

26-6-2025

Uterine fibroid and haemorrhagic ovarian cyst treated with homoeopathic medicine *Sepia officinalis* in LM potency: An evidence-based case report

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Moorthi K, Tharshini KS. Uterine fibroid and haemorrhagic ovarian cyst treated with homoeopathic medicine *Sepia officinalis* in LM potency: An evidence-based case report. Indian J Res Homoeopathy 2025;19:207-13. doi: [10.53945/2320-7094.2081](https://doi.org/10.53945/2320-7094.2081)

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Summary: A 46-year-old female patient came to the outpatient department with profuse uterine bleeding during menses lasting approximately 8–10 days and cutting pain in the lower abdomen extending to the back for two years. Magnetic resonance imaging studies showed a uterine fibroid along with a haemorrhagic cyst. *Sepia officinalis* was prescribed based on the results obtained from repertorisation of the totality of symptoms. The Modified Naranjo Criteria for Homeopathy score of +8 indicated that clinical improvement was likely attributable to the homoeopathic treatment, which aligns with imaging results obtained during and after treatment. This case report emphasises the effect of homoeopathic treatment on uterine fibroids and haemorrhagic cysts.

Acknowledgments and Source of Funding

The authors are thankful to Dr. K. C. Muraleedharan, Officer-In-Charge, National Homoeopathy Research Institute in Mental Health, Kerala for his support. The authors acknowledge the patient's compliance with treatment and consent for publication of the case.

Uterine fibroid and haemorrhagic ovarian cyst treated with homoeopathic medicine *Sepia officinalis* in LM potency: An evidence-based case report

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Abstract

Introduction: Uterine fibroids are the most common benign neoplasms of the female genital tract in reproductive-age women. The wide range of symptoms includes menorrhagia, metrorrhagia, continuous/post-menopausal bleeding, pain and pressure symptoms. The haemorrhagic ovarian cyst is an adnexal mass which resolves spontaneously by itself but requires surgery if it is more than 5 cm in size. **Case Summary:** A 46-year-old female patient came to the outpatient department with profuse uterine bleeding during menses lasting approximately 8–10 days and cutting pain in the lower abdomen extending to the back for two years. Magnetic resonance imaging studies showed a uterine fibroid along with a haemorrhagic cyst. *Sepia officinalis* was prescribed based on the results obtained from repertorisation of the totality of symptoms. The Modified Naranjo Criteria for Homeopathy score of +8 indicated that clinical improvement was likely attributable to the homoeopathic treatment, which aligns with imaging results obtained during and after treatment. This case report emphasises the effect of homoeopathic treatment on uterine fibroids and haemorrhagic cysts.

Keywords: Haemorrhagic cyst, Modified Naranjo criteria, *Sepia officinalis*, Uterine fibroid

INTRODUCTION

Fibroids are the most common benign pelvic tumours, present in 20% of women in the reproductive age group and its incidence increases with age. They are composed of muscle tissue, although there is a variable amount of fibrous connective tissue, which is monoclonal in origin. It is also termed myoma, leiomyoma or fibromyoma^[1] (ICD10 Code-D-25.9). It is predominantly an oestrogen-dependent tumour. It has been estimated that at least 20% of women at the age of 30 have fibroids in their wombs.^[2] There might be a wide range of symptoms, including infertility, repeated abortions, pain, pressure symptoms, abdominal lumps, menorrhagia, metrorrhagia, continuous or post-menopausal bleeding, etc.^[3] They are the most common cause of hysterectomy and one of the main reasons for hospitalisations for gynaecological disorders.^[4] Fibroids are associated with follicular cysts of the ovary, endometrial hyperplasia, endometrial carcinoma and endometriosis.^[1] Although the majority of uterine fibroids can be diagnosed through medical history and pelvic

examination, at times, ultrasonography (USG) is a useful diagnostic tool to confirm the diagnosis.^[2] Around the world, laparoscopic, vaginal or abdominal hysterectomies are commonly performed on patients with uterine fibroids.^[5] For the management of this tumour, both surgical and radiological therapies are commonly used; medical therapies are seen to be the first-line treatment, and surgery is the final option. The prolonged use of these conventional treatments has negative consequences.^[6] Myomectomy is a known option for women who intend to retain their uterus for future births, but it is still unclear if it improves fertility outcomes.^[7] A haemorrhagic ovarian cyst is a type of ovarian cyst that bleeds and varies

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Received: 19 March 2024; **Accepted:** 21 May 2025

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How to cite this article: Moorthi K, Tharshini KR. Uterine fibroid and haemorrhagic ovarian cyst treated with homoeopathic medicine *Sepia officinalis* in LM potency: An evidence-based case report. Indian J Res Homoeopathy 2025;19:207-13.

