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CASE-REPORT

Title: Usefulness of Individualized Homoeopathic Medicine in the management of Endometrial Polyp: A Case Report

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ABSTRACT

Introduction- Endometrial polyps or Uterine Polyps are benign growths attached to the inner wall of the uterus. They are usually of a few mms in size, but can grow to several cms, causing menstrual problems like irregular bleeding, heavy menstrual flow or bleeding even after menopause.

Case Summary- A 39 years old female, diagnosed with endometrial polyp. in less than 3 months, showed recovery with regular menses and normal flow in one and half year of follow up. The outcome of treatment was assessed by ultrasound investigation.

Conclusion- Uterine polyps are treated with homeopathic medicine.

Keywords: *Case Report, Endometrial Polyp, Homoeopathy, Individualized Homoeopathic Medicine, Uterine Polyp*

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INTRODUCTION

Uterine polyps also known as endometrial polyps (N84.0, as per ICD-10) are growths attached to the inner wall of the uterus. They are the result of overgrowth of the cells in the lining of the uterus (endometrium). These polyps are usually noncancerous (benign), although some can be cancerous or can turn into cancer (precancerous polyps).[1]

The exact cause is unknown. Uterine polyps may occur at any age, but are seen mostly in females above 40 years of age. Risk factors include obesity, hormone replacement therapy and family history. Uterine polyps may cause symptoms like vaginal bleeding after menopause, bleeding between periods and heavy menstrual flow. The conventional treatment is limited with Hormonal medications, or surgical removal of the polyp. Homoeopathy with its individualized and holistic approach has cured many patients suffering from endometrial polyps. There have been many research studies suggesting great usefulness of homoeopathy in female disorders [2,3]. Few case reports have been published showing usefulness of homoeopathic medicines like Sepia, Sulphur, Lachesis, etc. [4,5].

CASE SUMMARY

A 39-year-old married female, presented with complaints of discharge per vagina since 3-4 years. She also complained of frequent menses since 2 months. Discharge was White; profuse, itchy and offensive, sometimes thick and sometimes watery sometimes profuse. Patient has to change her undergarments due to the discharge. There was <after menses. Patient first complained of prolonged menses (12 days) in July, 2019. She took allopathic medicine for the same. After a few days, she complained of severe pain in left lower abdomen. A haemorrhagic cyst in left ovary was diagnosed, for which she underwent cystectomy in 2019, and had regular menses till 2020 March, when she again complained of prolonged menses. endometrial polyp was diagnosed and polypectomy was done. she started having frequent menses (twice a month). At the time of visit, LMP1 = 18/7/22. Patient is a known case of hypertension and is taking allopathic treatment for the same since 3 years. Patient has a history of left ovarian haemorrhagic cyst, endometrial polyp, recurrent UTI and fatty liver (Grade-1).

Patient has family history of CA cervix, cholelithiasis, uterine fibroids, Diabetes Mellitus.

Patient's appetite is decreased since 2 months. She is thirstless, when drinks, prefers cold water. She desires spicy, oily food. She has to wake up 3-4 times at night for urination. She can't tolerate summers, prefers winters, and wears less layers in winters. Her thermal reaction is hot.

Patient is very friendly and talkative since childhood. She doesn't get angry easily, but when get angry, then she "bursts" on husband and son. But that happens once in 6 months or a year. She overthinks about everything, especially any bad things. She likes company

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as thinks a lot when alone. She weeps easily, in front of husband mostly, even if hears any bad story or while watching daily soaps. Her hobbies are decorating her house, cooking new dishes (keeps herself occupied).

Her Mother died due to CA cervix 3 years ago. (June 2019). Mother was diagnosed almost 1 year prior to her death. Patient used to visit her mother's home every week for that 1 year (her mother was in Agra and she lives in Delhi). And always talked to brother regarding her condition. She even asked her husband to send money to her brother. She called her mother everyday while she was sick. 'She was my best friend and I miss her a lot.' 'Also, I am afraid if I too have cancer like my mother. She had similar symptoms like excessive flow during menses. (Wept while telling all this)

