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A non-surgical homoeopathic resolution of uterine fibroid: An evidence based case report

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Abstract

Uterine leiomyoma (fibroids) are benign smooth muscle tumors of the uterus and represent a common gynecological concern in women of reproductive age. Conventional treatment typically involves hormonal medications or surgical procedures, while Homoeopathy provides an individualized therapeutic approach that aims to restore overall systemic harmony. This case report demonstrates the evolution of a personality along with the beneficial role of Sulphur in LM potencies in treating an intramural fibroid accompanied by increased endometrial thickness.

Keywords: USG-Pelvis, uterine leiomyoma, heavy bleeding with clots, homoeopathy

Introduction

A uterine fibroid (medically known as leiomyoma or myoma) according to ICD-11: 2E86.0 is a non-cancerous growth composed of smooth muscles and connective tissues. Myomas are rarely found before puberty and they generally cease to grow after menopause^[1].

A typical uterine myoma is a well-defined mass enclosed by a pseudo capsule made of connective tissue that anchors it to the myometrium. Microscopically, it is composed of smooth muscle cell bundles interspersed with varying amounts of fibrous tissue. The distribution of myomas within the uterine body can be categorized as follows:

- **Intramural (75%):** The most common type, where the tumor grows within the muscular wall of the uterus, often expanding symmetrically.
- **Sub mucous (15%):** In this type, uterine contractions may push the myoma toward the uterine cavity, where it becomes covered by a thin layer of endometrium. These tumors may be pedunculated or sessile.
- **Sub serous (10%):** Here, the tumor extends outward toward the peritoneal surface, presenting as an irregular, nodular mass^[2].

Risk factors

- **Age:** Increases with advancing of age, mostly 35-50 yrs. female in reproductive age.
- **Family history/ genetic predisposition** having first degree relatives with fibroids increasing risk by 2-3 times.
- **Hormonal factors:** Estrogen & progesterone stimulate fibroid growth. Fibroids rarely occur before menarche and regress after menopause^[3]
- **Race:** High risk in African-American women.
- **Diet** (increase red meat, decrease green vegetables)^[2]
- **Nulliparity**^[4]

The symptoms of fibroids vary greatly and can include heavy menstrual bleeding (menorrhagia), pelvic discomfort or pressure, difficulty conceiving, and complications during pregnancy. However, many fibroids do not cause any symptoms and are often discovered incidentally during an ultrasound examination.

Diagnosis may be established using imaging techniques such as X-Rays, transabdominal and transvaginal ultrasonography, magnetic resonance imaging (MRI), and through procedures like hysteroscopy^[5].

Case Presentation

A 52 yrs. old female patient visited JIMSHMCH OPD complaining of heavy bleeding per vagina, on and off, over the past 2 years. She noticed that her cycles were gradually becoming irregular. Menstrual bleeding was dark red & clotted, appearing 15-20 days early. She then consulted in an allopathic hospital, where she was diagnosed with uterine fibroids. She used medicines for only 3 months with temporary relief of symptoms.

- LMP = 3/3/25 (on the day of case taking)
- Cycles = Irregular
- Duration = 5 days
- Flow = Heavy flow
- Character = Flow with clots
- Colour = Bright red
- Odor = Absent

Leucorrhoea = 2 weeks before menses, not profuse, no issues with it and got diagnosed with uterine fibroids, used allopathic medication for 3 months, no change noticed, so opted for homoeopathic treatment.

LSCM

Location	Sensation	Modality	Concomitant
Onset-gradual Progression, worsening cycles-menses appear 15-20 days earlier. Duration, since 2 years. Intensity, moderate to severe. Location, female genital organs	Heavy flow with clots, no specific pain. Pathology, uterine fibroid	No specific modalities	Weakness with heavy bleeding

Physical Generals

- **Appetite:** Satisfied (03 meals/day).
- **Thirst:** Thirsty (3-4 litres/day, tap water).
- **Desires:** Sweets (++)
- **Aversion:** Milk (+)
- **Sleep:** Refreshed, sleeps for 5-6 hours, on either sides.
- **Dreams:** UN-remembered.
- **Aggravations:** Not specific.
- **Addictions/Habits:** Not specific.
- **Allergies:** None.
- **Change of Weather AGG:** Not any seen.
- **Riding AGG:** No.
- **Sun AGG:** Headache on and off.
- **Hunger AGG:** Not specific, can tolerate.

Physiological eliminations

- **Stool:** Soft stool, regular.
- **Urine:** Clear, no burning.
- **Perspiration:** Scanty.
- **Odour/Staining:** Absent.

Menstrual history

- **FMP:** At age of 10 yrs.
- **Cycles:** 30 days.