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Quick Response Code:	Website: www.ijrh.org
Available in print version only	DOI: 10.53945/2320-7094.2081

in size. It is an adnexal mass formed by the occurrence of bleeding into a follicular or corpus luteum cyst. Surgery may be indicated in cases of large cysts >5 cm in diameter, severe, persistent abdominal pain and failure of the cyst to resolve spontaneously.^[8]

Due to the extensive, expensive and invasive treatment, an increasing number of patients are turning to Homoeopathy as a safe, gentle and cost-effective means of treatment.^[9] Homoeopathic physicians use different scales of potency, such as decimal, centesimal and fifty millesimal scales, in their practice for the treatment of various diseases.^[10] A quicker cure for chronic diseases can be obtained by progressively increasing the doses of a series of LM potencies.^[11] Oberai *et al*, Clinical trial of homoeopathic medicines on symptomatic uterine fibroids showed that centesimal and fifty millesimal potencies are equally effective in giving symptomatic relief to patients.^[12] Various case reports and a cohort study showed positive results in both symptomatic relief and reduction in the size of uterine fibroids.^[13,14] U.C. Adler's analysis of Hahnemann's Paris case files, which was based on a significant number of experiments with the two potencies, demonstrates the superiority of the LM potencies over the CH dynamisation.^[15] The case has been reported according to the HOM-CASE guidelines.^[16]

This confirmed case of uterine fibroid and haemorrhagic ovarian cyst has been successfully treated with LM potency of homoeopathic intervention alone with complete resolution of both uterine fibroid and haemorrhagic cyst without any surgical intervention.

PATIENT INFORMATION

A 46-year-old female came to the outpatient department (OPD) of a tertiary care hospital on 28th November 2022 with complaints of cutting pain in the lower abdomen, abdominal pain extending to the back region and profuse bleeding during menses for the past two years. She also complained of vertigo before and during menses and itching in the genital region with yellowish leucorrhoea.

The patient was apparently well two years ago. Initially, she had profuse bleeding during menses, which occurred for about 8–10 days. Her menstrual cycle was regularly irregular (typically delayed by 10–15 days beyond the expected 28-day interval) since the complaints started. Gradually, she developed pain in the lower abdomen, extending to the back. She also had vertigo along with menstrual irregularities.

At eight years of age, she suffered from jaundice, for which she had taken Ayurveda treatment. At the age of 35 years, during her first delivery, she had a cyst in the ovary, and no treatment was taken. During her second delivery, she reportedly had many cysts in the ovary which were surgically removed. There was a positive family history of hypertension; the patient's father was hypertensive.

Her last menstrual period was on 09 November 2022. The flow was bright red, ropy, sticky and tenacious with clots. She had a history of two C-section deliveries at the age of 35 and 38 years, respectively.

Clinical findings

The patient had a satisfactory appetite and thirst. She was suffering from constipation for the past two years and passed hard stool once every 3–4 days with great difficulty. She had a desire for cold drinks and had no other specific desires or aversions. She was thermally a chilly patient.

On physical examination, the patient's abdomen was distended. On pelvic examination, a firm, hard, non-tender, palpable mass was found in the lower abdomen. Haemoglobin (Hb) was found to be 9.6 gm% on 28 November 2022.

Life space investigation

The patient was the elder child in her family and had a younger sister. Her parents were teachers. She used to go to school along with her mother and subsequently developed a desire to teach. She had very few friends. She had completed a master's degree in history and economics. Since her childhood, she used to become very nervous and anxious over trivial matters. Initially, after her education, she worked as a teacher in a private school. At the age of 31 years, she got married. After marriage, she did not work as her husband wanted her to work only in a government school. Hence, she had to resign from her job in a private school. She felt bad that even after studying so much, she was not working now because of her husband. She, thus, grew indifferent to her husband. She used to weep easily, thinking about her life. But now, she was currently more concerned about her autistic son.

Diagnostic assessment

Magnetic resonance imaging (MRI) done on 24th November 2022 showed subserous endometrium noted in the posterior myometrium upper segment, measuring 2.2 × 1.4 cm and left adnexa showing a multilocular cystic lesion, with blood products measuring 5 × 4 × 3.7 cm. She was, thus, diagnosed with a uterine fibroid and a haemorrhagic cyst.

