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Wonders of laches is in climacteric age: A case report of uterine fibroid

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Abstract

Introduction: This case report is a beautiful example of the magnificent efficacy of Lachesis in a case of uterine troubles of women.

Case summary: A 49 yrs old female came with the complaint of metrorrhagia. USG report confirmed the patient was having a Bulky non-homogenous uterus with sub- mucous fibroid. After proper case taking, repertorisation and consulting with materia medica, Lachesis 200 was prescribed, followed by Lachesis 1M, 10M, 50M and placebo as and when required with gradual improvement of the patient both symptomatically and pathologically.

Conclusion: This case report illustrates the efficacy of Lachesis in female complaints.

Keywords: Lachesis, uterine fibroid, metrorrhagia, homoeopathy

Introduction

Fibroid is not only the commonest benign tumour of the uterus but is the commonest benign solid tumour in female. It has been estimated that at least 20% of women at the age of 30 have got fibroid in their wombs. Fibroid are more common in nulliparous. The prevalence is highest between 35-45 years^[1].

This case shows how efficiently homoeopathy can manage a case for which modern medicine offers only surgical treatment. It also shows the extent of influence Lachesis have in complaints of women at the time of change of her life.

Case history: A female patient named S Choudhury aged 49 yrs came to my clinic on 02/03/19 with complaints of irregular bleeding for last 2 years. Heavy menstrual flow at irregular intervals with painful discomfort in lower abdomen during menses. USG revealed she had a Uterine Fibroid measuring 4.29 cm x 3.73 cm in size involving body and anterior wall of uterus. She took consultation from a gynaecologist and she was advised for surgical treatment. She then sought for Homoeopathic treatment.

Personal History: She is unmarried.

Family history: Father died from cerebro vascular accident. Elder sister had uterine fibroid surgically managed.

Physical Generals: State of appetite: Good; Tongue: Moist, with multiple blackish spots and trembling; Thirst: for large quantity of water at long interval; Desire: Sour; Stool: Regular; Urine: Clear, no pain or burning present; Thermal reaction: Hot patient with frequent hot flushing and sweat; Sweat: Much sweating with repeated exhausting hot flushes; Sleep: Sound; Dreams: Of death; Menstrual history: Cycle = 6-8 days/35-45days, flow profuse, blackish in colour, LMP- 05/02/2019. Sexual desire suppressed; Sunheat aggravates; Cannot tolerate tight clothing.

Mental generals: Fear of death, of malignant disease. Loquacious. Hypochondriac.

Physical examination: Pallor: Present; B.P.:110/74mm of Hg; Pulse: 88/min, regular; Tongue: Moist, with multiple blackish spots and trembling. Skin: Moist and warm.

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Provisional diagnosis considered [2]

1. Uterine fibroid (ICD-10-CM Code D25.9).
2. Dysfunctional uterine bleeding (ICD-10-CM Code N93.9).


Severe pallor.

Laboratory investigations

Patient already had her USG report done which shows. Uterine Fibroid measuring 4.29 cm x 3.73 cm in size is seen involving body & anterior wall of the uterus.

Diagnostic reasoning

Profuse uterine bleeding in a peri-menopausal women.



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DIVISION OF ULTRASOUND

Pat. ID : 19010738
Date : Monday, January 28, 2019.
Name of the patient : Mrs Samhita Choudhury, Age : 49 yrs.
Address : Agartala.
Adv By : Dr Nilanjita Chanda, BHMS.
Adv For : USG - Whole Abdomen.

OBSERVATIONS

USG scanning done with 3.5 / 5 MHz transducer & examination reveals :

LIVER : Normal in size, regular contour, homogeneous echotexture, echogenicity & attenuation within normal limits. No focal parenchymal lesion is seen. The intra-hepatic biliary channels are not dilated. The hepatic vessels are normal in caliber.

GALL BLADDER : Normal in size & shape, wall regular, no growth from the wall seen. There is no intraluminal echogenicity.

COMMON DUCT : 0.40 cm in dia, normal in calibre, the terminal part of the CBD is not well visualized. No calcular echodensity is seen inside the visualized part of CBD.

PORTAL VEIN : 1.00 cm in dia, structures in the porta are normal.

SPLEEN : 7.07 cm in long axis, normal in size, shows homogeneous echopattern. The splenic vein is not dilated.

