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Effectiveness of individualized homoeopathic medicine in treatment of uterine fibroid: A case series

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Abstract

Uterine fibroid also known as uterine leiomyoma or fibromyoma is a benign growth of the smooth muscles of uterus. These tumors are very common in females of reproductive age-group and are mainly a result of imbalance in female hormones, especially the oestrogen-progesterone disturbance. With the increasing sedentary habits, stressful lifestyle and altered dietary intake the incidence of uterine fibroids is ever-increasing. The incidence of uterine fibroids is also seen to occur with noncommunicable diseases and endocrinological disturbances like hypothyroidism, polycystic-ovarian disease etc. The main concern associated with fibroids are symptoms like menorrhagia, dysmenorrhea, genito-urinary and rectal discomfort. The conventional treatment involves conservative medicines, gonadotrophic-releasing-hormone (GnRH) antagonists and finally surgical procedures like myomectomy and hysterectomy. Mostly such treatment leaves a stressful impact on the patient especially when the uterus is removed from the body. The alternative treatment with Individualized Homoeopathic medicines is emerging as a gentle and milder management for uterine fibroids providing a non-surgical approach towards uterine fibroids. In this paper two cases of patients who suffered from uterine fibroid are presented who were benefitted from Individualized Homoeopathic treatment. The cases are presented according to guidelines of CARE Checklist criteria for presentation of case-reports. Methodology and Conclusion: Both the cases were treated with Individualized Homoeopathic treatment given for the complaint of uterine fibroid which was clinically assessed through ultrasonographic (U.S.G.) reports before and after the treatment. Along-with U.S.G. the patients were also assessed for changes in their quality of life before and after treatment for the fibroid through Uterine Fibroid Symptom and Quality of Life Questionnaire which assessed the improvement in 7 domains (Symptom severity, Concern, Activities, Energy/Mood, Control, Self-consciousness, and Sexual Function). The medicine prescribed in first case was Pulsatilla nigricans and the case was followed-up for one year after which the U.S.G. report was normal. The UFSQOL score before treatment was 145 which reduced to 46 after treatment. In second case medicine prescribed was Natrum carbonicum and was followed-up for one year as well after which the patient's U.S.G. report was normal. The UFSQOL score in case 2 was 114 before treatment and after treatment it was reduced to 43. The causal attribution of Homoeopathic treatment effect was assessed with Modified Noranjo Criteria (MONARCH) which was 10 and 9 for first and second case respectively.

Keywords: Effectiveness of individualized, uterine fibroids, case series, case respectively

Introduction

Uterine fibroids are benign neoplasms arising from the smooth muscular layer of uterine cavity ascribed mostly to imbalance in oestrogen-progesterone ratio ^[1]. These are defined in International Classification of Diseases ICD10-CM under D25.9 section ^[2]. The uterine leiomyomas are of different types based on the extent of the uterine layers involved. ICD10-CM classifies them as.

- 1. **ICD10-CM-D25.0:** Submucous fibroids, if they grow towards the endometrium in the uterine cavity ^[2].
- 2. **ICD10-CM-D25.1:** Intramural fibroids, when they remain within the myometrial wall ^[2].
- 3. **ICD10-CM-D25.2:** Subserous fibroids, when they grow outward towards the peritoneal cavity. These can also become pedunculated if they extrude further into the cavity ^[2].

There can also be cervical fibroids which can cause pressure symptoms in the genito-urinary area. The incidence of uterine fibroids is known to be associated mostly with the females of the reproductive age-group, with almost 15-20% women of reproductive age suffering from fibroids. Uterine fibroids can lead to severe complications like menorrhagia, dysmenorrheoa, pressure symptoms like constipation and frequency or retention of urine ^[1]. Leiomyomas can cause infertility if they become obstructive (tubo-cornual blockage) preventing implantation. Fibroids can also lead to degeneration during pregnancy, submucous fibroids can also cause miscarriage, they can go through torsion if they are pedunculated, can become calcified or go through hyaline degeneration. Though usually benign studies show that there are less than 1% chances that they can develop malignant sarcomatous changes ^[3]. The uterine fibroids are also an alarming situation as a recent age-period cohort study by Lou Z et al. conducted from the year 1990-2019 showed that the number of uterine fibroids in last thirty years have greatly increased and fibroids were second most-common reason for hysterectomies after uncontrolled menorrhagia. It is more alarming as India came out to be third country with highest incidence of hysterectomies due to uterine fibroids after Brazil and U.S.A.^[4]. Though newer ways of treating fibroids are being explored like GnRH antagonists, uterine artery ablation, myomectomy etc. but these being expensive and not always effective, hysterectomy remains the most common conventional treatment available [5].

