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A case report of infertility with uterine fibroid treated with constitutional homoeopathic medicines

Dr. Suraia Parveen

Abstract
Infertility may be broadly subdivided into primary and secondary infertility. Primary infertility is infertility in a couple who never had a child, whereas secondary infertility is failure to conceive following previous live birth of a child. Infertility may be due to specific pathology in male (20-30%), female (30-50%) and unexplained (25-30%). Uterine fibroid (UF) is present in 5-30% of female infertile patients. Here presented a case report of 32 years old married female having secondary infertility with UF for 4 years. Failure to spontaneous conception after leading a 2 years normal conjugal life, the couple had consulted with Gynecologist and she was diagnosed with UF (>3cm). She was treated with conventional medical therapies for 2 years but no successful result and finally surgery was advised. At this point, she took treatment with constitutional homoeopathic medicines (Sepia followed by Natrum muriaticum) over 6 month's period and conceived spontaneously and normally delivered a healthy girl child at full term without any complications. This case shows the positive role of constitutional homoeopathic treatment on secondary Sub-fertility with UF.

Keywords: Secondary infertility, uterine fibroids, homoeopathy, sepia, natrum muriaticum

Introduction
The uterine fibroids (UF) or leiomyoma are the most common benign gynecological tumours in women, especially during their reproductive years and affecting 20–50% of these women [1-3]. An estimated 70-80% of women will have a fibroid in their lifetime [4]. UF are present in 5-30% of infertile patients and its incidence in infertile women without any obvious cause of Infertility is estimated to be 1- 2.4%. The reported incidence of fibroids in pregnancy ranges from 0.1-10.7% of all pregnancies. UFs affect approximately 35-77% of reproductive age-women although the real prevalence is much higher since many fibroids may be asymptomatic [5-6] The clinical effects of UF are heterogeneous, including pelvic pain, menorrhagia, impingement, infertility and related complications. Complications that occur in approximately 10-40% of pregnancies like spontaneous abortion, pelvic outlet obstruction, fetal malpresentation, cesarean section, premature labor and postpartum hemorrhage. The risk of developing complications during pregnancy increases if the fibroids are over 3 cm in size. Although the presence of myomas is almost never associated with mortality, it may cause morbidity and affect the quality of life. Fibroids vary to a great extent in terms of their size, location and number and so does the mechanism by which they may cause infertility. The distribution of UF is broadly as: Intramural or interstitial (75%), submucous (15%), and subserous (10%). It is generally accepted that anatomical location is an important factor with type, submucus, intramural fibroids and subserous fibroids implicated causing infertilities with decreasing order. In retrospective comparative study of patient with UF and those without UF concluded that pregnancy and implantation rates were significantly lower in patients with intramural and submucous fibroids even without deformation of uterine cavity (PR: 16.4 and 10% respectively versas 30% in the control group) but not influenced by subserous fibroids. Specifically, submucosal and intramural fibroids had notably higher rates of spontaneous abortion, and lower rates of live births. In many studies, meta-analysis found that the presence of noncavity-distorting intramural fibroids significantly reduces the Implantation Rate, the Clinical Pregnancy Rate, the Low Birth Rate and Miscarriage Rate by 6%, 14%, 19%, and 27% respectively, compared with women without fibroids [7-10].
The diagnosis of UF is confirmed by Pelvic Ultrasound and its management is controversial. Available treatments for UFs include medical therapies, surgery, and newer options such as uterine artery embolization (UAE) and MRI-guided focused ultrasound (MRgFUS). The proper treatment for each individual patient will depend on the patient's age and desire to retain her uterus and future fertility.

Medical therapies are considered as the first-line treatment but their long term uses develop adverse effects. Surgery/myomectomy is still the better choice for women who desire to have a child but it may cause the risk of significant morbidity like infection, postoperative adhesion formation, infertility and its permanently removal is difficult. The fertility improvement outcome is still questionable after myomectomy in women. UAE though has an advantage over myomectomy and hysterectomy for symptomatic uterine fibroids but is associated with a higher rate of complications. Designing individualized management plans will ensure optimal outcomes and maximal patient satisfaction [10-12].

Literature review in Homoeopathy revealed studies [13-14] and case reports [15-16] in which uterine fibroids had been treated successfully with homoeopathic medicine. It also had been shown in the review article of 'Homeopathic treatment of infertility: A medical and bioethical perspective', the author has observed the homoeopathic approach and the bioethical implications to infertility and proposed that monitoring the effects of homoeopathic remedies on infertile women may be an effective method to assess the efficacy of this form of alternative medicine [17]

Here, I presented a case of secondary infertility in a female with having UF who was long been treated with modern medical therapies but no spontaneous conception had been achieved and finally she was advised for surgery. For avoiding the surgery she attended to Out Patient Department of Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy [(DACRRI)-H], Kolkata for Homoeopathic treatment.

