

UTERINE FIBROID AND HOMOEOPATHY – A CASE REPORT**Rajneesh Kumar Kaushal¹, Charanjeet Singh^{2*} and Rekha Juneja³**

¹Homoeopathic Doctor Solan Homoeopathic Clinic Near Distric Courts solan
Solan Himachal Pradesh India.

²B.Sc., BHMS, MD (Hom), Ph.D. (Homoeopathy) Principal and HOD of Materia Medica, Sri
Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri
Ganganagar.

³M.D. (Hom.) Professor Department of Materia Medica, Sri Ganganagar Homoeopathic
Medical College Hospital & Research Institute.

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***Corresponding Author**

Dr. Charanjeet Singh

B.Sc., BHMS, MD (Hom),

Ph.D. (Homoeopathy)

Principal and HOD of

Materia Medica, Sri

Ganganagar Homoeopathic

Medical College, Hospital

and Research Institute, Sri

Ganganagar.

ABSTRACT

Uterine fibroids are common growths of the uterus. They often appear during the years you're usually able to get pregnant and give birth. Uterine fibroids are not cancer, and they almost never turn into cancer. They aren't linked with a higher risk of other types of cancer in the uterus either. They're also called leiomyomas (lie-o-my-O-muhs) or myomas. Homoeopathy will mean to find out a similimum for every particular individual case. There is most dependable treatment for uterine fibroid in homoeopathy without any side effect. A case report of 48 year old house wife female suffering from metrorrhagia, knee joint pain and hypertension on the basis of totality of symptoms and repertorisation, prescribe homoeopathic medicine Nat Mur. Case improved and quality of life better.

KEYWORD: Menses, Homoeopathy, Pain.

INTRODUCTION

Uterine fibroids are common growths of the uterus. They often appear during the years you're usually able to get pregnant and give birth. Uterine fibroids are not cancer and they almost never turn into cancer.

They aren't linked with a higher risk of other types of cancer in the uterus either. They're also called leiomyomas (lie-o-my-O-muhs) or myomas.

Fibroids vary in number and size. You can have a single fibroid or more than one. Some of these growths are too small to see with the eyes. Others can grow to the size of a grapefruit or larger. A fibroid that gets very big can distort the inside and the outside of the uterus. In extreme cases, some fibroids grow large enough to fill the pelvis or stomach area. They can make a person look pregnant.

Many people have uterine fibroids sometime during their lives. But you might not know you have them, because they often cause no symptoms. Your health care professional may just happen to find fibroids during a pelvic exam or pregnancy ultrasound.

Many people who have uterine fibroids don't have any symptoms. In those who do, symptoms can be influenced by the location, size and number of fibroids.

The most common symptoms of uterine fibroids include:

- Heavy menstrual bleeding or painful periods.
- Longer or more frequent periods.
- Pelvic pressure or pain.
- Frequent urination or trouble urinating.
- Growing stomach area.
- Constipation.
- Pain in the stomach area or lower back, or pain during sex.

Rarely, a fibroid can cause sudden, serious pain when it outgrows its blood supply and starts to die. Often, fibroids are grouped by their location. Intramural fibroids grow within the muscular wall of the uterus. Submucosal fibroids bulge into the uterine cavity. Subserosal fibroids form on the outside of the uterus.

Types of uterine fibroid - There are different types of uterine fibroid depending on where they are located and how they attach. Specific types of uterine fibroids include.

Intramural fibroid these fibroids are embedded into the muscular wall of your uterus. They are the most common type.

