



Uterine Fibroids: A Clinical Study with USG Follow-up

ABSTRACT

A total of two hundred and seventeen (217) cases of Uterine Fibroids (Single and Multiple) were registered and available for proper followup of treatment. Analysis was made to assess the percent response in each case following treatment with Homoeopathic remedies at Gaurang Clinic and Centre for Homoeopathic Research, Lucknow (GCCHR) till December 31, 2002. Timely diagnosis by Ultrasonography followed by treatment with Homoeopathy showed excellent response in significant number of cases avoiding surgery which has been the lone option in modern system of medicine. After homoeopathic treatment, seventy four (74) patients were cured, twenty one (21) patients were best improving, showing more than 50 % reduction in the size of fibroid, sixty four (64) patients showed signifi-

cant improvement, thirty one (31) maintained status quo and twenty one (21) patients did not improve. Status could not be reliably evaluated in four (4) (01.85%) cases due to confusing Ultrasonography reports. Two (2) (00.92 %) cases were of Nabothian Cysts and both of them were cured. The overall results of this study are encouraging and opens new vistas for Homoeopaths to treat patients of Uterine Fibroid with confidence.

INTRODUCTION

Uterine fibromyoma are benign growths in the uterus (subserous, intramural, submucous). Fibroids may occur at any age usually from menarche till menopause but becomes most evident during reproductive and postmenopausal period. The peak age of incidence is during 35 – 45 years of age (Dawn 1990). Novak in 1979 reported it in a young girl of 11 years. After menopause, the tumour may or may not regress spontaneously but never develops a fresh. It also delays menopause. Polymenorrhoea, metrorrhagia, intermenstrual bleeding, gradual swelling of abdomen, dull ache may be the presenting symptoms. However, pressure symptoms such as frequency and retention of urine, oedema of legs may be present but in some cases there may be no symptoms (Dawn 1990).

Although no definite relation is noticed between parity and Uterine fibroids, the patient may be of low parity (either nulliparous or with 1-2 children). The occurrence of uterine fibroid is on the increase in modern living due to increasing intervention in normal reproductive life of a woman. Before advent of different unnatural devices of family planning like contraceptive pills and IUCD, the prevalence of such type of unnatural pelvic growths was very low. Emergence of diagnostic

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tools like Ultrasonography and CT. scan etc has made the diagnosis easier. Earlier, before advent of these investigative modalities, majority of cases remained undetected.

In modern system of medicine the treatment of Uterine fibroids is chiefly surgical removal of the growth or of the uterus in its entirety depending upon the extent of the lesion and the desire of the woman to retain reproductive ability. Many cases deferred surgery owing to poor general health, advanced age, presence of diabetes and/or hypertension and repeated laparotomy conducted in the past for other surgical conditions. Surgery was the only choice. There are many remedies in the Homoeopathy which cover the signs and symptoms simulating uterine fibroids. There has been sporadic reporting in the Homoeopathic journals about successful treatment of such problems in individual cases. Such cases were neither scrutinized by modern diagnostic gadgets nor reproduced repeatedly to make them acceptable to modern medical scientists.

INCIDENCE

The incidence of uterine fibroid among gynecological patients in England was 3.3 %. Haines in 1975 reported that about one – tenth (1/10th) of all gynaecological patients in England suffer from fibroids. Negroes get fibroids three times more than whites (Dawn 1990).

OBJECTIVE

Homoeopathic physicians all over the world have reported cure by Homoeopathic medicines in the patients of uterine fibroid. There are umpteen number of drugs in Homoeopathic system of medicine which could be prescribed on holistic basis. These claims, however, have neither been scientifically assessed nor published. To prove or disprove such claims a methodical study was undertaken at GCCHR, which is still continued, to critically assess the efficacy of Homoeopathic drugs in patients of uterine fibroid as well as to establish the predisposing and causative factors, age group more

prone to this disease.

MATERIALS AND METHODS

- 1. Patients:** A total of two hundred and seventeen (217) women suffering from Uterine Fibroids (Single or Multiple) were registered and available for proper follow – up at G C C H R till December 31, 2002. These cases were analyzed to assess the percent response of Homoeopathic drugs in cases of Uterine fibroids.
- 2. Ultrasonography:** Ultrasonography was the main parameter to confirm the diagnosis and to assess the response of treatment. In most cases it was repeated every 3 months. In few cases, ultrasonologist and their machine remained the same and in other cases both were changed just to have cross check and to remove any bias element in their reporting.
- 3. Repertorisation:** All cases of Uterine Fibroids were repertorised using Homopath.
- 4. Software:** An indigenous software was developed by Computer Programmer to assess the percent response in the patients of Uterine fibroid after Homoeopathic treatment.
- 5. Homoeopathic remedies:** The main drugs employed in the present study are mentioned with individual cases in the flow chart.

