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A NARRATIVE REVIEW OF HOMOEOPATHIC MANAGEMENT OF UTERINE FIBROIDS

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ABSTRACT

Background: Uterine fibroids, also known as leiomyomas, are common benign tumours of the uterus and may be associated with heavy menstrual bleeding, pelvic pain, pressure symptoms and reproductive difficulties. Homoeopathic treatment has been described in individual case reports, observational studies and a randomized comparative trial, but the strength of evidence remains uncertain.

Objective: To narratively review published clinical studies and reports describing homoeopathic management of uterine fibroids, with particular attention to patient characteristics, medicines prescribed, clinical outcomes and limitations of the available evidence.

Materials and Methods: Published reports identified through Google Scholar and online journal platforms from February to September 2026 were reviewed. Relevant reports describing homoeopathic management of uterine fibroids in human participants were selected. Information regarding study design, participants, medicines, outcome measures and reported outcomes was extracted and synthesized narratively.

Results: The identified literature included one randomized comparative trial (LM versus centesimal potencies), a prospective observational study, an observational study, and multiple case reports. Medicines reported included *Calcarea carbonica*, *Phosphorus*, *Pulsatilla*, *Sulfur*, *Lycopodium*, *Sepia*, *Natrum muriaticum* and *Thuja occidentalis*. Reported outcomes included

reduction in symptoms and menstrual bleeding and, in individual reports, reduction or disappearance of fibroids on ultrasonography. However, most reports were uncontrolled and had small sample sizes, and the single randomized trial compared two potency systems without a placebo group, making causal interpretation difficult.

Conclusion: Published reports describe potentially favourable clinical outcomes following homoeopathic treatment of uterine fibroids. However, the available evidence is predominantly observational or based on individual case reports, and the only randomized trial identified compared two potency systems without a placebo arm; the evidence therefore cannot establish treatment efficacy. Well-designed placebo-controlled studies with objective imaging, standardized symptom measures, adequate follow-up and systematic safety reporting are required.

KEYWORDS: Uterine fibroid; leiomyoma; homoeopathy; individualized treatment; *Calcarea carbonica*; *Sepia*.

INTRODUCTION

Uterine fibroids, or uterine leiomyomas, are benign tumours arising from the smooth muscle of the myometrium [1]. They are common during the reproductive years and may be asymptomatic or associated with heavy or prolonged menstrual bleeding, pelvic pain, abdominal or pelvic pressure, urinary or bowel symptoms, infertility and adverse reproductive outcomes. Clinical presentation varies according to the size, number and location of the fibroids.

Management of uterine fibroids depends on symptom severity, fibroid characteristics, age, reproductive plans and individual patient preferences. Conventional options include observation, pharmacological treatment and interventional or surgical procedures. Because some patients seek complementary approaches, homoeopathic management has been reported in clinical literature.

The published homoeopathic literature includes individual case reports, observational studies and a randomized comparative trial. Such evidence may be useful for describing clinical practice and generating hypotheses, but it has important methodological limitations. The present narrative review therefore summarizes the available reports while maintaining a distinction between reported clinical improvement and evidence of treatment efficacy.

MATERIALS AND METHODS

Study design: This manuscript was prepared as a narrative literature review of published clinical reports concerning homoeopathic management of uterine fibroids.

Literature identification: Articles were identified using Google Scholar and online scholarly journal platforms. Search concepts included combinations of the terms “uterine fibroid”, “uterine leiomyoma”, “homoeopathy”, “homeopathic medicine”, “case report”, “observational study” and relevant medicine names, from February to September 2026

Eligibility: Reports were considered relevant when they described human patients with clinically or ultrasonographically identified uterine fibroids and provided information regarding homoeopathic treatment and clinical or imaging outcomes.

Data extraction and synthesis: Information on study design, patient characteristics, medicine prescribed, outcome assessment and reported results was extracted and synthesized narratively. Because the studies differed substantially in design, sample size and outcome measures, a quantitative meta-analysis was not attempted.

This was a narrative review and not a systematic review. A formal PRISMA flow diagram, duplicate screening and formal risk-of-bias scoring were not performed.

RESULTS AND DISCUSSION

The literature identified for this review consisted predominantly of observational evidence and case reports, together with one randomized comparative trial. The principal reports are summarized below.

Study	Design / participants	Medicine / intervention	Reported outcome
Quadri et al., 2012 [2]	Prospective observational study; 103 enrolled, 71 completed follow-up	Individualized homoeopathic medicines; Calcarea carbonica, Pulsatilla and Phosphorus among frequently prescribed medicines	12 patients had complete resolution; significant reduction in some symptoms/signs and fibroid size
Multicentric CCRH trial, 2016 [3]	Randomized comparative trial (6 centres); 216 enrolled (LM 108, CH 108), 209 analysed; 12-month follow-up; no placebo group	Individualized medicines in LM versus centesimal potencies; Pulsatilla, Sulfur, Lycopodium, Sepia, Phosphorus and Calcarea carbonica frequently prescribed	LM and CH equally effective in reducing symptoms (VAS); no between-group difference on ultrasonography except uterine volume ($p = 0.03$); improvement from baseline in both groups
Shah et al., 2018 [4]	Observational study; purposive sampling;	Individualized prescribing; Calcarea	Authors reported approximately 57% of

