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How to cite this article  
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Abstract

Uterine leiomyomas (fibroids), benign smooth muscle tumours of the human uterus, are one of the common gynaecological problems in women of reproductive age. It is one of the most common indications for hysterectomy in gynaecological branch of medical profession, later leading into a lot of complications. This surgical intervention can be avoided through homoeopathic treatment. A case of uterine fibroid in a forty-year-old female treated with homoeopathy is reported here. This case shows the efficacy of homoeopathic medicine, Lycopodium, in giving not only symptomatic relief to the patient but also helping in the complete ablation of the fibroid without any surgical Intervention.

This case report is available in Indian Journal of Research in Homoeopathy: https://www.ijrh.org/journal/vol2/iss2/9
A case of Utrine Fibroid

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Abstract

Uterine leiomyomas (fibroids), benign smooth muscle tumours of the human uterus, are one of the common gynaecological problems in women of reproductive age. It is one of the most common indications for hysterectomy in gynaecological branch of medical profession, later leading into a lot of complications. This surgical intervention can be avoided through homoeopathic treatment. A case of uterine fibroid in a forty-year-old female treated with homoeopathy is reported here. This case shows the efficacy of homoeopathic medicine, Lycopodium, in giving not only symptomatic relief to the patient but also helping in the complete ablation of the fibroid without any surgical intervention.

Keywords: homoeopathy; uterine leiomyoma; continuous bleeding; USG pelvis; minimum dose; lycopodium

Introduction

A uterine fibroid (medically known as a leiomyoma or myoma) is a non-cancerous (benign) growth composed of smooth muscles and connective tissues. The size of a fibroid varies from that of a pinhead to larger than a melon. Fibroids have been reported weighing more than 20 pounds. Fibroids originate from the thick wall of the uterus and are categorized by the direction in which they grow1:

- **Intramural fibroids** grow within the middle and thickest layer of the uterus (called the myometrium). They are the most common fibroids.
- **Subserosal fibroids** grow out from the thin outer fibrous layer of the uterus (called the serosa). Subserosal can be either stalk-like (pedunculated) or broad-based (sessile). These are the second most common fibroids.
- **Submucous fibroids** grow from the uterine wall towards and into the inner lining of the uterus (the endometrium). Submucous fibroids can also be stalk-like or broad-based. Only about 5% of fibroids are submucous.

Risk factors primarily include a) age with increasing incidence as women approach perimenopause and b) African-American race. The other risk factors are c) positive family history (having a family member with fibroid increases the risk by 3 times), d) obesity (there is 2.3 times increased risk in women with BMI > 25.4 kg/m²) etc. Symptoms differ widely but may include menorrhagia, pelvic pain and pressure, infertility and pregnancy related complications. But many times, the fibroids are found to be asymptomatic and are accidentally detected on ultrasonography. Diagnosis can be made with the help of radiographs, transabdominal and transvaginal ultrasound, MRI and hysteroscopy.

As significant controversy exists regarding the treatment aspects of this disease, a project under Extra Mural Research Scheme was taken up by the CCRH to show that homoeopathic system may offer an alternative for the treatment of Uterine fibroids. The case presented here was selected from the Research OPD of Extension Unit, Hyderabad. Case was enrolled as per the protocol of the clinical study. The improvement assessment was done subjectively by post menstrual follow ups and objectively by periodic ultrasound (TAS & TVS) of pelvis done at entry, 4th month and 8th month.

Case presentation

A female patient of 40 years age had come to the OPD complaining of bleeding per vagina continuously for the past 28 days. Bleeding was dark red and clotted. Until then the patient was asymptomatic with regular periods. The patient informed that she had taken a progesterone injection over a month before she approached for homoeopathic treatment, in order to postpone her menses, in view of her daughter’s wedding. Her periods started soon after and inspite of heavy doses of allopathic medication (Tab Tranexa MF and Tab Dycenole), bleeding continued for nearly a month. She
was then advised to undergo an ultrasound scan of pelvis, which accidentally revealed a uterine fibroid (size-20mm x 20mm; dt-28-07-07). The patient was then advised by the gynaecologist to undergo hysterectomy (since the bleeding was not getting controlled by medicines and her family was already completed). As she was unwilling to undergo surgery, she opted for homoeopathic treatment. Her other presenting complaints were: weakness for one month; distension of abdomen, better by passing flatus and pain in both ankle joints (right more than left) for last 2 years.

