

# Uterine Fibroids and Nephrolithiasis (Kidney Stone) Treated by Individualised Homoeopathic Treatment in a 50-Year-Old woman: A Case Report

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**Abstract:** ***Rationale:** Uterine Fibroids and Nephrolithiasis are two very common diseases which can progress onto increasing in size and number, and ultimately requiring surgery for the removal. Adopting Homoeopathy can significantly contribute to reducing and tackling the global burden of both as it is an effective, holistic, non-invasive mode of treatment with no side effects. **Patient Concerns:** I present here a case of a 50-year-old multiparous woman having Leiomyoma (Uterine Fibroid (UF)) and Nephrolithiasis (Kidney stone). **Diagnosis:** USG abdomen confirmed the presence of multiple fibroids of sizes of around (19X25 mm) on the anterior wall of the uterus. It also confirmed the presence of a 4.4 mm stone in the right kidney (Nephrolithiasis) and bowel inflammation. Other clinical and symptomatic diagnoses were Profuse Leucorrhoea, Chronic Constipation (Rome III Diagnostic Criteria for Functional Constipation met; Type I stool on Bristol stool scale) and headache due to exposure of sun and Stage II Hypertension. **Interventions:** The patient was treated with individualised classical homoeopathy for 3 months. **Outcomes:** Uterine fibroids were dissolved in 1 month and there was a 45% reduction in the size of the stone (4.4 mm to 2.4 mm) of the right kidney in 3 months. Profuse leucorrhoea was cured; hypertension and constipated condition were improved. Headaches due to the sun exposure continued to be the same. But, overall, the health of the patient improved significantly. **Conclusion:** The efficacy of treatment was evident by USG reports and MONARCH score (Scored 10/13). Since this report is based on a single case of recovery, the results of more such cases are warranted to strengthen the outcome of the present study. Also, here the fibroids and stones were small in size, further studies can also include larger size uterine fibroids and nephrolithiasis. In addition, follow-up of the cases after subsequent years can help us deduce the possible recurrence.*

**Keywords:** Uterine Fibroids, Leiomyoma, Nephrolithiasis, Homoeopathy, Case Report

## 1. Introduction

Uterine Fibroids/ Leiomyomas (Leio- Smooth; Myo-Muscle; Mas- Tumours) are the most common benign tumours of Uterus<sup>21</sup>. The correct nomenclature of them is 'Myomata' or 'Fibromyomata' but for ease of understanding, I would be using the commonly used nomenclature ie. UF (Uterine Fibroid).

In a study conducted, it was found that more than 70% of women will have Uterine Fibroids by the time they reach the age of 50 years.<sup>2</sup> In fact, Uterine Fibroid is the leading cause of Hysterectomy<sup>1, 2</sup> also and hence the requirement for an alternative approach is the need of the hour. Talking about the incidence, these tumours will result in symptoms in 30% of the women having them and are most common in premenopausal women.

The symptoms of UF can generally be classified into three distinct categories: abnormal uterine bleeding, pelvic pressure and pain, and reproductive dysfunction.<sup>23</sup>

It is vital to know that symptoms depend on site rather than the number. Uterine Fibroids can be classified into 4 types broadly and 8 types according to FIGO classification ie.

- Intramural/ Interstitial (FIGO Classification 3, 4 and 5),
- Subserous (FIGO Classification 6,7),
- Submucous (FIGO Classification 0, 1, 2),
- Cervical (FIGO Classification 8)

The most common among the above are Intramural Fibroids (75%) and the least common but producing maximum symptoms are Subserosal Fibroids (5%). In addition, UFs can grow in size and number as well producing further complications.

The other disease that the patient complained of was Nephrolithiasis (kidney stones) which is also a very common disorder. Nephrolithiasis has a lifetime risk of about 10–15% in the developed world, but can be as high as 20–25% in other parts of the world.

Both these diseases may occur in conjunction and studies have shown that they can also be associated with other disorders like hypertension also.<sup>10, 22</sup> The case demonstrated here also presents with UF, Nephrolithiasis and Hypertension.

UFs and Nephrolithiasis even if treated surgically have high chances of recurring. The recurrence rate of Nephrolithiasis is 6.1-66.9%<sup>28</sup> and in a study conducted to investigate the recurrence of UFs after myomectomy, it was found that the recurrence rate was 63.4%- 76.2%.<sup>15</sup>

When opting for surgical or conservative medicinal modes (having high side effects), it is vital to know that this may not be the solution and can lead to other consequences in addition to recurrence. Homoeopathy on the other hand provides an effective non-invasive, holistic solution for the same. It is evident how such diseases occur in conjunction, pointing out how merely adopting surgical modes unilaterally will never provide a solution. With our increasing understanding of the interplay between genetics, epigenetics, an individual's lifestyle, and the environment in disease development, treatment should be geared towards individualised therapy where the constitution of an individual is targeted rather than merely seeing the fibroid/ stone as some unconnected mass.

