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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 non-communicable 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 <sup>[1]</sup>. These are defined in International Classification of Diseases ICD10-CM under D25.9 section <sup>[2]</sup>. 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 <sup>[2]</sup>.
2. **ICD10-CM-D25.1:** Intramural fibroids, when they remain within the myometrial wall <sup>[2]</sup>.
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 <sup>[2]</sup>.

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, dysmenorrhoea, 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 long-unacknowledged, 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 attention to pregnancy, sterility, sexual 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 treated with holistic Individualised 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

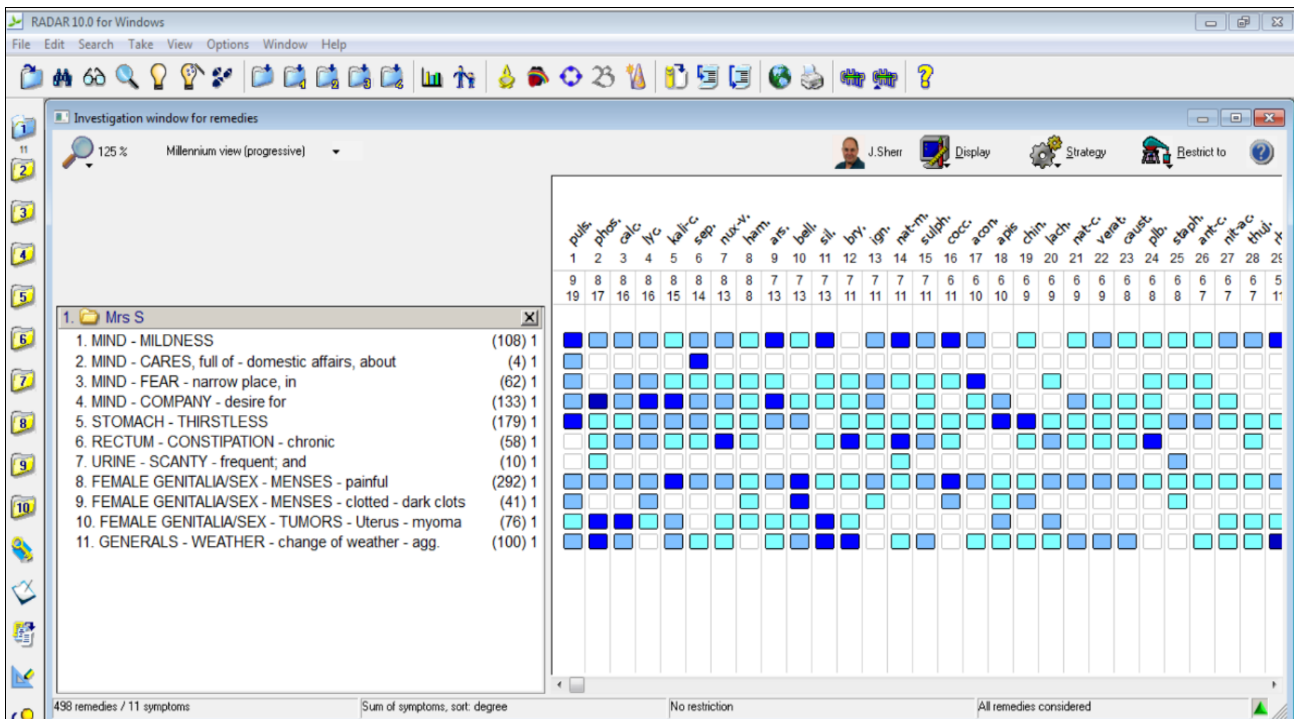
She is very mild person, always worried about household chores and cares for everyone. She loved everyone’s company and used to get anxious whenever left alone or whenever she was in closed places. She had claustrophobia and consolation always relieved her.

