
**BULKY UTERUS WITH UTERINE FIBROID TREATED WITH
INDIVIDUALIZED HOMOEOPATHIC MEDICINE: AN EVIDENCE
BASED CASE REPORT**

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ABSTRACT

Background: Uterine fibroids are benign tumours frequently associated with heavy bleeding, pelvic pain, and functional impairment. Many patients decline surgery due to morbidity, seeking individualized, low-risk alternatives. **Case History:** A 46-year-old woman with a bulky uterus and intramural fibroid presented with menorrhagia, pelvic pain, constipation, fatigue, and emotional disturbance. She had inadequate response to prior conventional treatment and was advised hysterectomy. Homoeopathic management with *Phosphorus* 1M and intercurrent *Thuja occidentalis* 1M was prescribed based on individualisation and repertorial analysis. **Results:** Progressive clinical improvement was observed with normalization of menses and radiological reduction of Uterine Size. Modified Naranjo score was 11, indicating a highly probable causal association with homoeopathic treatment.

Conclusion: Individualized homoeopathy may offer a safe, effective complementary approach for symptomatic uterine fibroids, warranting further research.

KEYWORDS: Uterine fibroid; bulky uterus; leiomyoma; homoeopathy; *Phosphorus*; *Thuja occidentalis*; Modified Naranjo Criteria.

INTRODUCTION

Uterine leiomyomas (fibroids) are benign smooth-muscle tumours of the myometrium and are the most common pelvic tumour in reproductive-aged women.^[1] Large or multiple lesions may produce a “bulky uterus.”^[2] Indian studies report prevalence of 8–12%, with many cases asymptomatic.^{[3][4]} Risk factors include obesity, metabolic changes, age, and family history.^[5-7] Symptoms commonly include heavy bleeding, pelvic pressure, dysmenorrhoea, infertility, and anemia.^[8] Pathogenesis involves hormonal influence, growth-factor dysregulation, extracellular matrix changes, and MED12 mutations.^{[1][9-12]} Cavity-distorting fibroids affect fertility, while large lesions may cause Hydronephrosis.^{[13][14][2][15][16]} Management includes medical and surgical options with associated risks.^{[1][11][13][18]} Previous homeopathic literature reports positive outcomes.^[19-22] Here, a case of bulky uterus with uterine Fibroid, who was been treated with modern medical therapies but no changes have been achieved and finally she was advised for surgery. For avoiding the surgery she visited Rural Centre of Sarada Krishna Homoeopathic Medical College , Kulasekharam

Case Report

2.1 Patient Description

A 46-year-old married female presented with menstrual and systemic complaints persisting for two years, progressively affecting her functional capacity, sleep, and emotional well-being.

2.2 History of Presenting Illness

She reported heavy and prolonged menses (6–7 days), bright-red flow with clots, aggravated by exertion, accompanied by weakness and irritability. Severe lower abdominal pain, described as cramping, burning, dragging, and bearing-down, worsened on walking or standing and was relieved by pressure and lying down. Pain often radiated to the thighs and was associated with backache. Persistent pelvic heaviness limited routine activities. There was long-standing constipation with unsatisfactory stools, fatigue, headache, increased thirst, and nocturnal polyuria disturbing sleep. Recurrent burning mouth ulcers, and burning in stomach and nose occurred periodically. Sleep disturbance resulted in daytime exhaustion. Emotionally, she reported irritability, anxiety, and desire for company during distress. Symptoms had gradually worsened over two years. Detailed case-taking was performed as

per classical homoeopathic principles. Totality of symptoms was constructed based on characteristic, general, and mental symptoms, as recommended in classical sources^[23] and repertorisation (Figure 1) was done based on symptoms.

- Heavy, profuse, clotted menses
- Lower abdominal pain, bearing-down sensation
- Pelvic heaviness and dragging
- Weakness and fatigue
- Burning mouth ulcers
- Burning stomach sensation
- Burning nose sensation
- Increased appetite and thirst
- Increased urination at night
- Hard, difficult stool
- Sleep disturbance
- Chilly constitution

Table 1: Repertorial Analysis.