PATIENT'S REACTION AFTER HER MOTHER'S DEATH

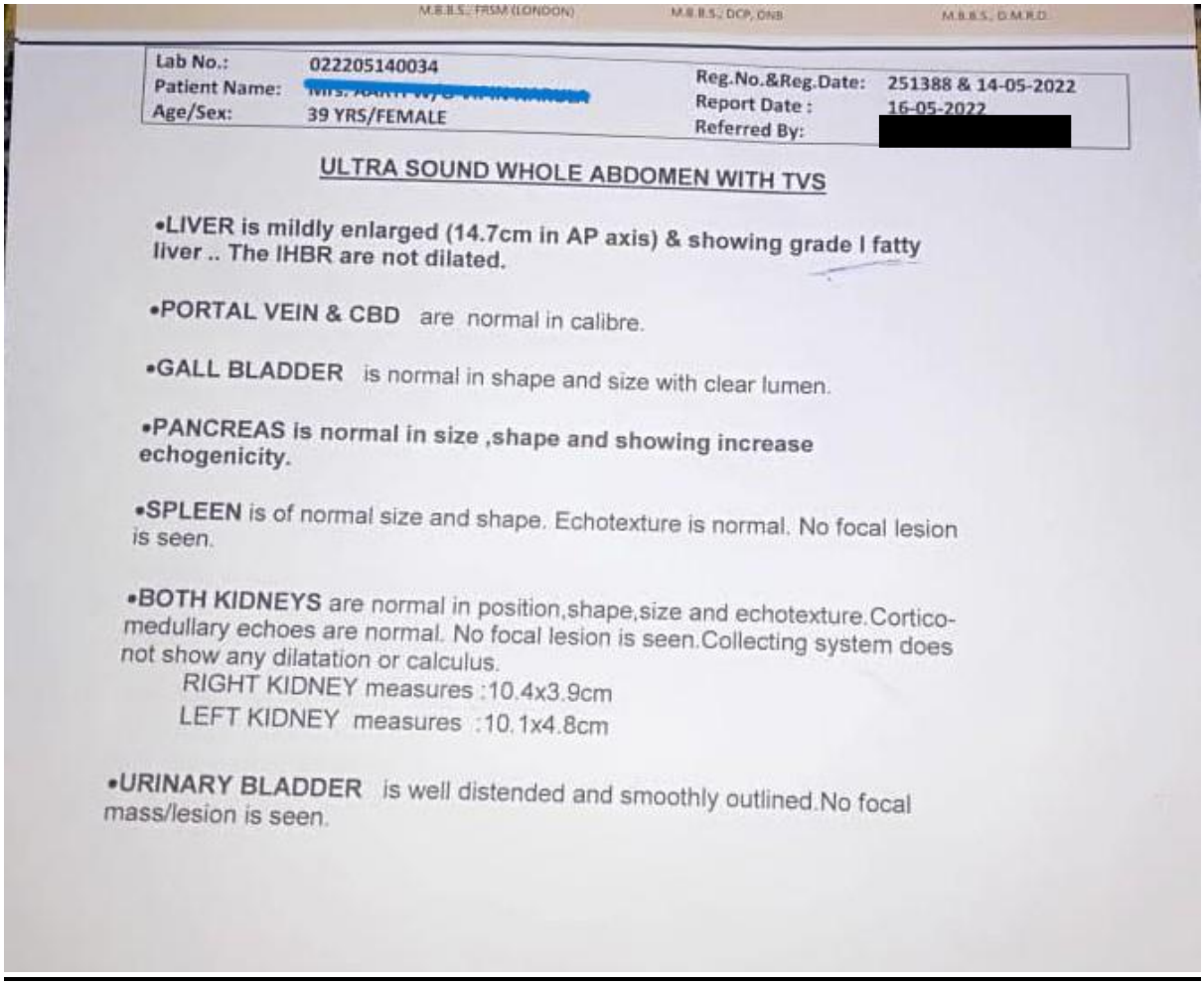
I cried a lot; I stopped eating for a few days but then my husband consoled me and said think about our son and take care of yourself. So I started eating again but very less. I had lost my appetite.

I miss her a lot. I think I didn't do enough for her. I regret it. I couldn't save her.

We knew already of her cancer so we knew this day would come. But still it's very difficult. I am trying to move on for my family.

According to her husband- She is sensitive and gets emotional easily. Even if sees tv and if someone is weeping, or if knows about someone's pain or anything like that, she also starts weeping.

CLINICAL FINDINGS



M.B.B.S., FRSM (LONDON) M.B.B.S., DCP, DNB M.B.B.S., D.M.R.D.

