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A CASE OF UTERINE ADENOMYOSIS TREATED WITH PULSATILLA NIGRICANS

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ABSTRACT

"Adenomyosis is a common gynaecological condition characterized by the presence of endometrial glands and stroma deep within the myometrium associated with myometrial hypertrophy and hyperplasia". A 34 year old female patient presented with excessive bleeding during the first three days of menstruation with passage of clots . Severe lower abdominal pain during menses with weakness. She was diagnosed with uterine adenomyosis with a small fibroid and multinodular goitre. Individualised Homoeopathic medicine was selected on the basis of the totality of symptoms of the patient and which gave significant improvement to the patient's health. At first Pulsatilla 200 was given and later the potency was raised to 1M. Rhustox 200 was prescribed during the course of treatment for acute complaints. The outcome assessment of the case was done by USG scan before and after treatment. This case study demonstrates the role of individualised homoeopathic medicine in the management of adenomyosis.

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INTRODUCTION

"Adenomyosis is a common gynaecological condition characterised by the ingrowth of the glandular and stromal components of the endometrium straight into the myometrium." It is also called endometriosis interna.[1] Adenomyosis can be classified as both diffuse and focal variety.[2] Although the most frequent symptoms of adenomyosis are dysmenorrhea and heavy menstrual bleeding, around one in three people have no symptoms.[3] Adenomyosis is being found in younger infertile individuals more frequently as imaging methods improve.[4] Moreover, dyspareunia and persistent pelvic pain are symptoms.[3]

The Pathologist Carl von Rokitansky first described adenomyosis in 1860.[5] Between 30 and 60 percent of women having hysterectomy surgeries have adenomyosis. In over 70% to 80% of instances, it affects women in their fourth and fifth decades of life. 5–25% of adenomyosis cases occur in patients under the age of 39, but only 5%–10% occur in women over 60.[6] There is no clear explanation for the precise cause of adenomyosis. Recent research indicates that adenomyosis develops due to endometrial cell migration into the myometrium, that in turn caused by tissue damage or injury at the endometrial-myometrial interface.[7]

Age, multiparity, early menarche, short menstrual cycles, elevated body mass index, over use of oral contraceptives, prior uterine surgery, smoking, tamoxifen treatment, ectopic pregnancy, and antidepressants are among the risk factors.[8]

Transabdominal USG is often not reliable enough to diagnose adenomyosis since it does not have the picture resolution required to visualize the myometrium. Therefore, a 2D transvaginal USG is the first-line inquiry.[9] For MR imaging, sensitivity and specificity ratings might be as high as 88% and 93%, respectively. While some studies demonstrate that MR imaging is superior, others suggest that the two are equivalent.[9]

The only guaranteed treatment in mainstream medicine is a hysterectomy. While addressing the primary reasons of painful, severe menstrual flow, the alternatives protect the uterus. Among these are NSAIDs, or nonsteroidal anti- inflammatory medicines. Oral contraceptive pills (OCPs), levonorgestrel intrauterine devices (IUDs), danazol, and aromatase inhibitors, among other hormonal treatments.[9]

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As a holistic medical system, homeopathy offers more potential for managing adenomyosis because it allows for the use of a constitutional approach. Homoeopathy can provide a higher quality of life and preserve the reproductive function of the female with adenomyosis than hysterectomy or hormone therapy, both of which have several negative effects. Prior research on the effectiveness of homoeopathy in treating adenomyosis is also constrained.[10]

Pulsatilla was found to be a highly effective remedy for gynecological disorders. According to T.F Allen, pulsatilla is characterised by drawing pain extending towards uterus towards morning, with nausea. Contractive pain in left side of uterus like labor-pains, forcing her to bend double. Menses suppressed; delayed, with coldness of body and chilliness and trembling of feet.[11] Pulsatilla can correct the hormonal imbalances by acting on a constitutional basis.

CASE REPORT

PRELIMINARY INFORMATION

A 34-year-old Hindu woman who works as a housewife came to our OPD on 01/11/ 2023.

PRESENTING COMPLAINT

Excessive bleeding during the first three days of menstruation with passage of clots. Slight irregularity in menstruation, Severe lower abdominal pain during menses. Increased weakness cannot even stand. Chilliness during menses.

Associated with vertex headache and pain in the eyes, numbness in both shoulder joint with drawing type of pain, pain in the nape of the neck extending to both shoulders (Since 6 months)

HISTORY OF PRESENTING COMPLAINT

Complaint of increased bleeding and abdominal pain during menses started since puberty. No treatment has taken. The patient has been suffering from heavy menstrual bleeding with passage of large clots after delivery.

The patient had been diagnosed with multinodular goitre for three years. She was using *Thyroidinum* 3X, a homoeopathic drug, prior to visiting our OPD, but she hadn't noticed any additional improvement. Therefore, the patient is asked to stop taking the drug.

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HISTORY OF PAST ILLNESS

Nothing relevant

FAMILY HISTORY

Nothing relevant

PERSONAL HISTORY

She is from a Hindu middle-class household and works as a homemaker. She has been married for 10 years and she has one child.

