

Review Article

Role of Homoeopathy in Management of Uterine fibroids

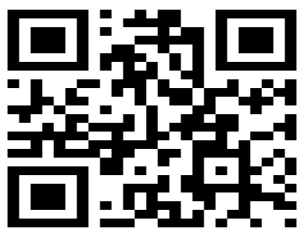
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ABSTRACT

Uterine fibroids are one of the commonly faced diseases by women of reproductive age. It is a condition in which uterus develops noncancerous growths also called as leiomyomas or myomas. There are small to large fibrous growths in the lining of the uterus. Fibroids may lead to various complications and difficulty in women. This article deals with an overall understanding of uterine fibroids, its epidemiology, aetiology, types, clinical features, risk factors, diagnostic criteria, complications, prevention, and homoeopathic management.

Keywords: Uterine fibroids, Homoeopathic approach



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INTRODUCTION

Uterine fibroids (fibromyoma or myoma) are the most common benign smooth muscle tumors of the uterus with estimated incidence of 20-40% women during reproductive years. These are the benign growths in the uterus.

The incidence of uterine fibroids is greater in black women than in whites and it is common in women aged 40 years and women above 45 years are at high risk.

Fibroids may vary in size from a small seed to a bulky mass. Fibroids can be single or multiple. Sometimes fibroids can be asymptomatic but they usually lead to symptoms like abdominal pain, heavy bleeding and low back pain. They are usually non-cancerous but can sometimes develop into cancer.

Epidemiology

In India the prevalence of uterine fibroid was estimated to be 37.67% in rural Bombay and 24% in urban Bombay. Symptomatic fibroids are seen in women between 35- 50 years of age. The prevalence of women having multiple sub mucus fibroid were estimated to be 33.4%.

Globally the prevalence of uterine fibroids varies from 5.4%-23.6% in the age group between 18-55 years. It has been estimated that about 40-60% of all hysterectomies are due to the presence of uterine fibroids. Age, premenopausal state, hypertension, family history, and food additive and soybean milk consumption increase the risk of UF. Use of oral contraceptives or the injectable contraceptive, smoking and women with low body mass index and parity reduced UF risk.

Background

In the period of Hippocrates in 460-375 B.C., these wounds were mentioned as “uterine stone”. Galen entitled these findings “scleromas” in the time of the 2nd century of the Christian period. The term fibroid was introduced in 1860 by Rokitansky and in 1863 by Klob. In 1854, a German pathologist names Virchow demonstrated that these neoplasms were composed of smooth muscle cells.

Aetiology

The exact cause of uterine fibroids is still unknown, but there are a few factors contributing to the increased chances of

occurrence-

1) Genetic changes- Many fibroids have changes in genes when compared to the typical muscle cells of uterus.

2) Hormones- Estrogen and progesterone are the two hormones that stimulate development and growth of the fibroids.

3) Insulin- Other growth factors like insulin which help maintenance of tissues, may also affect growth of fibroids.

Fibroids develop from the wall of the uterus in different locations and can be categorized into various types based on where they grow.

Types of fibroids

1. INTRAMURAL FIBROIDS: This is the most common type of fibroid they appear in the lining of the uterus. These types of fibroids have tendency to grow bigger.

2. SUBSEROUSAL FIBROIDS: These types of fibroids develop on the outside of the uterus wall they may grow large and make the uterus look bigger on one side

3. SUBMUCOSAL FIBROIDS: These types of fibroids grow in the inner wall of the uterus(myometrium) these are the rare type of fibroids but may lead to infertility if left untreated.

4. PEDUNCULATED FIBROIDS: These types of fibroids have a stem (a slender base which supports the mass). They develop from sub serosal fibroids.

Clinical features

Depending upon the location and size of the tumor there are various number of symptoms faced by the patients.

Few symptoms are:

Heavy bleeding during menses.

Anemia caused by heavy bleeding, which can lead to fatigue.

Dysmenorrhea or Painful menstruation.

Swelling of the abdomen.

Low back pain

Increased frequency of menstruation

Pain during sexual intercourse or dyspareunia.

Irregular menstruation that is usually long and profuse.

Difficulty in conceiving or repeated miscarriage.

Risk factors

AGE- Fibroids are most common in women aged between 30-45years.

FAMILY HISTORY- Patients with a positive family history have 3times more chances of developing fibroids.

PREGNANCY- pregnancy has a high risk of developing fibroids due to increased levels of estrogen.

OBESITY- Women with excess body weight are at a higher risk of developing fibroids.

