

KNOW Homoeopathy Journal

Bi-Annual, Indexed, Double-Blind, Peer-Reviewed, Research Scholarly, Online Journal in Field of Homoeopathy

KNOW Homoeopathy Journal Vol-4 & Issue-1, 15 March 2024, Published at <https://www.knowhomoeopathyjournal.com/2024/03/volume-4-issue-1.html>, Pages: 51-62, Title: Uterine fibroids and its homoeopathic treatment, Authored By: Dr. G. Madhavi (MD (Homoeo), Professor, Department of Organon of Medicine, Devs Homoeopathic Medical College and Hospital, Hyderabad.)



VOLUME-4 ISSUE-1
MARCH 2024

CASE-REPORT

Title: Uterine fibroids and its homoeopathic treatment

Authored By: Dr. G. Madhavi

MD (Homoeo), Professor, Department of Organon of Medicine, Devs Homoeopathic Medical College and Hospital, Hyderabad.

ABSTRACT

Uterine fibroid cases are not uncommon in our country. It is one of the distressing problem of women during reproductive age. Surgery is not the choice of treatment. Homeopathy proved to be more efficacious in treating fibroids. Two cases of uterine fibroids successfully treated with *Sabina* and *Calcarea Carbonicum* are presented here.

Keywords: *Benign, Fibroid, Leiomyomas, Myomas, Menstruation*

Received: 28/07/2023

Accepted: 16/02/2024

Published: 15/03/2024

How to cite this case report:

Madhavi G. Uterine fibroids and its homoeopathic treatment, KNOW Homoeopathy Journal, 2024; 4(1):51-62, available at <https://www.knowhomoeopathyjournal.com/2024/03/Uterine-fibroids-and-its-homoeopathic-treatment.html>

© 2024 KNOW Homoeopathy Journal

[Know more about Journal's Copyright Policy](https://www.knowhomoeopathyjournal.com/p/copyright-policy.html)

<https://www.knowhomoeopathyjournal.com/p/copyright-policy.html>



Scan-Quick Response Code

INTRODUCTION

Uterine fibroids are common in women of reproductive age group, uncommon after menopause. Uterine fibroids are almost always benign. Size of fibroids may range from seedlings to large masses which can change the shape of uterus. There may be single or multiple fibroids.^[1] Sometimes fibroids can grow so large that they may reach up to rib cage.

SYMPTOMS

Most of fibroids are asymptomatic. However location of fibroids, its size and number determines the symptoms. symptoms of fibroids include:

- **Menorrhagia** - Profuse menstrual bleeding, more than a week
- **Metrorrhagia** - Bleeding between menses
- Pelvic pressure or pain

If fibroids increase in size following symptoms are also seen:

- Frequent micturation
- Difficulty in emptying the bladder
- Constipation
- Backache or pain in legs

Classification of fibroids according to location:

1. **Intramural fibroids** - Grow within the muscular uterine wall.
2. **Submucosal fibroids** - Bulge into the uterine cavity.
3. **Subserosal fibroids** - Project to outside of the uterus.

CAUSES

The probable causes include:

- Genetic changes
- **Hormones** - Oestrogen and progesterone play important role in growth of fibroids. Due to decrease in oestrogen and progesterone levels after menopause the size of fibroids may shrink.
- **Other hormones** - Insulin like growth factor also affect the growth of fibroids. The uterine fibroids may grow slowly or rapidly or remain the same. Fibroids present

during pregnancy may shrink or disappear after pregnancy as uterus goes back to its normal size.^[1]

RISK FACTORS

- **Race:** Black women are more at risk when compared to other groups.
- **Heredity:** If history of fibroids seen in mother or sister, they are at increased risk.
- **Other factors:** Early menarche, obesity, deficiency of vitamin D, taking diet rich in red meat and less intake of fiber foods like green vegetables, fruits, drinking alcohol increases the risk of fibroids.^[1]

PREGNANCY AND FIBROIDS

Chances of getting pregnancy usually not interfered by fibroids. However submucosal fibroids may cause infertility or abortions. Fibroids may also increase the risk of certain complications of pregnancy such as placental abruption, retarded fetal growth and preterm delivery.^[1]

PREVENTION

Prevention of uterine fibroids may not be possible but only a small percentage of these tumors require treatment. Healthy lifestyle changes such as maintaining a normal weight and eating rich fiber foods like fruits and vegetables may decrease fibroid risk.^[1]

INVESTIGATIONS^[1]

Fibroids are most often found during the physical exam. Transvaginal ultrasound.

