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## Management of bulky uterus with constitutional homoeopathic medicine: A case report

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### Abstract

As per Oxford dictionary “Bulky” Synonymous-Having excess body mass, especially muscular mass, Bulky uterus synonymous increased mass of muscular portion of uterus. It’s an investigational finding due to some underlying benign or malignant change in layers of uterus may from localized cause or endocrinal cause. Most frequently it associated with abnormal uterine bleeding in reproductive age group. Here a case history of 24years old woman suffered from irregular and painful menstruation for last 2 years, after proper history taking and evaluating symptoms according to Kent’s method and repertorization by Kent repertory using RADAR 10.0. THUJA founded to be her constitutional medicine. That was prescribed in 50milisemial potency scale. Patient got improved in a short time, after 7 months USG shows normal uterine morphology.

**Keywords:** Abnormal uterine bleeding, adenomyosis, bulky uterus, dysfunctional uterine bleeding, fibroid uterus, homoeopathy, leiomyoma, myoma, uterine hemorrhage

### Introduction

Uterus or Hysteria or womb is an intra-pelvic organ, conception and development of Human Embryo takes place here [1]. It’s a Hollow muscular organ; pyriform shaped, lower part is circular shaped called cervix, Upper part it is connected with fallopian tube on both sides. Normally measures 75mm (long) x 50 mm (wide) x 25 mm (thick) [1, 3]. It consists of 3 layers histologically outer Perimetrium, Middle muscular layer called Myometrium, Inner most hormone sensitive layer endometrium. The middle and inner layer undergoes various changes during each menstrual cycle under the influence of female sexual hormones [3, 6]. Bulky uterus implies the enlarged dimension of Uterus, due to increased Musculature. It’s an investigational finding frequently encountered in women within reproductive age group suffering from abnormal uterine bleeding. It may be due to benign or malignant growths [11]. Abnormal uterine bleeding may be Acute (copious fainting bleeding in a short course of time, need immediate management), Chronic (irregular periods quantitatively & qualitatively since last 6months) [6]. Nearly 1/3rd of Gynecological all OPD cases are due to abnormal uterine bleeding [2, 6]. Mostly Bulky uterus clinically diagnosed as Dysfunctional uterine bleeding [6]. Bulky uterus with normal endometrial thickness may be associated with Adenomyosis and fibroid uterus [9]. Management under modern medicine is based on the age, pathology, hemodynamic stability, fertility. In severe form, premenopausal age Hysterectomy is the choice of treatment. In mild, moderate form OCP pills is the choice. Excess estrogen and anovulation is the main aetio-pathology associated with it [6, 3].

### 1. Dysfunctional uterine bleeding

It is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction of hypothalamo-pituitary-ovarian axis [3]. It is divided in to ovular and anovular bleeding. It found in both extremes of life. Dysfunctional uterine bleeding USG findings Symmetrical enlargement of uterus 8-10 week size with endometrial polypus [6].

### 2. Uterine fibroid

Fibromyoma, uterine Myoma prevalence among 3rd to 4th Decade of life. 1/5<sup>th</sup> of women above 30yrs having fibroid. Myoma occurs in 3 forms sub-serosal, intramural and sub-mucosal. Intramural variety occupies 3/4th of total cases [3]. Half of the patients are asymptomatic.

Clinically manifest as heavy bleeding, Anemia, Infertility, secondary symptoms due to compression effect of tumor. Hard, painless lump on examination [3,6].

**3. Adenomyosis**

Abnormal condition, due to more than 0.25cm penetration and inward growth of Endometrium inside Myometrium [6]. High prevalence in 4th to 5th decade of life, common finding in Hysterectomy specimen vary from 5-70% of specimen [2, 4, 5, 8]. 8out of 10 cases found in combination with other conditions, fibroid, endometrial polyps. 20 out of 100 Adenomyosis associate with fibroid [9]. 1/3rd of the cases are asymptomatic, clinically present as dysmenorrhea, backache, Abnormal uterine bleeding [4, 5]. Uterine Tenderness on examination. Uterus is soft and boggy, size not more than 14th week of pregnancy [6].

