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Individualized homoeopathic treatment of adenomyosis: A case report

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Abstract

Adenomyosis is a myometrial lesion characterised by endometrial glands and stroma located haphazardly and deep within the myometrium. The exact cause of the ingrowth of tissues is unknown. It may be due to repeated childbirths, vigorous curettage or excess hormones level. The common symptom is heavy, painful menstrual bleeding, typically occurring in multiparous women. It has an association with infertility.

This case study suggests homoeopathic treatment as a promising complementary or alternative therapy, emphasizes the significance of repertorization with Synthesis Repertory and individualized homoeopathic prescription in a patient suffering from Adenomyosis.

Keywords: Adenomyosis, homoeopathic treatment, case report, synthesis repertory, repertorization, lycopodium

Introduction

Most women are suffering from one or more menstrual problems in their lives, Adenomyosis is also one among them ^[1]. Adenomyosis is a common benign gynaecologic disorder that affects 8.8-61.5% of women undergoing a hysterectomy and 20-34% of women referred for pelvic imaging ^[2, 3]. It is characterised by ectopic endometrial glands or stroma in the uterine myometrium ^[3, 4].

The first description of the condition initially referred to as “Adenomyoma” was provided in 1860 by the German pathologist Carl von Rokitansky, who found endometrial glands in the myometrium and subsequently referred to this finding as “cystosarcoma adenoids uterinum”. The modern definition of Adenomyosis was provided in 1972 by Bird who stated: “Adenomyosis may be defined as the benign invasion of the endometrium into the myometrium, producing a diffusely enlarged uterus which microscopically exhibits ectopic non-neoplastic, endometrial glands and stroma surrounded by the hypertrophic and hyperplastic myometrium” ^[5-7].

This condition seems very rare before age 20, a cystic form has mainly been reported in young women ^[8]. It's diagnosis appears more common in women between 40 and 50 years old (70-80%) ^[9].

In India, the prevalence of Adenomyosis is 23.5% of which 80% were seen in the age group of 31-50 years ^[10].

Adenomyosis is classified into focal and diffuse based on histopathological examinations, focal is characterised by nodules of endometrial glands, and stroma surrounded by normal myometrium are found in the specimens. Diffuse Adenomyosis is characterised by endometrial glands and stroma distributed throughout the myometrium ^[11].

The aetiology of Adenomyosis is not known. It may be due to repeated childbirths, vigorous curettage, or excess estrogen level ^[12].

Risk factors are middle age, multi-parity, surgical disruptions of the endo-myometrial border, elevated levels of both FSH and prolactin (PRL), smoking habits, and history of depression ^[13, 14].

In about 50%, it remains asymptomatic being discovered on histological examination. Patients present with some common symptoms:-

- 1) Menorrhagia (70%)-heavy menstrual bleeding
- 2) Dysmenorrhea (30%)- pain in the lower abdomen during menses
- 3) Dyspareunia-painful coition

- 4) Frequency of urination due to enlarged and tender uterus.
- 5) Associated with Infertility [13-17].

In a recent cross-sectional study on infertile women, Adenomyosis prevalence was 24.4% in women at least 40 years old and 22% less than 40 years old. This percentage increased to 38.2% in cases of recurrent pregnancy loss and to 34.7% in previous ART failure [12, 18], whereas, in those with a history of endometriosis, the percentage is widely variable, ranging from 20% to 80% [19, 20, 12].

Pelvic endometriosis co-exists in about 40 % of cases [13], and uterine fibroids [6, 12, 21]. In 15% to 57% of cases, uterine Leiomyomas and Adenomyosis coexist in the same uterus, and women with both conditions are more likely to experience pelvic pain [12, 22].

As imaging techniques further developed, a non-invasive approach for diagnosing Adenomyosis became feasible, allowing for the earlier clinical detection of the disease. Magnetic Resonance Imaging (MRI) and Transvaginal Ultrasonography (TVUS) are reported to have similar sensitivities and specificities in the detection of Adenomyosis and have increasingly been used to identify the presence of Adenomyotic lesions, and to plan subsequent treatment [23, 24]. Three-Dimensional (3D) TVS has been reported to improve diagnostic accuracy, because it enables visualization of changes in the junctional zone in greater detail than Two-Dimensional (2D) ultrasound [25, 26]. The choice of treatment depends on the woman's age, reproductive status, and clinical symptoms. However, so far, few clinical studies have been performed on medical or surgical treatment for Adenomyosis, and no drugs labelled for Adenomyosis are currently available [27].

It has a negative impact on women's quality of life in a high percentage of cases because of abnormal uterine bleeding and pain requiring a lifelong management plan through medical or surgical treatment [28].

