International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2023; 7(1): 279-282
Received: 10-12-2022
Accepted: 16-01-2023

Dr. Tahura Ahmad
PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Monika Yadav
PG Scholar, Department of Repertory, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Sana Khan
PG Scholar, Department of Materia Medica, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Dr. Shruti Patel
PG Scholar, Department of Materia Medica, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Corresponding Author:
Dr. Tahura Ahmad
PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, State National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, India

Uterine fibroid: Woe of the womb

Dr. Tahura Ahmad, Dr. Monika Yadav, Dr. Sana Khan and Dr. Shruti Patel

DOI: https://doi.org/10.33545/26164485.2023.v7.i1e.764

Abstract
Uterine fibroids are smooth muscle tumors originating from myometrium of females between 30-50 years of age. The presence of fibroids does not lead to mortality, but it may be the cause of serious morbidity as well as greatly affect the quality of life of the affected females. Leiomyomas are the most significant pathological condition of females of child-bearing age group globally, still the options for treatment are limited. Homoeopathy addresses this problem as it is a safer, nonsurgical curative mode of treatment for females affected from uterine fibroids.

Keywords: Leiomyoma, uterine fibroids, homoeopathy, individualized medicine

Abbreviations
ECM- extracellular matrix, PID- pelvic inflammatory disease, UL- uterine leiomyoma, USG- Ultrasonography, CT- computed tomography, GnRH- Gonadotrophin releasing hormone.

Introduction
Monoclonal tumors made of smooth uterine muscles and originating from the myometrium are known as Uterine Leiomyomas or uterine fibroids. They are one of the most common gynecological problem seen in females of reproductive age. Fibroids are made up of large amount of extracellular matrix (ECM) containing collagen, proteoglycans and fibronectin. Although the fibroids are consisting of smooth muscle fibers which are also present in the uterine wall (myometrium) but they are much denser than normal myometrium of uterus.[1]
Fibromyomas (Leiomyomas, uterine fibroids or simple myomas) are usually benign neoplasms in uterus. These are slow growing tumors and take the time of approximately 3 to 5 years to become clinically palpable. Each leiomyoma is composed smooth muscle cell rests which may be derived either from vessel walls or uterine musculature. A typical leiomyoma is a well circumscribed tumor having a pseudo capsule. The pseudo capsule has connective tissue which fixes the tumor to myometrium. The blood vessels that supply the fibroid lies in the capsule and gives off radial branches into the myoma. The myomas in the body of uterus are broadly classified on the basis of their location, as:

- Intramural (Interstitial) fibroid
- Submucous fibroid
- Subserous fibroid [2]

Majority of fibroids arise in the uterus but sometimes they may also arise from the round ligament, utero- ovarian and utero-sacral ligaments, the vagina and the vulva. Thus, fibroids may be classified as – Uterine & Extra uterine – the uterine growth is further divided into those that arise from the body and those that arise from cervix. Symptoms may vary from – menorrhagia, polymorphous, metrorrhagia, continuous or post-menopausal bleeding to infertility, recurrent abortions, pain, pressure symptom, abdominal lump etc. [3]
Uterine fibroids may be a major cause of morbid Ness in females during childbearing years and sometimes after menopause too. Although the exact cause of uterine fibroid is still unclear, some of the risk factors associated with development of uterine fibroids are age, early menarche, reduced fertility, frequent alcohol, caffeine consumption, family history [i.e., Hereditary], obesity, hypertension, diabetes mellitus and previous pelvic inflammatory disease (P.I.D.) etc. [2]
Uterine fibroids have been found to be among the most significant diseases of reproductive-age women, globally as well. As compared to the great magnitude of the problem, conservative options for treatment are extremely limited. [4]

Prevalence

In the age group of 40-49 years, self-reported prevalence of uterine fibroids ranged from 4.5% (UK) to 9.8% (Italy), reaching 9.4% (UK) to 17.8% (Italy). [5]

Studies conducted to assess the prevalence of uterine fibroids have revealed that they are among the most significant diseases affecting the females during childbearing years. [6]. As per the study conducted by Stanley Okolo, the lifetime risk of fibroids in a female over 45 years of age is 60% [7] Also it has been estimated that up to 77% of all women develop leiomyomas in their lifetime [8].

