

Correlation Between Uterine Hypertrophy and Reproductive Health Outcome in Women of Reproductive Age and Homoeopathic Management with A Case Report

Dr. Srinivas Babu Kathi¹, Dr. Bhavya Shikha², Dr. Kavya Boini³, Dr. Darshanam Vijaya Roopini⁴, Dr. Chilukamari Rajashivani⁵, Dr. Dasari Nihala⁶, Dr. Chandupatla Alekhya⁷

¹PhD- Scholar Tania University, ²Associate professor

²Jims Homoeopathic Medical College
Venkanna Guda Telangana State

³Assistant Professor of the Department of Homoeopathic Pharmacy, Hamsa Homeopathy Medical College, Hospital & Research Centre, Siddipet (Dist.), Telangana State 502279.

^{4,5,6,7}Internee; 2019-2020 Batch, Hamsa Homeopathy Medical College, Hospital & Research Centre, Siddipet (Dist.), Telangana State 502279.

¹drsnbabukathi@gmail.com, ²drbhavyashikha86@gmail.com, ³boinikavya94@gmail.com, ⁴drroopinidarshanam@gmail.com, ⁵chilukamarirajashivani@gmail.com, ⁶dasarismitha@gmail.com, ⁷alekhyachandupatla18@gmail.com

ABSTRACT

Background:

Uterine fibromyomas are the commonest benign neoplasm arising from the uterus seen in women of reproductive age group causing bulky uterus. The enlargement of uterus is due to uterine fibroids, adenomyosis, myohyperplasia, pyometra, hematometra, Lochiometra, malignancy. The Prevalence of fibroids is 35 to 45 years and of adenomyosis is high amongst infertile women.⁶

Uterine fibromyomas (Leiomyoma, Fibroma, Fibroids) are the commonest benign neoplasm arising from uterus seen in women of Reproductive age. Incidence varies from 5% - 20% of women.³

Uterine fibroid in pregnancy – about 1 in 1000 and it depends on population.⁶

Introduction:

Uterine hypertrophy is common in women of reproductive age group due to various benign and malignant pathologies resulting in adverse reproductive outcomes. In homoeopathy uterine hypertrophy is not just approached as localized pathology but as a constitutional imbalance.⁶

Materials and Methods: Literature search was done from standard authenticated text books, Homeopathic books, research data bases.

Result: Summary of the case: A female patient of age 47 yrs k/c/o Diabetes mellitus came to the clinic with complaints of profuse menstruation associated with pain during menses, Burning in palms and soles. On homoeopathic treatment, after considering the case analysis and repertorial analysis, the chosen similimum is proven to be effective in treating uterine hypertrophy.

Conclusion: Uterine hypertrophy is associated with profuse bleeding and pain during menses. This case illustrates that individualised homoeopathic management, including the administration of lac caninum 200 contributed to reduced hypertrophy of uterus and maintenance of diabetes mellitus

Keywords: Uterus, Uterine enlargement, Reproductive age, Uterine fibroids, Ultrasonography. Homoeopathic individualised treatment.

1. INTRODUCTION

OBJECTIVES: The objective of this case report is to evaluate the effectiveness of Homoeopathic medicine in managing uterine hypertrophy.

2. REVIEW OF LITERATURE

Embryology:

The epithelium of the uterus develops from the fused paramesonephric ducts. The myometrium is derived from surrounding mesoderm.⁴

Gross anatomy of uterus

Uterus is a hollow pyriform muscular organ situated in the pelvis between bladder in front and the rectum behind.⁶

Measurements: Uterus measures about 8cm long, 5cm wide, at the fundus and its walls are about 1.25 cm thick. Its weight varies from 50 to 80 grams.⁶

Parts: Upper expanded part is Body, the wall of the body consists of three layers. Parametrium, Myometrium, Endometrium. Lower cylindrical part is Cervix. The junction of these two parts is marked by a circular constriction called isthmus. Part of uterus above the opening of fallopian tube is called fundus.⁵

