

# **Homeopathic treatment of vaginal leiomyoma in a dog: case report.**

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## **ABSTRACT**

The most common vaginal neoplasias in old dogs are leiomyoma and fibroma. Although surgical excision is the indicated treatment, it does not eliminate potential complications that may lead to death or poor quality of life. This paper reports the case of a 9 year-old female Doberman dog with vaginal leiomyoma attended by copious and recidivating colporrhagia homeopathically treated between March and December 2005. Homeopathic approach was the one designed at Homeopathic Unit of the Veterinary Hospital, Rural Federal University of Rio de Janeiro, Brazil. The progress of disease was assessed through clinical evaluation, laboratory exams and ultrasonography. Hemorrhage decreased while the general clinical state of the animal improved. After 7 months of homeopathic treatment, the tumor was spontaneously eliminated through violent abdominal contractions, which was followed by recovery of the animal's state of health.

**Keywords:** Homeopathy; Veterinary medicine; Tumors; Leiomyoma; Vaginal; Dogs

## **Introduction**

Neoplasias of the female genital system in dogs are rare [1] and occur mainly in old animals [2,3]; early detection is difficult as in most cases, coexistent chronic diseases mask the initial signs of neoplasia [4-6]. The main tumors involved are leiomyoma and fibroma, that may develop in extraluminal mode and therefore, affect the function of neighboring organs [7].

Surgical excision is the first therapeutic choice when total ablation is possible [8] and can be associated to castration [9]. Radio- and chemotherapy, alone or associated to surgery had also been employed, with low therapeutic rates of success [10-13]. In such cases, survival time and duration of remission show unfavorable rates in old animals [14].

Homeopathic therapy has been used to revert adverse effects of chemo and radiotherapy [15-17], improve quality of life [18,19] and as specific treatment of some tumors, e.g. chondrosarcoma [20], skin neoplasias [21] and malignant hystiocitoma [22].

Reports of homeopathic treatment of human female genital tumors point out to favorable outcomes in uterine fibroma, with decrease of pain and endometrial hemorrhage [23], and leiomyosarcoma [24].

It is presented the report of a case of vaginal leiomyoma in an old dog subjected to homeopathic treatment.

## **Case Report**

9 year-old Doberman female dog presenting leiomyoma, followed up from March to December 2005. Homeopathic approach was the one described by Pinto [25] Homeopathic prescription was based on the correlation of the clinical homeopathic diagnosis and the clinical, repertory and pathogenetic picture presented by the patient.

Main complaint was vaginal bleeding. The animal had presented an initial episode of copious colporrhagia in April, 2004, a tumoral mass was then detected on the vaginal floor.

Ultrasonography revealed the presence of a heterogenous mass in the vaginal canal, measuring 15 x 4.5 cm, extending from the vaginal fornix to the vestibule. (Figure 1).

Since that moment, the patient had present repeated episodes of colporrhagia, which had not improved with neither conventional nor homeopathic (Arnica montana 6cH, Cactus grandiflorus 1cH and Phosphorus 100cH) treatments. It was brought to our clinic in March 2005, presenting new colporrhagia episodes. The owner told that such episodes tended to occur most frequently in the evening and were preceded by a state of physical restlessness and followed by prostration. The animal was also sensitive to changes in climatic conditions; urination and evacuation required intense strain.



**Figure 1:** USG disclosing vaginal heterogeneous mass with 15cm x 4,5cm of dimension.

**Table 1:** Clinical symptoms and repertory correlations [39].

Clinical symptoms	Repertory rubrics
It is always near the owner	Mind, Company, desire of
Urinary retention	Bladder, Retention urine
Vaginal tumoral mass Copious vaginal bleeding of dark blood with clots.	Feminine, Metrorrhagia, fibromas by* Feminine, Dark metrorrhagia blood* Feminine, Metrorrhagia clots* Feminine, Tumors vagina
Constipation	Rectum, Constipation, difficult defecation
Anemia Bleeding Dark blood with coagulum Change of weather aggravates Tumor	Generalities, Anemia Generalities, Hemorrhage dark blood Generalities, Hemorrhage blood coagulum Generalities, Weather changes agg. Generalities, Tumors fibroma hemorrhagic

Physiological antecedents disclosed the patient was primipare, proestrus characterized by intense hemorrhage and estrus, by intense tumefaction of the vulva. The animal had been subjected to standard medical prophylaxis procedures, including quarterly use of vermicides and vaccinations (rabies, cinomosis, hepatitis, leptospirosis, canine

coronavirus, canine parvovirus, influenza, tetanus and canine infectious tracheobronchitis). Previous illnesses included giardiasis attended with enterorrhagia (in 1996), ehrlichiosis and cervical caudal subluxation – Wobbler’s syndrome (in 2001) and pyometritis with castration (in 2002).