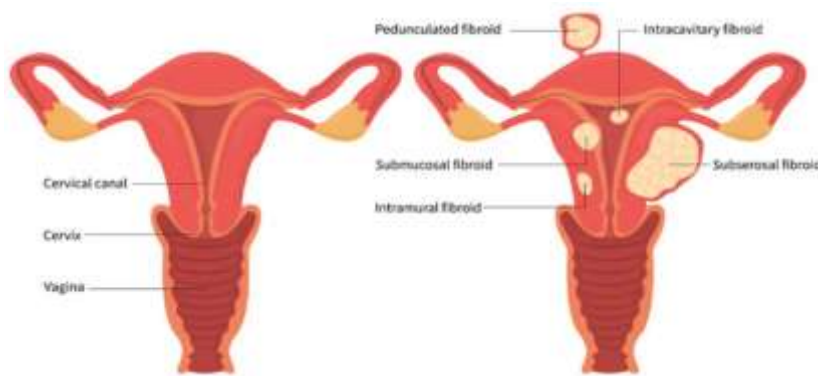
Submucosal fibroid: These fibroids grow under the inner lining of your uterus.

Subserosal fibroid: This type of fibroid grows under the lining of the outer surface of your uterus. They can become quite large and grow into your pelvis.

Pedunculated fibroids: The least common type, these fibroids attach to your uterus with a stalk or stem. They are often described as mushroom – like because they have a stalk and then a wider top.

When to see a doctor, See your doctor if you have

- Pelvic pain that doesn't go away.
- Heavy or painful periods that limit what you can do.
- Spotting or bleeding between periods.
- Trouble emptying your bladder.
- Ongoing tiredness and weakness, which can be symptoms of anemia, meaning a low level of red blood cells.



Causes

The exact cause of uterine fibroids isn't clear. But these factors may play roles:

- **Gene changes:** Many fibroids contain changes in genes that differ from those in typical uterine muscle cells.
- **Hormones:** Two hormones called estrogen and progesterone cause the tissue that lines the inside of the uterus to thicken during each menstrual cycle to prepare for pregnancy. These hormones also seem to help fibroids grow.

Fibroids contain more cells that estrogen and progesterone bind to than do typical uterine muscle cells. Fibroids tend to shrink after menopause due to a drop in hormone levels.

- **Other growth factors:** Substances that help the body maintain tissues, such as insulin-like growth factor, may affect fibroid growth.
- **Extracellular matrix (ECM):** This material makes cells stick together, like mortar between bricks. ECM is increased in fibroids and makes them fibrous. ECM also stores growth factors and causes biologic changes in the cells themselves.

Doctors believe that uterine fibroids may develop from a stem cell in the smooth muscular tissue of the uterus. A single cell divides over and over. In time it turns into a firm, rubbery mass distinct from nearby tissue.

The growth patterns of uterine fibroids vary. They may grow slowly or fast. Or they might stay the same size. Some fibroids go through growth spurts, and some shrink. Fibroids that form during pregnancy can shrink or go away after pregnancy, as they do on their own. Uterus goes to its usual size.

Risk factor

There are few known risk factors for uterine fibroids, other than being a person of reproductive age. These include:

- **Race:** All people of reproductive age who were born female could develop fibroids. But Black people are more likely to have fibroids than are people of other racial groups. Black people have fibroids at younger ages than do white people. They're also likely to have more or larger fibroids, along with worse symptoms, than do white people.
- **Family history:** If your mother or sister had fibroids, you're at higher risk of getting them.
- Other factors starting your period before the age 10, obesity, being low on Vit D, having a diet higher in red meat and lower in green vegetables fruit and dairy and drinking alcohol including beer seems raise risk of uterine fibroids

Complication

Uterine fibroids often aren't dangerous. But they can cause pain, and they may lead to complications. These include a drop in red blood cells called anemia. That condition can cause fatigue from heavy blood loss. If you bleed heavily during your period, your doctor may tell you to take an iron supplement to prevent or help manage anemia. Sometimes, a person with anemia needs to receive blood from a donor, called a transfusion, due to blood loss.

Pregnancy and Fibroids

Often, fibroids don't interfere with getting pregnant. But some fibroids — especially the submucosal kind — could cause infertility or pregnancy loss.

Fibroids also may raise the risk of certain pregnancy complications. These include:

- Placental abruption, when the organ that brings oxygen and nutrients to the baby, called the placenta, separates from the inner wall of the uterus.
- Fetal growth restriction, when an unborn baby doesn't grow as well as expected.
- Preterm delivery, when a baby is born too early, before the 37th week of pregnancy.