She had an attack of chickungunya 2 years back and took allopathic treatment but pain in ankle joints persisted. She had a history of tuberculosis lymphadenopathy in childhood and took anti Koch’s treatment for 1.5 years. She used to take medicines for the postponement of menses frequently. Family history was unremarkable. Parents were healthy and alive. The patient has 6 siblings—five sisters, one brother, who were clinically normal.

She was the first child of non-consanguineous parents, her delivery and early developmental milestones have been unremarkable. She got married in young age and had to abruptly stop her studies due to that. She attained menarche at the age of fourteen years. Her menstrual cycles were regular, bleeding lasting for 3-5 days. She has 3 children—two male and one female, all were full term normal deliveries. Her first child birth was 25 years back, while the last was 22 years back. Later she was tubectomized.

The patient is a hot patient; vegetarian; appetite is good but has an easy satiety; desires warm food and drinks, and has a liking for sour and spicy food; thirst is extreme as she takes large quantities of water frequently. Bowels were regular. Urine was normal. Perspiration used to be profuse all over the body. Sleep was refreshing.

General appearance of the patient—fair complexioned, short and obese; fat deposition is mainly found over the hips and thighs (pear shaped).

**General Physical Examination:**
Height – 4’10”, Weight – 60 Kgs, BMI – 27.8 kg/m².
Pulse – 70/min, Temperature – 98.6°F, Respiratory rate – 16/min, BP – 110/80 mm Hg.

**Systemic Examination**
Respiratory System: lungs clear.
Cardiovascular System: S1, S2 normal, no added sounds.
Gastro Intestinal System: NAD
Locomotor System: NAD
Pelvic examination: During per vaginal examination, uterus was found to be anteverted, normal sized, with a healthy cervix; bleeding present.

**Laboratory Investigations:**
Routine haemogram was found to be within normal range.
USG pelvis—bulky uterus with posterior wall fibroid measuring 20 mm X 20 mm.

The totality of symptoms of the patient comprise of the following:
- Hot patient
- Weakness
- Desire for hot drinks, hot food, sour, spicy food
- Menses protracted, dark, clotted
- Appetite good, but easy satiety
- Thirst extreme
- Abdominal distension, amel. by passing flatus
- Profuse perspiration
- Uterine fibroid

The case was repertorized with the following rubrics, taking the help of Complete Repertory:

### Table-1 Repertorization

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Generalities: Heat sensation of,</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Generalities: Weakness</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Generalities: Food and Drinks, Hot drinks, desires</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Generalities: Hot food desires</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Generalities: Sour acids desires</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Generalities: Spice desires</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>Female Genitalia: Tumors uterus, fibroid myoma</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>Female Genitalia: Menses protracted</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Female Genitalia: Menses, dark</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>Female Genitalia: Menses dark, clotted</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11.</td>
<td>Stomach: Appetite, easy satiety</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>12.</td>
<td>Stomach: Thirst extreme</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Abdomen: distension, flatus passing amelioration</td>
<td>3</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>14.</td>
<td>Perspiration: profuse</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Marks / No. of Symptoms covered: 29/13 26/11 25/11 24/12 24/11 24/11
Choice of remedy

Initially *Nux vomica* 30, one dose, was prescribed (on 31.7.07) to remove the ill effects of allopathic medication. *Nux vomica* was prescribed based on the following symptoms:

- Abuse of medicine
- Craving spicy food
- Uterine fibroid
- Menses protracted, dark
- Desires warm food.
- Distention of abdomen better by flatus.
- Easy satiety
- Extreme thirst
- Profuse perspiration
- Weakness
- Menses dark, clotted.
- Profuse perspiration.

The selection of *Lycopodium* is thus based on totality of the symptoms, further guided by the differential modality (hot patient but desires warm food) and supported by the general appearance (the patient is short with obesity mainly marked around the hips and thighs i.e., her upper part of the body is normal, while lower half is quite obese. *Lycopodium* 30 one dose was prescribed post menstrualy on 29th August, 2008.

Follow Up

The case was followed up for a period of 8 months post-menstrually with USG pelvis done at entry and at the end of 4th month and 8th month as per the protocol.