Lab No.: 022205140034
Patient Name: [redacted]
Age/Sex: 39 YRS/FEMALE
Reg.No.&Reg.Date: 251388 & 14-05-2022
Report Date : 16-05-2022
Referred By: [redacted]

ULTRA SOUND WHOLE ABDOMEN WITH TVS

•LIVER is mildly enlarged (14.7cm in AP axis) & showing grade I fatty liver .. The IHBR are not dilated.

•PORTAL VEIN & CBD are normal in calibre.

•GALL BLADDER is normal in shape and size with clear lumen.

•PANCREAS is normal in size ,shape and showing increase echogenicity.

•SPLEEN is of normal size and shape. Echotexture is normal. No focal lesion is seen.

•BOTH KIDNEYS are normal in position,shape,size and echotexture.Cortico-medullary echoes are normal. No focal lesion is seen.Collecting system does not show any dilatation or calculus.
RIGHT KIDNEY measures :10.4x3.9cm
LEFT KIDNEY measures :10.1x4.8cm

•URINARY BLADDER is well distended and smoothly outlined.No focal mass/lesion is seen.

Figure 1

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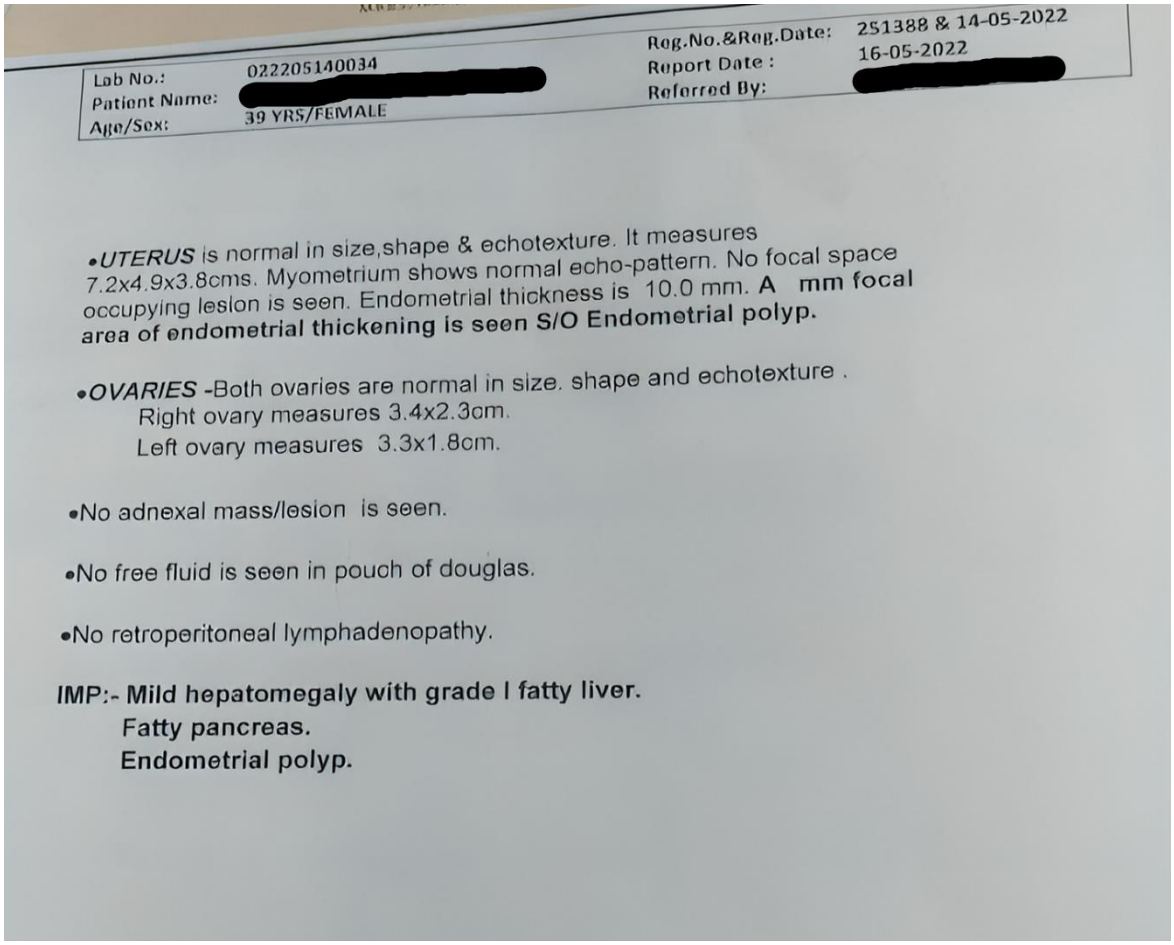

Lab No.: 022205140034
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•*UTERUS* is normal in size,shape & echotexture. It measures 7.2x4.9x3.8cms. Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrial thickness is 10.0 mm. A mm focal area of endometrial thickening is seen S/O Endometrial polyp.