Case Report

A 32 years old, muslim, married woman from middle socioeconomic status family presented at OPD of DACRRI (H), in July 2018, with a complaint of having uterine fibroid with secondary infertility since 4 years.

History of present illness

There was history of spontaneous first pregnancy and normally delivered a male child at local hospital without any complications. Her first child is eight years old. After four years of her first child, couple tried for last 2.5 years for second issue but failed to conceive. There after she consulted and took treatment by Gynecologist for conception and that time incidentally she was diagnosed with UF which was revealed by Pelvic ultrasound (report was misplaced). She was treated with medical therapies by Gynecologist for 1.5 years but no positive results were found. On dated 12-07-18, Pelvic ultrasound was done which revealed a large UF, measuring 3.4 x 2.4 x 1.9 centimeters (Fig.1) in the anterior wall of the fundus of uterus and then Gynecologist advised her for surgical removal of UF for spontaneous pregnancy. The patient did not agree for surgery and finally she landed up at DACRRI for homoeopathic treatment for UF with hope of pregnancy for second time.

Her menstrual cycle was early (Menstrual cycle -23-25 day) with moderate flow lasting for 5–6 days or more associated with pelvic pain. She has dark complexion and normal BMI (height - 152; weight- 58 kgs; BMI 27.055). There was a history of Leucorrhoea < daytime.

There was a history of chicken pox at 12 years of age. She has been suffering from rhinitis and dust allergy last two years. There was a history of chronic obstructive pulmonary disease in her father and hypertension in her mother. Another family history was not reported.

Homoeopathic generalities

For totality of symptoms the general symptoms (mental & physical generals) were considered along with disease symptoms.

Mental generals

Sad, depressed with melancholic appearance. Always thinking about her health. Anxious about surgery for UF and her secondary fertility. She prefers being alone and a quiet environment. She is mild, reserve, introvert and does not express herself to others.

Physical generals

Her menstrual cycle was regular (28-30 days) but last 6 months cycle become early (22-24 days), with moderate flow, dark clotted, associated with lower abdominal pain < during menses; leucorrhoea – thick or thin mucus < during day time. She also had decreased appetite with moderate thirst. She has the tendency of constipation with passing dry, hard, stool. She was thermally ambithermic; There was desire meat++, cold food+++ and spicy food++ & aversion to bread+; profuse sweat in all over the body, offensive; sleeplessness for last few months due to anxiety for her diseases. Headache with band like sensation < noise and mental exertion.

A detailed case taking was done to construct the totality, as per principles of Homoeopathy.[18] After evaluation and analysis of symptom totality the following characteristics symptoms were considered for repertorisation. Using the Kent Repertory, by Hompath Classic M.D Software, Ver. 1.0. repertorial analysis was done [19-20] [Table 1].

The following characteristic symptoms were considered for repertorisation:

- Sad, depressed with melancholic appearance.
- Always thinking about her health and disease
- Fear and anxious about disease <thinking complaints.
- She prefers being alone and a quiet environment
- Forgetful, cannot remind things where kept
- Infertility
- Menses regular, mostly early
- Menses – more clotted, offensive
- Pain in lower abdomen, more during menses
- Leucorrhoea – thin or thick mucus < day time
- Desire for meat+++ spicy foods++
- Desire for cold food+++
- Aversion to bread^{++}.
- Profuse offensive perspiration on axial and inguinal regions /flexor parts.
- Large uterine fibroid of uterus
- Headache with band like sensation < noise and mental exertion
- Constipation – Hard and dry stool < during menses

