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Endometrial hyperplasia case in a 24-year-old girl

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Abstract

A distinct branch of medicine called homoeopathy is focused on the individuality and clinical similarities of every patient. It treats the illness of a man, separate entity. The case study of a girl who underwent therapy for endometriosis hyperplasia over the course of 4 months with a homoeopathic simillimum chosen based on individualization serves as evidence that homoeopathy can be beneficial in the treatment of a variety of illnesses.

Keywords: Homoeopathy, endometriosis hyperplasia, cancer

Introduction

In routine gynaecological practise, endometrial hyperplasia is a condition that is frequently observed. The underlying risk of having a concurrent genital cancer or the risk of advancement to endometrial carcinoma during the follow-up is the pathological entity's clinical significance. None of this research has reached a definitive conclusion yet, despite recent improvements in non-invasive procedures to identify underlying endometrial cancer during the first diagnosis of endometrial hyperplasia. We still lack a workable and reliable method to employ in everyday practise, despite extensive debates and associated studies that sought to define specific prognostic variables (WHO94 vs. EIN) to predict cases that will advance to cancer. Endometrial hyperplasia is treated according to the type, age, and desire for fertility of the patient. Nevertheless, progestogens^[1].

An endometrial biopsy is frequently performed to rule out carcinoma when abnormal uterine bleeding, the main presenting symptom of endometrial neoplasia, occurs. 15% of women with abnormal uterine bleeding are found to have cancer, whereas 70% are found to have benign abnormalities. The diagnosis for the remaining 15% of women is endometrial hyperplasia (EH), which covers a wide spectrum of diseases, from benign, reversible proliferations to the early stages of cancer. Simple (SH), complex (CH), simple atypical (SAH), or complex atypical hyperplasia (CAH) are the four classifications for EH in the widely used World Health Organisation (WHO) system, although the two types of atypical hyperplasia (AH) are frequently combined into one classification^[2].

Excessive multiplication of healthy cells is referred to as hyperplasia. There are three categories: straightforward, intricate, and unusual. Premalignant conditions can be simple or complex, and less than 3% of these conditions will progress to aggressive cancer. More alarming is atypical hyperplasia. It has been demonstrated in several studies that the risk of an underlying cancer is higher than anticipated. A frank malignancy was later discovered in 46.8% of instances among 348 women in a Gynaecologic Oncology Group (GOG) study who had first been diagnosed with atypical hyperplasia^[3].

Material and Methodology

Case: A 24-year-old woman came to our office in Jaipur, Rajasthan, on April 25, 2022, complaining of irregular periods, pain in her stomach, back, and thighs, as well as an excessive number of pimples on her face before and during her period. She had tried allopathic treatment, but it had no effect, so she was referred to homoeopathy through a relative.

History of the Current Complaint: In the past six months, the patient had irregular periods, significant menstrual discomfort in the stomach, back, and thighs, and facial acne before and during periods. In the past six months, she had trouble falling asleep.

History: Menstrual discomfort since puberty.

Family History: In the last six months, her father underwent major heart surgery in addition to numerous other surgeries. Mother was still alive and well. Among her two sisters, she is the oldest daughter.

Physical Characteristics: She frequently had cold hands and feet and was chilly, but she despises heat. She was

physically weak and had no thirst.

Mentals Generals: She was a responsible individual and the house's eldest daughter. In addition to being concerned about their health, she was frightened of losing his father. With worry and a sombre demeanour, she had sleepless nights. Feeling down over her thoughts.

Diagnosis: Endo material Hyperplasia.