**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].

**Table 1:** Reportorial totality of Case-1

	<b>Totality of symptoms</b>	<b>Reportorial totality</b>	<b>Intensity of symptoms</b>
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 dysmenorrhoea 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.	++



**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, 6<sup>th</sup> edition [8].

**Table 2:** Follow-up sheet

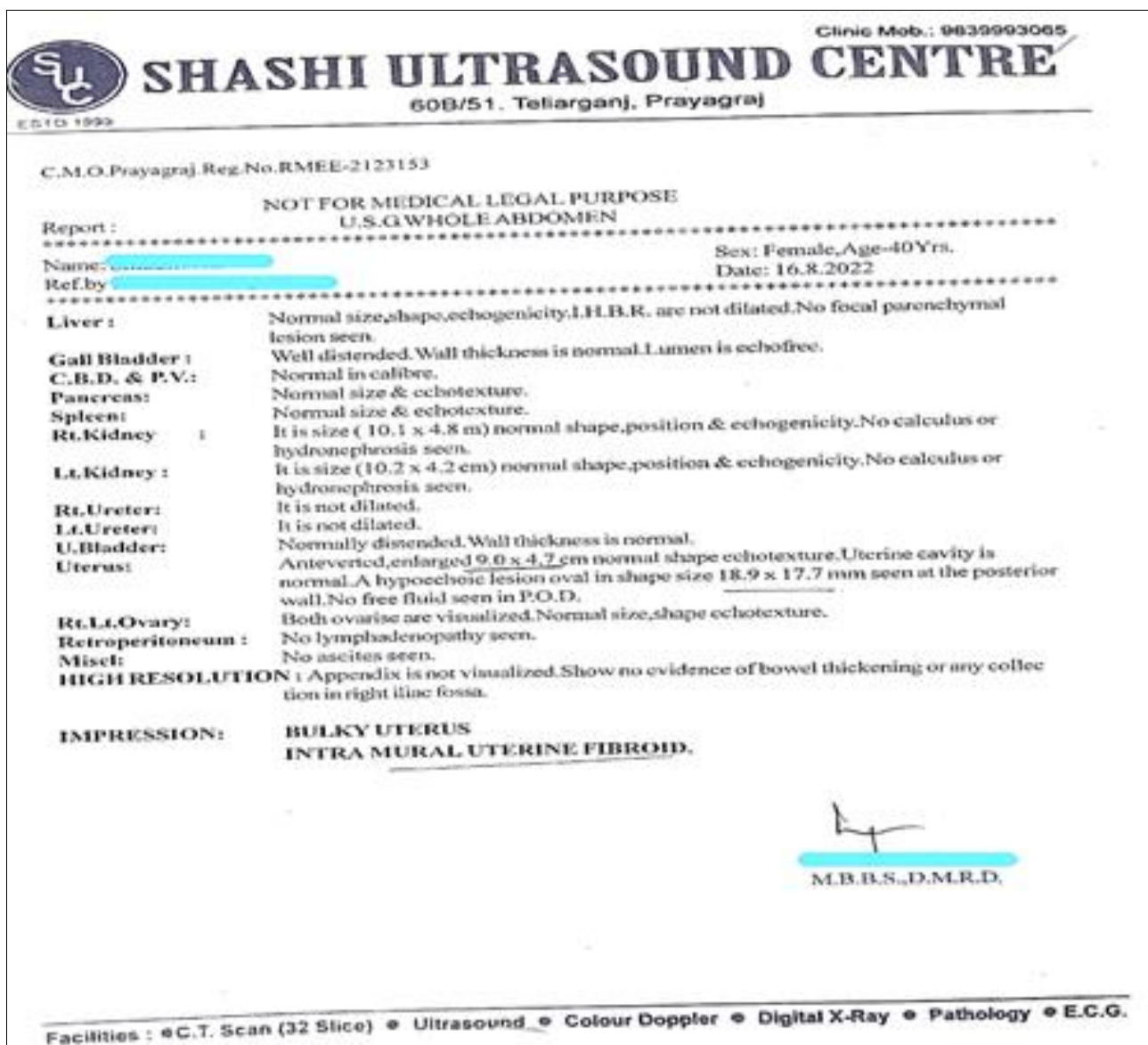
Date of visit	Follow-up	Prescription	Advice to patient
21/09/2022	She felt better during her menses and constipation was also relieved.	SL 30/ T.I.D/4 globules in each dose for one month.	The patient was advised to keep a healthy diet and to exercise atleast for half-an-hour daily.
20/10/2022	Her menses 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.	
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.	
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 <sup>[10]</sup>**

**Table 3:** Assessment by modified naranjo criteria score

Domains		Yes	No	Not sure
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.	<i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B.	<i>Direction of cure:</i> 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 +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		
		Total Score = 10		

