Individualized Homoeopathic Management of Symptomatic Uterine Fibroid: A Case Report Based on the Totality of Symptoms

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ABSTRACT

Uterine Fibroid, also known as leiomyoma, is a common benign tumor of the uterus affecting women of reproductive age. It may present with symptoms such as heavy menstrual bleeding, pelvic pain, pressure symptoms, infertility, and anemia. The condition significantly impacts the quality of life.

From a homeopathic perspective, uterine fibroids are considered as a manifestation of deep-seated constitutional imbalance. Homeopathy emphasizes individualized treatment based on the totality of symptoms including mental, physical, and emotional characteristics. Remedies such as Sepia, Calcarea carb, Lachesis, Thuja, and Phosphorus are commonly indicated depending on symptom similarity.

Homeopathy aims to provide safe, non-invasive, and holistic management by addressing the root cause and improving overall health.

Keywords: Uterine fibroid, Leiomyoma, Individualized homoeopathy, Totality of symptoms Repertorization, Sepia, Menorrhagia, Case report.

INTRODUCTION

Uterine fibroids are one of the most common benign tumors encountered in gynecological practice. They arise from smooth muscle cells of the uterus and vary in size, number, and location.

Although many fibroids are asymptomatic, symptomatic cases may lead to significant morbidity such as heavy bleeding, anemia, pelvic discomfort, and reproductive issues.

Homeopathy considers fibroids as a result of chronic miasmatic influence (mainly sycosis) and aims to treat the patient constitutionally rather than focusing only on the tumor.

AIM:

To evaluate the effectiveness of homeopathic medicines in the management of uterine fibroids.

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OBJECTIVES:

- To study clinical features of uterine fibroids
- To evaluate individualized homeopathic treatment
- To assess reduction in symptoms like menorrhagia and pain
- To monitor changes in fibroid size (if possible)
- To improve quality of life

MATERIALS AND METHODS

STUDY DESIGN

Single case clinical study based on homeopathic principles.

CASE TAKING AND CLINICAL ASSESSMENT

Detailed case history including:

- Mental generals
- Physical generals
- Particular symptoms

General and systemic examination performed.

REPERTORISATION:

Totality converted into rubrics using Minton's repertory to find Similimum.

REVIEW OF LITERATURE

DEFINITION:

Uterine fibroids are benign smooth muscle tumors of the uterus.[1,2]

TYPES:

- Intramural
- Submucosal
- Subserosal
- Pedunculated[1,2]

ETIOLOGY:

- Hormonal imbalance (estrogen dominance)
- Genetic factors
- Obesity
- Early menarche[1,2]

CLINICAL FEATURES:

- Menorrhagia (heavy bleeding)
- Dysmenorrhea
- Pelvic pressure or pain
- Abdominal mass
- Infertility

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- Frequent urination

INVESTIGATIONS:

- Pelvic examination
- Ultrasound (USG)
- MRI (if required)

CONVENTIONAL MANAGEMENT:

- Hormonal therapy
- Myomectomy
- Hysterectomy [1]

HOMEOPATHIC APPROACH:

Homeopathy treats uterine fibroids based on:

- Constitution
- Miasmatic background (mainly sycosis)
- Totality of symptoms

CASE STUDY OF UTERINE FIBROID:

Preliminary data :

Name : XYZ

Age /Sex : 39Y/F

Marital status :Married

Mother tongue : Telugu

Occupation : Teacher

Address : Pragnapur

Chief Complaints :

A 39-years old female patient presented with the following complaints

- Excessive bleeding during menses since 3years
- Character of bleeding – Thick bright red bleeding with clots on 2nd day of menses
- No.of pads used : 10-12pads /day
- Leucorrhea with offensive smell since 6months
- Worse during daytime , peanuts , coffee , summer
- Better by rest , and during night

History of presenting complaints :

- The complaint started as profuse bleeding during menses especially on 2nd day of menses
- H/o Ayurvedic medicine use with temporary relief

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Symptoms are :

Worse during day time , peanuts , coffee , summer

Better by rest , at night time

Physical Generals:

- Chilly patient
- Sleep disturbed
- Increased frequency of urine for every 2hours
- Dreams of daily activites
- Perspiration on face and neck

