

# Effectiveness of Individualised Homoeopathic Management in Uterine Hypertrophy: A Case-Based Analysis

Dr. Srinivas Babu Kathi<sup>1</sup>., Dr. Bhavya Shikha<sup>2</sup>., Dr. Kavya Boini<sup>3</sup>., Dr. Darshanam Vijaya Roopini<sup>4</sup>.,  
Dr. Chilukamari Rajashivani<sup>4</sup>., Dr. Dasari Nihala<sup>4</sup>., Dr. Chandupatla Alekhya<sup>4</sup>

<sup>1</sup>PhD- Scholar Tania University Medical Superintendent, Head of The Department of Homoeopathic Pharmacy, Hamsa Homeopathy Medical College, Hospital & Research Centre, Siddipet (Dist.), Telangana State 502279.

<sup>2</sup>Associate professor, Department of Paediatrics, Jims Homoeopathic Medical College and Hospital Venkanna Guda Telangana State

<sup>3</sup>Assistant Professor of the Department of Homoeopathic Pharmacy, Hamsa Homeopathy Medical College, Hospital & Research Centre, Siddipet (Dist), Telangana State 502279

<sup>4</sup>Internee; 2019-2020 Batch, Hamsa Homeopathy Medical College, Hospital & Research Centre, Siddipet (Dist), Telangana State 502279

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## ABSTRACT

### Background

Uterine fibromyomas are the commonest benign neoplasm arising from the uterus seen in women of reproductive age group causing bulky uterus. The enlargement of uterus is due to uterine fibroids, adenomyosis, myohyperplasia, pyometra, hematometra, Lochiometra, malignancy. The Prevalence of fibroids is 35 to 45 years and of adenomyosis is high amongst infertile women.<sup>6</sup>

Uterine fibromyomas (Leiomyoma, Fibroma, Fibroids) are the commonest benign neoplasm arising from uterus seen in women of Reproductive age. Incidence varies from 5% - 20% of women.<sup>3</sup>

Uterine fibroid in pregnancy – about 1 in 1000 and it depends on population.<sup>6</sup>

### Introduction

Uterine hypertrophy is common in women of reproductive age group due to various benign and malignant pathologies resulting in adverse reproductive outcomes. In homoeopathy uterine hypertrophy is not just approached as localized pathology but as a constitutional imbalance.<sup>6</sup>

**Materials and Methods:** Literature search was done from standard authenticated text books, Homeopathic books, research data bases.

**Result: Summary of the case:** A female patient of age 47 yrs k/c/o Diabetes mellitus came to the clinic with complaints of profuse menstruation associated with pain during menses, Burning in palms and soles. On homoeopathic treatment, after considering the case analysis and repertorial analysis, the chosen similimum is proven to be effective in treating uterine hypertrophy.

**Conclusion:** Uterine hypertrophy is associated with profuse bleeding and pain during menses. This case illustrates that individualised homoeopathic management, including the administration of lac caninum 200 contributed to reduced hypertrophy of uterus and maintenance of diabetes mellitus

**Keywords:** Uterus, Uterine enlargement, Reproductive age, Uterine fibroids, Ultrasonography. Homoeopathic individualised treatment.

## INTRODUCTION

**OBJECTIVES:** The objective of this case report is to evaluate the effectiveness of Homoeopathic medicine in managing uterine hypertrophy.

