



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

A CASE OF LOW-LYING PLACENTA TREATED WITH HOMOEOPATHY

Dr. Sunil Namdeorao Pawar*¹ and Dr. Rizwan Ahmed Shabbir Shaikh²

¹MD (Hom), Principal & Professor, Ahmednagar Homoeopathic Medical College, Ahmednagar

²MD Paediatrics (Hom), Post Graduate Diploma in Clinical Research & Regulatory Affairs, Post Graduate Diploma in Nutrition, Associate Professor, Department of Surgery, Ahmednagar Homoeopathic Medical College, Ahmednagar

Article Received: 07/11/2024

Article Published: 25/12/2024

***Corresponding Author: Dr. S.N. Pawar**

Email: drrizwann919@gmail.com

DOI: <https://doi.org/10.5281/zenodo.18847329>

Abstract

Placenta Praevia in a condition/ problem during pregnancy when placenta completely or partially covers the cervix

Symptoms:

- Main symptoms of placenta Praevia is bright red vaginal bleeding without pain after 20 weeks of pregnancy
- Sometimes only spotting before an event with more blood loss
- Bleeding may occur with pre-labor contraction of uterus that can cause pain
- Bleeding may be triggered by sex or during medical examination
- In some cases, bleeding doesn't occur until labor.

Risk factor:

- More common in women who
 - Have had a babies
 - Have had previous H/o Cesarean section
 - Have had scar on uterus from previous surgery
 - Had placenta Previa with previous pregnancy
 - Are pregnant after having assisted reproductive technique procedure for treatment of infertility
 - Having twin pregnancy
 - Age 3 years or older
 - Smoking etc



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

Complications:

1. Life threatening vaginal bleeding
2. Preterm birth due to Cesarean section due to bleeding
3. Placenta accrete spectrum (here Placenta grows into or through the wall of uterus)

CASE SUMMARY

This is a case of 34 years old lady diagnosed with low lying placenta, the case presented; is documented in Ahmednagar Homoeopathic Medical College, Ahmednagar, Maharashtra.

The patient was treated with individualized homoeopathic medicine over period of 7 months; medicine was given only 2 times in the span of 7 months. There were significant changes in the USG reports & finally the placenta migrated to Fundo-posterior position (Normal position) and in July 2023 she delivered healthy baby with LSCS as she had h/o previous LSCS

CASE RECORD

Mrs. XYZ years old lady, doctor by profession came with complaint of low-lying placenta

H/o: 34 years old reported on 31 Jan 2023 with low lying placenta on ultra sound dated 26th Jan 2023;(her LMP was 09/11/2022) in OPD of AHMC Ahmednagar. Along with this the only complaint was dry cough since conception not responding to any treatment, and was more violent at night time especially in bed

P/H: previous LSCS 2 times first in 2012 and second 2016. LSCS in 2012 was done due to premature rupture of membrane during 9th month of pregnancy and in 2016 LSCS as done as an Emergency due to PV bleeding during 8th month due to mild detachment of placenta as it was also low lying covering internal Os fully, due to these events she was very anxious in this pregnancy after her Ultrasound.

Her nature is mild and is very emotional, extrovert, makes friends easily, avoid quarrels and caring for other's sufferings

She is lean, thin, having fair complexion, 5'5" in height, Chilly patient

F/H: no family history of Placenta previa, Mother is diabetic on allopathic treatment, Father is having cardiac history

Ultrasound done on 26th Jan 2023 before start of treatment



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

Gestational age: 11 Week 1 day

1. Placenta right posterior-lateral wall, LOW Lying, lower margin covering Internal os Completely (Images Provided)

Following symptoms were considered for repertorization

- Complete-Mind-Anxiety—palpitations: with: events, about past
- Complete-Mind-Anxiety—palpitations: with: things that happened long ago
- Complete –mind-Sympathetic too- sufferings of others
- Complete- Female Genitalia- Uterus- Placenta Previa
- Complete-Cough-Dry- Night
- Complete—cough- Violent
- Complete Cough-Evening-Bed in