Table 1: Repertorisation software chart

Normal
Repertorisation

	Sep	Sulph	Nat-m	Calc	Lach	Lyc	Nux-v	Graph	Kali-c	Phos	Puls	Sil	Plat	Rhus-t	Nit-ac
Totality	30	25	24	24	23	22	21	21	20	20	20	20	19	17	17
Symptoms Covered	14	12	11	10	11	9	12	8	11	10	9	9	10	9	8
[KT] [Mind]Sadness,mental depression:	3	3	3	3	3	3	2	3	2	2	3	2	3	3	3
[KT] [Mind]Anxiety:Health,about:	2	1		2	1		1		1	2	1	1			3
[KT] [Mind]Company:Aversion to:	2	2	3	1	2	2	3	1	1	1	2		2	2	
[KT] [Stomach]Desires:Sweets:	2	3	1	2		3	1		2					2	
[KT] [Stomach]Desires:Bitter food:			2												
[KT] [Stomach]Aversion:Bread:	2	1	3		1	2	2		2	2	2			1	2
[KT] [Genitalia female]Menses:Early,too:															
[KT] [Genitalia female]Menses:Clotted:	1	2	2	3	3	2	1		1		3		3	3	1
[KT] [Genitalia female]Menses:Painful,dysmenorrhoea:	2	2	1	2	2	2	2	2	3	2	2	1	2	2	1
[KT] [Genitalia female]Tumours:Uterus:Fibroid:				3	2	2	1		2	3		2	1		1
[KT] [Genitalia female]Leucorrhoea:Menses:Before:	3	2	2	3	2			3		2	2	2	1		
[KT] [Genitalia female]Leucorrhoea:Daytime only:	1												1		
[KT] [Perspiration]Odour:Offensive:	3	3			2	3	3	3	1	2	3	3		2	3
[KT] [Head]Pain,headache in general:Closing eyes:Amel:	2	2	1	2			1					3	1	1	
[KT] [Rectum]Constipation:Menses:During:	3	1	3				1	3	3	1		3	3		
[KT] [Rectum]Constipation:Stool remains long time in the rectum with n	1				2			3							
[KT] [Stool]Hard:	3	3	3	3	3	3	3	3	2	3	2	3	2	1	3

Symptoms 1 to 17 Total Symptoms : 17 Remedies 1 to 15 Total Remedies : 297

Clinical findings and diagnostic assessment

On previous clinical findings and Pelvic ultrasound revealed it was found to be a case of a large UF with secondary fertility. She had taken treatment from Gynaecologist for spontaneous conception from 2016 to 2018 off and on. It was found that there was no any other significant pathological cause or reproductive factors (male factors, tubal, ovarian and hormonal factors) for failure to conceive except uterine fibroid. Based on detailed workup by Gynaecologists and clinical evaluation, this was found to be a case of Subfertility due to large uterine fibroid.

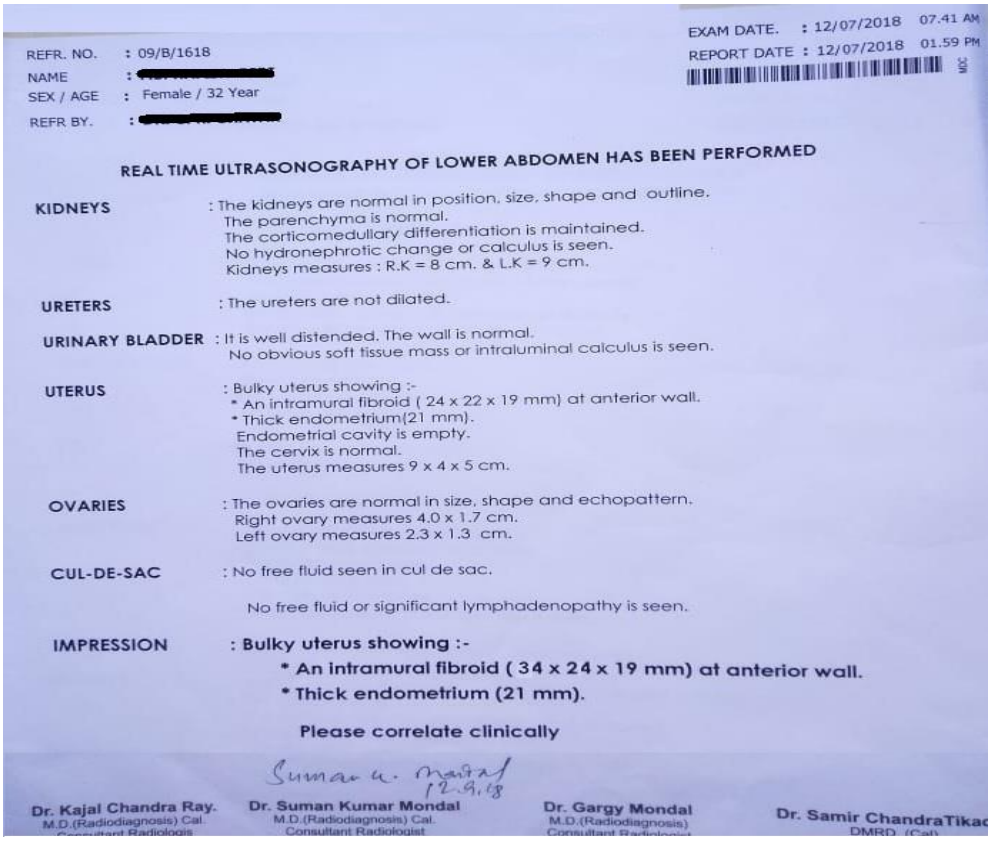
Therapeutic intervention, follow-up and outcome