PANCREAS : Normal in size & contour, homogeneous echotexture, the pancreatic duct is not dilated. No pancreatic or peri-pancreatic fluid collection is seen.

KIDNEY : Right Kidney : 10.40 cm. Left Kidney : 9.48 cm.
Both kidneys are normal in size, shape & position. Both show normal echotexture with no evidence of any calculus, cyst or calyceal dilatation in any kidney.

URETER : None is dilated.

URINARY BLADDER : Normally filled with urine, wall regular, no growth from the wall seen. There is no intraluminal echogenicity.

R.U.V : Not significant.

UTERUS : 9.52 cm x 5.19 cm x 6.77 cm in size, bulky, anteverted.
Myometrial Echo : Non-homogeneous. (A round hypoechoic lesion measuring 4.29 cm x 3.73 cm in size is seen involving body & anterior wall of the uterus.)
Endometrium : Thin, the uterine cavity is empty.
Parametria : Free.

CERVIX & VAGINA : Appear normal.

ADNEXA : Right Ovary : 2.25 cm x 1.34 cm. Left Ovary : 2.62 cm x 1.60 cm.
Both ovaries are normal in size & show normal echopattern. No cyst is seen in any ovary. The tubes are not dilated. No SOL is seen in the adnexal area.

POD : Free.

No echo-different mass is seen in the iliac fossa region. No evidence of ascites or pleural effusion is seen. The IVC, aorta, and retroperitoneum appear normal. There is no evidence of lymphadenopathy.

IMPRESSION : USG of abdomen is suggestive of :
- Uterine Fibroid.

With compliments for kind referral,
Dr A Bhattacharya. 28/01/19

(USG is a diagnostic aid only)

Case Analysis

Miasmatic analysis	
Symptoms	Miasm
Fear of death	Psora
Desire for sour food	Psora
Hot flushes	Psora
Anaemia	Psora

Heavy irregular menstruation with painful discomfort in lower abdomen	Sycotic miasm
Uterine fibroid	Sycotic miasm
From the above Miasmatic analysis we can understand that the case represents a multi- miasmatic picture with predominance of Psora and Sycosis [3]	
Analysis and evaluation of symptoms [4]	
Mental general symptoms	Fear of death, of malignant disease. Loquacious. Hypochondriac.
Physical general symptoms	Tongue: Moist, with multiple blackish spots and trembling. Desire: Sour. Thermal reaction: Hot patient. Sweat: Much sweating with repeated hot flushes. Sexual desire suppressed.

Repertorial Analysis [5]

Repertorisation done from Synthesis 7.0

Final Selection of Medicine: Lachesis [6-10].

Points behind selection of Lachesis (Apart from the reportorial analysis result)

1. Loquacious.
2. Patient was a very hot patient with frequent hot flushes.
3. Tongue moist, with multiple blackish spots and trembling.
4. Sunheat aggravates.
5. Desire sour food.
6. Cannot tolerate tight clothing.

As the picture of the case and the age group was all pointing toward Lachesis, I started with Lachesis 200, and repeated Lachesis higher potencies at long intervals.

Prognosis [2]

The prognosis of uterine fibroids varies extensively for

Follow up

Date	Observation	Prescription
10/04/2019	Menses profuse and blackish. LMP – 18/03/2019. Frequent hot flushes with sweating.	Rx Placebo 200 / 4 doses OD x 4 days.
24/05/2019	LMP – 02/05/2019.	Rx

individual patients. Complications of Fibroid uterus:

- Degenerations.
- Necrosis.
- Infection.
- Sarcomatous change.
- Torsion of subserous pedunculated fibroid.
- Haemorrhage.
- Polycythaemia.

Treatment planned: Initially the treatment was started with the aim of reducing the heavy menses.

Prescription: (on 02/03/2019)

Rx,
Lachesis 200 / 2 doses
OD x 2 days

Explanation behind subsequent prescription

As the patient was showing gradual improvement I continued with the same medicine in higher potency.

Conclusion

"Lachesis seems to fit the whole human race, for the race is pretty well filled up with snakes as to disposition and character and this venom only causes to appear that which is in man" – J. T. KENT ^[9].

Abbreviations: International Classification of Diseases (ICD), Ultrasonography (USG), every day (OD).

Conflict of Interest

Not available

Financial Support

Not available

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