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Dr. Ahamed Samina
PG Scholar, Department of Homoeopathic Repertory and Case Taking, White Memorial Homoeopathic Medical College and Hospital, Chevaracode, Attoor, Kanyakumari, Tamil Nadu, India

Dr. Bhuvaneswari G
Associate Professor, Department of Homoeopathic Repertory and Case Taking, White Memorial Homoeopathic Medical College and Hospital, Chevaracode, Attoor, Kanyakumari, Tamil Nadu, India

Corresponding Author:
Dr. Ahamed Samina
PG Scholar, Department of Homoeopathic Repertory and Case taking, White Memorial Homoeopathic Medical College and Hospital, Chevaracode, Attoor, Kanyakumari, Tamil Nadu, India

Efficacy of synthesis repertory-based homeopathic treatment in resolving intramural uterine fibroid: A case report

Ahamed Samina and Bhuvaneswari G

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Abstract
Uterine fibroids, especially intramural variants, can significantly affect a woman's quality of life by causing prolonged menstrual bleeding and related symptoms. In Southeastern India, the prevalence was around 20% among women of reproductive age (15-45 years). This case study reports a 40-year-old female diagnosed with a 3.2 x 2.8 cm intramural uterine fibroid, presented with heavy menstrual bleeding, pelvic discomfort, and health-related anxiety. A detailed case taking was conducted, which included a thorough medical history, physical examination, and laboratory investigations. Repertorisation was carried out utilizing a Synthesis repertory to determine the most appropriate remedies aligned with the patient's presenting symptoms and overall constitution. After one year of consistent homeopathic treatment (Sepia followed by Natrum muriaticum), the patient reported a significant reduction in menstrual bleeding duration (returning to normal 5-6 days), alleviation of pelvic discomfort, and resolution of anxiety symptoms. Follow-up ultrasound confirmed the complete resolution of the intramural fibroid, with no recurrence of symptoms. This case highlights the effectiveness of homeopathy in managing intramural uterine fibroids. The successful resolution of the fibroid and associated symptoms demonstrates the potential for homeopathic treatment to improve women's health outcomes without invasive procedures. Further research is warranted to explore the broader applicability of these findings in similar cases.

Keywords: Homoeopathy, intramural fibroid, menstrual bleeding, repertorisation

Introduction
Uterine fibroids (UFs), also referred to as leiomyomas, are noncancerous tumors commonly found in women of reproductive age. Although benign, they can grow rapidly and to a significant size [1]. Uterine fibroids are associated with irregular and heavy menstrual bleeding (HMB), which may result in severe anemia, dysmenorrhea, pelvic pain and pressure, urinary incontinence, dyspareunia, infertility, preterm labor, and both early and recurrent pregnancy loss [2]. Found in over 70% of women, Uterine fibroids become symptomatic in around 30% of cases and represent the leading clinical reason for hysterectomy, often ending a woman's reproductive potential prematurely [3]. African American women have a higher risk of developing UFs at a younger age and tend to experience more severe symptoms than Caucasian women [4]. Additional risk factors include increasing age, obesity, vitamin D deficiency, and hormonal influences—both internal and external [5]. Despite their high prevalence, there are currently no approved pharmacological treatments proven effective for UFs, and surgical intervention remains the primary treatment option [6]. Dr. Frederik Schroyens ultimately did this job in collaboration with the leading homoeopaths throughout the world leading to the development of synthesis repertory. Synthesis is a repertory linked to RADAR (Rapid Aid to Drug Aimed Research) project. It is based on 6th American edition of Kent's repertory [7]. In this article, we highlight the role of a Synthesis repertory-based homeopathic prescription in the successful resolution of an intramural uterine fibroid without the need for surgical intervention. The case demonstrates how individualized remedy selection using classical homeopathic principles can effectively address both the physical and emotional manifestations of fibroids. It underscores the potential of homeopathy as a non-invasive therapeutic approach in managing uterine fibroids. This report aims to contribute to the growing body of evidence supporting repertory-based homeopathic treatment in gynecological conditions.

Materials and Methods

Study Setting

The case study was conducted at the Outpatient Department of White Memorial Homoeopathic Medical College and Hospital, Attoor, Kanyakumari District, Tamil Nadu, India. This institution provides integrative care with a focus on classical homoeopathic treatment protocols.

