

Whispers before the flow: a case series on homoeopathic intervention in Pre-Menstrual Syndrome (PMS)

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Abstract

Premenstrual syndrome (PMS) is a common disorder characterized by a combination of emotional, physical, and behavioral symptoms occurring in the luteal phase of the menstrual cycle and significantly affecting quality of life. This case series evaluates the clinical outcomes of individualized homoeopathic treatment using 50-millesimal potencies in three female patients diagnosed with PMS. Each case was assessed using the Shortened Premenstrual Assessment Form (SPAF) to quantify symptom severity at baseline, 3 months, and 6 months. Following detailed case taking, individualized remedies were prescribed in accordance with homoeopathic principles. All three patients showed marked clinical improvement, as evidenced by a consistent reduction in SPAF scores over time. Additionally, the Modified Naranjo Criteria for homoeopathy were applied to assess the causal relationship between the prescribed remedies and therapeutic outcomes, with all cases scoring +9 out of a possible 13. No adverse effects were reported during the treatment course. The results suggest a potential role for individualized homoeopathy in the management of PMS. While promising, these findings are based on a limited number of cases and should be interpreted with caution. Larger controlled studies are warranted to further explore the efficacy and reproducibility of this therapeutic approach.

Introduction

Premenstrual syndrome (PMS) refers to a constellation of emotional, physical, and behavioral symptoms that typically occur during the luteal phase of the menstrual cycle and resolve with the onset of menstruation. While premenstrual symptoms may not always interfere with daily functioning, PMS represents a more severe manifestation that can significantly affect a woman's personal, social, and professional life, leading to distress and impairment across various

domains of functioning [1,2]. The syndrome was first described in 1931 by Frank and Horney, and since then, its recognition has grown globally [3].

PMS is highly prevalent among women of reproductive age. Epidemiological studies suggest that up to 75% of women may experience some form of PMS during their reproductive years, with approximately 3% to 8% reporting symptoms of extreme

severity [4]. A global study reported a pooled prevalence of 47.8%, reflecting significant geographical variation [5].

The symptom complex of PMS may be likened to the buildup of pressure in a cooker, where the emotional and physical tension accumulates in the days preceding menstruation and finds its release once the menstrual flow begins. This metaphor highlights the dynamic nature of PMS symptoms, which intensify prior to menstruation and often subside thereafter. Common symptoms include mood swings, irritability, anxiety, depression, abdominal bloating, breast tenderness, headaches, and changes in appetite. Premenstrual dysphoric disorder (PMDD), a more severe form of PMS, is characterized by cyclical recurrence of emotional and behavioral symptoms for at least two menstrual cycles [6].

Multiple interrelated factors contribute to the onset and persistence of PMS, and effective

management must consider these underlying influences. Various biological, psychological, and social factors have been proposed, although no single definitive mechanism has been established. Hormonal fluctuations, particularly involving estrogen and progesterone during the luteal phase, are considered central. Other proposed mechanisms include vitamin B6 (pyridoxine) deficiency, disturbances in serotonin and endorphin levels, altered carbohydrate metabolism, increased secretion of vasopressin, aldosterone, and prolactin, and changes in prostaglandin activity [7]. Additionally, studies involving women who underwent hysterectomy but retained their ovaries support the role of ovarian hormones in the pathogenesis of PMS [3].

PMS is primarily diagnosed based on clinical history and symptom diaries maintained across menstrual cycles. No specific laboratory test confirms the diagnosis, as PMS is not associated with identifiable

organic pathology. The symptom pattern and its cyclical nature remain key to diagnosis.

