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## AVOIDANCE OF SURGERY IN A CASE OF SYMPTOMATIC UTERINE FIBROIDS WITH CHRONIC MENORRHAGIA THROUGH CONSTITUTIONAL HOMEOPATHIC TREATMENT: AT DR BATRA'S

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### Abstract

Uterine fibroids are among the most common benign gynecological tumors affecting women of reproductive and perimenopausal age. They frequently present with heavy menstrual bleeding, prolonged menstrual cycles, anemia, pelvic discomfort, and deterioration in quality of life. Surgical intervention is often recommended when symptoms become persistent or severe. This case report describes a 49-year-old homemaker suffering from symptomatic uterine fibroids associated with prolonged heavy menstrual bleeding, anemia, weakness, hypothyroidism, and pelvic symptoms. The patient had been advised surgical intervention but sought homeopathic treatment to avoid surgery. Individualized constitutional homeopathic management resulted in progressive reduction in menstrual bleeding, stabilization of fibroid-related symptoms, improvement in hemoglobin status and general health, and eventual remission through the menopausal transition without surgical intervention. This case documents a significant clinical transformation achieved at Dr Batra's Homeopathy Clinic.

### Keywords:

Uterine Fibroid, Menorrhagia, Dysfunctional Uterine Bleeding, Homeopathy, Avoidance of Surgery, Constitutional Treatment

## **Introduction**

Uterine leiomyomas, commonly known as fibroids, are benign smooth muscle tumors of the uterus affecting a substantial proportion of women during their reproductive years. Clinical manifestations depend on size, location, and hormonal responsiveness of the fibroid.

The most common symptoms include excessive menstrual bleeding, prolonged periods, pelvic pressure, anemia, fatigue, dysmenorrhea, and impaired quality of life. Conventional management ranges from hormonal therapy to hysterectomy depending on symptom severity.

Many women seek alternative treatment when surgery is advised but fertility preservation, uterine preservation, or avoidance of surgery is desired. Constitutional homeopathy offers an individualized approach that aims to address both local pathology and the patient's overall constitutional susceptibility.

This case illustrates successful long-term homeopathic management of symptomatic uterine fibroids with chronic menorrhagia in a patient who wished to avoid surgery.

## **Case Profile**

Age: 49 Years

Gender: Female

Occupation: Homemaker

Marital Status: Married

Residence: Originally from Odisha, residing in Bengaluru for approximately 24 years.

## **Chief Complaints**

### **Uterine Fibroids**

- Diagnosed on ultrasonography
- Symptomatic for several years

### **Menorrhagia**

- Excessively heavy menstrual bleeding
- Prolonged menstrual duration
- Passage of clots
- Requirement of multiple sanitary pads daily
- Recurrent weakness following menstruation

### **Associated Symptoms**

- Anemia
- Fatigue
- Bone pains
- Backache during menstrual periods
- Hypothyroidism

### **History of Present Illness**

The patient had been suffering from uterine fibroids associated with heavy and prolonged menstrual bleeding. Menstrual periods frequently extended beyond the normal duration and were associated with significant blood loss, resulting in weakness, fatigue, and anemia.

At the time of consultation, the patient had already undergone conventional evaluation and had been advised surgery by her gynecologist because of persistent symptoms. However, she was reluctant to undergo surgery and opted for constitutional homeopathic treatment.

Over the course of treatment, gradual reduction in bleeding intensity, improvement in menstrual regularity, reduction in weakness, and stabilization of fibroid-related symptoms were observed. Ultimately, the patient successfully crossed the menopausal transition without requiring surgical intervention.

### **Menstrual History**

Initially:

- Heavy menstrual bleeding
- Prolonged bleeding episodes
- Passage of clots
- Weakness after menses
- Menorrhagia
- Dysfunctional uterine bleeding

During treatment:

- Progressive reduction in bleeding intensity
- Reduction in clotting
- Improved cycle control
- Less weakness

- Eventual transition toward menopause

Multiple follow-ups documented gradual control of bleeding and stabilization of menstrual health.

### **Detailed Mental Generals**

The patient was born and brought up in Odisha in a close-knit family consisting of her parents, elder brother, and elder sister. Being the youngest child, she was affectionately cared for and enjoyed a protected upbringing.

She completed her graduation and married at the age of 22 years. Following marriage, she relocated to Bengaluru and adapted well to her new environment without major emotional difficulties.

She describes herself as friendly, sociable, and approachable. Establishing relationships comes naturally to her and she easily makes friends. She enjoys interacting with people and derives satisfaction from helping others.

A prominent aspect of her personality is her nurturing nature. She enjoys cooking, feeding family members and guests, and feels emotionally fulfilled when others appreciate her efforts. She is known among friends and relatives for her generosity and hospitality.

She has a strong artistic inclination, enjoys singing, participating in cultural activities, and social gatherings. Earlier she was energetic and actively involved in household and social responsibilities, though prolonged illness gradually reduced her energy levels.

The major emotional concern in recent years has been anxiety regarding the future of her children and concern regarding the health of her aging parents residing in Odisha. Living away from them has been emotionally difficult, especially since she has been unable to visit them frequently.

Despite these concerns, she remains optimistic, affectionate, helpful, and emotionally expressive.

### **Physical Generals**

Appetite: Normal

Diet: Mixed diet, non-vegetarian occasionally

Desire: Sweets

Aversion: None marked

Thirst: Increased (more than 2 litres/day)

Thermal State: Moderate

Sleep: Generally good

Perspiration: Mild

Bowel Habits: Constipation with hard stools

History of piles

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### **Past History**

- Hypothyroidism
  - Anemia
  - Piles
  - Gastritis in younger years
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### **Family History**

Parents elderly and living in Odisha

No significant hereditary gynecological pathology reported.