FEW CASE REPORTS OF MODEL CASES

CASE – 1 : A – 9127

A 38 yr, multipara with 2 Caesarian deliveries and 3 spontaneous abortions was having profuse menstrual bleeding with severe dysmenorrhoea with pain and heaviness lower abdomen since 4 – 5 months (LMP – 15/09/2002). Patient had undergone tubectomy 4 years back. Ultrasonography of pelvis dated August 12, 2002 revealed bulky uterus with multiple echogenic focal parenchymal masses in uterine pulp suggestive of Uterine fibroids (Plate – 1). The case was repertorised. Symptoms considered for repertorisation were religious dreams, dreams of feasting, of water, of dead relatives, of death of relatives, of dead bodies, of unsuccessful efforts (*Magnesia-sulphurica*), offended easily, de-



sire for company, fastidious, aversion to conversation, remorse, anxiety about family, sentimental, amelioration from consolation and desire for sweet things. *Arsenicum album* and *Magnesia-sulphurica* were selected from various drugs of choice.

FOLLOWUP CASE-1 : A-9127

Ist prescription: September 23, 2002: *Arsenicum-album 1000* single dose was prescribed followed by *Magnesia-sulphurica 30* for eight weeks.

Ist follow-up: November 22, 2002: Menses appeared on 30/10/2002 but were less profuse, lasted 9 days with reduced pain. Pain lower abdomen also reduced. No dreams except religious dreams, dreams of water and of dead relatives were reported by the patient. Only *Magnesia-sulphurica 30* was repeated for six weeks.

IInd follow-up: January 07, 2003: Menses on 25/12/2002 less profuse, lasted 8 days with no dysmenorrhoea and pain lower abdomen. The patient reported no dreams. Ultrasonography of pelvis dated December 14, 2002 showed normal Uterus with no trace of fibroids (Plate - 1) after four (4) months of treatment.

CASE - 2 : U - 1189

A 27 yr multipara with 2 normal deliveries and 3 spontaneous abortions with normal menses was having dull pain and heaviness lower abdomen since 3-4 months. Nothing remarkable was noted in her past history. Family history revealed Anxiety neurosis in father. Ultrasonography of pelvis dated October 08, 2001 revealed anteverted Uterus measuring 90 X 53 X 40 mms in size with hyperechoic endometrial cavity and heterogeneously coarsely textured thick fundal walls. An oval shaped echogenic lesion measuring 50 X 30 mms was seen fused with the anterior wall of uterus. Cervix is thick and unevenly textured. Adnexae were displaced with mild fluid in Pouch of Douglas (Plate - 2). The case was repertorised. Symptoms considered for repertorisation were religious dreams, dreams of feasting, of water, of dead relatives, of death of relatives, of dead bodies, of unsuccessful efforts (*Magnesia-*

sulphurica), ailments from mortification and humiliation, fear of ghosts, robbers, misfortune, high places, sympathetic, offended easily, sentimental, want of self confidence, desire for open air, weeping disposition which aggravates the symptoms, remorse, introverted, anger easily and desire for salty things. *Natrum-muriaticum* was selected from various drugs of choice.

FOLLOWUP OF CASE-2 : U-1189

Ist prescription: November 06, 2001: *Natrum-muriaticum 1000* single dose was prescribed followed by *Placebo* for six weeks.

Ist follow-up: December 23, 2001: Pain lower abdomen reduced. Irritability and weeping also reduced. Only *Placebo* was repeated for four weeks.

IInd follow-up: January 23, 2002: Pain lower abdomen initially reduced but increased in intensity again. Pain and heaviness head was reported by the patient. *Natrum-muriaticum 1000* single dose was repeated followed by *Placebo* for eight weeks on different visits.

IIIrd follow-up: March 24, 2002: Pain lower abdomen, fear of ghosts, robbers, misfortune, high places much reduced. Only *Placebo* was repeated for four weeks.

IVth follow-up: May 21, 2002: Pain lower abdomen, fear of ghosts, robbers, misfortune, high places initially reduced but increased again. *Natrum-muriaticum 1000* single dose was repeated followed by *Placebo* for ten weeks on different visits.