Totality of symptoms

After case taking, the patient's prominent general and particular symptoms were taken into consideration, and the totality was obtained. These included ailment from dominance, anxiety on trifles, easy to weep, vertigo appearing before and during menses, pain in the lower abdomen, which was extending to the back, constipation, leucorrhoea and clotted, protracted, ropy, tenacious and stringy menstrual flow and desire for cold drinks.

Therapeutic intervention

A repertorial analysis was done using RADAR Opus version 10 software^[17] [Figure 1]. The final selection of the remedy was done in consultation with Homoeopathic Materia Medica. *Sepia officinalis* was selected as its deep constitutional affinity for female reproductive pathologies rendered it appropriate for uterine fibroids and haemorrhagic ovarian cysts. *Sepia officinalis*

0/6 was prescribed and the patient was advised to report to the OPD every month. The pharmacist dispensed the medicine as follows: One globule (poppy seed size) of the specified potency was dissolved in 120 ml of distilled water that had been premixed with 2.4 ml (2% v/v) of dispensing alcohol, afterwards performing ten consistently vigorous downwards strokes against the bottom of the phial. The patient was instructed to give the bottle ten uniformly forceful downwards strokes with the hand on a hard surface, then take three teaspoonfuls (15 ml) of this solution and mix it in eight teaspoonfuls (40 ml) of water in a clean glass after stirring the solution of each dose of the medicine. One dose was equal to one teaspoonful (5 ml) of this

solution. One dose (5 ml) of medicine was repeated once every day throughout the follow-up.

Follow-up and outcomes

A follow-up of the case was carried out monthly for approximately 14 months [Table 1]. The USG taken during treatment on 05 April 2023 showed a reduction in the size of the uterine fibroid and haemorrhagic cyst. The subsequent USG reports showed the normal size of the uterus and no evidence of haemorrhagic cyst. The causal attribution determined using Modified Naranjo Criteria for Homoeopathy (MONARCH)^[18] gave a score of +8, as indicated in Table 2. Hb levels also improved to 11 g/dL on 12 June 2023 and 12.2 g/dL on 11 December 2023.

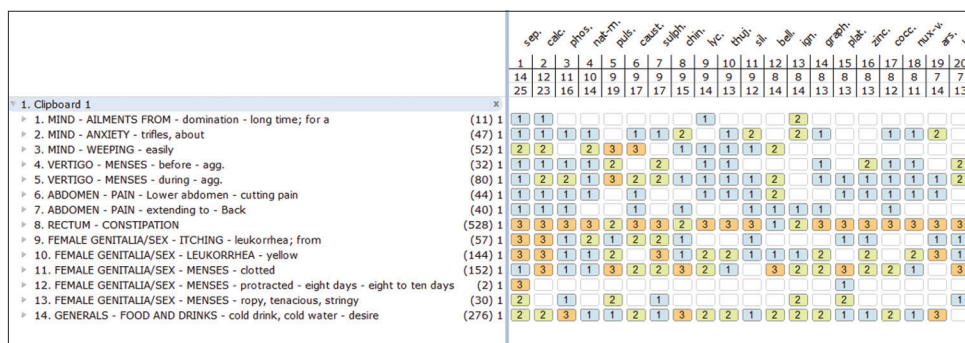


Figure 1: Repertorial chart using RADAR Opus version 10 software

S. No.	Follow-up date	Symptoms and justification for prescription	Prescription
1.	28 November 2022	Lower abdominal pain, profuse bleeding during menses, abdominal pain extending to the back. Vertigo before and during menses. LMP- 09 November 2022, profuse flow for 8–10 days, clots present, yellowish leucorrhoea occasionally present. Hb- 9.6 gm%	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
2.	05 January 2023	General relief after medicine. Lower abdominal pain reduced but persisted. Vertigo reduced. LMP- 01 January 2023, menses appeared after 52 days (Duration of menses~about 10 days and still persisting), profuse flow, flow still persists, clots were present, yellowish leucorrhoea occasionally present.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
3.	04 February 2023	The patient felt slightly better. Lower abdominal pain reduced but occasionally persisted. Vertigo reduced. Menses reappeared on 16 January 2023, for 10 days, profuse flow persisted, clots persisted, yellowish leucorrhoea occasionally present.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
4.	14 March 2023	The patient felt slightly better. Lower abdominal pain reduced but occasionally persisted. Vertigo reduced. LMP- 02 March 2023, profuse flow reduced than before, flow for 10 days, clots slightly reduced, yellowish leucorrhoea occasionally present.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
5.	11 April 2023	The patient felt slightly better. Lower abdominal pain reduced but occasionally persisted. Vertigo reduced. LMP- 01 April 2023, profuse flow reduced than before, flow for 7 days, clots reduced, yellowish leucorrhoea absent.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
6.	09 May 2023	The patient felt slightly better. Lower abdominal pain reduced but occasionally persisted. Vertigo reduced. LMP- 03 May 2023, profuse flow reduced than before, flow for 6 days, clots reduced significantly.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
7.	12 June 2023	The patient felt slightly better. Lower abdominal pain reduced but occasionally persisted. Vertigo-reduced significantly. LMP- 06 June 2023, profuse flow reduced than before, flow for 5 days, clots reduced significantly. Hb- 11 gm%	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.

