

A multimorbid condition involving uterine fibroid, ovarian cyst, fatty liver and contracted gall bladder managed with Homoeopathic dilutions: A case report

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ABSTRACT

Uterine fibroid (UF) is a commonly occurring tumor in females, which is often associated with other medical conditions, leading to stress and reduced quality of life. The treatment options are limited to surgical removal of the tumor or other conventional therapy, which lacks a patient-centered approach. The homoeopathic system of medicine is based on the individualistic approach, and chronic diseases are well treated, covering all aspects of a patient. In this case, a female patient, aged 25 years, was treated for her complaints associated with UF, ovarian cyst, grade II fatty liver, and contracted gall bladder with *Sepia officinalis* LM potencies. Later, with stagnation of improvement in UF, the prescription of *Aurum muriaticum natronatum* in centesimal potencies eventually helped to diminish the uterine pathology and elevated the overall health satisfaction.

Key words: Multimorbidity, Uterine fibroid, Ovarian cyst, Fatty liver, Contracted gall bladder, Homoeopathy

Uterine fibroids (UF) are the most common benign neoplasm in the female genital tract that originates from the myometrium's smooth muscle and is associated with significant comorbidities [1,2]. Incidence of UF is variable, as many tumors may be asymptomatic or slightly symptomatic to highly symptomatic leading to approximately 25–30% of women reporting with the clinical symptoms of UF such as uncharacteristic uterine bleeding, anemia, pelvic pain and pressure, back pain, frequent urination, constipation, infertility and recurrent pregnancy loss, pelvic pain, and an adnexal mass [3]. There is a taint of a significant risk factor for UF with increasing age, especially among women at the premenopausal stage and those ≥ 40 years of age [4]. Other risk factors for developing UF include reduced fertility, frequent alcohol and caffeine consumption, obesity, consumption of red meat, hypertension, diabetes mellitus, previous pelvic inflammatory disease, and genetics. The presence of UF with other diseases has a negative impact on the reproductive system and is capable of causing severe morbidity among women, with deterioration of quality of life [5]. Association of fatty liver and cholelithiasis has also been seen as a coexisting condition with UF

due to a common etiological factor of high cholesterol index [6]. UF and ovarian cysts are the most common gynecological disorders, classically requiring surgery when symptomatic [7]. Each condition can coexist in some patients, leading to a more complex presentation. The morbidity associated with UF is highlighted because the treatment of choice is hysterectomy, which removes the possibility of having children with numerous adverse effects on general health. Non-surgical treatment may include progestins, estrogen-progestin combinations, GnRH antagonists, and mifepristone, which have unlikely complications such as liver disorders, hyperestrogenism, and endometrial hyperplasia [8]. Owing to the adverse effects in relation to surgical and non-surgical interventions, patients often seek alternative treatment where patient satisfaction is significantly higher as compared to conventional care [9]. Evidence of the cure of UF with homoeopathic treatment has been well documented [10,11]. Besides these, much anecdotal literatures have documentation of the cure of UF and other associated diseases.

In this case report, a female patient aged 25 years was diagnosed with a small uterine cyst, later confirmed as UF associated with right follicular cyst and grade II fatty liver, and contracted gall bladder, which was

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treated with a series of homoeopathic medicines *Sepia* and *Aurum muriaticum natronatum*, leading to improvement of the pathology and the presenting complaints. Considering the challenges and side effects of conventional treatments, and the growing interest in safer, more holistic approaches, this case report shares how individualized homeopathic care may offer an effective option for managing UF and related conditions, while supporting a better quality of life.

CASE PRESENTATION

A female patient of 25 years presented with complaints of constant dull-aching pain in the abdomen for 2 years with no specific modalities. The pain was generalized all over the lower abdomen. She also complained of excessive hair loss for one year. Along with these, she reported leucorrhoea and increased frequency of urination for the past 6 months. The patient was unmarried and had her menarche at the age of 12 years. Since then, her menses have been irregular and delayed. She has a family history of UF on her maternal side and metabolic disorders such as diabetes mellitus and hypertension on her paternal side.