## REVIEW OF LITERATURE

### Embryology:

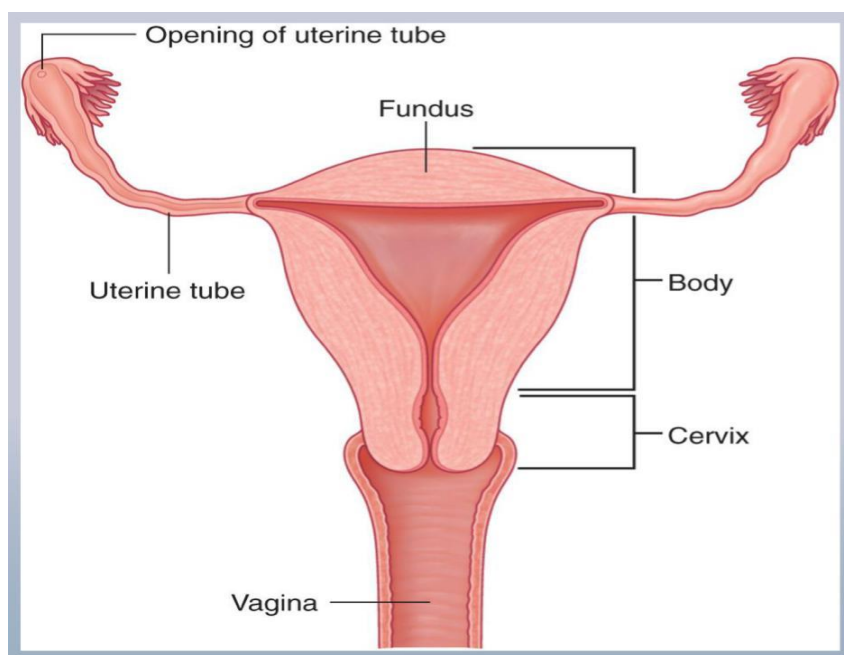
The epithelium of the uterus develops from the fused paramesonephric ducts. The myometrium is derived from surrounding mesoderm.<sup>4</sup>

### Gross anatomy of uterus

Uterus is a hollow pyriform muscular organ situated in the pelvis between bladder in front and the rectum behind.<sup>6</sup>

**Measurements:** Uterus measures about 8cm long, 5cm wide, at the fundus and its walls are about 1.25 cm thick. Its weight varies from 50 to 80 grams.<sup>6</sup>

**Parts:** Upper expanded part is Body, the wall of the body consists of three layers. Parametrium, Myometrium, Endometrium. Lower cylindrical part is Cervix. The junction of these two parts is marked by a circular constriction called isthmus. Part of uterus above the opening of fallopian tube is called fundus.<sup>5</sup>



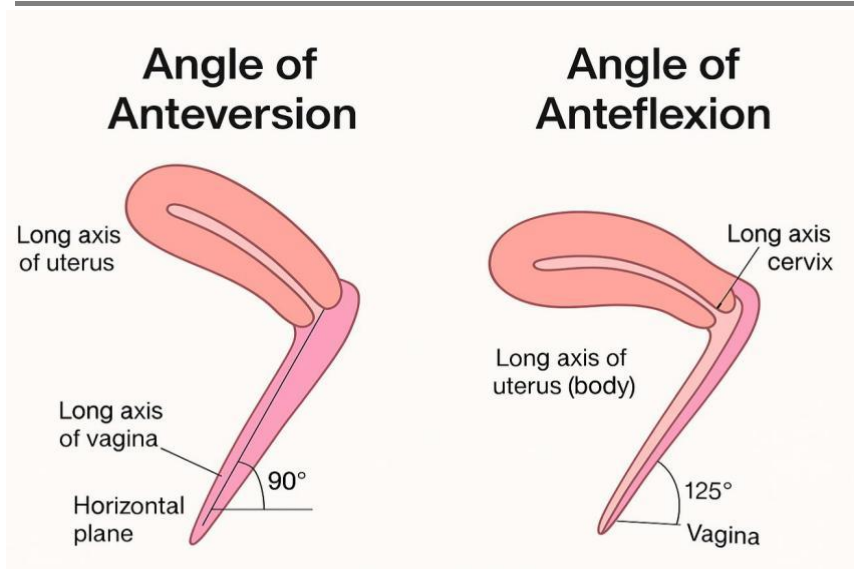
### Image source<sup>5</sup>: Normal position and angulations

Normally, the long axis of the uterus forms an angle of about 90° with long axis of vagina. The angle is open forwards.

Anteversion - The forward tilting of the uterus relative to vagina is called Anteversion.

Retroversion - The backward tilting of the uterus relative to vagina is known as Retroversion.