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### **Investigations**

TSH: 3.6 mIU/L

Ultrasonography:

Multiple uterine fibroids documented.

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### **Homeopathic Analysis**

#### **Characteristic Mental Symptoms**

- Friendly and affectionate
- Sympathetic nature
- Helpful disposition
- Loves company
- Loves feeding others

- Artistic inclination
  - Anxiety regarding children
  - Concern regarding parents
- 

### **Characteristic Physical Generals**

- Desire for sweets
  - Increased thirst
  - Constipation
  - Weakness after bleeding
  - Menorrhagia
  - Bone pains
- 

### **Particular Symptoms**

- Uterine fibroids
  - Heavy menstrual bleeding
  - Prolonged menses
  - Clots
  - Backache during menses
  - Anemia
- 

### **Totality of Symptoms**

1. Mind – Affectionate
2. Mind – Sympathetic
3. Mind – Anxiety about family
4. Mind – Desire to care for others
5. Generalities – Desire for sweets
6. Generalities – Increased thirst
7. Female Genitalia – Fibroids

8. Female Genitalia – Menorrhagia
  9. Female Genitalia – Prolonged menses
  10. Female Genitalia – Clotted bleeding
  11. Generalities – Weakness from loss of fluids
- 

## **Remedy Selection**

### **Constitutional Remedy**

#### **Phosphorus 200C**

#### **Basis of Prescription**

The patient demonstrated a classical Phosphorus constitution characterized by:

- Warm and affectionate personality
- Friendly and sociable disposition
- Desire for company
- Sympathetic and helpful nature
- Emotional concern for family
- Desire for sweets
- Weakness following blood loss
- Chronic gynecological pathology

The totality corresponded closely with Phosphorus.

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### **Organ / Supportive Remedies**

#### **Calcarea Fluorica 6X**

Prescribed for fibrotic tissue changes and uterine fibroids.

#### **Thuja Occidentalis 200**

Used as an intercurrent remedy considering the chronic proliferative tendency.

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### **Miasmatic Analysis**

| <b>Symptom</b> | <b>Psora Sycosis Syphilis</b> |
|----------------|-------------------------------|
|----------------|-------------------------------|

|                |   |
|----------------|---|
| Fibroid growth | ✓ |
|----------------|---|

|             |   |
|-------------|---|
| Menorrhagia | ✓ |
|-------------|---|

|            |   |
|------------|---|
| Chronicity | ✓ |
|------------|---|

|                   |   |
|-------------------|---|
| Tissue overgrowth | ✓ |
|-------------------|---|

|        |   |
|--------|---|
| Anemia | ✓ |
|--------|---|

### **Predominant Miasm**

Sycotic

The proliferative nature of uterine fibroids strongly indicated sycotic predominance.

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### **Follow-Up Summary**

#### **Initial Phase**

- Heavy bleeding
- Weakness
- Menorrhagia
- Clots
- Anemia
- Surgery advised

#### **Subsequent Follow-Ups**

- Gradual reduction in bleeding intensity
- Reduction in clotting
- Less fatigue
- Improved general health
- Better menstrual regulation
- No progression of symptoms

### Long-Term Outcome

- Menstrual bleeding significantly controlled
- Fibroid symptoms stabilized
- Patient remained surgery-free
- Successful menopausal transition achieved
- Overall quality of life improved considerably.

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### Transformation Table

| Parameter               | Before Treatment | After Treatment   |
|-------------------------|------------------|-------------------|
| Menstrual Flow          | Heavy            | Controlled        |
| Duration of Bleeding    | Prolonged        | Reduced           |
| Clots                   | Frequent         | Minimal           |
| Weakness                | Severe           | Improved          |
| Anemia                  | Present          | Improved          |
| Quality of Life         | Affected         | Improved          |
| Surgical Recommendation | Present          | Surgery Avoided   |
| General Health          | Compromised      | Stable            |
| Menopausal Transition   | Symptomatic      | Smooth Transition |

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### Discussion

The present case demonstrates long-term constitutional management of symptomatic uterine fibroids associated with chronic menorrhagia and anemia. The patient initially presented with prolonged heavy menstrual bleeding severe enough for surgical intervention to be advised.

The most significant clinical problem was excessive blood loss leading to weakness, reduced quality of life, and concern regarding future surgery. The patient's constitutional profile revealed a warm, sympathetic, sociable, and nurturing personality with strong family attachments and concern for loved ones.

The selection of Phosphorus was based on characteristic mental traits together with physical generals and the tendency toward weakness following prolonged blood loss. Calcarea Fluorica was employed as supportive therapy considering the fibrotic pathology.

Serial follow-ups demonstrated gradual reduction in menstrual bleeding, decreased clotting, improved vitality, and stabilization of symptoms. Importantly, the patient avoided surgical intervention and successfully navigated the menopausal transition without recurrence of severe menorrhagia.

This case highlights the importance of individualized constitutional prescribing and long-term follow-up in chronic gynecological disorders. The outcome suggests that homeopathy may provide a valuable non-surgical option in selected cases of symptomatic uterine fibroids.

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## **Conclusion**

This case documents the successful constitutional homeopathic management of symptomatic uterine fibroids associated with chronic menorrhagia, anemia, and weakness in a 49-year-old woman who had been advised surgery. Long-term treatment resulted in substantial reduction in menstrual bleeding, improvement in general health, stabilization of fibroid-related symptoms, and complete avoidance of surgery. The case represents a significant clinical transformation achieved at Dr Batra's Homeopathy Clinic.