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Treatment of Uterine fibromyoma or myoma or leiomyomus using the armament of Homoeopathy.

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Abstract

This growth is benign in nature and although the current terminology is fibromyoma or myoma or leiomyomus (lie-o-my-o-mus) they are commonly referred to as uterine fibroids. In fact they are tumours made of muscle tissue origin containing fibrous tissue that grows on the uterus. Usually they are non-cancerous. Hence if a patient gets uterine fibroids he should be counselled about it.

Variations in size, shape, and location are seen. They usually grow on the uterine wall, or on its surface. At times they are attached to uterus by a stalk or stem like structure giving them a mushroom like appearance. Sometimes they are so small and miniscule in size that they may not be seen with the naked eye. Some show a grapefruit like size and appearance. On the other hand some may grow so huge and in big masses that they can affect the size and shape of the uterus by distorting it. Uterine fibroids usually appear during the childbearing age. What to treat and how to treat is always a jigsaw and it is here there the role of homoeopathy is worth mentioning.

Keywords: Uterine fibroids, benign tumours, menorrhagia, metrorrhagia, individualisation, miasm, Homoeopathy.

Introduction

Definite aetiology still remains unknown. Although Oestrogen, growth hormone and possibly human placental lactogen are related to their growth, there is strong evidence in support of Oestrogen dependence. The tumour is oestrogen dependent with oestrogen receptor and develops during reproductive age. The association of fibroids in women with Hyperoestrogenism is evidenced by endometrial hyperplasia, dysfunctional metropathic bleeding and endometrial carcinoma. It's mostly seen in the 30 and 40 years old-but they may develop at any age and are rarely found before puberty. New myomas rarely appear after menopause. They're seen more commonly in Black people than in White. They also tend to show up earlier and grow quicker in Black people. Heredity is also an important factor as it's known to run in families. In many people they remain passively during their life span and they may not even know about their presence, because they often cause no symptoms. Sometimes they are accidentally discovered during a routine pelvic examination or pregnancy or routine imaging procedures like ultrasound.

A myoma is derived from the smooth muscle cell and rests either from vessel walls or uterine musculature. Myomas are known to increase in size during pregnancy and with oral contraceptives. Progesterone is known to inhibit the growth of myomas and large doses of progestogens orally for 14 to 21 days of the cycle causes shrinkage of the tumour. GnRH also causes shrinkage of the tumour. The presence of myoma causes hyperplasia of the myometrial wall. The cavity of the uterus is often distorted and enlarged

Anatomy: A typical myoma is well circumscribed tumour with a pseudo capsule and is firm in consistency. The cut surface is pinkish white and has a whorled appearance. The capsule consists of connected tissue which fixes the tumour to the myometrium.

Microscopically the tumour consists of bundles of plain muscle cells, separated by varying amounts of fibrous strands. Areas of embryonic muscle tissue may be present.

Complications/ Secondary Changes/ Degenerations

Atrophy, Calcareous degeneration and Red degeneration are seen. Sarcomatous change in a myoma is very rare i.e. about 0.5% of all myomas.

Other complications of myomas like torsion, inversion, capsular haemorrhage, infection and at times associated endometrial carcinoma should be remembered and checked for in necessary.

Prevention: The common saying since ages is that prevention is better than cure. But the question is “Can uterine fibroids be prevented?”

Scientifically speaking Fibroids cannot be prevented. In the modern world life style habits are very important and research suggests certain lifestyle habits definitely can reduce the chances of having them.

For e.g. Diets rich in sugar may be linked to a higher risk in some people. A study done on these lines found that eating fresh fruits and cruciferous vegetables like arugula, broccoli, cabbage, cauliflower, collard greens, and turnip greens do lower the odds. Interestingly, cruciferous vegetables are rich in beta carotene, folate and some vitamins like C, E, K and other minerals as well as fibre. Exercising regularly is also important as it can be helpful in lowering the chances of getting uterine fibroids.

Uterine fibroid vs. Polyp

Uterine fibroids and polyps although are similar as far as symptomatology is concerned are definitely different. Uterine polyps are smaller and grow from the lining of the uterus. They at times are known to affect the chances of pregnancy by obstructing or blocking the fallopian tubes. Luckily a very small number of polyps, averaging about 5%, turn out to be cancerous or with time are likely to turn cancerous. Its due to this fact that a segment of gynaecologists advise surgical removal. Although other types of treatment are available, Homoeopathy is definitely an option in both the cases.

Types of Fibroids

The common anatomical sites are corporeal and cervical.

The type of fibroids can be classified depending on their site of growth and on where they grow or form.

- 1) Intramural or subserosal fibroid (60%) which grows within the wall of the uterus.
- 2) Submucosal fibroids (20%) which grows underneath the endometrium and projects inside the uterine cavity. Also, they could be sessile or pedunculated.

When a fibroid grows into your uterine cavity, doctors call it submucosal.

- 3) Subserosal or subperitoneal fibroid (20%)

This type of tumour grows underneath the peritoneum and may be sessile or pedunculated it could grow between the layers of the broad ligaments to form ligamentary fibroid. Although rare, the rupture of the subperitoneal vein on the subserous fibroid may cause severe intraperitoneal haemorrhage.

At times, submucosal or subserosal fibroids may hang from a stalk inside or outside the uterus i.e. pedunculated.

Symptoms of uterine fibroids

Many a time's people who have uterine fibroids are asymptomatic. They are detected during routine gynaecological checkup or use done for unrelated symptoms. Symptoms and their intensity depend upon the location, size and number of fibroids and could be no symptoms at all, or symptoms if present could again be mild symptoms or serious symptoms.

The most common symptoms of uterine fibroids are as under

- Periods which are heavy, long and which could be painful. Here we should note that subserous and pedunculated

fibroids do not cause menorrhagia. Progressive menorrhagia is generally seen in intramural and submucous myoma due to increased vascularity.