- **Duration:** 5 days
- **Flow:** Moderate, heavy.
- **Character:** No clots, no odour.
- **Colour:** Reddish
- **Odour/Staining:** Not present.
- **Complaints Before Menses:** Pain in lower abdomen.
- **During Menses:** No complaints.
- **After Menses:** No complaints.
- **Leucorrhoea:** 2 weeks before menses starts slight show only.

Obstetric History

- **Married Life:** 26 yrs.
- **Consanguineous/non-consanguineous marriage:** consanguineous.
- **Gravida:** Three.
- **Para:** Three.
- **Abortion:** One, in 3rd month (2001)
- **Dead:** None.
- **Living:** Two.
- **Complaints during Pregnancy:** During 2nd pregnancy-low B.P
- **Post Delivery:** Not present
- **Type of Delivery:** Normal full-term delivery.
- **Thermal Response:** Hot patient.

Life Space Investigation

Patient hails from upper middle-class family, resident of Anantapur.

She is the elder daughter of her family with younger sisters & a younger brother who passed away when he was of 7 yrs. because of some surgical complications. The patient, in his memory (every year on his birthday) donates books and pencils to orphanage homes.

Father-a Govt. civil engineer, Mother-House wife, financially-well settled, interested in studies since childhood, very much attached to father.

She was an average student in school & topper in college (B. tech). She has many friends, easily mingles with others (extrovert) & she shares everything with sisters.

Patient is very sensitive emotionally, (weeps easily), even the sentimental scenes on T.V., makes her weep.

She is very hard working & passionate about fulfilling her duties. She takes responsibility of everything and single handed tries to finish all the office work.

At the age of 22 years she got central govt. job. She was married at age of 23 yrs. to a veterinary doctor, & since then is managing both work and home harmonically.

Patient shares good bond with her in-laws

After marriage, her bond with her mother grew stronger & deep. She tutored needy children from her neighbourhood, (in initially days of her job just to keep herself occupied). In 1997, she delivered her 1st baby boy, followed by baby girl in 2000 & one abortion in 2001. She continues to be a very caring & loving mother in spite of her burdensome job profile. Patient was diagnosed of haemorrhoids in 2018 what happened in 2018?

In 2018, some monetary scam of around one crore rupees transpired in her office (important files were misplaced).

The patient even though was severely affected by this incident, didn't express anything towards her office employees. She at that time suppressed her anger & frustration, but vented it off on her family by shouting on them. It was a very stressful time for her as she worked very industriously to recover the missing office files. The same time her mother's health started to deteriorate. She has to travel from office to home then to hospital, when she developed the complaints of hard stool (haemorrhoids). She consulted Homoeopathic physician for haemorrhoids & was relieved.

In 2023, her mother's medical condition progressed further & developed heart complaints. Patient got frightened looking at her mother's declining health. It was then that she noticed irregularity in her menstrual cycle (menorrhagia). Her mother with whom she was deeply bonded, passed away in Oct 2024. After that loss, her complaints aggravated, when she was diagnosed with uterine fibroids. Characteristically, easily irritable by nature especially in morning, hardworking & passionate about her work, anger on interference.

Highly patient, & benevolent (helps strangers also)


Usually gets into arguments with husband for her benevolent nature. Likes bhajan, old songs, daily performs puja without which she cannot start her day, religious and devotional and says likes to serve others.

Likes music-enrolled herself in some online music classes-shows interest in learning new things-cooks new dishes, watching YouTube.

Mental generals

- A/F: Death of loved ones (Mother).
- A/F: Husband scolding her-reproaching.
- Religious.
- Generous.
- Cannot rest when things are not in place.
- Irritability in morning time.
- Had desire to do/ learn new things.
- She is independent and confident women.

Investigation



Samhitha
ULTRA-SOUND SCAN CENTRE
Plot 596, Defence colony, Sainikpuri, Secunderabad.

Patient Name : Mrs. P. Nagamani, Age : 51 Years Female Date : 27-01-2025
Referred by : Dr. A. Bhavani, C/o. K I M S. Sunshine Hospital

Clinical data: peri menopause bleeding.
Thanks for referral
B Mode 2-3 Dimensional Real time Trans Vaginal Ultrasound scan of Pelvic Organs

UFBD: Normal in contour, no calculus or no mass lesions are seen.





Uterus: Anteverted 109x92x97mm. myometrium normal,
Endometrium 29mm thickened with small cystic areas
no gestational sac is seen, Intramural fibroids of 44mm and 43mm are seen
at posterior and anterior body wall region with calcifications in anterior fibroid


Ovaries: Right ovary 25x15mm normal, left ovary size 51x46mm with a single
anechoic cyst of 45mm seen, no solid mass lesions are seen.

No free fluid is seen in Cul de sac

No adnexal mass is seen.

Impression: 1) Intramural and calcified fibroids, 2) Thickened cystic endometrium,
3) Left ovarian retention cyst.


