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CASE-REPORT

Title: Uterine fibroid managed with constitutional homoeopathic medicine: A case report

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ABSTRACT

Uterine fibroid or Leiomyoma or Fibromyoma is one of the most common gynaecological disorders. These are the benign smooth muscle tumours of uterus. This is a case report of 44 years old female patient reported with cramping & cutting pain in lower abdomen with profuse & clotted menses since 1 year. Ultrasonography report revealed uterine fibroids with thickened endometrium. This case shows effectiveness of Homoeopathic treatment in surgical cases like uterine fibroids, not only in giving symptomatic relief to the patient but also removal of such tumours without surgery.

Keywords: *Uterine fibroids, Leiomyoma, Calcarea carbonica, Constitutional medicine, Homoeopathy*

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INTRODUCTION

Fibroid is the most frequent benign uterine tumours, as well as the most common benign solid tumor in females. This tumor is also known as uterine leiomyoma, myoma, or fibromyoma because it is histologically constituted of smooth muscle and fibrous connective tissue. It has been estimated that uterine fibroids affect at least 20% of women over 30 years of age and most of them remain asymptomatic (50%).^[1]

Exact cause of uterine fibroids is unknown, risk factors include: age, early menarche, reduced fertility, frequent alcohol, caffeine consumption, family history, obesity, consumption of red meat, hypertension, diabetes mellitus and previous pelvic inflammatory disease etc.^[2]

Types of Uterine fibroids:^[3]

- **Intramural fibroids** – Most common type of fibroid. They appear within the uterine muscle wall and can expand and stretch the womb.
- **Subserosal fibroids** – They grow on the outside of the uterus, known as the serosa. They may expand to the point where womb appears larger on one side.
- **Pedunculated fibroids** - Subserosal tumors can form a stem, which is a narrow basis that supports the tumor. When this happens, they are referred to as

- **Pedunculated fibroids.**
- **Submucosal fibroids** – They are less common and tumors originate in the myometrial layer of uterus.

Clinical features are: Heavy menstrual bleeding with blood clots, Pain in the pelvis or lower back, Cramping pain during menses, Profuse micturition, Painful sexual intercourse, Pressure or fullness in lower abdomen, Distension of abdomen.^[3]

The diagnosis is confirmed by Pelvic Ultrasound. Conventional treatment options available are medical therapies, surgery (total abdominal, vaginal or laparoscopic assisted hysterectomy), and newer options such as uterine artery embolization (UAE) and MRI-guided focused ultrasound (MRgFUS).^[4,5]

This case demonstrates efficacy of constitutional homoeopathic medicine selected on the basis of thorough case taking and repertorization, according to homoeopathic principles.

CASE RECORD

A 44 years old, Fair & Obese, Hindu, Married woman from middle socioeconomic status, presented at OPD, in June 2022, with complaint of uterine fibroid, since 1 year.

Presenting complaint:

Patient reported with complaint of pain in lower abdominal region, since 1 year.

Location – Hypogastric region

Sensation – Cramping and cutting type of pain

Modalities

Aggravation: Standing, Movement

Amelioration: Warm application, Rest

Associated with profuse menstrual bleeding & general weakness, since 1 year.

History of presenting complaints:

It was a diagnosed case of uterine fibroids, since 1 year. The patient was experiencing heavy menstrual bleeding with pain in lower abdomen, for which she took allopathic treatment but got temporary relief in symptoms and after that she was advised to undergo surgery if complaints persists.

Menstrual History

Menarche attained at 13 years of age.

Her menstrual cycle is regular, occurs for 6 to 8 days, 30 ± 2 days cycle. LMP: 01-06-2022.

Character of bleeding – Dark red & clotted.

Accompanied with pain in lower abdomen.

Obstetrical History

G₃P₃A₀L₃ (All were full-term normal deliveries)

Past History

H/O Jaundice at the age of 32 years. Chikungunya 3 years back. She had taken allopathic treatment for those complaints and was cured.

Family History

Father – Healthy and alive

Mother – Hypertension & Diabetes mellitus

Siblings (2 Brothers & 2 Sisters) – Healthy and alive

Physical Generals

Appetite – Adequate, 3 meals/ day, 2-3 chapatti/meal

Thirst – Thirstless

Desire – Coffee

Aversion – Nothing specific

Stool – Regular and satisfactory, D₁N₀

Urine – Satisfactory, D₄₋₅N₀₋₁

Perspiration – Profuse, generalized, non-offensive, non-staining

Thermal reaction – Chilly

Sleep – 6-7 hours/day, Unrefreshing, tired in morning while waking.