Case Presentation

A 40-year-old female presented with complaints of heavy and prolonged menstrual bleeding lasting 8-10 days per cycle, with clotted flow and associated fatigue. She reported significant lower back pain preceding menstruation (++), frequent urination, dyspareunia (+), profuse leucorrhea before menses (+), and occasional abdominal cramping and pelvic pressure that worsened during menstruation and was relieved by rest. The patient had not received any prior treatment for uterine fibroid.

Physical Generals

Urine: Frequent urination, especially in the last month
Desire: Strong craving for sweets (++)
Thermal State: Chilly, prefers warmth

Mental Generals

Health-related anxiety concerning the fibroid (+)
Aversion to company (+)

Gynecological and Obstetrical History

Menstrual Cycle: Regular, every 28-30 days
LMP: 01-06-2023
Flow: Heavy, clotted with occasional large clots
Colour: Dark red
Before Menses: Occasional mild cramping
During Menses: Lower abdominal heaviness, pelvic pressure, fatigue
Leucorrhea: Profuse before menses, non-irritating

Obstetrical Status: P2G2A0D0L2
1st delivery (age 25): Normal vaginal delivery, no complications
2nd delivery (age 28): Normal vaginal delivery, no complications

Clinical Examination and Diagnosis

A thorough clinical examination was conducted. Ultrasound imaging revealed a 3.2 × 2.8 cm intramural uterine fibroid, confirming the diagnosis. fig 1

Case Analysis and Repertorisation

Totality of symptoms was framed, including mental, physical generals, and characteristic particulars. Repertorisation was performed using the Synthesis Repertory (Barthel & Klunker, 3rd Improved Edition) mentioned in fig 2. The repertorial process was aided by Radar Opus software, ensuring accuracy in rubric selection and remedy differentiation.

Repertorial totality

1. Mind - Anxiety - Health; About
2. Mind - Company - Aversion To
3. Menstruation - Menses - Profuse, Too
4. Female Genitalia/Sex - Menses - Copious
5. Female Genitalia/Sex - Leukorrhea - Menses - Before - Agg
6. Female Genitalia/Sex - Menses - Clotted
7. Generals - Food and Drinks - Sweets - Desire
8. Generals - Weariness.
9. Female Genitalia/Sex - Pain - Bearing Down
10. Back - Pain - Menses - Before - Agg.
11. Female Genitalia/Sex - Coition - Painful
12. Female Genitalia/Sex - Tumors - Uterus - Myoma

Prescription and Follow-up

The indicated remedies were prescribed in centesimal potencies: initially Sepia was selected based on the totality, followed later by Natrum muriaticum as the symptom picture evolved. The patient was monitored monthly over a period of one year, with adjustments made according to symptom progression and remedy response. The detailed follow up and prescription was mentioned in table 1.

Assessment Tools

Ultrasound Imaging - For diagnosis and follow-up assessment
Repertory Used: Synthesis Repertory, 3rd Improved Edition- Dr. Frederik Schroyens
Software: Radar Opus (RadarOpus Synthesis Treasure Edition 2009V).

Ethical Consideration

Informed verbal consent was obtained from the patient for treatment and documentation. Patient confidentiality was maintained throughout the study.

Results

The patient, diagnosed with a 3.2 x 2.8 cm intramural uterine fibroid, showed marked improvement in symptoms after treatment with Sepia followed by Natrum muriaticum. Post-treatment ultrasonography revealed complete resolution of the fibroid, with no detectable fibroid present fig 3. This suggests that homeopathic remedies based on Synthesis Repertory analysis were effective in resolving the uterine fibroid.