Due to the increasing number of cases of uterine fibroids there is an urgent need of alternative treatment for them as removal of uterus is not always an option of treatment, hysterectomies also pose burden on health-care system and often lead to adverse long-term effects ^[5, 6]. Homoeopathic therapy involves holistic treatment for every individual patient and can provide a non-surgical alternative for uterine fibroids. According to Homoeopathic literature, The Chronic Diseases by Dr C.F.S. Hahnemann he states, uterine haemorrhages, tumors and fibroid growths of uterus are "characteristic secondary symptoms of the longunacknowledged, thousand-headed monster, pregnant with disease, the psora, the original malady which now makes its manifest appearance ^[7]." He also stated in his book, Organon of Medicine, in footnote of aphorism 94 that, "In chronic diseases of females it is specially necessary to pay sterility, sexual attention to pregnancy, desire. accouchements, miscarriages, suckling, and the state of the menstrual discharge...... but especially by what bodily or mental ailments, what sensations and pains, it is preceded, accompanied, or followed ^[8];" Thus, this paper shows, cases of two females who suffered from uterine fibroid who were holistic Individualised treated with Homoeopathic treatment.

Case 1

Patient's information: This is a case of 40 years old married female who visited on 22/08/2022 with the complaint of severe dysmenorrhoea and clotted menstrual flow for last eight months. She had taken conventional conservative treatment for about four months with no proper relief. So, she sought for Homoeopathic treatment.

Physical general symptoms: She was usually constipated. She had always had low thirst (4-5 glass of water per day). She tended to catch cold, cough whenever there was a change in weather. Her menstrual cycles were either regular or two-to-three days late. Menstrual flow used to be reddish and painless but for last eight months she had severe dysmenorrhoea with spasmodic pain in pelvic region and large dark clots in menstrual flow.

Mental general symptoms

She is very mild person, always worried about household chores and cares for everyone. She loved everyone's company and used to get anxious whenever left alone or whenever she was in closed places. She had claustrophobia and consolation always relieved her.

Clinical finding: The ultrasonographic (U.S.G.) report showed a bulky uterus (9.0 X 4.7 cm) with an intramural uterine fibroid (18.9 X 17.7 mm) in the posterior myometrial wall.

Repertorization: Repertorization was done through Synthesis repertory on RADAR software (version 10.0)^[9].

	Totality of symptoms	Repertorial totality	Intensity of symptoms
1	Patient has very mild nature	Mildness	+++
2	She is always concerned about household chores.	Mind-Cares, full of-domestic affairs, about	+++
3	She is claustrophobic.	Mind-Fear-narrow place, in	++
4	She feels better in company.	Mind-Company-desire for	++
5	Her thirst is very low.	Stomach-Thirstlessness	+++
6	Patient suffers from chronic constipation.	Rectum-Constipation-chronic	++
7	Since past 2 months her frequency of urine has increased.	Urine-Scanty-frequent, and	+
8	She had severe spasmodic dysmenorrhea for last 8 months.	Female Genitalia-MENSES-painful	+++
9	Menstrual flow had large dark clots.	Female Genitalia-Menses-clotted-dark clots	+++
10	She had an intramural uterine fibroid (18.9 X 17.7 mm).	Female Genitalia-Tumors-Uterus-myoma	+++
11	She was sensitive from any change in weather.	Generals-Weather-change of weather-agg.	++

Table 1: Reportorial totality of Case-1

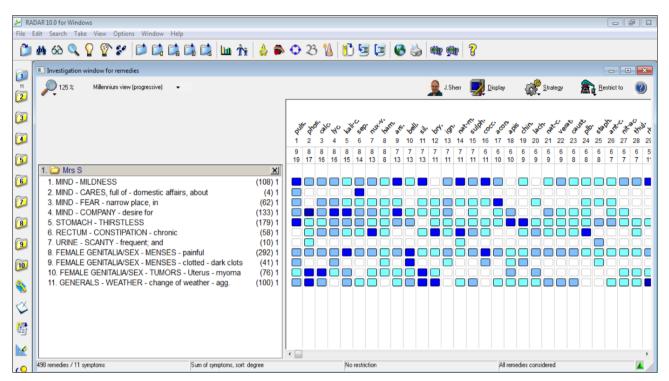


Fig 1: Repertorization result of Case 1 (on Synthesis repertory 9.0) in RADAR software (version 10.0)

Therapeutic Intervention: After repertorization and confirmation from Homoeopathic Materia Medica, Pulsatilla nigricans was selected as the similimum as it covered the totality of symptoms. Pulsatilla nigricans 200 was prescribed on 22/08/2022 to the patient, one dose, to be

taken at night before sleep, with SL 30 (placebo) for 30 days, three times a day (T.I.D.), 4 globules in each dose. Further prescriptions were done according to principles of Organon of medicine, 6th edition ^[8].