Repertorization was done using Complete repertory and reportorial results is shown in the table below

Remedy	Sep	Nux-v	Sulph	Bell	Calc	Hep	Phos	Merc	Caust	Verat	Ars	Bry	Cham	Dros	Hyos	Ign
Totality	15	14	12	11	10	10	9	9	7	7	7	7	7	7	7	7
Symptoms Covered	7	4	3	3	3	3	4	3	3	3	2	2	2	2	2	2
Kingdom																
[Complete] [Mind]ANXIETY:Palpitations:With:Events, about past...	3															
[Complete] [Mind]ANXIETY:Palpitations:With:Things that happe...	3															
[Complete] [Mind]SYMPATHETIC, COMPASSIONATE, TOO:Suffe...	1					3	1		3		3					
[Complete] [Female Genitalia]UTERUS:Placenta:Previa: (9)	3	3								3						
[Complete] [Cough]DRY:Night: (154)	1	4	4	4	4	4	4	3	1	3	4	3	3	4	4	
[Complete] [Cough]DRY:Violent: (50)	1	4	4	4	3	3	3	3	3	1		4	4	3	3	
[Complete] [Cough]DRY:Evening:Bed, in: (12)	3	3	4	3	3		1	3								

PRESCRIPTION: SEPIA 30 Stat given on 31st Jan 2023 + Sac-Lac 4 pills TDS for 15 days



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

The medicine Sepia was selected on individualization, totality of symptoms and confirmation from Materia Medica

Table of Follow up

Date	Symptoms	Remedy Prescribed
15/02/2023	Cough decreased significantly, Doing normal routine work	SL / TDS/ 15 days
03/03/2023	NO complaints, Doing normal routine work USG: 2/3/23 Gest. age: 16 weeks 1 day Placenta Posterior wall, Low lying, Lower margin 2.7 cm from Internal Os	SL / TDS / 1 month
10/04/2023	Dry cough Increased, No other complaints, Doing normal routine work USG: 7/4/23 Gest. age: 21 weeks 2 days Placenta Right Postero-Lateral wall, Low lying, Lower margin 2.8 cm from Internal Os	SEPIA 200 Stat given SL / TDS / 1 month
24/05/2023	Patient came 15 days Late for follow up as there was no complaints and Patient doing normal routine work USG: 23/5/23 Gest.age: 27 weeks 6 days	SL / TDS / 1 month



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

	Placenta Right Fundo-Posterior, Low lying, Lower margin 5.5 cm from Internal Os	
20/06/2023	No complaints, Doing normal routine work	SL / TDS / 1 month
12/07/2023	No complaints, Working stopped since 10 days USG: 11/7/23 Gest.age: 34 weeks 6 days Placenta Right Fundo-Posterior, Normal, Grade III maturity and NO Previa	SL / TDS / 1 month Adv: Planned LSCS in Last week of July

The lady delivered healthy baby on 21st July 2023 with Planned LSCS

Conclusion:

1. After taking Sepia 30 the dry cough started to decrease and patient was feeling better and subsequently there was improvement in Ultrasound also
2. In April 2023 Sepia 200 stat was given due to increase in cough and ultrasound changes was consistently showing improvement
3. The main thing was that as patient was doctor and was running her clinic for 10-12 years was able to run her clinic normally till 9th month which she was not able to do in her second pregnancy

Reports:.



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

Shot on OnePlus
By Dr. Rizwan Ahmed Shabbir**Dr. P. B. Kardile**
M.B.B.S., D.M.R.D., D.N.B.

Nishkarsh Diagnostics

Dr. Mrs. Rupali Kardile
M.B.B.S., D.C.P.

