

TREATMENT OF UTERINE FIBROID BY HOMOEOPATHIC MEDICINE WITH MANAGEMENT OF PAIN AND BLEEDING***Dr. Madhumita Manna**

Assistant Professor, Department of Gynaecology and Obstetrics, Netai Charan Chakravorty
Homoeopathic Medical College and Hospital, West Bengal, India.

Article Received on 15 October 2025,
Article Revised on 22 October 2025,
Article Published on 01 Nov. 2025,

<https://doi.org/10.5281/zenodo.17474233>

Corresponding Author*Dr. Madhumita Manna**

Assistant Professor, Department of
Gynaecology and Obstetrics, Netai
Charan Chakravorty Homoeopathic
Medical College and Hospital, West
Bengal.



How to cite this Article: Madhumita Manna.
(2025). Treatment of Uterine Fibroid By
Homoeopathic Medicine With Management of
Pain And Bleeding. World Journal of
Pharmaceutical Research, 14(21), 551-557.

This work is licensed under Creative Commons
Attribution 4.0 International license.

ABSTRACT

Uterine fibroid (leiomyoma/myoma/fibromyoma) is a benign solid tumour of the uterus in female, frequently affecting women during their reproductive years and prevalence is highest between 35-45 years. The most common symptoms include heavy menstrual bleeding, pelvic pain, and pressure symptoms. Conventional management often involves hormonal therapy or surgical procedures such as myomectomy or hysterectomy. Homoeopathic medicine provides a safe, gentle, and non-surgical alternative approach, focusing on individualized treatment and symptom relief. This article highlights the role of homoeopathic medicines in treating uterine fibroid, particularly in the management of pain and bleeding.

KEYWORDS: Uterine fibroid, Leiomyoma, Homoeopathy, Menorrhagia, Pain management, Alternative medicine,

Individualization.

1. INTRODUCTION

Uterine fibroids are generally benign neoplasms, commonly encountered gynaecological practice. These are more common in nulliparous or in those having one child infertility. It is predominantly an oestrogen dependent tumour. Growth potentiality is limited during child bearing period and growth increased during pregnancy and following menopause there is cessation of growth. Fibroids are mostly located in the body of the uterus and are usually

multiple. According to anatomical location fibroid are three types – interstitial (which one is most common), subserous and submucous types.

Majority of women with fibroid is asymptomatic (75%) and they are accidentally discovered during routine examination. The presenting symptoms of fibroid are related anatomic type and size of tumour. A small submucous fibroid produce more symptoms than a big subserous fibroid that means submucous fibroid produce more symptoms. Most common presenting complains are

- Bleeding abnormality with Menorrhagia/ Metrorrhagia
- Dysmenorrhoea
- Infertility
- Pressure symptoms like constipation, dysuria or even retention of urine.
- Pain in lower abdomen may be due to some complications of tumour like degeneration, torsion of subserous pedunculated fibroid.
- The patient may have a sense of heaviness in lower abdomen. She may feel a lump in the lower abdomen.

1. Clinical aspect with life-threatening complication of fibroids

- Persistent menorrhagia, menorrhagia or continued vaginal bleeding – severe anaemia.
- Severe intraperitoneal haemorrhage due to rupture of veins over subserous fibroid
- Severe infection leading to peritonitis or septicaemia.
- Sarcoma.

2. How to diagnose?

Clinically we can diagnose a case of fibroid from some common symptoms, sign and investigations. In this case per abdominal examination feel a firm to hard lump in lower abdomen with smooth well define margin and mobility is restricted from above downwards but can be moved from side to side. To confirm the diagnosis we can do –

- Blood for Hb%
- USG (TVS) – It is an useful diagnostic tool to confirm fibroid and to differentiate it from ovarian mass or pregnancy.
- MRI – is more accurate compared to USG. It helps to differentiate adenomyosis from fibroids.
- Laparoscopy – it is helpful if the uterine size is less than 12 weeks and associated with pelvic pain and infertility.