Figure format

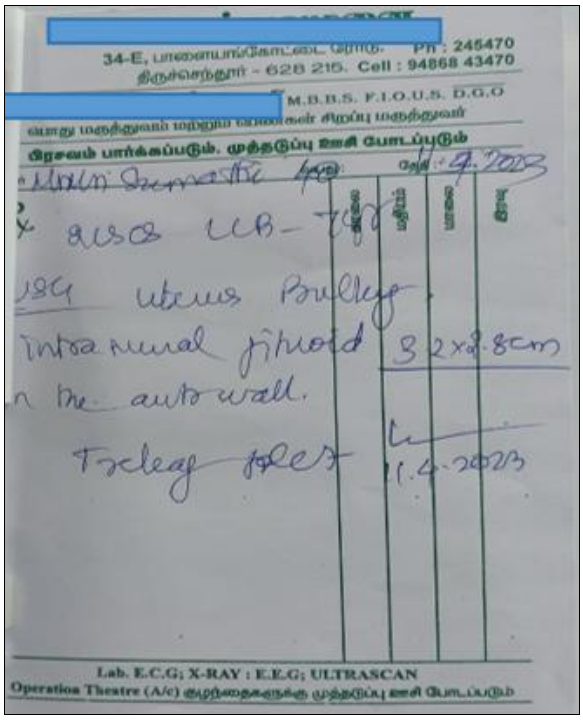

Fig 1: Before treatment - Intramural Fibroid 3.2 x 2.8 cm

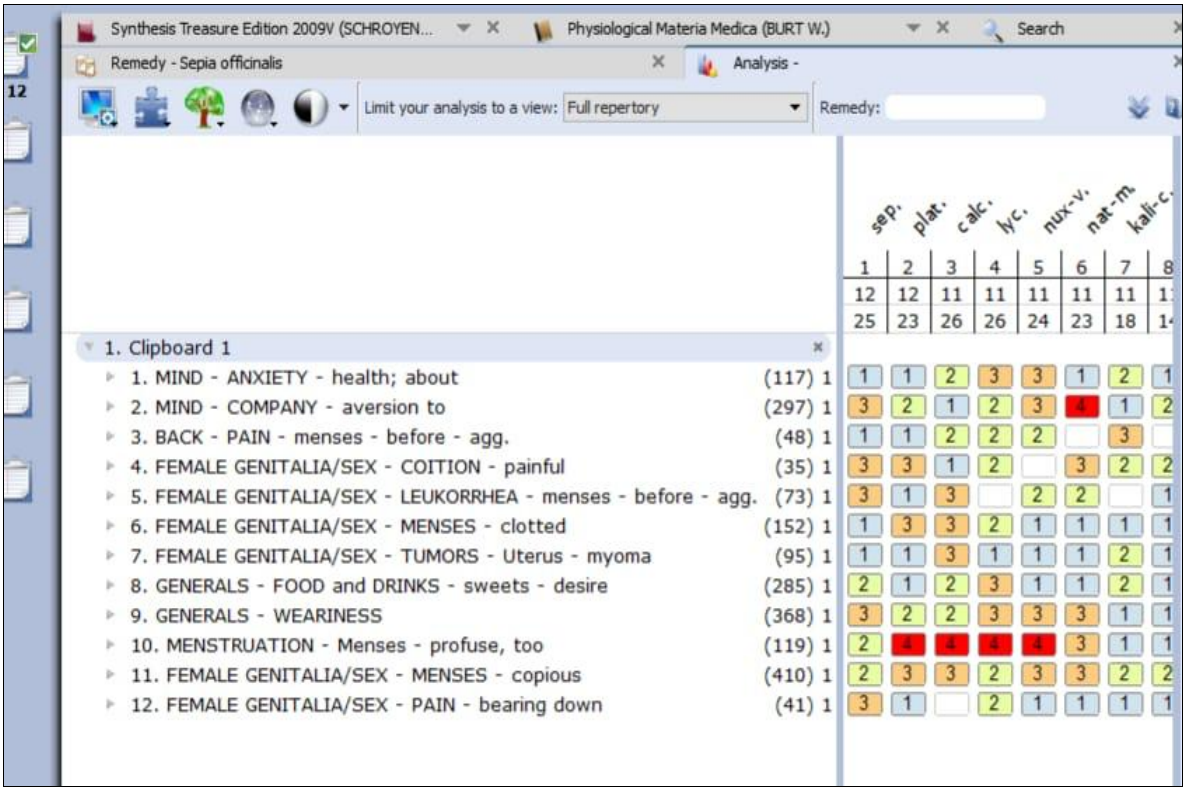

Fig 2: Repertorial chart- Repertorial Totality

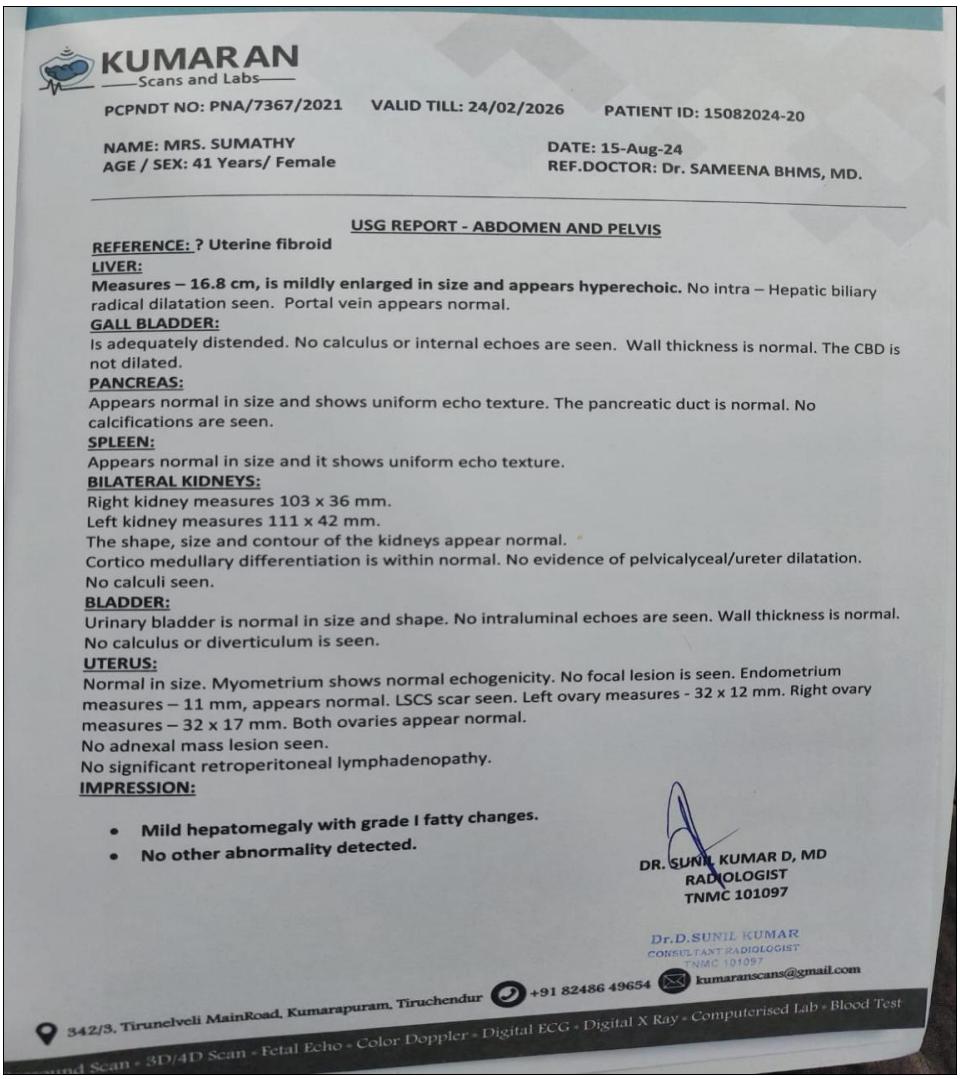

Fig 3: After treatment - Complete resolution of Intramural Fibroid

Table 1: Prescription and Follow up

Date	Symptoms	Prescription	Follow-up/Remarks
15-06-2023	Heavy, prolonged menstrual bleeding (8-10 days), clots, cramping, profuse leucorrhea, fatigue, frequent urination, dyspareunia. LMP: 01.06.23	Sepia 200C (3D), SL 3 pills TDS	1 month follow-up
16-07-2023	LMP: 30.06.23. Regular cycle. Prolonged bleeding (8-10 days), clots, cramping, profuse leucorrhea, fatigue, frequent urination.	Sepia 200C (3D), SL 3 pills TDS	1 month follow-up
15-08-2023	LMP: 02.07.24. Regular cycle. Same symptoms: prolonged bleeding (8-10 days), clots, cramping, profuse leucorrhea, no fatigue.	Sepia 200C (1D), SL 3 pills TDS	1 month follow-up
20-09-2023	LMP: 01.08.24. Menstrual bleeding reduced to 6-7 days. Clots present, cramping and pressure, profuse leucorrhea, no fatigue.	Sepia 1M (1D), SL 3 pills TDS	Symptoms improved, 1 month follow-up
26-10-2023	LMP: 03.09.24. Bleeding reduced to 6-7 days. Clots, cramping, abdominal pressure present. Leucorrhea and frequent urination better.	Sepia 1M (1D), SL 3 pills TDS	1 month follow-up, improvement continues
15-11-2023	LMP-04.10.23. Bleeding reduced to 6-7 days. Clots, cramping, and pressure persist. Leucorrhea better, no fatigue, frequent urination.	Natrum Muriaticum 1M (1D), SL 3 pills TDS	Stagnant symptoms, complementary remedy prescribed
20-01-2024	LMP: 02.01.24. Menstrual bleeding reduced to 5-6 days, fewer clots, cramping and pressure better. Leucorrhea better, no fatigue, frequent urination, dyspareunia better.	Natrum Muriaticum 1M (1D), SL 3 pills TDS	Continued improvement, 1 month follow-up
