

# Scope of Homoeopathic Management in Simple Endometrial Hyperplasia

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**Abstract**—Simple endometrial hyperplasia (SEH) is a frequently encountered benign gynecological disorder characterized by excessive proliferation of endometrial glands due to prolonged unopposed estrogenic stimulation. It commonly presents with abnormal uterine bleeding, menorrhagia, metrorrhagia, and menstrual irregularities, especially in reproductive and perimenopausal women. Conventional management primarily includes hormonal therapy and surgical interventions, which may be associated with side effects, recurrence, and patient non-compliance. Homoeopathy offers a holistic, individualized, and conservative therapeutic approach by addressing the patient's constitutional makeup, hormonal imbalance, and underlying miasmatic predisposition. This article elaborates the scope of homoeopathic management in simple endometrial hyperplasia with emphasis on clinical correlation, detailed materia medica of commonly indicated remedies, miasmatic analysis, and repertorial considerations. The integration of clinical assessment with ultrasonographic findings and individualized homoeopathic prescription demonstrates that homoeopathy has significant potential in managing simple endometrial hyperplasia safely and effectively while improving overall quality of life.

**Index Terms**—Endometrial hyperplasia, Homoeopathy, Menorrhagia, Miasmatic analysis, Repertorization

## I. INTRODUCTION

Endometrial hyperplasia refers to abnormal thickening of the endometrial lining caused by increased proliferation of endometrial glands relative to stroma. Simple endometrial hyperplasia without atypia is considered a low-risk and potentially reversible condition. However, persistent abnormal uterine bleeding significantly affects a woman's physical,

emotional, and social well-being. From a homoeopathic standpoint, such gynecological disorders are expressions of disturbed vital force influenced by constitutional susceptibility, hormonal imbalance, and chronic miasmatic activity. Homoeopathy emphasizes individualization and holistic management rather than mere suppression of local pathology, making it especially relevant in functional uterine disorders.

## II. ETIOLOGY AND PATHOPHYSIOLOGY

The primary etiological factor in simple endometrial hyperplasia is prolonged estrogenic stimulation without adequate progesterone opposition. Conditions such as obesity, polycystic ovarian syndrome, hypothyroidism, anovulatory cycles, and perimenopausal hormonal fluctuations contribute to this imbalance. Excess estrogen leads to continuous endometrial proliferation resulting in glandular enlargement and cystic dilatation. Homoeopathically, this pathological process reflects internal disharmony and altered susceptibility of the uterine tissues.

## III. CLINICAL CORRELATION

Clinically, patients present with menorrhagia, metrorrhagia, polymenorrhea, or irregular menstrual cycles. Associated symptoms include pelvic heaviness, dysmenorrhea, fatigue, and anemia. Diagnosis is confirmed by transvaginal ultrasonography showing increased endometrial thickness and histopathological examination revealing simple hyperplasia without atypia. In homoeopathic practice, clinical correlation extends beyond

pathology to include mental state, emotional stressors, lifestyle, constitutional traits, and associated systemic complaints. Treatment response is evaluated through symptomatic improvement and serial ultrasonographic findings.

#### IV. SCOPE OF HOMOEOPATHIC MANAGEMENT

Homoeopathy plays a significant role in the conservative management of simple endometrial hyperplasia, particularly in early and non-atypical cases. The objectives include regulation of menstrual cycle, reduction of excessive bleeding, correction of hormonal imbalance, improvement of general health, and prevention of recurrence. Individualized constitutional remedies enhance the body's self-regulatory capacity and address associated conditions such as obesity, stress, and endocrine disturbances. Homoeopathy also offers psychological support by addressing emotional factors contributing to hormonal dysregulation.

#### V. MATERIA MEDICA OF IMPORTANT REMEDIES

Calcarea Carbonica is indicated in obese women with profuse, prolonged menses and glandular enlargement. Sepia Officinalis is a leading remedy in chronic uterine disorders with pelvic congestion and hormonal suppression. Pulsatilla Nigricans suits mild, emotional patients with irregular menses. Natrum Muriaticum is useful in cases associated with grief and emotional stress. Lachesis Mutus is valuable in perimenopausal women with congestive uterine symptoms. Sabina and Thlaspi Bursa Pastoris are indicated in active menorrhagia. Folliculinum acts as a sarcode remedy in estrogen-dominant states.

Calcarea Carbonica: Indicated in women with obesity, profuse and prolonged menses, early menarche, and tendency for glandular enlargement. Patients are chilly, easily fatigued, and anxious about health. Calcarea carbonica acts deeply on metabolism and hormonal regulation.

Sepia Officinalis: A leading uterine remedy indicated in menstrual irregularities, bearing-down sensation, pelvic congestion, and hormonal suppression. Emotionally, patients show indifference to family and

aversion to company. Sepia is highly effective in chronic gynecological disorders.

Pulsatilla Nigricans: Useful in mild, emotional, and changeable patients with delayed or irregular menses and thick, dark flow. Symptoms are better in open air and worse in warm surroundings. Particularly suited to hormonal imbalance following stress or suppression.