Date of visit	Follow-up	Prescription	Advice to patient
21/09/2022	She felt better during her menses and constipation was also relieved.	SL 30/ T.I.D/4 globules in each dose for one month.	
20/10/2022	Her menses was better, pain reduced, clots were still present. Urine frequency was better.	SL 30/ T.I.D/4 globules in each dose for one month.	
25/11/2022	She was all-over better.	SL 30/ T.I.D/4 globules in each dose for one month.	
19/12/2022	She felt as if there was no further improvement in her symptoms. Clots were stills present.	Pulsatilla nigricans 200/1 dose/ to be taken at bed time in night. SL 30 / T.I.D/4 globules in each dose for one month.	
20/01/2023	Patient had no prominent complaints.	SL 30/ T.I.D/4 globules in each dose for one month.	
16/02/2023	She felt overall better but menses still had clots and a mild pelvic pain causing uneasiness.	SL 30/ T.I.D/4 globules in each dose for one month.	The patient was advised to keep a healthy diet and to
18/03/2023	She felt discomfort during menses, with pelvic heaviness. All other symptoms were better.	Pulsatilla nigricans 200/1 dose/ to be taken at bed time in night. SL 30 / T.I.D/4 globules in each dose for one month.	exercise atleast for half-an-hour daily.
17/04/2023	She was much better.	SL 30/ T.I.D/4 globules in each dose for one month.	
18/05/2023	She was overall better.	SL 30/ T.I.D/4 globules in each dose for one month.	
19/06/2023	Her menses were delayed by 5 days, and there were dark clots.	Pulsatilla nigricans 1M/1 dose/ to be taken at bed time in night. SL 30 / T.I.D/4 globules in each dose for one month.	
15/07/2023	She was much better, no pain during menses, clots were also not seen.	SL 30/ T.I.D/4 globules in each dose for one month.	
10/08/2023	She was overall better with no complaints.	SL 30/ T.I.D/4 globules in each dose for one month.	
02/09/2023	Her U.S.G. report showed no abnormalities.	Her treatment was completed.	

Modified Noranjo Criteria Assessment of Case 1^[10]

Table 3: Assessment by modified naranjo criteria score

	Domains	Yes	No	Not sure				
1.	Vas there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? +1							
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1						
3.	Was there an initial aggravation of symptoms?		0					
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1						
5.	Did overall well-being improve? (suggest using validated scale)	+1		0				
6A.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1						
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From							
6B.	organs of more importance to those of less importance?, From deeper to more superficial aspects of the individual?	+1						
	–from the top downwards?	+1						
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0					
8.	Are there alternate causes (other than the medicine) that—with a high probability-could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1					
9.	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+1						
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1						
	Т							

Result

1992	
M.O.Prayagraj.Reg.N	IO.RMEE-2123153
	NOT FOR MEDICAL LEGAL PURPOSE
port :	U.S.G.WHOLE ABDOMEN
***************	Sex: Female, Age-40Yrs.
and services	Date: 16.8.2022
f.by	
***************	Normal size, shape, echogenicity, I.H.B.R. are not dilated. No focal parenchymal
ver t	
	lesion seen. Well distended. Wall thickness is normal.Lamen is echofree.
all Bladder 1 .B.D. & P.V.:	Normal in calibre.
B.D. & P.Y.	Normal size & cchotexture.
pleent	and the second sec
t.Kidney i	It is size (10.1 x 4.8 m) normal shape, position & echogenicity. No calculus or
	 A set of a set of
t.Kidney :	It is size (10.2 x 4.2 cm) normal shape, position & echogenicity. No calculus or
	hydronephronis seen.
a.Ureter:	It is not dilated.
a.Ureteri	It is not dilated. Normally distended. Wall thickness is normal.
Bladder:	a second of the second states and a second state and a s
terast	Antevened, entanged w0x4, 7 cm normal. A hyporchoic lesion oval in shape size 18.9 x 17.7 mm seen at the posterior
	wall No free fluid seen in P.O.D.
tt.Lt.Ovary:	Both ovarise are visualized. Normal size, shape ochotexture.
tetroperitoneum :	No lymphadenopathy seen.
	No ascites seen.
UGH RESOLUTI	ON 1 Appendix is not visualized. Show no evidence of bowel thickening or any collec
	tion in right illac fossa.
	BULKY UTERUS
MPRESSION:	INTRA MURAL UTERINE FIBROID.
	INTRA MORAL CTERRITE TERRITE
	· · · · · · · · · · · · · · · · · · ·
	ing -
	M.B.B.S.,D.M.R.D.
	And the second

