Uterine Fibroid and Its Homoeopathic Solution

At the present days and also in previous, a fairly large number of women have been suffering from Uterine Myomata, commonly known as Uterine Fibroid. And its present solution known to all is local removal of myoma, ie hysterotomy, or total removal of uterus ie hysterectomy, through surgery.

It is also known to all medical practitioners that post surgical hazards might be present after removal of uterus; which cannot be overlooked. It is also noted that recurrence is also present after hysterotomy.

In my opinion, organs, the god gifted organs, when defective due to disease conditions, if we tried to retain that organ it will be best for all, if possible. I also think that, there are several other factors present to restrict surgical interventions, namely, poor socio-economic status (as large amount of expenditure are required in surgical intervention), poor physical health (does not succumb to surgery and post surgical states), poor mental health (frequently patient is not prepared mentally to be operated, as she losses her organ and is in a state of shock) and along these 'age' also, if women are below 40 yrs of age and having one or no child.

From these above point of views, these conditions insisted me to do the work to solve the problem in an easy and affordable way and I have started my work long time back, nearly 11 yrs. I tried numbers of medicine to solve the problem; ultimately I found a set of medicines solve the problem with certainty.

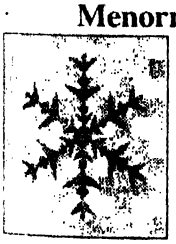
Now I present the clinical picture of uterine fibroid along with complications.

SYMPTOMS

Menstrual Disturbances

- **Menorrhagia:** The most common symptom is menorrhagia. The menstrual cycle remains unaltered but the duration of the bleeding is prolonged to as much as 10 days, and the amount lost on each day is increased. Extreme and a severe degree of anaemia can be induced. It is probable that several factors determine the severity of the menorrhagia. **In the first place** the endometrium is usually thickened, except over the surface of submucous and polypoidal tumours and the thick endometrium of itself cause excessive menstrual loss. **Secondly,** the cavity of the uterus is often greatly increased in size, so that a much larger surface than normal menstruates. **Thirdly**, the myometrium is soft and vascular, which tends again to cause excessive haemorrhage during menstruation. **Lastly**, hormonal influences probably increase the bleeding, as the ovaries are usually hyperplastic. As a rule subserous tumours have little effect upon menstruation.
- **Polymenorrhoea:** Polymenorrhoea is another but much rarer symptom with myomata, the menstrual cycle being reduced and the duration of the haemorrhage increased.
- **Metrorrhagia:** Intermenstrual bleeding arises typically when the tumour is polypoidal or submucous. With large polypi profuse and almost continuous bleeding may occur, and the tumour become infected the discharge is purulent and offensive as well. It is not uncommon for adenomatous polypi to develop in the endometrium in cases of myomata and such polypi sometimes cause slight haemorrhage during the intermenstrual part of the cycle. When irregular bleeding is encountered in a woman of menopausal or post-menopausal age the possibility of coincident uterine cancer must never be forgotten.

Pressure Symptoms: Pressure symptoms are mostly complains of patients with cervical myomata. Such tumours may almost fill the true pelvis. Pressure upon the bowel leads to constipation, while pressure upon



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the bladder causes first frequency and in extreme cases, retention of urine. Subserous tumours may become incarcerated in the pouch of Douglas and cause retention of urine. Small tumours growing from the anterior surface of the cervix or the lower part of the body, of the uterus may press upon the bladder and cause frequency of micturition and dysuria. Urinary symptoms are usually most severe immediately before the onset of menstruation. Ureteric obstruction is probably common than realized and would be more frequently diagnosed if intravenous pyelography were employed before operation. It is especially seen in the presence of cervical myoma and large tumours. Dilatation of the ureter and the renal pelvis can be expected to disappear within six months of operation in the absence of urinary infection. In a few cases, however, a permanent hydronephrosis may remain and require the attention of an expert urologist. Very rarely large tumours may cause a mild subacute intestinal obstruction by pressing the intestine against the promontory of the sacrum. Considering the bulk of some tumours it is surprising that the bowel is so rarely embarrassed.

