



# Successful Homeopathic Management of Urinary Retention Secondary to Uterine Fibroids with Hydronephrosis: A Case of Conium Personality

**Dr Sourangshu Banerjee**

Head Medical Services,

Ultadanga Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.

BHMS, MD ( Homoeopathy ) Psychiatry

**ABSTRACT:** A 49-year-old widow with adenomyosis and multiple uterine fibroids developed recurrent urinary retention with hydronephrosis and required continuous catheterization for two months. She was advised surgery but chose homeopathic care at **Dr Batra's**. Based on marked sexual suppression, emotional trauma, anxiety, and urinary symptoms, **Conium maculatum 200C** was prescribed constitutionally. Within 7 days she regained normal urination, and for the next 40 days no catheter was required. This case illustrates the effectiveness of individualized homeopathy in fibroid-related urinary retention.

**KEYWORDS:** Homeopathy; Conium maculatum; Dr Batra's

## INTRODUCTION

Uterine fibroids are common benign tumors that may rarely compress the bladder or ureters, resulting in **urinary retention** or **hydronephrosis**. Conventional management is predominantly surgical.

From a homeopathic perspective, the patient's mental and emotional disposition, sexual history, suppressed desires, past trauma, and personality traits can be essential in constituting the remedy. This report highlights how individualized treatment with **Conium**, a classic remedy for *sexual suppression, glandular pathology, and mechanical obstruction*, produced substantial improvement.

## CASE HISTORY

### Personal Details

- **Age:** 49 years
- **Sex:** Female
- **Marital Status:** Widow
- **Treatment Center:** *Dr Batra's Homeopathic Healthcare*
- **Date of onset of retention:** 25 June 2025

### Presenting Complaints

- **Acute urinary retention** → required catheter insertion
- Retention recurred immediately after removal
- **On catheter continuously for 2 months**
- **Burning in urethra** at catheter site
- **Incomplete urination + intermittent flow**

- **History of recurrent UTI (2023, 2025)**
- **Severe anxiety** regarding condition
- **Lower back pain**
- **Hard stools → straining**

#### **Gynecological History**

- **Adenomyosis**
- **Large fibroid 5.5 × 5.4 × 5.4 cm (FIGO 4–5)**
- **Posterior intramural fibroid 3.6 × 2.9 cm (FIGO 4)**
- **Flow always scanty**
- LMP: 05/08/2025
- Barometric thermal reaction

#### **USG Findings**

- **Right ureter compressed by fibroid**
- **Grade 1 Hydronephrosis**
- **Dilated pelvicalyceal system**

#### **Mental & Emotional State**

This section is required in journals—written as a narrative.

The patient had lived through years of mental torture. After marriage in 2009, her husband suffered from intellectual disability, and her in-laws were non-supportive. She faced deprivation of food, neglect, and emotional abuse.

Sexual life was unsatisfactory, causing **long-term sexual suppression**. After becoming a widow, she carried unfulfilled desires, yet suppressed them with deep guilt.

Her dreams involved **romantic and lascivious scenes**, particularly involving film actors—representing internal conflict between desire and repression.

Her anxiety was extremely high—especially about her illness, future, and fear of losing normalcy. She appeared timid, reserved, emotionally exhausted, with a suppressed persona and low confidence—a **classic Conium picture**.

#### **Generalities**

- Appetite ↓; can tolerate hunger
- Thirst ↓
- Sweat ↑ (upper body)
- Sleep ↓
- Desires: Sweet, pungent, cold food
- Aversion: Sour
- Intolerance: Milk
- Constitution: Thin, does not gain weight easily
- Stool: Hard, unsatisfactory

#### **Physical Examination**

- Catheter in situ
- Burning in urethra
- Urine flow only through catheter
- LBP due to obstruction
- Hydronephrosis on USG

## **Totality of Symptoms**

### **Mental**

1. Sexual suppression, ungratified desires
2. Anxiety – health, future
3. History of mental torture, grief
4. Lascivious dreams
5. Reserved, timid, isolated

### **Physical Generals**

1. Thirstless
2. Sweats upper body
3. Hard stool
4. Desires sweet & pungent
5. Aversion sour
6. Thin constitution

### **Particulars**

1. Urinary retention – mechanical due to compression
2. Burning urethra
3. Incomplete urination
4. Intermittent flow
5. History of UTI
6. Fibroids + adenomyosis
7. Hydronephrosis

## **Rubrics Selected**

### **Mind**

- *Mind – Ailments from mortification, indignation*
- *Mind – Reserved, quiet*
- *Mind – Anxiety about health*
- *Mind – Sexual desire – increased*
- *Mind – Dreams – amorous, lascivious*
- *Generalities – Suppressed sexual desire*
- *Generalities – Tumors, glands – indurations*
- *Generalities – Thirstlessness*
- *Generalities – Emaciation until the last stage*
- *Bladder – Retention of urine – mechanical obstruction*
- *Urethra – Burning*
- *Urination – intermittent*
- *Urination – difficult – without urge*
- *Female – Tumors – fibroids, indurations*
- *Female – Menses – scanty*

## **Repertorisation Result**

Top remedies emerging:

1. **Conium maculatum**
2. Sepia
3. Lycopodium

4. Pulsatilla

Given the **sexual suppression, glandular induration, mechanical obstruction, old grief, timid personality, lascivious dreams, and fibroid pathology**, **Conium** clearly matches the **core essence**.