25-02-2024	LMP: 04.02.24. Stable symptoms, no new complaints.	SL 3 pills TDS	1 month follow-up
13-07-2024	Advised USG Abdomen and Pelvis for next visit.	SL 3 pills TDS	1 month follow-up

Discussion

This case study highlights the role of individualized homeopathic treatment in managing a patient with uterine fibroids presenting with chronic menorrhagia, fatigue, leucorrhea, and associated symptoms. Over several months of observation, significant symptomatic relief was documented with the administration of Sepia officinalis and later Natrum muriaticum, based on the totality of symptoms and repertorization.

The gradual improvement observed—from prolonged heavy bleeding (8-10 days) to a regulated menstrual flow (5-7 days), and reduction in associated symptoms such as fatigue, frequent urination, and dyspareunia—indicates a positive therapeutic response. Sepia, which matched the patient's physical and emotional profile during the initial stages, showed marked effect in managing hormonal imbalance-related symptoms. As the improvement plateaued, Natrum muriaticum, selected as a complementary remedy based on emerging mental and physical symptoms, furthered the healing process.

Previous studies and clinical experiences support the use of Sepia in cases of hormonal dysfunction and uterine complaints, especially where there is bearing down pain, irritability, and indifference to loved ones. Similarly, Natrum muriaticum is widely reported in homeopathic literature to act effectively in cases involving suppressed grief, chronic ailments, and complaints that are aggravated by sun exposure and emotional stress.

In a study by Saha *et al*. (2019), individualized homeopathic treatment led to clinical improvements in fibroid-related symptoms, with Sepia and Natrum muriaticum being among the most frequently indicated remedies [8]. Other clinical case series by Banerjee (2016) also reported regression in fibroid size and improvement in menorrhagia under classical homeopathic treatment [9].