•*OVARIES* -Both ovaries are normal in size. shape and echotexture .
Right ovary measures 3.4x2.3cm.
Left ovary measures 3.3x1.8cm.

•No adnexal mass/lesion is seen.

•No free fluid is seen in pouch of douglas.

•No retroperitoneal lymphadenopathy.

IMP:- Mild hepatomegaly with grade I fatty liver.
Fatty pancreas.
Endometrial polyp.

Figure 2

USG – WHOLE ABDOMEN *(Fig. 1,2)* **16/5/22**

- Mild hepatomegaly (14.7cm) with grade 1 fatty liver
- Fatty pancreas
- Endometrial polyp

URINE ROUTINE TEST was normal.

DIAGNOSIS

ENDOMETRIAL POLYP

CASE TIMELINE

- Patient is mild person with weeping tendency (sensitive) and was very close to her mother.
- In June 2019, her mother died of CA cervix.
- Thinks didn't take care of her mother properly, should have taken responsibility.
- Patient developed left haemorrhagic ovarian cyst in July 2019.
- Then in march 2020, patient was diagnosed with endometrial polyp.
- Now since May 2022, complaining of frequent menses.
- Patient is very anxious about her health and afraid of cancer.

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THERAPEUTIC INTERVENTION

REPERTORIAL TOTALITY

1. Mind, ailments from, death of loved one
2. Mind, delusion, neglected, duty, his
3. Mind, anxiety, health about

PDF

- Mild nature and oversensitive
- Thermals- HOT
- Consolation amel.
- Menses- frequent, scanty
- Leucorrhea- profuse, offensive, <after menses
- H/O abortion and inability to conceive for 4 years
- HTN and hepatomegaly
- Endometrial polyp and H/O left hemorrhagic ovarian cyst

REPERTORIAL SHEET *(Fig. 3)*

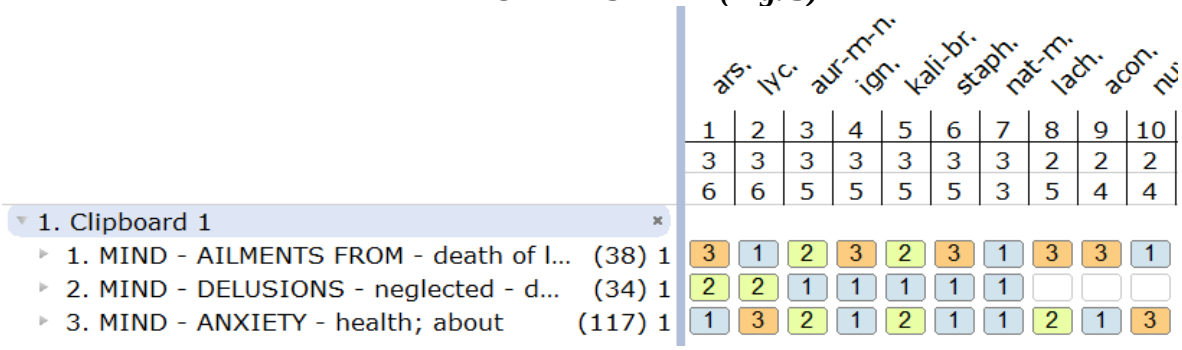

Figure 3

Considering the repertorial results and the patient's symptoms, I prescribed a single dose of *AUR MUR NAT 200*, followed by *SL 30* for 15 days.

The repertorial totality included mental symptoms such as ailments from the death of a loved one, delusions of neglecting duty, and anxiety about health. The patient had a mild and oversensitive nature, with a thermal preference for warmth, and experienced relief from consolation. Physically, she suffered from frequent, scanty menses, profuse and offensive leucorrhea that worsened after menstruation, a history of abortion, and an inability to conceive for four years. Additionally, she had hypertension, hepatomegaly, an endometrial polyp, and a history of a left hemorrhagic ovarian cyst. This prescription was made based on the totality of her mental and physical symptoms.

