

Individualised homoeopathic approach for simple endometrial hyperplasia presenting with post-menopausal bleeding – A case report

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Abstract

Introduction: Post-menopausal bleeding (PMB) is defined as bleeding per vagina occurring after 1 year of amenorrhoea in a menopausal woman who is not receiving hormonal therapy. **Case Summary:** This is a case report of a nulliparous woman aged 61 years, having PMB due to simple endometrial hyperplasia (EH) after 10 years of menopause. She was treated with individualised homoeopathic medicines. Trans-abdominal USG of lower abdomen showed complete resolution of hyperplastic endometrium from hyperplastic state (14 mm) to normal thickness (4 mm) after treatment for 11 months. Possible causal attribution of changes was assessed by Modified Naranjo Criteria (Score-10 out of 13). Follow-up over a period of 1 year of treatment, reflected no recurrence of symptoms, thus demonstrating a positive role of individualised homoeopathic treatment in simple EH having PMB.

Keywords: Case report, Homoeopathy, Postmenopausal bleeding, Simple endometrial hyperplasia

INTRODUCTION

Endometrial hyperplasia (EH) is a benign lesion with malignant potential. Commonest type is simple EH.^[1] Post-menopausal endometrial thickness is usually less than 5 mm. Studies reveal, 7% risk of endometrial malignancy if endometrial thickness becomes more than 5 mm, in cases with history of post-menopausal bleeding (PMB).^[1-6] PMB can be alarming due to presence of underlying health issues such as endometrial atrophy, EH, carcinoma cervix and cervical polyp causing disruption of healthy lifestyle in millions of women worldwide.^[3] The risk of malignancy increases with age. Nulliparous women have higher risk of endometrial malignancy than parous women.^[1-6] Most recent recommended guideline in conventional method of treatment for PMB with EH is either hormone therapies or surgical treatment depending on patient's age, health, fertility status and type of EH.^[5]

Studies have revealed satisfactory role of Homoeopathy in managing post-menopausal symptoms^[7-10] and also revealed that, there is an association between mood, anxiety disorders and depression with abnormal uterine bleeding^[11] but no studies relating to the effect of Homoeopathy in post-menopausal EH with long continued grief, indignation have been published.

In this case report, a 61-year-old nulliparous woman, who had menopause 10 years ago, reported with PMB due to simple EH. After she was treated with individualised homoeopathic medicine, she had no complaint of bleeding per vagina, over a year. USG of the lower abdomen showed complete resolution of hyperplastic endometrium, from hyperplastic state, that is, 14 mm to normal thickness, that is, 4 mm. This case, reported as per HOM CASE CARE Guidelines,^[12] unveils a scope of individualised homoeopathic treatment in such conditions.

PATIENT INFORMATION

Mrs. XY., aged 61 years, obese, BMI-36.5 kg/m², self-employed, belonging to low socio-economic class, visited an outpatient department of Calcutta Homoeopathic Medical College and Hospital, Govt. of West Bengal on April 01, 2019 complaining

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of continuous PMB, which appeared suddenly and continued for 3 months with backache. She was nulliparous and reported of menopause occurring 10 years ago. She did not have any family history of malignancy. Trans-abdominal USG of lower abdomen on February 21, 2019 revealed simple EH, thickness 14 mm [Figure 1]. Histopathological report of endometrial curettage (on February 25, 2019) followed by PAP smear study (on February 27, 2019) of cervical epithelium was negative for malignancy. She took allopathic treatment for 2 months without any improvement and was then advised hysterectomy. Unwilling for surgery, she eventually opted for homoeopathic treatment.

She was first married at the age of 22 years and was divorced within 1 year of marriage. She got married again with a man having a daughter from his previous marriage. Her second husband deprived her of pregnancy and motherhood citing that their second issue with her would result in negligence of his daughter. As the daughter grew up under her care, her step daughter, along with her husband, started torturing her mentally and physically. Disappointed and anguished with such issues, she ultimately filed for divorce after 25 years of married life. She developed all the complaints related to PMB soon after filing for divorce 6 months ago.