PHYSICAL GENERALS

Her appetite and thirst was decreased with nausea in the morning. Sleep is decreased. Bowel regular, urine – nothing particular, sweat is generalised. She has a desire for sweets and fried food. Aversion to sour food and intolerance to cold climate. Thermally she was chilly.

MENTAL GENERALS

Grief due to mother's death, talkative, anxiety about disease, anxiety about son's future, amelioration of complaints by talking / sharing feelings, no sexual desire, easily get angered, dispute with husband and mother in law.

MENSTRUAL HISTORY

Menarche at the age of 13, regular 28 to 30 days cycle. Excessive bleeding during the first 3 days of menstruation with passage of clots. She has to change 4 to 5 pads per day or has to use cloths and pads together.

OBSTETRIC HISTORY

P1L1A0, caesarean section

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PHYSICAL EXAMINATION - GENERAL

She was moderately built and nourished. There were no signs of pallor, cyanosis, icterus, clubbing, oedema, or lymphadenopathy. Temperature: 37°C, heart rate: 74/min, respiration rate: 16/min, and blood pressure: 130/90 mm Hg.

SYSTEMIC EXAMINATION

Mild tenderness in the hypogastrium

EVALUATION OF SYMPTOMS OF THE PATIENT

After thorough case taking the complete symptom picture of the patient was obtained and evaluation was done according to Kent's method of evaluation of symptoms.

Mental generals	Grief due to mother's death, anxiety about her disease and anxious about son's future, talkative, amelioration by sharing her feelings to others.
Physical generals	Sexual desire is diminished Excessive bleeding, severe lower abdominal pain during menses. desire sweets and fried food, aversion to sour food, Intolerance to cold climate, thermally chilly Appetite and thirst decreased Sleep decreased Menses profuse, dark red and clotted
Particulars	Increased weakness cannot even stand. Chilliness during menses. Associated with vertex headache and pain in the eyes. Numbness in both shoulder joint with drawing type of pain. Pain in nape of the neck extending to both shoulders. < during motion > by rest
Common	Mild tenderness in the hypogastrium

TABLE 1: Evaluation of symptoms

TOTALITY OF SYMPTOMS

Grief due to mother's death, talkative, anxiety about disease, anxiety about son's future, amelioration of complaints by talking / sharing feelings, easily get angered.

Sexual desire is diminished, desire sweets and fried food, aversion to sour food.

Intolerance to cold climate, thermally chilly Appetite and thirst decreased

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Sleep decreased

Excessive menstrual bleeding with severe lower abdominal pain during menses. Increased weakness cannot even stand. Chilliness during menses.

Associated with vertex headache and pain in the eyes. Numbness in both shoulder joint with drawing type of pain. Pain in the nape of neck extending to both shoulders.

REPERTORIAL TOTALITY

MIND - CONSOLATION, SYMPATHY amelioration FEMALE

GENITALIA – SEXUAL LIBIDO diminished

GENERALITIES – FOOD AND DRINKS – sweet desires

GENERALITIES – FOOD AND DRINKS fried food desires

STOMACH- THIRSTLESSNESS

FEMALE GENITALIA – MENSES, profuse

FEMALE GENITALIA – MENSES, Painful, dysmenorrhoea FEMALE

GENITALIA – MENSES, supressed chilliness with

Remedy	Sep	Puls	Con	Plb	Lyc	Phos	Nat-m	Ign	Sulph	Hep
Totality	25	23	21	20	20	20	19	19	19	18
Symptoms Covered	7	6	7	8	7	7	7	6	5	7
Kingdom	Animals, Sarcodes	Plants	Plants	Minerals	Plants	Minerals	Minerals	Plants	Minerals	Minerals
[Complete] [Female Genitalia]SEXUAL, LIBIDO:Diminished: (210)	3		2	1	3	1	3	3	3	3
[Complete] [Mind]CONSOLATION, SYMPATHY:Amel.: (49)		4				3	1	3		
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires: (329)	3	3	2	3	4	3	1	1	4	3
[Complete] [Generalities]FOOD AND DRINKS:Fried food:Desires: (39)				3			3			
[Complete] [Stomach]THIRSTLESSNESS: (407)	4	4	3	2	4	4	3	4	4	3
[Complete] [Female Genitalia]MENSES:Profuse: (494)	4	4	3	4	4	4	4	4	4	3
[Complete] [Female Genitalia]MENSES:Painful, dysmenorrhea: (506)	4	4	4	3	3	4	4	4	4	1
[Complete] [Female Genitalia]ENLARGED:Uterus: (65)	4		4	3	1	1				3
[Murphy] [Female]ENLARGED, GENITALIA:Uterus : (34)	3		3	1	1					2
[Complete] [Female Genitalia]MENSES:Suppressed:Chilliness, with: (2)		4								

FIGURE : 1 – Repertorisation

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SELECTION OF THE REMEDY AND POTENCY

Pulsatilla was chosen and prescribed to the patient as a first remedy after repertorization utilizing HOMPATH software and a final consultation with materia medica. The first potency selected was 200, later the potency raised to 1M. Patient had developed itching rashes over the flexor aspect of the right forearm, pain in nape of neck extending to right shoulder with cough and heaviness of head in the course of treatment then *Rhus tox 200* was prescribed, and now patient feels so much better.

