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## Management of leiomyoma and ovarian cyst with homoeopathic medicine *Thuja occidentalis*: An evidence-based case report

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### Abstract

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**Case Summary:** A 34-year-old woman presented with a complaint of hypogastric pain, and heavy bleeding during her menstrual periods since 3–4 months. Her menstrual cycle was irregular. She was diagnosed with an intramural UF and a right ovarian cyst on ultrasonography. *Thuja occidentalis* (in different potencies) was prescribed based on individualisation, repertorial totality, and miasmatic analysis. Within seven months of homoeopathic treatment, there was a complete regression in the size of the UF and ovarian cyst, with amelioration of all the associated symptoms. The VAS score also reduced from 6 to 0. The Modified Naranjo Criteria for Homeopathy was used, and a score of +9 indicated a strong causal attribution between clinical outcome and the homoeopathic intervention. The case was followed up with a symptomatic assessment reported by the patient, the Visual Analogue Scale, and laboratory investigations.

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**Keywords:** Homoeopathy, Leiomyoma, Ovarian cyst, *Thuja occidentalis*, Uterine fibroid

## INTRODUCTION

Uterine fibroids (UFs) are non-cancerous tumours that develop from a single genetically mutated mesenchymal stem cell, influenced by gonadal hormones.<sup>[1]</sup> UFs are classified under 2E86.0 of the International Classification of Disease 11.<sup>[2]</sup> These are mainly prevalent benign tumours diagnosed in reproductive women. Women in the reproductive age group are most commonly found to be affected from this benign neoplasm.<sup>[3]</sup> The frequency of UFs varies from 5.4% to 68.6% depending on the race and age group.<sup>[4]</sup> The prevalence rate is approximately 1 in 20 or 13.6 million women, globally.<sup>[5]</sup> In India, 25% of women in their reproductive years have noticeable fibroids.<sup>[6]</sup>

The prevalence of hormonal imbalance has significantly increased because of globalization and the adoption of a demanding lifestyle. Aromatase, an enzyme that converts androgens to oestradiol, is vital in fibroid masses, allowing for internal oestradiol production. The existence of oestrogen and progesterone receptors in fibroid stem cells stimulates tumour growth, resulting in significant health issues and latent fertility crisis.<sup>[7]</sup> Progesterone has the potential to interact

with growth factors, including insulin-like growth factor-1, transforming growth factor beta-3, and epidermal growth factor, to promote the survival and proliferation of fibroids.<sup>[8]</sup> The number, location, and size of UFs influence an individual's symptoms which include constipation, pelvic pain, heavy or extended menstrual flow, and frequent urination.<sup>[5]</sup> Age, race, body mass index, history of pregnancy, hypertension, vitamin D levels, hormonal abnormalities, hereditary determinants, and lifestyle, including nutrition and stress levels are among the known risk factors for UFs.<sup>[9]</sup> Early menarche is considered as a risk factor for developing UFs, while late menarche lowers the risk of developing these fibroids.<sup>[10,11]</sup> Intramural fibroids, the most prevalent, develop within the uterine wall, causing profuse bleeding, pelvic pain, and abdominal pressure. Uterine leiomyoma is strongly associated with local hypoxia, which in

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turn stimulates the production of extracellular matrix as well as an angiogenic response in the myometrial tissue.<sup>[12]</sup>

Conventional treatment of UF depends on the patient's symptoms and the size of the fibroid. Management for UF with gonadotrophin-releasing hormone analogues, levonorgestrel intrauterine device and selective progesterone receptor modulators; and minimally invasive treatment options such as uterine artery embolization and ultrasound- or endoscopic-guided ablation procedures are currently available. In severe cases, their management mainly involves surgery, which is all too often radical (hysterectomy) and surgical options sparing the uterus include hysteroscopic and laparoscopic myomectomy.<sup>[13,14]</sup>

Homoeopathy, acknowledged by the World Health Organization (WHO) as the second most widely practiced medical system globally,<sup>[15]</sup> is a personalised medical science based on holistic principles and the law of similarity. Homoeopathy offers an individualistic approach in preventing oestradiol-related tumour growth by addressing key factors such as lifestyle-induced stress, hormonal imbalances, and environmental influences. Through individualised constitutional remedies, Homoeopathy aims to support the body's inherent healing abilities and restore balance. Beyond its traditional use in hormonal regulation, it can complement lifestyle adjustments, including stress management, dietary changes, and toxin reduction, to help optimize hormonal health. This integrated approach encourages a personalised and natural path to well-being, promoting the body's resilience and supporting overall hormonal harmony.<sup>[16]</sup>