**Result**



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



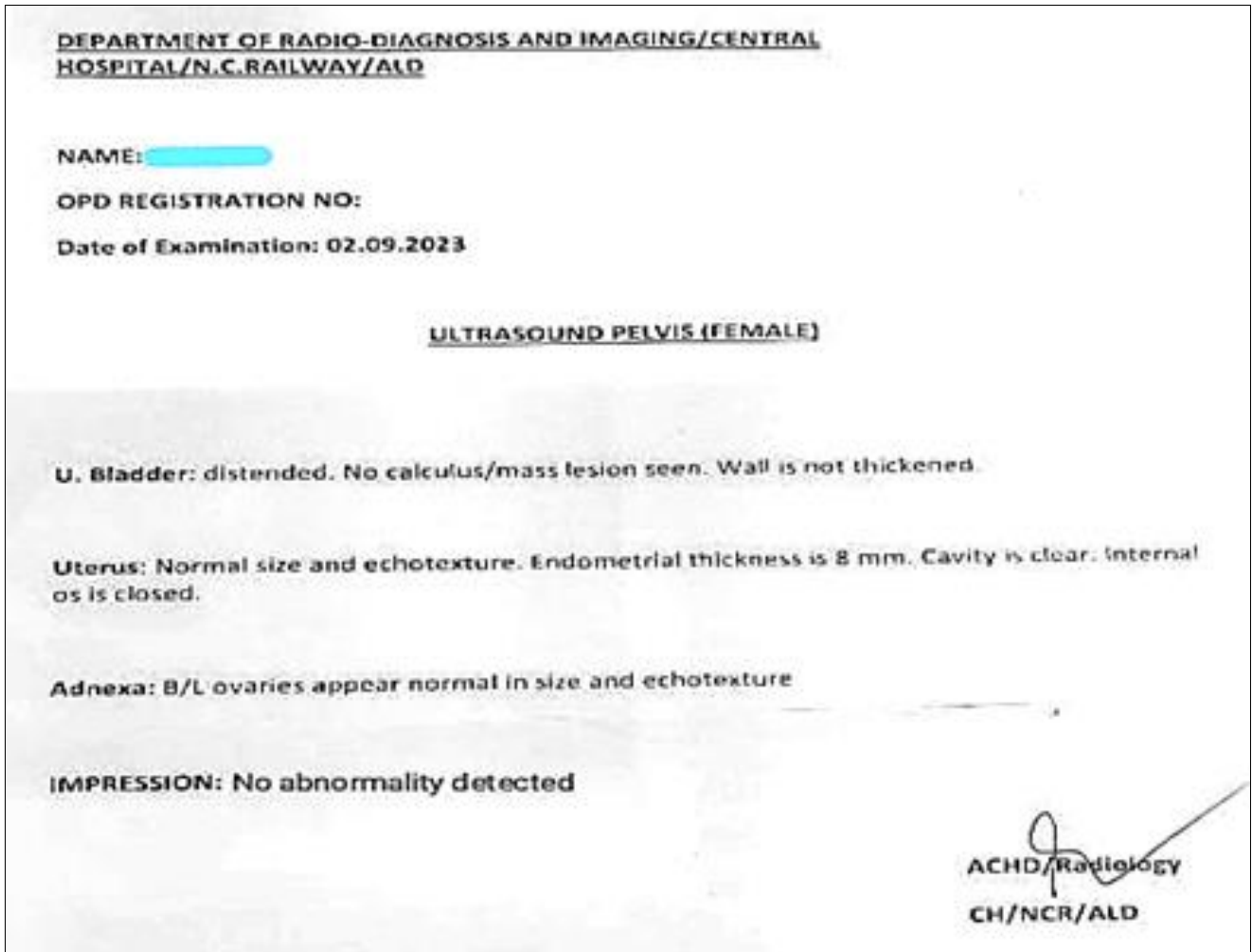


Fig 3: U.S.G. report of Case 1 after one year of Homoeopathic treatment

**Uterine Fibroid Symptom and Quality of Life Questionnaire Assessment<sup>[11]</sup>**  
 UFSQOL Questionnaire before treatment was - 145.