**Remedy Selection**

**Conium maculatum 200C – Single Dose**

- Deep-acting, anti-sclerotic
- Suited for **hard tumors, glandular induration**
- Urinary retention from mechanical pressure
- Strong keynote: **Sexual suppression leading to physical pathology**
- Interrupted urination & weak stream are classic Conium symptoms
- Mind: reserved, grief, suppressed sexuality

**Miasmatic Evaluation**

- **Sycotic miasm dominant**
  - Tumors, fibroids, overgrowth
  - Urinary obstruction
  - Suppressed sexuality
- **Syphilitic secondary background**
  - Tissue destruction → hydronephrosis
- **Psora underlying**
  - Anxiety, fear, emotional trauma

**Remedy Conium covers syco-syphilitic pathology well.**

**LSMC Assessment**

Location: Pelvis – ureter compressed by uterine fibroid

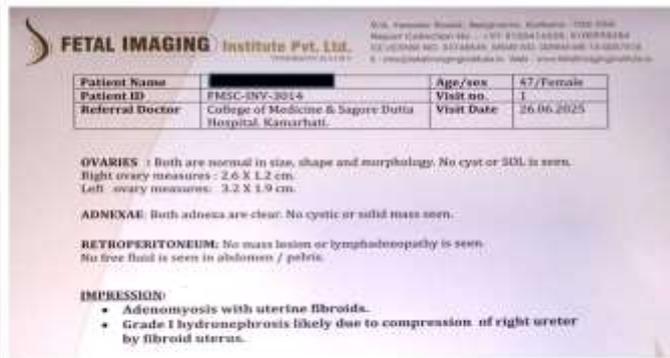
Sensation: Retention, burning, incomplete flow

Modality: Worse rising from bed; worse pressure; better after catheter relief

Concomitants: Hard stool, itching, lascivious dreams, anxiety

**Follow-Up Summary Table**

Date	Symptoms / Observations	Urine Flow	Other Changes	Assessment
25/06/2025	Acute retention → catheter inserted	None without catheter	Burning severe	Baseline
26/06/2025	Retention again after removing catheter	Failed	Catheter reinserted	Acute obstruction
18/08/2025	Conium 200 started	Frequency q2h, no pressure	Burning ↓ 50%	Improvement begins
25/08/2025	No catheter needed for 7 days	Normal flow	Itching >	Marked improvement
03/09/2025	Weight 54.5 kg	Passing urine every 2 hrs	No pressure	Stable
24/09/2025	40 days without catheter	Passing 6 L/day	BP raised (separate issue)	Condition resolved



**Grade-1 hydronephrosis due to compression of the right ureter by the fibroid uterus with a dilated pelvicalyceal system.**

## DISCUSSION

The uniqueness of this case lies in the presence of a **mechanical obstruction** typically requiring surgical intervention. Homeopathic therapeutics, however, focus on enhancing internal vitality and resolving the psychosomatic factors that may aggravate physical pathology. The **Conium constitution**, characterized by: stony indurations, fibroid & glandular pathology, urinary retention with interrupted flow, suppressed sexuality, timidity & past emotional trauma aligned perfectly with the patient’s profile.

Within 7 days, she regained normal urination, and no catheter was required thereafter. This indicates that homeopathy may play a supportive role even in conditions with structural involvement by reducing edema, muscle spasm, and improving bladder function.

## CONCLUSION

A deeply indicated constitutional remedy—**Conium maculatum 200C**—brought substantial relief in a case of urinary retention secondary to large uterine fibroids with hydronephrosis, despite a mechanical obstruction and surgical recommendation.

This case highlights the importance of individualized homeopathic prescribing, especially when emotional and sexual history forms the core of pathology.

## REFERENCES

1. Stewart EA. Uterine fibroids. *Lancet*. 2001;357(9252):293-298.
2. Khan AT, Shehmar M, Gupta JK. Uterine fibroids: current perspectives. *Int J Womens Health*. 2014;6:95-114.
3. Bano S, Jaiswal G, Gupta R. MRI evaluation of uterine leiomyomas. *Indian J Radiol Imaging*. 2010;20(4):257-262.
4. Foster RT. Female urinary retention: etiology and diagnosis. *Obstet Gynecol Clin North Am*. 1998;25(4):769-786.
5. Grout J. Conium maculatum in glandular indurations and fibroid tumors. *J Am Inst Homeopathy*. 1953;46:120–125.

6. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th ed. New Delhi: B. Jain Publishers; 2002.
7. Kent JT. Repertory of the Homeopathic Materia Medica. New Delhi: B. Jain Publishers; 2005.
8. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers; 1994.
9. Banerjea SK. Miasmatic Prescribing. 2nd ed. Kolkata: B Jain; 2010.
10. Chae J, et al. Hydronephrosis associated with uterine leiomyoma: clinical considerations. Eur J Obstet Gynecol Reprod Biol. 2012;162(2):224-228.
11. Wise GJ, Bloom DA. Pathophysiology of urinary retention. Urol Clin North Am. 1996;23(3):385-390.
12. Rossi E, Bartoli P, Bignamini M. Homeopathy in gynecological disorders: observational study. Homeopathy. 2015;104(3):197-203.