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A case study of uterine fibroid in homoeopathy: A real clinical approach

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Abstract

This is a case study of a female patient who suffered from cervicitis, a very small left ovarian cyst, an endometrial polyp, and a large uterus. The patient has irregular and heavy menses and lower abdominal pain that continues to occur for three weeks. Throughout the complete case taking procedure, all symptoms were identified and the case was repertorized. Using the Kent Repertory, a few homoeopathic drugs, including phosphoric acid, nitinopropion, pulsatilla, and nux vomica, were identified by reportorial analysis. Eventually, a prescription was written based on the patient's individual symptoms, taking homoeopathic and materia medica principles into consideration.

Keywords: Menstruation, homoeopathy, pulsatilla, cervicitis, endometrial polyp, hormones, uterine fibroids.

Introduction

Growths that grow abnormally in or on a woman's uterus are known as uterine fibroids. Larger tumors can occasionally produce excruciating stomach discomfort, heavy menstruation, and other symptoms. In other instances, they have no symptoms or indicators at all. Usually, the growths are benign, or noncancerous. Fibroids have an unclear etiology.

Other names for fibroids are as follows:

Liiomyomas: Myosis

i) Myomas of the uterus: Fibromas

Types

- i) **Intramural fibroids:** The most prevalent kind of fibroids are called intramural fibroids. These varieties emerge inside the uterine muscle wall. Intramural fibroids have the potential to expand and lengthen the womb.
- ii) **Subserosal fibroids:** The serosa, or outside of the uterus, is where subserosal fibroids develop. They could get to the point where they enlarge the womb on They could get to the point where one side of the womb appears larger than the other.
- iii) **Pedunculated fibroids:** A stem, or thin base supporting the tumor, can form from subserosal tumors. They are referred to as pedunculated fibroids when that occurs.
- iv) **Submucosal fibroids:** These tumors grow in the uterus's myometrium, or middle muscle layer. Submucosal tumors are less frequent than the other varieties.



Fig 1: Type of uterine fibroid

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Epidemiology of uterine fibroid

Fibroids are the most prevalent benign tumor in females, according to the epidemiology of uterine fibroids. Female reproductive years are the usual time for fibroids to appear. Fibroid diagnosis rates range from 20-40% worldwide (Obstetrics and Gynecology Clinic, 2000); black women are twice as likely as white women to have a fibroid diagnosis. About 1 in 20 women, or 13.6 million, worldwide, are affected by the prevalence rate. The National Institute of Health, India reports that 25% of women in India who are fertile have visible fibroids.

Risk factors

- i) **Family history:** Three times as many fibroids are at danger if there is a family history.
- ii) **Age:** As women get older, fibroids are more prevalent. (Age range: mostly 30 to 50)
- iii) **Race:** African Americans have a higher risk of fibroids.
- iv) **Obesity:** Women who are overweight have an increased risk of fibroids.
- v) **Pregnancy:** brought on by an elevated estrogenic level.

Symptoms of fibroid

The location, size, and quantity of tumors a person has all have a role. If the fibroids are tiny, they might not create any problems.

1. Following menopause, it may diminish or vanish. heavy bleeding during the menstrual cycle or dysmenorrhea
2. Pelvic pain and heaviness in the lower abdomen
3. Abdominal swelling or hypertrophy
4. A reduction in back pain
5. Urinating frequently
6. Pain during a sexual encounter
7. Extended periods of irregular menstruation
8. Issues with reproduction like infertility or recurrent miscarriages.

Investigation and diagnosing

Most frequently, fibroids are discovered during a standard pelvic exam. This could suggest to the doctor that there is a firm, irregular pelvic mass in addition to an abdominal check. Numerous tests may reveal more information regarding fibroids in addition to a thorough medical history, physical examination, and pelvic and/or abdominal examination. These include:

- a) Transvaginal ultrasonography (TVS)
- b) MRIs, or magnetic resonance imaging
- c) **Hystero-salpingography:** A dye-based computed tomography examination of the uterus and fallopian tubes frequently carried out to rule out tubal blockage.
- d) **Hysteroscopy:** Visual inspection of the uterine interior and cervical canal through the vaginal opening of a viewing device called a hysteroscope.
- e) **Laparoscopy:** A thin instrument called a laparoscope allows a physician to view within the abdomen. It is implanted by a tiny incision made either through or below the navel. Using a laparoscope, fibroids on the

uterine wall can be seen.

- f) **Endometrial biopsy:** This is a procedure where a tube is introduced into the uterus to acquire a sample of tissue.
- g) **Regular blood test:** If the tumor is the cause of the excessive bleeding, to screen for iron-deficiency anemia.
- h) **Cat scan (CT):** Provides a more comprehensive image by taking multiple X-ray images of the body from various angles.

Material and Methods

Case: On June 2, 2022, Mrs. Uma Devi, a 35-year-old male patient, visited Rajput's Global Homoeopathic Care's outpatient department (OPD) at Rajput's Global Homoeopathic Care, Circular Road, Solan (H.P.). She complained of persistent lower abdominal pain. Pain is felt in the umbilical and hypogastric regions. A sharp pain-like sensation is present. Pain worsens with standing and physical activity and gets better with pressure. Menses have not appeared for the past two cycles.

History of current complaints: The patient had a diagnosis of cervicitis, mural fibroid, endometrial polyp, and a large uterus. Her white discharge, leucorrhea, lower abdomen pain, and urgency of urination were being treated with allopathic medicine.