Dr. H. Ravindranath
 Radiologist
 Regd No 17819

Suggested clinical correlation, if necessary please discuss.

Final diagnosis

Uterine Fibroid (intra mural & calcified fibroid)
Thickened Cystic Endometrium

Hahnemannian classification of diseases

Dynamic, True chronic, miasmatic disease with syco-somatic in origin.

Miasmatic assessment

- **Fundamental Miasm:** Sycosis.
- **Dominant Miasm:** Sycosis.

Analysis & evaluation of symptoms:-**Grade-1**

- A/F: Death of loved ones (mother).
- A/F: Reproaching (husband scolding her).
- Religious.
- Generous.
- Rest can't when things are not things are not in place.
- Irritability-morning.
- Desire to learn things.
- Confident.

Grade-2

- Desires-sweets.
- Aversion-milk.
- Grade-3
- Ovarian tumours

Totality of Symptoms

- A/F: Death of loved ones (mother)
- A/F: Reproaching (husband scolding her)
- Religious
- Generous
- Rest can't when things are not things are not in place
- Irritability morning
- Desire to learn things
- Confident
- Desires-sweets
- Aversion-milk
- Ovarian tumours

Repertorial totality

- Mind: Ailments from-death of loved ones
- Mind: Ailments from-reproaches
- Mind: Confident
- Mind: Learning-desire for
- Mind: Generous; too
- Mind: Religious affections
- Mind: Rest cannot when things are not in proper place
- Mind: Irritability-morning
- Generals: Food and drinks-sweets-desire
- Generals: Food and drinks-milk-aversion
- Female: Genitalia/ sex-tumours-uterus-myoma
- Female: Genitalia /sex-tumours-ovaries-cysts

Repertorial result

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1. MIND - AILMENTS FROM - death of loved ones	1																																							
2. MIND - AILMENTS FROM - reproaches																																								
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4. MIND - LEARNING - desire for																																								
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6. MIND - RELIGIOUS AFFECTIONS																																								
7. MIND - REST - cannot rest when things are not in the proper place																																								
8. MIND - IRRITABILITY - morning - waking on																																								
9. GENERALS - FOOD and DRINKS - sweets - desire																																								
10. GENERALS - FOOD and DRINKS - milk - aversion																																								
11. FEMALE GENITALIA/SEX - TUMORS - Uterus - myoma																																								
12. FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts																																								

Prescription

Rx:

- 1) Sulphur 0/2, TDS x 5 days.
- 2) Phytum TDS x 21 days.

FOLLOW UP

DATE	FOLLOWUP	PRESCRIPTION
12/4/25	LMP – 8/4/25 1. Heavy bleeding in the 2nd and 3rd day got reduced by 20% 2. clots decreased by 20% by medication. 3. Weakness in voice reduced. 4. Feeling irritation on early morning- reduced by 10%, on & off shouting on husband. 5. Activeness- increased	1. Sulph 0/3 (bd) x 5 days 2. Phytum tds x 21 days

3/7/25	LMP – 1/7/25 1. Duration: 2-3 days, 1-2 pads/day 2. clots reduced by 40%, bright red, watery, non-offensive. 3. No complaints before, during, after menses.	1. Sulphur 0/4(OD) x 5 days 2. Phytum TDS x 21 days
17/8/25	1. Cycles – were regular now 2. LMP- 4/8/25 3. Flow – clots reduced by 60% 4. Activeness in voice 5. No new complaints	1. Sacchar for 1 month



Samhitha

ULTRA-SOUND SCAN CENTRE

Plot 596, Defence colony, Sainikpuri, Secunderabad.

Patient Name : Mrs. P. Nagamani

Age : 52 Years

Female

Date : 17-08-2025

Referred by : Dr. A. Bhavani, C/o. Sunshine Hospital

Clinical data:

Thanks for referral

B Mode 2-3 Dimensional Real time Trans Vaginal Ultrasound scan of Pelvic Organs

UBD: Normal in contour, no calculus or no mass lesions are seen.

Uterus: Anteverted 109x92x98mm. myometrium normal.

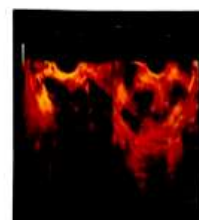
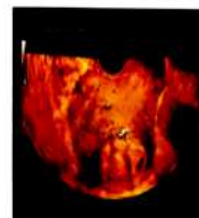
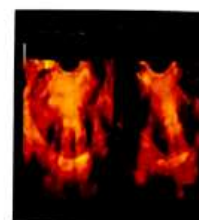
Endometrium 7.1mm, intramural fibroids of varying sizes from 25mm to 44mm are seen with calcifications in large fibroids, no gestational sac is seen


Ovaries: Right ovary 23x18mm, left ovary size 25x12mm size shape and echopattern are normal, no cystic or no solid mass lesions are seen,

No free fluid is seen in Cul de sac

No adnexal mass is seen

Impression: Intramural fibroids of uterus with calcifications,




Dr. M. Ravindranath
 Radiologist
 Regd No 17855

Suggested clinical correlation, If necessary please discuss.