Homoeopathic generals

She was an anxious, gloomy, irritable, hot patient, having profuse thirst. She had white-coated, moist tongue, desired sweet, salty food and had an aversion for meat. She reported of normal bladder habits, soft but difficult stool, heaviness in lower abdomen, bruised feeling in lower back region and pain in both knees. Before menopause, she had regular monthly menstrual cycle, which was scanty in quantity, and lasted for 2–3 days.

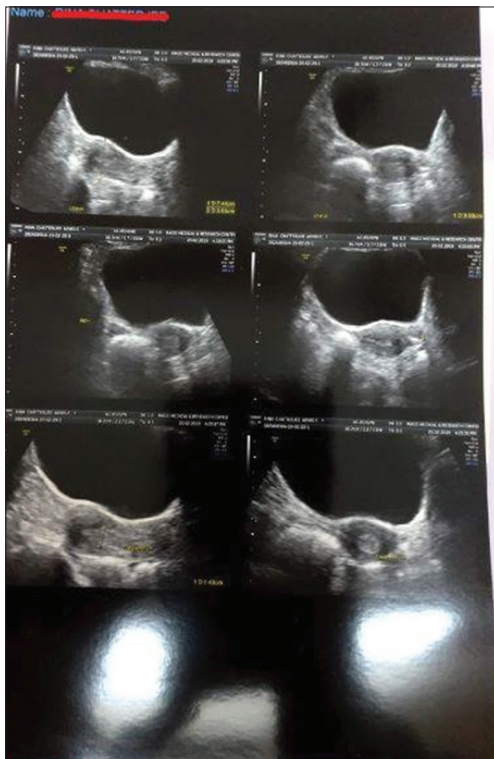


Figure 1: USG Dated 21st February 2019

After detailed case taking, analysis and evaluation of symptoms, following symptoms were considered for repertorisation [Figure 2]:

- Ailments after grief
- Ailments after disappointment of love
- Ailments after mortification
- Desires sweet
- Desires salty food
- Stool soft, difficult to pass
- Profuse thirst
- Hot patient
- Metrorrhagia from anger
- Metrorrhagia in aged woman
- Sore, bruised pain in lower back region (sacral region)
- Aching knee.

This case was repertorised by Hompath Classic M.D. Version 8 software using Complete Repertory.^[13]

TIMELINE, DIAGNOSTIC ASSESSMENT AND THERAPEUTIC INTERVENTION

Patient was diagnosed having simple EH, as per cytological study of endometrium which revealed atrophic smears, negative for any intraepithelial lesion or malignancy and USG of lower abdomen on February 21, 2019 suggested uterus was anteverted, myometrial echotexture was homogeneous and normal, no focal lesion was seen. Endometrial echoes is thickened measuring 14 mm in thickness, uterus measures (74 × 39 × 34) cm. After repertorisation *Natrum muriaticum* scored 10/34, *Phosphorus* 10/32, *Sepia* 10/32, *Sulphur* 10/32, *Lachesis* 11/31 and *Staphysagria* scored 10/31; but considering overall analysis and evaluation of symptoms of the case and consulting the Materia Medica, *Staphysagria* was selected. *Staphysagria* 0/1,10 doses were given on alternating days and the patient was followed-up monthly or earlier as per the need. Details of diagnostic assessment and management are given in Table 1.

FOLLOW-UP AND OUTCOME

On April 29, 2019, the patient stated that she had no vaginal bleeding after taking the medicine, while earlier she was having continuous bleeding for last 3 months. Backache decreased gradually after 4 months of treatment. Later, she complained of swelling of both feet and both knees, ineffectual urge for stool and hot flushes. She did fine with *Staph. up* till 15th July 2019, after which her condition seemed to have come to a standstill. Therefore, a fresh case taking was done on August 05, 2019. Following symptoms were considered for repertorisation^[13] for second prescription [Figure 3]:

- Ailments from grief
- Salty food, desire
- Constipation, ineffectual urging for stool
- Hot flushes
- Swelling of both foot
- Swelling of both knees.

