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Title: A case Study of Recovery towards journey of cure in Uterine Fibroids & Polyps Without any Surgical Procedure

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ABSTRACT

This case study is about the efficacy of Homoeopathic medicines in treating the uterine fibroid caused due to mental suppressed issue, which is a most common pelvic tumor in women. Day by day, case of uterine Fibroids is increasing, where they are causing bleeding after menopause also. Lower abdominal pain, abnormal uterine bleeding are other common symptoms. While conventional medicine does not offer any satisfactory treatment except surgical removal of Myomas (Myomectomy) or in extreme condition, complete removal of Uterus (hysterectomy), Homoeopathy is a good alternative for the treatment of Myomas. At, sonajirao kshirsagar homoeopathic medical college, beed, MH, we have treated and still treating many cases of uterine fibroids by homoeopathic medicines. Out of them, around 70% have shown very good



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results. Most of them were referred for surgery by other doctors, but well selected homoeopathic medicine and proper counseling, leads the complete disappearance of fibroids. Duration of treatment varied from case to case depending on the size and total numbers of Myomas. Outcome of our study on uterine fibroid is very encouraging. These results are very encouraging and giving us the more confidence to work in the field of mental suppressed.

KEYWORD

Homoeopathy, uterine fibroid, mental suppressed, recovery, cure

INTRODUCTION^[1]

Uterine fibroids, also known as Leiomyomas or myomas, are benign (non-cancerous) overgrowths that form in the uterus' muscular wall. They might be as little as a grain of rice or as huge as a cricket ball. In the majority of instances, the uterus contains several fibroid tumors. Fibroids may be asymptomatic in some cases, but because of their size and placement, they can cause difficulties for certain women, such as stomach discomfort and excessive bleeding. It is quite rare for them to progress to malignancy. Despite the fact that the pathophysiology of fibroids is unknown, there is substantial evidence that estrogen and progesterone promote fibroids' development, since they seldom arise before menarche and disappear after menopause.



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PATHOPHYSIOLOGY^[1]

Until now, the etiology of uterine leiomyomata has been idiopathic. Several theories have been proposed, including:

Glucose-6-phosphate dehydrogenase investigations imply that each leiomyoma is monoclonal and unicellular in origin. As a result, this suggests a hereditary predisposition for uterine expansion.

Another theory for the formation of uterine fibroids is an increase in circulating oestrogen exposure. Oestrogen receptors are found in larger quantities in leiomyomas than in the surrounding myometrium. This oestrogen, however, may contribute to tumor growth by boosting the formation of extracellular matrix at lower quantities than the endometrium. Progesterone, on the other hand, boosts the mitotic activity of myomas in young women. By inhibiting apoptosis in the fibroids, it may allow for tumor growth. Beyond menopause, myomas normally shrink in size, but if they increase after that, malignancy should be considered.

Leiomyomas that become malignant are very uncommon, occurring in about 0.04 percent of women with uterine fibroids. In a study of 13,000 leiomyomas, 38 instances (0.29 percent) showed signs of malignancy. Malignant transformation was seen in fewer than 0.13 percent of uterine leiomyomas in a second research. The presence of 10 or more mitotic figures per 10 HPFs is used to diagnose leiomyosarcomas. A absence of necrotizing tumour cells and a mitotic count of fewer than 7 per 10 HPFs distinguish atypical leiomyoma from leiomyosarcoma. Mitotically active leiomyoma is distinguished by nuclear atypia. When fibroids overrun their blood supply, secondary alterations might develop. For acute degenerations, they might be necrotic, haemorrhagic (red degeneration), or septic. Atrophic, hyaline (65%), cystic, calcific (10%), myxomatous (15%), or fatty chronic degeneration are all possible.

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TYPES OF FIBROIDS^[1]

Intramural Fibroids: The most frequent form of fibroid is an intramural fibroid. These kinds may be found in the uterine lining (endometrium). Intramural fibroids may increase in size and strain the womb.

Subserosal Fibroids: Subserosal fibroids develop on the outer layer of the uterus, known as the serosa. They may expand to the point that one side of the womb seems to be larger than the other.

Submucosal Fibroids: These tumors form in the uterus's inner lining (myometrium). Submucosal tumors are less frequent than other forms, although they may cause excessive menstrual flow and make it difficult to conceive.

Subserosal tumors that grow a stem (a thin base that supports the tumor) are referred to as pedunculated fibroids.