Report before start of treatment

26/01/2023

Patient's Name - [REDACTED]

34 yrs/Female

Ref. By - Dr. Mrs. Naushin. R. Ahmed

OBSTETRIC ULTRASONOGRAPHY (NT SCAN)

LMP - 09/11/22, Gest. age - 11 wks 1 days, EDD - 16/08/23

Single live intrauterine foetus is seen in changing lie.
Cardiac activity - 164 b/min, regular.
Foetal movements are well appreciated, normal.
Placenta - Right postero lateral wall, low lying, lower margin is covering internal os.
Liquor is adequate for gest. age.

GESTATIONAL AGE PARAMETERS

CRL - 56 mm 12 wks 2 days

Nuchal translucency - 0.9 mm, normal.
Nasal bone + .
No tricuspid regurgitation.
Ductus venosus flow is normal.
Skull vault is normal.
Foetal stomach is seen.
Four chamber heart is seen.
All four limbs are seen.

EDD by sonographic GA - 08/08/23.
Cervix is of normal length (3.6 cm) with closed internal os.

REMARK :- Single live intrauterine foetus is seen in changing lie.
Avg. gest. age : 12 wks 2 days (+/- 4 days).
Low lying placenta.
Bilateral uterine artery avg. PI - 1.02, normal.

Correlate Clinically;

Suggest :- Repeat USG after 1 month.

Thanks.

(Note: I have not detected or disclosed the sex of the foetus to anybody in any manner).

DR. P. B. KARDILE

Time : 10 a.m. to 8 p.m.

Digital X-Ray • Digital OPG • Mammography • 3D / 4D Sonography • Colour Doppler • Pathology Laboratory

Ranade Wada, Opp. Punde Hospital, Court Lane, Ahmednagar - 414 001. ☎ 0241 - 2343480, 2324727. 📞 9763654330.

03/09/23
6:41 pm



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

Nishkarsh Diagnostics

Dr. P. B. Kardile
M.B.B.S., D.M.R.D., D.N.B.

Dr. Mrs. Rupali Kardile
M.B.B.S., D.M.R.D., D.N.B.

02/03/2023

Patient's Name- [REDACTED] 34 yrs/Female

Ref. By - Dr. Mrs. Naushin R. Ahmed

OBSTETRIC ULTRASONOGRAPHY

LMP - 09/11/22, Gest. age - 16 wks 1 days, EDD - 16/08/23

Single live intrauterine foetus is seen in changing lie.
Cardiac activity - 150 b/min, regular.
Foetal movements are well appreciated, normal.
Placenta - Posterior wall, low lying, lower margin is 2.7 cm from internal os.
Liquor is adequate for gest. age.

GESTATIONAL AGE PARAMETERS

BPD - 36 mm 17 wks 1 days
HC - 136 mm 17 wks 1 days
AC - 110 mm 17 wks 0 days
FL - 22 mm 16 wks 6 days

EDD by sonographic GA - 10/08/23.
Estimated foetal weight - 174 gms (+/- 10%)
Cervix is of normal length (4.6 cm) with closed internal os.

REMARK :- Single live intrauterine foetus is seen in changing lie.
Avg. gest. age : 17 wks 0 days (+/- 1 wk).
Slightly low lying placenta.

Correlate Clinically;

Suggest :- Anomaly scan after 3 - 4 wks

Thanks.
(Note: I have not detected or disclosed the sex of the foetus to anybody in any manner).

DR. P. B. KARDILE

Time : 10 a.m. to 8 p.m.

