UTERINE FIBROIDS

CASE DEFINITION

Uterine fibroids (myomas or leiomyomas) are common benign smooth muscle tumors of the uterus which often appear during childbearing years.¹

INCIDENCE

• Estimating the overall prevalence of fibroids in the population is difficult, since estimates shall vary depending on the population examined, whether asymptomatic women are included, and the sensitivity and specificity of the methods used to detect fibroids.

• It is also observed that fibroids are seen in women of child bearing age group, 30-40 years (rarely before 20 years), nulliparous or of low parity (only 20-30% women are multiparous).¹,⁶

AETIOLOGY

Fibroids arise when a single muscle cell in the uterine wall multiplies rapidly to form a tumor. The exact cause of uterine fibroids is unclear, but obesity, nulliparity, early menarche (onset of menses before 10 years), are implicated. However, the most important underlying factor is high estrogen levels which promotes the growth of fibroids. Hence, they tend to grow in pregnancy and decline after menopause. Their growth and development may also be impacted by other hormones viz. progesterone.¹,²,³,⁴,⁵,⁶

TYPES OF FIBROIDS

• Fibroids are usually found inside or around the body of the uterus, but sometimes occur in the cervix. Fibroids can be divided into three categories¹,³,⁶,⁷ (See figure below)

¹The American College of Obstetricians and Gynecologists. Uterine Fibroids– FAQ’s [Internet]. US [cited 2015 Jan 01] Available at: https://www.acog.org/~/media/ForPatients/faq074.pdf?dmc=1&ts=20160323T0115264592
⁶Padubidri VG, Daftary N S. Howkins and Bourne Shaw’s Text book of Gynecology; 14th edition; Elsevier; 2008: p-316
• 75% of fibroids are subserosal (located in the outer wall of the uterus)
• 15% are intramural (found in the muscular layers of the uterine wall)
• 10% are submucosal (which protrude into the uterine cavity).

### DIAGNOSIS

**Clinical presentation** 1, 2, 3, 7, 8, 9, 10

Most women with uterine fibroids have no symptoms. However, abnormal uterine bleeding is the most common symptom of a fibroid which is seen as:

- Bleeding between periods
- Heavy bleeding during the period, sometimes with blood clots
- Periods that may last longer than normal

Fibroids can also cause a number of symptoms depending on their size, location within the uterus, and how close they are to adjacent pelvic organs. Large fibroids can cause:

- Pelvic cramping or pain with periods
- Feeling fullness or pressure in lower belly
- Pain during intercourse
- Pressure on the rectum with painful or difficult defecation
- Frequency and in later cases retention of urine
- Ureteric obstruction
- Backache or leg pain

**Investigations** 1, 2, 3, 7, 8

Uterine fibroids are diagnosed by

---

• **Pelvic examination** (Per speculum (PS), per vaginal (PV) examination of uterus to inspect, palpate and assess fibroid size). Often, a pelvic mass cannot be determined to be a fibroid on pelvic exam alone, and further investigation is required to differentiate it from other conditions such as ovarian tumors.

• **Pelvic and/or transvaginal ultrasonography**: for fibroid size and uterine volume

• **Hysteroscopy** to see the fibroids in the uterus when inserted through the vagina and cervix by aid of a hysteroscope

• Other test such as Hb. for assessing anemia if any.

**COMPLICATIONS** \(^{1,6}\)

- Twisting of the fibroid resulting in pain, usually caused by blocked blood vessels that feed the tumor
- Anemia from heavy bleeding
- Urinary tract infections, consequent to deficient emptying of bladder
- Infertility
- Fibroids when present along with pregnancy can result in requirement for C section; pre term delivery or cause heavy bleeding right after giving birth.

**DIFFERENTIAL DIAGNOSIS** \(^6\)

Differential diagnosis includes conditions resulting in abdominal swellings

These commonly include:

- Ovarian cyst
- Pregnancy
- Endometrial carcinoma
- Adenomyosis
- Endometriosis (Chocolate cyst)

**RED FLAG**

- Severe pain (twisting of the fibroid)
- Anemia from heavy bleeding,
- Recurrent Urinary tract infections
- Malignancy

**CLINICAL ASSESSMENT AND EVALUATION**

The UFS-QOL\(^{11}\) can be used to assess the quality of life of patients suffering from symptomatic uterine fibroids.

