

Case Report

A PATIENT WITH UTERINE FUNDAL LEIOMYOMA AND A LARGE HEMORRHAGIC CYST IN RIGHT OVARY CURED BY HOMEOPATHIC REMEDIES- A CASE REPORT

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ABSTRACT

In the present paper, removal of a large sized cyst in the right ovary and cure of the patient also with uterine fundal leiomyoma by the use of homeopathic remedies have been documented with the aid of symptomatic, ultra-sonographic and folliculometric studies.

Keywords: Uterine Cyst, Leiomyoma, Homeopathy, Apismellifica

INTRODUCTION

Uterine fibroids or fundal leiomyomas are non-cancerous benign tumours found in uterine muscle quite commonly in women. The large majority of these tumours are very small in size and are often located in an area of the uterus, mostly causing no or little impact on reproductive function (Zepiridis *et al.*, 2015). However, they may sometimes cause severe pain in the uterus particularly when the fibroid is of a large size and they may also affect fertility depending on the size and location of the tumour (Sachan *et al.*, 2014). When these fibroids become haemorrhagic and threaten infertility and occasional bleeding, they are recommended to be removed by surgery in the allopathic mode of treatment. In this paper, we intend to record a case of a patient with a large haemorrhagic cyst located in the right ovary; she also had fundal leiomyoma and was advised immediate surgery for amelioration of pain and the cyst but she was afraid of the surgery and visited our clinic in the hope of getting cured without any surgical intervention.

CASES

She was a 33 year-old young woman with a history of irregular menstruation and occasional bleeding accompanied with severe pain in the abdomen. The patient was married for 4 years and was yet to conceive. She had been under treatment of an allopathic physician and was advised immediate surgery to remove the cyst, because the cause of the pain was diagnosed for the large cyst as well as for accompanying fundal leiomyoma. Her US Greport (Figure 1) suggested the presence of uterine fundal leiomyoma, a large haemorrhagic cyst located in right ovary, and also had left hydrosalpinx. As she was a nervous woman greatly afraid of the imminent surgical intervention advised by her allopathic doctor, she panicked and visited clinic on 26.2.2013 as a last resort to avoid surgery, if possible. After the case taking process, she inquired about the possibilities of cure of her ailments without having to undergo the imminent surgery. When assured that there is indeed a possibility of her avoiding the surgery, she appeared to be greatly relieved and promised to abide by regular periodic check up and report improvement, if any, of any of the symptoms that she liked to be rid of, particularly the occasional severe pain that she was experiencing in the abdomen.

In course of case taking it was revealed that she belonged to the lower middle class and one reason for avoiding surgery could also be the cost factor involved.

On the assurance that we could try to remove the cyst and cure the fundal leiomyoma, her menstrual ailment and severe pain, if she would regularly take her medicines and report any new symptom immediately to the doctors; she also agreed to give her consent that if we could successfully cure her disease, she would be glad to allow us to publish the treatment regimen for the benefit of other patients and therefore, readily signed the informed consent form.

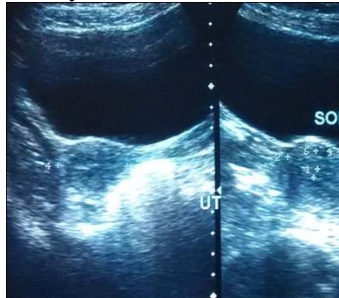
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Detailed Case Taking and Remedy Selection

The details of symptoms of initial, intermediate and final visits of the patient, with supportive documents and successive prescriptions of medicines have been summarized and presented in the following Table 1, while the concomitant changes, if any, observed in respect of certain blood parameters have been shown in Table 2.