Ultrasound X-Ray • Digital OPG • Mammography • 3D / 4D Sonography • Colour Doppler • Pathology • Radiology • Laboratory

Ranade Wada, Opp. Punde Hospital, Court Lane, Ahmednagar - 414 001. ☎ 0241 - 2343480, 2324727. 📠 9763672303

shot on OnePlus
By Dr. Rizwan Ahmed Shabbir



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

Nishkarsh Diagnostics
03/09/23 6:42 pm

Dr. P. B. Kardile
MBBS, DMRD, DNB

Dr. Mrs. Rupali Kardile
MBBS, DCP

07/04/2023
Patient's Name: [Redacted] 34 yrs/Female
Ref. By - Dr. Mrs. Naushin R. Ahmed

OBSTETRIC ULTRASONOGRAPHY
(ANOMALY SCAN)

LMP - 09/11/22, Gest. age - 21 wks 2 days, EDD - 16/08/23

Suboptimal scan due to maternal abdominal fat.

Single live intrauterine foetus is seen in changing lie.
Cardiac activity - 152 beats/ min regular.
Foetal movements are well appreciated, normal.
Placenta - Right postero lateral wall, low lying, lower margin is 2.8 cm from internal os.
Liquor is adequate for gest. age.

GEST. AGE PARAMETERS

BPD - 50 mm 21 wks 2 days
HC - 192 mm 21 wks 3 days
AC - 173 mm 22 wks 2 days
FL - 38 mm 22 wks 2 days.

Head:
Both lateral ventricles of brain are normal in calibre.
Cavum septum pellucidum is seen.
Falx in midline.
Cerebellum & cisterna magna are normal.
Sulci & gyri are normal.

Spine: Normal curvature, no spina bifida, no meningocele.

P.T.O.....

Time : 10 a.m. to 8 p.m.

X-Ray • Digital CPG • Mammography • 3D / 4D Sonography • Colour Doppler • Pathology Laboratory
Ranade Wada, Opp. Purde Hospital, Court Lane, Ahmednagar - 414 001. ☎ 0241 - 2343480, 2324727. 📠 9763654330

Thorax:
Normal cardiac structure with normal axis.
The A-V valves are normal, both outflow tracts are normal.
SVC & IVC are draining in right atrium.
Interventricular septum is normal, no e/o VSD.
Three vessel view is normal.
Septum primum is normal.
No e/o pericardial effusion.
Both lungs are normal, no e/o pleural effusion.
No e/o diaphragmatic hernia at this study.

Abdomen:
Fluid filled stomach is seen, normal. Situs is normal.
Both foetal kidneys are normal. No e/o hydronephrosis or cysts.
Urinary bladder is well seen, normal.

Limbs:
Upper & lower limbs are normal with normal movements.
The soft tissues are normal. Foot and hands are normal.

Face: Normal interorbital distance. No e/o cleft lip or cleft palate.
Nasal bone - 6.6 mm, normal.
Both orbits are normal with normal lenses.

Card: Three vessels are seen with normal cord insertion.

EDD by sonographic gest. age - 12/08/23.
Estimated foetal weight - 480 gms (+/- 10 %).
Cervix is of normal length (4.4 cm) with closed internal os.

REMARK- Single live intrauterine foetus seen in changing lie.
Average gestational age : 21 wks 6 days (+/- 1 wk).
Slightly low lying placenta.
Bilateral uterine artery avg. PI - 0.50, normal.

Correlate clinically,
Thanks.
(Note: I have not detected or disclosed the sex of the foetus to anybody in any manner).
(However all foetal anomalies may not be detected at this study, it depends on foetal position, liquor & maternal abdominal fat).

DR.P.B.KARDILE

Shot on OnePlus
By Dr. Rizwan Ahmed Shabbir

03/09/23
6:42 pm



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

Nishkarsh Diagnostics
03/09/23 6:43 pm

Dr. P. B. Kardile
M.B.B.S., D.M.R.D., D.N.B.

Dr. Mrs. Rupali Kardile
M.B.B.S., D.C.P.

