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MANAGEMENT OF LEIOMYOMA WITH LESSER KNOWN MEDICINE AURUM MURIATICUM NATRONATUM: A CASE REPORT

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Abstract:

Leiomyoma is a benign adnexal mass most commonly encountered in reproductive age group of women. Surgical removal of leiomyoma is the only option when a woman is already crossing her menopausal age and still menstruating with irregular cycles; in such cases homoeopathy is the best alternative choice for patients who are not willing to have surgery either due to economic factors or other medical conditions. The case is presented here has shown significant improvement of subjective symptoms of patient and marked reduction of size of the leiomyoma with Aurum muriaticum natronatum. The outcome of case was assessed with the ORIDL instrument and Ultrasound done before, during and after treatment.

Key Words: Leiomyoma, Aurum muriaticum natronatum, ORIDL

Introduction:

Leiomyoma are the most common pelvic benign tumors in women. It is estimated that 60% of reproductive aged women are affected. It affects all races of women but commoner in African-American women. It originates from myometrium, the reasons of development of leiomyoma are not well understood ^[1], but they are estrogen and progesterone dependent tumours, very rare before menarche, common in reproductive life, and frequently regress in size after menopause. Many factors are recognize as the risk factors, these could be increasing age till menopause especially in fourth- fifth decades, nulliparity, early menarche, use of oral contraceptives in early age. Dietary factors includes deficiency of Vitamin D, high consumption of caffeine and alcohol, other factors could be genetic, high blood pressure and obesity.^[1,2]Symptoms of fibroids are abnormal uterine bleeding, pelvic pain, dyspareunia, pressure symptoms on bladder or rectum, and infertility. Imaging techniques like trans-abdominal or transvaginal ultrasound are the most commonly used for the diagnosis of leiomyoma as it is widely available, inexpensive and usually definitive in diagnosis. Uterine fibroids place a large economic burden for the women who suffer from them, as surgical costs alone are high. Surgical treatment takes the form of hysterectomy or myomectomy, the choice depending on the size, number and extent of the fibroids, and on the patient's wishes with regard to fertility^[1,2] Homoeopathy offers a cost effective treatment for leiomyoma and this is alternative choice for patient who are desirous to have child and not willing to have surgery. Here a case of leiomyoma is presented which was managed effectively with the lesser known homoeopathic medicine Aurum muriaticum natronatum. Though the Aurum muriaticum natronatum or Sodium Chloraurate is lesser known homoeopathic medicine but it is commonly used in treatment of uterine tumour. Aurum muriaticum natronatum is double chloride of Gold and Sodium ($\text{NaCl}, \text{AuCl}_3 \cdot 2\text{H}_2\text{O}$), it has been proved, but chiefly used on general Aurum indications.^[3]According to William Boericke this remedy has a most pronounced effect on the female organs, and most of its clinical application has been based thereon.^[4] Burnett considers it to have more power over uterine tumors than any other gold preparation^[3]. The symptoms of Aur. Mur. Nat. on female organs are, ulcers with induration of uterus, enlargement of ovary, leucorrhoea, corroding the parts, pustules on genitals, abortion from

uterine indurations, scirrhus of uterus and mammae. Chronic metritis and prolapses, Uterus fills up whole pelvis. Ulceration of neck of womb and vagina, Ovarian dropsy, Subinvolution and Ossified uterus.^[3,4,5,6]

Case presentation: A 50 yrs old lady attended the OPD of DDPRCRI, Noida in Sep. 2018 with complaints of painful, irregular menses, appears after 10-15 days interval with discharge per vagina in between menses for 6 yrs. She was also suffering from flatulence. USG done on 23/09/2018 confirmed that she is having leiomyoma of 32x33 mm in size in the anterior wall of uterus, along with uterine mass there was finding of grade 1 fatty liver with hepatomegaly. Though she was already in her menopausal age but still menstruating and wanted to get rid of that.

Physical generals: Appetite and thirst was normal, had no specific desire or craving, her stool was constipated, sound sleep, ambithermal.

Mental Generals: absent minded, gets angry at trifles, and keeps brooding always, wants to be alone, and fear of cancer as she thought her fibroid may change into cancer, weeps easily.

Particulars: flatulence with constipation, white discharge per vagina, uterine fibroid.

Past History: Jaundice in childhood.

Family History: Parents had Osteoarthritis.

Menstrual and Obstetric history: Menarche at age of 14, she has not achieved menopause yet, LMP on 14/09/18. She has 3 children with normal delivery.