Before Treatment

Presence of uterine fundal leiomyoma

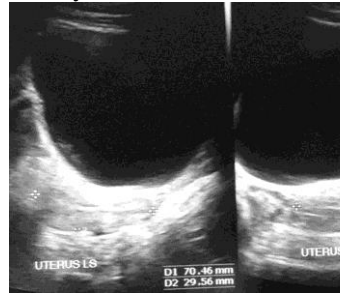


Presence of cyst in right ovary



After Treatment

Absence of uterine fundal leiomyoma

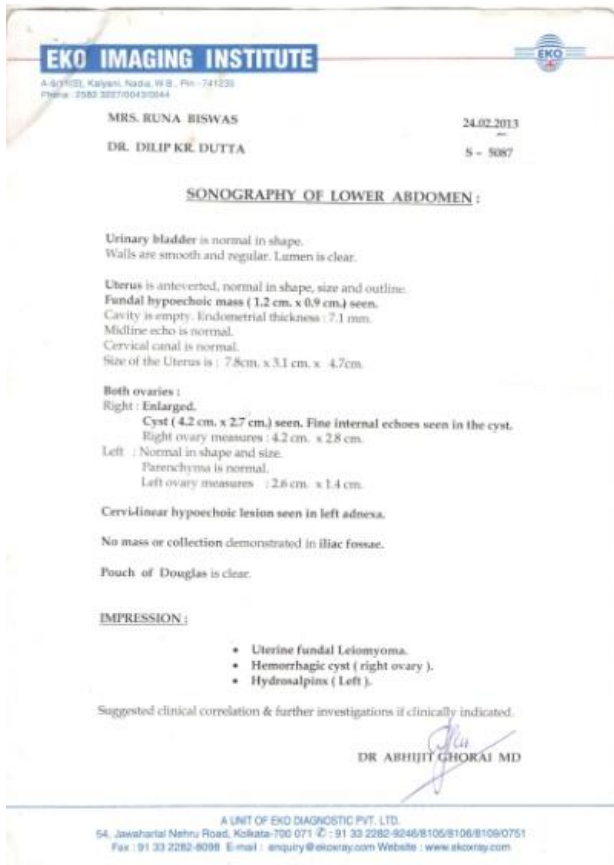


Absence of cyst in right ovary



Before Treatment

Presence of uterine fundal Leiomyoma, cyst right ovary, Hydrosalpinx(Left)



After Treatment

Absence of uterine fundal Leiomyoma, cyst right ovary, Hydrosalpinx (Left)



Figure 1: Showing Presence and Absence of Fibroid and Cyst Before and After Treatment

Date
 Serial Folliculometry on 9th December, 2014

Serial Folliculometry Reports

RANAGHAT UNIT **MONORAMA** CHAKDAHANA UNIT
 Ultrascan Pvt. Ltd.

With best compliments to Dr. Date: 9-Dec-14
 Patient's Name: Runa Biswas
 Age: 38 Yrs Sex: F
 Part Exam.: USG of Follicular Study (Screening)

| Date | Right Ovarian follicle | Left Ovarian follicle | Endometrial Echo | POD |
|-----------------|-------------------------------|--|------------------|----------------|
| 09/12/14 Day 10 | No dominant follicle is seen. | No dominant follicle is seen. | 5.0mm | Clear |
| 10/12/14 Day 12 | No dominant follicle is seen. | Follicle is seen measuring 18.0mm x 8.0mm. | 8.4mm | Clear |
| 11/12/14 Day 14 | No dominant follicle is seen. | 17.0mm x 8.2mm. | 11.7mm. | Clear |
| 12/12/14 Day 16 | No dominant follicle is seen. | 17.8mm x 13.0mm | 15.1mm. | Clear |
| 13/12/14 Day 18 | No dominant follicle is seen. | Collapsed dominant follicle. | 15.8mm. | Fluid is seen. |

IMPRESSION:
 Serial folliculometry reveals -
 Collapsed dominant follicle at left ovary with fluid in POD - suggestive of possible ruptured dominant follicle from left ovary.

Dr. S. S. Saha
 DMRD (MD/CA)
 Consultant Radiologist

Serial (Chak.)

COMPREHENSIVE DIAGNOSTIC SYSTEMS UNDER ONE ROOF

Serial Folliculometry on 9th January, 2015

RANAGHAT UNIT **MONORAMA** CHAKDAHANA UNIT
 Ultrascan Pvt. Ltd.

With best compliments to Dr. Date: 09-Jan-15
 Patient's Name: Runa Biswas
 Age: 38 Yrs Sex: F
 Part Exam.: USG of Follicular Study (Screening)

| Date | Right Ovarian follicle | Left Ovarian follicle | Endometrial Echo | POD |
|-------------------|--|--|------------------|----------------|
| 09/01/2015 Day 10 | No dominant follicle is seen. | Follicle is seen measuring 18.0mm x 8.0mm. | 7.2mm. | Clear. |
| 10/01/2015 Day 12 | No dominant follicle is seen. | 17.0mm x 10.0mm. | 10.0mm. | Clear. |
| 11/01/2015 Day 14 | No dominant follicle is seen. | 16.0mm x 10.8mm. | 11.2mm. | Clear. |
| 12/01/2015 Day 16 | No dominant follicle is seen. | 16.0mm x 10.0mm. | 13.0mm. | Clear. |
| 13/01/2015 Day 18 | Follicle is seen measuring 12.0mm x 8.4mm. | 27.0mm x 16.3mm. | 13.2mm. | Clear. |
| 14/01/2015 Day 20 | 18.0mm x 14.1mm. | 27.0mm x 18.0mm. | 13.5mm. | Clear. |
| 15/01/2015 Day 21 | 21.4mm x 17.0mm. | Ruptured. | 13.5mm. | Fluid is seen. |

IMPRESSION:
 Serial folliculometry reveals - ruptured dominant follicle from left ovary with fluid in POD.

