Review Article
Role of Homoeopathy in Management of Uterine fibroids
Rajesh Kasliwal* and Yashasree Dasari
Guru Mishri Homoeopathic Medical College and PG Institute, Shelgaon, Jalna

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

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. SUBSEROSAL 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 maturation
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 30-45 years.
FAMILY HISTORY- Patients with a positive family history have 3 times 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.
Hysterosalpingography/ 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 discomfoting 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
dew 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 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. Pt also has uterine
cysts alone 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. Pt has
exhaustion due to anemia. It usually works
best on climatic age women. There is
leucorrhea 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; dysmenorrhea; prolonged and profuse
bleeding; profuse leucorrhea; 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. Leucorrhea is
milky white, acrid, burning and painless.
7. Sabina Officianalis: Useful in
menorrhagia, metrorrhagia or dysmenorrhea.
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 leucorrhea.
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.

REFERENCES
1. Dutta D.C. Benign lesions of uterus. Textbook
of Gynaecology. New central Agency,
Kolkata,5e,2008.262.
materia medica: 3-Volume set. New Delhi, India:
B Jain.