From a homoeopathic perspective, PMS is viewed not merely as a hormonal imbalance but as a manifestation of the individual's mental and physical susceptibility. Factors such as personality traits, emotional responses to stress, grief, and suppressed anger are central to remedy selection. The present study aims to explore the clinical outcomes of individualized homoeopathic treatment using 50-millesimal potencies in patients with PMS. These potencies were chosen based on Hahnemann's recommendation in aphorism 248 of the sixth edition of the *Organon of Medicine*, allowing for frequent repetition with minimal aggravation [8]. The Shortened Premenstrual Assessment Form (SPAF), a validated tool, was used to evaluate symptom severity [9], and treatment causality was assessed using the Modified Naranjo Criteria for Homoeopathy [10].

In this study, 50-millesimal (LM) potencies were used for individualized homoeopathic prescriptions. The 50-millesimal scale, introduced by Samuel Hahnemann in the sixth edition of the *Organon of Medicine*, involves a unique method of potentization where one part of the medicinal substance is triturated and serially diluted in a ratio of 1:50,000 with succussion at each step. The resulting potency is administered in liquid form, often in daily doses, with adjustments as per the patient's response. This scale allows for a gentler, more gradual stimulation of the vital force, enabling frequent repetition without the risk of aggravation that may be seen with other potencies. It is particularly suited for chronic conditions, hypersensitive individuals, and cases requiring long-term management. The dynamic preparation and individualized dosing of LM potencies aim to achieve both therapeutic effectiveness and safety. In the context of PMS, which often presents with cyclic and multi-dimensional

symptoms, LM potencies offer a flexible and responsive approach to individualized treatment [8].

Case profiles

Case 1

A 22-year-old female medical student presented to the outpatient department on 24 April 2023 (OPD Regn No. 1011488) with complaints of left-sided breast pain and a sensation of swelling occurring a few days prior to menstruation. The pain was described as sharp and shooting, with aggravation on pressure, and it subsided with the onset of menses. She also reported abdominal distension, backache, feeling of weakness and want of appetite few days prior to the premenstrual period. Psychologically, she described herself as mentally low, a queer ill feeling all over before menses all of which improved once menstruation began.

Menarche occurred at 12 years of age. Her menstrual cycles were regular but marked by early onset and profuse flow with clots. She had a history of recurrent upper respiratory tract infections, including tonsillitis and hoarseness of voice, and had been diagnosed with thyroid dysfunction two years prior. Acne since puberty was also noted. Her appetite was normal, with a marked craving for salty food and an aversion to sour or acidic substances. General examination revealed mild pallor suggestive of anemia.

Psychosocial evaluation revealed a history of emotional stress following a recent breakup. She expressed feelings of guilt related to her academic responsibilities, describing a sense of sadness which worsen before menses each month. There was no history of substance use or significant weight change. Family history included bronchial conditions in her paternal grandfather.

Given the characteristic symptomatology and emotional state, the patient was prescribed *Bromium* in 50-millesimal potency (0/1), administered once daily on an empty stomach. Monthly follow-ups were conducted over six months, during which the

remedy was continued in ascending potencies as per homoeopathic principles. Gradual and sustained improvement in both physical and psychological symptoms was observed over the treatment period, as reflected in the declining SPAF scores.

Table 1: Clinical follow-up and prescription summary for Case 1

Follow-up	Date	Clinical observations	Prescription	SPAF score
Baseline	24.04.2023	Sharp pain and swelling in the left breast; abdominal distension, backache, feeling of weakness and want of appetite, mentally low, a queer ill feeling all over, sadness.	<i>Bromium</i> 0/1, 16 doses; one dose daily on an empty stomach	26
4th visit	27.07.2023	Improvement in mental symptoms; reduced intensity of pain and swelling; abdominal symptoms less prominent	<i>Bromium</i> 0/4, 16 doses; one dose daily on an empty stomach	18
7th visit	29.10.2023	Marked reduction in breast pain and swelling; mental state better; occasional mild abdominal discomfort before menses less.	<i>Bromium</i> 0/7, 16 doses; one dose daily on an empty stomach	12

Case 2

A 25-year-old female medical student (OPD Regn No. 976469) presented on 10 January

2023 with a one-and-a-half-year history of premenstrual symptoms, including bilateral

breast heaviness and tenderness, headache, colicky abdominal pain, and leucorrhoea. These symptoms typically appeared one week prior to menstruation and subsided gradually within the first few days of flow. Her menstrual cycle was regular but consistently early, with alternating months of increased flow. The discharge was red and occasionally clotted. She also reported bloating, abdominal cramps, acidity, and irritability in the premenstrual period.