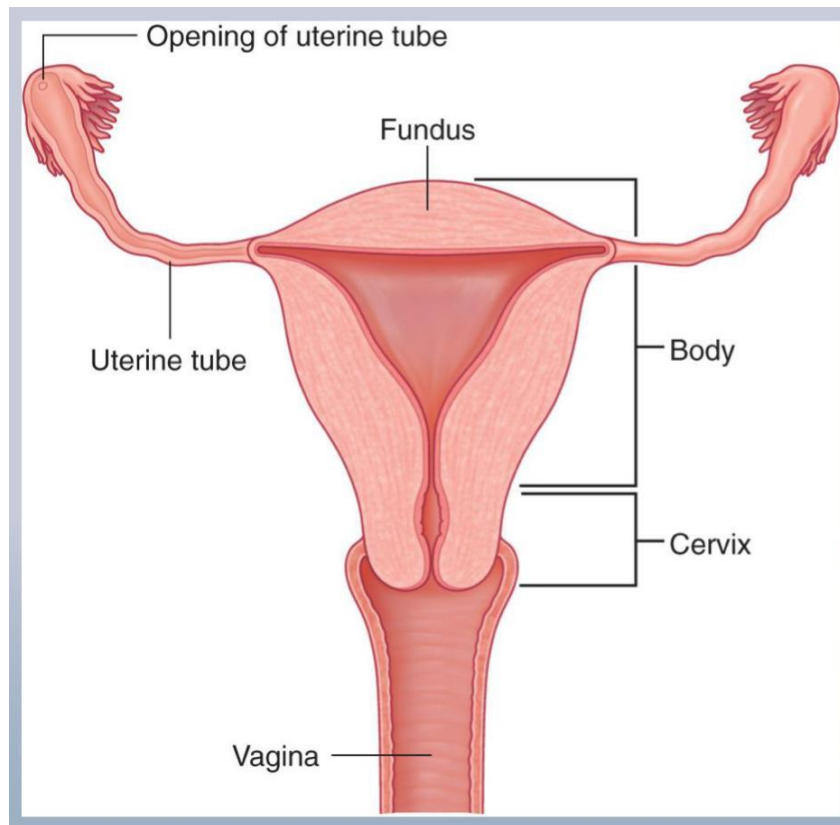


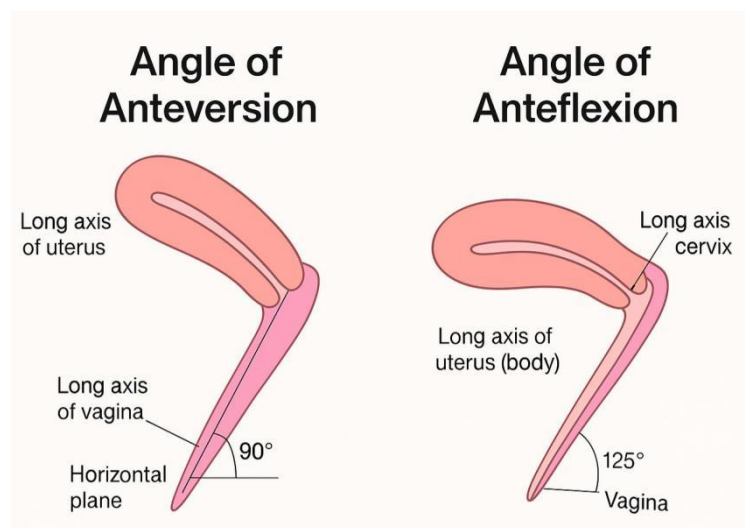
Image source⁵: Normal position and angulations

Normally, the long axis of the uterus forms an angle of about 90° with long axis of vagina. The angle is open forwards.

Anteversion - The forward tilting of the uterus relative to vagina is called Anteversion.

Retroversion - The backward tilting of the uterus relative to vagina is known as Retroversion.