Diagnostic criteria and investigations

Fibroids are found during routine pelvic examination along with abdominal examination which may reveal a firm, irregular mass. Few investigations done in order to rule out uterine fibroids are

Vaginal ultra sound/abdominal ultra sound- Recommended for initial imaging for the diagnosis of Uterine fibroids. Vaginal US is 90%-99% sensitive for detecting fibroids.

MRI/ CT- Used to obtain a clear picture of the size, nature and location of the myoma.

Hystero-salpingography/ Hysteroscopy- Improves sensitivity for detecting specific types of myomas like, submucosal myomas.

Routine blood test- To check for anemia in case of heavy bleeding.

Complications

Uterine fibroids are not life threatening, but they can be very discomforting and may as well interrupt in one's daily activities. They may lead to complications such as anaemia, as a result of excessive bleeding, which may lead to weakness, fatigue and dyspnea. The anaemia can become as serious as needing a blood transfusion.

Fibroids don't interfere with pregnancy in most of the women. However, few women suffering from submucosal fibroids can suffer from infertility or loss of pregnancy. Certain fibroids which are large in size and occupy much space in the uterus can also lead to fetal growth restriction, preterm labour or placenta abruption.

Prevention

There is no scientific evidence in preventing the occurrence of uterine fibroids till today. However, by eating healthy food and by maintaining healthy body weight and lifestyle one can definitely reduce the

chances of getting fibroids. Also, there are a few evidences that suggest that using of hormonal contraceptives pills may lower the risk of fibroids in women.

Homoeopathic Therapeutics

Homoeopathic medicines help to balance the hormones and shrink the size of the fibroids. There are various homoeopathic remedies which can be used in treatment of uterine fibroids. Few commonly prescribed remedies are given below

1. Aurum Muriaticum Natronatum: The common name is sodium chloroaurate. This remedy is most pronounced in treating uterine fibroids. There is induration of the cervix, ovaries and uterus. It also has uterine cysts along with fibroids. There is chronic inflammation of uterus and prolapse. This remedy can be given for depression resulting from some type of grief and disappointed love. The uterus is enlarged due to fibroids. Excessive perspiration and high blood pressure are seen.

2. Calcarea Flouricum: It is one of the tissue remedies which is introduced by Schussler. Calcarea Flour shows its actions mainly on nodes, glands and fibrous tissues. There is displacement of uterus with dragging pain in the uterus. There is bearing down of the uterus. This remedy can be given for uterine fibroids with bearing down pain. Uterine fibroids with stony hardness and indurated swelling in the uterine region.

3. Conium: It can be given for fibroids with heavy menstrual flow and anemia. The bleeding is profuse, dark and clotted. It has exhaustion due to anemia. It usually works best on climetric age women. There is leucorrhoea which appears after 10 days of menses which is very acrid, profuse and thick.

4. Fraxinus Americana: It is a very important remedy for fibroids which is associated with bearing down sensation in the pelvis. Fraxinus is indicated for its uterine complaints with prolapse, bearing down sensation and relaxation of ligaments. It is called as "the medicinal pessary". It is a first-grade organ remedy used for uterine tumors especially fibroids, with bearing-down

sensation. Feeling of pain and heaviness of the uterus. Bowels are constipated. Uterus feels enlarged and heavy; prolapse of the uterus; dysmenorrhoea; prolonged and profuse bleeding; profuse leucorrhoea; sensitiveness of the left ovary.

5. Phosphorus: It is a remedy for women who are sensitive, long, slender and intelligent having fibroids along with stitching pain in the uterine region. Menses are early, scanty and long lasting. They also suffer from vicarious menstruation, epistaxis instead of menses. They are very much apathetic, and indifferent to friends and family. Metrorrhagia.

6. Pulsatilla: Used for fibroids where menses are dark and clotted. There is pain in the abdomen which is better from pressure and warmth. Highly sensitive, fear of being alone. Very mild personality. Menses are too late, scanty or suppressed particularly after getting feet wet. There is weeping disposition and thirstlessness. Leucorrhoea is milky white, acrid, burning and painless.

7. Sabina Officinalis: Useful in menorrhagia, metrorrhagia or dysmenorrhoea. Menses are too early, profuse and long lasting. There is bearing down labor like pain from sacrum to pubes. The slightest motion increases the bleeding. There is foul smelling, acrid, corrosive yellow leucorrhoea.

8. Sepia: Used for uterine fibroids with pain in the pelvis, abdomen and lower back. Menstrual bleeding is excessive with recurrent UTIs and yeast infections. Used also for vaginal or uterine prolapse. In prolapse the patient must cross the limbs tightly and sit close to prevent it. Mentally sepia has indifference to everything. She cannot narrate her symptoms without weeping. There is excessive nervousness. There are all kinds of menstrual irregularities in sepia.

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