

RESOLUTION OF ENDOMETRIAL POLYP THROUGH INDIVIDUALIZED HOMEOPATHIC TREATMENT: A DOCUMENTED CASE REPORT.

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Abstract: An Endometrial polyp is a growth or mass that forms within the lining of the uterus (endometrium). These polyps are generally non - cancerous and differ in size, often arise as small, finger - like projections or larger, circular or round in shapes. They are develop due to hormonal changes, inflammation, or an abnormal response to oestrogen.¹ While endometrial polyps can be found all age groups, their highest frequency tends to occur between the ages of 45 to 55. In this article , the case of 40 years old women with suffering from profuse bleeding during menses and spotting in between menstrual period since 3 months with investigation report ,After months taking of individualised Homoeopathic prescription , the patient complete improvement in 5months in the symptoms of bleeding and subsequent e revealed a normal uterus devoid of endometrial polyps, along with a healthy endometrial lining.

Keywords: Endometrial polyp,case report , Homoeopathic management

Introduction :Endometrial polyps are noncancerous (benign) growths found in uterus. Generally they are asymptomatic and remain undetectable for decades. In women without symptoms, they are often found coincidentally when pelvic ultrasound is performed for unrelated problems. However, in women with abnormal uterine bleeding, investigation of the bleeding may lead to their detection.The symptoms most often related to uterine over growth include abnormal bleeding, postcoital stained (bleeding after intercourse), recurrent vaginal discharge, painful menses (dysmenorrhea), or infertility. Generally, the abnormal bleeding associated with over growth is characterized by: intermenstrual (bleeding during menstrual phase) or premenstrual spotting, or heavier menstrual bleeding , or increased clotting at the time of menses. Also, one fourth of women with polyps in the tube leading from the vagina to the uterus (endocervical polyps) will have an endometrial mass.².

Epidemiology : endometrial polyps found in all age groups, with a peak prevalence between the age of 40 to 49. The prevalence of endometrial polyps in reproductive-aged women with abnormal uterine bleeding is estimated between 20 to 40 percent.[10] abnormal mass in endometrium are found in approximately 10 percent of women at the time of autopsy. Premenopausal ladies are less likely to have malignant endometrial polyps compared to postmenopausal ladies.³

Etiology : Endometrial polyps are localized overgrowths of the endometrial glands and stroma that protrude out of the endometrium. The definite cause of endometrial polyps or mass is unknown. However, endometrial polyps are associated with endometrial hyperplasia; therefore, unopposed estrogen is considered to be a risky factor.Other mechanisms that have been associated with the development of polyps

include increased endometrial aromatase activity, TGF-beta, VEGF, BCL-2, and genetic factors. Endometrial abnormalities, including the development of polyps, are associated with chronic tamoxifen therapy and occur in 20% to 35% of ladies.

Most of endometrial over growth are benign; however, malignant change can occur in 0 to 13%. Malignancy in an endometrial polyp depend upon a patient's age and menopausal status. The prevalence of malignant endometrial polyps in symptomatic postmenopausal females is 4.47% compared with 1.51% in an asymptomatic postmenopausal female. Associated risk factors for malignant endometrial polyps include age greater than 60, large-sized polyps, menopause status, symptomatic bleeding, and polycystic ovarian syndrome.³

Histopatholgy:Polyps are endometrial epithelial proliferations comprised of vascular, glandular, fibromuscular, and connective tissues. Endometrial polyps are primarily covered by epithelial tissue superficially and contain a largely vascular core. Polyps may be classified as sessile, pedunculated, or prolapsing. A prolapsed polyp may contain areas of squamous metaplasia, infection, or ulceration. Most of the polyps will be composed of the endometrium that differs from the surrounding endometrium and does not respond to cyclic hormonal changes. Other histological findings include carcinomatous, atrophic, or hyperplastic.

