

Hypothyroidism and Uterine Fibroids

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Abstract: To assess correlation of hypothyroidism with uterine fibroid and its implication in managing uterine fibroids homeopathically.

Keywords: Hypothyroidism; Uterine Fibroid; Homoeopathy

Observation: In clinical practice we observed a co-existence of hypothyroidism with uterine fibroid. At our centre in the year 2015 we had 63 cases of uterine fibroids out of which in 17 cases hypothyroidism existed as co-morbidity. This amounts to 26% cases having both Hypothyroidism and uterine fibroids. Further investigation into the matter was very interesting and I would like to share the information with readers and the value of this information in clinical practice.

A possible correlation between uterine fibroids and thyroid disease was initially reported in 1989. More recent reports on this topic are scarce. It seems that more and more women are suffering from uterine fibroids, and I wondered if there was any correlation with hypothyroidism, because quite a few women on thyroid forums reported having uterine fibroids. Studies show an association with hypothyroidism, but what's more striking are the other co-morbid medical conditions listed: anemia, psychiatric disorder, and high cholesterol.[\[1\]](#) Women who had uterine fibroids or adenomyosis (another abnormal condition of the uterus) were more likely to have these other conditions when compared to others in the general population.

Interestingly, anemia, psychiatric disorder, and high cholesterol are all symptoms of hypothyroidism.

Another study found larger fibroids in women who were obviously hypothyroid. African heritage and increasing age were two other variables found in association with uterine fibroids.

Thyroid antibodies, TPO (anti-thyroid peroxidase) and TG (thyroglobulin), did not show any association to the uterine fibroids.[\[2\]](#)

A third study found a definite association of uterine fibroids with thyroid nodules, and suggested that estrogen levels might be involved. Those who

were older and had uterine fibroids were more likely to have thyroid nodules. Those with thyroid nodules also had the lowest estradiol levels. [3]

An interesting study by Ott J, et al., [4] studied 215 infertile women who underwent reproductive surgery were examined with ultrasound for the presence of uterine fibroids. They also had blood tests to determine if they were hypothyroid (under-active thyroid).

Results: Uterine fibroids were found in 51 of the 215 women (24%). After multivariate analysis, **hypothyroidism was found to increase the risk of having fibroids by three times**. Also, larger fibroids were found in women with hypothyroidism than in those without overt hypothyroidism, (average of 7 cm in women with hypothyroid disease versus 3 cm in women without hypothyroid disease).

The study Concludes thus: Overt hypothyroidism, but not auto-antibodies against the thyroid gland, was associated with the presence of uterine fibroids.

Comments: this information of correlation of hypothyroidism with uterine fibroids is of paramount information for homoeopathic practitioners.

1. In every case of uterine fibroid always do a thyroid workup that is investigate for T3;T4 & TSH.
2. If the case is Hypothyroid maintain normal hormonal level because hypothyroid state is going to act as a block to cure for uterine fibroid.
3. In your repertory work add the rubric Goiter-External Throat if only TSH is elevated.
4. In case of Hypothyroidism (myxoedema) with Typical physical and mental slowing, lethargy, constipation, cold intolerance and characteristic signs (e.g. dry, cool skin) along with Subnormal T4 and elevated TSH, then add In your repertory work add the rubric- Myxoedema-General.
5. Always use Thyroidinum 30 as an intercurrent remedy in such cases.

6. A word about the Sarcodé Thyroidinum. Clarke is an authority on Thyroidinum. According to him a state of puffiness and obesity must be regarded as a keynote indication. He also quotes that Burnett pointed out “Brawny Swelling” as a keynote (incidentally brawny swelling means non-pitting edema). It is Clarke who has advocated use of Thyroidinum in Fibroma Uteri quoting Hansen and Burford.[5]

References

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