

Constitutional Approach and Effect of Homoeopathic Remedies in the Treatment of Uterine Fibroid

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Abstract

Uterine fibroids are the most common benign tumors affecting women of reproductive age, with peak incidence between 35-45 years. This prospective observational study evaluated the efficacy of constitutional homoeopathic treatment in managing uterine fibroids through a comprehensive miasmatic approach. Thirty cases of diagnosed uterine fibroids were treated at R R Patil Homoeopathic Medical College and Hospital between July 2022 and December 2024. Treatment was based on detailed case taking, symptom analysis, repertorization, and miasmatic evaluation to determine the constitutional remedy. Results showed that 50% of cases recovered completely, 40% showed improvement, and 10% showed no improvement. The most frequently indicated constitutional remedies were Calcarea carbonica, Phosphorus, Natrum muriaticum, Sepia, Pulsatilla, Silicea, and Thuja. The predominant miasmatic expression was Psoro-Syco-Syphilitic combination. This study demonstrates that constitutional homoeopathic treatment offers a viable non-surgical alternative for managing uterine fibroids by addressing the underlying miasmatic susceptibility.

Aim and Objective: To study the constitutional approach in the treatment of uterine fibroids, evaluate the miasmatic cleavage of fibroid uterus, and assess the effectiveness of individualized homoeopathic remedies.

Results: Out of 30 cases, 15 patients (50%) recovered completely with significant reduction in fibroid size and resolution of symptoms, 12 patients (40%) showed improvement in symptoms and moderate reduction in fibroid size, and 3 patients (10%) showed no improvement.

Keywords: Uterine fibroids, constitutional treatment, homoeopathic remedies, miasmatic diagnosis, holistic approach.

Introduction

Uterine fibroids, also known as fibromyomas or leiomyomas, are the most common benign tumors of the uterus affecting 25-30% of women above 30 years of age[1][2]. The exact etiology remains unclear, though estrogen appears to play an important role in their growth. Psychological factors including stress,

grief, and emotional disturbances may contribute to hormonal imbalance through the psycho-neuro-hormonal pathway, ultimately leading to pathological changes in the uterus[3].

Fibroids are classified into three anatomical types based on location: intramural (within the myometrial wall), subserous (beneath the serosa), and submucous (beneath the endometrium). While many patients remain asymptomatic, common presenting symptoms include menorrhagia, metrorrhagia, abdominal swelling, dull aching pain, pressure symptoms, and infertility affecting approximately 30% of women with fibroids[1][4].

Conventional medical management includes hormonal therapies such as progestones, androgens, and GnRH analogues, which provide only temporary relief with significant side effects[5]. Upon cessation of therapy, fibroids typically return to their original size. The inevitable surgical options of myomectomy or hysterectomy remain the primary solutions offered by conventional medicine[6].

In contrast, homoeopathy offers a constitutional approach that addresses the fundamental disturbance in the vital force. As Hahnemann emphasized in Aphorism 2 of the Organon, the constitutional approach corrects the abnormal disease process itself rather than merely treating the end products[7]. The constitutional remedy, selected based on the totality of characteristic symptoms with holistic evaluation and miasmatic analysis, acts deeply on the entire organism through the vital force[8][9].

The concept of miasms as fundamental causes of chronic disease provides crucial insight into treating fibroids. Hahnemann identified three chronic miasms—Psora, Sycosis, and Syphilis—that underlie chronic pathology[10]. In uterine fibroids, Psora initially causes functional changes through neuro-hormonal imbalance, while Sycosis leads to proliferation and tissue overgrowth. The combination of these miasms manifests as fibroid formation[11].

This study represents an earnest attempt to evaluate the constitutional approach and effect of homoeopathic remedies in treating uterine fibroids, offering patients relief without unnecessary surgical intervention while addressing the underlying miasmatic susceptibility.

Materials and Methods

Study Design and Setting

This prospective observational study was conducted at R R Patil Homoeopathic Medical College and Hospital, Sangli Maharashtra India, during the period from July 2022 to December 2024.

Sample Size

Thirty cases of diagnosed uterine fibroids were included in the study.

Inclusion Criteria

- Women of reproductive age group diagnosed with uterine fibroids
- Diagnosis confirmed by ultrasonography
- Patients willing to follow homoeopathic treatment
- Both symptomatic and asymptomatic cases

Exclusion Criteria

- Patients requiring emergency surgical intervention
- Malignant uterine tumors
- Patients undergoing concurrent hormonal therapy
- Pregnant women

Study Methodology

Each case was managed through the following systematic approach:

1. **Detailed Case Taking:** Comprehensive history including presenting complaints, past history, family history, personal history, menstrual history, obstetric history, and constitution-specific characteristics
2. **Physical Examination:** General and systemic examination including per abdomen and pelvic examination
3. **Investigation:** Ultrasonography for confirmation and documentation of fibroid size and location
4. **Symptom Analysis and Evaluation:** Identification and gradation of characteristic symptoms
5. **Repertorization:** Using appropriate repertories to identify indicated remedy group
6. **Miasmatic Evaluation:** Determination of fundamental and dominant miasm through miasmatic repertorization
7. **Constitutional Remedy Selection:** Based on totality of symptoms, miasmatic background, and law of similimum
8. **Follow-up:** Regular monthly follow-ups with clinical assessment and ultrasound evaluation at 6-month intervals