Homoeopathic medicines were procured from Hahnemann Publishing Company Pvt. Ltd. (Good Manufacturing Practice certified ISO 9001:2008 unit) and dispensed from DACRRI (H) dispensary. The homoeopathic Similimum Sepia was prescribed on the basis of symptom similarity, individualisation, and miasmatic analysis with the holistic concept of Homoeopathy. Treatment was started with constitutional homoeopathic medicine *Sepia* with increasing potencies (200C, 1M, 10M) and completed with its complementary medicine Natrum muriaticum [21-24]

Sepia initiated the improvement and Natrum muriaticum completed the cure, i.e., natural conception has been occurred in patient. Pelvic Ultrasound [Fig.3] revealed a gestational sac with significant regression of UF in size, measuring 10 x 12 x 8 mm. Over a period of five months of treatment with individualized constitutional homoeopathic medicine Sepia and Natrum muriaticum have given successful result in patient with secondary infertility and UF. Finally without any complications the patient delivered normally a mature healthy female baby [Figure.4].

The final outcome and possible causal attribution of the changes in this case were assessed using the 'Modified Naranjo Criteria' as proposed by the HPUS Clinical data Working Group [25] (December 2015) [Table 3]. The total score of outcome as per the Modified Naranjo Criteria was 09, which was close to the maximum score 13. This explicitly shows the positive causal attribution of the individualized homoeopathic treatment towards this case of uterine fibroid with secondary infertility.

The evidences of UF and infertility have been submitted as images (Before, during and after treatment) as follows:



REFR. NO. : 09/B/1618
NAME : [redacted]
SEX / AGE : Female / 32 Year
REFR BY. : [redacted]

EXAM DATE. : 12/07/2018 07.41 AM
REPORT DATE : 12/07/2018 01.59 PM

REAL TIME ULTRASONOGRAPHY OF LOWER ABDOMEN HAS BEEN PERFORMED

KIDNEYS : The kidneys are normal in position, size, shape and outline.
The parenchyma is normal.
The corticomedullary differentiation is maintained.
No hydronephrotic change or calculus is seen.
Kidneys measures : R.K = 8 cm. & L.K = 9 cm.

URETERS : The ureters are not dilated.

URINARY BLADDER : It is well distended. The wall is normal.
No obvious soft tissue mass or intraluminal calculus is seen.

UTERUS : Bulky uterus showing :-
* An intramural fibroid (24 x 22 x 19 mm) at anterior wall.
* Thick endometrium(21 mm).
Endometrial cavity is empty.
The cervix is normal.
The uterus measures 9 x 4 x 5 cm.

OVARIES : The ovaries are normal in size, shape and echopattern.
Right ovary measures 4.0 x 1.7 cm.
Left ovary measures 2.3 x 1.3 cm.

CUL-DE-SAC : No free fluid seen in cul de sac.

No free fluid or significant lymphadenopathy is seen.

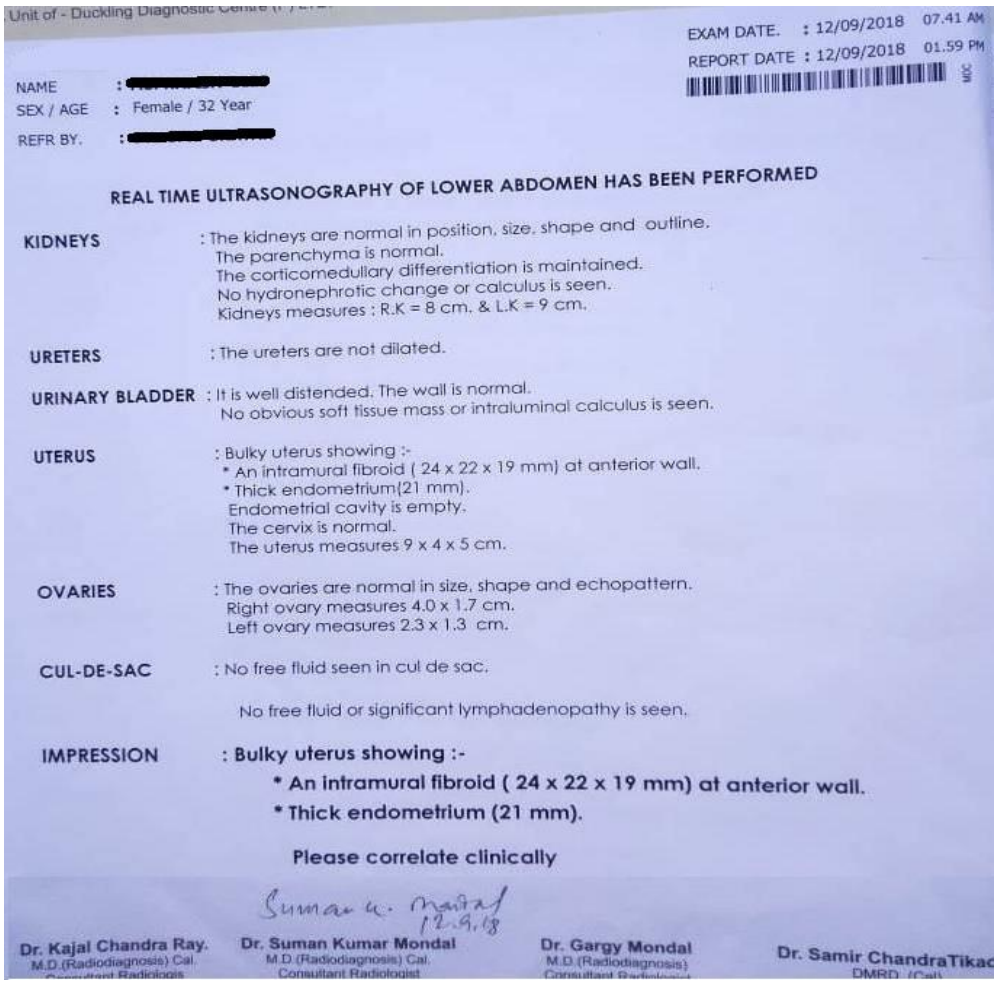
IMPRESSION : **Bulky uterus showing :-**
*** An intramural fibroid (34 x 24 x 19 mm) at anterior wall.**
*** Thick endometrium (21 mm).**

