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## EMPOWERING HEALING: AN INDIVIDUALIZED HOMOEOPATHIC APPROACH IN FIBROID UTERUS AND RENAL CYST - AN EVIDENCE-BASED CASE REPORT

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### ABSTRACT:

**Background:** Uterine fibroids are frequently encountered in women and represent smooth muscle tumours of the uterus. They are benign growths with clonal origins that respond to hormones. Although they often do not necessarily cause symptoms, but many women experience pelvic pain, reproductive issues, and significant bleeding, which can lead to anaemia. Uterine fibroids are the leading reason for hysterectomy procedures. Homeopathy offers an alternative approach for managing such conditions as an alternative to surgical interventions. Recently, a 25-year-old female patient visited our outpatient department with the complaints of heavy menstrual bleeding. Ultrasonography confirmed that she was suffering from uterine fibroids along with a renal cyst. Following a thorough case assessment and repertorization, the patient was initially prescribed the individual homeopathic medicine *Calcarea carbonica*. Remarkably, within just one month, the patient began to show signs of improvement. As the homeopathic treatment continued for a year and a half, the patient's symptoms gradually vanished, and she were completely relieved of all their complaints. The Modified Naranjo Criteria for Homeopathy tool was employed to evaluate the causal relationship between the homeopathic intervention and the clinical outcome. The MONARCH score of (+7) strongly indicated that the observed clinical improvement was likely a result of the homeopathic treatment. This conclusion is further supported by the comparison of ultrasonographic findings taken before and

after the treatment, which also showed positive changes. This case study demonstrates the effectiveness of individual homeopathic treatment for uterine fibroids. However, to firmly establish the effectiveness of homeopathy in such cases, further studies and evidence-based clinical verification are necessary.

**Keywords:** Fibroids, Homoeopathy, Ultrasonography, *Calcarea Carbonicum*, MONARCH

**ABBREVIATION:** Centesimal (CH), Fifty millesimal (LM), polycystic ovarian syndrome (PCOS)

**INTRODUCTION:** Uterine fibroids, also known as leiomyomas or myomas, are the most prevalent type of benign uterine tumours [1]. They are monoclonal growths originating from the smooth muscle of the uterus, specifically from the myometrium [2]. Leiomyomas occur in 50–60% of women, with the incidence rising to 70% by the age of 50 [3]. In 2013, an estimated 171 million women worldwide were affected by this condition [4]. Early studies indicate an increased risk of fibroids with an earlier age of menarche, and newer data supports these findings [5]. A study of women screened for myomas through self-report, medical records, and sonography, revealed that African-American women had a 2.9 times greater risk of developing myomas compared to Caucasian women, and this risk was not associated with other known risk factors. Additionally, African-American women tend to have myomas at a younger age and experience larger and more symptomatic myomas [6]. While the exact cause of fibroids remains unclear, there is substantial evidence indicating that oestrogen and progesterone contribute to tumour growth, as fibroids rarely appear before menarche and tend to regress after menopause [7]. The earlier studies suggested a negative association exists between parity (number of pregnancies) and fibroid risk, and recent research confirms this finding [8]. Moreover, recent evidence suggests a potential link between alcohol and caffeine intake and the risk of developing fibroids, particularly based on data gathered from the Black Women's Health Study [9]. While most myomas do not cause symptoms, a significant number of women experience symptoms that require therapy. These symptoms can generally be categorized into three distinct groups: abnormal uterine bleeding, pelvic pressure and pain, and reproductive dysfunction. The heavy bleeding can cause medical issues, particularly iron-deficiency anaemia. It also poses social challenges and affects productivity for women in the workforce, as some may need to change sanitary protection as frequently as once an hour. For instance, anterior myomas may cause urinary symptoms, while posterior myomas may lead to constipation. In rare cases, acute pain