Among significant familiar antecedents, the animal's mother had died at age 11 from congestive cardiac insufficiency and had also presented mammary neoplasia. Its father had been sacrificed at age 9, due to hypothyroidism, generalized pyodermitis and septicemia. Our patient had cohabited with other dogs of the same race and had received regular veterinary care.

Examination showed a very aggressive animal, of a peculiar racial biotypology with well developed muscles and bones; round trunk; bones in limbs had low development and presented support in hyperextension; the costo-sternal angle was less than 90°. The animal presented paleness of tongue, oral and ocular mucosae. Presence of copious colporrhagia of dark blood with clots, preceded by intense abdominal contractions attended with moaning.

Examination with speculum revealed the presence of a projected tumoral mass in the vaginal canal.

On these grounds, the following diagnoses were established: 1) Clinical: vaginal tumor and Wobbler's syndrome; 2) Dynamic clinical prognosis : severely lesional / incurable; 3) Biopathographical factors: previous illnesses, hysterectomy and vaccinations; 4) Biotypological: mixed phosphoric and carbonic constitution; 5) Temperamental: atrabiliary; 6) Diathetic: sycosis.

Therapeutic priority was given to genital hemorrhage. Selection and analysis of symptoms are presented on Table 1; resulting remedies, in Table 2. Clinical management and evolution are described in Table 3.

**Table 2:** Repertory analysis (Coverage/Punctuation) [39]

<b>Homeopathic Medicines (covering/punctuation.)</b>			
<i>Phosphorus</i> 10/19	<i>Nitricum acidum</i> 10/16	<i>Sulphur</i> 9/17	<i>Lycopodium</i> 9/15
<i>Mercurius solubilis</i> 9/14	<i>Calcarea carbonica</i> 8/15	<i>Sabina</i> 8/13	<i>Sulphuric acidum</i> 8/10
<i>Platina</i> 7/14	<i>Silicea</i> 7/13	<i>Secale cornutum</i> 7/11	<i>Calcarea phosphorica</i> 5/8
<i>Chamomilla</i> 5/8	<i>Thlaspis bursa pastoris</i> 5/8	<i>Trillium pendulum</i> 4/6	<i>Hydrastis canadensis</i> 3/5

## Discussion

The clinical diagnosis of vaginal leiomyoma grounded on clinical examination and ultrasonography was confirmed by histological analysis [26].

Development of leiomyoma in females is influenced by sexual hormones [27], which may explain the relatively low occurrence of vaginal neoplasias in castrated dogs [1,28].

However, in our case, although the dog was castrated, a tumoral mass developed causing mechanical interference on the adjacent structures resulting in urine retention and constipation, which are rare occurrences [7].

Surgery was not performed due to the size and localization of the tumor, that made complete

excision impossible, whereas the age and clinical state of the patient added risk factors [7,29-31].

From a strict homeopathic standpoint, some considerations are in order. First, the atrabiliary temperamental condition of the patient – established on the basis of lack of plasticity and tonicity – inherent to its age and ongoing disease [32] contributed to decide for a homeopathic treatment in this case, even though a previous homeopathic approach, different from ours, had failed.

Then, although the current stage of the disease, as well as its localization, the age of the patient and the clinical state indicated poor prognosis (severely lesional/incurable from a dynamic point of view), the homeopathic treatment resulted in full remission, against our initial expectation.

**Table 3:** Clinical management and evolution

Date	Clinical evolution	Prescription
3/3/05		Euphorbia tirucalli 6cH + Thlas 6cH + Myoma 6cH, 5 drops, once daily for 1 month.
3/4/05	Bleeding stopped, faster than with previous treatments.	
3/6/05	Colporrhagia returned.	Addition of Phos 6cH. Bleeding stopped 2 hours after.
6/21/05	Colporrhagia returned. Asked complete blood analysis.	No medication
10/10/05	Steady clinical state with occasional bleeding.	Myoma 6cH + Nit-ac 6cH 5 drops, once daily for 15 days.
10/18/05	Leukorrhoea followed by intense bleeding.	Medication kept
10/23/05	Episode of copious colporrhagia; yellow-green nasal secretion of odd odor, with formation of adherent crusts.	Thlas 6cH + Euph-t 6cH 5 drops, once daily for 6 days.
10/26/05	Fetid leucorrhoea	Owner gave enrofloxacin for 3 days
10/29/05	Fetid leucorrhoea persists; abdominal contractions as from childbirth followed by vaginal elimination of 2 tumoral masses (12 x 4 cm and 3.5 x 2.5 cm) of firm consistency and an area of necrosis in the grain stalk of the larger one, with discrete bleeding. (Figures 2, 3, 4). Material was collected for hystopathological analysis: leiomyoma. Ultrasonography: no alterations (figure 5).	Myoma 6cH for 15 days
11/4/05	Good clinical conditions, but urinary incontinence; some bleeding in the mornings.	Thlas 6cH 5 drops in single dose.
11/5/05	Good clinical state; urinary incontinence.	No medication.
12/27/05	No complaints, good clinical conditions.	Discharge

