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Evidence based homoeopathic treatment of intramural fibroid: A case report

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Abstract

Intramural fibroids are non-cancerous tumors that grow in the muscles of the uterus. They are the most common form of benign tumors affecting women. A patient reported with symptoms of profuse menstrual flow and low back pain radiating to pelvic region for the last two years. The ultrasonography of abdomen revealed intramural Fibroid of 14 x 11 mm size. After case taking and repertorization, Sabina was prescribed in 50 Millisimal potency and later Thuja Occidentalis as Intercurrent and Anti-miasmatic. Overall improvement was noticed clinically and complete resolution of intramural fibroid was seen in ultrasonography report after homoeopathic treatment. This case is presented here to show the effectiveness of homoeopathic medicine selected on constitutional basis and role of proper Anti-miasmatic medicine in treatment of uterine fibroid.

Keywords: Uterine fibroid, Homoeopathic treatment, constitutional medicine, Synthesis repertory, rubrics, Repertorisation, intramural fibroid, case report

Introduction

Uterine fibroids are the most common gynecological disorder, classically requiring surgery when symptomatic. Ever since the first hysterectomy was performed, treatment of symptomatic fibroids has been surgical. Fibroids are the commonest benign uterine neoplasm, commonly encountered in gynecological practice. They are the slow growing tumors. They tend to be multiple in numbers, but some may grow large. It grows within the uterine wall and can be very large if left untreated. They cause the uterus to become enlarged, and can cause pelvic pain, heavy menstrual bleeding, back pain and pressure. Diagnosis is by pelvic examination, ultrasonography, or other imaging. Incidence of fibroids is most common in 31-40 years of age. Prevalence of intramural fibroids is 19.3% ^[1]. This case study suggests homoeopathic treatment as a promising complementary or alternate therapy, which emphasizes the significance of repertorization with Synthesis Repertory and individualized homoeopathic prescription in a case of Intramural uterine fibroid.

Etiology: Fibroid is derived from smooth muscle cell rests, either from vessel wall or uterine musculature. Estrogen, growth hormone and human placental lactogen have been implicated in the growth of myoma. The association of fibroids in women with hypoeestrogenism is evidenced by endometrial hyperplasia, dysfunctional uterine bleeding and endometrial carcinoma.

Classification: Fibroids are classified into subgroups based on their anatomic relationship to the layers of the uterus. The three most common types are –

1. Intramural-Centered in the muscular wall of uterus
2. Subserosal-Just beneath the uterine serosa
3. Submucosal-Just beneath the endometrium

Signs and Symptoms

- Abnormal uterine bleeding-Menorrhagia is the most common
- White discharge due to submucous fibroid
- Lump in abdomen
- Infertility

- Dysmenorrhea
- Palpitation and weakness due to anemia
- Pressure symptoms-Urinary frequency, incontinence, and constipation.
- Signs-Pallor

Diagnosis

Abdominopelvic Examination

Large, midline, irregular-Contoured mobile pelvic mass with a characteristic “hard feel”.

Investigation

- Ultrasonography
- Magnetic Resonance Imaging
- Laparoscopy
- Hysteroscopy
- Complete Blood Count
- Thyroid Profile

Case report

Chief complaints

A 31year old married female from Harihar para, Kolkata, west Bengal, visited OPD of National Institute of Homoeopathy on 18th of October 2022, presenting with complaints of Menorrhagia, low back pain and severe weakness for last two years, with secondary infertility.

History of presenting complaints

Patient was apparently well 2 years before. Her menstrual period was regular, with profuse flow of dark red blood. Had to change 4-5 sanitary pad/day.

Pain in the lumbar region extending to pelvis-more on left side

< Before menses, motion

> Rest

Before Menses-Pain in abdomen, nausea, loss of Appetite and weakness.

After Menses-Leucorrhoea, thick, white, profuse with vertigo.

Past History

Typhoid-7 years of age

Jaundice-11years

Family History

Paternal side: Father-Leukemia

Uncle-Leukemia

Niece-Pulmonary TB

Maternal side-NAD

Own Side-Elder Sister-Breast CA

Brother-Brain tumor

Younger Sister-Pulmonary TB

Personal History

Appearance-Lean, thin, dry skin, dark complexion

Addiction-None

Occupation-Housewife

Diet-Mixed

No. of children and their ages-1 son (9years)

Relation with family members-cordial

Sexual H/O-Nothing significant

Obstetrical H/O-G₂P₁A₁- 1 FTNVD, 1 MTP

Accommodation-Pucca house, well ventilated

Socio economic Status-Middle class

Marital Status-Married

Generalities

Physical General

- Thermal Reaction-Hot
- State of Appetite-Hungry but no desire to eat
- Desire-Spicy ⁺, Sour
- Intolerance-Sweet Causes Nausea
- Thirst-Thirsty for small quantity, frequently
- Stool-Satisfactory
- Urine-clear
- Perspiration-Profuse, more on face, non-offensive, non-staining
- Sleep-Disturbed
- Menstrual H/O-Regular (28+5 days' cycle, lasting 8-9 days, profuse flow with dark red bleeding, clotted, offensive.
- Menarche-13 years of age
- Tongue-Dry, coated white, small crack on both side