Evaluation of symptoms:

- Absent minded
- Gets angry at trifles
- Keeps brooding always
- Wants to be alone
- Fear of cancer
- Weeps easily
- Constipated stools

- Flatulence
- White discharge per vagina
- Uterine fibroid

Miasmatic analysis: Psoro-sycotic miasm.^[7]

Repertorization: Roger Van Zandvoort's complete repertory was used from RADAR 10.0 software for repertorization.^[8]

me (201)		untitled		This analysis contains 574 remedies and 12 symptoms.		Intensity is considered		Sum of symptoms (sort:deg)	
01.	MIND - ABSENTMINDED	1	215						
02.	MIND - ANGER - trifles; at	1	98						
03.	MIND - BROODING	1	60						
04.	MIND - COMPANY - aversion to	1	227						
05.	MIND - FEAR - cancer; of	1	38						
06.	MIND - WEEPING - consolation - agg.	1	23						
07.	ABDOMEN - FLATULENCE	1	321						
08.	RECTUM - CONSTIPATION - flatulence; with	1	4						
09.	FEMALE GENITALIA/SEX - MENSES - painful	1	284						
10.	FEMALE GENITALIA/SEX - MENSES - irregular	1	112						
11.	FEMALE GENITALIA/SEX - LEUKORRHEA - menses - between	1	17						
12.	FEMALE GENITALIA/SEX - TUMORS - Uterus - myoma	1	70						

	plat.	calc.	sep.	nat-m.	lyc.	ign.	nux-v.	sulph.	calc-p.	bell.	nit-ac.	thuj.	lach.	verat.	con.	aur-m-n.	phos.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
01.	11	11	10	10	10	9	9	9	9	9	9	9	8	8	8	8	8
02.	20	19	21	19	16	18	16	16	15	14	14	11	15	15	14	13	13
03.																	
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06.																	
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08.																	
09.																	
10.																	
11.																	
12.																	

Fig. 1.Repertorial sheet

PRESCRIPTION: Aurum muriaticum. natronatum. 30 was prescribed on 27/9/18

Timeline of follow up:

Date	Complaints	Medicine prescribed	ORIDAL Score
15/10/18	Painful, irregular menses, LMP-29/09/18, White discharge per vagina was same; flatulence with constipation has no change.	Aurum muriaticum natronatum. 30/TDS/7 days followed by placebo for 7 days.	Painful, irregular menses- 0, Discharge per vagina- 0, flatulence and constipation-0
01/11/18	LMP-17/10/18 No change seen in previous complaints.	Aurum muriaticum natronatum 30/TDS/ 7 days followed by placebo for 7 days	Painful, irregular menses- 0, Discharge per vagina- 0, flatulence and constipation-0
03/12/18	LMPs on 27/10/18, 10/11/18, 28/11/18, pain during menses slightly reduced, white discharge per vagina mildly improved.	Aurum muriaticum natronatum 30/TDS/ 7 days followed by placebo for 3 weeks.	Painful, irregular menses- +1, Discharge per vagina- +1, flatulence and constipation-0
02/01/19	LMPs on, 12/12/18, 31/12/18, menstrual pain was same, white discharge per vagina reduced.	Aurum muriaticum natronatum 200/BD/ 5 days followed by placebo for 25 days	Painful, irregular menses- 0, Discharge per vagina- +1, flatulence -0,

			constipation-+1
04/02/19	LMP 12/01/19, 30/01/19	Aurum muriaticum natronatum200/BD/ 5days followed by placebo for 25 days	Painful, irregular menses- +1, Discharge per vagina- +2,flatulence -0, constipation-+1
05/03/19	LMP-13/02/19, 26/02/19, advised for USG	Aurum muriaticum natronatum200/BD/ 5days followed by placebo for 25 days	Painful, irregular menses- +2, Discharge per vagina- +2,flatulence -0, constipation-+1
03/04/19	LMP on 20/03/19, USG done on 10/03/19 showed reduction size of fibroid, it was 23 mm. Nabothian follicles in cervix also seen in USG finding, liver was normal in size without fatty changes.	Placebo given for 1 month	Painful, irregular menses- +3, Discharge per vagina- +3,flatulence -0, constipation-+1
06/06/19	LMP-17/04/19, 21/05/19	Aurum muriaticum natronatum200/BD/ 5days followed by placebo for 25 days	Painful, irregular menses- +2, Discharge per vagina- +3,flatulence -0, constipation-+1
01/08/19	LMP-18/06/19, 22/07/19	Placebo given for 1 month	Painful, irregular menses- +4,