Past medical history: Jaundice (2007)

Family history

Mother-Ovarian cyst
Father-Hypertension

Menstrual history

LMP-01/04/2022

Duration-3 days

Cycle- Profuse blood flow (26 days interval)

Pads used-4-5 pads/day

Obstetrical history

G2P2A0L2 (Normal delivery)

Particulars

Stomach-Thirstless-Accompanied by tongue, dryness

Stomach-Thirstless, perspiration during

Abdomen-Fullness, sensation-eating-after

Female Genitalia/Sex-Complaints of female genitalia-uterus

Female Genitalia/Sex-enses-Absent

Mental generals

Mind-Ailments from excitement-emotional

Mind-Ailments from jealousy

Mind-Anxiety evening

Mind-Anxiety, health about own health one's

Mind-Thoughts-Persistent

Mind-Fear-Neglected of being

Table 1: Analysis and Evaluation of symptoms

S. No.	Symptoms	MG/ particulars	Intensity
1.	Ailments from excitement-emotional	MG	+++
2.	Ailments from jealousy	MG	++
3.	Anxiety evening	MG	+
4.	Anxiety, health about own health one's	MG	+++
5.	Thoughts-persistent	MG	++
6.	Fear-neglected of being	MG	+
7.	Thirstless-accompanied by tongue, dryness of	Particular	+++
8.	Thirstless, perspiration during	Particular	++
9.	Fullness, sensation-eating-after	Particular	+
10.	Complaints of female genitalia-Uterus	Particular	++
11.	Menses- absent	Particular	++

Table 2: Repertorial totality

S. No.	Symptoms	Chapter/ rubrics
1.	Ailments from excitement-Emotional	Mind
2.	Ailments from jealousy	Mind
3.	Anxiety evening	Mind
4.	Anxiety, health about own health one's	Mind
5.	Thoughts-Persistent	Mind
6.	Fear-Neglected of being	Mind
7.	Thirstless-Accompanied by tongue, dryness	Particular
8.	Thirstless, perspiration during	Particular
9.	Fullness, sensation- eating-After	Particular
10.	Complaints of female genitalia-Uterus	Particular
11.	Menses-Absent	Particular

Provisional diagnosis: endometrial polyp, small left ovarian cyst, mural fibroid, and cervicitis.

The synthesis repertory "Repertorium Homoeopathicum Syntheticum," authored by Dr. Frederik Schroyens, was used to repertorize the case.

Rubrics repertorial analysis taken

		puls.	phos.	nux-v.	phos-c.	sep.	calc.	ign.	coar.	sulph.	tail-c.	nat-m.	bell.	caust.	lach.	bry.	nux-m.	ars.	hyg.	nit-ac.	staph.	carb-v.	hyos.	verat.	acon.	agn.	plat.	sil.	chin.	...
1. MIND - AILMENTS FROM - excitement - emotional	(95) 1	3	2	2	3	2	2	1	2	-	1	2	2	2	1	1	1	1	1	3	-	1	2	2	1	1	1	-	-	-
2. MIND - AILMENTS FROM - jealousy	(11) 1	3	2	3	1	-	-	2	-	-	-	-	-	-	2	-	-	-	-	1	-	3	-	-	-	-	-	-	-	-
3. MIND - ANXIETY - evening	(93) 1	2	2	2	-	3	3	-	1	3	1	2	1	2	-	1	1	3	2	2	-	3	-	1	1	1	1	1	2	-
4. MIND - ANXIETY - health; about - own health; one's	(83) 1	2	3	1	2	2	2	1	2	1	2	1	1	-	1	1	1	3	2	4	1	-	1	-	2	4	1	1	-	1
5. MIND - THOUGHTS - persistent	(122) 1	2	1	2	2	1	2	2	1	2	1	3	2	1	1	1	1	2	-	1	2	2	1	2	1	1	1	2	2	1
6. MIND - FEAR - neglected, of being	(5) 1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. STOMACH - THIRSTLESS - accompanied by - Tongue; dryness of	(9) 1	3	1	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. STOMACH - THIRSTLESS - perspiration; during	(61) 1	3	2	1	3	-	3	1	1	-	-	2	1	-	1	1	2	-	1	2	1	-	3	-	-	-	-	-	1	1
9. ABDOMEN - FULLNESS, sensation of - eating - after	(51) 1	2	2	3	1	2	1	1	2	2	3	-	-	1	1	-	-	-	2	2	-	2	-	-	-	1	-	1	1	-
10. FEMALE GENITALIA/SEX - COMPLAINTS of female genitalia - Uterus	(69) 1	3	1	3	1	3	1	2	2	3	3	2	3	1	1	1	1	-	1	-	-	1	2	1	1	-	3	-	1	1
11. FEMALE GENITALIA/SEX - MENSES - absent	(195) 1	3	2	2	1	3	2	2	2	3	3	2	2	2	2	2	2	3	-	2	1	2	1	2	1	2	3	2	2	2

Prescription

Pulsatilla 200; After giving sac lac for 15 days, a single dose

was administered in the first week, and then another single dose was given the following week.

Follow-up

Date	Symptoms	Prescription
02-06-2022	Pain in lower abdomen. Cutting type sensation in umbilical region.	Pulsatilla 200/ single dose, PL30/BD x 15 Days
17-06-2022	Slight relief in pain & Other complaints.	PL30/BD x 15 Days
02-07-2022	Relief all complaints.	Pulsatilla 200/ single dose, PL30/BD x 15 Days
17-07-2022	Patient completely well.	PL30/BD x 15 Days

Conclusion

In cases of uterine fibroids accompanied with heavy and irregular menstruation, homoeopathic treatment chosen in accordance with Hahnemann's principles proves to be highly efficient.

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