Fig 2: U.S.G. report of Case 1 before treatment

	DEPARTMENT OF RADIO-DIAGNOSIS AND IMAGING/CENTRAL
	HOSPITAL/N.C.RAILWAY/ALD
	NAME
	OPD REGISTRATION NO:
	Date of Examination: 02.09.2023
	ULTRASOUND PELVIS (FEMALE)
	OCTRASOUND PECUS (FEMALE)
	U. Bladder: distended. No calculus/mass tesion seen. Wall is not thickened.
	and the second
	Uterus: Normal size and echotexture. Endometrial thickness is 8 mm. Cavity is clear. Internal os is closed.
	Adnexa: B/L ovaries appear normal in size and echotexture
	IMPRESSION: No abnormality detected
	ACHDARatiology
	CH/NCR/ALD
_	

Fig 3: U.S.G. report of Case 1 after one year of Homoeopathic treatment

Uterine Fibroid Symptom and Quality of Life Questionnaire Assessment^[11] UFSQOL Questionnaire before treatment was - 145.

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Interventional Radiology Time since fibroid treatment I No treatment yet	7.0	'				The following questions ask about your feel formid symptems on your life. Please consi uterine forcids during the previous times mo	ider each os onlite.	estain as it	rectants to yo			During the previous three months, how	None of De time	A site of the Site	Some of the time	Most of	All of the time 5
El year 2 years 3 years	_ o month					There are no right or wrong answers. Pleas most appropriate box. If a question does n	of apply to y	ou, please r	mark 'none o	of the time"	as your	24. Made you feel down hearted and	0			8	
					and the state of the	option.				and Kharin	4.7	blue? 25. Made you feel wijed out?	1 11			E	D
Listed below are symptoms experience each symptom as it relates to your uter much distress you have experienced fr	ine fibroide	or mensio	rual cycle. Ea	ch question	aska how	During the previous three months, how offer	None of	A little of	Some of	Most of		26. Caused you to be concerned or woment about your health?				D	R
					1		the time	the Sene	the time 3	4	5	27. Caused you to plan activities more	0	0			B
There are no right or wrong answers. I most appropriate box. If a question do	Please be in os not appl	y to you, p	swer every qu slease mark "r	ostion by ch lot at all" as	a response.	 Made you feel anxious about the unpredictable onset or duration of your periods? 	0		Ø			carefully? 28. Made you feel inconvenienced always carrying exits pads,	-		R		0
During the previous three months, how	distressed	were you	by:			10. Made you feel anxious about traveling?	0			B		tampons, and clothing to avoid accidents?		-	109	-	-
	Not at	Airtie	Somewhat	Agreat	Avery	11. Interfered with your physical activities	0	0	0	R		29 Caused you embanassment?	0				E
	all	bit		deal	great deal	12. Caused you to feel fired or wom out? 13. Made you decrease the amount of time	0	0	0	0	B	30. Made you feel uncertain about you future?					8
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menstrual period	-					activities? 14. Made you feel as if you are not in	-	1.5	-	-		32 Affected the size of clothing you	0	R			
 Passing blood clots during your menatrual period 						control of your life?					8	wear during your periods? 33 Made you feel that you are not in		-	0	-	0
 Fluctuation in the duration of your menstrual period 				B		15. Made you concerned about solling undersidhes?	0		R			control of your health?			-		
4. Fluctuation in the length of your		100	1	12235		16. Made you less productive?			0		D	34. Made you feel weak as if energy was drained from your body?					B
monthly cycle compared to your previous cycles			B			17. Caused you to feel drowsy or sleepy during the day?			8	10		35 Made you concerned about soling		1			
5. Feeling lightness or pressure in your pelvic area					10	18. Made you feel self-conscious of weight	n		D	B		outer dothes? 36 Deminished your sexual desire?					B
6. Frequent urination during the	G	-	0			gen? 19. Made you feel that it was difficult to						37. Caused you to avoid sexual		D			R
daytime hours 7. Frequent nightlime urination				0		carry out your usual activities?	0				B	relations?					
8. Feeling falgued	18		N	8	8	20 Interfered with your social activities? 21 Made you feel conscious about the size		0		0	B	Patent or Representative Signature			Date	olala Ter	. 9:40
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						22. Made you concerned about scaling bed linen?			8			If signed by someone other than the po	ient, piezze	specily relation	wship to the	patient	-
						23. Made you feel east, discouraged or hopeless?			D	D	B	Interpreter Signature	_	01 -	Date	- Time	
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Fig 4: a, b, c, UFSQOL questionnaire of case 1 before treatment

UFSQOL Questionnaire after one year of treatment was - 46.

