

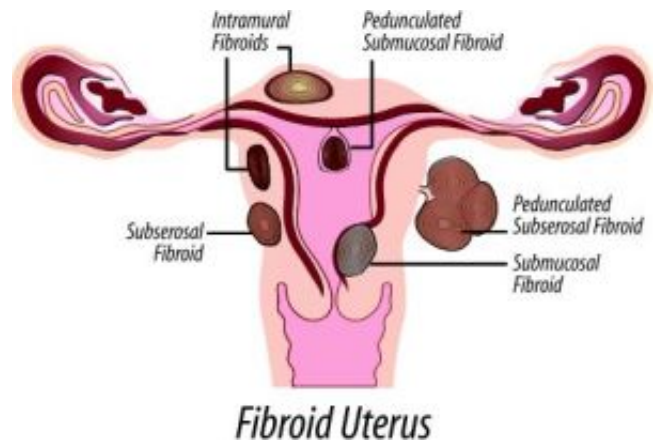
- Homeopathy - <https://hpathy.com> -

## Role of Homoeopathy in Uterine Fibroid and Ovarian Cyst Treatment

Posted By *G.K.Shangloo* On August 17, 2006 @ 11:21 am In Clinical Cases | [15 Comments](#)

**OBJECTIVE:** To establish the positive role of Homoeopathy in curing surgical diseases like uterine fibroid and ovarian cyst through homoeopathic medicine at the general practice in Allahabad India.

**MATERIAL AND METHODS:** The well-proven Homeopathic medicines were selected on the basis of principles of homeopathy to the patients of uterine fibroid and ovarian cyst during the period of 1996 to 2004. The patients were assessed on the basis of changes in the symptoms during the period of 3-4 months and Ultrasound done after that to assess the size of fibroid.



**RESULTS:** Statistical Data of patients cured by us 1996-2004:

**No. Of Patients entered – 123**

**No. Of patients who followed the protocol – 100**

**No. Of patients which improved – 85**

**No. Of patients with complete removal of fibroid – 48**

**No. Of patients whose size reduced but no complete removal – 20**

**Success rate Cure-48%**

**Rate of Response to Homoeopathy- 85%**

**CONCLUSIONS:** Homeopathy is becoming increasingly popular throughout the entire world. Now it is time to prove to the world what homeopathy can offer in surgical diseases. Homeopathic medicines cannot take the place of surgery but can be of great help to the patients who do not want to go for surgery or cannot be operated upon due to various medical reasons. It is also ideal for underdeveloped and developing countries where financial factors play a major role in deciding the options for treatment.

## CASE I

Miss Savita, age 38 yrs. Case no. 176-31

U.S.G. dated- 11.5.04 – Adnexae – Left adnexae show well-defined, cystic lesion with internal low level echoes, size measures 3.2 cm. Right is visualized. Normal

### Present Complaint:

Pain in lower abdomen – 2-3 month old. Neuralgic pain extending to chest, pulsating pain - increases and decreases gradually worse ascending, lifting weight, jar.

Better by rest, passing flatus, rubbing.

Menses, early 8-10 days, last 10-12 days.

Menses dark maroon coloured with small clots.

Before menses –

Pain in abdomen -increases and decreases gradually better by rubbing aggravated by cold. Pain in abdomen accompanied by swelling in abdomen.

During menses-

Pain in abdomen with swelling.

After Menses-

Intense pain for a day before menses ceases.

Wart on axilla & back.

Burning in right lower abdomen > cold washing.

Leucorrhoea after menses – thick /thin, white like starch during urination.

### Generalities:

Appetite- Normal likes salty things.

Thirst Increased.

Urine – dirty colour, foul smelling.

Stool – Normal

Sleep -Normal.

Dream of relatives especially father & mother

Temperament – Increased anger – suppressed, mental tension, grief, weeps easily, nervous, like to be alone, think too much.

Extreme hot & cold.

### Past Complaints:

Typhoid – 4-6 yrs back and 5/6 yr of Age. – Allopathic Treatment.

Had fall – 6-7 years back – 2 times

Eczema on leg – black – wet, sticky discharge aggravated by salty thing relieved by cold

washing, cold air – Allopathic treatment.