Remedy	Rh												
	Ph	Ca	lc	Bell	Ars	Nit-	Nat-	us-	ta	com-	Verat	Stram	Ph- Ferr
Totality	44	41	39	39	35	32	32	32	31	30	29	28	27
Symptoms Covered	13	13	12	11	12	12	11	10	10	10	9	12	10
[Complete	1	1	1	4	1	1	1	3	0	3	3	1	1
[Mind]Company:Desire													
for:Alone, agg. being:													
[Complete	4	4	4	0	3	3	3	1	1	0	0	1	3
[Abdomen]Pain:Dragging,													
bearing down:													
[Complete] [Female	1	3	3	0	0	1	0	0	0	1	0	0	0
Genitalia]Heaviness:Uterus:													
[Complete] [Female													

Genitalia]Hemorrhage:Uterus, metrorrhagia:Fibroids, cysts, from:	4	3	0	0	3	0	0	0	0	0	0	0	0	0	0	1
[Complete] [Female]	4	4	4	4	4	3	4	4	4	4	4	4	4	3	4	
Genitalia]Menses:Profuse:																
[Complete] [Female]																
Genitalia]Menses:Painful, dysmenorrhea:	3	4	4	3	3	3	3	4	4	4	4	4	3	1	3	
[Complete] [Female]																
Genitalia]Menses:Protracted, prolonged:	4	4	3	3	3	3	3	4	3	3	0	3	3	3	4	
[Complete]	0	0	0	3	1	3	0	0	0	0	1	0	1	0	0	
[Mouth]Ulcers: Burning, smarting:																
[Complete]	3	1	3	4	3	0	2	3	3	3	0	1	0	1	0	
[Nose]Pain: Burning, smarting:																
[Complete]	4	4	3	4	3	2	2	3	2	3	3	3	3	3	1	
[Stomach]Pain: Burning:																
[Complete]																
[Stomach]Appetite: Increased, hunger in general:	4	4	3	4	3	4	3	3	4	4	3	3	3	3	4	
[Complete] [Urine]Profuse, increased: Night:	1	1	3	2	0	1	1	0	2	0	3	3	4	0	0	
[Complete]	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	
[Rectum]Constipation:																
[Complete] [Sleep]Disturbed:	4	4	4	4	4	4	4	4	4	4	3	3	4	3		

INVESTIGATION REPORTS

Ultrasonography (abdomen and pelvis) was performed before (Figure 2) and after (Figure 3) treatment for objective assessment.

		STAR DIAGNOSTIC CENTRE	
NAME:	MRS. [REDACTED]	46YRS / F	DATE: 02.08.2024
REF.BY:	DR. JAYASREE		ID. NO: S21318

USG REPORT - ABDOMEN AND PELVIS

Liver: Measures about 11.1 cm in size and shows normal in echotexture. No focal lesion seen. No dilation of intra-hepatic biliary radicals present. Portal vein and CBD are normal in caliber.

Gall Bladder: Is normally distended. Wall thickness is normal. No calculus or mass seen.

Pancreas: Head and body visualized normal in appearances. Pancreatic duct is not dilated. No evidence of calculi or mass seen.

Spleen: Measures 8.2 cm in size with uniform echotexture.

Right Kidney: Measures 9.5 x 3.2 cms and shows normal parenchymal echopattern. Corticomedullary differentiation is well maintained. **Pelvicalyceal system is mildly dilated.** There is no calculus or mass seen.

Left Kidney: Measures 9.5 x 4.3 cms and shows normal parenchymal echopattern. Corticomedullary differentiation is well maintained. Pelvicalyceal system is not dilated. There is no calculus or mass seen.

Ureter: Both ureters are not dilated.

Urinary Bladder: Is normally distended. Wall thickness is normal. There is no calculus, mass or diverticulum seen.

Free Fluid: No free fluid noted in general peritoneal cavity or in POD.

Bowel: Bowel loops are normally distended. Wall thickness is normal.

Uterus: **Bulky, measures 9.4 x 4.9 x 4.2 cm in size. An intramural fibroid measuring 4.6 x 3.5 cm involving the anterior part of the body of the uterus, intending the endometrium posteriorly. Endometrium measures 7.0 mm in thickness.**

Right ovary measures 3.9 x 1.6 cm. Left ovary measures 3.8 x 2.1 cm.

IMPRESSION:

- Bulky Uterus with Intramural fibroid.
- Mild Right hydronephrosis.



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We'll Earn Yo

Figure 2 - Before Treatment.