Dr. S. S. Saha
 DMRD (MD/CA)
 Consultant Radiologist

Serial (Chak.)

COMPREHENSIVE DIAGNOSTIC SYSTEMS UNDER ONE ROOF

Serial Folliculometry on 30th January, 2015

RANAGHAT UNIT **MONORAMA** CHAKDAHANA UNIT
 Ultrascan Pvt. Ltd.

With best compliments to Dr. Date: 30-Jan-2015
 Patient's Name: Runa Biswas
 Age: 38 Yrs Sex: F
 Part Exam.: USG of Follicular Study (Screening)

| Date | Right Ovarian follicle | Left Ovarian follicle | Endometrial Echo | POD |
|-----------------|-------------------------------|---|------------------|----------------|
| 28/01/15 Day 10 | No dominant follicle is seen. | Follicle is seen measuring 18.0mm x 10.0mm. | 8.5mm. | Clear |
| 29/01/15 Day 12 | No dominant follicle is seen. | Dominant follicle measures 22.0mm x 18.0mm | 8.9mm. | Clear |
| 30/01/15 Day 14 | No dominant follicle is seen. | Ruptured. | 12.0mm. | FLUID is seen. |

IMPRESSION:
 Serial folliculometry reveals - ruptured dominant follicle from left ovary.

Dr. S. S. Saha
 DMRD (MD/CA)
 Consultant Radiologist

Serial (Chak.)

COMPREHENSIVE DIAGNOSTIC SYSTEMS UNDER ONE ROOF

Figure 2: Serial Folliculometry

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Table 1: Details of Symptoms and Prescriptions and Improvements in Condition

| Visit | Symptoms | Medicine Given | Period of Taking Medicine | Advised to Come After |
|---------------------------|---|----------------|--|---------------------------------|
| First Visit 26.02.2013 | <p>Abdomen sore and stinging pains, pain right lower abdomen; menses scanty, painful, dysmenorrhœa, with severe pains; profuse bleeding, with heaviness of lower abdomen, stinging pain; sense of tightness; bearing-down, as if menses were to appear; tenderness felt at perineum region; leucorrhœa at onset of menstruation,</p> <p>Swelling or puffing up of various parts, oedema, stinging pains in right side of abdomen, soreness, intolerance of heat, and irritability at slightest touch; afternoon aggravation; Constricted sensations lower abdomen. Sensation of stiffness and as of something torn off in the interior of the body. Much prostration, and cannot concentrate mind when attempting to read or study even a story book; easily weeps on a minor cause; vertigo on lying or closing eyes; Styes under the eyes; Thirst less, but desire for milk; Burning and soreness when urinating, stinging pain and urine scanty.</p> <p>Modalities.—Aggravated in heat, touch and pressure; feels better in open air, and cold bathing;</p> | Apis 30 | Twice daily for 14 days (at least 45 minutes to 1 hr before or after any food) | Advised to report after 14 days |
| 10.3.2013 | Improvement of her pain in the abdomen. | Placebo | 1month | 1month |
| 15.4.2013 | Feeling of weakness gradually improving; urinary symptoms also improved considerably. | Placebo | 3months | 3months |
| 14.7.2013 | Experienced pain of moderate and bearable intensity with burning feeling in the urethra, in middle of June 2013. | Apis 200 | Twice daily for 2 days, with placebo for the rest 28 days | 1month |

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|---------------------------|---|------------------------|--|--|
| 20.8.2013 | Felt mild pain in the abdomen once only. | placebo | 1 month | 1month |
| 24.9.2013 | All symptoms gradually improving | placebo | 3 months | 3months |
| 20.12.2013 | Status of patient further improved and she continues to feel good with regular and normal menstruation. | placebo | 3 months | 3 months |
| 10.3.2014 | Reported bleeding in last cycle quite profuse | Apis 1 M | 2 doses ,once daily for 2 days Placebo for 1month | 1month |
| 25.4.2014 | Again bled profusely in the preceding menstrual cycle | Apis 1M | 4 doses, twice daily for 2 days. Rest placebo | 3months |
| 19.7.2014 | Reported vast improvement | Placebo | 3 months | 3 months |
| 20.10.2014 | Doing well | placebo | 3 months | 3months, advised USG of lower abdomen and folliculometry (Figure 2). |
| 25.2.2015 | Doing well | Placebo | 3 months | Reports of folliculometry satisfactory, but still cyst present in right ovary; |
| 19.5.2015 | Once urethral burning felt on April 12 to 15. | Apis 1 M | 2 doses for 2 days, once daily | Advised for another USG |
| Final visit 16.08.2015 | No unusual complaints narrated | No medicine prescribed | Advised to report if any problem occurs in future | USG showed no abnormality. (Figure 1) |