The case presented here is of a premenopausal woman in a rural district of India. She presented with typical symptoms

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of uterine fibroids and other associated gastric symptoms and nephrolithiasis. The uterine fibroids in this case after Homoeopathic treatment were dissolved in less than 3 months and there was a remarkable improvement in gastrointestinal complaints and a significant reduction in the size of kidney stones as well.

## 2. Case Report

### Case Presentation

In June 2021, a 50-year-old healthy-looking rural woman visited me for Homoeopathic treatment of a suspected case of Uterine fibroid. She presented with Abnormal uterine bleeding (AUB) (since 1 year), profuse leucorrhoea (since 2 years), and pain in the calf and thighs during menstruation (aggravated since 1 year) and occasional sharp right flank pain radiating to the right lower quadrant (since 3 months). All her symptoms have been mainly aggravated over the past 2 months. She also presented with a history of constipation, bloating and anxiety over the past 15- 20 years.

### Past Medical History

She has complained of AUB for the past 1 year. Her menstruation is irregular ranging from 3-7 days with flow varying in quantity. She had been using 1-2, 21 or 28 cm menstrual pad on the first and second day, followed by 1-2, 21 cm pad on consecutive days. She did not have a history of irregular menstruation before the past 1 year. Her menstruation had always been accompanied by gradual pain in the calf and thighs on the first day (VAS- 2/10 to 5/10) since menarche but in the past 1 year, her pain has increased to VAS- 7/10 to 8/10. The pain was dull shooting in nature. Menstruation blood was bright red with clots.

In addition to it, the patient also complained of profuse leucorrhoea (watery, white and odourless). She had to change her undergarments twice or thrice a day sometimes. Leucorrhoea is often accompanied by dull pain in the lower abdomen (VAS- 2/10 to 4/ 10) and frontal headache (VAS- 1/10 to 4/ 10). No associated burning sensation, itching, pain and pungent odour were associated with leucorrhoea. The last Menstrual Period (LMP) was on 11th May, 21 (7 days duration).

She also complained of occasional severe right flank pain radiating to the right lower quadrant for the past 3 months. The pain was always insidious in onset and can be ranged from VAS- 5/10 to 10/10. Her pain sometimes lasts for 2-3 hours and she has to take Ibuprofen for the same (prescribed by a local chemist). She had never suffered from such pain in the past.

She has complained of anxiety and a diffuse headache (VAS- 1/10 to 7/ 10) mainly in the frontal part of the head for the past 20-25 years.

She also presented with a history of a myriad of gastric complaints like chronic constipation (Rome III Diagnostic Criteria for Functional Constipation met), bloating, heartburn and sour eructations for the past 15- 20 years. She has never been able to pass her stools smoothly and has been taking various laxatives primarily but not limited to 'Lactulose' by the brand name 'Looz' among many others

for the same. On Bristol Stool Scale, her stool is of Type I. There is no blood or mucus while defecation.

She had always suffered from hypertension ranging up to 160/ 100 for the past 10 years. She has been taking antihypertensive drugs for the past 10 years (prescribed by a local chemist) for the same.

### Obstetrics and Gynaecological History

The patient attained menarche at the age of 13 years. She has three children aged 37, 34 and 29 years (Obstetric metrics- G<sub>3</sub> P<sub>3</sub> A<sub>0</sub>) and all were delivered normally with no complications. All other details about current gynaecological problems are mentioned above.

### Family History

The patient's mother also had Grade II hypertension since she was around 45 years of age. No other significant history of any other family member was mentioned.

### Clinical Examination

Weight- 75 kg; Height- 167 cm; BMI- 26.9; B.P- 150/110 mmHg; Respiratory Rate- 20 breaths/ min

### Laboratory Investigations

Her USG abdomen reports yielded results as follows (those out of range are in bold):

*Liver*- Size is 149 mm.

*Gallbladder*- Partially distended with 3 mm thick walls and adequate bile in the lumen.

*Right Kidney*- Size and shape is normal. Corticomedullary demarcation is distinct. **A dense echogenic area (4.0 mm) is seen.** The Pelvic/lyceal system is normal.

*Uterus*- Measures 91 x 38 x 47 mm with **Sol (Fibroids) measuring approx. (19 x 25 mm) are seen at the anterior wall border of the uterus.** The endometrium is 08 mm thick. The endometrial cavity is clear.

*Others*- **Constipated gaseous bowel loops in the lower abdomen.**

**IMPRESSION- Uterine Fibroid, Rt. Micronephrolithiasis with bowel inflammation**

Both the ovaries are normal. No abnormalities were detected in Left Kidney, Liver, C.B.D, Pancreas and Spleen. No focal lesion/ stone detected in gallbladder and/ or bladder. Right, and left ureters are not dilated. No ascites seen. Lymph nodes not enlarged.