FOLLOW UP

Date	Symptoms	Prescriptions
6/12/23	>slight relief of complaints	*Pulsatilla 200/ 1 dose*
3/1/24	>of complaints	*Sac lac / 1 dose*
14/2/24	LMP-5/2/24 4 days heavy menstrual flow , passage of clots with pain	*Pulsatilla 200 /1dose*
3/4/24	Dizziness LMP- 24/3/24 5 days bleeding , no spotting after , blood flow increased during night >of pain , numbness and backache	*Pulsatilla 200 / 1dose*
15/5/24	LMP- 6/4/24 Bleeding for 4 days, clots passed, > of abdominal pain , back pain and numbness	*Pulsatilla* 200 / 1dose
12/6/24	Itching rashes over the flexor aspect of the right forearm . pain in nape of neck extending to right shoulder . with cough and heaviness of head	*Rhus tox 200 / 1dose*
17/6/24	LMP-9/6/24	*Pulsatilla 200 / 1 dose*
21/9/24	>Of all complaints Hb- 5.32g/dl	*Sac lac / 1dose*

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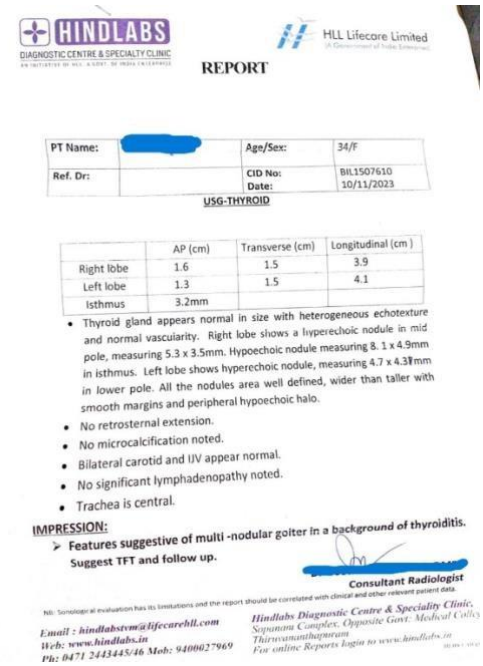
10/10/24	LMP – 20/10/24 Profuse bleeding for 4vdays with passing of clots without any pain < during night , lying down	*Pulsatilla 1M / 1 dose*
22/11/24	>of complaints	*Sac lac /1 dose*
4/12/24	Hb - 10.1g/dl LMP- 16/11/24 4 days bleeding >of other complaints	*Sac lac /1dose*

TABLE 2: Follow up

DIAGNOSIS AND CLINICAL ASSESSMENT


HINDLABS
DIAGNOSTIC CENTRE & SPECIALITY CLINIC
HLL Lifecare Limited
REPORT
PT Name: [redacted] Age/Sex: 34/F
Ref. Dr: CID No: BIL1507610
Date: 10/11/2023
USG-THYROID

	AP (cm)	Transverse (cm)	Longitudinal (cm)
Right lobe	1.6	1.5	3.9
Left lobe	1.3	1.5	4.1
Isthmus	3.2mm		

- Thyroid gland appears normal in size with heterogeneous echotexture and normal vascularity. Right lobe shows a hyperechoic nodule in mid pole, measuring 5.3 x 3.5mm. Hypoechoic nodule measuring 8. 1 x 4.9mm in isthmus. Left lobe shows hyperechoic nodule, measuring 4.7 x 4.3mm in lower pole. All the nodules area well defined, wider than taller with smooth margins and peripheral hypoechoic halo.
- No retrosternal extension.
- No microcalcification noted.
- Bilateral carotid and IJV appear normal.
- No significant lymphadenopathy noted.
- Trachea is central.

IMPRESSION:
➢ Features suggestive of multi -nodular goiter in a background of thyroiditis. Suggest TFT and follow up.