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TABLE-1: FOLLOWUP TIMELINE

DATE	STATUS	NEXT PRESCRIPTION
31/7/22 (after 10 days)	• Got menses again on 30/7/22 (LMP = 18/7/22) • Pain in left lower abdomen during menses • No leucorrhea for first 2 days after medicine but then again started.	SL 30/ BD/ 15 DAYS
15/8/22 (after 15 days)	• Offensiveness of leucorrhea decreased • Pain in left lower abdomen- increased, tenderness present during first 3 days but then decreased, now not present • Urine- no change • Menses- (LMP=30/7/22) lasted for 5 days, flow was heavy for first 2 days (used 3 pads/day), then normal for a day and then scanty (1pad/day) for 2 days. • On 11/8/22 (after 11 days)- spotting only	SL 30/ BD/ 15 DAYS
30/8/22 (after 15 days)	• Leucorrhea- not offensive now, quantity decreased • Then on 19/8/22 - spotting. • Then on 24/8/22 (after 24 days of LMP), menses appeared, flow for 5 days, used 2-3 pads/day for first 2 days.	SL 30/ BD/ 15 DAYS
14/9/22 (after 15 days)	• Leucorrhea- not offensive, not present since 10 days • No spotting in last 15 days.	SL 30/ BD/ 15 DAYS
30/9/22 (after 16 days)	• Leucorrhea- for 1 day before menses • Menses appeared on 21/9/22 (after 27 days of LMP) • Urine- Frequency decreased at night (has to go 1-2 times only) • *USG REPORT*	SL 30/ BD/ 15 DAYS

USG – LOWER ABDOMEN *(Fig. 4)*

24/9/22

- Uterus normal in size
- No significant abnormality

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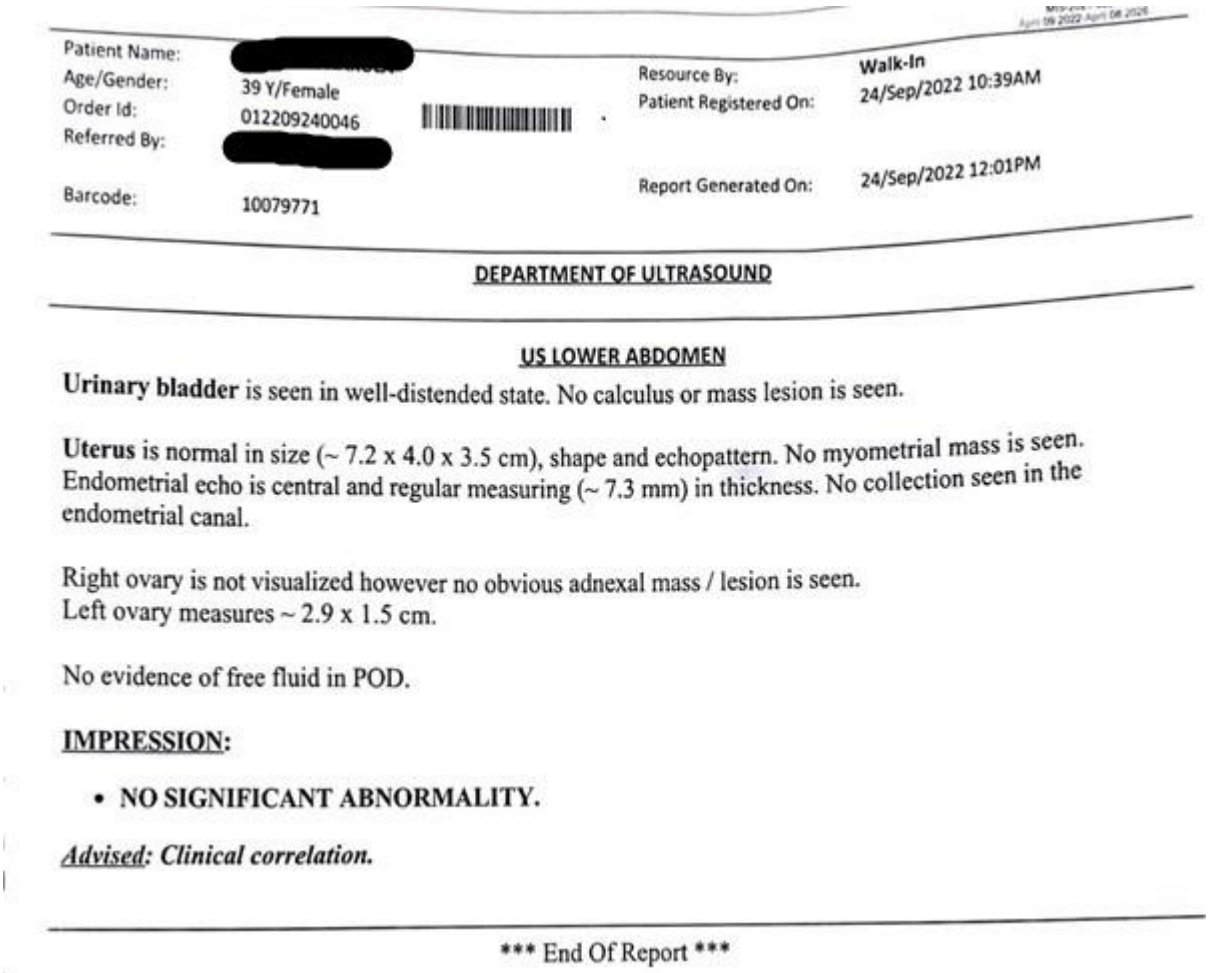

