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ADENOMYOSIS OF UTERUS TREATED WITH HOMOEOPATHIC MEDICINE *SEPIA* - A CASE REPORT

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ABSTRACT

Introduction - Adenomyosis also referred to as Endometriosis interna, is a condition where endometrial tissue grows at the myometrium and has a prevalence of 20% in premenopausal women. It is characterized by hypertrophy and hyperplasia of the myometrial stroma. Menorrhagia, dysmenorrhea, and pain in the lower abdomen and pelvic area are common symptoms for the patient. The standard of care is hysterectomy. There are very few studies that show alternative therapies can effectively treat this condition.

Case Summary -A 38-year-old female patient presented with symptoms of lower abdominal pain, menorrhagia, severe dysmenorrhoea, backache, and leucorrhoea for two to three years. Her clinical findings and the results of her USG of the abdomen and pelvis confirmed the diagnosis of uterine adenomyosis. Homeopathic medicine Sepia in centesimal potency was prescribed following a thorough case taking and repertorization. The effectiveness of individualised homoeopathic medicine was evaluated using modified Naranjo's criteria (Monorch) for homoeopathy.

KEYWORDS- Adenomyosis, Constitutional remedy, Modified Naranjo Criteria, *Sepia*.

INTRODUCTION-

Adenomyosis is a common condition that was initially believed to only affect adults, but it can also be the primary cause of primary dysmenorrhea in adolescents. It is characterized by the growth of endometrial tissue within the uterine wall. Endometriosis, in which the stroma and endometrial gland grow outside the uterus, distinguishes adenomyosis. [1]

According to the description, it is a histologically benign condition of the uterus where the endometrial glands and stroma occupy a depth of 2.5 mm in the myometrium[2] and myometrial hyperplasia in surrounding areas, causing globular and cystic enlargement of the myometrium filled with hemolyzed red blood cells. Anemia and weakness are outcome of the heavy bleeding.

Although the cause is unknown, it may be caused by estrogenic stimulation brought on by metaplasia or ovarian endocrine malfunction. [3]

The majority of instances involve multiparous women in their 40s to 50s, and if left untreated, they can persist for many years.

Signs and symptoms included extremely intense menstrual cramps.[4], Heavy Bleeding with Clots, Abdominal Bloating, Pelvic and Back Pain [5]. frequent urination as well as a swollen, tender uterus.

Some of the risk factors include childbirth, middle age, long oestrogen exposure, and c-section delivery.

In mild conditions, menstrual cramps, lower abdomen pressure, and bloating may be experienced prior to the menstrual cycle. Menstrual cramps and heavy bleeding may result from tissue that protrudes outside the uterine wall. Pelvic organ prolapse is a major problem, and infertility is also a consequence. Homoeopathy provides a range of therapeutic options by addressing underlying pathophysiology and symptoms.

A case of uterine adenomyosis that was successfully treated by homoeopathic treatment has been reported [6].

Homeopathy has shown to be effective in relieving pelvic discomfort linked to endometriosis in randomized controlled research [7].

CASE REPORT:

PATIENT INFORMATION

A 38-year-old female patient presented to the Homoeopathic Clinic's OPD on October 30, 2020, with complaints of severe abdominal pain and bleeding with cramps every month and increased menstrual flow, as well as general body ache, weakness, and backache (low radiating to thighs) and mental irritability, for six months. Initially, the patient was given hormonal supplements and analgesics, which provided only temporary relief from her complaints.

The patient was tall and slim, with a narrow pelvis, pale, shriveled skin, and constipation with lumbago, pain in the uterus, a sensation of pulling and tearing in the abdomen, and frequent micturition.

Despite the fact that all treatment complaints, such as cramps and bleeding with clots, were increasing in frequency, the patient had a history of similar complaints for 6 months. The patient was given a 6-month course of gonadotropin hormone-releasing hormone (GnRH) agonists, followed by oral contraceptives. For a while, there was relief, but the symptoms worsened, so she considered taking homoeopathic medication. She had a history of deep vein thrombosis following vaccination. She was married and had two full-term caesarian section deliveries. Family history had no significant impact.

GENERALS:

Mental Generals: The patient was ambitious and wishes to advance in society, but she had responsibility for two children and her husband was uncooperative. She was living in a joint family and doing a lot of physical labor with no one to help her. She had no feelings for her family members and was indifferent to those she cared about. She was also extremely irritable and was aggravated by the slightest noise, and she disliked company. Because of her depression, she was forgetful and thought slowly. She began to cry as she described her symptoms.