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Heavy bleeting during your	1	2	3	4	5	you spent on exercise or other physical	ar					30. Made you teel uncertain about your future?	12		0		
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 Passing blood clots during your menstrual period 	0					control of your life?	P					32 Affected the size of clothing you wear during your periods?	0				0
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Fig 5: a, b, c, UFSQOL Questionnaire results of case 1 after treatment

Case 2

Patient's information: This is a case of 21 years old unmarried female, who visited on 18/07/2022 with the complaint of uterine fibroid, dysmenorrhoea, and prolonged menstrual bleeding.

Physical general symptoms: She always had aversion to milk and it also was indigestible, produced flatulence and diarrhoea. She suffered from spasmodic dysmenorrhea for last six months. Her menstrual flow was also prolonged and continued for about eight to ten days. She also complained of acrid, itching leucorrhoea which was yellowish in colour.

Mental general symptoms: She was a very humble and

affectionate female who had always thought about everyone before herself. This was also the reason that she kept on neglecting her menstrual complaints because she was anxious for the health of her relatives. She had always suppressed her desires and ambitions for taking care of others. She was afraid of thunderstorms which aggravated her complaints.

Clinical findings: Her U.S.G. report showed thickening of urinary bladder wall, and a subserosal uterine fibroid (14 X 7 mm) in the anterior wall of uterus.

Repertorization: Repertorization was done through Synthesis repertory on radar software (version 10.0) ^[9].

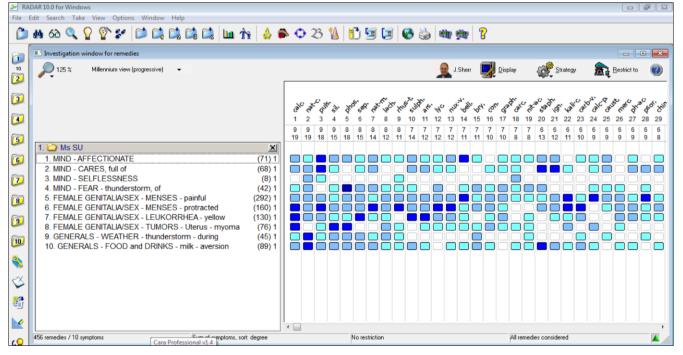


Fig 6: Repertorial result of Case 2 (on Synthesis repertory 9.0) in RADAR software 10.0

	Totality of symptoms	Repertorial totality	Intensity of symptoms
1	Patient was very affectionate in nature.	Mind-Affectionate	+++
2	She is always concerned about everyone's problems, always kept herself at last.	Mind-Cares, Full	+++
3	She was always concerned for others and mostly neglected herself over others	Mind-Selflessness	+++
4	She was much afraid of thunderstorm.	Mind-Fear-thunderstorm	++
5	For past 6 months she had spasmodic dysmenorrhea.	Female Genitalia-Menses-painful	+++
6	Her menstrual flow continued for more than a week since last few months.	Female Genitalia-Menses-protracted	++
7	She suffered from chronic yellowish leucorrhoea.	Female Genitalia-Leukorrhoea-yellow	++
8	She had subserosal uterine fibroid in anterior uterine wall (14 X 7 mm).	Female Genitalia-Tumors-Uterus-myoma	+++
9	All her complaints aggravated from thunderstorm.	Generals-Weather-thunderstorm-during.	++
10	Since childhood she had aversion for milk.	Generals-Food and Drinks-milk-aversion	+++

Table 4: Repertorial totality of Case 2

Therapeutic intervention: After repertorization and confirmation from Homoeopathic Materia Medica, *Natrum carbonicum* was selected as the similimum as it covered most of the symptoms and *Calcarea carbonicum* was rejected as the patient did not have many keynotes of *Calcarea carbonicum* like she did not have excessive perspiration, sour discharges, timidity etc. *Natrum*

carbonicum 200 was prescribed on 18/07/2022 to the patient, one dose, to be taken in early morning on empty stomach, with SL 30 (placebo) for 30 days, three times a day (4 globules in each dose). Further prescriptions were done according to principles of Organon of medicine, 6th edition ^[8].