Consultant Radiologist
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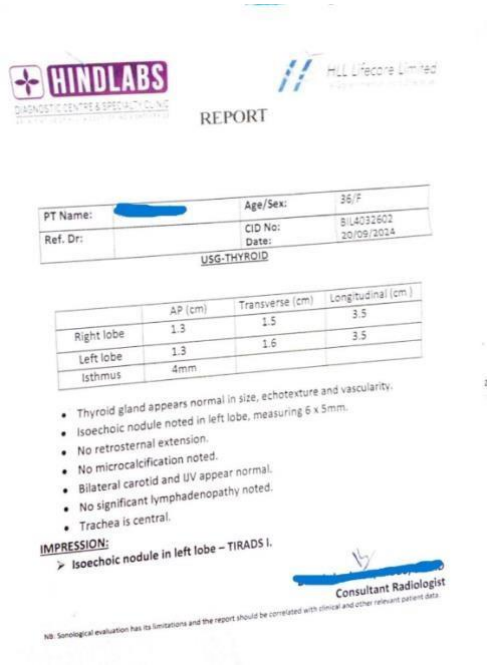
HINDLABS
DIAGNOSTIC CENTRE & SPECIALITY CLINIC
HLL Lifecare Limited
REPORT
PT Name: [redacted] Age/Sex: 36/F
Ref. Dr: CID No: BIL4032602
Date: 20/09/2024
USG-THYROID

	AP (cm)	Transverse (cm)	Longitudinal (cm)
Right lobe	1.3	1.5	3.5
Left lobe	1.3	1.6	3.5
Isthmus	4mm		

- Thyroid gland appears normal in size, echotexture and vascularity.
- Isoechoic nodule noted in left lobe, measuring 6 x 5mm.
- No retrosternal extension.
- No microcalcification noted.
- Bilateral carotid and IJV appear normal.
- No significant lymphadenopathy noted.
- Trachea is central.

IMPRESSION:
➢ Isoechoic nodule in left lobe – TIRADS I.

Consultant Radiologist

FIG : 2 USG Thyroid before treatment

FIG : 3 USG Thyroid after treatment

According to the ICD-11, the diagnosis code for adenomyosis is "GA11" which stands for "Adenomyosis" - signifying a condition where endometrial tissue grows within the uterine myometrium, causing symptoms like heavy menstrual bleeding, painful periods, and dyspareunia.[12]

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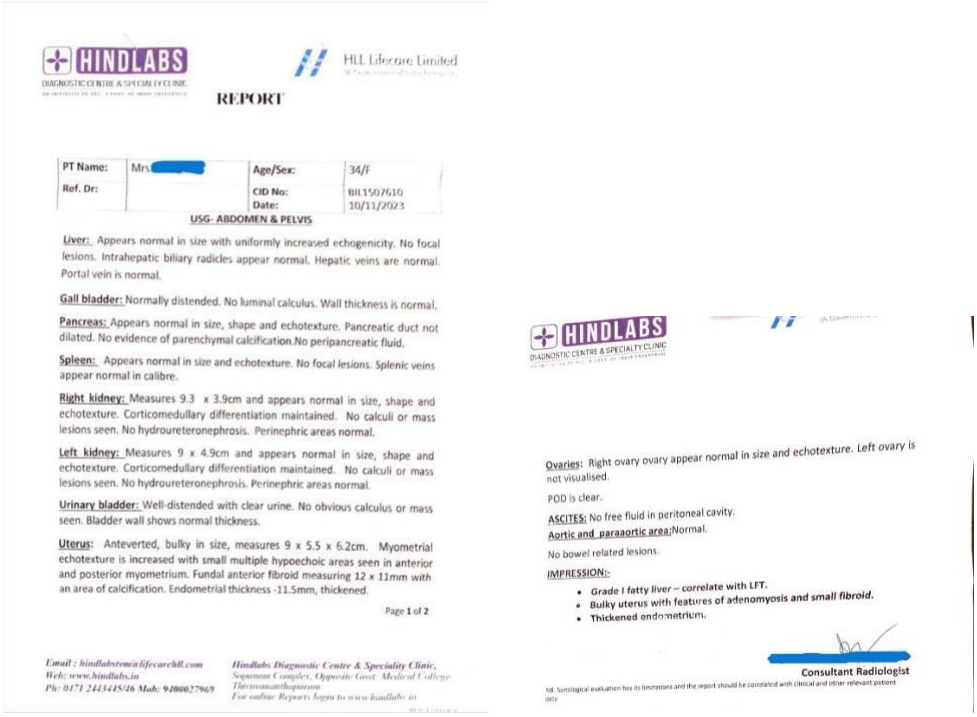

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DIAGNOSTIC CENTRE & SPECIALTY CLINIC
HLL Lifecare Limited
REPORT

PT Name:	Mrs. [redacted]	Age/Sex:	34/F
Ref. Dr:		CID No:	BIL1507610
		Date:	10/11/2023

USG- ABDOMEN & PELVIS

Liver: Appears normal in size with uniformly increased echogenicity. No focal lesions. Intrahepatic biliary radicles appear normal. Hepatic veins are normal. Portal vein is normal.

Gall bladder: Normally distended. No luminal calculus. Wall thickness is normal.

Pancreas: Appears normal in size, shape and echotexture. Pancreatic duct not dilated. No evidence of parenchymal calcification.No peripancreatic fluid.

Spleen: Appears normal in size and echotexture. No focal lesions. Splenic veins appear normal in calibre.

Right kidney: Measures 9.3 x 3.9cm and appears normal in size, shape and echotexture. Corticomedullary differentiation maintained. No calculi or mass lesions seen. No hydroureteronephrosis. Perinephric areas normal.