Pressure on the great vessels of the pelvis causing of the oedema of the legs is extremely rare and unilateral oedema is almost always due to a malignant infiltration of an ovarian cancer and not to the pressure of an innocent tumour of the uterus. The same remark applies to pressure symptoms on the lumbosacral plexus and obturator nerve.

Pain: Most patients with large myomata complain of a feeling of weight in the pelvis, or lower abdomen, which they sometimes describe as a heavy feeling or a boring pain. The symptom is probably caused by the weight of the tumour pressing upon the pelvic cellular tissues. Severe abdominal pain develops with red degeneration and with torsion. Adhesions are apt to form to calcareous myomata, when colicky pains may be experienced.

Severe spasmodic dysmenorrhoea arises when myomatous polypi are being extruded though the cervix. On occasion the colicky pain may be severe enough to compel the patient to rest in bed. Patients with large vascular myomata complain of dysmenorrhoea of the congestive type arising a few days before the onset of menstruation. The sudden onset of pain in a rapidly forming myoma at or after the menopause strongly suggests a malignant degeneration.

Finally, it must be remembered that most fibroids are relatively painless and if pain is a notable symptom, the fibroid has undergone infection, red degeneration, torsion, sarcomatous changes, or there is usually some complicating condition such as endometriosis.

Discharge: A minor degree of leucorrhoea is often complained of, if the myomata are large and the cavity of the uterus increased in size, partly because of an increased secretion from the glands of the endometrium, but mainly from the endocervical glands of the hypertrophic cervix. With myomatous polypi, the discharge may be bloodstained, and if the myoma becomes infected and its surface ulcerates, the discharge becomes purulent and offensive.

Infertility and Pregnancy Complications: Although myomata may of themselves lead to infertility, pregnancy complicated by the presence of uterine myomata is extremely common. Infertility is sometimes caused by a submucous myoma distorting the cavity of the uterus. A myoma may lead to abortion, particularly if it is of the submucous type, because the endometrium is thinned out over the tumour, and if the ovum is implanted in this situation it may not obtain the requisite nutrition because of a faulty blood supply to the choriodecidual space. The presence of a myoma may provide a purely mechanical reason for abortion by virtue of its position, eg impaction in the true pelvis.

During pregnancy the myoma may undergo red degeneration causing severe abdominal pain and tenderness over the tumour, together with vomiting, fever and leucocytosis. Operative treatment is contraindicated, as the symptoms subside with rest in

bed, and further complications such as infection are almost unknown. Myomata may appear to increase in size during pregnancy, and tumours which were previously not palpable become easily recognizable as pregnancy advances. Later in pregnancy the size remains stationary, and the tumour may even seem to become smaller. After delivery, the myoma seems to shrink as the uterus involutes. Large myomata may remain in the pelvis in the early months of pregnancy and cause severe pressure symptoms, but in most cases the tumour is drawn out of the pelvis as the pregnancy proceeds. Cervical myomata, and occasionally subserous tumours may become wedged in the pelvis and offer an insuperable obstacle to delivery, so that Caesarean section has to be performed at term. Tumours in this situation may cause retention of urine about the third month of pregnancy, similar to that seen in patients with a retroverted gravid uterus. If, when performing a Caesarean section, the tumour appears easy to enucleate, it is always a temptation to the surgeon to do so. This temptation should be firmly resisted owing to the danger of very heavy and often uncontrollable bleeding. Myomectomy and Caesarean section are also associated with a greatly increased post-operative morbidity. It is always wiser to postpone myomectomy for six months when the operation is easier and safer to perform.

The obstetrical difficulties caused by myomata during labour such as malpresentation, inertia and post-partum haemorrage arises.

The myomata may lead to infertility, during the investigation of which a submucous myoma may be found on clinical examination.