- Polymenorrhoea occurs when cystic ovaries and pelvic inflammatory disease PID coexist with fibromyomas.
- Metrorrhagia is common with submucous fibroid. An infected polyp will also cause purulent discharge. Metrorrhagia in a woman above 40 years requires D&C to rule out endometrial cancer.
- Pain in the lower abdomen, pelvis or back are a common feature and pains are of different types but stabbing pains are more common. Rarely, a fibroid can cause sudden, serious pain when it outgrows its blood supply and starts to die. Acute pain is seen when a fibroid is complicated by torsion, haemorrhage and red degeneration. Pain in a rapidly growing fibroid in an elderly woman may be due to sarcoma.
- At times growing stomach area.
- Discomfort in the rectum or constipation although rare is due to pressure. Rarely intestinal obstruction is due to a loop of intestine around the pedunculated fibroid.
- Pain felt during the act of coition.
- Increased frequency of urination may be present and indicate pressure symptoms.
- Symptoms of anaemia like weakness and palpitation may be present.

Causes of uterine fibroids

Although the exact cause is unknown studies show that Hormones and genetics do have a role to play

Hormones: Both the routine female hormones Oestrogen and progesterone are involved even in menstrual bleeding where the lining of the uterus thickens every month during the periods. It seems that they do affect fibroid growth. When hormone production slows down as is the case during menopause, fibroids usually shrink.

Genetics: Researchers have found genetic differences between fibroids and normal cells in the uterus. Maybe as scientific advances in the field of biotechnology takes place we shall have better proof.

The ECM Connection: Extracellular matrix helps the body cells bind together. Numerically speaking the Fibroids have more ECM than normal cells making them more fibrous or ropey. ECM also stores growth factors (substances that spur cell growth) and causes cells to change.

Other growth factors: The biochemistry of the human body is really complex. Some substances body that help with tissue upkeep, such as insulin-like growth factor, may have a role to play in fibroid growth.

Differential Diagnosis: Pregnancy, Haemetometra, Adenomyosis, Bicornuate uterus, Endometriosis, Chocolate cyst, Ectopic pregnancy, Chronic PID, Benign ovarian tumour, Malignant ovarian tumour, Endometrial cancer, Myomatous polyp, Chronic inversion of uterus, Pelvic kidney should be thought of.

Diagnosis: Most of the time the clear cut clinical features provide a strong base for diagnosis but some investigations provide distinct clarity.

- **Ultrasound USG:** helps in pinpointing the fibroma along with the exact size, numbers and location. Also helps identify other types, pathology if any, ectopic and adnexal mass and also in the follow up of fibroids after menopause and following GnRH therapy.
- **Lab Investigations:** A haemogram is the basic done to evaluate the case which helps diagnose anaemia and check for indices. Bleeding disorders also have to be ruled out.
- **Hysterosalpingography:** Helps identify a submucous myoma and checks the patency of fallopian tubes in infertility.
- **Hysteroscopy:** is done to recognise a sub mucous polyp and is advantageous as it also allows its excision under direct vision.
- **D&C:** Is done to rule out endometrial cancer.
- **Laparoscopy:** is required in inversion of uterus while excising a myomatous polyp.
- **Magnetic resonance imaging (MRI):** MRIs show more detailed images of fibroids and are hence now a days done more frequently as they also help doctors decide the best treatment. If the patient is in the menopausal age group or has a large bulky uterus an MRI is preferred.

Treatment

It's always prudent for a doctor to understand the whole case and symptomatology. One also has to keep in mind the severity of the symptoms, the intensity of pain, the size location and number of fibroids. If the patient is asymptomatic or has very mild symptoms with very small sized fibroids we can always have a wait & watch attitude especially since mostly fibroids are non-cancerous in nature. One also has to consider the patient, her age and desire, pregnancy planning etc.

To reduce the bleeding, birth control pills are often given. Although fibroids do not completely vanish, their size diminishes. Treatment can be medical, minimal invasive surgery or surgery.

Here, it would be prudent to understand that Homoeopathic management will be holistic in approach, based on symptom similarity, constitution, PQRS and miasms.

Medical Treatment

Iron therapy for anaemia. Blood is rarely used preoperatively.

Drugs used to control menorrhagia are used. RU 486 i.e. Mifepristone 50 mg daily for 3 months causes amenorrhoea and shrinkage of the tumour by 50%. Danazol 400 to 800 mg for 3 to 6 months reduces the size of the tumour. RU 486 is given for a prolonged period in the dose of 25-50. This treatment is costly and has side effects too and hence is not used generally.

An IUD of Progestin releasing type is also an alternative if the fibroids are not in the uterine cavity. It helps control heavy bleeding and pregnancy too.

Gonadotropin-releasing hormone (GnRH) analogues: When used for 6 months produce a state of temporary menopause by blocking Oestrogen and progesterone and shrink the size of the fibroids by 50 to 80%. You take them as shots. A Gynaecologist may choose this option before a planned surgery. This treatment in premenopausal women, young women and infertility caused by corneal fibroid eliminates the need for surgery. Is also useful in reducing the vascularity. However monthly depot injections should not be extended beyond 6 months.

GnRH analogues are given by one of the following routes-1. Nasal sprays-6 hourly, 2. Subcutaneous injection 12 hourly, 3. Deep intramuscular injection every month and these are the

route of choice for the treatment of myomas 4. Subcutaneous injection every month. However, the benefits are temporary and the benefits are short lived. Also side effects may be seen.

- GnRH antagonists work in a different way to reduce or stop your period. Oriahnnand Myfembree combine GnRH antagonists with estrogen and progestin. You take them as pills.
- A progestin-releasing intrauterine device (IUD) inserted into your uterus can help control heavy bleeding. It also prevents pregnancy. But it might not be right for you if you have fibroids in the cavity of your uterus.
- Tranexamic acid-when non hormonal type of treatment is thought about it is indicated as it doesn't involve hormones. TXA is a medicine that controls bleeding. It helps blood to clot and is a medicine used for heavy periods.

Surgical Treatment: In cases where moderate or severe symptoms are present surgery has to be given preference. Also at times after the medical treatment the tumours once again grow in size and hence surgery becomes essential.