Please correlate clinically

Suman K. Mondal 12.9.18

Dr. Kajal Chandra Ray. M.D.(Radiodiagnosis) Cal. Consultant Radiologis
Dr. Suman Kumar Mondal M.D.(Radiodiagnosis) Cal. Consultant Radiologist
Dr. Gargy Mondal M.D.(Radiodiagnosis) Consultant Radiologist
Dr. Samir ChandraTikad DMRD (Cal)

Fig 1: Pelvic USG report before treatment.



Unit of - Duckling Diagnostic Centre

NAME : [redacted]
SEX / AGE : Female / 32 Year
REFR BY. : [redacted]

EXAM DATE. : 12/09/2018 07.41 AM
REPORT DATE : 12/09/2018 01.59 PM

REAL TIME ULTRASONOGRAPHY OF LOWER ABDOMEN HAS BEEN PERFORMED

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The parenchyma is normal.
The corticomedullary differentiation is maintained.
No hydronephrotic change or calculus is seen.
Kidneys measures : R.K = 8 cm. & L.K = 9 cm.

URETERS : The ureters are not dilated.

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UTERUS : Bulky uterus showing :-
* An intramural fibroid (24 x 22 x 19 mm) at anterior wall.
* Thick endometrium(21 mm).
Endometrial cavity is empty.
The cervix is normal.
The uterus measures 9 x 4 x 5 cm.

OVARIES : The ovaries are normal in size, shape and echopattern.
Right ovary measures 4.0 x 1.7 cm.
Left ovary measures 2.3 x 1.3 cm.

CUL-DE-SAC : No free fluid seen in cul de sac.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION : **Bulky uterus showing :-**
*** An intramural fibroid (24 x 22 x 19 mm) at anterior wall.**
*** Thick endometrium (21 mm).**