Table 1: Details of follow-ups and prescription

Date	Symptoms	Prescription
April 1, 2019	Meno-metrorrhagia with backache. Transabdominal USG of lower abdomen on February 21, 2019 (baseline) showed: "uterus is anteverted, myometrial echotexture is homogeneous and normal, no focal lesion is seen, endometrial thickness 14 mm. Uterus measures (74×39×34) cm"	<i>Staph.</i> 0/1 10 doses, alternate day
April 29, 2019	Patient was still anxious about her problem, pain persisted in both knee but slight reduced, stool same as before Vaginal bleeding stopped, stool was satisfactory and her anxiety also reduced. Pain in back reduced in intensity but complained of heaviness in low back region. Pain in knee same as last visit	<i>Staph.</i> 0/3, 10 doses, alternate day
May 18, 2019	Heaviness of low back region and knee pain reduced. Patient was feeling better as her bleeding stopped, stool passed satisfactorily	<i>Staph.</i> 0/5, 8 doses, alternate day
June 03, 2019	No vaginal bleeding since end of April. Bruised pain and heaviness in hip reduced, but pain in knee persisting with reduced intensity	<i>Staph.</i> 0/7, 8 doses, alternate day
June 24, 2019	Again stool was difficult to pass Stool was difficult to pass. Pain in both knees persisting. Swelling of both feet and knee appeared. She experienced hot flushes	<i>Staph.</i> 0/9, 8 doses, alternate day
July 15, 2019	All symptoms same as before. Patient's condition came to a standstill. However, the medicine was not changed hoping that an increased potency of the same medicine will do the needful	<i>Staph.</i> 0/10, 6 doses, alternate day
August 05, 2019	Desire to take salty food and experienced hot flushes persisted. Further, ineffectual urging for stool, swelling of both knees and feet, were indicative of <i>causticum</i>	<i>Caut.</i> 0/1, 6 doses, alternate day
September 16, 2019	Bowel habit normal, both knees and feet were swollen. Follow-up USG on 20/8/2019 shows- anteverted uterus, post-menopausal atropic endometrium with endometrial thickness 8 mm	<i>Caut.</i> 0/2 6 doses, alternate day
October 14, 2019	Swelling in feet and both knees were reduced, normal bowel habit. Patient felt better	Placebo
November 18, 2019	General condition of patient was better	Placebo
January 06, 2020	General condition of patient was better. Subsequent USG on 31/12/2019 showed: "the uterus is anteverted, post-menopausal atropic endometrium with endometrial thickness 6 mm"	Placebo
February 14, 2020	Patient was better with no vaginal bleeding. Subsequent USG on 21/1/2020 showed: "uterus is normal in size measures (7.67*4.76*3.11) cm, anteverted, myometrial echogenicity is homogeneous. no focal S.O.L is seen, the uterine cavity is empty and the cervical region is clear. Endometrial thickness 4 mm suggests normal study"	Placebo
March 13, 2020	No recurrence vaginal bleeding for last 1 year. patient was advised to visit if there is any recurrence	Placebo



Figure 4: USG Dated January 21, 2020

Table 2: Assessment by modified Naranjo Criteria score

Item	Yes	No	Not sure
Was there an improvement in the main complaint for which homoeopathic medicine was prescribed?	+2		
Did clinical improvement occur within a plausible time frame relative to drug intake?	+1		
Was there an initial aggravation of symptom?		0	
Did the effect encompass more than main complaint, that is, were other symptoms ultimately improved or changed?	+1		
Did overall wellbeing improved?	+1		
Direction of cure: did some symptoms improve in the opposite order of development of disease?	+1		
Did at least two of following aspects apply to the order of improvement of symptoms			0
• From more important organ to less important organ			
• From deeper to more superficial aspect of individual			
• From above downwards			
Did old symptoms (defined as nonseasonal and non-cyclical that were previously thought to have resolve) reappear temporarily during course of improvement?		0	
Are there alternate causes (other than medicine) that with a high probability could have caused improvement? (considering known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