Gland on back

Family history –

Father-dead-Koch's, Diabetes

Mother-dead- Liver cancer

### **Analysis of the case-**

After taking the case history of the patient we came to the conclusion that there are two things which has to be brought in control: first they are the pain & second, early – prolonged menses.

### **Symptoms used for first prescription-**

- 1.Menses, profuse last 10 days, dark maroon coloured, clotted.
- 2.Pain in abdomen better by rubbing (Lotus Materia Medica by Robin Murphy Page-1111, Medorrhinum, Modalities- better hard rubbing).
- 3.Father diabetic & mother died of liver cancer.
- 4.Fibroids are sycotic in nature.

### **First prescription:**

Medorrhinum 200 was given on 15.7.2004 two doses at 15minute interval followed by another two doses at 15 minute interval the next week.

### **First follow up –**

The patient came on 31.7.2004 and reported improvement in bleeding & pain, the same medicine was continued as stated above, accompanied by sack-lack four times a day. Since there was improvement in pain as well as bleeding, Pulsatilla was not given.

### **Second follow up-**

Patient came on 24.10.2004 with profuse bleeding of fresh blood & great weakness. THUJA 200 two dose was given followed by CHINA 30 every 3hours for four days.

### **Third follow up –**

Patient came on 28.7.2004 and said she is feeling ok, Medorrhinum 1000 was given two doses at 15 minute intervals every fifteen days.

### **Fourth follow up –**

Patient came on 8.1.2005 with the sensation of a ball in the lower abdomen, SEPIA 200 was given (Lotous materia medica by Robin Murphy, ND page 1597; Sensations as of a ball in inner

parts)

Second U.S.G. – DT-8.1.2005- Normal scan.

The treatment was continued for another two month to remove the chance of reformation.

## **CASE II**

Mrs. Uma Singh Case no 282-30 –

U.S.G. dt. 30.09.2003 Uterine Fibromyoma.

Uterus – Enlarged (98 x 48 mm) with large hypo-echoic area near the fundus of the uterus having mixed echogenicity and large defined margins.

### Present complaint:

Married for past 3yrs no issue.

No Pain during menses.

Menses – delayed – 1-1½ months last one day – Excessive bleeding.

Gastric complaint -Increased eructation.

Intercourse much painful.

Palpitation < after eating

Bleeding Piles – First blood

Leucorrhoea – thick, white, sticky; profuse.

### Generalities:

Appetite – Decreased – little fills up abdomen.

Thirst – Normal

Stool – sometimes hard – first part knotted then soft

Urine – Normal

Sheep – Normal

Temperament – Anger – suppressed, weeps easily.

Chilly patient.

### Past Complaints:

Malaria – 1-2 times

### Family History:

Father – dead- No serious disease

Mother -alive-No serious disease

## **Analysis of the case –**

As we all know that fibroids are sycotic in nature & as there was no special menstrual symptoms to prescribe upon so we decided to start the case with indicated antisycotic medicine followed by medicine indicated by generalities, as there was no family history or past history of the patient to influence the prescription.

## **Symptoms for first prescription-**

- 1.Menses -delayed – 1- 1 ½ month – last one day – with excessive bleeding of fresh blood.
- 2.Bleeding piles of fresh red blood (sycotic miasm)
- 3.Palpitation worse eating after (Kent's repertory- page- 875- Chest: Palpitation; eating after - thuja grade-1)
- 4.Appetite – little fills up abdomen (Lycopodium)
- 5.Stool first part hard knotted, difficult to pass (Lycopodium)
- 6.Intercourse much painful (vagina very sensitive preventing sex- Thuja- Robin Murphy materia medica)

## **First prescription-**

Thuja 200 was given on 22.10.2003 two doses at fifteen minutes interval followed by Lycopodium 200 the next week.

## **First follow up –**

Patient came on 7.11.2003 with improvement in appetite, stool and menstrual bleeding (dark red blood followed by normal bleeding) so the same medicine was repeated as stated above.

## **Second follow up-**

Patient came on 6.2.2004 with pain in lower abdomen – pain increases suddenly and decreases gradually; pain relieved by movement, cold application, movement and the patient was Thirst less. Pulsatilla 200 was given two doses at 15 minutes interval, which relieved the pain.

## **Third follow up-**

Patient came on 14.2.2004 with 90% reduction in pain so Pulsatilla 200 was repeated again, two doses at 15minutes interval.