- **Myomectomy:** It means removal of the myomas and conservation of the uterus. They can be removed by the abdominal or vaginal route and the decision is taken by the gynaec surgeon depending upon the case. Is indicated in an infertile woman or a woman desirous of child bearing and wishing to retain the uterus. This surgical procedure removes the fibroids while trying to leave healthy tissue alone. Hence it is the best option for a patient who hopes to become pregnant in the future. The procedure of myomectomy is different from major abdominal surgery to laparoscopy (surgery done through one or more small cuts instead of one large one). Hysteroscopic myomectomy is usually performed when there is a submucous fibroid not removable by the simple vaginal route. Excision is done either by cautery, laser or recto scope. Laparoscopic myomectomy is done in a pedunculated fibroid or a small subserous fibroid. Multiple fibroids if any size should be approached by Laparotomy. Abdominal myomectomy needs at least 2 units of blood transfusion. Bonneys hood operation for a big single fundal fibroid

Uterine fibroid embolization (UFE), or uterine artery embolization (UAE)

In this procedure, the flow of blood to the fibroids is blocked by inserting gel or plastic particles usually PVA i.e. polyvinyl alcohol into the adjacent blood vessels. This makes the fibroids shrink about 50% in younger age group. It also helps conserve the uterus.

Hysterectomy-it is indicated in a woman above 40, multiparous woman, or when associated with malignancy. Uncontrolled haemorrhage and unforeseen surgical difficulties may also necessitate hysterectomy. This surgery removes your uterus completely and hence is an ideal way to cure fibroids entirely. Vaginal hysterectomy is done if the uterus is mobile, uterine size is less than 14 weeks and there is no other pelvic pathology. The ovaries may be conserved in a woman less than 45 years. Sometimes subtotal hysterectomy is done leaving the cervix behind. Laparoscopic hysterectomy-LAVH i.e. laparoscopic assisted vaginal hysterectomy is at times preferred as it avoids a uterine scar, minimizes pain and shortens the recovery period and hospital stay. However, it does have some complications/contraindications.

Complications: Although there are miscellaneous complications, the most noteworthy is the fact that some women are often infertile. Even if pregnancy does occur, the chances of complications are significant. There may be an increase in the size, vascularity and tendency to undergo degenerative changes like hyaline change and cystic degeneration. Red degeneration is a result of softening of the surrounding supporting connective tissue, the capillaries tend to rupture and the blood effuses out into the myoma causing a diffuse reddish discolouration. One theory is that there is a release of a biochemical haemolysin like substance which causes diffuse blood staining. Such patients may come with an emergency case of an Acute Abdomen.

The homeopathic concept and management of uterine fibroids

Homeopathy takes into consideration all the above points and also considers the aspects like symptom similarity and miasms.

Homeopathic Management based on Miasms and symptom similarity of menstrual disorders

Menstruation has always been a taboo in India where the status of woman is still questionable. There are various rituals and customs and festivals in Indian society in which women during menstruation are still not allowed to visit temples to perform religious, auspicious and social duties. Women today are working shoulder to shoulder with their men counterpart. Still they face the monthly horror of menstrual pain. Dysmenorrhoea has a serious impact on the economy of a country as every woman who is going through this, skips the office and even school and college for a day or two.

In developing nations like India where each day has a huge impact on economy and growth of the country one cannot afford the loss of time. Due to all these prevailing conditions women are supposed to annihilate the pain and move on, and usually it is done by using various NSAIDs and analgesics which have serious long term effects on the women's health i.e. known as Adverse Drug Reaction (ADR). These medicines can lead to gastrointestinal bleeding and renal dysfunction. Studies from India reported the prevalence range of dysmenorrhoea between 50% to 87.8%. Other studies reported that dysmenorrhoea affects 90% of woman of child bearing age to varying degrees.

Miasmatic prescribing

Miasm is an invisible, dynamic, disease producing potential. It is called (fundamental cause for all-natural diseases), the Causa Causorum (cause for the causes). It is the fundamental and efficient cause of all sickness and creates obstacles in the process of cure. Miasm is a term comparable to diathesis, dyscrasia, constitution or terrain. Hahnemann recognized three Miasms, which he called Psora, Sycosis and Syphillis. Dr Hahnemann gave the theory that every living organism has and is formed of MIND, BODY, and SPIRIT (by spirit he meant vital force). Therefore, it becomes essential for a rational homeopath to understand the significance of this trinity both individually and collectively. One can only then perceive the configuration of a living constitution in its totality, its pathogenesis and its cure. It is important to accept the fact that at present, each human being is characterised by a miasmatic modulation through which its individuality tries to emerge. For a true homeopath it becomes essential to know about the miasm of underlying disease condition, it will not only help in deducing the true picture of that individual but also the evolution and prognosis of that condition. For e.g. Patients requiring emergency medical treatment and with any complications, any

advance pathology or malignancy etc. Or in case they have any sexually transmitted diseases.

As a famous slogan goes, "Healthy women healthy world". For a female, in her life her problems encircle around the pubertal life, the fertile life and her menopausal age. Menstrual cycle is an important indicator of her reproductive health. Dr. Hahnemann after treatment of chronic diseases came to the conclusion that a major obstacle in treatment of chronic disease is miasm. Symptoms are variable in all 3 miasms.

Symptom characters of psora miasm

It produces functional disturbances say for e.g. scanty menses. In psora protected menses are usually seen. Also some features like Amenorrhoea during puberty or Dysmenorrhoea at puberty. Pains are sharp but never colicky. Psoric discharges are bland and scanty. Aggravation from cold and amelioration from warmth and better by appearance of menses may be present. Anxiety and mental restlessness are the common features.

Sycosis and its impact on menstruation

Pruritus vulvae, polyuria during menses. Menses are having odor of fish brine and stain of menstrual blood is difficult to wash off. Menstrual blood is clotted and causing burning of pudenda. The menstrual discharge is usually stringy excoriating and biting with yellow colour. Colicky pains which are sharp in nature are seen. Mottled appearance of mucus membrane of endometrium is seen.

PIDs, uterine fibroids, polypus ovarian tumors and malignancies maybe present. Polycystic ovarian disease, endometriosis ectopic pregnancy with leucorrhoea of fish brine odour may be present. Mental weakness during leucorrhoea is also seen.

Syphilis and its impact on menstruation

There is profuse menstrual flow. The flow in syphilis is acrid excoriating which is corrosive and blood is putrid and has a metallic odour.

Irregular periods both in quantity and quality is also an aspect. Melancholia and fear during menses. All symptoms in syphilis are having aggravation at night or in summer. Amelioration occurs when any abnormal discharge like leucorrhoea occurs. Ulcerative and degenerative tumours if present are usually syphilitic in nature.