Table-2 Follow up

<table>
<thead>
<tr>
<th>At entry</th>
<th>Subsequent Follow ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.7.07</td>
<td>29.8.07</td>
</tr>
</tbody>
</table>

### Follow up sheet

<table>
<thead>
<tr>
<th>Medicine with dosage</th>
<th>USG of pelvis</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Lycopodium</em> 30 dose followed by placebo</td>
<td>Posterior wall fibroid (20 mm X 23 mm) [Fig. 1]</td>
<td>LMP 2.7-07, bleeding stopped and menses appeared at regular time with 5 days delay in both cases with significant pain in both ankle joints.</td>
</tr>
<tr>
<td>LMP 8.07, bleeding stopped and menses appeared at regular time with 5 days delay in both cases with significant pain in both ankle joints.</td>
<td>Posterior wall fibroid (12mm X 8mm) [Fig. 2]</td>
<td>LMP 13.12.07, menses delayed, bleeding lasted for 4 days. No other symptoms.</td>
</tr>
<tr>
<td>LMP 5.11.07, menses regular, Distention of abdomen &amp; pain in ankle joints persist.</td>
<td>LMP 1.3.08, menses delayed, bleeding lasted for 5 days. No other symptoms.</td>
<td>LMP 31.3.08, menses regular.</td>
</tr>
<tr>
<td>LMP 6.10.07, menses regular, Distention of abdomen &amp; pain in ankle joints persist.</td>
<td>LMP 1.3.08, menses delayed, bleeding lasted for 5 days. No other symptoms.</td>
<td>LMP 31.3.08, menses regular.</td>
</tr>
<tr>
<td>LMP 6.10.07, menses regular, Distention of abdomen &amp; pain in ankle joints persist.</td>
<td>LMP 1.3.08, menses delayed, bleeding lasted for 5 days. No other symptoms.</td>
<td>LMP 31.3.08, menses regular.</td>
</tr>
</tbody>
</table>

No evidence of any mass lesion inside the uterus. [Fig. 3]
Fig. 1: Pelvic ultrasound (transabdominal) showing posterior wall fibroid

Report 1: USG pelvis at entry

Fig. 2: Pelvic ultrasound (transabdominal) showing posterior wall fibroid

Report 2: USG pelvis at 4th month
Results and Discussion

The present case belongs to the perimenopausal age group of forty years and the studies conducted by Marshall et al.\(^1\) demonstrated an increased incidence rates of fibroid as women approach the perimenopause. The age of the woman at the first delivery has a significant impact on the incidence of fibroids. Studies conducted by Wise L A et al.\(^6\) showed that there is an increased incidence rate in women whose first delivery occurred before 20 years of age and this patient had her first delivery at the age of 16 years. The Body Mass Index of the present case is 27.8 kg/m\(^2\) and the BMI itself has been investigated as an independent risk factor for fibroid growth. Faerstein et al.\(^6\) demonstrated a 2.3 fold increase of risk in women with BMI > 25.4 Kg/m\(^2\). Family history of fibroids is being reported first by Winkler and Hoffman in 1938\(^8\), who demonstrated a 4.2 fold increase in fibroids among first degree relatives, but there is no family history reported in the present case.

When initially the subject approached with the complaint of continuous bleeding per vagina after being overdosed with allopathic medications (initially to postpone and later to control menses), Nux vomica was thought to be appropriate.\(^9\) After giving Nux vomica bleeding per vagina stopped. At this juncture, as uterine fibroid was detected accidentally on USG pelvis and the patient being asymptomatic, the case was taken in
detail, analysed, evaluated and repertorized to erect a simillimum. Lycopodium was chosen as a constitutional remedy as it secured the highest marks in repertorization and the choice was further confirmed by referring to the Materia Medica. The selection of Lycopodium is thus based on the totality of symptoms further guided by the differential modality (hot patient but desires warm food) and supported by the Physical built (the patient is short with obesity mainly observed around the hips and thighs i.e., her upper part of the body is normal, while lower half is quite obese). The dose of Lycopodium was administered post menstrually in this case.

Initially Lycopodium 30/ single dose was given and her second USG pelvis was done at the end of fourth month, which revealed a decrease in the size of the fibroid (from 20mmX20mm to 12mmX8mm). In the subsequent follow ups, Lycopodium was prescribed in higher potency (200 potency) as per the requirement of the case. Finally, at the end of the 8th month, USG pelvis revealed no evidence of mass lesion in the uterus.

According to Thomas Skinner, "Constitutional treatment alone was and is all that is necessary for successful treatment of all vaginal, uterine and ovarian diseases". The same holds true in this case of uterine fibroid too.

Acknowledgement
The authors wish to express their gratitude to Dr. C. Nayak, Director, CCRH for inspiring and encouraging to pen down this article. Special thanks to Dr. P. Hima Bindu, Senior Research Fellow (H) for editing the manuscript to the present form. Also thanks to Mr. Faqir office assistant for helping in the photographing of the scan reports. Last but not the least, thanks to the patient for her consent and co-operation.

References
2. ibid. – p – 179