Anteflexion - The uterus is also slightly flexed at the level of anteflexion is 125°



3. APPLIED ANATOMY

Supports of uterus:

Primary Supports – Pelvic diaphragm, Perineal body, Distal urethral sphincter mechanism, Uterine axis, Pubocervical ligaments, Transverse cervical ligaments of Mackenrodt, Uterosacral ligaments, Round ligaments of uterus.⁵

Secondary supports – Broad ligaments, Vesicouterine pouch and fold of peritoneum, Rectovaginal or rectouterine pouch and fold of peritoneum.⁵

APPLIED PHYSIOLOGY

Functions of uterus:

The uterus nurtures the fertilized ovum, which passes through the fallopian tube. The ovum then implants into the endometrium, where it receives nourishment from the blood vessels. As the embryo grows and matures, the uterus expands to accommodate the developing fetus. During normal labor the uterus contracts as the cervix dilates, resulting in delivery of the infant.¹

Pathophysiology:

Estrogen stimulation of Endometrium, is unopposed by progesterone causes proliferative glandular epithelial changes and hyperplasia causing enlargement of uterus. Endometrial hyperplasia results from estrogen predominance and relative progesterone insufficiency causes for estrogen excess. Hyperplasia is due to prolonged exposure to estrogens.

Endometrial polyps – Endometrial polyps mostly arise because of hyperplasia of Endometrium. Endometrial lining protrude into uterine cavity as Polyps. They may appear single or multiple as pink swellings 1 – 2cm diameter with pedicle.³

Causes of enlargement of uterus ⁵:

Pregnancy, Submucous or intramural fibroid, Adenomyosis, Myohyperplasia, Pyometra, Hematometra, Lochiometra, Malignancy Dysmenorrhea, dyspareunia, menorrhagia, infertility.

Signs and symptoms ⁶:

1. Menstrual disturbances: Menorrhagia, polymenorrhagia, Inter Menstrual bleeding, Continues bleeding, postmenopausal bleeding.
2. Infertility
3. Pain: Spasmodic Dysmenorrhea, Backache, Abdominal pain.
4. Lump in the abdomen or mass protruding at the introitus.
5. Pressure symptoms on adjacent viscera – bladder, rectum.

Investigations ⁶:

1. Clinical Evaluation: History, Bimanual examination
2. Ultrasound: Transvaginal and Transabdominal USG
3. Doppler USG

4. Endometrial Biopsy
5. MRI Pelvis
6. CT Scan
7. Hysteroscopy
8. D&C
9. Laproscopy

CASE REPORT:

A 47 year old muslim female, house wife who is k/c/o Diabetes mellitus since 2 yrs approached to the clinic on 05/12/2023 with the complaints of

1. Burning in palms and soles since 6 months
2. Profuse menstruation associated with pain during menses since 6 months

H/O presenting complaints:

Patient is suffering with Diabetes mellitus since 2 yrs with the complaints of increased frequency of urination and generalized weakness for which she is on allopathic medication. Since 6 months she gradually developed burning in palms and soles.

Patient is also suffering from profuse menstruation associated with spasmodic dysmenorrhea since 6 months. Character of the flow: profuse, bright red, stringy in nature. No. of days: 7. LMP: 15/8/2023.

Treatment History: on allopathic medication for Diabetes mellitus since 2 years.

Past History:

Typhoid – 10 years back

Anaemia 1 yr back

Family History:

Mother: K/C/O Diabetes mellitus

Husband: K/C/O Hypertension

Physical Generals:

- Appetite: increased
- Thirsty for large quantities
- Increased flow of urine at night
- Chilly patient

Vital data:

Pulse rate: 68/min

Heart rate: 72 bpm

Blood pressure: 120/80 mm of Hg

Height: 153cm

Weight: 62kgs

BMI: 26.5kg/m²

No signs of pallor, clubbing and cyanosis.

Life space investigation: Patient hails from a middle-class family. Relationship with family is good. She did not study much. Got married at the age of 21 yrs.

Mental history:

Anxious about her health, thinking that her problem is incurable, weeping tendency.

Diagnosis: K/C/O Diabetes mellitus, cholelithiasis with bulky uterus

Investigations performed: USG of the abdomen and pelvis (TVS) on 22/8/2023

Findings:

- Mild Hepatomegaly with grade 1 fatty liver
- Cholelithiasis
- Mild bulky uterus with coarsened echotexture
- Endometrial polyps (two small, well defined, oval shaped hyperechoic SOL's measuring 7x4 mm and 6x4 mm seen in endometrial cavity)
- Minimal free fluid in pouch of Douglas

HbA1C on 21/11/2023: 8.2 %

Case analysis:

Mental generals:

1. Anxious about her health
2. thinking that her problem is incurable

Physical generals:

