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A systemic trial to compare the two current homeopathic medicine potency systems in treatment of utrine fibroids

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Abstract

Introduction: Uterine fibroids are common findings in women and are benign smooth muscle tumors of the uterus. They are seen in approximately in 25–35% women of reproductive age varying from 30–40 years of age and are common in nulliparous or women of low parity. Fibroids might lead to a variety of symptoms including heavy periods, pain and difficulty to conceive. Even problems with pregnancy such as miscarriage and premature labor are also very common.

Material and Method: An elaborated clinical trial was designed to evaluate effectiveness of homeopathic medicines in LM potencies vis-a-vis CH potencies, in patients suffering from uterine fibroids in our homeopathic medical college and hospital. An informed consent was obtained from each patient before the trial and the study was pre-approved by the ethical board of our institute. A total of 47 patients were included in the study conducted for 18 months.

Results: Group A (23 patients) received initial medicine in 0/1 potency. One globule (poppy-seed size) of the desired potency was dissolved in 120 ml of distilled water, containing 2.4 ml (2% v/v) of dispensing alcohol, premixed in it, followed by ten uniformly-forceful downward strokes given against the bottom of the phial. The medicine was given once daily in the morning, with an empty stomach as long as improvement continued for the patient. Group B (24 patients) received medicine started with 30C potency, three times a day for 3 days.

Conclusion: Irrespective of the potency scale, the homeopathic medicine has shown considerable reversal of the symptoms and improvement in the quality of life.

Keywords: effectiveness, fibroids, homeopathic, uterus

Introduction

Uterine fibroids are common findings in women and are benign smooth muscle tumors of the uterus. They are seen in approximately in 25–35% women of reproductive age varying from 30–40 years of age and are common in nulliparous or women of low parity. [1, 2] Fibroids might lead to a variety of symptoms including heavy periods, pain and difficulty to conceive. Even problems with pregnancy such as miscarriage and premature labor are also very common. The occurrence of fibroid in the body of the uterus can be classified as: Intramural or interstitial (75%), submucous (15%), and subserous (10%) [3]. These symptoms and findings have been shown to diminish the quality of life considerably [4, 5]. Homoeopathy is a system of medical science in which prescription is personalized to the individuals. Various physicians use different scales of potencies such as centesimal (CH), fifty millesimal (LM), and decimal (X) in their practice. These scales differ in their method of preparation, firstly in potentization and also in succession [6]. Hahnemann in his 6th edition of Organon of medicine proposed the benefits of new method of preparation of medicines, also called as renewed dynamization or fifty millesimal (LM) potencies when compared to potencies in CH scale [7, 8]. Thus in the later scale the medicine can be repeated with increase in dynamic power of each dose. Further cure of chronic disease can be achieved more rapidly, with the gradually increased doses of series of LM medicines. Homoeopathic medicines have shown positive and promising results in treating patients suffering from fibroids. With the above findings with different scales of potencies in Homoeopathy, a randomized clinical trial was undertaken to evaluate the homoeopathic potencies LM versus CH in the management of symptomatic uterine fibroids.

Material and Method

An elaborated clinical trial was designed to evaluate effectiveness of homeopathic medicines in LM potencies vis-a-vis CH potencies, in patients suffering from uterine fibroids

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in our homeopathic medical college and hospital. An informed consent was obtained from each patient before the trial and the study was pre-approved by the ethical board of our institute. A total of 47 patients were included in the study conducted for 18 months. Initial 12 months were the treatment period followed by 6 months of follow-up period. Inclusion criteria was very basic, all pre-menopausal women having symptoms such as; abnormal uterine bleeding, pelvic heaviness, pain during menstruation, pain during the intercourse, and pressure symptoms such as urinary frequency, constipation, uterine fibroids confirmed by pelvic and/or trans-vaginal ultrasonography were included. All patients were advised to stop using oral contraceptives if any. All patients with calcified fibroids, family history of cancer, desiring to bear a child in coming 12 months and refused to use oral contraceptives were completely excluded from the study. Any patient with Hb A1C levels <7g/dl were also excluded from the study. All the medicine protocol for the patient was taken up by the department of Materi-Medica. Two groups were created by randomized selection; Group a received medicine in LM scale constituted a total of 23 patients and Group B received medicine in CH scale and constituted a total of 24 patients. All the data was arranged in a tabulated form and analyzed statistically.