Other Symptoms: Patients with myomata often complain of tachycardia and palpitations. The symptom is quite common and is probably attributable to the resultant anaemia. Similarly, it is common for patients with myomata to complain of indigestion.

Anaemia patients with myomata are apt to develop thromboses both before and after operation.

Abdominal Swelling: In a fairly large proportion of cases of myomata the patient's attention is first directed to an abdominal swelling, which is remarkably painless. It should be remembered that subserous tumours might be accompanied by no menstrual disturbances or pressure symptoms, so that the first indication to the patient that something is wrong is the development of an abdominal tumour or increasing tightness of her clothes.

Physical Signs And Diagnosis

The patient is aged about 40, either nulliparous or having had only or two children some years before. The patients often have attractive personalities, and are free of the depressions and introspections, which mark the majority of gynaecological patients. Quite often they have a good colour, but if there has been much menorrhagia the mucous membranes are pale and the complexion shallow, although some degree of malar flush persists until a severe level of anaemia has been reached.

The typical history may be one of increasing menorrhagia associated with pressure symptoms and the development of an abdominal tumour. The abdomen is found distended below the umbilicus and an abdominal swelling may be visible. On palpation a tumour is found arising from the pelvis. It is hard and firm, with a smooth surface, although several smooth oval swellings may be palpated attached to each other. The swelling is movable from side to side, from before backwards, but with little mobility from above downwards. The swelling is harder and firmer than the pregnant uterus, not so painful as the full bladder, and not fluctuant like an ovarian cyst. The swelling is dull on percussion and is not accompanied by ascites. Quite frequently a souffle can be auscultated over the swelling. On vaginal examination the physical signs differ according to the position of the tumour. With intramural and subserous tumours the cervix is found to be continuous with the abdominal swelling, and movements transmitted to the cervix are communicated to the abdominal tumour, and

conversely, movement of the abdominal tumour leads to movement of the cervix. If the diagnosis is to be made with precision the position of the body, of the uterus must be established. If the body of the uterus can be identified separate from the abdominal swelling, the latter is more likely to be an ovarian tumour or a subserous pedunculated myoma. Both the uterus and the cervix may be displaced from their normal positions by myomata. For example, a myoma attached to the back of the uterus may push the uterus and cervix forwards, and in extreme instances the cervix may be displaced upwards and forwards, above the level of the symphysis pubis, and be out of reach of the examining finger. With large cervical myomata the cervix is usually displaced upwards, while the body of the uterus, not appreciably increased in size, rests on the top of the swelling. Broad ligament tumours displace the uterus to the opposite side and myomata of the uterosacral ligaments displace the uterus upwards and forwards.

The lower pole of a myomatous polypus can be palpated by a finger placed through the external os, while if the polypus projects into the vagina the pedicle can be palpated passing upwards through the cervical canal. The possibility of the existence of chronic inversion caused by the tumour must be borne in mind. A small submucous myoma can be suspected but not diagnosed by clinical examination and if curettage fails to reveal it, only hysterography will do so by demonstrating a filling defect in the contrast medium.

Small tumours lying in the pelvis do not cause abdominal swelling, but these rarely cause difficulty in diagnosis because on bimanual examination the uterus is found to be enlarged and hard, with a bossed irregular surface. Some submuous tumours and some myomatous polypi may measure as much as 4 inch in diameter, and although lying mainly in the pelvis may be palpated on abdominal examination.

Treatment Of Myomata

In general, treatment may be conservative, radiotherapeutic, or operative.