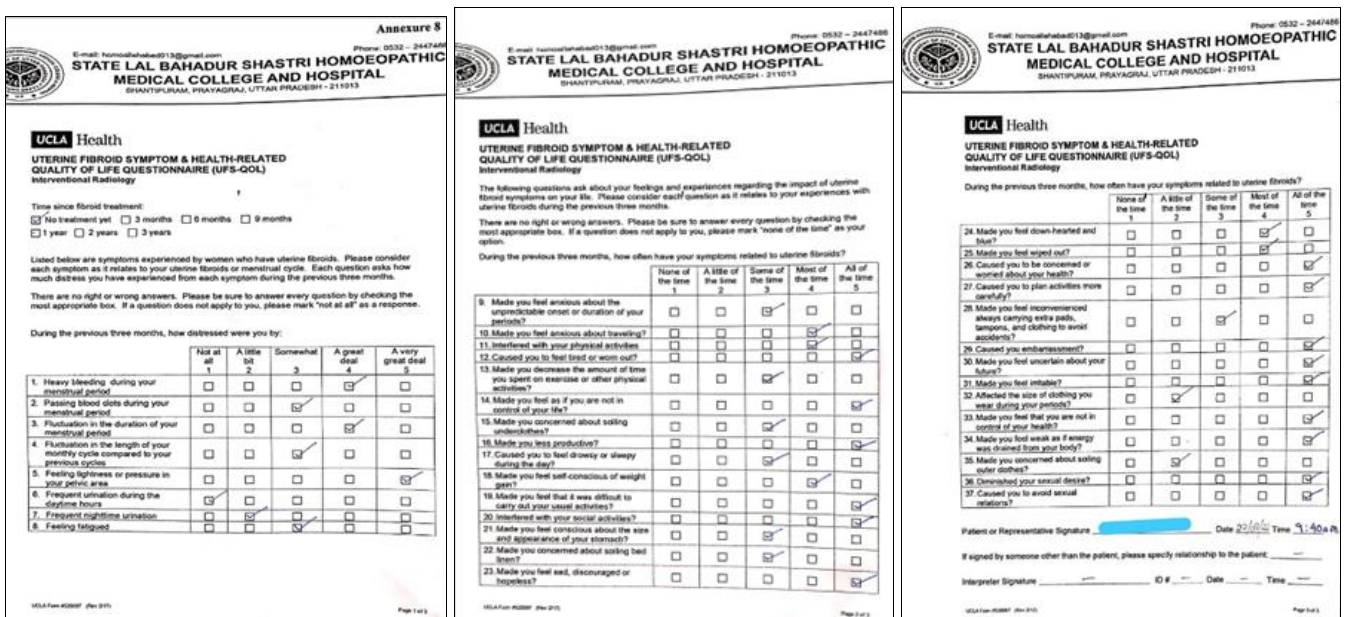


Fig 4: a, b, c, UFSQOL questionnaire of case 1 before treatment

UFSQOL Questionnaire after one year of treatment was - 46.