can occur if degeneration takes place or when there is torsion of a pedunculated fibroid.<sup>[10]</sup> In addition, women with uterine fibroids may also suffer more frequently from dyspareunia and non-cyclic pelvic pain. While bleeding and pelvic pain are commonly reported as the primary symptoms related to uterine fibroids in the literature <sup>[11]</sup>, our case involved a patient experiencing a right renal cortical cyst, polycystic changes of the ovaries, along with fibroids. According to an article by Lauren A. Wise et al <sup>[12]</sup>, there is a positive correlation between PCOS and uterine fibroids in African-American women. A simple kidney cyst is the most common type of renal cyst, which is a fluid-filled sac originating from the surface of the kidney. Often, one or more simple cysts may form within the same kidney. These cysts are typically asymptomatic and are incidentally detected during radiological examinations of the abdomen. Simple renal cysts are acquired and not inherited, and their exact cause remains unknown. Advancing age and male sex are considered risk factors, as presence of simple cysts increases after the age of 40. The majority of these cysts do not require intervention or follow-up <sup>[13]</sup>. Regarding uterine fibroids, few case reports and observational studies involving homeopathic interventions as the main treatment protocol have demonstrated beneficial effects <sup>[14-16]</sup>. A multicentric randomized clinical trial <sup>[17]</sup> was conducted at six centres under the Central Council for Research in Homoeopathy. The primary objective of this trial was to evaluate the effects of homoeopathic medicines in LM potencies compared to CH potencies on symptomatic uterine fibroids. The results revealed that both CH and LM potencies were equally effective in providing symptomatic relief to patients suffering from uterine fibroids. Another elaborated clinical trial<sup>[18]</sup> was also carried out to assess the effectiveness of homoeopathic medicines in LM potencies versus CH potencies in patients with uterine fibroids. The findings showed that regardless of the potency scale, the homeopathic medicines demonstrated a significant reduction in symptoms and improvement in the patients' quality of life. In the context of these clinical trials, the present case report highlights the positive role of homeopathy, one of the most popular alternative therapies, in managing fibroid uterus. Even after rigorous literary search on authentic databases no other such studies was found on uterine fibroid along with renal cyst. The case report showcases how individualized homoeopathic medicines effectively managed menstrual complaints caused by fibroid uterus, underscoring the potential benefits of homeopathy in such cases.

## **CASE REPORT:**

A 25-year-old female visited the outpatient department of The Calcutta Homoeopathic Medical College and Hospital on 17/3/2017 with the complaint of early and profuse menses worsened by exertional daily activities. Additionally, she experienced difficulty in emptying her bowels, along with headaches characterized by a feeling of pressure on the head. The headache worsened before her menstrual period and after bathing in cold water.

**History of present complaints:** This patient had been experiencing early and heavy menstrual bleeding for the last 3 years. Seeking a solution, she visited a private allopathic clinic, where she was advised to undergo a whole abdomen ultrasonography.

Previously, the patient had undergone allopathic treatment without experiencing any significant improvement in her symptoms. Disappointed with the results, she eventually decided to discontinue those allopathic treatments and sought homoeopathic treatment instead. Consequently, she visited our outpatient department seeking relief.

**Past history:** During the case taking, it was discovered that she had contracted malaria at the age of 7. However, she successfully recovered with allopathic treatment, and there were no complications during her recovery.

**Family history:** Regarding her family history, her father has type 2 diabetes mellitus, and her mother has hypertension.

**Local and systemic examination:** General survey revealed mild pallor; first and second heart sounds are audible, normal breath sound on auscultation. Her blood pressure was 122/76 mm of Hg and pulse rate was 70 beats/min. On local examination of abdomen- no abnormality detected.

**Clinical diagnosis:** Based on the patient's present complaints like heavy menstrual bleedings, difficulty in bowel emptying and the findings from the ultrasonography, she was diagnosed with uterine fibroid. The ultrasonography report conducted on January 31, 2017, indicates the following findings: Bulky uterus with a fibroid measuring 2.0cm x 1.8cm located in the anterior wall. Bilateral mild bulky and polycystic nature of ovaries. A small cortical cyst measuring 1.7cm x 1.6cm in the upper pole of the right kidney.

**Generalities:** In terms of physical characteristics, the patient tends to feel chilly and has an excessive desire for eggs and salty foods. Additionally, she perspires profusely. Her menstrual history involves regular, early, and profuse menses with a bright red discharge lasting for approximately five to six days, with a cycle duration of about 30 days. During her menses, she experiences prostration and weakness in all four limbs. Furthermore, she notices that her symptoms worsen in wet and cold weather. Regarding mental characteristics, the patient is known to have a short temper and a forgetful nature. She also has an aversion to work and physical labour.

**Physician's own observation:** She had a well-built physical constitution, adorned with a fair complexion, but she tended to gain weight, as she was slightly obese. Her demeanour revealed an aversion to work, yet she displayed a responsible nature and exhibited a reserved disposition.