1. Appetite: increased
2. Thirsty for large quantities of water
3. Increased flow of urine at night

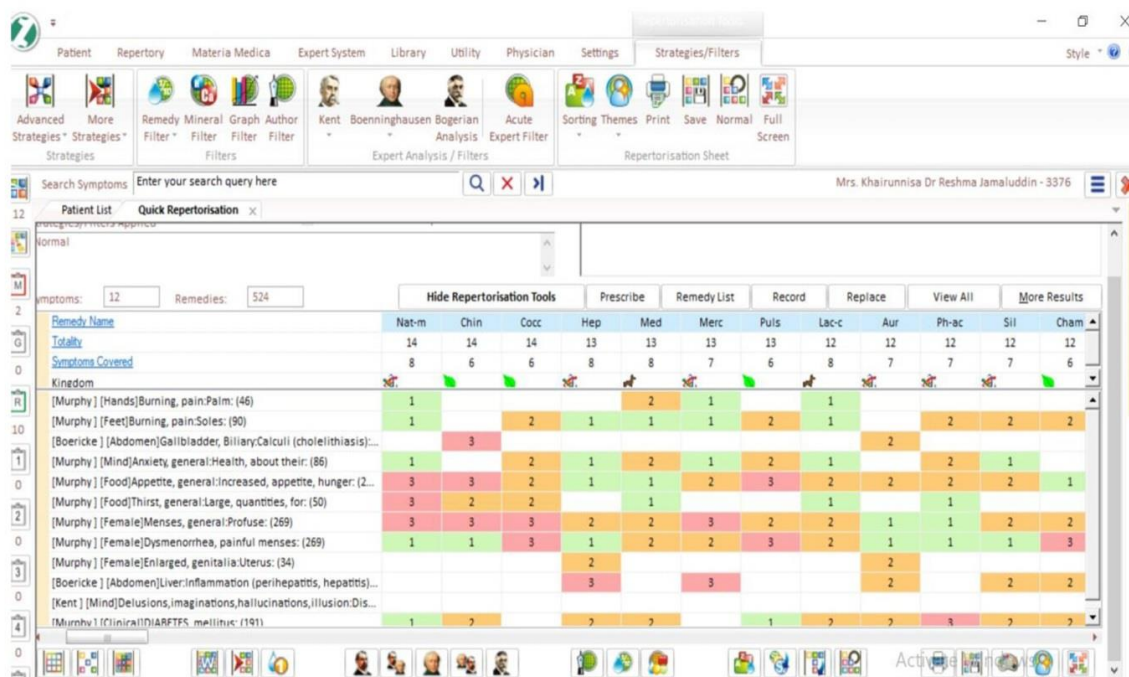
Characteristic particulars:

1. Burning in palms and soles
2. Profuse menses associated with dysmenorrhea

Clinical findings:

1. Cholelithiasis
2. Hepatomegaly
3. Fatty liver
4. Bulky uterus

Repertorial Totality:



| Remedy Name | Nat-m | Chin | Cocc | Hep | Med | Merc | Puls | Lac-c | Aur | Ph-ac | Sil | Cham |
|---|-------|------|------|-----|-----|------|------|-------|-----|-------|-----|------|
| Totally | 14 | 14 | 14 | 13 | 13 | 13 | 13 | 12 | 12 | 12 | 12 | 12 |
| Symptoms Covered | 8 | 6 | 6 | 8 | 8 | 7 | 6 | 8 | 7 | 7 | 7 | 6 |
| Kinedom | | | | | | | | | | | | |
| [Murphy] [Hands] Burning, pain: Palm: (46) | 1 | | | | 2 | 1 | | 1 | | | | |
| [Murphy] [Feet] Burning, pain: Soles: (90) | 1 | | 2 | 1 | 1 | 1 | 2 | 1 | | 2 | 2 | 2 |
| [Boericke] [Abdomen] Gallbladder, Biliary: Calculi (cholelithiasis):... | | 3 | | | | | | | 2 | | | |
| [Murphy] [Mind] Anxiety, general: Health, about their: (86) | 1 | | 2 | 1 | 2 | 1 | 2 | 1 | | 2 | 1 | |
| [Murphy] [Food] Appetite, general: Increased, appetite, hunger: (2... | 3 | 3 | 2 | 1 | | 2 | 3 | 2 | 2 | 2 | 2 | 1 |
| [Murphy] [Food] Thirst, general: Large, quantities, for: (50) | 3 | 2 | 2 | | 1 | | | 1 | | 1 | | |
| [Murphy] [Female] Menses, general: Profuse: (269) | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 1 | 1 | 2 | 2 |
| [Murphy] [Female] Dysmenorrhea, painful menses: (269) | 1 | 1 | 3 | 1 | 2 | 2 | 3 | 2 | 1 | 1 | 1 | 3 |
| [Murphy] [Female] Enlarged, genitalia: Uterus: (34) | | | | 2 | | | | | 2 | | | |
| [Boericke] [Abdomen] Liver: Inflammation (perihepatitis, hepatitis):... | | | | 3 | | 3 | | | 2 | | 2 | 2 |
| [Kent] [Mind] Delusions, imaginations, hallucinations, illusion: Dis... | | | | | | | | | | | | |
| [Murphy] [Mind] Irritability: Irritability: (191) | 1 | | | | | | 1 | | | | | |