In almost all myomata, treatment is necessary, either because of excessive haemorrhage or because of pressure symptoms. Occasionally, however, patients are seen where no treatment is necessary. In patients of post-menopausal age myomata may be discovered during routine examination, and if the patients is symptomless, immediate treatment is not necessary. Nevertheless, the patients should be watched, and if there is any suspicion of further growth of the tumour, operation is clearly indicated, for such growth would be suggestive of the development of sarcoma. Needless to say, the diagnosis must be made with absolute confidence. If, for example, the tumour happens to be an ovarian swelling, and not a myoma, an unpardonable mistake will be made. Similarly, symptomless myomata are found during the child-bearing period of life in women who are bad subjects for operation do not require treatment, but there must be no doubt about the diagnosis before this curse can be followed. Symptomless myomata are usually of the subserous type. The majority of other forms require treatment.

Conservative Treatment: Sometimes patients are seen who have small myomata in the uterus, which produce few, if any, symptoms. If such patients are likely to marry and have children, or if they are newly married and anxious to have a family, it is better to avoid operation until the women has had a chance to conceive. In the meantime, menorrhagia should be treated by rest and iron. Such patients are by no means infrequent, and should be examined periodically so that any rapid enlargement of the tumour may be detected. In practice, the question often arises as to whether a woman should be informed if she has small myomata in the uterus. If a women is likely to conceive fairly soon after the diagnosis is made, it is as well to inform her of the presence of the myomata, but it should be pointed out that the tumours, though frequently become painful during pregnancy, have a well-marked tendency to retrogress during the puerperium.

The profound anemia, which may be caused by myomata, should be corrected before the actual tumour is treated.

Now I come to my point of view; a set of homoeopathy medicines advised to the patient and direction how to take the medicines.

Homoeopathic Medicine Used

Constitutional Medicine

- *Calcarea-iod* 3x - 4 tabs 3 times a day.
- *Aurum-mur-nat* 3x - 1 tsf twice daily.
- *Trillium-pen* MT - 20 drops 3 times a day.
- *Thlaspi-bur-pas* MT -20 drops 3 times a day.
- *Fraxinus-americana* MT - 20 drops 3 times a day- If necessary.

I use these groups of medicine continuously for 4 months and thereafter ultrasonography confirm uterus regain normal health.

* Concept of multiple medicine uses comes from the chapter 'combination of homoeopathic medicine need careful handling' of 'side effects and adverse side effects symptoms of homoeopathic medicines in their lower attenuations' written by Dr P N Varma and Dr Indu Vaid of B Jain Publishers Pvt Ltd.

References

- Shaw's Textbook of Gynaecology, Ninth Edition, Edited by John Howkins and Gordon Bourne.
- Pocket Manual of Homoeopathic MM and Repertory by W Boericke, MD Reprint Ed 2001 of B Jain Publishers Pvt Ltd.

Note: In my opinion it is the best way to treat uterine fibroid, and if we establish universally, all patients suffering from uterine fibroid who do not demand surgery will be benefited.

(Editor: It is the author's opinion only. The Editors have to present various success stories)

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Homoeopathy is fast!!

Last summer, I went to my native place to attend a wedding on 2nd June, 2005. The bridegroom arrived with the "Baratis" (Wedding procession) in the late evening. The ceremony started at 10.00 pm and since it was late, guests were simultaneously having dinner.

Co-incidentally, there was another wedding being solemnized about 200-250 ft away. At about 2 am there was chaos in the neighbouring wedding "Pandal". Some one told me that the baratis of the neighbouring party were having severe abdominal cramps with vomiting. I rushed there to see that 20-25 people were put on normal saline drip by the two doctors treating them. I learnt that they had eaten some sweets and food which was cooked in the afternoon. It was a case of food poisoning. I thought to give homoeopathy medicine but the doctors and the bride's father refused as homoeopathic medicine is too slow to act"

I returned back to find that 6-7 children of our side had also developed abdominal cramps and vomiting. Apparently they had all gone to the other party and eaten their food and sweets.

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Treatment

It was a case of acute food poisoning

They were prostrated and weak

10 medicated pills of *Arsenic-album* 200 was put in a glass of water and 2 teaspoon given to all of them 1/2 hrly; within 2 hrs they were controlled

Next morning it was learnt that the affected people of the other side were driven to Varanasi for further management.

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