Dreams – Nothing specific

Mental Generals

The patient is mild and very optimistic in nature. Anxious about her health as she was advised to undergo surgery for treatment of uterine fibroids but she is hopeful for her recovery that she will be healthy again after taking proper homoeopathic treatment. Memory weak and becoming forgetful regarding where she kept the objects. No desire to work due to general weakness. She is introvert and cannot share her emotions with others easily.

General Physical Examination

Height – 5'3''

Weight – 80 Kg

Anaemia – Mild pallor

Jaundice – Absent

Cyanosis – Absent

Lymphadenopathy – Nil

B.P. – 110/80 mmHg

Pulse – 80/min

Respiratory rate – 16/min

Temperature – Afebrile (98.6 °F)

Investigations

USG Lower abdomen (14/05/2022) revealed thickened endometrium (14.2 mm) with hypoechoic lesion of size 9.8 x 8.1 mm in the anterior wall of uterine fundus and hypoechoic lesion of size 24 x 19 mm in posterior wall of uterine fundus.

TABLE 1: ANALYSIS AND EVALUATION OF SYMPTOMS

SYMPTOMS OF PATIENT	INTENSITY	COMMON/ UNCOMMON SYMPTOMS
Mental Generals <ul style="list-style-type: none"> • Introvert • Mild nature • Optimistic • Hopeful for recovery • Forgetful 	++ +++ +++ ++ +	Uncommon Uncommon Uncommon Uncommon Uncommon
Physical Generals <ul style="list-style-type: none"> • Thirstless • Desire – Coffee • Perspiration – Profuse • Thermal reaction – Chilly • Unrefreshing sleep • Menses – Profuse, dark red & clotted • General weakness 	++ ++ ++ +++ + ++ ++	Uncommon Uncommon Uncommon Uncommon Common Common Uncommon
Particulars <ul style="list-style-type: none"> • Pain in lower abdominal region – hypogastric region < standing, movement; > warm application, rest. 	++	Common

TOTALITY OF SYMPTOMS

Introvert

Mild nature

Optimistic

Hopeful for recovery

Forgetful

General weakness

Thirstless

Desire – Coffee

Perspiration – Profuse

Thermal reaction – Chilly

Unrefreshing sleep

Menses – Profuse, dark red & clotted

Pain in lower abdominal region – hypogastric region < standing, movement; > warm application, rest.

REPORTORIAL TOTALITY

MIND – FORGETFUL

MIND – HOPEFUL – recovery, of

MIND – OPTIMISTIC

STOMACH – THIRSTLESS

GENERALS – FOOD AND DRINKS – coffee – desire

GENERAL – WEAKNESS

REPORTORIAL CHART

Repertorisation was done using synthesis repertory 2.0 Homoeopathic software application (Android application).^[7]

MIND	6 GENERALS - WEAKNESS			
1 MIND - FORGETFUL	Remedies	ΣSym	ΣDeg	Symptoms
2 MIND - HOPEFUL - recovery, of	calc.	5	9	1, 3, 4, 5, 6
3 MIND - OPTIMISTIC	sulph.	5	9	1, 3, 4, 5, 6
STOMACH	puls.	5	8	1, 3, 4, 5, 6
4 STOMACH - THIRSTLESS	nux-v.	5	7	1, 3, 4, 5, 6
GENERALS	kali-s.	5	5	1, 3, 4, 5, 6
5 GENERALS - FOOD and DRINKS - coffee - desire				

Figure 1: Repertorization

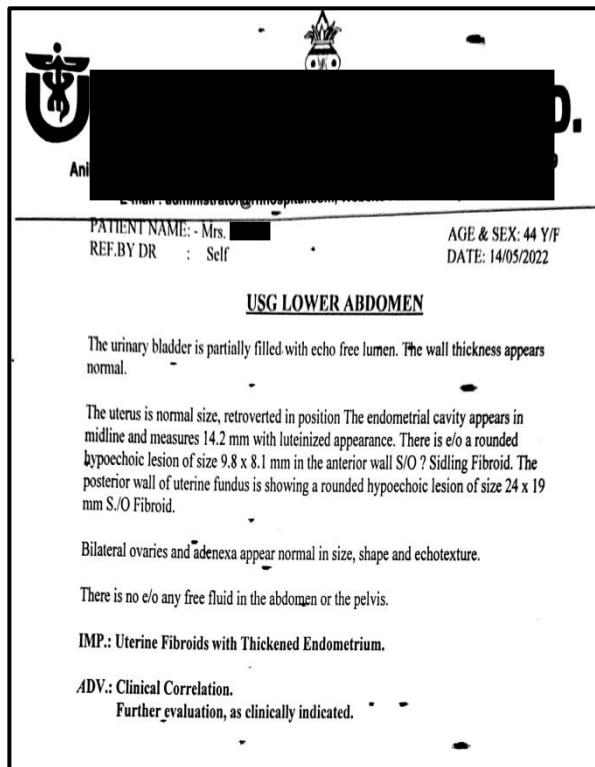
SELECTION OF REMEDY AND POTENCY : On the basis of repertorisation and final consultation with materia medica, *Calcarea carbonica* was selected and prescribed to the patient. Although *Calcarea carbonica* and *Sulphur* both were covering same number of symptoms as well bearing same marks but thermally, *Sulphur* is hot and patient was chilly, fair, obese, perspires profusely, hence *Calcarea carbonica* was selected. *Calcarea carbonica* was the remedy of choice as it covers the mental as well as physical disposition of the patient.^[9,10] 200C potency was selected based upon nature & duration of disease and susceptibility of patient.