23/05/2023
Patient's Name- [Redacted]
34 yrs/Female
Ref. By :- Dr. Mrs.Naushin R.Ahmed

OBSTETRIC ULTRASONOGRAPHY

LMP - 09/11/22, Gest. age - 27 wks 6 days, EDD - 16/08/23

Single live intrauterine foetus is seen in cephalic presentation at this study.
Cardiac activity - 140 b/min, regular.
Foetal movements are well appreciated, normal.
Placenta - Right fundus posterior, low lying, lower margin is 5.5 cm from internal os. Grade I maturity.
Liquor is adequate for gest.age.

GESTATIONAL AGE PARAMETERS

BPD	-	68 mm	27 wks	2 days
HC	-	255 mm	27 wks	6 days
AC	-	237 mm	28 wks	0 days
FL	-	54 mm	28 wks	6 days

No gross congenital anomalies are seen but difficult to rule out all at this stage of pregnancy.
EDD by sonographic GA - 15/08/23.
Estimated foetal weight - 1190 gms (+/- 10%)
Cervix is of normal length with closed internal os.

REMARK :- Single live intrauterine foetus is seen in cephalic presentation.
Avg. gest. age : 28 wks 0 days (+/- 2 wks).
Slightly low lying placenta.

Correlate Clinically;
Thanks.
(Note: I have not detected or disclosed the sex of the foetus to anybody in any manner).

[Signature]
DR.P.B.KARDILE

Time : 10 a.m. to 4 p.m. & 6.30 p.m. to 9 p.m.
Digital X-Ray • Digital OPG • 3D / 4D Sonography • Colour Doppler • Computerised Pathology Laboratory
Ranade Wada, Opp. Punde Hospital, Court Lane, Ahmednagar - 414 001. ☎ 0241 - 2343480, 2324727.

Shot on OnePlus
By Dr. Rizwan Ahmed Shabbir



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 01- 10

 **Nishkarsh Diagnostics**

r. P. B. Kardile
B.B.S., D.M.R.D., D.N.B.

Dr. Mrs. Rupali Kardile
M.B.B.S., D.C.P.

11/07/2023

Patient's Name- [REDACTED] 35 yrs/Female

Ref. By - Dr. Mrs. Naushin R.Ahmed

OBSTETRIC ULTRASONOGRAPHY

LMP - 09/11/22, Gest. age - 34 wks 6 days, EDD - 16/08/23

Single live intrauterine foetus is seen in cephalic presentation with spine to left & anterior.
Cardiac activity - 140 b/min, regular.
Foetal movements are well appreciated, normal.
Placenta - Right fundus posterior, normal. Grade III maturity. No praevia.
Liquor is adequate for gest.age.

GESTATIONAL AGE PARAMETERS

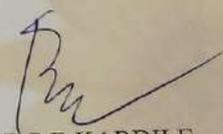
BPD - 85 mm 34 wks 4 days
HC - 309 mm 34 wks 4 days
AC - 312 mm 35 wks 1 days
FL - 69 mm 35 wks 3 days

No gross congenital anomalies are seen but difficult to rule out all at this stage of pregnancy.
EDD by sonographic GA - 15/08/23.
Estimated foetal weight - 2632 gms (+/- 10%)
Cervix is of normal length with closed internal os.

Anterior uterine wall thickness in lower segment - 3.2 mm, thin.

REMARK :- Single live intrauterine foetus is seen in cephalic presentation.
Avg. gest. age : 35 wks 0 days (+/- 2 wks).
Umbilical artery flow is normal.

Correlate Clinically;
Thanks.
(Note: I have not detected or disclosed the sex of the foetus to anybody in any manner).


DR.P.B.KARDILE

Time : 10 a.m. to 4 p.m. & 6.30 p.m. to 9 p.m.

X-Ray • Digital OPG • 3D / 4D Sonography • Colour Doppler • Computerised Pathology Laboratory

Ranade Wada, Opp. Punde Hospital, Court Lane, Ahmednagar - 414 001. ☎ 0241 - 2343480, 2324727.

03/09/23 6:43 p.m.

pt on OnePlus
Rizwan Ahmed Shabbir