(Contd...)

Table 1: (Continued)

S. No.	Follow-up date	Symptoms and justification for prescription	Prescription
8.	11 July 2023	The patient felt slightly better. Lower abdominal pain is reduced than before. Vertigo-reduced significantly. LMP- 05 July 2023, profuse flow reduced than before, flow for 6 days, clots-nil.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
9.	08 August 2023	The patient felt better in general. Lower abdominal pain reduced. LMP- 04 August 2023, profuse flow reduced than before.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
10.	05 September 2023	The patient continues to feel better. LMP- 29 September 2023, flow reduced, flow for 6 days.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
11.	03 October 2023	The patient felt better. LMP- 25 October 2023, flow further reduced, flow for 5 days.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
12.	06 November 2023	The patient continues to feel better. LMP- 02 November 2023, flow for 5 days.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
13.	11 December 2023	The patient continues to feel better. LMP- 29 November 2023, flow for 5 days. Hb- 12.2 gm%	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.
14.	11 January 2024	The patient continues to feel better. LMP- 02 January 2024, flow for 5 days.	<i>Sepia officinalis</i> 0/6/1 Dose, daily BD Patient instructed to take one dose (5 ml) of medicine every day.

LMP: Last menstrual period, BD: Twice daily

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH) scoring*

S. No.	Criteria	Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the homeopathic 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 a homeopathic aggravation of symptoms?	+1	0	0
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed?	+1	0	0
5.	Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional and behavioural elements)	+1	0	0
6.	(A) <i>Direction of cure</i> : Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
	(B) <i>Direction of cure</i> : Did at least one 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 (i.e. other than the medicine) that – with a high probability – could have produced 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. investigations, clinical examination, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
		Total score: +8		

*The numbers in bold font represent the option selected

DISCUSSION

In this case, the patient's history was taken adhering to the homeopathic principles. All the data, including personal and family history, and physical and mental generals, were assessed. An individualised homeopathic medicine was prescribed after repertorisation of the totality of symptoms, which included constitutional make-up, physical and mental general and other important symptoms. This case report, thus,

illustrates the improvement of the patient both symptomatically and pathologically.

Although many treatments have been identified in previous studies of uterine fibroid,^[19] the main focus of this case report was on the totality of symptoms in the context of individualisation. This case provides evidence for the action of LM potency in deep pathology. The main strength of this case report is the usage of LM potency and evidence-based results.

In this case, the patient came with an MRI report showing the presence of uterine fibroid along with a haemorrhagic cyst in the ovary ($5 \times 4 \times 3.7$ cm). A cyst of more than 5 cm in diameter is considered to be large and needs removal.^[20] The objective evidence (USG) taken during treatment shows the reduction in the size of the cyst during the treatment.

Sepia officinalis, prescribed on the basis of totality of symptoms, and repeated over time, could bring in a noticeable, holistic improvement in the symptoms, as also evident in the subsequent USG reports. In a published clinical trial, *Pulsatilla*, *Sulphur*, *Lycopodium*, *Phosphorus*, *Calcarea carb.* and *Natrum mur.* were prescribed in centesimal and fifty millesimal potencies and showed complete remission of uterine fibroid.^[12] An observational study by Gupta *et al.* showed that ovarian cysts can be successfully treated homoeopathically.^[21]

Many similar studies and case reports^[22,23] have established the action of individualised homoeopathic medicines in the uterine fibroid. This case report further adds evidence by showing the improvement in USG, and a causal attribution is established by the +8 score of MONARCH. Homoeopathy, thus, has a prominent role in reducing the ever-increasing burden of uterine fibroid and ovarian cyst surgeries, but before it is recommended as the first line of treatment prior to surgery, rigorous trials would be required to confirm the findings thus far.