Mental General

- Irritable-gets angry on least contradiction
- Startle at least noise
- Anxiety about health, children
- Consolation ameliorates

Diagnosis and clinical assessment

The diagnosis of the case was made based on the history, symptomatology, and physical examination. In addition, the USG report revealed that it was a case of Intramural Uterine Fibroid (ICD 10-D25.1)14 x 11 mm in size as on 7th Feb 2022.

Table 1: Conversion of symptoms into Rubric

Sr. No	Symptom	Chapter	Rubric
1	Irritable on least contradiction	Mind	Anger-contradiction from
2	Anxiety about health	Mind	Anxiety-Health, about, own health, his/her
3	Menses profuse	Genitalia female	Menses: Copious
4	Menses offensive	Genitalia female	Menses: Offensive
5	Leucorrhea thick	Genitalia female	Leucorrhea: Thick
6	Thirsty	Stomach	Thirst-small quantities, for-often
7	Pain in lumbar region extending to pelvis	Back	Pain-sacral region extending to pubis

West Bengal Form No. 813

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL
Berhampore, Murshidabad.
ELECTRO THERAPEUTICS DEPARTMENT

Report / Treatment is required of
Name: Mishra, Anu Age: 37 Sex: F
Address: _____
Physician / Surgeon: _____ Ward: _____ No. of bed / cabin: _____
Paying / Non-paying: _____
Brief history of case: U.S.G. (L/A) PM

Clinical Diagnosis
Particulars point to be investigated
Instructions
Date: 7-6-22 Signature: [Signature]

REPORT

collected noted at P.D.
UT - ET - 14mm. Nabothian cyst at
cervix. 5x3-6 mm ~~well~~ well
defined by echic SOL noted post.
myometrium measuring 14x11 mm
suggestive of intrauterine fibroid.
Lo - bulky (56x20mm) containing a complex
follicular (15x130m) & intermenstrual
eches. 2 hemorrhagic follicle.
Suggests F.O.

RMO, G & O
M.C. Hospital
Berhampore, Murshidabad

Report 1: Before Treatment 1

After complete case taking following symptoms were considered for

Totality of symptoms

1. Irritable-angry on least contradiction
2. Anxiety about health, children

3. Menses profuse, clotted, offensive
4. Leucorrhea-thick, white, offensive
5. Thirsty-small quantity frequently
6. Sweet causes nausea

Pain in lumbar region extending to pelvis

	sabin.	sulph.	lach.	calc.	puls.	nat-v.	phos.	helon.	bell.	plat.	con.	kal-ic.	ars.
1	2	3	4	5	6	7	8	9	10	11	12	13	
11	11	9	8	8	8	8	8	7	7	7	7	7	
27	22	14	17	17	16	15	11	17	17	16	16	15	
1. MIND - IRRITABILITY (247) 1													
2. STOMACH - THIRST - small quantities, for (43) 1													
3. FEMALE GENITALIA/SEX - MENSES - copio... (163) 1													
4. FEMALE GENITALIA/SEX - MENSES - offensi... (42) 1													
5. FEMALE GENITALIA/SEX - LEUKORRHEA - 1... (45) 1													
6. BACK - PAIN - Sacral region - extending to - Pl... (5) 3													
7. FEMALE GENITALIA/SEX - UTERUS; compla... (65) 2													
8. FEMALE GENITALIA/SEX - TUMORS - Uterus... (76) 1													
9. FEMALE GENITALIA/SEX - STERILITY (107) 1													

Fig 2: Repertorisation

Repertorial Result

Sabina-27/11

Sulphur-22/11

Lachesis-14/9

Calcarea carb-17/8

Therapeutic Intervention

This case was repertorised using Synthesis Repertory and software Radar 10. The repertorial result was analysed, giving more priority to mental symptoms as well as physical

general symptoms for selection. According to repertorization, the most indicated remedy was Sabina.

Prescription: After considering the totality of symptoms, analysis of repertorial result and consultation with Materia Medica, Sabina 0/1, 16 doses were prescribed in 100 ml of aqua dist. orally daily for 16 days (one dose each day in the early morning on an empty stomach).