Anteflexion - The uterus is also slightly flexed at the level of anteflexion is 125°



## Applied Anatomy

### Supports of uterus:

Primary Supports – Pelvic diaphragm, Perineal body, Distal urethral sphincter mechanism, Uterine axis, Pubocervical ligaments, Transverse cervical ligaments of Mackenrodt, Uterosacral ligaments, Round ligaments of uterus.<sup>5</sup>

Secondary supports – Broad ligaments, Vesicouterine pouch and fold of peritoneum, Rectovaginal or rectouterine pouch and fold of peritoneum.<sup>5</sup>

## Applied Physiology

### Functions of uterus:

The uterus nurtures the fertilized ovum, which passes through the fallopian tube. The ovum then implants into the endometrium, where it receives nourishment from the blood vessels. As the embryo grows and matures, the uterus expands to accommodate the developing fetus. During normal labor the uterus contracts as the cervix dilates, resulting in delivery of the infant.<sup>1</sup>

### Pathophysiology:

Estrogen stimulation of Endometrium, is unopposed by progesterone causes proliferative glandular epithelial changes and hyperplasia causing enlargement of uterus. Endometrial hyperplasia results from estrogen predominance and relative progesterone insufficiency causes for estrogen excess. Hyperplasia is due to prolonged exposure to estrogens.

Endometrial polyps – Endometrial polyps mostly arise because of hyperplasia of Endometrium. Endometrial lining protrude into uterine cavity as Polyps. They may appear single or multiple as pink swellings 1 – 2cm diameter with pedicle.<sup>3</sup>

### Causes of enlargement of uterus <sup>5</sup>:

Pregnancy, Submucous or intramural fibroid, Adenomyosis, Myohyperplasia, Pyometra, Hematometra, Lochiometra, Malignancy Dysmenorrhea, dyspareunia, menorrhagia, infertility.

### Signs and symptoms <sup>6</sup>:

1. Menstrual disturbances: Menorrhagia, polymenorrhagia, Inter Menstrual bleeding, Continues bleeding, postmenopausal bleeding.

2. Infertility
3. Pain: Spasmodic Dysmenorrhea, Backache, Abdominal pain.
4. Lump in the abdomen or mass protruding at the introitus.
5. Pressure symptoms on adjacent viscera – bladder, rectum.

#### **Investigations <sup>6</sup>:**

1. Clinical Evaluation: History, Bimanual examination
2. Ultrasound: Transvaginal and Transabdominal USG
3. Doppler USG
4. Endometrial Biopsy
5. MRI Pelvis
6. CT Scan
7. Hysteroscopy
8. D&C
9. Laproscopy

#### **Case Report:**

A 47 year old muslim female, house wife who is k/c/o Diabetes mellitus since 2 yrs approached to the clinic on 05/12/2023 with the complaints of

1. Burning in palms and soles since 6 months
2. Profuse menstruation associated with pain during menses since 6 months

#### **H/O presenting complaints:**

Patient is suffering with Diabetes mellitus since 2 yrs with the complaints of increased frequency of urination and generalized weakness for which she is on allopathic medication. Since 6 months she gradually developed burning in palms and soles.

Patient is also suffering from profuse menstruation associated with spasmodic dysmenorrhea since 6 months. Character of the flow: profuse, bright red, stringy in nature. No. of days: 7. LMP: 15/8/2023.

**Treatment History:** on allopathic medication for Diabetes mellitus since 2 years.

#### **Past History:**

Typhoid – 10 years back

Anaemia 1 yr back

#### **Family History:**

Mother: K/C/O Diabetes mellitus

Husband: K/C/O Hypertension

### Physical Generals:

- Appetite: increased
- Thirsty for large quantities
- Increased flow of urine at night
- Chilly patient

### Vital data:

Pulse rate: 68/min

Heart rate: 72 bpm

Blood pressure: 120/80 mm of Hg

Height: 153cm

Weight: 62kgs

BMI: 26.5kg/m<sup>2</sup>

No signs of pallor, clubbing and cyanosis.

**Life space investigation:** Patient hails from a middle-class family. Relationship with family is good. She did not study much. Got married at the age of 21 yrs.

### Mental history:

Anxious about her health, thinking that her problem is incurable, weeping tendency.

