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

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

Case summary: A 49 yrs old female came with the complaint of metrorhhagia. 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 adviced 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).

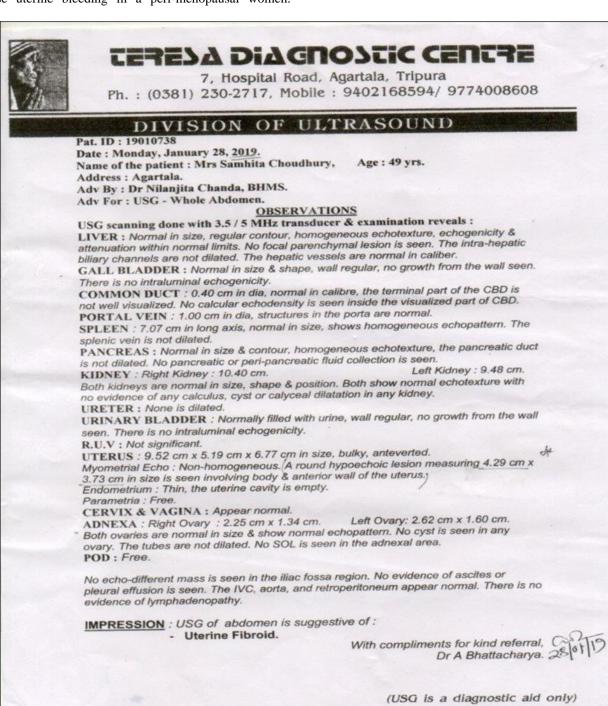
Diagnostic reasoning

Profuse uterine bleeding in a peri-menopausal women.

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.



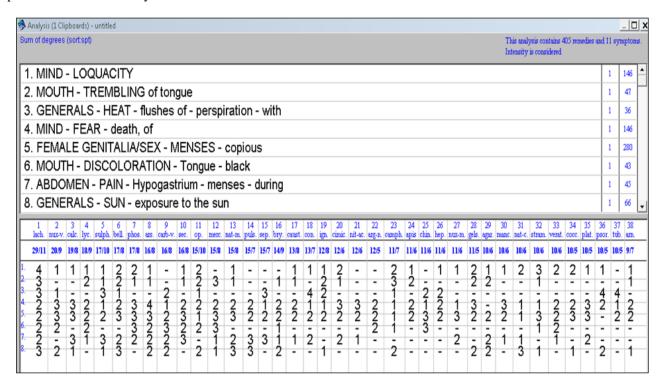
Case Analysis

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.		
	Tongue: Moist, with multiple blackish spots and		
	trembling. Desire: Sour.		
Physical general symptoms	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

$individual\ patients.\ Complications\ of\ Fibroid\ uterus:$

- 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

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

	Menses moderate in amount.	Lachesis 1M / 1 dose OD x 1 day.
	Pain in lower abdomen during menses is less than before.	
23/06/2019	LMP – 02/05/2019.	Rx
	Hot flushes frequent and exhausting.	Placebo 200 / 4 doses OD x 4 days.
27/07/2019	Frequent exhausting hot flushes with sweating. LMP - 02/05/2019	Rx Placebo 200 / 4 doses OD X 4 days ADV – USG of lower abdomen.
4/10/2019	LMP- 08/08/2019 (Lasted 4 days) Then on 03/09/2019 (Lasted 6 days) USG report showing: Fibroid mass measuring 3.6 x 2.7 cms in the anterior wall of uterus.	Rx Lachesis 1 M / 1 dose OD x 1 day
11/02/2020	LMP – 03/09/2019 Frequent hot flushes.	Rx Placebo 200 / 4 doses OD x 4 days
27/07/2020	LMP – 16/06/2020 Menses lasted for 4 days with moderate blackish flow. Hot flushes.	Rx Lachesis 10 M / 1 dose OD x 1 day

Note: USG report is given below

USG report (on 01/09/2022)



Pat. ID: 22098709

Date: Thursday, September 1, 2022.

Name of the patient : Mrs Samhita Choudhury,

Address : Agartala.

Adv By: Dr Papiya Chanda, BHMS, MD. Adv For: USG - Lower Abdomen.

OBSERVATIONS

DIVISION OF ULTRASONOGRAPHY

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

KIDNEY: Right Kidney: 10.24 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: 7.72 cm x 4.10 cm x 5.85 cm in size, anteverted.

Myometrial Echo: Non-homogeneous. Multiple small round hypoechoic lesions (upto 1.81 cm x 1.26 cm in size) are seen involving body & posterior wall of the uterus.

Endometrium: Thin, the uterine cavity is empty.

Parametria : Free.

CERVIX & VAGINA: Appear normal.

ADNEXA: Right Ovary: 2.22 cm x 0.88 cm. Left Ovary: 2.31 cm x 1.40 cm. Both ovaries are small 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.

ILIAC FOSSA: The bowel loops are not thickened. Peristaltic movements noticed inside the bowel loops. No echo-different mass is seen in the iliac fossa

IMPRESSION: USG of lower abdomen is suggestive of:

Non-homogeneous Uterus with Multiple Small Fibroids.

With compliments for kind referral, C Dr A Bhattacharya.

Age: 50 yrs.

(USG is a diagnostic aid only)

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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