Follow up sheet

Date	Pain in abdomen	Menorrhagia	Leucorrhoea	Pain in lumbar region extending to abdomen	Appetite	Weakness	Irritability	Anxiety	New complain	Medicine prescribed
22 nd Nov 2022	Started 1 week before menses	Profuse bleeding	Less	Decreased	Improved	Persisting	Less	Less	-	Sabina 0/1-16 doses
27 th Dec 2022	Not there	Normal flow	Not there	Better	Good	Less	Not there	Not there	Vertigo during menses	Sabina 0/2-16 doses
7 th Feb 2023	Not there	Normal flow	Not there	Decreased	Improved	Not there	Less	Not there	Nausea in morning	Sabina 0/3-16 doses
5 th Mar 2023	No more pain	Normal	Not there	Not there	Good 3 times/day	Not there	Not there Feeling fresh	Not there	None	Thuja 1m single dose as Anti-Miasmatic and intercurrent

LALDIGHI MEDICAL CENTRE PVT. LTD.
 31/B, R.N. Tagore Road, Laldighi, P.O : Berhampore, Dist : Murshidabad, State : West Bengal, Pin : 742101
 Phone : (03482) Pathology - 253510, Imaging - 260670, 267196, 9732478744, 9609330369
 Whatsapp : Pathology - 8001770077, Imaging - 8001990099 Website : www.laldighimedicalcentre.com

V.Id. No.: 23A25/0310 Dept.: ULT-122 Test Date : 25/01/23
 Patient Name : [REDACTED] Report Date : 25/01/23
 Age : 31 years
 Referred by : Dr. [REDACTED]

Thanking you for referring the patient for US Examination

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER : It is normal in size. It is homogenous in echotexture. No focal area of altered echogenicity is seen in liver parenchyma. Intra hepatic biliary radicles are not dilated. Portal vein at porta measures 9.4mm.

COMMON DUCT : It is not dilated. It measures 4.7mm at porta. No obvious calculus is seen in visualized part of common bile duct.

GALL BLADDER : It is adequately distended. Wall thickness is normal. No calculus is seen. No mass is seen.

PANCREAS : It is normal in size & echotexture. No focal lesion is seen. Main pancreatic duct is not dilated.

SPLEEN : It is normal in size (splenic span- 94mm). It is homogenous in echotexture.

KIDNEYS : They are normal in position, size and outline. Cortical echogenicity are normal. No calculus is seen. No hydronephrosis is seen.
 Right kidney : 101mm Left kidney : 110mm

URETERS : Right ureter is not dilated. Left ureter is not dilated.

URINARY BLADDER : It is adequately distended. Wall thickness is normal. No calculus or mass is seen.

UTERUS : It is anteverted & normal in size (measures 51mm x 36mm x 49mm). It is normal in echotexture. Endometrium is central & normal in thickness (7.2mm).

ADRENAL : Right Ovary- 23mm x 13mm Left Ovary- 24mm x 16mm
 Ovaries are normal in size & echotexture.

RETROPERITONEAL : No enlarged retroperitoneal lymph node is seen.

SONOGRAPHICALLY : No bowel related mass or fluid collection is seen in either iliac fossa.
 No free fluid is seen in abdomen.

IMPRESSION : ○ USG study whole abdomen is within normal limits.
 Please consult directly.

Dr. Sakat Sarkar
 MBBS, DNB (Radio-Diagnosis)
 Reg. No. WBMC-64054

CUUN10H022017F0301000
 Typist: SANJOY

Report 2: After Treatment**Discussion**

Fibroid is an abnormal growth that develops in the uterus, which hinders daily activity and affects the quality of life of an individual. Due to the prolonged, expensive, and surgical treatment, an increasing number of the patients turn toward

homoeopathy for a safe and cost-effective mode of treatment. The above case showed the classical symptoms of uterine fibroid, which was treated with the help of individualized homoeopathic medicine Sabina in fifty millesimal potency and Thuja occidentalis 1M as

intercurrent and Anti-miasmatic. The potency selection and repetition were done based on the homoeopathic principles, susceptibility of the individual and homoeopathic philosophy^[2].

Homoeopathy is a rational system of medicine that promotes the general wellbeing of the individual. This case report signifies that the more the similarity between a disease picture and a drug picture; the results are more likely to be promising. The speedy recovery of the case reduced the period of suffering, produced cost effectiveness, and improved the quality of life within a plausible time frame of medicine taken. This case also signifies the importance of individualization and proper inter current medicine in homoeopathy.

However, there is a paucity of studies on uterine fibroid. The scope and effectiveness of homoeopathic remedies must be explored with more well-planned documented case reports or randomized clinical studies.

Conclusion

This case report demonstrates that individualized homoeopathy can effectively treat uterine fibroid in a short amount of time. Although this single case report does not provide conclusive evidence, additional documented cases and scientific research may contribute to the development of evidence regarding the efficacy of homoeopathic medicines in the management of uterine fibroid.

Conflict of Interest

Not available

Financial Support

Not available

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