On ultrasonography (USG) of the whole abdomen (dated July 19, 2019), it was found that she had Grade early II fatty liver change, grossly contracted gall bladder with echo-free lumen. Small irregular intramural cysts of 10.4×6.7 mm were noted at the upper right lateral uterine body region with endometrial thickness 6.6 mm and a follicular cyst in the right ovary measuring 14×11.8 mm. She underwent allopathic treatment in the form of oral contraceptives, which temporarily alleviated her complaints with no improvement in pathological manifestations as was evident in a repeat USG of only the lower abdomen dated on December 14, 2019 showing size of fibroid (later confirmed) as 11.6×7.7 mm (increased) and right ovary also now showing a bulky, thin-walled focally separated anechoic cyst of size 31.1×19.5 mm.

The patient was stressed due to career instability and, therefore, had a subjective complaint of palpitations from anxiety and fear. She preferred to live isolated and had an aversion to company. On examination, her pulse was found to be hard and bounding, and on auscultation of the chest, the heart sounds were normal with no abnormality

in rate or rhythm.

Laboratory investigations for electrocardiography, thyroid profile, and complete blood count were within normal limits.

On detailed case taking and analysis, the symptoms were evaluated to construct the totality. The mental symptoms of anxiety with fear, aversion to company, consolation aggravating her complaints and physical symptoms of emptiness, weak feeling, faintness of stomach when hungry, chilly and intolerant to cold, pulse hard and rebounding and particular symptom of cysts of uterus and ovary, leucorrhoea, aching dull pain in abdomen, frequent micturition at night, hair falling, and palpitation of heart due to anxiety and stress were taken into consideration. Repertorial analysis was done using Kent's repertory as there were prominent general symptoms along with particular symptoms. HOMPETH software was used for repertorization [12]. The repertorial results (Fig. 1) were analysed, giving more importance to mental, as well as physical general symptoms than particular symptoms for the selection of medicine. The symptoms were also analyzed for miasmatic predilections using R P Patel's miasmatic repertory (Table 1), which indicated the prevalence of a mixed miasmatic state with Psora-Sycotic predominance.

Therapeutic intervention with concomitant care and follow up

Considering the repertorial totality, miasmatic analysis, and consultation with materia medica, *Sepia officinalis* 0/1, 16 doses in 100 mL distilled water, OD \times 16 days, was prescribed on January 03, 2020. The medicines were dispensed from a homeopathic pharmacy with medicines procured from a good manufacturing practice compliant homeopathic pharmaceutical firm. The patient was also advised to comply with a diet rich in non-starchy foods, lean meats, vegetables, and whole fruits, and to avoid fried and fatty foods. Along with that, maintenance of an active lifestyle was also suggested. However, after two follow-ups (within March 2020), the patient could not continue treatment due to the outbreak of the COVID pandemic and lockdown issues; hence, again came back on October 27, 2020. Gradually, the dose of *S. officinalis* LM potencies was increased and prescribed till improvements such as pain in the abdomen, falling of

Repertorization: Normal													
Remedy Name	Sep	Wp-c	Net-m	Phos	Calc	Lyc	Sulph	Merc	Nx	Si	Lach	Nux-v	
Totality	29	27	26	26	25	24	24	23	23	23	22	22	
Symptom Covered	11	12	11	11	11	12	10	11	10	10	11	11	
[K.T.] [Mind] Anxiety: Fear, with:	2	2	2	2	2	2	1	2	3		1	1	
[K.T.] [Mind] Company: Aversion to:	2	1	3	1	1	2	2				2	3	
[K.T.] [Mind] Consolation: Agg:	3	1	3		1	1		1	2	3		1	
[K.T.] [Stomach] Emptiness, weak feeling, faintness, goneress, hungry feeling:	3	2	2	3	2	2	3	3	2	1	2	3	
[K.T.] [Generalities] Heat: Vital, lack of:	2	3	2	3	3	2	2	2	3	3	2	3	
[K.T.] [Generalities] Pulse: Hard:	2	2	1	2		1	2	2	1	2	2	2	
[K.T.] [Genitalia female] Tumours: Uterus Fibroid:		2		3	3	2		1		2	2	1	
[K.T.] [Genitalia female] Leucorrhoea:	3	3	3	2	3	2	3	3	3	3	2	1	
[K.T.] [Abdomen] Pain: Aching, dull pain (see Boring, Gnawing, etc.):	3	3	2	3	2	1	2	1	3	2	1	2	
[K.T.] [Bladder] Urination: Frequent: Night:	3	2	2	1	3	3	3	3	1	2	2	2	
[K.T.] [Head] Hair: Falling:	3	3	3	3	2	3	3	2	2	3	3		
[K.T.] [Chest] Palpitation, heart:	3	3	3	3	3	3	3	3	3	2	3	3	