Her mental state before menstruation was characterized by a confused and apprehensive mood, fear of misfortune, and sudden emotional outbursts. She expressed a longing for fresh air and reported feeling better when exposed to it. Her appetite was variable and stimulated only by preferred or flavorful food. She had a strong craving for eggs and perspired profusely with a sour odour. Sleep was excessive, and she expressed aversion to physical activity. She

also reported a weight gain of approximately 10 kg over the past two years, though her thyroid profile was within normal limits.

Menarche occurred at the age of 10, with regular cycles since then. Her medical history included recurrent tonsillitis in childhood and frequent nightmares. Family history revealed hypothyroidism in her mother and chronic eczema in her father. No significant psychiatric history was noted.

Based on her physical and mental symptomatology, the patient was prescribed *Calcarea ostrearum* 0/1, to be taken once daily on an empty stomach. Monthly follow-ups were conducted, and the remedy was continued in gradually ascending potencies as per homoeopathic principles. Over the six-month treatment period, the patient reported steady improvement in both physical and emotional symptoms, with progressive reduction in SPAF scores.

Table 2: Clinical follow-up and prescription summary for Case 2

Follow-up	Date	Clinical observations	Prescription	SPAF score
Baseline	10.01.2023	Bilateral breast tenderness, headache, colic, leucorrhoea; mental confusion, fear of misfortune, emotional outbursts; symptoms aggravated one week before menses	<i>Calcarea ostreorum</i> 0/1, 16 doses; one dose daily on an empty stomach	43
4th visit	31.03.2023	Improvement in both physical and mental symptoms; decreased intensity of premenstrual discomfort	<i>Calcarea ostreorum</i> 0/4, 16 doses; one dose daily on an empty stomach	24
7th visit	19.06.2023	Marked relief in breast tenderness, headache, and colic; significant improvement in mood; mild abdominal discomfort.	<i>Calcarea ostreorum</i> 0/7, 16 doses; one dose daily on an empty stomach	14

Case 3

A 22-year-old female medical student (OPD Regn No. 872484) presented on 6 January 2023 with complaints of moderate menstrual bleeding accompanied by recurrent premenstrual symptoms over the past year. Her symptoms included headache, nausea, vomiting, vertigo, abdominal cramps, and backache, all of which typically emerged a

few days before menstruation and improved with the onset of flow. Emotionally, she reported pronounced irritability, sadness, and a tendency to weep when alone. She expressed a strong aversion to consolation and advice, preferring solitude during these episodes. Headaches were relieved by sleep,

and she described a marked intolerance to sunlight, with preference for cool, open air.

Menarche occurred at 13 years of age, with otherwise regular cycles except occasional irregularities. Her diet lacked vegetables and fruits, although she followed a vegetarian diet. She had a consistent craving for salty and fast food. Sleep was irregular, and her lifestyle was largely sedentary. Past medical history revealed a prior episode of jaundice. While she did not complain of heavy menstrual bleeding, general examination indicated mild anaemia. According to her peers, she had experienced noticeable weight loss over the past year.

Psychosocial evaluation revealed no history of substance abuse. However, she reported a background of suppressed grief related to

academic disappointment, particularly after failing to secure a medical seat through NEET and subsequently enrolling in a BHMS course. Family history included diabetes mellitus and hypertension in her father, and mental health issues in her mother and brother.

