

Management of Uterine Fibroid with Homoeopathy: A Case Report

Dr. J. Vinod Kumar¹, Dr. Sravan Kumar Poloju²

¹PG Professor & HOD Dept of Materia Medica

²PG Scholar Dept of Materia Medica JSPS Govt Homoeopathic Medical College

Abstract: *In women of reproductive age, uterine fibroids (UF) are among the most prevalent benign tumours. A female patient of 35 years of age presented with complaints of irregular, profuse menstrual flow with dull, aching pain in the whole abdomen during menses, having previously been diagnosed as 'Uterine fibroid' for one year. Homoeopathic medicine was prescribed on the basis of the totality of symptoms which restored the patient's health. Initially, SEPIA 200C was given, and later, the potency was increased to 1M. The Modified Naranjo Criteria for Homoeopathy (MONARCH)-causal attribution inventory was also used to evaluate the response of homoeopathic medication and further clarify the importance of individualised treatment in homoeopathy. This case study demonstrates the value of individualised homoeopathic treatment in the treatment of UFs.*

Keywords: Uterine fibroid, Sepia, Individualisation, Homoeopathy, MONARCH.

1. Introduction

The most common benign solid tumour or benign uterine tumour in females is fibroids. Uterine leiomyoma, myoma, or fibromyoma are the histological names for this tumour, which is made up of smooth muscle and fibrous connective tissue.¹ Fibroids are primarily asymptomatic, which leads to poor rates of clinical detection.² Myoma prevalence varies from 4.5% to 68.6% based on study demographics and diagnostic techniques.³ It usually affects 20–25% of women over 30 years old.⁴ Race, age, premenopausal age, high blood pressure, family history, using food additives, and drinking soybean milk are all risk factors for fibroid. The use of oral or injectable contraceptives, smoking among low-body mass index (BMI) women, and parity all minimise the risk factors.^{1,3}

The majority of fibroid cases are asymptomatic; however, a symptomatic fibroid can vary greatly, including menorrhagia, metrorrhagia, dysmenorrhea, dyspareunia, infertility, and abdominal enlargement. Radiographs, transabdominal and transvaginal ultrasonography (USG), magnetic resonance imaging, and hysteroscopy can all be used to make a diagnosis. The most effective treatment for uterine fibroid (UF), especially in pre-menopausal women, is hysterectomy, which comes at a significant financial cost to the public health system.^{5,6} According to a study, India had a substantially lower frequency of hysterectomy (10–20%) than other nations.⁷ The risk of parity loss and several complications are both connected to hysterectomy.⁴ As a result, women in the reproductive age group have avoided it.

Homoeopathy plays a key role in managing fibroid of the uterus judiciously through its individualistic approach to treatment. According to the World Health Organization, homoeopathy is the second most useful healthcare system in the world.⁸ Many patients opt Homoeopathy as an alternative option of treatment due to side effects of modern medicines or to avoid surgical procedure. The rising use of homoeopathic remedies in the modern era has proved its effectiveness in clinical practice. There is no specific remedy

for UF in homoeopathy. Despite the fact that we choose our medications based on individualisation, the following medicines have excellent effects on the UF such as – Sepia, Calcarea carb., Calcarea flour., Conium., Thuja., Lycopodium, Phosphorus, Salix nigra, Lapis albus and Kali iod.^{9,10}

However, there is limited research which is conducted that describes the effectiveness of homoeopathic medicines in UFs. The objectives of this case report are to describe the role of individualised homoeopathic medication for the management of UFs in accordance with the guidelines in the Hom-CASE (an extension to the CARE guideline for homoeopathic case report) regulation.¹¹

2. Methodology

Patient Information:

On February 2, 2025, a 35-year-old female patient, a housewife, presented with irregular menstruation for 6 months, her LMP was on 24/01/2025, profuse menstrual flow with dull aching pain in the lower back radiating to the abdomen. 20 days cycle with clots, the flow is profuse and had to change 5-7 pads daily for the first 5–6 days. During the flow she becomes sad and also complains of headache with nausea. Patient also complains of leucorrhea after urination. It was an undiagnosed case, so we suggested for Ultrasound Abdomen and pelvis, the report gives an impression like 8-8mm posterior wall Intramural Uterine fibroid and Thickened Endometrium (11mm).

Patient had a history of attack of typhoid fever 2010, used allopathic medication and got cured.