The homoeopathic literature suggests that UFs can be successfully treated with homoeopathic medicines. In an observational study by Iqbal *et al.*, homoeopathic medicines have shown positive results in terms of fibroid resolution and reduction.<sup>[17]</sup> A case series demonstrated the usefulness of individualised homoeopathic treatment, particularly *Thuja*, in treating pathological ovarian with uterine masses. In all three cases, complete resolution of the ovarian masses was observed through ultrasonography, along with normalizing CA-125 levels.<sup>[18]</sup> These studies highlight the potential role of Homoeopathy as an effective, individualised approach in managing UFs. Evidence-based case reports<sup>[19-21]</sup> underline the remarkable outcomes of Homoeopathy in treating UFs with multiple comorbidities. The case study reported here reaffirms the therapeutic potential of Homoeopathy in the conservative management of UFs, thereby reinforcing its relevance as a credible alternative modality within the spectrum of non-surgical interventions for such gynaecological pathologies. There is a notable absence of randomised clinical trials in this area. More rigorous, randomised studies are needed to validate these positive results and establish Homoeopathy as a validated treatment option for UFs.

## PATIENT INFORMATION

A 34-year-old woman of middle socioeconomic status visited the outpatient department at Dr. D.P. Rastogi Central Research

Institute of Homoeopathy, Noida, India on 18 November 2017 with symptoms of pain in the lower abdomen and heavy menstrual bleeding during the first two days of her menstrual cycle for the past 3–4 months. The pain was localised and pressing in nature, which gradually resolved after her menstrual flow subsided. The patient had not previously sought medical attention for her pain, attributing it to normal menstruation and expecting it to resolve on its own. However, the intensity of complaints was increasing gradually which led her to take medical consultation. On consultation with the gynaecologist, transvaginal ultrasonography (TVS) was advised which revealed 12 × 9 mm intramural fibroid and 13 × 9 mm cyst in the right ovary. In addition, she had a history of frequent urinary infections for the past one year and intermittent greenish, thick vaginal discharge for the past three months. Initially, on the Visual Analogue Scale (VAS) Score evaluation, her pain was rated 6 out of 10, and she reported that it intensified with movement.

## Gynaecological History

The patient had attained menarche at 13 years of age, and since then, her menstrual cycles have been regular with a cycle of 28 days and a 4–5-days duration. LMP was reported as 23 August 2017. Leucorrhoea between the cycles was greenish, thick, and bland. Obstetrics history was G3P2A1L2 (Gravida-3, Para-2, Abortion-1, Living children-2).

There was no history of consuming hormonal contraceptives and or any other gynaecological symptoms, such as intermenstrual bleeding or dysmenorrhea. Her medical, surgical, and drug history were not remarkable, and there was no relevant family history related to her present symptoms.

## Clinical findings

On examination, the patient was of endomorphic built and weighed 75 kg. She displayed mild pallor on the palpebral conjunctiva. Her blood pressure was 122/76 mmHg, and her pulse rate was recorded as 76 beats/min. The patient complained of pain in the lower abdomen, which was assessed during the abdominal examination. Upon palpation, tenderness was noted in the hypogastric region.

## Generalities

The patient had black hair and was dark complexioned, and overweight. Her movements were observed to be sluggish and lacking in energy. The thermal reaction was chilly. Her appetite was reduced since the past 2–3 months. Her thirst, sleep and perspiration were normal. There was a desire for coffee, but it aggravated the symptoms.

During her initial visit, the patient was confused and unable to clearly describe her symptoms. Through persistent efforts during case taking, her deep sense of dissatisfaction and disengagement with her environment since her marriage was revealed, largely due to the dominating behaviour of her in-laws. The thought of this persistent dissatisfaction and dominance stayed at the back of her mind, even after conversations ended. This dissatisfaction caused irritability and

she started to get angry on trifles. She additionally mentioned having an on-and-off unusual sensation in her stomach, as if something was moving within.