**Diagnosis: K/C/O Diabetes mellitus, cholelithiasis with bulky uterus**

**Investigations performed: USG of the abdomen and pelvis (TVS) on 22/8/2023**

Findings:

- Mild Hepatomegaly with grade 1 fatty liver
- Cholelithiasis
- Mild bulky uterus with coarsened echotexture
- Endometrial polyps (two small, well defined, oval shaped hyperechoic SOL's measuring 7x4 mm and 6x4 mm seen in endometrial cavity)
- Minimal free fluid in pouch of Douglas

**HbA1C on 21/11/2023: 8.2 %**

### Case analysis:

Mental generals:

1. Anxious about her health
2. thinking that her problem is incurable

### Physical generals:

1. Appetite: increased
2. Thirsty for large quantities of water
3. Increased flow of urine at night

### Characteristic particulars:

1. Burning in palms and soles
2. Profuse menses associated with dysmenorrhea

### Clinical findings:

1. Cholelithiasis
2. Hepatomegaly
3. Fatty liver
4. Bulky uterus

### Repertorial Totality:



Remedy Name	Nat-m	Chin	Cocc	Hep	Med	Merc	Puls	Lac-c	Aur	Ph-ac	Sil	Cham
<b>Totality</b>	14	14	14	13	13	13	12	12	12	12	12	12
<b>Symptoms Covered</b>	8	6	6	8	8	7	6	8	7	7	7	6
<b>Kindom</b>												
[Murphy] [Hands] Burning, pain: Palm: (46)	1				2	1		1				
[Murphy] [Feet] Burning, pain: Soles: (90)	1			1	1	1	2	1		2	2	2
[Boericke] [Abdomen] Gallbladder, Biliary Calculi (cholelithiasis):...		3							2			
[Murphy] [Mind] Anxiety, general: Health, about their: (86)	1		2	1	2	1	2	1		2	1	
[Murphy] [Food] Appetite, general: Increased, appetite, hunger: (2...	3	3	2	1	1	2	3	2	2	2	2	1
[Murphy] [Food] Thirst, general: Large, quantities, for: (50)	3	2	2		1			1		1		
[Murphy] [Female] Menses, general: Profuse: (269)	3	3	3	2	2	3	2	2	1	1	2	2
[Murphy] [Female] Dysmenorrhea, painful menses: (269)	1	1	3	1	2	2	3	2	1	1	1	3
[Murphy] [Female] Enlarged, genitalia: Uterus: (34)				2					2			
[Boericke] [Abdomen] Liver: Inflammation (perihepatitis, hepatitis)...				3		3			2		2	2
[Kent] [Mind] Delusions, imaginations, hallucinations, illusion: Dis...												
[Murphy] [Mind] Delirium: (191)	1						1					

### Remedies covered:

Natrum muriaticum, China, Cocculus, Lac can, Hepar sulph, Medorrhinum.

**Rx: Lac can 200 1 dose, SL for 15 days**

### General management:

Advised intake of low glycemic index vegetables, nuts and fruits.

Advised to practice meditation for stress management.



### Follow up:

S. NO	DATE	COMPLAINTS	TREATMENT GIVEN
1	5/12/2023	Burning in palms and soles- slightly better than before. Increased flow of urine at night D/N: 4/5-6 times LMP: 16/11/2023 Character of flow: profuse, bright red, flow was for 6 days. Dysmenorrhoea- better than before General weakness – improved slightly. Generals- good	Lac can 200 3 doses SL 15 days
2	26/12/2023	Burning in palms and soles- same as before Increased flow of urine at night D/N: 4/5-6 times LMP: 16/12/2023 Character of flow: profuse, bright red, flow was for 5 days. Dysmenorrhoea- better than before No general weakness	Rubrum 3 doses Phytum 1 month
3	27/01/2024	Burning in palms and soles- reduced by 50% Increased flow of urine at night D/N: 4/5-6 times LMP: 17/01/2024 Character of flow: profuse, bright red, flow was for 5 days with clots. Dysmenorrhoea- better than before	Lac can 200 3 doses SL 1 month
4	25/02/2024	Burning in palms and soles- reduced by 50% LMP: 17/02/2024 Character of flow: profuse, bright red, flow was for 5 days, clots reduced Dysmenorrhoea- better than before	Nihilinum 3 doses Rubrum 1 month
5	27/03/2024	Burning in palms and soles- reduced by 70% LMP: 17/03/2024 Flow was for 5 days, quantity: normal. Dysmenorrhoea- reduced by 50% Increased flow of urine at night D/N: 4/5 times	Nihilinum 3 doses Rubrum 1 month
6	26/04/2024	LMP: 18/04/2024 Quantity: normal, flow was for 4 days Dysmenorrhoea- much reduced than before Burning of palms and soles- better than before Sleep- Disturbed Increased flow of urine at night D/N: 4/5 times	Lac can 200 3 doses SL 1 month
7	23/06/2024	Burning of palms and soles on and off Sleep- Disturbed LMP: 17/05/2024, LMP: 18/06/2025 Quantity: normal, flow was for 4 days Dysmenorrhoea- first 2 days Increased flow of urine at night D/N: 4/5 times	Lac can 200 3 doses SL 1 month
8	07/09/2024	Patient came with USG abdomen report dated 06/09/2024 Findings: Grade I fatty liver, cholelithiasis Burning of palms and soles- reduced LMP: 18/07/2024, 17/08/2024 Quantity: normal, flow was for 4 days Dysmenorrhoea- first 2 days Generals- good	Lactopen 3 doses Rubrum 1 month