Prevention

Researchers continue to study the causes of fibroid tumors. More research is needed on how to prevent them, though. It might not be possible to prevent uterine fibroids. But only a small percentage of these tumors need treatment.

You might be able to lower your fibroid risk with healthy lifestyle changes. Try to stay at a healthy weight. Get regular exercise. And eat a balanced diet with plenty of fruits and vegetables.

Some research suggests that birth control pills or long-acting progestin-only contraceptives may lower the risk of fibroids. But using birth control pills before the age of 16 may be linked with a higher risk.

Case profile

Personal information

- a) Name – Madhu
- b) Age – 48
- c) Sex – Female
- d) Address – Solan H.P.
- e) Married status – Married
- f) Religion – Hindu

Date – 09-04-2019

Presenting complaints – Patient came with complaints of pain B/L knee joint and metrorrhagia.

History of present complaint

- Patient suffers from B/L Knee pain since 2 years, metrorrhagia since 6 month.
- Knee pain < ascending, descending, stand sitting after, touch pressure,> Plane area motion, painkiller, and spray.
- Fear of narrow place, suffocation feeling of tight cloths, cannot tolerate tight cloths.

Personal history

Marital status – Married and healthy status.

Past History – No such prolong medical history, except painkillers on/off

Menstrual history – Heavy menstrual flow since 6 month. Before that it was normal

Pregnancy history - G₅P₂A₃L₂

Family history

Mother – DM, HTN, RA

Father – Nil

Physical history

- a) Appetite - Normal
- b) Thirst - Thirsty
- c) Desire – Meat, Fast Food
- d) Aversion – Nil
- e) Stool - Normal
- f) Urine - Nothing abnormality detected
- g) Sleep - Normal
- h) Thermal Reaction - Hot

Mental history

- She was in fear didn't know what will happened with me, she continue think about disease. She has fear of extravagance.
- In her family she faces many death i.e. father - 1995, FIL - 2004, brother - 2006, BIL - 2009, MIL - 2016, She remains in fear of death due to heavy menses and due to serious disease she have an.
- Fear of being alone, pray nothing will happen with family member.
- Frightened easily after seen and listen some bad/sad news

General physical examination

- a) Body weight – 87 Kg
- b) Built – Scrofulous
- c) Nutritional status – Healthy
- d) Pallor – Absent
- e) Cyanosis – Absent
- f) Clubbing – Absent
- g) Lymphadenopathy – Absent
- h) Edema – Absent
- i) Thyroid enlargement – Absent
- j) Tongue – Normal
- k) Skin – Fair
- l) Nails – Normal
- m) Blood pressure – 116/80 mm of Hg
- n) Pulse - 80/min
- o) Respiratory rate – 25/ minute
- p) Temperature - 98.4°F

Systemic examination

- A. Cardiovascular System – NAD
- B. Gastrointestinal System – NAD
- C. Respiratory System – NAD
- D. Central Nervous System – NAD
- E. Locomotors System – Knee pain < ascending, descending, stand sitting after, touch pressure,> Plane area motion, painkiller, spray.

Laboratory investigation - Blood – CBC, CRP, RA Factor, USG whole abdomen.

Diagnosis – Uterine fibroid.

Analysis and Evaluation of the symptoms

- She was in fear didn't know what will happened with me, she continue think about disease. She has fear of extravagance.