- MRI.
- Saline Sonohysterogram.
- Hysteroscopy.

CASE 1

Female aged 43 Yrs presented with following complaints:

Irregular menses, early appearance of menses once in 15 to 20 days.

Flow profuse for 5-6 days. Nature of flow- bright red with dark clots or pieces.

Dysmenorrhoea. Pain in pelvic region and lumbar region. pain > passing clots

Obese women.

weight increasing since 2-3 months.

TOTALITY OF SYMPTOMS

1. Hot patient, desires cold weather
2. Perspiration more on face and neck
3. Thirsty
4. Obese

5. Early and profuse bright red flow with dark clots or pieces

6. Pain in lumbar region and backpain during menses

7. Pain > passing clots

In the above case basing on the totality of symptoms ³Sabina selected as remedy, Thuja⁴ is given as complimentary to Sabina.

Table 1: Follow Up – Case-1

S.NO.	DATE	FOLLOW UP	PRESCRIPTION
1	13-04-2015	Menses, early, profuse, bright red with dark clots, pain in lumbar region USG REPORTS FINDINGS ON 25-3-2015 BULKY UTERUS WITH SMALL FIBROIDS OF SIZE 14x9mm and 14x8mm IN INTRAMURAL PLANE	Sabina 200 weekly one dose for 1 month With placebo in remaining days
2	20-05-2015	Menses appeared, flow for 4 days with dysmenorrhoea	Placebo for 1 month
3	10-06-2015	Menses with pain, red clots Ultrasonogram: SOL of 8*7 mm	Sabina weekly 1 dose with placebo
4	10-07-2015	Menses appeared flow for 4 days with less pain and clots. LMP-5-7-15	Placebo for 1 month
5	20-08-2015	Menses appeared. LMP.15-8-15. No pain	Placebo for 1 month
6	25-09-2015	Ultrasonogram report 20-9-15- No mass lesion	Thuja 1M 2 doses once in 15 days
7		Treatment continued for few more months .menses appeareing regularly once in 25-28 days with much less pain and clots	No medicine

Patient Name : [REDACTED]
 Req.No : 57
 Doctor : DR [REDACTED]

Age/Sex : 43 Years /F
 Date : 25-Mar-2015
 Location : LOC00001

**REAL TIME ULTRASONOGRAPHY OF
PELVIS PERFORMED**

UTERUS: Anteverted (8.6 x 6.3 x 5.6 cm). Bulky in size. Echotexture shows two small hypoechoic SOLs of about 14 x 9 & 14 x 8 mm in intramural plane of anterior & posterior wall. Endometrium thickness 4.1 mm, normal

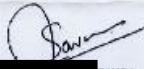
OVARIES: Normal in size and echotexture. No focal lesion or cyst.
 Right ovary: 2.9 x 1.2 cm.
 Left ovary: 3.5 x 2.0 cm.

No ascites noted.

No lymphadenopathy is noted.

IMPRESSION: * Bulky uterus with small fibroids in uterine body.

Suggest clinical correlation.


 [REDACTED] awar
 Radiologist

Quality in health services

www.knowhomoeopathyjournal.com

Figure 1: Report dated 25/03/2015

[Redacted] DIAGNOSTIC
 [Redacted]

Patient Name : MR. [Redacted]
 Age & Gender : 44 Years / F
 Referral Doctor : D. [Redacted]
 Location : LOC00001
 Sample Type : USG

Req No : [Redacted]
 Registered On : 10/6/2015 7:38:51 AM
 Accepted On :
 Reported On : 1/1/1900

**REAL TIME ULTRASONOGRAPHY OF ABDOMEN AND
 PELVIS PERFORMED**

LIVER : Normal in size (14.7 cm) with increased echotexture. No focal lesions or dilated biliary radicles. No IHBD / CBD dilatation. Portal vein is normal.

GALL BLADDER : Well distended. No calculi / wall thickening.

SPLEEN : Normal in size (11.4 cm) with normal echotexture. No focal lesions.

PANCREAS : Head, body, visualized parts of tail are normal. No focal lesions or peripancreatic collections are seen.

RIGHT KIDNEY : Measuring 9.8 x 4.5 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.