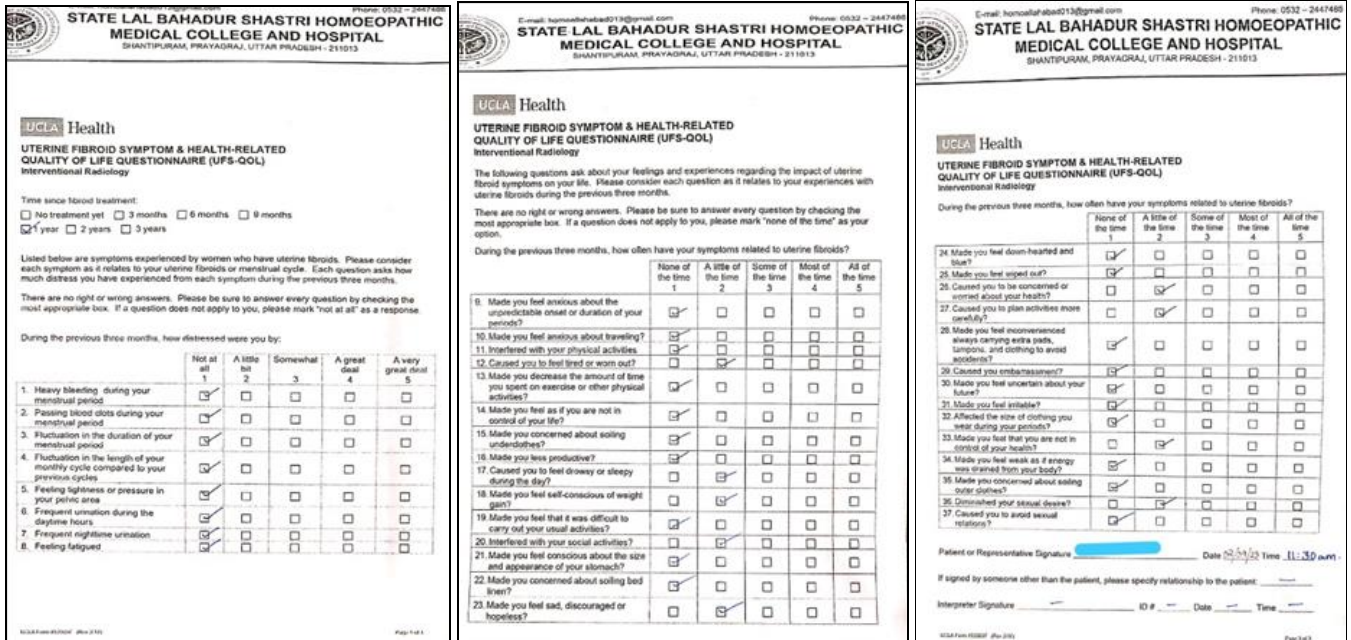


Fig 5: a, b, c, UFSQOL Questionnaire results of case 1 after treatment

**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].

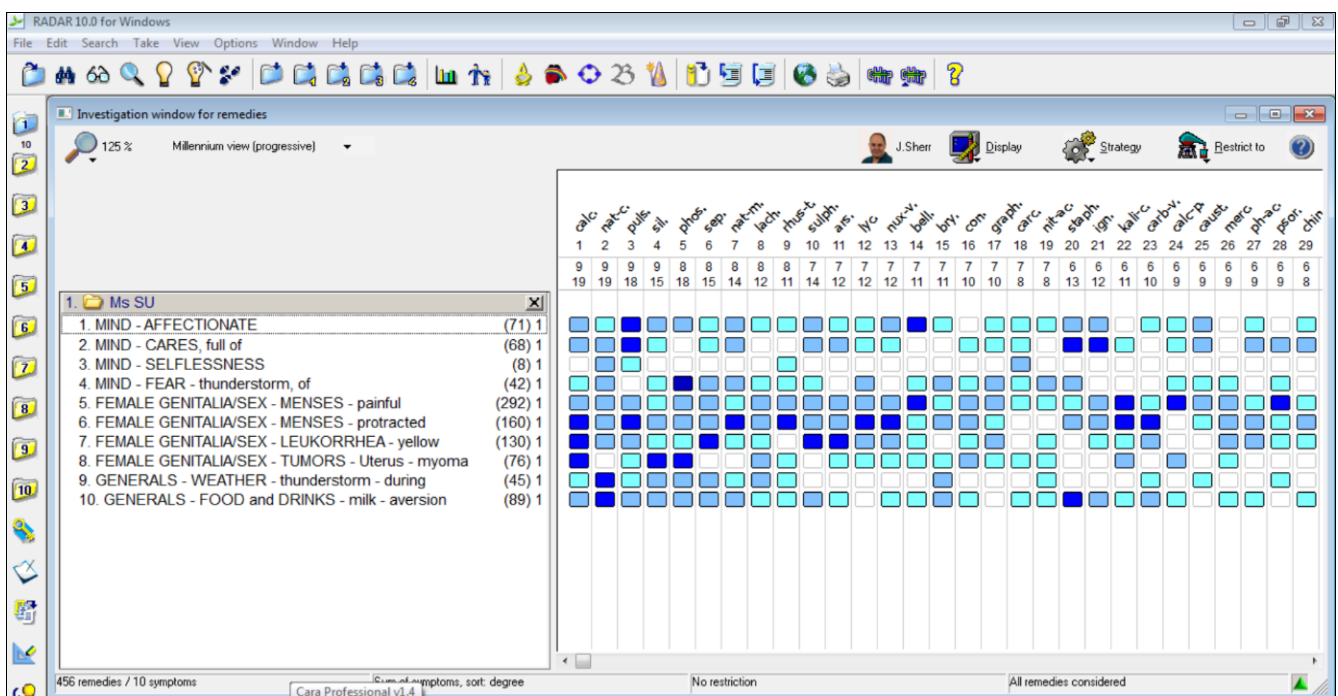


Fig 6: Repertorial result of Case 2 (on Synthesis repertory 9.0) in RADAR software 10.0

**Table 4:** Repertorial totality of Case 2

	<b>Totality of symptoms</b>	<b>Repertorial totality</b>	<b>Intensity of symptoms</b>
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	+++

**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, 6<sup>th</sup> edition [8].

**Table 5:** Follow-up Sheet

<b>Date of visits</b>	<b>Follow-up</b>	<b>Prescription</b>	<b>Advice to patient</b>
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.	The patient was advised to keep a healthy diet and regimen and to keep a check on her weight to maintain it in healthy limit.
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.	
13/02/2023	The patient was overall better.	SL 30/ T.I.D/4 globules in each dose for one month.	
21/03/2023	She felt mentally and physically better.	SL 30/ T.I.D/4 globules in each dose for one month.	
17/04/2023	She had dark clots during menses but all other complaints were better.	SL 30/ T.I.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.	