Therapeutics

In Organon of medicine Master Hahnemann has mentioned about the management of chronic diseases by appropriate constitutional remedy.

Homeopathic management is in fact more complicated because the treatment is on case to case basis. Some remedies which are frequently used are as under -

1. Pulsatilla

Amenorrhoea suppressed menses from wet feet nervous debilitating menses, scanty and thick dark clotted menses. Chilliness nausea, downward pressure painful flow intermits. Leucorrhoea acrid burning creamy with pain in back tired feeling. Diarrhoea during menses could be present. Usually the miasmatic back ground is psora and sycosis.

2. Lachesis

Here symptoms usually are related to Climacteric troubles, palpitations, flushes of heat, haemorrhages. Pressure of clothes, pains over left ovary, inflammation of breast with coccygeal and sacral pain, especially rising from sitting posture. It acts

especially at beginning and closing of menstruation. Usually the miasmatic background is Sycosis and syphilis.

3. Calcarea carb

Before menses headache colic chilliness and leucorrhoea. Cutting pains in uterus during menstruation. Menses too early to profuse too long with vertigo toothache and cold damp feet excitement causes return. Uterus easily displaced. Leucorrhoea milky. Burning and itching of parts before and after menstruation in little girls. Increase sexual desire. Hotness and swelling of breasts before menses. Milk too abundant disagreeable to the child. Deficient lactation. Much sweat about external genitals. Sterility with copious menses. Uterine polypus. Miasm sycosis

4. Lycopodium

Menses too late last too long too profuse vagina dry. Coition painful. Right ovarian leucorrhoea acrid with burning in vagina. Discharge of blood during stool.

Miasm: sycho syphilitic.

5. Sepia

Pelvic organs relaxed. Bearing down sensation as if everything will escape through the vulva and must cross the limbs to prevent protrusion. Leucorrhoea which is yellow greenish with itching. Menses too late and scanty, irregular with sharp clutching pains. Violent stitches upwards in vagina from uterus to umbilicus. Prolapse of uterus and vagina. Morning sickness. Vagina is painful on coition.

Miasm: syco syphilitic.

6. Natrum mur

Menses irregular usually profuse but dryness of leucorrhoea acrid watery with bearing down pains worse in morning. Prolapse uteri with Cutting pains in urethra. Ineffectual labour pains. Suppressed menses. Hot Burning during menses.

Miasm: Psora sycosis

7. Ignatia

Menses black too early, too profuse or scanty. During menses severe spasmodic pains in stomach and abdomen. Suppression from grief. Miasm psora sychosis

8. Thuja

Vagina sensitive. Warts on perineum and vulva .Profuse leucorrhoea thick and green. Ovaritis with polypi. Aggravated during menstruation. Profuse perspiration during menses.

Miasm: Psora sycosis.

9. Kali carb

Menses early, profuse or too late pale and pains from back to gluteal muscles. Delayed menses with ascites in young complaints after parturition. Uterine haemorrhages constant oozing after copious flow. Backache better by pressure and sitting. Miasm sycosis

10. Silicea

A milky acrid leucorrhoea during urination. Itching of vulva and vagina which are very sensitive. Discharge of blood between

menstrual periods. Increased menstrual flow. Nipples very sorely drawn with fistulous ulcer. Abscess of labia. Vaginal cyst. Hard lumps in breast. Miasm: Syco syphilitic

Homoeopathic management and case

The effectiveness of treatment differs and as usual has its own plethora of side effects. This again leads a patient in a spiral. So Why Not Homoeopathy?

Choice of Remedy: Calcarea Carb

Justification

Though after defining the case the remedy was pretty clear to me and non-reportorial approach to this case was sufficient. The predominance of scotic-Psoric miasm, the constitution and symptom totality all pointed towards Calc carb. However, to be doubly sure we took help of the repertory and here too the results favored Calc carb.

So, reading from Stalwarts to substantiate and clear the prejudices

Dr. ML Tyler says for Calc Carb

She will give the symptoms of anaemia, her chilliness, tendency to sweat, mild and timid. She is inclined to be fleshy without strength, breath, energy. Such weakness, such weariness.

Dr. Nash Says

If calc has one symptom that not only leads all the rest but also all other remedies it is found in the profuse sweats on the head. The sweat is so profuse that during sleep it rolls down the head and face.

Dr. JT Kent says

Calcarea sweats in spots. When calcareas feet become cold they sweat. Calc is an excellent remedy for polyipi and exostosis.

Reference of Repertory

If we refer to the Homoeopathic Medical Repertory by Robin Murphy, 3rd revised edition pg 769 under the main rubric female, rubric fibroids and sub rubric uterus, there are about 85 remedies and calc c is a 1st grade remedy here too. On page 777, under the main rubric female, the rubric of menopause is given. Here too calc c is a 1st grade remedy. A pqrs symptom noted was love for animals. This again is substantiated on page 1512 under the main rubric mind.

In the given case the patient has been given Calcarea carb on the basis of sycotic miasm, and symptoms totality. Repertory is an important aid and this too was indicating calc carb as an important remedy. Investigation reports of the patient are also attached herewith.

Conclusion

Homoeopathy plays a vital role in the treatment of complaints related to the ladies like uterine fibroids and Menopause. The basic needs of the person are to make the life healthy and happy. Homoeopathic treatment affects the man internally and individualizes each person by his/her constitution. In homoeopathic science we treat the patient which is of prime importance, not the disease as it is of secondary importance. In no way are we claiming to have found a radical and complete cure but are portraying a new avenue of safe Homoeopathic treatment. Managing an individual having menopausal complaints, uterine fibroids with multiple co morbidities with homeopathic drugs is an art and the success of treatment is based

upon the administration of appropriate constitutional and anti miasmatic remedy. A strict guideline regarding diet and life-style modifications should be advised to the lady patient which is very essential along with the similimum, in order to get the best possible results.

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Case

23/5/23

58/F came with complain of bleeding per vagina since 10 days known case of uterine fibroids.

No pain in abdomen but pain in left knee joint < by long standing and long sitting, cold air increase in uric acid levels. k/c/o DM and HTN On Rx of Glimitop and Losartan.

use report was suggestive of uterine fibroid. Surgery was suggested by for hysterectomy. But the patient was diabetic and didn't wanted to be operated and was already under the treatment for bleeding. On consequent treatment with 2 to 3 follow ups her bleeding improved and fibroid was reduced in size up to remarkable degree.