			Discharge per vagina- +4, flatulence -0, constipation-+1
03/10/19	23/08/19, 20/09/19	Aurum muriaticum natronatum 200/BD/ 5 days followed by placebo for 25 days	Painful, irregular menses- +2, Discharge per vagina- +4, flatulence -0, constipation-+2
02/12/19	LMP-16/10/19, advised for USG again.	Aurum muriaticum natronatum 1M/BD/ 2 days followed by placebo for 25 days	Painful, irregular menses- +4, Discharge per vagina- +4, flatulence -0, constipation-+2
04/02/20	After 16/10/19 menses appeared on 15/01/20 that is positively indicates that she is going to achieve menopause. USG done on 22/01/20 showed marked reduction of size of fibroid, it was 15x20 mm but no change seen in Nabothian follicles in cervix, fatty liver grade 1 with hepatomegaly again seen.	Placebo given for 1 month	Painful, irregular menses- +4, Discharge per vagina- +4, flatulence -0, constipation-+3

Fig. 2 Ultrasound reports before, during and after treatment.

2.1. USG before treatment

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USG Whole Abdomen Report

NAME - AGE - 50Y / F
Referred By - Date - 23/09/2018
UHID - MR/18/062445

LIVER - Measures 16.0 cm and is enlarged in size. Normal in shape, position and contour. *Parenchymal echo texture is increased*. No solid/cystic mass lesion seen. Intra-hepatic biliary radicals and portal radicals are not dilated.

GALL BLADDER - Well distended. Wall thickness is normal. No calculi seen within. CBD is not dilated.

PANCREAS - Normal in size, shape and position. Normal parenchymal echo texture is visualized. Peri-pancreatic fat planes appear normal.

SPLEEN - Normal in size, shape and position. Normal parenchymal echo texture is visualized. No focal or diffuse lesion seen. Vessels are not dilated at the splenic hilum.

KIDNEYS - Both kidneys are of normal size, shape and position. Cortical echo texture is normal. Cortico-medullary differentiation is present. B/L pelvi-caliceal systems are not dilated. There is no nephrolithiasis or nephrocalcinosis on either side. Both ureters are not dilated.

RETROPERITONIUM - Abdominal Aorta and Inferior Vena Cava are normally visualized. No retroperitoneal lymphadenopathy seen.

URINARY BLADDER - Adequately distended. Walls are regular and thin. Contents are normal. No stone formation seen.

UTERUS - Measures 10.0 x 6.3 cm and is bulky in size. Normal in shape. It is anteverted in position. *Hypoechoic lesion measuring 32 x 33 mm is noted in the anterior uterine wall*. Endometrial echo complex is central in position. Endometrial thickness is 7.7 mm. Uterine cavity is empty.

ADNEXAS & OVARIES - Are normally visualized. No abnormal cystic / solid mass lesion seen. Follicle measuring 19 mm is noted in the left ovary.

No free ascitic fluid or pleural effusion seen.

IMPRESSION - Hepatomegaly with grade-I fatty liver.
Bulky uterus with fibroid.

Note - Bowel loops are prominent with gaseous distension.

Dr. Aparna Agarwal, MD
CONSULTANT RADIOLOGIST

Findings are for interpretation by qualified medical professionals only. Report is not valid for medico-legal purposes. Findings are required to be evaluated in clinical context.

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2.2 USG during treatment.

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USG Whole Abdomen Report

NAME - AGE - 50Y/ F
Referred By - Date - 10/03/2019
UHID-MR/19/14627

LIVER - Normal in size, shape, position and contour. Parenchymal echo texture is normal. No solid/cystic mass lesion seen. Intra-hepatic biliary radicals and portal radicals are not dilated.

GALL BLADDER - Well distended. Wall thickness is normal. No calculi seen within. CBD is not dilated.

PANCREAS - Normal in size, shape and position. Normal parenchymal echo texture is visualized. Peri-pancreatic fat planes appear normal.

SPLEEN - Normal in size, shape and position. Normal parenchymal echo texture is visualized. No focal or diffuse lesion seen. Vessels are not dilated at the splenic hilum.

KIDNEYS - Both kidneys are of normal size, shape and position. Cortical echo texture is normal. Cortico-medullary differentiation is present. B/L pelvi-caliceal systems are not dilated. There is no nephrolithiasis or nephrocalcinosis on either side. Both ureters are not dilated.

RETROPERITONIUM - Abdominal Aorta and Inferior Vena Cava are normally visualized. No retroperitoneal lymphadenopathy seen.

URINARY BLADDER - Adequately distended. Walls are regular and thin. Contents are normal. No stone formation seen.

UTERUS - Measures 7.5 x 5.7 cm and is bulky in size. Normal in shape. It is anteverted in position. **Fibroid measuring 23 mm is noted in the anterior wall.** Endometrial thickness is 8.4 mm. Uterine cavity is empty. **Nabothian cysts are seen in the cervix.**

ADNEXAS & OVARIES - Are normally visualized. No abnormal cystic / solid mass lesion seen.