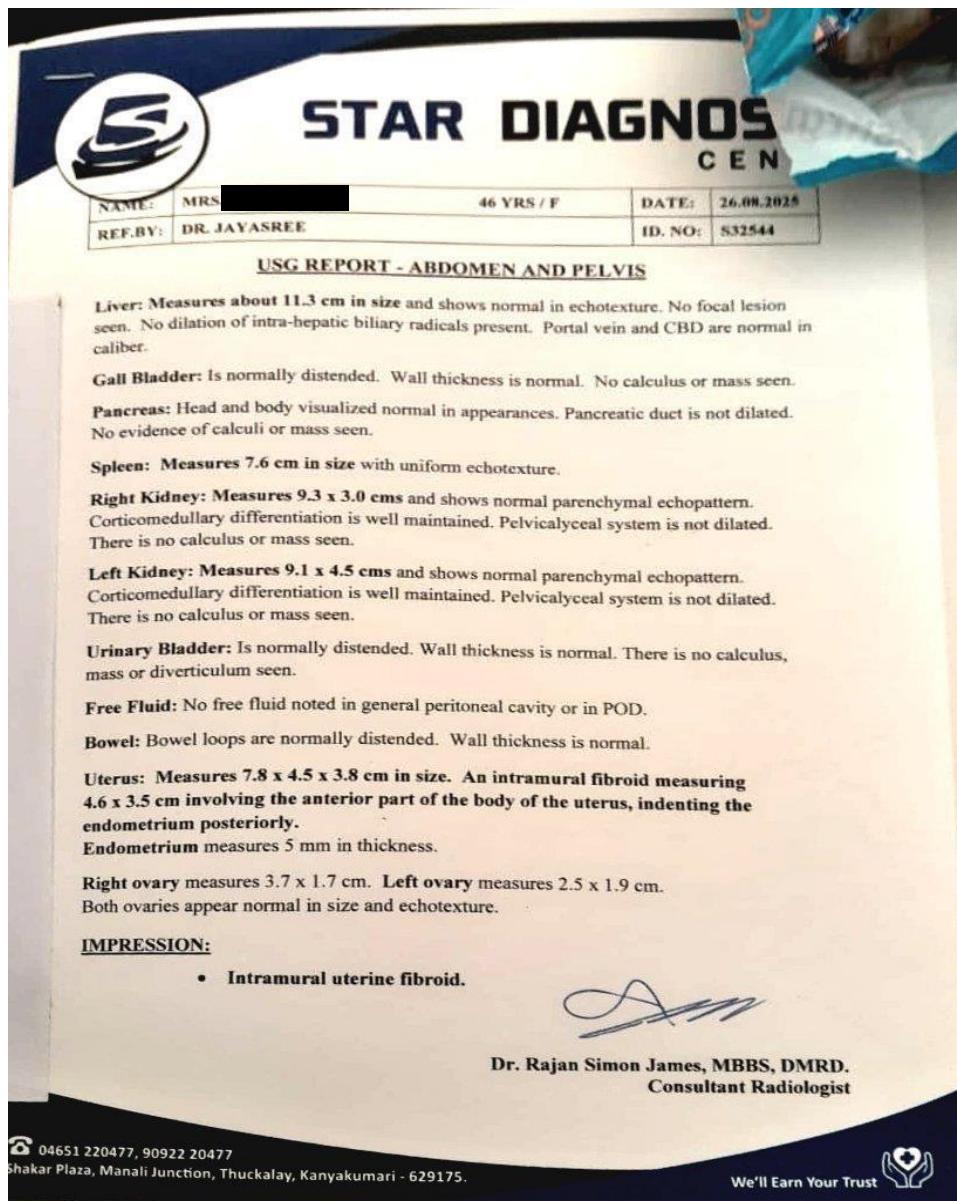


Figure 3 – After Treatment.

CLINICAL FINDINGS AND DIAGNOSTIC ASSESSMENT

Clinical evaluation and pelvic ultrasonography confirmed a diagnosis of intramural uterine leiomyoma with secondary dysmenorrhoea, menorrhagia, and mild right-sided Hydronephrosis.