Discussion

This case reveals an interconnection between psyche and soma.

Freudian and humanistic interpretations show that her suppressed grief and anger were symbolically expressed through uterine bleeding—a “somatic narrative” of internalized emotion [6]. Bowlby’s Attachment Theory explains how loss of attachment (mother’s death) triggered emotional dysregulation and physiological response [7, 8].

This case depicts Hypothalamic-Pituitary-Adrenal axis, resulting in hormonal imbalance and fibroid progression.

Homoeopathically, the sycotic miasm is predominated here. Sulphur was chosen for its depth of action and Morning irritability/ crossness, emotional crying, easily moved to

tears, religious reveries—constantly praying, milk disagrees, bleeding tendencies with clots [9].

The LM scale ensured gentle, continuous action and minimized aggravation, (§246-§248), Dr Hahnemann’s 6th ed. Aph. 246 (footnote) introduces the fifty-millesimal (LM/Q) scale as the “new, altered but perfected method,” enabling frequent, adjusted repetition in chronic disease via medicinal solution and succussion. Select the similimum; use highly potentized LM in water, give very small split-doses, succuss before each dose, and repeat at suitable intervals, and modify the dose if sensitivity/aggravation appears which is ideal for long-running, stress-modulated gynaecological complaints [10].

Table 1

Events/situation	Timeline	Behavioural changes	PQRS	Interpretation	Significance
Death of brother	Childhood (7-8 yrs.)	Deeply attached to brother, suppressed grief, developed sympathy & helping attitude	Compulsive charity on brother’s death anniversary	Early grief sensitization i.e., emotional vulnerability & altruism	Emotional suppression; sensitivity to loss
Close bond with father	Childhood to adolescence	Attached to father, had emotional attachment though he was strict	Weeps easily even at emotional scenes	Highly sensitive & expressive constitution	Forms emotional, empathetic personality
Education & job success	18-22 yrs.	Hard-working, topper in B.Tech, independent, confident, responsible	Over-responsibility for tasks	Constructive phase - ambition & self-reliance develop	Sycotic phase of expansion & growth
Marriage & adjustment	23 yrs.	Married to veterinary doctor; balances work and home; developed attachment to mother-in-law	Independent yet emotionally dependent on affection	Mature emotional functioning, seeks harmony	Emotional dependency on mother-in-law
Motherhood	1997-2001	Loving, responsible, caring mother; slight anxiety for children’s health	Cries if children are unwell	Maternal instinct strong; anxiety for children’s welfare	Tendency towards self-sacrifice

Events/situation	Timeline	Behavioural changes	PQRS	Interpretation	Significance
Office scam	2018	Suppressed anger, didn’t scold staff, later vented on family; overworked; developed haemorrhoids	Suppressed emotion leading to somatic complaints	Somatization of anger; beginning of psychosomatic expression	Emotion leading to physical outlet
Mother’s cardiac illness	2023	Fright, anxiety, over responsibility; disturbed menses begin	Menses irregular	Endocrine effect of grief & fear	Anticipatory anxiety manifest physically
Death of mother	Oct 2024	Profound grief, frequent weeping, emotional instability	Profuse bleeding with clots, morning irritability	Deep grief somatized in uterus; symbolic-bleeding	Major maintaining cause; dynamic disturbance—organic pathology
Diagnosis of uterine fibroids	Jan-2025	Calm acceptance; continued charitable religious acts	Desires sweets; aversion to milk	Chronic stress, suppressed emotions, hormonal balance	Consolidation of sycotic pathology (structural changes)
Current personality	Present	Religious, generous, organized, irritable in morning, want to learn new things	Can’t rest when things not in place, when task not completed	Functional & structural imbalance reflecting mental conflict	Indicates=sulphur picture in phase of life

Conclusion

This case exemplifies the true spirit of holistic healing where emotional understanding, homoeopathic philosophy, and physiological science unite.

It underscores that curing the woman means hearing her story beyond her symptoms.

Sulphur LM acted not only on the uterine pathology but also on the inner conflict, restoring balance at mental, emotional, and physical levels.

Hence, homoeopathy remains a complete system addressing the person in disease, not merely the diseased organ.

Patient’s Consent

Patient’s consent was obtained to disseminate the clinical information and display images on a scientific platform. The

patient wilfully consented for the publication of this case report.

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Nil.

Conflict of Interest

Not available

Financial Support

Not available

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