No relevant history running in the family.

Patient hails from middle socioeconomic family, she is the younger child in his family. She maintains good and healthy relationship with friends and family members. Patient feels very sad about her health and family affairs. Constant weeping while narrating the symptoms. She is very mild and

calm, doesn't involve in any activity. She doesn't want to be alone, but when she engaged in company she becomes irritable.

Generals

The patient had a good appetite, she craves pickles alot, & aversion to fat food. She has regular bowels with soft stools and urine is clear without any burning. Unrefreshed sleep with frequent awakening.

Menstrual History:

She had menarche at the age of 15 years. Her LMP was 24/01/2025 with profuse & clots, lasting for 5–7 days. The colour of the bleeding was bright red.

Obstetric history: G2 P2 L2 A0 – Full term normal vaginal delivery.

General Physical Examination:

On examination, she was moderately built with a fair complexion. Her BMI was 26.8 kg/m², and blood pressure was 110/90 mm of Hg. There was no sign of anaemia, jaundice, cyanosis, or oedema; lymph nodes are not palpable. However, on local examination, mild pain presents in the lower abdomen with no sign of any swelling or inflammation.

Diagnosis and Clinical Assessment:

The diagnosis of the case was made based on the history, symptomatology (ICD-10-D25.1), and physical examination. In addition, the USG report revealed that it was a case of Intramural UF (Figure.02)

Totality of Symptoms:

After analysis and evaluation of the symptoms, the totality was constructed based on the following symptoms:

- 1) Very sad about health & family.
- 2) Weeping tendency.
- 3) Dread of being alone.
- 4) Aversion to any kind of work.
- 5) Desires pickles
- 6) Aversion to fatty food.
- 7) Disturbed sleep with frequent awakening.
- 8) Profuse menstruation with clots.
- 9) Menstruation with pain in lower back radiating to abdomen.
- 10) Sadness during menstruation.
- 11) Headache during menstruation
- 12) Leucorrhoea after urination.

Repertorisation was done with the help of Hompath software.

Repertorisation								
Filters Applied: Sort by Totality								
Symptoms: 11								
Remedies: 302								
Remedy Name	Sep	Nat-m	Puls	Sulph	Calc	Caust	Lyc	
Totality / Symptoms Covered	21 / 9	21 / 8	20 / 9	17 / 7	16 / 8	16 / 8	16 / 8	
[Kent] [Mind]Sadness, mental depression: (249)	3	3	3	3	3	3	3	
[Kent] [Mind]Weeping, tearful mood, etc.:Menses:During: (26)	1	2	2		1	1	1	
[Kent] [Mind]Weeping, tearful mood, etc.: (166)	3	3	3	3	3	3	3	
[Kent] [Mind]Company:Aversion to:Dreads being alone, yet: (8)	2						1	
[Kent] [Mind]Indolence, aversion to work: (138)	3	3	2	3	2	2	2	
[Kent] [Stomach]Desires:Pickles: (10)				2				
[Kent] [Stomach]Aversion:Fats and rich food: (34)	2	2	3	2	1			
[Kent] [Genitalia female]Menses:Copious: (163)	2	3	2	2	3	2	2	
[Kent] [Genitalia female]Menses:Fluid blood containing clots: (24)			1			1	1	
[Kent] [Mind]Sadness, mental depression:Menses:During: (30)	2	2	2		1	2		
[Kent] [Head]Pain,headache in general:Menses:During: (89)	3	3	2	2	2	2	3	

Figure 1: Repertorisation chart

Therapeutic Intervention

After repertorisation, Sepia, Natrum mur, Puls, Sulphur, Calcarea came up as the leading medicines [Figure 02]. Sepia was finally selected, conforming to Materia medica, and covered all the symptoms.

The potency and dosage were determined based on the susceptibility as per the patient's age, pathology and the disease's nature. All the medicines were administered orally. Three doses consisted of six medicated globules of size 30 for the first 3 days followed by identical looking placebo.

Placebos were advised to be taken twice daily every day for 30 days.¹²

Follow Up & Outcome

After the administration of this remedy twice over the course of 1-year, the Intramural Uterine fibroid cured with the individualised homoeopathic treatment. Photographic evidence of the USG reports collected before, and after the treatment are presented in Figures 2-6. The follow-up details are given in Table 1.