Remedies covered:

Natrum muriaticum, China, Coccus, Lac can, Hepar sulph, Medorrhinum.

Rx: Lac can 200 1 dose, SL for 15 days

General management:

Advised intake of low glycemic index vegetables, nuts and fruits.

Advised to practice meditation for stress management.


Follow up:

| S.NO | DATE | COMPLAINTS | TREATMENT GIVEN |
|------|-----------|--|-----------------------------------|
| 1 | 5/12/2023 | Burning in palms and soles- slightly better than before. | Lac can 200 3 doses SL 15 days |

| | | | |
|---|------------|---|--|
| | | <p>Increased flow of urine at night D/N: 4/5-6 times</p> <p>LMP: 16/11/2023</p> <p>Character of flow: profuse, bright red, flow was for 6 days.</p> <p>Dysmenorrhoea- better than before</p> <p>General weakness – improved slightly.</p> <p>Generals- good</p> | |
| 2 | 26/12/2023 | <p>Burning in palms and soles- same as before</p> <p>Increased flow of urine at night D/N: 4/5-6 times</p> <p>LMP: 16/12/2023</p> <p>Character of flow: profuse, bright red, flow was for 5 days.</p> <p>Dysmenorrhoea- better than before</p> <p>No general weakness</p> | <p>Rubrum 3 doses</p> <p>Phytum 1 month</p> |
| 3 | 27/01/2024 | <p>Burning in palms and soles- reduced by 50%</p> <p>Increased flow of urine at night D/N: 4/5-6 times</p> <p>LMP: 17/01/2024</p> <p>Character of flow: profuse, bright red, flow was for 5 days with clots.</p> <p>Dysmenorrhoea- better than before</p> | <p>Lac can 200 3 doses</p> <p>SL 1 month</p> |
| 4 | 25/02/2024 | <p>Burning in palms and soles- reduced by 50%</p> <p>LMP: 17/02/2024</p> <p>Character of flow: profuse, bright red, flow was for 5 days, clots reduced</p> <p>Dysmenorrhoea- better than before</p> | <p>Nihilinum 3 doses</p> <p>Rubrum 1 month</p> |
| 5 | 27/03/2024 | <p>Burning in palms and soles- reduced by 70%</p> <p>LMP: 17/03/2024</p> | <p>Nihilinum 3 doses</p> <p>Rubrum 1 month</p> |

| | | | |
|---|------------|--|------------------------------------|
| | | Flow was for 5 days, quantity: normal. Dysmenorrhoea- reduced by 50% Increased flow of urine at night D/N: 4/5 times | |
| 6 | 26/04/2024 | LMP: 18/04/2024 Quantity: normal, flow was for 4 days Dysmenorrhoea- much reduced than before Burning of palms and soles- better than before Sleep- Disturbed Increased flow of urine at night D/N: 4/5 times | Lac can 200 3 doses SL 1 month |
| 7 | 23/06/2024 | Burning of palms and soles on and off Sleep- Disturbed LMP: 17/05/2024, LMP: 18/06/2025 Quantity: normal, flow was for 4 days Dysmenorrhoea- first 2 days Increased flow of urine at night D/N: 4/5 times | Lac can 200 3 doses SL 1 month |
| 8 | 07/09/2024 | Patient came with USG abdomen report dated 06/09/2024 <ul style="list-style-type: none">Findings: Grade I fatty liver, cholelithiasis Burning of palms and soles- reduced LMP: 18/07/2024, 17/08/2024 Quantity: normal, flow was for 4 days Dysmenorrhoea- first 2 days Generals- good | Lactopen 3 doses Rubrum 1 month |

