

Fibroids and Homoeopathy

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Abstract: Uterine fibroids are the most common tumor of the reproductive tract. Women who are nearing menopause are at the greatest risk for fibroids. Fibroids are most often found during a routine pelvic examination. Symptoms may include heavy and prolonged periods, bleeding between periods and pelvic pain. Homoeopathy is the most effective and radical of medical sciences. It is also by far, the most humane, safe and also fastest growing global health care system of healing. Homoeopathy is the second largest medical system in the world according to World Health Organization (WHO). It is used by 600 million people worldwide. Homoeopathy is holistic, mind body medicine. It is a treatment of personalized approach. It focuses on the individual who presents himself with the illness not merely the illness in isolation. This is in sharp contrast with conventional medicine, which merely looks at the individual or the patient in compartments or segments not as one unified whole. Homoeopathic medicines show remarkable results in treatment of uterine fibroids, to avoid heavy menstrual bleedings, and reduce the chances of complications in a safe and gentle way.

Keywords: Homoeopathy, fibroids, interstitial fibroid, subserous fibroid, submucous fibroid, menorrhagia, metrorrhagia, dysmenorrhoea, polymenorrhagia

1. Introduction

This is a benign growth from the muscular layer of the uterus. Although the term fibroid is in popular use the terminology is fibromyoma or myoma as it is muscular tissue origin containing fibrous tissue as admixture.

Aetiology:

The aetiology is not clearly known. The tumour is oestrogen dependant with oestrogen receptor and develops during reproductive age. Heredity is a factor as it runs in families.

Incidence:

Uterine fibromyoma is the commonest benign tumor in a women, its incidence is 20% in women aged over 30 yrs. After menopause, the tumour usually regresses but never develops freshly. It delays menopause.

Anatomical Sites:

1. Corporeal
2. Cervical

Types:

1. **Interstitial Or Intramural** (60%)- These tumors develop in the muscular wall of the uterus.
2. **Subserous Or Subperitoneal** (20%)- The tumour grows underneath the peritoneum.
3. **Submucous** (20%) – The tumour growing underneath the endometrium and projects inside the uterine cavity. It may be sessile or pedunculated.

Symptoms:

1. Menstrual disturbances:

- a. Menorrhagia – it occurs with submucous and interstitial fibroids. The nearer the tumor is to the uterine cavity, more likely is the women to suffer

from menstrual loss. Subserous fibroid may not cause menstrual disorder.

- b. Polymenorrhagia – occurs if ovaries are congested and involved in adenaxal inflammation.
- c. Metrorrhagia or intermenstrual bleed, or continuous vaginal bleeding is seen in submucous fibroid or fibroid polyp.

2. **Dysmenorrhoea** – spasmodic dysmenorrhoea occurs with interstitial and submucous fibroid. Congestive dysmenorrhoea is due to increased pelvic vascularity

3. **Abdominal lump** – A firm painless swelling which grows slowly or not at all, over the years. A rapidly growing lump is suggestive of sarcomatous changes in the fibroid.

4. **Pain** – Heaviness and feeling of weight in the lower abdomen and low backache. Acute abdominal pain follows torsion of a pedunculated fibroid, red degeneration and sarcomatous changes.

5. **Pressure symptoms**- The main pressure is exerted on the bladder. The rectal symptoms are rare. The anterior fibroids may press against the bladder and cause increase frequency of micturation. The posterior wall fibroids may cause retention of urine. Broad ligament fibroid may cause ureteric obstruction, but the symptoms and signs of hydronephrosis may appear much later.

6. **Vaginal discharge** – Blood stained discharge is seen with an infected uterine polyp protruding through cervical canal.

7. **Infertility**- Fibroids may cause infertility by blocking the corneal end of fallopian tube, or by its submucous location similarly abortion rate is high in submucous and interstitial fibroids. At times infertility is not related to fibroid uterus.

8. **Other symptoms** – Anaemia, weakness palpitation can be some other symptoms.

Signs:

1. Anaemia becomes evident where there is excessive bleeding.
2. A small fibroid may not be palpable per abdomen. A large fibroid presents as a firm, well defined non tender

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swelling, with a smooth or bossy surface. The swelling is mobile unless multiple or fixed by adhesions. Normally ascites is absent.

3. Bimanual examination confirms that uterus is enlarged with nodularity in pelvic position or to form the pelviabdominal lump. Rectal examination also can explore the pelvic cavity better.