Given her emotional state, psychosomatic symptoms, and overall presentation, she was prescribed *Natrium muriaticum* 0/1, to be taken once daily on an empty stomach. Monthly follow-ups were conducted, and the same remedy was continued in ascending 50-millesimal potencies. Over a six-month period, she demonstrated steady clinical improvement, particularly in emotional well-being and somatic complaints, as evidenced by the progressive decline in SPAF scores.

Table 3: Clinical follow-up and prescription summary for Case 3

Follow-up	Date	Clinical observations	Prescription	SPAF score
Baseline	06.01.2023	Headache, nausea, vomiting, vertigo, abdominal cramps, backache; irritability, sadness, weeping, aversion to consolation; aggravated before menstruation	<i>Natrium muriaticum</i> 0/1, 16 doses; one dose daily on an empty stomach	37
4th visit	06.04.2023	Partial relief in emotional symptoms; decreased frequency of vertigo, headache, and abdominal discomfort	<i>Natrium muriaticum</i> 0/4, 16 doses; one dose daily on an empty stomach	28
7th visit	07.07.2023	Marked improvement in mood and irritability; occasional mild abdominal discomfort.	<i>Natrium muriaticum</i> 0/7, 16 doses; one dose daily on an empty stomach	14

Table 4: Modified Naranjo criteria score for all the three cases

Modified Naranjo Criteria	Case 1	Case 2	Case 3
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	+2	+2
2. Did the clinical Improvement occur within a plausible timeframe relative to the drug intake?	+1	+1	+1

3. Was there an initial aggravation of symptoms?	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	+1	+1
5. Did overall well-being improve? (suggest using validated scale)	+1	+1	+1
6A. <i>Direction of cure</i> : did some symptoms Improve in the opposite order of the development of symptoms of the disease?	0	0	0
6B. <i>Direction of cure</i> : did at least two of the following aspects apply to the order of Improvement of symptoms: <ul style="list-style-type: none"> - from organs of more importance to those of less importance? - from deeper to more superficial aspects of the individual? - from the top downwards? 	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? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	+1	+1	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	+1	+1
Total	+9	+9	+9

Discussion

PMS has a significant global burden and is increasingly being recognized for its impact on quality of life in reproductive-aged women. According to previous studies, approximately 20–75% of women experience PMS, with varying severity, and around 3–8% suffer from more extreme forms such as premenstrual dysphoric disorder (PMDD) [4,5,11]. Indian studies echo these findings; for instance, Raval et al. reported a prevalence of 18.4% for PMS and 3.7% for

PMDD among college students in Gujarat [12]. These risk factors were commonly present in our cases, including poor dietary habits, irregular sleep patterns, and sedentary lifestyles.

The psychological burden associated with academic pressures, particularly related to competitive exams like NEET was found to be a common trigger in the presented cases. Emotional stress, suppressed grief, and internalized anger were especially prominent

in Cases 1 and 3, aligning with psychological factors previously identified as contributors to PMS [7,8]. PMS is widely acknowledged to involve hormonal fluctuations, neurochemical imbalances (e.g., serotonin and beta-endorphins), and individual psychosocial stress responses, creating a complex interplay that affects both body and mind [3,7].

In all three cases, individualized homoeopathic remedies were selected after comprehensive case taking, considering both physical generals and mental-emotional characteristics. The consistent improvement in symptomatology and SPAF scores, without any reported side effects, underscores the clinical relevance and safety of individualized homoeopathic intervention in managing PMS symptoms.

While conventional therapies for PMS often involve hormonal contraceptives, antidepressants, and lifestyle modifications,

these approaches primarily offer symptomatic relief and may carry undesirable side effects [1,6]. Homoeopathy, by contrast, seeks to address the root cause through individualization and holistic understanding of the patient. The Modified Naranjo Criteria, used in this study to assess the causal relationship between treatment and outcome, further validated the role of homoeopathic intervention in each case, with a score of +9 for all three patients [10].