Before treatment



PRIME

DIAGNOSTICS

17-1-213/1/3, Santosh Nagar Main Road, Hyd - 59
 Tel : 95 81 34 24 24, 95 81 54 24 24, 95 81 74 24 24
 85 00 84 24 24, 81 42 84 24 24

| | |
|--------------------------------|----------------------------------|
| PtName : [REDACTED] | Regno : 100991 |
| Age/Gender : 47 Years/ Female | Reg date : 22/08/2023 09:47:28 |
| Referredby : Dr.EXCEL HOSPITAL | Reportdate : 22/08/2023 10:56:48 |

ULTRASONOGRAM OF THE ABDOMEN & PELVIS (TVS)

| | |
|------------------------|--|
| LIVER | Mildly increased in size (19.3 cms) with increased echogeneity. No intra or extra hepatic biliary duct dilatation. CBD & Portal vein are normal. |
| GALL BLADDER | E/o few (3) calculi, largest measuring 15 mm with minimal echogenic sludge seen in GB - Cholelithiasis. |
| PANCREAS | Head, body, visualized parts of tail are normal. |
| SPLEEN | Normal in its size, shape and echotexture. |
| RIGHT KIDNEY | Size : 105 x 36 mm Right kidney is normal in size, shape and echotexture. Collecting system is normal. No evidence of calculi. |
| LEFT KIDNEY | Size : 107 x 50 mm Left kidney is normal in size, shape and echotexture. Collecting system is normal. No evidence of calculi. |
| URINARY BLADDER | Normal. No calculi. |
| UTERUS | Size : 78 x 41 x 52 mm Mild bulky uterus with coarsened echotexture. Endometrial thickness : 7 mm. E/o two Small, well defined, oval shaped hyperechoic SOL's, measuring 7x4 mm and 6x4 seen in endometrial cavity - ? Polyps. |
| OVARIES | Right ovary : 39 x 20 mm; Left ovary : Not visualised clearly. |

Aorta and IVC are normal.


Excess bowel gas seen in the abdomen.


IMPRESSION :

- Mild Hepatomegaly with Grade I Fatty Liver.
- Cholelithiasis.
- Mild bulky uterus with coarsened echotexture.
- ? Endometrial polyps.
- Minimal free fluid in pouch of Douglas.

- For clinical & MRI PELVIS correlation.

Adv : Follow up.




 Dr. S. Altaf Ali M.D
Radiologist


 Dr. Syed Naziya M.D, DMRE
Radiologist

Dr. R.Anusha MD
Radiologist

Dr. Manasa Reddy M.D
Radiologist

After Treatment



| | | |
|------------------------|-----------------------------|-----------------------------|
| MR No : 96952 | Pt. Name : [REDACTED] | Requisition : 06/09/2024 |
| Req. No : 24256120 | Age/Sex : 45 Years / Female | Sampling Date : |
| Mobile No : 9948411838 | | Reporting Date : 06/09/2024 |

ULTRASOUND WHOLE ABDOMEN

LIVER : Normal in size and increased echotexture. No focal area of altered echotexture in liver parenchyma. No IHBD. Portal vein and CBD are normal.

GALL BLADDER: **Three 15 mm calculi seen.**

SPLEEN : Normal in size and echotexture . No focal lesion seen.

PANCREAS : Normal in size and echotexture .No evidence of any calcification's in pancreatic region . No evidence of any collection in relation to pancreas

KIDNEYS: Right kidney : 10.9 x 4.1 cm , Left kidney : 10.4 x 3.9 cm ,Normal in size and echotexture . Corticomedullary differentiation is maintained . No hydronephrosis or calculi seen

URINARY BLADDER : Normal .