LEFT KIDNEY : Measuring 11.2 x 5.1 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.

URINARY BLADDER : Well distended. No wall thickening and calculi.

UTERUS : Anteverted (8.7 x 6.0 x 4.9 cm). Bulky in size. Echotexture shows small hypoechoic SOL of about 8 x 7 mm in anterior wall. Endometrial echo is 7.9 mm normal.

OVARIES : Normal in size and echotexture. No focal lesions or cysts are seen.
 Right ovary: 3.1 x 1.6 cms Left ovary: 4.6 x 2.3 cms
 No ascites or lymphadenopathy is seen.

IMPRESSION : * Fatty liver.
 * Bulky uterus with small sidling fibroid.
 Suggest clinical correlation.

[Redacted] or
 Radiologist

www.knowhomediagnostics.com Quality in health services

Figure 2: Report dated 10/06/2015

S

Patient Name	Referred By
Age / Sex : 43 YEARS / FEMALE	Reg Date : 20/09/2016
Patient Id : 15249	Report Date : 20/09/2016 13:28:33

ULTRASOUND SCANNING OF WHOLE ABDOMEN

Clinical statement :

Liver is normal in size with increased echopattern. No evidence of focal lesions. No intrahepatic biliary dilatation. Portal vein and CBD are normal.

Gall bladder well distended. No evidence of focal lesions / calculi. Wall thickness normal. No pericholecystic fluid collection seen.

- * Spleen normal in size and echopattern. No evidence of focal lesions.
- * Pancreas normal in size and echopattern. No evidence of calcifications or focal lesions. Pancreatic duct is normal.

Both kidneys are normal in size and echopattern. Pelvicalyceal system is normal. Corticomedullary differentiation well maintained. No calculi.
 Right kidney measures 10.9 x 4.8 cm.
 Left kidney measures 11.2 x 5.6 cm.

Urinary bladder well distended. Bladder walls are normal. No evidence of calculi.

Uterus anteverted bulky in size and echopattern, measures 9.2 x 5.6 x 4.4 cm. Endometrial echo complex identified central, normal and measures 10 mm.

Both ovaries normal in size and echopattern.
 Right ovary measures 41 x 16 mm.
 Left ovary measures 28 x 17 mm.

Aorta and IVC are normal. No para-aortic or aortic adenopathy. No evidence of free fluid in the pelvic or abdominal cavity.

IMPRESSION : * 1) FATTY LIVER.
 2) BULKY UTERUS.

Suggested Clinical Correlation

Radiologist
Radiologist
Radiologist

* CT Scan* 50mA X-Ray* Portable X-Ray* Ultrasonography* Colour Doppler* 2D Echo* Color Tissue Dopple* Dobutamine Stress Echo (DSE)
 * TEE* M-Mode 2-D Echo & Color Doppler* ECG* TMT* Holter Monitoring* ABP* Digital EEG* EMG* Mammography* Bone Densitometry* Bronchoscopy
 * PFT* Video Endoscopy* Colonoscopy* Dental Clinic* Pathology* Biochemistry* Serology* Immunology* Microbiology* GFG* MRI Services

Emergency Helpline : 9030533377 (24 hrs available)

Figure 3: Report dated 20/09/2015

CASE 2

Women of age 48 years complaining irregular menses with heavy flow once in 20 days

gynecologist advised to undergo hysterectomy as her menstrual cycle is contuning even at age

of 48 years. She became very panic and does not want to undergo any surgery at that age. She is very anxious person with lot of anxieties. Obese, profuse menses bright red flow.

TOTALITY OF SYMPTOMS ³

1. Anxiety about health
2. Fear of surgery

3. Chilly patient
4. Perspiration profuse
5. Thirsty
6. Obese
7. Profuse menses with bright red flow

In this case remedy selected basing on totality of symptoms, felt better after calc carb 1m basing on her totality.