Left kidney: Measures 9 x 4.9cm and appears normal in size, shape and echotexture. Corticomedullary differentiation maintained. No calculi or mass lesions seen. No hydroureteronephrosis. Perinephric areas normal.

Urinary bladder: Well-distended with clear urine. No obvious calculus or mass seen. Bladder wall shows normal thickness.

Uterus: Anteverted, bulky in size, measures 9 x 5.5 x 6.2cm. Myometrial echotexture is increased with small multiple hypoechoic areas seen in anterior and posterior myometrium. Fundal anterior fibroid measuring 12 x 11mm with an area of calcification. Endometrial thickness -11.5mm, thickened.

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Ovaries: Right ovary ovary appear normal in size and echotexture. Left ovary is not visualised.

POD is clear.

ASCITES: No free fluid in peritoneal cavity.

Aortic and paraaortic area:Normal.

No bowel related lesions.

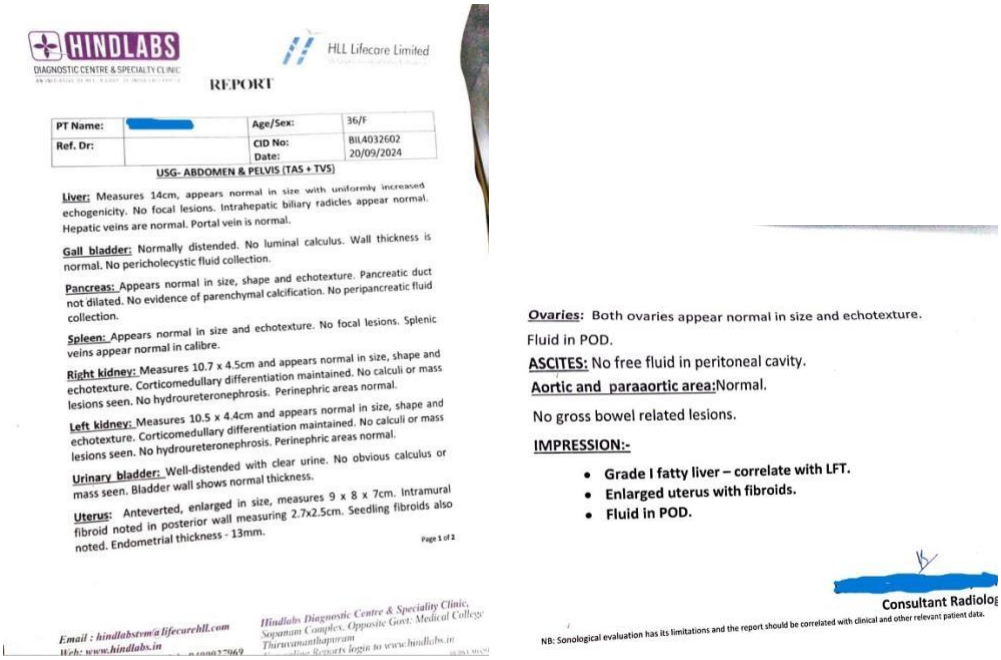
IMPRESSION:-

- Grade I fatty liver – correlate with LFT.
- Bulky uterus with features of adenomyosis and small fibroid.
- Thickened endometrium.

Consultant Radiologist

NB: Sonological evaluation has its limitations and the report should be correlated with clinical and other relevant patient data.

FIG : 4 USG Abdomen & Pelvis before treatment



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HLL Lifecare Limited
REPORT

PT Name:	[redacted]	Age/Sex:	36/F
Ref. Dr:		CID No:	BIL4032602
		Date:	20/09/2024

USG- ABDOMEN & PELVIS (TAS + TVS)

Liver: Measures 14cm, appears normal in size with uniformly increased echogenicity. No focal lesions. Intrahepatic biliary radicles appear normal. Hepatic veins are normal. Portal vein is normal.

Gall bladder: Normally distended. No luminal calculus. Wall thickness is normal. No pericholecystic fluid collection.

Pancreas: Appears normal in size, shape and echotexture. Pancreatic duct not dilated. No evidence of parenchymal calcification. No peripancreatic fluid collection.

Spleen: Appears normal in size and echotexture. No focal lesions. Splenic veins appear normal in calibre.

Right kidney: Measures 10.7 x 4.5cm and appears normal in size, shape and echotexture. Corticomedullary differentiation maintained. No calculi or mass lesions seen. No hydroureteronephrosis. Perinephric areas normal.

Left kidney: Measures 10.5 x 4.4cm and appears normal in size, shape and echotexture. Corticomedullary differentiation maintained. No calculi or mass lesions seen. No hydroureteronephrosis. Perinephric areas normal.

Urinary bladder: Well-distended with clear urine. No obvious calculus or mass seen. Bladder wall shows normal thickness.

Uterus: Anteverted, enlarged in size, measures 9 x 8 x 7cm. Intramural fibroid noted in posterior wall measuring 2.7x2.5cm. Seedling fibroids also noted. Endometrial thickness - 13mm.