Etiology and Risk Factors

Genetic factors such as genetic abnormalities, abnormalities in the vascular system etc. are some of the factors that have all been found to play a role in the development of fibroids in a female.

Family history is also an important factor, as often patients report that there is a history of women of the same family suffering from fibroids.

Fibroids have not been frequently seen in girls before puberty, but adolescent girls may sometimes develop myomas, though it is rare.

Other factors that are associated with an increased risk of fibroids are- menarche before the age 10 years, alcohol consumption, uterine infections, hypertension, etc.

Estrogen stimulates the growth of fibroids in many cases. Occasionally during the first trimester of pregnancy, fibroids will enlarge and then shrink after the childbirth. Fibroids usually tend to shrink after menopause, but females who are on postmenopausal hormone therapy may suffer from persistence of symptoms [9]

Pathogenesis

Uterine fibroids are essentially made up of muscle tissue however there is a variable amount of fibrous connective tissue in them as well such as collagen, fibronectin and proteoglycans [1], especially in older and larger tumors. As every uterine fibroid is monoclonal, it arises from a somatic mutation in a progenitor monocyte. During cytogenic analysis, multiple chromosomal abnormalities have been seen in 50% of leiomyomas; the commonest abnormality detected is the translocation between long arms of chromosomes 12 to 14 preceding the deletion on the long arm of chromosome Y [10].

Clinical Features

Most of the fibroids are asymptomatic which results in low detection rate of the affected females [11].

Women with a confirmed diagnosis of uterine fibroids have been found to report bleeding disorders more often than women without a diagnosis. Menstrual issues reported by patients were: heavy and prolonged menses , bleeding between periods, frequent, irregular and predictable periods etc.

Furthermore, women with diagnosed uterine fibroids often reported about the following pain symptoms: pressive pain in the region of the bladder, chronic pelvic pain, painful intercourse and pain occurring mid-cycle, after and during menstrual bleeding.

Apart from these symptoms uterine fibroids greatly affect the day-to-day activities and quality of life of affected females. Many females reported that their symptoms had a negative impact on their life, influencing their sexual life, performance at work and relationship & family. [5]

It is also associated with various other complications; In approximately 10 to 40% of pregnant females with Uterine fibroid present, suffered from complications. Also, miscarriage rate is up to two times higher in females with symptomatic uterine fibroid. Uterine fibroids being the most common form of reproductive tract tumor of females present a major quality-of- life problem for a large section of the population. [8]

Investigations

The clinical features are clear cut, and elaborate investigations are not required. However, following investigations may be carried out, if needed-

• Hemoglobin.

• Ultrasonography- USG can also identify adenomyosis, ovarian tumors, ectopic and adnexal mass and is also useful in follow-up of fibroids after menopause.

Doppler USG shows vascularity of the uterus and fibroids.

3D USG is precise in locating the site and type of fibroid.

• Hysterosalpingography and Sonosalpingiography

• Hysteroscopy

• D&C – to rule out endometrial cancer.

• Laparoscopy

• MRI to rule out adenomyosis and sarcoma [2].

Management

Although we treat different pathological conditions with different therapies, we recognize that many aspects of our lives are somehow related to these conditions; few of these aspects are;

- Stress
- Sleep
- Diet
- Nutrition
- Exercise

The prevalent management of uterine fibroid is medical therapy or surgery or new options as uterine artery embolization (UAE). However, recurrence of fibroid is reported following stoppage of the drugs used in treatment of uterine fibroids. Also during GnRH therapy, one should remember that the tumor can regrow after stoppage of the drug. Currently people suffering from uterine fibroids undergo total abdominal, vaginal or laparoscopic assisted hysterectomies [4]. Myomectomy and hysterectomy may lead to complications [2].