**Case record:** A 24 year old female from Beldanga of Murshidabad visited NIH OPD on 5th April 2022, with the complaints of delayed and prolonged menses since last 1year. Every month periods was delayed and irregular vary from 34 to 37 day cycle, bleeding phase last for 7-9 days profuse bleeding in first 6 days then decreases. She has to use 5-6 large pads in first 6days. During menstruation she had aversion to food; she had difficult in passing stool, irregularity in stool, Nausea and aversion to food and low back pain during first few days of menses cant able to perform regular activities. Occasionally thin scanty Leucorrhoea discharges before menses. Her LMP was 24-03-2022 after 34 days last for 6 days. She was diagnosed as sufferer of BULKY uterus by USG scan done in 22-03-2022 under advice of local gynaecologist. Last 1 week she had taken allopathy medicine for presenting complaint. She had history of chicken pox at 9 years of age; taken traditional treatment for 2 weeks then got relieved. She had undergone two times Lower Segmental Caesarean Sections,

first 5 years back, then next 3 years back along with tubectomy. Her father died by oral carcinoma before 5 years, mother had a history of Hypothyroidism and dyslipidemia.

Daily she drinks 2-2.5 Liter water/day, moderate thirst. She desires cold foods, tea. Bowel habits are regular, soft occasionally hard. Most of the time she get unrefreshing sleeps, sleeps 6-7 hours at night. Perspiration scanty. She dislikes aloneness she had fear of strangers. Her behavior and response are slow and complete; she was respectable and mild in nature. Appearance well body build, Obese, Fair complex, shiny face, small papillary warts around neck.

**Repertory selection & remedy selection**

**Repertory selected:** Kent Repertory, by using Radar 10.

**Reportorial selection & reason:** Kent repertory was selected because of marked number of general symptoms in the case.

8 rubrics selected on Kent's method of evaluation [7].

1. Mind-Mildness.
2. Mind-Fear of stranger.
3. Stomach-desires-Cold foods.
4. Stomach-Nausea-menses-during.
5. Rectum-Constipation-menses-during.
6. Back-pain-Lumbar region-Menses-during.
7. Female genitalia-Menses protracted.
8. Female genitalia-Tumors-uterus.

**Repertorial analysis [10]**

Thuja-12/8, Phosprus-11/6, Pulstilla-14/5, Calc carb-11/5, Kali carb-11/5, Lycopodium-11/5 Thuja covers all the rubrics with maximum marks, final selection of remedy was done after referring to Material medica.

**Table 1:** Thuja was selected as an individualized medicine as patient. For repetition and avoiding unwanted aggravation LM potency was used, Thuja 0/1 was prescribed in daily dose for first month of treatment

Sl. No.	Date	Condition	Prescription
I.	10-05-2022	Patient feels better, Menses occurred after 36 days, flow last for 6 days (29-04-2022). Nauseating feeling during menses present. Low back pain decreased. Hard stool reduced. No new complaints.	<b>Rx:</b> 1. THUJA 0/2/60D (2 months). <b>OD:</b> 2. Rubrum 30/2dram (2 months).
II.	08-07-2022	Patient feels better; Periods occurred 2 times at a interval of 34 days, First period LMP-31-05-2022, flow last for 7 days, Second period LMP-05-06-2023. Stool becomes regular. Nauseating feeling relieved. Low backache persists.	<b>Rx:</b> 1. Thuja 0/3/60D (2 months). <b>OD:</b> 2. PLACEBO 30/2dram (2 months) OD
III.	09-09-2022	Patient feels better; Periods occurred 2 times at a interval of 34 days. 1 <sup>st</sup> LMP-09-07-2022, 2nd LMP-07-08-2022. Menses flow for 4-5 days, Low back pain deceased.	<b>Rx:</b> 1. Lactopen 200/60D (2 months) Advice for USG scan on next visit
IV.	20-11-2022	Patient feels better; Period became 34/5 days cycle and regular. No Back pain. Physical generals were normal. USG report dated 18-11-2022 shows Uterus Echo-texture remain normal limits.	<b>Rx:</b> 1. Rubrum met 6C/1dram (1 month) Advice to visit after 6 month with another fresh USG report to rule out recurrence.