#### **TOTALITY OF SYMPTOMS:**

- Gets angry easily which is aggravated from consolation.
- Forgetful
- Aversion to work
- Early and profuse menses aggravated from physical exertion.
- Feeling of weakness of limbs during menses.
- All the troubles getting aggravated in wet cold weather
- Chilly patient
- Desire for egg
- Desire salty foods
- Sweat profusely
- Headache as of a pressure upon the head, which is aggravated before the menses and from bathing in cold water.

The symptoms of this case were thoroughly evaluated miasmatically,<sup>[19]</sup> leading to the identification of the predominant miasm as Psora. Some examples of Psoric symptoms include easy irritability, worsened by consolation, aversion to work, and a tendency to feel chilly. Considering the characteristic symptoms mentioned earlier after consultation with our authentic materia medica,<sup>[20]</sup> Kent's Repertory was selected for the systematic repertorization process. With the aid of HOMPETH ZOMEIO 3.0® software, a comprehensive and methodical repertorization was carried out, and the resulting Repertorization chart is presented in Figure-A.

**Repertorial analysis:** After conducting the repertorial analysis with the aforementioned totality of symptoms, it was observed that *Nitric acidum* covered the maximum number of rubrics (12) and obtained the highest score (25). This result surpassed other remedies such as *Calcarea carbonicum*, *Natrum muriaticum*, *Calcarea phosphoricum*, etc., indicating *Nitric acidum* as the most suitable remedy based on the presented symptoms.

**FIGURE A: REPERTORIZATION CHART**

Remedy	Nit-ac	Calc	Nat-m	Calc-p	Phos	Sep	Sulph	Carb-v	Lyc	Sil	Lach	Carbn-s	Merc	Nux-v	Thu
<b>Totality</b>	<b>25</b>	<b>25</b>	<b>21</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>16</b>	<b>16</b>	<b>15</b>	<b>15</b>	<b>15</b>
<b>Symptoms Covered</b>	<b>12</b>	<b>11</b>	<b>8</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>8</b>
[Kent ] [Mind]Irritability (see Anger):Consolation agg:	2	1	3	2	0	3	0	0	1	3	0	0	1	1	0
[Kent ] [Mind]Forgetful (see Memory):	1	2	2	2	3	1	2	2	3	1	2	3	3	1	2
[Kent ] [Mind] Indolence, aversion to work:	3	2	3	2	2	3	3	2	2	0	3	3	1	3	2
[Kent ] [Stomach] Desires:Eggs:	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Stomach] Desires:Salt things:	2	2	3	2	3	0	1	3	0	0	0	0	0	0	1
[Kent ] [Genitalia female] Menses:Early,too:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Genitalia female] Menses:Copious:Exertion agg:	2	3	0	2	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Extremities] Weakness:Lower limbs:Menses,during:	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0
[Kent ] [Rectum] Constipation (see inactivity):Difficult stool (see inactivity):	3	2	3	1	2	3	3	2	2	3	3	3	2	3	3
[Kent ] [Generalities] Heat:Vital,lack of:	3	3	2	3	3	2	2	2	2	3	2	2	2	3	2
[Kent ] [Generalities] Cold:Wet weather agg:	2	3	0	3	1	1	2	2	2	3	2	2	2	1	2
[Kent ] [Perspiration] Profuse:	2	3	3	0	2	3	2	3	3	3	2	3	3	2	2
[Kent ] [Head] Pain,headache in general:Menses:Before:	1	2	2	1	1	1	2	2	2	1	2	0	1	1	1
[Kent ] [Head] Pain,headache in general:Bathing (see washing):Cold:	2	0	0	0	1	1	0	0	0	0	0	0	0	0	0