CASE RECORD

Name: X

Age: 61 yrs female

Registration no. 10995-21

Date of the first visit: 4th may 2021

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Chief complaints:

1. Uterine bleeding after menopause.
2. Mental stress.
3. Scanty leucorrhoea

ASSOCIATED COMPLAINTS

Bleeding Offensive and dark colour

Smell like fish and egg

Feeling tightness in uterine region

Stool constipated most of the time

PAST HISTORY

Hypertension – 2020

Abdominal hernia – no operate

Covid positive with HRCT – 5/25



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FAMILY HISTORY

Mother – hypertension

OTHER FAMILY MEMBER – hypertension, DM

PHYSICAL GENERALS

Perspiration – profuse in chest region, offensive

Dreams – relative seen who already death

Thermal state – chilly

GYNECOLOGY & OBS. HISTORY

G₆P₆L₄A₀

G1- girl death due to spine disorder

G2 – boy, 39yrs, live

G3- boy, 36yrs, live

G4- boy, 36yrs, death due to covid



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G5-girl, 35yrs, housewife

LIFE HISTORY

In 2020, 3 family death due to covid

Husband- anger, violent, aggressive

Cannot talk with husband, last year patient argument with husband.

PHYSICAL EXAMINATION

Tongue: clear & moist

Abdomen: Swelling and tenderness in lower abdomen

VITALS

Blood pressure: 130/80 mmHg

Heart rate: 70 beats/min



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ANALYSIS OF CASE

Mental Generals: anger, excessive taking, suppressed, thinking of complaints

Physical Generals: chilly patient, hypertensive

Particular: uterine fibroid with bleeding, scanty leucorrhoea

EVALUATION OF SYMPTOMS

Anger, excessive taking,

Thinking of complaints

Hypertensive patient

Uterine fibroid with bleeding

Leucorrhoea



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REPERTORIAL TOTALITY WITH REPERTORISATION

- GENERALITIES, HYPERTENSION
- GENITALIA FEMALE, LEUCORRHOEA, women, old
- GENITALIA FEMALE, TUMORS, erectile, bleeding
- GENITALIA FEMALE, TUMORS, uterus, fibroids
- MIND, ANGER, irascibility, ailments after anger, vexation
- MIND, TALKING, excessive
- MIND, THINKING, complaints of, agg.

Figure 1

7 symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Name of remedy	Phos	Lach	Nux-v	Calc	Ars	Aur	Gels	Sec	Arn	Thuj	Agar	Caust	Nit-ac	Verat	Acon	Apis	Bar-c	Calc-p
Symp. covered	7	6	5	5	5	4	4	5	5	5	4	4	4	3	3	3	3	3
Totality	13	11	8	7	6	7	7	6	5	5	5	5	5	6	5	5	5	5
1. GENERALITIES, HYPER..	I	I	I	I	I	II	I	II	I	I	I	I	I	III	I		II	I
2. GENITALIA FEMALE, LE..	II				I		II	I					I					
3. GENITALIA FEMALE, TU..	II	I							I	I								
4. GENITALIA FEMALE, TU..	III	II	I	III				I		I			I			II		II
5. MIND, ANGER, irascibili..	II	II	III	I	II	II	II	I	I		I	I		I	III	II		II
6. MIND, TALKING, excess..	II	III	I	I	I	II		I	I	I	II	I		II	I	I	I	
7. MIND, THINKING, com..	I	II	II	I	I	I	II		I	I	I	II	II				II	

Figure 2



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PRESCRIPTION

On first visit phosphorus has been given to the patient in 30 CH potency

FOLLOW UP SHEET

DATE	SYMPTOM	PRESCRIBED MEDICINE
4 /5/ 2021	Uterine fibroid and polyp with bleeding, leucorrhoea	Rx Phosphorus 200 OD X 3 DAYS SL X TDS X 15 DAYS
20 / 5/ 2021	Scanty bleeding with tightness of abdomen	Rx SL X TDS X 15 DAYS
12/6/2021	Spotting bleeding, leucorrhoea USG shows decrease in size of fibroid	Rx phosphorus 200 OD X 3 DAYS SL X TDS X 30 DAYS
8 /7 /2021	Spotting bleeding, leucorrhoea	Rx SL X TDS X 15 DAYS
30 /7 /2021	Spotting bleeding, leucorrhoea USG shows decrease in size of fibroid and endometrial polyp is not seen	Rx phosphorus 200 OD X 3 DAYS SL X TDS X 30 DAYS
4 /9/ 2021	Spotting bleeding	Rx SL X TDS X 15 DAYS

Table-1

Follow up sheet shows recovery of patients towards cure as depicted in Table-1

INVESTIGATIONS REPORTS

First ultrasound (16th January 2021)

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On the basis of physical symptoms and investigations, uterine fibroid due to mental suppressions was diagnosed and homoeopathic treatment was started.