### Diagnosis

Intramural uterine fibroids of around (19X25 mm) on the anterior wall of the uterus; Right kidney nephrolithiasis (4.4 mm stone); Profuse Leucorrhoea; Chronic Constipation (Rome III Diagnostic Criteria for Functional Constipation met; Type I stool on Bristol stool scale); Bowel inflammation; and Stage II Hypertension.

### Homoeopathic Perspective and Intervention

Homoeopathic drugs are selected based on specific and well-defined criteria which are deduced based on the diagnosis of the disease as well as the physical and mental symptoms of the patient. This is required for individualization of the cases and accordingly selecting the particular homoeopathic drug.

**Mental Generals**

She is a hardworking homemaker who loves working and never sits idle for even a minute. But, mentally she had always been very restless and anxious. She is mostly worried about even the smallest thing in her life including being overweight. She stays in a joint family and often has trifles with her daughter-in-law. Having said that, she still cannot remain alone and needs people around her all the time. She is headstrong and this has been one of the key reasons for her constant fights with her daughter-in-law as she cannot get her to do what she wants.

**Physical Generals**

Her face is fat and pale. She is a chilly patient. She wears woollen clothes first among her family members. She does

- Mentally anxious
- Chilly constitution
- Right-sided affections
- Frequent urge to urinate
- Drawing pain in the right lumbar region extending to pubic area
- Menstrual blood- Bright red with clots

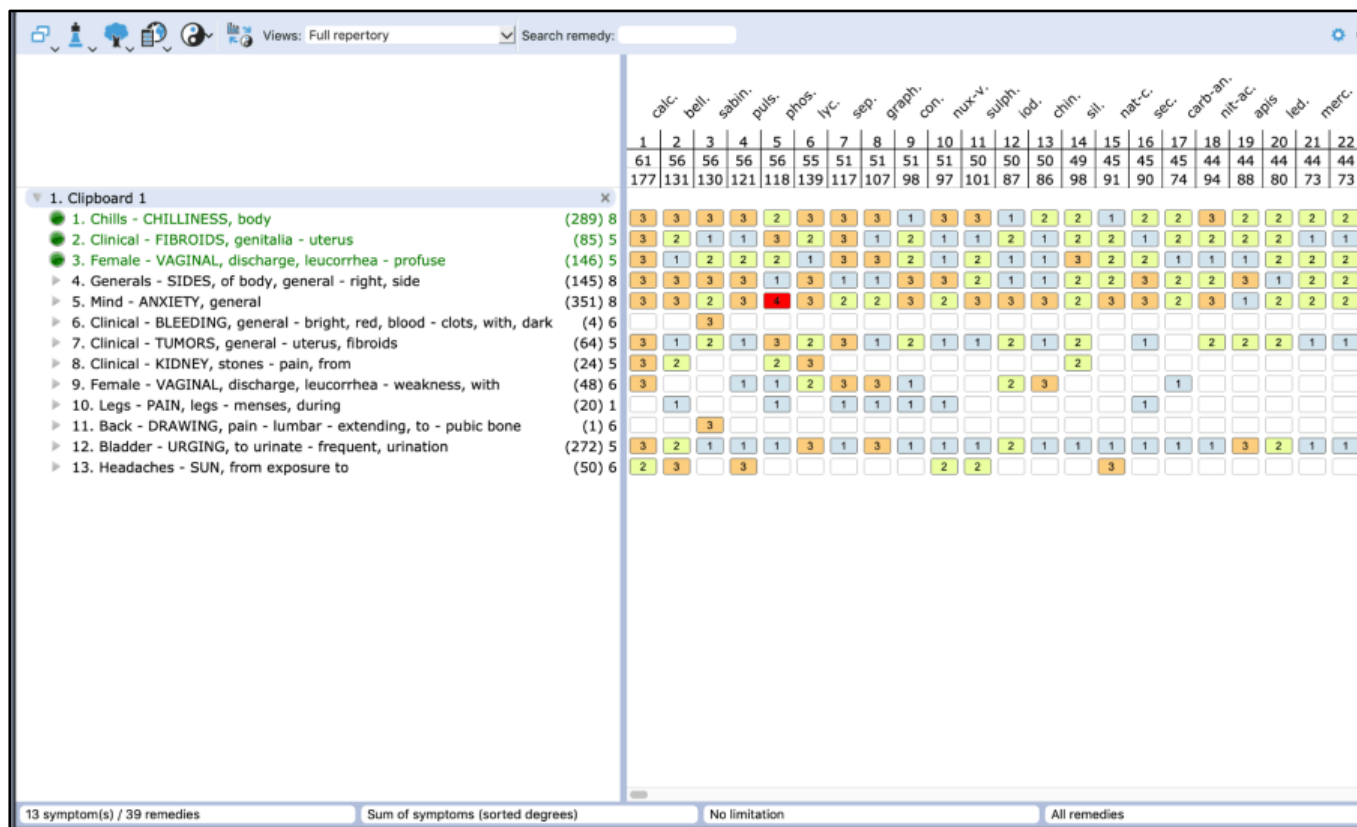
not feel thirsty and her appetite is normal. She loves having fish. No other particular desire or aversion. She complained of the frontal and occipital headaches that she gets due to sun exposure. She also suffers from pain during urination. She suffers from constipation Chronic Constipation (Rome III Diagnostic Criteria for Functional Constipation met; Type I stool on Bristol stool scale) as described above. No other significant physical generals were mentioned.