**Discussion**

Bulky uterus abnormal sonological finding in suffers of abnormal uterine bleeding, caused by Hyperestrogenemia [2, 6]. Adenomyosis, fibroid uterus, dysfunctional uterine bleeding are the most commonly encountered complaints [11]. 1/3rd of reproductive age group females visiting gynecological OPD are suffering from Dysfunctional uterine bleeding. It significantly affects quality of life by causing Anemia, sub-fertility, discontented in sexual life

due to Dyspareunia [6]. In modern medicine the treatment of choice is oral contraceptive pills and surgery. In acute bleeding management is by anti-hemorrhagic drugs and uterine artery ligation. Taking OCP pills and myomectomy increase the risk of Ectopic pregnancy, recurrent miscarriage [3,6].

Above described case was an 24 year old multiparous women, she underwent two times LSCS, suffered from dysmenorrhea and irregular menses, her sonological report

revealed features of bulky uterus 12.7 cm\* 5.7cm \* 3.4cm with normal ovaries and endometrial size with normal echo texture Sonologically. After proper case taking following Kent's method of evaluation and repertorization using Kent's repertory. Thuja covers all reportorial symptom with good marks, on referring to material medica and patient's family history Thuja was conformed as her constitutional

remedy, medicine was prescribed in 50 milisemial potencies up to 0/3 from 0/1, for a duration of 4 months followed by placebo for 3months. During course of medicine patient got improved step by step and got relief from her sufferings. After 7th month of treatment USG shows uterine size reduced to 10.4cm \* 4.9cm \*3.4cm. Patient was advised to take a report after 6 month to rule out reoccurrence.

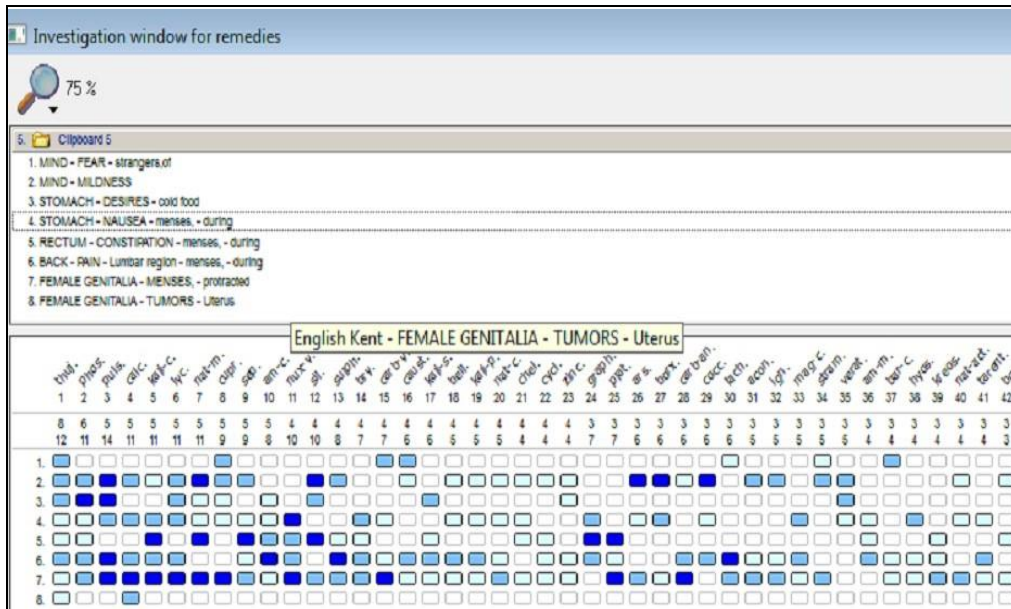


Fig 1: Reportorial result using radar 10.0 software [10]