BARODA HOMOEOPATHIC MEDICAL COLLEGE - HOSPITAL

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Date: 23/5/23 23 MAY 2023 OPD No.: 7750/22211
 Name of the Patient: _____
 Age: 58 Sex: F Religion: _____ Occupation: Housewife
 Address: Bangalore Ph. No.: 9220208685
 Dr's Name: Dr Anvi
DR. JAYKUMAR CHAUDHARI

PRESENTING COMPLAINTS : (Including L, S, M & C)

1) 10/5 - Uterine fibroids.
2) December - mild bleeding pv. - at times severe *eyes sticky*
3) March - 10 days continue bleeding pv *Expert advise - DRH*
No pain at abdomen & back. Usually painless but agree *Dr N.B.*
at times ++ feels weak ++
coughing & expectoration after long. Re:
no other clo regarding fibroid

HISTORY OF PRESENT ILLNESS IN CHRONOLOGICAL ORDER : (WITH ASSOCIATED COMPLAINTS)

Knee pain 4-5 Season
lt > RT. Rest, Cold air.
↑ Uric acid levels - long standing, long sitting

• PAST HISTORY OF ILLNESS AND TREATMENT (1) H/O VACCINATION (2) H/O ILLNESS & TREATMENT				
				Allergy Drug Reaction.
DISEASES SUFFERED FROM	APPROXIMATE AGE	DURATION	TREATMENT	WHEN COMPLI RECOV
Kletio - DM 0-2 yrs. Polyurea. & Recurrent UTI Kletio - HTN. ankle oedema - CVA. (2020) - covid-19 (2021)	Pus bump, hiccups PP ₂ BS - 68/1.188 FBS - 129 HbA _{1c} - 6.8. ll side body oede		T. CILIMI TOP-m ₂ T. AZULIX-2 T. TELARTAN HYD. T. CLOPITAB-A 150	
• FAMILY HISTORY : Plu - -				

PERSONAL HISTORY

Thermal State :

"Ambithermal."

Appetite:

(N)

Desire :

picy⁺, fish⁺, Fruits⁺

Thirst :

3-4 lit / day

Bowels :

(N) <⁺ Maida.

Sleep : (including position)

good.
disturb by thoughts -> child's health
sleep on any sides

(2) Perspiration : (including any specific odour & stains on cloth)

Profuse⁺, forehead⁺ Nape of

(4) Diet (Veg./Non Veg.):

Non Veg
No smell
No stain

(6) Aversion : Coldness in patches.

(8) Urine :

(N) - Recurrent UTI

(10) Habits / Addiction :

(12) Dreams :

- dreams of husband & it comes true.
- Religious dreams.

MENSTRUAL HISTORY (for women)

Age of Puberty :

11th std.

Menses : Early / Late / Regular

No complaint.

Complaint related to Menses

Age at Marriage :

19 yrs of age.

LMP : 2 wks ago.

Any change in menstruation due to atmosphere, emotions, fever, diseases & medicine :

LEUCORRHOEA (Yes/No)

PREGNANCY : G₄P₂L₂D₀A₂

MENOPAUSE :

Age of menopause : 2 wks ago.

Complaints related to menopause : wt gain - almost - 10 kg

GENERAL PHYSICAL EXAMINATION

ht :

Weight :

Temp :

Pulse :

RR :

BP :

Throat :

Ear :

Eyes :

Skin :

Nose :

Hair :

Nails :

Extremities :

Lymph Glands :

180/100
mmHg

Temp :

Pulse :

RR :

2 :

SYSTEMIC EXAMINATION (of concerned system under I, P, P & A)

ANALYSIS & EVALUATION OF SYMPTOMS :

Mental general - mind : activity, creative desire
- mind : death of loved once affected.
- mind : introverted.
- ~~Shyness~~ of mind.

Phy. general - menopause aggravation
- perspiration copious
- fish desire
- fruit desire

Phy. particular - perspiration on forehead

DIAGNOSTIC ASSESSMENT :- menstrual flow due to fibroid.

Sycosis

PERTINENT TOTALITY :

PERTINENT RESULT WITH : (NAME OF REPERTORY)

• PATIENT AS A PERSON :

(In Pt.'s own word, attendant statement, physician's observation and conclusion)

- calm & gentle.
- handle every situation very calmly.
- Foodie - eats healthy food.
- wt gain after Menopause
- Addicted to phone.
- Reserved - when it comes to sadness.
- 2015 - Fa dead. - lungs ca
- 2016 - FIL death. - DM
- 2017 - husband - accident
- 2020 - Mo death - DM
- 2021 - daughter's MIL - covid-19
- 2022 - cousin - MI
- If someone misbehaves - then she likes to forgive.
- helpful⁺ - she feeds everyone unknown also.
- sympathetic⁺
- stress due to delay in younger daughter's marriage due to covid.
- do not shout & fight w/ others.
- suppressed emotion - mind divert.
- Positive thought, thoughts come & go.
- don't like to live alone.
- No fear
- death of family members → still behaves positive.
- loves animal. → birds⁺⁺
- wants to do work on home & perfectly
- do not like to share any emotions.
- get angry → explains what she believes. Emotional distur & gives advice regarding that.
- do not shout or get angry on it. Emotional⁺⁺
- due to death of husband → she feels lon of support, feels worry. Dwells upon things, past.

Hobby = gardening
 - artist's
 - can speak 12 language
 - likes to decorate
 - Poetry
 - Reading.

• PATHOLOGICAL INVESTIGATIONS :

- done Date - 20/7/23.

intra uterine fibroid.

+ lateral wall subserosal fibroid - 14x11mm

lateral wall intramural - 32x20.00mm.

anterior wall - 19x12. mm.

upon.

Ca, HBA, C, S. creat, pap smear, Uric acid, S. protein.

• PROVISIONAL DIAGNOSIS :

24 APR 2024 Lab ch

• DIFFERENTIAL DIAGNOSIS :

8-54-
~~100-100~~
~~200-100~~

• FINAL DIAGNOSIS :

- Multiple Uterine fibroid.
- HTN
- DM

• GROUP OF DRUGS / SELECTION OF SIMILIMUM & STRATEGY OF TREATMENT :

- Calc carb.
- Nat carb.