Table 1: Follow-up details

Follow Up Date	Indication Of Prescription	Medicine With Dose
02/02/2025	Irregular menstruation for 6 months, her LMP was on 24/01/2025, profuse menstrual flow with dull aching pain in the lower back radiating to the abdomen. Sadness during menses.	Sepia 200-3doses Rubrum (4-4) 1month
05/03/2025	Patient is feeling better, pain in the lower back slightly reduced, but no change in the irregular menstruation and profuse flow. LMP-18/02/2025.	Rubrum (4-4) 1month
10/04/2025	No change in the complaint. LMP- 27/03/25	Sepia 1M 1dose Rubrum (4-4) 1month
14/05/2025	Patient is feeling better, pain in the lower back about 50% reduced, change in the menstrual flow, clots reduced slightly. LMP-25/04/25. Advised USG Abdomen	Rubrum (4-4) 1month
12/06/2025	USG findings: 6-5mm of Intramural Uterine fibroid. Endometrial thickness reduced to 7mm Symptomatically patient is feeling better.	Rubrum (4-4) 1month
18/08/2025	No change in the complaint, Stand still condition. LMP: 24/06/25, flow with clots	Medorrhinum 1M 1dose
19/09/2025	Patient is feeling better, pain in the lower back radiating to abdomen is about 60% reduced, change in the menstrual flow, no clots during the flow. LMP-25/08/25.	Rubrum (4-4) 1month
15/10/2025	Pt is feeling better. LMP-24/09/25, No clots during the flow, pain in the lower back same as in the previous visit. Advised USG Abdomen	Rubrum (4-4) 1month
13/11/2025	USG findings: 3-3mm of Intramural Uterine fibroid. Endometrial thickness appears normal Symptomatically no change as in the previous visit.	Medorrhinum 1M 1dose Rubrum (4-4) 1month
14/12/2025	Pt is feeling better. LMP-22/11/25, No clots during the flow, pain in the lower back completely reduced. Physically & mentally patient is feeling better.	Rubrum (4-4) 1month
11/01/2025	Pt is feeling better, no complaints	Rubrum (4-4) 1month
15/02/2025	Pt is feeling better, no complaints Advised USG Abdomen	Rubrum (4-4) 1month
13/03/2025	USG findings: Normal Uterus Endometrial thickness appears normal	Rubrum (4-4) 1month