## DISCUSSION OF THE CASE

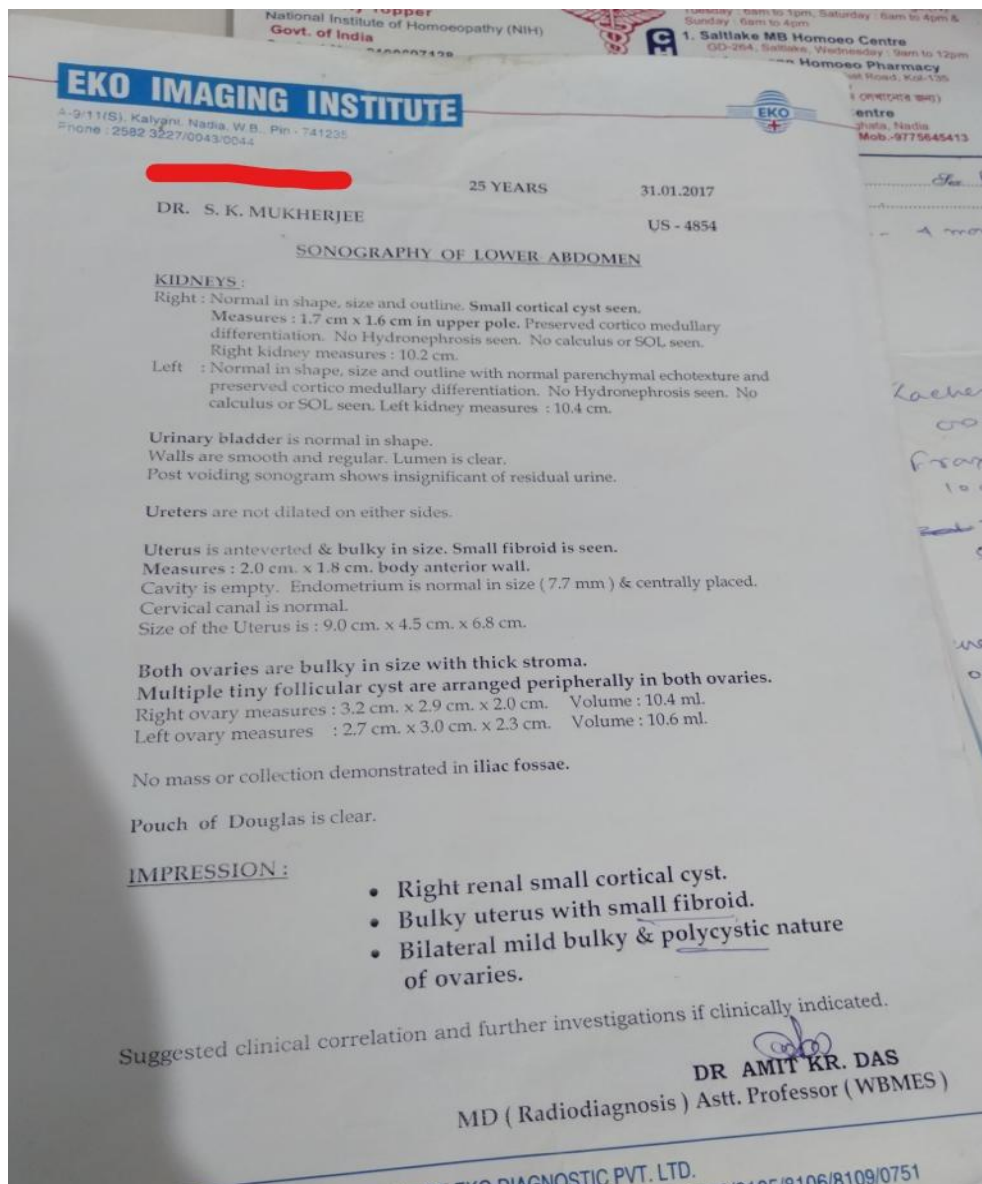
As a physician, when faced with cases of abnormally increased menstrual bleeding, various pelvic pathologies come into consideration, such as adenomyosis, endometriosis, polyps, fibroids, and ovulatory dysfunctional bleeding like polymenorrhoea and epimenorrhoea. Additionally, possibilities of hormonal disorders, such as hypothyroidism and polycystic ovarian syndromes, should be taken into account.

In the specific case we encountered, the patient presented with a USG report (Figure B) revealing a bulky uterus with uterine fibroid and polycystic ovaries, along with a right renal cortical cyst. However, upon clinical examination, the characteristic symptoms of polycystic ovarian syndromes, such as hirsutism or acanthosis nigricans, were not evident. Moreover, there were no abnormal fluctuations in the menstrual cycle, ruling out ovarian irregularities like polymenorrhoea or epimenorrhoea, and no severe pain occurring between cycles, excluding the possibility of endometriosis.