**Diagnostic assessment**

On consultation with a gynaecologist, Transvaginal ultrasound (TVS) was conducted on 18 November 2017, which revealed a 12 mm × 9 mm hypoechoic lesion located in the posterior myometrium, indicative of a likely intramural fibroid. In addition, it revealed multiple follicles in both ovaries, with a specific finding of a 13 mm × 9 mm cyst with echoes noted in the right ovary, suggestive of a haemorrhagic cyst.

**Analysis of the case**

Her complaints were recorded following a thorough case-taking process, in alignment with the principles of Homoeopathy. Following the analysis of the symptoms, the distinctive mental, physical, and particular symptoms were carefully considered to represent the overall picture of the case [Table 1].

**Totality of symptoms**

1. Confused
2. Ailments from dominance and dissatisfaction
3. Angered easily
4. Persistent thoughts
5. Unusual sensation in stomach, like something was moving within
6. Decreased appetite
7. Aggravation from coffee

8. Pressing pain in the lower abdomen
9. Irregular heavy menstrual bleeding
10. Greenish thick leucorrhoea
11. Uterine fibroid
12. Right ovarian cyst

**Repertorial analysis**

The case was repertorised using the Synthesis 9.0 edition, 2009 version, of the RADAR-OPUS software<sup>[22]</sup> [Figure 1].

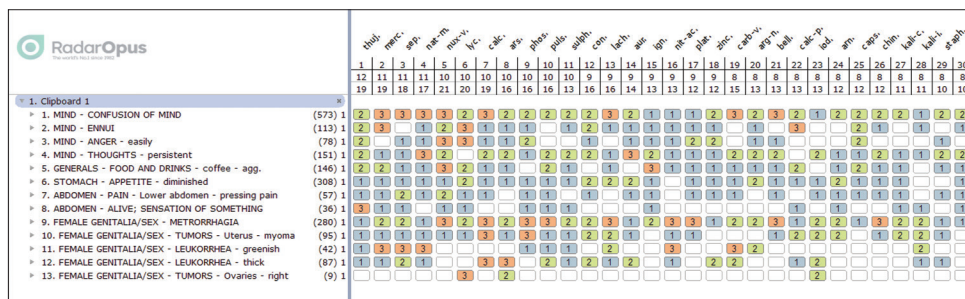
**Therapeutic intervention**

After repertorisation with RADAR software and in consultation with Materia Medica, a single dose of *Thuja occidentalis* 30C comprising 4 medicated globules of size 30 was prescribed on the first visit (18 November 2017). The patient was asked to consume the medicine in an empty stomach the next morning.

After the repertorial analysis, the top five remedies identified were *Thuja occidentalis* (12/19), *Mercurius solubilis* (11/19), *Sepia* (11/18), *Natrum muriaticum* (11/17), and *Nux vomica* (10/20). After referring to the Materia Medica, it was noted that *Mercury* is recognised as “the only anti-syphilitic” remedy with predominantly syphilitic symptoms<sup>[23]</sup> While *Sepia* shows indifference, in *Natrum muriaticum* aggravation from consolation is the predominant symptom which were absent in this case, therefore *Thuja* was administered. *Thuja*, on the other hand, primarily acts on the skin and genitourinary organs, aligning with the symptoms of Hahnemann’s sycotic dyscrasia. The patient’s symptoms, identified during case-taking,

**Table 1: General and miasmatic analysis of the symptoms**

Symptoms category	General analysis	Psora	Sycosis	Syphilis
Mental General	Confused	✓		
Mental General	Ailment from domination and dissatisfaction		✓	
Mental General	Anger easily	✓		
Mental General	Persistent thought		✓	
Mental General	Unusual sensation in her stomach, like something was moving within		✓	
Physical General	Decreased appetite	✓		
Physical General	Aggravation from coffee	✓		
Particular	Pressing pain in the lower abdomen			✓
Particular	Irregular heavy menstrual bleeding			✓
Particular	Greenish thick leucorrhoea			✓
Particular	Uterine fibroid			✓
Particular	Right ovarian cyst			✓