Please correlate clinically

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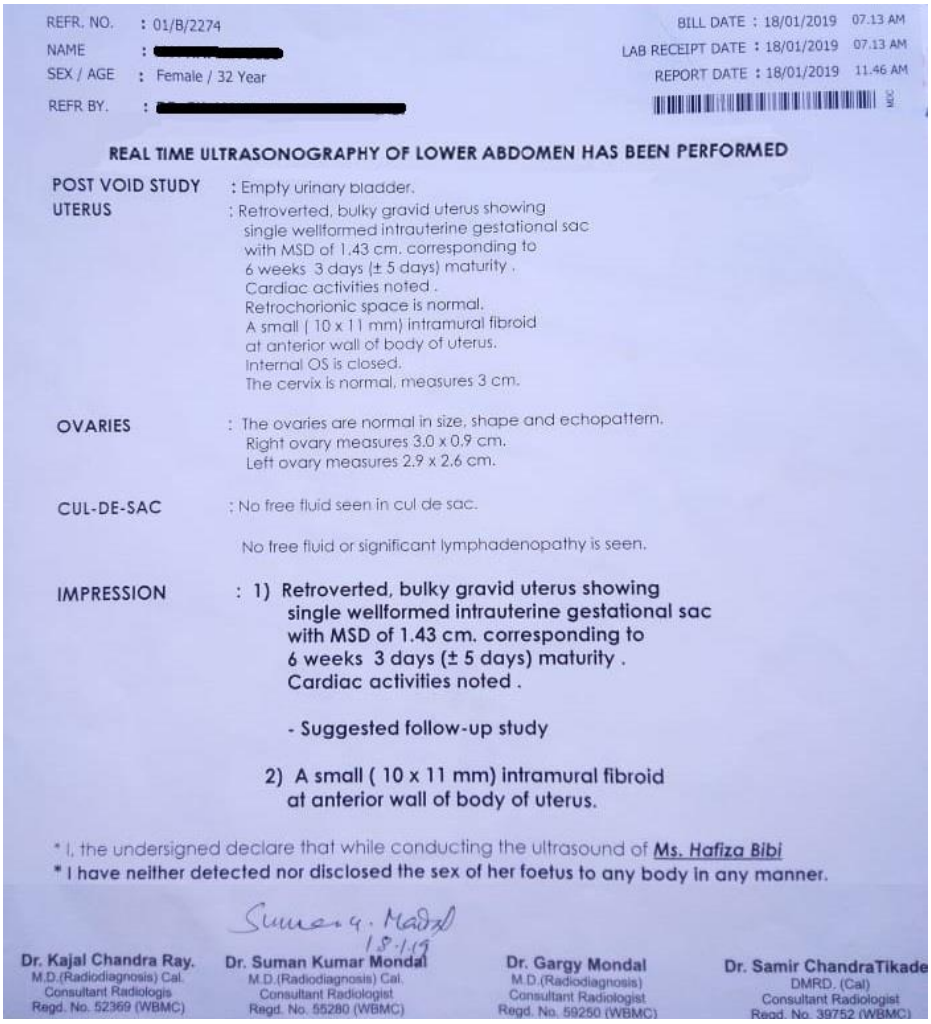
Dr. Gargy Mondal M.D.(Radiodiagnosis) Consultant Radiologist
Dr. Samir ChandraTikad DMRD (Cal)

Fig 2: Pelvic USG report during treatment (reduction of size of UF)



REFR. NO. : 01/B/2274
NAME : [redacted]
SEX / AGE : Female / 32 Year
REFR BY. : [redacted]

BILL DATE : 18/01/2019 07.13 AM
LAB RECEIPT DATE : 18/01/2019 07.13 AM
REPORT DATE : 18/01/2019 11.46 AM

REAL TIME ULTRASONOGRAPHY OF LOWER ABDOMEN HAS BEEN PERFORMED

POST VOID STUDY : Empty urinary bladder.

UTERUS : Retroverted, bulky gravid uterus showing single wellformed intrauterine gestational sac with MSD of 1.43 cm. corresponding to 6 weeks 3 days (± 5 days) maturity . Cardiac activities noted . Retrochorionic space is normal. A small (10 x 11 mm) intramural fibroid at anterior wall of body of uterus. Internal OS is closed. The cervix is normal, measures 3 cm.

OVARIES : The ovaries are normal in size, shape and echopattern. Right ovary measures 3.0 x 0.9 cm. Left ovary measures 2.9 x 2.6 cm.

CUL-DE-SAC : No free fluid seen in cul de sac.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION : 1) Retroverted, bulky gravid uterus showing single wellformed intrauterine gestational sac with MSD of 1.43 cm. corresponding to 6 weeks 3 days (± 5 days) maturity . Cardiac activities noted .

- Suggested follow-up study

2) A small (10 x 11 mm) intramural fibroid at anterior wall of body of uterus.

* I, the undersigned declare that while conducting the ultrasound of Ms. Hafiza Bibi
* I have neither detected nor disclosed the sex of her foetus to any body in any manner.