Sign & symptoms : Patients with endometrial polyps may be asymptomatic, or the most common symptom is abnormal uterine bleeding.[1] Other associated symptoms include abdominal pain, pelvic pain, or infertility. One in four reproductive-aged women with abnormal bleeding will have endometrial polyps within the uterus . For any individual with abnormal uterine bleeding, it is important to find out the underlying cause, severity, any additional symptoms, and comorbidities. Obtaining a comprehensive medical and surgical history is crucial to exclude other etiological factors of abnormal uterine bleeding. Although there is not a diagnostic bleeding pattern for endometrial polyps, a detailed history of the patient's bleeding pattern should be obtained. The most commonly reported patterns include menorrhagia and intermenstrual bleeding. .

.CASE REPORT:

OPD NO: 1125/26

Name of the patient :Mrs X Y Z

AGE: SEX: 40/F

Occupation: HR in IT sector

Education:MBA

Religion:hindu

Date:01/06/2024

Chief complaints:

Patient aged 40 year old female came with complaints of profuse bleeding during menses and spotting in between menstrual period since 3 months.

History of chief complaint:

Patient said that she had used multiload for preventing conception 4 months back since then her periods had been irregular and profuse, and since 3 months she is having inter menstrual bleeding on slightest exertions and jerks while driving on road, if lifting any weight, or sometimes after sexual relationship. Bleeding is without any pain and appears bright red. She consulted gynecologist for the same complaint in May 2024 and ultrasound was done. In ultrasound she was detected with endometrial growth and a cystic foci which on further investigation revealed secretory endometrial polyp. Her ultrasound indicated of PCOD, fatty liver as well, of which she was already aware of since few years but for that she is not taking any symptomatic treatment and trying to manage through diet and exercise. With this new disease symptoms patient had become very sad and feeling dull, worried

Past history:

1) Recurrent urinary tract infection 2 years back for 1 – 2 years better with allopathic antibiotics course regularly.

2) recurrent cold and cough , allergic to dust

Family history:

Father : type 2 diabetes mellitus

DNC was done for endometrial hyperplasia and overbleeding 2 months back.

Physical generals:

Appetite : good

Thirst: thirsty

Craving: Coffee and sweets

Aversion: junk food

Perspiration: Perspiration on head

Perspiration back

Thermals: likes to cover while sleeping

Likes summer season

Likes to bath in warm water until and unless its very hot

Chilly patient

Sleep : disturbed since 4 months , otherwise Sound sleeps for 6 hrs in night, day time/0, refreshing sleep

Dreams: regular activities

Stool : regular no difficulties

Urine: 5-6 /day no difficulties

Menstrual history: LMP 15/05/2024

Irregular menses on and off , 3 pads per days, mild clots.

Leucorrhoeawhitish before menses and 5 days after menses

Obstetrical history:

G2L2P2A0D0

Full term non vaginal delivery -2 children

PATIENT AS A PERSON:

Patient belongs to a middle class family, she was very studious since childhood, Intelligent and ambitious, She was a shy child and took sometime to make friends, her parents were very strict, controlling especially her mother, she used to feel that her brother was more loved by her parents than her. She used to feel very angry and hurt when she was not getting freedom and brother was getting. She used to keep her hurt and anger within herself as she does not want to hurt her mother. She does not like to disobey her mother in childhood.

Post marriage:

She is having good marital life, however since 6 months her husband and she is having fights as work load at house and work is more and husband is not helping her. she did not express her anger and quietly do the work howmuch ever she can do however she feels in mind that nobody is helping. She doesnot expresses as she is bothered that husband will not like if she fights or shouts so most of the time she keeps it to herself. Sometimes when she cannot control she bursts into shouting her children and sometimes husband.

Since few months she is also worried about her son, as he is not studying properly and not listening to her. So she feels worried about his future and constantly thinks about it.

By nature she is friendly, likes to go outside with family, good relations with collegues, she likes to finish her work on time and as per patience her employoeearpreciates her for her dedication. She is having a little strained relationship with mother as she feels she doesnot understand her. With her brother her relationship is good.