Approximately 600,000 hysterectomies performed each year in the United States, and 37,000 myomectomies performed annually in females having uterine fibroids as the primary indication. [11]

Thus, we need a different, more conservative and safer curative treatment for uterine fibroids which can not only cure but also prevent the recurrence of uterine fibroid. The answer to all these concerns can be found in homoeopathy.

Homoeopathic Management

Homoeopathy is a holistic method which involves applying drugs on diseases according to a specific principle, known as “Similia Similes Crenature”; and has the theories of vital force, of chronic miasmas and of dynamization of drugs as its cardinal principles [12].

Various studies have shown positive results in of reduction

of size of uterine fibroids as well as resolution of uterine fibroids with homoeopathic treatment [8]. Also, LM & CM potencies of homoeopathic medicines are equally effective in treatment of patients suffering from symptomatic uterine fibroids as found in some studies [13].

RUBRICS RELATED TO FIBROID IN VARIOUS REPERTORIES

_Kent Repertory
Genitalia- Female- Tumors, Uterus: fibroid:

Boger Countinghouse Characteristics and Repertory
Genitalia- Female organs-polypi uterus

Pathak Repertory
Fibroids

Bobrick Repertory
FEMALE SEXUAL SYSTEM-Uterus-Hemorrhage-From fibroid

Boger c. Synoptic key
FEMALE ORGANS-Uterus

Synthesis Repertory
FEMALE GENITALIA/SEX- TUMORS-Uterus myoma(=fibroid)

1. Apis Melicia
Severe ovarian pains accompanied with dysmenorrhea. Menses profuse, with heavy abdomen, faintness, stinging pain. Great tenderness over abdomen and uterine region.

2. Belladonna
Sensation of forcing downwards, as if all the viscera would protrude at genitals. Menses profuse; bright red in color, too early. Hemorrhage hot. Bad odor from hemorrhages, hot gushes of blood. Cutting pain from one hip to another.

3. Calcarean Carbonic
Cutting pains in region of uterus during menses. Menses too early, too profuse, too long, accompanied with vertigo, toothache and cold, damp feet; the least excitement causes return of menses. Burning and itching of parts before and after menses. Uterine polypi.

4. Kali Carbonium
Uterine tumors, cyst. Menses early, profuse or too late, pale and scanty, with soreness about genitals; pains from back pass down through gluteal muscles, with cutting in abdomen. Uterine hemorrhage; constant oozing after copious flow. Severe uterine spasms without appearance of menses, with feeling of heat and restlessness.

5. Lachesis
Uterine and ovarian pains ameliorated by flow of blood. Uterus feels as if the so is open. Menses too short, too feeble; pains all relieved by the flow.

6. Natrum Muriaticum:
Menses irregular; usually profuse. Dysmenorrhea accompanied with convulsions. Bearing-down pains; worse in morning. [Sep.] Suppressed menses. [Follow with Kali carb.]

7. Phosphorus
Metritis. Slight hemorrhage from uterus between periods. Menses too early and scanty-not profuse, but last too long. Amenorrhea, with vicarious menstruation. [Bry.] Nymphomania. Uterine polyps.

8. Pulsatilla
Amenorrhea. Suppressed menses from getting feet wet, nervous debility, or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, intermittent. Chilliness, nausea, downward pressure, painful, flow intermits. Pain in back; tired feeling. Diarrhea during or after menses.

9. Sabina
Menses profuse, bright. Uterine pains extending into thighs. Discharge of blood between periods, with sexual excitement. Menorrhagia in women who aborted readily. Pain from sacrum to pubis, and from below upwards shooting up the vagina. Hemorrhage; partly clotted; worse from least motion. Atony of uterus.