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Ovaries: Both ovaries appear normal in size and echotexture.

Fluid in POD.

ASCITES: No free fluid in peritoneal cavity.

Aortic and paraaortic area:Normal.

No gross bowel related lesions.

IMPRESSION:-

- Grade I fatty liver – correlate with LFT.
- Enlarged uterus with fibroids.
- Fluid in POD.

Consultant Radiolog

NB: Sonological evaluation has its limitations and the report should be correlated with clinical and other relevant patient data.

FIG : 5 USG Abdomen & Pelvis after treatment

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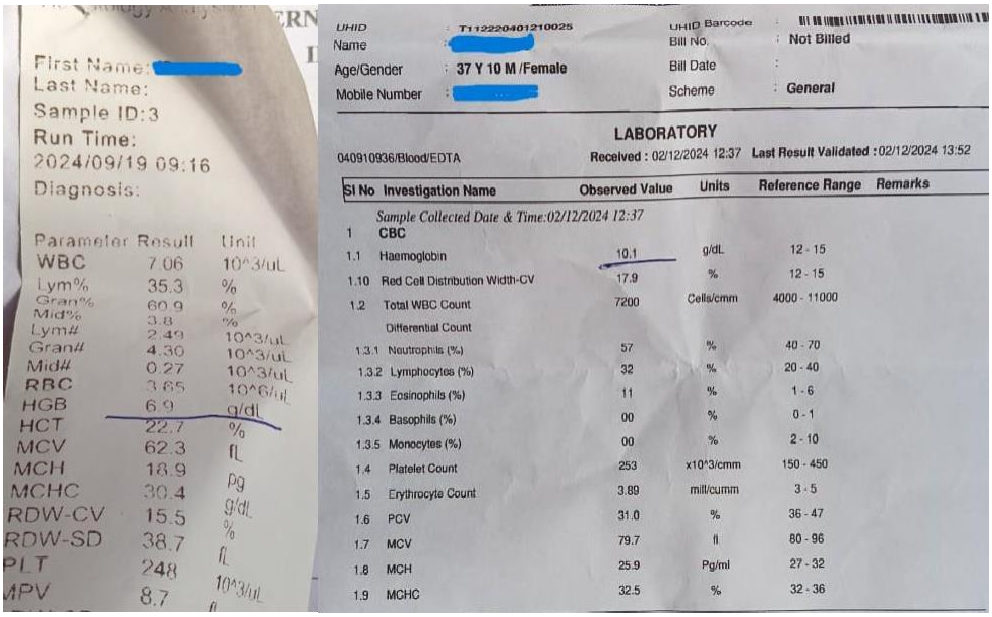

First Name:
Last Name:
Sample ID:3
Run Time:
2024/09/19 09:16
Diagnosis:

Parameter	Result	Unit
WBC	7.06	10^3/uL
Lym%	35.3	%
Gran%	60.9	%
Mid%	3.8	%
Lym#	2.49	10^3/uL
Gran#	4.30	10^3/uL
Mid#	0.27	10^3/uL
RBC	3.65	10^6/uL
HGB	6.9	g/dl
HCT	22.7	%
MCV	62.3	fL
MCH	18.9	pg
MCHC	30.4	g/dL
RDW-CV	15.5	%
RDW-SD	38.7	fL
PLT	248	10^3/uL
MPV	8.7	fl

UHID : T1122040121002S
Name :
Age/Gender : 37 Y 10 M /Female
Mobile Number :
UHID Barcode :
Bill No. : Not Billed
Bill Date :
Scheme : General

LABORATORY

040910936/Blood/EDTA
Received : 02/12/2024 12:37 Last Result Validated : 02/12/2024 13:52

Sl No	Investigation Name	Observed Value	Units	Reference Range	Remarks
	Sample Collected Date & Time:02/12/2024 12:37				
1	CBC				
1.1	Haemoglobin	10.1	g/dL	12 - 15	
1.10	Red Cell Distribution Width-CV	17.9	%	12 - 15	
1.2	Total WBC Count	7200	Cells/cmm	4000 - 11000	
	Differential Count				
1.3.1	Neutrophils (%)	57	%	40 - 70	
1.3.2	Lymphocytes (%)	32	%	20 - 40	
1.3.3	Eosinophils (%)	11	%	1 - 6	
1.3.4	Basophils (%)	00	%	0 - 1	
1.3.5	Monocytes (%)	00	%	2 - 10	
1.4	Platelet Count	253	x10^3/cmm	150 - 450	
1.5	Erythrocyte Count	3.89	mill/cumm	3 - 5	
1.6	PCV	31.0	%	36 - 47	
1.7	MCV	79.7	fl	80 - 96	
1.8	MCH	25.9	Pg/ml	27 - 32	
1.9	MCHC	32.5	%	32 - 36	

FIG:6 Hb before and after treatment

DISCUSSION

This is a case report which shows the efficacy of individualized homoeopathic medicines in the management of adenomyosis.