## Before treatment

**PRIME DIAGNOSTICS**  
17-1-213/1/3, Santosh Nagar Main Road, Hyd - 59  
Tel : 95 61 34 24 24, 95 61 54 24 24, 95 61 74 24 24  
85 00 84 24 24, 81 42 84 24 24

PtName : [REDACTED] Regno : 100991  
Age/Gender : 47 Years/ Female Reg date : 22/08/2023 09:47:28  
Referredby : Dr.EXCEL HOSPITAL Reportdate : 22/08/2023 10:58:48

**ULTRASONOGRAM OF THE ABDOMEN & PELVIS (TVS)**

**LIVER** Mildly increased in size (19.3 cms) with increased echogenicity. No intra or extra hepatic biliary duct dilatation. CBD & Portal vein are normal.

**GALL BLADDER** E/o few (3) calculi, largest measuring 15 mm with minimal echogenic sludge seen in GB - Cholelithiasis.

**PANCREAS** Head, body, visualized parts of tail are normal.

**SPLEEN** Normal in its size, shape and echotexture.

**RIGHT KIDNEY** Size : 105 x 36 mm  
Right kidney is normal in size, shape and echotexture. Collecting system is normal. No evidence of calculi.

**LEFT KIDNEY** Size : 107 x 50 mm  
Left kidney is normal in size, shape and echotexture. Collecting system is normal. No evidence of calculi.

**URINARY BLADDER** Normal. No calculi.

**UTERUS** Size : 78 x 41 x 52 mm  
Mild bulky uterus with coarsened echotexture. Endometrial thickness : 7 mm.  
E/o two Small, well defined, oval shaped hyperechoic SOL's, measuring 7x4 mm and 6x4 seen in endometrial cavity - ? Polyps.

**OVARIES** Right ovary : 39 x 20 mm; Left ovary : Not visualised clearly.  
Aorta and IVC are normal.

Excess bowel gas seen in the abdomen.

**IMPRESSION :**

- \* Mild Hepatomegaly with Grade I Fatty Liver.
- \* Cholelithiasis.
- \* Mild bulky uterus with coarsened echotexture.
- \* ? Endometrial polyps.
- \* Minimal free fluid in pouch of Douglas.

- For clinical & MRI PELVIS correlation.  
Adv : Follow up.

Dr. S. Altaf Ali M.D Radiologist  
Dr. Syed Naziya M.D, DMRE Radiologist  
Dr. R.Anusha MD Radiologist  
Dr. Manasa Reddy M.D Radiologist

## After Treatment

**EVYA®**  
MULTI SPECIALITY HOSPITALS  
A UNIT OF EVYA HOSPITALS & DIAGNOSTIC CENTRE

**ULTRASOUND WHOLE ABDOMEN**

MR No : 96952 Pt. Name : [REDACTED] Requisition : 06/09/2024  
Req. No : 24256120 Age/Sex : 45 Years / Female Sampling Date :  
Mobile No : 9948411838 Reporting Date : 06/09/2024

**LIVER** : Normal in size and increased echotexture. No focal area of altered echotexture in liver parenchyma. No IHBD. Portal vein and CBD are normal.