Vth follow-up: August 05, 2002: No pain lower abdomen or fear. Ultrasonography of pelvis dated July 31, 2002 revealed normal Uterus (Plate - 2) after 9½ months of Homoeopathic treatment.

CASE 3 : M - 5654

A 26 yr multipara with 3 normal deliveries with late, painful menses and per vaginum discharge was having pain and burning right side of abdomen since 2 years. Patient had undergone tubectomy 2½ years back. Past history revealed Sciatica. Family history revealed Bron-



chial Asthma. Ultrasonography of pelvis dated May 24, 2002 revealed bulky anteverted uterus with a myometrial mass measuring 19 X 17 mms at fundus (Plate – 3). The case was repertorised. Symptoms considered for repertorization were washing hand mania (*Sepia*), fear of narrow places (Claustrophobia), fastidious, desire for company, amelioration from consolation, weeping disposition which ameliorates the symptoms, suspicious, offended easily, remorse, irritability, anxiety about health and fibroid myoma uterus. *Pulsatilla* was selected from various drugs of choice but it was not covering a very striking symptom of washing hand mania. *Sepia* appeared the next indicated remedy for the patient.

FOLLOWUP OF CASE 3 : M – 5654

Ist prescription: May 26, 2002: *Pulsatilla 1000* single dose was prescribed followed by *Sepia 30* for eight weeks.

Ist follow – up: July 22, 2002: Menses appeared on due date and was less painful, per vaginal discharge also reduced. Fear of narrow places, weeping disposition also reduced. Only *Sepia 30* was repeated for four weeks.

IInd follow–up: August 20, 2002: Menses were delayed and painful, per vaginal discharge initially reduced but no further improvement. *Pulsatilla 1000* single dose was repeated followed by *Sepia 30* for four weeks.

IIIrd follow–up: September 23, 2002: Menses were again delayed and painful, per vaginal discharge increased. *Pulsatilla 10 M* single dose was prescribed followed by *Sepia 30* for six weeks.

IVth follow–up: November 11, 2002: Menses normal, appeared at due date, no pain or per vaginal discharge. No washing hand mania, fear of narrow places or weeping disposition. Ultrasonography of pelvis dated November 08, 2002 revealed normal Uterus (Plate – 3) after 5½ months of Homoeopathic treatment.

CASE 4 : S – 14104

A 31 yr old nullipara (Primary Sterility) with regular,

normal menses was having severe dysmenorrhoea and thick, acrid discharge PV with itching in vulva since many years. Nothing remarkable was noted in past history of the patient. Family history revealed Diabetes in mother. Ultrasonography of pelvis dated September 14, 2002 revealed multiple echogenic complex masses of 22.2 X 16.7 X 18.5 mms and 15.6 X 15.3 X 10.7 mms suggestive of Fibroids (Plate – 4). The case was repertorised. Symptoms considered for repertorisation were aggravation from consolation, irritability, anxiety about health, weeping disposition, dreams astray going (*Sepia*), religious dreams, dreams of falling, offended easily, sentimental, remorse. *Sulphur* and *Sepia* were selected from various drugs of choice.

FOLLOW – UP OF CASE 4 : S – 14104

Ist prescription: August 30, 2002: *Sulphur 1000* single dose was prescribed followed by *Sepia 30* for two weeks.

Ist follow–up: September 15, 2002: Menses appeared on due date and were less painful, per vaginal discharge also reduced. Dreams astray going, religious dreams and dreams of falling, weeping disposition and irritability reduced. Only *Sepia 30* was repeated for eight weeks.

IInd follow–up: November 13, 2002: Menses appeared at due date but dysmenorrhoea and per vaginal discharge increased. Dreams astray going, religious dreams and dreams of falling, weeping disposition and irritability persisted. *Sulphur 1000* single dose was repeated followed by *Sepia 30* for eight weeks on different visits.

IIIrd follow–up: January 12, 2003: Menses appeared on due date, no dysmenorrhoea, per vaginal discharge or dreams were reported. Only *Placebo* was given for four weeks.

IVth follow–up: February 12, 2003: Menses normal, appeared on due date, no dysmenorrhoea, per vaginal discharge or dreams were reported. Ultrasonography of pelvis dated Feb 08, 2003 revealed normal Uterus (Plate– 4) after 5 months of Homoeopathic treatment.



TABLE – 1
DIVISION OF CASES ACCORDING TO NUMBER OF FIBROIDS
(Total Patients: 217)

S N	Number of Uterine Fibroids	Number of cases	Percentage
1	Single Uterine Fibroid	149	68.67 %
2	Two Uterine Fibroids	026	11.98 %
3	Multiple Uterine Fibroids	040	18.43 %

Two (2) (00.92 %) cases were of Nabothian Cysts and both of them were cured.