MANAGEMENT

Fibroids which are asymptomatic and often very small in size usually do not require treatment. Medicinal treatment is indicated in symptomatic fibroids. However, a careful and timely assessment of the pathology as well its symptoms is required to understand the response to the treatment and requirement of referral for surgery. 1,3,7,8,12

Certain food habits are implicated in prevention of fibroids or in arresting the growth of fibroids and aid in treatment. 13 These include increased consumption of fruits, green or sea vegetables, whole grains, nuts, and seeds; soy foods such as tofu etc., flaxseeds; Vitamin E; Vitamin C and bioflavonoids. Avoidance of foods with high fat or sugar content, caffeine and alcohol.

Homeopathic literature14,15,16,17,18,19,20,21 highlights role of various medicines in uterine fibroids. Clinical research studies22,23,24,25,26 and case reports27,28,29,30,31 by

14 Zandvoort RV. Complete Repertory 3.0. (English) 5.1 Repertory, Mac Repertory for Windows, Kent Homoeopathic Associates, USA.
17 Allen HC. Keynotes- Rearranged and classified with leading remedies of the material medica and bowel nosodes. 10th Reprint edition. Jan 2006
27 Wadhwani G. G. Uterine Fibroma: A case cured by homoeopathy AJHM 2003; 106 (3): 121-124
28 Sevar R. Aurum murricatum natronatum—four case reports Homeopathy 2007;96(4): 258-269
researchers also throw light on the usefulness of homeopathy not only to control distressing symptoms of uterine fibroids but also to some extent in complete dissolution of fibroids. A complete case history eliciting the presenting totality of symptoms formulated after considering the symptomatology, mind and dispositions, generals, predispositions, past history, etc. (i.e., all accessory symptoms) is indicative of the similimum for the case and shall always be the sole guide for the individual case.

Few remedies are known to have a palliative role especially in controlling bleeding associated with fibroids when given on their specific indications. For e.g.: *Thlaspi Bursa Pastoris*: Uterine hemorrhage, with cramps and expulsion of clots; metrorragia; Hemorrhage from violent uterine colic; blood dark offensive stains indelibly. Hæmorrhage from uterine fibroid with aching in back or general bruised soreness; *Sabina*: Uterine hemorrhage, blood is fluid and clots together < least motion; Pain from sacrum to pubes, and from below upwards shooting up the vagina.; *Trillium pendulum*: Hemorrhage from fibroids; with sensation as though hips and back were falling into pieces; better tight bandages; *Erigeron*: Hemorrhage from the uterus with painful micturition; Metorrhagia with violent irritation of rectum and bladder; profuse bright red blood; *Hamamelis virginica*: Uterine hemorrhage, bearing down pain in back. Bruised soreness of the affected part. *Lapis albus*: Fibroid tumors with intense with intense burning pains through the parts with profuse hemorrhage; *Calcarea iodatum*: Uterine fibroids with goitre, and other glandular remedies such as *Conium maculatum*, *Kalium iodatum* and *Aurum iodatum*.

Limitations of Homoeopathic Treatment/Referral should not be ignored. Fibroids larger than 5 cm, subserous fibroids causing obstructive symptoms on other abdominal structures (ureters/rectum) and submucosal fibroids which tend to bleed heavily (resulting in severe anemia due to blood loss) in child bearing age during menstrual cycles if not responding to homoeopathic treatment in 3 months will have limitations in management and may need surgical intervention.

The indications of the remedies prescribed are given below:

---

<table>
<thead>
<tr>
<th>S.no</th>
<th>Medicines</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pulsatilla nigricans</td>
<td>Suitable in females who suffer from tardy menses. These women have delayed first menstruation and suffer from derangements at puberty. Menses: <em>too late</em>, scanty, slimy, thick, dark, clotted, changeable, irregular, intermittent. <em>Menstrual flow</em> with evening chilliness; nausea and downward pressure. Uterine troubles with heavy pressive pain in abdomen and small of back; as from a stone; limbs go to sleep; ineffectual urging to stool. Menses suppressed from getting feet wet; nervous debility or chlorosis. Desire company, mild, gentle, affectionate, yielding, weeping disposition. Hot patient; marked changeability; thirstlessness with great dryness of mouth. Desire for cheese, pungent things, highly seasoned food; aversion to fat, warm foods and drinks; tongue coated yellow or whitish; worse towards evening and in the warm room, always better in open air, by slow, gentle motion and cold applications.</td>
</tr>
<tr>
<td>2.</td>
<td>Sepia officinalis</td>
<td>Indicated in women who suffer from irregular menses of nearly every form - early, late, scanty, profuse, amenorrhoea or menorrhagia. Violent stitches upward in the vagina; pains from the uterus to the umbilicus. Associated symptoms include weakness of the female sexual organs and prolapse of uterus with sensation of pressure and bearing down as if everything would protrude from pelvis; must cross limbs tightly to &quot;sit close&quot; and cross her limbs to prevent protrusion of the parts. Persons who are sad, indifferent even to loved ones, irritable, indolent and quarrelsome. Chilly patient; predisposed to take cold at the change of weather; thin built with narrow pelvis; yellow saddle across nose; past history of repeated abortions; sudden prostration with sinking faintness with all complaints; offensive sweat; desire for vinegar, acids, pickles and sour, but sour food aggravates. Aggravated after laundry work and better by warmth of bed, after violent exercise.</td>
</tr>
<tr>
<td>3.</td>
<td>Calcaria carbonica</td>
<td>Suitable for females who suffer from premature and too copious menses. Pale blood; blood too thick and of strong odour. Menses too early, too profuse, too long, with vertigo, toothache and cold, damp feet; the least excitement causes their return. Menorrhagia, burning across sacrum, passive flow. Indicated in torpid, fair, flabby, anaemic persons with large head, distended abdomen and tendency to lymphatic glandular enlargement; fearful, shy, timid, slow and sluggish; who are chilly and take cold easily; sweat profusely on head while sleeping or mostly on back of head and neck, or chest and</td>
</tr>
<tr>
<td>S.no</td>
<td>Medicines</td>
<td>Indications</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>upper part of body; have sour smelling discharges; longing for fresh air, cold sweaty extremities, desire for eggs, sweets and aversion to meat and milk. Feel better in every way when constipated and have desire to be magnetized.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Aurum muriaticum natronatum</strong></td>
<td>Burnett considers that this remedy has more power over uterine tumours than any other gold preparation. Indicated when there is induration of one part, softening of another part of the uterus. Inflammation of the uterus filling the whole pelvis, interfering with the action of the bowels and bladder. Menses are profuse and premature. The patient suffers from characteristic boring pains in parts which are worse at rest; Symptoms in general &lt; cold wet weather, &lt; by rest.</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Natrum muriaticum</strong></td>
<td>Suitable in persons with irregular, usually profuse menses. Menses preceded and followed by headache. Hot during menses. History of delayed appearance of menses. Associated bearing-down pains; worse in morning; &gt; lying on back; has to sit up to prevent prolapse. Hot patient; poorly nourished; great emaciation (marked on neck); losing flesh while eating well; oily, greasy face; craving for salt; aversion to bread and fatty things; constipated; increased thirst; mapped tongue with red insular patches; difficult speech, children slow in learning to walk; melancholic, sad, plays alone, irritable, cross, cries when spoken to; awkward, hasty, drops things from nervous weakness; disposition to weep without cause, consolation aggravates.</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Phosphorus</strong></td>
<td>Menses are too early and scanty-not profuse, but prolonged. Frequent and profuse metrorrhagia. Weeps before menses. These persons suffer from slight hæmorrhage from uterus between periods. Nervous persons, oversensitive to external impressions – light, noise, touch, odour, etc; desire to be magnetized and those who have anxiety especially during thunderstorm. Chilly patients; tall, slender, narrow chested; have a craving for salt and cold water.</td>
</tr>
</tbody>
</table>
ALGORITHM OF TREATMENT PROCESS

Diagnosis through clinical signs and symptoms:
- Bleeding between periods
- Heavy bleeding during the period, sometimes with blood clots
- Periods that may last longer than normal
- Pelvic cramping or pain with periods
- Feeling of fullness or pressure in lower belly
- Pain during intercourse
- Pressure on the rectum with painful or difficult defecation
- Frequency and in later cases retention of urine
- Ureteric obstruction
- Backache or leg pain

Examination and investigations:
- Pelvic examination
- USG/MRI/CT
- Haemogram

Mild to moderate symptoms
USG findings: small to medium sized fibroids

Severe symptoms/
USG findings shows large sized (more than 5 cm)

Start homoeopathic treatment and Advice for general management

Review the patient periodically clinically and through USG

Yes

Improvement

No

Continue homoeopathic Treatment

If improvement is incomplete

Reassess the case and give appropriate homoeopathic medicine

Complete improvement

Refer for standard care

Referral criteria
- No clinical improvement
- Worsening general condition
- Development of complications like severe pain (twisting of the fibroid), Anemia from heavy bleeding, Urinary tract infections.

Stop treatment