

Case study

Role of Homoeopathy in Uterine Fibroid and Its Miasmatic Approach

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ABSTRACT

Patients suffering from uterine fibroid were registered for treatment. 30 cases were selected to study scope of homoeopathy in uterine fibroid and its miasmatic approach. Treatments were given on the basis of Homoeopathic principles with the help of homoeopathic Materia Medica. Various medicines were prescribed according to totality by considering patient as whole

Keywords: Fibroid, miasm, homoeopathy, treatment



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(Received 21st July 2021; Accepted 31st July 2021; Published 11th August 2021) ISSN: 2347-8136 ©2021 JMPI

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Conflict of Interest: None Declared!

INTRODUCTION

Uterine fibroids are benign tumors that originate in the uterus (womb). Although they are composed of the same smooth muscle fibers as the uterine wall (myometrium), they are many times denser than normal myometrium. Uterine fibroids are usually round or semi-round in shape.

Uterine fibroids are often described based upon their location within the uterus. Subserosal fibroids are located beneath the serosa (the lining membrane on the outside of the organ). These often appear localized on the outside surface of the uterus or may be attached to the outside surface by a pedicle. Submucosal (submucous) fibroids are located inside the uterine cavity beneath the lining of the uterus. Intramural fibroids are located within the muscular wall of the uterus.

We do not know exactly why women develop these tumors. Genetic abnormalities, alterations in growth factor (proteins formed in the body that direct the rate and extent of cell proliferation) expression, abnormalities in the vascular (blood vessel) system, and tissue response to injury have all been suggested to play a role in the development

of fibroids.

Family history is a key factor, since there is often a history of fibroids developing in women of the same family. Race also appears to play a role. Women of African descent are two to three times more likely to develop fibroids than women of other races. Women of African ancestry also develop fibroids at a younger age and may have symptoms from fibroids in their 20s, in contrast to Caucasian women with fibroids, in whom symptoms typically occur during the 30s and 40s. Pregnancy and taking oral contraceptives both decrease the likelihood that fibroids will develop. Fibroids have not been observed in girls who have not reached puberty, but adolescent girls may rarely develop fibroids. Other factors that researchers have associated with an increased risk of developing fibroids include having the first menstrual period (menarche) prior to age 10, consumption of alcohol (particularly beer), uterine infections, and elevated blood pressure (hypertension).

Estrogen tends to stimulate the growth of fibroids in many cases. During the first trimester of pregnancy, up to 30% of fibroids

will enlarge and then shrink after the birth. In general, fibroids tend to shrink after menopause, but postmenopausal hormone therapy may cause symptoms to persist.

Overall, these tumors are fairly common and occur in up to 50% of all women. Most of the time, uterine fibroids do not cause symptoms or problems, and a woman with a fibroid is usually unaware of its presence.

Homoeopathy being the most scientific, simplest and affordable system of medicine. Homoeopathy gives the symptomatic medicine not diagnostic. While treating the cases of Uterine Fibroid with Homoeopathic medicine we consider patient as whole i.e. her physical and mental symptoms, so that we can treat the tendency of fibroid in its whole extent. Treatment is given on the basis of physical symptoms, mental symptoms, family history so that the individual become free from disease. Miasms are the fundamental causes of disease, these are considered for the complete cure of disease.

We can treat Uterine Fibroid in safer way and the surgery can be avoided. I will like to be associated in through research to this peculiar symptom of Uterine Fibroid with its miasmatic approach.

MATERIALS AND METHODS

Type of study

Theoretical study

The rule of analysis and evaluation of symptoms in treatment of that disease shall be studied in detail from various books on Homoeopathic philosophy and general medicine.

Clinical study

Clinical trials are carried out on patient of OPD and IPD with the help of detailed case study and their follow up. Necessary investigations will be done for clinical study.

Cases definition

Cases included in the study means that miasmatic evolution and homoeopathic management of Uterine Fibroid.

Study design

Pilot studies

All patients suffering from Uterine Fibroid which satisfy the case definition are studied.

Selection of remedy

Homoeopathic Medicine selected after detailed case taking and based on symptom

similarity. The dose and repetition is based on individual response of the patient and susceptibility.

Information of remedy

Selection of potency and its repetition is on the basis of susceptibility of patient.

Inclusion criteria

Patients suffering from Uterine Fibroid as per the case definition, as per age, sex, and from different socioeconomic status will be considered for the study. Diagnostic criteria mainly based on clinical presentation. Examinations findings and investigation reports.

Exclusion criteria

a) Cases in which patient has come for irregular follow up and case without manifestations.

b) Patient who are not willing follow the guidelines regarding homoeopathic treatment are excluded.