Table 1: Analysis and assessment of symptoms

S. No.	Symptoms	MG/PG/Particlr	Intensity
01	Weeping	MG	++++
02	Anxiety	MG	++++
03	Sadness	MG	+++
04	Sleeplessness	MG	+++
05	Chilly patient	PG	+++
06	Thirstlessness	PG	+++
07	Menses -irregular	Particulars	++++
08	Menses -painful	Particulars	++++
09	Face-acne	Particulars	+++

Table 2: Repertorial Totality

S. No.	Symptoms	Chapter/Rubrics
01	Weeping	Mind-Weeping
02	Anxiety	Mind-Anxiety-Family; About His
03	Sadness	Mind-Sadness
04	Sleeplessness	Sleep-Sleeplessness
05	Chilly patient	General-Heat-Lack Of Vital Heat
06	Thirstlessness	Stomach-Thirstless
07	Menses -irregular	Female Sex-Menses-Irregular
08	Menses - painful	Female Sex-Menses-Painful
09	Facial acne	Face-Eruptions-Acne-Menses-Irregular

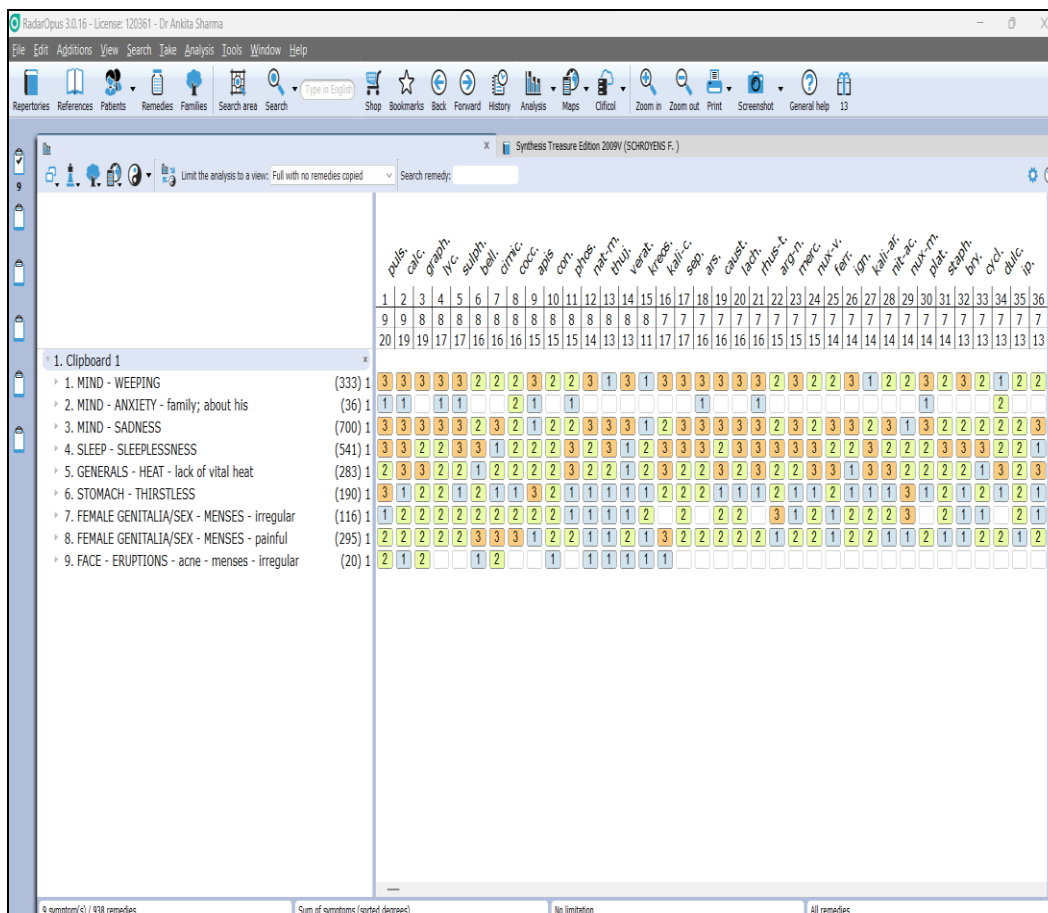


Fig 1: Repertorial Sheet

Table 3: Repertorial Analysis ^[4]

S. No.	Remedies and their Relative Values
01.	Pulsatilla 20/9
02.	Calcarea carbonica 19/9
03.	Graphites 19/8
04.	Lycopodium 17/8
05.	Sulphur 17/8
06.	Belladonna 16/8

The Remedy

Pulsatilla nigricans 200-single followed by rubrum.