## **Fourth follow up –**

Patient came on 3.3.2004 with constipation first part hard, difficult & knotted, so Lycopodium 200 was given two doses at 15 minutes interval followed by Pulsatilla 200 the next week.

Second U.S.G. -DT-25.3.2004 Uterus is anteverted . No focal myometrial lesion is visualized.

Cavity appears normal in size- 7.3\*3.8cm.

Impression – Normal scan.

### **Fifth follow up-**

Patient came on 31.3.2004 with normal U.S.G report as stated above. The treatment was continued till 16.7.2004 with Pulsatilla 1000 two doses at 15 minutes interval followed by Thuja 1000 the next week.

(Note- It is advisable to give high potency of the indicated medicine or of the indicated anti miasmatic medicine before closing the treatment to prevent the reoccurrence of the disease)

### **CASE III**

Mrs. Vimma, case no. 396-31

AGE- 30 YRS

U.S.G. – A 3.45\*2.15 cm fundal mass is seen? fibroid.

#### Present Complaints –

Menses irregular – 1-2 days.

Clots – sometimes – dark blood with liquid blood – last 5 days.

Before menses –

Pain – 2-3 days before the start of menses -pain increases and decreases gradually, > warmth, passing flatus, pressure, rubbing.

Gastric complaint > passing flatus.

During menses –

Pain increases

After menses –

Pain decreases gradually.

Pain in lower back.

Weakness

#### Generalities-

Appetite – normal

Thirst – less

Stool – not clear, first part hard.

Urine – normal

Sleep – normal

Temperament – nervous, weeps easily, thinks too much

Extreme hot & cold

Past complaint-

No history of any serious disease.

### **Analysis of the case-**

After taking the case history of the patient we came to the conclusion that there are enough valuable menstrual symptoms to prescribe upon, so we started the case from the medicine indicated by the menstrual symptoms.

### **Symptoms used for first prescription –**

- 1.Menses changeable in appearance (Kent's repertory, page 725, Genitalia-Female: Menses; changeable in appearance- PULSATILA grade-3)
- 2.Menses dark clotted last 5 days (Kent's repertory, page725, Genitalia-Female: Menses; clotted-dark – Lycopodium, Pulsatilla grade-2 )
- 3.Pain appears suddenly and disappears gradually (Kent's Repertory, page1377, Generalities: Pain; appears suddenly-disappears gradually- Pulsatilla grade-2).
- 4.Thirstless (Kent's repertory, page 530, Stomach-Thirstless- PULSATILLA grade-3)

First prescription –

Pulsatilla 200 was given on 16.10.2004 two doses at 15 minute intervals.

### **First follow up –**

Patient came on 23.10.2004 gastric problem – increased flatulence, which gives relief to abdominal uneasiness so Lycopodium 200 was given two doses at 15 minutes interval followed by Pulsatilla 200 the fourth day. She could not tell any change in menstrual symptoms because her menses was due in November.

### **Second follow up –**

Patient came on 2.11.2004with reduction in menstrual bleeding and pain so the same medicine (Pulsatilla 200) was continued weekly.

### **Third follow up –**

Patient came on 6.1.2005 with complaint of nausea from smell of food, colchicum 200 was given and advised the patient to undergo urine test for pregnancy.

### **Fourth Follow up –**

Patient came on 18.1.2005 with positive pregnancy test. There was reduction in nausea from smell of food so colchicum 200 was repeated

Second U.S.G – dt-27.1.2005- Pregnancy of 11 week's and 3days. No fibroid.

#### **Fifth follow up –**

Patient came on 28.1.2005 with normal ultrasound report.

#### **CASE IV**

Mrs. Saroj Case no 394-30 age-29yrs.

U.S.G. dated- 31.12.03 -Small left renal calculus with left sided – indiscrete adnexal mass, most likely T.O. mass.

Lt. Kidney – 4 mm calculus in the lower calyx.

Left – Indiscrete solid mass of 4.8 x 3.9 x 3.4 cm.

#### Present complaint –

Pain in umbilical region – extending upwards to chest -Pain increases suddenly and decreases gradually – Cramp like pain < pressure.

Nausea sometimes.

Pain with restlessness

Pain in whole body < right > movement, warmth.

#### Generalities-

Appetite – Normal

Thirst – Less / Normal

Stool – Normal

Urine – Normal

Menses – Scanty – Now normal.