Table 2: Follow Up – Case-2

S.NO	DATE	FOLLOW UP	PRESCRIPTION
1	04-09-14	Anxiety about health, chilly, obese, profuse flow, red USG DONE ON 3-9-14 SOL of 9*6mm in Ant wall, Endometrium thickness 6.5 mm	Calc carb 200 weekly 1 dose with placebo
2	10-09-2014	bleeding stopped	Placebo for 1 month
3	15-10-2014	again menses appeared... ultrasonogram 10-10-14 SOL 9*7, Endometrial thickness 6.6mm	Calc carb 200, 3 doses
4	25-10-2014.	bleeding stopped	Placebo 1month
5	25-11-2014	No menses. but spotting seen now and then	Placebo for 1 month
6	9-12-2014	no menses. but spotting seen now and then. Ultrasonogram: No Mass Lesion, endometrial thickness 5mm	Calc carb 1M 1 dose
7	10-01-2015	Apparently healthy	Placebo for 1 month
8	8-02-2015	Ultrasonogram 8-2-15: No Mass lesions	No medicine

 A
 Ultrasonics & Speciality Lab

Patient Name : M  NI
 Req.No : 80
 Doctor : D 


 Age/Sex : 49 Years / F
 Date : 03-Sep-2014
 Location : LOC00001

**REAL TIME ULTRASONOGRAPHY OF
PELVIS PERFORMED**

UTERUS : Retroverted (6.1 x 4.6 x 3.5 cm), normal in size. Echotexture shows a small Hypoechoic SOL of about 9 x 6 mm in anterior wall. Endometrial echo is 6.5 mm, slightly increased..

OVARIES : Normal in size and echotexture. No focal lesions or cysts are seen.
 Right ovary: 23 x 9 mm Left ovary: 22 x 11 mm

No evidence of ascites

No evidence of lymph node enlargement.

IMPRESSION : * Retroverted & normal sized uterus with small fibroid in uterine body & slightly increased endometrium.

Suggest clinical correlation & further evaluation.


 Pawar
 Radiologist

Figure 4: Report dated 03/09/2014

Patient Name : **[REDACTED]**
 Reg.No : 60
 Doctor : **[REDACTED]**

Age/Sex : 48 Years / F
 Date : 10-Oct-2014
 Location : LOC00001

REAL TIME ULTRASONOGRAPHY OF ABDOMEN AND PELVIS PERFORMED

LIVER : Normal in size(14.0 cm) with increased echotexture. No focal lesions or dilated biliary radicles. No IHBD / CBD dilatation. Portal vein is normal.

GAUT. BLADDER : Well distended. No calculi / wall thickening.

SPLEEN : Normal in size (9.9 cm) with normal echotexture. No focal lesions.

PANCREAS : Head, body, visualized parts of tail are normal. No focal lesions or peripancreatic collections are seen.

RIGHT KIDNEY : Measuring 10.2 x 3.3 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.


LEFT KIDNEY : Measuring 9.1 x 4.1 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.

URINARY BLADDER : Well distended with thickened walls upto 5.9 mm.

UTERUS : Retroverted (5.8 x 4.8 x 3.4 cm). Normal in size. Echotexture shows a small hypochoic SOL of about 9 x 7 mm in subserous plane of anterior wall. Endometrial echo is 6.6 mm slightly increased.

OVARIES : Normal in size and echotexture. No focal lesions or cysts are seen.
 Right ovary: 2.5 x 0.9 cms Left ovary: 2.2 x 1.0 cms
 No ascites or lymphadenopathy is seen.

IMPRESSION : * 1) Fatty liver.
 2) Signs of cystitis.
 3) Retroverted uterus with very small fibroid in uterine body & slightly increased endometrium.
 Suggest clinical correlation.


Pawar
 Radiologist

www.knowhomoeopathyjournal.com Quality in health services

Figure 5: Report dated 10/10/2014

Patient Name : **[REDACTED]**
 Req.No : 39
 Doctor : DR **[REDACTED]**

Age/Sex : 49 Years / F
 Date : 09-Dec-2014
 Location : LOC00001

REAL TIME ULTRASONOGRAPHY OF ABDOMEN AND PELVIS PERFORMED

LIVER: Enlarged in size(15.2 cm) with increased echotexture. No focal lesions or dilated biliary radicles. No IHBD / CBD dilatation. Portal vein is normal.

GALL BLADDER: Well distended. No calculi / wall thickening.

SPLEEN: Normal in size (9.1 cm) with normal echotexture. No focal lesions.

PANCREAS: Head, body, visualized parts of tail are normal. No focal lesions or peripancreatic collections are seen.

RIGHT KIDNEY: Measuring 10.6 x 3.7 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.

LEFT KIDNEY: Measuring 9.3 x 3.7 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.


URINARY BLADDER: Well distended. No wall thickening and calculi.