Criteria for assessment

Regular follow up are done. Each case is evaluated which includes the intensity of complaints before and after treatment, assessment is based on the general and local improvement of the patient as per the guidelines laid down by Dr. Hahnemann.

Observation and Analysis

Observations and results are explained with the help of tables and charts. 30 patients were studied during research period.

Table 1: Showing Distribution of Cases According to age

Sr. no.	Age group (Year)	No. of cases
1	10 – 20	1
2	20 – 30	7
3	30 – 40	12
4	40 – 50	9
5	50 – 60	1

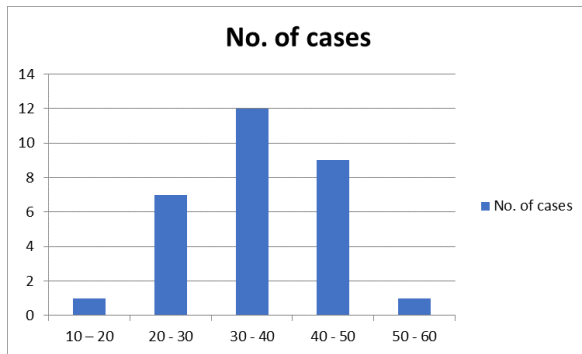


Figure 1: Distribution of Cases According to age

Table 2: Distribution of Cases According to Type of Fibroid

Sr. no.	Type of Fibroid	No of cases
1	Intramural	15
2	Subserosal	6
3	Submucosal	6
4	Cervical	3

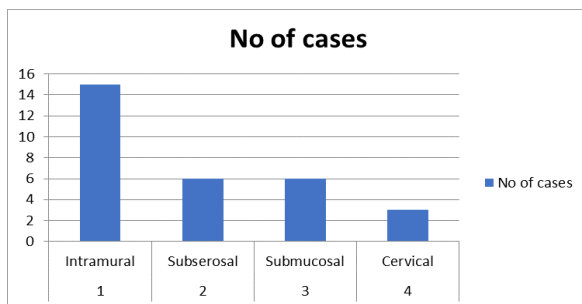


Figure 2: Distribution of Cases According to Type of Fibroid

Table 3: Distribution of Cases According to Improvement Rate

Improved cases	Not Improved cases	Total
22	8	30

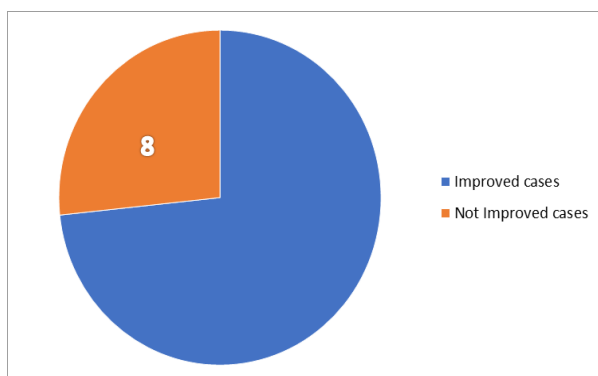


Figure 3: Distribution of Cases According to Improvement Rate

Table 4: Distribution of Cases According to Miasm

Sr. no.	Miasm	No of cases
1	Sycosis	16
2	Syphilis	6
3	Syco-syphilis	8

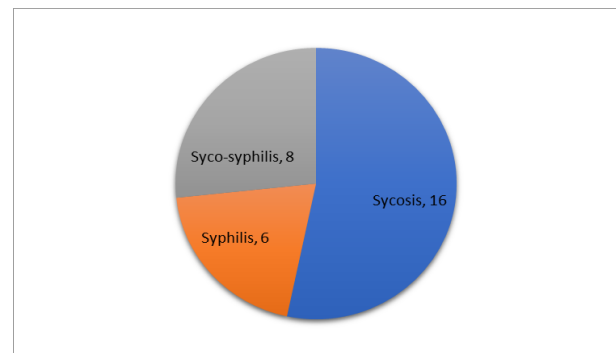


Figure 4: Distribution of Cases According to Miasm

CONCLUSION

From the above study we can conclude that Uterine fibroid is common condition seen in most of the reproductive age females. Uterine fibroids are more commonly seen in 35 -45 age group. Uterine fibroid seen in Sycosis , Syphilis and syco-syphilis miasm. When we treat the cases of uterine fibroid we have to consider the miasmatic aspect of the case for complete cure. From the analysis of above result it is obvious that uterine fibroid are curable when we consider the underlying miasm.

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