**Repertorization**

The case was repertorized using ‘The Homeopathic Clinical Repertory’ by Robin Murphy ND (3rd Ed) in RADAR Opus 2.2.16

The parameters selected for repertorisation were:

- Pain in legs and calves during menstruation
- Uterine Fibroids as a disorder
- Profuse leucorrhoea
- Kidney stones pain
- Sun headache



**Figure 1:** Repertorisation of the case using ‘The Homeopathic Clinical Repertory’ by Robin Murphy ND (3rd Ed) in RADAR Opus 2.2.16

**Rationale of Prescription**

Homoeopathic prescriptions are based on the totality of symptoms where the constitution of the patient, both physically and mentally is considered apart from the pathological condition. In this case, for example, the woman had a round flabby face, chilly constitution and anxiety which inclined the prescription towards Calcarea Carb.

In addition to this, the patient had stones in the kidney which are also marked in Calcarea Carb. The patient had a

particularly right-sided orientation in addition to having stones in the right kidney, which was also marked in Calcarea Carb and Sabina.

In addition to Calcarea Carb, she has been prescribed Sabina because of the overall physical and mental constitution.

Calcarea Carb and Sabina were two of the top indicated remedies during repertorisation ie. Calcarea, Belladonna, Sabina, Pulsatilla and Phosphorus.

**Initial Prescription**

Sabina 200 CH- 3 Doses (15 mins intervals)  
 Calcarea Carb 200 CH- 3 Doses (15 mins intervals)  
 S/L- T.D.S- 10 Days

The follow-up is presented in Table 1

**Outcome (After 3 months of follow-up)**

- The patient’s uterine fibroids were dissolved in 37 days (Refer- USG report- Figure 2 and 3)
- The stone in the right kidney (Nephrolithiasis) reduced from 4.4 mm to 2.4 mm (Refer- USG report- Figure 2,3 and 4)
- Leucorrhoea flow became completely normal during the course of the treatment. (Earlier she had to change her undergarments twice daily).
- Intensity of pain during menstruation in calves and thighs improved from VAS 8/10 to 1/ 10 during the entire treatment course.
- Menstrual cycles became regular and the flow consistent and manageable. (Refer Figure 9)

- Episodes of pain in the right lower are completely treated.
- Patient felt much better overall. She does not feel restless and anxious all the time. She has fewer fights with her daughter-in-law. Overall well-being improved mentally.
- Sun exposure continued to cause headaches in the same way (No improvement)
- Constipated condition is much better overall. USG showed gassy bowel loops but not constipation like it did in the first USG. (Refer- USG report- Figure 2,3 and 4) The patient was able to pass stools almost daily. Stools category varied from Bristol Type I- III.
- Hypertension was controlled but still varied from time to time overall. Came down from 180/100 mm/ Hg to 150/90 mm/ Hg

**Adverse Effects**

The patient did not experience any adverse effects during the course of her treatment and follow-up.