After carefully evaluating the patient's case history and considering all their symptoms, a remedy was selected using the RADAR version 10 software. Finally, it was decided that pulsatilla was the most appropriate remedy for this case, spanning the entire spectrum, including the overall physical, mental, and thermal picture. Pulsatilla, calcarea carbonica, graphites, lycopodium, sulphur, and belladonna all met most of the criteria and received a better grade. The remedy is once again confirmed using a reference from the materia medica. When confirming the remedy from several books,

the following aspects were considered:

1. Suppressed menses, too late, scanty, thick, dark, clotted, pain in back with tired feeling ^[5]
2. Weeps easily, feels better by consolation ^[6].

Table 4: Follow Up

Date	Symptoms	Remedy
25/04/2022	Irregular menses. Painful menses. Acne on face. Sleeplessness. Endometrium thickness- 17.5 mm.	Pulsatilla 200/1dose Rubrum 30/tds*1month
23/05/2022	Patient better Cramps during periods.	Pulsatilla 200/1dose Phytum200/tds*1 month
24/06/2022	Patient better. Facial acne cleared. Sleep better.	Phytum 200/tds*1 month
25/07/2022	Patient better with cure in all symptoms.	Pulsatilla 200/1dose Phytum 30/tds *1month

Reports

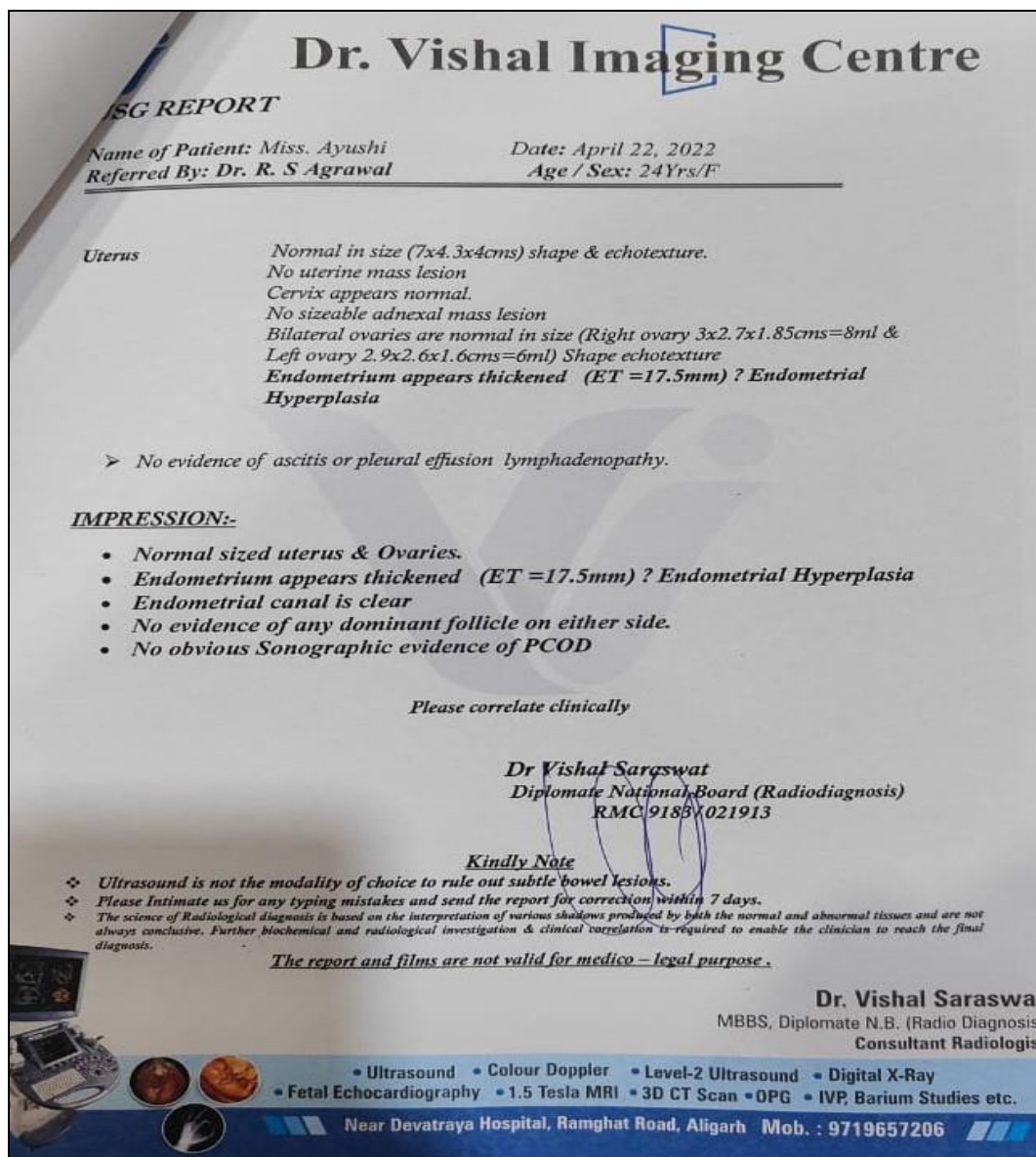


Fig 2: Before Report

Dr. Vishal Imaging Centre

USG REPORT

Name of Patient : Miss. Ayushi **Date:** October 7, 2022
Age / Sex: 25Yrs /F

USG ABDOMEN

- **Liver:** Is normal in size, shape & echotexture. No focal lesion Intra hepatic biliary radicals are not dilated. Portal vein is normal in course & caliber
- **Gall bladder:** Normal in distension and wall thickness. No sizeable calculus or mass lesion, CBD_at porta normal in course, caliber & clear in visualized region
- **Pancreas:** Normal in size, shape & echogenicity. No sizeable mass lesion. Main Pancreatic duct not dilated
- **Spleen:** Normal in size, shape & echotexture. No focal lesion. Splenic vein at hilum is normal caliber
- **Right kidney:** Normal in size, (9x4.4cms) Shape & Echogenicity Pelvicalyceal system not dilated. Corticomedullary differentiation preserved. **Tiny (2.5mm) gravel in inferior pole calyx**. Right ureter not dilated.