	age group 26-40 were selected	carbonica and Phosphorus frequently prescribed	cases as cured
Srivastava & Nayak, 2021 [5]	Case report; 1.2 × 1.2 cm posterior-wall myoma	Sepia 30 followed by Sepia 200	Clinical improvement and complete resolution on ultrasonography after 8 weeks
Kumari, 2022 [6]	Case report; 47-year-old woman; 18.4 × 17.7 mm fibroid	Individualized Calcarea carbonica	Complete resolution reported with improved quality of life
Shinde, 2022 [7]	Case report involving PCOS, endometrial hyperplasia and uterine fibroids	Individualized homoeopathic treatment Pulsatilla nigricans	Improvement in clinical and imaging findings.
Afroza et al., 2023 [8]	Case report; 30-year-old woman	Natrum muriaticum 200C followed by other medicines	Clinical and ultrasonographic improvement within about one year; MONARCH score +7
Wadhwa et al., 2025 [9]	Evidence-based case report; 34-year-old woman with leiomyoma and ovarian cyst	Thuja occidentalis in different potencies	Complete regression of fibroid and ovarian cyst within 7 months; VAS 6 to 0; MONARCH +9
Wadhwa & Kureel, 2025 [10]	Evidence-based case report; 40-year-old woman with bulky uterus and fibroid	Thuja occidentalis (individualized prescription)	Fibroid regression within 5 months; complete resolution and normal uterine size on ultrasonography within 9 months; MONARCH +9

Pattern of medicines reported: Several medicines were used across the literature. Calcarea carbonica and Phosphorus were frequently mentioned in the observational studies and the randomized trial, which also listed Pulsatilla, Sulfur, Lycopodium and Sepia among frequently prescribed medicines, while individual case reports described Sepia, Natrum muriaticum and Thuja occidentalis. These reports should not be interpreted as demonstrating that any one medicine is specifically effective for uterine fibroids because prescribing approaches, patient characteristics and study designs differed.

Reported clinical outcomes: Outcomes included improvement in menstrual symptoms, reduction in bleeding, relief of pain or pressure symptoms, improvement in quality of life and reduction or disappearance of fibroids on ultrasonography in some individual cases. The 2012 prospective observational study enrolled 103 patients, with 71 completing follow-up; 12 patients were reported to have complete resolution. Because the study lacked a control group,

spontaneous changes and other explanations cannot be excluded. In the 2016 randomized comparative trial, symptom improvement on a visual analogue scale after 12 months was similar with LM and centesimal potencies, and ultrasonographic findings did not differ between groups except for uterine volume [3]. As the trial had no placebo group, it informs the comparison between potency systems rather than efficacy against placebo.

Evidence from case reports: Individual case reports provide detailed clinical narratives and, in several publications, objective ultrasonographic follow-up. The 2022 Kumari case [6] described complete resolution of an 18.4×17.7 mm fibroid after individualized *Calcarea carbonica*, while the 2021 Srivastava and Nayak report [5] described complete resolution of a 1.2×1.2 cm myoma after *Sepia* treatment. A 2025 report described regression of a leiomyoma and ovarian cyst following individualized *Thuja occidentalis* [9], and another 2025 report described regression of a fibroid with *Thuja occidentalis* in a 40-year-old woman [10]. These observations are clinically interesting but cannot determine whether the reported changes were caused by the intervention.

Assessment of causality: Some recent case reports used the Modified Naranjo Criteria for Homeopathy (MONARCH) [11]. Such tools can improve transparency of case reports but do not replace randomized controlled comparison. A high causality score within a single case therefore should not be interpreted as proof of efficacy in the wider population.

Safety and conventional care: The reviewed reports did not provide sufficiently systematic safety data to establish the safety profile of homoeopathic management. Patients with heavy menstrual bleeding, anaemia, rapidly enlarging masses, severe pain, infertility concerns or features raising suspicion of malignancy require appropriate gynaecological assessment. Complementary treatment should not delay indicated diagnostic evaluation or conventional management.

Limitations: The major limitations are small sample sizes, lack of randomization and placebo control in most reports (and no placebo group even in the single randomized trial), possible selection and publication bias, heterogeneous prescribing approaches, variable follow-up and inconsistent outcome measures. Fibroid size can also vary over time, and spontaneous regression can occur in some circumstances. Therefore, observed improvement in uncontrolled reports cannot establish a treatment effect.

CONCLUSION

Published clinical literature contains reports of symptomatic and ultrasonographic improvement in women with uterine fibroids receiving homoeopathic treatment. *Calcarea*

carbonica, Phosphorus, Sepia, Natrum muriaticum and Thuja occidentalis are among the medicines reported. However, the evidence is predominantly observational and consists largely of individual case reports; the single randomized trial identified compared two potency systems without a placebo arm. Consequently, the available literature is insufficient to establish the efficacy of homoeopathy for uterine fibroids. Future research should use adequately powered placebo-controlled designs, clearly defined diagnostic criteria, standardized symptom and quality-of-life measures, objective ultrasonographic assessment, predefined follow-up periods and systematic safety reporting.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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