Mental Generals :

- Fear before beginning the task but completes it eventually
- Determined towards work
- Anxiety about health
- Wants to be connected with people around her

Diagnosis : Bulky Uterus with fibroids

Analysis of symptoms : (According to Hahnemann) [8]

Common :

- Profuse bleeding
- Leucorrhea
- Frequency of urine

Uncommon :

- Bleeding worse during day time , peanuts , coffee , summer
- Bleeding better by rest , night time
- Thick bright red bleeding with clots during 2nd day of menses
- Chilly patient
- Perspiration on face and neck
- Sleep disturbed
- Frequency of urine for every 2hours
- Fear of beginning a task but eventually completes it
- Determined towards work
- Anxious about health
- Wants to be connected with people around her

Evaluation : (According to Minton uterine therapeutics)

- Chilly patient – grade II
- Sleep disturbed – grade II
- Increased frequency of urine for every 2hours – grade II
- Dreams of daily activites grade - I
- Perspiration on face and neck – grade II
- Bleeding worse during day time , coffee , summer – grade I
- Bleeding better by rest , night time – grade I
- Thick bright red bleeding with clots during 2nd day of menses – grade III

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Repertorial Analysis :

The case was analyzed according to classical homoeopathic principles by giving due importance to physical generals and characteristic particulars. The totality of symptoms was constructed based on individualizing features of the patient. Repertorial analysis was performed using Mintons uterine therapeutics to arrive at the similimum.

Totality of Symptoms Considered for Repertorization

Rubrics: According to mintons uterine therapeutics [3]

1. **Menstruation- profuse,menorrhagia**
2. **Menorrhagia / Metrorrhagia — profuse**
3. **Menstruation — blood bright red**
4. **Menstruation — clots, with**
5. **Menstruation — clotted blood, profuse**
6. **Menstruation — second day, aggravation / most profuse**
7. **Uterus — fibroid tumour / fibrous tumour / enlarged uterus**
8. **Leucorrhoea — offensive / fetid**
9. **Leucorrhoea — acrid, offensive**
10. **Bladder — frequent urging to urinate**
11. **Urination — frequent; every two hours**
12. **Generalities — rest, ameliorates**
13. **Generalities — night, ameliorates**
14. **Generalities — heat / summer, aggravates**
15. **Generalities — coldness; chilly patient**

Totality of symptoms :

- Fear of beginning a task but eventually completes it
- Determined towards work
- Anxious about health
- Wants to be connected with people around her
- Chilly patient
- Frequency of urine for every 2hours
- Excessive bleeding during menses
- Character of bleeding – Thick bright red bleeding with clots on 2nd day of menses

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- Leucorrhea with offensive smell
- Worse during daytime , , coffee , summer
- Better by rest

Investigation performed :

USG abdomen and pelvis : 1. Uterus increased in size measuring 9.5 X5-5x6cm

2. Three well defined round to oval hetergenously hypoechoic lesions noted in the fundus and posterior wall of uterus largest measuring 19x13mm

3. Small nabothian cyst seen in cervix 3.2x2mm

Remedy :

- Sepia
- Potency : 200C
- Doses : 2Doses followed by placebo

Based on repertorial evaluation and correlation with Materia Medica, Sepia emerged as the most suitable constitutional remedy, showing close correspondence with the patient's mental disposition, constitutional features, modalities, and characteristic particulars. Hence, Sepia 200C was prescribed in two doses followed by placebo and regular follow-up.

Followup period	**Clinical observation**	**Prescription**
1st Month	**Complaints better by 20% ,** **Leucorrhea with offensive discharge reduced slightly .**	**Placebo , thrice daily for 1month**
2nd Month	**Frequency of urine reduced by 40% , leucorrhea reduced completely , profuse menstrual bleeding reduced (used 6-7pads/day on 2nd day of menses)** **Advised : USG – abdomen and pelvis**	**Placebo , thrice daily for 1month**
3rd Month	**Complaints better by 50% , No.of pads used on 2nd day of menses reduced to 5pads/day, clot size reduced** **USG findings : Uterus appears mildy bulky in size 8x4.5cm with** **Two well defined round to oval hetergenously hypoechoic lesions noted in fundus largest measuring 12x8mm noted**	**Sepia 200c single dose , followed by placebo for 1month**
4th Month	**Frequency of urine reduced completely , sleep improved , anxiety reduced , menses regular with small sized clots and no profuse bleeding**	**Placebo . twice daily for 1month**
5th Month	**Patient feeling better , Near complete recovery** **ADV : USG abdomen and pelvis**	**Placebo , twice daily for 1month**
6th Month	**USG Findings : Uterus appears normal in , size shape and echotexture**	**Placebo twice daily for 1month**