Sleep – Normal

Temperament-Increased anger – expressive, irritation, mental tension, nervous, weeps easily, thinks too much.

Extreme Hot & Cold.

#### Past Complaint –

Ring worm on hands and leg-Homoeopathic Treatment



## Family History-

Father – alive – Arthritis

Mother – alive – O.K.

## Analysis of the case –

After taking the case history of the patient the first medicine which came into our mind was Pulsatilla.

## Symptoms used for first prescription –

- 1.Pain increases suddenly and decreases gradually (Kent's Repertory, page1377, Generalities: Pain; appears suddenly-disappears gradually- Pulsatilla grade-2).
- 2.Thirst less (Kent's repertory, page- 530, Stomach-Thirst less- PULSATILLA grade-3)
- 3.Weeps easily (Kent's repertory, page-92, Mind: Weeping, tearful mood, etc: PULSATILLA grade-3, Bovista grade-2)

## First prescription –

Pulsatilla 200 was given two doses at 15minutes interval on 11.1.2004 followed by another two doses at 15minutes interval the next week.

## First follow up –

Patient came on 24.1.2004 with slight improvement in pain and there was no change in the symptoms. Pulsatilla 1000 was given two doses at 15 minutes interval followed by another two doses after 15days.

## Second follow up –

Patient came on 22.2.2004 with leucorrhoea thick, acrid, white, follows menses. Leucorrhoea aggravated by movement.

(Kent's repertory, page723, Genitalia-Female: Leucorrhoea; Thick: Bovista-grade-2, Pulsatilla grade-2)

(Kent's repertory, page723, Genitalia-Female: Leucorrhoea; White: Bovista-grade-2 Pulsatilla grade-2,Pulsatilla grade-2)

(Kent's repertory, page722, Genitalia-Female: Leucorrhoea; menses, after: Bovista-grade-3, Pulsatilla grade-2)

(Kent's repertory, page721, Genitalia-Female: Leucorrhoea; Acrid, excoriating: Bovista-grade-2, PULSATILLA grade -3)

(Kent's repertory, page723, Genitalia-Female: Leucorrhoea; walking aggravates: Bovista-grade-3)

Bovista 200 was given on 22.2.2004 two doses at 15 minutes interval followed by Pulsatilla 1000 two doses at 15 minute intervals the next week. Medicine was given in a similar manner for another 15 days.

### **Third follow up –**

Patient came on 14.3.2004 with improvement in leucorrhoea, same medicine was repeated as stated above.

Second Ultrasound dated – 6.6.2004- Adnexae-Both the adnexae including ovaries appears normal. No free fluid or mass lesion is visualized in the pelvic cavity.

### **Fourth follow up –**

Patient came on 6.6.2004 with normal ultrasound report. The treatment was with same medicine for another three month to route out the chance of reoccurrence.

### **Homoeopathic approach to the treatment of Uterine Fibroids and Ovarian cysts:**

In homoeopathy we believe that the vital force is the most important, and the governing, constituent of the human being. If the vital force is deranged then only the person is sick. Vital force is intelligent. It is evident that when the vital force is encumbered with chronic disease, it adopts a plan. The plan is of developing a local malady on external part i.e the least important part solely for the object to thereby silence the internal disease , which otherwise threatens to destroy the vital organs. The vital force or the force that pervades the cells has its own intelligence. It is only because of its intelligence that the cells and tissue recognize what is harmful to it; what belongs to the internal environment and what does not; what primary



steps to be taken, such as psychological defense responses; when to change the physiological defense to morphological defense; what to produce, what to accumulate in excess or what to produce lesser; which organ or tissue to destroy. It is because of intelligence that it knows which is the least important organ, for example skin; and above all, it is this very intelligence which

induces the body to produce pain, sensitivity, or a growth or ulcer so it can draw attention of outsiders and to make it known that all is not well within.

Miasm have clear mentals. In sycotic minds there is impending fear of being finished or destroyed. There is a false projection onto the exterior; not reflecting the interior is part of a shrewd, sly, maneuvering tack. The whole mentality is based on selfish motives and gratification of urges. Thus cowardice, fragility, fears, hiding, cover-up, projections, façade, thick skinned, hoarding, accumulation of money, treasures, showmanship, cunningness, slyness, shrewdness, maneuvering, political shamelessness, self centeredness are some of the rubrics which can describe the sycotic mentality.