**GALL BLADDER** : Three 15 mm calculi seen.

**SPLEEN** : Normal in size and echotexture. No focal lesion seen.

**PANCREAS** : Normal in size and echotexture. No evidence of any calcification's in pancreatic region. No evidence of any collection in relation to pancreas

**KIDNEYS** : Right kidney : 10.9 x 4.1 cm, Left kidney : 10.4 x 3.9 cm, Normal in size and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis or calculi seen

**URINARY BLADDER** : Normal.

**UTERUS** : Normal in size and measures 6.8 x 3.9 x 3.6 cm. Endometrium : 6.8 mm

**OVARIES** : Not visualized.

**IMPRESSION :**

- \* GRADE-I FATTY LIVER.
- \* CHOLELITHIASIS.

-For clinical correlation.

DR. PRASHANTH RAO  
Consultant Radiologist



## Before treatment

**CENTROMED LABS PVT. LTD** | INSPIRING BETTER QUALITY

Name : [REDACTED]  
Age/Gender : 47 Years / Female  
Ref By : Self  
Req No. : SMN23126288  
Sample Type : WB-EDTA  
Client Name : ACCURATE DIAGNOSTICS-CMLTSF15

Vial ID : 361421  
Collected On : 21-Nov-2023 02:27 PM  
Registered On : 21-Nov-2023 02:20 PM  
Reported On : 21-Nov-2023 05:00 PM  
Client Code : CMLTSF15

Test Name	Glycosylated Hemoglobin (GHb/HbA1c)		Biological Reference Intervals
	Observed Values	Units	
* GLYCOSYLATED HAEMOGLOBIN (HbA1C) Method: HPLC	8.2	%	Non-diabetic: <= 5.8 % Pre-diabetic: 5.8 - 6.5 % Diabetic: >= 6.5 %
* Approximate mean plasma glucose Method: Calculated	188.64	mg/dL	<111

**INTERPRETATION:**

A hemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to hemoglobin. If HbA1c levels are high, it may be a sign of diabetes, a chronic condition that can cause serious health problems, including heart disease, kidney disease, and nerve damage.  
Note: The HbA1c test is not used for gestational diabetes, a type of diabetes that only affects pregnant women, or for diagnosing diabetes in children.  
References  
American Diabetes Association. Standards of medical care in diabetes—2014. Diabetes Care. 2014 Jan;37 Suppl 1:S14-80.

HbA1C Value in %	Average Glucose in mg/dL	Impression
4.0	68	Non-Diabetic
4.5	82	
5.0	97	
5.5	111	
6.0	125	Pre-Diabetic/Good Control
6.5	140	
7.0	154	
7.5	169	Diabetic/Poor Control
8.0	183	
8.5	197	
9.0	212	
9.5	226	
10.0	240	

Aashish Sarkar M.Sc (PhD)  
LAB MANAGER

Dr. Tamkinath Fatima, MD  
CONSULTANT BIOCHEMIST

End Of The Report

Please Correlate With Clinical Findings If Necessary Discuss This is an Electronically Authenticated Report

## After Treatment

**CHAVAN PATH LAB'S**  
WITH RELIABLE QUALITY CONTROL TEST - A CENTRALIZED LAB WITH FULL AUTOMATED EQUIPMENTS

**Medical Laboratory Report**

Name : [REDACTED] Registration No : REF304015  
Age/Sex : 50 YRS/FEMALE Sample Drawn : 2025-06-06  
Collection : ACCURATE DIAGNOSTICS Sample : 2025-06-06  
Centre : [REDACTED] Accredited At : 2025-06-06  
Referred By : DR SRINIVAS BABU KATHI Sample : 2025-06-06

**HbA1C TEST**

INVESTIGATION	RESULTS	NORMAL VALUES
HbA1C	: 5.8 %	< 6 : Non Diabetic 6-7 : Good Control >7-8: POOR Control >8 : ALERT

Dr. Tamkinath Fatima, MD  
CONSULTANT BIOCHEMIST

## CONCLUSION

Homoeopathy is a holistic system of medicine that aims to treat the individual as a whole. A bulky uterus can significantly impact a woman's quality of life causing symptoms such as heavy bleeding, pelvic pain and discomfort. Homoeopathic remedies for uterine hyperplasia may focus on balancing hormonal levels, reducing symptoms and promoting overall reproductive health.

## ACKNOWLEDGEMENT

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## Conflict of Interest

All authors declare that they have no conflicts of interest.

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