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Name: [redacted] Age/Gender: 39 /F
Referred By: Dr Asha
Bill Date: 08-09 -2025

ULTRASOUND ABDOMEN & PELVIS

Liver : Appears Normal in size (11.9 cm), Normal echotexture. No focal lesion/ SOL seen. No Intrahepatic biliary radicals dilatation is seen. Liver is showing smooth surface & sharp margins.

Gall bladder : Appears normal with anechoic lumen. No sizeable calculus / any other focus is noted in gall Bladder lumen. Wall of Gall Bladder is normal in thickness. No pericholecystic free fluid is noted.

Pancreas : is normal in size and echotexture showing smooth & regular outline. Pancreatic duct is not dilated. No pancreatic calcification is noted. Peripancreatic areas appear normal.

Spleen : is normal in size (9.1 cm) and echotexture. No focal lesion SOL is seen. Splenic capsule is showing no sizeable underlying collection/ haematoma.

Kidneys : Right Kidney appear normal in size (8.5 x 4.3 Cm), shape and echogenicity. Corticomedullary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

: Left kidney appear normal in size (9.5 X 5.4 cm), shape and echogenicity. Corticomedulary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

Urinary bladder : is normal with anechoic lumen. No sizeable calculus/ mass lesion/ any other echogenic focus are seen in urinary bladder lumen. Wall of urinary bladder is normal in thickness.

Uterus : Appears Bulky in size (9.5x 5.5 x 6cm)

Three well defined round to oval heterogeneously hypoechoic lesions noted in fundus and posterior wall of uterus , largest measuring (19x 13mm)

Small nabothian cyst seen in cervix (3.2x2mm)

Right Ovary: appears normal (2.4 X 1.6 mm). No ovarian mass or cyst seen
Left Ovary: appears normal (2.4 X 1.6 mm). No ovarian mass or cyst seen
Other Finding : No ascites.
IMPRESSION:

1. Bulky uterus with intramural fibroid.

Dr. Venkat Reddy MD
Radiology

Suggested clinical correlation and follow up.

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BEFORE TREATMENT

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Name: [redacted] Age/Gender: 39yrs/f

Refer Dr:Asha Bill No: 514

Bill Date : 26-12-2025

ULTRASOUND ABDOMEN & PELVIS

Liver : Appears Normal in size [12.7), Normal echotexture. No focal lesion/ SOL seen. No Intrahepatic biliary radicals dilatation is seen. Liver is showing smooth surface & sharp margins.

Gall bladder : Appears normal with anechoic lumen. No calculus is noted in gall Bladder lumen. Wall of Gall Bladder is normal in thickness. No pericholecystic free fluid is noted.

Pancreas : is normal in size and echotexture showing smooth & regular outline. Pancreatic duct is not dilated. No pancreatic calcification is noted. Peripancreatic areas appear normal.

Spleen : is normal and echotexture. No focal lesion SOL is seen. Splenic capsule is showing no sizeable underlying collection/ haematoma.

Kidneys : Right Kidney appear normal in size (8.3 x 4.4 Cm), shape and echogenicity. . Corticomedulary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

: Left kidney appear normal in size (8.1 X 4.5 cm), shape and echogenicity. Corticomedulary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

Urinary bladder : is normal with anechoic lumen. No sizeable calculus/ mass lesion/ any other echogenic focus are seen in urinary bladder lumen. Wall of urinary bladder is normal in thickness.

Uterus : Uterus appears mildy bulky in size (8 x 4.5cm) with two well defined round to oval heterogeneously hypoechoic lesions noted in fundus largest measuring (12x8mm) noted .