Here we also have to understand whether the patient has a sycotic mentality or not. If yes we have to understand whether it is of sycotic excess or less.

In sycotic excess the person indulges in over expression and over projection. These are applied to expression, will, intellect, emotions, morals, etc., and will give us a sycotic excess trait. Thus sycotic excess has traits like loquaciousness, dictatorial, profuseness of thoughts, over expressive and intelligent. Quick perception, theorizing, high achiever, slyness and non-conscientiousness. Behavior patterns in sycotic excess is exaggeration, or expression, deceitfulness, slyness, show off or false show pseudoism. Modern religious gurus and politicians fit very well into this description. They indulge in aberration, departure from what is true, right and correct.

In sycosis, less there is under use of intellect, under willed, under expressed and under growth of intellect. Thus in such persons adaptability is conspicuously lacking. There is under expression of one's self, indisposed to talk, secretive, reserved, under expression of will. These people compromise easily, they recognize but do not move. They are quiet, reserved, introverts, desiring obscurity and solitude. And they suffer from indigestion.

The significance of determining the dominant miasm helps us to determine the similimum. Even though the symptoms will indicate an appropriate remedy for permanent dissolution of fibroid or ovarian cyst a miasmatic remedy is required as a main remedy or as an intercurrent remedy.

Every individual defends according to his underlying miasm. All the emotions and intellect are defensively oriented and evolved. Thus various traits of an individual will reflect the miasm ruling her at that stage. The reactions to situations will be completely different in different miasms because the defensive method is different.

Hahnemann states that miasm is the root of all diseases. Modern pathology also confirms that cell defense response is of three types. Hahnemann's description of itch as psora, fig warts as sycosis and chancre as syphilis match with the three basic defense of cell psychological defense, i.e. psora, constructive defense i.e. sycosis and destructive defense i.e. syphilis.

- 1] Individualistic.
- 2] Symptomatic
- 3] Rare uncommon Peculiar Symptoms
- 4] Reportorial
- 5] Causative

### **How to take case of the Patient:**

Case taking is the most important part in the prescription for the case. The case should be taken by the unprejudiced mind. No medicine or a group of medicine should be presumed to be given on just the name of disease.

The body of an individual has the defense mechanism of its own. The defense has a genetic code and the genetic code decides the reactions of an individual to an action. You have to be very cautious while writing the reactions of the case.

The reactions are of two types:-

- 1] Physical reactions.
- 2] Mental reactions

Physical Reactions:

The tolerance and intolerance to various stimuli like sun, wind, rain, damp, cold, heat, noises, colors, touch, emotions, decides how the concerned individual will react in different circumstances. The reactions to the situations i.e general makeup of an individual are basically defense mechanism at work and hence defense oriented. These are influenced by genetic code.

Mental Reactions:

These reactions solely depend on the intelligence of the individual .The intellect, will, morals, etc. allows the person to react according to the needs and circumstances to form a defense. The innate character of the reactive mechanism, the attitudes and defenses, together with susceptibility, make up the mental aspect of the individual, which in turn is governed by the genetic code of the individual.

Disease pathologies are due to the three defense mechanisms at work. Like all the properties of the cell, even the three defense responses to stimuli are genetically governed. Whether the cell should inflame, indurate or ulcerate depends on the genetic code character of the cell. The physical makeup, the mental makeup ,the general makeup and the disease susceptibility of an individual depends upon defense .These makeups arise from the genetic code and are genetically governed. The whole genetic setup of an individual is designed to ensure that the mind,

physique, tolerance, likes, dislikes, as well as susceptibility to diseases are designed for prolonged survival of an individual.