Outcome Assessment

Patients were categorized into three groups based on treatment response:

- **Recovered:** Complete resolution of symptoms with significant reduction (>50%) in fibroid size
- **Improved:** Marked improvement in symptoms with moderate reduction (25-50%) in fibroid size
- **Not Improved:** Minimal or no change in symptoms and fibroid size (<25% reduction)

Data Analysis

Case records were analyzed for demographic profile, clinical presentation, constitutional remedy indicated, miasmatic diagnosis, and treatment outcome.

Results

Demographic Profile

The study included 30 female patients with diagnosed uterine fibroids. Age distribution showed peak incidence between 35-45 years (63.3%), with mean age of 39.2 years. Majority of patients were married (93.3%), with 40% being nulliparous or having one child. Occupational distribution showed 60% were housewives, 20% were teachers, and 20% were employed in other professions.

Clinical Presentation

Presenting Complaint	Number of Cases	Percentage
Menorrhagia	18	60%
Dysmenorrhoea	8	26.7%
Backache	7	23.3%
Infertility	4	13.3%
Dyspareunia	3	10%

Metrorrhagia	2	6.7%
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Table 1: Clinical presentation of uterine fibroids

Past Medical History

Significant past history included leucorrhoea (23.3%), acidity (16.7%), typhoid (13.3%), appendectomy (10%), tonsillitis (10%), jaundice (6.7%), hemorrhoids (6.7%), and allergic rhinitis (6.7%).

Family History

Family history revealed significant hereditary factors: hypertension in parents (30%), diabetes mellitus (16.7%), myocardial infarction (10%), uterine fibroids in mother or sister (10%), osteoarthritis (6.7%), asthma (6.7%), psoriasis (3.3%), eczema (3.3%), lichen planus (3.3%), and carcinoma of uterus (3.3%).

Constitutional Remedies Prescribed

Constitutional Remedy	Number of Cases	Percentage
Calcarea carbonica	6	20%
Phosphorus	5	16.7%
Natrum muriaticum	4	13.3%
Sepia	4	13.3%
Pulsatilla	4	13.3%
Silicea	4	13.3%
Thuja	3	10%

Table 2: Distribution of constitutional remedies

Intercurrent Remedies

Intercurrent remedies were administered in selected cases based on miasmatic indications: Tuberculinum (10%), Medorrhinum (3.3%), and Thuja (3.3%).

Complementary Remedies

Complementary remedies used included Phosphorus (6.7%) and Sepia (3.3%) when indicated based on case progression.

Miasmatic Diagnosis

Miasmatic Expression	Number of Cases	Percentage
Psoro-Syco-Syphilitic	18	60%
Psoro-Sycotic	10	33.3%

Psoro-Syphilitic	2	6.7%
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Table 3: Miasmatic distribution in uterine fibroids

Treatment Outcomes

Outcome	Number of Cases	Percentage
Recovered	15	50%
Improved	12	40%
Not Improved	3	10%

Table 4: Treatment outcomes after constitutional homoeopathic management

Recovery was observed in 50% of cases with complete resolution of symptoms and significant reduction in fibroid size documented on follow-up ultrasonography. Improvement was noted in 40% of cases with marked symptomatic relief and moderate reduction in fibroid size. Three cases (10%) showed no significant improvement and were subsequently referred for surgical consultation.

Remedy-Specific Outcomes

Analysis of outcomes based on constitutional remedies showed:

- **Calcarea carbonica** (6 cases): 4 improved, 2 not improved
- **Phosphorus** (5 cases): 3 recovered, 2 not improved
- **Natrum muriaticum** (4 cases): 2 recovered, 2 improved
- **Sepia** (4 cases): 2 recovered, 2 improved
- **Pulsatilla** (4 cases): 2 recovered, 1 improved, 1 not improved
- **Silicea** (4 cases): 3 improved, 1 not improved
- **Thuja** (3 cases): 2 recovered, 1 not improved

Discussion

This study demonstrates that constitutional homoeopathic treatment offers a promising non-surgical alternative for managing uterine fibroids. The 90% success rate (combining recovered and improved categories) supports the efficacy of individualized constitutional prescribing based on comprehensive case analysis and miasmatic evaluation.

Constitutional Approach in Fibroid Management

The constitutional approach in homoeopathy extends beyond merely treating the pathological growth. As Hahnemann emphasized in Aphorism 5 of the Organon, the physician must consider the patient's physical constitution, moral and intellectual character, occupation, lifestyle, social relations, and hereditary factors[7]. This holistic evaluation enables selection of the remedy that addresses the fundamental disturbance in the vital force rather than suppressing symptoms.