Considering the patient's characteristic symptoms, past history, family history, and personal history, as well as referencing the master Kent's Repertory and authentic Materia medica, our final selection for this case was *Calcarea carbonicum*. Despite ranking second in the repertorization, we chose this remedy due to the patient's lethargic and indolent appearance, along with her fatty, flabby constitution. Additionally, her extreme aversion to work and desire for eggs and salty foods contributed to our decision. *Calcarea carbonica 200C* was administered to the patient on 17/03/2017, after which some noticeable improvements were observed in her chief complaints. Subsequently, the patient was placed on a placebo, and further improvement was observed both physically and mentally. The patient continued with the placebo for a certain period, as detailed in Table no-1. On 12/12/2018, the patient revisited the outpatient department with an ultrasonography report (Figure C) indicating the absence of uterine fibroid, right renal cortical cyst, and polycystic ovaries. The patient exhibited a better mental and physical status, although a bulky uterus with suspected pelvic inflammatory disease was noted. The patient was advised to return for further follow-up and observation. Since then, there have been no complaints of menstrual issues or any other symptoms reported by the patient up to the present date. The application of Modified Naranjo Criteria <sup>[21]</sup> to this case was done to ascertain the causal attribution between the homeopathic medicine administered and the changes observed in the patient's symptoms and signs [Table- 2]. As per the Modified Naranjo Criteria, the following observations were made: There was an improvement in the primary symptom

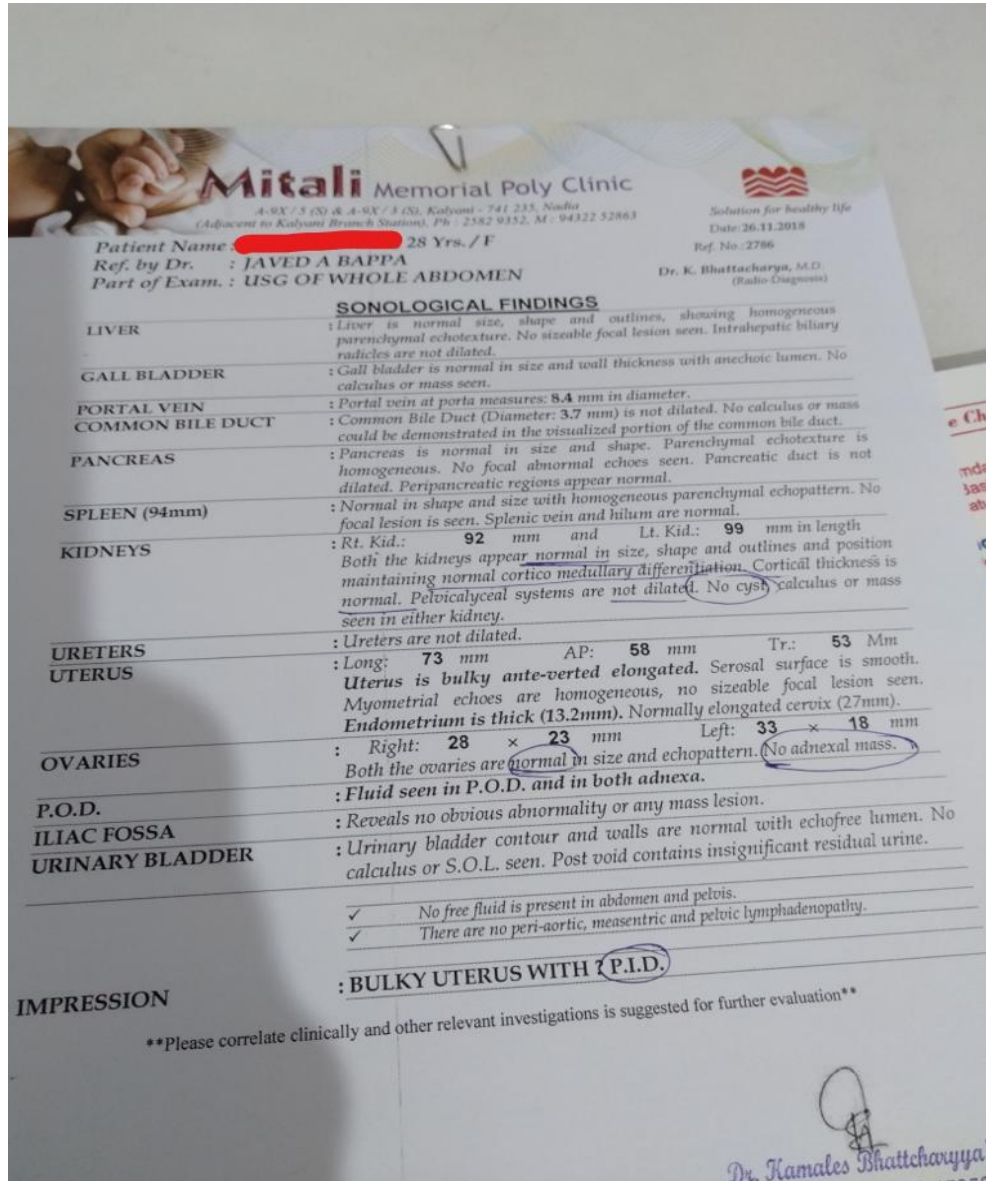
(+2). The improvement occurred within a plausible timeframe after the intake of the homeopathic medicine (+1). Other symptoms and overall well-being also showed improvement (+2). No other alternative causes that could have caused the improvement were identified (+1). Furthermore, there was objective improvement in the patient's pathological condition, as evidenced by the imaging ultrasound study (+1). The total score of the outcome based on the Modified Naranjo Criteria is (+7). This indicates a favourable response and suggests a causal relationship between the administration of the homeopathic medicine and the improvement in the patient's condition.