### **Points on which the emphasis should be given while case taking:**

- 1] Character of pain is most important if it is there. Like weather it comes suddenly, or gradually. How does it subside or decrease.
- 2] Another thing which has to be heeded is how one gets relief in pain. Here, along with the physical modalities, thermal modalities are most important. According to Weir and Tyler.
- 3] Character of bleeding and color and texture of blood and clots.
- 4] Mental state of the patient. Especially if there is prolonged mental stress they act as obstacles of cure.
- 5] Past history of the patient. It helps us to clear the case in many ways.
- 6] Family history of the patient Generally of -Tuberculosis, Cancer, Arthritis, Asthma, Diabetes. Etc.
- 7] Miasmatic Constitution of the patient:

We should group the patient in dominating miasmatic tendencies. Fibroid and cysts are generally sycotic in nature. The sycotic constitution has an innate and predominant tendency to fight all the invasions whether they are pathogens, toxins or on the mental plane, i.e. emotions, by constructive defense responses of the cells and the tissue. These people are bound to get easy growths, thickenings, tumors and chronic non-resolving inflammations. Insidious diseases like diabetes, hypertension, anemia, hyperlipidaemias, ischaemias, are common at the early age. Warts ,moles, keloids throw up externally to give us an indication that the patient has entered the sycotic defense stage.

Patients get primary inflammations and go into constructive pathology easily. Wounds and injuries are deceptive, never clean cut nor do they heal neatly and clearly .They are deep inside and concealed with yellow or green coloured discharges. Deposition of pigments, hence blackening of skin or wound is a rule to this miasm.

So, there can be two forms of it:

A] Sycosis excess

B] Sycosis low

Uterine fibroids ,ovarian cysts are due to high sycosis.

7] Miasms have clear mentals:

We have to search for the dominating miasm in the patient and this can be done by studying the mental aspect of the patients. On your patient you can go into his dominant miasm not only by physical features but also having an idea about his mental symptoms. In sycotic mentals you will

find that there is impending fear of being finished or destroyed. There are

### Parameters of Layers in the case:

Constitution	Miasm	Fundamental	Pathologies
Temperament	psora	personality	trauma
Body type	Sycosis	mind	toxic
Genetic	Syphilis	emotions	
	Cancer	generals	tissue
	tuberculosis	particulars	organ
	Vaccinations	Life style	causation
	Plague	etiology	infection
	Malaria	state	disease
			diagnosis

Here I would like to clarify that I am not contradicting the three miasm theory of Dr. Samuel Hahnemann. However, I put cancer , tuberculosis, vaccinations, plague, malaria and typhoid under miasm because they also have a long lasting effect and a the intercurrent medicine has to be given accordingly if required in the case.

### Case Analysis:

Case analysis is not symptom analysis. No symptom in any case stands alone. Symptoms flow from a source. Suppose for example a person has pain in leg and due to that he is very depressed and there is loss of sleep. So, in this case the medicine will be given for the pain in leg not for insomnia because the pain in leg is the source or the cause. But in case of other patient who is suffering from gastric complaints and is very irritable and due to increased suppressed anger he gets a gastric ulcer. The medicine will be prescribed for gastric ulcer.

### Different levels of case analysis:

There are seven different levels of case analysis :

- 1] Psychology – It includes mentals , emotional, cultural and social state of the patient.
- 2] Vitality – Vital leaks, blockage of vital energy, susceptibilities, weakness.
- 3] Causation – Images , time-line, stories, medical history
- 4] Clinical
- 5] Different layers of case: In any chronic case
  - a] Constitutional

- b] Miasmatic
- c] Fundamental
- d] Pathological

6] Symptoms -The symptoms help us to confirm the remedy.

7] Perceiving the case. In Homeopathy we must perceive what has to be cured in the case. In every case there is a cause due to which there is a change in state of health, which produces symptoms.

a] In every case you ask your self what is most important in case?

Suppose there is a dam and due to the leakage the water is flowing from it you can not repair the leakage just by seeing the flow of water. You have to find out the leakage point in the dam. Suppose a lady has a menopause after child birth and she is never well since. She is producing all kinds of symptoms like flushes of heat, depression. Loss of sleep, the remedy that we would like to select will be post partum antidepressant remedy, i.e a remedy, which in repertorisatin should cover basic rubrics of ailments caused from suppressed menses or menopause.

b] Symptom Analysis;

Common mistake of analyzing the symptoms separately, by predetermined hierarchies, or analyzing symptoms numerically is not the correct method.

Symptom analysis is not case analysis.

The remedy, which covers the cause, then the change in state of health, plus a few symptoms, is the perfect selected remedy.

On the contrary the remedy, which covers all the symptoms but does not covers the cause and the change in state of health will do no good.

The importance of the symptom should be determined by analyzing its place in a particular case.

### **Understand the structure of the individual case:**

Understanding the structure of the case helps us to determine what to repertorise.