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Some ameliorative changes in blood parameters could be noted in the patient undergoing homeopathic treatment. As for example, the data of LH: FSH ratio was greater than 1 before administration of the remedy. But the ratio became less than 1 after administration the drug (Table 2). Likewise, the data of serum free testosterone was significantly reduced after the drug administration. DHEAS level also significantly got reduced after treatment. There were less significant changes in other protocols (Table 2).

Table 2: Showing Blood Parameters Before and After Treatment

| Sl. No. | Blood Parameter | Before Treatment | After Treatment |
|---------|----------------------------------|------------------|-----------------|
| 1. | LH mIU/ml | 16.77 | 0.93 |
| 2. | FSH mIU/ml | 11.19 | 1.65 |
| 4. | S. Free Testosterone pg/ml | 4.07 | 1.13 |
| 5. | DHEAS ng/ml | 193.21 | 136.51 |
| 6. | Prolactine ng/ml | 4.83 | 8.01 |
| 7. | E ₂ (Estradiol) pg/ml | 175.20 | 209.21 |
| 8. | Insulin (F) μ iu/ml | 8.08 | 8.44 |
| 9. | Insulin (PP) μ iu/ml | 72.12 | 70.14 |
| 10. | Glucose (F) | 105.2 | 109 |
| 11 | CA 125 | 29 | 20 |
| 12 | AMH ng/ml | .08 | 2.14 |

DISCUSSION

In literature survey the patients with large cyst, uterine fundal leiomyoma are reported to be routinely cured, mostly by surgical intervention (Barrett *et al.*, 2013), but there has been none found in literature of orthodox medicine which could cure cyst without any surgical intervention, only by use of oral medicines. Therefore, successful removal of such a large sized cyst accompanied with fundal leiomyomaby homoeopathic medicines/remedies, quite authentically evidenced by adequate documentations provided in this study, should be of great interest to all branches of the medical fraternity as well as patients diagnosed with this ailment. This can bring some hope to patients who are either unwilling to undergo surgery for various reasons, or are in such a medical state when surgery maybe quite risky for her life. Earlier, successful removal of multiple cysts of smaller size in patients with poly cystic ovarian syndrome (PCOS) by homeopathic Lycopodium 30C and Calc area 30Cwas reported by us (Das *et al.*, 2016a, b) with corresponding favourable changes in their phenotypic and/or hormonal changes; simple removal of poly cysts was also reported by others (Kumar and Arora, 2014). One area of concern for undertaking homeopathic treatments for removal of cysts in ovary is the lack of systematic research with authentic validation through evidence-based documentation which could give confidence to both patients and the homeopathic practitioners to take up cases of patients with such large cysts. They generally cannot firmly believe that well-selected homeopathic remedies are also capable of removing large cysts and amelioration/cure other associated gynaecological problems including induction of favourable hormonal changes. A word of caution should, however, be added here that the patient under treatment should be periodically subjected to USG for looking at the condition/location and size of the cyst and have greater focus on providing relief of pain to the patient. In fine, the condition of the patient should be carefully monitored and if there is no amelioration of pain or reduction of size of the cyst within a reasonable period of time, or shows sign of further enlargement, such cases should be advised in favour of surgical intervention by a qualified surgeon. But if the pain subsides and the size shows an inclination for reduction, then the patient can safely continue with the homeopathic remedy and get the desired result indue course of treatment.

The results of the present study will surely encourage both the patients and physicians to try homeopathy as an alternative to surgical interventions, particularly when for the patients who cannot afford to bear cost of the orthodox treatment for economic or some other compulsive health conditions. With such a

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goal, we are now making further systematic study particularly on the efficacy of other indicative homeopathic remedies to screen the capability of other specific homeopathic remedies that can give equally good results, which could then be recommended for specific use to treat patients with other guiding symptoms, so that homeopathic practitioners can use them more confidently in treating this disease.

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