10. Sepia
Bearing-down sensation as if everything would escape through vulva; must cross limbs to prevent prolapse or press against vulva. Menses too late and scanty, irregular; early and profuse; sharp clutching pains. Vagina painful, especially on coition.

11. Satyagraha
Parts very sensitive, worse sitting down. Prolapsus, with sinking sensation in the abdomen; aching around the hips [15].

Conclusion
Homoeopathy is becoming increasingly popular around the globe. Homoeopathic medicines can be of great help for patients who do not wish to opt for surgery or cannot undergo surgery for uterine fibroids due to certain other factors. It is also ideal for people of weaker financial sections of society. Individualized homoeopathic approach can not only control the symptoms and reduce the growth of fibroids but also it offers an effective mode of curative treatment for women suffering from uterine fibroids and thereby improving the quality of life.

References

1. Buttram VC Jr, Reiter RC. Uterine leiomyomata: Etiology, symptomatology, and management. Fertilities. 1981;36(4):433-45.
2. Padubidri VG, Daftary S. Howkins & Borne: Shaw's Textbook of Gynecology. 16th edition New Delhi: Reed Elsevier India Pvt. Ltd, c2015.
3. Marsh E, Al-Hendy A, Kappus D, Galtsky A, Stewart E, Kerolous M. Burden, Prevalence and Treatment of Uterine Fibroids: A Survey of U.S. Women. JW [Internet]. 2018;27(11):1359-1367. Available from https://www.ncbi.nlm.gov/pmc/articles/PMC6247381/
4. Uterine Fibroid Research: A Work in Progress Prevalence, symptoms and management of uterine fibroids: an international internet-based survey of 21,746 women.

5. Zimmerman A, Bernuit D, Geppert K, Gerlinger C, Schaefers M. Prevalence, symptoms and management of uterine fibroids: An international internet-based survey of 21,746 women. BMC Women's Health [Internet]. 2012 March 26[cited 2020 August 19];12:6. Available from https://www.ncbi.nlm.nih.gov/pmc/articles.
6. Okolo S. Incidence, a etiology and epidemiology of uterine fibroids. BPOBGYN [Internet]. 2008 August [cited June 30]. 2020;22(4):571-588.
7. McWilliams MM, Chennathukuzhi VM. Recent Advances in uterine fibroid etiology. Semin Repro'd Med [Internet]. 2017;35(2):181-9. Available from: http://dx.doi.org/10.1055/s-0037-1599090
8. Role of Homoeopathy in Uterine Fibroid and Its Miasmatic Approach.
9. Jeffcoate N. Jeffcoate's Principles of Gynecology. 6th ed. Ajanta Offset LTD, India, c2001.
10. Quadri I, Ali S, Vatsalya B, Ponnam H, Parveen N. Role of homoeopathic medicines in treating uterine fibroid: a prospective observational study. IJRH[Internet]. [cited 2020 June 29]. 2012;6(2):8-14. Available from https://www.ijrh.org
11. Sarkar BK. Organon of Medicine, Delhi, India: Birla Publications (Pvt) L, c2017.
12. Harding G, Coyne K, Thompson C, Spies J. The responsiveness of the uterine fibroid symptom and health- related quality of life questionnaire (UFS-QOL). HQL Outcomes [Internet]. November12[cited 2020 June 30]. 2008, 6(99). Available from https://hqlo.biomedcentral.com
13. RADAR
14. Boericke W, Boericke OE. Homoeopathic Materia Medica with repertory comprising the characteristic and guiding symptoms of the remedies. 3rd ed. New Delhi, India: B Jain, c2018.

How to Cite This Article
Ahmad T, Yadav M, Khan S, Patel S. Uterine fibroid: Woe of the womb. International Journal of Homoeopathic Sciences. 2023;7(1):279-282.

Creative Commons (CC) License
This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Noncommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.