- In her family she faces many death i.e. father - 1995, FIL - 2004, brother - 2006, BIL - 2009, MIL - 2016, She remains in fear of death due to heavy menses and due to serious disease she have an.
- Frightened easily after seen and listen some bad/sad news. She also said, Doctor don't send me frequently for laboratory investigation and USG because I afraid of result of the result what would be that. She always think about complaints.
- Suffocation feeling of tight cloths, cannot tolerate tight cloths.
- Face look like as if oily,

Conversion of the symptom into rubrics

- 1) Blame herself – Reproaching herself
- 2) Neglected feeling from husband and MIL – Delusion neglected, she is neglected
- 3) Fear husband will disturbed peace of home. Beat her after drunken alcohol. – fear- injury- being injured, of

Rubrics in synthesis repertory

- 1) MIND - HORRIBLE things, sad stories affect her profoundly
- 2) MIND - FEAR - happen, something will
- 3) MIND - DELUSIONS - dead - persons, sees
- 4) GENERALS - CLOTHING - intolerance of
- 5) FACE - SHINY - oily; as if

Repertorial result – Nat Mur 5⁹, Calc crb 4¹¹, Nux vom 4⁹, Phos 4⁹, Kali carb 4⁶, Plb 4⁵, lach 3⁷, Lyo 3⁷, Arg nit 3⁶, Hep sulph 3⁶, Iod 3⁶, Ars 3⁵.

Analysis of result – As seen in repertorial result Nat Mur was the medicine which covers all evaluating symptoms.

Final prescription

Medicine – Nat Mur 200

Dose – 3 dose 2 hour interval

Mode of administration – Oral

Date – 09.04.2019

Follow Up

Date	Follow up	Prescription
16-04-2019	120/86 mm of Hg, bleeding stop. Wt 86 kg	SL 30 TDS 2 week
19-05-2019	118/82 mm of Hg, digestion improve, pain during and before menses slight reduce, wt 85 kg	SL 30 TDS 30 days
20-06-2019	110/70 mm of Hg, sleep normal, pain before and during menses reduce. Normal bleeding no heavy flow of menses.	SL 30 TDS 30 days
20-07-2019	108/78 mm of Hg, improve wt 84 kg	SL 30 TDS 30 days
21-08-2019	Feel better, abdomen clear daily, 122/80 mm of Hg Menses regular on time, wt 82 kg	SL 30 TDS 30 days
22-09-2019	she also skip allopathic medicine for painful menses, no painkiller for joint pain, swelling of joints reduce 114/80 mm of Hg	SL 30 TDS 30 days
22-10-2019	Improve,	SL 30 TDS 30 days
22-11-2019	repeat	SL 30 TDS 30 days
21-12-2019	USG 12-12-2019 Uterine mass 2.5 x 2.3 cm, ET 6mm, size of uterus 8.2 x 4.1 cm	SL 30 TDS 30 days
21-01-2020	No more complaints regarding menses, pain joint on/off,	SL 30 TDS 30 days
22-02-2020	Feel better	SL 30 BD 30 days
23-03-2020	She use med on /off no such complaints regarding menses, joint pain etc, advice her for repeat USG for Further follow ups.	SL 30 BD 30 days
31-12-2020	USG Uterine mass 2.2 x 1.8 cm, no complaints, she has no more complaints regarding menses, menses regular, no pain during before and after menses.	SL 30 BD 30 days
17-03-2022	USG 17-03-2022 No abnormality detected	No more medicine,





Management

Dietary management

Avoid

- Avoid fats and oily food.
- Avoid chocolate, ice-cream, butter, cakes, white bread, sweets and fried food.
- Limit intake of non-vegetarian food.
- Avoid contraceptive pills
- Avoid MTP Pills, emergency 72 pills, medicine used for delay periods and medicine used for early period

Do

- Practice yoga – It will help make your circulation better.
- Practice – Kappal bhati, Pranayaam etc.

Consume

- Drink plenty of water.
- Drink plenty of fruit juice, coconut water.
- Eat lots of fresh fruits and raw vegetables.
- Increase intake of fiber in your diet - Whole grains, bran, oat, green leafy vegetables, raw vegetables, salads, dried fruits and fresh fruits.
- Eat whole grains rather than refined flour.

- Possibly eat boiled or lightly cooked food, not highly seasoned food.

RESULT

Improved.

CONCLUSION

This case show that Homoeopathy is effective in case of Uterine fibroid. If we prescribe medicines on base of totality of symptoms than we get very good result.

Conflict of interest

None.

Source of support

Nil.

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