Suman q. Mondal 18.1.19

Dr. Kajal Chandra Ray. M.D.(Radiodiagnosis) Cal. Consultant Radiologis Regd. No. 52369 (WBMC)
Dr. Suman Kumar Mondal M.D.(Radiodiagnosis) Cal. Consultant Radiologist Regd. No. 55280 (WBMC)
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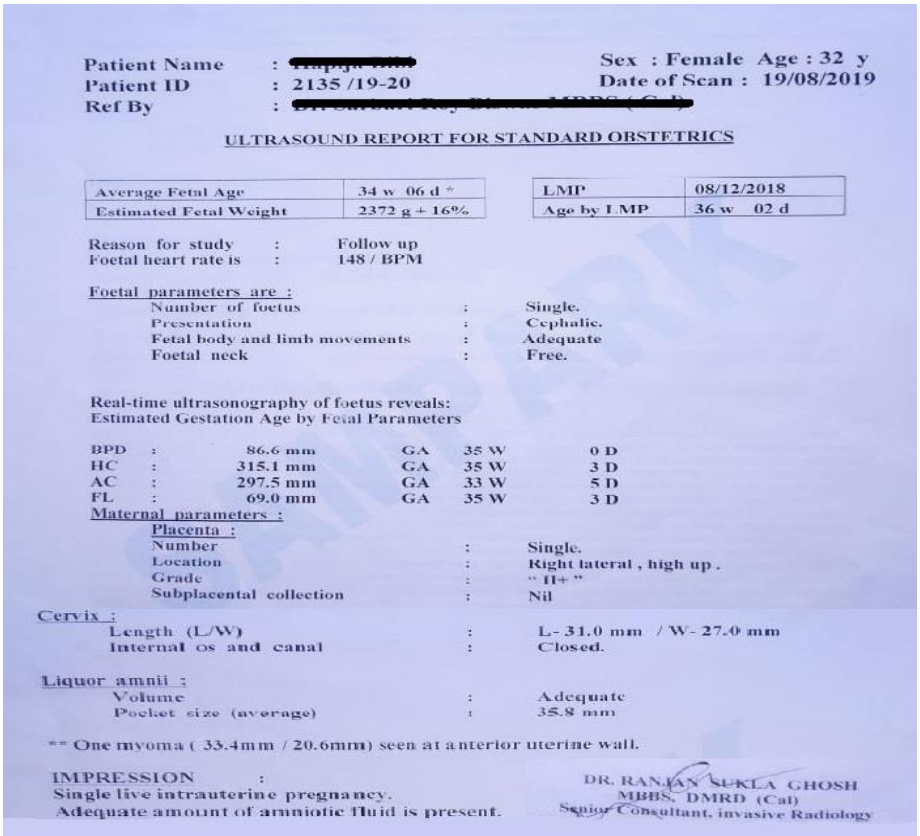
Dr. Samir ChandraTikade DMRD. (Cal) Consultant Radiologist Regd. No. 39752 (WBMC)

Fig 3: Pelvic USG report during treatment (Spontaneous conception with reduced size of UF &)



Patient Name : [redacted]
Patient ID : 2135 /19-20
Ref By : [redacted]

Sex : Female Age : 32 y
Date of Scan : 19/08/2019

ULTRASOUND REPORT FOR STANDARD OBSTETRICS

Average Fetal Age	34 w 06 d *	LMP	08/12/2018
Estimated Fetal Weight	2372 g + 16%	Age by LMP	36 w 02 d

Reason for study : Follow up
Foetal heart rate is : 148 / BPM

Foetal parameters are :
Number of foetus : Single.
Presentation : Cephalic.
Fetal body and limb movements : Adequate
Foetal neck : Free.

Real-time ultrasonography of foetus reveals:
Estimated Gestation Age by Fetal Parameters

BPD	86.6 mm	GA	35 W	0 D
HC	315.1 mm	GA	35 W	3 D
AC	297.5 mm	GA	33 W	5 D
FL	69.0 mm	GA	35 W	3 D

Maternal parameters :
Placenta :
Number : Single.
Location : Right lateral , high up .
Grade : " II+ "
Subplacental collection : Nil

Cervix :
Length (L/W) : L- 31.0 mm / W- 27.0 mm
Internal os and canal : Closed.

Liquor amnii :
Volume : Adequate
Pocket size (average) : 35.8 mm

** One myoma (33.4mm / 20.6mm) seen at anterior uterine wall.

IMPRESSION :
Single live intrauterine pregnancy.
Adequate amount of amniotic fluid is present.

DR. RANJAN SUKLA GHOSH
MBBS, DMRD (Cal)
Senior Consultant, invasive Radiology

Fig 4: Pelvic USG report during pregnancy with foetal profile. (After treatment)