TABLE – 2
DIVISION OF CASES OF UTERINE FIBROIDS ACCORDING TO MARITAL STATUS
(Total Patients: 217)

S N	Marital Status	Number of cases	Percentage
1	Married	202	93.09 %
2	Unmarried	015	06.91 %

TABLE – 3
DIVISION OF CASES OF UTERINE FIBROIDS ACCORDING TO AGE
(Total Patients: 217)

S N	Patient	Number of cases	Percentage
1.	Below 20 years	002	00.92 %
2.	Between 21 – 35 years	089	41.01 %
3.	Between 36 – 50 years	120	55.30 %
4.	Above 51 years	002	00.92 %

Age was not mentioned in four (4) (01.85 %) cases.

TABLE – 4
DIVISION OF CASES OF UTERINE FIBROIDS ACCORDING TO RELIGION
(Total Patients: 217)

S N	Religion	Number of cases	Percentage
1	Hindu	190	86.56 %
2	Muslim	026	11.98 %
3	Others	001	00.46 %

TABLE – 5
DIVISION OF CASES OF UTERINE FIBROIDS ACCORDING TO SOCIAL STATUS
(Total Patients: 217)

S N	Social Status	Number of cases	Percentage
1	Urban	179	82.49 %
2	Rural	027	12.44 %



TABLE - 6
DIVISION OF CASES OF UTERINE FIBROIDS ACCORDING TO PARITY
(Total Patients: 217)

S N	Parity	Number of cases	Percentage
1	Nullipara	56	25.81 %
2	Parity 1	20	09.21 %
3	Parity 2	74	34.10 %
4	Parity 3 or above	46	21.20 %

Parity was not mentioned in twenty one (21) (9.68 %) cases.

TABLE - 7
STATUS OF CASES OF UTERINE FIBROIDS IN RESPONSE TO
HOMOEOPATHIC TREATMENT (Total Patients: 217)

S N	Status	No. of cases	Percentage
1.	Cured	74	34.10 %
2.	Best Improving	21	09.68 %
3.	Improving	64	29.49 %
4.	Status Quo	31	14.28 %
5.	Not Improving	21	09.68 %

Status was unevaluable in four (4) (01.85%) cases due to confusing Ultrasonography reports. Two (2) (00.92 %) cases were of Nabothian Cysts and both of them were cured.

RESULTS

- Out of two hundred and seventeen (217) patients of Uterine fibroids treated with Homoeopathic drugs seventy four (74) patients were cured, twenty one (21) patients were best improving showing more than 50 % reduction in the size of fibroid, sixty four (64) patients showed significant improvement, thirty one (31) maintained status quo and twenty one (21) patients did not improve at all. Two (2) cases were of Nabothian cysts and both of them were cured. It was not possible to evaluate four (4) cases due to confusing Ultrasonography reports. (Table - 7)
- One hundred and forty nine (149) cases were of Single Uterine fibroid, twenty six (26) cases were having two fibroids and forty (40) cases were suffering from Multiple Uterine fibroids. Two (2) cases were of Nabothian cyst and both of them were cured. (Table - 1)
- Married females were more prone to fibroids as compared to unmarried ones. Two hundred and two (202) patients were married and fifteen (15) patients were unmarried. (Table - 2)
- Occurrence of Uterine fibroids was maximum between 21 - 50 years of age although no age is a bar. Maximum one hundred and twenty (120) patients were between 36 - 50 years of age, eighty nine (89) patients were between 21 - 35 years of age while the age group below 20 years and above 51 years had two (2) patients each. (Table - 3)
- One hundred ninety six patients (196) were Hindu, twenty (20) patients were Muslim, while one (1) patient was Christian. (Table - 4)
- One hundred seventy nine patients (179) were from Urban areas, twenty seven (27) patients were from



Rural areas, while social status was not mentioned in eleven (11) patients. (Table – 5)

7. Nulliparous and multiparous females are more prone to have fibroids in comparison to those having one issue. Fifty six (56) patients nullipara, twenty six (26) patients were with parity one, seventy four (74) patients were of parity two while forty six (46) patients were multipara. (Table – 6)
8. In the present study the drugs were selected on the basis of mental and physical general symptoms considering the underlying sycotic miasm. Intercurrent drugs were also given to provide symptomatic relief in acute symptoms.