**Modified Noranjo Criteria Assessment of Case 2 [10]**

**Table 6:** Assessment by modified naranjo criteria score

<b>Domains</b>		<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
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	
			Total Score = 9

**Results**

C.M.O. Reg. No. 1721/2399

## Kriti Scanning Centre (P) Ltd.

DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY

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Registered Office: 55-B Lowther Road, Prayagraj (Allahabad)  
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com  
Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100

Name: [Redacted]      Age/Gender: 21Y/ Female

Referred By: [Redacted]      Date/UHID: 17-Jul-2022/P566140

### ABDOMINAL ULTRASOUND

**REPORT:**

**LIVER:** Normal in size, shape and echotexture. Intrahepatic biliary radicals are not dilated. No focal lesion present.

**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 or hydronephrosis changes are present. CMD maintained.  
**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 in right iliac fossa. Appendix not visualized.

**URINARY BLADDER:** Distended with urine. No calculus or debris present. Walls are mildly thickened. Full bladder volume: 310 cc. PVR: 37 cc.

**UTERUS & ADNEXA:** Normal in size ~72 x 46 x 43 mm, shape and echopattern. Endometrial echoes are normal in thickness. Anterior wall subserosal fibroid measuring approx 14 x 7 mm is seen.  
Both adnexa are normal.

Page 1 of 2

Name: [Redacted]      Age/Gender: 21Y/ Female

Referred By: [Redacted] MD      Date/UHID: 17-Jul-2022 P566140

**IMPRESSION:-**

- Mild urinary bladder wall thickening.
- Anterior wall subserosal fibroid.

**Advise : Kindly correlate clinically.**

----- End of report -----

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Transcribed by: [Redacted]

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Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.