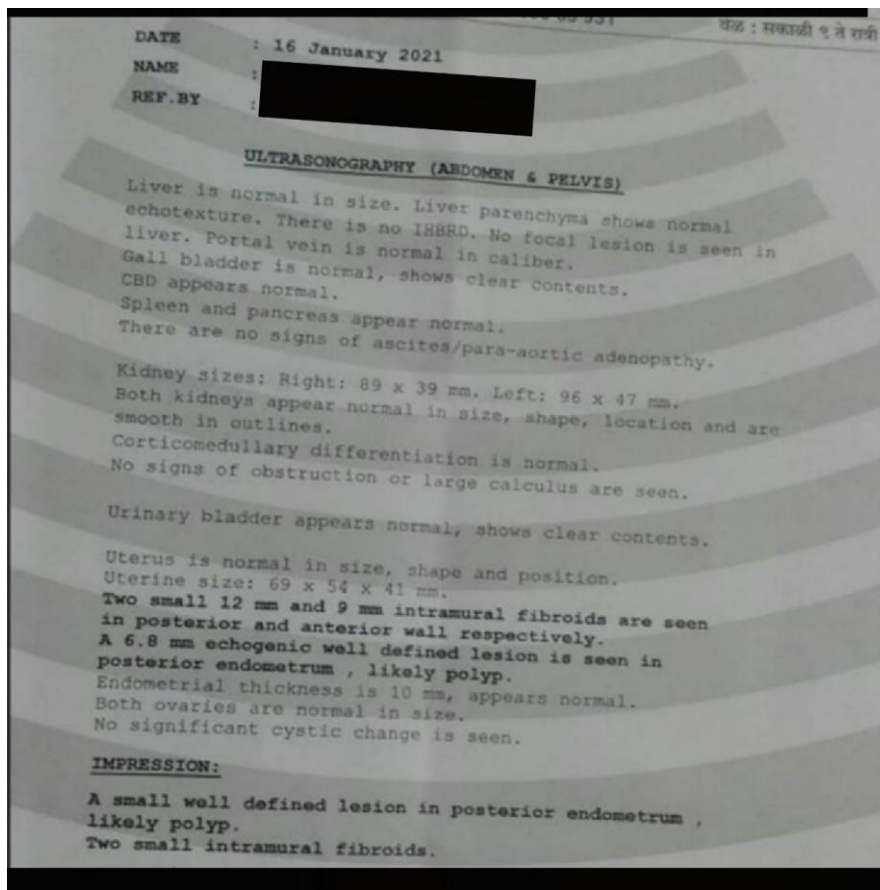


Figure 3 First Visit USG Report



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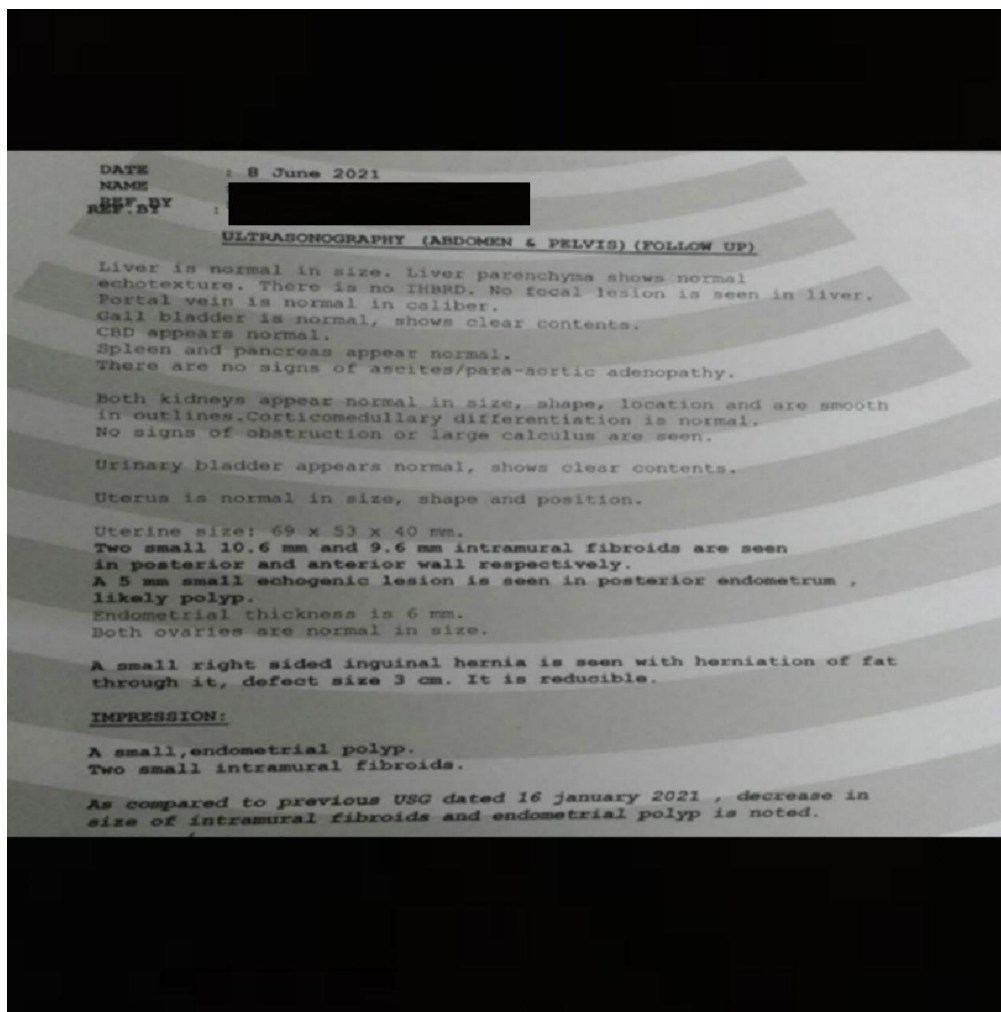