**Figure 1: Repertorial result from Synthesis repertory (2009 version) in RADAR OPUS software**

correspond to the Sycotic characteristics of *Thuja occidentalis*, such as greenish leucorrhoea, uterine soft tissue changes, environmental dissatisfaction, and persistent thoughts.<sup>[24]</sup> *Thuja occidentalis* is classified as having a melancholic temperament due to its key traits of emotional suppression, internal anxiety, guilt, and perfectionism. Individuals who need *Thuja* often experience chronic, mysterious health issues that are difficult to explain. *Thuja* is also marked by a tendency to internalize emotions with a deep sense of emotional imbalance.<sup>[23]</sup> The medicine was initially prescribed in 30C potency. A 30C potency was chosen considering the patient's balanced vitality

and the chronic, yet non-destructive nature of the pathology. As per Hahnemannian principles, this potency provides a gentle, sustained curative response without undue aggravation in such cases.<sup>[25]</sup> In subsequent follow-ups changes in potency were determined based on the assessment of symptoms improvement.

### Follow-up and outcomes

The patient was followed up fortnightly initially, and then monthly, as per the need of the case. The details of follow-ups have been mentioned in Table 2. Ultrasonography was

**Table 2: Follow-up and outcomes**

Date	Signs and Symptoms	Prescription	Justification
18 November 2017 (Baseline visit)	<ul style="list-style-type: none"> <li>• LMP-23 August 2017</li> <li>• Pain in the abdomen for the first 2 days during menses</li> <li>• Menses: irregular heavy menstrual bleeding, dark clotted, duration 4–5 days. Sanitary pad used-5–6 pads/day</li> <li>• Leucorrhoea between periods greenish, thick.</li> <li>• Pain score/VAS score 6/10</li> </ul>	<i>Thuja occidentalis</i> 30C/ single dose/morning/empty stomach	As per the repertorial totality
06 December 2017 (1 <sup>st</sup> Follow-up)	<ul style="list-style-type: none"> <li>• LMP-20 November 2017</li> <li>• Menses: profuse; duration: 4 days; sanitary pads used: 5–6/day.</li> <li>• Pain in abdomen-slightly better on the first 2 days.</li> <li>• Leucorrhoea bland, watery</li> <li>• Pain score/VAS score 6/10</li> </ul>	No medicine was prescribed as improvement continued	G.C.-better
22 December 2017 (2 <sup>nd</sup> Follow-up)	<ul style="list-style-type: none"> <li>• LMP-16 December 2017</li> <li>• Pain in abdomen- slight pressing pain on and off</li> <li>• Menses-profuse flow, 5-day duration, sanitary pads used: 4–5/day</li> <li>• Slight watery leucorrhoea present on and off</li> <li>• Pain score/VAS score- 5/10</li> </ul>	<i>Thuja occidentalis</i> 30C/ tds/1 day	G.C.- same, so medicine was repeated
05 January 2018 (3 <sup>rd</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Pain in abdomen-slight pain persisting on and off during menses</li> <li>• Leucorrhoea-slight watery leucorrhoea present (Bland discharge)</li> <li>• Pain score/VAS score- 4/10</li> </ul>	No medicine was prescribed as improvement continued	G.C.-better
27 January 2018 (4 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• LMP-10 January 2018</li> <li>• Pain in abdomen- same during menses</li> <li>• Complaint of acidity with burning in the chest for 2–3 days</li> <li>• Menses- 4 days duration profuse for 2 days, bright red. Sanitary Pads used: 3–4/day.</li> <li>• Leucorrhoea white slightly present</li> <li>• Pain score/VAS score- 5/10</li> </ul>	<i>Thuja occidentalis</i> 200C/ tds/1 day	G.C.- same with the appearance of new symptoms therefore potency was raised further
24 February 2018 (5 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• LMP-12 February 2018</li> <li>• Pain in the abdomen increased again.</li> <li>• Acidity same as before</li> <li>• Menses-4–5 days duration, clotted, profuse flow. Sanitary pads used: 4–5/day</li> <li>• Leucorrhoea not present</li> <li>• Pain score/VAS score- 6/10</li> <li>• No further improvement</li> </ul>	<i>Thuja occidentalis</i> 1M/tds for 1 day	G.C.- same, so potency was raised further
17 March 2018 (6 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• LMP-11/3/2018</li> <li>• Pain in abdomen -decreased during menses</li> <li>• Menses-decreased flow, dark clotted, duration -3–4 days, sanitary pads used: 2–3/day</li> <li>• Leucorrhoea -bland, white, on and off</li> <li>• Acidity-absent</li> <li>• Pain score/VAS score 3/10</li> </ul>	No medicine was prescribed as improvement continued	G.C.- better
15 April 2018 (7 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• LMP-11 March 2018</li> <li>• Pain in abdomen-slightly better</li> </ul>	No medicine was prescribed as improvement continued.	G.C.- better

(Contd...)