- Hysteroscopy

3. Management of Uterine Fibroid

- a) Judicious observation is done in asymptomatic cases if size of uterus is less than 12 weeks, age of patient near menopause. But treatment required in cases like – size of uterus more than 12 weeks, subserous pedunculated fibroid, complicates future pregnancy, unexplained infertility and recurrent miscarriage.
- b) Medical treatment do not eradicate fibroids but are designed to provide symptomatic relief like -treatment of anaemia, treatment of bleeding fibroid, and treatment of associated pelvic pain.
- c) Surgical treatment is also the choice. However age, parity and plan for future reproduction guides the type of surgery. There are Myomectomy, Endometrial ablation, Myolysis, Uterine artery occlusion etc.

5. Homoeopathic Approach

i. Constitutional Treatment

Constitutional remedy selection is based on the totality of symptoms - physical, mental, and general characteristics. This individualized remedy corrects the underlying constitutional defect and prevents recurrence.

Common constitutional medicines include

- **Calcarea carbonica:** In obese women with profuse menstruation, too early, too profuse, too long lasting with feet habitually cold and damp, as if they had on cold damp stockings. The least mental excitement causes profuse return of menses.
- **Lachesis mutus:** For left-sided fibroid, hot flushes, intolerance to tight clothing, and talkativeness. Climacteric ailments. Menses are regular time, blood dark non-coagulable with sensation of ball in lower abdomen. Pain all relieved but flow, always better during menses.
- **Sepia officinalis:** Bearing down sensation in pelvis, indifference to family, better by crossing legs. Irregular menses in nearly every form with violent stitches upward in the vagina, lancinating pain from uterus to umbilicus.
- **Phosphorus:** Chronic cases with burning sensation in affected organ. Bleeding frequent and profuse, pouring out freely, metrorrhagia with vicarious.
- **Medorrhinum:** Menstrual bleeding profuse, very dark, clotted, stains difficult to wash out. Metrorrhagia at climacteric period, profuse for weeks, flow clotted offensive, in

gushes on moving with malignant disease of uterus. Intense menstrual pain with drawing up of knees, must press feet against support, as in labour.

- **Thuja occidentalis:** Distressing burning pain in left ovarian region when walking or riding, must sit or lie down, worse at each menstrual menses with sensation of motion as if something alive in abdomen.

ii. Organ-Specific or Therapeutic Treatment

When local symptoms predominate (e.g., bleeding or pressure), organ-specific medicines are selected to provide relief and aid absorption of fibroid tissue.

Notable medicines

- **Thlaspi bursa pastoris:** Uterine hemorrhage between periods with colicky pain.
- **Fraxinus americana:** Uterine enlargement, fibroid growths with bearing down sensation.
- **Ustilago maydis:** Continuous dark, stringy bleeding with fibrous tumours.
- **Sabina officinalis:** Bright red bleeding with pain from sacrum to pubes.
- **Trillium pendulum:** Gushing hemorrhage with backache and faintness.
- **Calcarea fluorica:** For hard, nodular, indurated fibroids.

iii. Management of Pain and Bleeding

➤ Pain control

- Belladonna – Sudden congestion and violent pain.
- Magnesia phosphorica – Sharp, cutting, stabbing, shooting pain, lightning like in coming and going, better by warmth and hard pressure and bending double.
- Actaea racemosa - Sharp lancinating electric like pain in uterine region, dart from side to side. Heart troubles and convulsion from reflex symptom of uterus.

➤ Bleeding control

- Hamamelis virginica – Dark venous bleeding with soreness. Uterine haemorrhage active or passive from jolting while riding over rough roads.
- China officinalis – Profuse bleeding with exhaustion and general coldness. Haemorrhage long continued, longing for sour things. Pains are aggravated by slightest touch, better by hard pressure.
- Ipecacuanha – Persistent nausea with bright red blood. Profuse clotted heavy bleeding with oppressed breathing during, stitches pain from navel to uterus or left to right.