No free ascitic fluid or pleural effusion seen.



IMPRESSION - Bulky uterus with fibroid.
Nabothian cysts in cervix.

Dr. Azeem (DMRD, DNB)
CONSULTANT RADIOLOGIST

Findings are for interpretation by qualified medical professionals only. Report is not valid for medico-legal purposes. Findings are required to be evaluated in clinical context.

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2.3. USG after treatment.

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Screening USG whole abdomen

NAME - **AGE** - 51Y/ F
Referred By - **Date** - 22/01/2020
UHID -MR/20/4049

Liver is enlarged in size measuring 16.5 cm and shows increased echotexture. No obvious focal pathology is seen. The intra hepatic biliary channels are not dilated.

Gall bladder is well distended with echogenic specks seen in the gall bladder wall. No evidence of calculi.

CBD and PV appear normal.

Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and normal in echogenicity.

Right kidney is normal size, shape and position. Normal echopattern seen. Cortico-medullary differentiation is present. No evidence of hydronephrosis or calculus seen.

Left kidney is normal size, shape and position. Normal echopattern seen. Cortico-medullary differentiation is present. No evidence of hydronephrosis or calculus seen.

There is no evidence of ascites or lymphadenopathy.

Urinary Bladder is well distended. Lumen is echofree.


Uterus is normal in size (80 x 40 mm), normal in shape, and outline. **Hypoechoic lesion measuring 15 x 20 mm seen on the anterior wall.** The endometrial thickness is 5 mm. **Nabothian follicle seen in cervix.**

Both adenaxe are normal.

There is no evidence of free fluid in the Pouch of Douglas.

IMPRESSION : **Hepatomegaly with changes of fatty liver grade – I.**
 Cholesterol deposit in gall bladder wall.
 Small uterine fibroid.
 Nabothian follicle in cervix.

Please correlate clinically.


Dr. Anu Kaushik, MD.
CONSULTANT RADIOLOGIST

Patient identity is not confirmed. Findings are for interpretation by qualified medical professionals only. Report is not valid for medico-legal purpose. Findings are required to be correlated in clinical context.

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CIN No. U85110DL1900PTC079999

Discussion:

Uterine leiomyoma at menopausal age with cumbersome physical symptoms strongly indicates surgery in modern medicine while Homoeopathy effectively managed such cases without any surgical intervention. According to homoeopathic principle whatever may be the name of disease it originates from deranged vital force. The miasmatic force dynamically deranges the vital force, and that results in disease. Sycotic miasm is the prime cause of uterine tumor. The predominant characteristic of sycotic miasm is excess and incoordination. The sycotic miasm has tendency to fight with all invasions by constructive defense response of cells that leads to excessive proliferation of cells and tissue that cause formation of tumors. Sycotic miasm causes enlargement, excessive proliferation of cells in uterine myometrium and incoordination in estrogen and progesterone secretions and its receptors that causes formation of uterine fibroid [7]. A case of leiomyoma successfully managed by antisycotic drug Aurum muriaticum natronatum is presented here. According to Homoeopathic stalwarts like William Boericke, Burnett, C. Hering, and T.F. Allen Aurum muriaticum natronatum has a specific and prominent action on female organs especially on uterus. Sevar Raymond has shown effect of Aurum muriaticum natronatum on uterus through his four case reports, Singh R. also showed its action on uterine fibroid.[9,10] The case presented here has shown the size of leiomyoma was significantly reduced from 32x33 mm to 15x20 mm with overall improvement of her all complaints. The medicine was selected on the basis of totality of symptoms. Repertorization done with RADAR 10 software using Roger Van Zandvoorts complete repertory. Although Aurum muriaticum natronatum ranked sixteenth in the repertorization chart, it was prescribed considering the following characteristic symptoms of the patient: absent mind, brooding nature, fear of cancer, weeping tendency, desires to be alone and uterine fibroid, along with this it has very clear indication for its action on uterus as per homoeopathic literatures. The improvement after treatment was assessed by ORIDL (Outcome in Relation to Impact on Daily Living) Scale and laboratory investigations. Overall improvements of patient's complaints were assessed with ORIDL scale in every follow ups.[11]

Conclusion: The case report indicates that lesser known Homoeopathic medicine Aurum muriaticum natronatum has specific action on uterus and it can be very effective in surgical

cases like leiomyoma with cumbersome subjective symptoms where conventional treatment has just palliated or failed. Ultrasounds reports during and after treatment and Positive ORIDL score have shown effectiveness of Homoeopathy in case of leiomyoma.

Conflict of interest- NIL

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