



Review on Effectiveness of Homoeopathy in Treating Uterine Fibroid Cases

J. Senthilkumar¹ and Sunny Mathew²

¹Department of Repertory, Vinayaka Mission's Homoeopathic Medical College, Vinayaka Mission's Research Foundation (Deemed to Be University), Salem, Tamilnadu, India.

²Department of Materia Medica, Vinayaka Mission's Homoeopathic Medical College, Vinayaka Mission's Research Foundation (Deemed to Be University), Salem, Tamilnadu, India

*Corresponding Author Email: drjsenthil@gmail.com

ABSTRACT

Uterine fibroids are the commonest non-malignant tumors self-possessed of smooth muscle and fibrous connective tissue which accounts for about 20% - 40% of indisposition in women. As per the National Institutes of Health, about 80% of the women who are in their pre-and post-menopausal age mostly acquire them. Some patients remain asymptomatic and even they are unaware of this growth in their womb, were in some it creates severe manifestations which even damage their daily quality of life. The real cause is unknown but it can be triggered mainly by psychological factors and hormonal imbalance. Homoeopathy offers its cure by treating the patient from its root cause and avoids surgical procedure and also prevents the recurrence. Besides Diagnosis of the disease, Homeopaths aims at diseases individualization and diagnosis of person.

KEYWORDS: Homeopathy, Individualization, Symptoms, Uterine Fibroids.

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INTRODUCTION

Uterine fibroids

Uterine fibroids (Syn: Leiomyomas, myoma, fibromyoma) are the commonest non-cancerous tumors composed of smooth muscle and fibrous connective tissue which accounts for about 20% - 40% of morbidity in women [1,2,3]. As per the National Institutes of Health, about 80% of the women who are in their pre and post-menopausal age (40 to 60 yrs) mostly acquire them^{3,4}. Uterine fibroids, also known as uterine leiomyomas are monoclonal benign solid tumors of uterine myometrium (smooth muscle tissue layer) composed of fibrous connective tissue [4].

Epidemiology

More likely it is seen in 20-40% of women during their reproductive age and 11-19% in perimenopausal age. Mostly it remains asymptomatic, were approximately 30% will present with severe symptoms [5]. In a random study conducted in US through self-report, medical record and sonography in women between 35 to 49 yrs, showed an incidence of 60% by the age of 35 among African-American trait which increases to > 80% by age 50, whereas Caucasian women showed an incidence of 40% by age 35, and almost 70% by age 50. More prevalent in dark women (80%) than in white women (70%) during their lifetime. Apart from the age and race other key factors were also responsible for the development of uterine fibromas [6].

Etiology [6,7]

1. Race: More in dark tone women when compared to white race
2. Age: More in 45-60 yrs
3. Early menarche and menopause
4. Parity and pregnancy: No births or a smaller number of consumption/births can lead to UL.
5. Caffeine intake: Among women <35 years of age, those who are using caffeinated coffee (≥ 3 cups/day) and caffeine intake (≥ 500 mg/day) were both associated with increased risk of fibroid.
6. Other Key factors: Hormonal, metabolic, stress, dietary, uterine infection and environmental factors.

Pathogenesis [8-10]

Exact Pathogenesis is not so clearly defined so far. Initial point of the pathway leading to fibroid formation is associated with the transformation of normal uterine smooth muscle cells into abnormal, immortal cells, capable of clonal division. One of the latest studies reveals the role of Micro-ribonucleic acids (miRNAs), the non-coding single-stranded RNAs with 22 nucleotides length and tumor necrosis factor α (TNF- α) [9] in tumor genesis. Variations in the levels of miRNAs can lead to formation and growth of several tumors which show a distinct miRNA signature [8]. Whereas TNF- α is a potent inflammation inducer which is found to be elevated in women with an "inflammation-like" state having numerous symptoms⁹. The uterine fibroid formation is not only correlated with metabolism and with levels of female sexual hormones (estrogen and progesterone), but also with the number of hormone receptors present on the uterine myometrial surface. Proliferative effects of estrogen and progesterone is assumed to be through the proinflammatory factors like (TNF alpha), growth factors (IGF1, IGF2, TGF beta3 and beta FGF) or inhibitors of apoptosis (p53 suppression) [10].

TYPES OF UTERINE FIBROIDS[3]

Submucosal

They are located just underneath the inner lining of uterus, protruding into the uterus. Symptoms: Heavy bleeding, long periods and irregular bleeding between the cycles.

Subserosal

These fibroids are located outside the uterus either in the muscle or hanging outside the uterine wall. Symptoms: Pain and pressure in the pelvis, abnormal and excessive menstrual bleeding, pressure on spinal cord.