Fig 7: U.S.G. report of Case 2 before treatment

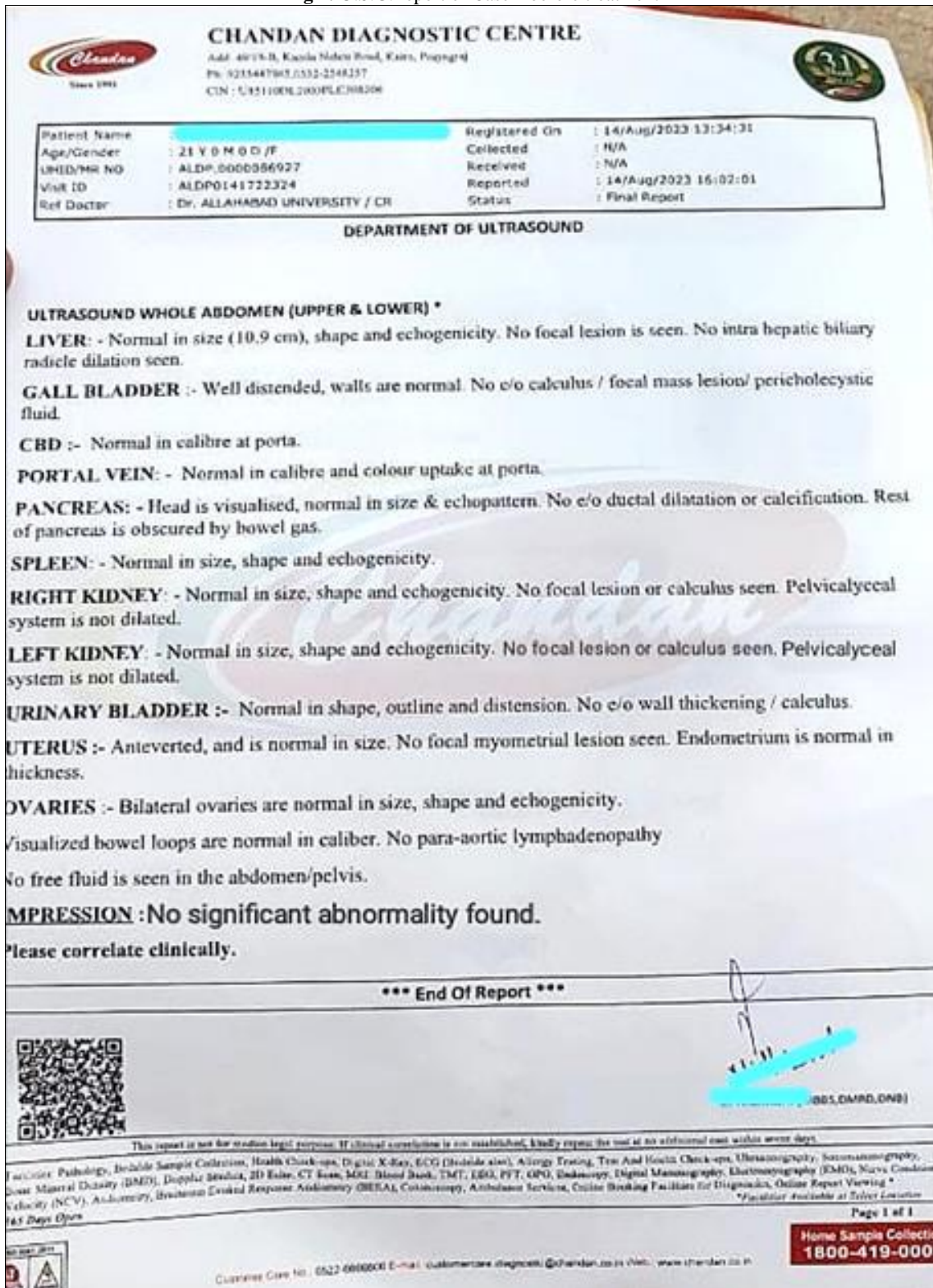


Fig 8: U.S.G. report of Case 2 after one year of Homoeopathic treatment

**Uterine Fibroid Symptom and Quality of Life Questionnaire Assessment<sup>[11]</sup>**  
 UFSQOL Questionnaire before treatment was – 114.