Date of visits	Follow-up	Prescription	Advice to patient
15/08/2022	The patient felt lesser pain but it continued for more than a week. Leucorrhoea was better.	SL 30/ T.I.D/4 globules in each dose for one month.	
12/09/2022	Duration of flow reduced to six days and she felt better.	SL 30/ T.I.D/4 globules in each dose for one month.	
17/10/2022	She complained of profuse leucorrhoea and she felt dragging pain during this menstrual cycle.	Natrum carbonicum 200/1 dose/ to be taken in early morning on empty stomach. SL 30 / T.I.D/4 globules in each dose for one month.	
21/11/2022	Her complaints were better.	SL 30/ T.I.D/4 globules in each dose for one month.	
20/12/2022	She felt overall better but heaviness and pain during menses remained.	SL 30/ T.I.D/4 globules in each dose for one month.	
13/01/2022	She still felt heaviness and pain during menses.	Natrum carbonicum 1M/1 dose/ to be taken in early morning on empty stomach. SL 30 / T.I.D/4 globules in each dose for one month.	The patient was advised to keep a healthy diet and regimen and to keep a chec
13/02/2023	The patient was overall better.	SL 30/ T.I.D/4 globules in each dose for one month.	on her weight to maintain it
21/03/2023	She felt mentally and physically better.	SL 30/ T.I.D/4 globules in each dose for one month.	healthy limit.
17/04/2023	She had dark clots during menses but all other complaints were better.	SL 30/ 1.1.D/4 globules in each dose for one month.	
18/05/2023	Her menses appeared a week early and had dark clots. All her symptoms were better.	Natrum carbonicum 1M/1 dose/ to be taken in early morning on empty stomach. SL 30 / T.I.D/4 globules in each dose for one month.	
13/06/2023	Her menstrual flow was better.	SL 30/ T.I.D/4 globules in each dose for one month.	
19/07/2023	She felt much better in all her symptoms.	SL 30/ T.I.D/4 globules in each dose for one month.	
14/08/2023	Her U.S.G. report showed a normal scan with no anomaly.	Her treatment was completed.	

Table 5: Follow-up Sheet

Modified Noranjo Criteria Assessment of Case 2^[10]

Table 6: Assessment b	by modified nar	ranjo criteria score
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	Domains							
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1						
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1						
3.	Was there an initial aggravation of symptoms?		0					
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1						
5.	Did overall well-being improve? (suggest using validated scale)	+1		0				

6A.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B.	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: – From organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downwards?	+1		
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9.	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+1		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
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Results

59/18-E Lo Reg	ID 20 ICHO, DIGITAL X-RAY, DIXA BMD, CECT, OPG, MAMMOGRAPHY wither Road, (in front of Medical College), Prayagraj (Allahabad) Intered Office, I SS-B Lowther Road, Prayagraj (Allahabad) il kritikaanofgemail.com + Website: kritikaanoingcentre.com option: 0532-2256805, 2256266 + CT Scan: 2256151 + MRI: 2256100	*********							
Name Referred By	Age/Gender 21Y/ Female Date/UHID 17-Jul-2022/P566140								
	ABDOMINAL ULTRASOUND								
REPORT: LIVER:	Normal in size, shape and echotexture. Intrahepatic biliary radica not dilated. No focal lesion present.	ls are							
GALL BLADDER:	Normal in size & shape. No calculus present. Walls are normal.								
CBD & PORTAL VEIN:	CBD & Portal vein are normal in calibre								
PANCREAS: Normal in size & echopattern									
SPLEEN :	Normal in size & echopattern.								
KIDNEYS:	Right Kidney: Normal in size ~8.8 cm and shape. No calculus o hydronephrosis changes are present. CMD maintained	H.							
	Left Kidney: Normal in size -9.5 cm and shape. No calculus or hydronephrosis changes are present. CMD maintained.								
	No ascites or lymphadenopathy seen								
HIGH RESOLUTION:	Shows no evidence of bowel wall thickening or any collection i iliac fossa. Appendix not visualized	n right							
URINARY BLADDER:	Distended with urine. No calculus or debris present. Walls are r thickened. Full bladder volume: 310 cc. PVR: 37 cc.	nildly							
UTERUS & ADNEXA:	Normal in size -72 x 46 x 43 mm, shape and echopattern. En echoes are normal in thickness. Anterior wall subseros measuring approx 14 x 7 mm is seen. Both adnexa are normal.	al fibros							
		Page 1 of							
	Name Age/Gender 21Y/ Vemale 1 Referred Drover MD Date/UHD 17-Jul-2022 By P566140								

Transcribed by	IMPRESSION:-	 Mild urinary bladder wall thicken Anterior wall subserosal fibroid. Advise : Kindly correlate clinically. 	ling.
	Transcribed by	End of report	
and the second sec			~