The sustained response over several months with periodic follow-ups reflects the importance of consistent remedy review, repetition based on susceptibility, and close observation of remedy action. This case supports the hypothesis that constitutional and individualized homeopathy can offer non-invasive relief in cases of uterine fibroids, reducing the need for hormonal or surgical intervention, particularly when the patient opts for integrative approaches.

This case reinforces the significance of individualized remedy selection, the importance of regular follow-ups, and the necessity of integrating objective assessments like USG in chronic pathological cases. The combination of clinical observation and radiological evidence in this case strengthens the claim that homeopathy can offer a safe, non-invasive, and effective alternative in managing uterine fibroids when appropriately prescribed.

Conclusion

This case study demonstrates the efficacy of individualized homeopathic treatment in managing uterine fibroid symptoms and reducing fibroid size, as confirmed by ultrasound findings. The patient, treated initially with Sepia officinalis and later with Natrum muriaticum based on the evolving symptom totality, experienced progressive relief from heavy and prolonged menstrual bleeding, fatigue, leucorrhea, and dyspareunia. The case emphasizes the importance of constitutional remedy selection, regular follow-up, and objective assessment in homoeopathic practice. The outcomes support the potential of classical homoeopathy as a non-invasive and holistic approach in the management of uterine fibroids.

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Conflict of Interest

Not available

Financial Support
Not available

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