The definitive treatment for Adenomyosis is hysterectomy, but this surgical intervention can be avoided through individualized homoeopathic treatment. Various homoeopathic medicines, such as *Arsenicum album*, *Nux vomica*, *Secale cor*, *Lachesis mutus*, *Medorrhinum*, *Pulsatilla*, *Sepia officinalis*, Thuja, etc., can be useful in treating patients suffering from Adenomyosis [29, 30]. Homoeopathy can also be integrated into a broader treatment plan alongside conventional medical care, providing a holistic approach to managing Adenomyosis cases [30].

Case proper

A 27-years-old female, from Murshidabad visited Obs. & Gyn. OPD of National Institute of Homoeopathy on 22nd March 2022. She presented with complaints of excessive menstrual bleeding for the last 3-4 months.

It was a known case of Diffuse Uterine Adenomyosis, as detected by USG of the whole abdomen on 30th Jan 2022.

History of present complaints

- 1) Excessive menstrual bleeding for the last 3-4 months.
 - **Cycle:** 8-9 days/ 30-34 days
 - Flow-heavy, uses 5-6 pads/ day
 - Pain in the lower abdomen during menses (3+)
 - Weakness during menses

Menstrual history-menarche at 12 years of age and cycle

was 3-4 days/ 28 days
LMP-19th Feb 2022

Past history

- Appendectomy-7 years ago
- Tubectomy-6 years ago

Family history: Nothing significant

Personal history

- 1) Addiction-Nothing significant
- 2) Diet-Irregular
- 3) Marital status-Got married 13 years ago
- 4) Number of children-2 Boys-NVD
- 5) Any regular medication-Null

Physical generals

- Appetite-Less, 2 times/ day.
- Thirst-less, 1L/ day
- Desire-Mushrooms (3+)
- Aversion-Sour food (3+)
- Intolerance- Nothing significant
- Urine-D (3-4) N (1), no complaints
- Stool-constipation, once in 2-3 days.
- Perspiration-Moderate, no staining and no odour
- Sleep-delay but sound sleep
- Dreams-Dreams of wild animals
- Thermal reaction-Hot
- Tongue-Cracked, moist and clean.

Mental generals

- Easily gets offended
- Irritated mood due to health issue
- Likes to stay with people
- Consolation aggravation
- Anxiety about her health

Analysis & evaluation of symptoms

S. No.	Symptoms	Common/ Uncommon	Grade
	Easily gets offended	Uncommon	3
	Irritated mood due to health issue	Common	2
	Likes to stay with people	Uncommon	3
	Consolation aggravation	Uncommon	3
	Anxiety about her health	Uncommon	1
	Less appetite	Common	3
	Less thirst	Common	1
	Aversion to sour food	Uncommon	3
	Desire for mushrooms	Uncommon	3
	Constipation	common	2
	Moderate Perspiration	Common	1
	Delay but sound sleep	Common	1
	Dreams of wild animals	Uncommon	3
	Thermal reaction is hot	Common	3
	Cracked tongue	Uncommon	3
	Excessive menstrual bleeding	Common	3
	Pain in lower abdomen during menses	Common	3
	Weakness during menses	Uncommon	3
	Menses last for 8-9 days	Uncommon	3

Totality of symptoms

- Likes to stay with people
- Consolation aggravation
- Easily gets offended
- Less appetite
- Aversion to sour food
- Desire for mushrooms
- Dreams of wild animals
- Thermal reaction is hot

- Cracked tongue
- Excessive menstrual bleeding
- Pain in lower abdomen during menses
- Weakness during menses
- Menses last for 8-9 days


Selection of repertory

Synthesis Repertory was selected on the basis of totality of symptoms.

Conversion of symptoms into rubrics

S. No.	Symptoms	Chapters	Rubrics
1.	Likes to stay with people	Mind	MIND- Company- desire or
2.	Consolation aggravation	Mind	MIND- Consolation-agg.
3.	Easily gets offended	Mind	MIND-Offended-easily
4.	Less appetite	Stomach	STOMACH-Appetite-wanting
5.	Aversion to sour food	Generals	GENERALS-Food and Drinks-sour food- aversion
6.	Desire for mushrooms	Generals	GENERALS-Food and Drinks-Mushrooms- desire
7.	Dreams of wild animals	Dreams	DREAMS-Animals-wild
8.	Thermal reaction is hot	Generals	GENERALS- Warm-agg.
9.	Cracked tongue	Mouth	MOUTH-Cracked-tongue fissured
10.	Excessive menstrual bleeding	Female genitalia/ Sex	FEMALE GENITALIA/ SEX-Menses-copious
11.	Pain in lower abdomen during menses	Female genitalia/ Sex	ABDOMEN- Pain- Menses during
12.	Menses last for many days	Female genitalia/ Sex	FEMALE GENITALIA/ SEX-Menses- protracted- eight to nine days
13.	Weakness during menses	GENERALS	GENERALS-Weakness-Menses

