary system Portal Vein
Gall Bladder	Size Wall thickness	Calculi partially distended
Panereas	Size	Echo texture ⊙
Spleen	Size	Echo texture ⊙
Right Kidney	Size Calculi	Echo texture } Colecting system ⊙
Left Kidney	Size Calculi	Echo texture } Colecting system ⊙
Urinary Bladder	Size Calculi	Texture Empty
Ascitic Fluid	Yes	No
Para Aortic nodes	Yes	No
Pelvis / Uterus	Size endometrium	Texture } Focai lesions } post op status
Right Ovary	Size Folicles	Texture } SOL } ⊙
Left Ovary	Size Folicles	Texture } SOL } ⊙
POUCH OF DUGLAS:	Free	1. Eto well defined hyperechoic lesion of size 10x6mm. noted in deep intramucular plane with mild vascularity seen below the Rt lateral suture site. also scan endometriosis.
Any other findings:		
Final impression:		

Fig3: After treatment

Dr. R. KEERTHI M.B.B.S., D.M.R.D. Consultant Radiologist				Keerthi SCANNING CENTRE Sai Baba Temple Road, MANCHERIAL - 504 208. Ph : 08736 - 254548, 94912 61711	
Patients Name _____		Age <u>37 Years</u>		Date <u>30-06-2025</u>	
Referred by Dr. <u>SELF</u>		Date _____			
ULTRA SONOGRAPHY OF ABDOMEN					
LIVER	: Normal in size and Echo Texture. No IHBD. No focal lesion. Hepatic and retro hepatic part of IVC Normal.				
GALL BLADDER	: Well distended Normal wall thickness. No gall stones.				
CBD & PV	: Normal				
PANCREAS	: Normal in size and texture.				
SPLEEN	: Normal in size and texture. No focal Lesions.				
KIDNEYS					
Right kidney	: Normal in size and texture. No calculi. No Hydronephrosis.				
Left kidney	: Normal in size and texture. No calculi. No Hydronephrosis.				
BLADDER	: Partially Distended .Normal wall thickness. No calculi.				
UTERUS	: ATROPHIC.				
VAULT	: NORMAL.				
OVARIES	: NOT CLEARLY VISUALIZED.				
POD	: No Free Fluid.				
OTHERS	: No para aortic adenopathy. No ascites/pleural Effusion.				
IMPRESSION	: NORMAL STUDY.				
DR. R. KEERTHI M.B.B.S., DM					
Radiologist					
NOTE : SUGGESTED CLINICAL CORRELATION. IF THERE IS A NEED KINDLY DISCUSS					

CONCLUSION: This case highlights the scope of homoeopathy as a complementary therapeutic option in managing post-surgical complications, particularly in conditions such as scar endometriosis, which may arise following operative procedures like caesarean sections. The successful resolution of scar endometriosis in this patient with the homoeopathic medicine Natrum muriaticum underscores the efficacy and potential of individualized homoeopathic prescribing in achieving holistic healing, addressing both the physical pathology and the patient's mental-emotional state. Further well-designed clinical studies and documentation of similar cases are warranted to strengthen the evidence base for homoeopathic management of post-surgical

complications. Collaboration between surgeons and homoeopathic practitioners may open avenues for integrative postoperative care, potentially improving patient comfort, reducing recurrence, and enhancing overall quality of life.

ACKNOWLEDGEMENT:

“The authors express their sincere gratitude to Director. Dr.UmeshAkkaladevi, Dr.Nurusaher Khan, Principal; and Dr.Srinivas Babu Kathi, Medical Superintendent. Dr. Boini Kavya Assistant Professor Department of Homeopathy Pharmacy. Hamsa Homoeopathy Medical College, Hospital & Research Centre, Siddipet District, Telangana, for their valuable suggestions and continuous support.”

CONFLICT OF INTEREST: Authors declare no conflict of interest.

References:

- 1.Rani BM, Filsidas TG, Vahab CPA. A case of scar endometriosis treated with homoeopathy. Int J Homoeopathic Sci. 2025;9(1):474-8.
- 2.Mueller J. Decoding the mystery of scar endometriosis. iCareBetter. 2024 Jul 25; [cited 2025 Aug 14]. Available from: <https://icarebetter.com/endometriosis/education/endometrioma/decoding-the-mystery-of-scar-endometriosis>.
- 3.Danielpour PJ, Layke JC, Durie N, Glickman LT. Scar endometriosis - a rare cause for a painful scar: A case report and review of the literature. Can J Plast Surg. 2010 Spring;18(1):19-20. 10.1177/229255031001800110. PMID: 21358869; PMCID: PMC2851454.
4. Villines Z. Endometriosis after a C-section: Symptoms, treatment, and scars. Medical News Today [Internet]. Updated May 17, 2023 [cited 2025 Aug 14]. Available from: <https://www.medicalnewstoday.com/articles/323988>
5. Mayo Clinic Staff. Endometriosis – Diagnosis and treatment [Internet]. Rochester (MN): Mayo Clinic; 2024 Aug 30 [cited 2025 Aug 14]. Available from: <https://www.mayoclinic.org/diseases-conditions/endometriosis/diagnosis-treatment/drc-20354661>
- 6.Boericke W. Pocket manual of homoeopathic MateriaMedica. New Delhi: B. Jain Publishers (P) Ltd; 2001.
- 7.Kent JT. Lectures on homoeopathic MateriaMedica. New Delhi: B. Jain Publishers (P) Ltd; 1990.
- 8.Clarke JH. A dictionary of practical MateriaMedica. New Delhi: B. Jain Publishers (P) Ltd; 1997.