Table 2: Timeline including follow-up with intervention

Date of 1st visit and follow ups	Indications/Symptoms	Prescribed medicine with potency & doses
20-07-2018	Baseline presentation Date of Last Menstrual period was- 15/07/2018	Sepia 200C/3 doses (D) once daily (OD) for 3 days
16-08-2018	LMP- 08/08/18; Menses –early, (cycle-24 days), but flow- dark, clotted, offensive; Pain in lower abdomen, more during menses- persist; Leucorrhoea – same; stool- hard & other symptoms –same	Placebo 30 is given
12-09-2018	LMP- 02/09/18; Menses- early but regular (cycle-25 days), Pain during menses- less , flow better but dark & clotted, leucorrhoea- less, constipation- more hard stool causes anal pain ; disturbed sleep; anxiety –more for failure to conception, Headache-persist.	Sepia 1M/2D/OD for 2 days
10-10-2018	LMP- 30/09/18; Menses- regular (cycle-28 days) but pain in lower abdomen during menses- less, No leucorrhoea, more anxious & more depressed about issue, Repeated the medicine for further improvement.	Sepia 1M/2D/OD for 2 days
12-11-2018	LMP- 30/10/18; Menstruation –regular (cycle-30 days) Stand still condition. For further improvement the complementary medicine was prescribed.	Natrum Muriaticum 1M /3D/OD for 3 days
13-12-2018	LMP- 30/11/18 Regular cycle , Flow-moderate, clotted –less , no pain during - less; No Leucorrhoea, Headache- less, constipation- better , Anxiousness & depression - persists.	Natrum Muriaticum 1M /3D/OD for 3 days
10-01-2019	LMP- 01/12/18; No menses appear. Amenorrhea since one month. Advise for Urine Pregnancy Test on 15/01/18.	No medicine
16-01-2019	Reported pregnancy test – positive. She feels happy. Advise for rest and avoid physical exertion. Advised for Pelvic ultrasound with fetal profile to find out gestational sac	
24-01-19	Pelvic ultrasound was done on 18-01-18 which showed pregnancy with intrauterine gestational sac (Fig.3). A single intrauterine pregnancy of 6 weeks 3 days maturity with regression of UF in size. She became happy for spontaneous conception.	
06-09-19	 She took symptomatic treatment for nausea, morning sickness and other problems from time to time. Also she was under in Government hospital for Antenatal care. Pelvic USG (Fig.4) showed no complication during pregnancy. On 02/09/19 she delivered normally a healthy full term girl child without any complications at local Government Hospital.	
20-12-2019		

Table 3: Assessment by Modified Naranjo Criteria score

S. no.	Item	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2 ✓	-1	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1 ✓	-2	0
3	Was there an initial aggravation of symptom? (need to define in glossary)	+1	0	0 ✓
4	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1 ✓	0	0
5	Did overall wellbeing improve? (suggest using validated scale)	+1 ✓	0	0
6 (A)	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0 ✓
6 (B)	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	0	0 ✓
7	Did öld symptoms"(defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0 ✓
8	Are there alternate causes (other than the medicine) that-with a high probability- could have	-3	+1	0

	caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention			
9	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2 ✓	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1 ✓	0	0
	Total score =Maximum score=13 Minimum score=03	Score= 09		

The interpretation of the total Naranjo Score predicting drug action is as follows: Define: > or = 9; Probable: 5-8; Possible: 1-4; and Doubtful: < or = 0

Discussion

This case report followed HOME-CASE guidelines for reporting the outcomes. This case was a confirmed case of secondary infertility with uterine fibroid. UF affect a woman's quality of life, as well as her fertility and obstetrical outcomes. This study supports the fact that fibroids influence infertility by evaluating spontaneous conception in infertile women with and without fibroid in which found a significant discrepancy in pregnancy rate for infertile women (11% with fibroids versus 25% without fibroids) and removing the fibroids increased the pregnancy rate from 25% to 42% [26]. The fifteen included studies that displayed a lower Implantation Rate in women with noncavity-distorting intramural fibroids than in women without fibroid [7] The indications of surgery in a woman who is considering the possibility of pregnancy by the natural methods with the presence of submucous or intramural fibroid, greater 3 cm in size [27]. Here, with the individualized constitutional homoeopathic treatment, the larger intramural fibroid (>3cm) regressed significantly as well as implanted successfully and conceive spontaneously.

Although the most pregnancies with fibroids are uneventful but the risk of developing complications occur in approximately 10-40% of pregnancies (23, 24) and increases the risk if the fibroids are over 3 cm in size. [27] In this case there was no developing any complications throughout the pregnancy and patient delivered normally a full term healthy female child at local Government Hospital without any complications.

Kalampokas *et al* [28] presented a case series in the literature in which homoeopathic treatment showed successful result on female infertility patient. It has been shown in case study Oberai *et al* [29] which showed effective role of homoeopathy in management of fibroids as well as in case reports , Parveen *et al* [30] and Rath *et al* [31] that homoeopathy have shown the effective role in cases of infertility. This case clearly revealed the effectiveness of individualized constitutional homoeopathy medicine in treatment of infertility and UF.

Conclusion

This case report has shown the constitutional individualized homoeopathic medicines can also improve the fertility of patients with history of infertility and uterine fibroid with no additional obstetric complications. Homoeopathy can be a good alternative treatment for management of uterine fibroid and infertility. However, well designed studies are required for establishing the effectiveness and efficacy of Homoeopathy in treating infertility cases.

Declaration of patient consent

The author certifies that she has obtained the appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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