**Table 2: (Continued)**

Date	Signs and Symptoms	Prescription	Justification
16 May 2018 (8 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>Leucorrhoea -absent</li> <li>Pain score/VAS score 3/10</li> <li>LMP-14 April 2018</li> <li>Pain in the abdomen is present occasionally</li> <li>Menses- normal flow, 4–5 days duration dark. Sanitary pads were used: 2–3/day.</li> <li>Leucorrhoea absent</li> <li>Pain score/VAS score 2/10</li> <li>No new complaints</li> </ul>	<p><i>Thuja occidentalis</i> 1M/one dose 1 day</p> <p>Advised-Ultrasonography pelvis</p>	Mild pain in the abdomen; therefore, 1M potency was repeated again
13 June 2018 (9 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>The investigation reported; that the uterus measures 73×35 mm, both ovaries normal in size and no evidence of cysts and fibroids in the uterus.</li> <li>LMP-17 May 2018</li> <li>Pain in abdomen absent</li> <li>Menses - normal for 4–5 days duration, sanitary pads used: 2–3/day</li> <li>Pain score/VAS score 0/10</li> </ul>	No medicine was prescribed as improvement continued	G.C.- much better with resolution of fibroid
23 June 2018 (10 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>LMP-14 June 2018</li> <li>There is no pain in the abdomen</li> <li>Menses-5 days duration, normal flow, sanitary pads used only 2/day</li> <li>Pain score/VAS score 0/10</li> </ul>	No medicine was prescribed as improvement continued	Marked amelioration with no complaints

LMP: Last Menstrual Period; GC: General Condition, tds: Three times in a day, VAS: Visual Analogue Scale

done both pre and post-treatment [Table 3]. The MONARCH inventory<sup>[26]</sup> pertained in this case report showed a total score of 9/13 [Table 4]. An improvement in the associated complaints was assessed by the VAS score which was reduced from 6 to 0, also indicating a return to normal [Figure 2].

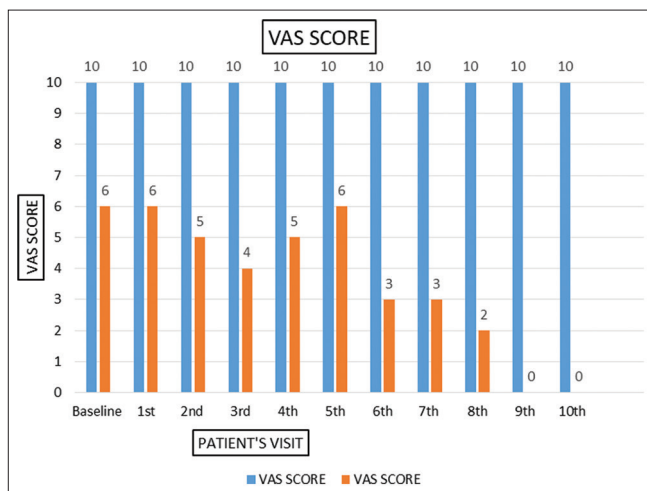
### DISCUSSION

Generally, UFs can impair normal uterine function. However, in 15–30% of cases, leading to serious complications such as excessive bleeding, anaemia, abnormal embryo implantation, frequent pregnancy loss, pre-term labour, and obstructed labour.<sup>[27]</sup> The reported case emphasises the potential role of Homeopathy in managing fibroids, a gradual reduction in the size of benign tumour, evidencing complete resolution and inhibition of further growth. The Modified Naranjo Criteria for Homeopathy score in this case was +9, which indicates the causal attribution of clinical outcome to homeopathic intervention. An individualised homeopathic treatment appears to mitigate complications associated with fibroids, such as anaemia from prolonged heavy bleeding, lower abdominal discomfort and urinary disorders. Furthermore, this approach may diminish the likelihood of recurrence, providing a comprehensive strategy for long-term management.