The patient first presented with symptoms of excessive menstrual bleeding and lower abdominal pain during menses. The first USG scan took on 10/11/2023 showed bulky uterus with features of adenomyosis with a small fibroid. *Pulsatilla* was prescribed in 200 potency after repertorisation using HOMPATH software and final consultation with the materia medica.

Pulsatilla was repeated according to the principles of homoeopathy. Patient showed symptomatically much improvement after the remedy. Second USG scan took on 20/9/24 showed no adenomyotic features. Multinodular goiter of the thyroid changed to a single isoechoic nodule of the left lobe.

Since there was no improvement, the patient was advised to stop using the thyroid medication *Thyroidinum* 3X. The patient was instructed to limit their intake of saturated fat, avoid goitrogenic foods, maintain a low-calorie diet, and engage in regular exercise and intake of iron rich food also suggested.

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Adenomyosis has long been thought of being a histological diagnosis obtained following abnormal uterine bleeding (AUB) or pelvic pain. Adenomyosis was an undertreated clinical disease until recently. Today's imaging developments allow for the diagnosis of adenomyosis using non-invasive methods as well.

To identify the presence of adenomyotic lesions and to choose the most effective treatment, transvaginal ultrasonography (TVUS) and magnetic resonance imaging (MRI) are both being used more and more. When it comes to diagnosing adenomyosis, it has been shown that both technologies offer comparable sensitivity and specificity.[13]

Homoeopathic remedies are effective in managing and curing surgical diseases like adenomyosis. Avoidance of surgery and preservation of the uterus especially in reproductive age group is possible through the homoeopathic mode of treatment.[10]

There are many medicines in homoeopathy which we can prescribe in case of adenomyosis. Some of the important medicines are - Nux vom , Secale core , Apis mel , Lachesis , Medorrhinum , Pulsatilla , Sepia ,Thuja , Pyrogen , Ars alb , Belladonna.[10]

There are various studies which demonstrate the usefulness of homoeopathic remedy Pulsatilla in correcting various endocrinal conditions like hypothyroidism, PCOD and other menstrual irregularities.[14]

In a study conducted on lower animals it was demonstrated that the pulsatilla has a specific action on the female reproductive tract and thyroid tissues. The effects of the drug Pulsatilla at 200 and 30 potencies on the thyroids, uteri, and ovaries of female albino rats were evaluated. It was discovered that the higher potency considerably decreased the weight of both the ovary and the uterine. It has been observed that pulsatilla lowers both the luminal epithelium and endometrial heights. The height of the thyroid epithelial cells was lower in the drug-treated animals than in the control group.[15]

Several cases that showed evidence of homoeopathy permitting successful treatment of adenomyosis were discovered after thorough searches across several databases. In a case study published by Sanjib Sahoo, adenomyosis was successfully treated with homoeopathic medicine Medorrhinum.[16] In another case study published by Hima Bindu Ponnam , adenomyosis in perimenopausal women was successfully treated by individualised medicine Conium maculatum.[17] Another case study published by the same author demonstrated the effectiveness of homeopathic remedies Trillium pendulum and Natrum muriaticum in both

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providing symptomatic relief and aiding in the full recovery of the uterine adenomyosis.[18]

We can see in this case study that the patient's overall symptoms have significantly improved. The patient's adenomyosis and multonodular goitre both improved, and there was a noticeable shift in the hemoglobin level as well. Following the course of therapy, the modified Naranjo criterion score was 13 (TABLE 3), which solely demonstrated positive causal attribution of the individualised homeopathic medicine in this instance.

The case study in this article demonstrated the value of homeopathic treatments for uterine adenomyosis, as well as the necessity of taking a complete medical history and practicing constitutional medicine. Following a final consultation with the Homoeopathic materia medica, the prescription was issued with the help of repertory, which also serves to validate the symptoms mentioned in these sources.

Additionally, this case report demonstrates that, by choosing the appropriate individualized remedy, pathological alterations (Uterine Adenomyosis, Multinodular goiter) can be reversed and health can be restored.

DOMAINS	YES	NO	NOT SURE OR (N/A)
1.Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed ?	+2	0	0
2.Did the critical improvement occur within a plausible time frame relative to the drug intake ?	+2	0	0
3.Was there an initial aggravation of symptoms	+1	0	0
4.Did the effect encompass more than the main symptom or condition were other symptoms ultimately improved or changed ?	+2	0	0
5.Did overall well-being improve ?	+2	0	0
6.Did the course of improvement follow Hering's Rule ?	0	0	0
7.Did 'old symptoms' (defined as non seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement ?	0	0	0
8.Are there alternate causes (other than the medicine) that-with a high probability – could have caused the improvement ?(known course of disease ,other forms of treatment and other clinically relevant interventions)	0	+1	0

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9.Was the health improvement confirmed by clinical observation ?	+2	0	0
10.Did repeat dosing ,if conducted , create similar clinical improvement ?	+1	0	0

TABLE 3: Assessment using modified Naranjo criteria score

CONCLUSION

Patient came to the gynaecology OPD on 1/11/2023 with classic symptoms of adenomyosis. The diagnosis was confirmed by USG scan of abdomen and pelvis. By considering the totality of symptoms of the patient and by further consultation of the homeopathic materia medica and repertory *Pulsatilla* was given as a constitutional remedy. The outcome of treatment was assessed by USG scan taken after treatment.