Repertorization ^[31]

		<div> <div>lyc.</div> <div>nux-v.</div> <div>sulph.</div> <div>nat-m.</div> <div>bell.</div> <div>phos.</div> <div>calc.</div> <div>arg-n.</div> <div>sil.</div> <div>chin.</div> <div>hy</div> </div>										
		1	2	3	4	5	6	7	8	9	10	11
		11	10	10	9	9	8	8	8	8	8	8
		22	19	19	21	15	20	19	15	15	14	14
1. Clipboard 1												
▶ 1. MIND - COMPANY - desire for (189) 1		3	2	1	1	1	4	2	3	1		3
▶ 2. MIND - CONSOLATION - agg. (57) 1		1	1	1	4	2	2	1	1	3	1	
▶ 3. MIND - OFFENDED, EASILY (135) 1		3	3	2	2	2	1	3	1	2	1	1
▶ 4. STOMACH - APPETITE - wanting (385) 1		3	3	3	3	1	3	3	2	3	3	1
▶ 5. GENERALS - FOOD AND DRINKS - s... (60) 1		1	1	2	1	2			1		1	
▶ 6. GENERALS - FOOD AND DRINKS - ... (2) 1		1										
▶ 7. DREAMS - ANIMALS - wild (20) 1		1	1	1						1		1
▶ 8. GENERALS - WARM - agg. (219) 1		2	1	3	3	1	2	2	3	1	1	2
▶ 9. MOUTH - CRACKED - Tongue fissured (116) 1		2	1	2	1	2	3	2			2	3
▶ 10. ABDOMEN - PAIN - menses - during (0) 1												
▶ 11. FEMALE GENITALIA/SEX - MENSE... (410) 1		2	3	2	3	3	3	3	2	2	3	2
▶ 12. GENERALS - WEAKNESS - menses... (0) 1												
▶ 13. FEMALE GENITALIA/SEX - MENSE... (166) 1		3	3	2	3	1	2	3	2	2	2	1

Repertorial result

- Lycopodium-22/ 11
- Nux Vomica-19/ 10
- Sulphur-19/10
- Natrum Muriaticum -21/ 9

This case was repertorized with the help of Synthesis Repertory using RADAR. The repertorial result was analysed, giving more priority to mental symptoms as well as physical general symptoms for selection. According to

repertorization, the most indicated remedy was Lycopodium.

Prescription

After considering the totality of symptoms and analysing the repertorial result, Lycopodium 0/1, 16 doses of each potency was prescribed in 100 ml of aqua dist. Orally, on alternate days for 32 days. The potency was gradually increased up to Lycopodium 0/11 with the improvement of symptoms during menses and other symptoms.

SUNIRNOY IMAGING CENTRE
126/1, Pibhana Road, Ranibagan, Berhampur, Murshidabad
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PATIENT'S NAME : **SANTANA KHATUN** AGE : 27 YR SEX : FEMALE
REFERRED BY : **DR. MOKAMEL KHANDOKAR** DATE : 30-01-2022

Thanks For Referring The Patient
PART OF ULTRASONOGRAPHY: WHOLE ABDOMEN

LIVER.....: Liver is of normal size (liver span 113 mm) and echogenicity. No diffuse or focal parenchymal lesion is seen in liver. Intrahepatic biliary channels are not dilated. Portal vein shows normal diameter at porta.

GALL BLADDER.....: Gall bladder is normally distended. Wall thickness is normal. No obvious intraluminal calculus or mass lesion is noted.

CBD.....: Common bile duct is of normal caliber.

PANCREAS.....: Pancreas shows normal size and echogenicity. No sizeable focal or diffuse parenchymal lesion is seen. Main pancreatic duct is not dilated.

SPLEEN.....: Spleen is normally sited and is of normal size. It measures 85 mm in long axis.

KIDNEYS.....: Both the kidneys show normal dimension, position & axis. Normal parenchymal echotexture with well maintained cortico-medullary echo-differentiation. No evidence of any S.O.L., hydronephrosis or calculus is noted. Right kidney measure 90 mm in long axis. Left kidney measure 88 mm in long axis.

URETERS.....: Both ureters are not dilated.

U. BLADDER.....: It is optimally distended. Walls are normal. No calculus or growth is seen.

UTERUS.....: Uterus is slightly enlarged in size (93 x 38 x 47 mm) with globular enlargement of fundal region. Myometrial echotexture is inhomogeneous. Endo-myometrial junction is irregular. Small subendometrial cyst of size 4 x 3 mm is seen in posteriorly — suggestive of diffuse uterine adenomyosis.