- *Thalassia Bursa Pastoris* – Profuse passive haemorrhage, blood dark and clotted, metrorrhagia with violent cramp and uterine colic, at climacteric with cancer uteri. Menses too early, too profuse, protracted, each alternate period more profuse, scarcely recovers from one period before another begins.
- *Phosphorus* - Bleeding frequent and profuse, pouring out freely, metrorrhagia with vicarious.
- *Platina* – Menses too early, too profuse, too long lasting, dark clotted, thick black tarry or in a grumous mass, offensive, with bearing down spasm with twitching and sensitive genitalia.
- *Sulphur* – Menses too early, profuse, protracted, menorrhagia has not been well since her last miscarriage.
- *Trillium pendulum* – Menses profuse every two weeks, lasting a week or longer after over exertion, flow profuse gushing bright red.

iv. Miasmatic Approach

Homoeopathy recognizes the miasmatic background of fibroids, mainly **sycotic** (tendency to overgrowth) and **syphilitic** (degenerative changes). Anti-miasmatic medicines like *Thuja occidentalis*, *Mercurius solubilis*, and *Syphilinum* are prescribed based on symptom similarity and miasmatic expression.

v. Case Management

- **Case taking:** Detailed history covering menstrual pattern, mental symptoms, general modalities, and family history.
- **Investigations:** Pelvic ultrasound to determine size, number, and site of fibroids.
- **Follow-up:** Regular monitoring every 3–6 months to assess symptom improvement and fibroid regression.
- **Lifestyle advice:** Balanced diet, stress management, yoga, and adequate rest.
- **Avoidance:** Unnecessary surgical intervention unless complications arise.

vi. Clinical case summary

A 52-year-old female visited my chamber on 02/07/2024 with complaints of severe lower abdominal pain persisting for the past 6–7 years. She was previously diagnosed with uterine fibroids in 2017. The pain was described as cramping, mainly on the right side of the lower abdomen, but her menstrual bleeding remained normal, lasting 4–5 days each cycle.

A transvaginal ultrasound (TVS) done in 2024 showed: A subserous myoma measuring 14.3 x 12.9 mm. An anterior myometrial fibroid measuring 9.9 x 8.6 mm

The pain worsened during sleep and was relieved by bending forward, applying heat, and passing flatus. She also suffered from emotional stress due to separation from her husband. She reported frequent anger, with a tendency to break things when frustrated, and showed signs of deep grief.

I prescribed:

Natrum muriaticum 0/1, continued up to 0/7

Magnesium phosphoricum 12x, to be taken SOS for pain relief

Outcome: After starting treatment, the patient experienced marked relief in pain. Over the following month, the pain completely subsided, and her general condition improved significantly.

DISCUSSION

Homoeopathic treatment offers a safe and effective alternative in the management of uterine fibroids. The individualized constitutional approach addresses not only the local pathology but also the patient's mental and general health. Several clinical observations suggest reduction in fibroid size, improved menstrual regularity, and better quality of life with continued treatment.

CONCLUSION

Homoeopathic treatment of uterine fibroids offers a gentle, holistic, and effective therapeutic approach. Instead of focusing only on the local pathology, Homoeopathy aims to treat the patient as a whole by correcting the underlying constitutional and miasmatic imbalance responsible for fibroid formation. Properly selected remedies based on the totality of symptoms help in regulating hormonal function, controlling excessive bleeding and pain, and gradually reducing the size of fibroids.

REFERENCES

1. Dutta DC. Abnormalities of the puerperium. In: Konar H, editor. Textbook of Obstetrics. 7th ed. Kolkata: New Central Book Agency (P) Ltd., 2011; 442.
2. Majhi Arup Kumar. Bedside Clinics in Gynaecology. 2nd edition. Jaypee Brothers Medical Publishers, 2023.

3. Dawn C.S. Textbook of Gynaecology, contraception and demography. 14th edition. 2003.
4. Mukherji. Joydev. Basics of Gynaecology for Examinees. 1st edition. 2015.
5. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*.
6. Kent J.T. *Lectures on Homoeopathic Materia Medica*.
7. Clarke J.H. *A Dictionary of Practical Materia Medica*.
8. Allen H.C. *Keynotes and Characteristics with Comparisons*.
9. Dewey W.A. *Practical Homoeopathic Therapeutics*.
10. Tyler ML. Homoeopathic Drug Pictures. 2nd ed. New Delhi: B. Jain Publishers (P) Ltd 1992.
11. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd. 2002.
12. Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd., 2012; 77: 94.