First prescription (18/06/2022) – *Calcarea carbonica* 200/OD/ Consecutively for 2 days followed by placebo for 1 month.

The patient was advised to reduce her weight by following a proper diet and exercise.

TABLE 2: FOLLOW UP

DATE	SYMPTOMS	PRESCRIPTION
23/07/2022	Pain in lower abdomen slightly better. LMP – 03/07/2022; Menses profuse and clotted. Sleep – unrefreshing.	<i>Calcarea carbonica</i> 200/1 dose/ stat <i>Sac lac</i> 30/TDS/1 month
20/08/2022	Mild dull aching pain in lower abdomen. LMP – 04/08/2022; Menses profuse and non-clotted. Sleep – improved and refreshing. Weakness reduced.	<i>Sac lac</i> 30/TDS/1 month
24/09/2022	No change seen in symptoms. LMP – 01/09/2022. Menses – profuse, dark red and non-clotted.	<i>Calcarea carbonica</i> 200/1 dose/ stat <i>Sac lac</i> 30/TDS/1 month
15/10/2022	No pain in lower abdomen. LMP – 02/10/2022; Menses – normal. Anxiety of health reduced than before. Sleep – normal. No weakness. USG report – no specific changes, same as before.	<i>Calcarea carbonica</i> 200/1 dose/ stat <i>Sac lac</i> 30/TDS/1 month
19/11/2022	All complaints better than before. Coryza with acrid nasal discharge and bland lacrymation >open air, since 8 days.	<i>Allium cepa</i> 30/ TDS/ 2weeks <i>Sac lac</i> 30/TDS/2 weeks
17/12/2022	Coryza better. Slight pain in lower abdomen <before menses. Menstrual cycle normal. LMP – 06/12/2022. Anxiety much reduced. Sleep – normal. No weakness.	<i>Calcarea carbonica</i> 1M/1 dose/ stat <i>Sac lac</i> 30/TDS/1 month
21/01/2023	No pain in lower abdomen. Menstrual cycle normal. LMP – 07/01/2023. Other complaints much improved.	<i>Sac lac</i> 30/TDS/1 month
25/02/2023	Same as before.	<i>Calcarea carbonica</i> 1M/1 dose/ stat <i>Sac lac</i> 30/TDS/1 month
01/04/2023	No other new complaints. Patient feeling physically as well as mentally better. USG advised.	<i>Sac lac</i> 30/TDS/1 month
13/05/2023	USG report – No Uterine fibroids seen. All complaints are relieved and the patient feels better as whole. No new symptoms appear.	<i>Sac lac</i> 30/TDS/2 weeks (Placebo was given for 2 weeks and treatment was stopped thereafter)



PATIENT NAME: - Mrs. [REDACTED] **AGE & SEX:** 44 Y/F
REF. BY DR : Self **DATE:** 14/05/2022

USG LOWER ABDOMEN

The urinary bladder is partially filled with echo free lumen. The wall thickness appears normal.

The uterus is normal size, retroverted in position. The endometrial cavity appears in midline and measures 14.2 mm with luteinized appearance. There is e/o a rounded hypoechoic lesion of size 9.8 x 8.1 mm in the anterior wall S/O ? Sidling Fibroid. The posterior wall of uterine fundus is showing a rounded hypoechoic lesion of size 24 x 19 mm S/O Fibroid.