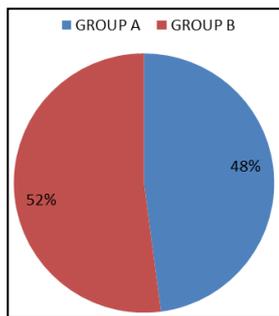
Results

Group A (23 patients) received initial medicine in 0/1 potency. One globule (poppy-seed size) of the desired

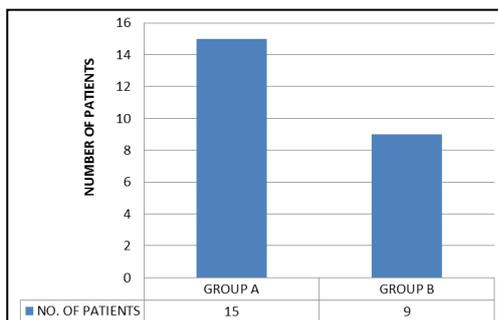
potency was dissolved in 120 ml of distilled water, containing 2.4 ml (2% v/v) of dispensing alcohol, premixed in it, followed by ten uniformly-forceful downward strokes given against the bottom of the phial. The medicine was given once daily in the morning, with an empty stomach as long as improvement continued for the patient. Group B (24 patients) received medicine started with 30C potency, three times a day for 3 days. (Graph 1) Every dose consisted of four medicated globules of sugar (size no. 20). Any patient reported during the menstrual cycle, the indicated medicine was administered from the 5th day of menstrual cycle. Whenever the need of a higher potency was required in the second prescription the repetition schedule for 200-CH potency was one dose daily for three consecutive days. Thus, for 1M potency only one doses daily for two consecutive days and in the case of 10M potency only a single dose. Surprisingly group a patients had moderate relief in the symptoms within 6 months or 10-12 menstrual cycles. Out of 23 patients, 15 patients reported complete reversal of the symptoms. Other 8 patients still had symptoms to a moderate level. Group B patients showed mild improvement in the symptoms even after 6 months or 10-11 menstrual cycles. Hardly 9 patients showed considerable improvement in the symptoms (Graph 2). At the end of the treatment period i.e. after 12 months all patients were evaluated on the basis of the severity of the symptoms. Patients of both groups showed complete reversal of the symptoms (Table 1).

Table 1: Systemic representation of symptoms evaluated after 6 months of treatment

| Sr. No. | Symptoms | n Group A | n Group B |
|---------|--------------------|-----------|-----------|
| 1 | Pain | 2 | 4 |
| 2 | Irregular bleeding | 3 | 4 |
| 3 | Delayed periods | 1 | 3 |
| 4 | Pelvic heaviness | 1 | 2 |
| 5 | Urrinary frequency | 1 | 2 |
| 6 | Constipation | 1 | 1 |



Graph 1: Variation in the potency



Graph 2: No. of patients showing improvement of symptoms in 6 months

Discussion

Few case reports and observational studies carried out with homoeopathic intervention on uterine fibroid as the main treatment protocol, showed beneficial effects [9-12]. The study has focused on the systematically evaluated the effects individualized homoeopathic treatment. This study successfully evaluated the effect of individualized homoeopathic intervention in uterine fibroid by comparing LM and CH potencies which are commonly used in homoeopathic practice were discovered by Hahnemann. The LM scale of potency is the latest which was published posthumously. There is a professional dilemma which potency acts better and can be administered without much fuss. Therefore, this trial was conducted to assess between the two potencies. Also, due to nature of the disease and ethical reasons, placebo group as comparator arm was not kept for this study. Hormonal replacement therapy of allopathic medicine was also not kept as comparator due to the nature of action of medicine which is organ specific whereas in Homoeopathy approach is holistic. In the above study, surprisingly group a patients had moderate relief in the symptoms within 6 months or 10-12 menstrual cycles. Out of 23 patients, 15 patients reported complete reversal of the symptoms. Other 8 patients still had symptoms to a moderate level. Group B patients showed mild improvement

in the symptoms even after 6 months or 10-11 menstrual cycles. Hardly 9 patients showed considerable improvement in the symptoms. At the end of the treatment period i.e. after 12 months all patients were evaluated on the basis of the severity of the symptoms. Patients of both groups showed complete reversal of the symptoms. The medicines indicated and prescribed for the uterine fibroids, were Pulsatilla, Sulphur, Lycopodium, Sepia, Phosphorus, Calcarea carbonica, and Natrum muriaticum. Hence, this study has showed the possibility that individualized homoeopathic medication can control the symptoms and slow down the growth of fibroid. It is also noteworthy that longer treatment period is required for observing more elaborated treatment benefits. The upside of this study is that there were no side effects observed during the study period, nor did the symptoms worsen. The intervention is very cost effective in comparison modern/ conventional medicine^[13-15]. It is also an alternative to the procedures such as hysterectomy. This study had the involvement of gynecologists, who along with the homoeopathic physicians observed treatment effectiveness. Thus, adding credibility to the study.

Conclusion

Irrespective of the potency scale, the homeopathic medicine has shown considerable reversal of the symptoms and improvement in the quality of life.

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