ICD-10 Code: D25.1 – Intramural leiomyoma of uterus. The initial scan (02/08/2024) showed:

- Bulky uterus: $9.4 \times 4.9 \times 4.2$ cm
- Heterogeneous myometrium

- Single intramural fibroid: 4.6×3.5 cm
- Mild right pelvicalyceal dilatation
- No ovarian, adnexal, or pelvic pathology

Menorrhagia, pelvic pain, burning sensations, sleep disturbance, constipation, fatigue, and irritability resulted in significant functional impairment. There was no evidence of endocrine disorder, ovarian pathology, malignancy, or systemic illness. Diagnosis was established as FIGO Type 4 intramural fibroid, without cavity distortion. Mild hydronephrosis was attributed to pelvic pressure effects of the bulky uterus. The condition represented a chronic, benign gynecological pathology with moderate severity and reversible urological involvement.

THERAPEUTIC INTERVENTION, FOLLOW-UP AND OUTCOME

Constitutional homoeopathic treatment was initiated based on individualisation, totality of symptoms, and Repertorisation. Treatment was initiated with *Phosphorus 1M*, One Medicated globule crushed in 1 grain of sugar of milk- Dry Dose was selected on the basis of constitutional similarity, prominent Haemorrhagic tendency, burning sensations, physical weakness, mental irritability, and characteristic modalities. And *Thuja Occidentalis 1M*, One Medicated globule crushed in 1 grain of sugar of milk- Dry Dose was given as an **intercurrent remedy**^[24]. The patient was followed monthly, with prescription tailored according to clinical response.

5.1 Follow-up Summary – Table 1

Date	Clinical Status	Inference	Prescription
07/02/25	Flow/pain persist; weakness ↑	Mild improvement	<i>Phosphorus 1M</i>
07/03/25	Flow ↓; pain ↓; better generals	Recovery	<i>Phosphorus 1M</i>
11/04/25	Minimal pain; improved energy	Good improvement	<i>Phosphorus 1M</i>
09/05/25	No pain; occasional heaviness; ulcer	Sustained improvement	<i>Phosphorus 1M</i>
06/06/25	No further improvement	Plateau phase	<i>Thuja Occidentalis 1M</i>
11/07/25	Good generals; occasional ulcer	Improvement	<i>Phosphorus 1M</i>
08/08/25	Normal menses; stable generals	Good improvement	<i>Phosphorus 1M</i>

5.3 Assessment by Modified Naranjo Criteria score - Table 2

S. No.	Item	Yes	No	N/A	Score
1	Improvement in main symptom	✓			+2
2	Improvement in plausible time frame	✓			+1
3	Initial aggravation		✓		0

4	Improvement beyond main complaint	✓			+1
5	Overall well-being improved	✓			+1
6A	Reverse order of symptoms	✓			+1
6B	Inside-out / top-down	✓			+1
7	Return of old symptoms		✓		0
8	Alternate causes unlikely	✓			+1
9	Objective evidence of improvement	✓			+2
10	Consistent improvement with repeat dosing	✓			+1

The interpretation of the total Naranjo Score predicting drug action is as follows: Define: > or = 9; Probable: 5-8; Possible: 1-4; and Doubtful: < or = 0. Application of the Modified Naranjo Criteria yielded a total score of **11**, indicating a highly probable causal attribution of the individualized homoeopathic treatment to the overall improvement. Improvements were clinically meaningful, radiologically documented, and temporally associated with homoeopathic dosing, with repeated positive responses and no alternative interventions.

DISCUSSION

Uterine fibroids are often treated with hormonal or surgical methods, but these carry risks of recurrence, morbidity, and fertility impairment. [25- 27] Organ-preserving options like myomectomy and uterine artery Embolisation also involve complications. [28 - 30] Homoeopathy offers individualized treatment aimed at modifying susceptibility. [31][32] In this case, Phosphorus, based on totality was selected and the potency according to aph. 275^[23] 1M was selected. And Repetition of Medicine was done according to aph.248^[23] of 5th edition. Due to Deficient Reaction, **INTERCURENT REMEDY** ^[24] Thuja Occidentalis 1M was given. Improved bleeding, pain, general health, and radiological findings, suggesting therapeutic benefit in fibroid management. ^[33]

CONCLUSION

Conventional treatments for fibroids may provide temporary relief but risk recurrence and morbidity [27][29] Individualized homoeopathy aims to restore balance with minimal adverse effects. [31-33] In this case, constitutional treatment improved symptoms and radiological outcomes, indicating potential utility as a complementary option.

Declaration of patient consent

Appropriate Consent has obtained.

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