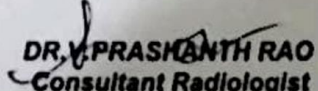
UTERUS : Normal in size and measures 6.8 x 3.9 x 3.6 cm. Endometrium : 6.8 mm

OVARIES : Not visualized.


IMPRESSION :


- * **GRADE-I FATTY LIVER.**
- * **CHOLELITHIASIS.**

—For clinical correlation.


DR. V. PRASHANTH RAO
Consultant Radiologist

Before treatment






Name : [REDACTED]
 Vial ID : 361421
 Age/Gender : 47 Years / Female
 Collected On : 21-Nov-2023 02:27 PM
 Ref By : Self
 Registered On : 21-Nov-2023 02:20 PM
 Req No. : SMN23126288
 Reported On : 21-Nov-2023 05:00 PM
 Sample Type : WB-EDTA
 Client Code : CMLTSF15
 Client Name : ACCURATE DIAGNOSTICS-CMLTSF15


| Glycosylated Hemoglobin (GHb/HbA1c) | | | |
|---|-----------------|-------|---|
| Test Name | Observed Values | Units | Biological Reference Intervals |
| * GLYCOSYLATED HAEMOGLOBIN (HbA1C) Method: HPLC | 8.2 | % | Non-diabetic: ≤ 5.8 % Pre-diabetic: 5.8 - 6.5 % Diabetic: ≥ 6.5 % |
| * Approximate mean plasma glucose Method: Calculated | 188.64 | mg/dL | <111 |

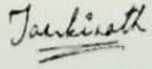
INTERPRETATION::

| | HbA1C Value in % | Average Glucose in mg/dL | Impression |
|---|------------------|--------------------------|---------------------------|
| A hemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to hemoglobin. If HbA1c levels are high, it may be a sign of diabetes, a chronic condition that can cause serious health problems, including heart disease, kidney disease, and nerve damage. Note: The HbA1c test is not used for gestational diabetes, a type of diabetes that only affects pregnant women, or for diagnosing diabetes in children. References American Diabetes Association. Standards of medical care in diabetes—2014. Diabetes Care. 2014 Jan;37 Suppl 1:S14-80. | 4.0 | 68 | Non-Diabetic |
| | 4.5 | 82 | |
| | 5.0 | 97 | |
| | 5.5 | 111 | |
| | 6.0 | 125 | Pre-Diabetic/Good Control |
| | 6.5 | 140 | Diabetic/Poor Control |
| | 7.0 | 154 | |
| | 7.5 | 169 | |
| | 8.0 | 183 | |
| | 8.5 | 197 | |
| | 9.0 | 212 | |
| | 9.5 | 226 | |
| | 10.0 | 240 | |