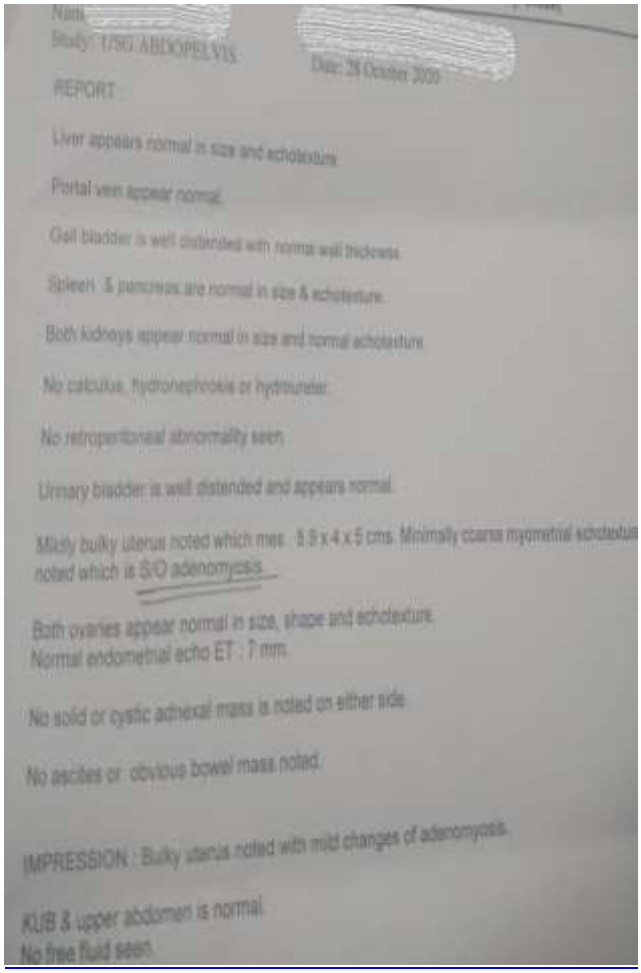
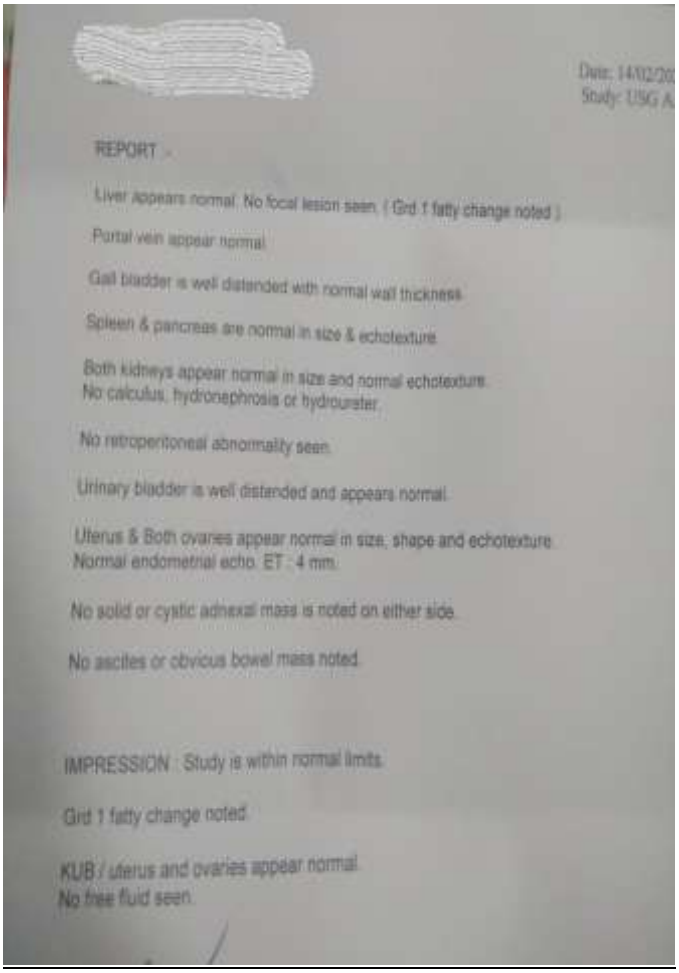
Physical General: appetite was reduced, but there was no specific desire or aversion. She had Thirst for a small amount of water at frequent intervals, and her tongue was moist and clean. Sweating in the axilla was more intense and offensive in nature, but it does not stain the cloth. Her bowel movements were regular, and her stool was hard and not offensive. The patient was thermally chilly. The patient desired to lie down.