Nevertheless, the primary limitation of this case series lies in its inherent design, namely, the small sample size and absence of a control group. While the results are promising, they cannot be generalized to the wider population without further controlled trials. Another limitation is the subjective nature of symptom reporting, which may be influenced by patient perception or external stressors. Future research, preferably with randomized controlled trials and larger cohorts, is

essential to strengthen the evidence base for homoeopathic management of PMS.

An important component of homoeopathic case management lies in understanding remedy profiles that correspond to characteristic PMS presentations. A variety of homoeopathic medicines have traditionally been used in PMS management, depending on the mental state, modalities, physical symptoms, and causative factors. Among these, **Bromium**, used in Case 1, is indicated for glandular swellings, breast tenderness, and emotional suppression, particularly when symptoms intensify before menses and are relieved by the onset of flow [15]. **Calcarea ostrearum**, used in Case 2, is suited to patients with fatigue, weight gain, profuse perspiration, and emotional insecurity—often with a craving for eggs and difficulty tolerating stress [15]. **Natrium muriaticum**, prescribed in Case 3, is a well-known remedy for individuals with suppressed grief, aversion to consolation, and

internalized emotional pain, often associated with salt cravings and irregular menstruation [14].

Apart from these three, several other remedies have also shown clinical utility in PMS management. **Pulsatilla nigricans** is suitable for mild, tearful women with changeable moods, thirstlessness, and aggravation in closed environments. **Sepia officinalis** is often indicated in women who feel worn out from daily responsibilities and exhibit irritability, pelvic congestion, and indifference to loved ones. **Ignatia amara** addresses complaints arising from emotional suppression, especially grief, and is known for its characteristic sighing and emotional contradictions. **Staphysagria** is considered in cases of suppressed anger and wounded pride, particularly when pelvic pains are present before menstruation.

Sulphur, **Calcarea carbonica**, and **Lycopodium clavatum**: the so-called "three

major psoric polychrests" are frequently used constitutional remedies, particularly when deeper metabolic or constitutional imbalances are suspected. **Sulphur** is suited to warm-blooded, intellectual individuals with poor hygiene and erratic energy. **Calcarea carbonica** is appropriate for slow, cautious, and anxious patients with physical sluggishness and glandular involvement. **Lycopodium** is often indicated for those with anticipatory anxiety, digestive complaints, and low self-confidence masked by arrogance.

Other remedies such as **Gelsemium sempervirens** (for weakness and trembling before menses), **Cocculus indicus** (for nervous exhaustion), **Cyclamen europaeum** (for menstrual irregularities with visual aura), and **Lachesis mutus** (for left-sided complaints and aggravation from tight clothing) are prescribed based on specific symptom profiles. **Conium maculatum**, **Kali carbonicum**, and **Belladonna** are

additional options that cover a range of PMS-related complaints including emotional instability, pelvic congestion, and hormonal irregularities [14-16].

The diversity of remedy indications underscores the importance of individualized prescription in homoeopathy, as there is no one-size-fits-all approach[17,18]. This case series highlights the effectiveness of tailoring treatment not only to physical complaints but also to the unique mental and emotional constitution of each patient which is a core tenet of homoeopathic philosophy.

Conclusion

This study demonstrated a positive therapeutic response to individualized homoeopathic treatment in three women with premenstrual syndrome, with notable reductions in symptom severity over a six-month period. The findings suggest a

possible clinical benefit of individualized 50-millesimal remedies in PMS management. However, future research should aim to validate these outcomes through well-designed randomized controlled trials with larger cohorts, standardized outcome measures, and long-term follow-up to establish efficacy, reproducibility, and safety in broader populations.

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Ethical approval

The study was reviewed and approved by the Institutional Ethics Committee of the National Institute of Homoeopathy, Kolkata. Written informed consent was obtained from all participants prior to inclusion in the study and for the publication of anonymized clinical details.

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