- **Left kidney:** Normal in size, (8.5x4.2cms) Shape & echogenicity. Pelvicalyceal system is mildly dilated, **ureter is also dilated its entire course till a dense echogenic focus (4.5mm) at VU junction Calculus (3.0mm) is seen in inter polar calyx**
- **Urinary bladder:** Normal in size, shape & distension. No calculus or mass lesion
- **Uterus :** Normal in size (7.2x4x3.8cms) shape & echotexture No uterine mass lesion. Cervix appears normal. No sizeable adnexal mass
- **Bilateral ovaries** are normal in size (Right ovary 2.7x2.5x1.8cms=6.5ml & Left ovary 3x2.8x1.8cms=6.5ml) Shape echotexture
- **Endometrial Thickness =7.0mm Endometrial canal is clear**
- No Evidence of ascitis or pleural effusion /Lymphadenopathy

Impression: Findings are S/O -

- **Tiny (2.5mm) right renal gravel in inferior pole calyx No Hydronephrosis**
- **Impacted left UV Junction calculus (4.5mm) causing mild degree of hydronephroureter**
- **Left Nephrolithiasis (3.0mm) inter polar calyx .**
- **Fecal matter loaded caecum and ascending colon is noticed**

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Kindly Note

Ultrasound is not the modality of choice to rule out subtle bowel lesions.
 Please Intimate us for any typing mistakes and send the report for correction within 7 days.
 The nature of Radiological diagnosis is based on the interpretation of various shades produced by both the normal and abnormal tissues and not always accompanied by histological and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.
 The report and films are not valid for medico-legal purpose.

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Fig 3: After Report

Result and Discussion

Individualised homoeopathic intervention may be a viable alternative in the treatment of endometrial hyperplasia, even though more study with a better methodology is needed.

Conclusion

Doctors who practise homoeopathy treat a wide range of illnesses by selecting the most effective drug based on reportorial analysis and individualization. According to Aphorism 270-Foot in % the Fifth and Sixth Editions of the Organon of Medicine, the choice of potency depends on susceptibility^[7].

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