• PRESCRIPTION :

Calc C 3

1 st June	30
5 th June	10
15 th June	<u>40</u>

• MANAGEMENT OF THE CASE :

R. JAYKUMAR CHANDARANA

DATE	FOLLOW-UP	PRESCRIPTION
<p>PR 2024</p> <p>24/6/24</p> <p>10/</p>	<p>men of hg</p> <p>one time bleeding in march ending.</p> <p>There no bleeding.</p> <p>→ No other Complaint regarding fibroid</p> <p>→ Pain more in knee while walking / standing / sitting.</p> <p>• and foot.</p> <p><u>Adv.</u> Diagnostic curettage - to rule out Ca endometrium - as she has H/o post-menopausal bleeding with USG - showing thick endometrium.</p>	<p>10/ Medor 10M / 1 dose @ 24/6/24</p>



SAKAAR IMAGING

32 Slice CT Scan

Sonography • 3D-4D High end Sonography • Elastography
 Colour Doppler • Digital X-Ray (Low Radiation)
 • USG Guided Interventional Procedures

Dr. Nishant Doshi

(M.B., D.M.R.D.)
 Consultant Radiologist
 Reg. No. : G-19232

NAME: _____	AGE: 55 YRS
DATE : 22.04.2024	SEX: FEMALE

USG ABDOMEN & PELVIS

Liver: right lobe of liver measures 15.5 cm, with increased echogenicity, s/o fatty liver grade I.

Portal vein and porta hepatis show no abnormality.
 CBD and intrahepatic radicles show no dilatation.

Gall bladder: appears normal. GB wall thickness appears normal. No mass lesion is seen. No pericholecystic fluid present. No evidence of cholecystitis.

Pancreas head & body appear normal in size and echo pattern. MPD within normal limit. No peripancreatic free fluid noted.

Spleen: appears normal in size 8.7 cm and echo pattern.

Right kidney: normal in size 9.7 x 3.9 cm, shape and position.
 Central and parenchymal echoes are normal.
 No calculus or hydronephrosis seen.

Left kidney: simple cortical cyst of size 22 x 17 mm (bosnaik I) in upper pole.
 Kidney measures 9.4 x 4.7 cm.
 No calculus or hydronephrosis seen.

Urinary bladder is partially distended.

Uterus: shows intramural anterior wall fibroid of size 27x17x24 mm, volume: 6.33 cc, another fibroid of size 15 x 11 mm in posterior wall.
 Fibroid of size 26 x 21 x 24 mm noted and fundus.

Cervix shows nabothian cysts, largest of size 13 x 8 mm.

Endometrium: 10.0 mm, appears thickened.
Ovaries: Appears atrophic.

Bowels & I.C. Junction: appears normal. no abnormal wall thickening seen.

IMPRESSION:

Uterine fibroids.
 Endometrium appears thickened.
 Left renal simple cortical cyst.
 Fatty liver grade I.


DR. Nishant Doshi
 Cons. Radiologist

A-62, Shivanjali, Near Nilamber Circle, Opposite Bansal Mall, Gotri, Vadodara
 M : 9974038380, 8980454387, Email : sakaarimaging@gmail.com

ANI 19221920240422 22/04/2024 SAKAAR IMAGING VADODARA
ALARAMMAHANTHI 55

The ultrasound images are arranged in a 3x2 grid. The top-left image shows a longitudinal view of the uterus with a fibroid, labeled 'Uterus Fibroid', with measurements: Dist 11.5 mm, Dist 15.6 mm. The top-right image shows a similar view with a fibroid, labeled 'Uterus Fibroid', with measurements: Dist 1 2.79 cm, Dist 2 1.78 cm, Dist 3 2.43 cm, Volume 6.33 ml. The middle-left image shows the endometrium, labeled 'ET', with a measurement: Dist 10.0 mm. The middle-right image shows a cyst and cervix, labeled 'Cyst' and 'Cervix', with measurements: Dist 8.57 mm, Dist 13.7 mm. The bottom-left image shows another view of a fibroid, labeled 'Uterus Fibroid', with measurements: Dist 1 2.60 cm, Dist 2 2.12 cm, Dist 3 2.46 cm, Volume 7.10 ml. The bottom-right image shows a different view, labeled 'Uterus Fibroid', with a measurement of 16cm.