Third, biopathographical data pointed out to luetic (giardiasis, erlichiosis) and sycotic (pyometritis, leiomyoma) antecedents [25]. Wobbler's syndrome has no diathetic classification yet. Therefore, this patient had suffered in its past from a luetic-sycotic interaction, leiomyoma as ongoing disease pointed out to a functional prevalence of sycosis, which helped in the selection of the suitable homeopathic remedies [25]. The mixed phosphoric – carbonic biotypological constitution was of racial and not of

adaptative origin. This occurrence may point out to structural incompatibilities between diathesis reactivity patterns. This notion reinforces the need to deal with this kind of clinical situations with anti-sycotic homeopathic remedies [33].

The main circumstantial medicine chosen among those indicated by repertory analysis was *Thlaspis bursa pastoris*. This remedy was compatible with both the main complaint and diathesis of the patient, as it is indicated in genital hemorrhages

associated to tumors [25,34]. Alternation of *Thlaspis bursa pastoris* with *Euphorbia tirucalli* and *Myoma* might be the responsible for the clinical recovery of the patient, as the former is used in the treatment of cancer and its clinical complication [36] and regarding the latter, biotherapeutic may be used, in general, as immunomodulators [37].

After 7 months of using those remedies, *Nitricum acidum* was introduced, as a remedy directed against *sycosis*. This, however, elicited worsening of the hemorrhage and the general state; for this reason it was discontinued after 13 days of use and the earlier therapeutic scheme was introduced.

Complete clinical recovery occurred 6 days after discontinuance of *Nitricum acidum* and spontaneous elimination of the tumoral mass. These chronology supplies strong indexes to suspect that it was this same remedy which promoted the defining event, which is strengthened by the fact that *Nitricum acidum* has particular action on genital neoplasias which bleed on the slightest contact [35] and there are reports of its efficacy in the treatment of genital tumors [23,38]. There are not reports in the literature about therapeutic ejection of leiomyoma in dogs.



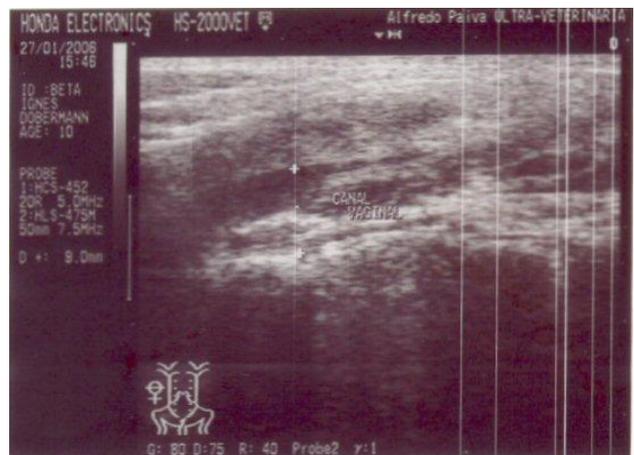
**Figure 2:** colporrhagia with dark coagulum.



**Figure 4:** tumoral mass after elimination with area of necrosis in the grain stalk.



**Figure 3:** protrusion of tumoral mass through vulva.



**Figure 5:** USG showing linear vaginal canal with preserved and regular walls, without ecographic alteration.

## Conclusions

The favorable outcome in this case shows that homeopathy may be a valuable resource in the treatment of vaginal tumors in dogs. This is particularly significant as conventional treatment had failed and surgery was not a viable option.

On the other hand, this case constitutes one further evidence for our therapeutic protocol, in the face of its success and the failure of earlier homeopathic treatment grounded on other considerations.

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Support: authors declare that this study received no funding

Conflict of interest: authors declare there is no conflict of interest

Received: 22 August 2008; Revised 05 September 2008; Published: 15 September 2008

Erratum: 30 Dec 2008. ([http://www.feg.unesp.br/~ojs/zacha\\_ijhdr/erratum/?v=7&i=24&pi=152](http://www.feg.unesp.br/~ojs/zacha_ijhdr/erratum/?v=7&i=24&pi=152))

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How to cite this article: Ferreira MIC, Pinto LF. Homeopathic treatment of vaginal leiomyoma in a dog: case report. Int J High Dilution Res [online]. 2008 [cited YYYY Mmm DD]; 7(24):152-158. Available from:

<http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/304/358>.