Figure 4 Third Visit USG Report

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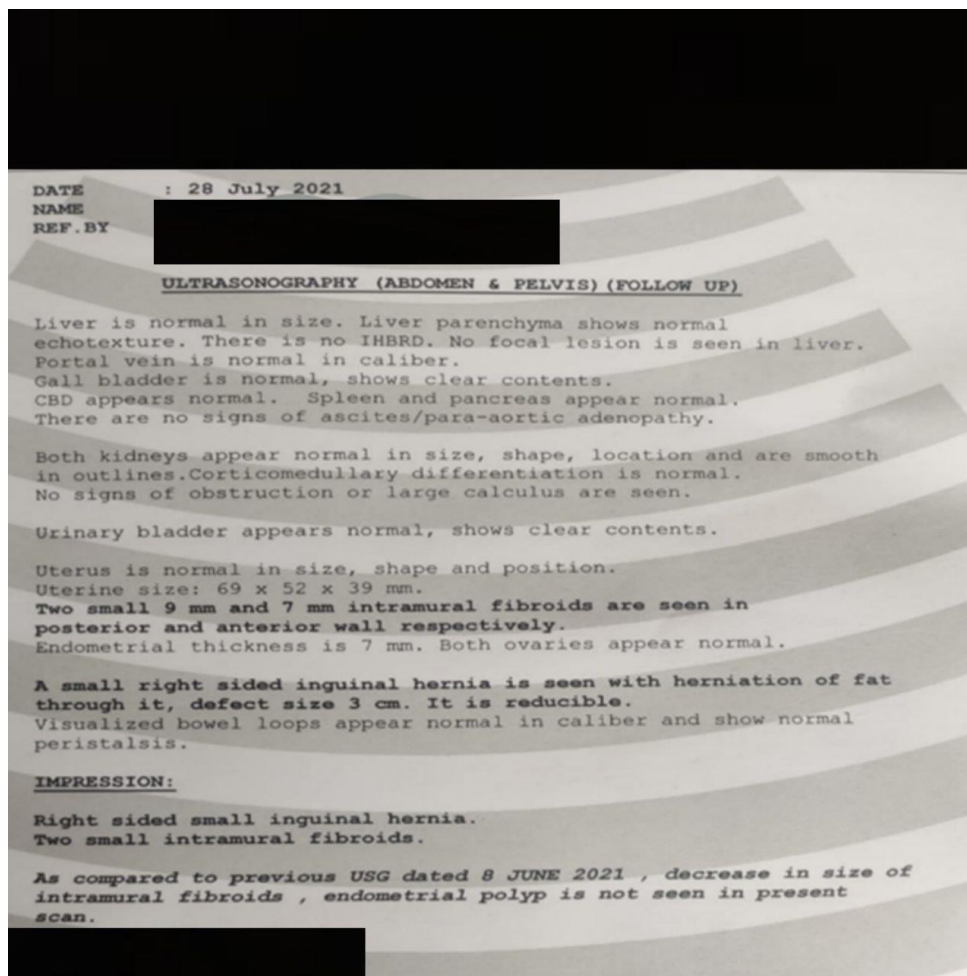


Figure 5 Fifth Visit USG Report

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Result

28-07-2021: USG report shows recovery of patient towards journey of cure They owing this blessing to God and to Homoeopathy.

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