The primary limitation of this paper is that it reports a single case. The uniqueness of this case report, that a haemorrhagic cyst of more than 5 cm and a uterine fibroid were cured by a single, individualised homoeopathic medicine *Sepia officinalis* 0/6, however, cannot be overlooked.

CONCLUSION

This case report depicts the effect of homoeopathic medicines in LM potency in the treatment of uterine fibroids and haemorrhagic ovarian cysts. However, robust controlled trials are needed to further establish the efficacy of homoeopathic medicines in treating cases of uterine fibroids.

ACKNOWLEDGEMENT

The authors are thankful to Dr. K. C. Muraleedharan, Officer-In-Charge, National Homoeopathy Research Institute in Mental Health, Kerala for his support. The authors acknowledge the patient's compliance with treatment and consent for publication of the case.

Declaration of patient consent

We confirm that the patient has given her written informed consent to publish her anonymised case. She understands that due efforts will be made to conceal her identity. However, anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

None declared.

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Fibrome utérin et kyste hémorragique traités par le médicament homéopathique *Sepia officinalis* en dilution LM : rapport de cas fondé sur des données probantes

Introduction: Les fibromes utérins sont les tumeurs bénignes les plus fréquentes de l'appareil génital féminin chez les femmes en âge de procréer. Leurs symptômes sont variés : ménorragies, métrorragies, saignements continus/post-ménopausiques, douleurs et pressions. Le kyste ovarien hémorragique est une masse annexielle qui se résorbe spontanément, mais nécessite une intervention chirurgicale s'il dépasse 5 cm.

Résumé du cas: Une patiente de 46 ans s'est présentée en consultation externe pour des saignements utérins abondants pendant les règles, durant environ 8 à 10 jours, et des douleurs coupantes dans le bas-ventre irradiant vers le dos depuis deux ans. L'imagerie par résonance magnétique a révélé la présence d'un fibrome utérin et d'un kyste hémorragique. *Sepia officinalis* a été prescrit sur la base des résultats obtenus lors de la répertorisation de l'ensemble des symptômes. Le score de +8 des critères modifiés de Naranjo pour l'homéopathie indiquait que l'amélioration clinique était probablement attribuable au traitement homéopathique, ce qui concorde avec les résultats d'imagerie obtenus pendant et après le traitement. Ce rapport de cas souligne l'effet du traitement homéopathique sur les fibromes utérins et les kystes hémorragiques.

Uterusmyom und hämorrhagische Zyste, behandelt mit dem homöopathischen Arzneimittel *Sepia officinalis* in LM-Potenz: Ein evidenzbasierter Fallbericht

Einleitung: Uterusmyome sind die häufigsten gutartigen Neubildungen des weiblichen Genitaltrakts bei Frauen im gebärfähigen Alter. Das breite Spektrum der Symptome umfasst Menorrhagie, Metrorrhagie, anhaltende/postmenopausale Blutungen, Schmerzen und Druckgefühle. Die hämorrhagische Ovarialzyste ist eine Adnexmasse, die sich spontan zurückbildet, aber bei einer Größe von über 5 cm operiert werden muss.

Fallzusammenfassung: Eine 46-jährige Patientin stellte sich mit starken Uterusblutungen während der Menstruation, die etwa 8–10 Tage anhielten, und seit zwei Jahren mit schneidenden Schmerzen im Unterbauch, die bis in den Rücken ausstrahlten, in die Ambulanz vor. Magnetresonanztomographie-Untersuchungen zeigten ein Uterusmyom und eine hämorrhagische Zyste. *Sepia officinalis* wurde aufgrund der Ergebnisse der Repertorisation aller Symptome verschrieben. Der Wert von +8 nach den modifizierten Naranjo-Kriterien für Homöopathie deutete darauf hin, dass die klinische Besserung wahrscheinlich auf die homöopathische Behandlung zurückzuführen war. Dies deckt sich mit den während und nach der Behandlung erhaltenen bildgebenden Befunden. Dieser Fallbericht unterstreicht die Wirkung der homöopathischen Behandlung auf Uterusmyome und hämorrhagische Zysten.