This case study demonstrates the efficacy of homeopathic therapy in the treatment of adenomyosis and other ailments. This study also shows that a patient can be completely cured if the right constitutional treatment is given. Here, we can also observe a noticeable alteration in the multinodular goitre. It also indicates that in surgical cases like these, homeopathy may be the preferred course of treatment.

As it is only a single case report, in order to confirm the efficacy of Pulsatilla and other homeopathic remedies in the treatment of adenomyosis and other associated disorders, more research is required.

THE PATIENT'S CONSENT

was acquired in order to write the manuscript.

CONFLICT OF INTEREST

None

REFERENCES

1. toaz.info-duttax27s-textbook-of-gynecology-8th pr_6db8107b8d4f590e24c55f9a39d6b492.pdf.
2. Moawad G, Fruscalzo A, Youssef Y, Kheil M, Tawil T, Nehme J, et al. Adenomyosis: An Updated Review on Diagnosis and Classification. J Clin Med. 2023 Jan;12(14):4828.

3. Struble J, Reid S, Bedaiwy MA. Adenomyosis: A Clinical Review of a Challenging Gynecologic Condition. J Minim Invasive Gynecol. 2016 Feb 1;23(2):164–85.
4. Schrager S, Yogendran L, Marquez CM, Sadowski EA. Adenomyosis: Diagnosis and Management. Am Fam Physician. 2022 Jan 1;105(1):33–8.
5. Gunther R, Walker C. Adenomyosis. In: StatPearls [Internet] [Internet]. StatPearls Publishing; 2023 [cited 2023 Aug 22]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK539868/
6. Nagandla K, Idris N, Nalliah S, Sreeramareddy CT, George SR, Kanagasabai S. Hormonal treatment for uterine adenomyosis. Cochrane Gynaecology and Fertility Group, editor. Cochrane Database Syst Rev [Internet]. 2014 Nov 11 [cited 2023 Aug 11]; Available from:https://doi.wiley.com/10.1002/14651858.CD011372
7. Upson K, Missmer SA. Epidemiology of Adenomyosis. Semin Reprod Med. 2020 May;38(2–03):89–107.
8. Taran FA, Stewart EA, Brucker S. Adenomyosis: Epidemiology, Risk Factors, Clinical Phenotype and Surgical and Interventional Alternatives to Hysterectomy. Geburtshilfe Frauenheilkd. 2013 Sep;73(9):924–31.
9. Li JJ, Chung JPW, Wang S, Li TC, Duan H. The Investigation and Management of Adenomyosis in Women Who Wish to Improve or Preserve Fertility. BioMed Res Int. 2018 Mar 15;2018:e6832685.
10. Js DrS, Reddy DrTA, Madhumitha K, Laharika K. Adenomyosis and homoeopathy. Int J Homoeopath Sci. 2023 Jan 1;7(1):89–91.
11. Pulsatilla. - Hand Book of Materia Medica and Homoeopathic Therapeutics. - By T. F. Allen. - Presented by Médi-T. [Internet]. [cited 2025 Jan 30]. Available from:http://www.homeoint.org/books1/allenhandbook/p/puls.htm
12. GA11 Adenomyosis - ICD-11 MMS [Internet]. [cited 2025 Jan 30]. Available from: https://www.findacode.com/icd-11/code-171294592.html
13. Moawad G, Fruscalzo A, Youssef Y, Kheil M, Tawil T, Nehme J, et al. Adenomyosis: An Updated Review on Diagnosis and Classification. J Clin Med. 2023 Jul 21;12(14):4828.
14. Development_of_a_clinical_prediction_mod.pdf.

15. Prasad S, Chandrasekhar K. Effect ofPulsatilla 30 and 200 potencies (a homoeopathic drug) on the ovaries, the uteri and the thyroids of female albino rats. Proc Indian Acad Sci. 1977 Feb 1;85(2):100–6.
16. Sahoo S, Mukherjee S, Roy B, Saha D, Mahato AP. A holistic and individualised homoeopathic approach to adenomyosis – A case report. J Integr Stand Homoeopathy. 2025 Jan 21;7(3):166–72.
17. Ponnam HB, Ciluveru NK, Irfan M, Chakali B. Adenomyosis in a Perimenopausal Woman Treated by Potentized Poison Hemlock—A Case Report. Homœopathic Links. 2020 Jan 7;32:251–5.
18. Ponnam HB, Suryanarayana YS. A Case of Adenomyosis of the Uterus. Homœopathic Links. 2014 Jun 5;27:96–9.

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