Intramural

These are located in the muscle of the uterus, either protruding into the uterine cavity or outside the uterine cavity. Symptoms: Pressure on the spinal cord, rectum & pelvis, but are asymptomatic unless they grow in size.

Pedunculated

These fibroids are outside the wall of the uterus, attached to the uterus through a stalk. Symptoms: Puts pressure on the spinal cord causing lower back pain

CLINICAL PRESENTATION [6,11,12]

Majority of myomas are found to be asymptomatic, where as in some patients presented with symptoms /signs of varying types and degrees. Typical fibroid related symptoms/signs include [6,11]. Abnormal menstruation: Menorrhagia, Metorrhagia, dysmenorrhea and intermenstrual bleeding. Pelvic pain unrelated to menstruation. Compression symptoms: Sensation of bloatedness, increased urinary frequency and constipation. Subfertility status: Recurrent abortion, preterm labor, dystocia with an increased incidence of Cesarean section, and postpartum hemorrhage. Distended abdomen. However, there are undoubtedly some clinical presentations secondary to uterine myomas are not so specific, such as [12], Cardiac symptom and atypical symptoms secondary to vascular involvement or dissemination. Abdominal symptoms mimicking pelvic carcinomatosis, Dyspnea, Pruritus, Hiccup or internal bleeding and Vaginal protruding mass or uterine inversion.

DIAGNOSTIC METHODS [13,14]

Bimanual examination is often the first indication that a patient may have uterine fibroid tumors. Transvaginal ultrasonography: It have the lowest sensitivity and specificity but considered to be the best initial test based on its noninvasive nature and cost-efficiency. Sonohysterography and hysteroscopy: To evaluate the extent of sub mucosal fibroid but relatively non-invasive. Magnetic resonance imaging (MRI): Most accurate imaging technique for detection and localization of leiomyomas. MR imaging is capable for the excellent demonstration of the uterine zonal anatomy hence helps in accurate classification of individual masses as submucosal, intramural, or subserosal. Histopathological studies [14]: Leiomyomas are composed of smooth muscle cells separated by fibrous connective tissue. These tumors are well circumscribed by a pseudocapsule. The cut surface is characterized by whorl-like, trabeculated appearance. Its size can be varied, ranging from microscopic to large tumors that fill abdomen. They may be single or more frequently, multiple and there will be much blood supply as the tumour enlarges. This results in various types of degeneration: hyaline or myxoid degeneration, calcification, cystic degeneration, and red (hemorrhagic) degeneration [14].

REVIEW ON HOMOEOPATHIC INTERVENTIONS ON UTERINE FIBROID

The study conducted in Quaid-e-Azam Medical College, described the efficacy of homeopathic remedies in managing uterine fibroids. This study not only demands for the effectiveness of Homeopathy in treating Fibroids but also reveals its safe side in managing this illness. This study highlights the efficacy of various homeopathic remedies such as Lycopodium, Calcarea flour, Thuja occidentalis, Medorrhinum and Calcarea carb in treating Fibroids when prescribed on the basic principles of selection of remedy in homeopathy. This study also point out the need for further researches in this topic as there is only few clinical and literature data showing the high efficacy of homeopathic medicines in uterine fibroids [15].

In a research study published in National Journal of Integrated Research in Medicine, 2018, it is evident that mostly middle aged women between age group of 26 to 40 yrs are more affected and mostly Calcarea carb and Phosphorus were prescribed, and suggested that homeopathic medicine got fast result and more effective in uterine fibroid cases [16]

An elaborated clinical trial was conducted at Sharma Homoeopathy Chikitsalya and Research Center, in patients suffering from uterine fibroids, to assess the efficacy of LM and CH potencies of homoeopathic medicines. The study was conducted in a total sample of 47 patients for 18 months. Group A (23 patients) were administrated with initial medicine in 0/1 potency and Group B (24 patients) started with 30C potency, three times a day for 3 days. At the end of the study it is evident that, Irrespective of the potency scale, the homeopathic medicine showed considerable reversal of the symptoms and improvement in the quality of life [17].