होम्योपैथिक दवा सीपिया ऑफिसिनेलिस की एलएम पोटन्सी द्वारा गर्भाशय फाइब्रॉइड और रक्तसावी ओवेरीअन सिस्ट का इलाज एक साक्ष्य-आधारित केस रिपोर्ट

परिचय: प्रजनन आयु की महिलाओं में महिला जननांग पथ का सबसे आम गैर-घातक नियोप्लाज्म गर्भाशय फाइब्रॉइड है। लक्षणों की विस्तृत श्रृंखला में मेनोर्रजिया, मेटोर्रजिया, निरंतर / रजोनिवृत्ति के बाद रक्तसाव, दर्द और दबाव के लक्षण शामिल हैं। रक्तसावी ओवेरीअन सिस्ट एक एडनेक्सल गांठ है जो अपने आप ही ठीक हो जाती है लेकिन अगर यह 5 सेन्टीमीटर से अधिक आकार की है तो सर्जरी की आवश्यकता होती है।

केस सारांश: एक 46 वर्षीय महिला रोगी लगभग 8-10 दिनों तक चलने वाले मासिक धर्म के दौरान अत्यधिक गर्भाशय रक्तसाव और दो साल से निचले पेट में दर्द, जो पीठ तक फैलता है, के साथ आउट पेशेंट विभाग में आई। चुंबकीय अनुनाद इमेजिंग अध्ययनों ने रक्तसावी सिस्ट के साथ एक गर्भाशय फाइब्रॉइड को भी दिखाया। लक्षणों की समग्रता के रिपरटोराइजेशन से प्राप्त परिणामों के आधार पर *सीपिया ऑफिसिनेलिस* निर्धारित की गई। होम्योपैथी के लिए संशोधित नारंजो मानदंड से प्राप्त +8 का स्कोर दर्शाता है कि नैदानिक सुधार होम्योपैथिक उपचार के कारण होने की संभावना है, जो उपचार के दौरान और बाद में प्राप्त इमेजिंग परिणामों के साथ सरिखित है। यह केस रिपोर्ट गर्भाशय फाइब्रॉइड और रक्तसावी सिस्ट पर होम्योपैथिक उपचार के प्रभाव पर जोर देती है।

Mioma uterino y quiste hemorrágico tratados con el medicamento homeopático *Sepia officinalis* en potencia LM: Reporte de un caso basado en la evidencia

Introducción: Los miomas uterinos son las neoplasias benignas más comunes del tracto genital femenino en mujeres en edad reproductiva. Su amplia gama de síntomas incluye menorragia, metrorragia, sangrado continuo/posmenopáusico, dolor y síntomas de presión. El quiste ovárico hemorrágico es una masa anexial que se resuelve espontáneamente, pero requiere cirugía si mide más de 5 cm.

Resumen del caso: Una paciente de 46 años acudió a consulta externa con sangrado uterino profuso durante la menstruación de aproximadamente 8 a 10 días de duración y dolor punzante en el bajo abdomen que se extendía a la espalda desde hacía dos

años. Los estudios de resonancia magnética mostraron un mioma uterino junto con un quiste hemorrágico. Se prescribió *Sepia officinalis* basándose en los resultados obtenidos de la repertorización de la totalidad de los síntomas. La puntuación de +8 en los Criterios de Naranjo Modificados para la Homeopatía indicó que la mejoría clínica probablemente se debía al tratamiento homeopático, lo cual concuerda con los resultados de las imágenes obtenidas durante y después del tratamiento. Este caso clínico destaca el efecto del tratamiento homeopático en fibromas uterinos y quistes hemorrágicos.

顺势疗法药物乌贼墨 (*Sepia officinalis*) 治疗子宫肌瘤和出血性囊肿：循证病例报告

引言：子宫肌瘤是育龄妇女最常见的生殖道良性肿瘤。其症状包括月经过多、子宫出血、持续性/绝经后出血、疼痛和压迫症状。出血性卵巢囊肿是一种附件肿块，可自行消退，但如果肿块大于5厘米，则需要手术治疗。

病例摘要：一名46岁的女性患者因月经期间出现大量子宫出血（持续约8-10天）以及下腹部切开性疼痛（延伸至背部）两年而来门诊就诊。磁共振成像检查显示患者存在子宫肌瘤和出血性囊肿。根据对全部症状进行记录的结果，医生开出了乌贼墨 (*Sepia officinalis*) 的处方。改良纳兰霍顺势疗法标准评分为+8，表明临床改善可能归因于顺势疗法治疗，这与治疗期间和治疗后的影像学检查结果相符。本病例报告强调了顺势疗法治疗子宫肌瘤和出血性囊肿的效果。