**Table 1:** Follow-up of the case

Sequence of visit and Date	Symptoms	Concomitant Conventional Therapy	Homoeopathic Prescription	Rationale Prescription
DAY 3 23rd June, 21	<b>USG Report came</b> -Size of Liver- 149 mm -Right Kidney Echogenic Area (Stone)- <b>4.4 mm</b> -Size of Uterus- <b>91x38x46 mm</b> -Uterine Fibroids- Multiple of around <b>19x25mm</b> -Constipated gaseous bowel loops in lower abdomen			
DAY 10 30th June, 21	- LMP (Last Menstrual Period)- 20th June, 21 - <b>Pain in calves and thighs</b> during menstruation improved: VAS 4/10 from 8/10 - Menstrual blood had negligible clots. ( <b>Totally improved</b> ) - Leucorrhoea- <b>50% better</b> but still profuse (Had to change undergarment once a day) - Episodes of pain in the right lower back are reduced. Intensity reduced from VAS 8/10 to 5/10. - Sun exposure continued to cause headaches in the <b>same pattern</b> (VAS- 6/10 from VAS 7/10) - Constipated condition remained the same. The Stools category remained Bristol Type I.	- Advised to increase water intake - Advised to have fibre-rich diet and walk regularly	Sabina 200 CH- 3 Doses (15 mins intervals)  Calcarea Carb 200 CH- 3 Doses (15 mins intervals)  Rauwolfia Serpentina 30 CH- T.D.S- 15 Days  S/L- T.D.S- 15 Days	As hypertension persisted so a specific Homoeopathic drug ie. Rauwolfia 30 for the same was given.
DAY 24 14th July, 21	- Leucorrhoea- <b>Improved</b> but still profuse (No change of undergarment required throughout the day) - Episodes of pain in the right lower back almost <b>remained the same</b> . Intensity reduced from VAS 5/10 to 4/10. - Patient had a <b>high fever (103 F) and high B.P (180/120 mm Hg)</b> - <b>Anxiety and restlessness increased</b> in the patient. Aggravation due to fever and high B.P - Constipated condition better. The patient was able to pass stools daily. The Stools category improved to <b>Bristol Type II</b> .	- As she had a high fever so she took Paracetamol for the same. - Advised food like soup and khichdi (India rice-based dish)	Fraxinus Americana Mother Tincture Q- T.D.S- 15 Days  Rauwolfia Serpentina 30 CH- T.D.S- 15 Days	Fraxinus Americana Mother Tincture is a general homoeopathic remedy for uterine complaints. Following the individualised constitutional remedy, this tincture was given for uterine complaints specifically.  Rauwolfia was given for hypertension.

DAY 37 27th July, 21	<p><b>USG Report came</b>                      -Size of Liver- 120 mm                      -Right Kidney Echogenic Area (Stone)- <b>2.9 mm</b>                      -Size of Uterus- 82x30x42 mm                      -<b>Uterine Fibroids- None</b>                      -No gastric affection visible</p>			
DAY 39 29th July, 21	<p>- She had a <b>high fever- 103 F</b>                      - LMP (Last Menstrual Period)- 22nd July, 21                      - Pain better in calves and thighs during menstruation: VAS 5/10 from 3/10                      - Leucorrhoea- Improved- Quantity- Moderate (No change of undergarment required throughout the day)                      - Episodes of pain in the right lower back remained same (Average VAS score 4/10)                      - <b>USG done on 27th July, 21 showed no fibroids in the uterus- 100% dissolution and reduced kidney stone (Nephrolithiasis)- 34% reduction in the size</b>                      - Constipated condition again deteriorated. The patient passed stool once in 1-3 days. Stools category moved back to <b>Bristol Type I.</b></p>	<p>- As she had a high fever so she took Paracetamol.                      - Advised food like soup and khichdi (India rice-based dish)</p>	<p>Baptisia Tinctoria Q- T.D.S- 7 Days or till the fever persists                       Rauwolfia Serpentina 30 CH- T.D.S- 15 Days                       S/L- T.D.S- 15 Days</p>	<p>Baptisia Tincture was given for high fever. Rauwolfia was given for hypertension. And, as there was a complete dissolution of fibroids so Fraxinus Americana mother tincture was stopped. Overall condition of the patient was improving so the course was not disturbed and hence no other medicine was given.</p>
DAY 56 15th Aug	<p>- Leucorrhoea- Improved- Quantity- Normal (No change of undergarment required throughout the day)                      - Sun exposure continued to cause <b>headache in the same way (No improvement)</b>                      - Episodes of pain in the right lower back almost remained the same. Average intensity reduced from VAS 4/10 to 3/10.                      - Constipated condition better. The patient was able to pass stools almost daily. Stools category improved to Bristol Type II.</p>	<p>- Advised to increase water intake                      - Advised to have a fibre-rich diet and walk regularly                      - Advised to remain hydrated while going out in sun and avoid the sun between 10 AM- 4 PM</p>	<p>Rauwolfia Serpentina 30 CH- T.D.S- 15 Days                       S/L- T.D.S- 15 Days</p>	<p>Rauwolfia was given for hypertension. Overall condition of the patient was improving so the course was not disturbed and hence no other medicine was given.</p>
DAY 71 30th Aug, 21	<p>- LMP (Last Menstrual Period)- 21st Aug, 21                      - Pain in calves and thighs during menstruation remained almost same in the intensity: VAS 4/10 from 3/10                      - Sun exposure continued to cause headache in the same way (No improvement)                      - Episodes of <b>pain in the right lower back almost nil.</b> Average intensity reduced from VAS 3/10 to 1/10.                      - Constipated condition almost normal. The patient was able to pass stools daily. Stools category improved to Bristol Type III. The patient <b>did not use any laxative medicines</b> also for the same.</p>	<p>- Advised to increase water intake                      - Advised to have fibre-rich diet and walk regularly</p>	<p>Rauwolfia Serpentina 30 CH- T.D.S- 15 Days                       S/L- T.D.S- 15 Days</p>	<p>Rauwolfia was given for hypertension. Overall condition of the patient was improving so the course was not disturbed and hence no other medicine was given.</p>
DAY 86 14th Sep, 21	<p><b>USG Report came</b>                      -Size of Liver- 127 mm                      -Right Kidney Echogenic Area (Stone)- <b>2.4 mm</b>                      -Size of Uterus- 84x30x42 mm                      -Uterine Fibroids- None                      -Gassy bowel loops visible</p>			