ANI 19221920240422 22/04/2024 Created: 08:12PM 22/04/2024 2/2
ALARAMMAHANTHI

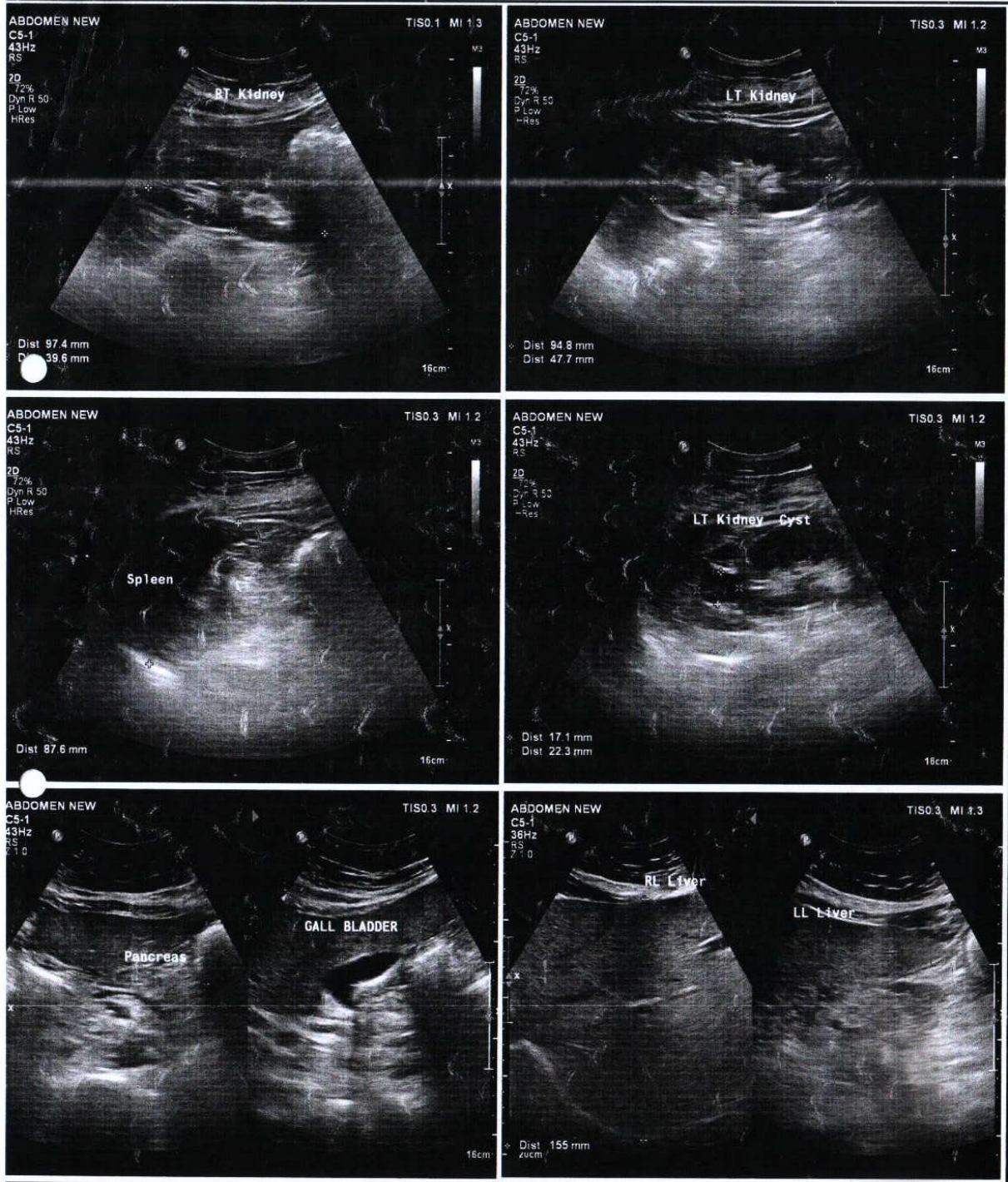
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ALARAMMAHANTHI 55
RS

19221920240422

22/04/2024

SAKAAR IMAGING
VADODARA

Images



ANI
ALARAMMAHANTHI
5 YRS

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22/04/2024

Created: 08:12PM 22/04/2024

1/2



BARODA HOMOEOPATHIC MEDICAL COLLEGE - HOSPITAL

Nr. Sonarkui, Opp. Xavier Technical Institute, Sindhrot- Sevasi Road,
Sevasi, VADODARA - Ph .No. 0265-2370318

Pt's Name:	UHID NO. OPD/IPD:1150	Date:24 /04/2024
Ref. By Dr. Jaykumar	Lab.No.74	Age :55 Yaer Sex : F

HEMOGRAM REPORT

TEST	RESULT	UNIT	NORMAL RANGE
Hemoglobin	: <u>11.4</u>	gms/dl	M- 13 – 16 gms/dl F- 11 – 14 gms/dl
Total RBC count	: <u>4.4</u>	million / cmm	M- 4.6 to 6.2 million/cmm F-4.2 to 5.4 million/cmm
Colour index	: 7,200		
Total WBC count	:	/ cmm	4000 to 11,000 / cmm
Differential count			
Neutrophils	: 54	%	40 – 75 %
Lymphocytes	: 37	%	15 – 20 %
Monocytes	: 05	%	2 – 10 %
Eosinophills	: 04	%	1 – 4 %
Basophils	: 00	%	0 – 1 %
Peripheral Smear Studies :			
ESR :		(Westergren's)	M- 1 – 10 mm./hr. F- 3 – 20 mm./hr.
(After one hour)			
PLATELET COUNT :	3,04,000		
Malarial Parasites:			


Dr JIGAR SHAH
M.D.PATHOLOGIST

THIS REPORT IS FOR DOCTORS USE AND NOT VALID FOR MEDICO LEGAL PURPOSE



**BARODA HOMOEOPATHIC MEDICAL
COLLEGE & HOSPITAL**
onarkui, Opp. Xavier Technical Institute, Sindhrot - Sevasi Road,
Sevasi, VADODARA - Ph.No. 0265-237 0318

Pt'S Name :	UHID NO.:1150/23-24	Date : 24/04/2024	
Ref. By Dr. Jaykumar	Lab. No. 39	Age: 55 Yr	Sex: F