treatment. In this case *Staph.*, having a predominant action on pelvic organs was selected as simillimum on the basis of long continued grief, disappointment of love, humiliation, injustice, anger, as well as on reference from repertorisation and *Materia Medica*.^[14] Considering the patient's age, malignant potential of disease and to reduce the chances of homoeopathic aggravation, the drug was prescribed in the 50 millesimal potency, with a slight increase in the potency everytime.^[15-17] In subsequent follow-ups, due to the change of totality, with appearance of some altered symptoms, *Caust.* was prescribed. Follow-up of the case for about 1 year of treatment revealed recovery from PMB with resolution of endometrium within normal limit. No adverse effects were observed during the treatment. Although the study of single case does not constitute a strong opinion, the causal attribution could be established using the Modified Naranjo score (10 out of 13). This case, reported according to HOM-CASE CARE guidelines,^[12] revealed the effect of individualised homoeopathic treatment in reducing and controlling the post-menopausal bleeding with simple EH.

A study with larger population having simple EH with history of varied degrees of anxiety and depression can be taken up to validate the results of homoeopathy in PMB cases.

CONCLUSION

The case suggests a possible role of individualised homoeopathic treatment in the regression of simple EH of a nulliparous woman having PMB.

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Approche homéopathique individualisée pour l'hyperplasie endométriale simple se présentant avec des saignements post-ménopausiques – Un rapport de cas

Résumé Introduction: Les saignements post-ménopausiques sont définis comme des saignements vaginaux survenant après un an d'aménorrhée chez une femme ménopausée qui ne reçoit pas de traitement hormonal. **Résumé du cas:** Il s'agit d'un rapport de cas d'une femme nullipare âgée de 61 ans, présentant des saignements post-ménopausiques dus à une hyperplasie endométriale simple après 10 ans de ménopause. Elle a été traitée avec des médicaments homéopathiques individualisés. L'USG trans-abdominale du bas-ventre a montré une résolution complète de l'endomètre hyperplasique (14mm) à une épaisseur normale (4mm) après 11 mois de traitement. L'attribution causale possible des changements a été évaluée selon les critères modifiés de Naranjo (score de 10 sur 13). Le suivi sur une période d'un an de traitement n'a révélé aucune récurrence des symptômes, démontrant ainsi un rôle positif du traitement homéopathique individualiste dans l'hyperplasie endométriale simple avec saignement post-ménopausique.

Individualisierter homöopathischer Ansatz bei einfacher Endometriumhyperplasie mit postmenopausalen Blutungen – Ein Fallbericht

ABSTRAKT: Einführung: Postmenopausale Blutungen sind definiert als vaginale Blutungen, die nach einem Jahr Amenorrhoe bei einer Frau in den Wechseljahren auftreten, die keine Hormontherapie erhält. **Zusammenfassung des Falls:** Dies ist ein Fallbericht einer Nullipara-Frau im Alter von 61 Jahren, die nach 10 Jahren Menopause an postmenopausalen Blutungen aufgrund einer einfachen Endometriumhyperplasie litt. Sie wurde mit individualisierten homöopathischen Arzneimitteln behandelt. Das transabdominale USG des Unterbauches zeigte eine vollständige Auflösung des hyperplastischen Endometriums von einem hyperplastischen Zustand (14 mm) zu einer normalen Dicke (4 mm) nach 11 Monaten Behandlung. Die mögliche kausale Zuordnung der Veränderungen wurde anhand der modifizierten Naranjo-Kriterien (10 von 13 Punkten) bewertet. Die Nachbeobachtung über einen Zeitraum von einem Jahr nach der Behandlung ergab kein Wiederauftreten der Symptome, was eine positive Rolle der individualistischen homöopathischen Behandlung bei einfacher Endometriumhyperplasie mit postmenopausalen Blutungen belegt