<p>DAY 87 15th Sep, 21</p>	<ul style="list-style-type: none"> <li>- <b>Intensity of pain during menstruation in calves and thighs improved from VAS 8/10 to 1/ 10</b> during the entire treatment course.</li> <li>- <b>Patient felt much better overall.</b> She did not feel restless all the time. She had fewer fights with her daughter-in-law. Overall her well-being improved mentally.</li> <li>- <b>Sun exposure</b> continued to cause headaches in the same way (<b>No improvement</b>)</li> <li>- <b>Leucorrhoea flow became completely normal</b> during the course of the treatment.</li> <li>- Menstrual cycles became regular and the flow was consistent and manageable.</li> <li>- <b>Uterine fibroids were totally dissolved</b> by the end of the treatment.</li> <li>- <b>Kidney stones/ Nephrolithiasis reduced</b> from 4.4 mm to 2.4 mm</li> <li>- Episodes of pain in the right lower are completely treated.</li> <li>- <b>Constipated condition much better</b> overall. USG showed gassy bowel loops but not constipation like it did in the first USG. The patient was able to pass stools almost daily. Stools category <b>varied from Bristol Type I- III.</b></li> <li>- <b>Hypertension was controlled</b> but still varied from time to time overall. Came down from 180/100 mm/ Hg to 150/90 mm/ Hg</li> </ul>	<ul style="list-style-type: none"> <li>- Advised to follow fibre-rich diet and report if the pain of any particular type appears any time in future.</li> <li>- Limit exposure to direct sun.</li> </ul>	<p>S/L- T.D.S- 15 Days</p>	<p>Overall the complete condition of the patient improved, hence the patient was given S/L</p>
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### 3. Discussion

Uterine leiomyomas (fibroids or myomas), benign tumours of the human uterus, are the single most common indication for hysterectomy.<sup>23</sup> Surgery has been the mainstay of fibroid treatment, and various minimally invasive procedures have been developed in addition to hysterectomy and abdominal myomectomy. The formation of new leiomyomas after these conservative therapies remains a substantial problem. Although medications that manipulate concentrations of steroid hormones are effective, side effects limit long-term use.<sup>23</sup> A similar concept is true in the case of nephrolithiasis (kidney stones) as well. Hence, it is imperative for practitioners to understand the concept that nephrolithiasis or uterine fibroids are merely a manifestation of an underlying defect rather than a diagnosis per se. And, hence Homoeopathic medicines which are prescribed on the dynamic level can prove to be highly effective as they are prescribed keeping on the basis of the constitution of an individual rather than just the external manifestation of the underlying cause.

In the majority of cases of Uterine fibroids, it is seen that the cases occur in conjunction with other disorders like hypertension, gastrointestinal issues, metabolic disorders etc. The case above also had micro nephrolithiasis (kidney stone), hypertension for 20 years, chronic constipation, profuse leucorrhoea, headache when exposed to sun, anxiety & stress and. Hence, a unilateral approach of just removing the fibroid will never work. So, with our increasing understanding of the interplay between genetics, epigenetics, an individual's lifestyle, and the environment in disease development, uterine fibroid management should be geared towards individualised preventive and treatment options. Any physician is a physician first and a specialist like an allopathic or a Homoeopathic doctor later. Knowing in what stage a Uterine Fibroid along with other associated

symptoms should be treated Homoeopathically and when it is an emergency surgical case is extremely important. Uterine fibroids above 9 cm are usually considered surgical cases. But, even then there is a recurrence of fibroids occurs within 5 years in up to 60% of cases after myomectomy.<sup>1</sup>

The patient herein was prescribed on the basis of repertorial indication and specifically pathologically indicated remedies as well. Based on the repertorial analysis, the 5 key indicated medicines were Calcarea, Belladonna, Sabina, Pulsatilla and Phosphorus. For the initial prescription of the case, the medicines selected were Calcarea and Sabina because they met the overall constitution of the case.