According to the literature, various therapeutically potentised remedies, well proven by the stalwarts of Homeopathy target inner morbid conditions and annihilate outwardly reflected signs and symptoms, guided by the “simillimum” principle. This is pivotal in the dynamic approach of Homeopathy. In

**Table 3: Radiologist's comments**

Date	USG findings
18 November 2017	<ul style="list-style-type: none"> <li>Uterus- presence of a 12×9 mm hypoechoic lesion in posterior myometrium, likely intramural fibroid.</li> <li>Ovary-multiple follicles were seen in both ovaries with the presence of a 13×9 mm cyst with echoes in right ovary? Haemorrhagic cyst/nature.</li> </ul>
13 June 2018	<ul style="list-style-type: none"> <li>Uterus - myometrial echo texture is normal.</li> <li>Ovaries - normal is size, shape, and position.</li> <li>No evidence of any cystic/solid mass lesion on either side.</li> <li>Impression: Normal Study</li> </ul>



**Figure 2: Visual Analogue Scale before and after treatment**

**Table 4: Assessment after treatment by Modified Naranjo Criteria for Homeopathy (MONARCH)**

S. No.	Domains	Yes	No	Not sure or N/A
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, improved or changed)?	+1	0	0
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	0
6A.	<i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6B.	<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 downward?	+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 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 a 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 examinations, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
	<b>Total Score</b>	<b>+9</b>		

Maximum score=13, Minimum score=6

this case, *Thuja occidentalis* was prescribed as the simillimum due to its specific alignment with a predominantly sycotic dyscrasia.<sup>[28]</sup> This remedy seemed to have played a crucial role in addressing the underlying miasmatic tendencies, thereby facilitating the effective treatment and healing of the patient.

According to Dr. Hahnemann and Dr. Dudgeon, *Thuja occidentalis* is an important polychrest remedy and the unalloyed effect of this powerful medicinal substance will be deemed by the homeopathic practitioner as impressive accumulation to medicinal treasury.<sup>[29]</sup> Several studies have shown that *Thuja occidentalis* contains terpenoids, steroids, flavonoids, and polysaccharides. These compounds are beneficial for treating gynaecological conditions by exerting an emmenagogue effect to alleviate obstructed menstruation, as well as helping to prevent abdominal pain, cramps, nausea, and fatigue associated with menstruation. *Thuja occidentalis* L. also demonstrates antitumoural activity, particularly in modulating abnormal cell proliferation and inducing apoptosis, making it relevant for uterine tumours and ovarian cysts. Thujone, a key constituent, has shown cytotoxic effects, supporting its therapeutic role in managing benign growths.<sup>[30,31]</sup>

In an open-label, randomised controlled trial (RCT) by Oberai *et al.*, centesimal and LM potencies and few clinical studies were found to be equally effective in bringing down the intensity of fibroid symptoms, sizes and numbers of fibroids.<sup>[32,33]</sup> In this case, the patient experienced significant improvement following the initiation of treatment, with symptoms progressively diminishing at each follow-up. This treatment ultimately led to a complete recovery from UFs, as evidenced by the VAS score dropping from 6 to 0, indicating

a return to normal. At last, the MONARCH inventory in this case study resulted in a total score of +9/13, indicating positive outcomes from the homeopathic treatment. Key improvements were seen in criteria 1, 2, 4, and 5, which reflected better symptoms and overall well-being, as reported by the patient across multiple visits. Although criteria 6A, 6B, and 7 were not significant, and criterion 8 showed no other medication was taken, criterion 9 was suggested by complete resolution of fibroid uterus confirmed by ultrasound, and criterion 10 indicated clinical improvement with repeat dosing. The total Monarch score was +9 which indicated causal attribution of clinical outcome to the homeopathic intervention.

While individual outcomes may differ and additional clinical research is necessary to fully elucidate the underlying mechanisms, this case report endorses significant evidence supporting the usefulness of Homeopathy in the management of UFs, corroborating earlier findings. A complete resolution of fibroid and cyst in this case can be considered as a reference to explore the utility of alternative modes of treatment like Homeopathy to give a better therapeutic option for such surgical conditions.