Clinical Complications:

- **Red degeneration** – This is seen commonly during pregnancy when the subserous and interstitial fibroids are affected. The patient complains of acute abdominal pain over the tumour with fever and vomiting. Moderate leucocytosis and raised ESR will be observed.
- **Sarcoma** – Sarcoma in a fibroid is rare and is encountered in 0.5 % cases. It is mainly noticed in postmenopausal women who presents with sudden growth of fibroid, pain and postmenopausal bleeding.
- **Torsion** – torsion of a pedunculated fibroid causes similar symptoms to that of a twisted ovarian cyst i.e. acute abdominal pain and vomiting.
- **Calcification** – calcification is asymptomatic. Rarely the calcified fibroid presses against the bladder and rectum causing pain and pressure symptoms.
- **Capsular haemorrhage** – it is rarely reported to cause internal haemorrhage. Immediate hospitalization is required.
- **Infection** – infection is invariably noticed in a submucous fibroid or a fibroid polyp protruding through the dilated cervix into the vagina. This causes blood stained purulent discharge. The worst infection is seen in the puerperium when the women develop fever, offensive vaginal discharge and secondary post partum haemorrhage.

Investigations:

Clinical pelvic examination can diagnose uterine fibroid in most situation. Some other tests to find out fibroids are:

- **Ultrasound.** ultrasonography is the preferred initial imaging modality for fibroids. Transvaginal ultrasonography is about 90% to 99% sensitive for detecting uterine fibroids, but it may miss subserosal or small fibroids.
- **Lab tests.** Complete blood count (CBC) to decide whether patient has anemia (low levels of red blood cells) or other bleeding disorders. The patient complains of acute abdominal pain over the tumour with fever
- **Magnetic resonance imaging (MRI).** MRIs show more detailed images of fibroids and can help decide the best treatment.
- **Hysterosonography.** Adding sonohysterography or hysteroscopy improves sensitivity for detecting submucosal myomas. This helps to see fibroids that are growing into your uterus (submucosal fibroids) and the lining of your uterus. This is useful if patient trying to get pregnant or has heavy periods.
- **Hysterosalpingography.** If one needs to see if the fallopian tubes are blocked. This is useful if patient trying to get pregnant.

- **Hysteroscopy.** It is useful to look at the walls of your uterus and fallopian tube opening. This is also useful in patients trying to get pregnant.

Homoeopathic Remedies:

Calcarea Carb

- Uterine polyp
- menses: too early, too profuse, too long with vertigo, toothache and cold damp feet
- Cutting pain in uterus during menstruation
- Sterility with copious menses
- < exertion, cold, during full moon
- > lying on painful side

Phosphorus

- Uterine polyps, metritis
- Menses: too early and scanty-not profuse but last too long. Slight haemorrhage from uterus between periods
- Amenorrhoea with vicarious menstruation
- < exertion, from change of weather, lying on left or painful side, during thunder-storm, ascending stairs
- > cold, lying on right side, open air

Kali Carb

- Menses: early, profuse or too late, pale and scanty
- Uterine haemorrhage; constant oozing after copious flow, with violent backache
- Small of back feels weak
- Sweat, backache and weakness
- < cold weather, lying on left and painful side
- > in warm weather

Lachesis

- Climacteric troubles
- Menses: too short, too feeble
- Pains all relieved by the flow
- Left ovary very painful and swollen, indurated
- Acts well at beginning and close of menstruation
- < after sleep, pressure
- > appearance of discharges, warm application

Lilium Tig

- Pathological conditions of uterus and ovaries, indicated in unmarried women
- Menses: early, scanty, dark, clotted, offensive; flow only when moving about
- Bloating feeling in uterine region, congestion of uterus
- Bearing down sensation with urgent desire for stool
- < consolation, warm room, fresh air

Lycopodium

- Menses: too late, last too long, too profuse
- Right ovarian pain
- Discharge of blood from genitals during stool

- Carbo- nitrogenoid constitution
- < right side, warm application
- >by motion, from being uncovered

Silicea

- Menses: increased with paroxysms of icy coldness over whole body
- Discharge of blood between menstrual periods
- Discharge of blood from vagina every time child is nursed
- < new moon, during menses, uncovering, lying down, cold
- >warmth

Nitric Acid

- Menses: early, profuse like mud water with pain in back, hips and thighs
- Uterine haemorrhages: metrorrhagia after parturition
- Stitches through vagina
- Sticking splinter like pains
- < evening, night, cold climate
- >while riding in a carriage

Nux Vomica

- Menses: too early, last too long; always irregular, blood black
- Metrorrhagia with sensation as if bowels wanted to move
- Backache: must sit up in order to turn in bed
- < morning, mental exertion, after eating, dry cold
- > evening, while at rest, pressure

Thuja

- Marked action on skin and genitourinary organs
- Polyp: fleshy, warty excrescences
- Menses: scanty, retarded
- Vagina very sensitive
- Sensation as if something moving in abdomen
- < at night, heat of bed, at 3 a.m & 3 p.m, cold damp air
- >left side, drawing up a limb

Bufo

- Ulceration of cervix
- Offensive bloody discharge
- Tumors & polyp of womb
- menses: too early & copious; clots and bloody discharge at other times
- Epilepsy at time of menses
- < warm room
- >bathing, cold air

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