In the village where I am treating these cases, it is not feasible for every patient to get a surgical solution. The MRI or Ultrasound here is also a challenge for many patients. Hence, it is very important to correctly identify the cases which can be dealt with with Homoeopathic medicines. In the case above when the patient suffered from symptoms associated with uterine fibroids and she is nearing her menopause and has completed her family, hysterectomy or myomectomy could have been advised. Similarly, in the case of nephrolithiasis (kidney stone) surgery is the method adopted in such cases.

Here we saw how in less than 3 months of following Homoeopathic treatment, she saw relief in all her associated complaints also, not just the complaint of fibroids and nephrolithiasis. Hence, it is the need of the hour for the entire medical fraternity to come forward and have an integrated approach to managing Uterine Fibroids/ Leiomyomas and nephrolithiasis, which will ultimately reduce the health, economic, social, and psychological burden of these benign tumours and kidney stones/ nephrolithiasis.

Having said that, the limitation with any Homoeopathic treatment would be the inability to demonstrate any pharmacological effect or finding the material dose in the blood because homoeopathy does not act on the matter but on the energy fields of the organism/ dynamic plane, a perspective not yet demonstrated in a laboratory. We can only deduce the result through clinical results hence, Homoeopathy comes under 'Evidence-based medicine'. Advanced and deeper research is required to strengthen the same.

Also, it is to be noted that in this case, there is also no possibility of auto resolution as the patient was continuously suffering from menstrual complaints, leucorrhoea and gastric complaints. Even the laboratory results showed. Leucorrhoea, uterine fibroids and nephrolithiasis are disorders that cannot be resolved merely on Placebo therapy. Hence, it is evident that Homoeopathic treatment helped treat the case which is also reflected in Table 2 ie. (MONARCH) for Assessing Clinical Outcome to Homoeopathic Intervention.



Figure 2



Figure 3

Figure 4

Figure 2, 3, 4: USG Reports of the patient during the course of the treatment



Figure 9: Comparison of sanitary pads used, pain (VAS Scale), menstrual cycle duration and interval, and character of menstrual blood during the course of the treatment

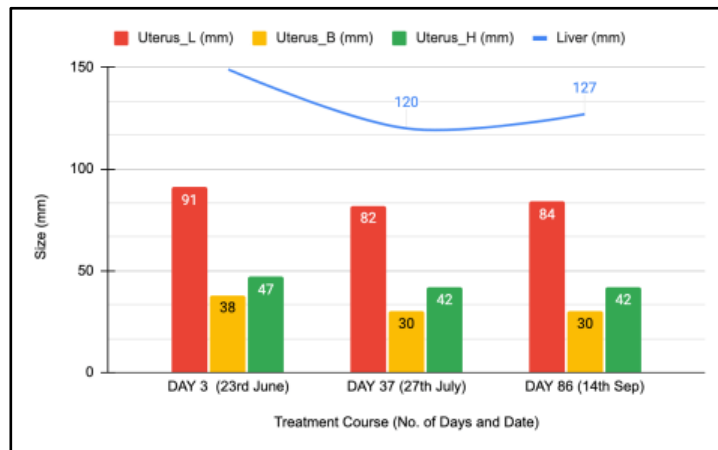


Figure 6: Comparison of the size of Uterus and Liver size during the course of the treatment

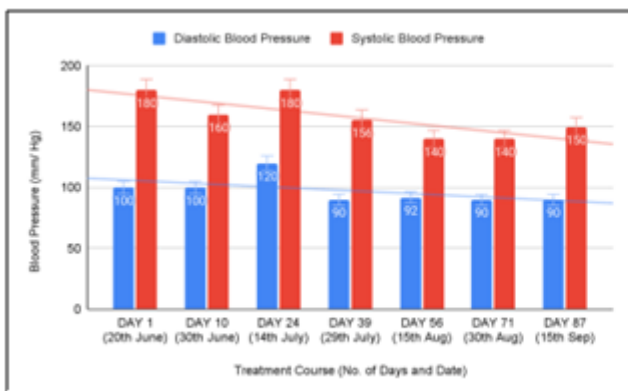


Figure 7

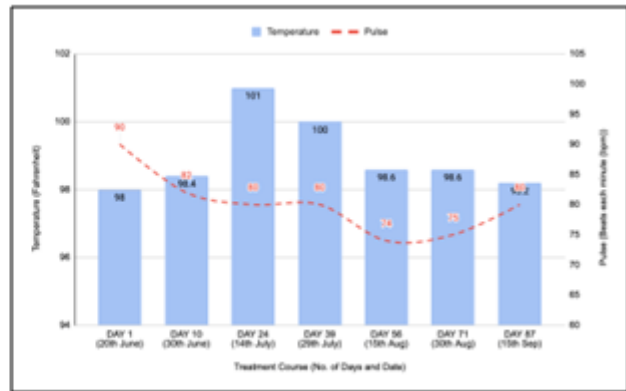


Figure 8

Figure 7 and 8: Comparison of the Blood pressure, temperature and pulse during the course of the treatment.