Right Ovary: appears normal . No ovarian mass or cyst seen

Left Ovary: appears normal . No ovarian mass or cyst

Other Finding : No ascites.

IMPRESSION: **Mildy Bulky Uterus with intramural fibroid**

Suggested clinical correlation and follow up.

Dr. Venkat Reddy MD

Radiology

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With on going treatment

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Refer Dr:Asha

Bill Date:24-03-26

ULTRASOUND ABDOMEN & PELVIS

Liver : Appears Normal in size (12.5 cm), Normal echotexture. No focal lesion/ SOL seen. No Intrahepatic biliary radicals dilatation is seen. Liver is showing smooth surface & sharp margins.

Gall bladder : Appears normal with anechoic lumen. No sizeable calculus / any other focus is noted in gall Bladder lumen. Wall of Gall Bladder is normal in thickness. No pericholecystic free fluid is noted.

Pancreas : is normal in size and echotexture showing smooth & regular outline. Pancreatic duct is not dilated. No pancreatic calcification is noted. Peripancreatic areas appear normal.

Spleen : is normal in size (10.4 cm) and echotexture. No focal lesion SOL is seen. Splenic capsule is showing no sizeable underlying collection/ haematoma.

Kidneys : Right Kidney appear normal in size (8.5 x 4.3 Cm), shape and echogenicity. Corticomedullary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

: Left kidney appear normal in size (9.3 X 4.3 cm), shape and echogenicity. Corticomedulary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

Urinary bladder : is normal with anechoic lumen. No sizeable calculus/ mass lesion/ any other echogenic focus are seen in urinary bladder lumen. Wall of urinary bladder is normal in thickness.

Uterus : appear normal in size (5.9x 3.9 cm),
Endometrial Echo's: is midline and endometrial thickness measuring (5mm).
Right Ovary: appears normal . No ovarian mass or cyst seen

Left Ovary: appears normal . No ovarian mass or cyst seen

Other Finding : No ascites.

IMPRESSION:

1. NORMAL STUDY

Suggested clinical correlation and follow up.

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After Treatment

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DISCUSSION

Uterine fibroids (leiomyomas) are the most common benign uterine tumors encountered in gynaecological practice, frequently causing significant morbidity such as menorrhagia, pelvic pain, anaemia, and reduced quality of life. While conventional management typically relies on hormonal therapies or surgical interventions like myomectomy and hysterectomy, homeopathy offers a non-invasive, holistic approach that targets the patient's individual constitutional expression rather than just the localized pathology.

In this case a 39-year-old married female presented with severe menorrhagia persisting for three years (requiring 10-12 pads per day), accompanied by offensive leucorrhea and increased urinary frequency. According to homeopathic principles, uterine fibroids are viewed as local manifestations of a deep-seated constitutional imbalance under chronic miasmatic influence -predominantly the sycotic miasm, which governs overgrowth, proliferation, and infiltration.

The selection of the therapeutic remedy was guided by a thorough evaluation of the patient's totality of symptoms across mental, physical, and particular spheres using Minton's repertorial hierarchy : physical generals and particulars according to classical homeopathic principles . The selection of sepia was based on chilly constitution,severe day time aggravation of menorrhagia characterised by bright red blood with clots on 2^{nd} day of menses.

The patient demonstrated gradual but sustained clinical improvement over the follow-up period. Reduction in bleeding, clot size and uterus size was observed progressively, with a mild relapse during the third month, which responded favorably to repetition of Sepia 200 again. By the fifth and sixth months, the fibroid had resolved significantly with improvement in both emotional wellbeing and functional quality of life.

CONCLUSION

This single case study demonstrates the structured application of classical homeopathic principles in managing a symptomatic uterine fibroid. By synthesizing the patient's physical generals, and particular symptoms into a cohesive totality, Sepia 200C was successfully selected as the individualized remedy.

The individualization process utilized in this case underscores homeopathy's potential to provide a safe, non-invasive alternative for managing benign gynecological growths.

However, to firmly validate these findings and monitor for recurrence or dynamic changes in the tumor, longitudinal follow-ups, objective imaging verification, and larger-scale clinical trials are highly recommended.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this case report. No financial support, commercial funding, or external sponsorship was received for this study. The authors alone are responsible for the content and writing of the manuscript.

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