

Resolution of an Ovarian Cyst Following Neurotherapy: A Case Report

Dr. Prakash Kumar Parteti^{1*}

^{1*}Neurotherapy Care & Research Center, Korba, Chhattisgarh, India

Received: 25th May, 2026 | Revised: 6th Jun, 2026 | Accepted: 8th Jun, 2026 | Available Online: 09th Jun, 2026

ABSTRACT

Background: Ovarian cysts are common gynecological conditions that may cause pelvic pain, menstrual irregularities, abdominal discomfort, and urinary symptoms. While many cysts resolve spontaneously, some require medical intervention.

Case Presentation: A 46-year-old female presented with urinary burning sensation, recurrent urinary infection, disturbed sleep, gas, acidity, abdominal pain, and lower back pain. Ultrasonography revealed a right ovarian cyst measuring 4.2×3.9 cm, Grade I fatty liver, and a bulky uterus.

Intervention: The patient underwent a structured Neurotherapy protocol from 6 April 2025 to 31 May 2025, including TF treatment, Ajay Normal Treatment, Pancreas stimulation, Heparin point stimulation, ovarian points, New Genes Treatment, and WD therapy.

Results: Follow-up ultrasonography reported no visible ovarian cyst. Clinical symptoms including stomach pain, urinary infection, back pain, and frozen shoulder showed marked improvement during the treatment period.

Conclusion: This case suggests a possible association between Neurotherapy treatment and symptomatic improvement in a patient diagnosed with an ovarian cyst. Further controlled clinical studies are required to evaluate efficacy and establish causality.

Keywords: Ovarian cyst, Neurotherapy, Case report, Complementary therapy, Pelvic pain, Women's health

How to cite this article: Parteti PK., Resolution of an Ovarian Cyst Following Neurotherapy: A Case Report. Int J Drug Deliv Technol. 2026;16(80s): 1397-1399; DOI: 10.25258/ijddt.16.80s.178

Source of support: Nil.

Conflict of interest: Nil.

INTRODUCTION

Ovarian cysts are fluid-filled sacs that develop on or within the ovaries. Most ovarian cysts are benign and asymptomatic; however, some may produce significant clinical symptoms such as pelvic pain, abdominal bloating, painful menstruation, dyspareunia, and urinary disturbances. The etiology of ovarian cysts includes menstrual cycle abnormalities, endometriosis, polycystic ovary syndrome (PCOS), hormonal imbalances, and pelvic inflammatory conditions.

Neurotherapy is an Indian alternative healing modality based on applying pressure at specific nerve and organ reflex points to stimulate autonomic balance, blood perfusion, and glandular function. This article presents the

clinical management and complete radiological resolution of an ovarian cyst in a middle-aged female utilizing a tailored Neurotherapy protocol.

CASE PRESENTATION

Patient Information & Clinical History

A 46-year-old female resident of Korba, Chhattisgarh, presented with multiple chronic physical complaints affecting her quality of life. Her detailed medical history revealed:

- **Systemic Comorbidities:** Known history of Diabetes mellitus, Hypertension (BP), and Thyroid disorder.
- **Genitourinary Symptoms:** Burning micturition and recurrent urinary tract infections (UTI).
- **Gastrointestinal Complaints:** Frequent gas

formation, acidity, and diffuse abdominal discomfort.

- **Musculoskeletal & General Symptoms:** Lower back pain, frozen shoulder, and chronic sleep disturbance.

Diagnostic Findings

Initial pre-treatment ultrasonography (USG) of the abdomen and pelvis confirmed:

- **Right Ovarian Cyst:** Measuring approximately 4.2×3.9 cm.
- **Hepatobiliary:** Grade I fatty liver.
- **Uterine Findings:** Bulky uterus.

NEUROTHERAPY INTERVENTION

The patient underwent a systematic Neurotherapy regimen from 6 April 2025 to 31 May 2025. The targeted protocol and therapeutic rationale are outlined below:

- **TF Therapy (Pancreas, Gallbladder, Liver, Gas points):** Administered to modulate autonomic tone and relieve abdominal pain.

Table 1: Timeline of Clinical Symptom Resolution

CLINICAL SYMPTOM	TREATMENT RESPONSE	TIME TO RESOLUTION
Stomach / Abdominal Pain	Complete resolution	15 Days
Urinary Tract Infection & Burning	Full remission of symptoms	1 Month
Lower Back Pain	Marked relief / Resolved	1 Month
Frozen Shoulder	Mobility restored / Pain-free	1.5 Months

Follow-Up Ultrasonography

A follow-up pelvic ultrasonography conducted after completion of the therapy protocol officially reported: “No ovarian cyst seen.” This verified complete radiological clearance of the previously noted 4.2×3.9 cm right ovarian lesion.

DISCUSSION

This case documents complete sonographic resolution of a 4.2×3.9 cm ovarian cyst along with significant multi-systemic symptomatic improvement following eight weeks of non-invasive Neurotherapy. While simple ovarian cysts can occasionally undergo spontaneous functional regression, the rapid timeline of relief

- **Ajay Normal Treatment:** Applied to support gastrointestinal motility and optimize digestive function.
- **Pancreas Stimulation & Thread Points:** Targeted to regulate endocrine and metabolic pathways.
- **Heparin Point & Ovarian Point Stimulation:** Aimed at enhancing microcirculation, promoting cyst reabsorption, and restoring ovarian hormonal balance.
- **WD Therapy & New Genes Treatment:** Specifically directed towards uterine tone regulation and bulky uterus management.

RESULTS & CLINICAL OUTCOMES

Over the course of the 8-week treatment protocol, progressive symptomatic relief was recorded. Post-treatment evaluation indicated complete symptom alleviation across multiple organ systems.

across concurrent gastrointestinal, urological, and musculoskeletal symptoms suggests that neurovascular and reflex stimulation may positively influence systemic homeostasis and local pelvic hemodynamics.

As this is a single case observation, definitive causality cannot be generalized. However, the positive clinical and radiological outcomes highlight the potential value of Neurotherapy as a complementary non-pharmacological approach in benign gynecological conditions, justifying rigorous prospective trials.

CONCLUSION

A 46-year-old female with a right ovarian cyst showed complete radiological clearance and

RESEARCH PAPER

substantial symptomatic recovery following structured Neurotherapy. Further randomized controlled trials are encouraged to elucidate

biological mechanisms and evaluate clinical efficacy on larger patient cohorts.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying clinical details.

Acknowledgments: The author respectfully acknowledges the foundational teachings and inspiration of Dr. Lajpatrai Mehra Ji in the advancement of Neurotherapy practice and education.

Conflict of Interest: The author declares no conflicts of interest.