## CONCLUSION

This case serves as a persuasive illustration of the potential benefits of Homeopathy in the management of UFs, reaffirming its place as a valuable therapeutic option for individuals seeking alternative or complementary approaches in such surgical conditions. However, these clinical findings need to be further validated by more RCTs.

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## Prise en charge du léiomyome et du kyste ovarien par le médicament homéopathique *Thuja occidentalis* : rapport de cas fondé sur des données probantes

**Introduction:** Le léiomyome (fibrome utérin [FU]) est la tumeur solide bénigne la plus répandue, résultant de la transformation néoplasique des cellules musculaires lisses du myomètre chez la femme en âge de procréer. Les fibromes sont rares avant la puberté, leur prévalence augmente pendant la période de procréation et leur taille diminue généralement après la ménopause.

**Résumé du cas:** Une femme de 34 ans consultait pour des douleurs hypogastriques et des saignements abondants pendant ses règles depuis 3 à 4 mois. Son cycle menstruel était irrégulier. Une UF intramurale et un kyste ovarien droit ont été diagnostiqués à l'échographie. Du *Thuja occidentalis* (à différentes dilutions) a été prescrit sur la base d'une individualisation, d'une analyse répertorielle et d'une analyse miasmatisque. En sept mois de traitement homéopathique, on a observé une régression complète de la taille de l'UF et du kyste ovarien, avec une amélioration de tous les symptômes associés. Le score EVA est également passé de 6 à 0. Les critères Naranjo modifiés pour l'homéopathie ont été utilisés, et un score de +9 indiquait une forte attribution causale entre l'évolution clinique et l'intervention homéopathique. Le cas a été suivi d'une évaluation symptomatique rapportée par la patiente, d'une échelle visuelle analogique et d'examen de laboratoire.

## Behandlung von Leiomyomen und Ovarialzysten mit dem homöopathischen Arzneimittel *Thuja occidentalis*: Ein evidenzbasierter Fallbericht

**Einleitung:** Das Leiomyom (Uterusmyom [UF]) ist der häufigste gutartige solide Tumor, der aus der neoplastischen Transformation glatter Muskelzellen des Myometriums im gebärfähigen Alter von Frauen entsteht. Myome sind vor der Pubertät selten, nehmen während der gebärfähigen Jahre zu und nehmen in der Regel nach der Menopause an Größe ab.

**Fallzusammenfassung:** Eine 34-jährige Frau stellte sich mit Unterbauchschmerzen und starken Blutungen während ihrer Menstruation seit 3–4 Monaten vor. Ihr Menstruationszyklus war unregelmäßig. Mittels Ultraschall wurden eine intramurale UF und eine rechtsseitige Ovarialzyste diagnostiziert. *Thuja occidentalis* (in verschiedenen Potenzen) wurde auf Grundlage einer individuellen Beurteilung, einer repertoriellen Totalität und einer miasmatischen Analyse verschrieben. Innerhalb von sieben Monaten homöopathischer Behandlung kam es zu einer vollständigen Regression der Größe der UF und der Ovarialzyste, mit Linderung aller damit verbundenen Symptome. Der VAS-Score reduzierte sich ebenfalls von 6 auf 0. Es wurden die modifizierten Naranjo-Kriterien für Homöopathie verwendet, und ein Wert von +9 deutete auf einen starken kausalen Zusammenhang zwischen dem klinischen Ergebnis und der homöopathischen Intervention hin. Der Fall wurde anhand einer von der Patientin mitgeteilten Symptomatologie, der visuellen Analogskala und Laboruntersuchungen weiterverfolgt.

## होम्योपैथिक दवा थुजा ऑक्सीडेंटलिस द्वारा लियोमायोमा और ओवेरीयन सिस्ट का प्रबंधन: एक साक्ष्य-आधारित केस रिपोर्ट

**परिचय:** लियोमायोमा (गर्भाशय फाइब्रॉइड [यूएफ]) महिलाओं की प्रजनन आयु में मायोमेट्रियम की स्मूथ मांसपेशियों के नियोप्लास्टिक परिवर्तन से उत्पन्न होने वाला सबसे सामान्य सौम्य ठोस ट्यूमर है। यौवन से पहले फाइब्रॉइड का पाया जाना दुर्लभ होता है, इनका प्रचलन प्रजनन काल के दौरान बढ़ता है तथा रजोनिवृत्ति के पश्चात सामान्यता: इनका आकार घटने लगता है।