**FIGURE B: USG REPORTS [BEFORE THE TREATMENT]**





**FIGURE C: USG REPORT [AFTER THE TREATMENT]**



**Table 1: Follow Up**

DATE	STATUS OF PATIENT	PRESCRIPTION
15/04/2017	Mild improvement in the symptoms of the patient, in the intensity of headache, copious menses, constipation.	Placebo
14/05/2017	Mild Improvement is seen in the intensity of headache, copious menses, constipation.	Placebo

13/06/2017	No such improvement.	<i>Calcarea carbonicum</i> 200c/ 1dose.
18/07/2017	Mild Improvement is seen.	Placebo
19/08/2017	Mild Improvement is seen in the intensity of symptoms of the patients.	Placebo
12/09/2017	No such improvement.	<i>Calcarea carbonicum</i> 200c
16/10/2017	Mild improvement.	Placebo
09/11/2017	Mild improvement.	Placebo
10/12/2017	No such improvement.	<i>Calcarea carbonicum</i> 1M/1 dose
17/1/2018	Much improvement is seen with regard to both mental and physical sphere.	Placebo
19/2/2018	Much improvement is seen with regard to both mental and physical sphere.	Placebo
12/3/2018	No such improvement	<i>Calcarea carbonicum</i> 1M/1 dose
18/4/2018	Much improvement is seen with regard to both mental and physical sphere.	Placebo
15/5/2018	Much improvement is seen with regard to both mental and physical sphere.	Placebo
17/6/2018	No such improvement.	<i>Calcarea carbonicum</i> 1M/1 dose
23/7/2018	Significant improvement is seen with regard to both mental and physical sphere,	Placebo
10/8/2018	Significant improvement is seen with regard to both mental and physical sphere.	Placebo
12/09/2018	Significant Improvement is seen with regard to both mental and physical sphere.	Placebo

11/10/2018	No such complaints.	Placebo
21/11/2018	No such complaints.	Placebo
12/12/2018	No such complaints.	Placebo
17/1/2019	No such complaints.	Placebo

**Table 2: Modified Naranjo algorithm**

S. No.	Modified Naranjo algorithm	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3.	Was there a homeopathic aggravation of symptoms?			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		
5.	Did overall well-being improve?	+2		
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
7.	Direction of cure: 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?			0
8.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?			0
9.	Are there alternative causes (i.e., other than the medicine) that -with a high probability - could have produced caused the		+1	

	improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)			
10.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+1		
11.	Did repeat dosing, if conducted, create similar clinical improvement?			0
12.	Total	+7		

## CONCLUSION

The treatment of uterine fibroids in modern medicine typically involves surgical interventions, which can sometimes lead to side effects. However, this case report highlights that individualized homoeopathic treatment can serve as a viable and effective complementary therapy for managing conditions like uterine fibroids, without the need for surgical procedures. The presented case demonstrated positive outcomes, supported by evidence from imaging radiology. But however, to establish the full effectiveness of homoeopathic treatment for conditions like uterine fibroids, more extensive studies and clinical trials are needed. Further research and evidence-based interventions will be required to validate and fully understand the potential of homoeopathy as an effective therapy in such cases.