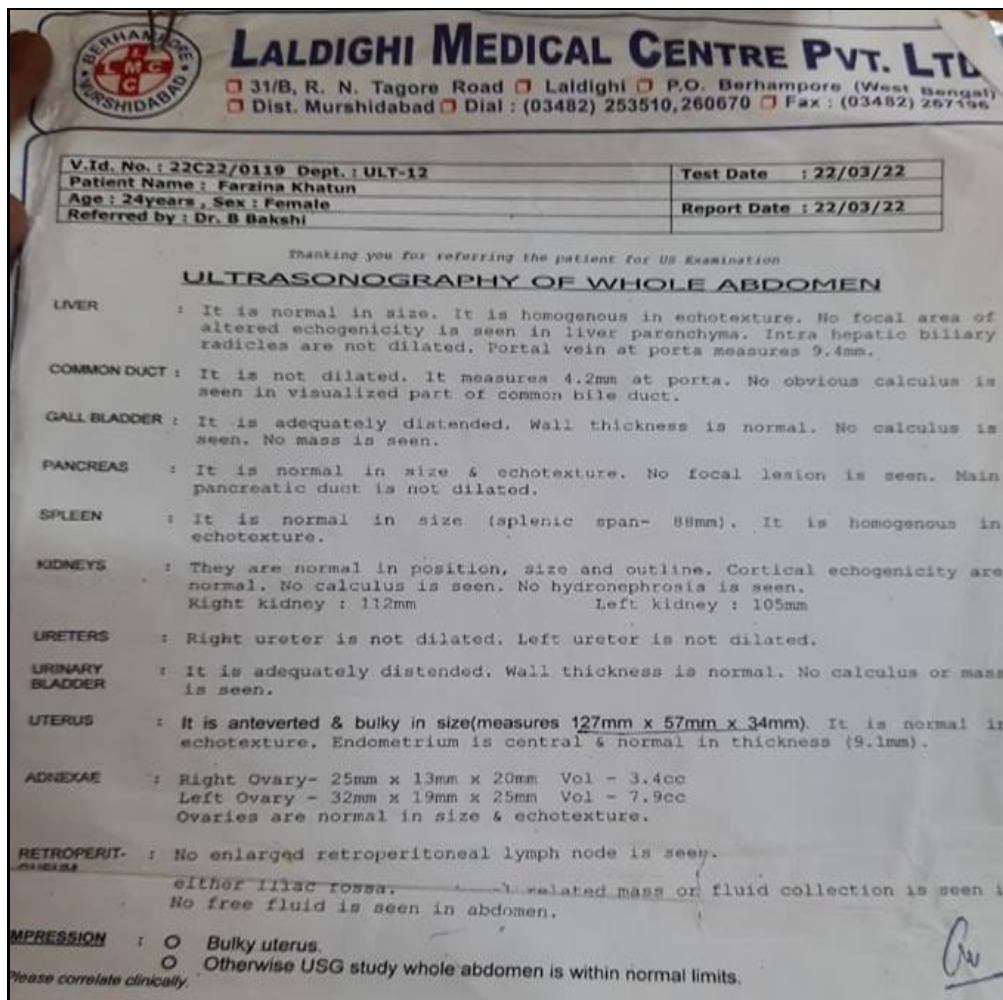


Fig 2: USG Report dated-22-03-2022 [Before treatment] Uterus with Bulky Changes

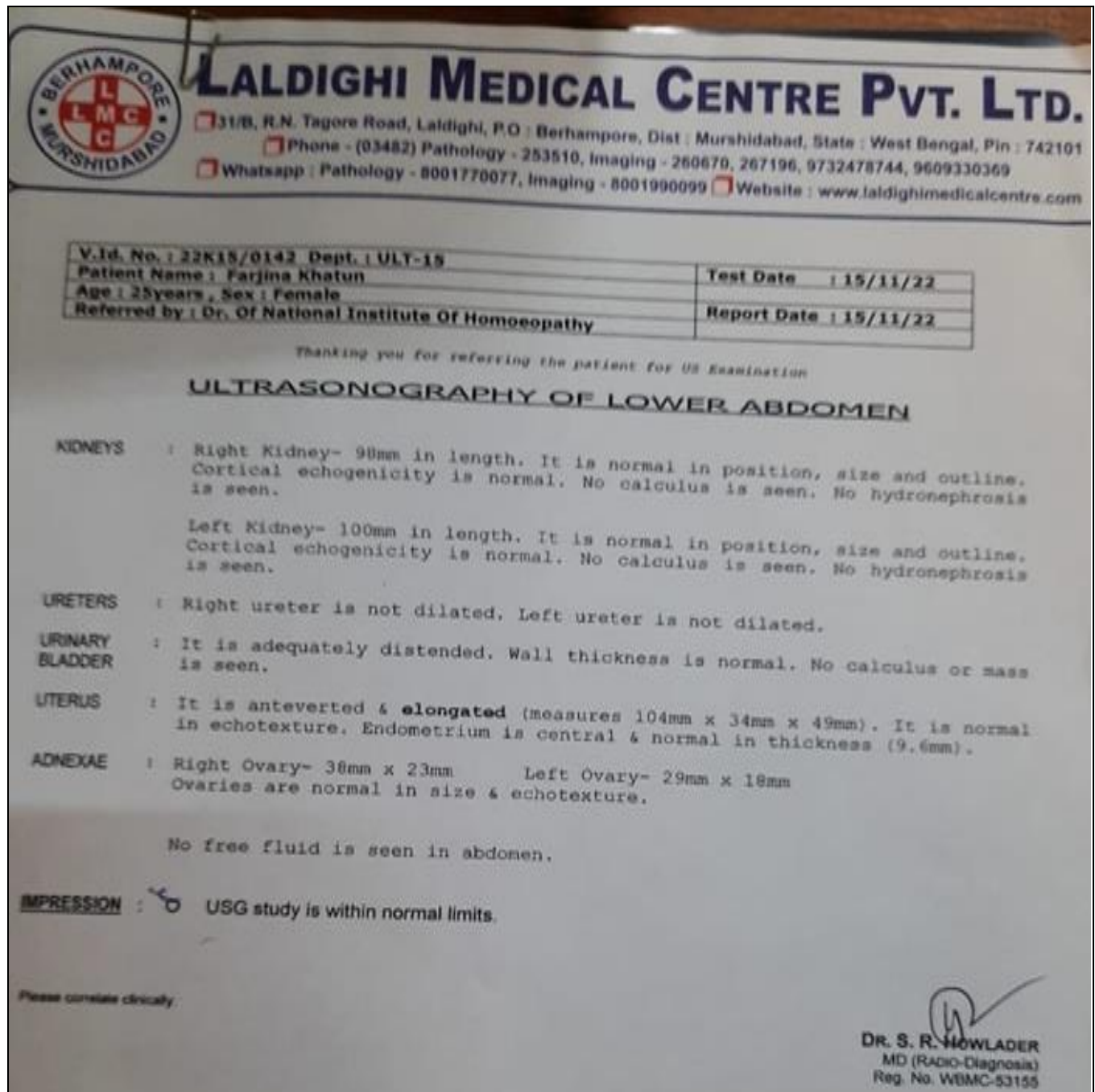


Fig 3: USG Report dated 15-11-2022 [After treatment], with Normal studies

**Conclusion**

Homoeopathy method of treatment found to be better solution to many Gynecological disorders where surgery is found to be a major intervention under modern medicine. Above case is an example for scope of homoeopathy in such cases. Bulky uterus affects badly the quality of life reproductive age group women by abortion, infertility. Our system of medicine have 100s of medicines for different form of same condition for different individuals. As the system relays on natures law of cure and minimum dosage in treatment, it is free from adverse effects and available in affordable price than modern medicine.

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