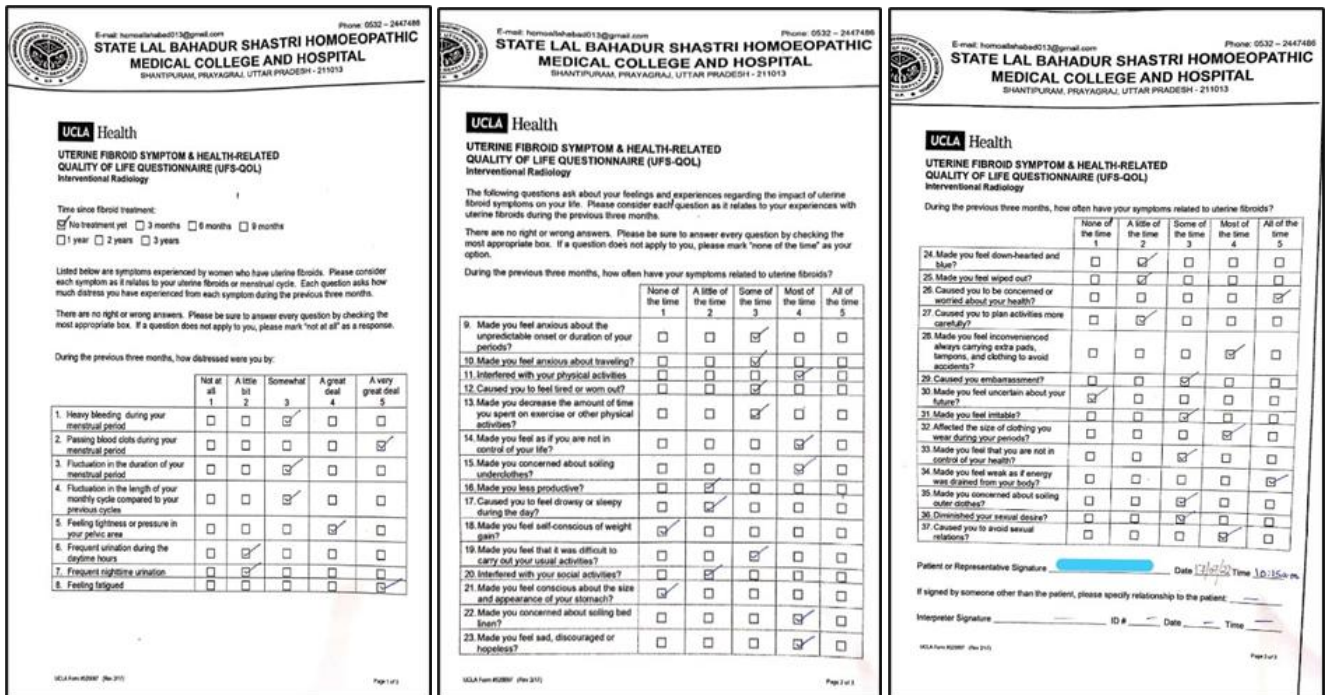


Fig 9: a, b, c UFSQOL Questionnaire of Case 2 before treatment

UFSQOL Questionnaire after one year of treatment was – 43.

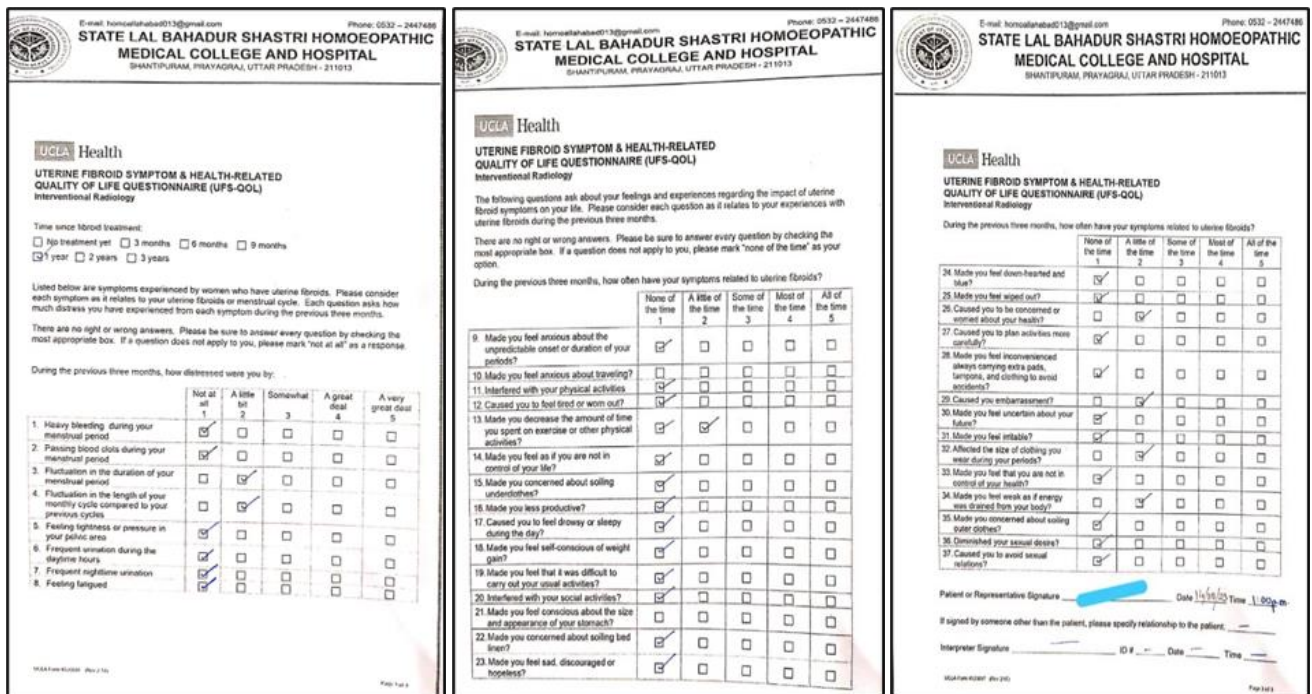


Fig 10: a, b, c UFSQOL Questionnaire of Case 2 after treatment

**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 200<sup>th</sup> potency while in second case, medicine Natrum carbonicum was prescribed firstly in 200<sup>th</sup> potency after repertorization from Synthesis repertory and confirming with Homoeopathic Materia Medica. The follow-up and therapeutic interventions were done according to instructions given in Organon of medicine 6<sup>th</sup> 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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