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Treatment of Menorrhagia with Homoeopathy: A Case Study Nidhi

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Abstract

Menorrhagia constitutes a considerable problem for many women, resulting in much discomfort, anxiety and disruption in the lives of sufferers. It affects 20 to 30% of women at some time or other with significant adverse effects on social life, day to day activities and causes mood swings, anxieties and problems with sleeping. Menorrhagia is a common and sometimes debilitating condition in women. Homoeopathic medicinal treatment gives good results in management of Menorrhagia.

Key Word- Homoeopathy, Menorrhagia, DUB, AUB etc.

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INTRODUCTION

Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. A normal menstrual blood loss is 50 to 80 ml per cycle, and does not exceed 100 ml. The World Health Organization estimates that approximately 18 million women between ages 30 and 55 years feel that they have Menorrhagia and India contributes to about 80% of the maternal deaths due to anaemia in South Asia.

Menorrhagia is one of the main presenting complaints in women referred to gynaecologists and accounts for most hysterectomies and nearly all endometrial ablative procedures.

5% of women aged 30-49 consult their General Physician each year with heavy menstrual bleeding, and this condition accounts for around 12% of all gynaecology referrals. In 40-60% of cases, underlying cause is found i.e. no dysfunctional uterine bleeding (DUB).

How to Cite this Article- Nidhi., Treatment of Menorrhagia with Homoeopathy: A Case Study. TUJ. Homo & Medi. Sci. 2021;4(2):41-44. Hysterectomy is carried out on 60% of women referred to secondary care with menorrhagia

Excessive Menorrhagia or menstrual bleeding affects 9 to 14 percent of all women and about 30% of women in reproductive age and accounts for 60% of consultations for menstrual disorders in practice. Abnormal uterine general bleeding accounts for approximately 50% of the visits of adolescent girls to gynaecologists.

Case Report

A 21 year old unmarried female presented with-

- Profuse menses, Interval between cycle:- 26-30 days ,Duration of menstrual period:- 6-7 days
- Character of blood loss- Colour:bright red ,Quantity:- profuse ,Clots:-Present, profuse.
- ➤ Age of Menarche:- 11 years
- Any other Associated Complaints:-Weakness during menses

Before 3 months, suddenly, she started complaining of heavy bleeding.

Past History

Jaundice - 3year back

Family History

Her Father had Brain Tumour

Physical Generals

- > Appetite: good
- ➤ Thirst: Normal

- ➢ Desires: Sour things like pickles
- ➢ Bowel: Regular, semisolid
- ➢ Urine: Clear
- Sleep: Sound
- Skin: Healthy
- ➤ Thermal: Hot++
- Perspiration: Profuse on face
- General Modality: Desires open air; cold things.

Physical Examination

- Pulse- 82 beats/min.
- ➢ Blood Pressure- 122/80 mm Hg
- > Conjunctiva- pallor
- ➢ Tongue- clean, moist

Mind: Dreams- N/S

- Patient is mild.
- Weeps easily, better by consolation. Even when angry, she shouts over her mother and weeps, although consolation relieves her.
- ➤ Grief of loss of her father

Investigations

- USG- NAD
- ➢ Blood sugar Fasting − 90 mg/dl
- ➢ Hb- 11.2 gm%

Diagnosis- AUB (Abnormal Uterine Bleeding)

Totality of the Case

- \succ Grief of loss of her father.
- Weeps easily, consolation ameliorates.

- Shouts when angry; consolation ameliorates.
- Menses too profuse, bright red, clotted.
- Desires open air.
- \succ Desire for cold things.
- \succ Desire for sour things.
- Perspiration profuse on face.
- ➤ Weakness of body during menses.

Treatment Given-

On the base of above symptoms, repertorization was done and Pulsatilla 200C potency selected because this medicine covered prominent mental generals.

During this time, balanced nutritional diet was advised i.e. rich in Iron and calcium.

On first follow up, Pulsatilla 200C one dose with Placebo TDS was repeated for 1 month.

On second follow up, only placebo TDS was given for one month.

Third follow up i.e. after one month, the same prescription of second follow up was repeated i.e. Placebo TDS.

Result

After prescription on first follow up, menstrual discharge was reduced, clots were absent from discharge, the same prescription was followed. Then on second follow up, clots were absent, menstrual discharge decreased, menses appeared for 5 days only; so only placebo was given. On third follow up, menses lasted for 5 days, menstrual discharge was decreased, clots were absent and weakness was also decreased during last menstrual period.

CONCLUSION

Even in the modern science the treatment of menorrhagia is very limited. This case report suggests that Homoeopathy is effective in the cases of menorrhagia.

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