3. Results

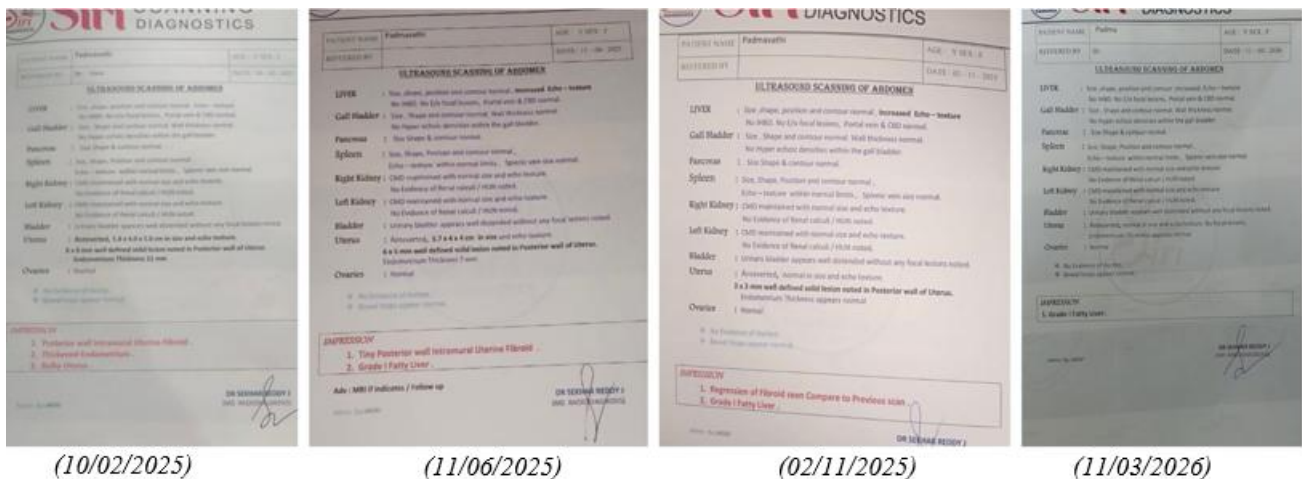


Figure 2: USG Reports

4. Discussion

Fibroid is an abnormal growth that develops in the uterus, which hinders daily activity and affects the quality of life of an individual. Due to the prolonged, expensive, and surgical treatment, an increasing number of the patients turn toward homoeopathy for a safe and cost-effective mode of treatment. The above case showed the classical symptoms of UF, which was treated with the help of individualised homoeopathic medicine SEPIA in increasing potencies (200, 1M) and MEDORRHINUM 1M as an Intercurrent according to the response of the patient over ten months and no adverse drug

reaction or event were encountered during the period of treatment. Although, in this case, the USG report revealed that she also suffered from Grade 1 Fatty liver but had not experienced any symptoms that corresponded with this pathology.

The Modified Naranjo Criteria for Homoeopathy¹³ used for causality assessment showed that homoeopathic medication could be the reason behind the improvement in the case, with the score of +8 (Table 2). The patient was further observed for six months. He did not develop any lesions or itching during this period. This case demonstrates that homoeopathy,

when used with an individualized approach, can be effective in treating plaque psoriasis. As this is a single case study and Psoriasis is notorious to have unpredictable remissions, well-

designed, randomised, controlled studies can be used as gold standard for firmer evidence.

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH)

DOMAINS	YES	NO	N/A
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
Was there a homeopathic aggravation of symptoms?	0		
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioral elements)	+1		
(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms. -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	0		
Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternative causes (i.e., other than the medicine) that with a high probability – could have produced the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?		0	

TOTAL SCORE: +8

Financial support & Sponsorship: None

Conflicts of interest: No

Ethics Approval: Ethics approval was obtained from the institutional ethics committee prior to the publication of this case report.

Declaration of Patient Consent: Written informed consent was obtained from the patient for publication of clinical findings and accompanying investigation report. The patient understands that personal identity will remain confidential and no identifiable information will be disclosed.

5. Conclusion

This case report demonstrates that individualised homeopathy can effectively treat Uterine Fibroid. Although this single case report does not provide conclusive evidence, additional documented cases and scientific research may contribute to the development of evidence regarding the efficacy of homeopathic medicines in the management of UF.

References

- [1] Dutta D. Textbook of gynecology (6th ed). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2013.
- [2] Buttram VC Jr, Reiter RC. Uterine leiomyomata: Etiology, symptomatology and management. Fertil Steril. 1981; 36:433-45.
- [3] Stewart EA, Cookson CL, Gandolfo RA, Schulze-Rath R. Epidemiology of uterine fibroids: A systematic review. BJOG. 2017; 124:1501-12.
- [4] Sharma A. Homeopathic management of Uterine Leiomyomata: A case report. Indian J Res Homoeopathy. 2010; 4:51-8.
- [5] Spies JB, Bradley LD, Guido R, Maxwell GL, Levine BA, Coyne K. Outcomes from leiomyoma therapies: Comparison with normal controls. Obstet Gynecol. 2010; 116:641-52.
- [6] Fatima A. Efficacy of Homeopathic medicines in the treatment of uterine fibroids. Int J Homoeopath Sci. 2017; 1:30-2.
- [7] Singh A, Arora AK. Why hysterectomy rates are lower in India? Indian J Community Med. 2008; 33:196-7.
- [8] Tierney LM, McPhee SJ, Papadakis MA. Current medical diagnosis and treatment (44th ed). USA: McGraw-Hill Companies Inc; 2005. p. :1716.
- [9] Boericke W. Pocket manual of homeopathic materia-medica and repertory In: 14th impression. New Delhi: B. Jain (p) Ltd; 2016.
- [10] Allen HC. Allen's keynote rearranged and classified (10th ed). New Delhi: B. Jain Publishers (P) Ltd; 2013.
- [11] Van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. Complement Ther Med. 2016; 25: 78-85.
- [12] Close S. Homeopathic posology. In: The Genius of Homeopathy, Lecture, and Essays on Homeopathic Philosophy. New Delhi: B. Jain Publishers Pvt. Ltd; 2001. p. 183-212
- [13] Lamba CD, Gupta VK, Van Haselen RA, Rutten L, Mahajan N, MollaAM, et al. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. Homeopathy 2020;109:191-7.