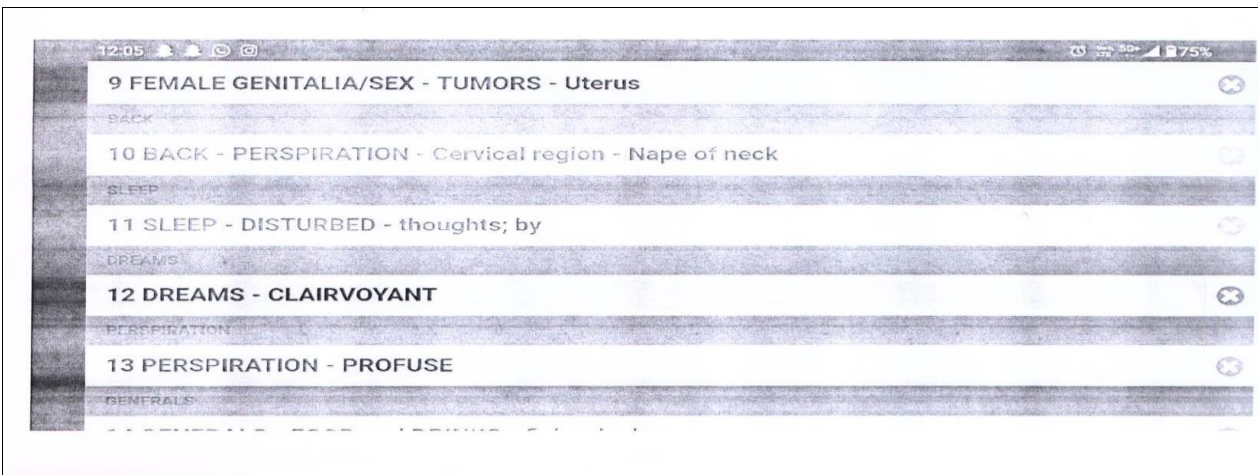
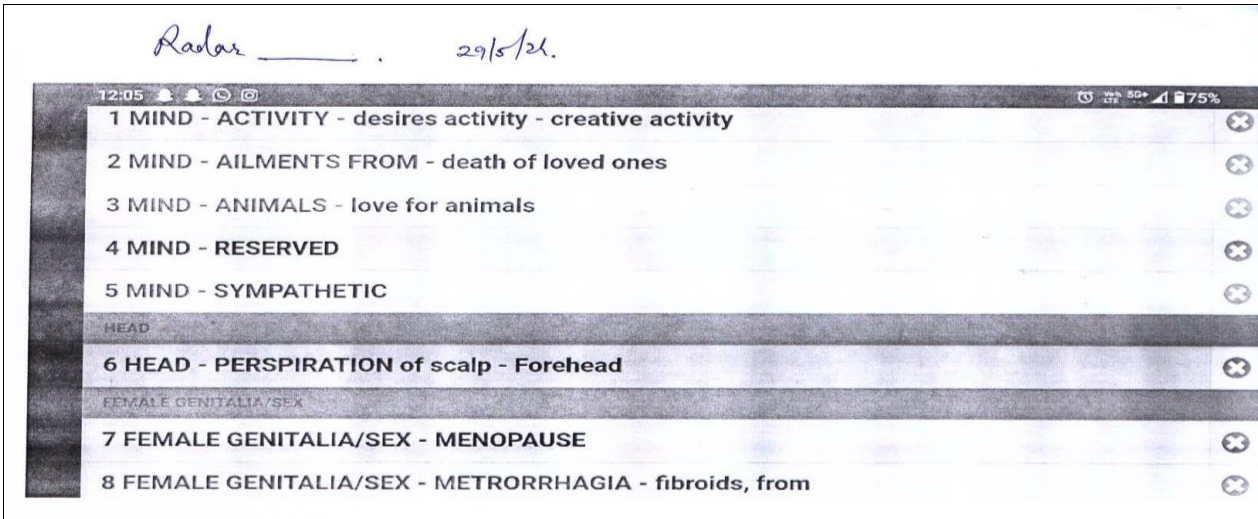
BIO – CHEMISTRY

TEST	RESULT	UNIT	NORMAL RANGE
FBS		mg/dl	70-110
PP2BS		mg/dl	80-140
RBS		mg/dl	Up to 160
Blood urea		mg/dl	20-40
Blood urea Nitro(BUN)		mg/dl	10-18
S. Creatinine	1.29	mg/dl	0.6-1.4
S. Billirubin			
Total Billirubin		mg/dl	0.1-1.2
Direct Billirubin		mg/dl	0.1-0.3
In Direct Billirubin		mg/dl	0.1-1.0
SGPT		U/L	0-40
SGOT		U/L	0-40
S.Total Proteins	6.5	g/dl	6.0-7.8
S.Albumine		g/dl	4.0-5.5
S.Globulins		g/dl	1.5-3.0
A/G Ratio			1.5-2.5
Calcium		mg/dl	8.8-10.32
S. Uric Acid	9.03	mg/dl	(F) 2.6-6.0 (M) 3.5-7.2
T3		ng/ml	0.6-1.81
T4		ug/dl	6.09-12.23
TSH		uIU/ml	0.35-5.5
Vit B 12		Pg/ml	211-911
Sodium			
Cholesterol			150-250ml/dl
Triglyceride			40-150mg/dl

**Dr JIGAR SHAH -
M.D.PATHOLOGIST**

REPORT IS FOR DOCTORS USE AND NOT VALID FOR MEDICO LEGAL PURPOSE

Date,	Follow-up	Case No. :	Prescription
	<u>Synthesis Repentary</u>		
1)	Mind : Activity desires creativity		
2)	Mind : AIF death of loved ones		
3,	Mind: Animals love for animals		
4,	" Reserved		
5,	" Sympathetic		
6)	Head : Respiration of scalp forehead		
7)	Female genitalia: menopause		
8)	" " : metrorrhagia Hybrids - From		
9,	" " Tumors Uterus		
10)	Back : Respiration cervical region nape of neck		
11)	Sleep disturbed thoughts by		
12)	Dreams: clairvoyant.		
13,	Respiration: Profuse		
14,	Generals Food & drinks Fish desire		
15)	" " Fruit desire		
16,	Generals. Uric acid diathesis		
	group of Remedies		
	1, Sulph	3, Phos	5, Iach.
	2, Lyco	4, calc. carb	6, Sepia



- 14 GENERALS - FOOD and DRINKS - fish - desire
- 15 GENERALS - FOOD and DRINKS - fruit - desire
- 16 GENERALS - URIC ACID - diathesis, lithemia

Remedies	ΣSym	ΣDeg	Symptoms
sulph.	15	23	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16
lyc.	15	18	1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16
phos.	13	26	1, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15

Remedies	Σ Sym	Σ Deg	Symptoms
sulph.	15	23	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16
lyc.	15	18	1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16
phos.	13	26	1, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15
<u>calc.</u>	13	22	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 15
lach.	12	21	1, 2, 3, 4, 5, 6, 7, 9, 12, 13, 14, 15
sep.	12	18	3, 4, 5, 6, 7, 9, 10, 11, 13, 14, 15, 16
sil.	11	16	1, 3, 4, 6, 8, 9, 10, 11, 12, 13, 15
carc.	11	14	1, 2, 3, 4, 5, 7, 9, 12, 13, 14, 15
ph-ac.	10	18	2, 4, 6, 7, 10, 11, 12, 13, 14, 15
nat-m.	10	16	2, 3, 4, 5, 6, 7, 9, 13, 14, 15
puls.	10	14	3, 4, 5, 6, 7, 9, 10, 11, 13, 15
nit-ac.	10	13	2, 4, 5, 6, 7, 8, 9, 10, 13, 14
staph.	10	13	1, 2, 3, 4, 5, 6, 9, 11, 13, 15
chin.	9	16	1, 4, 6, 7, 9, 10, 11, 13, 15

Conflict of Interest

Not available

Financial Support

Not available

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