Cleader Sans 1981	CHANDAN DIAGNO Add 4073-D, Kaoda Ndee Rood, Kaos, P Ph. 923547967,033-2344337 CN : C051100123607LE384208		
Patient Name Ape/Gender UHID/MR NO Visit ID Ref Doctor	21 Y 0 M 0 D /F ALDP.0000366927 ALDP0141722324 Dr. ALLAHABAD UNIVERSITY / CR	Registered On Cellected Received Reported Status	1 4/Aug/2023 13:34:31 1 N/A 2 N/A 1 14/Aug/2023 16:02:01 2 Final Report
	DEPARTME	NT OF ULTRASOUND	2
LIVER: - Norma radicle dilation so GALL BLADDI fluid.	cen.	ogenicity. No focal	lesion is seen. No intra hepatic biliary us / focal mass lesion/ pericholecystic
PORTAL VEIN	- Normal in calibre and colour u	ptake at porta.	
PANCREAS: - H of pancreas is obs	fead is visualised, normal in size a scured by bowel gas.	& echopattern. No	e/o ductal dilatation or calcification. Rest
	al in size, shape and echogenicity		0
system is not dilat	ed.	110 20	d lesion or calculus seen. Pelvicalyceal
ystem is not dilat	ed.		lesion or calculus seen. Pelvicalyceal
			No e/o wall thickening / calculus.
TERUS :- Antev nickness.	verted, and is normal in size. No	focal myometrial l	esion seen. Endometrium is normal in
VARIES :- Bilat	teral ovaries are normal in size, s	hape and echogen	licity.
isualized bowel I	oops are normal in caliber. No p	ara-aortic lymphas	denopathy
	en in the abdomen/pelvis.		
	No significant abnormal	ity found	
lease correlate c		ity iouna.	
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Fig 8: U.S.G. report of Case 2 after one year of Homoeopathic treatment

Uterine Fibroid Symptom and Quality of Life Questionnaire Assessment^[11] UFSQOL Questionnaire before treatment was – 114.

STATE LAL BA						МЕДІСАL СО	LLEGI YAGRAJ, U	E AND	HOSP 65H - 2110	ITAL 13		STATE LAL BAH MEDICAL O SHANTDURAN	OLLE	GE AN	DHOS	PITAL	
UCLA Health UTERING BROID SYMPTOM (QUALITY OF LIFE QUESTIONN Interventional Radiology	S HEALT AIRE (UI	H-RELA IS-QOL)	TED			UCLA Health UTERINE FIBROID SYMPTOM & HI QUALITY OF LIFE QUESTIONNAIR Interventional Radiology The following questions ask about your feel fored symptoms on your life. Phase cost	E (UFS-Q	оц)	garding the	impact of c	derme	UCLA Health UTERINE FIBROID SYMPTOM. QUALITY OF LIFE QUESTIONN Interventional Radiology	AIRE (UF	S-QOL)			
Tere since fibroid treatment: No treatment yet					terme foroids during the provious three my There are no right or wrong answers. Pleas	oniths. Le be sure 5	answer ev	ery question	by checki	ng the	During the previous three months, how	None of the time	A little of the time	Some of the time	Most of the time	Alto	
🗆 1 year 🗋 2 years 📄 3 years						most appropriate box. If a question does no option.	of apply to y	ou, please e	nark 'none o	f the time"	as your	24. Made you feel down-hearted and blue?	1	2	,	4	5
Listed below are symptoms experience	d by wom	n who ha	we uterine fibr	sids. Piease	consider	During the previous three months, how offer	n have your	symptoms r	elated to ut	erine fibroid	557	25. Made you feel wiped out?	0	Ø	0		
each symptom as it relates to your uter much distress you have experienced to	on each s	vmptom d	rual cycle. Ea uring the previ	ch question ous three m	asks how onths.		None of the time	the time	Some of the time	the time	the time	26 Caused you to be concerned or worried about your health?	0			0	E
There are no right or wrong answers. I most appropriate box. If a question do	Please be	sure to an	swer every qu	estion by che	ecking the	9. Made you feel anxious about the	1	2	3	4	5	27. Caused you to plan activities more carefully?		R			C
				01.01.01.05	a response.	unpredictable onset or duration of your periods?	0		Ø			28. Made you feel inconvenienced always carrying extra pads.				R	
During the previous three months, how	distressed	were you	s by:			10. Made you feel anxious about traveling?		0	Ø	0		tampons, and clothing to avoid accidents?		-	-	129	
	Not at		Somewhat	Agreat	A very	11. Interfered with your physical activities	8		0	R	0	29 Caused you embarrassment?	0	0	8		
	1	2		deal	great deal	12. Caused you to feel fired or worn out? 13. Made you decrease the amount of time			Ø			30. Made you feel uncertain about your future?	E				
1. Heavy bleeding during your		0	R			you spent on exercise or other physical			B			31 Made you feel imitable?		D	R	0	0
2. Passing blood clots during your				0	8	activities? 54. Made you feel as if you are not in		0		B		32 Affected the size of clothing you wear during your periods?				Ø	
menstrual period 3. Fluctuation in the duration of your	-	_				control of your life? 15. Made you concerned about solling				17.1		33. Made you feel that you are not in control of your health?				0	
menstrual period			B			underclothes?				8		34. Made you feel weak as it energy was drained from your body?		0.1	0		B
 Fluctuation in the length of your monthly cycle compared to your 			9	-		16. Made you less productive?		E.				35 Made you concerned about solling					_
montry cycle compared to your previous cycles		-	B			 Caused you to feel drowsy or sleepy during the day? 		R				outer dothes? 36 Diminished your sexual desire?	0		B		
 Feeling lightness or pressure in your pelvic area 				ø		18. Made you feel self-conscious of weight gain?	ø					37. Caused you to avoid sexual relations?			2	8	
 Frequent urination during the daytime hours 		B				19. Made you feel that it was difficult to carry out your usual activities?		Ξ.	ø			Patient or Representative Signature					
7. Frequent rightbire unitation 8. Feeling fatigued		8		-		20. Interfered with your social activities?		E						-		107/22 Time	10:15
(a. Peeing issgued			<u> </u>	0	C C	21. Made you feel conscious about the size and appearance of your stomach?	Q					If signed by someone other than the patient	r, picase sp	ecity relations	hip to the pe	Kent	-
						22. Made you concerned about solling bed linen?				ø		Interpreter Signature			Date	Time	-
(94)						23. Made you feel aad, discouraged or hopeless?				GY		MUA fare MUMIF (the 2xl)					
Walter KONT Sec.201						WAA Annu Maddar (Ann 310)											