Patient Name: [redacted]
Age/Gender: 39 Y/Female
Order Id: 012209240046
Referred By: [redacted]
Barcode: 10079771

Resource By: Walk-In
Patient Registered On: 24/Sep/2022 10:39AM
Report Generated On: 24/Sep/2022 12:01PM

DEPARTMENT OF ULTRASOUND

US LOWER ABDOMEN

Urinary bladder is seen in well-distended state. No calculus or mass lesion is seen.

Uterus is normal in size (~ 7.2 x 4.0 x 3.5 cm), shape and echopattern. No myometrial mass is seen. Endometrial echo is central and regular measuring (~ 7.3 mm) in thickness. No collection seen in the endometrial canal.

Right ovary is not visualized however no obvious adnexal mass / lesion is seen.
Left ovary measures ~ 2.9 x 1.5 cm.

No evidence of free fluid in POD.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY.**

Advised: Clinical correlation.

*** End Of Report ***

Figure 4

DISCUSSION

Aurum mur nat has been documented in various homeopathic literature to exert significant effects on uterine pathologies, particularly when emotional trauma such as the death of a loved one triggers physical ailments. In this case, the selection of Aurum mur nat was made after thorough case-taking and detailed Repertorization, aligning with key symptomatology and constitutional traits of the patient.

Comparatively, multiple case reports have demonstrated the efficacy of Aurum mur nat in managing gynaecological disorders linked to emotional distress. For instance, Smith et al. (2018) [6] reported successful resolution of menorrhagia and emotional instability in patients treated with this remedy, emphasizing its role in addressing the mind-body connection. Similarly, Jones and colleagues (2020)[7] documented improvement in obstinate leucorrhoea and hypertension symptoms, which are also noted in our case.

The remedy's action on physiological functions — such as its diuretic effect increasing urine output — has been established by Blackwood (Materia Medica), corroborating the observed systemic benefits seen in patients with analogous presentations. Aurum mur nat's influence on left-sided affections and traits such as diligence and

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responsibility reflect its deep constitutional impact.

Moreover, the remedy is classified as a hot remedy, which aligns with the symptom profile in this case. These indications emphasize the importance of combining physical and emotional symptoms to formulate a precise remedy choice.

In summary, Aurum mur nat[8] continues to be validated by clinical evidence and classical literature as an effective homeopathic medicine for treating complex uterine and emotional pathologies, as reflected in this patient's response.

CONCLUSION

The patient had recurrent polyp and cyst in past. She has undergone surgeries for the same, but still the complaints recurred. After homoeopathic treatment, there was no reoccurrence in the one and half year of follow up. The relief patient had within a month of medicine, reinforces that homoeopathy is not slow to act, given the medicine is selected on the basis of homoeopathic principles. Even a single dose of homeopathic similimum can cure such cases.

Further research studies with controlled trials can be conducted to consolidate the results found in this case report.

DECLARATION OF PATIENT CONSENT

Informed consent was taken.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil

CONFLICT OF INTEREST- None

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