Figure 1: Repertorization as obtained from HOMPETH software

Table 1: Miasmatic predominance

Psora	Syphilis	Sycosis
<ul style="list-style-type: none"> • Anxiety, fear with • Emptiness, weak feeling, faintness, goneness, hungry feeling • Heat, Vital, lack of • Pulse hard and rebounding • Hair falling • Palpitation of heart 	<ul style="list-style-type: none"> • Urination, Frequent, night 	<ul style="list-style-type: none"> • Company, Aversion to • Consolation, Agg • Tumours, Uterus, Fibroid • Leucorrhoea • Pain, Aching, dull pain

hair, menstrual regularization, leukorrhea, palpitations, and improvement in general well-being with respect to mental conditions like being more cooperative and reduction in anxiety were observed during the follow-up (Table 2).

On repeat USG investigation dated May 07, 2022, endometrial thickness increased to 9.3 mm, and there was an increase in size of uterine myoma (17 × 16 mm) also which was calcified, but the ovary, liver, and gall bladder were free from any pathology and were seen to regain their normal echotexture. As the UF increased in size, the medicine, which was having more power over uterine tumours than any other remedy, as per Burnett, i.e., *Aurum muriaticum natronatum* was chosen [13]. Moreover, as per established principle in homoeopathy, demonstrated by drug-proving and clinical experience, each drug has its own specific sphere and manner of action and hence that particular remedy acts in a particular manner upon a particular organ or tissue, or on a particular set of organs or tissues (stated by Carroll Dunham in his writings for “Alteration of Remedies”) [14]. Hence, the above-mentioned drug was selected to be prescribed in 200th potency, 4 doses in sugar of milk. The complaint of lower abdominal pain again appeared after few months, and hence *Aurum muriaticum natronatum* 1M was prescribed on December 13, 2022, after which the patient again started having overall improvement and another USG was suggested in subsequent months, and it revealed that no pathology was persisting (done on June 08, 23). Hence, around 42 months (3.5 years) of homeopathic treatment, UF with other multiconditions was resolved.

RESULTS

The subjective complaints of the patient were much ameliorated with the series of *S. officinalis* LM potencies. The ovarian cyst, grade II fatty liver, and contracted gall bladder were restored, and her menstrual cycle was regularized after the medication. As the improvement was in a standstill position, considering the symptoms and miasmatic background, prescription of *Aurum muriaticum natronatum* in 200th and later in 1M potency accelerated the process, and the pathological manifestations of uterine myoma with leucorrhoea and palpitation were evidently removed with the