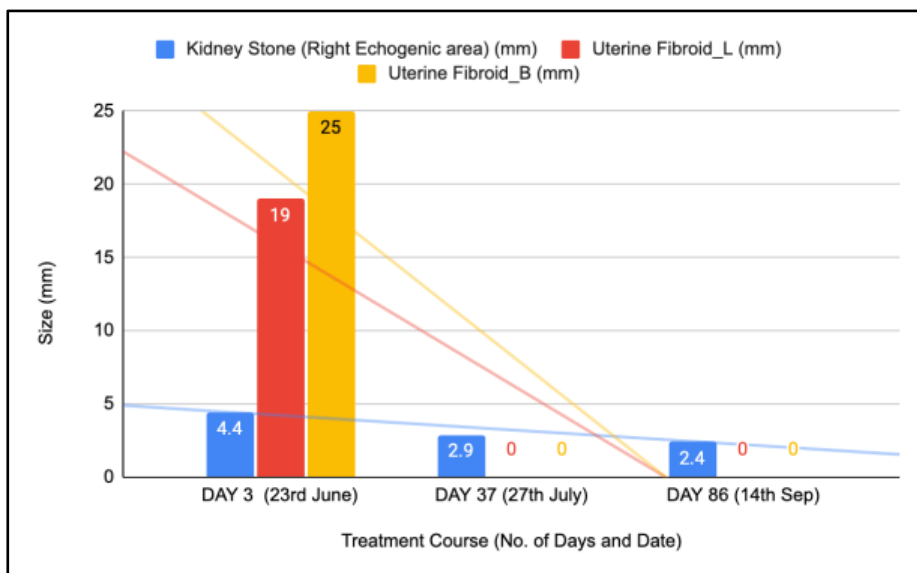


Figure 5: Comparison of the size of Uterine fibroids and kidney stones during the course of the treatment

Table 2: Modified Naranjo Criteria for Homoeopathy (MONARCH) for Assessing Causal Attribution of Clinical Outcome to Homoeopathic Intervention [Note: The causality score is high for the treatment, in this case, implying that the effects were indeed attributable to the homoeopathic treatment. (Maximum score = 13, minimum score = -6).]

S. No.	Criteria	Y	N	Not Sure/NA	Case
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	2	-1	0	2
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	1	-2	0	1
3	Was there an initial aggravation of symptoms?	1	0	0	0
4	Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	1	0	0	1
5	Did the overall well-being improve?	1	0	0	1
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	1	0	0	1
6B	Direction of cure: Did at least two 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, and from the top downwards	1	0	0	0
7	Did "old symptoms" (defined as nonseasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of the improvement?	1	0	0	0
8	Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (consider the known course of the disease, other forms of treatment, and other clinically relevant interventions)	-3	1	0	1
9	Was the health improvement confirmed by any objective evidence? (in this case Ultrasound Report)	2	0	0	2
10	Did repeat dosing, if conducted, create similar clinical improvement?	1	0	0	1
					<b>10</b>

#### 4. Conclusion

Multiple uterine fibroids of sizes of around (19X25 mm) and nephrolithiasis (4.4 mm) along with various other disorders like profuse leucorrhoea, chronic constipation (Rome III Diagnostic Criteria for Functional Constipation met; Type I stool on Bristol stool scale) and Stage II Hypertension were successfully improved in a case of a 50-year-old woman by individualised Homoeopathic treatment. The improvement was measured using MONARCH parameters which included various parameters including but not limited to USG reports and clinical parameters. The deep improvement in this case in just 3 months calls for better investigation and collaborative effort of the entire medical fraternity into the role of Homoeopathy in cases of Uterine fibroids and Nephrolithiasis.

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Nil

#### Conflicts of Interest

The author declares that the case treatment and study were conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

#### About Author

Dr Prakash Vishwakarma is a renowned Homoeopathic doctor who is famous for his ability to prevent surgery in cases like Leiomyomas (Uterine Fibroids), Nephrolithiasis (Kidney Stones) among several other disorders. He completed his B.H.M.S from Bakson Homoeopathic Medical College and Hospital, Greater Noida, India in 2016. Dr Prakash chose to serve patients in a rural district by leaving his well-established practice in a metropolitan city.

Since then he has served 10,000+ patients in the rural district of India, Deoria, Uttar Pradesh.

## 5. Statement of Ethics

Not applicable as the case report is from voluntarily sought treatment. The patient was explained about the publication, and she has provided written consent for publication.

## 6. Declaration of Patient Consent

The author certifies that he has obtained the appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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## Data Statement

The de-identified data from this study may be obtained by writing to the corresponding author.

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