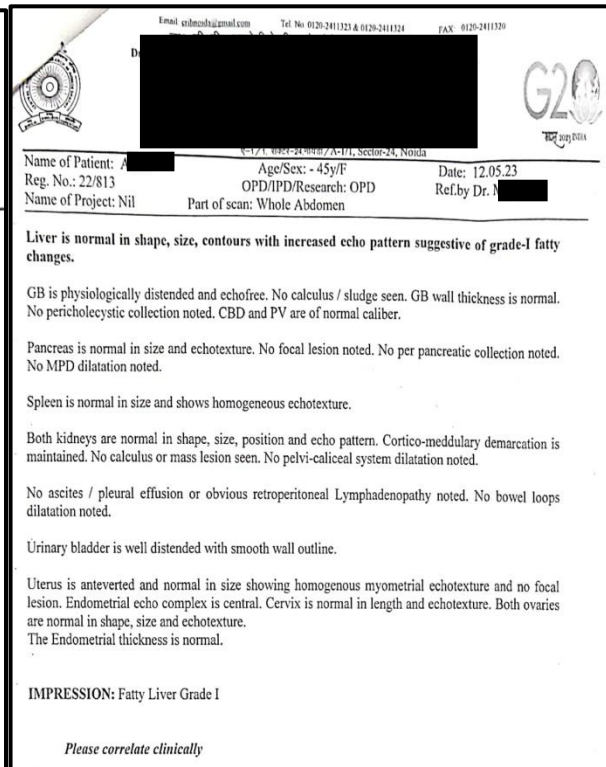
Bilateral ovaries and adnexa appear normal in size, shape and echotexture.

There is no e/o any free fluid in the abdomen or the pelvis.

IMP.: Uterine Fibroids with Thickened Endometrium.

ADV.: Clinical Correlation.
Further evaluation, as clinically indicated.

FIGURE 2: USG BEFORE TREATMENT



Name of Patient: [REDACTED] **Age/Sex:** -45y/F **Date:** 12.05.23
Reg. No.: 22/813 **OPD/IPD/Research:** OPD **Ref. by Dr.:** [REDACTED]
Name of Project: Nil **Part of scan:** Whole Abdomen

Liver is normal in shape, size, contours with increased echo pattern suggestive of grade-I fatty changes.

GB is physiologically distended and echofree. No calculus / sludge seen. GB wall thickness is normal. No pericholecystic collection noted. CBD and PV are of normal caliber.

Pancreas is normal in size and echotexture. No focal lesion noted. No per pancreatic collection noted. No MPD dilatation noted.

Spleen is normal in size and shows homogeneous echotexture.

Both kidneys are normal in shape, size, position and echo pattern. Cortico-medullary demarcation is maintained. No calculus or mass lesion seen. No pelvi-caliceal system dilatation noted.

No ascites / pleural effusion or obvious retroperitoneal Lymphadenopathy noted. No bowel loops dilatation noted.

Urinary bladder is well distended with smooth wall outline.

Uterus is anteverted and normal in size showing homogenous myometrial echotexture and no focal lesion. Endometrial echo complex is central. Cervix is normal in length and echotexture. Both ovaries are normal in shape, size and echotexture. The Endometrial thickness is normal.

IMPRESSION: Fatty Liver Grade I

Please correlate clinically

FIGURE 3: USG AFTER TREATMENT

DISCUSSION

Various research studies and case reports have been published which shows that Homoeopathic treatment is very beneficial in cases of uterine fibroids. A study published by Indian journal of research in Homoeopathy (2012) shown improvement in 81.7% cases of uterine fibroids (complete resolution in 17% cases) and medicines like *Calcarea carbonica*, *Pulsatilla*, *Phosphorus*, *Lycopodium*, *Sulphur*, *Kali carb* were found to be useful.^[6] A case report of 40 year old female published by Indian journal of research in Homoeopathy (2008) depicted efficacy of homoeopathic medicine, *Lycopodium* in successful resolution of uterine fibroid without any surgery.^[7] Another case study published in ACTA Scientific Medical Sciences (2019) shown encouraging and marvelous result of Homoeopathic treatment in 3 cases of infertility due to Uterine fibroid. Medicines like Sepia 30, Apis

30, Natrum mur 30, Thuja 1M, Aurum mur natronatum 3x and Fraxinus Americana Q were found to be useful.^[8]

The case study illustrated in this article highlighted the effectiveness of homeopathic medications in the treatment of uterine fibroids as well as the importance of taking a thorough case history and prescribing constitutional medicine. Since the medicine was prescribed following final consultation with the Homoeopathic materia medica and with the aid of repertory, it also helps to confirm the symptoms listed in these sources. This case report also demonstrates that pathological changes (Uterine fibroids) can be reversed and restoration of health can be achieved with the selection of suitable constitutional remedy.

CONCLUSION

This case report proves the effectiveness of homoeopathic treatment for cases of uterine fibroid or leiomyoma. It also shows that Homoeopathy can be the choice of treatment in such surgical cases.

CONSENT OF PATIENT - Was obtained for writing the manuscript.

CONFLICT OF INTEREST – None

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