**CONFLICT OF INTEREST:** None

**CONSENT OF THE PATIENT:** This clinical information and the accompanying images were obtained from the patient with their consent. The purpose is to circulate this valuable data and include it in a scientific database to contribute to medical research and knowledge in the field of uterine fibroids and homeopathic treatment. All necessary measures have been taken to ensure that patient identifiers are removed or anonymized to safeguard their privacy.

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## REFERENCES:

1. Drayer SM, Catherino WH.. Prevalence, morbidity, and current medical management of uterine leiomyomas. *Int J Gynaecol Obstet* 2015;131:117–122.
2. Kim J, Sefton EC.. The role of progesterone signaling in the pathogenesis of uterine leiomyoma. *Mol Cell Endocrinol.* 2012;358:223–231.
3. Baird D, Dunson DB, Hill MC, Cousins D, Schectman JM.. High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence. *Am J Obstet Gynecol* 2003;188:100–107.
4. Vos T, Barber RM, Bell B, Bertozzi-Villa A, Biryukov S, Bolliger I, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet.* 2015;386(9995):743–800.
5. Laughlin SK, Schroeder JC, Baird DD. New directions in the epidemiology of uterine fibroids. *Semin Reprod Med* 2010;28:204–217. Parker WH.
6. Etiology, symptomatology, and diagnosis of uterine myomas. *Fertil Steril.* 2007;87:725–736.
7. Khan AT, Shehmar M, Gupta JK.. Uterine fibroids: current perspectives. *Int J Womens Health* 2014;6:95–114.
8. Wise LA, Palmer JR, Harlow BL, Spiegelman D, Stewart EA, Adams-Campbell LL, Rosenberg L. Reproductive factors, hormonal contraception, and risk of uterine leiomyomata in African-American women: a prospective study. *Am J Epidemiol.* 2004 Jan 15;159(2):113-23.
9. Wise LA, Palmer JR, Harlow BL, et al. Risk of uterine leiomyomata in relation to tobacco, alcohol and caffeine consumption in the Black Women’s Health Study. *Hum Reprod.* 2004;19(8):1746–1754.
10. Stewart EA. Uterine fibroids. *Lancet* 2001;357:293–298.
11. Lippman SA, Warner M, Samuels S, Olive D, Vercellini P, Eskenazi B. Uterine fibroids and gynecologic pain symptoms in a population-based study. *Fertil Steril.* 2003 Dec;80(6):1488-94.

12. Wise LA, Palmer JR, Stewart EA, Rosenberg L. Polycystic ovary syndrome and risk of uterine leiomyomata. *Fertil Steril*. 2007 May;87(5):1108-15.
13. Al-Otaibi K. Complications of 411 laparoscopic urological procedures: A single surgeon experience. *Urol Ann*. 2018 Jul-Sep;10(3):308-312.
14. Popov AV. Homoeopathy in treatment of patients with fibromyoma of the uterus. *Br Homeopath J*. 1992; 81:164-7.
15. Iqbal JQ, Ali S, Nikhat PS, Vatsalya B. A case of uterine fibroid. *Indian J Res Homoeopathy*. 2008; 2:50-8
16. Sevar R. Aurum muriaticum natronatum--four case reports. *Homeopathy*. 2007;96(4):258-69.
17. Varanasi R, Oberai P, Indira B, Rath P, Sharma B, Soren A, et al. A multicentric randomized clinical trial of homoeopathic medicines in fifty millesimal potencies vis-à-vis centesimal potencies on symptomatic uterine fibroids. *Indian Journal of Research in Homoeopathy*. 2016;10(1):24. doi:10.4103/0974-7168.179148
18. Sharma B. A systemic trial to compare the two current homeopathic medicine potency systems in treatment of uterine fibroids. *Int J Hom Sci* 2018;2(4):31-33.
19. Hahnemann S. *The chronic diseases: Their peculiar nature and their homoeopathic cure*. 3rd ed. Sittingbourne, England: Homoeopathic Book Service; 1998.
20. Kent JT. *Lectures on Homoeopathic Philosophy*. Kolkata: Rup Publication; 2013.
21. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy*. 2020;109:191-7.