Table 2: Hierarchy of prescription and its indication

S. No.	Date	Finding and intervention	Remarks
Baseline	January 03, 2020	Diagnosis: Grade II Fatty Liver, Contracted Gallbladder, Small intramural uterine cyst, right ovarian cyst. Rx: Sepia 0/1 (LM), (2 phials given for 1 month) OD×1 month.	Instructions: LM method with succussion and dilution.
1 st FU	February 04, 2020	Sepia 0/2	Condition continuing
2 nd FU	March 06, 2020	Sepia 0/3	Stable progress
3 rd FU	October 27, 2020	Sepia 0/4	Continued
4 th FU	December 01, 2020	Sepia 0/5	Continued
5 th FU	January 05, 2021	Sepia 0/6	Continued
6 th FU	February 09, 2021	Sepia 0/7	Continued
7 th FU	March 09, 2021	Sepia 0/8	Continued
8 th FU	April 12, 2021	Sepia 0/9	Continued
9 th FU	June 15, 2021	Sepia 0/10	Continued.
10 th FU	July 30, 2021	Sepia 0/11	Continued.
11 th FU	August 24, 2021	Sepia 0/12	Continued
12 th FU	October 06, 2021	Sepia 0/13	Continued
13 th FU	November 09, 2021	Sepia 0/14	Continued
14 th FU	December 14, 2021	Sepia 0/15	Continued
15 th FU	January 11, 2022	Sepia 0/16	Continued
16 th FU	March 24, 2022	Sepia 0/17	Continued
17 th FU	May 15, 2022	USG: Small uterine myoma, ET ↑ (9.3 mm), Myoma ↑ (17×16 mm). Rx: <i>Aurum muriaticum natronatum</i> 200 (4 doses), then Placebo 200.	Changed to Aurum+ Placebo
18 th FU	June 21, 2022	Placebo 200	Continued
19 th FU	July 19, 2022	Placebo 200	Continued
20 th FU	August 16, 2022	Placebo 200	Continued
21 st FU	September 22, 2022	Placebo 200	Continued
22 nd FU	November 01, 2022	Placebo 200	Continued
23 rd FU	December 13, 2022	<i>Aurum muriaticum natronatum</i> 1M (2 doses), then Placebo 200	Final medicine dose+ Placebo
24 th FU	February 07, 2023	Placebo 200	Continued
25 th FU	March 21, 2023	Placebo 200	Continued
26 th FU	March 13, 2023	Placebo 200	Continued
27 th FU	May 23, 2023	Placebo 200	Continued
28 th FU	June 13, 2023	USG: Normal uterine echotexture.	Significant improvement noted

FU: Follow up, LM: 50 millesimal potencies, ET: Endometrial thickness, USG: Ultrasound sonography

individualized homoeopathic intervention. The possible causal attribution to the clinical outcome of homoeopathic intervention on the patient was assessed with the help of “Modified Naranjo Criteria for Homoeopathy” whose total score was 8, which is the maximum score (Table 3).

Table 3: Modified Naranjo criteria for homeopathy

Criteria	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 timeframe relative to the medicine intake?	+1✓	-2	0
3. Was there an initial aggravation of symptoms?	+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	
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 ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0✓	0
8. Are there alternative causes (other than the medicine) that-with a high probability-could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1✓	0
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		+8	

DISCUSSION

UFs, especially when they occur alongside ovarian cysts and other health conditions, remain a major health concern for women today [1]. Such conditions can severely impact a woman’s daily life, fertility, and overall well-being, sometimes even affecting her social and economic situation [6]. The development of fibroids and related disorders are multifactorial such as hormonal changes, poor diet, stress, and socioeconomic challenges [15-17].

Recent studies and clinical experiences show that individualized homoeopathic treatment can offer genuine help for women with fibroids and other related conditions [18-20]. In the case presented here, careful prescription of individualized homoeopathic medicines helped the patient’s body respond in a balanced way, leading to clear improvements in the pathologies of uterus, ovaries, liver, and gallbladder. Using LM potencies allowed gentle and continuous action, which worked well and was comparable to using traditional centesimal potencies [21]. Furthermore, efficacious use of ANM, has been found effective in cases where fibroids exist with other conditions like thyroid problems, skin issues such as eczema, or mental health struggles like depression and suicidal thoughts [22]. Though in a study it was found that ANM is inferior to individualized homoeopathic treatment [23], but in this case, after an initial phase of treatment with *Sepia officinalis* in LM potencies, ANM contributed toward complete resolution of the pathology. Homoeopathy is unique in that it always keeps the person at the centre of treatment. It takes into account the patient’s mind, emotions, physical complaints, and even deeper tendencies passed through generations (miasms) [24]. A carefully chosen constitutional remedy, sometimes supported by organ-specific medicines, can help reverse deep disease processes and restore overall health, just as this case shows [25].

CONCLUSION

The case reported here shows the effectiveness of homeopathic medicines in the treatment of UF associated with anechoic ovarian cyst, grade II fatty liver, and contracted gall bladder. This case gives a message to the medical fraternity that Homoeopathy is a trustworthy option in treating such cases and must be opted for before approaching other procedures like surgery/hysterectomy/hormonal pills. However, research and training along with reconfiguration of healthcare supporting management of UF are needed to establish the efficacy of homeopathic medicines in the management of such cases.

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