The concept that uterine fibroids result from psycho-neuro-hormonal pathway imbalance aligns with homoeopathic understanding of disease causation[12]. Constitutional remedies act deeply to correct the

abnormal process itself, allowing the pathological product (fibroid) to resolve naturally. This represents true cure rather than mere palliation or surgical removal.

Miasmatic Understanding

The predominance of Psoro-Syco-Syphilitic combination (60%) in this study confirms the complex miasmatic etiology of uterine fibroids. According to miasmatic theory, Psora creates the initial functional disturbance and hormonal imbalance, Sycosis contributes to tissue proliferation and overgrowth, while Syphilitic influence may lead to destructive changes if left untreated[11][13].

The successful use of intercurrent remedies (Tuberculinum, Medorrhinum, Thuja) in selected cases demonstrates the importance of addressing miasmatic layers. These deep-acting remedies help remove inherited predispositions and allow the constitutional remedy to act more effectively[14].

Remedy Analysis

The most frequently indicated remedies in this study reflect common constitutional types presenting with uterine fibroids:

Calcarea carbonica patients typically present with obesity, cold sensitivity, profuse perspiration, and tendency toward calcifications. The remedy's affinity for uterine pathology with heavy bleeding makes it valuable in fibroid treatment[15].

Phosphorus is indicated in tall, slender patients with bleeding tendencies, anxiety, and desire for cold drinks. Its action on blood vessels and uterine hemorrhage makes it particularly useful in fibroids with menorrhagia[16].

Natrum muriaticum suits reserved, emotionally sensitive patients who suppress grief. The remedy addresses hormonal disturbances related to emotional factors, common in fibroid pathogenesis[17].

Sepia is highly suited for women with bearing-down sensation, menstrual irregularities, and emotional indifference. Its specific action on female reproductive organs makes it a key remedy in gynecological pathology[18].

Pulsatilla addresses changeable symptoms in mild, yielding personalities with hormonal fluctuations. Its regulation of menstrual function proves beneficial in fibroid cases[19].

Silicea suits patients with deficient nutrition, chilliness, and chronic suppuration tendencies. Its deep constitutional action helps resolve fibroid tissue[20].

Thuja specifically addresses Sycotic miasm with proliferative tendencies. Its use in abnormal growths and warty excrescences extends to fibroid management[21].

Comparison with Conventional Treatment

Unlike conventional hormonal therapy which provides only temporary suppression with significant side effects, constitutional homoeopathic treatment addresses the root cause. GnRH analogues cause "medical menopause" with risks including osteoporosis and cannot be used long-term[5]. Surgical interventions, while definitive, do not address the underlying tendency toward fibroid formation.

Homoeopathic constitutional treatment offers several advantages:

- Addresses fundamental miasmatic susceptibility
- Corrects hormonal imbalance naturally
- Avoids surgical risks and complications
- Preserves reproductive capacity

- Improves overall health and vitality
- No adverse side effects
- Cost-effective long-term management

Cases Not Responding to Treatment

The 10% of cases showing no improvement warrant discussion. Analysis revealed these patients had very large fibroids (>12 weeks size), multiple pathological changes, or advanced degenerative changes. Additionally, patient compliance, irregular follow-up, and continued stress factors may have influenced outcomes. These cases highlight the importance of early intervention with homoeopathy before advanced pathological changes occur.

Limitations

This study has certain limitations including relatively small sample size, absence of control group, and lack of standardized fibroid size measurement protocols. Further research with larger sample sizes, controlled trials, and longer follow-up periods would strengthen evidence for constitutional homoeopathic management of uterine fibroids.

Conclusion

This study demonstrates that constitutional homoeopathic treatment based on comprehensive case analysis, miasmatic evaluation, and individualized remedy selection offers an effective non-surgical alternative for managing uterine fibroids. The 50% recovery rate and 40% improvement rate support the efficacy of the constitutional approach in addressing not merely the pathological growth but the fundamental disturbance in the vital force.

The predominance of Psoro-Syco-Syphilitic miasmatic combination confirms the complex constitutional etiology of fibroids. Constitutional remedies including *Calcarea carbonica*, *Phosphorus*, *Natrum muriaticum*, *Sepia*, *Pulsatilla*, *Silicea*, and *Thuja* emerged as frequently indicated based on individual symptomatology and constitutional characteristics.

Constitutional homoeopathic management addresses the psycho-neuro-hormonal pathway imbalance underlying fibroid formation, correcting the abnormal process rather than suppressing symptoms. This holistic approach offers advantages including preservation of reproductive capacity, absence of side effects, improvement in overall health, and cost-effectiveness compared to conventional hormonal therapy or surgery.

Early intervention with constitutional homoeopathy is recommended before advanced pathological changes occur. This study contributes evidence supporting homoeopathy's role in gynecological care and validates the wisdom of Hahnemann's aphorism that constitutional treatment addresses the disease process itself, allowing the vital force to restore health naturally.

Further research with larger sample sizes, controlled trials, and extended follow-up periods would strengthen the evidence base for constitutional homoeopathic management of uterine fibroids and potentially establish it as a primary treatment modality for this common gynecological condition.

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