रजोनिवृत्ति के बाद रक्तस्राव के साथ प्रस्तुत सरल एंडोमेट्रियल हाइपरप्लासिया के लिए व्यक्तिगत होम्योपैथिक दृष्टिकोण - एक मामले की रिपोर्ट

परिचय: रजोनिवृत्ति के बाद रक्तस्राव को रजोनिवृत्ति के बाद की महिला में एमेनोरिया के एक वर्ष के बाद होने वाले प्रति योनि रक्तस्राव के रूप में परिभाषित किया गया है जो हार्मोनल थेरेपी प्राप्त नहीं कर रही है। **केस सारांश:** यह 61 वर्ष की आयु की एक अशक्त महिला की एक मामले की रिपोर्ट है, जिसमें रजोनिवृत्ति के 10 साल बाद सरल एंडोमेट्रियल हाइपरप्लासिया के कारण रजोनिवृत्ति के बाद रक्तस्राव होता है। उसका इलाज व्यक्तिगत होम्योपैथिक दवाओं के साथ किया गया था। निचले पेट के टांस-पेट यूएसजी ने 11 महीनों के लिए उपचार के बाद हाइपरप्लास्टिक स्थिति (14 मिमी) से सामान्य मोटाई (4 मिमी) तक हाइपरप्लास्टिक एंडोमेट्रियम का पूरा सुधार दिखाया। परिवर्तनों के संभावित कारण एटिब्यूशन का आकलन संशोधित नारनजो मानदंड (स्कोर -10 में से 13) द्वारा किया गया था। उपचार के एक वर्ष की अवधि में अनुवर्ती लक्षणों की कोई पुनरावृत्ति नहीं दर्शाता है, इस प्रकार रजोनिवृत्ति के बाद रक्तस्राव वाले सरल एंडोमेट्रियल हाइपरप्लासिया में व्यक्तिवादी होम्योपैथिक उपचार की सकारात्मक भूमिका का प्रदर्शन करता है।

Enfoque homeopático individualizado para la hiperplasia endometrial simple presentando con sangrado posmenopáusico— un reporte de caso

Abstracto: Introducción: El sangrado posmenopáusico se define como sangrado por vagina que ocurre después de un año de amenorrea en una mujer menopáusica que no recibe terapia hormonal. **Resumen del caso:** Este es un caso de una mujer nulíparas de 61 años de edad, con sangrado posmenopáusico. Debido a la hiperplasia endometrial simple después de 10 años de menopausia. Fue tratada con medicamentos homeopáticos individualizados. La USG transabdominal de la parte inferior del abdomen mostró una resolución completa del endometrio hiperplásico desde el estado hiperplásico (14 mm) hasta el grosor normal (4 mm) después del tratamiento durante 11 meses. La posible atribución causal de los cambios se evaluó mediante los criterios modificados de Naranjo (puntuación 10 de 13). El seguimiento durante un período de un año de tratamiento no reflejó ninguna recurrencia de los síntomas, demostrando así un papel positivo del tratamiento homeopático individualista en la hiperplasia endometrial simple teniendo sangrado posmenopáusico.

单纯子宫内膜增生症伴绝经后出血的个体化顺势治疗方法 - 一个案例报告

摘要: 简介: 绝经后出血是指未接受荷尔蒙治疗的绝经妇女在闭经一年后发生的阴道出血。 . 案件摘要: 这是一个61岁的空腹妇女的病例报告, 她在绝经10年后因单纯子宫内膜增生而出现绝经后出血。 . 她接受了个性化的顺势疗法药物治疗。 下腹部的经腹USG显示, 在治疗11个月后, 增生的子宫内膜从增生状态(14毫米)完全恢复到正常厚度(4毫米)。 . 变化的可能因果关系是通过修改后的纳兰霍标准来评估的(得分-10, 共13分)。 . 治疗一年后的随访反映出症状没有复发, 从而证明了个体化同位素治疗对单纯子宫内膜增生症的绝经后出血有积极作用。