A prospective observational study was conducted at Princess Durru Shehvar Children's and General Hospital, Hyderabad in coordination with its Extension Unit of Drug Standardization Unit (Hyderabad) of Central Council for Research in Homoeopathy during September 2006 - August 2009 to arrive at a group of useful homoeopathic medicines for its treatment. 183 patients with were screened as per the pre-set criteria and 103 patients were enrolled. Homoeopathic Medicines were prescribed to the enrolled patients based on reportorial result on symptom totality. The improvement of the patients were assessed through the clinical symptoms and USG pelvis. It is observed that out of the 71 patients who continued as participants till the end of study period, 12 patients resolved their condition completely. There shows a significant reduction in some of the symptoms as well as in size of fibroid. Calcarea carbonica, Lycopodium, Sulphur, Pulsatilla, Phosphorus, and Kali carbonica were found to be most useful among the prescribed homoeopathic medicines. This study showed a positive results in terms of reduction and resolution of Uterine fibroids with homoeopathic treatment [18]

In a case of 43 year old female where there is prominent objective signs of meno-metrorrhagia with an uterine fibroma having size of 30mm x 28mm on posterior wall, 4 doses of Sepia officinalis 30C was administrated which brings symptomatic relief even within a month after the first dose [19].

A prospective, before and after comparison pilot trial involving patients suffering from symptomatic uterine leiomyoma was conducted in India between January 2010 -September 2012. Samples were selected from patients attending the obstetrics-gynaecology outpatient department of the hospital demanding homeopathic treatment who fulfilled the eligibility criteria. Repertorisation was done for all the cases with Homopath version 8.0 software based on the patient totality. Mostly 4 constitutional remedies and 3 acute remedies were prescribed intercurrently. The most frequently prescribed constitutional homeopathic medicines were Calcarea carbonica, Sulphur, Thuja occidentalis and Phosphorus in different centesimal and 50 millesimal potencies. The other remedies prescribed in few cases were Aurum muriaticum, Ustilago maidis, and Calcarea fluorium as intercurrent "acute remedies". Calcarea carbonica accounted for 33.3% of constitutional prescriptions. Based on the Homeopathic principle a single medicine in minimum dose at a time is the mode of administration. Repetitions were advised as per need of the case. Adverse events were reported throughout the study except mild homeopathic aggravation in eighteen (52.94%) of the responder cases that resolved spontaneously without any medication [20].

A study was conducted in University of Johannesburg (South Africa) to explore patient satisfaction on homeopathic treatment in gynecological complaints and to find the areas to be improved in patient care. Patient satisfaction was determined by means of 14-item questionnaire in a sample of 38. The study suggested that majority of patients obtain favorable results. The factors which were remarked by the patients are the quality of physical examinations, medical diagnosis, patient attention by homeopaths, treatment plan, effective and user friendly homeopathic medicines, way of administration and improvement [21].

In a case report prepared by West Bengal University of Health Sciences and Department of Zoology, University of Kalyani, documented the cure of a large sized cyst in the right ovary with uterine fundal leiomyoma by Homeopathic remedies without any surgical intervention by the assistance of symptomatic, ultra-sonographic and folliculometric studies. The favorable changes were carried over by

the administration of Lycopodium 30C and Calcarea 30C. This study can encourage both the patients and physicians to opt Homeopathy as an alternative to surgical interventions [22].

In a study conducted by Ukrainian Homoeopathic Association, demands for the efficacy of Homeopathy in treating benign tumors of the connective tissue. Clinical investigation confirmed the efficiency of homeopathy to slow down and reduce the tumor size, and to arrest the pain and abnormal endometrial bleeding [23].

A prospective and observational study was conducted by Clinical Research Unit (Homoeopathy), Siliguri, Under Central Council for Research in Homeopathy in integration with the Departments of Obstetrics and Gynecology, Pathology & Microbiology, Physiology of The Calcutta Homeopathic Medical College and Hospital, Government of West Bengal, India for a period of 3-months' by documenting their prescriptions and clinical outcomes in their routine homoeopathic practice to short list enlightened areas of research and trials of homeopathy in OBG. This study reveals among the various OBG cases reported 13 % of cases were Uterine fibroid and the effective homeopathic remedies used were Pulsatilla, natrum muriaticum, calcarea phosphorica, medorrhinum, Sepia succus, sulphur, magnesia phosphorica, carbo vegetabilis, Thlaspi bursa pastoris, and Trillium pendulum [24].

CONCLUSION

Above mentioned studies assures the scope and efficiency of homeopathic medicines in managing uterine fibroid cases without much adverse effects or recurrence and also spots the role of Homeopathy as an alternative for surgical interventions. Homoeopathy finds its way of cure by considering the patient as a whole (Individualisation), despite of considering the disease diagnosis alone hence offers complete cure by healing from the root cause. The remedies most commonly used for uterine fibroid are seems to be Pulsatilla, Natrum mur, Calcarea carb, Calcarea phos, Carbo veg, Lycopodium, Mag phos, Medorrhinum, Sepia, Sulphur, Thlaspi bursa pastoris, Thuja and Trillium pendulum.²⁴ This review inspires to deal with more Uterine Fibroid cases by disclosing the opportunity of Homoeopathy for the same.

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