Fig 9: a, b, c UFSQOL Questionnaire of Case 2 before treatment

UFSQOL Questionnaire after one year of treatment was - 43.

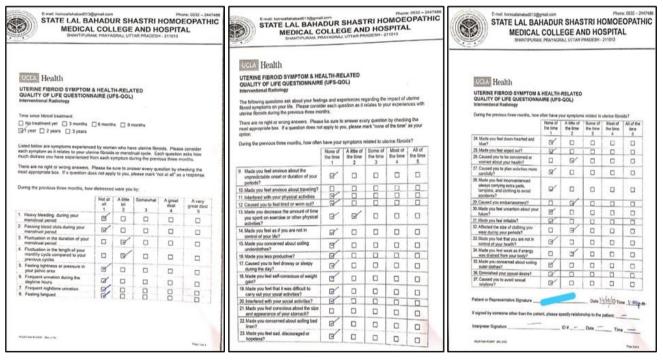


Fig 10: a, b, c UFSQOL Questionnaire of Case 2 after treatment

Discussion

Uterine fibroids are benign uterine neoplasms of smooth uterine muscles. These neoplasms are troublesome as these cause serious issues like menorrhagia, dysmenorrhoea, severe anaemia, pressure symptoms, and many more. The incidence of uterine fibroids is ever increasing. The literature suggests that fibroids are more common in nulliparous females of reproductive age group but recent researches show fibroids are becoming more and more common in multiparous females of reproductive age-group also. Studies show that the incidence of uterine fibroids is increasing at a high rate and it is posing a major health concern on females of Indian society. Currently hysterectomy is the most common management in modern health-care system but it also leads to long-term adverse impact on a female's life. Homoeopathic literatures have always given importance to female reproductive organ diseases, and with a holistic approach Homoeopathic treatment can prove to be an efficient non-surgical treatment for fibroids. As Homoeopathy exclusively and extensively view each individual case of patient as anew focussing on overall physical and mental symptoms, it provides a wide range of medicinal therapeutic aid. Likewise, this paper shows how Individualised Homoeopathic treatment led to cure of two female patients who suffered from uterine fibroid.

Conclusion

The Individualised Homeopathic therapy treated two cases of patients suffering from uterine fibroid. In first case, Pulsatilla nigricans was prescribed firstly in 200th potency while in second case, medicine Natrum carbonicum was prescribed firstly in 200th potency after repertorization from Synthesis repertory and confirming with Homoeopathic Medica. The follow-up and therapeutic Materia interventions were done according to instructions given in Organon of medicine 6th edition. The improvement in symptoms and quality of life of patients was assessed through UFSQOL Questionnaire, in first case it was 145 before treatment and reduced to 46 after one year of treatment, in second case UFSQOL score before treatment was 114 and reduced to 43 after one year of treatment. The causal attribution of Homoeopathic treatment effect was assessed through MONARCH criteria, whose value was 10 in first case and 9 in second case respectively.

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Consent of the patient

The author declares that the patients have given written consent for their clinical information in the journal on anonymous grounds. All the details revealing the identity of the patients and of the clinical are concealed on patient's demand and for ethical reasons.

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Conflict of interest: None declared.

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