Natrum Muriaticum: Indicated in patients with suppressed grief, irregular or prolonged menses, and anemia. Menstrual complaints are often associated with emotional stress and reserved nature.

Lachesis Mutus: Especially useful in perimenopausal women with congestive uterine symptoms, dark and offensive bleeding, and aggravation before menses. Acts deeply on the vascular and hormonal systems.

Sabina: Indicated in profuse, bright red bleeding with clots and pelvic pain radiating to thighs. Often useful in structural uterine disorders with active hemorrhage.

Thlaspi Bursa Pastoris: A valuable remedy for exhausting menorrhagia with large clots, often used as an acute or intercurrent remedy.

Folliculinum: A sarcode remedy useful in estrogen-dominant states and hyperplastic conditions of the endometrium. Used as an intercurrent remedy under constitutional guidance.

#### VI. MIASMATIC APPROACH

Simple endometrial hyperplasia predominantly reflects a psoro-sycotic miasmatic background. Psora manifests as functional hormonal imbalance and menstrual irregularity, while sycosis contributes to glandular overgrowth and tissue proliferation. Correct miasmatic prescription is essential for preventing recurrence and disease progression.

#### VII. REPERTORIAL ASPECT

Repertorization is based on individual symptom totality. Important rubrics include female genitalia – menses – profuse, irregular; uterus – hypertrophy; hemorrhage – uterus; and mind symptoms such as anxiety and indifference. Kent's Repertory and Synthesis are commonly used, with final remedy confirmation through materia medica.

### 1. Rubrics From Kent's Repertory

#### Female Genitalia / Sexual Organs

- Menses – Profuse
- Menses – Prolonged
- Menses – Too frequent
- Menses – Irregular
- Menses – Clotted
- Menses – Dark
- Uterus – Enlargement
- Uterus – Hypertrophy
- Uterus – Hemorrhage

#### General & Associated Rubrics

- Abdomen – Heaviness – Pelvic region
- Back – Pain – During menses
- Generalities – Obesity
- Generalities – Weakness – From loss of fluids
- Mind – Anxiety – Health, about
- Mind – Indifference – Family, to

### 2. Rubrics From Synthesis Repertory

#### Female Genitalia

- Genitalia female – Menses – Profuse
- Genitalia female – Menses – Prolonged
- Genitalia female – Menses – Too early
- Genitalia female – Menses – Irregular
- Genitalia female – Menses – With clots
- Genitalia female – Uterus – Hypertrophy
- Genitalia female – Uterus – Congestion
- Genitalia female – Hemorrhage – Uterine

#### Hormonal / Functional

- Genitalia female – Hormonal imbalance
- Genitalia female – Estrogen excess (clinical rubric)
- Genitalia female – Menstrual disorders – Chronic

### 3. Rubrics From Complete Repertory

#### Structural & Functional

- Uterus – Hyperplasia
- Uterus – Endometrium – Thickened
- Uterus – Glandular enlargement
- Uterus – Congestion – Chronic
- Uterus – Functional disorders

#### Bleeding & Menstrual Changes

- Menses – Excessive
- Menses – Continuous
- Menses – Scanty alternating with profuse

- Menses – Late followed by profuse

### 4. Rubrics From Boenninghausen's Therapeutic Pocket Book

#### Local Pathology

- Uterine hemorrhage
- Profuse menses
- Irregular menstruation
- Congestion of uterus

#### General Modalities

- Weakness after hemorrhage
- Anemia from blood loss
- Aggravation before menses

### 5. Rubrics From Bber (Boger-Boenninghausen Characteristics Repertory)

#### Female Genitalia

- Menses – Profuse
- Menses – Prolonged
- Uterus – Congestion
- Uterus – Enlargement

#### Constitution

- Obesity
- Glandular affections
- Venous stasis

### 6. Rubrics From Clinical / Gynaecological Repertories (e.g. Murphy's Repertory, Phatak's Repertory)

- Endometrial hyperplasia (clinical rubric)
- Menorrhagia – Chronic
- Hormonal imbalance – Female
- Uterine bleeding – Dysfunctional
- Estrogen dominance

### 7. Miasmatically Relevant Rubrics

#### Psoric Rubrics

- Menses – Irregular
- Functional uterine disorders
- Hormonal imbalance

#### Sycotic Rubrics

- Uterus – Hypertrophy
- Uterus – Hyperplasia
- Glandular enlargement
- Thickened endometrium

Syphilitic (Minor role)

- Uterine hemorrhage – Destructive
- Persistent bleeding not responding

#### VIII. CONCLUSION

Homoeopathy offers a holistic, safe, and effective approach in the management of simple endometrial hyperplasia without atypia. By addressing constitutional susceptibility, hormonal imbalance, and miasmatic predisposition, homoeopathic treatment not only alleviates symptoms but also prevents recurrence. Regular follow-up and integration with clinical investigations enhance treatment outcomes. Further clinical research is recommended to strengthen scientific evidence in this domain.