UTERUS: Anteverted (6.6 x 4.7 x 3.3 cm). Normal in size with echotexture. No mass lesions. Endometrial echo is 5 mm normal.

OVARIES: Normal in size and echotexture. No focal lesions or cysts are seen.
 Right ovary: 2.3 x 1.0 cms Left ovary: 2.0 x 1.1 cms

No ascites or lymphadenopathy is seen.

IMPRESSION : * Fatty liver.


[REDACTED] Radiologist

www.knowhomoeopathyjournal.com Quality in health services

Figure 6: Report dated 09/12/2014

<p>██████████ A</p> <p>Patient Name : MRS ██████████ Req.No : 110 Doctor : Dr. ██████████</p>	<p>██████████</p> <p>PH: 08-21031777, 24042022 Age/Sex : 49 Years / F Date : 08-Feb-2015 Location : LOC00001</p>
---	---

REAL TIME ULTRASONOGRAPHY OF ABDOMEN AND PELVIS PERFORMED

LIVER : Normal in size(14.6 cm) with increased echotexture. No focal lesions or dilated biliary radicles. No IHBD / CBD dilatation. Portal vein is normal.

GALL BLADDER : Partially distended.

SPLEEN : Normal in size (9.1 cm) with normal echotexture. No focal lesions.

PANCREAS : Head, body, visualized parts of tail are normal. No focal lesions or peripancreatic collections are seen.

RIGHT KIDNEY : Measuring 10.6 x 4.1 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.

LEFT KIDNEY : Measuring 9.6 x 4.3 cm. Normal in size, shape and echotexture. Corticomedullary junction is made out. No calculi or hydronephrosis.


URINARY BLADDER : Well distended. No wall thickening and calculi.

UTERUS : Anteverted (5.7 x 4.1 x 3.3 cm). Normal in size with echotexture. No mass lesions. Endometrial echo is 7.8 mm thickened.

OVARIES : Normal in size and echotexture. No focal lesions or cysts are seen.
 Right ovary: 1.6 x 1.5 cms Left ovary: 1.8 x 1.8 cms

No ascites or lymphadenopathy is seen.

IMPRESSION : * Fatty liver.
 Thickened endometrium.


 Radiologist

Quality in health services

www.knowhomediagnostics.com

Figure 7: Report dated 08/02/2015

DISCUSSION

In comparison to previous clinical case presentation on Uterine fibroids compiled by Dr. T.K.Kasi Viswanathan⁵ in Nation Journal

of Homoeopathy, Nov-Dec 2001 Mother tinctures like Fraxinus Americana and specific organopathic remedies like Aurum Muriaticum Natronatum suggested for treating uterine fibroids but in our clinical cases remedies given on totality of symptoms proved effectively in pathological conditions also.

Fatty liver is common manifestation in obese and diabetic patients, constitutional selected remedies play important role in treating fatty liver conditions but takes time when there is maintain cause like obesity and diabetes.

CONCLUSION

Hysterectomy is the most widely practiced surgery world wide. It is SENSELESS to consider that “THE UTERUS HAS NO FUNCTION BUT CHILDBEARING AND ITS REMOVAL FOR CERTAIN DISORDERS NOT AFFECT GENERAL HEALTH”. The commonest reasons for hysterectomy are menstrual disorders, fibroids and malignancy. Menstrual disorders and fibroids are easily treatable by homeopathy. By prompt constitutional approach we can preserve the uterus of many women.

REFERENCES:

1. Howkins and Bourne. Shaws textbook of Gynaecology:18th edition: Gurgoan,Haryana: Elsevier 2022.p 275 to 285.
2. Kent J.T.Lectures on Homeopathic Materia medica together with Kents together with Kents New remedies incorporated and arranged in one alphabetical order: B jain publishers: New Delhi.reprint edition 2009. P. 896,897,898,899.
3. Kent J.T.Repertory of Homeopathic Materia medica edited and revised by Clara Louis kent :B jain publishers, New Delhi; 6th American edition 1998. P.7,1348,1376.
4. William Boericke. Pocket manual of Homeopathic Material medica and Repertory and a chapter on Rare and Uncommon Remedies; B jain publishers. 9th edition 2004.p.564
5. National Journal of Homoeopathy, Tumours: Uterus & Appendages, 60th Issue, vol3, no. 6, Dr.Vishpala Parthasarathy Mumbai, Nov-Dec 2001. P.411.