CLINICAL FINDINGS

Clinical findings included mild tenderness in the pelvic region, afebrile status, pallor, and milky white discharge from the vagina. Ultrasonography (USG) of abdomen –pelvis suggested adenomyosis of uterus [figure 1].

INVESTIGATION REPORTS-

Figure. 1- Ultrasonography of Abdomen-Pelvis on 30th October 2020.

Figure 1- before	Figure 2- after
	

REPERTORIAL ANALYSIS

Repertorisation was carried out by Zomeo Homeopathic Software (Mind Technologies, Mumbai, Maharashtra, India) [8]. Using complete repertory giving importance to characteristic mental and physical general along with particular symptoms [figure3].

After Reportorial analysis *Sepia* was found to cover 8 out of 9 rubrics and scored highest marks i.e.,29. After consulting Homoeopathic Materia Medica. *Sepia* was prescribed, the indication for prescription was patient is indolent, pains are extending from other parts, chilly patient leucorrhea milky white [9]

Generally, it is suited to women who feel weary and are indifferent to their family members. She feels taken for granted and was overworked, easily irritable [10]. Burning or shooting pain in the uterus.

The predominant Miasm of case is Psora- sycosis [11].

PRESCRIPTION

Sepia 30 C (one dose) One dose was prescribed on the first visit and a placebo was administered for 15 days.

After 15 days, placebo was administered, and while complaints improved slightly, menorrhagia persisted, so the potency was increased from 30 to 200.

The patient was advised to increase his vitamin C intake due to a history of Deep Vein Thrombosis.

The progression of patients was assessed using modified Naranjo's criteria (Monarch)[12]. [table2] The overall score was 9.