Examination :

Pallor absent

jaundice:nil

Odema:nil

Systemic examination

Respiratory system: No abnormality detected, normal vesicular breath sounds all over the lung field.

Cardio vascular system : normal s₁ s₂ heard

Investigations ultrasonography revealed.

Diagnosis :Endometrial polyp, PCOD, grade 1 fatty liver

Miasmatic Analysis:

Psora	Sycosis	Syphilis
Shy ² Intelligent ³ Studious ² Hardworking and dedicated Sensitive ³ to opinion of others Neglected ³ feeling in childhood Inter menstrual Bleeding on slightest exertion ³ , riding a bike, Feeling dull ² and worried due to complaints Bleeding bright red	Anger suppressed ³ worried about children leucorrhoea after menses ² Patient had recurrent urinary tract infection PCOD Grade1 fatty liver Father : Type 2 Diabetes Mellitus	Bleeding on slightest exertion ³ , riding a bike, after sexual intercourse.

Predominatmiasm:sycotic

Fundamental miasm:**Sycosis**

Analysis and Evaluation of Symptoms:

Mental generals	Physical generals	Characteristic particulars
Shy Intelligent Studious Hardworking and dedicated Sensitive to opinion of others Forsaken feeling in childhood Anger suppressed worried about children feeling dull worried about disease	Craving coffee and sweets Thermally chilly Thirsty	Intermenstural bleeding from slightest exertion spotting ,bright red blood Profuse menseswith Small clots Menses irregular since puberty due to PCOD

Followup :15/07/2024

Mentally feeling calm and relaxed, started distributing work in family

Complaints are better

LMP: 1 July 2024

Regular no difficulty

Intermenstrual bleeding stopped

Rx:

SI 4 pills tds x 2 months

Rx 20 /09/2024

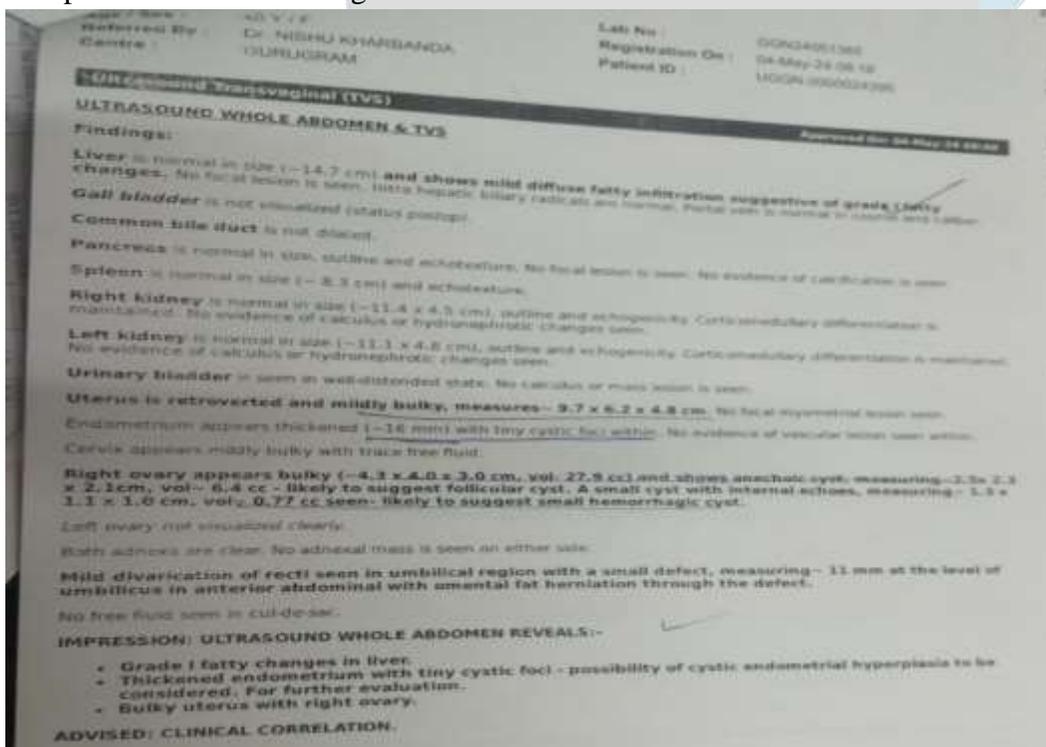
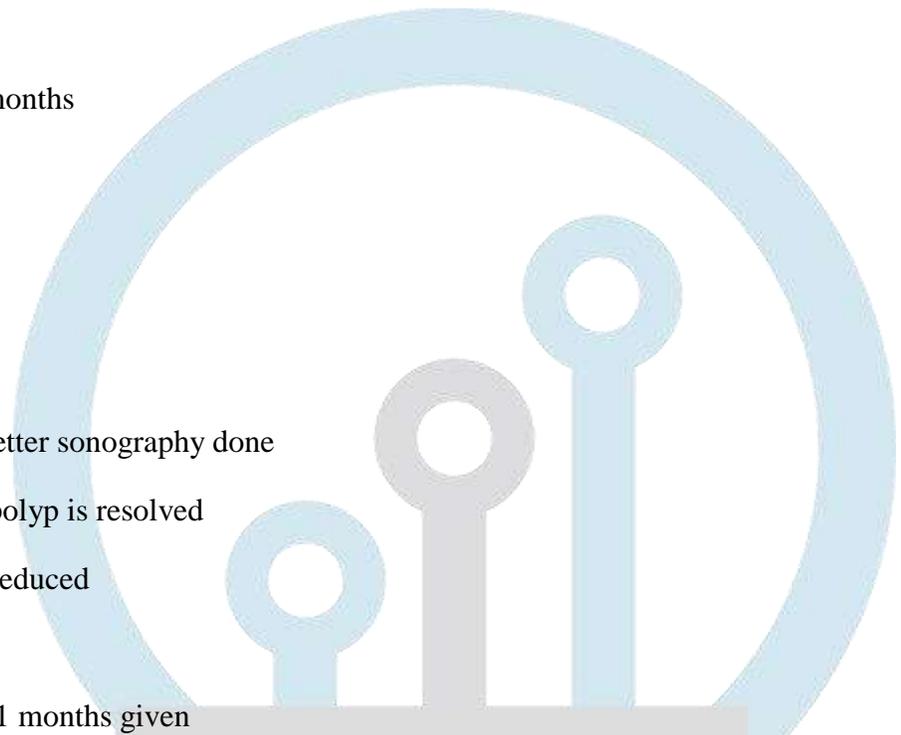
Complaints are better sonography done

Reports showed polyp is resolved

Ovarian volume reduced

Rx

SI 4 pills tds for 1 months given



neglected feeling which the patient had since childhood as she felt her mother took more care of her brother, along with her nature to suppresses her hurt and anger within herself as she doesnot want to be looking aggressive to people around her and have a negative opinion about her, it also covered her worry for her child and diligent hardworking nature craving for coffee sweets and chilly patient. Pathologically also polyp and ovarion involvement was covered by staphysagria 200.

Patient showed improvement with individualized constitutional treatment, without any need of surgery or hormonal therapy, indicating the effectiveness of homeopathy in female gynecologicalcases.

Conclusion : Results of this case indicate that individualized Homoeopathic treatment is effective in the treatment of Endometrial polyp. The post treatment investigation report also suggested of reduced volume and size of her ovaries which highlights the holistic and systemic action of homeopathic medicine, not only in resolving local pathology but also in restoring hormonal balance and overall well being. Such results reinforce the potential of homeopathy as an effective, non –invasive therapeutic approach that addresses disease at multiple levels- mental, physical and functional.

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