1] Chief complaints– At times suppose the women is suffering from intense pain the medicine had to be given on the chief complaint first.

2] Cause/Etiology:

We always say in homoeopathy we treat the cause but not the symptoms. But how to find the cause.

The cause can be found in different cases in any of the following heads.

a] Mental or emotional stress or shock

- b] Infection from some diseases. Like never will since typhoid, pneumonia, jaundice, suppressed skin affections.
- c] Physical trauma- injury after, profuse bleeding after.
- d] Toxic exposures – Suppose a lady painted her house 2 days back lead to pain in abdomen and the symptoms totally resembled colocynth. But it gave no relief. We all know that paint contains high amount of lead . Plumbum met. cured the case.
- e] Vitality factors- Suppose a lady with fibroid and ovarian cyst has a husband; the husband is suffering from terminal stage of cancer. The wife serves the husband day and night. This causes loss of her vitality due to loss of sleep and over strain.
- f] Excess or deficiency of any thing
- g] Miasmatic factor
- h] Diet and nutritional factors
- i] Life style
- j] Medical intervention
- k] Hygiene factors
- l] Sorting out layers in a case.â€”Draw the time lines which thing happened first It is governed by the Hering’s law of cure.
- m] What are the vital layers?

Like the tree that has annual rings, some are thin, some are thick, depicting the weather and environmental factors of that year. So is the case with the disease also.

In the human body there are four different types of layers:

- 1] constitutional
- 2] Miasmatic
- 3] Fundamental
- 4] Pathological

Each layer has susceptibility and each layer has symptoms.

Clinical or pathological layer

Fundamental Layer

Constitutional

Miasmatic Layer

### **How to select a Remedy:**

- 1] by assessing which symptom is to be given importance and when.

In homeopathy, much emphasis is given on mind. So, some doctors who try to collect tiniest of the tiny mental symptoms. For them, Dr. Kent had given a warning – Just because the



homeopathic physician knows that mental symptoms are most important he should not hunt for a tiny mental symptom in the hay sack to open up his case. All the symptoms should have same importance as assigned to them as symptoms.

## 2] Elimination of useless symptoms

Many a times it happens that the remedy that we select after complete repertorisation or after assessing the rare, uncommon and peculiar symptoms does not match all the symptoms recorded in a particular case.

Here also one should keep in mind Dr.Kent's saying –

Do not expect that the remedy that has the generals should have all the little symptoms. If the remedy has the generals it is sufficient to prescribe for a case.

Dr. Kent says nothing disturbs me as much as the long letters I get from the doctors showing me how they had wasted time on useless particulars. Common particulars are generally worthless.

## 3] Elimination of Medicines after Repertorisation-On the basis of thermal modalities

The British school of Homeopathy headed by Tyler and Sir John Weir advocated to first taking most characteristic symptoms carefully followed by separating medicines in hot and chilly type.

In chilly patients medicines < warmth are eliminated

In hot patients medicines < cold are eliminated.

Hence resulting in the similimum.

## 4] Selecting remedies without repertorization on the basis of rare, uncommon and peculiar symptoms:

This is one of the many modes of prescribing for a particular case. In this, Allen's Keynotes are of great help. Here two or three rare, uncommon and peculiar symptoms are sufficient are enough to prescribe for a case. Here patients should verify the rare, uncommon and peculiar symptom again and again before prescribing on it.

## 5] Selecting intercurrent remedies on the basis of past history of the patient.

At times it happens that a well-selected remedy after complete repertorisation fails to provide complete cure to the patient when the patient is also adhering to the diet and regime advised by us. This is because there are a few obstacles to cure. Many learned physicians have described these obstacles. In case of fibroid and ovarian cyst it is found that past history, family history and causative factors act as obstacles of cure.

-----

**Dr.G.K.Shangloo , Dr.Sharad Shangloo, Dr.Sunit Shangloo**

**Meera Shangloo Homoeopathic Research center**  
**70/59 Rani Mandi Allahabad U.P India 211003**  
**web-www.meerashangloohomeopathic.com**  
**e mail- merashah@rediffmail.com**

---

Article printed from Homeopathy: <https://hpathy.com>

URL to article: <https://hpathy.com/clinical-cases/role-of-homoeopathy-in-uterine-fibroid-and-ovarian-cyst-treatment/>

Copyright © 2016 Hpathy.com. All rights reserved.