Ashish Sarkar M.Sc (PhD)
LAB MANAGER



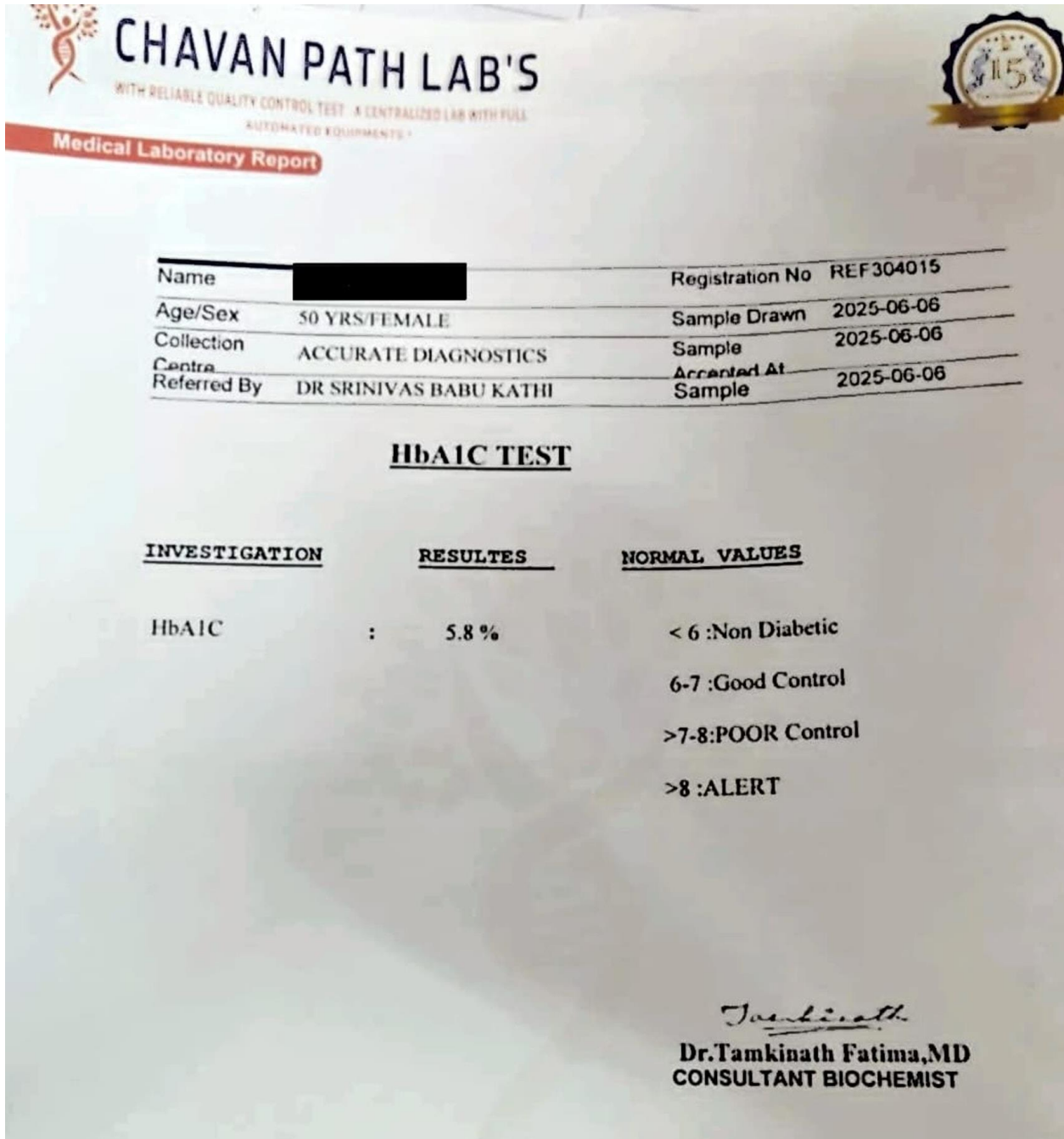


Dr. Tamkinath Fatima, MD
CONSULTANT BIOCHEMIST

End Of The Report



Please Correlate With Clinical Findings If Necessary Discuss This is an Electronically Authenticated Report

After Treatment

CHAVAN PATH LAB'S
WITH RELIABLE QUALITY CONTROL TEST • A CENTRALIZED LAB WITH FULL AUTOMATED EQUIPMENTS •

Medical Laboratory Report

| | | | |
|-------------------|------------------------|--------------------|------------|
| Name | [REDACTED] | Registration No | REF304015 |
| Age/Sex | 50 YRS/FEMALE | Sample Drawn | 2025-06-06 |
| Collection Centre | ACCURATE DIAGNOSTICS | Sample Accepted At | 2025-06-06 |
| Referred By | DR SRINIVAS BABU KATHI | Sample | 2025-06-06 |

HbA1C TEST

| <u>INVESTIGATION</u> | <u>RESULTES</u> | <u>NORMAL VALUES</u> |
|----------------------|-----------------|--|
| HbA1C | : 5.8 % | < 6 :Non Diabetic 6-7 :Good Control >7-8:POOR Control >8 :ALERT |

Tamkinath
Dr.Tamkinath Fatima,MD
CONSULTANT BIOCHEMIST

4. CONCLUSION:

Homoeopathy is a holistic system of medicine that aims to treat the individual as a whole. A bulky uterus can significantly impact a woman's quality of life causing symptoms such as heavy bleeding, pelvic pain and discomfort. Homoeopathic remedies for uterine hyperplasia may focus on balancing hormonal levels, reducing symptoms and promoting overall reproductive health.



5. ACKNOWLEDGEMENT:

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CONFLICT OF INTEREST: All authors declare that they have no conflicts of interest.

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