Figure 3: Repertorisation chart

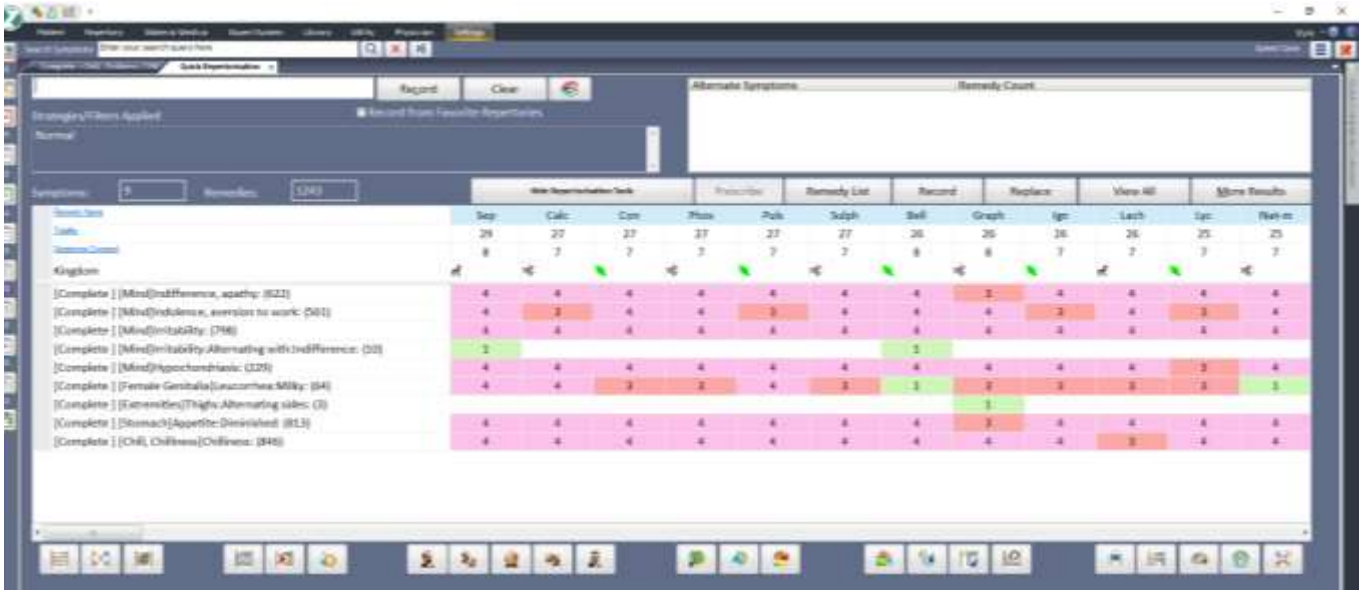


Table 1: Follow-up and Intervention

DATE	SYMPTOMS	LABORATORY FINDING	TREATMENT
30/10/2020	Aching pain in Pelvic region. During menses big clots with profuse bleeding, dysmenorrhoea.	USG report- on 28.10.2020 showed mildly bulky uterus which measured 8.9x4x5 CMS. Minimally coarse myometrial echotexture was noted with mild changes of adenomyosis	*Sepia* 30 C 4 PILLS- 1 dose & Placebo 4 Pills BD for 15days.
15/11/2020	Pain in abdomen and thigh decreases, leucorrhoea milky white + , All generals good	-	Placebo 4 pills BD x 15days
2/12/2020	Dysmenorrhoea decreases, leucorrhoea decrease, pain in thigh was still present menorrhagia still present	-	*Sepia* 200 .4 PILLS- 1 dose & Placebo 4 Pills BD for 1 Month
1/01/2021	Complaints are better	-	Patient continued on placebo. Placebo 4 Pills BD
2/3/2021	Complaints are better, Lumbago +.		Placebo 4 Pills BDx 45days
15/52021	Complaints are better		Placebo 4 Pills BD x 45days
20/7/2021	Complaints are better pain in thigh during menses.		Placebo 4 Pills BD x 45days
22/9/2021	Complaints are better , leucorrhoea +		Placebo 4 Pills BD x 45days
5/12/2021	Complaints are better , irritability +		Placebo 4 Pills BD x 45days
15/1/2022	Complaints were better , appetite increased		Placebo 4 Pills BD x 30days
14/2/2022	All complaints were better General was good	USG – within normal Limit	Placebo 4 pills BD x 30 days

Discussion

Adenomyosis occurs when the tissue lining the uterus (endometrial tissue) grows into the uterine muscular wall [13]. The tissue thickens, then breaks down and bleeds during each menstrual cycle, resulting in severe dysmenorrhea. The uterine wall is lined with endometrial tissue. The incidence ranges from 1.03% to 28.9% [14]. Hormonal therapy, anti-inflammatory drugs to relieve pain, and blood thinners are the standard treatments for this condition. Hysterectomy and uterine artery embolization are surgical procedures.

Homoeopathy is based on the basis of similia similibus curantur, and medicine selection is primarily based on the concept of individualization and the treatment is both quick and gentle.

After careful history taking and analysis, as well as evaluation, repertorization, and confirmation from Materia Medica, medicine *Sepia* was prescribed in this case of Adenomyosis. Modified Naranjo Criteria are used to assess patient improvement (Monarch) [table – 2] [12]. The patient's overall condition improved. Miasm was used to select the potency. Dr. Samuel Hahnemann's Organon of Medicine provides guidelines for potency selection and potency change.

Potency was changed as the patient improved shown in table -1. Adenomyosis of the uterus regressed over a 1.5-year period [figure1-2], with no recurrence in subsequent follow-up. *Sepia* 30C is used to treat the patient, followed by *Sepia* 200 C. Without any hormonal therapies or other medications, a significant improvement in clinical features and pathological condition of the patient was observed after two doses.

On 14.2.2022, the USG report revealed pathological improvement, with the uterus and both ovaries appearing normal in size and the patient overall improving [figure 2]. She was kept on SL for about a month with no other complaints.

This case demonstrates the beneficial effects of homeopathy in the treatment of uterine adenomyosis. Homeopathic medicine is effective in treating the patient's underlying pathology as well as managing signs and symptoms. Alternative remedies are frequently used by patients to treat endometriosis symptoms[15].

In Homeopathy very few cases reported which shows positive impact in reverse of pathology[6] and management of symptoms[7].

More scientific case studies and research in this area is needed ,because uterine adenomyosis is associated with variable and unpredictable remission.

CONCLUSION -

This case demonstrates the efficacy of homoeopathy in the treatment of uterine adenomyosis. Constitutional Homoeopathic Medicine is capable of removing underlying pathology. This case highlights the importance of treating each patient individually when selecting a medication. In such cases, full recovery is possible. Homoeopathic medicine *Sepia* was prescribed based on the totality of symptoms, and it not only reduced symptoms but also cured the underlying pathology.

The efficacy of homoeopathic treatment in cases of adenomyosis must be proven through a randomized controlled trial research.

INFORMED CONSENT

Written consent taken for investigation report and clinical information to be reported in the journal. And due efforts were made to conceal identity of patient.

SOURCE OF FUNDING: Nil

CONFLICT OF INTEREST: None

Table 2- Modified Naranjo Criteria for Homoeopathy (Monarch).

Items	**Yes**	**No**	**Not sure or N/A**
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+1	0	0
Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+2	0	0
Was there a homoeopathic aggravation of symptoms?	0	0	0
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)?	0	0	0

Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	0	0
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
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?	+1	0	0
Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	0	0	0
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Maximum Score = 13 Minimum Score = -6 Total= +9

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