DISCUSSIONS

According to the opinion of scientists, psychologists and social workers the occurrence of uterine fibroid is on the increase as there is too much of biological intervention in normal reproductive life of a lady. Though the exact aetiology and pathogenesis of Uterine fibroid is not known but they seem to be oestrogen dependent as evidenced by their rapid growth during pregnancy and their tendency to regress, to become collagenous and sometimes to get calcified after menopause. However, it is still a topic of further research that whether or not only hyperestrinism can actually initiate the formation of these tumors (Robins and Kumar, 1986). Today's modern and hectic life style, class difference, social pressure and various psycho – social factors like worry, anxiety and stress are other indirect causes of Uterine Fibroid. Ladies who are over stressed, depressed, tensed, have increased anxiety level and worried about themselves and future of their near and dear ones are the individuals who are more prone to this disease.

Some factors that are responsible for above causes are cut throat competition, over ambition, lack of adjustment in married life, dissatisfaction, anxiety of business and family life etc. All these factors may result in different types of dreams in the individual like religious dreams, dreams of flying, journey, being pursued, of wedding,

of feasting, of animals and of unsuccessful efforts.

All the above dreams have a particular reason like ambitious student may dream of flying, journey or of being pursued. People whose ambition have not been fulfilled may dream of unsuccessful efforts like flying and then falling, unable to catch a bus or train, missing the examination etc.

All these dreams and unnatural fears affect the central nervous system subconsciously which in turn acts through Hypothalamus by releasing FSH releasing factor and LH releasing factor. These factors reach the Adenohypophysis (Anterior Pituitary) through Hypophysial portal vessels and stimulate it to release gonadotrophic hormones i.e. Follicle – Stimulating hormone (FSH) and Luteinizing hormone (LH). FSH predominates at the beginning of the cycle and initiates the growth of the Graafian follicles and stimulates the ovary to secrete oestrogen in small amount which leads to the release of a gonadotrophin mixture consisting of a little FSH plus a large amount of LH. This promotes ovulation and leads to the development of the corpus luteum which secretes oestrogen as well as progesterone. The raised level of oestrogen and progesterone leads to abnormal, irregular menstrual bleeding as well as tissue changes in reproductive organs like uterus and ovaries such as endometrial hyperplasia, oestrogenic uterine and ovarian tumors as mentioned in few reports (Govan, 1986; Samson, 1971).

Homoeopathic drugs are proved on healthy human subjects. The mental and physical general symptoms which are produced during the course of drug proving are recorded to compile the Material Medica. Homoeopathy believes in the holistic treatment of the patient and therefore it takes into account both the mental and physical symptoms. Homoeopathic drugs are prescribed on the basis of 'Law of Similars'. In Homoeopathic system of medicine for treating a particular patient those drugs are used which are capable of producing similar symptoms which are recorded during the proving of the particular drug. Thus when similar symptoms are found in any patient and the



medicine is prescribed on the law of similar they annihilate the symptoms of the patient leading to reversal of hormonal imbalance and thereby reversing the pathological changes. Homoeopathic remedies strikes at the root cause reducing the worry, anxiety, stress, fear and dreams thus reducing stimulation of central nervous system and Hypothalamus reducing secretion of FSH releasing factor and LH releasing factor thereby reducing secretion of FSH and LH which in turn reduces oestrogen and progesterone level leading to reversal of pathological changes in the body. There is no recurrence of the tumor after constitutional treatment through Homoeopathic system while in surgery, removal of the affected organ does not remove the cause of disease but it removes effect of the disease. The disease will show somewhere else like Ovaries or Breast after surgical removal of the tumor or uterus as is evidenced from the recurrence of tumors in operated cases.

CONCLUSION

1. The over all impact of this scientific study is encouraging. It is evident from the results that majority of the fibroids whether big or small, single or multiple can be cured effectively, permanently and in a gentle manner with suitable Homoeopathic drugs.
2. These drugs are equally effective in cases who are otherwise fit for surgery but want to avoid that and in cases where surgery is highly risky or can not be performed at all.
3. The physical and mental trauma to a lady can be avoided who doesn't want to be devoid of her precious organ which makes a woman, a woman.
4. Homoeopathic drugs are cost effective and easy to use with no side effects while prolonged treatment hormonal treatment may result in after effects such as hot flushes, psychological disturbances, behavioral changes and mood disorders.
5. The recurrence rate after homoeopathic treatment is nil or very less in comparison to the treatment through other systems of medicine. The organ can

be retained in its healthy form due to avoidance of surgery which is a boon in aged and higher risk patients.

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