OVARIES.....: Both the ovaries are normal in size, shape and echotexture. A dominant follicle of size 13 x 11 mm is seen in the left ovary. Size : Right ovary (26 x 17 x 17) mm Volume : 4.2 cc (approx). Left ovary (27 x 20 x 27) mm Volume : 8 cc (approx). No obvious adnexal S.O.L. is seen.

• Minimal fluid collection is seen in Pouch of Douglas.

• **IMPRESSION**
• **Features suggestive of diffuse uterine adenomyosis.**

Printed By: **Amit Khan**
(Typing or printing mistake if any please get it corrected)

Dr. Jahabul Reza
MD (Radio-Diagnosis)
WBMC 71362

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Before treatment

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Mobile : 83730 49252 / 83730 58005
email : sunirnoy2017@gmail.com

PATIENT'S NAME : **SANTANA KHATUN** AGE : 28 YR SEX : FEMALE
REFERRED BY : **DR. M.H. KHANDOKAR** DATE : 27-12-2022

Thanks For Referring The Patient
PART OF ULTRASONOGRAPHY: WHOLE ABDOMEN

LIVER.....: Liver is of normal size (liver span 131 mm) and echogenicity. No diffuse or focal parenchymal lesion is seen in liver. Intrahepatic biliary channels are not dilated. Portal vein shows normal diameter at porta.

GALL BLADDER.....: Gall bladder is normally distended. Wall thickness is normal. No obvious intraluminal calculus or mass lesion is noted.

CBD.....: Common bile duct is of normal caliber. It measure 2.6 mm at porta.

PANCREAS.....: Pancreas shows normal size and echogenicity. No sizeable focal or diffuse parenchymal lesion is seen. Main pancreatic duct is not dilated.

SPLEEN.....: Spleen is normally sited and is of normal size. It measures 95 mm in long axis.

KIDNEYS.....: Both the kidneys show normal dimension, position & axis. Normal parenchymal echotexture with well maintained cortico-medullary echo-differentiation. No evidence of any S.O.L., hydronephrosis or calculus is noted. Right kidney measure 100 mm in long axis. Left kidney measure 94 mm in long axis.

URETERS.....: Both ureters are not dilated.

U. BLADDER.....: It is optimally distended. Walls are normal. No calculus or growth is seen.

UTERUS.....: Uterus is normal in size (79 x 38 x 45 mm) and anteverted in position. Myometrial echotexture is homogeneous. No obvious myometrial S.O.L. is seen. Endometrial echo is normal in thickness (7.8 mm) and central.

OVARIES.....: Both the ovaries are normal in size, shape and echotexture. Size : Right ovary (28 x 11) mm. Left ovary (27 x 14) mm. No obvious adnexal S.O.L. is seen.

• **POD is clear.**

• **IMPRESSION**
• **USG of whole abdomen reveals no significant abnormality.**

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Dr. Kaushik Majumdar
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After treatment

Discussion

Homoeopathic treatment of Adenomyosis, a case report of a patient who was suffering from pain in the lower abdominal region with profuse menstrual bleeding. This case was presented with radiological evidence (USG) of a bulky uterus, irregular endo-myometrial junction and the presence of a small sub-endometrial cyst posteriorly. After proper case taking, Lycopodium was prescribed based on the totality of symptoms with the help of Synthesis Repertory [Radar opus version 3.1.5]. Lycopodium 0/1 to Lycopodium 0/11, 16 doses of each potency on alternate days were administered to the patient. The medicine was given in fifty millesimal potency. The patient started feeling better after a few months of treatment as the intensity of pain and flow of menstrual blood decreased with the relief of other symptoms. The patient was completely cured after eleven months of treatment.

Adenomyosis responded well to individualized homoeopathic medicine after repertorization with Synthesis Repertory. In this case report, homoeopathic treatment is recommended as a promising complementary or alternative therapy.

Conclusion

A 27-year-old lady from Murshidabad visited Obs. & Gyn. OPD of National Institute of Homoeopathy on 22nd March 2022, presented with complaints of excessive menstrual bleeding for the last 3-4 months. Menstrual cycle flow was heavy for 8-9 days. It was a known case of Diffuse Uterine Adenomyosis, as detected by USG of the whole abdomen on 30th Jan 2022. After proper case-taking and repertorization with the help of Synthesis Repertory, Lycopodium was selected. Lycopodium 0/1 to 0/11, 16 doses of each potency on alternate days were administered to the patient based on the totality of symptoms. The patient

was completely cured after 11 months of treatment. This case report also emphasises the significance of repertorization with Synthesis Repertory and individualized homoeopathic prescription in a patient suffering from Adenomyosis.

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