**केस सारांश:** एक 34 वर्षीय महिला ने पिछले 3-4 महीने से मासिक धर्म के दौरान हाइपोगैस्ट्रिक हिस्से में दर्द और अत्यधिक रक्तस्राव की शिकायत की। उसका मासिक धर्म चक्र अनियमित था। अल्ट्रासाउंड में इंटरम्यूरल (यूएफ) एंव यूटराइन फाइब्रॉइड और ओवेरीयन सिस्ट का निदान किया गया। व्यक्तिकरण, रेपरटोरियल टोटैलिटी और मियास्मैटिक विश्लेषण के आधार पर थुजा ऑक्सीडेंटलिस (विभिन्न शक्तियों में) औषधिरूप में चयनित की गई। होम्योपैथिक उपचार के सात महीनों के भीतर, यूएफ और ओवेरीयन सिस्टके आकार में पूरी तरह से कमी आई, साथ ही सभी संबंधित लक्षणों में स्पष्ट सुधार हुआ। वीएस स्कोर भी 6 से घटकर 0 हो गया। होम्योपैथी के लिए संशोधित नारंजो मानदंड का उपयोग किया गया, और +9 के स्कोर ने नैदानिक परिणाम और होम्योपैथिक हस्तक्षेप के बीच एक मजबूत कारण संबंध का संकेत दिया। रोगी द्वारा बताए गए लक्षणमात्मक मूल्यांकन, विजुअल एनालॉग स्केल और प्रयोगशाला जांच के साथ मामले का अनुसरण किया गया।

## Manejo de leiomioma y quiste ovárico con medicamentos homeopáticos *Thuja occidentalis*: Informe de un caso basado en la evidencia

**Introducción:** El leiomioma (fibroma uterino [UF]) es el tumor sólido benigno más prevalente que surge de la transformación neoplásica de las células musculares lisas del miometrio en mujeres en edad reproductiva. Los fibromas son poco frecuentes antes de la pubertad, aumentan su prevalencia durante la edad reproductiva y generalmente disminuyen de tamaño después de la menopausia.

**Resumen del caso:** Una mujer de 34 años presentó dolor hipogástrico y sangrado abundante durante sus períodos menstruales de 3 a 4 meses de duración. Su ciclo menstrual era irregular. Se le diagnosticó un UF intramural y un quiste ovárico derecho mediante ecografía. Se le prescribió *Thuja occidentalis* (en diferentes potencias) basándose en la individualización, la totalidad repertorial y el análisis miasmático. A los siete meses de tratamiento homeopático, se observó una regresión completa del tamaño del UF y del quiste ovárico, con mejoría de todos los síntomas asociados. La puntuación en la escala visual analógica (EVA) también disminuyó de 6 a 0. Se utilizaron los Criterios de Naranjo Modificados para la Homeopatía, y una puntuación de +9 indicó una fuerte relación causal entre el resultado clínico y la intervención homeopática. Se realizó un seguimiento del caso mediante una evaluación sintomática informada por la paciente, la Escala Visual Analógica y análisis de laboratorio.

## 顺势疗法药物治疗平滑肌瘤和卵巢囊肿（西洋侧柏）：一项循证病例报告

**引言：**平滑肌瘤（子宫肌瘤 [UF]）是育龄女性最常见的良性实体肿瘤，源于子宫肌层平滑肌细胞的肿瘤性转化。子宫肌瘤在青春期前很少见，育龄期发病率上升，通常在绝经后会缩小。**病例摘要：**一名 34 岁女性，自 3-4 个月前开始出现下腹部疼痛和月经期间大量出血。她的月经周期不规律。超声检查诊断为壁内 UF 和右侧卵巢囊肿。根据个体化、区域整体性和瘴气分析，她开了不同药效的西洋侧柏。在七个月的顺势疗法治疗中，UF 和卵巢囊肿的大小完全消退，所有相关症状得到改善。VAS 评分也从 6 分降至 0 分。使用了改良的 Naranjo 顺势疗法标准，+9 分表明临床结果与顺势疗法干预之间存在很强的因果关系。随后对该病例进行了随访，包括患者报告的症状评估、视觉模拟量表和实验室检查。